Some Secrets Should be Shared

Engaging the Entire School Community in Implementing Evidence-Based Suicide Prevention Programming
ACSSW and the SOS Program

• The SOS Signs of Suicide® Prevention Program is...
  ▫ Developed by Screening for Mental Health
  ▫ Award-winning, evidence-based educational program and screening tool used in middle and high schools across the country.

• American Council for School Social Work
  ▫ Partnering to provide suicide prevention continuing education to school social workers.
True or False?

Approximately 30% of adolescents with mental illness go undiagnosed and untreated

False

Truth: Over 50% of adolescents with mental illness never receive treatment

Approximately 1 in 50 American adolescents will make a suicide attempt that requires medical attention

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Suicide is the 3rd leading cause of death among 11-18 year olds

False

Truth: Suicide is the 2nd leading cause of death among 11-18 year olds (CDC, 2013)
Youth Risk Behavior Survey 2013

Of US High School Students:

- 29.9% felt so sad or hopeless for 2+ weeks that they stopped doing some usual activity (up from 28.5%)
- 17.0% seriously considered attempting suicide (up from 15.8%)
- 13.6% made a suicide plan (up from 12.8%)
- 8.0% attempted suicide (up from 7.8%)
- 2.7% of those who made an attempt required medical attention (up from 2.4%)

Find the data for your city/state: http://www.cdc.gov/HealthyYouth/yrbs/index.htm
Risk Factors

- A risk factor is a personal trait or environmental quality that is associated with increased risk of suicide.

- Risk factors ≠ causes

- Examples:
  - **Behavioral Health** (depressive disorders, substance abuse, self-injury)
  - **Personal Characteristics** (hopelessness, ↓ self-esteem, social isolation, poor problem-solving)
  - **Adverse Life Circumstances** (interpersonal difficulties, bullying, hx abuse, exposure to peer suicide)
  - **Family Characteristics** (family hx suicide, parental divorce, family hx mental health disorders)
  - **Environmental** (exposure to stigma, access to lethal means, limited access to mental health care)
A Closer Look at Risk Factors

• The strongest risk factors for suicide in youth
  ▫ depression
  ▫ substance abuse
  ▫ previous attempts (NAMI, 2003)

• Over 90% of people who die by suicide have at least one major psychiatric disorder (Gould et al., 2003)

• Alarmingly, 80% of youth with mental illness are not receiving services (Kataoka, et al 2002)
Alcohol and Suicidal Behavior in Teens

• Alcohol use, drinking while down, and heavy episodic drinking are strongly associated with suicide among adolescents.

• Why does drinking correlate with unplanned suicides?
 ▫ ↑ disinhibition and impulsivity
 ▫ ↑ aggression and negative affectivity
 ▫ ↑ cognitive constriction → restricted production of alternative coping strategies

• Drinking alcohol while down: more than a 75% increase in risk

• Substance abuse is higher overall for individuals struggling with another stressor such as depression or anxiety

• Alternative avenue for identification and early intervention
  
(Schilling, et al. 2009)
Non Suicidal Self-Injury

• Intentional, non-life threatening, self-effected bodily harm or disfigurement of a socially unacceptable nature, performed to reduce and/or communicate psychological distress. (Walsh, 2012)

• Risk factor for suicide

• Good clinical practice suggests:
  ▫ Understand, manage and treat NSSI differently
  ▫ Carefully cross-monitor and assess interdependently
  ▫ Intervene early with NSSI to prevent suicidality
  ▫ Mitigate contagion

• SOS Signs of Self Injury Prevention Program
  ▫ Educating staff
  ▫ Educating at-risk students
  ▫ Educating peers
Warning Signs

• A warning sign is an indication that an individual may be experiencing depression or thoughts of suicide.

• Most individuals give warning signs or signals of their intentions.

• Seek immediate help if someone makes a direct threat, is actively seeking means, or is talking/writing about death.

• Other warning signs to take seriously:
  ▫ Risky behavior, recklessness, non-suicidal self injury
  ▫ ↑ substance use
  ▫ ↓ interest in usual activities
  ▫ Withdrawal

***Be aware of significant changes in your students – in their affect, behavior, appearance, attendance, etc.***
Precipitating Events

• A precipitating event is a recent life event that serves as a trigger, moving an individual from thinking about suicide to attempting to take his or her own life.

• No single event causes suicidality; other risk factors are typically present

• Examples:
  ▫ breakup
  ▫ bullying incident
  ▫ sudden death of a loved one
  ▫ trouble at school
Building Protective Factors

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

- Protective factors ≠ immunity, but help reduce risk

- Individual Characteristics
  - (adaptable temperament, coping skills, self-esteem, spiritual faith)

- Family/Other Support
  - (connectedness, social support)

- Mental Health and Healthcare
  - (access to care, support through medical/mental health relationships)

- Restricted Access to Means
  - (firearms/medications/alcohol, safety barriers for bridges)

- School
  - (positive experience, connectedness, sense of respect)
Universal prevention strategies are designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience. The program is provided to everyone in the population, such as a school or grade, with a focus on risk reduction and health promotion.

- Reach a broad range of adolescents (At-risk/sub-clinical/clinical symptoms)
- Reduces stigmatization
- Promotes learning and resiliency in all students
- Overrides implementer assumptions
Combat the Myths

But if we talk to kids about suicide, could we put the idea in their head?

FACT:

• You don't give a suicidal person morbid ideas by talking about suicide.
• The opposite is true. Bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.
• There is no evidence that screening youth for suicide induces suicidal thinking or behavior.
SOS Program Goals

- **Decrease** suicide and attempts by **increasing** knowledge and adaptive attitudes about depression.
- **Encourage** individual help-seeking and help-seeking on behalf of a friend.
- **Reduce** stigma: mental illness, like physical illness, requires treatment.
- **Engage** parents and school staff as partners in prevention through education.
- **Encourage** schools to develop community-based partnerships.
ACT Message

• **Acknowledge** that you are seeing signs of depression or suicide in a friend and that it is serious

• **Care**: Show your friend that you care

• **Tell** a trusted adult
Evaluation of the SOS HS Program

SOS is the only universal school-based suicide prevention program for which a reduction in self-reported suicide attempts has been documented.

In a randomized controlled study, the SOS Program showed a reduction in self-reported suicide attempts by 40%.

Study published in BMC Public Health, 2007 found SOS to be associated with:

- significantly greater knowledge
- more adaptive attitudes about depression and suicide
- significantly fewer suicide attempts among intervention youths relative to untreated controls

(Aseltine, 2007)

Included in SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP)
SOS Program Education + Screening

1. Introduce program
2. Show DVD
3. Facilitate discussion
4. Students complete screening forms and Student Response Card
5. Set expectation about when follow-up can be expected; provide referral information
6. Follow up with students requesting help/screening in
7. Refer students for further assessment/services as needed
Train All Gatekeepers

- Discuss risk factors, warning signs and how to identify students in need

- Include training on the connection between depression and suicide and dispel myths about youth suicide

- Discuss confidentiality: An adult must never keep a secret for a child if there is any concern about self-harm

- Review school policy for following up with at-risk students, including how and when parents/guardians will be contacted if their child needs further help
What are we Teaching Gatekeepers?

**Acknowledge** that you are seeing signs of depression or suicide in a student and that it is serious

**Care**: Let the student know you care about them and you can help

**Tell**: Follow your school protocol and tell your mental health contact
Identifying Students: 3 Ways

• Some students answer “yes” on a student response card indicating that they would like to speak to an adult about themselves or a friend
• Some students are identified through depression screening
• Some students ACT and reach out to gatekeepers (teachers, coaches, parents)

• School-based mental health professionals follow up with all of these students
Using School and Community Resources to Follow Up with Students

- **Use** SAMHSA’s Find Treatment Locator to identify additional referral resources: https://findtreatment.samhsa.gov/

- **Contact** local mental health facilities and verify their referral procedures, wait lists, insurance details, etc.

- **Create** a referral resource list to send with parent letter

- **Review** school’s emergency procedures and parental notification

- **Identify** in advance who will be handling emergencies

- **Notify** the nearest crisis response center about the program in advance in order to facilitate referrals

- **Be ready** to identify students who were flying under the radar
Suicide Prevention Resources

*Plan, Prepare, Prevent:* Free, interactive online module
www.mentalhealthscreening.org/gatekeeper

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