

**SPRC & SAMHSA Research to Practice Webinar  
 A Strategic Approach to Suicide Prevention in High Schools  
 Q&A with the Panelists**

On September 23, 2013, SPRC and SAMHSA co-sponsored a “Research to Practice” webinar entitled, “A Strategic Approach to Suicide Prevention in High Schools.” The panelists generously agreed to respond to selected questions from people who attended the webinar and people who submitted questions on the SPRC Training Institute website. We hope that you find this information helpful in your suicide prevention efforts.

**Research to Practice Panelists**



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**Cultural considerations**

*I am curious if any of the approaches (BPR, NREPP, "Preventing Suicide: A Toolkit for High Schools") take into account cultural norms? Many times what is thought to be culturally sensitive by school staff and mental health professionals is not.*

Phil Rodgers (PR): Yes, many of the programs listed in the BPR and in NREPP take into account cultural norms, but the quality and extent of cultural adaptations will vary by program. It is therefore important to thoroughly review program information and when possible directly ask program developers about cultural adaptations when possible.

Pat Breux (PB): Our workshop resource binder includes resources for developing cultural competency specific to LGBTQ and Latino/Latina youth. Additionally we encourage local organizations that can provide this perspective to attend the workshop to both offer perspective and to offer to be an ongoing resource to schools.

Jan Ulrich (JU): The toolkit suggests connecting with leaders within your culturally diverse communities. In Kentucky, as part of our GLS grant we are hosting trainings around working with LGBTQ youth who might be at risk of suicidal behaviors. We use the SPRC Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth, available for free at <http://www.sprc.org/training-institute/lgbt-youth-workshop>. Also, Patti Clark has done a good job of connecting training with Regional (Substance Abuse) Prevention Centers where they understand their specific community, such as those in very rural or Appalachian areas.

Patti Clark (PC): In each of our regional trainings, we utilized the connections and expertise of our regional prevention centers. Directors and their staff are trained in the Strategic Prevention Framework which involves a five-step approach to the assessment of needs for a community, capacity building, strategic planning, implementation and evaluation with overarching goals of cultural competence and sustainability. Because of the work that has already been done by these local prevention colleagues, we are able to provide each of the regional trainings in a culturally responsive method and give voice to the various pockets of the populations served in their region. As we think about cultural competence, it is very important to consider not only race and ethnicity but age, gender, faith orientation, etc. as each of these plays a huge role in informing the choices an individual may or may not make in relation to suicide ideation.

## **Funding**

*Where did the funding for these trainings (such as the Lifelines Trilogy training) come from? Were they funded through the GLS grant, the school district, or was this part of an available pot of money?*

PR: Funding for many of these resources came from many sources: governmental—federal, state, and local, private and non-profit. Many times from multiple sources.

PB: Because suicide prevention is a priority in NY, the state through the office of mental health provides some funding to support local training, including funding for Lifelines. Further, a portion of NY's GLS grant pays for one of the co-authors of Lifelines to help with building community coalitions and to offer training to schools on suicide prevention and safety.

JU: We have had two GLS youth suicide prevention grants from SAMHSA. We have also used federal block grant funding, have partnered with substance abuse prevention for program funding and received a donation of More than Sad school staff and student materials from a local chapter of American Foundation for Suicide Prevention for all Kentucky middle and high schools.

PC: In Kentucky, the recent trainings were provided through the Garrett Lee Smith grant funding. We also purchased curriculum to be provided to those who participated in the training as an incentive to get attendance. In addition we partnered with our regional prevention centers in an effort to increase grassroots connections and efforts for this initiative.

## Implementation

*Our administrators don't want to put anything up (like posters) in the hallways because they are concerned that posters could trigger suicidal ideations. What do you think?*

PR: It depends upon the content of the posters. Does poster content comply with safe messaging guidelines? Is the content generally positive? Does content generally promote help seeking attitudes and behavior? Etc.

PB: We have been fortunate to have an NIMH study, conducted by the U of Rochester on the Sources of Strength intervention which is specifically looking at the impact of social messaging campaigns in school based suicide prevention efforts. We have learned that such posters should not focus on the impact of suicide, on sad or distressing events or on prevalence statistics. They should be focused on encouraging help seeking, trusted adult resources and resiliency.

JU: Any posters that we provide in Kentucky have come from evidence-based programs such as Signs of Suicide, and are used in tandem with staff and student training. We know that the content is appropriate and vetted, and try to stress the importance of having identification and referral processes and procedures in place.

PC: We provide our administrators with information showing that talking about suicide does not promote suicidal thinking. We suggest that information posted in school be focused on help seeking and give contact information related to getting that care, whether it's the National Suicide Prevention Lifeline or local resources. Providing research data that proves that talking about suicide doesn't cause kids to consider suicide helps administrators begin to understand that it's important to begin the conversation in order to save the lives of the kids in their schools.

*Is it important to start by introducing mental health first aid rather than suicide prevention?*

PB: Research tells us that treating suicide risk as a symptom of mental health and or substance use disorders is inadequate. Suicide risk must be dealt with directly while concurrently addressing MH and SA disorders. Therefore, suicide should be introduced at the same time as Mental Health First Aid.

JU: I think it would be great to have the mental health first aid (or similar) curriculum be mandatory. However, currently our high school and middle school students get an appallingly small amount of ANY health related curriculum. So for many students, the mandated suicide prevention lesson or materials is ALL they get around behavioral health. So there is always a focus on depression in any of the evidence-based student SP curriculum.

PC: It is important to begin the conversation that mental health plays a significant role in the student's school success as does their physical health. Helping school staff understand that mental health issues need to be addressed with as great an emphasis as a child's dental health, their eye health, and their physical activity in order to increase their wellbeing as well as their school performance is the first step in opening up the conversation and reducing the stigma related to addressing suicide prevention at the school level.

*Kentucky: Do you find 2 hours of training adequate?*

PR: It depends. Two hours of sound training can be beneficial—particularly in regards to increasing awareness of warning signs of suicide and how to intervene and refer someone who may be at risk for suicide, but it is probably inadequate to provide someone with the ability to assess and manage suicide risk.

JU: Much of the “early” school trainings were about creating champions for school-based suicide prevention, helping them to even understand why schools have a role in this. You have to start with raising the awareness before other steps are going to happen. But as Patti says below, schools need help in developing their policies and procedures and ensuring that all staff are aware of what those are, and this is going to be done outside of the two hour mandatory training.

PC: Two hours is just the beginning. The two hours provides gatekeeper information for the majority of the staff in a school, a refresher on the policies and procedures that are in place in their schools, as well as available resources. But, we advise schools that they must have the appropriate policies and procedures in place, as well as connections with mental health providers, before or in addition to providing gatekeeper training to their staff. For that reason, we are also offering additional technical assistance and guidance and trainings in developing appropriate policies and procedures for schools as well as in developing postvention plans.

*Are there questions that school staff can ask community mental health workers to screen them to find out if they are appropriate referrals?*

Chris Miara (CM): *Preventing Suicide: A Toolkit for High Schools*, Tool 2.A: Identifying Mental Health Service Providers (page 68 in the toolkit) has a list of questions that can help you decide if a mental health service provider can meet the needs of students at risk for suicide.

### **Program evaluation and impact**

*Are the school-based programs already showing results such as a decrease in suicide deaths? How many years do programs give themselves to show a measurable decrease in suicide deaths among students?*

PR: It is difficult to evaluate the impact of school-based suicide prevention upon suicide deaths. The reason for this is that suicide is a relatively low-baseline event. One-million person years are needed in order to make it a reliable outcome for research purposes (literally, you would need to study one million students for one year to study program impact upon suicide deaths or you could look at 100,000 students for 10 years or any sum of one-million person years). Some programs, however, have been able to evaluate program impact. I would suggest a look at what has been done by GLS grantees in Kentucky and Tennessee, and I would suggest a look at the work of Zenere and Lazarus in Miami Dade County. (See *The Sustained Reduction of Youth Suicidal Behavior in an Urban, Multicultural School District* published in *School Psychology Review* in 2009).

*How have NY and Kentucky evaluated impact? Are you collecting EIRFs (Early Intervention Referral Forms) from your school sites?*

PB: We do collect EIRF. We are also measuring how much schools engage in further planning, programming and training.

JU: Yes, we are collecting EIRFs from schools that are participating in our GLS grant. At times, this has flagged areas in need of improvement. We try to educate schools that the EIRF form is more than just data reporting. It can guide school efforts in assuring that youth are getting into the care they need.

PC: Our EIRF collection process has been slow, but as Jan mentioned, we are using it as a tool for schools to increase follow-up of students as opposed to just as a grant requirement they must complete in order to participate in efforts. We have one school district that has embraced the EIRF process and additional school districts, seeing their initial success, are modeling their

efforts to include very specific follow-up plans with students at a variety of intervals through the one-year mark.

CM: See the Resources section of the High School toolkit for descriptions of organizations that may be able to provide information and support.

## Resources

*What states have laws regarding training in suicide prevention and where would we get the information on how to have other states require basic skills for all behavioral health providers?*

Chris Miara (CM): Check the AFSP website for information and updates on suicide prevention-related state laws: <http://www.afsp.org/advocacy-public-policy/state-policy>

*How do we find out what kinds of trainings are available in our state?*

CM: See the States and Communities pages of the SPRC website, for the suicide prevention contact in your state, and notices of upcoming events.  
<http://www.sprc.org/states>

*Are there consultants who could come to lead a large school system through some of these processes?*

PB: This is something we could discuss.

JU: We would be glad to discuss possible opportunities.

PC: We would be glad to share any information or assistance that we can in order to increase safety of our youth across the U.S.

*Are workshop materials available for download to be used in other states? What about materials specific to tribal youth?*

PB: The SAMHSA Toolkit is readily accessible and designed for just this kind of use. Our resource guide is designed as a component of the workshop and customized for state and local resources. It can be customized for other states.

JU: We will be working on making Kentucky materials downloadable through SPRC.

PC: As Jan mentioned, our training materials are being tweaked based on our evaluations from the nearly 600 participants this summer and will be shared via SPRC.

If you are interested in receiving them when they are ready for dissemination, please don't hesitate to send an email to me at [patti.clark@ky.gov](mailto:patti.clark@ky.gov).

*Are there any other SPRC webinars coming up soon?*

(CM): Check our website for a list of SPRC webinars and trainings:  
<http://www.sprc.org/training-institute>

Also, subscribe to our weekly newsletter, the Weekly Spark, for notices about upcoming events sponsored by SPRC and others: <http://www.sprc.org/news-events/the-weekly-spark/weekly-spark-friday-october-18-2013>

### **Specific programs**

*Do any of you know if the Natural Helpers Program (originally from the Comprehensive Health Education Foundation) is being used in any of your schools? It is a peer-helping program designed for suicide prevention.*

PB: Yes. Actually some of our Sources of Strength schools have folded their Natural Helpers programs into the Sources of Strength Peer Leader initiative. Some have said that they found that Sources provided an added skillset and focused activities.

JU: I am not aware of Natural Helpers being used in Kentucky. We have school districts that use Reconnecting Youth and CAST (Coping and Skills Training) with at risk youth, and are very happy with the outcomes. We were able to provide these trainings and materials in a few school districts with our first GLS grant and these schools are still using the programs.

PC: While not a formal program, we have some regions that have started the process of training youth to help train parents in suicide prevention. Some Kentucky schools use a "peer helper" model for students. Connecting with those programs and encouraging those students to be specifically trained in mental health issues when appropriate is on our list of next steps for our state efforts. To increase sustainability of efforts, we know we must look at programs that are already institutionalized in the school setting and incorporate suicide prevention instead of and/or in addition to more formal efforts.

*What prevention programs are available for students in elementary and middle schools?*

JU: SOS and Lifelines have both been used in middle schools in Kentucky. Though there is a demand for elementary programs, there is not a lot available at this time. We have partnered with an AFSP chapter to bring in Tattered Teddies for adults who work with possibly suicidal children. We would love to bring the Good Behavior Game which shows promising research data around elementary student upstream prevention to Kentucky but have not yet found a funding stream to do so.

PC: Upstream approaches are indeed a needed focus for school prevention. However, at this time, providing appropriate social and emotional skills trainings as well as parenting skill trainings for younger students has been the focus. Funding from GLS grants cannot be used for these types of trainings because of the age limit (10-24).

*Is anything being done in NY and KY towards primary prevention? If so, what?*

PB: Yes. Through Primary Care Providers and/or school programs, NYSOMH offers our Early Recognition Screening program to parents. It is aimed at universal screening and early recognition and treatment of mental health concerns. Additionally, we have the Sources of Strength National Peer Leader Study in several schools which looks at how teens can learn resiliency skills through peer messaging. We have also offered regional education days looking at “Upstream Prevention” with a variety of National speakers.

JU: Our children’s branch also has a grant that focuses on very early childhood mental health which is upstream primary prevention. *(Also see previous question/answer.)*

PC: We have begun some extensive networking with regional prevention centers and prevention specialists who do significant primary prevention work related to substance abuse prevention. Interweaving suicide prevention into these efforts has been a goal over the last 18 months. A large part of that process is drawing the correlation between substance abuse and suicide in order to help prevention specialists who have been focused--often by funding sources--on substance abuse prevention understand the connections and begin to move in the direction of including suicide prevention in their primary prevention efforts.

*Can you recommend a readiness tool for schools to use as a way to gauge where their best starting point is for entering into training?*

PB: One of the major purposes of the “Creating Suicide Safety in Schools Workshop” is to help schools gauge what they already have in place. Using the checklist, worksheets resource binder and workgroup sessions they determine their priorities from their unique starting point.

JU: The SAMHSA toolkit has several tools/checklists that are helpful in getting started. Lifelines curriculum also has a good toolkit.

PC: Both assessments Jan mentioned above encourage the school to look closely at their existing infrastructure related to suicide prevention and begin building on what they have to get them closer and closer to the evidenced-based models that are suggested.

### **Student engagement**

*What are some of things that were done to engage high school students?*

PB: If this question is about engaging a student in a conversation about their individual risk for suicide, I recommend that the Lifelines Intervention training, recognized as best practice, offers some good techniques. If we are talking about engaging students in school based suicide prevention initiatives, I recommend the Sources of Strength program, and evidence-based practice. However, measures to ensure that infrastructure is in place for helping students at risk for suicide should be in place first. A high level of competency in safe and effective messaging should also be ensured.

JU: Before the laws went into place mandating that students and staff get suicide prevention, some schools chose to start with educating a core group of youth who were considered leaders in the school. Some students wanted to get involved because of a personal loss. It is important to use evidence-based materials with students, and to vary the material year to year as you would other curriculum. Showing the same video every single year gets boring and students tend to tune out.

PC: Prevention efforts should always be done with students, not to them. Substance abuse prevention has strong evidence around utilizing youth to be part of the prevention process by educating, empowering and equipping them to be involved. Suicide prevention involves ensuring the student is mentally healthy to be part of the process, but they can play a vital role in these efforts as well. Focusing on the environmental policies and procedures of their schools, encouraging them to share warning signs and risk factors with their peers, being aware of resources that are available, such as the National Suicide Prevention Lifeline and local resources, are all ways to engage youth in the process.

*How do you let students know they can talk to you about personal issues without crossing the line of professionalism?*

PB: Personal issues can cover a broad variety of things. Here I am addressing only emotional distress. Non-mental health professionals in school are often the first to learn of a student in

emotional distress and therefore become an essential link to safety and support. Two trainings that do an especially good job of outlining this role and providing direction are both accessible for free, online to educators in many states and both recognized as evidence-based practices. Making Educators Partners in Youth Suicide Prevention is available through the SPTSUSA.org website. At Risk for High School Educators is available to educators in many states. In New York State it can be accessed through [www.https://highschool.kognito.com/newyork](https://highschool.kognito.com/newyork)

JU: I think you have to know your school's policies and procedures first and foremost regarding one- on-one meetings. It is always appropriate to inform students that if they tell you something that could be considered risk or harm to themselves or to someone else, then you are required by law not to keep it a secret and that you care enough to help them get help. If they are opening up to you, it is a way of asking for help.

PC: Most school staff who find themselves in the position of having students open up to them about personal issues have taken the time to develop open and honest relationships with their students within appropriate boundaries. Most of us have those teachers we know we could have shared anything with and it would have been handled in an appropriate manner. The relationship a school staff member has with a student will most likely be the deciding factor for them to share their concerns. One school decided to help that process along by having each school staff member "adopt" a couple of students. They intentionally made efforts to reach out to these students on a regular basis in order to develop that relationship. Students are much more likely to reach out to other students, but having staff willing and able to reach out to students, makes it more likely that someone will report those warning signs and impact that student's situation in a positive way.

## **Training**

*Do students who are preparing to become school teachers attend any training in mental health promotion before they start in classrooms?*

JU: Kentucky doesn't have a law requiring this, but Indiana (our neighbors) recently passed a law requiring suicide prevention training to receive certification as an educator. I think that this would be a great idea in any state.

PC: We have been asked to provide general awareness trainings not only to future teachers but also to future social workers through their college-level and masters-level classes. This may be one way to open the door for this process to become more intentional and broad-based in the future.