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

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Suicide Prevention: Leading the Cause to Protect Kids

Meghan Diamon, LCSW
Screening for Mental Health

Myths and Facts

MYTH:

Talking to students about suicide or asking a student if they are suicidal is risky because it might 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.

Myths and Facts

MYTH:

If a person is determined to kill themselves, there isn't much that can be done to stop them.

FACT:

- Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die.
- Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

True or False?

1 in 20 adolescents have a diagnosable mental health disorder

True: 1 in 5 adolescents have a diagnosable mental health disorder. Approximately 1/3 of mood disorders, such as depression, first emerge during adolescence (Kessler, et al. 2005)

Approximately 50% of adolescents with a psychiatric disorder receive treatment

Truth: Less than half of the adolescents with a psychiatric disorder received any kind of treatment in the past year (Costello et al., 2013)

The prevalence of depression in adolescents and young adults is increasing.

Truth: The prevalence of depression in adolescents and young adults increased from 8.7% in 2006 to 11.3% in 2014 (Mojtabai et.al, 2016)

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

Truth: Suicide is the 2nd leading cause of death among 11-18 year olds (CDC, 2015)

National Youth Risk Behavior Survey

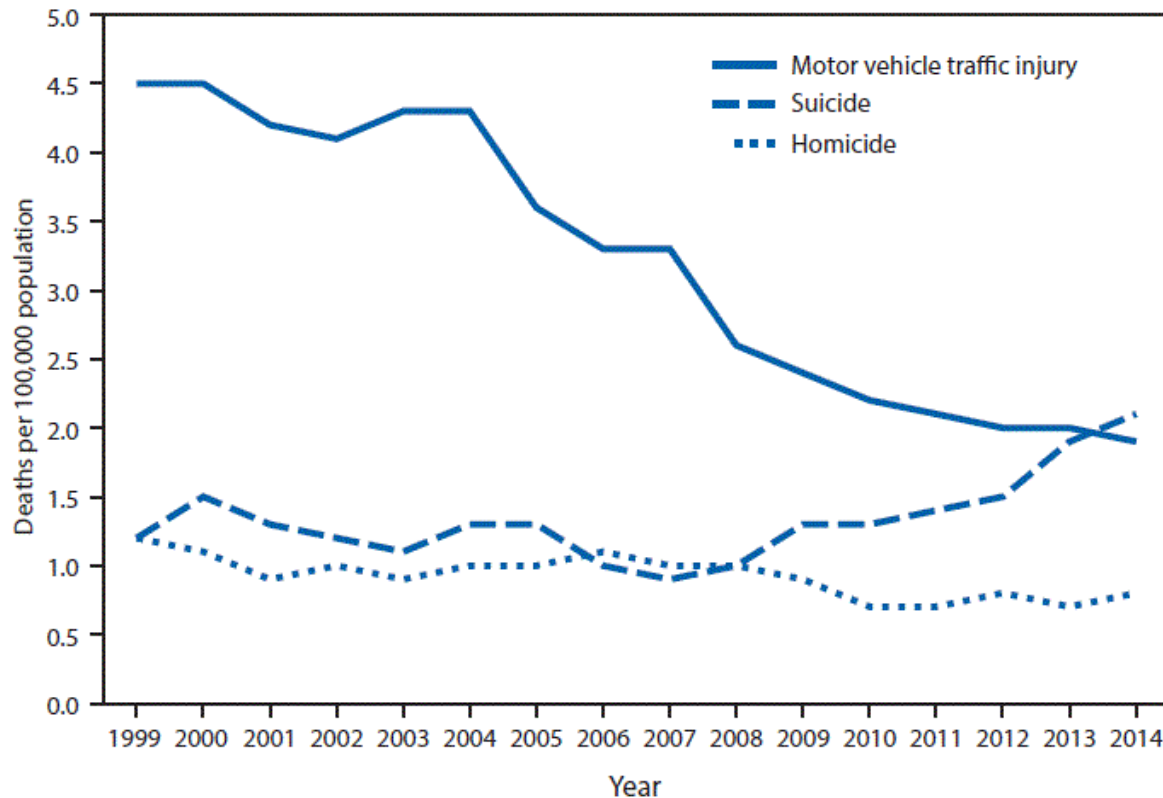
| Behaviors that Contribute to Unintentional Injuries and Violence | US Students |
|--|-------------|
| Felt so sad or hopeless for 2+ weeks that they stopped doing some usual activities | 29.9% |
| Seriously considered attempting suicide (within previous 12 months) | 17.7% |
| Made a plan about how they would attempt suicide (within previous 12 months) | 14.6% |
| Attempted suicide (One or more times within previous 12 months) | 8.6% |
| Attempted suicide that resulted in injury that needed to be treated by a doctor or nurse (within previous 12 months) | 2.8% |

Find the data for your city/state:

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Suicide Risk for Children 10-14

- Recent data shows rates of suicide going up for 10-14 year olds (CDC, 2016)



Identifying Students In Need

- Learn the risk factors and populations at elevated risk
- Watch out for precipitating events and warning signs
- Educate all youth to seek help
- Screen all youth for depression and suicide risk

Risk Factors

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

Risk factors \neq causes

- Over 90% of people who die by suicide have a least one major psychiatric disorder (Brent, 1999)
- The strongest risk factor for suicide in youth: depression
 - Can occur in teens who seem to “have it all”
 - Down mood can look more like anger and irritability in teens
 - Often expressed in physical complaints from teens (stomach distress, headaches, fatigue)
- Although most depressed people are not suicidal, most suicidal people are depressed.

Populations At Elevated Risk

- Alcohol or drug use
- Non-suicidal self injury or previous suicide attempt
- Homeless or out-of-home settings
- LGBTQ
- Medical conditions or disability
- Impacted by suicide

Precipitating Event

- 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 suicidal behavior;** other risk factors are typically present
- **Examples:**
 - breakup
 - bullying incident
 - sudden death of a loved one
 - trouble at school

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

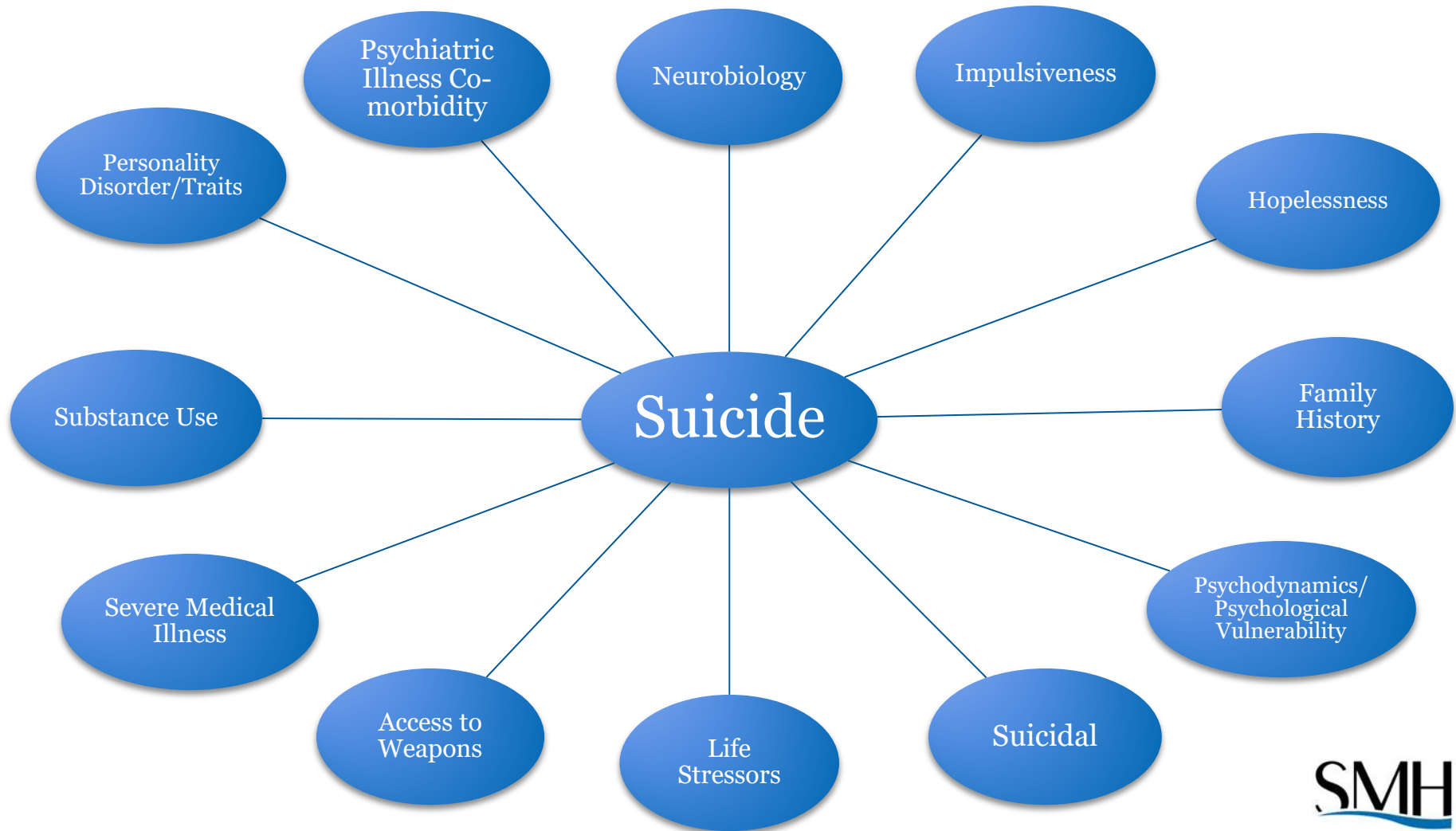
*****Be aware of significant changes in your students –
in their affect, behavior, appearance, attendance, etc.*****

Student Bio: Margaret

- Margaret, a very sweet and social 8th grade student recently lost her aunt to suicide and has been treated for anxiety in the past. She is very active and competitive with the debate team. In the last month you've seen her grades drop dramatically, she's missed 3 days of school (which is unusual) and she's been seen crying in the bathroom. Today you just found out that her boyfriend broke up with her.

| Risk Factors | Warning Signs | Protective Factors | Precipitating Event |
|--|---|--|---|
| <ul style="list-style-type: none">• Family history (aunt's death)• Other mental health issues | <ul style="list-style-type: none">• Grades dropping• Missing school• Crying in the bathroom | <ul style="list-style-type: none">• She's social (personality trait)• Active in debate club | <ul style="list-style-type: none">• Breakup |

Suicide: A Multi-Factorial Event



ACT To Help a Student In Need

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

Acknowledge

- “You sound really down. Things have gotten really tough for you.”
- “I’ve noticed how you seem really quiet recently, like something major is bothering you.”
- “It seems like you are dealing with some major struggles right now.”
- “It sounds like you’re really hurting. Are you feeling so bad that you’ve thought about suicide?”

Care

- “I’m really concerned about you trying to deal with all of this on your own.”
- “I care so much about your input in my class that I want to see how I can help.”
- “I would never want you to be hurting like this.”

Tell

- “There are people at school who know how to help kids that are dealing with big issues like this, let’s walk down to the counseling suite together.”
- “Ms. _____ will know how to get you the help you need. Let’s go see her now.”

Universal Prevention

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
- Reduces stigma
- Promotes learning and resiliency in all students
- Overrides implementer assumptions

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.

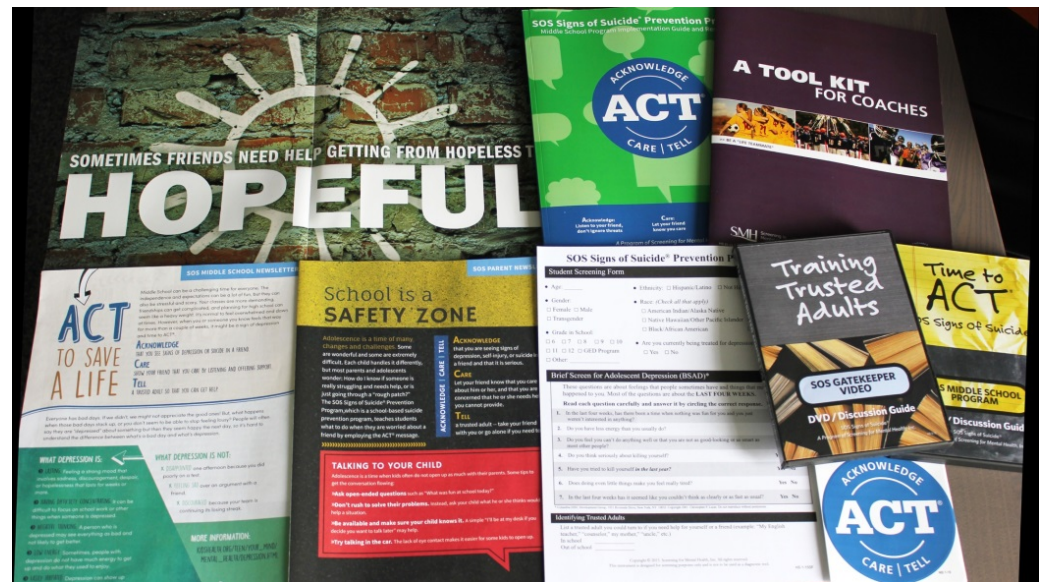
SOS Program Components

Peer-to-Peer Educational Curriculum:

Videos, discussion guides, newsletters and supplemental materials to teach student signs and symptoms and what to do if they are worried about a friend.

Screening:

A validated, seven-item Brief Screen for Adolescent Depression (BSAD) designed to identify at-risk students for further evaluation. Screenings are educational in nature and do not take the place of a formal diagnosis.



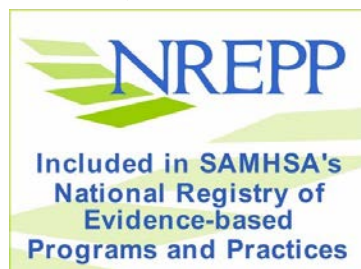
Evaluation of the SOS Program

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

In randomized controlled studies, the SOS Program has shown a reduction in self-reported suicide attempts by 40-64%.

A new replication study published in the Prevention Science Journal (2016) found SOS to be associated with:

- greater knowledge and more adaptive attitudes about depression and suicide
- **64% fewer suicide attempts** among intervention youths relative to untreated controls
- decrease in suicide planning for “high risk participants” (those who reported a lifetime history of suicide attempt) (Schilling et. al, 2016)



On the Day of the Program:

1. Introduce program
2. Show video
3. Facilitate discussion
4. Students complete screening forms and student response cards
5. Set expectation about when follow-up can be expected; provide referral information
6. Follow up with students requesting help/ screening in

Identifying Students In Need

Students are identified 3 ways:

- Screening
- Student response card
- Help-seeking: students ACT and tell a trusted adult (teachers, coaches, parents)

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.

SOS Signs of Suicide® Prevention Program

Student Screening Form

- Age: _____
- Gender: ☐ Female ☐ Male
- Grade in School:
 - ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 - ☐ 11 ☐ 12 ☐ GED Program
 - ☐ Other: _____
- Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino
- Race: (Check all that apply)
 - ☐ American Indian/Alaska Native ☐ Asian
 - ☐ Native Hawaiian/Other Pacific Islander ☐ White
 - ☐ Black/African American ☐ Other/Multiracial
- 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 <i>in the last year</i> ? | Yes | No |
| 6. Does doing even little things make you 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 |

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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: _____

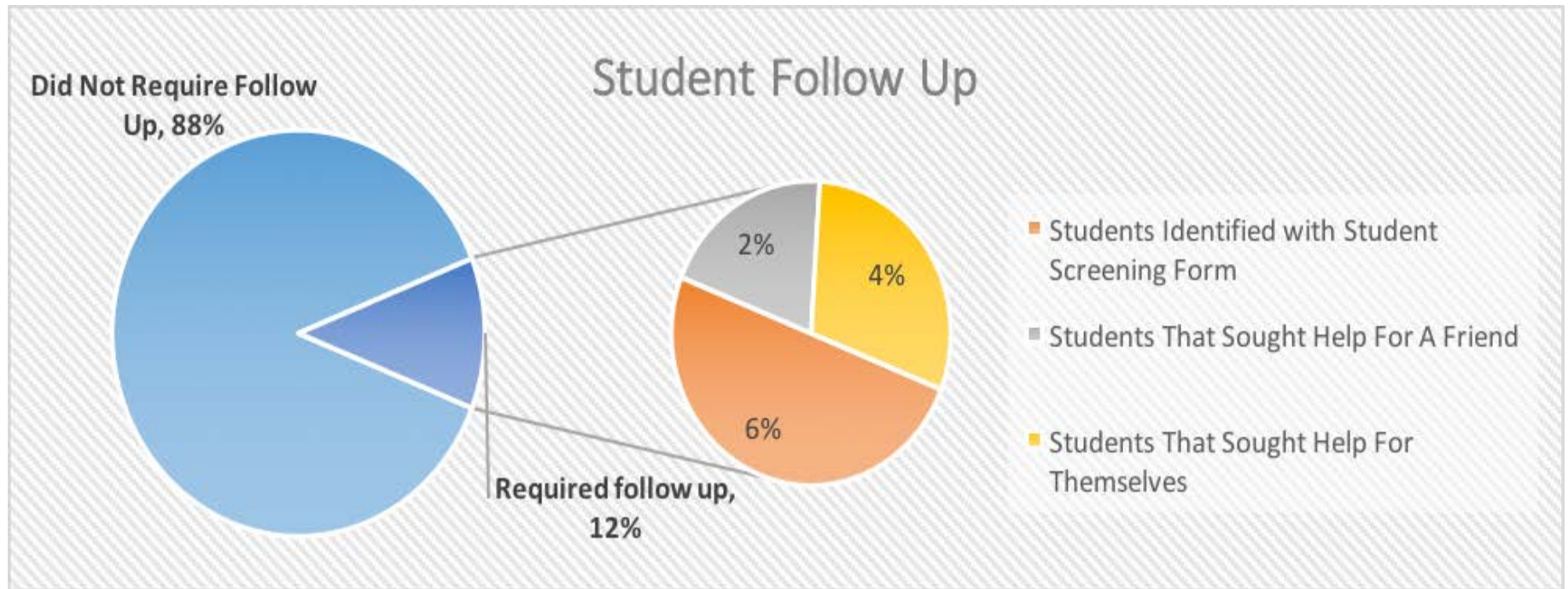
Out of School: _____

Brief Screen for Adolescent Depression (BSAD)

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 suicidal risk and to advise a complete professional evaluation
- There is no evidence that screening youth for suicide induces suicidal thinking or behavior. (Gould et al., 2007)

How Many Students Will Need Follow-up?



Let's Review- SOS Program in 10 Steps

1. Identify and train implementation team
2. Work with administration to update policies and schedule program
3. Work with community partners to gather referral resources
4. Train faculty and staff to be Trusted Adults
5. Outreach to parents
6. Implement SOS!
 - Video and discussion
 - BSAD screening
 - Student response card
7. Follow up with students requesting help/ screening in
8. Contact parents, refer for further assessment, etc. as needed
9. Document all suicide prevention/intervention activities
10. Plan for next year

Resources

Free online suicide prevention training for faculty and staff: www.mentalhealthscreening.org/gatekeeper

SOS Signs of Suicide Prevention Program:
www.mentalhealthscreening.org/SOS

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