

Helping your school prevent youth suicide

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



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Overview

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



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Center for Suicide Prevention and Research

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



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Center for Suicide Prevention and Research

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



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Why suicide prevention matters

- 44,193 people died by suicide in 2015 in the U.S. including over 2,000 children and teens
- 2nd leading cause of death for 15-24 year-olds and 4th leading cause of death for adults ages 18-65 (CDC, 2014)
- Suicide affects family, friends and the community.
- Suicide ends the life of a human being.

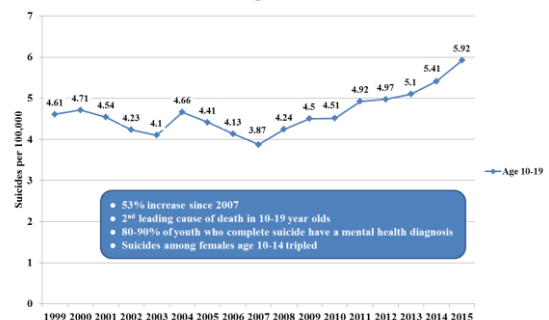


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US suicide rate: Ages 10-19



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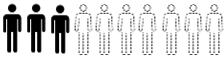


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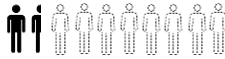
Prevalence of depression, ideation and attempts

AMONG US HIGH SCHOOL STUDENTS (past 12 months)*

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



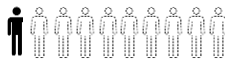
14.6% made a suicide plan



17.0% seriously considered attempting suicide



8.6% attempted suicide



*Data from 2015 Youth Risk Behavior Survey



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Younger children and suicidality

Even children under 12 year of age plan, attempt and complete suicide

- 12% of children age 6 to 12 have suicidal thoughts
- 3rd leading cause of death for 12 year-olds
- 13th leading cause of death for children under 12

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

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

(Sheftall et al., 2016)



Myth:

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



Fact:

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

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



Myth:

Most suicides happen suddenly without warning.



Fact:

The majority of suicides have been preceded by warning signs, whether verbal or behavioral. It is important to be able to identify warning signs and respond supportively.



Myth:

Someone who has thoughts about suicide is determined to die.



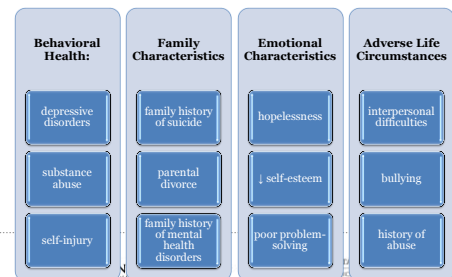
Fact:

Most suicidal people do not want death; they want the pain to stop. Suicidal people are often ambivalent about living or dying. Access to emotional support at the right time can prevent suicide.



Risk factors

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



A closer look at risk factors



The strongest risk factors for suicide in youth

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

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

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



A closer look at risk factors



- Being male
- Access to lethal means (e.g., firearms)
- Aggressive/impulsive/risky behavior
- History of sexual or physical abuse
- Family history psychiatric history
- History of bullying
- LGBTQ - Sexual orientation and gender identity



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Triggering events

No single event causes suicidality

Examples:

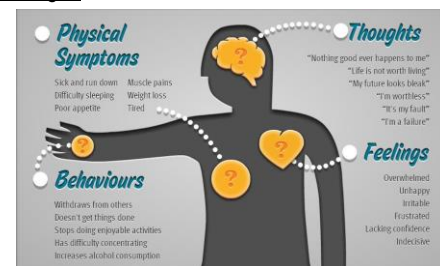
- breakup
- bullying
- school problems
- rejection or perceived failure
- sudden death of a loved one
- suicide of a friend or relative
- family stressors like divorce, jail, deployment



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Signs of depression

Major changes for two weeks or more in several areas:



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Warning signs

Seek immediate help when a student:



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



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Your school's response to warning signs

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

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

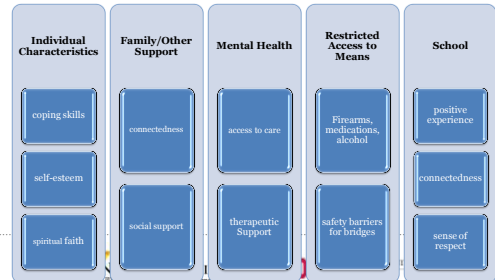
Escort the student to see mental health contact or administrator.

Provide any additional information to the mental health professional evaluating the student to help in the assessment process. That person will notify the student's parents.



Building protective factors

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



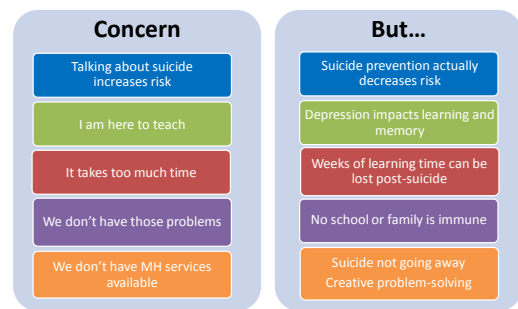
Why suicide prevention in schools?

- Universal prevention
 - Almost all children go to school
 - All students benefit and play a role
 - Depression/suicidal thinking impacts academics
- Staff can identify "typical behavior"
 - Can use that to identify **major changes**
- Trusted adults make talking about depression and suicide less scary
- Modify culture and enhance "connectedness"

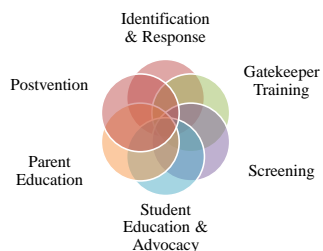


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School concerns about adopting suicide prevention



Comprehensive school-based suicide prevention



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Best practice elements of suicide prevention:

- **Decrease** student risk by **increasing** knowledge about depression and suicide warning signs
- **Reduce** stigma: mental illness, like physical illness, requires timely treatment
- **Encourage** help-seeking for oneself or to obtain support for a friend
- **Engage** parents and school staff as partners in prevention through education



Signs of Suicide (SOS)

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

Acronym (**ACT**)

Acknowledge

Care - show that you care

Tell a trusted adult



Signs of Suicide (SOS)

- Full model involves gatekeeper training (staff and parent education), student awareness training, peer-to-peer support, screening and risk assessment
- Evidence-based universal suicide prevention
 - Three RCTs show 40-64% reduction in self-reported suicide attempts (Aseltine & DeMartino, 2004; Aseltine, 2007; Schilling et al., 2016) at 3-month follow-up
 - Sig greater pre-post knowledge and attitudes about depression
 - Increase in help-seeking behaviors not significant (Aseltine, 2007)



Screening and risk assessment

- Universal approach to identify at-risk youth
- Screening does not increase suicidal thoughts
- Depressed and suicidal youth will endorse screening items
- Highest risk students often do not seek help
- Positive screen prompts triage and clinical risk assessment if deemed necessary



SOS Video Clip: Friends for Life

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



Advantages of SOS

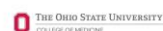
- Implemented by school staff
- Engages existing supports including school staff, parents, peers, community
- Incorporates many best practice elements
- Increases dialogue around mental health
 - Reduces stigma
- Sustainable



Other suicide prevention elements



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



Elements to avoid

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



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Expansion of hospital-school partnerships

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

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

Training elements and clinical support processes

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



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SOS model & reach (through June 2017)

Evidence-based universal suicide prevention

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

Greater pre-post knowledge and attitudes about depression

Improved staff attitudes and awareness of resources

1. Aseltine & Dellmarino, 2004; Aseltine, 2007; Schilling et al., 2016

✖ = elementary ✕ = middle ✖ = high

49 Schools

Central & SE Ohio

✖ = 5 schools*

511 Classrooms

✖ = 50 classrooms

11,151 students served (grades 5-12)

✖ = 500 students

✖ = 500 students

✖ = 500 students

✖ = 500 students



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NCH SOS gatekeeper training outcomes

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

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

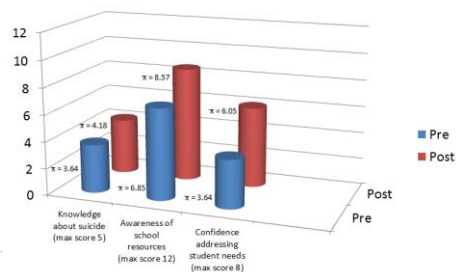


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Staff pre-post gatekeeper training outcomes (n=515)



NCH SOS student pre-post outcomes

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

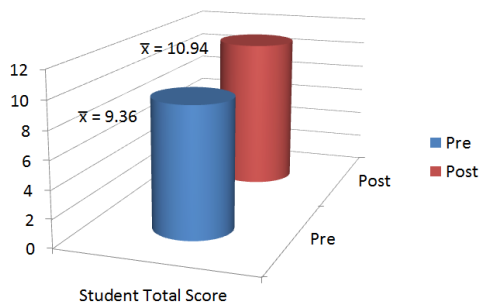


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Student Total Score Pre-Post SOS (n=4,051)



Lessons learned

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



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Impact of SOS Program on schools

"SOS helped us uncover issues with kids that we never suspected were considering suicide. Students came forward concerned about friends; others felt free to share their feelings and ask for help. Some parents had no idea their kids were entertaining dangerous thoughts and thanked us for having SOS. All in all, it was the most important activity we did all year."

- Middle School Guidance Counselor

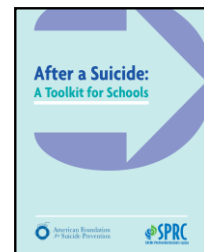


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Postvention resources



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



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What is suicide contagion?

- Multiple suicides or suicidal behaviors that occur closely in time or location
- Occurs when the same behavior spreads quickly and spontaneously through a group (Gould, 1990)
- Process by which a suicide leads to an increase in suicidal behaviors of others (USDHHS, 2008)
- Accounts for up to 5% of teen suicides



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Evidence for suicide contagion?

- Adolescents exposed to suicide directly or indirectly are at increased risk for attempts (Insel & Gould, 2008)
- Existence of suicide clusters (Gould, 1990)
- Media coverage can influence suicide rates positively and negatively (Niederkroenthaler et al., 2010)

Theories

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



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What elements increase contagion?



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



Suicide contagion and social media – why is it different?

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



Preparing



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



First 24 hours



Activate the crisis team and notify key personnel

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

Verify facts / respect family privacy

- Who died, when, where and how
- Designate a staff member to gather this information
- Family condolences: “I am so, so sorry about what happened to {child}. You and your family are in our thoughts, and we wanted you to know if there is anything you need, please let us know. We don't want to bother you, but we want to help you in any way we can” (Miller, 2011, p. 118).
- Share accurate information as quickly as possible



First 24 hours



Hold meeting for all staff

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

Prioritize students needing immediate support

- Geographical & psychosocial proximity, at-risk youth, threat perception
- Obtain parental permission prior to meeting
- Safe rooms: two adults, 8 – 10 kids
- Follow-up and referrals

Notify students in class meetings



First 24 hours



Notify parents & community / coordinate meetings

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

Proactively use and monitor social media / work with press

Debrief at the end of the day

Don't forget to care for school staff



The days following...



Be intentional about attending the funeral or not
Memorials (temporary better than permanent / be consistent across deaths)
Address the Empty Desk
Monitor for suicide risk of vulnerable students
Evaluate/review: no perfect postvention
Consider prevention programming when appropriate



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Months and years after...



Acknowledge the diversity of grief reactions
Complicated grief / PTSD

- Grief counseling groups
- Survivors of suicide loss

Monitor for suicide risk
Anniversaries (death, birthday, graduation, 2 years-post)

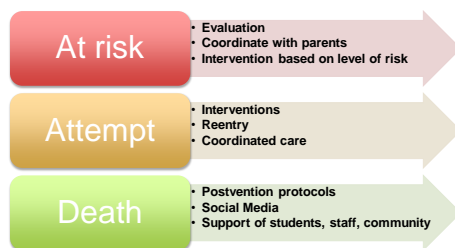


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School protocols should address:



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School policy and suicide prevention

American Foundation for
Suicide Prevention

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



University of Pittsburg – STAR Center

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



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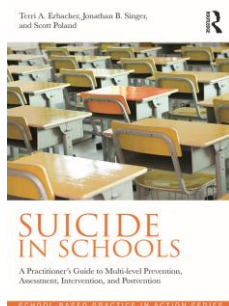


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Comprehensive resource

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. New York: Routledge.



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Other suicide prevention resources

Ohio

<http://www.nationwidechildrens.org/suicide-research>
<http://www.ohiospf.org/>
<http://franklincountyloss.org/>
<http://www.ncmhs.org/SuicidePrevention.htm>
<http://suicideprevention.osu.edu/>
Franklin County Suicide Prevention Hotline
(614) 221-5445

Apps for Teens

My3
RUOKOSU
A Friend Asks
ASK

National

<http://www.sprc.org/>
<http://afsp.org/>
<https://www.starcenter.pitt.edu/>
<https://jasonfoundation.com/>
<http://www.thetrevorproject.org/>
<http://www.crisistextline.org/>
<http://www.suicidepreventionlifeline.org/>
Spanish Suicide Prevention Lifeline 1-877-727-4747
Suicide Prevention Lifeline 1-800-273-TALK (8255)
Crisis Text 741-741
Signs of Suicide (SOS)
<https://mentalhealthscreening.org/programs/youth>
SAMHSA High School Suicide Prevention Toolkit:
<http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>



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Q & A

The Center for Suicide Prevention and Research

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

Phone: 614-355-0850

Email: suicideprevention@nationwidechildrens.org



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