

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

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

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 \neq 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 a 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 \neq 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)

What Can Schools Do?

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

(Asepline, 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

Questions? Contact:

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