Mar 2nd, 3:00 PM - 4:15 PM

Some Secrets Should be Shared: Implementing an Evidence-based Suicide Prevention Program

Meghan W. Diamon
Wellesly Hills, MA, mdiamon@mentalhealthscreening.org

Follow this and additional works at: https://digitalcommons.georgiasouthern.edu/nyar_savannah

Part of the Counseling Commons, School Psychology Commons, and the Social Work Commons

Recommended Citation
https://digitalcommons.georgiasouthern.edu/nyar_savannah/2015/2015/172

This presentation (open access) is brought to you for free and open access by the Conferences & Events at Digital Commons@Georgia Southern. It has been accepted for inclusion in National Youth-At-Risk Conference Savannah by an authorized administrator of Digital Commons@Georgia Southern. For more information, please contact digitalcommons@georgiasouthern.edu.
Some Secrets SHOULD be Shared

Implementing an Evidence-Based Suicide Prevention Program in Your School

Meghan Diamon, MSW, LCSW
Youth Programs Manager
What is Screening for Mental Health, Inc.

SMH is...
a national non-profit organization whose mission is to provide innovative mental health and substance abuse resources, linking those in need to quality treatment options.

The SOS Signs of Suicide® Prevention Program is...
an award-winning, evidence-based educational and screening tool used in middle and high schools across the country.
What we will cover today:

1. Youth suicide
   - By the numbers
   - Risk factors and warning signs
2. What can schools do?
   Implementing an evidence-based, universal prevention program
3. Reaching out to trusted adults in your community
4. Questions
1 in 20 adolescents will experience depression before the age of 18  
False
1 in 5 adolescents will experience depression before the age of 18
Approximately 30% of adolescents with mental illness go undiagnosed and untreated  
False
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
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
Suicide is the 2nd leading cause of death among 11-18 year olds (CDC, 2013)
2013 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 (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
A **risk factor** is a personal trait or environmental quality that is associated with suicide.

Risk factors ≠ causes

**Examples:**
- **Behavioral Health** (depressive disorders, NSSI, substance abuse)
- **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

- Mental illness

- 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)

- Although most depressed people are not suicidal, most suicidal people are depressed.
Major Depressive Episode: a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had at least four of seven additional symptoms.

(DSM-V; APA, 2013)

In 2010, 8% of the population age 12-17 had MDE.
- Youth with MDE were more than twice as likely to use illicit drugs compared to youths who did not have MDE.

(SAMHSA, 2012)
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

- 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
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)
Cultural Competence

- Ability to interact effectively with people of different cultures and socio-economic backgrounds, particularly in the context of the helping professions.

- Components of cultural competence:
  - Awareness of one's own cultural worldview
  - Attitude towards cultural differences
  - Knowledge of different cultural practices and worldviews
  - Cross-cultural skills

- Cultural competence is critical to reducing mental health disparities and improving access to high-quality mental health care and services that are respectful of and responsive to the needs of diverse individuals.
African American/Black Youth

**Strengths/Protective Factors**
- Participation in organized religious practices/ orthodox religious beliefs
- Family support, peer support, and community connectedness

**Risk Factors**
- Family Conflict
- Hopelessness, racism, and discrimination
- Mental health services access and use
Hispanic Youth

Strengths/Protective Factors

- Familism
- Ethnic affiliation
- Religiosity and moral objections to suicide:
- Caring from teachers

*One recent national study found that perceived caring from teachers was associated with a decreased risk of suicide attempts by Latina adolescents.

Risk Factors:

- Alcohol use
- Mental health services access and use
- Alienation
- Acculturative stress and family conflict
- Hopelessness and fatalism
- Discrimination
Cultural Considerations

Because the majority of the U.S. population is white (72.4%), most research on risk and protective factors for suicide has been done with samples comprised mainly of white youth.

What other demographic/cultural/historical factors should be considered when preparing to implement suicide prevention programming in your school or community?

- What are the socio economic conditions in the community?
- Are many young people recent immigrants or first generation Americans?
- What language barriers might exist?
- What religions are common in the community?
- Is there a history of discrimination for particular groups specific to this community?
- Do community members have access to mental health care?
Youth in Low Income Neighborhoods

- Twice as likely to struggle with suicidal ideation
- Four times as likely to attempt suicide
- Distinction is striking even when controlling for known risk factors

Why?
- Individual risk factors magnified by low income neighborhoods?
- Exposure to violence and suicide?
- Schools serving low income areas less likely to have school-based mental health services?

(Dupere, et al. 2009)
Suicidal Behavior in LGBTQ Youth

- LGB youth show significantly higher rates of suicide attempts
  - more serious (LGB youth more likely to report wanting to die)
  - more lethal (1/5 of LGB youth needed hospitalization)
- Limited research on Transgender youth but similar risk factors noted

There is very little research available about LGBTQ youth and suicidality.

***Be careful not to present suicide as a normal response to the challenges faced by LGBTQ youth.***
Suicidal Behavior in LGBTQ Youth

Risk Factors

- Psychosocial stressors (including substance abuse and depression)
- Victimization and violence
- Family problems
- Homelessness
- Disclosure

Strengths/Protective Factors (lack of risk factors):

- Family support
- Support from other adults
- School safety
Bullying

- Most students who are involved in bullying do not become suicidal.

- Persistent bullying can lead to or worsen feelings of isolation, rejection, exclusion, despair, depression and anxiety (Kosciw, et al., 2010).

- Both perpetrator and victim are at elevated risk for suicidality.

- Bully-victims have the highest risk for suicide related behavior.

- Bullying and the school environment.
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, NSSI
- ↑ substance use
- ↓ interest in usual activities
- Withdrawal

***Be aware of significant changes in your students – in their affect, behavior, appearance, attendance, etc.***
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
“School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.”

(Carnegie Task Force on Education)

- Remove barriers to the mission of education
- Recognize and seek to minimize environmental factors that lead to student alienation & despair
- Promote healthy development & protective buffers

Center for Mental Health in Schools at UCLA (http://smhp.psych.ucla.edu)
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
Evaluation of the SOS 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)
Every Year Every Student

- SOS Signs of Suicide Prevention Program
  - Middle School Program
  - High School Program

- SOS Signs of Suicide Second ACT Program

- SOS Signs of Suicide College Program

- Signs of Self-Injury Prevention Program
SOS Signs of Suicide 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
SOS Signs of Suicide Student Goals

- **Help** youth understand that depression is a treatable illness
- **Educate** youth that suicide is not a normal response to stress, but a preventable tragedy that is often a result of untreated depression
- **Inform** youth of the risk associated with alcohol use to cope with feelings
- **Increase** help-seeking by providing students with specific action steps: ACT
- **Encourage** students and their parents to engage in discussion about these issues
**ACT**

**Acknowledge**

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

**Care**

Let your friend know you *care* about them and that you are concerned that he or she needs help you cannot provide.

**Tell**

Tell a trusted adult that you are worried about your friend.
ACTIVITY - Student Discussion

- View the Friends for Life DVD
- Consider presenting the material to the young people you serve
On the Day of the Program

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. Respond to requests for help; track students seeking help using the Student Follow-Up form
SOS Program Components

- Implementation guide
- Educational DVD & discussion guide
- Screening tools and Student Response Cards
- Middle/high school student newsletters
- Middle school parent newsletters
- Customizable wallet cards/ ACT stickers / posters
- Educational materials for staff, students, and parents
- Supplemental lesson plans for students
- *Training Trusted Adults* DVD
- *Plan, Prepare, Prevent* online training module
- *Life Teammates* Packet for Coaches
- Downloadable materials and forms
Brief Screen for Adolescent Depression (BSAD)

SOS Signs of Suicide® Prevention Program

Student Screening Form

- Age: ______________________
- Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino
- Gender: □ Female □ Male
- Race: (Check all that apply)
  □ American Indian/Alaska Native □ Asian
  □ Native Hawaiian/Other Pacific Islander □ White
  □ Black/African American □ Other/Multiracial
- Grade in School: □ 6 □ 7 □ 8 □ 9 □ 10
  □ Gifted/Other Program: □ Other: ________________

Are you currently being treated for depression? □ Yes □ No

Brief Screen for Adolescent Depression (BSAD)*

These questions are about feelings that people sometimes have and things that may have happened to you. Most of these questions are about the LAST FOUR WEEKS.

Read each question carefully and answer it by circling the correct response.

1. In the last four weeks, has there been a time when nothing was fun for you and you just weren’t interested in anything?  □ Yes □ No

2. Do you have less energy than you usually do?  □ Yes □ No

3. Do you feel you can’t do anything well or that you are not as good-looking or as smart as most other people? □ Yes □ No

4. Do you think seriously about killing yourself? □ Yes □ No

5. Have you tried to kill yourself in the last year? □ Yes □ No

6. Do you have very little energy or feel really tired? □ Yes □ No

7. In the last four weeks has it seemed like you couldn’t think as clearly or as fast as usual? □ Yes □ No

*Copyright 2013 Learning for Life Health, Inc. All rights reserved. This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

Identifying Trusted Adults

List a trusted adult you could turn to if you need help for yourself or a friend (example: “My English teacher,” “counselor,” “my mother,” “uncle,” etc.)

In School: __________________________

Out of School: ______________________

Copyright © 2013 Learning for Life Health, Inc. All rights reserved. This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.
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.
Student Mental Health Screening

- It is important to convey to students and parents that the mental health screenings being conducted in your school are for educational purposes.
- Screenings are *informational, not diagnostic* - Diagnoses, treatment recommendations and opinions should not be given.
- The goal of the screening is to identify students with symptoms consistent with depression and/or suicidality and to advise a complete professional evaluation.

When schools use both the BSAD **and** the Student Response Card, the number of students identified for follow-up increases.
- Recent example: SOS program implementation and screening
  - 516 freshman
  - 78 kids were identified
  - 12 of 78 identified through Student Response Card
Prepare for Follow-Up

- **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
- **Utilize** copies of the student follow-up form
- **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
**Gatekeeper training** involves educating adults who regularly interact with youth to recognize warning signs for suicide and know how to respond appropriately to at-risk youth.

- Teaches additional skills, including how to:
  - reduce a person’s suicide risk by talking with them
  - keep someone safe until additional help can be found
  - facilitate referrals
- Clarifies myths and facts about youth suicide
- Trains adults to effectively respond if approached for help by a youth
- Increases participation and investment of community
To launch the SOS online gatekeeper module, visit:

www.MentalHealthScreening.org/Gatekeeper

1.5 free contact hours for school social workers, counselors, psychologists, and nurses
(Certificate of Completion available for all learners)
Gatekeeper Training for Staff and Parents

- Show *Training Trusted Adults* DVD
- Review definitions, dispel myths
- 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
- **Encourage parents to talk to their children about depression, suicide, and mental health!**
- Provide parents/guardians with school and community-based mental health resources in your area
“One social worker we worked with met with a student who had been screened in after the program.

He kept asking her: ‘But why did you do this program today?’

Turns out he had planned to take his life that afternoon.

They saved this boy. We are identifying kids and saving lives.”

(J. Segal)
For more information contact:

Meghan Diamon, LCSW
mdiamon@mentalhealthscreening.org
781-591-5230


Suicide Prevention Resource Center. (2013). *Suicide among racial/ethnic populations in the U.S.: Blacks*. Waltham, MA: Education Development Center, Inc.


