How to manage suicidal behaviours at school

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Overview of workshop

- What is suicidal behaviours?
- Understanding suicidal behaviours
- Assessing suicidal behaviours
- Handling emergencies
- Prevention
- Handling aftermath
- Mental wellbeing of staff

What is suicidal behaviours?

- Suicidal ideation
- Suicidal attempt
- Completed suicide
- Parasuicidal behaviours (deliberate self-harm DSH)
  - non-fetal self poisoning or self injury, regardless of motivation / degree of intention to die
  - For reducing anger, tension and dissociative numbness

What is suicidal behaviours?

- Suicidal idea – common
- DSH – less common
- Suicide – rare
- Lethality is a proxy measure of intent

What is suicidal behaviours?

- Prevalence
  - Teenage females – 3x risk of attempt suicide than male
  - Male – 5x success in completing suicide
  - Suicidal thoughts
    - Common in youth
    - 25% in female, 14% in male (US study, 14-17 yrs)
  - DSH – 13% life time prevalence
  - Suicidal attempt – 10%
- Completed suicide – rare in prepubertal, raises in adolescence and peak at 20s
- 2nd leading cause of death in adolescence

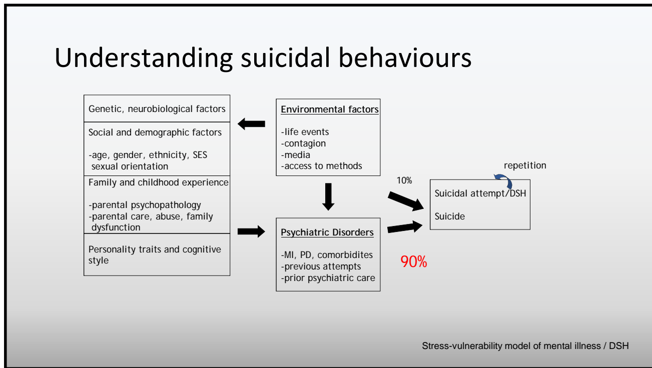
Situation in Hong Kong

- Suicide rate:
  - HK 13.1/100 000 > USA 11/100 000 > UK 10/100 000
  - Global rate 14.5/100 000
- Suicide death is 6th leading cause of death in HK

Deliberate self-harm

- Psychologically
  - Relieve anger, tension
  - Decrease dissociative numbness
  - As self-punishment
  - Relief psychological pain
  - Enable feeling in depression
  - Get euphoria
- Behaviourally
  - Get influence over others
  - Communicate the emotional turmoil
  - Escape from intolerable distress
  - Prevent worse from happening

Understanding suicidal behaviours



Stress-vulnerability model of mental illness / DSH

Understanding suicidal behaviours

- Associated with mental illnesses:
  - Mood disorders
    - Depression (sense of hopelessness)
    - bipolar disorder (20-44% life time prevalence)
  - Anxiety disorders
  - Psychotic disorders
  - Substance abuse (1/3 DSH has consumed alcohol)
  - Eating disorder
  - Conduct disorder
  - Personality disorders – borderline PD, anti-social PD

Understanding suicidal behaviours

- Relationship with online social media
  - Virtual communities supporting DSH
  - Self-harm videos on youtube – usually by adolescent girls, with high viewer
  - Adolescents with DSH have higher rate of internet use

BuzzFeed MUSIC

Teenagers Cutting Themselves To Get Justin Bieber To Stop Smoking Weed Is The Worst Twitter Hashtag Of The Year

Risk factors for adolescents

School	Academic performance	• Learning difficulty → less satisfaction in school → more prone to behavioural problem
	Social skills	• Poor social skills → not welcomed by classmates • Being bullied → increase stress • Being rejected
Family	Abuse	• Physical and sexual abuse
	Family dynamics	• Oppositional or authoritative parenting → frequent conflicts → felt helpless and rejected
	History of self-harm or suicide	• Family or friends with history of suicide / DSH → believe that suicide / DSH can solve problems
Individual	Mental health	• Mental illnesses including depression, bipolar disorder, anxiety disorder, substance abuse, personality disorders, psychosis, eating disorders
	Personality	• Perfectionistic • Inflexible and catastrophic thinking
	Problem solving	• Weak problem solving skills • Pessimistic – towards oneself, towards future • Unwilling to seek help

Misconceptions and negative thoughts

- 內心的痛苦難以用言語表達，而轉移用非言語方式發洩情緒
- 精神狀況脫離現實和感覺麻木，自殘的麻痺和痛使人重獲存在的感覺
- 懲罰自己，為自己的過去(如成績欠佳、曾為受虐者)感到羞愧
- 誤以為自虐的快感可釋放積壓的負面情緒，解除痛楚
- 報復心態，使對方內疚
- 達到自己的目的(如不用上學、改變他人的決定)
- 情緒控制及解難能力弱，以為死可逃避或解決問題
- 不想負累他人，認為世界沒有自己會更好
- 測試上天會如何對待自己
- 測試對方仍否關心自己，博取憐愛和關注

Assessing suicidal behaviours

- Interview:
  - Individual interview with the teenage
  - Interview with the carers (parents / guardians)
  - Explain CONFIDENTIALITY issue – important information (idea to harm oneself or others) will be shared
  - Assess suicidal risk
  - Assess any psychiatric disorders
- Physical exam: extent of injury, nutritional state, any hint of alcohol or substance misuse

Assessing suicidal behaviours

- Assessing suicidal risk:
  - Description of the attempt – when / where / what / why / how?
  - Any detailed plans
  - Any suicidal note or final acts
  - Perceived lethality of the act / multiple methods
  - Prevention from being rescued / seeking help after the attempt
  - Resistance to rescue
  - Thoughts / reaction towards a failed attempt
  - Pushing / pulling factors
  - Active suicidal intent
- Asking about the attempt WILL NOT increase the risk

Assessing child and adolescents

- Take into account their development
- Different thinking style: concrete vs abstract
- Perception of the lethality of the methods maybe different
- Questions during the interview must be developmentally appropriate
- Final act may take different form: text messages, photos
- Ambivalence towards their mood symptoms and suicidal idea
- Perceive assessment as punishment / interrogation
- Worry of stigmatisastion
- Stressed on the importance of "hearing from them"

Warning signs of suicidal intent

- Vague comments about "not being around", "when I'm gone" …
- Giving away important possessions
- Preparing farewell letters or making "goodbye" comments
- Authoring a will, putting financial or other business affairs in order
- Incongruous detachment, a sense of peace and calmness
- Abrupt cancellation for important appointments (including therapy sessions) without sensible reasons

Warning signs of suicidal intent

- Feels different and defective
- Feels overwhelmed, everything seems to be a problem
- Over-critical towards self – "you're useless" "you can't do anything right"
- Believe future will be terrible
- Staying in bed, avoiding others, limited activities, not returning phone calls (depressive symptoms)

Handling emergencies

Emotional support → calm down → problem solving
先情緒支援, 再冷靜, 後解決問題

At the scene…
- STAY CALM and SAFE
- Avoid being provocative or accusative
- Activate standing crisis management plan

Handling emergencies

Immediate
- Assessment of immediate suicidal risk
- Assess patient and parents separately and together
- Decide whether AED / hospitalization is needed
- Management of acute crisis
- Mobilize supervision and support
- No harm contract

Short term
Monitoring of progress, assessment of stress and social support
Diagnose and Treat the underlying psychiatric disorder

Medium and long term
- Psychological work to address the underlying cognitive problem that predisposed the maladaptive behavior
- Built up strength (protective facts)

Handling acute suicidal ideation – CBT model

- Pros and cons of living and dying
  - for self
  - for loved ones and others
  - for the time being vs. forever
- Combat hopelessness and helplessness
- Stress the finality of death

Let's practice… (1)

- 3-4 in a group
- One as the student, another one as teacher, others as observer
- Toolbox:
  - Addressing the emotion →stay calm → problem solving
  - Reason to live
  - Reframe the reason to die
- Scenario: you discovered a student hiding in toilet and just slashed her wrist, crying, not agitated, still holding the cutter

Let's practice… (1)

- How do you feel…
  - As the observer
  - As the teacher
  - As the student

Reason to live

1. XXX and YYY love me
2. Others believes I will get over this.
3. It would be a shame to kill myself today if I were to feel better tomorrow or in the near future.
4. If I killed myself, I would never have a chance for a boyfriend, finishing school, making a home, etc
5. My dog would suffer.
6. I might make a mistake and wind up a vegetable.

Reason to die with reframe

Old Idea:	My life with never get better
New Idea:	I'm learning new things to change
Old Idea:	No one cares. The world would be better off without me.
New Idea:	Even though it feels like no one cares, I know intellectually that my death would have a lifelong effect on A, B, C, D because they do care about me.
Old Idea:	I can't stand this pain.
New Idea:	I have stood it in the past and I can better equipped to deal with it.

Safety Plan for Suicidal/Self Harm Thoughts

1. Read coping card
2. Coping strategies
   - Call:
     - A
     - B Tell them I feel down, but then switch the subject
     - C to movies, current events, vacations, etc.
     - D
     - E
   - Exercise:
     - Walk
     - Go to Gym
     - Swim
     - Exercise Tape
   - Relax:
     - Bath
     - CD
     - Magazine
     - Relaxation exercises, controlled breathing
3. Compare self to worst point
4. Contact family
5. Call professional /emergency service

Let's practice… (2)

- 2-3 in a group
- One as the student, another one as teacher +/- one as parent
- Toolbox:
  - STAY CALM AND LISTEN
  - Be non-judgemental
  - No harm contract
  - Coping card
- Scenario: you are seeing a student who mentioned suicidal idea to you and had cut her wrist last night

Let's practice… (2)

- How do you feel…
  - As the observer
  - As the teacher
  - As the student

Anti-suicide / no harm contract

- Based on a solid therapeutic alliance
- Collaboratively designed.
- Explicitly spells out both the therapist's and patient's responsibilities.
- Is renewable, reviewable, and revisable if both parties agree.
- Suggest back-up plans for times when the contract becomes difficult to uphold (this may be added to the contract itself).
- Don't assume that the contract makes everything safe. Stay alert and on guard!

Sample of coping card

自我提示咭

- 當我有自殘/自殺念頭時，我會聯絡以下可傾訴的親友，告訴他們我的情緒
- 低落，並嘗試轉移到軟性話題，如時事、最近上映的電影等：
  (1) 媽媽 (2) 同學靜儀 (3) 姊姊 (4) 表妹
- 我的運動計劃：(1) 散步 (2) 游泳 (3) 跑步 (4) 打[illegible]球
- 我的鬆弛方法：(1) 洗澡 (2) 看雜誌 (3) 聽音樂 (4) 做鬆弛運動
- 當沒有動力時，我會設法幹點事：(1)購物 (2) [illegible] (3) 為植物澆水
- 我明白此刻的負面感受只屬暫時性，是可以改變的，我會學習接受它們
- 重閱治療札記，把現在的情況與最惡劣時比較
- 檢視有否非理性的想法：猜度別人的思想和動機 / 未卜先知 / 災難化思想 / 非黑即白 / 以偏概全 / 個人化 / 感性推理
- 若我有一位患有抑鬱症的朋友，我會如何開解他？我也可如此開解自己
- 如情緒仍沒改善，聯絡專業人士(如醫生、心理學家、社工等)求助

Let's practice… (3)

- 3-4 in a group
- Discuss management plan
- Scenario: you received a watsapp message from a student at 2am, voicing out suicidal idea, what will you do?

Let's practice… (3)

- Immediate response:
  - Risk assessment (when / where / how / why)
  - Call for help if deem high risk or in doubt → call police + inform parents / guardian
  - Mobilize supervision and support
  - No harm contract
- Follow up actions:
  - Seek psychiatric assessment and aggressive treatment
  - Set up clear crisis management plan involving school, parents and medical staff (e.g. how to handle "midnight call", boundary issue)
  - Set up support system within school – buddy, active FU by SSW / SGT…
  - Treat according to the case formulation

Management - Case formulation

Formulation /個案成因程式 psychological autopsy心理解剖	Biological 生物	Psychological心理	Social 社會/環境
Predisposing factor遠因、高危因素			
Precipitating factor迎因、透發因數			
Perpetuating factor加強因數			

Case formulation - illustration

- F/16, F.4 in a band I school
- Good academic performance all along, top student in class
- Socially passive, not many friends, tend to keep to herself
- No particular hobbies / ECA
- Parents separated, living with mother who's busy
- Depression with onset 2 years ago, currently on medication

- Noted relapse in depression in recent few months

Case formulation - illustration

Formulation /個案成因程式 psychological autopsy心理解剖	Biological 生物	Psychological心理	Social 社會/環境
Predisposing factor遠因、高危因素	• Depression	• Parental separation – lack of confiding adults • Strong sense of insecurity • Low self-esteem	
Precipitating factor迎因、透發因數			• Recent social instability
Perpetuating factor加強因數		• Not many friends → poor social support	

Let's practice

- 3-4 in a group
- Formulate management plan for the girl:
  - Immediate
  - Short term
  - Medium term
  - Long term

Case illustration – management plan

- Immediate – risk assessment, advance follow up with case doctor
- Short term
  - enlist support from her few close friends for engagement during free time
  - SSW to explore her worries → skip class → unable to catch up with study → total failure (can use CBT model to explore other values for life, other strength)
- Medium term
  - According to her strength, prescribe more "job" for her → broaden her social circle, boosting her self-esteem and empower her "new strength
- Long term
  - Empower her "self" in facing the ever-changing world, to be more flexible

Protective factors against suicide / DSH

- Good social skills, problem solving skills
- Internal locus of control
- Enjoyment and involvement with school
- Playing sports
- Family cohesiveness
- Religious affiliation
- Commitment to life affirming beliefs

Let's discuss

- What kinds of kids are vulnerable in reaction to recent social instability?

Risk factors for children in reaction to recent social instability

- ASD – inappropriate expression of his views, over-react towards people who don't share the same views → bullying or isolation or unstable emotion
- Anxiety – excessive worries about future…
- Depressed – conflicts with family / friends, feeling hopeless towards future, feeling helpless, feeling a burden to society → relapse

Prevention

Population level
- National campaigns, mental health policy
- Crisis centres, hotlines
- School based programs
- Guidelines on media reporting
- Reducing access to methods of suicide

School level
- Supportive and accepting culture, non-stigmatizing

Individual level
- Prompt assessment and aggressive treatment for underlying mental illness

Prevention

- School level:
  - Set ground rules
  - Allow expression of their views within the set ground rules
  - Be open-minded and empathetic to listen to the reasoning behind the distress
  - Address the emotions and distress
  - Explore alternative way out

Prevention

- Family
  - Explore the communication style within the family
    - open-minded / authoritative?
    - Allow "freedom of speech"?
  - Support the emotions of the child
  - Handle the parents own emotional problems or marital problems if any

《快樂孩子約章》

快樂父母才有快樂孩子，快樂孩子才有快樂將來

- 1. 父母關係 - 「快樂孩子常歡笑，父母關係是首要」
- 2. 休息放鬆 - 「善待自己不能少，休息鬆弛好重要」
- 3. 調校期望 - 「孩子能力要了解，期望過高會谷壞」
- 4. 無拘無束 - 「無拘無束一個鐘，孩子快樂在其中」
- 5. 閒暇活動 - 「閒暇活動樂趣多，大人細路笑呵呵」
- 6. 擁抱自然 - 「功課學業暫放開，擁抱自然活教材」
- 7. 傾計互動 - 「日日傾計廿分鐘，親子互動又輕鬆」
- 8. 每日運動 - 「每日運動半個鐘，讀書溫習變輕鬆」
- 9. 充足睡眠 - 「每日睡足十個鐘，身心健康兼集中」
- 10. 親子伴讀 - 「親子伴讀好時光，有傾有講最難忘」

Handling aftermath

- Whole-class debriefing if necessary
- Identify high-risk group – close friends, classmates with MI, class teacher or staff who handled the student
- Debriefing:
  - Allow ventilation (but not forced to talk)
  - “no one to blame” – reduce guilty feeling
  - Support emotions
  - Arrange supervision if necessary (liaise with parents)
- Watch out for symptoms of acute stress reaction / PTSD / relapse of their own MI

Mentally wellbeing of staff

- Upmost important!!!
- Adequate support – reasonable workload, adequate supervision and training
- Clear delineation of role in management plans

Q & A