

# Self-Injury, Depression and Suicidal Ideation in Children & Youth in the School Setting

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# LAND ACKNOWLEDGEMENT



We respectfully acknowledge that the the land we work on is the traditional unceded territories of the Coast Salish peoples, including the Musqueam, Squamish, and the Tsleil-Waututh Nations, as well as the Songhees, Esquimalt, W'Sanec and Lekwungen peoples





# DISCLOSURES

Dr. Russel has a small consulting business.

## Case: Abby

Coach Raj comes to you and tells you he is worried about Abby.

He thinks that Abby has been cutting herself because he saw marks on her thighs in gym class. Abby told him not to tell anyone, but Coach thinks you should know and is worried there is more going on.

You invite Abby to your office.



- **Non-Suicidal Self Injury (NSSI)**
- Self-Injurious Behaviour (SIB)
- Self-Harm
- Cutting





## NSSI

- Deliberately harming oneself
- No aim to end life
- May or may not also have suicidal thoughts
- It is a way of **cop**ing with intolerable feelings
- It may be a way of **commu**nica**ting** distress

## Not NSSI

- Passive or Active Suicidal **Ideation or Attempts**
- Body piercings, tattoos, etc.
- Religious/Culturally/Sexual sanctioned practices
- **Grey areas** that need more exploration:
  - Indirectly self-injurious behaviours –eg substance use, eating disorders, high risk activities like reckless driving





## Why Does NSSI Matter?

- 3-7 fold increased risk of suicide attempts
- Increased risk of suicide completion
- 75% engage in multiple episodes
  - Lifetime frequency ranges from 2-10 episodes
- It is a **communication/sign** of underlying, likely treatable mental distress



# Potential Roles of the School Counselor

- **Detection**
  - School peers and teachers often first notice the signs
  - Counselor may be first mental health contact for youth
- **Engagement and Understanding**
  - Using trauma-informed principles to **understand** the behaviours
- **Intervention**
  - Validation, Safety planning, Facilitating treatment
- **Education:** Helping colleagues, youth and family to understand NSSI





# Understanding NSSI

- **Coping** strategy for intolerable feelings
  - Agitation
  - Anger
  - Sadness
  - Anxiety
  - Guilt
  - Numbness
- **Understand** the NSSI:
  - Stressors, triggers, **what does it help with?**
  - Is there ever **suicidal ideation** as well?
  - Is there more than one kind of NSSI?



# Understanding NSSI as a signal

## What else could be going on?

Trauma/abuse/relationship problems

Mental disorders (PHQ 9-A, GAD-7, YBOCS, SNAP-4 are forms available online to screen for anxiety, depression/suicidal ideation, OCD and ADHD)

Substance use

# Responding to Disclosures About NSSI

- “**Low key**” compassionate stance
- **Trauma-informed:** collaborative, clear, strengths-focused
- Ensure rapid **assessment** and attention to injury if needed
- Review **Confidentiality**
- **Ask about** suicidal ideation - past and present, active and passive.
- Ask about **other high risk behaviors** that may require disclosure -  
eg driving intoxicated



# Engagement: Trauma-Informed Practice

**Trauma** is COMMON and LIKELY when there is NSSI

**Trauma** is by definition an overwhelming emotional experience, NSSI is a way of coping with feeling overwhelmed

**Transparency:** Go over your responsibilities and the limits to confidentiality

**Collaborative stance:** Doing this together, following their lead.

**Validate** the stressful experiences/triggers for NSSI

**Validate** that they are coping the best they know how right now

**Build** on a shared goal of getting to a better place, Instill hope



## Clinical Pearls: Exploratory Discussion

- What does it do for you? eg feel better, feel numb, punish self etc
- Ask about stresses: “What makes you feel like hurting yourself?”  
“Is there a pattern to when you do it?” eg after a fight, when lonely, at night etc
- Validate - eg “Given what you’re telling me, I can understand why that happens”
- Ask about supports: “Who else knows that you have hurt yourself?”, “Is there anyone you can talk to when you’re feeling this bad?”
- Explore goals or solutions: “What do you wish we could change about your stress or trigger?” Would you like to decrease NSSI?





## Interventions

Counselor roles: Safety Planning, Support, Education, Skills building, Counselling, Treatment Navigation

Other healthcare providers' roles: treating the illness/distress with:

- Counselling (DBT, TIPP skills, family therapy, other counselling)
- Medications

## Interventions: Advocate, Support, Navigation

- Safety planning
- In-school support plan
- Family support plan (with consent)
- Teaching TIPP skills
- System navigation:
  - Referrals (family doctor, psychiatry, CYMH)
  - Further assessments (psychiatry, psychoeducational)





## Clinical Pearls: Developing a Safety Plan for NSSI

- Note: this is not a “contract” for safety!
- What are my **Stressors/Triggers** - sleep, conflicts, demands
- **Protective** Factors - what activities/people help me feel good?
- **Warning** Signs- early indicators to start using Plan
- **Coping** Tools - what can I do INSTEAD
- **Extra Help** - what do I do if the Plan isn't working?



## Clinical Pearls: NSSI Safety Plan

- Write it out **collaboratively** with youth for buy-in
- Put the plan somewhere youth can easily see and use it (phone, on their wall etc)
- **Any** use of safety plan is a **WIN** – if NSSI occurs, but they tried some part of the plan, that is excellent. If they didn't try any part of the plan, find out why...
- View the safety plan as a collaborative EXPERIMENT – some parts will work some of the time – it is NOT a guarantee of safety
- Can use Kelty's Safe Toolkit



## Clinical Pearls: TIPP Skills

### Self-regulation strategies to use instead of NSSI

- Temperature – ice, cold shower, hot bath
- Intense Exercise – jumping jacks, dancing hard to a song, run up stairs
- Paced Breathing – box breathing, use an app or YouTube
- Paired Muscle Relaxation – clench and release – can be guided via app or YouTube

# Treatment Navigation

- Connect youth with other care providers (family doctor, NP)
- With consent, connect with parents/caregivers for discussion and support
- CYMH - have counselors and many also have psychiatrists who can do consultations
- Call Compass! Help with system navigation
- In-school support plan: IEP, safe spaces, support person, regular counselor appointments



## Case: Abby

Abby tells you that she has been cutting herself for the past 6 months, "When I feel really bad."





# Major Depressive Disorder

25% by age 18

Commonly occurs with other Mental Disorders:

- Anxiety Disorders
- ADHD
- ODD/CD
- Substance use disorders
- Learning Disorders
- Autism
- Eating Disorders

## Indications of Depression:

- Irritability/anger
- Fights with family/friends/school staff
- Decline in grades/ School absence
- Drops out of activities
- Decreased self-care, hygiene
- Social withdrawal
- Increased risk-taking behaviours
- Self-Injury





## Questions for caregivers:

- Have you noticed a change in your child's mood?
- Have they lost interest in things they used to enjoy?
- How about a change in their energy, sleep, or appetite?
- What kind of impact have these symptoms had on their school performance? Extracurricular involvements? Friendships? Family?
- Have you had any concerns about suicidal thoughts or attempts?
- Have there been any big stressors or changes recently that seem to have had a big impact on your child?

## Questions for youth:

- How has your mood been lately? Have there been times when you've been feeling sad, down, "blah" or very irritable? Are you fighting more than usual with your friends or family?
- Have you noticed any changes in your motivation? (Harder to get things done you need to?)
- Any changes in your energy, sleep or appetite?
- How often do you miss classes, activities, or hanging out with friends because you feel down or unmotivated?
- Sometimes youth who are feeling this way start to think that life isn't worth living. Have you had any of these thoughts or wished you were dead? Have you had thoughts of wanting to end your life?



## PHQ-9: Modified for Teens

Name: \_\_\_\_\_ Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling asleep, staying asleep, or sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Poor appetite, weight loss, or overeating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Feeling tired, or having little energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things like school work, reading, or watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed?  Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead, or of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rating scales  
for  
Depression

# Management Strategies

## Therapy is First Line

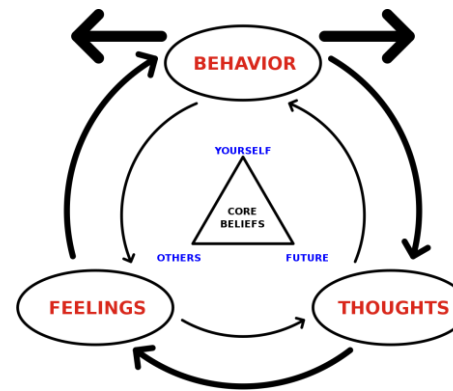
- Cognitive Behaviour Therapy
- Interpersonal Therapy

## For Severe Depression: Gold Standard is both Medication and Therapy

- BounceBack BC
- CYMH
- Foundry



# Helping youth Understand Depression and how Therapy Works

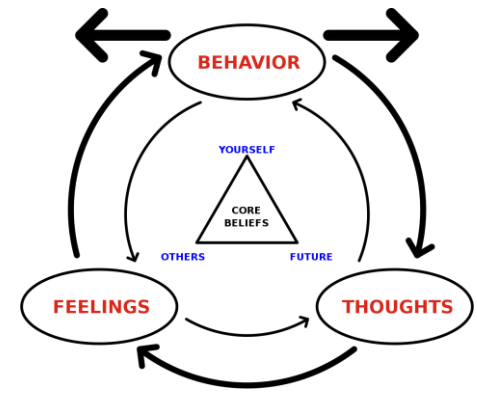


- Introduce the Triangle
- Help youth connect between behaviour, feelings and thoughts
- Normalize this
- Explain that by intervention on one point, you can impact the other points



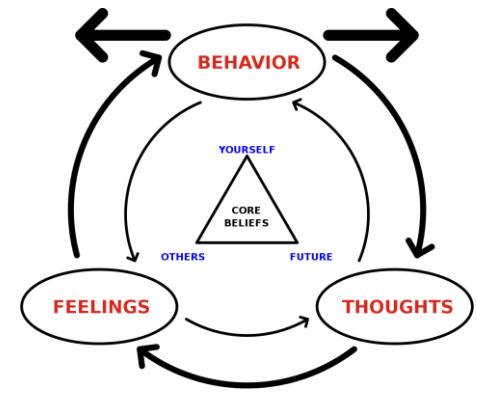
# Management Strategies

- Gently challenge distorted or negative thoughts
- Focus on Strengths
- Encourage Enjoyable Activities
- Exercise



# Management Strategies

- Reduce Pressures at school (extensions, reduce workload)
- Regular meetings and check ins
- Instillation of Hope



# Common Medications for Depression in Youth

Medication (dosage forms)	Usual Starting Dose for Adolescents* (Max dose)	Dose Titration	Prescribing Notes
<b>Fluoxetine</b> (10, 20, 40 mg capsules; 20 mg/5 mL solution)	10 mg/day  (Max 60 mg/day)	Increase to 20 mg/day after 1-2 weeks	Only SSRI with level 1 evidence of efficacy for MDD in children & adolescents. Very long half-life (no side effects from missed doses or sudden discontinuation)
<b>Citalopram</b> (10, 20, 40 mg tablets)	10 mg/day  (Max 40 mg/day)	Increase to 20 mg/day after 1-2 weeks	Most QTc prolongation of available SSRIs; Few drug-drug interactions vs. other SSRIs
<b>Escitalopram</b> (5, 10, 20 mg tablets; 10 mg, 20 mg orally disintegrating tablets)	5-10 mg/day  (Max 20 mg/day)	Increase by 5-10 mg/day after 1-2 weeks	Few drug-drug interactions vs. other SSRIs
<b>Sertraline</b> (25, 50, 100 mg capsules)	25-50 mg/day  (Max 200 mg/day)	Increase by 5-10 mg/day after 1-2 weeks	Few drug-drug interactions vs. other SSRIs



\* Recommend reducing by approximately one-half for pre-pubertal children.





# The Importance of the Therapeutic Relationship

- A relationship with a caring, interested adult is good medicine
- Confidentiality (within limits)
- Non-judgmental
- Refer but follow
- Be careful not to isolate
- Provide support to others involved
- Remember Self Care!

*Remember: Supportive care in clinical trials yields up to a 50% response (placebo response rate)*



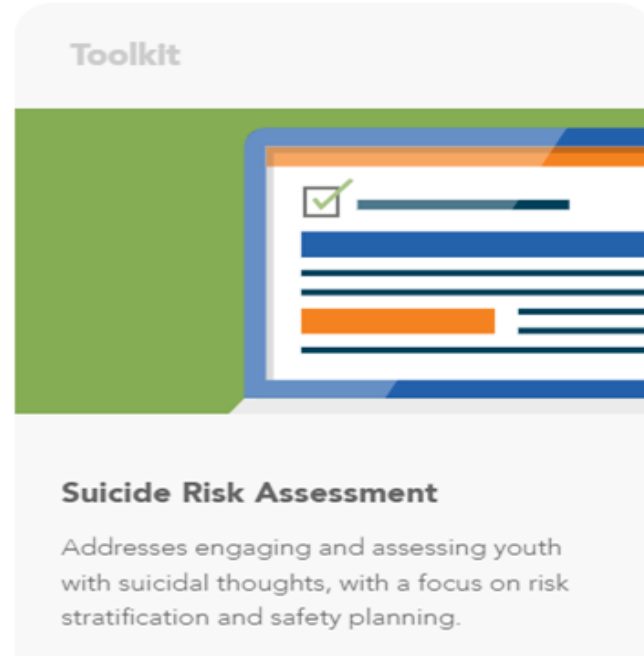
# Interventions you can prescribe!

- Sleep Regulation
  - Regular wakeup time
  - Avoid naps
  - Relaxation routine for initial insomnia
- Exercise
- Direct Group - socialization - hanging out with others
- Vitamin “N” time outdoors in Nature
- Diet
- Assess screen time
- Connect to Mental Health Professional or Family Doctor
- With consent - connect with the family



# Suicide Risk Assessment

- Risk Assessment is not Suicide Prevention
- **Ask about suicide**
- Investigate the seriousness and plausibility
- Assess Intent
- Assess non-suicidal self-injury vs suicide (both can be present)
- Get professional support - Connect with a mental health professional



[https://rise.articulate.com/share/W0r4du\\_56R54\\_rZ2OXQQgOao2Ob7S1bT#/lessons/DXkR4lUkHOGK1YeGHb7DpiYuwoOWnmFu](https://rise.articulate.com/share/W0r4du_56R54_rZ2OXQQgOao2Ob7S1bT#/lessons/DXkR4lUkHOGK1YeGHb7DpiYuwoOWnmFu)

# Questions to ask about Suicide

- *“Have things gotten so bad that you’ve thought about hurting yourself or ending your life?”*
- *“Sometimes when people feel the way you do right now, they start to have thoughts about suicide. Has this ever happened to you?”*
- *When some youth are feeling stressed or down (use person’s words) they can start to have thoughts of suicide, has this happened to you?*

## *Clinical Pearl*

*“To differentiate self-harm from suicidal behaviour, ask about the patient’s intentions. Was the behaviour (e.g., cutting, burning) done to end the person’s life, to gain relief from emotional distress or to overcome a feeling of numbness?”*



# If they have suicidal ideation - ask about a plan

- *"What kinds of thoughts have you been having?"* (This is a high-yield question, so be sure to let the patient talk.)
- *"How long have you been having these thoughts? When did they first start?"*
- *"How often are these thoughts happening? Daily? Weekly? All the time?"*
- *"Do you have a plan for how you would kill yourself?"*
- *"Have you thought about any other methods?"* (Patients may not reveal the most lethal method at first-ask.)
- *"Do you have any firearms or other weapons at home? Where are they?"*



## If they have a plan.....assess intent

- *“In the next 24–48 hours, how likely is it that you will act on your suicidal plan?”* (Ask the patient to rate the likelihood on a scale of 1 to 10, where 1 = very unlikely and 10 = certain.)
- *“Have you bought or saved pills? Do you have a rope?”*
- *“Have you ‘rehearsed’ or ‘gone through the motions’ of killing yourself?”*



# Suicide assessment: Risk Factors

- presence of a potentially lethal plan,
- access to means,
- level of intent,
- social/family support,
- substance use,
- **sense of hopelessness.**
- **Perceived burdensomeness**
- (e.g., “people would be better off without me”) and **perceived alienation** (e.g., “no one would even miss me...”) are the two most important psychological risk factors for suicide attempts.





# Assess for Protective Factors

- strong connections to family & community support
- skills in problem-solving or coping
- sense of belonging and/or identity
- identification of future goals
- support through existing clinical relationships



## Developing a Safety Plan

- Make the safety plan individualized & Collaborative
- Will it actually work?
- Do the people involved know that they are part of it?
- What happens if the safety plan goes wrong?

Clinical Pearl:

“A safety plan is not a contract for safety”



# Columbia Suicide Severity Rating Scale

## Columbia Suicide Severity Rating Scale Screener

Page 1 of 1 PATIENT LABEL


Ask questions that are in bold and underlined.	Past month	
Ask questions 1 and 2	Yes	No
1) <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
2) <b><u>Have you had any actual thoughts of killing yourself?</u></b>		
If yes to 2, ask questions 3, 4, 5 and 6. If no to 2, go directly to question 6.		
3) <b><u>Have you been thinking about how you might do this?</u></b> (e.g., "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it ... and I would never go through with it.")		
4) <b><u>Have you had these thoughts and had some intention of acting on them?</u></b> As opposed to "I have thoughts but I definitely will not do anything about them."		
5) <b><u>Have you started to work out or worked out the details of how you would kill yourself? Do you intend to carry out this plan?</u></b>		
6) <b><u>Have you ever done anything, started to do anything, or prepared to do any thing to end your life?</u></b>  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Lifetime	
	Past 3 months	
<b><u>If yes, ask: Was this within the past 3 months?</u></b>		



# Welcome to the SELF Toolkit!

This toolkit was created for you to work through with your team to help you understand what things tend to cause you stress, what stress looks like for you, and what tools you can try to help you feel better.

To use the toolkit, look at each page and think about what makes sense for you:

- In your life, what can be **Stressors** for you?
  - What are your **Warning Signs** when you are feeling stress? What signs happen early, and what signs might be more serious?
  - Which **Tools to Feel Better** do you like to use? Are there others that you might like to try?
- 

# You are not alone!

1. Compass Program
2. Kelty Mental Health
3. Schools Mental Health Promotion team
4. Ants in your Pants!

<https://www.collectivetherapy.ca/>

5. Foundry
6. CYMH



# Next Session!

**Open Q&A on mental health topics of your choosing**

February 28th 3 pm

Link to Slido for advanced questions will be linked in  
Evaluation form from this session



# How Can Compass Support School Counsellors?

- Rural and remote focus
- Risk assessment, safety planning (self harm, suicidality)
- Diagnostic support - screenings and brief assessment tools
- System and resource navigation
- Participate in multi-disciplinary meetings (without parents/youth)
- Brainstorming with school staff re: IEP accommodations for youth with MHSU diagnoses
- Indigenous care lens (Indigenous Care Coordinator, Indigenous SW)



# Mental Health Supports & Resources for School Communities

The BC Children's **School Mental Health Promotion** team supports school communities with mental health promotion planning and implementation by providing resources, professional development and consultation.

*Questions about mental health promotion in schools? Looking for resources?*

Contact:

[schoolmentalhealth@cw.bc.ca](mailto:schoolmentalhealth@cw.bc.ca)

For resources and information, visit  
[keltymentalhealth.ca/school-professionals](https://keltymentalhealth.ca/school-professionals)





## For Parents and Caregivers:

The **BC Children's Kelty Mental Health Resource Centre** provides mental health and substance use information, resources, and parent peer support to families across BC.

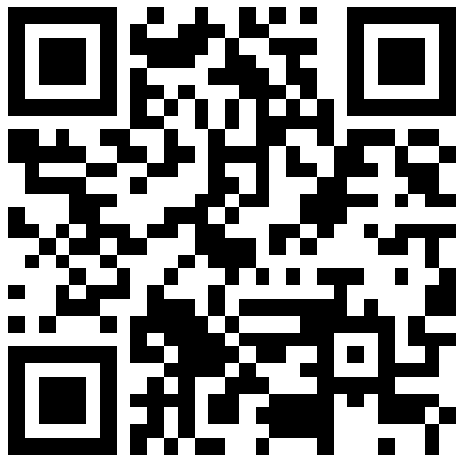
[keltymentalhealth.ca](https://keltymentalhealth.ca)



# Resources

1. Compass Toolkits: <https://compassbc.ca/toolkits>
2. Kelty Mental Health
  1. Resource Centre Self-Injury Webpage for Parents/Caregivers: <https://keltymentalhealth.ca/self-injury>
  2. SELF safety planning toolkit for Adolescents
3. Sloutreach.org
4. [www.selfinjury.bctr.cornell.edu](http://www.selfinjury.bctr.cornell.edu)
5. <https://www.cheo.on.ca/en/resources-and-support/resources/P4926E.pdf>
6. HereToHelp.BC.ca
7. Calm Harm App

# Q&A



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