



EDUCATION

‘Sometimes I wish I could die’: CMS suicide screenings have tripled in 5 years

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The paper written by a second-grader was literally a cry for help.

“Me and my mom have not been getting along Ive been super tired frustrayd mad & Ive been crying alot. Sometimes I wish I could die,” it said. “Plese help me or give me avice.”

Last year Charlotte-Mecklenburg Schools screened more than 2,100 students for suicide risk, a number Superintendent Clayton Wilcox said recently “should be shocking for all of us.” That’s triple the number logged just five years earlier – and this school year the district is on track to hit 3,000.

Just as shocking: The second-grader who wrote about wanting to die was not a fluke. Hundreds of young children show risk signs each year, with the bulk falling between grades 3 and 8.

The spike in screenings isn't necessarily a sign that more kids and teens are suicidal, school counselors say. It means CMS is reacting to any sign that a student is thinking about self harm, whether the tipoff is a Facebook post from a teen or a troubling drawing from a child.

"I always take it with urgency and seriousness," says Brittany Glover, a counselor at Whitewater Academy elementary school.

About two-thirds of the students screened are rated low risk, but all are questioned about suicidal thoughts and acts. They're given strategies to cope with sadness, depression and trauma.

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JUST LIKE THE BIRDS-AND-BEES TALK NEEDS TO HAPPEN, THE TALK ABOUT SUICIDE NEEDS TO HAPPEN IN ELEMENTARY SCHOOL.

Whitewater Academy counselor Brittany Glover

Parents are often stunned when counselors tell them their children are talking about or even planning for suicide. Some fear the screenings might put ideas in their children's head.

"Talking about it does not cause it," says Lisa Newman, a CMS crisis response specialist.

Instead, the hope is that talking frankly will allow adults to protect students in crisis and provide young people with survival strategies. Glover says she'd like to see the equivalent of the #MeToo movement, which has led women to talk openly about sexual harassment and assault instead of living with shame, emerge for young people struggling with depression and trauma.

"Just like the birds-and-bees talk needs to happen, the talk about suicide needs to happen in elementary school," she said recently. "Depression is something that's very real and it's serious, from first grade on up through adulthood. If you aren't given the tools to deal with it, you'll always be in a space where you'll feel lost."

The CMS suicide screenings aren't designed to identify students who might harm others. There's a separate process for that, led by school administrators. But news reports indicate the 19-year-old charged with killing 17 people at a Florida high school in February had engaged in self-cutting and a possible suicide attempt well before he shot up his former school.

And while some academic challenges are more prevalent in schools with high concentrations of disadvantaged students, CMS officials say suicide risk isn't linked to family income, race or the type of school students attend.

"It happens in Ballantyne," Glover said. "It happens on the west side of Charlotte. It happens on the east side of Charlotte. It happens in Matthews."

It's not just teens

The CMS screenings started in 2006, spurred by the state's Child Fatality Task Force. For the first two years only high-schoolers were screened, and in 2008 elementary and middle schools were added.

A referral can come from classroom teachers, families, classmates or the students themselves. Or the counselors may pick up on clues while they're doing classroom activities.

They're looking for the same kinds of things that parents should be aware of: Drawings or comments that indicate students want to die, to stop being a burden to others or to make their sadness stop. Withdrawal from things they used to enjoy. Cutting themselves, taking major risks or otherwise trying to hurt themselves. Life changes that might seem manageable to an adult, but feel devastating to a child.

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THE INCREASE OF OVER 300% IN SUICIDE ASSESSMENTS WITHIN OUR DISTRICT SINCE 2012-2013 SHOULD BE SHOCKING FOR ALL OF US IN CHARLOTTE-MECKLENBURG.

Noelle Hughes, lead elementary counselor at the K-8 Morehead STEM Academy, recalls asking a class to list positive things about themselves. One girl, about 11, wrote nothing.

When Hughes asked, the girl said she didn't like anything about herself. Hughes asked what brought her joy. She couldn't think of anything.

Hughes asked what the girl wanted to be when she grew up. "I don't know if I'll be around that long," the child replied.

And when Hughes asked directly, the girl confirmed that she had thought about killing herself.

Hughes, like all the other CMS counselors, psychologists and social workers trained to evaluate suicide risks, uses the pediatric version of the Columbia Suicide Severity Rating Scale to assess risk. Students are asked such things as whether they've wished they were dead, made plans to kill themselves or actually done anything to harm themselves.

There are always a few referrals that turn out to be misunderstandings, but the rest are rated low, moderate or high risk. A low-risk student might be sad or upset, but not actively suicidal. Those at higher risk might be making plans to die.

Don't make it easy

Because of confidentiality requirements Hughes couldn't reveal details about the child she assessed, but she followed up on the type of actions taken for all students. Counselors talk with the students about what triggers their bad feelings, what they do to comfort themselves and who they can talk to if things get really bad. It's essential to make sure they have at least one adult they can trust to listen and hear them.

And she contacted the girl's parents, who didn't know their daughter was so depressed. That's fairly common. Children and teens may try to protect their parents, and even blame themselves for turmoil at home that's driving them to despair, Newman said.

Even if the immediate risk is low, counselors advise parents to take any hint of suicide seriously and get professional help if needed. All schools have professional staff who can help, and many have on-site mental health services that can do outpatient therapy for students and families.

Newman said counselors ask both students and their parents about access to guns, medication and anything else a student could use to harm themselves. Anything that's potentially lethal should be locked away, and parents are sometimes surprised to learn that their kids know where to find firearms or drugs at home. CMS provides trigger locks and locked medication boxes for families that need them.

For the relatively small number of students judged to be high risk, schools may alert teachers to keep eyes on that student at all times and to make sure sharp scissors and anything else that could be used for self-harm is out of reach.

Alice McGinley, founder of a Charlotte support group for people who have lost a loved one to suicide, says parents should always take it seriously if someone reports that a child is talking about dying.

"I've come across parents who have said, 'Not my kid.' I would be getting help right away," said McGinley, who lost a 16-year-old son to suicide 17 years ago. "If you don't act right away, they can act on their own."

What's behind the numbers?

For the first five years that CMS did suicide screening at all grade levels, the total number of referrals remained well below 1,000 a year. That stretch included the Great Recession, when budget cuts forced CMS to lay off counselors and school psychologists.

The numbers began to rise sharply in 2013-14, as the economy recovered and CMS started rebuilding the staff who support students' social and emotional needs. Today many educators, policymakers and advocates say that work is as vital as teaching reading and math, because a child who is wracked by anxiety, fear or mental illness can't focus on academics. Expanding that staff is a top budget priority for the coming year.

668

screenings in 2012-13

2,118

in 2016-17

1,500

during the first half of 2017-18

The 2,118 screenings done last school year set a record. Those numbers came to public attention during a January vote on a diversity policy that recognized sexual orientation and gender identity as attributes to recognize in staff training, curriculum and classroom materials. The policy doesn't deal with suicide prevention or bullying, but school board Vice Chair Rhonda Cheek and Superintendent Wilcox cited the spike in screenings when they voiced their support.

“The increase of over 300% in suicide assessments within our district since 2012-2013 should be shocking for all of us in Charlotte-Mecklenburg, whether we have children in CMS or not,” Wilcox wrote in a message to families and employees the day after the controversial vote. “All kids, particularly the ones who are the most vulnerable among us, must be protected.”

It's tougher to track trends in suicide deaths and attempts. The county keeps records, but such data can be patchy or outdated. The most recent State of the County Health Report, for 2016, lists suicide as the second highest cause of death for 15- to 24-year-olds.

The Health Department and CMS administer a Youth Risk Behavior survey from the Centers for Disease Control and Prevention every two years. The most recent posted report, for 2015, shows a slight increase in the percent of students saying they had made a suicide plan, from 13 percent in 2011 to 15 percent in 2015. In 2011, 15 percent of the teens surveyed said they had attempted suicide, but that question was dropped in later years.

Newman says there's no clear cause behind the surge in CMS referrals. LGBTQ youth are generally at higher risk for suicide, as are any young people who don't feel accepted by their peers and/or family, Newman said. The highest number of referrals come in late elementary and middle school, a time when children with immature brains and little long-range perspective are struggling to figure out where they fit in.

Social media can exacerbate the stress by allowing casual cruelty and constant comparisons. "Comments and likes are a very big deal at my school," Glover said.

It's impossible to say whether the CMS intervention prevents suicide attempts, but Newman notes that Mecklenburg County loses roughly a dozen school-age youth – most of them teenagers – to suicide each year. So far she said she only knows of one who was screened.

And in North Carolina, she said, the college years pose an even bigger risk, as young adults venture out to find their place in the world.

State officials grade schools on their ability to prepare teens for academic success in college. Meanwhile, the counselors hope they're arming those same young people to survive.

HOW TO GET HELP

- **Suicide prevention hotline:** For Mecklenburg County, 800-939-5911; national hotline 800-273-8255. Crisis messages can also be texted to 741741.
- **The American Foundation for Suicide Prevention** offers information about suicide risks and prevention and referrals to support: <https://afsp.org/>
- **Learn more about warning signs** that children and youth may be at risk: www.youthsuicidewarningsigns.org
- **HUGS of Charlotte** offers regular meetings and other support for anyone who has lost a loved one to suicide: www.hugs-charlotte.com or 704-541-9011.