

The World Wide Web: A Proactive Approach to Adolescent Suicide Prevention

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2. MENTAL HEALTH - DEPRESSION AND ANXIETY

Depression

“Everyone occasionally feels blue or sad. But these feelings are usually short-lived and pass within a couple of days. When you have depression, it interferes with daily life and causes pain for both you and those who care about you. Depression is a common but serious illness”.

(National Institute of Mental Health, 2015, para. 1)

Signs and symptoms include:

- “Persistent sad, anxious, or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment”.

(National Institute of Mental Health, 2015, para. 10; Diagnostic and Statistical Manual of Mental Disorders, 2013).

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Anxiety

“Occasional anxiety is a normal part of life. You might feel anxious when faced with a problem at work, before taking a test, or making an important decision. Anxiety disorders involve more than temporary worry or fear. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time. These feelings can interfere with daily activities such as job performance, school work, and relationships.”

(National Institute of Mental Health, 2015, para. 1)

Signs and Symptoms include:

- “Cannot relax
- Startle easily
- Difficulty concentrating
- Difficulty falling asleep or staying asleep
- Fatigue
- Headaches
- Muscle tension
- Muscle aches
- Difficulty swallowing
- Trembling
- Twitching
- Irritability
- Sweating
- Nausea
- Lightheadedness
- Having to go to the bathroom frequently
- Feeling out of breath
- Hot flashes”

(National Institute of Mental Health, para. 6, 2015)

“Symptoms may get better or worse at different times, and often are worse during times of stress and can experience difficulty carrying out the simplest daily activities if their anxiety is severe.”

(National Institute of Mental Health, para. 7, 2015)

3. ADOLESCENT SUICIDE

“Suicide (i.e., taking one's own life) is a serious public health problem that affects even young people. For youth between the ages of 10 and 24, suicide is the third leading cause of death. It results in approximately 4600 lives lost each year. The top three methods used in suicides of young people include firearm (45%), suffocation (40%), and poisoning (8%)” (Centers for Disease Control and Prevention, 2015, para. 1).

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“Deaths from youth suicide are only part of the problem. More young people survive suicide attempts than actually die. A nationwide survey of youth in grades 9–12 in public and private schools in the United States (U.S.) found that 16% of students reported seriously considering suicide, 13% reported creating a plan, and 8% reporting trying to take their own life in the 12 months preceding the survey. Each year, approximately 157,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at Emergency Departments across the U.S” (Centers for Disease Control and Prevention, 2015, para. 2).

“Suicide affects all youth, but some groups are at higher risk than others. Boys are more likely than girls to die from suicide. Of the reported suicides in the 10 to 24 age group, 81% of the deaths were males and 19% were females. Girls, however, are more likely to report attempting suicide than boys. Cultural variations in suicide rates also exist, with Native American/Alaskan Native youth having the highest rates of suicide-related fatalities. A nationwide survey of youth in grades 9–12 in public and private schools in the U.S. found Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers” (Centers for Disease Control and Prevention, 2015, para. 3).

“Several factors can put a young person at risk for suicide. However, having these risk factors does not always mean that suicide will occur.

Risk factors:

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Previous suicide attempt
- Family history of suicide
- Job or financial loss
- Loss of relationship
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of health care, especially mental health and substance abuse treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)”

(Centers for Disease Control and Prevention, 2015, para. 4; Suicide Prevention Lifeline, 2015; Diagnostic and Statistical Manual of Mental Disorders, 2013)

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According to Suicide Awareness Voices of Education (2015), in addition to knowing the signs and symptoms of depression and anxiety, look out for the following verbal and behavioral clues that could indicate suicidal thoughts:

Verbal Clues

Saying things like:

- "I shouldn't be here."
- "I'm going to run away."
- "I wish I were dead."
- "I'm going to kill myself."
- "I wish I could disappear forever."
- "If a person did this or that... would he/she die?"
- "The voices tell me to kill myself."
- "Maybe if I died, people would love me more."
- "I want to see what it feels like to die."
- "My parent's won't even miss me."
- "My boy/girlfriend won't care anyway."

Behavioral Clues

Doing things like:

- Talking or joking about suicide.
- Giving away prized possessions.
- Preoccupation with death/violence; TV, movies, drawings, books, at play, music.
- High risk behavior such as jumping from high places, running into traffic, self-injurious behaviors (cutting, burning).
- Having several accidents resulting in injury; "close calls" or "brushes with death."
- Obsession with guns and knives.
- Previous suicidal thoughts or attempts".

(Suicide Awareness Voices of Education, 2015, para. 2)

4. WHAT TO DO

If you or someone you know are experiencing a crisis situation involving suicidal thoughts, contact the National Suicide Prevention Life Line @ 1-800-273-8255 immediately!



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5. SOCIAL MEDIA RESOURCES

- a. Twitter
 - i. <https://support.twitter.com/articles/20170313-dealing-with-self-harm-and-suicide>
 - ii. National Suicide Prevention Lifeline @800273TALK
 - iii. Suicide Prevention @afspnational @TeenageConcerns
 - iv. National Alliance on Mental Illness (NAMI) @NAMICommunicate
 - v. Substance Mental Health Services Administration (SMHSA) @samhsagov
 - vi. NoStigmas @NoStigmas
 - vii. Report Self Harm or Suicidal content
<https://support.twitter.com/forms/suicide>
- b. Instagram
 - i. Search: #suicideprevention
 - ii. Follow: @afspnational @project_you_matter @800273TALK
 - iii. Report Self Harm or Suicidal content
<https://help.instagram.com/553490068054878/>
- c. Facebook
 - i. Yellow Ribbon Suicide Prevention – Minnesota
<https://www.facebook.com/pages/Yellow-Ribbon-Suicide-Prevention-Program-of-Minnesota/354627201274119>
 - ii. American Foundation for Suicide Prevention – SE Minnesota Chapter
<https://www.facebook.com/AFSPSEMinnesota>
 - iii. Suicide Prevention <https://www.facebook.com/help/594991777257121/>
 - iv. Report Self Harm or Suicidal content
<https://www.facebook.com/help/contact/305410456169423>
- d. The Trevor Project: The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24
<http://www.thetrevorproject.org/>
 - i. Trevor LifeLine- A crisis intervention and suicide prevention phone service available 24/7 at 1-866-488-7386
 - ii. Trevor Chat- A free, confidential secure instant messaging support service
 - iii. Trevor Text- A free, confidential text messaging service
 - iv. Trevor Space- An online community for LGBTQ young people and their friends
 - v. Trevor Support- Where LGBTQ youth and allies can find answers to FAQs and explore resources related to sexual orientation, gender identity and more
- e. Minnesota Crisis Text Line- TXT4Life: TXT4Life is a suicide prevention resource available in many counties in Minnesota. The TXT4Life program uses

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texting as a way for those in crisis or contemplating suicide to anonymously reach out and ask for free and confidential help.

- i. <http://txt4life.org/>
 - ii. Text “Life” to 61222
 - iii. <http://mobihealthnews.com/44251/minnesota-allocates-additional-1m-to-suicide-prevention-texting-program/>
- f. Crisis Text Line: Crisis Text Line is free, 24/7 emotional support for those in crisis. Our crisis counselors practice active listening to help people in crisis move from a hot moment to a cool calm – all through a medium they know and trust: text.
- i. <http://www.crisistextline.org/get-help-now/>
 - ii. Text “START” to 741-741

6. LOCAL RESOURCES

- g. Scott County Mental Health Center
- i. <http://www.co.scott.mn.us/HelpingPeopleHealth/MentalHealthCenter/Pages/MentalHealthCenter.aspx>
 - ii. Information: 952-445-7751
 - iii. Emergency Support Services: 952-496-8481 or 952-442-7601
- h. Fairview Riverside Behavioral Health Services
- i. <http://www.fairview.org/Services/BehavioralHealth/>
 - ii. Information: 612-672-6999
 - iii. Emergency Support Services: 612-672-6600
- i. University of Minnesota Masonic Children’s Hospital
- i. <http://www.uofmchildrenshospital.org/Specialties/Behavioral/index.htm>
 - ii. Emergency Support Services: 612-672-6600

7. PRIOR LAKE HIGH SCHOOL – GUIDANCE DIRECT CONTACT INFORMATION

- j. Guidance Office 952-226-8602
- k. Social Workers
- i. Ms. Nancy Van Horne nvanhorne@priorlake-savage.k12.mn.us
 - A-K
 - ii. Mrs. Maren Meade-Anderson mmeade@priorlake-savage.k12.mn.us
 - L-Z
- l. Guidance Counselors
- i. Mr. Joseph Larsen jlarsen@priorlake-savage.k12.mn.us
 - A-C
 - ii. Ms. Lisa Hager lhager@priorlake-savage.k12.mn.us
 - D-Ha
 - iii. Mr. Ryan Smith
 - He-La

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iv. Mrs. Rachel Malsom rmalsom@priorlake-savage.k12.mn.us

- Le-Pa

v. Ms. Carrie Super csuper@priorlake-savage.k12.mn.us

- Pe-Sk

vi. Mr. Nate Gutshall ngutshall@priorlake-savage.k12.mn.us

- Sl-Z

m. Chemical Health Specialist

i. Mrs. Ann Collins acollins@priorlake-savage.k12.mn.us

8. FRIENDS, PARENTS, AND STAFF RESOURCES

n. Society for the Prevention of Teen Suicide <http://www.sptsusa.org/>

i. “Not My Kid” Video: <http://www.sptsusa.org/not-my-kid/>

ii. Facebook <https://www.facebook.com/sptsusa>

o. Teen Suicide Prevention <https://www.youtube.com/watch?v=3BByqa7bhto>

p. Reach Out <https://www.youtube.com/watch?v=TleBxeOxFyE>

q. Help someone else online

<http://www.suicidepreventionlifeline.org/gethelp/online.aspx>

r. A Toolkit for High Schools <http://store.samhsa.gov/product/SMA12-4669>