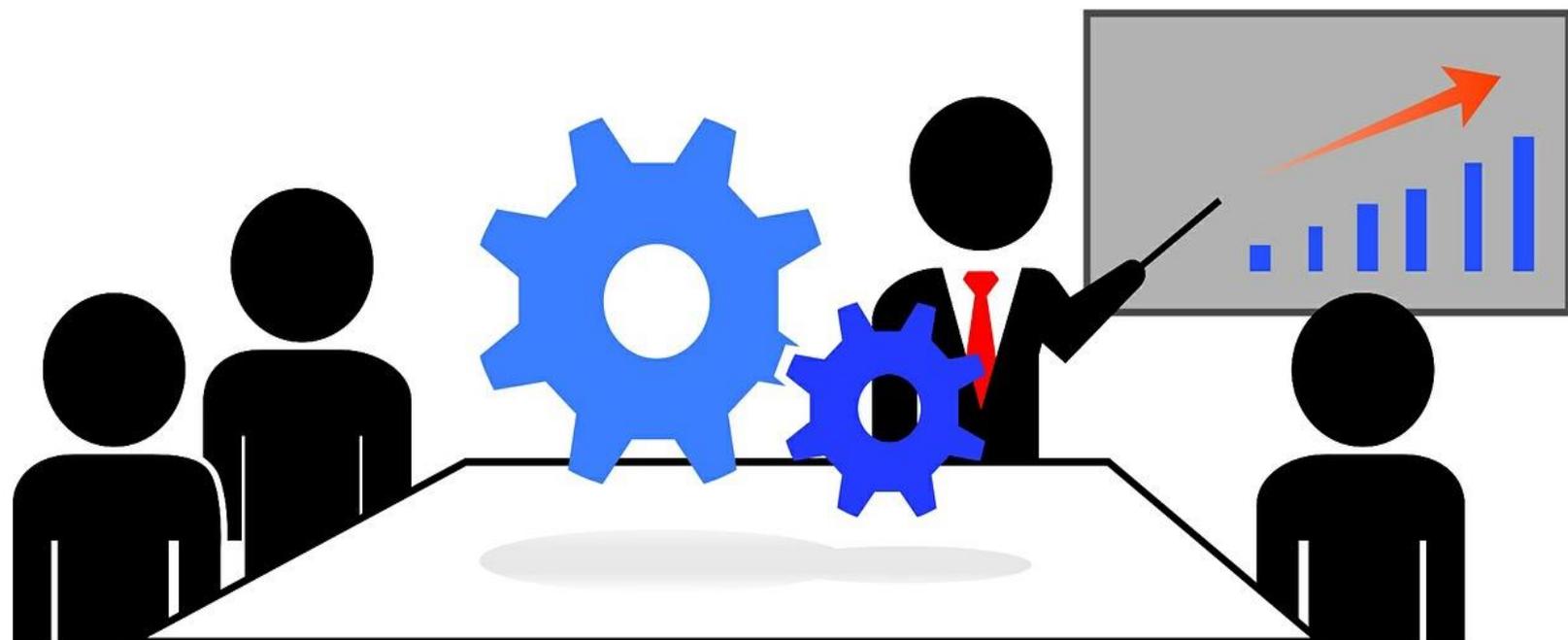# Tools for Suicide Prevention-Part Two: Staff Training, Parent Education, Student Programs, and Screening

Chapter 4

The steps in Chapter 4 will answer these questions:

- Who needs to be involved in developing the plan to educate and train staff?
- What suicide-related information do all staff need to know?
- What is "gatekeeper training," and who needs it?
- What type of suicide assessment training is recommended and should the staff receive it?

WHY IS IT IMPORTANT THAT SCHOOL STAFF RECEIVE EDUCATION AND TRAINING?

Raising staff awareness about suicide and training staff to take steps that prevent it are important components of any school suicide prevention program:

- All staff should be made aware that suicide poses a risk to their students and that the school is taking steps to reduce this risk.
- All staff should be trained to recognize the warning signs of suicide in young people and to take appropriate action if they become aware of a student who displays these warning signs.
- Appropriate mental health professionals should be trained to assess the suicide risk of individual students.

STEPS FOR CHOOSING AND IMPLEMENTING SUICIDE PREVENTION EDUCATION AND TRAINING FOR STAFF

Step 1: Convene a group to assess your staff's education and training needs.

For additional resources, see Staff Education and Training in the "Resources" section at the end of the toolkit.

Tool 1.B: Chart of School Staff Responsibilities (see Chapter 1) will help you identify and record the names of members of the school staff who should be involved in this effort.

Step 2: Provide all staff with information and awareness about suicide and the school's role in suicide prevention.

All school staff should understand that suicide poses a risk to students and that the school is taking steps to reduce this risk. The staff should be made aware that the school's mission includes providing a safe environment in which education can take place and that the mental health of students affects their academic performance.

You may want to combine suicide awareness education with information about your school's suicide prevention activities (i.e., the activities described in Chapters 2–7 of this toolkit). It may be less intimidating for staff to learn about the risk that suicide poses to students if, at the same time, they hear that the school is taking steps to reduce this risk. And, understanding the risk that suicide poses to their students will motivate the staff to support the school's suicide prevention activities.

Tool 1.A: Suicide Prevention: Facts for Schools (see Chapter 1) includes an overview of the problem of adolescent suicide and the role schools can play in preventing suicide.

Tool 1.D: Risk and Protective Factors and Warning Signs Factsheets (see Chapter 1) describes the factors that increase the risk of adolescent suicide as well as those that protect against it. The factsheets also detail warning signs that a young person may be at immediate risk.

The Getting Started part of the "Resources" section contains a number of publications and factsheets that may be used to educate staff about suicide and suicide prevention.

Step 3. Train staff to identify suicide risk factors and warning signs among students and to take appropriate action.

Training all school staff—faculty; administrators; office staff; staff in the athletic facilities, cafeteria, and transportation departments; and classroom volunteers from the community—to recognize and respond appropriately to students who may be at risk of suicide can save lives because:

- Staff see students on a daily basis and thus are in a position to recognize changes in personality, appearance, and performance that may indicate a student is at risk for suicide
- Students may turn to a trusted staff member for help
- Students may confide in a trusted adult at school if they are worried about a friend or classmate

In addition to the type of suicide awareness education described under Step 2 (above), specialized training programs are available that teach staff to:

- Identify individuals who may be at risk for suicide (by recognizing warning signs and understanding risk factors)
- Verify this risk by talking with the individual

- Refer the individual to mental health services that will help reduce their risk

Many, but not all, of these programs describe themselves as "gatekeeper training."

Some gatekeeper trainings teach people additional skills, including how to do the following:

- Reduce a person's suicide risk by talking with them
- Keep a person at imminent risk of suicide safe until additional help can be found
- Facilitate referrals and increase the likelihood a person at risk will receive professional help

Schools that implement gatekeeper training programs may experience an increase in the number of students who seek help for behavioral health problems, including those related to suicide. Therefore, schools should put in place the components described in Chapters 1–3 in this toolkit *before* implementing gatekeeper training. These components include protocols to respond to students at risk and in crisis.

Select a gatekeeper training program.

There are a number of gatekeeper training programs available from commercial and nonprofit sources. These vary greatly in length and format and include:

- Brief online or video trainings
- Curricula for training that schools can implement themselves
- Single or multi-day workshops by certified trainers

Before selecting a gatekeeper training program, check whether your State has any requirements about training high school staff on suicide prevention. State policies on suicide prevention in schools are listed on the State Information pages of the Suicide Prevention Resource Center Web site: (http://www.sprc.org/stateinformation/index.asp).

The SPAN USA Web site has updates on all suicide-related State legislation: http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=DDB4817F-AFFD-AB5B-65FFA5FF8FD4DDCC.

The most effective gatekeeper training programs include opportunities for the participants to practice their skills during role-playing and other interactive activities. Training programs that do not provide these opportunities can still be useful to educate and raise the awareness of staff about suicide and suicide prevention (discussed in Step 1 above).

The training appropriate for your school will depend on a number of factors, including the cost and the time staff have to devote to a training, as well as the cultural groups represented in your student body.

The three sources below can help you choose the program(s) that is/are best for your needs:

1. *Tool 4.A: Matrix of Staff Education and Training Programs* lists the programs that are in the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR). The matrix contains basic information to help you determine which program(s) to choose.

2. The Staff Education and Training: Identifying Suicide Risk part of the "Resources" section in this toolkit provides additional information about these programs.

3. The guide *To Live To See the Great Day That Dawns* describes the applicability of some of the staff education/training programs to American Indian and Alaska Native communities. See pages 76–83 of this guide, located at http://www.sprc.org/library/Suicide_Prevention_Guide.pdf.

Adapt gatekeeper training for your school.

How students display the warning signs of suicide can differ by culture, as can student attitudes about suicide and sharing personal information, speaking with adults, or seeking help. Staff attitudes towards suicide, their role in suicide prevention, and how trainings should be implemented can also vary by culture.

You may want to adapt a gatekeeper training program for the culture(s) of your students and staff. Note that any adaptation made for cultural reasons should take into account the diverse cultures of all students within the school or district and should not rely on stereotypes or overly broad generalizations about a culture. It is very important to avoid changing a training program in any way that would undermine its effectiveness. The developer of the gatekeeper program you choose may be able to:

- Tell you what aspects of the program may be changed without damaging program effectiveness
- Identify schools or organizations that have successfully adapted their training for schools with a student population similar to that of your school

If you think a training program might need to be adapted for your school, you should explore this issue of adaptation before finalizing your choice. You should contact the developer of the training program to discuss the adaptation.

Cultural Competency and Gatekeeper Training

It can be invaluable to involve knowledgeable representatives from local cultural groups to help your staff understand how young people from their communities think about suicide, mental illness, and help-seeking and then adapt your training to be effective with these groups.

The Maine Youth Suicide Prevention Program is modifying its gatekeeper training program so that it is more appropriate for identifying suicide risk among tribal youth and adults. Program staff are being advised by members of the Penobscot Nation Prevention Coalition on how to adapt the program to be appropriate to their cultures. The team has been advised to add information to the training on specific culturally relevant risk factors, such as hopelessness caused by generational trauma and racism, the difficulty of transitioning from a middle school on a reservation to an off-reservation high school, and prescription drug abuse. Similarly, tribal leaders emphasized the importance of protective factors, such as cultural practices and connections to community-based service providers, families, and elders. The trainers were advised to add opening and closing ceremonies and small talking circles that would allow participants to discuss information they received at the end of the training day. Program staff noted that is important to make cultural adaptation an iterative process that responds to the needs of specific cultural groups as these needs become evident during training activities.

The QPR Institute, working with the National Organization of People of Color Against Suicide and the Aberdeen Area Indian Health Service, developed culturally relevant versions of the QPR gatekeeper training's introductory video for African Americans and Native Americans. A version of the QPR slides was also developed for Native Americans. QPR has certified instructors who can provide QPR training in Spanish and other languages and has created training materials in Spanish and other languages.

Step 4. Train selected mental health staff to assess suicide risk in individual students.

Students can exhibit a range of suicide-related behaviors, including ambiguous statements that may indicate risk. Although most gatekeeper programs, as well as many suicide awareness programs, teach people to recognize the warning signs indicating that a student may be at risk for suicide, they usually do not train staff to assess the level of risk beyond recognizing when a young person may be at immediate risk of suicide and should not be left alone. Only a mental health professional should be trained to assess student suicide risk. The availability of mental health staff who have been trained to assess suicide risk in individual students is an important component of a comprehensive suicide prevention program.

Increasing Participation in Staff Trainings

There are a number of strategies you can use to increase participation in staff trainings, including the following:

- Use professional development funds to pay for staff training.

- Make sure that suicide prevention training counts as professional development time.

- Find out if CEUs are available for suicide prevention staff trainings.

When staff at one school did not show up for trainings in suicide prevention during the summer after a suicide attempt by an incoming freshman, the school decided to hold the trainings during the day because that worked best for the staff, pay the staff to attend, and count the training as part of that year's professional development requirement. Another school provided suicide awareness training during the school's regularly scheduled professional learning group meetings.

Determine whether you have staff qualified to be trained to do suicide risk assessments.

Only professionals with some background in mental health assessments should be trained to assess suicide risk. You may have staff in your school with these qualifications, for example, a school psychologist, social worker, nurse, or counselor.

If your school staff does not include a mental health professional who can be trained to assess suicide risk, check if there is one at the school district level. If not, then contract with a mental health professional in the community to perform these assessments. However, not all mental health professionals have been trained to assess suicide risk. It is important to determine whether any of the mental health service providers available in the community have staff trained to assess suicide risk and, if not, whether they are willing to have their staff trained to conduct these assessments, using one of the training programs described in *Tool 4.A: Matrix of Staff Education and Training Programs* in the section on training programs to assess suicide risk.

Select a training program.

The two sources below can help you choose the program(s) that is/are best for your needs:

- *Tool 4.A: Matrix of Staff Education and Training Programs* lists programs that provide training in assessing suicide risk and are included in the Best Practices Registry (BPR).

- The Staff Education and Training: Assessing Suicide Risk part of the "Resources" section in this toolkit provides additional information about these programs.

Tool 4.A: Matrix of Staff Education and Training Programs

This matrix lists all of the Staff Education and Training Programs that are in either the National Registry of Evidence-Based Prevention Practices (NREPP) or the Best Practices Registry (BPR), as of October 2010. The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

The first section of the matrix lists gatekeeper training programs, and the second section lists programs that train professional staff to assess suicide risk. Several of the gatekeeper trainings center on a student curriculum but contain other components to create a more comprehensive program. For those programs, the matrix lists the other components, each of which is discussed in a separate chapter in this toolkit.

STAFF EDUCATION AND TRAINING PROGRAMS

Program	Registry	School Focused	Number & Length of Sessions	Facilitator & Location	Other Components	Notes
Gatekeeper Training Programs						
Be A Link! Suicide Prevention Gatekeeper Training	BPR	No	One 2-hour session	Teachers who take a 2-day facilitator training or Yellow Ribbon representatives. Provided at Yellow Ribbon sites or local locations.		Often used with Yellow Ribbon's student program Ask 4 Help!
Gatekeeper Suicide Prevention Program: A High School Curriculum	BPR	Yes	Different types of training ranging from 1 hour to 2 days	Facilitators must be trained by Gryphon Place. Delivered onsite.	Student Programs Parent Education	Mainly available in Michigan.
Lifelines	NREPP	Yes	One 45–60 minute presentation, but up to 1.5–2 hours with participant discussion	School Crisis Response Team member (social worker, psychologist, counselor, health teacher). Information on giving the training is in the training materials.	Protocols Student Programs Parent Education	A 2-day, onsite training on how to implement all the program components is available through Hazelden Publishing.
Making Educators Partners in Youth Suicide Prevention	BPR	Yes	5 modules; total time 2 hours	None; self-directed online training. Fifth module allows users to e-mail questions to a panel of experts.		
More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel	BPR	Yes	2 hours	School staff.		Also suitable for parents and other adults who care for or work with youth.

Program	Registry	School Focused	Number & Length of Sessions	Facilitator & Location	Other Components	Notes
Question, Persuade, Refer (QPR) Gatekeeper Training	BPR	No	One session of 1–2 hours	None for online version. Certified QPR gatekeeper instructors teach the in-person training onsite and at other local locations. Training of trainers by QPR available onsite or online.		Online and in-person versions are adapted for Native Americans and African Americans. In-person versions available in Spanish and other languages.
Response: A Comprehensive High School-Based Suicide Awareness Program	BPR	Yes	One 2-hour session	School staff. Training for providing staff training is included in the school kit. RESPONSE staff will provide training if requested.	Protocols Student Programs Parent Education	
Suicide Alertness for Everyone (safeTALK)	BPR	No	One 3-hour session	Trainers who are trained and certified by LivingWorks. Training available onsite. 1-day and 2-day train-the-trainer sessions available for local facilitators.		
Training Programs to Assess Suicide Risk						
Applied Suicide Intervention Skills Training (ASIST)	BPR	No	2 days	Trainers must be trained and certified by LivingWorks. Training available onsite. 5-day train-the-trainer sessions available for local facilitators.		

Program	Registry	School Focused	Number & Length of Sessions	Facilitator & Location	Other Components	Notes
Assessing and Managing Suicide Risk (AMSR)	BPR	No	1 day	Training must be given by the program's developer. Onsite and other local locations available.		
QPRT Suicide Risk Assessment and Risk Management Training Program	BPR	No	8 hours in classroom or 10 hours online	Training must be given by trainers certified and licensed to teach this program. Onsite and other local locations available.		Online and in-person versions are adapted for Native Americans.
Recognizing and Responding to Suicide Risk (RRSR)	BPR	No	2 days	Training must be given by the program's developer. Onsite and other local locations available.		
School Suicide Prevention Accreditation Program	BPR	Yes	Online, self-paced	None; self-directed online training.		

For additional resources, see Staff Education and Training in the "Resources" section at the end of the toolkit.

Chapter 5

The steps in Chapter 5 will answer these questions:

- Who should plan and implement your school's parent outreach program?
- What kinds of parent outreach programs are available, and how do you decide which to use?
- How can you engage parents in suicide prevention?
- Can suicide prevention be integrated into other programs for parents?

IMPORTANT: Schools that implement programs to educate parents about suicide may experience an increase in the number of students who seek help for behavioral health and suicide-related problems. Schools should put in place the components described in Chapters 1–4, *before* implementing parent programs. These components include:

- Protocols to respond to students at risk and in crisis
- Suicide prevention education and training for all school staff

This chapter discusses parent education and outreach activities—that is, activities designed to educate parents about suicide and related mental health issues. Several of the other chapters describe how parents and guardians should be involved in other aspects of a school's suicide prevention efforts.

The word "parents" will be used in this toolkit as a shorthand term for parents; legal guardians, including Tribal Court appointed guardians; and other primary caretakers of students.

WHY IS IT IMPORTANT TO PROVIDE SUICIDE PREVENTION EDUCATION TO PARENTS AND GUARDIANS?

Providing parents with specific suicide prevention education is important for the following reasons:

- The information may help parents identify and get help for children who may be at risk (Smith, T., Smith, V., Lazear, Roggenbaum, & Doan, 2003).

- Suicide prevention education for students is more effective when it is reinforced by the same information and messages at home (Smith et al., 2003).

- Involving parents is an important way to ensure that your efforts appropriately target the needs of your community and enhance the cultural competency of your efforts.

What Parents Need to Know

Although parents may be aware that children die by suicide, they often do not think it could happen to their child or in their community (Schwartz, Pyle, Dows, & Sheehan, 2010). Parents need information about:

- The prevalence of suicide and suicide attempts among youth

- The warning signs of suicide

- How to respond when they recognize their child or another youth is at risk

- Where to turn for help in the community

STEPS FOR DEVELOPING SUICIDE PREVENTION EDUCATION AND OUTREACH FOR PARENTS

Step 1: Convene a group to plan and implement parent education and outreach activities.

Use Tool 1.B: Chart of School Staff Responsibilities and Tool 1.C: Chart of Community Partners (see Chapter 1) to help you identify and record the names of staff, individuals, and organizations that can help with your outreach activities.

Your community may have a suicide prevention coalition or group that can help develop and implement outreach activities. Community partners—including parent groups and representatives of the faiths, cultures, and tribes of your students—can be important to the success of outreach activities.

Step 2: Select or develop parent education and outreach programs.

Select or develop parent education and outreach programs that are appropriate for your community and parents' needs, concerns, and cultures. Remember to consider practical issues such as cost, time, and staff availability.

You may want to use the parent education and outreach component of a packaged program, especially if your school is already using other parts of the program. Several programs in the Best Practices Registry (BPR) and the National Registry of Evidence-Based Prevention Programs and Practices (NREPP) include materials for parents. The matrix in *Tool 5.A: Matrix of Parent/Guardian Education and Outreach Programs* includes some information about these materials. Additional information is available under Parent/Guardian Education and Outreach in the "Resources" section of this toolkit.

Some things that schools should consider when designing and implementing parent outreach and education activities include the following:

- **Engage parents in a variety of ways,** for example, at freshman orientation, health and safety events at the school, senior transition activities, and other regularly scheduled events for parents. Do not limit your efforts to a one-time event.

- **Select appropriate formats for outreach,** such as written materials (e.g., newsletters, cards, emails, posters) or presentations (by school staff, a professional from the community, or a national expert). Outreach should occur in formats that are easily understandable, including for families of English Language Learners.

- **Use existing factsheets or resources to communicate your messages.** *Tool 5.B: Suicide Prevention and Schools: Facts for Parents* may be used in your parent outreach efforts. Additional materials are described under Parent/Guardian Education and Outreach in the "Resources" section of this toolkit.

- **Get input from people who are not a part of your planning group,** but who may have insight into reaching parents, such as bus drivers, lunch staff, or school administrators.

Two Successful Parent Events

- A high school held a parent forum that integrated suicide prevention education with information about the problems 12th graders face as they transition from high school to the next stage of their lives. The forum described the behavioral health issues students might experience during this transition, such as anxiety, depression, and risk of suicide. There were also college counselors at the forum to offer insight to parents about services and supports for students going away to school. The publicity for the event did not mention suicide prevention but emphasized a focus on "supporting your children with the transition from 12th grade." The outreach was a collaborative effort between the school and its parent organization, relying upon the parents to recruit their friends and peers for what proved to be a well-attended and successful event.

- Another high school held a two-hour event for parents of high school students called "Parent to Parent Courageous Conversation: If your child is approaching overload—What you can do about it!" The event featured three speakers: (1) a doctor who talked about community-based treatment programs for anxiety, depression, and suicidal behavior; (2) a representative of a school-based suicide prevention program; and (3) a parent advocate whose son had struggled with behavioral health issues when he attended the high school. The presentations were followed by a one-hour question and discussion session.

Step 3: Identify ways to increase participation among parents at events and activities.

It can be challenging to recruit parents for suicide prevention events. Parents may be reluctant or unable to attend these events. Effective parent education programs need to target parents' needs, concerns, and cultures. Some ways to increase parent participation include the following:

- **Give parents what they need:** Find out what the parents in your community need to help a teen who may be at risk of suicide. For example, if parents do not know where to get professional help for their child, provide them with information on community resources.

- **Accommodate language, culture, religion, and economic status:** Consider whether the parent outreach materials and events need to be translated into languages other than English. It may be helpful to use a cultural mediator—a respected community member who is bilingual and bicultural. He or she can help you design culturally appropriate materials and events, as well as help parents understand why their participation is important to their family.

- **Do not use the word "suicide" in the title of the event:** Parents may not attend events if they are framed as "suicide prevention." They may be frightened by the

idea that their child may be at risk. Or they may come from a culture in which suicide is never addressed directly. Schools have had greater parental support and turnout at events when they were publicized not as suicide prevention activities, but as efforts to:

» Promote behavioral health and wellness

» Support your child with the transition from 8th grade or 12th grade

» Learn how to keep your teenager safe

- **Go to parents. Don't expect parents to come to you:** If accommodating parents' needs does not increase the turnout at your events, you may need to reach parents in other places, such as churches, pediatricians' offices, their children's sporting events, and continuing education classes. Ask the pastor, pediatrician, and sports coach to collaborate with your school to educate parents about suicide prevention.

- **Clarify privacy issues:** Parents may be reluctant to participate because of a fear that their private family matters will become public. You may need to explain that schools are required to protect student and family privacy unless it conflicts with protecting the safety of a child.

Engaging Diverse Communities

A school in a predominantly Native American and Latino community successfully engaged parents in their outreach activities by considering cultural issues while developing outreach events. The outreach coordinator was a well-respected, long-time Latina resident who knew many people in the community. She engaged students in presenting at the outreach events. Because the students were excited about giving the presentation and conveyed that to their parents, their parents were inspired to come to the event.

Other students greeted participants as they arrived and handed out flyers. Siblings of all ages were invited to attend. Food and door prizes were provided so that the event had the feeling of a celebration.

Step 4: Integrate parent education into existing programs.

Parent education and outreach can complement other suicide prevention activities at your school and in your community. Educating parents about suicide may be integrated into existing programs and activities, such as freshman orientation, parent events, and community education programs.

Including Suicide Prevention in Other Efforts to Reach Parents

Schools have integrated suicide prevention outreach into other activities by:

- Holding a parents' night about student safety that included suicide prevention

- Sponsoring events for the parents of 8th graders or 12th graders that focused on their children's upcoming transition and addressing issues such as anxiety, depression, substance use, and bullying, in addition to suicide

- Sending material—sometimes in the form of a card that fits into a wallet or purse or can be put on the family bulletin board—to the parents of every middle and high school student with information about how to help a child in crisis

- Including suicide awareness as part of freshman orientation, safety days, or other health events at the school that involve parents

- Including suicide prevention in parenting classes

- Presenting suicide prevention education at a PTO meeting

Tool 5.A: Parent/Guardian Education and Outreach Programs

The matrix on the next page lists all of the Parent/Guardian Education and Outreach Programs that are in either the National Registry of Evidence-Based Prevention Practices (NREPP) or the Best Practices Registry (BPR), as of October 2010. The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

In this matrix, all of the listings are secondary components to a student curriculum except the video "Not My Kid." The primary component of the program is the one around which the program is built. Secondary components are included to strengthen the primary component and/or to create a more comprehensive program. For each of the types of components listed, there is a separate chapter in this toolkit.

PARENT/GUARDIAN EDUCATION AND OUTREACH PROGRAMS

Program	Registry	Number & Length of Sessions	Leader	Other Components	Notes
Gatekeeper Suicide Prevention Program: A High School Curriculum	BPR	1.5-hour workshop	Facilitators must be trained by Gryphon Place. Delivered onsite.	- Staff Training - Student Program	Mainly provided just in Michigan.
Lifelines	NREPP	One 45–60 minute presentation, but up to 1–1.5 hours with participant discussion	School Crisis Response Team members (social worker, psychologist, counseling staff, health teacher). Information on giving the training is in the training materials.	- Protocols - Staff Training - Student Program	A 2-day, onsite training on how to implement all the program components is available through Hazelden Publishing.
Not My Kid	BPR	17-minute video online	None		
Response: A Comprehensive High School-Based Suicide Awareness Program	BPR	1-hour workshop	School staff. Training for providing parent education is included in the school kit. RESPONSE staff will provide training if requested.	- Staff Training - Student Program	Parent training is separate from the main school kit.

For additional resources, see Parent/Guardian Education and Outreach in the "Resources" section at the end of the toolkit.

Tool 5.B: Suicide Prevention and Schools: Facts for Parents

This factsheet is designed to educate and gain the support of parents for implementing suicide prevention initiatives in high schools. It includes an overview of the problem of adolescent suicide, explains why it is important to address suicide risk among students, and discusses the roles that parents and schools can play in prevention.

This factsheet can also be found in the "Handouts" section of this Toolkit, which begins on page 209.

SUICIDE PREVENTION: FACTS FOR PARENTS

HIGH SCHOOL STUDENTS EXPERIENCE UNIQUE CHALLENGES

High school can be a rewarding time for young people. But for some students, it can also be emotionally difficult, especially in 9th grade during the transition to high school and again in 12th grade during the transition out of high school.

The stresses of high school and the mental and emotional stage of adolescence can combine with risk factors for suicide, such as depression, and increase the risk of suicide for some teens. Parents and school staff can help identify students at risk of suicide and help them get treatment before a tragedy occurs.

Many high school students reported that they had seriously considered suicide in the past year.

- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse.
- Suicide is the third leading cause of death among teenagers.
- The toll among some groups, such as Native Americans, is even higher.

Source: Centers for Disease Control and Prevention (CDC)

WHY HIGH SCHOOLS ADDRESS SUICIDE

- Administrators and staff care about the well-being of their students.
- Maintaining a safe and secure school environment is part of a school's overall mission.
- Depression and other mental health issues can interfere with children's ability to learn and affect their academic performance.

Although few suicides take place on high school campuses, students spend much of the day in school. This puts high schools in a position to identify and help students who may be at risk for suicide and related behavioral health issues.

PREVENTING SUICIDE CAN PREVENT OTHER BEHAVIOR PROBLEMS

Students at risk of suicide may also be at risk of other problem behaviors, such as violence and bullying, and substance abuse. Reducing the risk of suicide can help reduce the likelihood of these other behaviors.

Parents can help protect their children from suicide risk by:

- Maintaining a supportive and involved relationship with their sons and daughters
- Understanding the warning signs and risk factors for suicide
- Knowing where to turn for help

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Experts recommend that schools use an approach to suicide prevention that includes the following:

- Identifying students at possible risk of suicide and referring them to appropriate services
- Responding appropriately to a suicide death
- Providing training and suicide awareness education for staff
- Educating parents regarding suicide risk and mental health promotion
- Educating and involving students in mental health promotion and suicide prevention efforts
- Screening students for suicide risk

You should encourage your high school to implement some or all of these strategies to prevent suicide and protect the well-being of your children. You can work with the school on these important efforts as well as use the school as a resource for help with your child's needs.

Chapter 6

The steps in Chapter 6 will answer these questions:

- Who should be involved in developing or selecting suicide prevention programs for your students?

- What are the differences among the types of suicide prevention programs: education, skill-building, and peer leader?

- What specific programs are available, and how can you decide which are right for your school?

- How can you make programs culturally appropriate for your student body?

- How can you include suicide prevention activities in existing programs?

IMPORTANT: Schools implementing student programs that address suicide may experience an increase in the number of students who seek help for behavioral health and suicide-related problems. Schools should put in place the components described in Chapters 1–4, *before* implementing student programs. These components include:

- Protocols to respond to students at risk and in crisis

- Suicide prevention education and training for all school staff

WHY ARE STUDENT PROGRAMS THAT ADDRESS SUICIDE IMPORTANT?

Research indicates that most youth who are suicidal talk with peers about their concerns rather than with adults, yet as few as 25 percent of peer confidants tell an adult about their suicidal peer (Kalafat, 2003).

Student programs that address suicide can play a significant role in reducing risk for suicide when they are used in conjunction with other strategies, such as protocols and staff training. There are three types of student programs, each with different objectives. They are as follows:

- Curricula for all students
  - » Provide information about suicide prevention
  - » Promote positive attitudes
  - » Increase students' ability to recognize if they or their peers are at risk for suicide
  - » Encourage students to seek help for themselves or their peers
- Skill-building programs for at-risk students
  - » Help protect at-risk students from suicide by building their coping, problem-solving, and cognitive skills
  - » Address problems that can lead to suicide, such as depression and other mental health issues, anger, and drug use
- Peer leader programs
  - » Teach selected students skills needed to help students at risk
  - » Empower selected students so that they can take action to improve the school environment

STEPS TO DEVELOP OR SELECT STUDENT PROGRAMS

Step 1: Convene a group to plan and implement student programs.

Determine which individuals will take the lead in developing and implementing student programs. Use *Tool 1.B: Chart of School Staff Responsibilities* (see Chapter 1) to help you identify and record the names of the individuals who should be a part of this group.

Step 2: Determine which type(s) of student program(s) will fit the needs of your school.

The types of student education programs that you may want to implement will depend upon the needs of your students as well as the resources available in your school. Some schools may have the need and the resources to implement all three types of programs. Other schools may find it more appropriate and possible to only implement programs representing one or two of the program types.

Tool 6.A: Types of Student Programs Information Sheet will help you decide which types of programs are appropriate for your school based on their objectives, content, format, and target audience, and whether they address health education standards.

Step 3: Choose or develop the specific program(s) you want to implement at your school.

Choose the specific program(s) that meet the needs of your students and school and that fit with the resources you have available. Be sure to take into consideration the cultural

backgrounds of your students. Keep in mind that every suicide prevention strategy or program has its own strengths and limitations. The sources below can help you choose the program(s) that is/are best for your needs.

Tool 6.B: Matrix of Student Programs lists the programs that are in the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR). The matrix contains basic information to help you determine which program(s) to choose.

The Student Education and Skill-Building part of the "Resources" section in this toolkit provides additional information about these programs.

The guide *To Live To See the Great Day That Dawns* describes the applicability of some of the student programs to American Indian and Alaska Native communities. See pages 76–87 of the guide, located at http://www.sprc.org/library/Suicide_Prevention_Guide.pdf.

You should consider using the Health Curriculum Analysis Tool (HECAT) to help you decide which program to use. The HECAT provides guidance in using evidence-based health education standards and population-specific information (e.g., was the curriculum deemed effective for a population similar to your population?) to determine which curriculum is the most appropriate. Suicide is included in the violence prevention section. For more information on HECAT, see: http://www.cdc.gov/healthyyouth/HECAT/index.htm.

One of the goals of any student program is to increase the likelihood that a student will identify a peer who may be at risk of suicide and refer him or her to an appropriate adult. Therefore, when implementing any of these programs, staff should let students know that they should turn to a trusted adult with a concern. They can also let students know that the school has a designated suicide risk response coordinator and procedures for making referrals, as described in Chapter 2.

Examples of Peer Leader Programs

Although there is only one peer leader program in the Best Practices Registry (Sources of Strength), some organizations and schools have developed or adapted other peer leader programs, including those listed below, as part of their suicide prevention efforts. These programs provide examples of other innovative approaches, but none of them have applied to the BPR. More information on these programs can be found in the Student Education and Skill-Building part of the "Resources" section in this toolkit.

Students for Students: A Youth-Centered Suicide Prevention Program: Students are recruited to apply for this program. Once selected, the peer leaders are trained to work directly with clinicians to identify and assist other students with getting services, support, or clinical help. Peer leaders also increase awareness of behavioral health issues and improve the school environment by talking with students, teaching classes, and organizing events.

Natural Helpers: Students selected by other students are trained to help their peers with a wide variety of youth issues by listening to them and assisting them in getting help from adults. They also help improve the school environment and increase the connections between students and staff. Although Natural Helpers is not focused on suicide prevention, some schools have given their peer leaders in this program specific training on suicide prevention and included this program in their suicide prevention efforts.

Native H.O.P.E. (Helping Our People Endure): Focused on suicide prevention, this program is specifically designed for Native American youth by incorporating Native American culture, traditions, spirituality, ceremonies, and humor. The youth develop and carry out a strategic action plan to implement prevention activities related to suicide, depression, trauma, violence, and substance abuse. They also provide support to their peers and assist them with getting help for behavioral health issues.

Curricula for Transition Grades

A small number of curricula are available that integrate suicide prevention with preparing students for the transition into or out of high school. Typically for 8th and 12th graders, these lessons cover the specific issues surrounding their transition and address suicide prevention in that context. A few schools have developed their own lessons, and the SOS (Signs of Suicide) program has developed a lesson for 11th and 12th graders.

Step 4: Adapt student programs for your school community.

Student programs sometimes need to be adapted for a school's students. There may be cultural differences in how students display the warning signs of suicide and in their attitudes about suicide, as well as in how they feel about sharing personal information,

speaking with adults, or seeking help. Note that any adaptation made for cultural reasons should take into account the diverse cultures of all students within the school or district and should not rely on stereotypes or overly broad generalizations about a culture. Knowledgeable representatives from cultural groups and organizations serving LGBT youth and youth with disabilities in your community can help you understand how young people from your community think about mental health, help-seeking, and suicide.

A major concern with adapting an evidence-based program is maintaining its integrity so that the positive outcomes will still be attained. If you think a program might need to be adapted for your school, you should explore the issue of adaptation *before* choosing a program.

The developer of a program may be able to:

- Tell you what aspects of the program may be changed without impacting effectiveness
- Identify schools or organizations that have successfully adapted the program for a student population similar to yours

Adding to SOS to Make It More Relevant for Native American Youth

The Gallup, New Mexico, schools wanted to make the SOS (Signs of Suicide) program relevant for their Native American students while still maintaining fidelity in the implementation of the program. Peer leaders from the school's Natural Helpers program created 2–3-minute video vignettes based on the content of the SOS video but using Native American youth, reservation language, and issues familiar to the youth in that community. These vignettes were shown in class after the SOS video. The changes made a difference. According to Norma Vazquez, the State of New Mexico Youth Suicide Prevention Coordinator, "When students saw a reflection of themselves and their experience in the videos, it increased the power of the message for them."

The Natural Helpers students also created laminated business cards and flyers listing local, culturally appropriate sources of help for mental health issues.

Video for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth

To address the issue of suicide among LGBTQ youth, the OUTLoud Project of the Youth Suicide Prevention Program in Washington State produced the video "You Are Not Alone: LGBTQ Youth and Suicide," featuring three LGBTQ youth speaking from their personal experiences with depression, self-harm, and being suicidal. The video also educates youth about the risk and protective factors for suicide that are specific to LGBTQ youth and how to intervene when they think a friend is contemplating suicide. The video was written and produced by LGBTQ youth working with an adult advisor. It can be used as part of a suicide prevention program for all students.

To view the video, go to http://www.youtube.com/watch?v=b3OLfTjOxYs&feature=play er_embedded

A Program Tailored for Latina Adolescents

Comunilife, a nonprofit organization in New York City providing health, behavioral health, and social services to a largely Latino population, created an innovative mental health and youth development program that serves the needs of Latina adolescents in a culturally appropriate way. Its purpose is to decrease suicide risk in girls who are currently receiving clinical services. From their experience working with this population and through convening a focus group of teens and their families, the staff of Comunilife learned that Latina girls and their families often find traditional mental health services intrusive, not responsive to their needs, and not effective. In addition, girls often do not talk with their parents about their problems because they are afraid everyone in their family will find out.

Comunilife's Life is Precious program is designed to respond to the girls' desire to have a place to go where they can be themselves, be involved in activities, have fun, and have someone available to talk with if they want to talk. The girls can go to the program every day after school until 7:30 p.m. and for several hours on Saturday. They can have a snack, get help with homework, use the Internet, participate in creative art therapy groups, and/or talk with the adult staff or a counselor at any time. Parents can also drop by if they want to talk about their problems. On Saturdays, there are group discussions where the girls and their parents discuss together cultural, school, and parenting issues to help them understand each other better and strengthen the parent/child relationships.

This program works because it takes into account the girls' culture and needs. It provides an informal setting that is available almost every day for the girls to visit without the time limit of a set appointment or requirement to talk with a provider. The girls can obtain help when they feel the need for it. In its two years of operation, Life is Precious participants and their families have reported decreases in suicidal ideations, improvement in academic performance, and better relationships and communication with family and peers.

Step 5: Integrate suicide prevention programs into other initiatives to improve behavioral health.

There are a variety of ways to integrate suicide prevention into other initiatives for students. Suicide prevention is often incorporated into a health class or other health programs, such as a health and safety day. Skill-building programs for students at risk usually address suicide in the context of other issues, such as depression, anger, substance abuse, and violence prevention.

Some schools offer a peer leadership program that includes training for the peer leaders about suicide prevention, behavioral health, and other related issues such as dating violence. Some schools also use activities that build a culture in which students look out for each other and learn how to help a peer in distress.

Adding Suicide Prevention to Existing Programs

Two districts addressed suicide as part of their Federal Safe Schools/Healthy Students grant, which focuses on violence prevention (bullying) and mental health awareness and promotion. Another school planned a study hall with freshman on technology and cyberbullying. At one school, the SADD group emphasized that "friends help friends," which was a theme connected to the suicide prevention classroom curricula used by the school.

Using Social Media for Suicide Prevention in a School-Based Program

Here are some examples of how students in the peer leader program Sources of Strength use social media for suicide prevention:

- Suicide prevention materials are given to students to post on their Facebook pages.
- Students are building a team to make videos and create stories of sources of strength that they will put out through their social networks on Facebook and the Web.
- When peer leaders read suicide-related comments in text messages or on Facebook, they pass them on to their trusted adults or the adult advisors in the program so that the adults can intervene and help the suicidal youth.
- When peer leaders read harassing text in text messages or online, they interrupt it with a simple comment such as "not cool" and/or provide support to the individual being harassed.

Connecting Students to a Suicide Prevention Web Site that Uses Social Media

Reach Out is a Web site (http://us.reachout.com/) for high school students to find information about suicide prevention and other behavioral health issues, share their stories, discuss issues of concern, ask questions, support peers, and connect with support services. It is part of the WeCanHelpUs Campaign. The content, which is researched and written by young people, is delivered through blogs, MySpace, video games, Short Message Service (SMS), Podcasts, digital storytelling, and moderated discussions via online communities.

Schools can encourage students to use Reach Out by displaying posters and Web site banners with information about the Web site.

The posters may be ordered by phone at 1-877-SAMHSA-7 or online at http://store.samhsa.gov/product/We-Can-Help-Us/ADC10-SUICIDEP.

The Web site banners may be ordered at http://psacentral.adcouncil.org.

Tool 6.A: Types of Student Programs Information Sheet

CURRICULA FOR ALL STUDENTS

Purpose: These curricula:

- Provide information about suicide prevention
- Promote positive attitudes
- Increase students' ability to recognize if they or their peers are at risk for suicide
- Encourage students to seek help for themselves and their peers

Content: Typical content includes:

- Basic information about depression and suicide
- Warning signs that indicate a student may be in imminent danger of suicide
- Underlying factors that place a student at higher risk of suicide
- Appropriate responses when someone is depressed or suicidal
- Help-seeking skills and resources

Participants: These curricula are usually offered to all students in a class or a grade. Some programs, schools, districts, and funders require consent from parents for their child to participate. The children of parents who do not give consent are provided with an alternative activity.

Format: These curricula are typically given in one to four class periods of 45–60 minutes each. They are often given as part of a class, such as a health, family life, or life skills class, which addresses related topics (e.g., mental health issues, substance abuse, bullying, and other violence). This enables the connections between the issues to be highlighted. Sometimes they are implemented during other classes, such as English.

Heath education standards: Almost all of the curricula address at least some, if not most, of the National Health Education Standards. Some states have their own standards. State standards are typically aligned with the national standards.

SKILL-BUILDING PROGRAMS FOR STUDENTS AT RISK OF SUICIDE

Purpose: These programs help protect at-risk students from suicide by:

- Building their coping, problem-solving, and cognitive skills
- Addressing related problems such as depression and other mental health issues, anger, and substance abuse

Content: Typical content includes exercises and activities to:

- Increase problem-solving and coping skills
- Improve resilience and interpersonal relationships
- Prevent or reduce self-destructive behavior

Format: These programs fit into regular class periods and are given as a separate class. They typically last from 12 weeks to a semester.

PEER LEADER PROGRAMS

Purpose: Peer leader programs teach selected students skills to identify and help peers who may be at risk. Some programs teach peer leaders to build connectedness among students and also between students and staff, which improves the school environment.

Format: These programs are usually held outside of class time.

Peer leader roles: Roles vary greatly by program and may include:

- Listening to and supporting peers, educating them about mental health problems, and encouraging them to seek help, as well as talking with adults about students possibly at risk for suicide and other mental health problems
- Presenting lessons to their peers in high school classes, to middle school students, and/or to youth in the community
- Developing and promoting messages to change the school environment through public service announcements, posters, videos, Web sites, and text messaging

Peer leader training: The training varies according to the roles taken on by the peer leaders. Basic components of these trainings include:

- Teaching about the risk factors and warning signs of suicide
- Dispelling myths about suicide
- Destigmatizing mental illness and seeking help
- Learning about other health and behavioral health problems, as well as other common issues teenagers face

Tool 6.B: Matrix of Student Programs

This matrix lists all of the Student Programs that are in either the National Registry of Evidence-Based Prevention Practices (NREPP) or the Best Practices Registry (BPR) as of October 2010. The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

All of the programs in this matrix are the primary or sole component of the program. The primary component of the program is the one around which the program is built. Secondary components are included in some of the programs to strengthen the primary component and/or to create a more comprehensive program. For each of the types of components listed, there is a separate chapter in this toolkit.

STUDENT PROGRAMS

Program	Type	Grades	Number & Length of Sessions	Facilitator	Other Components	Notes
Programs in NREPP						
American Indian Life Skills Development/ Zuni Life Skills Development	Curriculum for all students	9–12	28–56 lesson plans delivered over 30 weeks.	Teachers, with input from community members for cultural relevance. Teachers must have a 3-day training that may be delivered onsite.		Culturally tailored to American Indian youth.
CAST (Coping and Support Training)	Skill-building for at-risk students	9–12	Twelve 55-minute group sessions.	Teacher, counselor, nurse, or other mental health staff person experienced with high-risk youth. Training is given by developer and may be delivered onsite.		Similar to Reconnecting Youth but fewer sessions over fewer weeks with a group of 6–8 students.
Lifelines	Curriculum for all students	8–10	Four 45-minute lessons.	Teachers. Information on teaching the curriculum is included with the curriculum materials, and a 1-day, onsite training is also available through Hazelden Publishing.	- Protocols - Staff Training - Parent Education	All the other components must be implemented before the student lessons. A 2-day, onsite training on how to implement all the program components is available through Hazelden Publishing.

Program	Type	Grades	Number & Length of Sessions	Facilitator	Other Components	Notes
Reconnecting Youth	Skill-building for at-risk students	9–12	75 classes delivered in one semester.	Teacher, counselor, nurse, or other mental health staff person experienced with at-risk youth. Training is given by developer and may be delivered onsite.		Similar to CAST but more sessions over more weeks with a group of 10–12 students.
SOS (Signs of Suicide)	Curriculum for all students	8–12	Three lessons; often only the first is given, and it includes a short student screening.	Teachers. Training for teachers is included in curriculum materials. Technical assistance is also available.	- Screening - Staff Training - Parent Education	Schools can decide if they want to provide the student screening along with the lesson(s). Also included is a version of the screening tool for parents to complete about their child.
Programs in BPR						
Ask 4 Help! Suicide Prevention for Youth	Curriculum for all students	9–12	1 hour.	Teachers or Yellow Ribbon representatives. Requires a 2-day training for facilitators provided by Yellow Ribbon, either at the school or local locations.		Usually used with Yellow Ribbon's adult gatekeeper program Be A Link!

Program	Type	Grades	Number & Length of Sessions	Facilitator	Other Components	Notes
Gatekeeper Suicide Prevention Program: A High School Curriculum	Curriculum for all students	7 and 9	Three 50–60 minute lessons for 7th grade and four for 9th grade.	Facilitators must be trained by Gryphon Place. Training is delivered onsite.	- Staff Training - Parent Education	Mainly provided just in Michigan.
Healthy Education for Life Program (HELP)	Curriculum for all students	9–12+	One 45–55 minute session.	Facilitators must be volunteers trained by HELP. Training is delivered onsite.		Only available in Oklahoma.
Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum	Curriculum for all students	9–11	Four 45-minute lessons.	Teachers must be trained by developer. Teacher training may be delivered onsite or by phone.		
LEADS for Youth: Linking Education and Awareness of Depression and Suicide	Curriculum for all students	9–12	Three 1-hour sessions.	Teachers. Training for teachers is included in curriculum materials. Technical assistance also available.	- Protocols	Includes the planning tool School-Based Crisis Management Recommen-dations on Suicide.
Response: A Compre-hensive High School-Based Suicide Awareness Program	Curriculum for all students	9–12	Four 1-hour sessions.	Teachers. Training for teachers is included in the school kit. RESPONSE staff will provide training if requested.	- Protocols - Staff Training - Parent Education	

Program	Type	Grades	Number & Length of Sessions	Facilitator	Other Components	Notes
Sources of Strength	Peer leader program	6–12	3–6-month program; advisors contribute 40 hours and peer leaders 15–50 hours. Advisors receive a 3–6 hour orientation; peer leaders receive a 4-hour training.	Team of 2–5 adult advisors (from school, community, or families) and 10–50 peer leaders. Training by Sources of Strength trainers required. Will come to the school. Technical assistance is also available.		Peer leaders recruit students to develop and deliver a campaign. Initially implemented in rural/tribal areas, now expanded to all high school students.

For additional resources, see the Student Programs in the "Resources" section at the end of the toolkit.

Chapter 7

The steps in Chapter 7 will answer these questions:

- Who should be involved in planning and implementing a screening program in your school?
- How can you enlist the support of school administrators and staff?
- How do you prepare for the increased need for mental health referrals?
- What types of screening programs are available, and how do you decide which to use?
- How do you involve families?

IMPORTANT: Schools that implement screening programs may experience an increase in the number of students who seek help for behavioral health and suicide-related problems. Schools should put in place the components described in Chapters 1–4, *before* implementing screening. These components include:

- Protocols to respond to students at risk and in crisis
- Suicide prevention training for all school staff

WHY IS SCREENING IMPORTANT?

The purpose of screening is to identify students at risk for suicide, suicidal behaviors, and suicidal ideation. Parents and teachers may not be able to tell that youth are suicidal (Smith et al., 2003; Scott, et al., 2009), and youth may not step forward on their own to get help. The results from a screening indicate which students may need evaluation so that the school and their parents can help them receive evaluation and treatment, if needed. Treatment can prevent suicide as well as improve the student's behavioral health, school performance, social development, and future productivity (Center for Mental Health in Schools at UCLA, 2007).

Schools can screen individual students who are thought to be at risk for suicide and/or other behavioral health problems or implement screening programs to screen large numbers of students. This chapter will focus on screening programs.

Are Screening Programs Cost-Effective?

Screening programs in schools are cost-effective because they reach a large number of students quickly and at less cost than through community screening programs (Center for Mental Health in Schools at UCLA, 2007). Screening can catch problems early and avoid the intensive treatment that might be needed if students' problems are not identified until they become more severe.

BASIC INFORMATION ABOUT SCREENING PROGRAMS

Format: Typically, a brief questionnaire is given to each student. If the screening is given in a group setting, pay special attention to ensuring that the questionnaires the students fill out are kept completely confidential. Those who screen positive are given a confidential interview as soon as possible by a mental health provider to assess whether they need a referral for more in-depth evaluation or treatment. Students who need help are referred to appropriate services.

Support of parents: Parents should be informed about the screening program, its purpose, and its value in order to gain their support, since schools often need a parent's consent before screening their child. In addition, parents need to be involved if a referral is indicated. Parent support can make a major difference in whether a child receives treatment. In tribal communities it may also be important to gain the support of tribal leaders and programs.

Support of school administrators and staff: School administrators and staff may resist screening programs because of the cost and logistics as well as a concern that the school will not be able to handle the number of students identified as at risk. They need to be made aware that screening programs can have significant benefits for students who are at risk, and for the school environment.

Screening Programs: Positive Experiences

Signs of Suicide (SOS): In Chemung County High Schools, New York

Chemung County in New York, which includes the city of Elmira and surrounding rural areas, has found the SOS high school student education and screening program to be a valuable tool in identifying students at risk of suicide. Three suicide deaths by high school students in the 2004–2005 school year motivated school staff to implement a broad array of suicide prevention initiatives, including the SOS program.

Nearly 1,800 students were screened the first year, and over 3 percent were referred for mental health care who were not already receiving it. According to Pat Breux, program coordinator, "We're convinced the screening found students who otherwise would not have received help. The response in our school has been very positive. The guidance counselors told me that the screening helped them connect with students who they did not know were struggling. Student evaluations of SOS indicated our young people found the screening process to be very valuable, and they now have a better idea of how to help a friend, a family member, or themselves."

Signs of Suicide (SOS): From a School Mental Health Clinician, Washington, DC

"I have identified four students already, all of them Latinos, two boys and two girls (and I have only done three groups of SOS). One of the boys identified, who seemed to be a tough boy, gave the test back and I saw that he answered 'yes' to one of the questions. I sat down with him and reviewed all the questions thinking he may have not understood the question well, but he did. I was sort-of shocked because I would have never thought of this boy having suicidal ideation. One of the girls identified was basically screaming for help. She could have easily been badly poisoned if she had not participated in SOS and I was not able to stop the plan she had."

TeenScreen: At Moultonborough Academy, New Hampshire

Moultonborough Academy, a very small public high school in central New Hampshire, decided to implement TeenScreen without having had a suicide attempt or death simply because they thought mental health screening was important.

During the four years the program has been conducted, about 150 students have been screened. Of these, about 10 students have screened positive—students whom the staff would not have otherwise identified. In addition, they give every student who participates a directory of local mental health services and encourage them to use it if they or their friends ever need help. According to Peter Whelley, the district school psychologist, "This program has been successful because the health teachers, counselors, and other teachers have worked well together and received support from the school administrators."

STEPS TO PLAN AND IMPLEMENT A SCREENING PROGRAM

Step 1: Convene a group to plan and conduct a screening program.

Determine which individuals will take the lead in planning and conducting a screening program. Use *Tool 1.B: Chart of School Staff Responsibilities* (see Chapter 1) to help you identify individuals and record the names of the people that should be a part of this group.

Step 2: Secure support from administrators and staff for a screening program.

There are a number of ways to secure the support of administrators and staff for a screening program including:

- Provide administrators and staff with information that describes the value of screening programs in high schools and strategies for overcoming the challenges

- Connect administrators with peers who have implemented screening programs so that they can learn how the challenges were addressed and about the benefits of the program

Step 3: Determine which community mental health providers to use for referrals.

Screening is likely to increase the number of students your school identifies as needing to see mental health providers. Look at *Tool 1.C: Chart of Community Partners* (see Chapter 1) for a list of the local providers with whom you are partnering, and then:

- Decide which ones would be good referrals for students who are at risk for suicide

- Determine whether you need to expand your network of providers to ensure that high-risk students receive a follow-up evaluation and treatment as soon as possible

Step 4: Select a screening program to use for the students at your school.

It is important to base your selection of a screening program on information about how well programs may meet the needs of your students and school, including diversity in the students' cultural backgrounds. *Tool 7.A: Matrix of Screening Programs* provides key information on the two screening programs listed in the National Registry of Evidence-Based Programs and Practices (NREPP). Additional information on these programs is available under "Screening" in the "Resources" section at the end of the toolkit. An alternative approach to screening is described in the sidebar on the next page.

It can be very helpful to learn about other schools' experiences with implementing screening programs. To locate schools with this type of experience, contact the screening programs directly or ask your professional networks.

Alternative Approach to Identifying Students at Risk

The Miami-Dade County Public Schools in Florida developed the Student Intervention Profile to identify students who may be at risk for suicide. Classroom teachers and other school professionals rate all students on their performance in the following areas:

- Academic achievement
- Effort
- Conduct
- Attendance
- Negative report card comments
- Code of student violations
- Involvement with school police

Students who show difficulty in three or more of these areas are referred to a school counselor. The counselor meets with the student to assess specific needs and works with other school staff to help the student succeed in school and cope better with emotional and/or behavioral difficulties, including any suicidal behavior. (Zenere & Lazarus 2009, p.192)

Step 5: Engage parents in the screening program.

- It is essential to determine whether there are any State, school district, tribal, Bureau of Indian Education, or program funder requirements about obtaining parental consent in order for your school to conduct a screening program. *If there are, find out whether the consent must be active or may be passive.

- Obtaining parental consent can be challenging. Some parents do not want to consider the possibility that their child could have behavioral health problems or be suicidal. Some students may simply never give the consent form to their parents, and some parents simply may never get around to signing the form.

Note that all high school programs funded through the Garrett Lee Smith Act are required to obtain active parental consent when using screening programs. In addition, local, State, and Federal laws may require parental consent. For example, the Protection of Pupil Rights amendment (PPRA), which stipulates parental consent requirements for surveys administered in schools, may be applicable to screening programs in schools.

There are a number of methods that can help you gain parental consent, including the following:

- Inform parents about the screening program beforehand and provide them with information about the value of screening and the benefits of getting treatment when it is needed. In tribal communities, establish relationships with tribal leaders and programs to assist in informing families.

- Try strategies used in other schools. Talk with schools that have successfully implemented a screening program. For more details, see *Tool 7.B: Ideas to Maximize Parental Consent Response Rate*.

PARENTAL CONSENT

Active Consent

Definition: A student can participate only if the parent gives explicit permission. Usually written permission is required. In some cases, verbal permission is accepted.

Pros: Ensures parents are informed and their approval is obtained. This engagement increases the likelihood that parents will help their child obtain treatment, if it is needed.

Cons: Often difficult to get responses (whether "yes" or "no") from parents. It takes more staff time than passive consent. Fewer students are likely to be screened.

Passive Consent

Definition: Notice about the program must be sent or given to the parent. Communication back to the school is only necessary if the parent does not want the student to participate. Lack of response from the parent means the student has permission to participate.

Pros: Ensures parents are informed and gives them an opportunity to deny their child participation. School staff do not have to spend time trying to get responses. Usually more students are screened than with active consent.

Cons: Some parents might contact the school after the screening is done and say they never received notification about the screening program and object to it. If parental support is not obtained early, some parents might be less likely to consent to needed treatment for their child.

No Consent

Pros: No time or expense needs to be spent trying to get parent consent.

Cons: If parents are not notified about the screening program or they do not receive information that is sent home about it, some might object to it and be less likely to consent to needed treatment for their child.

Tool 7.A: Matrix of Screening Programs

This matrix lists all of the Screening Programs that are in the National Registry of Evidence-Based Prevention Practices (NREPP), as of October 2010. There are currently no screening programs in the Best Practices Registry (BPR). The criteria for NREPP and BPR are different. See *Tool 1.K: Suicide Prevention Registries Information Sheet*.

The matrix also indicates the primary and secondary components of each program. The primary component of the program is the one around which the program is built. Secondary components are included to strengthen the primary component and/or to create a more comprehensive program. For each of the types of component listed there is a separate chapter in this toolkit.

SCREENING PROGRAMS

Program	Registry	Components	Grades	Number of Questions	Parental Consent
TeenScreen Schools and Communities	NREPP	***Screening is the sole component.*** It may take place during a class period or after school. Teens complete a short screening questionnaire. Those at risk meet with a mental health professional. Those not at risk have a debriefing interview that allows teens to ask questions.	6–12	Columbia Health Screen, a 14-item paper and pen questionnaire, or Diagnostic Predictive Scales, a 52-item computerized questionnaire.	Active required
SOS (Signs of Suicide)	NREPP	***A curriculum of 1–3 lessons is the primary component, and screening is the main secondary component.*** Screening is done in a class period, usually at the end of a lesson, and is scored by students or staff. Those at risk are given an assessment interview. The screening is not done as a stand-alone program without the curriculum. The other secondary components are sample presentations for a 1-hour staff in-service and a parent education night.	8–12	A 9-item paper and pen questionnaire. One version of screening tool is for parents to complete about their child. Both tools available in Spanish.	Choice of active, passive or none (depending on school district policy)*

For additional resources, see the Screening section in the "Resources" section of the toolkit.

*Note that all high school programs funded through the Garrett Lee Smith Act are required to obtain active parental consent when using screening programs.

Tool 7.B: Ideas for Maximizing Parental Response Rate

These ideas can help maximize the return rate of parental consent forms, whether the response is "yes" or "no" (Rodgers, 2006, except where otherwise noted):

- Send the consent form home with students with a registration or "back to school" packet, other important forms, or a report card. Return rates improve if the form is sent with other materials that need to be signed by parents and returned to the school.

- Have parents sign the consent form at parent-teacher meetings or a school-based function, such as Back to School Night. Station school staff at a location where parents have to stop to complete forms.

- Provide incentives for returned forms (regardless of whether the response is "yes" or "no"):

  - Student incentives: Pencils, t-shirts, candy, movie cards, sports memorabilia (Brown & Grumet, 2009 for the last two), or a class party. Extra credit in health class or another class (Gutierrez & Osman, 2008).

  - Parent incentives: Gift cards for local stores or entries for prize drawings.

  - Teacher incentives: Gift cards when a specific number or percent of students return the form.

- Use a simple, easy-to-read, eye-catching, and culturally relevant letter and form printed on colored paper.

- Send a reminder notice with an additional form to parents who do not respond. Or call them.

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Notes

- All costs listed are accurate as of this toolkit's publication date. If no cost is listed, the material is free.

- The category "Review" lists evaluations of the program, including acceptance in the National Registry of Evidence-Based Programs and Practices (NREPP) or the Best Practices Registry (BPR). See *Tool 1.K: Suicide Prevention Registries Information Sheet* for details on these registries.

- This Resource Section includes a number of items that have not been evaluated. They are included for a few reasons, for example they are items schools find particularly useful but that are not typically evaluated (e.g., fact sheets, or guides), or they fill gaps in the existing materials.

GETTING STARTED

Guides

Ensuring the Seventh Generation: A Youth Suicide Prevention Toolkit for Tribal Child Welfare Programs

Author: National Indian Child Welfare Association
Date: 2009
Web link: http://www.nicwa.org/YouthSuicidePreventionToolkit/YSPToolkit.pdf
Description: Although this toolkit is intended for tribal child welfare workers and care providers, it has sections that are relevant for staff working in schools. In addition to discussing general risk and protective factors and warning signs for suicide among youth and for LGBTQ youth as well as child welfare related risk factors, it also includes several articles that address issues particularly relevant to suicide prevention among tribal youth.

Garrett Lee Smith Suicide Prevention Toolkit (Also called Getting Started)

Author: Mental Health America of Wisconsin
Date: 2007
Web link: http://www.mhawisconsin.org/gls_toolkit.aspx
Description: This online resource collection contains a wide variety of materials useful for starting a youth suicide prevention program. They are listed under nine different topic sections, including making the case for developing a program, coalition building, youth screening programs and classroom curricula, gatekeeper training, crisis planning and postvention, evaluation tools, and information on obtaining funding.

Guidelines for School-Based Suicide Prevention Programs

Author: American Association of Suicidology, Prevention Division
Date: 1999
Web link: http://www.sprc.org/sites/sprc.org/files/library/aasguide_school.pdf
Description: This set of guidelines describes the conceptual basis for school-based suicide prevention programs; requirements for effective prevention programs, effective implementation, and effective retention of programs over time; and the key components of school-based suicide prevention programs. These guidelines are used as part of the criteria for inclusion of programs in the Best Practices Registry.

Research-Based Guidelines and Practices for School-Based Suicide Prevention

Author: Deborah Kimokeo, National Center on Child Fatality Review
Date: 2006
Web link: http://ican-ncfr.org/documents/SchoolSuicide.pdf
Description: This document summarizes Federal (and California) activity to prevent student suicide and provides research-based guidance for district – local – and site-level suicide prevention programming with comprehensive involvement of school personnel.

School Connectedness: Strategies for Increasing Protective Factors among Youth

Author: Centers for Disease Control and Prevention (CDC)
Date: 2009
Web Link: http://www.cdc.gov/healthyyouth/adolescenthealth/pdf/connectedness.pdf
Description: School connectedness is defined by the CDC in this guide as "the belief by students that adults and peers in the school care about their learning as well as about them as individuals." It is a strong protective factor against suicidal ideation and attempts. At a conference in 2003 sponsored by CDC's Division of Adolescent and School Health and the Johnson Foundation, six evidence-based strategies to increase students' sense of connectedness were identified. This publication outlines the roles and responsibilities of school administrators, teachers, support staff, and parents in implementing the six strategies, along with specific actions that can be taken to implement each strategy.

School Interventions to Prevent Youth Suicide (Technical Assistance Sampler)

Author: Center for Mental Health in Schools at UCLA
Date: Revised 2007
Web link: http://smhp.psych.ucla.edu/pdfdocs/sampler/suicide/suicide.pdf
Description: This packet of author-produced and other collected materials provides the following: an overview of the problem; a suicide risk assessment; information on planning school interventions and training staff; guidance on providing support and preventing contagion in the aftermath of a suicide; and sources for hotlines, consultants, and mental health services.

Schools and Suicide: Latest and Best School-based Strategies

Author: Madelyn S. Gould
Date: 2010
Web link: http://www.wellawaresp.org/pdf/Well%20Aware%20Webinar_Schools%20and%20Suicide.pdf
Description: This 56-slide PowerPoint presentation from a webinar starts by explaining why suicide prevention does belong in schools. It then describes the five types of school-based suicide prevention programs including their rationale, aims, beneficial and detrimental effects, and limitations, and gives examples of each.

Screening/Assessing Students: Indicators and Tools

Author: Center for Mental Health in Schools at UCLA
Date: Revised 2007
Web link: http://smhp.psych.ucla.edu/pdfdocs/assessment/assessment.pdf
Description: This packet of author-produced and other collected materials includes overviews, outlines, checklists, instruments, and recommendations and guidelines from Federal agencies related to early identification through screening. It also examines the controversy related to the many false positives resulting from universal screening, as well as issues related to screening high-risk youth.

Suicide Prevention (Quick Training Aids)

Author: Center for Mental Health in Schools at UCLA
Date: Revised 2007
Web link: http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/suicideprevention.pdf
Description: These quick training aids provide factsheets on suicide rates and methods to assess suicide risk and prevent suicide. Author-produced and other collected materials include several tools and handouts for use with presentations.

To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults

Author: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
Date: 2010
Web link: To download a copy: http://www.sprc.org/library/Suicide_Prevention_Guide.pdf
To order a hard copy: Go to http://store.samhsa.gov/product/Preventing-Suicide-by-American-Indian-and-Alaska-Native-Youth-and-Young-Adults/SMA10-4480.
Description: This guide supports American Indian and Alaska Native (AI/AN) communities and those who serve them in developing effective, culturally appropriate suicide prevention plans for youth and young adults. Its intended users include tribal/village leaders, elders, healers, youth activists, suicide prevention program leaders, school administrators, and other community members. Although the guide's focus is on suicide prevention in the community as a whole, many of the programs described in Chapter 7, Promising Suicide Prevention Programs, are school based. The guide also includes information about risk and protective factors that are particularly relevant to AI/AN youth and issues in adapting programs for cultural differences.

Wisconsin Components of a School-Based Suicide Prevention, Intervention, and Postvention Model

Author: Mental Health America of Wisconsin
Date: 2007
Web link: http://www.mhawisconsin.org/schoolbasedmodel.aspx
Description: This guide is for schools to use in developing or improving their prevention programs, crisis plans, and response to suicides. It describes components of a comprehensive, school-based suicide prevention program and provides detailed guidelines and procedures for dealing with suicidal crises and postvention. The extensive appendices include handouts and tools on suicide prevention, intervention, and postvention geared toward multiple audiences.

Youth Suicide Prevention School-Based Guide

Author: Louis de la Parte Florida Mental Health Institute, University of South Florida
Date: 2003
Web link: http://theguide.fmhi.usf.edu/
Description: This tool provides a series of checklists for schools to assess their existing or proposed suicide prevention efforts and resources and information that school administrators can use to enhance or add to their existing programs. Topics covered include administrative issues, risk and protective factors, prevention guidelines, intervention and postvention strategies, family partnerships, school climate, and diverse populations.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/YouthSuicidePreventionSchoolbasedGuideChecklists.pdf

Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel

Author: Maine Youth Suicide Prevention Program
Date: 2009 (fourth edition)
Web link: http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf
Description: This document provides a description of the components of a comprehensive school-based suicide prevention program; an assessment form for schools to determine if they are ready to manage suicidal behavior; detailed guidelines for implementing suicide intervention and postvention in schools; and appendices with a variety of other related materials, including an outline for an awareness session for all school personnel and sample forms, letters, and handouts.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/Maine_BPR_FactSheet.pdf
Note: For more information and resources on Maine's school-based suicide prevention program, go to http://www.maine.gov/suicide/professionals/program/index.htm. Look at both the center of the page and the links in the sidebar on the left.

Information Sheets

Mentors—Coaches—Youth Leaders

Author: Needham Suicide Prevention Coalition
Date: 2007
Web link: http://www.needhamacts.org/mentors.htm
Description: This section of the Needham Acts Web site contains information sheets for mentors, coaches, and youth leaders on how to identify whether a young person they are guiding, coaching, or supervising may be suicidal and what to do about it.

Response to the Myth that Talking about Suicide Will "Plant the Idea"

Author: John Kalafat
Date: 2001
Web link: http://www.sptsnj.org/educators/talking-myth.html
Description: In this brief essay, John Kalafat, a well-known expert in suicide prevention, summarized evidence supporting the position that talking about suicide does not increase risk but serves to prevent it.

School Awareness Series: The Role of the School Board in Suicide Prevention

Author: Society for the Prevention of Teen Suicide
Date: 2007
Web link: http://www.sptsnj.org/pdfs/school-board.pdf
Description: This one-page factsheet helps school board members evaluate their districts' staff policies and awareness training for suicide prevention in at-risk students. It also helps board members to evaluate their district's preparedness and response.

School-Based Suicide Prevention: A Matter of Life and Death

Author: Jan Ulrich, Kentucky Cabinet for Health and Family Services
Date: 2009
Web link: http://www.kentuckysuicideprevention.org/Movies/School-based%20Suicide%20Prevention.html
To obtain a copy: Contact Jan Ulrich at jan.ulrich@ky.gov
Description: This 14-minute, two-part video is a helpful tool to use with school decision-makers regarding the need for school-based suicide prevention/postvention programs and crisis planning. School administrators and staff share their experiences of dealing with the suicides of their students. An overview is given of school-based suicide prevention programs and crisis planning to reduce suicide among middle and high school students, including potential suicide contagion. The video emphasizes the importance of educating staff using gatekeeper programs and educating and screening students with evidence-based programs.

School Health and Mental Health Providers (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.
Date: 2005
Web link: http://www.sprc.org/sites/sprc.org/files/library/SchoolHealthMentalHealth.pdf
Description: This Web page, created for school health and mental health providers, contains information on recognizing and responding to warning signs; resource materials about suicide prevention, including programs; and other suicide prevention information relevant to school health and mental health providers.

Suicide Prevention and Intervention

Author: Richard Lieberman, Scott Poland, and Katherine Cowan, National Association of School Psychologists
Date: 2006
Web link: http://www.nasponline.org/resources/principals/Suicide%20Intervention%20in%20Secondary%20Schoools%20NASSP%20Oct%202006.pdf
Description: This article provides guidance to administrators on the problem of student suicide; warning signs; suicide prevention planning, including schoolwide approaches such as gatekeeper training, screening, and establishing a suicide prevention task force; and postvention. It also addresses legal considerations and responding to caregivers.

Teachers (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.
Date: 2005
Web link: http://www.sprc.org/sites/sprc.org/files/Teachers.pdf
Description: This Web page, created for teachers, provides information on recognizing and responding to warning signs; resource materials about suicide prevention, including programs; and other suicide prevention information relevant to teachers.

Understand Suicide: Outlining Basic Characteristics

Author: Society for the Prevention of Teen Suicide
Date: 2009
Web link: http://www.sptsnj.org/educators/understanding-suicide.html
Description: This information sheet provides a definition of suicide and discusses five key characteristics of suicide.

What Every Teacher Should Know

Author: Oregon Youth Suicide Prevention Program
Date: 2000
Web link: http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/spubs.aspx
Description: This brochure discusses ways teachers can recognize warning signs in students, ways to access help for them, and how to engage families in accessing services. ***Also available in Spanish***.

CRISIS RESPONSE/POSTVENTION

Guides

After a Suicide: A Toolkit for Schools

Authors: American Foundation for Suicide Prevention and Suicide Prevention Resource Center
Date: 2011
Web link: Will be available online at http://www.sprc.org/library/AfteraSuicideToolkitforSchools.pdf and http://www.afsp.org/files/Surviving/toolkit.pdf
Description: This online resource provides basic information for schools to use in developing and implementing responses to a suicide death of a student or staff person. It includes information about what to do in getting started, implementing crisis response actions, dealing with issues related to memorials, helping students cope, and working with social media and the community. It includes sample letters; talking points and suggested outlines for meetings with students, staff, and parents; and a list of links to other resource materials.

Lifelines Postvention: Responding to Suicide and Other Traumatic Death

Authors: Maureen Underwood, Fred T. Fell, and Nicci A. Spinazzola of the Society for the Prevention of Teen Suicide
Date: 2010
Web link: Order from Hazelden Publishing at: http://www.hazelden.org/OA_HTML/ibeCCtpItmDspRte.jsp?item=54103&sitex=10020:22372:US
Description: This manual provides guidance in the development of protocols for a school's response to suicide and other traumatic deaths. The manual is divided into chapters that focus on the roles of the different parts of a school community, including administrators, crisis team members, teachers and other school staff, students, parents, and the larger community. To make it easier to locate key content in a crisis situation, a Quick Reference Guide is included at the end of the manual. A CD-ROM included with the manual contains handouts, slide show presentations, and additional resource materials.
Cost: $99

Postvention Standards Manual: A Guide for a School's Response in the Aftermath of Sudden Death

Author: Mary Margaret Kerr, David A. Brent, Brian McKain, and Paula S. McCommons, STAR-Center
Date: 2003 (fourth edition)
Web link: http://www.starcenter.pitt.edu/files/document/Postvention.pdf
Description: This manual is geared toward educators, social workers, school psychologists, counselors, and other professionals who work with children and adolescents in the aftermath of sudden deaths, including suicide. It provides guidance to schools and communities in developing their own postvention protocols that can be activated quickly and safely. Sample materials are included for use in response to a sudden death.

Responding to Crisis at a School

Author: Center for Mental Health in Schools at UCLA
Date: 2008
Web link: http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf
Description: This extensive resource aid provides guidance on crisis planning and response as well as violence and suicide prevention through whole school approaches involving crisis teams. It also summarizes evaluations on crisis team effectiveness. The collected handouts target staff, students, and parents.

Sudden Death-Suicide-Critical Incident: Crisis Response for Principals and Student Services Staff

Author: Madison Metropolitan School District
Date: Revised 2005
Web link: http://www.mhawisconsin.org/Data/Sites/1/media/gls/gls_madisoncrisisplan.pdf
Description: Geared primarily toward principals, this guide lists specific procedures for coordinating a school's response to a sudden death, suicide, or other critical incident. Annotated checklists for principals, supported by handouts for school staff, guide a school's actions to communicate information to various audiences, provide support and services if needed, and prevent contagion.

Suicide Postvention in the School Community

Author: Frank Zenere, Florida Suicide Prevention Coordinating Council
Date: 2009
Web link: http://www.helppromotehope.com/documents/Zenere_Postvention.pdf
Description: These 51 slides provide an overview of considerations for postvention that involve all school personnel. Topics covered include risk identification, memorialization, contagion, and dealing with the media.

Suicide Postvention is Prevention: A ProActive Planning Workbook

Author: Brenda Dafoe, Lynda Monk, BC Council for Families
Date: 2005
Web link: http://www.bccf.ca/shop/products/suicide-postvention-prevention
Description: This workbook guides community members in suicide prevention program planning and implementation after a suicide. Central to the work is the establishment of a strong network involving students and schools, services, and community agencies.
Cost: $22.50

When Death Impacts Your School: A Guide for School Administrators

Author: Dougy Center for Grieving Children
Date: 2000
Web link: http://www.amazon.com/When-Death-Impacts-Your-School/dp/1890534056
Description: This guide for school officials faced with a death affecting their students, staff, or community includes suggestions for dealing directly with death, developing a school intervention plan after a death, and addressing special issues around suicide or violence.
Cost: $10

Information Sheets and Articles

Culturally Competent Crisis Response: Information for School Psychologists and Crisis Teams

Author: American School Counseling Association
Date: 2004
Web link: http://www.schoolcounselor.org/files/cc_crisis.pdf
Description: This information sheet, using vignettes on suicide among minority students, discusses crisis response planning and culturally competent response.

Dealing With Death at School

Author: Scott Poland and Donna Poland, National Association of School Psychologists
Date: 2004
Web link: http://www.nasponline.org/resources/principals/Dealing%20with%20Death%20at%20 School%20April%202004.pdf
Description: This article discusses the appropriate ways in which school leadership should respond to a death in the school community, with particular emphasis on death by suicide.

Helping Students Cope with Suicide

Author: Robert Evans, National Association of Independent Schools
Date: 2004
Web link: http://www.nais.org/articlePrint.cfm?print=Y&ItemNumber=145734
Description: Short factsheet providing five guidelines on how to talk with students after a suicide in the school community.

Memorial Activities at School: A List of "Do's" and "Don'ts"

Author: National Association of School Psychologists
Date: 2002
Web link: http://www.nasponline.org/resources/crisis_safety/memorialdo_donot.pdf
Description: This one-page list identifies appropriate memorial responses after a suicide that can assist the school community in coping with the loss and prevent loss-related distress.

Suicide Clusters and Contagion

Author: Frank J. Zenere, National Association of Secondary School Principals
Date: 2009
Web link: http://www.nasponline.org/resources/principals/Suicide_Clusters_NASSP_Sept_%2009.pdf
Description: This article describes the problem of contagion and how administrators can prevent it by establishing a crisis team, recognizing and monitoring at-risk students, and mobilizing community-wide responses.

Understanding Student Reactions to the Anniversary Date of a Peer's Death

Author: Society for the Prevention of Teen Suicide
Date: 2009
Web link: http://www.sptsnj.org/educators/anniversary-date-reactions.pdf
Description: This factsheet discusses how developmental characteristics of teens can make them especially vulnerable on the anniversary of a peer's death and how adults can prepare for and respond to their needs and reactions.

STAFF EDUCATION AND TRAINING

The guide *To Live To See the Great Day That Dawn*s describes the applicability of some of the staff programs below to American Indian and Alaska Native communities. See pages 76–83 of the guide, located at http://www.sprc.org/library/Suicide_Prevention_Guide.pdf

Identifying Suicide Risk (Training for school staff)

At-Risk for High School Educators: Identify and Refer Students in Mental Distress

Author: Kognito Interactive
Date: 2010
Web link: http://www.kognito.com/products/highschool/
Description: This online, interactive gatekeeper training program uses virtual role-play to help high school teachers, staff, and administrators learn common signs of psychological distress, including depression, anxiety, and thoughts of suicide, and how to approach an at-risk student for referral to the school counselor. It is a 1-hour simulation in which users take on the role of a teacher, analyze profiles of three at-risk virtual students, and then engage in simulated conversations with them, including to encourage them to see the school counselor. Users practice and learn to use open-ended questions, reflective listening, and other communications techniques. This program is based on At-Risk for University Faculty, which is included in the SPRC Best Practices Registry for suicide prevention programs.
Cost: Available to schools, districts, and states. Price ranges from approximately $5 to $40 per user depending on the number of users. For pricing information, contact Kognito at info@kognito.com.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/AtRiskHSEducators.pdf

Be A Link! Suicide Prevention Gatekeeper Training

Author: Yellow Ribbon Suicide Prevention Program
Date: Revised 2009
Web link: http://www.yellowribbon.org/
Description: This is a 2-hour adult gatekeeper training program developed by Yellow Ribbon. The program may be implemented in a variety of settings, including schools, workplaces, and community groups. The training provides participants with knowledge to help them identify youth at risk for suicide and refer them to appropriate help resources. Training materials include a PowerPoint presentation (provided on a CD) and a trainer's manual. This program is often used in conjunction with the Yellow Ribbon student program Ask 4 Help! Trainers (teachers or representatives of Yellow Ribbon) are required to attend a 2-day training given by Yellow Ribbon that covers both Be A Link! and Ask 4 Help! and is held at either their site or a local location.
Cost: $299.95, which also includes materials for Ask 4 Help! Training of trainers is $295, (which includes training and all materials for both Be a Link! and Ask 4 Help!) plus the individual's travel to a Yellow Ribbon site or a facilitator's travel to a local site.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/BeALinkSuicidePrevGatekeepeeTraining.pdf

Dealing with Suicide-related Curriculum

Author: Society for the Prevention of Teen Suicide
Date: 2009
Web link: http://www.sptsnj.org/educators/suicide-curriculum.html
Description: This information sheet provides guidance on dealing with suicide themes in traditional coursework, such as the play "Romeo and Juliet," and how to manage the emotions of students who may have been personally affected by suicide.
Gatekeeper Suicide Prevention Program: A High School Curriculum
(See description in Student Education and Skill-Building section)

LGBTQ Suicide Prevention Training

Author: Washington Youth Suicide Prevention Program
Date: Workshop 2007, webinar 2009
Web link: http://www.yspp.org/lgbtq/safe_accepted.htm
Description: The OUTLoud program of the Washington Youth Suicide Prevention Program offers a workshop for staff and teachers and a webinar focusing on suicide prevention in gay, lesbian, bisexual, transgender, and questioning (LGBTQ) youth. The workshop Safe and Accepted - LGBTQ Youth Suicide Prevention & Intervention covers warning signs, distinctions between suicide and self-harm, and how to access help. The webinar LGBTQ Youth: An Introduction to Risk & Protective Factors is geared toward all audiences and discusses risk factors, warning signs, protective factors, and resources for LGBTQ youth.
Cost: Webinar free. Workshops free within King County, WA, and negotiated outside. Contact Heather Carter at heather@yspp.org or 206-297-5922, ext.116.

Lifelines

(See description in Student Education and Skill-Building section)

Making Educators Partners in Suicide Prevention

Author: Society for the Prevention of Teen Suicide
Date: 2007
Web link: http://spts.pldm.com/
Description: Geared toward educators and school staff, this online interactive training program consists of five modules (2 hours total) addressing the critical but limited responsibilities of educators in identifying and referring potentially suicidal youth. In addition to lecture, question and answer, and role-play formats, experts and survivors provide a rationale for school-based suicide prevention.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/SPTS_NJFactSheet.pdf

More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel

Author: American Foundation for Suicide Prevention
Date: 2010
Web link: http://www.morethansad.org
Description: Geared toward teachers and other school personnel, this 2-hour training program is built around two 25-minute DVDs and can be led by school staff. Also included are a 42-page instructional manual for program participants and slides for teacher trainers. The program is also suitable for parents and other adults who care for or work with youth.
Cost: $99.99
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/MoreThanSad.pdf

Online Staff Development Curriculum

Author: Jason Foundation
Date: 1998
Web link: http://jasonfoundation.com/resources/index_materials.php
Description: This curriculum has three multipart modules with a certificate of completion. The first module gives an overview of suicide and lists warning signs and risk factors. The second module provides further information on suicide prevention and includes excerpts from two professionals. The third module suggests ways to incorporate a protocol in a crisis situation. The modules are available in several formats: staff presented, interactive CD-ROM or DVD (to be used with a local school facilitator), and via Internet access or video conference.

QPR Gatekeeper Training

Author: Paul Quinnett
Date: 1999; Customized versions for different audiences are continually being developed.
Web link: http://www.qprinstitute.com/
Description: This training program uses the mnemonic QPR (Question, Persuade, Refer) to guide lay and professional gatekeeper responses in a mental health emergency, including suicide. It covers recognizing early warning signs, persuading the individual to accept help, and accessing needed services. The training is delivered in a standardized 1 – to 2-hour, multimedia format by certified QPR gatekeeper instructors. An online version is also available. African American and Native American versions of the 9 1/2-minute video shown at the beginning of the training are available for both in-person and online trainings. In-person trainings and handouts are available that are tailored for Native Americans and in other languages, including Spanish.
Cost: In-person cost varies. Online training, $29.95; enter QPRO at the prompt for an educational discount. Instructor training, $495. Recertification, $85.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/QPR_FactSheet.pdf
Also, Reis, C., & Cornell, D. (2008). An evaluation of suicide gatekeeper training for school counselors and teachers. *Professional School Counseling, 11*(6), 386–394.

RESPONSE

(See description in Student Education and Skill-Building section)

safeTALK

Author: LivingWorks Education, Inc.
Date: 2006
Web link: http://www.livingworks.net/ST.php
Description: This 3-hour training program focuses on reducing the social barriers to discussing suicide that may prevent recognition of suicide risk and referral to treatment. Participants are shown video scenarios of a person in crisis and asked to demonstrate learned identification and intervention skills. In schools, it can be used with any staff, students ages 15+, and parents. It is recommended that it be used where there are providers trained in Applied Suicide Intervention Skills Training (ASIST) to whom students can be referred, but it can be used where providers have other equivalent suicide prevention training.
Cost: 3-hour training cost varies. Resource kit, $6.50 each. 2-day training of trainers, $675 per person.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/safeTALK.pdf

Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth

Author: Suicide Prevention Resource Center, Education Development Center, Inc.
Date: Winter 2011
Web link: http://www.sprc.org/training-institute/lgbt-youth-workshop
Description: This toolkit contains all the materials needed to provide a training on suicide prevention among lesbian, gay, bisexual, and transgender youth for staff who work in either youth-serving agencies or suicide prevention programs. The workshop described is 4 hours long, but it can be adapted and/or shortened to fit the needs of the audience. It covers basic information about suicide prevention, including risk and protective factors and warning signs; LGBT cultural competence; and ways to address suicide prevention among LGBT youth. Along with a PowerPoint presentation, the training includes group discussions and participatory activities, and the workshop kit includes a leader's guide and handouts.

Assessing Suicide Risk (Training for health and mental health professionals)

Assessing and Managing Suicide Risk (AMSR)

Author: Suicide Prevention Resource Center and the American Association of Suicidology
Date: 2006
Web link: http://www.sprc.org/training-institute/amsr
Description: This 1-day curriculum for mental health professionals is based on 24 competencies arrived at through a consensus process among leading clinician-researchers. The training combines lecture, video demonstrations, and exercises to effectively assess suicide risk, plan treatment, and manage ongoing care of the at-risk client. Trainings are sponsored by community groups and facilitated by AMSR's nationwide roster of expert faculty. Tailored formats for university and college counseling center staff or employee assistance professionals are available.
Cost: Varies depending on the trainer and the services provided. Typical costs to train 100 professionals in a locally sponsored workshop range from $65 to $85 per participant. This includes all trainer costs, training materials, and certificates of completion with continuing education credits.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/AMSR_BPRFactSheet.pdf

ASIST (Applied Suicide Intervention Skills Training)

Author: R. Ramsay, W. Lang, B. Tanney, & R. Tierney. LivingWorks Education, Inc.
Date: Revised May 2003
Web link: http://www.livingworks.net/AS.php
Description: This 2-day training teaches suicide first aid to caregivers to identify people at risk, intervene through exploring reasons for dying and living, develop a "safe plan" to reduce the risk of suicide, perform follow-up as needed, and become involved with community networks of providers. Participants learn and practice skills in identifying and responding to people at immediate risk of suicide. In high schools, ASIST is most appropriate for mental health providers, guidance counselors, and school nurses.
Cost: Training cost varies, but $275 per participant is recommended. Training materials are $35. Training of trainers is $2,500 for 5-day training.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/ASIST.pdf

PREPaRE: School Crisis Prevention and Intervention Training Curriculum

Author: National Association of School Psychologists
Date: Revised 2009
Web link: http://www.nasponline.org/prepare/index.aspx
Description: A curriculum providing training for school personnel on crisis preparation, prevention, intervention, response, and recovery procedures, with a special emphasis on the role of school-based mental health professionals. It is offered in two workshops: Workshop 1 is a 1-day, 8-hour workshop, recommended for school crisis teams, school mental health personnel, administrators, community liaisons, school resource officers, and any other staff who will be involved in crisis planning/preparation. Workshop 2 is a 2-day, 13-hour workshop, recommended for anyone who serves on a school crisis intervention team.
Cost: Workshop 1 materials fee is $25 per person. Workshop 2 materials fee is $35 per person. Training fees are $1,500/day plus expenses for the curriculum's authors. Local trainer's fees and expenses vary.

QPR Suicide Triage Training Program

Author: Faculty of QPR Institute
Date: Revised 2010
Web link: http://www.sprc.org/sites/sprc.org/files/bpr/QPRT.pdf
Description: QPR stands for Question/Persuade/Refer. This training builds on the basic QPR Gatekeeper training but goes into greater depth and adds skills in assessing immediate suicide risk and immediately enhancing protective factors. While it is used by a wide variety of professionals in the community, within a school setting it is recommended for counselors, nurses, and social workers. The program takes 8 hours of classroom time or 10 hours online. Both versions have been adapted for Native Americans. The in-person training is taught by trainers certified and licensed to teach it who have taken a special 40-hour course.
Cost: In-person training varies. Online version is $229 for 1 university credit or $140 for continuing education credit or non-credit. Training of trainers is $495, which may include 8 hours of training in a classroom but can be done entirely online.

QPRT Suicide Risk Assessment and Risk Management Training Program

Author: Faculty of QPR Institute
Date: Revised 2008 and updated annually
Web link: http://www.qprinstitute.com/QPRT.html
Description: QPRT stands for Question/Persuade/Refer/Treat. Compared to the QPR Suicide Triage Training, this course adds treatment of people at risk for suicide. It is geared toward primary healthcare professionals, counselors, social workers, psychiatrists, psychologists, substance abuse treatment providers, and clinical pastoral counselors. In addition to suicide risk detection and assessment, the course covers suicide risk management by establishing a safety and intervention plan for the individual who is suicidal. It also provides guidance for avoiding claims of suicide malpractice. The program takes 8 hours of classroom time or 10 hours online. Both versions have beene adapted for Native Americans. The in-person training is taught by trainers certified and licensed to teach it who have taken a special 40-hour course.
Cost: In-person training varies. Online version is $229 for 1 university credit or $140 for continuing education credit or non-credit. Training of trainers is $495, which may include 8 hours of training in a classroom but can be done entirely online.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/QPRT.pdf

Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR)

Author: American Association of Suicidology
Date: 2006
Web link: http://www.suicidology.org/education-and-training/recognizing-responding-suicide-risk
Description: This advanced 2-day interactive training for mental health clinicians is based on the same 24 core clinical competencies developed by expert consensus for the Assessing and Managing Suicide Risk (AMSR) 1-day training. These competencies comprehensively define the knowledge, skills, and attitudes required to effectively assess, manage, and treat individuals at risk for suicide. Instruction consists of an initial Web-based assessment, followed by a 2-day, face-to-face classroom workshop and an online post-workshop mentorship. Training is delivered by RRSR master trainers based throughout the United States.
Cost: Base fee for up to 40 participants is $4,600 plus trainer travel and lodging. Additional $65 required for each participant's program materials and online assessment. Continuing education credits are available for a $45 fee.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/RecognizingRespondingSuicideRiskEssentialSkillsClinicians.pdf

School Suicide Prevention Accreditation Program

Author: American Association of Suicidology
Date: 2008
Web link: http://www.suicidology.org/c/document_library/get_file?folderId=234&name=DLFE-43.pdf
Description: This program prepares school-based health and mental health professionals to implement schoolwide suicide prevention programs. Self-study materials are provided prior to a certification exam. Topics covered include recognizing risk, assessment, intervention, postvention, reintegration, contagion, and working with families.
Cost: School-based professional, $350. Graduate students, $250.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/School%20Suicide%20Prevention%20Accreditation%20Program%20BPR%20fact%20sheet%2010-1-10.pdf

SuicideCare

Author: LivingWorks Education, Inc.
Date: 2006
Web link: http://www.livingworks.net/page/suicideCare
Description: This 1-day, practice-oriented seminar introduces advanced clinical competencies to mental health clinicians and other helping professionals who work with a person at risk of suicide on a longer term basis. The Applied Suicide Intervention Skills Training (ASIST) is a prerequisite.
Cost: Seminar is $25 per participant. Trainer fees are $900–$1,000 for mentoring.

PARENT/GUARDIAN EDUCATION AND OUTREACH

Programs

Gatekeeper Suicide Prevention Program: A High School Curriculum

(See description in Student Education and Skill-Building section)

Lifelines

(See description in Student Education and Skill-Building section)

Not My Kid

Author: Society for the Prevention of Teen Suicide
Date: 2008
Web link: http://www.sptsnj.org
Description: This 17-minute Web-based video features eight parents from culturally diverse backgrounds asking two experts a variety of common questions about youth suicide. It poses and answers some questions that parents can ask to determine whether their child may be at risk for suicide. It also shows how to ask those questions until parents get the responses they need to understand if their child is at risk, and if so, how to deal with the risk.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/NoMyKid_WhatParentsShouldKnowAboutTeenSuicide.pdf

(See description in Student Education and Skill-Building section)
Information Sheets and Web Pages

Information for Parents and Guardians: Keeping Your Child Safe

Author: Needham Suicide Prevention Coalition
Date: 2007
Web link: http://www.needhamacts.org/parents.htm
Description: This section of the Needham Acts Web site contains information sheets that answer key questions parents ask when they are concerned that their child or someone else's child may be suicidal. It includes information on what to do in emergency situations and when a child is hospitalized.

Parent Information Sheets

Author: Maine Youth Suicide Prevention Program, Maine
Date: 2006
Web link: http://www.maine.gov/suicide/parents/index.htm. Look at both the center of the page and the links in the sidebar on the left.
Description: This Web page contains a number of information sheets for parents that cover basic information on suicide prevention, how to talk with one's own child, and how to cope after a suicide attempt or death.

Parent Information Sheets

Author: Society for the Prevention of Teen Suicide, New Jersey
Date: 2009
Web link: http://www.sptsnj.org/parents/
Description: This Web page contains stories of parents who have lost a child to suicide and provides information sheets with guidance for parents on how to talk to their teens about suicide, suicide contagion, or the death of a friend by suicide.

Parent Information Sheets

Author: Youth Suicide Prevention Program, Washington
Date: 2010
Web link: http://www.yspp.org/parents/index.htm; go to the drop-down menu under "For Parents"
Description: This Web page contains a number of information sheets for parents that cover basic information on suicide prevention; how to help different groups of teens, including talking with one's own child; and how to cope after a suicide attempt or death.

Preventing Youth Suicide—Tips for Parents and Educators

Author: National Association of School Psychologists
Date: [n.d.]
Web link: http://www.nasponline.org/resources/crisis_safety/suicideprevention.aspx
Description: This Web page describes the risk and resiliency factors related to suicide, warning signs of suicide, ways in which to respond, and parent or caregiver notification.

How Parents Can LOOK LISTEN AND HELP: Youth Suicide Is Preventable (Cómo pueden los padres OSERVAR ESCUCHAR AYUDAR)

Author: Oregon Youth Suicide Prevention Program
Date: 2004
Web link: http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/spubs.aspx
Description: This brochure for parents discusses their role in recognizing changes in their child's behavior that may indicate risk of depression or suicide and outlines how they can intervene to prevent a crisis and access help. A *Spanish language version* can be downloaded from the Web site, and an English language version can be ordered by email.

STUDENT EDUCATION AND SKILL-BUILDING

The guide *To Live To See the Great Day That Dawns* describes the applicability of some of the student programs below to American Indian and Alaska Native communities. See pages 76–87 of the guide, located at http://www.sprc.org/library/Suicide_Prevention_Guide.pdf.

Curricula for All Students

Note: A student curriculum is the primary component of all the programs in this section. Programs that have additional components, such as staff training or parent education, have bulleted subheads describing each of the components.

A Promise for Tomorrow

Author: Jason Foundation
Date: 1998
Web link: http://jasonfoundation.com/resources/index_materials.php
Description: This five-lesson curriculum, geared toward students in grades 7–12, teaches students to recognize warning signs in peers and to alert a responsible adult. Materials to train teachers to deliver the lessons are included. This curriculum is *available in Spanish*.
Review: The Jason Foundation, Inc. (2007). Comprehensive evaluation of "A Promise for Tomorrow." Retrieved from http://jasonfoundation.com/Curriculum%20Evaluation.pdf

American Indian Life Skills Development/Zuni Life Skills Development

Author: Teresa D. LaFromboise, Stanford University
Date: 1995
Web link: http://uwpress.wisc.edu/books/0129.htm
Description: This curriculum specifically targets Native American adolescents (high school and some middle school students) and focuses on building protective factors and life skills. In addition to increasing awareness of suicide, it covers building self-esteem, identifying and managing emotions and stress, increasing communication and problem-solving skills, and setting goals. It also teaches methods of helping at-risk peers move away from suicidal thinking and to seeking appropriate help. School staff participate in a 3-day training. They deliver the 28–56 lesson plans to students over 30 weeks. They also work with community resource leaders and social services agency staff to ensure that the lessons are culturally relevant.
Cost: Curriculum text is $29.95. Training for teachers and cultural adaptation varies.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81

Ask 4 Help! Suicide Prevention for Youth

Author: Yellow Ribbon Suicide Prevention Program
Date: Revised 2009
Web link: http://www.yellowribbon.org/
Description: This 1-hour, high school-based curriculum is designed to increase help-seeking among students and their peers. Students are instructed on how to use Ask 4 Help! wallet cards, which have information on how to seek help as well as a three-step action plan for helping others (stay with the person, listen to the person, get help for the person). The unit also discusses local resources for help and warning signs. Trainers (teachers or representatives of Yellow Ribbon) are required to attend a 2-day training given by Yellow Ribbon that covers both Be A Link! and Ask 4 Help! and is held at either their site or a local location. This program is usually used in conjunction with the Yellow Ribbon adult gatekeeper program Be A Link!
Cost: $299.95, which also includes training materials for Be A Link! Training of trainers costs $295 (which includes training and all materials for both Ask 4 Help! and Be a Link!) plus the individual's travel to a Yellow Ribbon site or a facilitator's travel to a local site.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/Ask4HelpSuicidePreventionYouth.pdf

Gatekeeper Suicide Prevention Program: A High School Curriculum

Author: Gryphon Place

Date: Revised 2008

Web link: www.gryphon.org/SuicidePreventionServices.html

Description: All services and program consultation are provided by staff of Gryphon Place or volunteers they have trained, and are provided almost exclusively in Michigan.

- *Student Curriculum:* This curriculum comprises four lessons of 50 minutes to 1 hour each, which are usually taught 4 days in a row. It is usually given to 9th grade students during their health class. The lessons are taught by university students who are trained by Gryphon Place. Students learn to recognize risk behaviors associated with suicide or self-harm and, if recognized, to notify a trusted adult.
- *Staff Training:* Various types of gatekeeper training are available for all school staff and run in length from 1 hour to 2 days.
- *Parent Education:* A suicide awareness workshop, lasting 1 to 1½ hours, is available, along with a brochure containing facts about teen suicide, warning signs, and suggestions for what parents can do.

Cost: Varies depending on the components provided. Contact Guy Golomb at 269-381-1510 or ggolumb@gryphon.org.

Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/GryphonPlaceGatekeeperSuicidePreventionProgram-AMiddleSchoolCurriculum.pdf

Healthy Education for Life Program (HELP)

Author: Heartline Oklahoma

Date: Revised 2005

Web link: http://heartlineoklahoma.org/our-programs/suicide-prevention-and-outreach-programs/

Description: This suicide awareness program is designed to be given in one 45–55-minute class by volunteers trained by Heartline Oklahoma and is only given in Oklahoma. It can be tailored for any of the following age groups: 10–14, 15–19, and 20–24. The program provides information on warning signs of depression and suicide, and empowers youth to seek help. A brief screening checklist is given at the end of the lesson. The checklist reinforces the information and helps identify students who are potentially at risk for suicide so that they can be referred to a school counselor for follow-up.

Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/HealthyEducationLife.pdf

Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum

Author: Sue Eastgard, Washington State's Youth Suicide Prevention Program

Date: Revised 2009

Web link: http://www.yspp.org/curriculum/HELP_curriculum.htm

Description: This pilot-tested and evaluated curriculum is most appropriate for 9th and 10th grades but may be used in 11th and 12th grades. It consists of four 45-minute lessons designed to be taught by a classroom teacher and can be easily incorporated into existing health classes. The program aims to build students' resiliency, increase their help-seeking behavior, and empower them to help other youth. Activities include discussion, problem-solving, and skill practice. The curriculum includes the DVD "A Cry for Help." Training to learn how to teach this curriculum is strongly recommended but not required.

Cost: In Washington State: materials are $100; training is free. Outside of Washington State: materials are $250; training is a negotiable fee.

Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/HELP.pdf

LEADS: for Youth (Linking Education and Awareness of Depression and Suicide)

Author: Suicide Awareness Voices of Education
Date: Revised 2009
Web link: http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=45DFBB66-7E90-9BD4-CEB81505D25E7ED1
Description:

- *Student Curriculum:* This 3-hour curriculum is designed to be presented in three separate class sessions and is usually given during health classes. It is geared toward students in grades 9–12 and combines lecture and discussion. It covers signs and symptoms of depression, risk and protective factors and warning signs for suicide, and the barriers and benefits of seeking help. LEADS emphasizes connecting students and teachers to school and community resources and increases skills in how to seek help for oneself or a friend. Training for teachers is included in the curriculum materials. Technical assistance is also available.
- *Protocols:* Also included is a guide to help implement a school suicide crisis management plan that covers prevention, intervention, and postvention.

Cost: $125
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/LEADSBPRfactsheet.pdf

Lifelines

Authors: Maureen Underwood, John Kalafat, and the Maine Youth Suicide Prevention Program
Date: Revised 2009
Web link: http://www.hazelden.org/web/public/lifelines.page
Description: Before giving the student lessons, this comprehensive program requires that schools implement protocols, a referral network with local providers, a school readiness survey, staff training, and parent education. The trainings for students, staff, and parents all cover basic awareness about suicide prevention, identifying students at risk, and helping them get help. A 2-day, onsite training on how to implement all the program components is available.

- *Student Curriculum:* Four 45-minute lessons geared toward grades 8–10. Two videos model appropriate and inappropriate responses to a suicidal peer and an account of how students intervened after Lifelines training. A 1-day, onsite workshop to train teachers to teach the curriculum is available.
- *Staff Training:* Includes a presentation that runs 45–60 minutes followed by 45–60 minutes for questions and discussion
- *Parent Education:* Includes a presentation that runs 45–60 minutes followed by 15–45 minutes for questions and discussion
- *Protocols:* The program material contains information on conducting a school readiness survey; establishing protocols for responding to at-risk youth, suicide attempts, and completions; and implementing the program.

Cost: $225 through Hazelden Publishing at http://www.hazelden.org/OA_HTML/ibeCCtpItmDspRte.jsp?item=14484&sitex=10020:22372:US. The 1-day teacher training and 2-day program implementation training have additional fees.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=37

RESPONSE: A Comprehensive High School-Based Suicide Awareness Program

Author: Jill Hollingsworth of ColumbiaCare Services, Inc.'s Center for Suicide Prevention
Date: Revised 2010
Web link: http://www.columbiacare.org/Page.asp?NavID=99
Description: Before giving the student lessons, this comprehensive program recommends that schools establish a RESPONSE team of school-based leadership and local service providers, and develop referral networks. The program requires that schools perform a school readiness assessment and send two staff to an ASIST training before offering the student component or adopting or developing suicide prevention, intervention, and postvention guidelines. The trainings for students, staff, and parents all include a video and PowerPoint presentation that promote awareness about suicide prevention, heighten sensitivity to depression and suicidal ideation, expose attitudinal/behavioral barriers that interfere with assistance, and increase the identification and referral of students who may be suicidal. In addition to the primary version of RESPONSE that may be used by any State, there are versions available that are tailored to Oregon, Virginia, and South Dakota. RESPONSE can be customized for any State with certain limitations. The school kit includes information that will enable school staff to implement the trainings on their own. However, a training of trainers will be provided if requested.

- *Student Curriculum:* Four 50-minute lessons. In addition to learning basic information on suicide prevention, students practice skills to help a peer who may be depressed or suicidal.
- *Staff Training:* A 2-hour training workshop for staff. In addition to learning basic information on suicide prevention, the training helps staff understand how to facilitate referrals, including specific procedures for at-risk students.
- *Parent Education:* 1-hour parent workshop. In addition, parents of incoming freshman are mailed information regarding depression and suicide prevention and the student curriculum each year.
- *Protocols:* The implementation manual includes step-by-step instructions for setting up the whole program, including a RESPONSE team; guidelines for prevention, intervention, and postvention; and referral networks.

Cost: School kit (implementation manual, student and staff trainings) is $375. Parent workshop is $150. Extra teacher manual is $125. Cost of training of trainers varies.
Review: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/RESPONSE_FactSheet.pdf

SOS: Signs of Suicide

Author: Screening for Mental Health, Inc.
Date: 2001
Web link: http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/high-school.aspx
Description:

- *Student Curriculum:* Contains three 45-minute lessons for grades 8–12 that may be given during a health class or any other class. The first lesson, which can be given without the others, teaches students how to recognize symptoms of depression and suicide in themselves and others and how to get help. Students are taught to respond to others using the ACT mnemonic: Acknowledge, Care, and Tell. Training for teachers is included in the curriculum materials. Technical assistance is also available.
- *Screening:* A brief scientifically validated screening tool for depression and other risk factors associated with suicidal behavior is included in this program and is usually given at the end of a lesson. The questionnaire has nine questions and takes about five minutes. It may be scored by the students themselves or by staff. Students who have a positive score are given an assessment interview to determine if they need further evaluation and treatment. The screening is not done as a stand-alone program without the curriculum. Schools can choose whether to use active, passive, or no parental consent depending on school district policy. Also included is a version of the screening tool for parents to complete about their child. Both the student and parent versions are available in Spanish.
- *Staff Training:* 1-hour awareness presentation
- *Parent Education:* 1-hour awareness presentation
- *Supplemental Student Programs:* (1) SOS Booster Program for juniors and seniors and (2) Signs of Self-Injury, which addresses non-suicidal self-harm in one lesson and includes a student self-assessment checklist

Cost: High school kit is $300 and includes the student curriculum, screening program, staff training presentation, and parent education presentation. Downloadable renewal kit is $75. Booster program kit is $175. Signs of Self-Injury is $100.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=53

Skills-Building Programs for Individuals at Risk of Suicide

CAST (Coping and Support Training)

Author: Reconnecting Youth Inc.
Date: 2006
Web link: http://www.reconnectingyouth.com/cast
Description: Designed for at-risk youth in grades 9–12, this program delivers life-skills training and social support in groups of 6–8 referred students. It consists of 12 55-minute group sessions given over 6 weeks by trained facilitators. It helps students increase school performance, self-esteem, and personal and social protective factors; decrease anxiety, depression, hopelessness, anger, suicide risk, and drug use; and increase supportive connections with teachers and family. A teacher, counselor, nurse, or other mental health staff member experienced with at-risk youth can facilitate the group. CAST may also be used in middle schools, as a prevention program for youth in transition, or in a community or mental health agency. Training is provided by RY Inc. and can be delivered onsite. CAST's goals are similar to those of Reconnecting Youth, but it is delivered in a shorter timeframe with fewer sessions.
Cost: Curriculum, $699. Student notebook, $26.50 each. 4-day training for 8–9 staff members, $8,000.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=51

Reconnecting Youth

Author: Reconnecting Youth Inc.
Date: Revised 2004
Web link: http://www.reconnectingyouth.com/ry
Description: Designed for at-risk youth in grades 9–12, this program promotes school performance and decreases drug use, anger, depression, and suicidal behavior through small-group, life-skills training to enhance personal competencies, resiliency, and social support resources. Throughout the semester, classes of 10–12 referred students meet with trained facilitators every day for a 55-minute class and receive academic credit for participation. The five program modules are Getting Started, Self-Esteem Enhancement, Decision Making, Personal Control, and Interpersonal Communication. A teacher, counselor, nurse, or other mental health staff member experienced with at-risk youth can teach the class. Training is provided by Reconnecting Youth Inc. and can be delivered onsite.
Cost: Curriculum guide, $299.95. Student workbook, $24.95 each. 4-day training for 6–8 staff members, $8,000.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=96

Peer Leader Programs

How Not to Keep a Secret

Editors: South Shore Hospital, South Weymouth, MA, and Children's Hospital Boston, Boston, MA
Date: 2010
To obtain the program materials: Contact Karin Farrell at karin_farrell@sshosp.org or 781-624-7849.
Description: This interactive peer leader program provides students from different high schools with a 1-day training focusing on depression awareness and suicide prevention. The goals of the program include building student knowledge and awareness, and teaching students how to reach out to a trained, connected, and trusted adult to prevent suicide and reduce the stigma of depression and seeking help. The peer leaders from each school then create a skit that portrays how mental health issues may impact teens and how to reach out to a trusted adult for help. These skits are performed before all present on the training day, and feedback is given. After the training, the peer leaders take their skit back to their own school and present it during awareness sessions in settings such as a freshman assembly; an advisory group; a health, psychology, or English class; or presentations for faculty or parents. The peer leaders may also talk individually with students to provide needed encouragement and assistance in seeking help.
Cost: Training manual, $50.

Native H.O.P.E. (Helping Our People Endure)

Authors: Clayton Small, Native P.R.I.D.E. and Ernest Bighorn, Jr., Indian Development & Educational Alliance
Date: Revised 2010
Web link: http://www.nativeprideus.org/programs.html
Description: This suicide prevention program is designed specifically for Native American youth and incorporates Native American culture, traditions, spirituality, ceremonies, and humor. It uses a strengths-based model as well as provides suicide awareness. All the students in the school or a grade must participate in a 3-day training. Then they are involved in developing and implementing a strategic action plan with activities related to suicide, depression, trauma, violence, and substance abuse. The activities include organizing a Native Youth Leadership Council, conducting educational presentations and other prevention activities, and establishing support groups and talking circles. The youth also provide support to their peers and assist them with getting help for mental health issues. The student activities are facilitated by teachers, counselors, social workers, spiritual leaders, and youth already experienced in helping their peers. All of these facilitators are given a 1 – to 2-day training.
Cost: Training is $1,000/day plus expenses. Student and trainer manuals are $40 each.
Review: A SAMHSA "promising cultural-based practice." Indian Health Service national award 2009 for successful suicide prevention program for Indian Country.

Natural Helpers

Author: Comprehensive Health Education Foundation
Date: Revised 1997
Web link: http://store.discoveryeducation.com/product/show/50420
Description: In this program for students in grades 6–12, the peer leaders are selected by other students and are trained to help their peers with a variety of issues. They listen to their peers and assist them in getting help from adults. The program also helps improve the school environment through increasing the connections between students, school staff, and the community. The goals of the program are for the peer leaders to help their peers, take good care of themselves, and contribute to a safe and supportive school environment. Some schools use this program as part of their suicide prevention efforts and give the peer leaders specific training in suicide prevention along with other issues.
Cost: $595

Sources of Strength

Author: Mark LoMurray
Date: Revised 2010
Web link: http://www.sourcesofstrength.org
Description: This comprehensive program promotes mental wellness using trained peer leaders and adult advisors to improve social norms in school, community, and faith-based environments with middle school, high school, and college level curricula. The peer leaders engage teens to deliver "Hope, Help, and Strength" messages, which emphasize eight protective factors or "Sources of Strength." They use personal conversations with trusted adults and friends, classroom presentations, audio announcements, posters, videos, the Internet, and text messaging. Randomized evaluation showed peer leaders increased: knowledge of protective factors among students, school engagement, and perceptions of adult support, especially among students with a history of suicide ideation. This program has been evaluated in underserved communities including rural and urban, and with Native American, Caucasian, African-American, and Latino students.
Cost: $3,500–$5,000 per school, which includes materials, staff training, peer training, and monthly technical assistance to implement the peer action phase.
Reviews: Best Practices Registry http://www.sprc.org/sites/sprc.org/files/bpr/SourcesofStrength.pdf
Also, Wyman, P. A., Brown, H., LoMurray, M., Schmeelk-Cone, K., Petrova, M., Yu, Q.,…Wang, W. (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. *American Journal of Public Health, 100*, 1653–1661.

Students for Students: A Youth-Centered Suicide Prevention Program

Author: Children's Hospital, Boston, MA
Date: Revised 2010
Web link: http://ycsp.wordpress.com/program-overview/
Description: This youth-driven suicide prevention program has the goal of building a culture of respect and support in the school and a safety net for students. The peer leaders, who are the core of the program, are trained to increase awareness of mental health issues affecting their peers and to talk with peers who may be at risk for depression, self-harm, or suicide about getting help. The peer leaders meet weekly with mental health clinicians to discuss students who are in distress and develop individual plans to enable each of those students to get help. Students who are at moderate risk are given four individual counseling sessions with a mental health clinician in the program to help them develop skills to cope with stress and prevent depression. The peer leaders also co-teach a class and organize a schoolwide event each year to increase awareness of mental health issues, stress, depression, and suicide prevention.
Cost: Contact Glenn Saxe at glenn.saxe@nyumc.org for information and to obtain a copy of the implementation manual.

Information Sheets and Web Pages

Teens (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.
Date: 2005
Web link: http://www.sprc.org/sites/sprc.org/files/Teens.pdf
Description: This Web page is designed to help teens understand why some of their peers may want to hurt themselves, how to recognize the warning signs of suicide, and what to do if a suicide attempt is suspected.

Information for Teens: Keeping Yourself Safe

Author: Needham Suicide Prevention Coalition
Date: 2007
Web link: http://www.needhamacts.org/teens.htm
Description: This section of the Needham Acts Web site contains information sheets for teens that respond to key questions teens might ask when they are concerned with whether they or someone they know may be suicidal. It includes information on the issue of confidentiality when a young person is suicidal and has a brief questionnaire to help determine if a young person has a drug or alcohol problem.

Reach Out

Author: Inspire USA Foundation
Date: 2010
Web link: http://us.reachout.com/
Description: Although primarily geared toward preventing suicide and self-harm, Reach Out provides an online environment where a wide variety of youth behavioral health issues are addressed. Youth can find information, share their stories, discuss issues of concern, ask questions, support peers, and connect with support services. Content is delivered through a range of media platforms including blogs, MySpace, video games, SMS, Podcasts, digital storytelling, and moderated discussions via online communities. Information is based on research and written by young people to ensure that the messages are meaningful to and resonate with youth. Reach Out is part of the WeCanHelpUs Campaign. Schools can encourage students to use Reach Out by displaying posters and Web site banners with information about the Web site. For posters, call 1-877-SAMHSA-7 or go online to: http://store.samhsa.gov/product/We-Can-Help-Us/ADC10-SUICIDEP. Go to http://psacentral.adcouncil.org for Web site banners.

Teen Information Sheets

Author: Maine Youth Suicide Prevention Program, Maine
Date: 2006
Web link: http://www.maine.gov/suicide/youth/index.htm
Description: This is a series of Web pages containing basic information about suicide prevention and other related problems, and how to live a healthy lifestyle; stories from youth who have struggled with suicidal thoughts or behavior or a suicide death by someone close to them; a quiz on information about suicide; and information on how to get involved in youth suicide prevention.

Teen Information Sheets

Author: Society for the Prevention of Teen Suicide, New Jersey
Date: 2009
Web link: http://www.sptsnj.org/teens
Description: This Web page validates feelings teens may be experiencing regarding suicide and encourages them to seek help and discuss these feelings with a trusted adult. It includes information on what to do when a friend is talking about suicide and when a friend dies by suicide.

SCREENING PROGRAM

TeenScreen School and Communities (formerly Columbia University TeenScreen Program)

Author: Columbia University
Date: 2005
Web link: http://www.teenscreen.org/programs/schools-communities/
Description: This is a voluntary mental health and suicide risk screening program for young people. It uses evidence-based mental health checkup questionnaires for teens ages 11–18. Schools can choose from one of the following two tests: (1) Columbia Health Screen (CHS), a 14-item paper and pen questionnaire and (2) Diagnostic Predictive Scales (DPS), a 52-item computerized questionnaire that screens for a wider variety of mental health disorders. Both questionnaires take approximately 10 minutes to complete. The screening may take place during a class period or after school. Teens who score positive are interviewed by an onsite mental health professional to determine if they need further evaluation and treatment. Those who score negative receive a debriefing interview with trained staff during which they can ask questions about the screening and request to talk with a clinician. Active parental permission is required for teens to participate.
Cost: Program materials, questionnaires, training, and technical assistance are free. There are costs involved in implementing TeenScreen, including staffing (screener, clinician, case manager) and supplies and equipment (computers, headphones, printers, photocopies). These costs vary by site.
Review: National Registry of Evidence-Based Programs and Practices http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=150

SOS: Signs of Suicide

(See description in Student Education and Skill-Building section)

VIDEO LIST

AAS-Recommended Videos
Author: American Association of Suicidology
Date: Continuously updated
Web link: http://www.suicidology.org/stats-and-tools/videos-suicide-prevention
Description: This annotated list of videos on suicide prevention targets primarily teens, but some of the videos are appropriate for adults too. Reviews are conducted by a multidisciplinary committee of AAS members and are rated as "Recommended," "Recommended with Minor Reservation," and "Not Recommended."
Cost: List is free; video costs vary.

NATIONAL ORGANIZATIONS AND FEDERAL AGENCIES WITH RESOURCES AND INFORMATION ON ADOLESCENT SUICIDE PREVENTION

American Association of Suicidology (AAS)

http://www.suicidology.org

AAS promotes research, public awareness programs, public education, and training for professionals and volunteers, and serves as a national clearinghouse for information on suicide, publishing and disseminating statistics, and suicide prevention resources. AAS hosts national annual conferences for professionals and survivors and serves as an accrediting body for crisis intervention programs. Its School Suicide Accreditation Program prepares school psychologists, social workers, counselors, nurses, and other school professionals to select and implement evidence-based programs in their schools.

American Foundation for Suicide Prevention (AFSP)

http://www.afsp.org

AFSP funds research to advance understanding of suicide and suicide prevention and pilot programs to prevent suicide. It offers educational resources and materials such as *More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel*. With the Suicide Prevention Resource Center (SPRC), AFSP co-produces the Suicide Prevention Best Practices Registry (BPR), which examines the effectiveness of suicide prevention programs, including school-based prevention programs. AFSP's network of local chapters can provide connections to local resources and services addressing suicide prevention as well as organizing awareness events such as "Out-of-the-Darkness" walks. AFSP's Public Policy Division, SPAN USA, keeps track of State legislation related to suicide prevention training for school personnel.

Indian Health Service (IHS)

http://www.ihs.gov/NonMedicalPrograms/nspn

IHS' Community Suicide Prevention Web site provides American Indian and Alaska Native communities with culturally appropriate information about best and promising practices, training opportunities, ongoing activities, potential partnerships, and other information regarding suicide prevention and intervention. This information can help communities and schools create or adapt suicide prevention programs that are tailored to their needs.

National Association of School Psychologists (NASP)

http://www.nasponline.org/index.aspx

In addition to serving as the accrediting body for school psychologists and graduate education school psychology programs, NASP offers continuing education and has an extensive library of resources for school psychologists. A resource page for educators and school administrators includes helpful publications and links to organizations and products to promote mental wellness in students. NASP also has a National Emergency Assistance Team that provides consultation to schools and, in some cases, makes site visits.

National Institute of Mental Health (NIMH)

http://www.nimh.nih.gov

The NIMH Web site has a section on suicide prevention that includes information and resources useful for a variety of audiences, including researchers, healthcare professionals, and consumers (see http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml). NIMH also conducts research on youth suicide and youth suicide prevention. Updates on the research can be found through News from the Field: Research Findings of NIMH-funded Investigators, from EurekAlert! at http://search.eurekalert.org/e3/query.html?qt=youth+suicide+prevention&charset=iso-8859-1&qc=ev3rel&rf=1&col=ev3rel

National Suicide Prevention Lifeline

http://www.suicidepreventionlifeline.org/default.aspx

The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. Call 1-800-273-TALK (8255). Callers are routed to the closest possible crisis center in their area. With a network of more than 140 crisis centers across the country, the Lifeline's mission is to provide immediate assistance to anyone seeking mental health services. The Lifeline Web site features the Lifeline Gallery where survivors and attempt survivors can tell their personal stories of recovery, emphasizing that suicide is preventable and help is available. Lifeline informational materials, such as brochures, wallet cards, posters, and booklets featuring the Lifeline number, can make help accessible to troubled teens in a moment of crisis and should be a part of any school-based prevention program.

Suicide Prevention Resource Center (SPRC)

http://www.sprc.org

This SAMHSA-funded center serves primarily State-level agencies and coalitions, as well as State, tribal, and campus grantees, working on suicide prevention. It provides technical assistance, training, and a variety of resource materials. Among the useful resources are State Pages, which can alert schools to current State-sponsored plans, programs, and legislation; the American Indian/Alaska Native Suicide Prevention pages; the *Weekly Spark*, a current awareness newsletter that summarizes significant research findings and local, State, national, and international news concerning suicide; and the SPRC Online Library, which includes collections of resources focused on youth (http://www.sprc.org/search/library/Youth?filters=type%3Alibrary_resource%20tid%3A256) and schools (http://www.sprc.org/search/library/school?filters=type%3Alibrary_resource%20tid%3A35).

Customized information pages outline roles of specific populations in preventing suicide and include teens, teachers, and school health providers. In partnership with the American Foundation for Suicide Prevention, SPRC also co-produces the Best Practices Registry for Suicide Prevention.

The Trevor Project

http://www.thetrevorproject.org/

The Trevor Project is a national organization focused on crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. It provides a nationwide 24-hour, toll-free, crisis intervention telephone lifeline (1-866-488-7386); an online, social networking community for LGBTQ youth ages 13 through 24 and their friends and allies; age-appropriate educational programs for schools; and advocacy initiatives at the local, State and Federal levels. It also is a partner in the It Gets Better Project, which is a place where LGBT adults can share videos they make to help LGBT youth see how "happiness can be a reality in their future" (see http://www.itgetsbetterproject.com). All of the Trevor Project's programs aim to provide a safe, supportive, and positive environment for everyone.

U.S. Centers for Disease Control and Prevention (CDC)

http://www.cdc.gov/ViolencePrevention/suicide/index.html for suicide prevention
http://www.cdc.gov/violenceprevention/pub/youth_suicide.html for youth suicide prevention
The CDC Web site has a section on suicide prevention that includes information sheets, resources, and links to a number of statistical databases. Among the CDC databases are WISQARS (Web-based Injury Statistics Query and Reporting System), YRBSS (Youth Risk Behavior Surveillance System), National Violent Death Reporting System, and National Vital Statistics System. There is also a special section on the Web site focused on youth suicide prevention information and resources. The two CDC divisions that address youth suicide prevention are the Division of Adolescent and School Health and the Division of Violence Prevention.

U.S. Department of Education (ED)

http://www.ed.gov
ED serves as the grant-making agency for Federal education funding. Project SERV grants have been awarded to some school districts to restore the learning environment after student suicides. ED also collects and interprets data through its National Center for Education Statistics. Data products that include suicide are the annual Indicators of School Crime and Safety and the School-Associated Violent Deaths Surveillance Study (SAVD), an epidemiological study developed by the Centers for Disease Control and Prevention (CDC) in conjunction with ED and the U.S. Department of Justice. ED sponsors the ERIC database, a comprehensive collection of education literature that contains thousands of references to materials related to suicide and suicide prevention.

U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)

http://www.samhsa.gov
SAMHSA funds and supports the National Lifeline and SPRC, and manages the Garrett Lee Smith grant program which funds State, territorial, and tribal programs to prevent suicide among youth. It has developed the National Registry of Evidence-based Programs and Practices (NREPP), which reviews evidence of effectiveness for prevention programs on topics related to behavioral health, including suicide. There are at least six programs registered that are delivered in the school environment to prevent suicide. SAMHSA also sponsors several prevention campaigns. "The What a Difference a Friend Makes" campaign is geared toward young people and focuses on recovery from mental illness and reducing stigma. It emphasizes the role of friends in providing support and acceptance, a cornerstone of gatekeeper training. Another campaign called We Can Help Us, which was developed with input from teens, stresses that teens can become empowered to develop positive solutions and ways to get through tough times.

SUICIDE PREVENTION: FACTS FOR SCHOOLS

"Every school in our district had a crisis plan if a staff member died of cancer or a student got in a car accident. But suicide . . . it wasn't on my agenda," said a superintendent. "We just did not think it was going to happen here. Unfortunately we learned the hard way. It was only after we had a [death in our school community by] suicide that we realized we needed to take a comprehensive approach to preventing a tragedy like this. And we realized we needed to involve everybody—the school staff, students, parents, and the community."

—Superintendent in a New England School District

Many high school students reported that they had seriously considered suicide in the past year (CDC, 2010a).

- Suicide is the third leading cause of death among teenagers (CDC, 2007).

- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse (CDC, 2010a).

- The toll among some groups is even higher. For example, the suicide rate among 15–19-year-old American Indian/Alaska Native males is 2½ times higher than the overall rate for males in that age group (Heron, 2007).

FOUR REASONS WHY SCHOOLS SHOULD ADDRESS SUICIDE

While everyone who cares for and about young people should be concerned with youth suicide, schools have special reasons for taking action to prevent these tragedies:

1. **Maintaining a safe school environment is part of a school's overall mission.** There is an implicit contract between schools and parents about the safety of their children while they are in the school's care. Fortunately, suicide prevention is consistent with many other efforts to protect student safety.

   - Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs can also reduce suicide risk among students (Epstein & Spirito, 2009).

   - Programs that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).

   - Efforts to promote safe schools and adult caring also help protect against suicidal ideation and suicide attempts among LGB youth (Eisenberg & Resnick, 2006).

   - Some activities designed to prevent suicide and promote student mental health can reinforce the benefits of other student wellness programs.

2. **Students' mental health can affect their academic performance.** Depression and other mental health issues can interfere with the ability to learn and affect academic performance. According to a 2009 survey (CDC, 2010b):

   - Approximately 1 out of 2 high school students receiving grades of mostly D's and F's felt sad or hopeless. But only 1 out of 5 students receiving mostly A's felt sad or hopeless.

   - 1 out of 5 high school students receiving grades of mostly D's and F's attempted suicide. Only 1 out of 25 who received grades of mostly A's attempted suicide.

3. **A student suicide can significantly impact other students and the entire school community.** Knowing what to do following a suicide is critical to helping students cope with the loss and prevent additional tragedies that may occur. Adolescents can be susceptible to suicide contagion (sometimes called the copycat effect).

4. **Schools have been sued for negligence for the following reasons** (Doan, Roggenbaum, & Lazear, 2003; Juhnke, Granello, & Granello, 2011; Lieberman, 2008–2009; Lieberman, Poland, & Cowan, 2006):

   - Failure to notify parents if their child appears to be suicidal

   - Failure to get assistance for a student at risk of suicide

   - Failure to adequately supervise a student at risk

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Suicide prevention experts recommend using a multifaceted approach in which the following components are implemented in a particular sequence:

- Protocols for helping students at risk of suicide
- Protocols for responding to suicide death
- Staff education training
- Parent education
- Student education
- Screening

Preventing Suicide: A Toolkit for High Schools contains information about how these components can be implemented in your school. You can download this toolkit free of charge from http://store.samhsa.gov/product/SMA12-4669.

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)— National Suicide Prevention Lifeline.

RISK FACTORS FOR YOUTH SUICIDE

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed—such as a previous suicide attempt—but they can be used to help identify someone who may be vulnerable to suicide.

There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)

- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer

Risky Behaviors

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

Family Characteristics

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent-child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either underprotective or overprotective and highly critical)

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight. Stigma and discrimination lead to:

» Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care

» Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking

» Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*, available at http://store.samhsa.gov/product/SMA12-4669.

PROTECTIVE FACTORS FOR YOUTH SUICIDE

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called "resilience." Actions by school staff to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure.

There is no single, agreed-upon list of protective factors. The list below summarizes the protective factors identified by the most recent research.

Individual Characteristics and Behaviors

- Psychological or emotional well-being, positive mood
- Emotional intelligence: the ability to perceive, integrate into thoughts, understand, and manage one's emotions
- Adaptable temperament
- Internal locus of control
- Strong problem-solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent, vigorous physical activity or participation in sports
- Spiritual faith or regular church attendance
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience: ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Body image, care, and protection

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school

School

- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

Mental Health and Healthcare Providers and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

Access to Means

- Restricted access to firearms: guns locked or unloaded, ammunition stored or locked
- Safety barriers for bridges, buildings, and other jumping sites
- Restricted access to medications (over-the-counter and prescriptions)
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*, available at http://store.samhsa.gov/product/SMA12-4669.

RECOGNIZING AND RESPONDING TO WARNING SIGNS FOR SUICIDE

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future.

Warning Signs for Suicide Prevention is a consensus statement developed by an expert working group brought together by the American Association of Suicidology. The group organized the warning signs by degree of risk, and emphasized the importance of including clear and specific direction about what to do if someone exhibits warning signs.

This consensus statement describes the general warning signs of suicide. Warning signs differ by age group, culture, and even individual.

The recent advent of social media has provided another outlet in which warning signs may be exhibited. The differences in how and where warning signs may be exhibited demonstrate the importance of adapting gatekeeper training for the age group and cultural communities with whom the gatekeepers will be interacting.

Warning Signs for Suicide and Corresponding Actions

Seek immediate help from a mental health provider, 9-1-1 or your local emergency provider, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) when you hear or see any one of these behaviors:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person

Seek help by contacting a mental health professional or calling 1-800-273-TALK for a referral if you witness, hear, or see anyone exhibiting one or more of these behaviors:

- Hopelessness—expresses no reason for living, no sense of purpose in life
- Rage, anger, seeking revenge
- Recklessness or risky behavior, seemingly without thinking
- Expressions of feeling trapped—like there's no way out
- Increased alcohol or drug use
- Withdrawal from friends, family, or society
- Anxiety, agitation, inability to sleep, or constant sleep
- Dramatic mood changes
- No reason for living, no sense of purpose in life

If you or someone you know is in a suicidal crisis, call 1-800-273-TALK (8255)—National Suicide Prevention Lifeline.

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*, available at http://store.samhsa.gov/product/SMA12-4669.

SUICIDE PREVENTION: FACTS FOR PARENTS

HIGH SCHOOL STUDENTS EXPERIENCE UNIQUE CHALLENGES

High school can be a rewarding time for young people. But for some students, it can also be emotionally difficult, especially in 9th grade during the transition to high school and again in 12th grade during the transition out of high school.

The stresses of high school and the mental and emotional stage of adolescence can combine with risk factors for suicide, such as depression, and increase the risk of suicide for some teens. Parents and school staff can help identify students at risk of suicide and help them get treatment before a tragedy occurs.

Many high school students reported that they had seriously considered suicide in the past year.

- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse.
- Suicide is the third leading cause of death among teenagers.
- The toll among some groups, such as Native Americans, is even higher.

Source: Centers for Disease Control and Prevention (CDC)

WHY HIGH SCHOOLS ADDRESS SUICIDE

- Administrators and staff care about the well-being of their students.
- Maintaining a safe and secure school environment is part of a school's overall mission.
- Depression and other mental health issues can interfere with children's ability to learn and affect their academic performance.

Although few suicides take place on high school campuses, students spend much of the day in school. This puts high schools in a position to identify and help students who may be at risk for suicide and related behavioral health issues.

PREVENTING SUICIDE CAN PREVENT OTHER BEHAVIOR PROBLEMS

Students at risk of suicide may also be at risk of other problem behaviors, such as violence and bullying, and substance abuse. Reducing the risk of suicide can help reduce the likelihood of these other behaviors.

Parents can help protect their children from suicide risk by:

- Maintaining a supportive and involved relationship with their sons and daughters
- Understanding the warning signs and risk factors for suicide
- Knowing where to turn for help

HOW SCHOOLS CAN HELP PREVENT SUICIDE

Experts recommend that schools use an approach to suicide prevention that includes the following:

- Identifying students at possible risk of suicide and referring them to appropriate services
- Responding appropriately to a suicide death
- Providing training and suicide awareness education for staff
- Educating parents regarding suicide risk and mental health promotion
- Educating and involving students in mental health promotion and suicide prevention efforts
- Screening students for suicide risk

You should encourage your high school to implement some or all of these strategies to prevent suicide and protect the well-being of your children. You can work with the school on these important efforts as well as use the school as a resource for help with your child's needs.

The contents of this handout are taken from *Preventing Suicide: A Toolkit for High Schools*, available at http://store.samhsa.gov/product/SMA12-4669.

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