Board Leadership Institute: Helping your school prevent youth suicide

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Center for Suicide Prevention and Research

- Joint prevention and research focus combining efforts of NCH Behavioral Health and the Research Institute

- School-based efforts include implementation of the SOS Signs of Suicide prevention program in central and southeastern Ohio at no cost:
  - ❑ Train youth, caregivers, school staff and community organizations to increase depression and suicide awareness
  - ❑ Teach adults and youth how to identify, support, and respond to individuals at risk for suicide

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Center for Suicide Prevention and Research

- Provide ongoing consultation regarding policy and suicide prevention and postvention
- Train school staff and counselors in best practices in risk assessment and safety planning with youth
- Support community youth-serving organizations
- Funded by OhioMHAS to develop suicide reporting social media guidelines and train journalism students in Ohio
- Gather and interpret data related to the effectiveness of local suicide prevention efforts

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Aims

- Understand current youth suicide statistics and underlying risk & protective factors

- Highlight best practice elements of school-based suicide prevention

- Describe SOS Signs of Suicide prevention program

- Review policy & suicide response strategies that increase student safety and reduce suicidal behavior

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Key definitions

Suicide—death caused by injurious behavior to the self with an intent to die

Suicide attempt—a non-fatal, potentially injurious behavior to the self with an intent to die; might not result in injury

Suicidal ideation—Thinking about, considering, or planning suicide

Self injury —Purposeful acts of physical harm to the self with the potential to damage body tissue but performed *without* the intent to die   (Nock & Favazza, 2009)

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Suicide: the Silent Public Health Problem

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Why suicide prevention matters

- 44,193 people died by suicide in 2015 in the U.S. including over 2,000 children and teens

- 2nd leading cause of death for 15-24 year-olds and 4th leading cause of death for adults ages 18-65 (CDC, 2014)

- Suicide affects family, friends and the community.

- Suicide ends the life of a human being.

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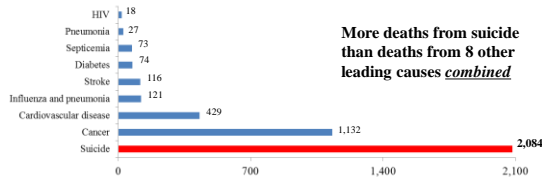---

Why suicide prevention matters

In the past 15 years, (CDC, 2016):
- Suicides have increased in nearly every age and demographic category
- **Increased 24%** from 10.5 to 13 per 100,000 overall
- Rates increased after 2006
- Suicides in 10-14 year-old girls increased by 200%

Prevent Suicide.

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Why suicide prevention matters

- In 2011, suicide was the **2nd leading cause of death** for youth aged 10-19 years in the United States
- There were 2,084 suicide deaths among U.S. youth in 2011

HIV	18
Pneumonia	27
Septicemia	73
Diabetes	74
Stroke	116
Influenza and pneumonia	121
Cardiovascular disease	429
Cancer	1,132
Suicide	2,084

More deaths from suicide than deaths from 8 other leading causes _combined_

0   700   1,400   2,100

Source: CDC WISQARS, 2014, www.cdc.gov/injury/wisqars/index.html

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Slide 1

2004-2010, United States
Age-adjusted Death Rates per 100,000 Population
All Injury, Suicide, All Races, All Ethnicities, Both Sexes, Ages 10-19 Years
Annualized Age-adjusted Rate for United States: 4.25

Legend:
- Suppressed/Unstable/Undefined
- 4.40-4.94
- 1.76-3.41
- 4.95-6.41
- 3.42-4.39
- 6.42-16.22

Reports for All Ages include those of unknown age.
* Rates based on 20 or fewer deaths may be unstable. States with these rates are cross-hatched in the map (see legend above). Such rates have an asterisk
The standard population for age-adjustment represents the year 2000, all races, both sexes.

Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC
Data Sources: NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.

Slide 2

SUICIDE: OHIO 2016 FACTS & FIGURES

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Ohio	1,491	12.57	39
Nationally	42,773	12.93	

Suicide cost Ohio a total of **$1,736,643,000** of combined lifetime medical and work loss cost in 2010, or an average of **$1,206,840** per suicide death.

IN OHIO, SUICIDE IS THE...

1st leading cause of death for ages 10-14	**2nd leading** cause of death for ages 15-34	**4th leading** cause of death for ages 35-44
5th leading cause of death for ages 45-54	**9th leading** cause of death for ages 55-64	**17th leading** cause of death for ages 65 & older

Suicide is the **11th leading** cause of death overall in Ohio.

On average, one person dies by suicide **every six hours** in the state.

Over twice as many people die by suicide in Ohio than by homicide. Total deaths to suicide reflect a total of **29,543** years of potential life lost (YPLL) before age 65.

Based on most recent 2014 data from CDC

AMERICAN FOUNDATION FOR Suicide Prevention | afsp.org

Slide 3

2015 Youth Risk Behavior Survey

Of US High School Students:

29.9% felt so sad or hopeless for 2+ weeks that they stopped doing some usual activity

17.0% seriously considered attempting suicide

14.6% made a suicide plan

8.6% attempted suicide

2.8% of those who made an attempt required medical attention

CDC MMWR, April 2016

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Younger Children and Suicidality

Even children under 12 year of age plan, attempt and complete suicide

- 12% of children age 6 to 12 have suicidal thoughts
- 3rd leading cause of death for 12 year-olds
- 13th leading cause of death for children under 12
  Sources: CDC, 2014; Tishler, Reiss, & Rhodes, 2007; Natl Vital Stat Rep, 2006

- ADHD and impulsivity may play a role in suicide in young children
  Sources: Sheftall et al., 2016

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Myth:

Talking to students about

suicide can put the idea in

their mind.

FACT:
You don't cause a person to consider killing himself/herself by talking about suicide.
Bringing up the subject of suicide and discussing it in an open sensitive way is often very helpful.

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Myth:

Most suicides happen

suddenly without warning.

FACT:
The majority of suicides have been preceded by warning signs, whether verbal or behavioral. It is important to be able to identify warning signs and respond supportively.

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Myth:

Teens who talk or post

about suicide are less

likely to attempt suicide.

FACT:
Almost everyone who dies by suicide has given some clue or warning
Do not ignore suicide threats
  - "You'll be sorry when I'm dead"
  - "I can't see any way out"

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Myth:

Someone who has

thoughts about suicide is

determined to die.

FACT:
Most suicidal people do not want death; they want the pain to stop. Suicidal people are often ambivalent about living or dying. Access to emotional support at the right time can prevent suicide.

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Definitions

Risk factor: Variables that are more common in youth who die by suicide than youth who do not die by suicide.
Protective factor: Variables that protect from risk.
Warning sign: Immediate (proximal) indicators of risk.
  •We're really bad at predicting long-term risk
Resilience: Performing better than your risk status would suggest.

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Risk Factors for Suicide

Mental illness
- Over 90% of people who die by suicide have a least one major mental illness (Gould et al., 2003)

The strongest risk factors for suicide in youth
- depression
- alcohol and drug use
- previous attempts (NAMI, 2003)

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Risk Factors for Suicide

Being male
Access to lethal means (e.g., firearms)
Aggressive/impulsive/risky behavior
History of sexual or physical abuse
Family history psychiatric history
History of bullying
LGBTQ - Sexual orientation and gender identity

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Triggering Events

No single event causes suicidality

Examples:
*breakup
*bullying
*school problems
*rejection or perceived failure
*sudden death of a loved one
*suicide of a friend or relative
*family stressors like divorce, jail, deployment

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Warning Signs

Most people who attempt suicide
give warning signs of suicide
- Wanting to be alone all of the time
- ↓ interest in usual activities
- Giving away important belongings
- Risky or reckless behavior
- Self-injury
- ↑ Substance use

WARNING

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Warning Signs

STOP

Seek Immediate Help
- Threatening to attempt suicide
- Obtaining a weapon or seeking means to kill
  oneself
- Talking or writing about wanting to end one's
  life in school or social media

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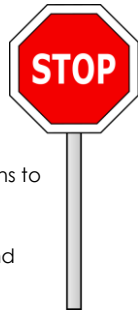
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Depression in Teens

Physical Symptoms
- Trouble falling asleep or sleeping too much
- Lack of energy
- Significant weight loss or gain
- Persistent headaches, stomachaches or pains

Behaviors
- Lack of interest in hobbies or extracurriculars
- Poor grades at school
- Abusing drugs and alcohol
- Self-injury

Feelings
- Feeling sad or hopeless for most of the day
- Increased irritability
- Poor self-esteem or excessive guilt

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Your School's Response to Warning Signs

If you see warning signs, **take the following steps right away**:

Supervise the student constantly (or make sure the student is in a secure environment supervised by caring adults) until he or she can be seen by a mental health contact.

Escort the student to see mental health contact or administrator.

Provide any additional information to the mental health professional evaluating the student to help in the assessment process. That person will notify the student's parents.

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Protective factors are personal traits or environmental qualities that can reduce the risk of suicidal behavior.

- Easy access to effective, culturally competent care
- Support from medical and mental health care professionals
- Restricted access to highly lethal means of suicide (e.g. firearms)
- Strong connections to family members
- Connectedness to safe schools
- Academic, artistic, atheltic achievements

- Coping, problem solving and conflict resolution skills
- Family acceptance for their sexual orientation and/or gender identity
- Positive connections with friends who share similar interests
- Cultural and religious beliefs that discourage suicide
- Positive role models and self esteem

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Why Suicide Prevention in Schools?

- Universal prevention
  - Almost all children go to school
  - All students benefit and play a role
  - Depression/suicidal thinking impacts academics
- Staff can identify what "typical behavior"
  - Can use that to identify **major changes**
- Trusted adults make talking about depression or suicide less scary
- Modify culture and enhance "connectedness"

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School Concerns about Adopting Suicide Prevention

Concern	But…
Suicide prevention increases risk	Research shows that suicide prevention decreases risk
I am here to teach	Depression impacts learning and memory
It takes too much time	Weeks of learning time can be lost post-suicide
We don't have those problems	No school or family is immune
We don't have MH services available	Suicide not going away Creative problem-solving

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Suicide Prevention Programs should:

- **Decrease** student risk by <u>increasing</u> knowledge about depression and suicide warning signs
- **Reduce** stigma: mental illness, like physical illness, requires timely treatment
- **Encourage** help-seeking for oneself or to obtain support for a friend
- **Engage** parents and school staff as partners in prevention through education
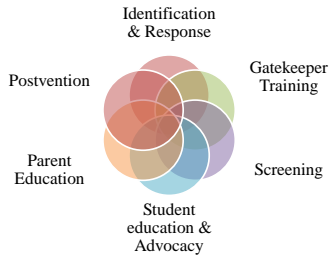
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Effective suicide prevention is not just one program
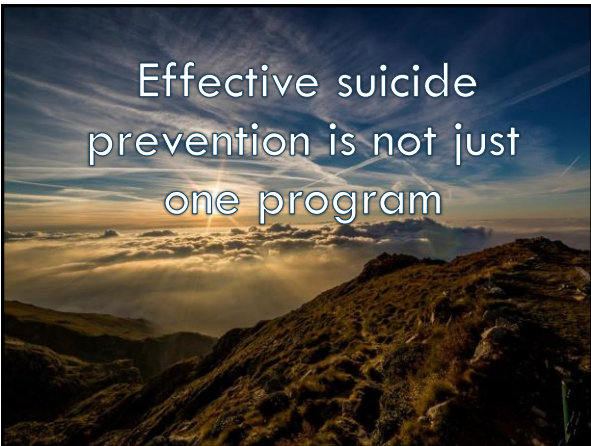
Comprehensive School-based Suicide Prevention (SAMHSA, 2012)

Identification & Response

Gatekeeper Training

Postvention

Screening

Parent Education

Student education & Advocacy

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Core Best Practice Elements

- Gatekeeper training
- Student education and peer support
- Suicide and depression screening

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Gatekeeper Training

- Training teaches staff and parents how to:
  - Identify suicide risk factors and warning signs
  - Recognize how they should respond to these warning signs
  - Enhance dialogue & support of at-risk students
  - Decide when to initiate referral to mental health provider
- NREPP endorsed gatekeeper programs include:
  - QPR, Kognito, Signs of Suicide
- Not sufficient to sustain staff behavioral change
- Enhance through skill training & role-play (*Cross et al., 2007*)

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Student Education and Peer Support

- Students more likely to discuss concerns with other peers
- Reduce barriers associated with stigma, misinformation, and help-seeking
- Examples include Sources of Strength, LEADS, Signs of Suicide
- Changes in attitudes and knowledge not always sufficient to change help-seeking behavior

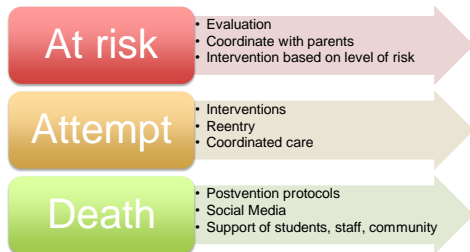NATIONWIDE CHILDREN'S | THE OHIO STATE UNIVERSITY
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Screening and Risk Assessment

- Universal approach to identify at-risk youth
- Screening does not increase suicidal thoughts
- Depressed and suicidal youth will endorse screening items (Reynolds, 1991; Miller & DuPaul, 1996)
- Highest risk students often do not seek help
- Columbia TeenScreen, SOS (BSAD), SIQ, Jr.
- Positive screen prompts clinical risk assessment

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Protocols

At risk
- Evaluation
- Coordinate with parents
- Intervention based on level of risk

Attempt
- Interventions
- Reentry
- Coordinated care

Death
- Postvention protocols
- Social Media
- Support of students, staff, community

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Suicide Prevention Elements to Avoid

- Large assembly formats
- Graphic depictions of suicidal behavior
- Putting burden on students to "save" friends
- Endorsing a "stress model" of suicidal behavior
- Blaming or providing simple explanations for suicide
- Neglecting resources and messages of hope
- Assessing risk without resources for students and families

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Other Suicide Prevention Elements

- Establish local mental health partnerships
- Suicide-specific response policies
- "Postvention" best practices (SPRC "After a Suicide Toolkit")

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What is suicide contagion?

- Occurs when the same behavior spreads quickly and spontaneously through a group (Gould, 1990)

- Process by which a suicide leads to an increase in suicidal behaviors of others (USDHHS, 2008)
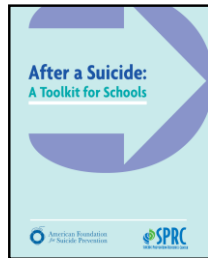
- Accounts for up to 5% of teen suicides

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What is the evidence for suicide contagion?

- Adolescents exposed to suicide directly or indirectly are at increased risk for attempts (Insel & Gould, 2008)
- Existence of suicide clusters (Gould, 1990)
- How media reports on a suicide can increase suicide risk (e.g., Stack, 2003; Phillips, 1974; Pirkis & Blood, 2010)
  - front page exposure, bold headlines, highly detailed accounts including method, and articles that are sensationalistic, stigmatizing, moralistic, unavoidable, deterministic, or simplistic

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Postvention Resources

After a Suicide: A Toolkit for Schools

American Foundation for Suicide Prevention   SPRC

http://www.sprc.org/webform/after-suicide-toolkit-schools

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Preparing

- Develop a staff phone tree
- List of home / cell numbers of outside support personnel
- Identify space for meetings and safe rooms
- Prepare "go-kits"
- Develop policies for memorials and funeral attendance
- Develop policies & establish presence on social media
- Designate a media spokesperson / establish relationship with local media

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First 24 Hours

Activate the crisis team and notify key personnel
> •Determine if siblings attend school and notify administrators
> •Arrange to have someone meet with every class the student attended
> •Remove student's name from computer lists
> •Ask for student input about upcoming extracurricular events (what do they think is appropriate / inappropriate)

Verify facts / respect family privacy
> •Who died, when, where and how.
> •Designate a staff member to gather this information
> •Family condolences: "I am so, so sorry about what happened to {child}. You and your family are in our thoughts, and we wanted you to know if there is anything you need, please let us know. We don't want to bother you, but we want to help you in any way we can" (Miller, 2011, p. 118).
> •Share accurate information as quickly as possible

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First 24 Hours

Notify teachers and staff / meeting
> • AFSP / SPRC "After a Suicide" Toolkit includes a sample agenda

Determine level of response (minimal, building, district, regional)

Prioritize students needing immediate support
> • Geographical & psychosocial proximity, at-risk youth, threat perception
> • Obtain parental permission prior to meeting
> • Safe rooms: two adults, 8 – 10 kids
> • Follow-up and referrals

Notify students in class meetings
> • AFSP / SPRC "After a Suicide" toolkit for sample death notification

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First 24 Hours

What not to say to youth:
> •Your friend is in a better place [NO! A better place would be here with me!]
> •They are with God now (HOW do you know if I even believe in God?]
> •I understand how you feel [HOW? Did your best friend take their life at 15?]
> •Keep your chin up / stay strong [WHY? My dad died. I'm not allowed to cry? Who will be strong for me?]
> •Remember, it's God's will [THEN God is cruel and I don't want her in my life]

Notify parents & community / coordinate meetings
> •AFSP / SPRC "After a Suicide" toolkit for sample agenda.

Proactively use and monitor social media / work with press
Debrief at the end of the day
Don't forget to care for school staff

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The days following…

Approach support from a culturally respectful stance
Be intentional about attending the funeral or not
Memorials (temporary better than permanent / be consistent across deaths)
Address the Empty Desk
Monitor for suicide risk
Evaluation: There is no perfect postvention.
Ask students, staff & community: *"what did we do well? What was missing?"*
Circle back to prevention programming when appropriate

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Months and years after…

Acknowledge the diversity of grief reactions (or lack thereof)
Complicated grief / PTSD
   •Grief counseling groups
   •Survivors of suicide loss
Monitor for suicide risk
Anniversaries (death, birthday, graduation, 2 years-post)

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Signs of Suicide (SOS)

- Reduce stigma and barriers to care
- Train all adults to identify depression symptoms and warning signs for suicide
- Teach action steps to <u>students and adults</u> when encountering suicidal behavior
- Increase student awareness and help-seeking

Acronym (**ACT**)
Acknowledge
Care - show that you care
Tell a trusted adult

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SOS Video Clip: Friends for Life

https://www.youtube.com/watch?v=T1Y410Pgoao&t=10s

Signs of Suicide (SOS)

- Full model involves gatekeeper training (staff and parent education), student awareness training, peer-to-peer support, screening and risk assessment

- Evidence-based universal suicide prevention
    - Two RCTs show 40% reduction in self-reported suicide attempts (Aseltine & DeMartino, 2004; Aseltine, 2007) at 3-month follow-up
    - Sig greater pre-post knowledge and attitudes about depression
    - No sig differences in help-seeking behaviors (Aseltine, 2007)

How the CSPR stages SOS training

- **Step 1**: Meet with school staff to plan logistics (60 min)
- **Step 2**: Provide SOS training to all school staff (60-90 min)
- **Step 3**: Host parent educational evening (60 min)
- **Step 4**: School staff trained to present SOS (90 min)
- **Step 5**: School staff who collect screening data and follow up with students receive training (90 min)
- **Step 6**: Deliver the SOS curriculum over two days to a specified grade or set of classes
- **Step 7**: Students screened and assessed if indicated
- **Step 8**: Review disposition with school and parent

Student Response Card

BASED ON THE VIDEO AND/OR SCREENING, I FEEL THAT:
☐ I _need_ to talk to someone …
☐ I do not need to talk to someone …
ABOUT MYSELF OR A FRIEND.
NAME(PRINT):_____
HOMEROOM SECTION:_____
TEACHER:_____

IF YOU WISH TO SPEAK WITH SOMEONE, YOU WILL BE CONTACTED WITHIN 24 HOURS. IF YOU WISH TO SPEAK WITH SOMEONE SOONER, PLEASE APPROACH STAFF IMMEDIATELY.

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Brief Screen for Adolescent Depression (BSAD)

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Advantages of SOS

- Implemented by school staff
- Engages existing supports including school staff, parents, peers, community
- Incorporates many best practice elements
- Increases dialogue around mental health
  - •Reduces stigma
- Sustainable

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2016 SOS Implementation Outcomes
(January 2016 – December 2016)

31 Schools in Central Ohio

287 Classrooms

**7,401 students served
in grades 5-12**

= 1 school   = elementary school

= high school   =300 students

= middle school   = 25 classrooms

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2016 SOS Implementation Outcomes

**6,649 youth mental health
screenings conducted**

**12.3% had 4+ symptoms of
depression, suicidal ideation, and/or
made a suicide attempt in past year**

Screenings resulted in:
- 1,600+ follow-ups with school staff
- 278 lethality assessments provided
by licensed clinicians
- 215 outpatient MH referrals
- 35 crisis or ED referrals

=300 students

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Impact of School Prevention

"I was impressed how much of the information really resonated with her and how seriously she spoke regarding the subject of suicide as did many of her peers following the presentation. She stated she and friends had a long conversation about the material after the presentation."

-Parent of Middle School Student

"SOS helped us uncover issues with kids that we never suspected were considering suicide. Students came forward concerned about friends; others felt freed to share their feelings and ask for help. Some parents had no idea their kids were entertaining dangerous thoughts and thanked us for having SOS. All in all, it was the most important activity we did all year." **- Guidance Counselor**

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Lessons Learned

1. Suicide prevention programs thrive with joint planning and support from school leadership
2. To reduce staff anxiety provide mock classes and run through risk assessment procedures
3. Engaging caregivers requires creativity
4. Pay attention to how school will sustain efforts
5. Middle schoolers are ready for this material

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Future Directions: Enhance Coping Skills

- Highlight effective coping strategies for managing mood symptoms
- Increases student's ability to manage distress Improve communication and problem solving skills
  (Mazza et al., in press)

- Start early: Good Behavior Game

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School policy and suicide prevention

American Foundation for Suicide Prevention

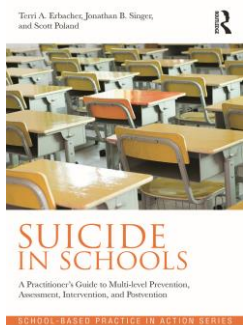https://afsp.org/wp-content/uploads/2016/01/Model-Policy_FINAL.pdf

MODEL SCHOOL DISTRICT POLICY ON SUICIDE PREVENTION

TREVOR

University of Pittsburg – STAR Center
Sample School Suicide Policy & Procedure - STAR-Center

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.™

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COLLEGE OF MEDICINE

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention.* New York: Routledge.

Terri A. Erbacher, Jonathan B. Singer, and Scott Poland

SUICIDE IN SCHOOLS
A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention

SCHOOL-BASED PRACTICE IN ACTION SERIES

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Resources

Local
http://www.nationwidechildrens.org/suicide-research
http://www.ohiospf.org/
http://franklincountyloss.org/
http://www.ncmhs.org/SuicidePrevention.htm
http://suicideprevention.osu.edu/

Apps for Teens

My3
RUOKOSU
A Friend Asks

National
http://www.sprc.org/
http://afsp.org/
http://jasonfoundation.com/
http://www.thetrevorproject.org/
http://www.crisistextline.org/
http://www.suicidepreventionlifeline.org/
Spanish Suicide Prevention Lifeline 1-888-628-9454
Suicide Prevention Lifeline 1-800-273-TALK (8255)
Crisis Text 741-741; text "4HOPE"
Signs of Suicide (SOS)
        https://mentalhealthscreening.org/programs/youth
SAMHSA High School Suicide Prevention Toolkit:
        http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

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Thank you!

The Center for Suicide Prevention and Research
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