

Creating Suicide Safety in New York City Schools

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Intra-Agency Collaboration



SCHOOL MENTAL HEALTH



Department of Health and Mental Hygiene

Department of Education

Objectives

- 1. Review the challenges in implementing comprehensive suicide prevention practice in school
- 2. Explore the conditions and strategies employed to meet the challenges.
- 3. Review prevention concepts
- 4. Learn about the *Creating Suicide Safety in School* Model

Challenges



Challenge 1: The scope of the problem

- New York City Schools:
 - Roughly 1 million students
 - 600,000 students in grades 6-12
 - Over 1700 public schools



New York City Schools YRBS Data

- Persistent sadness or hopelessness almost every day for 2 weeks or more in a row- 29.4%- 79,000 students
- Attempted suicide- 8.3%- 21,000 students
- Suicide attempt resulting in injury, poisoning or overdose which required medical treatment-2.8%- 6,000 students
- Sought help from a counselor- 18.3%-47,000 students

The Youth Risk Behavior Survey (YRBS) monitors students' health risk behaviors in six categories: unintentional injury and violence, tobacco use, alcohol and other drug use, sexual behaviors, dietary behavior and physical activity. It is conducted every two years, in the fall, among a representative group of New York City (NYC) public school students in grades nine to twelve. The NYC YRBS is a joint project of the NYC Department of Health and Mental Hygiene, the NYC Department of Education and the National Centers for Disease Control and Prevention.

^{*}Please note the student numbers are approximate and based off a representative sample



Not all schools have the same resources

- Commit resources
- Use a non-prescriptive approach
- Leverage partnerships & collaborations
 - Encourage creativity, and shared responsibility



Leadership commitment

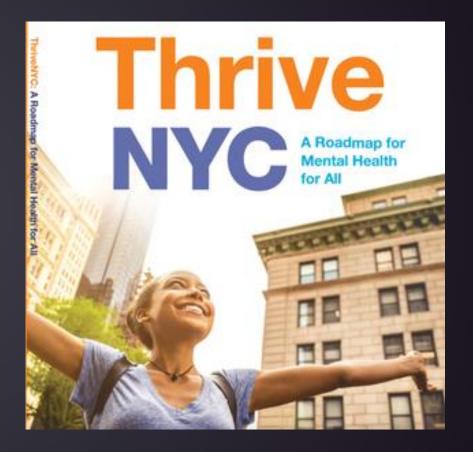
- Chancellor's regulations
- Thrive NYC
- 1700 Too Many



Chancellor's Regulations

"Students often give clues of their intent to commit suicide to peers, teachers and other personnel. It is important, therefore, that all school personnel (pedagogical and non-pedagogical) be made aware of behavioral manifestations which may suggest suicidal tendencies. All suicide related behaviors must be taken seriously. "







Thrive NYC

- Thrive NYC is a major commitment to mental health, one that is tackling a problem that directly affects 20% of New Yorkers—in addition to all of the people in their lives— requires a population-wide response.
- Thrive NYC will advance these principles in part through 54 targeted initiatives— representing an investment of \$850 million over four years—that together comprise an entirely new and more holistic approach to mental health in New York City, and set a foundation for taking on this public health challenge in the years ahead.
 SCHOOL

MENTAL



Thrive NYC School Based Initiative that directly addresses this issue:

- Suite of Universal Trainings for all schools:
 - Kognito At Risk
 - Youth Mental Health First Aid
 - Making Educators Partners for Suicide Prevention

Creating Suicide Safety in School is a supplement for these trainings SCHOOL MENTAL



Thrive NYC School Based Initiatives that support this issue through training and consultation:

- School Mental Health Consultants
- Community Schools
- School Mental Health Prevention and Intervention Program
- 100 Schools Project





1, 700 Too Many

- New York State Suicide Prevention plan
- Four Goals
 - 1. Suicide Safer health care
 - 2. Prevention in communities
 - 3. Prevention in Schools
 - 4. Better data to inform efforts



A Non-Prescriptive Approach

- Currently in New York City, schools have access to upwards of 6 different trainings on Suicide Prevention
- Many resources available on the web or free or at no cost through various initiatives



Leverage partnerships & collaborations

Current partners supporting training in NYC Schools:

- The Suicide Prevention Center of New York
- The Society for the Prevention of Teen Suicide
- Kognito
- The New York City Department of Health
 & Mental Hygiene



Encourage creativity, and shared responsibility

- Trainings are offered across different units within the NYC DOE
 - The Office of School Health
 - The Office of Safety and Youth Development
 - Borough Field Support Centers



Challenge 2: Suicide is complicated behavior – hard to prevent

- Risk for suicide is dynamic, it changes quickly.
- Suicide risk is influenced by a complex mix of factors.
- Prevention requires multiple interventions on many levels.



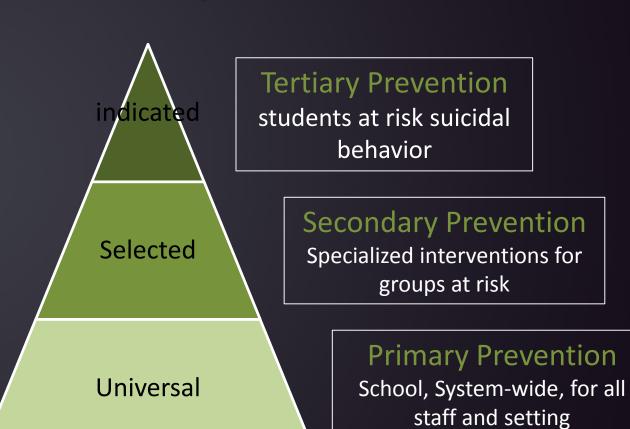
Challenge 3: Schools don't know what prevention looks like

- Intervention with a student at risk for suicide is late stage prevention
- Creating Suicide Safety in Schools
 workshop provides a framework
 within which schools can understand
 their prevention needs.

Prevention Concepts

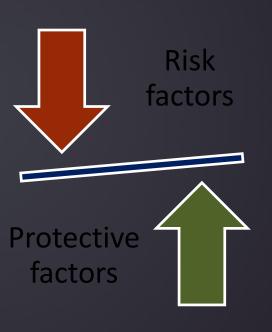


Public health prevention is multi-tiered





Risk / Resiliency Theory



 Suicide has multiple risk factors

 The relationship between risk factors is complex and dynamic

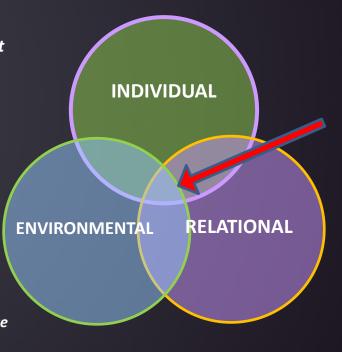


Risk Factors for Suicide have a Social Ecology

INDIVIDUAL
Previous attempt
Mental health
problem
Substance Use

ENVIRONMENTAL
Access to means

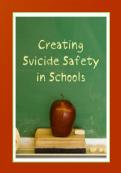
Interpersonal violence Social rejection Lack of resources



RELATIONAL

Family history of suicide
History of abuse/neglect
Loss of something
meaningful

Creating Suicide Safety in School





The Model- Underlying Concepts

- Caring and competent community
- Risk/resiliency theory
- Contagion theory
- Multi-tiered prevention







Suicide safety happens in the context of a caring and competent school community

Adapted from Caring and Competent Communities for Suicide Prevention, M. Underwood, SPTS



Creating Suicide Safety in School

- Planning day
- Implementation team
- Provides a framework
- Comprehensive
- Integrated
- Best practice





CSSS: Workshop Components

- Suicide facts
- Scenarios
- Resource binder
- Readiness checklist
- Group work sessions
- Synthesis document





The CSSS Model-Six Elements

- Faculty & staff training
- Resilient students
- Plan to help student at risk
- Plan for after a death
- Community supports
- Parent engagement





What have we accomplished?

- Offered since 2015 to New York City
 Schools to two distinct audiences:
 - School Mental Health Consultants
 - School Based Staff
 - 412 pupil services staff from 211 schools

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127 School MH Consultants



Preliminary evaluation shows:

Improvements in participants':

- Knowledge of how to prevent suicide
- Belief in their ability to prevent suicide
- Empowerment toward making changes in practice

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Engagement in further suicide prevention work

Contact Information

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