School Counselor's Role in Preventing Suicide

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Jeremy Brigham,

Research Associate, Iowans for the Prevention of Gun Violence

Coordinator, Suicide Prevention Strategy Steering Committee

What is the school counselor's role in preventing suicide? The quick answer is to be informed about the signs of suicide, knowledgeable about the resources available and ready to work with others who make referrals or call on you for help in emergency or crisis situations. A major concern arises when a suicide actually occurs, because of the possibility of copycat suicides or the presence of suicide pacts. That's when the situation really heats up. Another aspect of suicide prevention, both before and after an attempt or completion, is dealing with parents. This can vary a great deal depending on where the parents are coming from in terms of their values and understanding of human development, and what the quality of relationships with their child and the school has been.

Before we unpack these quick responses and develop them further, let me tell you some about where I'm coming from, and why I'm here.

My background is in the parish ministry - the Unitarian Universalist flavor, but during the past ten years I have been associating with Presbyterians. I have some training in hospital

chaplaincy, some social work education, and a degree from the University of Iowa in social and political geography. My wife and I have three daughters, all adults, and are now raising two grandchildren, 3 and 5-year-old girls. My wife has taught behavior-disordered middle school youth for 15 years, which is some kind of record. So I have some insight into the workings of a school setting, not just as a parent, but as a husband of a teacher, and now a grandparent.

I work for Iowans for the Prevention of Gun Violence, which began with the shooting that resulted in five homicides, one permanent quadriplegic injury, and one suicide at the University of Iowa 12 years ago. We have been funded by the Joyce Foundation in Chicago for the past five years to develop policies that will improve the quality of life in communities in the Midwest. One of their funding areas is gun violence. In Iowa about 80% of gun-related deaths are suicides. In 2002, the numbers were 29 homicides (14.5%), 156 suicides (78.3%), 7 unintentional deaths (3.5%), 6 legal interventions (when law enforcement personnel kill someone) (3%) and 1 undetermined, for a total of 199 gun deaths. Looking at gun deaths from another angle, about half of the suicides in the state are by guns. In 2002 that was exactly half, 156 of 312. We are interested in ways of restricting lethal mans, and need your help.

In 1998, when we began to work on understanding the face of suicide in Iowa, with the goal of identifying the high risk groups where we could make a difference, the Surgeon General was convening a conference in Reno, Nevada, to develop a National Strategy for Suicide Prevention. We contributed to the strategy in 2000, and the strategy was presented in May 2001. Over the next year we worked to understand what Iowans were already doing to carry out this strategy, although there was no central coordination taking responsibility. That is, there was no state-funded office of

Suicide Prevention. In June 2002 we convened a group of about 45 professionals in public health, mental health, education, counseling and social services to look at the strategy for Iowa, and to begin work on carrying out some of its goals and objectives. We formed six teams - public awareness, mental health and substance abuse treatment practices, community awareness, professional practices, especially in education and law enforcement, lethal means restriction, and methodology or research on our own effectiveness.

This year we focused on community awareness objectives. Groups of people from mental health, education, social services, law enforcement and religious organizations gathered to consider the need for suicide prevention awareness and training in their own parts of the state. We organized data according to AEAs, as of early 2003. Now, of course, mergers have changed the shape of the AEAs! It is amazing: AEAs 2,3,5,6, and 7 have disappeared, while 8 and 267 have appeared. This is a consequence of the tightening of the money for education and a desire to be administratively more efficient. It is also makes service providers more distant from the recipients.

At any rate, we met with people from January through May this year in several sections of the state - AEAs 1, 3, 10, 11, 14, and15. The communities were Elkader, Dubuque, Emmetsburg, Cedar Rapids, Des Moines, Creston and Ottumwa. The aim was to raise awareness of suicide and the need for prevention, and to bring together people from diverse fields of interest so that they might work together more effectively.

It was out of these meetings that we became more aware of the special role of counselors - both the potential for counselors to contribute to prevention efforts, and the barriers to that contribution. The school persons we have identified as being on

the "front line" in regard to suicide awareness and prevention turned out to be school nurses, as their work requires them to understand the combination of mental and physical health issues. They are often the first persons to find out, and those students are most likely to turn to. A problem with school nurses is that they may be serving several schools part-time, while the counselors are more likely to be fulltime at one school. School nurses, then, when they need help, are most likely to turn to counselors, or to want to turn to counselors. Counselors are educated to help students with crises as well as with their academic programs, but often the academic counseling demand, especially for high school counselors, is all consuming. It's important to keep eyes and ears open for the signs of more personal trouble as well. Middle or elementary school counselors may be more accustomed to dealing with emotional crises. Also, those with children in younger years may be more obvious.

Another problems in suicide prevention lies in our general orientation to life - the American dreams includes the "pursuit of happiness" as well as "life" and "liberty." This applies to suicide prevention, strangely enough. The first step in suicide prevention is to raise young persons with a positive, open outlook, with flexibility, resiliency, a sense of safety and security, a sense of connectedness to and trust in others. We are happy to help children develop as strong and secure persons. That's what we would give our life to.

The second level of suicide prevention is to create a safe environment. This is where work to remove lethal means comes in. In our society guns are the most frequent lethal means - especially for men - 56% of men who have taken their own lives have done it with guns. Twenty-five percent of women who have taken their own lives have done it with guns. The most dangerous location of guns relative to suicide is in the home. Homes are safer

without guns - long guns or handguns. This is a problem in a state where hunting is a common hobby. Safe storage of guns - locked and unloaded - helps. But storage outside the home would be better - most months of the year (March through late October) are outside most hunting seasons.

Other lethal means can be restricted also - medicines can be packed separately in small containers, poisonous gasses can be made to smell or be detoxified, bars can be removed from closet doorways, bridges and rooftops of tall buildings can be fenced. Much can be done to make specific environments safer. Counselors can learn to recognize signs of suicide.

To return to school nurses and counselors - the team of nurses and counselors is all very well in schools that afford people in both categories, but many of the poorer school districts cannot afford people in one or even both categories. This problem goes beyond the scope of my presentation today, because if you are here, you are employed! We hope you stay employed!

However, if there is a suicide in a school, then counselors become key people in the system, ready or not. No one wants a suicide, but once there is one, everyone fears a second. This is where the third level of prevention enters in - when there is an actual attempt or completion. Then we are talking about postvention - what to do afterward.

There are numerous cases in the past few years of two suicides in close sequence to one another in a middle or high school setting. I think of Harlan, Nora Springs, Muscatine, Burlington and Marion as five cases within the past ten years. You may know of others. In Des Moines this fall a car accident that took three lives of high school students precipitated a suicide. The Des Moines Mobile Crisis Resource Team intercepted a suicide pact involving another

9 - 10 students. A whole high school and city was in turmoil after unnecessarily sensational front-page media coverage.

What can a school do to prevent suicide? There are several steps. There is a program called TeenScreen, developed by Dr. David Shaffer at Columbia University. It takes 5-10 minutes to complete. If problems show up, there is a second, more thorough test called the Diagnostic Interview Schedule for Children, or DISC. It will identify any one of 30 disorders.

A second resource is a video and screening test, called SOS, or Signs of Suicide. This video shows scenarios of teens talking to one another, with one showing some signs of suicide, such as excessive drinking, making statements such "The world would be better without me" or "I want to kill myself." Other signs include changes in sleeping or eating habits, sudden changes in behavior, or giving away possessions.

The video is used in conjunction with a screening test. A group called Screening for Mental Health in Wellesley, Massachusetts developed this program. The SOS program is used in a thousand schools across the country, while the TeenScreen program is used in dozens of schools as well as in other settings. The Ronald McDonald Foundation has been distributing this program to schools for free.

Kennedy High School in Cedar Rapids has used the SOS program, including the screening. About 11% of 600 students showed sufficient trouble spots in the screening to be interviewed. The school nurse arranged for this with the counselors. The school staff referred a small proportion of these students to the community mental health center.

In one of my conversations with regional groups in the spring, another problem surfaced - how do counselors, particularly if they are new to a school system, learn about good referrals to make? They must know about the available counseling resources and mental health center services. In cities, the mental health centers may be well known and reasonably available. However, in rural areas, they may be relatively distant - 30-50 miles away, or mental health counselors may serve in local clinics just a few hours a week. Psychiatrists may be even more difficult to reach, and often will have long waiting periods before an appointment can be scheduled. If a situation is at a critical moment, the school staff may say that it is an emergency. A hospital or mental health clinic may have a different definition of an emergency. It may also happen that by the time a young person is transported to a facility, the critical emergency has passed, and the youth may deny any problems that had alarmed staff.

Dealing with parents can also be dicey. Some parents may be quite aware of problems, and ready to acknowledge the need for help. But others may be quite embarrassed by the problem, or just determined to deny that there is a problem. They may even resent the help that is offered, and refuse to take action.

This is an area where counselors might be pro-active, by organizing sessions at school or in the community for education on depression, signs of suicide, dealing with academic or household stress.

However, here another problem surfaces. Who will lead these sessions? Staff at a crisis center or a psychologist or mental health worker might be good to lead such a session, but someone needs to identify these persons and assess their ability to make presentations.

Last fall I had discussion with a high school nurse in NW Iowa who was inundated with students having serious problems, threatening suicide. This year she and several counselors and staff from other schools in the region are going to the Sioux Falls Behavioral Clinic for training in awareness of depression and other psychological problems. So rather than a speaker coming to them, they are going to the speaker.

All of this focuses on gatekeepers, people on site who can be aware of what is happening with individuals and groups.

There are other steps that need to be taken as well. Early on in my talk, I said that the Suicide Prevention group had formed several teams. One of them is public awareness. For this we need Public Service Announcements on the various media. Iowa's Alliance for the Mentally Ill (AMI) has been working on this, and plans to air a statewide depression/suicide awareness PSA video this year. The question holding it up is: Who will take the calls? Are systems in place to respond to the demand that may occur?

Great strides have been made regarding the professional practices of law enforcement, particularly in Des Moines and Polk County. As I mentioned earlier, a Mobile Crisis Response Team has formed, composed of mental health staff housed in the police station, together with police. They have responded to two thousand calls in the past two years, about half of them having something to do with suicide - whether it is alarming behavior, talk about it or attempts. They have been able to direct people to the proper resources, whether mental health counseling or hospitalization, thus avoiding incarceration in most cases. Sometimes counseling at the site is sufficient.

In Dubuque, a jail diversion program is underway to accomplish much the same goal. Ames and Waterloo have Crisis Intervention

Teams within the police departments, but as I understand them, mental health people are not directly involved.

An area we have been particularly concerned about is lethal means restriction. In the United States in general and also in Iowa, the most frequent means used are firearms. Therefore, the question comes up - how can firearms be restricted from use to take one's own life?

This is not an easy proposition, in a society that maintains that everyone has the right to a firearm. However, it is not impossible to take meaningful steps.

As public school counselors, the home of each student is a factor to be considered. As I have said earlier, if a student comes to you exhibiting some of the signs of suicide, you might ask if there is a gun in the home. When you talk to parents, you might raise the question - you ought to raise the question!

Consider the risk level of suicide. Suicide in Iowa is about 10 per 100,000, or 1/10,000. A town of 10,000 is likely to have an average of 1 suicide a year over a period of several years. Some years it might be none, other years a few. For youth it is about double that, or about 1/5000 youth. If substance abuse is present in the home - not just by the youth - the rate goes up. If there is mental illness, the rate goes up some more. And then, if there is a gun in the home, the rate goes up 3-5 times. So with substance abuse, mental illness and the presence of a gun, the rate might be 1 in a 1000. If there are previous suicide attempts, the rate gets even higher. It is never "likely," which makes it hard to intervene. However, with just a few signs, it is appropriate to ask if there are guns in the home. If there are, they could be removed and stored

in another location - at the home of a relative the youth doesn't visit often, or some friend who is not known to the youth. Gun stores or shooting ranges could set up lockers for temporary storage.

If a family has guns in the home for hunting, it could store them somewhere else during the non-hunting season - roughly from March through September. This might prevent some suicides, if easy availability of guns is a risk factor.

The longstanding theory about suicide is that if the intent to kill oneself is not strong, the limitation or restriction of means may be an effective preventative. The person with an impulsive desire to "make a statement" but lacking an easy means will not seek a hard one. The feeling of despair or anger may pass in a few hours. More recent research has concluded that fewer guns in homes itself will reduce the suicide rate, regardless of the intent to kill oneself. Guns are such lethal means.

An interesting and good thing happened in 2002 in Iowa. I shared earlier with you the statistics on gun deaths - homicides, suicides and so on. What I did not tell you is that the suicides among 15-19 year old males decreased from 29 in 2001 to 13 in 2002. This is the lowest number of teen suicides by any means we have seen in the last seven years. The number of gun suicides by males decreased from 20 to 6. The decrease of 14 suicides by gun is 87.5% of the total decrease of 16 from one year to the next. What more evidence do we need that guns are a major part of male teen suicide? With that decrease, in fact, guns were no longer a major part. Just 6 of 13 male teen suicides were with guns. Still, guns were the largest single means used.

I have spoken of males. What about females? The latest estimates are that three times as many females attempt suicide as males. The male death rate from suicide is four times as great because more lethal means are used.

In 2001 only three teen females completed suicide, one of them by gun. In 2002 five teen females completed suicide, three of them by gun. 100% of the increase is attributable to guns. The numbers are very small, but the story is the same, guns contribute significantly to the suicides of young people.

It is worth asking families if they have guns in the home, especially when there are teens with problems there.

There is another group of teens about whom we need to be concerned. These are the perfectionists. Unless they get everything right, they feel worthless. It is estimated that 10-15% of completed suicides are these perfectionists. They have not exhibited mental health problems and are not abusing substances. These are the suicides that totally surprise people, because even in retrospect, it is hard to see them coming. More needs to be done to help the perfectionists be more self-accepting and less rigid. They need help with resilience.

What about the type of gun used, when guns are used? In Iowa, teens are much more likely to use long guns than handguns. This is in contrast to the country as a whole. We believe it is because of the rural nature of the state. Homes in the country are more likely to have long guns accessible in the home, whereas urban homes are more likely to have handguns accessible. The rate of suicide by gun among young people is higher in the rural regions than in urban regions.

Why is this? The accessibility of guns is one factor. But there are many socio-economic factors at play as well. Isolation, lack of mental health resources, lack of support staff in the schools, lack of lifestyle opportunities or support, lack of a variety of peers of both genders, a declining economy with fewer opportunities for meaningful adult work: these are all factors "out there." Statisticians refer to them as "confounding" factors.

Some of these factors affect high school youth. Many of them affect young adults even more. While you are school counselors, you are also concerned about the young people you have known once they become young adults. Many go off to college, but many also do not, or do not succeed at college.

I have said that the suicide number and rate among teen males was down markedly from 2001 to 2002. The number and rate was up somewhat for young adults - from 27 to 32 overall, with firearm suicides up from 14 to 18. The increase in firearm suicides was 80% of the total increase, bringing the percent of suicides with firearms in this age group up from 52% in 2001 to 56% in 2002.

What can high school counselors do about this older cohort? Their life is no longer under any control or influence by the high school or by parents directly. We are looking at ways of reaching this age group, particularly when they not in a somewhat protective, attentive college setting.

This is where employers, law enforcement, clergy, and particularly young adult women, may become the more effective gatekeepers. Educating these groups about the signs of suicide and supporting efforts to help them work together more effectively may be in the purview of the school. Those in the schools could look ahead with

the young people to noncollege futures as well as college futures. This may be a way of building liaisons with the community for many purposes, and fit with the counselor's job of academic advising.

You may already be doing this. Such an effort could more intentionally include a focus on the mental health issues that may exist in high school, but may also take into account those that may emerge in the final years of adolescence and first years of early adulthood. Given the data over many years, but more strikingly in 2002, the young adult years are among those most susceptible to male suicide completions, particularly with guns, until the later years of life. It is with this older group - young adults - where the public climate needs to be made safer.

IPGV is working hard on this, trying to understand current gun laws and the quality of their enforcement, and to understand the dynamics surrounding pending legislation. We are working to prevent the gun industry from gaining immunity from lawsuits for bad practices. They need to be held accountable as much as any other industry. We are also working to renew and strengthen the Brady law. The gun industry has produced many weapons that skirt the designs prohibited by the Brad Bill but are just as deadly. The gun used in the Washington, DC massacre in October of 2002 was a post-Brady assault weapon.

We are also working with businesses to tighten up the secondary market for guns - personal classified ads and auction houses are two of our targets. Many newspapers across the country have decided not to allow classified ads that do not require background checks to eliminate prohibited purchases - those convicted of domestic abuse, minors and felons.

Also auctioneers must have Federal firearm licenses if they take possession of and sell guns as a regular part of their business. Many in Iowa have stopped selling guns and have begun the application process that that they can conduct background checks.

We believe that uniform enforcement of current law will reduce gun crime and gun deaths - homicides, suicides, unintentional deaths and legal interventions and make America a safer and especially, happier, place.

I leave you with these thoughts and concerns, and wish you well in your work.