

2W TEAM MEETING SERIES

SUICIDE LOSS SURVIVORS PART TWO // FOR STUDENTS

Suicide is the intentional taking of one's own life. For a lot of people, maybe even most people, suicide is unthinkable. The will to survive is hardwired into the human brain. It takes something very out of the ordinary for that will to be overridden by the desire to die. But for some people, too many people, things happen either in the external world or within the chemicals in their brains that drive them to this final decision.

It's hard to talk about this topic. We don't like to think about our capacity to harm ourselves. We don't like to think that someone we know could be so miserable with their life that they would want to end it early. But suicide is the second leading cause of death among teens; the only thing more deadly is an accident. So even though it's a difficult subject, it's something that we really, really need to talk about.

Before we go any further, you should remember this number: **988**. If you are having an emergency (like you plan to kill yourself if someone doesn't talk you out of it right now) then text or call this number. It's the National Suicide and Crisis Lifeline. They will talk to you and get help to support you.

Of course, you don't want to reach that point of crisis. So the rest of this lesson is going to help you find coping strategies that work for you. The better you are able to cope with stress, depression, anxiety, or whatever mental pressure you face, the less likely you are to consider a decision so final as suicide.

When you are struggling with thoughts of suicide, the best thing you can do is talk to your parents and a licensed professional. But as you prepare to get help, it is useful to understand the five main types of coping strategies that people turn to when they feel overwhelmed, depressed, or even suicidal. Some of these coping strategies are more effective than others at relieving the pain of suicidal thoughts.

Symptoms of Suicidal Thoughts or Intentions

- Sudden differences in interests, or loss of interest in anything
- Repeated statements about death, dying, or being worthless
- Withdrawal from friends and loved ones
- Being irritable or easily angered
- Changes in eating or sleeping habits
- Unnecessary risk-taking
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Suddenly appearing cheerful after a long bout of depression

2W TEAM MEETING SERIES

SUICIDE LOSS SURVIVORS PART TWO // FOR STUDENTS

FIVE COPING STRATEGIES

1) LEARNING

This group of coping strategies is all about learning as much as you can so you can take action to relieve the pain. That could mean reading resources on mental health topics like depression and anxiety, or more specific mental illnesses, such as bipolar disorder or post-traumatic stress disorder. It could mean talking to people with experiences dealing with the things you are dealing with. There are plenty of resources available, and the sidebar has a few to get you started.

Learning also means strategizing and planning how you will cope with your emotions in the short-term and long-term. The focus here is on action. What can you do to help yourself feel better in a way that isn't harmful to you or others? What can you do to get help? How can you adjust your habits or schedule to help you cope?

As one example of a learning coping strategy, you could keep a mood or symptom tracker to help you track your progress over time, like the one from the [Depression and Bipolar Support Alliance](#). If that one seems a bit complicated, don't worry, it's just an example of a place to start looking for what works for you. As another example, you could talk to your parents about their experience with and understanding of mental health issues.

Learning coping strategies are some of the most effective ways to help yourself deal with stress, anxiety, depression, or even suicidal thoughts. The more you know, the better prepared you are to take action to improve your situation.

2) FIGHTING

This is a combat-oriented set of coping strategies. It could mean picking verbal or physical fights with others. It could mean bullying others. It could mean punching a gym bag or participating in boxing. There's a saying, "Hurting people hurt people." It means that sometimes when people feel hurt themselves, they want to hurt other people to make the pain go away. But pain just leads to more pain.

Fighting is one of the least effective groups of coping strategies for dealing with overwhelming stress or suicidal thoughts. It doesn't actually help you stop wanting to hurt yourself, and it ends up hurting others. Both of these effects can have long-term consequences. Fighting can be channeled into boxing or other martial sports, but even then, its positive impact is limited.

RESOURCES (Clickable Links in PDF)

- ["Ways For Teens To Help Stop Suicide, Suicidal Thoughts And Self-Harm"](#) by Sara Militello (Sandy Hook Promise)
- ["Are You Feeling Suicidal?"](#) by Jaelline Jaffe, Ph.D., Lawrence Robinson, and Jeanne Segal, Ph.D. (Help Guide)
- ["What Are Suicidal Thoughts and Do I Need Help for Them?"](#) (The Jed Foundation)
- ["Time To Talk: Talking To Your Parents"](#) (Mental Health America)
- ["Suicide Prevention"](#) (Texas Health and Human Services) available in English and Spanish

2W TEAM MEETING SERIES

SUICIDE LOSS SURVIVORS PART TWO // FOR STUDENTS

3) ARTS

This coping strategy group is related to artistic, usually solo, pursuits like painting, writing poetry, or dancing. Although these are healthy outlets to help you feel better in the short-term, the arts don't do much to ease stress and depression in the long-term.

Coping strategies like sculpting, journaling, and drawing tend to take you away from other people. While that may be exactly what you want in the moment, over time, isolation and solitude can make suicidal thoughts and other dark emotions worse. Use the arts as a tool, just not as if it's the only one in your toolbox.

4) SPORTS

Any type of athletic activity falls under this group—except martial sports which fall under the fight category. There is a ton of research demonstrating that exercise helps people feel better. When you're sad or angry, kicking a ball with friends is a good way to release some of those emotions.

That said, individual sports, like golf or tennis, are less helpful for reducing suicidal thoughts and other intense mental distress than team sports, like basketball or soccer. Some researchers think this might mean that the team, rather than the athletic activity, is what helps people cope with stress and suicidal thoughts.

Your team is a family. You can rely on them to support you during tough times and to be there for you when you need them. It can be hard to trust people. But if you give people a chance, you'll be surprised at just how empathetic and supportive they can be.

5) HELP-SEEKING

This type of coping strategy is the most effective at reducing mental distress or suicidal thoughts. It includes talking to licensed professionals, talking to your parents, or joining a support group.

One of the most dangerous things you can do when you are depressed or don't want to live anymore is keeping it to yourself. The longer you stay quiet and contained, the more likely it is that you will give in to the dark thoughts. Don't stay quietly in the dark. Tell your parents how you're feeling. Tell your coach. Tell a counselor. These are the people who can get you the help you need so you can start to feel better.

Help-seeking might be the hardest of the five available coping strategies. It's easy to transfer your pain onto someone else through fighting or bullying. It's easy to get lost in art or athletics and let the world melt for a little while. It's easy to look up information on the internet and stress about what's "wrong" with you. But it's much harder to admit that you need help and then take action to seek that help. The resources in the sidebar are a good place to start looking for help.

RESOURCES (Clickable Links in PDF)

- [American Foundation for Suicide Prevention](#)
- [The Jed Foundation](#)
- [American Association of Suicidality](#)
- [Society for the Prevention of Teen Suicide](#)
- [Suicide Awareness Voices of Education \(SAVE\)](#)

2W TEAM MEETING SERIES

SUICIDE LOSS SURVIVORS PART TWO // FOR STUDENTS

JOURNAL QUESTIONS

1. Have you or a friend ever had suicidal thoughts or planned how to do it?
2. Who would you feel most comfortable talking to about thoughts like that?
3. What coping strategies do you tend to use? How do they help or hurt?
4. If you were feeling suicidal, what would your plan be for getting help and staying alive?
5. What are some of the good things going on in your life now? What are you looking forward to in the future?

INDIVIDUAL ACTIVITY

Use the space below to categorize the coping strategies you use now. Put a star by the ones that you feel help the most. Are there any strategies you aren't using that you could try? Where do they fit into the list?

| Learning | Fighting | Arts | Sports | Help-Seeking | Other |
|----------|----------|------|--------|--------------|-------|
| | | | | | |

2W TEAM MEETING SERIES

SUICIDE LOSS SURVIVORS PART TWO // FOR STUDENTS

DISCUSSION QUESTIONS

1. What should you do if a friend tells you they are thinking about killing themselves?
2. What are some effective and ineffective coping strategies for dealing with overwhelming stress or suicidal thoughts?
3. How do you prefer to deal with stress? What is good or bad about your coping strategy?
4. How would you get help if you were feeling suicidal?
5. What impact does suicide have on others? What can you do to help prevent suicide?

GROUP ACTIVITY

Pair up with a partner. With this exercise, you're going to practice telling a peer about a mental health issue or suicidal thoughts. You will also practice hearing that from someone and responding in an empathetic and helpful way.

Person 1: Imagine you are struggling with depression, anxiety, or suicidal thoughts. Don't go too deep into it, just think about how you would convey that struggle to another person.

Person 2: You are talking to a person that you care about very much. Someone that you would miss terribly if they died. Think about how you would want someone to help you in that situation. Use that as a guide for your response.

After a few minutes of roleplaying, switch roles. Then, everybody group up and discuss what you learned from the exercise.

Consider:

- How did you feel?
- What did you like that the other person said or did?
- What did you do well?
- How might you say something differently if you had a do-over?

2W TEAM MEETING SERIES

SUICIDE LOSS SURVIVORS PART TWO // FOR EDUCATORS

Suicide is a difficult topic. But like most difficult topics, the more we bring it out into the open to talk about it in a research-based, empathetic way, the more we can stop suicide from happening. Let's start with a few terms that are common to suicide-related research. Then, we'll look at what educators like you can do to help students make the choice to live.

Researchers typically divide suicidality into three types: ideation, planning, and attempt.

- Suicidal **ideation** is thinking about killing one's self.
- Suicidal **planning** is figuring out how to go about it.
- And suicidal **attempt** is taking action to try to end one's life.

Note: Self-harm, such as cutting with a sharp tool, may or may not play a role in any of the three types of suicidality. Sometimes, self-harm occurs when students are not suicidal at all.

Suicide intervention strategies are also divided into three types: universal, selected, and indicated.

- This lesson is a **universal** intervention strategy because it's intended for all students, whether they are suicidal or not.
- A **selected** intervention strategy is one that a student chooses to participate in, either because they are at risk for suicide or because they want to learn more about it.
- Finally, **indicated** strategies are ones that students are assigned to because they have exhibited suicidal thoughts or actions.

Signs of Suicidality in Teens

- Sudden differences in interests, or loss of interest in anything
- Repeated statements about death, dying, or being worthless
- Withdrawal from friends and loved ones
- Being irritable or easily angered
- Changes in eating or sleeping habits
- Unnecessary risk-taking
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Suddenly appearing cheerful after a long bout of depression

2W TEAM MEETING SERIES

SUICIDE LOSS SURVIVORS PART TWO // FOR EDUCATORS

Now that we've covered those terms, let's look at three things you can do as an educator to help prevent student suicide.

Make the school a safe space. There are actually two parts to this. One is ensuring that bullying is not happening within the school since bullying is a strong risk factor for teen suicide. But a second part is making sure there isn't a way for students to easily commit suicide on campus. A few examples are: restricting access to roofs or windows, keeping sharp objects locked away, and monitoring access to medications.

Communicate with counselors and parents. When you know what's going on with your students, you are better equipped to help them. If you see signs of suicidality in a student's behavior, talk to their parents or the school counselors about it.

If a student admits to thoughts of suicide, it should be reported, too. Although there is no federal law mandating this, many states require teachers to disclose this information to parents or school administrators. Regardless of the law, the best way to get help for students dealing with thoughts of suicide is to tell the people who can help them most. In most cases, that is their parents. In some cases, that role will fall to the school staff.

Educate students about the risks of suicide. One of the dangers of suicide is silence. The less we talk about it to shed light on the subject, the more it grows in the dark. We want to encourage students to seek help with suicidality, and we want to make it very easy for them to get the help they need. The resources provided in this guide are a good starting place, but they aren't the last word on the matter.

These students may be at higher risk for suicidality:

- Minorities
- LGBTQ+
- Trauma survivors
- Foster kids
- Bully victims
- Bullies

2W TEAM MEETING SERIES

SUICIDE LOSS SURVIVORS PART TWO // FOR PARENTS

No one wants to think about a loved one being suicidal. We especially don't want to think about our kids wanting to harm themselves. But with suicide as the second leading cause of death among teens and young adults, we have to think about the possibility, so we can prevent it.

Suicide is a desperate, hopeless act. Even if someone has been thinking about suicide for a long time, the final decision and action are often spur of the moment. The feelings that lead to suicide are temporary, but the person suffering from them can't see that. They need the support and awareness of the people around them to help them get through the moments that seem endless. For most teens, the greatest support comes from their parents.

Let's look at signs of suicidal thoughts, as well as what you can do if you think your child might be suicidal.

What signs should you watch out for?

Some signs of suicidal thoughts in teens are:

- Sudden differences in interests, or loss of interest in anything
- Repeated statements about death, dying, or being worthless
- Withdrawal from friends and loved ones
- Being irritable or easily angered
- Changes in eating or sleeping habits
- Unnecessary risk-taking
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Suddenly appearing cheerful after a long bout of depression

What should you do if your teen seems suicidal?

- The first and most important thing is to let them know that you love them and you are there to support them during this struggle.
- The second thing is to get them professional help from a licensed therapist, psychiatrist, or psychologist. If that's not possible right now, do research alone and with your teen to find ways to help them cope until professional help is an option.
- Third, keep communication open with your child's school. At a minimum, the counselors and principal should know the student is struggling with their mental health. It can also be useful for their teachers to know what they are dealing with.

Family support is one of the greatest protectors against suicide. If your teen exhibits the symptoms above or says that they are suicidal, try to meet them with empathy and understanding. Listening and paving the way for them to get help are two of the best things you can do to prevent teen suicide.

Family Discussion Questions

What do you think about suicide or death in general?

What people, things, or events are causing you potentially overwhelming stress?

How might you or your family benefit from talking to a professional, like a psychiatrist?

What is your experience with mental health issues such as anxiety or depression?

How can your family best support you if you feel hopeless or worthless?

2W TEAM MEETING SERIES

SUICIDE LOSS SURVIVORS PART TWO // RESOURCES

Survivors of Suicide Support Groups in Texas:

Youth Mental Health Program: [Youth Awareness of Mental Health \(YAM\)](#)

Youth Mental Health Program: [Signs of Suicide Program](#)

Youth Suicide Prevention Program: [Sources of Strength Program](#)

Family Intervention Program: [The Family Check-Up from the University of Oregon](#)

Website: [American Foundation for Suicide Prevention](#)

Website: [The Jed Foundation](#)

Website: [American Association of Suicidality](#)

Website: [Society for the Prevention of Teen Suicide](#)

Website: [Suicide Awareness Voices of Education \(SAVE\)](#)

Article: "[Ways For Teens To Help Stop Suicide, Suicidal Thoughts And Self-Harm](#)" by Sara Militello (Sandy Hook Promise)

Article: "[Are You Feeling Suicidal?](#)" by Jaelline Jaffe, Ph.D., Lawrence Robinson, and Jeanne Segal, Ph.D. (Help Guide)

Article: "[What Are Suicidal Thoughts and Do I Need Help for Them?](#)" (The Jed Foundation)

Article: "[Time To Talk: Talking To Your Parents](#)" (Mental Health America)

Article: "[Suicide Prevention](#)" (Texas Health and Human Services) available in English and Spanish

References

Kahn, J-P., Cohen, R. F., Tubiana, A., Legrand, K., Wasserman, C., Carli, V., Apter, A., Balazs, J., Banzer, R., Baralla, F., Barzilai, S., Bobes, J., Brunner, R., Corcoran, P., Cosman, D., Guillemin, F., Haring, C., Kaess, M., Bitenc, U. M., Mészáros, G., McMahon, E., Postuvan, V., Saiz, P., Varnik, A., Varnik, P., Sarchiapone, M., Hoven, C. W., & Wasserman, D. (2020) Influence of coping strategies on the efficacy of YAM (Youth Aware of Mental Health): a universal school-based suicide preventive program. *European Child & Adolescent Psychiatry*, 29:1671–1681.

<https://doi.org/10.1007/s00787-020-01476-w>

Wasserman, D., Carli, V., Iosue, M., Javed, A., & Herrman, H. (2021). Suicide prevention in childhood and adolescence: a narrative review of current knowledge on risk and protective factors and effectiveness of interventions. *Asia-Pacific Psychiatry*, 13(3), 1–17. <https://doi-org.ezproxy.se.edu/10.1111/appy.12452>

Knowles, S., Sharma, V., Fortune, S., Wadman, R., Churchill, R., & Hetrick, S. (2022). Adapting a codesign process with young people to prioritize outcomes for a systematic review of interventions to prevent self-harm and suicide. *Health Expectations*, 25(4), 1393–1404. <https://doi-org.ezproxy.se.edu/10.1111/hex.13479>

Kennard, B., Moorehead, A., Stewart, S., El-Behadli, A., Mbroh, H., Goga, K., Wildman, R., Michaels, M., & Higashi, R. T. (2020). Adaptation of Group-Based Suicide Intervention for Latinx Youth in a Community Mental Health Center. *Journal of Child & Family Studies*, 29(7), 2058–2069. <https://doi-org.ezproxy.se.edu/10.1007/s10826-020-01718-0>

Jobes, D. A., Vergara, G. A., Lanzillo, E. C., & Ridge-Anderson, A. (2019). The potential use of CAMS for suicidal youth: building on epidemiology and clinical interventions. *Children's Health Care*, 48(4), 444–468.

<https://doi-org.ezproxy.se.edu/10.1080/02739615.2019.1630279>

Lindow, J. C., Hughes, J. L., South, C., Gutierrez, L., Bannister, E., Trivedi, M. H., & Byerly, M. J. (2020). Feasibility and Acceptability of the Youth Aware of Mental Health (YAM) Intervention in US Adolescents. *Archives of Suicide Research*, 24(2), 269–284. <https://doi-org.ezproxy.se.edu/10.1080/13811118.2019.1624667>