

Helping your school prevent youth suicide

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<http://www.nationwidechildrens.org/suicide-prevention>



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Overview

- Distinguish between risk factors, warning signs and protective factors for youth suicide
 - Identify effective strategies for responding to students at risk for suicide
 - Describe the SOS Signs of Suicide Prevention program, initial outcomes, and lessons learned
 - Learn key steps in managing a student suicide
 - Discuss sustaining suicide prevention in schools
-



Center for Suicide Prevention and Research

- Joint prevention and research focus combining efforts of NCH Behavioral Health and the Research Institute
- Implementation of SOS Signs of Suicide prevention program in central/southeastern Ohio schools at no cost:
 - Train youth, caregivers, and school staff to increase depression and suicide awareness
 - Teach adults and youth how to identify, support, and respond to individuals at risk for suicide

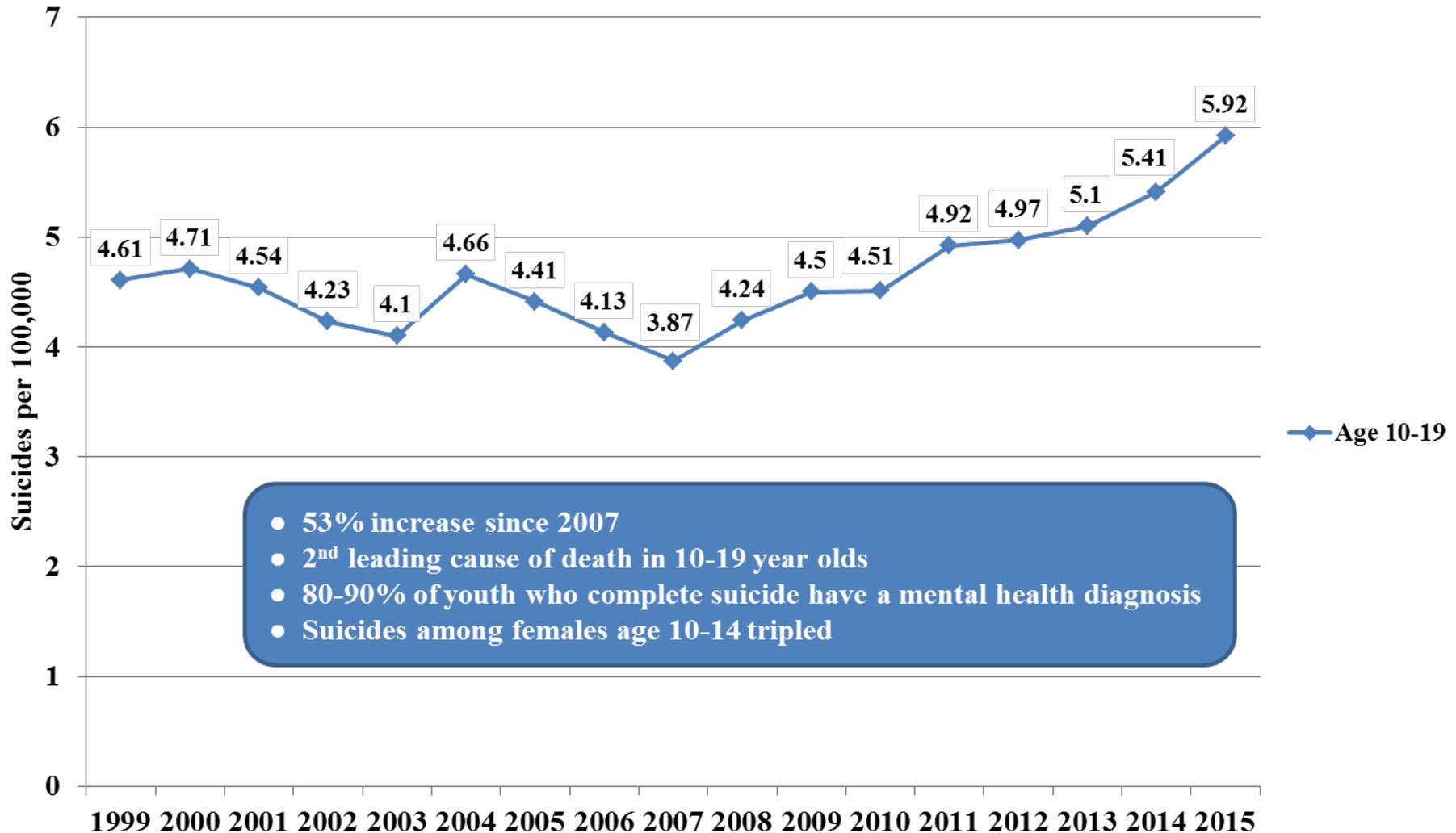
Center for Suicide Prevention and Research

- Consultation on policy and suicide prevention
- Train school staff and counselors in risk assessment and safety planning with youth
- Support community youth-serving organizations
- Funded by OhioMHAS to work develop guidelines and work with journalists on safe suicide reporting
- Gather and interpret data on the effectiveness of suicide prevention efforts

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.

US suicide rate: Ages 10-19



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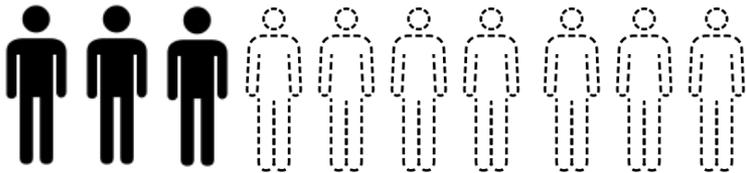


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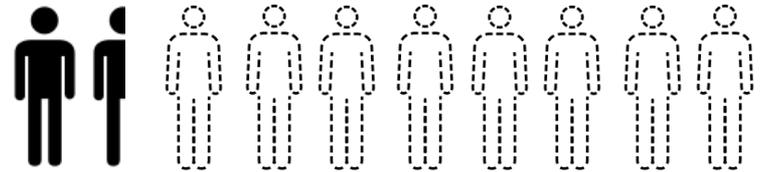
Prevalence of depression, ideation and attempts

AMONG US HIGH SCHOOL STUDENTS (past 12 months)*

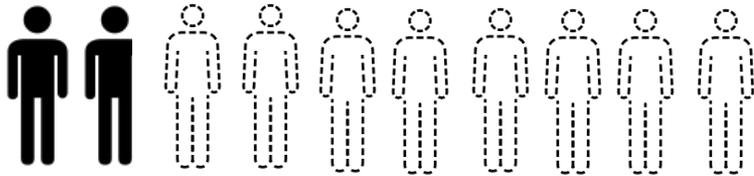
29.9% felt so sad or hopeless for 2+ weeks that they stopped doing some usual activity



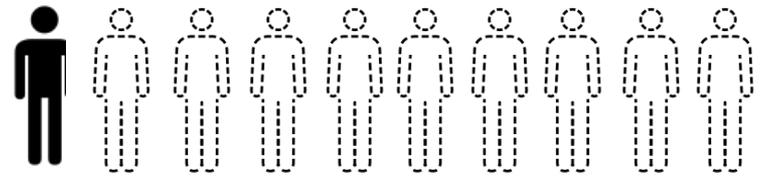
14.6% made a suicide plan



17.0% seriously considered attempting suicide



8.6% attempted suicide



*Data from 2015 Youth Risk Behavior Survey

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

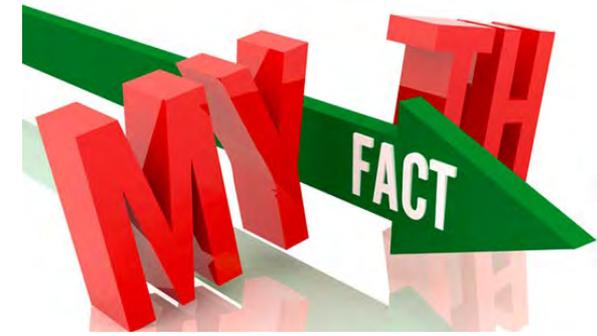
(CDC, 2014; Tishler, Reiss, & Rhodes, 2007; Natl Vital Stat Rep, 2006)

- ADHD and impulsivity may play a role in suicide in young children

(Sheftall et al., 2016)

Myth:

Talking to kids about suicide is risky because it might put the idea of suicide in their heads.

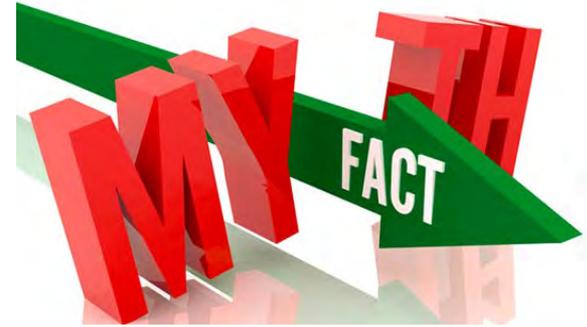


Fact:

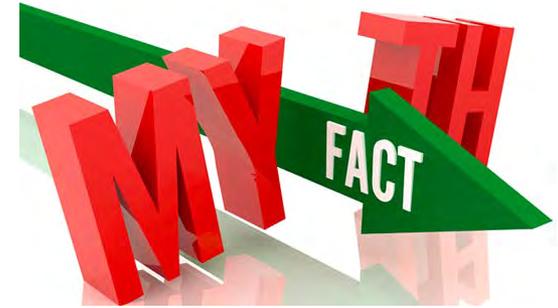
You don't cause a person to consider killing himself/herself by talking about suicide

Bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do

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.



Myth:

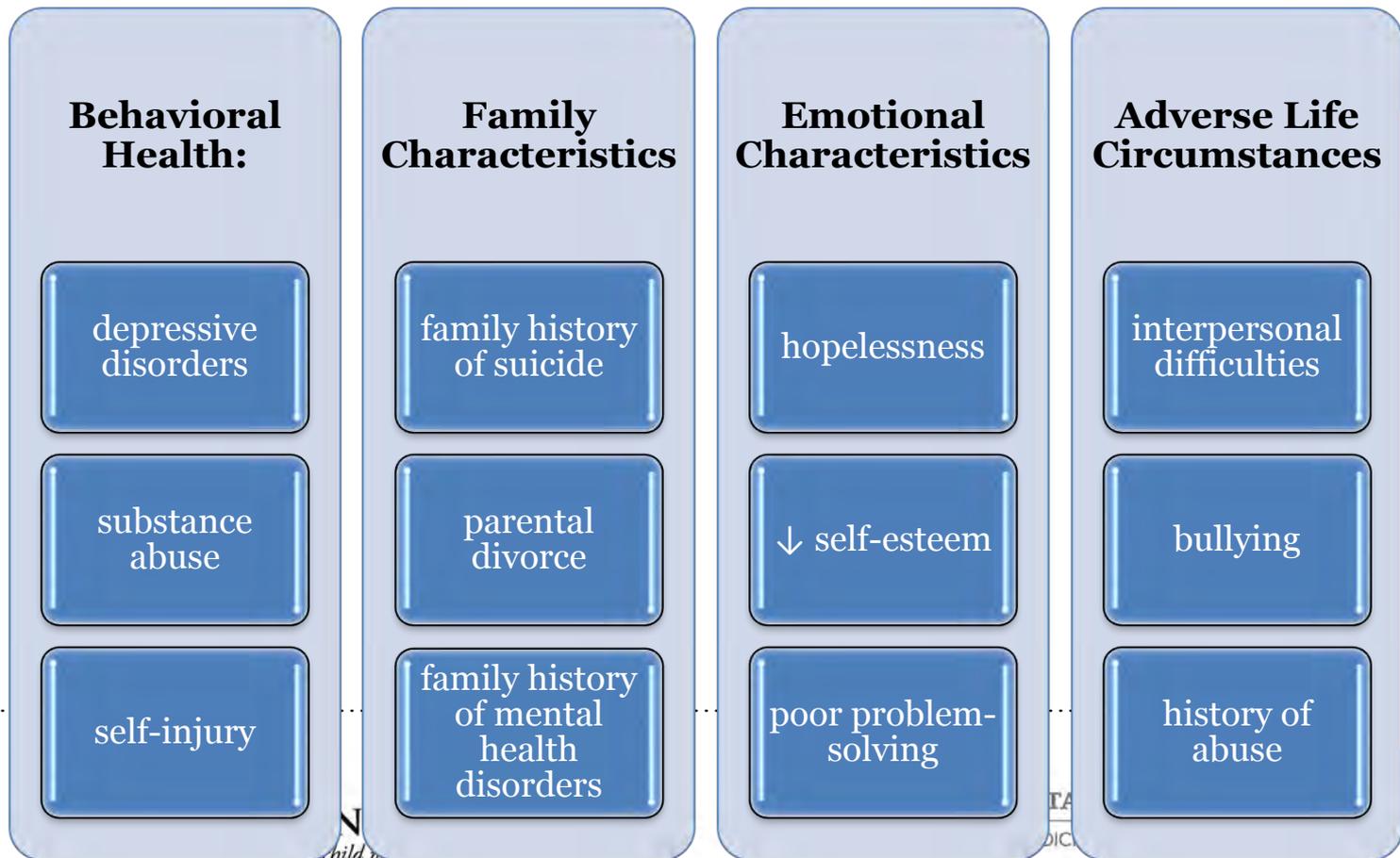
Someone who has thoughts about suicide is determined to die.

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.

Risk factors

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



A closer look at risk factors



The strongest risk factors for suicide in youth

- depression
- substance use
- previous attempts (NAMI, 2003)

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

Although most depressed people are not suicidal, most suicidal people are depressed.

A closer look at risk factors



- 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



Triggering events

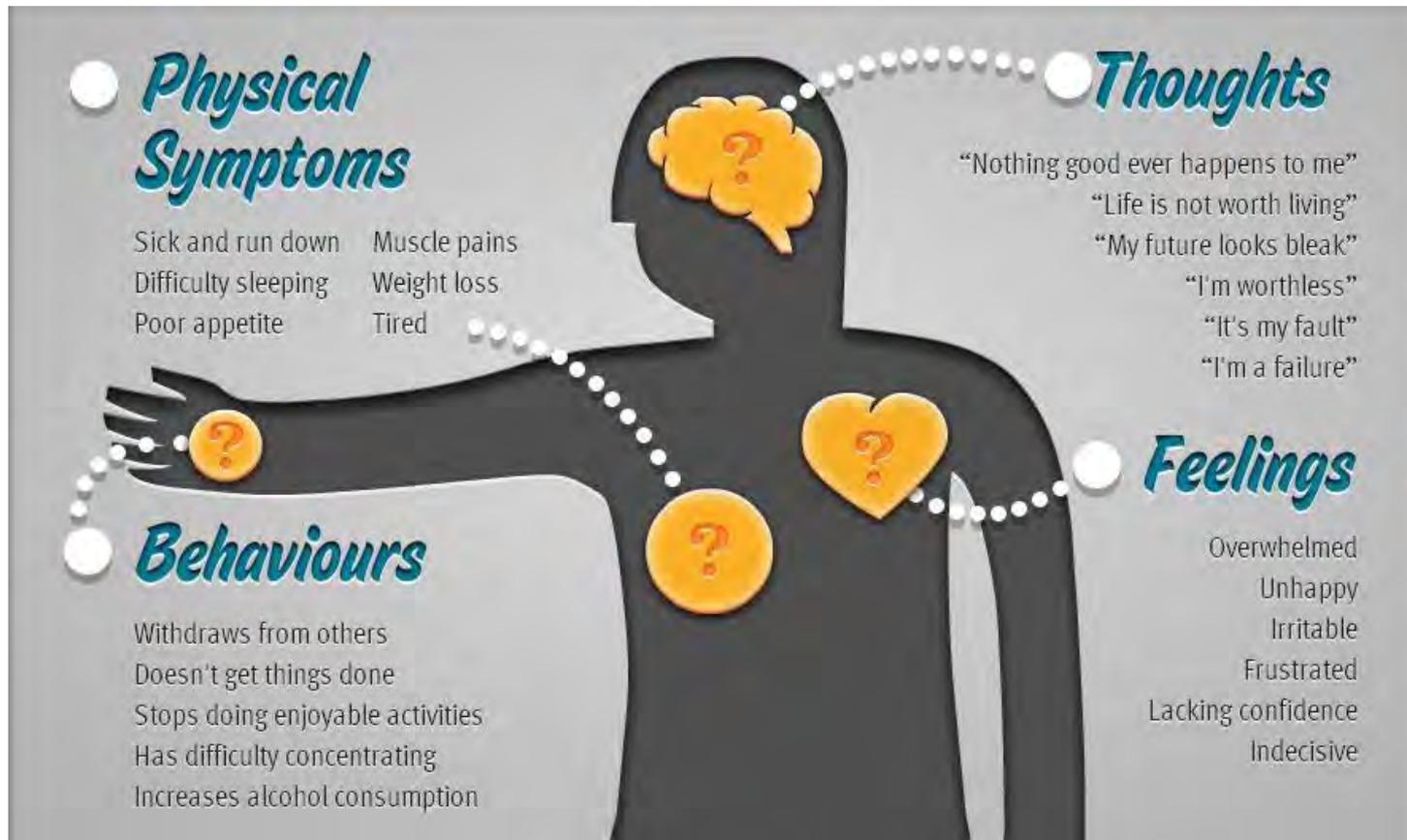
No single event causes suicidality

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

Signs of depression

Major changes for two weeks or more in several areas:





Warning signs

Seek immediate help when a student:



- Threatens to attempt suicide or injures him or herself intentionally
- Obtains a weapon or seeks the means to kill him or herself
- Talks or writes about wanting to end his or her life in school or social media

Your school's response to warning signs

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

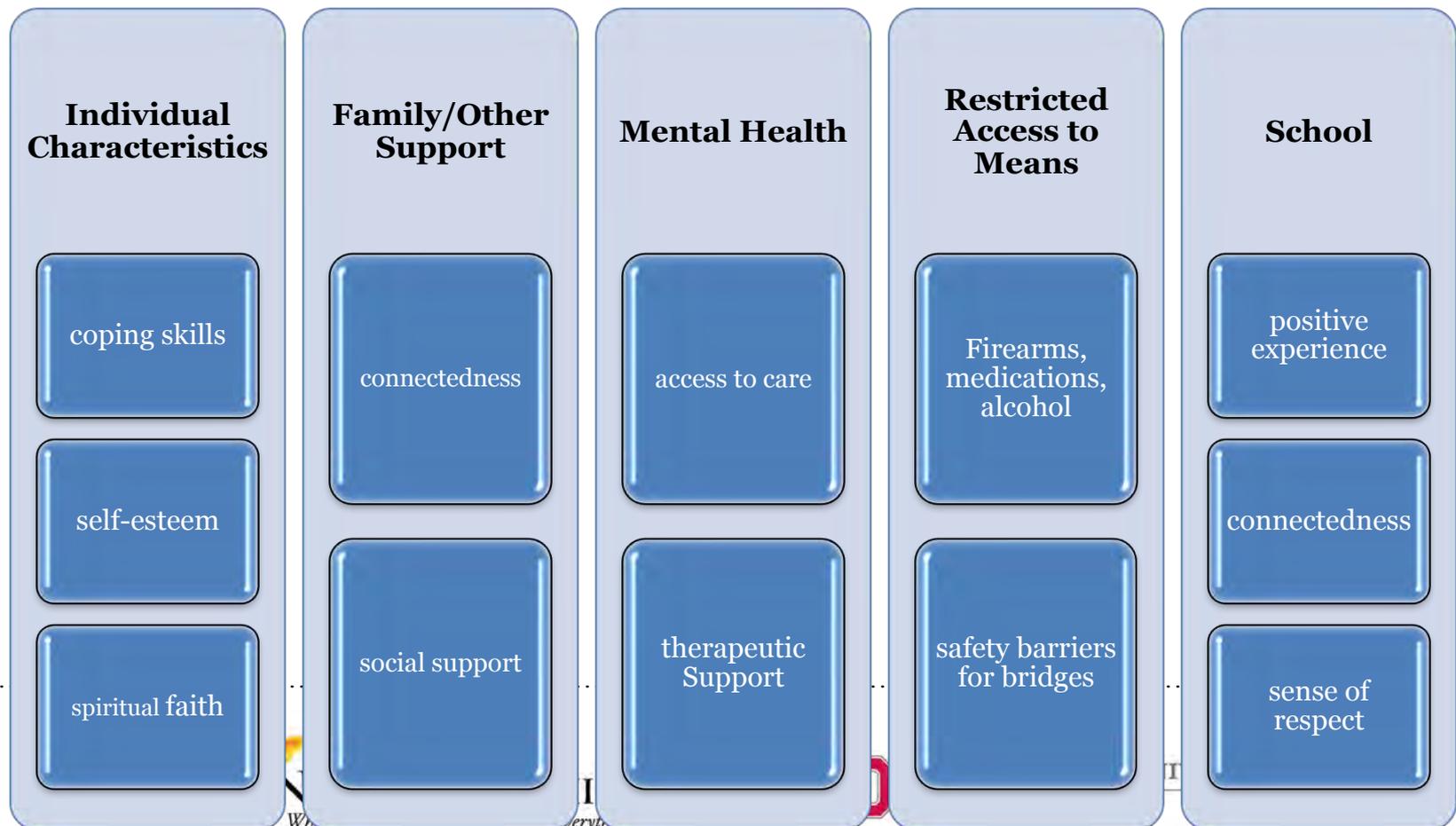
Supervise the student constantly (or make sure the student is in a secure environment supervised by caring adults) until he or she can be seen by a mental health contact.

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.

Building protective factors

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



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 “typical behavior”
 - Can use that to identify **major changes**
- Trusted adults make talking about depression and suicide less scary
- Modify culture and enhance “connectedness”

School concerns about adopting suicide prevention

Concern

Talking about suicide increases risk

I am here to teach

It takes too much time

We don't have those problems

We don't have MH services available

But...

Suicide prevention actually decreases risk

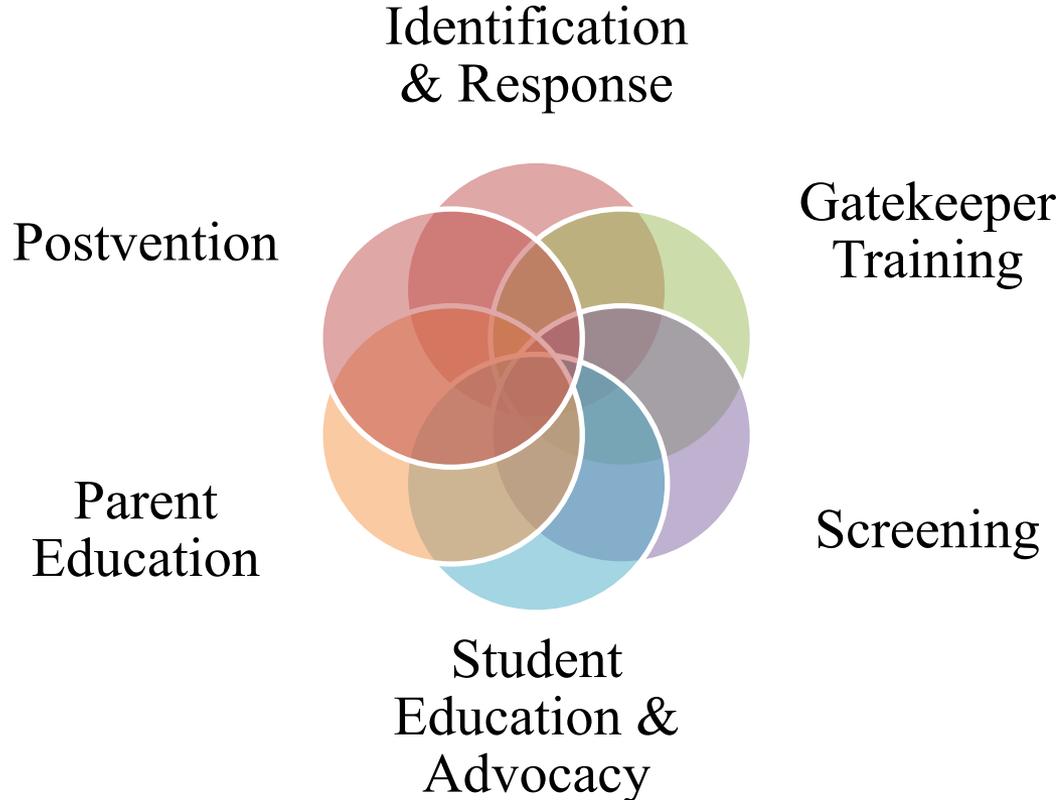
Depression impacts learning and memory

Weeks of learning time can be lost post-suicide

No school or family is immune

Suicide not going away
Creative problem-solving

Comprehensive school-based suicide prevention



Best practice elements of suicide prevention:

- **Decrease** student risk by increasing 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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Signs of Suicide (SOS)

- Train all adults to identify depression symptoms and warning signs for suicide
- Teach action steps to students and adults when encountering suicidal behavior
- Increase student awareness and help-seeking

Acronym (**ACT**)

Acknowledge

Care - show that you care

Tell a trusted adult



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
 - Three RCTs show 40-64% reduction in self-reported suicide attempts (Aseltine & DeMartino, 2004; Aseltine, 2007; Schilling et al., 2016) at 3-month follow-up
 - Sig greater pre-post knowledge and attitudes about depression
 - Increase in help-seeking behaviors not significant (Aseltine, 2007)

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
- Highest risk students often do not seek help
- Positive screen prompts triage and clinical risk assessment if deemed necessary

SOS Video Clip: Friends for Life

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



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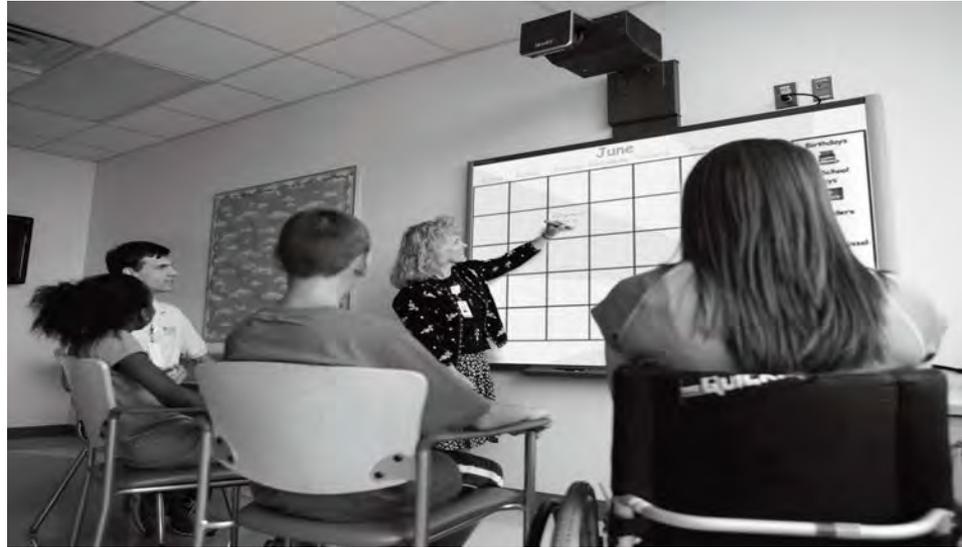


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Advantages of SOS

- 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

Other suicide prevention elements



- Establish local mental health partnerships
- Suicide-specific response policies
- “Postvention” best practices

Elements to avoid

- Graphic depictions of suicidal behavior
- Putting burden on students to “save” friends
- Blaming or providing simplistic explanations
- Neglecting resources and messages of hope
- Assessing risk without providing resources for students and families

Expansion of hospital-school partnerships

SMH-CSPR processes have been disseminated across the Central Ohio region supported by SOS implementation training:

- 40 NCH school-based therapists
- 35 therapists from a partnering mental health agency
- 130 Columbus City Schools Counselors
- 35 Columbus City Schools Social Workers

Training elements and clinical support processes

- Clarity of school staff and administrator expectations
- Sustainable fidelity – school will “own” SOS over time



SOS model & reach (through June 2017)



Evidence-based universal suicide prevention

Three RCTs show 40-64% reduction in self-reported suicide attempts at 3-month follow-up¹

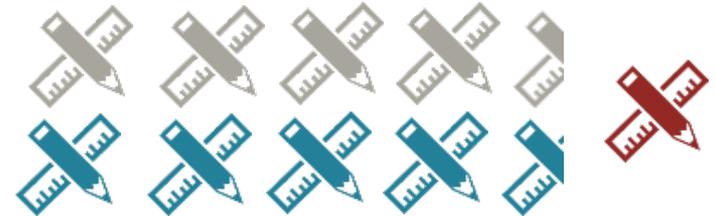
Greater pre-post knowledge and attitudes about depression

Improved staff attitudes and awareness of resources

1. Aseltnine & DeMartino, 2004; Aseltnine, 2007; Schilling et al., 2016

49 Schools
Central & SE Ohio

 = 5 schools³

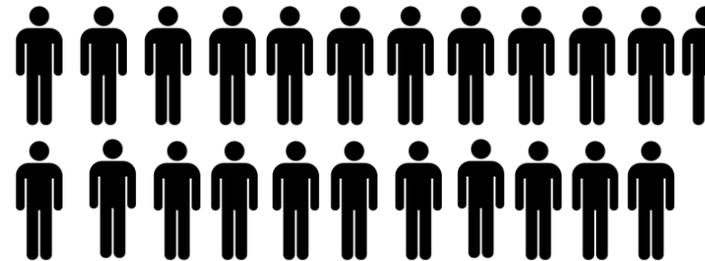


511 Classrooms

 = 50 classrooms



11,151 students served (grades 5-12)  = 500 students



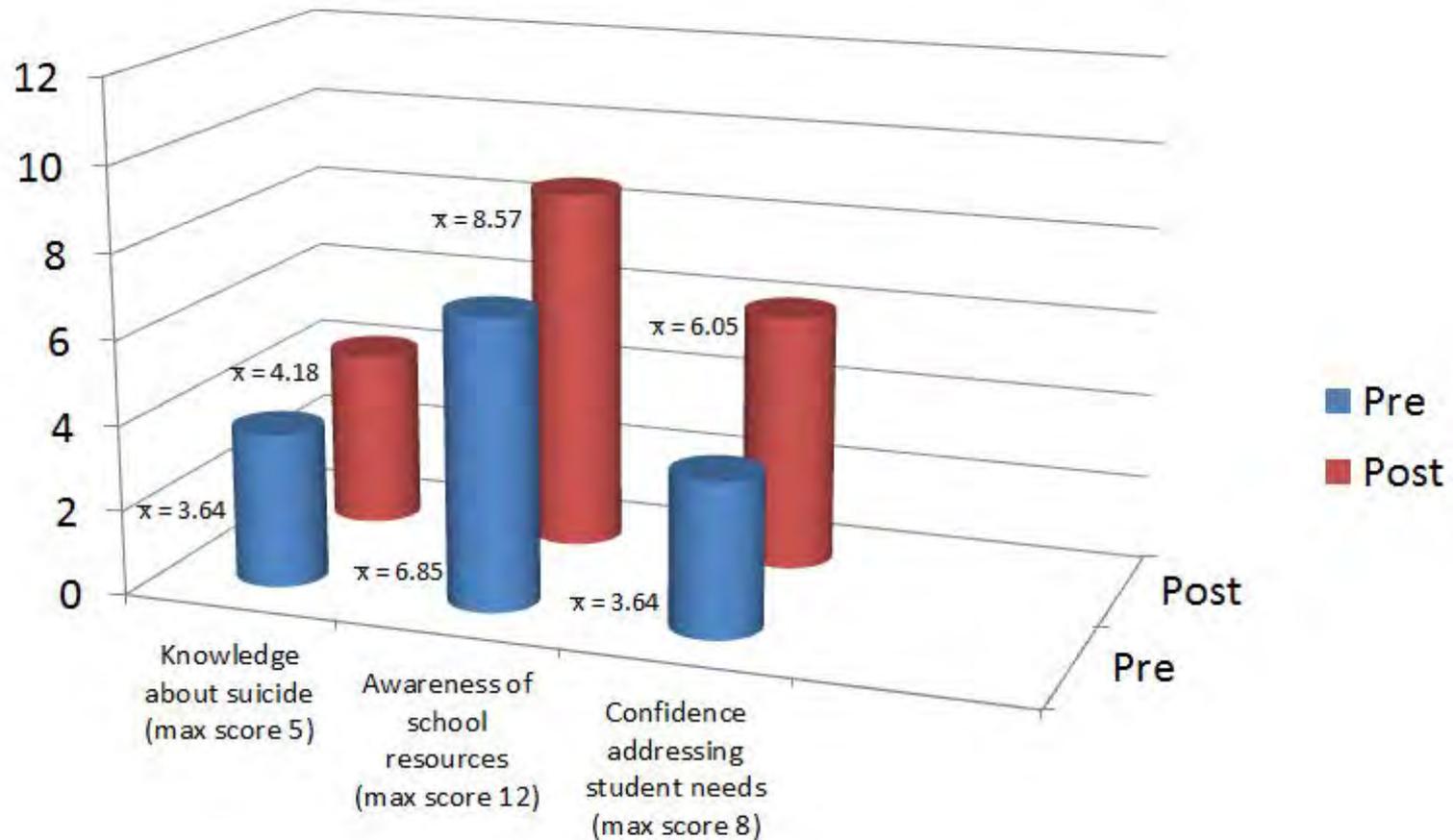
 = elementary  = middle  = high

NCH SOS gatekeeper training outcomes

SOS Gatekeeper staff training pre/post survey assesses changes in:

- Staff knowledge about suicide
- Staff awareness of school resources
- Staff confidence in addressing student needs

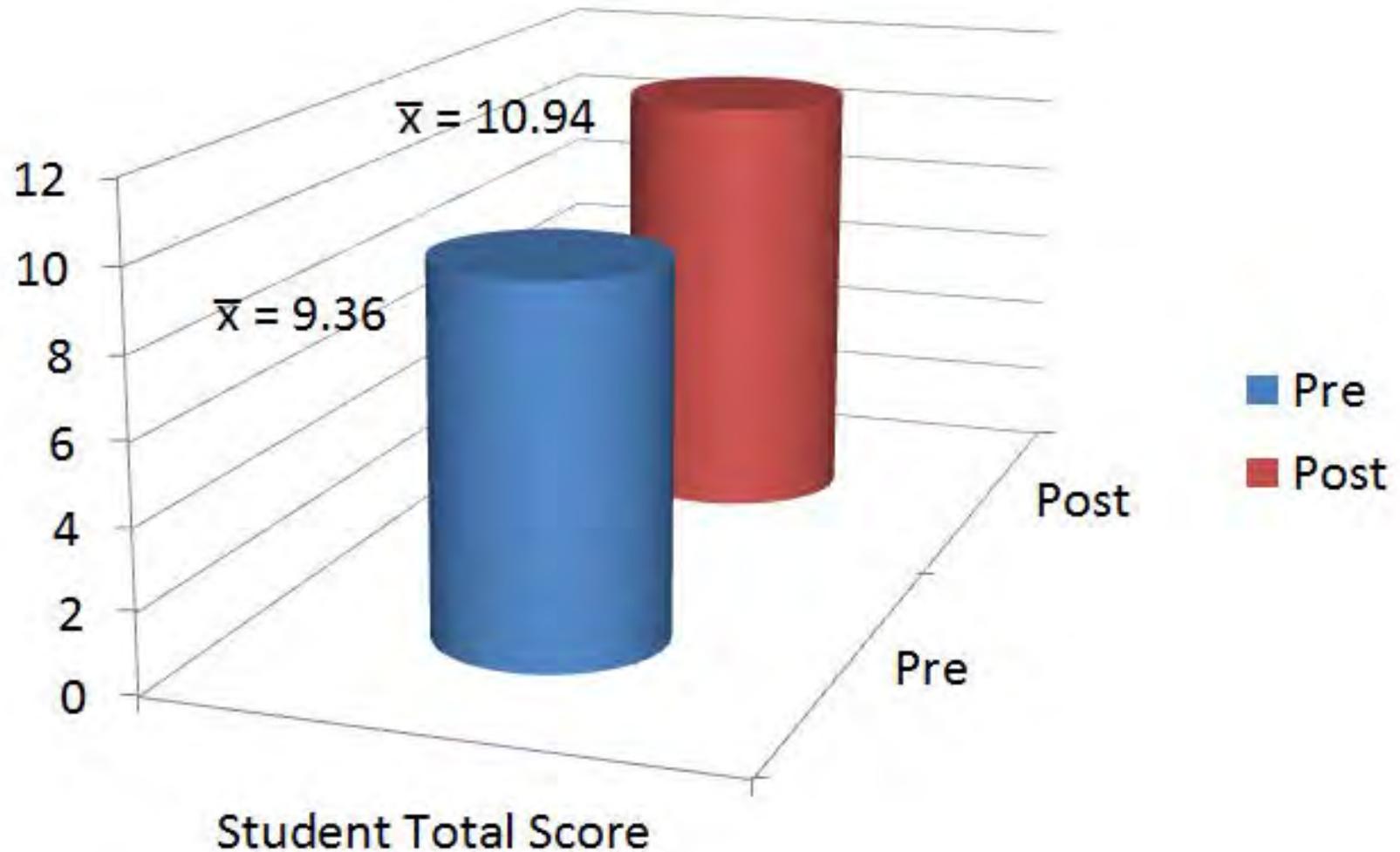
Staff pre-post gatekeeper training outcomes (n=515)



NCH SOS student pre-post outcomes

- SOS pre/post student survey of classroom curriculum assesses:
 - Changes in student knowledge about suicide over the course of the 2-day prevention program

Student Total Score Pre-Post SOS (n=4,051)



Lessons learned

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

Impact of SOS Program on schools

“SOS helped us uncover issues with kids that we never suspected were considering suicide. Students came forward concerned about friends; others felt free 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.”

- Middle School Guidance Counselor

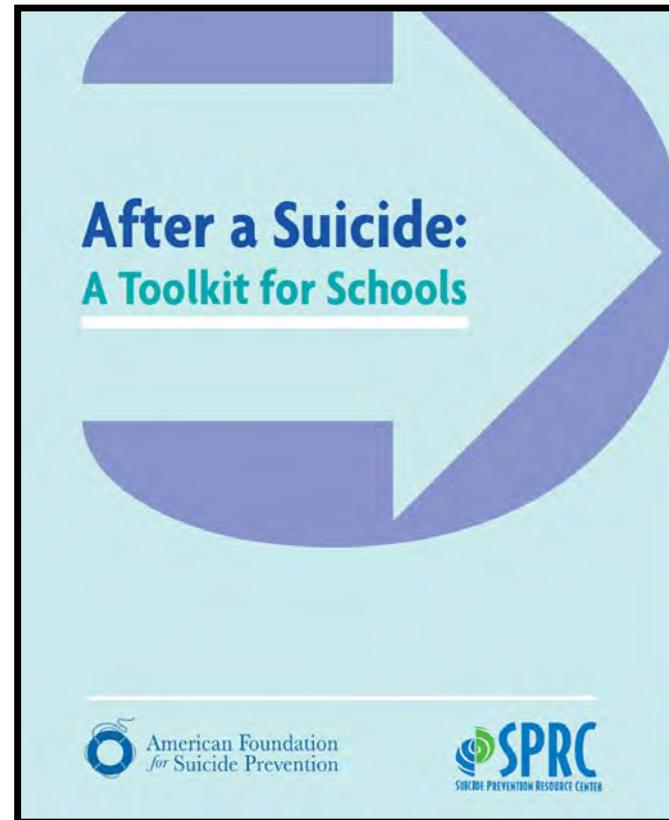


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Postvention resources



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

What is suicide contagion?



- Multiple suicides or suicidal behaviors that occur closely in time or location
- 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

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)
- Media coverage can influence suicide rates positively and negatively (Niederkrötenhaler et al., 2010)

Theories

- Existence of suicide clusters (Gould, 1990)
- Identification with actions of peers and romanticize the outcome following a suicide
- Increased exposure and trauma
- Acquired capability

What elements increase contagion?

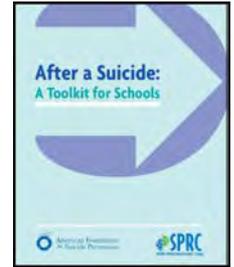


- High levels of media exposure, sensational headlines
- Detailed or graphic descriptions of method
- Romanticizing or glamorizing the suicide or its function
- Portrayals that simplify suicide to a single cause
- Identifying strongly with individual who died
- Lack of organized postvention support
- Lack of access to mental health care for those affected

Suicide contagion and social media – why is it different?

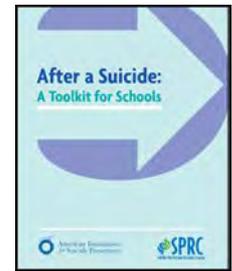
- Limitless exposure to suicidal behavior with graphic and sensationalized content and livestreaming
- Emotional contagion (2012 Facebook valence study)
- High risk of increasing identification in same network
- Pro-suicide websites
- Unsafe and stigmatizing messaging common (e.g., trolling)
- Story can go viral and stories are permanent
- Content easy to share
- Minimal supervision and constant access

Preparing



- Develop a staff phone tree
- List of home/cell #'s of outside supports
- Identify space for meetings and safe rooms
- Prepare “go-kits” to support student coping
- Clarify memorials and funeral attendance policy
- Develop expectations for communication & establish presence on social media
- Designate a media spokesperson

First 24 hours



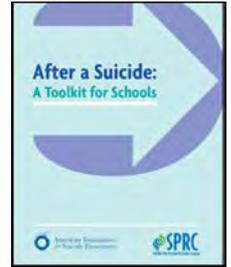
Activate the crisis team and notify key personnel

- Determine if siblings attend school and notify administrators
- Arrange to have someone meet with every class the student attended

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

First 24 hours



Hold meeting for all staff

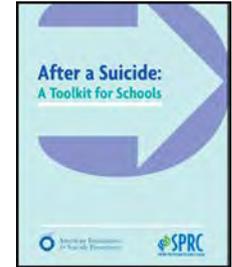
Determine level of response (minimal, building, district, regional)

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

First 24 hours



Notify parents & community / coordinate meetings

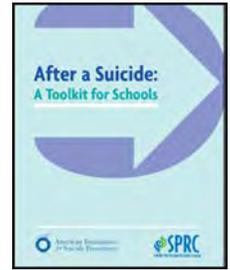
- AFSP / SPRC “After a Suicide” toolkit for sample agenda.

Proactively use and monitor social media / work with press

Debrief at the end of the day

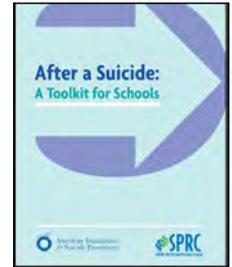
Don't forget to care for school staff

The days following...



- 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 of vulnerable students
- Evaluate/review: no perfect postvention
- Consider prevention programming when appropriate

Months and years after...



Acknowledge the diversity of grief reactions

Complicated grief / PTSD

- Grief counseling groups
- Survivors of suicide loss

Monitor for suicide risk

Anniversaries (death, birthday, graduation, 2 years-post)

School protocols should address:

At risk

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

Attempt

- **Interventions**
- **Reentry**
- **Coordinated care**

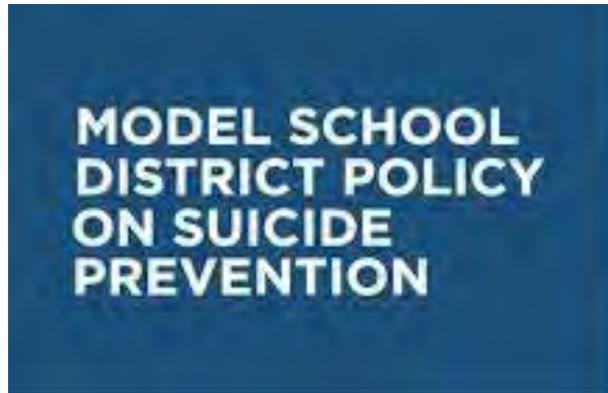
Death

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

School policy and suicide prevention

American Foundation for
Suicide Prevention

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



University of Pittsburg – STAR Center

[Sample School Suicide Policy & Procedure - STAR-Center](#)

Comprehensive resource

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

Other suicide prevention resources

Ohio

<http://www.nationwidechildrens.org/suicide-research>

<http://www.ohiospf.org/>

<http://franklincountyloss.org/>

<http://www.ncmhs.org/SuicidePrevention.htm>

<http://suicideprevention.osu.edu/>

Franklin County Suicide Prevention Hotline
(614) 221-5445

Apps for Teens

My3

RUOKOSU

A Friend Asks

ASK

National

<http://www.sprc.org/>

<http://afsp.org/>

<https://www.starcenter.pitt.edu/>

<http://jasonfoundation.com/>

<http://www.thetrevorproject.org/>

<http://www.crisistextline.org/>

<http://www.suicidepreventionlifeline.org/>

Spanish Suicide Prevention Lifeline 1-877-727-4747

Suicide Prevention Lifeline 1-800-273-TALK (8255)

Crisis Text 741-741

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>



Q & A

The Center for Suicide Prevention and Research

<http://www.nationwidechildrens.org/suicide-prevention>

Phone: 614-355-0850

Email: suicideprevention@nationwidechildrens.org

Suicide Warning Signs and How to Respond

The Signs: What to Look for

The following warning signs indicate that a youth is severely depressed or at risk for suicide and should be responded to immediately:

- Talking to others or posting on social media about:
 - Suicide or wanting to die
 - Feeling hopeless, trapped or like they are “a burden” to others
- Looking for a way to kill themselves
 - Gathering medications, sharp objects, firearms
 - Searching online for ways to end their life
- Expressing unbearable emotional pain
- Visiting or calling people to say “goodbye”
- Giving away prized possessions
- Suddenly becoming calm or cheerful after a long period of depression

The following warning signs indicate that a youth may be struggling with depression, which requires further evaluation by a mental health professional:

- Feeling sad or irritable more often than not
- Sleeping or eating more or less than usual
- Showing little to no interest in pleasurable activities
- Withdrawing from others
- Participating in reckless behavior that is out of character
- Engaging in self-injurious behavior
- Having trouble concentrating or performing poorly in school
- Complaining frequently about physical symptoms (e.g., fatigue, stomachaches, headaches)
- Increasing use of alcohol or drugs

(over)



The Response: How to Communicate Concern and Get Support

When a youth shares thoughts of wanting to die by suicide or warning signs become obvious, use these strategies:

- Remain calm, take a deep breath and do not react emotionally. It's OK to feel uncomfortable.
- Be patient and speak in a relaxed, reassuring tone.
- Tell them you care and acknowledge that they are hurting.
- Be direct about your concerns:
 - State the specific changes you see in the person's mood and/or behavior.
 - Ask if they are thinking about suicide or have tried to kill themselves.
- **Get professional help.**
- **Never leave them alone if they are showing warning signs of suicide.**

Some ways of responding to a person who is having suicidal thoughts are ineffective. Please consider the following tips.

- Don't debate whether suicide is right or wrong.
- Don't lecture on the value of life or question why someone could feel this way.
- Don't be sworn to secrecy or promise confidentiality; indicate that safety and getting help are top priority.
- Convey the message that suicide is preventable and treatment is effective.

Even if a person is not suicidal, discussing your concerns is important. It lets a person know you care and are willing to have tough conversations.

If you or someone you know is thinking about suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), or contact the Crisis Text Line by texting "START" to 741-741. Trained crisis counselors are standing by to help 24 hours a day, 7 days a week.

For more information about the Center for Suicide Prevention and Research at Nationwide Children's Hospital, visit [NationwideChildrens.org/Suicide-Prevention](https://www.nationwidechildrens.org/Suicide-Prevention).





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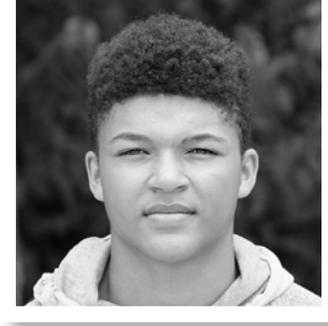
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Center for Suicide Prevention and Research



SOS: Signs of Suicide® Prevention Program



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Why is suicide prevention in schools important?

- Suicide is the 2nd leading cause of death for youth ages 10-19 in the United States.
- One in 6 teens has seriously contemplated suicide in the past year.
- Suicide affects people of all backgrounds. No one is immune.
- Suicide prevention programs are an important part of student safety.
- A single death by suicide will profoundly impact a school and elevate the risk of additional suicides if not managed sensitively.

What is the Signs of Suicide® (SOS) Prevention Program?

SOS is a nationally recognized suicide prevention program offered by The Center for Suicide Prevention and Research (CSPR) at Nationwide Children's Hospital that:

- **Decreases** suicide attempts by students
- **Increases** the ability of participants to identify signs and symptoms of depression and to respond in a way that keeps students safe
- **Encourages** students to seek help for themselves or a friend

The SOS program teaches students, school staff and parents that suicide is preventable by promoting the ACT® message. When anyone notices warning signs of depression or suicide they should take the following actions:

- Acknowledge there is a serious concern
- Care: Show the person you Care
- Tell a trusted adult

What is the goal of SOS?

The goal is to reduce youth suicides by teaching students and staff to recognize the signs and symptoms of suicide and depression in themselves and others and to follow the ACT® message. The SOS program encourages conversation around mental health issues, including depression and suicide, among school staff, families and students.

What makes SOS unique?

SOS is the only school-based suicide prevention program listed on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices. In randomized controlled studies, the SOS program showed a decrease of 40-64 percent in self-reported suicide attempts by students. Schools that have implemented SOS report they feel safer and more prepared to manage suicidal behavior of students.

SOS incorporates two key suicide prevention strategies:

- An educational curriculum for students and adults that raises awareness of suicide and its related issues
- A brief screening for depression and suicidal behavior followed by a risk assessment for those students who need immediate help

How is SOS implemented into schools?

CSPR staff will guide you through each step of the SOS roll-out and help address any concerns your staff might have.

CSPR staff are licensed mental health clinicians trained in suicide risk assessment and certified by Screening for Mental Health to train schools in providing SOS. They will help you plan and carry out all elements of SOS so you can be confident you are keeping your students as safe as possible.

The student portion of the SOS program is easily implemented by school personnel in classrooms across two regular class periods. General suicide prevention training of all school staff takes about 60-90 minutes and can be done in large or small group formats. CSPR staff also provide a 90-minute training for school personnel involved in classroom presentations and, as needed, a 90-minute training for those who support student screening and follow-up. The caregiver/community education portion lasts about 60 minutes.

What are the program components?

- **Training:** Suicide prevention training is provided for all school staff to maximize the number of adults who are capable of responding to students displaying warning signs of suicide. Additional online training is available.
- **Peer-to-Peer Middle or High School Student Program:** DVDs, PowerPoints, discussion guides, newsletters and supplementary materials are provided.
- **Screening:** A brief screening tool is used to identify at-risk students. A positive screen will lead to follow-up with qualified school staff and, where necessary, further evaluation by a mental health professional.
- **Consultation:** Ongoing support is available to schools regarding implementation, risk assessment and consultation about policies related to suicide prevention and crisis response.
- **Caregiver/Community Education:** The CSPR offers parents and guardians an opportunity to learn about depression and suicide, what warning signs to look for in children and how to respond when concerned.

The SOS program is offered at no cost for most schools in central and southeastern Ohio, depending on county.

For more information, please contact the Center for Suicide Prevention and Research at SuicidePrevention@NationwideChildrens.org or (614) 355-0850.

If you or someone you know is thinking about suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), or contact the Crisis Text Line by texting "START" to 741-741.