



# Oakland County Youth Suicide Prevention Task Force



## School Toolkit



Developed by the Oakland County  
Youth Suicide Prevention Task Force  
*Talk to Someone You Trust*

# Oakland County Youth Suicide Prevention Task Force

Dear School Personnel:

In an effort to assist youth struggling with issues related to suicide, this suicide prevention toolkit was developed to encourage schools to be proactive in creating and implementing a suicide prevention policy. Oakland County Department of Health and Human Services, Oakland County Community Mental Health Authority, Oakland Schools, Easter Seals, Common Ground and Training and Treatment Innovations have partnered for this initiative.

Suicide, mental illness and substance use are closely related issues. According to the National Institute of Mental Health, almost all people who take their own lives have a diagnosable mental health or substance use disorder. If these disorders are identified and treated, death by suicide can be prevented.

Promoting awareness that suicide is a public health issue and reducing the stigma associated with obtaining mental health services are two goals outlined in the Oakland County Youth Suicide Prevention Plan. As part of our efforts to work toward these goals, the task force has created a toolkit outlining recommended components of a school suicide prevention program and school suicide prevention resources. We hope this will be helpful in creating a plan to meet your school's needs. Your school is an important partner in preventing youth suicide.

It's our responsibility to arm our children with the information they need to protect themselves. You can save lives by getting the message out.

Thank you for your help,

A handwritten signature in black ink, appearing to read "L. Brooks Patterson". The signature is fluid and cursive, with a long horizontal stroke at the end.

L. Brooks Patterson  
Oakland County Executive

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# Introduction

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# Introduction to Suicide Prevention for Schools

## About Suicide

Adolescent health and wellness programs often take place in schools as they are the main point of contact for almost all youth. This is particularly true with suicide prevention. Efforts can be directed at students, faculty and parents effectively and efficiently.

In 2009, suicide was the third leading cause of death for people of both sexes and all races 13–19 years of age. Suicide deaths represent only a fraction of the toll that suicidal behavior takes among America's youth. Data from the 2009 Youth Risk Behavior Survey (YRBS) revealed that in the 12 months preceding the survey:

- 1 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. This included 1 out of every 43 (2.3 percent) female students and 1 out of every 62 (1.6 percent) male students.
- 1 out of every 16 high school students (6.3 percent) reported having attempted suicide at least once. This included 1 out of every 22 male students (4.6 percent) and 1 out of every 12 female students (8.1 percent).
- 1 out of every 9 students (10.9 percent) made a plan about how he or she would attempt suicide.
- 1 out of every 7 students (13.8 percent) reported having seriously considered attempting suicide during the preceding 12 months.



School-based suicide prevention programs include programs to screen students for mental health conditions and encourage young people to recognize and find help for emotional issues.

These programs are especially effective when implemented in the context of a comprehensive risk prevention or health promotion program.

## Why Addressing Suicide is Important for Your School

### *A safe school environment is part of a school's overall mission*

- There is an implicit contract that schools have with parents to protect the safety of their children while they are in the school's care.
- Suicide prevention is consistent with many other efforts to protect student safety such as violence prevention, bullying, wellness, alcohol and drug abuse.

### *Depression and other mental health issues can interfere with the ability to learn and may affect academic performance*

- 50% of high school students receiving Ds and Fs felt sad or hopeless, while 1 in 5 students receiving mostly As felt sad or hopeless.
- 1 in 5 students receiving Ds and Fs attempted suicide, while 1 in 25 students who mostly received As attempted suicide.

### *Knowing what to do following a suicide is critical to helping students cope and may prevent additional tragedies*

- Adolescents can be susceptible to suicide contagion (sometimes called the “copycat effect”).
- This may result in the relatively rare phenomenon of “suicide clusters” (unusually high numbers of suicides occurring in a small area and brief time period).

### *Schools have been sued for negligence for the following reasons:*

- 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 of suicide

Teachers and others who see youth on a daily basis are in a unique position to distinguish “normal” adolescent behavior from suicide warning signs.

For more information on identifying and helping students at risk, refer to Warning Signs and How to Respond on page 57.

# Gatekeeper Training

Gatekeeper training refers to training all people who regularly interact with youth, including school staff and parents, about how to recognize a student potentially at risk for suicide, appropriately intervene and communicate with the student, determine the level of risk and refer a student who is potentially suicidal. Gatekeeper training is universally advocated and supported by research as an essential and effective component to a suicide prevention program.

**Gatekeepers** are those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples include clergy, first responders, pharmacists, caregivers, and those employed in schools.

## School Staff

Gatekeeper training has been found to increase an educator's confidence in their ability to recognize a student potentially at risk for suicide. Research has found that more than 25% of all teachers sampled in a study reported that they had been approached by suicidal teens.

In the past, gatekeeper training focused primarily on educators and administrators. Recent research suggests that it is beneficial to train all school staff (e.g., coaches, cafeteria workers, bus drivers, nurses) about adolescent suicide, particularly about how to identify, intervene, and refer students potentially at risk for suicide. A single two-hour program can substantially increase an educator's knowledge of the warning signs, risk factors, and community resources available for adolescents.

## Parents

Parent training should be similar to faculty and staff gatekeeper training and should facilitate dissemination of information about warning signs and risk factors, available school and community resources to help an adolescent and how to intervene with a youth potentially at risk for suicide.

A one and one-half hour presentation coupled with other presentations, such as alcohol abuse and tobacco use in schools, is probably the most efficient and effective method for disseminating information about suicide prevention to parents. This presentation should also include a brief presentation about how to limit access to methods and tools used for suicide.



# **Oakland County Youth Suicide Prevention Plan**

**May 2013**

**Oakland County Youth Suicide Prevention Task Force**



## INTRODUCTION

### Oakland County Youth Suicide Prevention Plan process

This plan has been developed to focus and coordinate suicide prevention efforts in Oakland County. Our partners will guide and implement these activities by engaging public and private stakeholders. The plan is based on an understanding of evolving best practices, as well as the strengths and constraints of the current political and economic climate.

### Underlying principles for the Oakland County Youth Suicide Prevention Plan

- Suicide is generally preventable. The vast majority of people who die by suicide have mental illness and/or substance use disorders which research demonstrates can be successfully treated. Early identification and access to care are essential.
- Prevention must be a collaborative effort. The entire community must share the responsibility of identifying and getting those at risk into needed services. Broad awareness of warning signs of suicide will increase appropriate referrals and interventions.
- Risk factors can be used to design services for our communities as well as for individuals at risk. Likewise, communities that build and support protective factors will benefit not just in preventing suicide, but in improving public health and safety.
- Promoting healing and reducing risk following a suicide (postvention) for both individuals and communities is an important component of suicide prevention efforts.
- Significant investments of time and other resources are required to prevent suicide. Focusing on recognized best practices will ensure that these efforts lead to positive outcomes across the lifespan, across the state and across cultures.
- Suicide prevention must become a part of all of our ongoing work and become embedded throughout our communities including our schools, corrections at all levels and in our workplaces.

## DATA COLLECTION AND ANALYSIS

**Goal 1:** Maintain a clearinghouse for suicide data and prevention resources.

**Objective 1:** Obtain data on suicide and suicide attempts to make available to partners.

- a. Create, expand, and improve methods for reporting on suicide to increase data sources.
- b. Create and disseminate a summary of guidelines for appropriate release of data (including suppression of smaller numbers).

**Objective 2:** Maintain a resource library for suicide prevention on the Task Force website.

- a. List best practices for suicide prevention for use by community partners and the public.

## GATEKEEPER TRAINING

**Goal 1:** Educate professionals and organizations to improve recognition of at-risk behaviors and the use of effective interventions.

**Objective 1:** Promote effective education programs for primary care providers to increase skills in screening for suicidal risk.

**Objective 2:** Promote community and professional training, especially for those who work with high-risk populations, for recognizing and responding to suicidal behavior.

- a. Promote training and support to help communities effectively implement practices listed on the best practices registry.
  - Promote training to emergency workers who are impacted by suicide events.
  - Encourage the development and inclusion of protocols that address suicidal events as part of each organization's existing emergency response plan.

## COMMUNICATIONS & PUBLIC EDUCATION

**Goal 1:** Promote awareness that suicide is a public health issue that is generally preventable.

**Objective 1:** Increase the number of communities, organizations and schools that recognize suicide as a generally preventable public health issue and are actively involved in prevention.

- a. Determine community needs related to mental health and substance abuse through community surveys, focus groups and forums.
- b. Keep the community informed about public health suicide prevention efforts.
- c. Gain community support and enlist participation in awareness and prevention activities.

**Objective 2:** Increase the proportion of county residents who can recognize suicide warning signs in themselves and others and know how to find help.

- a. Provide technical assistance for suicide prevention education directed at at-risk groups.
- b. Create messages that encourage individuals to take steps towards preventing suicide.
- c. Design and sponsor wide dissemination of media messages about suicide prevention.

**Goal 2:** Reduce stigma related to obtaining mental health and suicide prevention services.

**Objective 1:** Increase the proportion of the public that views mental disorders as real illnesses, equal and inseparable components of overall health, and that respond to specific treatments and consumers of these services as persons taking responsibility for their overall health.

- a. Educate the public and key gatekeepers that acceptance of persons with mental illness and addressing suicide openly can prevent suicidal behaviors.
- b. Disseminate information to legislators, policy makers, providers and the public demonstrating that there are effective treatments for mental disorders.
- c. Provide opportunities for the public to hear from those affected by mental illness, substance abuse and suicide.

**Goal 3:** Support survivors of suicide.

**Objective 1:** Implement support and education programs for suicide survivors.

- a. Create a Suicide Survivors Bereavement packet for the Medical Examiner to distribute and maintain the list of resources for support.
- b. Promote Common Ground's event, the American Foundation for Suicide Prevention (AFSP) annual teleconference for Survivors of Suicide.
- c. Promote Common Ground's Survivors of Suicide Support Group.

**Objective 2:** Promote crisis intervention that decreases the likelihood of suicidal behavior or suicide attempts in survivors of suicide.

## Appendix A

### Suicide – a significant public health problem

- Suicide is the third leading cause of death, accounting for 12.2% of all deaths for those ages 15 to 24 in the US.
- Male suicide deaths outnumber female deaths by about 4 to 1.<sup>1</sup>
- Females attempt suicide two to three times as often as males.<sup>1</sup>
- For each suicide death, family and close friends are at higher risk for suicide themselves.
- Many others are affected in a variety of ways, including those providing emergency care to the victims and those who may feel they failed to prevent the death.<sup>2</sup>

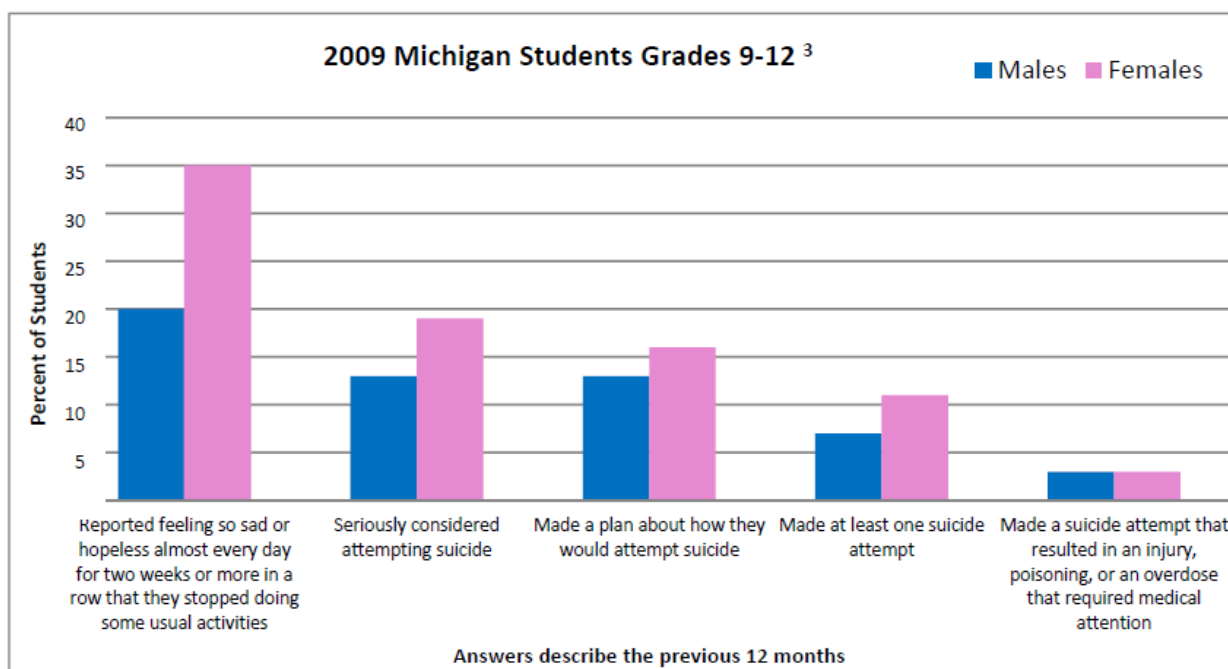


Table Source: Michigan Youth Risk Behavior Survey: Violence and Suicide Fact Sheet 2009

<sup>1</sup> Centers for Disease Control and Prevention (CDC) Suicide Data Sheet Summer 2010

<sup>2</sup> New Hampshire Suicide Prevention Plan January 2010

<sup>3</sup> Michigan Youth Risk Behavior Survey: Violence and Suicide Fact Sheet 2009

<sup>4</sup> Michigan Department of Community Health (MDCH) Division for Vital Records and Health Statistics Updated 1/24/2011

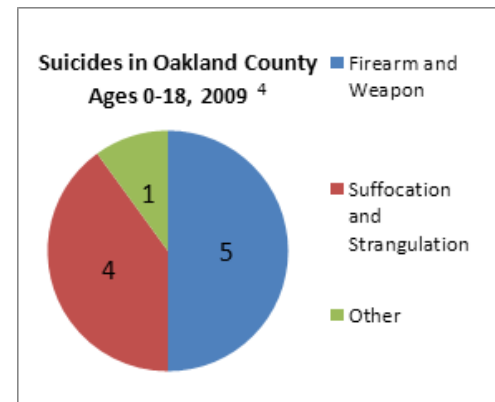
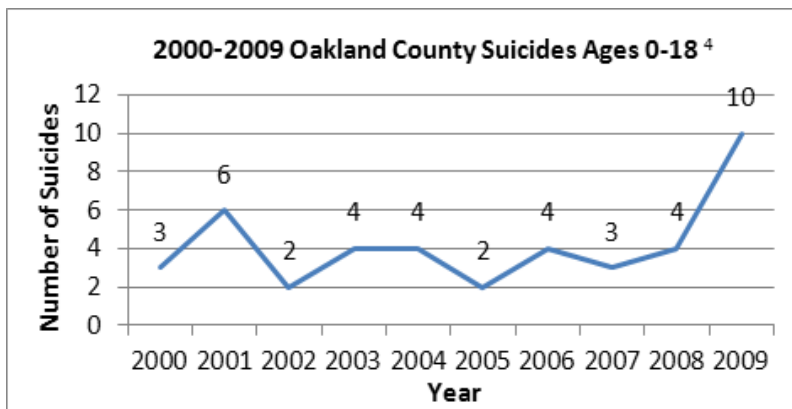
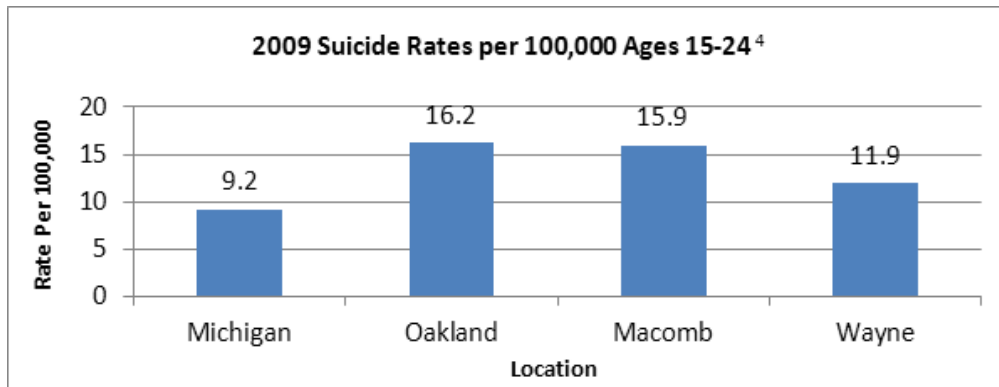


Table Source: MDCH Division for Vital Records and Health Statistics

Source: New Hampshire Suicide Prevention Plan



# Poster Campaign

Posters were developed with messages designed to encourage help-seeking behavior.

Messages depicted are:

- *Depression can lead to thoughts of suicide. Talk to someone you trust.*
- *Drugs and alcohol can lead to thoughts of suicide. Talk to someone you trust.*

Messages included the number to Common Ground's 24-hour suicide helpline.

These posters address the goals outlined in the Oakland County Youth Suicide Prevention Plan, specifically:

**Promote awareness that suicide is a public health problem that is generally preventable.**

- *Increase the number of communities, organizations, consumer and client groups that recognize suicide as a generally preventable public health problem.*
- *Increase the proportion of county residents who can recognize suicide warning signs in themselves and others and know how to find help.*
- Create messages that encourage individuals to take steps towards preventing suicide.
- Design and sponsor wide dissemination of media messages about suicide prevention.

**Reduce the stigma associated with obtaining mental health and suicide prevention services.**

- *Increase the proportion of the public that views mental disorders as real illnesses, equal and inseparable components of overall health, and that respond to specific treatments and consumers of these services as persons taking responsibility for their overall health.*
- Disseminate information to the public demonstrating that there are effective treatments for mental disorders.
- Educate the public that their acceptance of persons with mental illness and their addressing suicide openly can reduce suicide risk and prevent suicidal behaviors.



**Depression can lead to  
thoughts of suicide**

**Talk to someone you trust**

**Need advice?  
Call the Helpline 800.231.1127  
or Live Chat  
[commongroundhelps.org](http://commongroundhelps.org)**



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**Oakland County Youth Suicide Prevention Task Force**





**Drugs and alcohol can lead to  
thoughts of suicide**

**Talk to someone you trust**

**Need advice?  
Call the Helpline 800.231.1127  
or Live Chat  
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**Oakland County Youth Suicide Prevention Task Force**



# School Prevention Plan

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# What Schools Can Do To Prevent Suicide

## Develop and implement protocols regarding suicide:

- Recognize and respond to students who may be at risk of suicide
- Refer and follow up with students identified as at risk of suicide
- Respond to students who attempt suicide at school
- Design agreements with community providers to provide behavioral health services to students

## Train all staff who interact with students:

- Follow school protocols related to suicide prevention

## Parent education:

- Provide information about suicide and related behavioral health issues
- Engage parents in suicide prevention strategies

## Student education:

- Offer one or more programs to engage students in suicide prevention efforts
- Integrate suicide prevention into other student behavioral health initiatives

## Screen students:

- Implement a suicide screening program
- Engage parent, staff, and community mental health provider support for screening

## Develop protocols for responding to suicide death, including:

- Determine the steps to take after the suicide of a student or other member of the school community
- Outline staff responsible for taking these steps
- Secure agreements with community partners, such as Common Ground, to help in the event of a suicide

School connectedness is the belief by students that adults and peers in the school care about their learning as well as about them as individuals. Making positive changes to the school climate—increasing students' sense of connectedness to the school—can result in improved academic achievement and healthy behaviors among students.



# Checklist of Current Suicide Prevention Activities

This checklist will assess the completeness of your school's suicide prevention plan and your policies related to helping a suicidal student. Resources to assist your school with each of these components are included in this toolkit.

| Suicide Prevention Activities  | Yes                      | No                       | Not Sure                 | If No or Not Sure   |
|--|--------------------------|--------------------------|--------------------------|---|
| <b>Protocols for Helping Students at Risk of Suicide</b>   |                          |                          |                          |   |
| Written protocol for helping students who may be at risk of suicide is in place.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | See Developing Protocols to Help Students at Risk of Suicide- page 33 |
| Written protocol for responding to students who attempt suicide at school is in place.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | See Developing Protocols to Help Students at Risk of Suicide- page 33 |
| <b>Staff Education and Training</b>  |                          |                          |                          |   |
| All professional and support staff received information about the importance of school-based suicide prevention efforts.         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | See Introduction to Suicide Prevention for Schools- page 7            |
| All professional and support staff are trained to recognize and respond appropriately to students who may be at risk of suicide. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | See Warning Signs for Suicide and How to Respond- page 57             |
| Select school staff are trained to assess, refer, and follow up with students identified as at risk of suicide.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | See Staff Crisis Team Recruitment Letter, page 49                     |
| <b>Parent Education</b>  |                          |                          |                          |   |
| Parents of our students are educated about suicide and related mental health issues.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | See Parent Suicide Prevention Tip Sheet- page 53                      |
| <b>Student Education</b>   |                          |                          |                          |   |
| Implemented at least one type of program to engage students in suicide prevention.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | See Evidence-Based Suicide Prevention Programs- page 37               |
| Suicide prevention is integrated into other health/mental health courses and initiatives.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Common Ground can help you develop this material- call 1-800-231-1127 |
| <b>Screening</b>   |                          |                          |                          |   |
| Implemented a suicide screening program.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | See Evidence-Based Suicide Prevention Programs for Schools- page 37   |

# Steps For Getting Started

These steps are not necessarily sequential. Consider completing them in a different order or carry out several at the same time.

## Step 1. Engage administrators, school boards, and other key players.

The support of school administrators, especially principals, is essential to any activity carried out within a school. Other key players, including superintendents and school board members, are also crucial for success.

School leaders may be reluctant to undertake a suicide prevention initiative because of the sensitive nature of this issue or because of competing demands.

- Explain why it is important to address suicide risk among students.
- Highlight data and information specific to your district.
- Share plans. Emphasize the use of the many existing suicide prevention programs considered to be best practices, and that these strategies can be easily integrated into the activities already in place at the school.

## Step 2. Bring people together to start the planning process.

Having the right people in the room is essential to any successful planning process. Some schools may want to start by convening a group composed of staff members and then reach out to the community. Other schools may involve both staff and community partners from the start.

- It is important to have staff with mental health expertise, such as a school counselor or social worker, involved in planning and/or leading suicide prevention activities.
- Contact Common Ground as soon as you get started. Also reach out to leaders from ethnic and cultural communities represented in the school. This is critical to ensure that efforts are culturally competent and effective in reaching the students and parents from these communities.

### Step 3. Provide key players with basic information about youth suicide and suicide prevention. Use these resources from this toolkit:

- Introduction to Suicide Prevention for Schools- page 7
- Warning Signs for Suicide and How to Respond- page 57
- Risk Factors & Protective Factors- page 59
- Emerging Issues- page 63

### Step 4. Develop an overall strategy.

Assess the school's current policies and programs. It is important to understand how these could facilitate, obstruct, or otherwise affect the program.

- Determine whether there are policies in the district to which activities must conform, e.g., training for staff, training for students, or protocols for suicide prevention or intervention.
- Assess the health and behavioral health programs already in place that could be enhanced with suicide prevention activities. These programs include those designed to build connectedness; improve the school climate; or prevent bullying, violence, or the abuse of alcohol and other drugs.
- Inventory the suicide prevention programs in the district and community.
- Learn how different cultures represented among students in your school address behavioral health issues and suicide risk. Take practices into consideration when developing your strategy.
- Consider how to address obstacles. For example, some people might question whether schools should be involved in suicide prevention.

# School Suicide Prevention Plan Worksheet

Ideas to adapt provided intervention protocols:

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Staff education:

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Frequency of training:

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Procedure for training new hires:

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Names of school personnel (school counselor, social worker, psychologist) specifically trained in suicide prevention and available to identify, intervene and refer suicidal youth:

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Information and resource material distribution for parents, which includes a description of risk factors, warning signs and resources:

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**Plan for continued suicide prevention education for students:**

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**Plan for student screening:**

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**Agreement/Contact with Common Ground:**

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**Agreement/Contact with Oakland County Community Mental Health Authority:**

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**Agreement/Contact with Oakland County Health Division Office of Substance Abuse Services:**

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**Other organizations that offer resources related to suicide:**

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# School Staff Assignments

Use the chart on the next page to record the names of the people who will play a role in planning and implementing each component of your suicide prevention program. Check the column representing the activities in which they will be involved.

Staff with differing areas of expertise will implement the steps in various chapters. Many staff may be involved in several of the components. The following people may be helpful in planning and implementing components of a school's suicide prevention program:

- Superintendent
- School Board
- Principal
- Assistant Principal
- Curriculum Director
- Health Educator
- School Nurse
- School Health Coordinator
- Guidance Counselor/School Counselor
- School Social Worker
- Student Assistance Program staff/  
Pupil Services Coordinator
- Special Education staff
- Members of the Crisis Response Team
- School Psychologist
- School-based health center and/or  
mental health center staff
- Child Study Team member(s)
- School Security Officer
- School Resource Officer
- Teachers
- Technology staff
- Athletic staff
- School Bus Drivers
- Teacher Aids



Check the box for each component(s) that each staff person will plan and implement.

[illegible]

# Developing Protocols to Help Students at Risk for Suicide

## Step 1: Convene a group to create protocols for helping students at risk of suicide.

This group should include staff that would normally be involved in the care of at-risk students, including school counselors, social workers and psychologists. The group should also include administrators, resource officers, teachers, and a member of the school Crisis Response Team. If the school already has a process for identifying students at risk of suicide, include staff familiar with that process.

## Step 2: Identify a Crisis Response Team coordinator.

Everyone in the school must take suicidal behavior seriously and should know who to ask if there is a concern. The planning group should take the following steps:

- Designate at least one individual and one alternate to serve as the points of contact for anyone concerned that a student may be at risk.
- Ensure all staff know the suicide risk response coordinator and the alternate. Keep the list of contacts updated.
- Inform the school community that any concerns need immediate action by notifying a school administrator who will locate the suicide risk response coordinator or alternate. A staff person should stay with the student until the suicide risk response coordinator arrives.

## Step 3: Identify and involve mental health service providers to refer students.

Many schools cannot directly provide appropriate mental health services for students at risk of suicide. It is important for these schools to identify mental health service providers students can be referred to. Involve these service providers in developing protocols. *Common Ground is willing to help you develop proper protocols for suicide prevention.* Others may include:

- Hospitals, especially emergency departments and psychiatric units
- Psychiatric hospitals
- Community mental health centers
- Mental health service providers, including psychiatrists, psychologists and social workers
- Primary care providers
- Spiritual leaders or traditional healers to which members of some cultures may turn when confronted with behavioral health issues

#### **Step 4: Develop a protocol to help students at risk for suicide. See the sample Suicide Intervention Protocol Chart for Staff on page 45.**

It is critical to have a protocol in place for helping students identified as being at potential risk of suicide. All staff should be aware of the protocol and follow it when appropriate. The protocol should include provisions for the following:

- Assessing suicide risk
- Notifying parents
- Referring to a mental health service provider
- Documenting the process

#### **Step 5: Develop a protocol for responding to a suicide attempt in the school or on school campus.**

Although students infrequently attempt suicide in schools or on a high school campus, such incidents do occur. Schools need to be prepared for such an event.

#### **Step 6: Plan for managing a student's return to school.**

Returning to school can be difficult. Students may worry about the reactions of their peers and teachers, have problems catching up, and be taking medications that interfere with their academics.

These problems can create additional stress for students already under significant emotional strain. They need considerable support and monitoring, especially during the first several months of returning to school, during any school crisis, or near the anniversary of their attempt or crisis.

A staff member such as a teacher, counselor, social worker or school psychologist should be assigned to facilitate the student's return to the school. This staff member will be the primary point of contact for parents, hospital staff, clinicians, and school staff while the student is out of school and will oversee the student's reentry. Parents should be engaged in every step of this process. A reentry plan should be developed through consensus of the family, school, and providers.

#### **Step 7: Help staff understand the protocols.**

All staff members need to be familiar with the protocols for helping students at risk of suicide; they may be called upon to participate in implementing the procedures outlined. These protocols should be revisited every year. It is important to determine whether any staff member responsible for a specific activity has left the school and all new staff become familiar with these procedures.

# Student Education

Evidence-Based Suicide Prevention Programs for Schools...37

Teaching Adaptive Skills to Students...39

Developed by the Oakland County Youth Suicide Prevention Task Force

*Talk to Someone You Trust*



# School Suicide Prevention Programs

| Program Description   | Ages                             | Implementation   | Length                             | Cost  | In Kind Staffing/ Costs |
|---|----------------------------------|--|------------------------------------|-------|-------------------------|
| <b>TeenScreen</b> <ul style="list-style-type: none"> <li>Identifies youth in need of mental health services</li> <li>Assists in the early identification of problems that might not otherwise be identified</li> </ul> <p>To schedule:<br/>teenscreen@nyspi.columbia.edu<br/>(866) 833-6727</p> | Middle School<br><br>High School | <ul style="list-style-type: none"> <li>10-minute questionnaire</li> <li>If risk is indicated, student meets with an on-site mental health professional</li> <li>If symptoms warrant referral, parents are notified and offered assistance finding services</li> <li>Others receive debriefing to reduce stigma and express any concerns</li> </ul>   | 10 minutes per student             | Free  | 3 school counselors     |
| <b>CAST (Coping &amp; Support Training)</b> <ul style="list-style-type: none"> <li>Life-skills training and social support in groups of 6-8 students</li> </ul> <p>To schedule:<br/>reconnectingyouth.com<br/>(425) 861-1177</p>  | High School                      | <ul style="list-style-type: none"> <li>Groups led by trained high school teachers, counselors, or nurses</li> <li>Serves as a follow-up for youth who have been identified as being at significant risk for suicide</li> <li>Focus on group support, goal setting, self-esteem, decision making skills, management of anger and depression</li> <li>Apply skills and increase support from trusted adults</li> </ul> | 12 55-minute sessions over 6 weeks | \$425 | Teachers, counselors    |
| <b>Lifelines</b> <ul style="list-style-type: none"> <li>Comprehensive, schoolwide suicide prevention program</li> <li>Promotes a caring, competent school community</li> <li>Help-seeking is modeled</li> </ul> <p>To schedule:<br/>rsolly@hazelden.org<br/>(651) 213-4484</p>                  | Middle School<br><br>High School | <ul style="list-style-type: none"> <li>Review of resources</li> <li>Establishment of administrative procedures</li> <li>Training for faculty and staff</li> <li>Workshop for parents</li> <li>Within the regular health curriculum</li> </ul>  | Varies                             | \$250 | Teachers, counselors    |

| Program Description  | Ages                         | Implementation  | Length     | Cost            | In Kind Staffing/ Costs |
|--|------------------------------|---|------------|-----------------|-------------------------|
| <b>Reconnecting Youth: a Peer Group Approach to Building Life Skills</b> <ul style="list-style-type: none"> <li>• Build resiliency</li> <li>• Control early signs of substance use and emotional distress</li> <li>• School bonding activities to improve teens' relationships and increase safe, healthy activities</li> <li>• School crisis response plan</li> </ul> <p>To schedule:<br/>info@reconnectingyouth.com<br/>(425) 861-1177</p> | High School                  | <ul style="list-style-type: none"> <li>• Curriculum is taught by a Reconnecting Youth Leader, school staff or partner agency</li> </ul>   | 1 semester | \$300           | None                    |
| <b>Sources of Strength</b> <ul style="list-style-type: none"> <li>• Builds protective influences to reduce suicide</li> <li>• Trains students as peer leaders and connects them with adult advisors at school and in the community</li> </ul> <p>To schedule:<br/>marklomurray@gmail.com<br/>(701) 471-7186</p>  | Middle School<br>High School | <ul style="list-style-type: none"> <li>• Staff /students nominate peer leaders</li> <li>• Certified trainers provide initial training</li> <li>• Advisors facilitate meetings</li> <li>• Students do presentations, media messaging, posters, PSAs</li> </ul>   | 3-6 months | \$2,500-\$4,000 | None                    |
| <b>SOS Signs of Suicide</b> <ul style="list-style-type: none"> <li>• Teaches students how to identify the symptoms of depression and suicide in themselves and friends</li> </ul> <p>To schedule:<br/>sosinfo@mentalhealthscreening.org<br/>(781) 239-0071</p>   | Middle School<br>High School | <ul style="list-style-type: none"> <li>• Students are screened for depression and suicide risk and referred for help</li> <li>• Recognize signs of depression and suicide</li> <li>• Taught appropriate response</li> <li>• Guided classroom discussions</li> <li>• Increase help-seeking behavior</li> </ul> | 2 days     | \$375           | Teachers, counselors    |

# Teaching Adaptive Skills to Students

Programs focused on skill training strategies increased or enhanced factors that protect adolescents from suicide. Risk factors for suicide in these adolescents were significantly reduced.

**It is critical that suicide prevention curriculum focus on helping students develop:**

- Social skills
- Coping skills
- Help-seeking skills
- Problem-solving strategies
- Conflict resolution strategies

These skills are necessary to promote the development of a well-balanced and productive adult. They can be taught directly through lessons or indirectly by incorporating these skills into existing classes such as a health, driver's education, physical education, or reading.

**Training programs focusing on these skill sets have been shown to reduce:**

- Depression
- Hopelessness
- Substance use
- Bullying
- Unintentional injuries
- Violence
- Attempted suicides
- Death by suicide

**Programs that utilize social skills training:**

- Resolving Conflict Creatively Program (RCCP)- elementary and middle school  
[www.promisingpractices.net](http://www.promisingpractices.net)
- Collaborative for Academic, Social, and Emotional Learning (CASEL)  
[www.casel.org](http://www.casel.org)



## Botvin LifeSkills Training (LST)

This program reduces the risks of alcohol, tobacco, drug abuse, and violence by providing adolescents the confidence and skills necessary to successfully handle challenging situations. Botvin LifeSkills Training is recognized as a Model or Exemplary program by an array of government agencies, including the U.S. Department of Education and the Center for Substance Abuse Prevention.

LST promotes healthy alternatives to risky behavior through activities designed to:

- Teach students the necessary skills to resist peer pressures to smoke, drink, and use drugs
- Help students to develop greater self-esteem and self-confidence
- Enable students to effectively cope with anxiety
- Increase their knowledge of the immediate consequences of substance use
- Enhance cognitive and behavioral competency to reduce and prevent health risk behaviors

Providers in Oakland County elementary or middle schools:

- Arab American Chaldean Council- Shaneen Jones- (248) 559-0960
- CSS Hispanic Outreach Services- Luz Telleria- (248) 338-4250 x 3703
- Holly Area Youth Coalition- Susan Papple- (248) 328-3135
- Oakland County Health Division- Angela Gullekson- (248) 858-9598
- Student Leadership Services- Dawn Flood- (248) 706-0757

## No Bullying Live Empowered (NoBLE) Program

A Beaumont-based program providing integrated educational and counseling services to support bullied children and families affected by bullying. It focuses on meeting the needs of all youth exposed to bullying, recognizing that victims, witnesses, and bullies are all at risk for lifelong problems. Active areas of program development explore innovative ways to partner families, teachers, and healthcare providers to help address bullying and its impact.

Bullying knows no boundaries - it can affect anyone independent of gender, age, race, ethnicity, religion and socioeconomic status. Media has only heightened our awareness of how common bullying is and the tragedies that can occur secondarily. What are not often apparent are the lifelong effects exposure to bullying can have on an individual's well-being.

Contact **NoBLE** at **248-898-9951** to learn more about how they can help.

Support is also available 24/7 through a bullying hotline, operated by Common Ground, toll-free at **855-UR-NOBLE** (855-876-6253).

# Resources

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Crisis Lines and Other Resources...47

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Parent Crisis Team Recruitment Letter...50

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Parent Suicide Prevention Tip Sheet...53

# Talking Points For Staff

Speak up if you're worried!

Here are ways to start a conversation about suicide:

- I have been feeling concerned about you lately.
- Recently, I have noticed some differences in you and wondered how you are doing.
- I wanted to check in with you because you haven't seemed like yourself lately.

Questions you can ask:

- When did you begin feeling like this?
- Did something happen that made you start feeling this way?
- How can I best support you right now?
- Have you thought about getting help and talking to someone?

What you can say that helps:

- You are not alone in this. I'm here for you.
- You may not believe it now, but the way you're feeling will change.
- I may not be able to understand exactly how you feel, but I care about you and want to help.
- When you want to give up, tell yourself you will hold off for just one more day.

Refer:

- You deserve to speak to someone who is qualified to help you.
- Let's call Common Ground right now; we can call them together.
- Let's call your parents together, right now.

Contact Common Ground's 24-hour Helpline at 1-800-231-1127 for free and confidential counseling, information and referrals.

Common Ground provides a lifeline for individuals and families in crisis, victims of crime, persons with mental illness, people trying to cope with critical situations and runaway and homeless youths. Helping people in need for more than 40 years, Common Ground serves more than 40,000 individuals per year. The majority of services are free of charge.

### Tips to keep in mind:

- Contact Common Ground or refer student for professional help at 1-800-231-1127.
- Be yourself. Let the student know you care, that he/she is not alone. The right words are often unimportant. If you are concerned, your voice and manner will show it.
- Listen. Let the suicidal student unload despair, ventilate anger. No matter how negative the conversation seems, the fact that it exists is a positive sign.
- Be sympathetic, non-judgmental, patient, calm, accepting. The student is doing the right thing by talking about his/her feelings.
- Offer hope. Reassure the student that help is available and that the suicidal feelings are temporary. Let the student know that his or her life is important to you.
- Be direct. If the person says things like, “I’m so depressed, I can’t go on,” ask the question: “Are you having thoughts of suicide?” You are not putting ideas in their head; you are showing that you are concerned, that you take them seriously, and that it’s OK for them to share their pain with you.

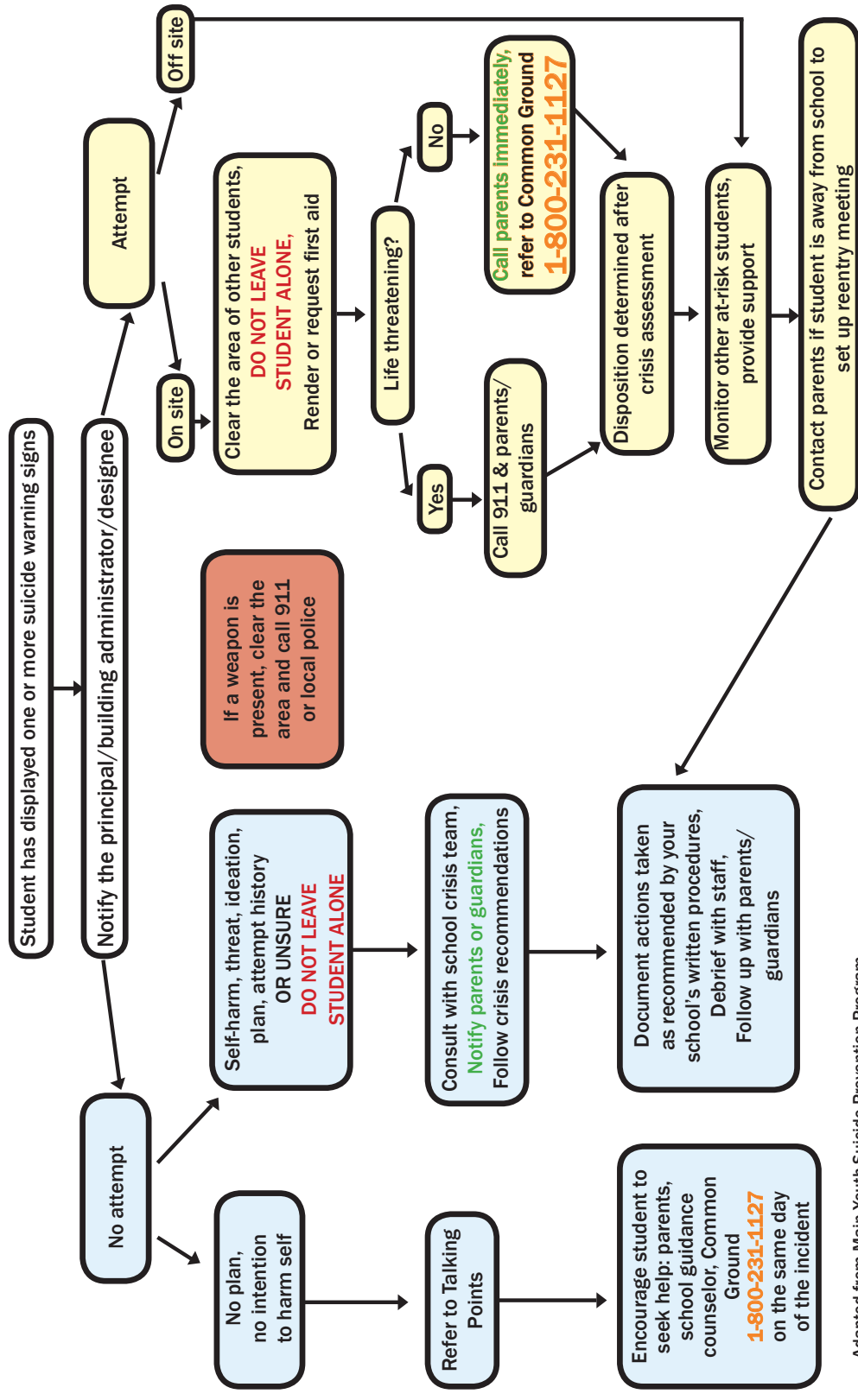
### Avoid these common negative reactions:

- Don’t argue with the suicidal person. Avoid saying things like: “You have so much to live for,” “Your suicide will hurt your family,” or “Look on the bright side.”
- Don’t act shocked, lecture on the value of life, or say that suicide is wrong.
- Don’t promise confidentiality. Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep discussions secret, you may have to break your word.
- Don’t offer ways to fix their problems, or give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it’s hurting your student.



# Suicide Intervention

## Protocol Chart for Staff



Adapted from Main Youth Suicide Prevention Program



# Crisis Lines and Other Resources

## Common Ground:

**Helpline**  
1-800-231-1127

**Teen to Teen**  
248-292-0194

**Crisis Chat Line**  
[commongroundhelps.org](http://commongroundhelps.org)

## Additional Resources:

**Oakland County Community Mental Health Authority**  
1-800-341-2003  
[www.occmha.org](http://www.occmha.org)

**Oakland County Health Division**  
**Office of Substance Abuse Services**  
248-292-0194  
[www.oakgov.com/health/osas/sas\\_about.htm](http://www.oakgov.com/health/osas/sas_about.htm)

**National Crisis Line**  
1-800-273-TALK (8255)



# CRISIS CHAT LINE

ONE-ON-ONE TEXTING AND ONLINE EMOTIONAL SUPPORT

4 TO 10PM  
M - F

WEEKENDS  
AVAILABLE  
SOON

CHECK US OUT AT

[WWW.COMMONGROUNDHELPS.ORG](http://WWW.COMMONGROUNDHELPS.ORG)

OR TEXT US @

248-809-5550

SUICIDE ANXIETY depression BULLYING Breakup

A NON-JUDGMENTAL PLACE TO  
TALK ABOUT PROBLEMS AND STRESS

1-800-231-1127 24/7



Common  
Ground  
helping people move  
from crisis to hope

# Staff Crisis Team Recruitment Letter

Schools can use this letter to recruit staff volunteers to be members of the School's Staff Crisis Team.

These staff members should participate in training beyond the basic suicide prevention training for all staff. This may include participating in a Mental Health First Aid or ASIST training. Contact Common Ground for information about staff training at 1-800-231-1127.

Your school should decide what activities, if any, you would like your staff crisis team to participate in. Examples include leading suicide prevention trainings for all staff, directing parent volunteers, coordinating student suicide prevention education or responding to a suicide crisis.

Dear Staff:

As a part of our school's suicide prevention planning efforts, a school crisis team is being developed. We are looking for crisis team leaders and members who are comfortable dealing with crisis situations, knowledgeable about community resources, able to work well with others on a team, and would be willing to spend time to meet for training and team coordination.

If you are interested or have more questions regarding the development of a crisis team, please contact me by \_\_\_\_\_.

Sincerely,

# Parent Crisis Team Recruitment Letter

Schools can use this letter to recruit parent volunteers to be members of the School's Parent Crisis Team.

Parents should be trained in suicide prevention, including risk factors, protective factors and warning signs. Training should include an overview of community resources for suicide prevention, including Common Ground, Oakland County Community Mental Health Authority and Oakland County Health Division Office of Substance Abuse Services.

Your school should decide what activities, if any, you would like your parent crisis team to participate in. Examples include fund-raisers, special events or student activities.

Dear Parents:

Our school has made a commitment to school-based suicide prevention education, which includes training for staff and interested parents or guardians. The training serves to teach parents and staff to identify signs that may signal emotional difficulty. It will also provide volunteers with information about referral and getting a student appropriate help.

Parent/Guardian volunteer training will occur:

Date:

Time:

Place:

This information will help us all be more aware of individuals who may be having difficulties, who to contact if we are concerned and what resources are available to the community.

Thank you for considering this important opportunity.

Sincerely,

# Parent Education

Information from parents regarding mental health history, family dynamics, recent traumatic events and suicidal behaviors are crucial to a student's suicide risk assessment. It's imperative to educate parents about suicide and give them resources to help their child.

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. Parents need to know:

- The prevalence of suicide and suicide attempts among youth
- The warning signs of suicide, risk factors and protective factors
- How to respond when they recognize their child or another youth is at risk
- Where to turn for help in the community

Parents can help protect their children from suicide risk by:

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

Schools can include suicide prevention activities in scheduled events or schedule a specific event to promote health and wellness. Schools have integrated suicide prevention outreach 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 to the parents of every middle and high school student describing how to help a child in crisis
- Including suicide awareness as part of freshman orientation, safety days, or other health events at the school
- Including suicide prevention in parenting classes
- Presenting suicide prevention education at a PTO meeting

Please see the Parent Suicide Prevention Tip Sheet on page 53 to provide to parents.





# Parent Suicide Prevention Tip Sheet

Teen years can be stressful and emotional. The struggle to fit in can lead to issues with self-esteem, self-doubt, loneliness and depression. It is normal for youth to feel this way at times, but when these feelings continue for long periods of time, it can lead to thoughts of suicide or self harm.

- The issues of mental illness, substance use and suicide are closely related.
- 12-17 % of people will experience a major depressive episode in their lifetime.
- Using alcohol and other drugs—including prescriptions—can be an attempt to self-medicate to ease the pain associated with depression, traumatic events or other problems.
- Most adolescent suicide attempts involve interpersonal conflicts. Long-term conflicts such as bullying or abuse and short-term conflicts, including romantic breakups or sexting, can play a role.
- Victims of bullying are at increased risk for depression and issues related to suicide. Report any issues of bullying at school or online to parents/guardians, teachers and school counselors.
- Watch your child following a romantic breakup or other traumatic event. Teens are impulsive and may not think through the consequences of their behavior before acting.
- Educate your child about the consequences of sexting— sending explicit images or messages.
- If your child notices a post on a social media site that indicates another student is feeling depressed, using substances or talking about suicide, tell parents/guardians, teachers and school counselors immediately.



## Warning signs for suicide:

- Frequent complaints about not feeling good: headaches, stomachaches or fatigue
- Change in eating and sleeping habits
- Withdrawal from friends, family and regular activities
- Violent or rebellious behavior
- Decreased energy
- Persistent sad, anxious or empty feelings
- Drug and alcohol use
- Difficulty remembering details
- Difficulty making decisions
- Neglect of personal appearance

## Sexting Information for Teens

- Never take images of yourself that you wouldn't want everyone to see—classmates, teachers, family or future employers.
- If you forward a sexual picture of someone under 18, you could be charged with child pornography, go to jail and have to register as a sex offender.

## Take immediate action and call Common Ground if:

- Your child makes a threat to kill themselves by saying things like:
  - “*I wish I were dead*” or “*What’s the point in living?*”
- Your child is looking for a way to carry out a suicide plan.
- Your child has a plan about where they can get things to kill himself or herself with.
- Your child is talking or writing about death or suicide.

## Here are some ways to start a conversation about suicide:

- I have been feeling concerned about you lately.
- Lately I’ve noticed some differences in you and wondered how you’re doing.
- I wanted to check in with you because you haven’t seemed like yourself lately.

## Questions you can ask:

- When did you begin feeling like this?
- Did something happen that made you start feeling this way?
- How can I best support you right now?
- Have you thought about getting help and talking to someone?

## What to say that can help an at-risk teen:

- You are not alone in this. I’m here for you.
- You may not believe it now, but the way you’re feeling will change.
- I may not be able to understand exactly how you feel, but I love you and want to help.
- When you want to give up, tell yourself you will hold off for just one more day.

## How can you protect your teen?

- Get medical care for depression, substance use and other medical issues.
- Encourage positive relationships with medical and mental health providers.
- Do not allow access to firearms and other life threatening items.
- Don’t keep medications where your kids or their friends can access. Safely discard unused medications.
- Promote skills in solving problems and resolving conflicts in a nonviolent way.
- Know that most suicides occur in the afternoon or early evening in the teen’s home.
- Any deliberate self-harming behaviors should be considered serious and in need of further evaluation. Not all adolescent attempters may admit their intent.

### Prescription Drug Abuse Facts

- Substance use is a major risk factor for suicide. 96% of drug-related suicide attempts involved prescription drugs.
- 3 in 5 teens say prescription painkillers or stimulants are easy to get from their parents’ medicine cabinets.
- The majority of teens say they abuse prescriptions because they are not illegal (51%). They also believe parents don’t care as much if they get caught (21%).
- Many teens say their parents are not discussing these dangers with them. Parental disapproval is a powerful way to keep teens from using drugs.

- **Common Ground’s 24-Hour Helpline:** 800-231-1127
- **Oakland County Youth Suicide Prevention Task Force:** [www.oakgov.com/health](http://www.oakgov.com/health)
- **Oakland County Health Division Nurse on Call:** 800-848-5533 or [noc@oakgov.com](mailto:noc@oakgov.com)



# Important Facts to Know About Suicide

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# Warning Signs for Suicide and How to Respond

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

Take immediate action and call Common Ground at 1-800-231-1127 if:

- Someone makes a threat to kill themselves:
  - “I wish I were dead”
  - “If ..... doesn’t happen, I’ll kill myself”
  - “What’s the point of living”
- Someone is looking for a way to carry out a suicide plan
- Someone is talking about death or suicide in text messages, on social networking sites or in poems/music

Call 911 if:

- A suicide attempt has been made
- A weapon is present
- The person is out of control

Get professional help if you witness, hear or see anyone exhibiting the following behaviors:

- Hopelessness
- 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
- Signs of depression



Don't face your problems alone  
**Talk to someone  
you trust**

**Helpline 800.231.1127**

Logansport Community Hospital  
Crisis Center  
CMH  
Common Ground  
TLC

# Risk Factors

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.

## Behavioral Health Issues/Disorders

- Depressive disorders
- Substance use 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

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
- Low stress tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Perception of being a burden to others

## Risky Behaviors

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

## Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (actual or perceived difficulties in school or work, not attending school or work)
- Physical, sexual, or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of a peer

## Family Characteristics

- Family history of suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent-child relationship

## Environmental Factors

- Limitations in school physical environment, including lack of safety and security
- Limited access to mental health care
- Access to lethal means, particularly at home
- Exposure to stigma and discrimination based on sexual orientation, gender identity, race and ethnicity, disability, or physical characteristics such as overweight

# Protective Factors

If a student is at risk for suicide, certain factors, referred to as protective factors, can buffer the effects of risk factors. Actions by school staff to enhance protective factors can prevent suicide. If you notice the absence of these protective factors in a student, pay extra attention to signs of risk factors.

## Individual Characteristics

- Psychological or emotional well-being
- Adaptable temperament
- Ability to manage emotions
- Frustration tolerance
- Personal hygiene
- Body image
- Self-esteem
- Feeling in control of what happens in life
- Resilience: ongoing or continuing sense of hope during adversity
- Strong verbal skills
  - Ability to communicate feelings
- Strong problem-solving skills
- Coping skills
  - Conflict resolution
  - Nonviolent handling of disputes

## Individual Behaviors

- Participation in sports
- Spiritual faith or regular church attendance
- Cultural and religious beliefs that affirm life and discourage suicide

## Mental Health and Healthcare Providers

- Access to effective care for mental, physical, and substance use disorders
- Ongoing medical and mental health relationships

## Family and Social Support

- Family support
- Close friends or family members
- A caring adult
- Family support for school

## School

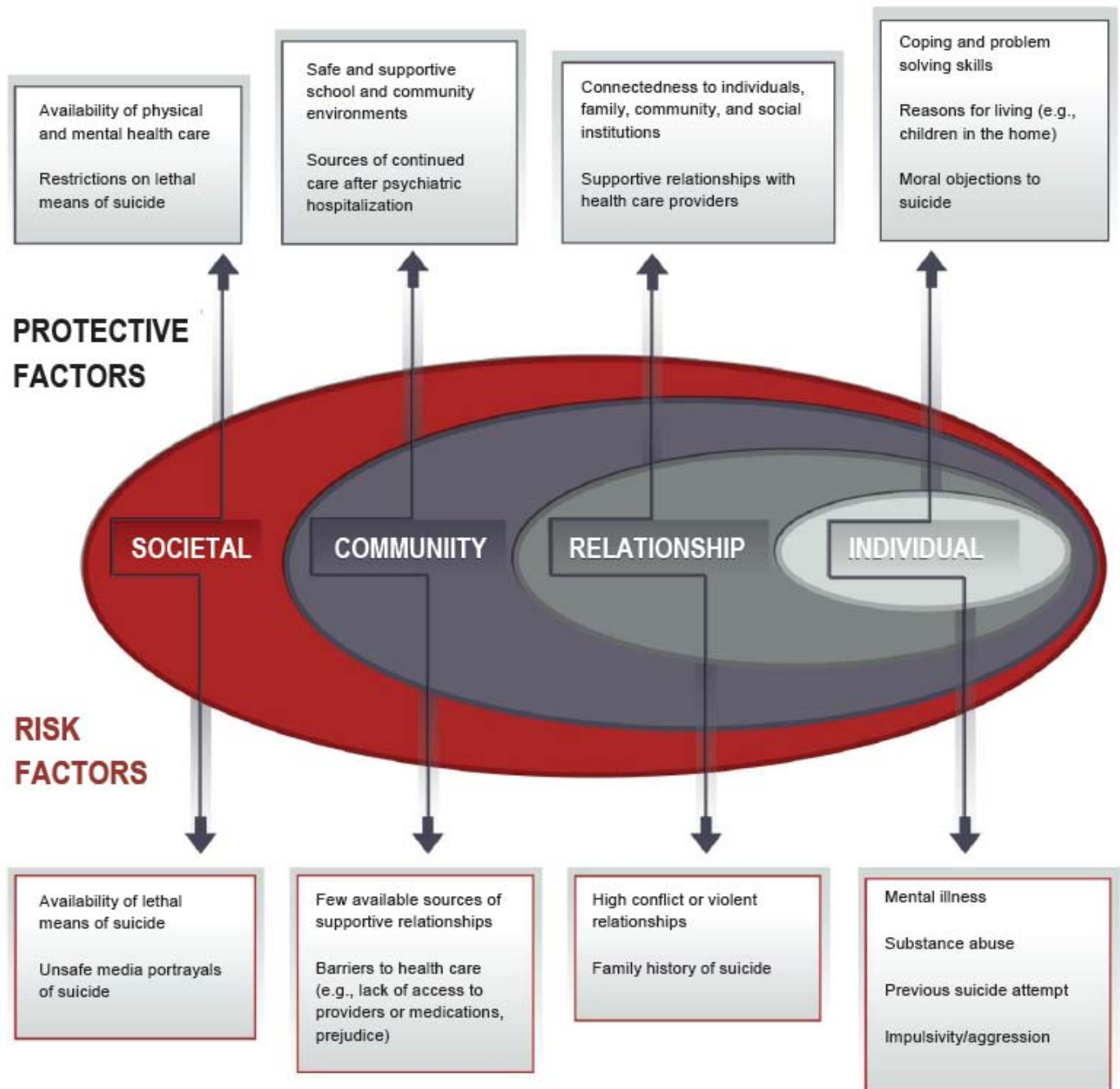
- Positive school experiences
- Part of a close school community
- Safe environment at school, especially for lesbian, gay, bisexual, and transgender youth
- Academic achievement
- Respect for the cultures of all students

## Access to Means for Completing Suicide

- Restricted access to firearms
  - Guns locked or unloaded
  - Ammunition stored or locked
- Safety barriers for bridges, buildings and other jumping sites
- Restricted access to over-the-counter and prescription medications
- Restricted access to alcohol



# Risk and Protective Factors in a Social Ecological Model



Adapted from: Dahlberg LL, Krug EG. Violence—a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World report on violence and health. Geneva, Switzerland: World Health Organization; 2002:1–56.

# Emerging Issues

## Suicide and mental health: important facts

More than 60 percent of suicidal deaths occur among people with depression or bipolar disorder.

- 12 to 17 percent of individuals will experience a major depressive episode within their lifetime.
- The suicide rate for individuals with bipolar disorder is estimated to be 25 times higher than the general population.

Anxiety Disorders affect about 40 million Americans per year. The presence of any anxiety disorder is significantly associated with suicidal ideation and attempts. The presence of an anxiety disorder in combination with depression or bipolar disorder is associated with a higher likelihood of suicide attempts.

Recurrent suicide attempts, self-injury, and impulsive aggressive acts are often associated with Borderline Personality Disorder and often result in emergency and inpatient treatment.

The greatest indicator of suicide risk among people with schizophrenia is active psychotic illness combined with symptoms of depression. The risk for suicide is particularly high in the first 3–5 years of onset of schizophrenia. Increased risk for suicide is also associated with higher levels of education and higher socioeconomic status.

## Suicide and substance use: important facts

Many young people who turn to substances have an undiagnosed mental illness. The use of alcohol and other drugs can be an attempt to self-medicate to ease the pain and suffering associated with depression, family dysfunction, and other problems.

Substance use is a major risk factor for suicidal behavior among young people.

Substances impair critical thinking skills and lower inhibitions, which makes young people under the influence of drugs or alcohol likely to choose a more lethal means to attempt suicide.

Almost 96 percent of drug-related suicide attempts by adolescents involved prescription drugs.





## Implications for prevention

Substance use and suicide can be addressed with common strategies including:

- Identifying students at risk for suicide, substance use or depression and ensure that they receive help. See the student education programs with a screening component on page 37.
- Enhancing protective factors, such as connectedness, which can also improve the school environment and enhance academic achievement.
- Educating school staff, students, and parents about the relationship among substance use, suicide and depression.
- Educating school staff, students, and parents about the role of alcohol and drugs—including prescription drugs—in adolescent suicide, and the importance of restricting access to these substances.



### Prescription drug abuse facts

64 percent of teens who have abused pain relievers or stimulants say they got them from friends or relatives, often without their knowledge.

Three in five teens say prescription painkillers are easy to get from parents' medicine cabinets.

The majority of teens say they abuse prescription painkillers rather than other drugs because they are not illegal (51 percent). They also believe parents don't care as much if they get caught (21 percent).

Many teens say their parents are not discussing these dangers with them, even though research shows that parental disapproval is a powerful way to keep teens from using drugs.

Parents are in a unique position to immediately reduce teen access to prescription drugs because they are found in the home.



## Suicide and bullying: important facts

Bullying is the ongoing physical or emotional victimization of a person by others. Cyberbullying is an emerging problem in which people use technology, such as social media and texting, to bully their victims.

Lesbian, gay, bisexual and transgender (LGBT) youth experience more bullying at school than their peers.

Both victims and perpetrators of bullying are at higher risk of suicide than their peers. Youth who are *both* victims and perpetrators of bullying are at highest risk. The effects of bullying (especially chronic bullying) on mental health are long-term and may persist into adulthood.



Many children who are bullied have characteristics that increase their risk of victimization. These are also risk factors for suicide. Characteristics include:

- Internalizing problems (including withdrawal, anxiety and depression)
- Low self-esteem
- Low assertiveness
- Aggressiveness in early childhood, which can lead to rejection by peers and social isolation

## Implications for prevention

- Prevention strategies to improve school climate
- Family outreach
- Identifying and providing services to students with risk factors for bullying or being bullied

20-40 percent of students ages 12–18 report being bullied. Victims of bullying are at increased risk for depression and other problems associated with suicide.

## Suicide and romantic relationships: important facts

It's common for teens to experience loss of energy, lack of motivation or direction, inability to focus, changes in sleeping and eating patterns and disruption in typical routines following a breakup. In an attempt to cope, students may react by trying to find a "fix"—using substances to numb the pain and escape the situation. These attempts to cope frequently create deeper despair.

A romantic breakup is a traumatic event for many teens. Their impulsive nature combined with a potential inability to think through the consequences of their behavior before acting can increase the risk for suicide following a romantic breakup.

The best way to deal with the ending of a relationship is for students to let themselves grieve. Sometimes it is helpful to talk these things through with others (family, friends, other support people and professionals). Putting emotions into words helps to clarify experience and assist in setting realistic goals or expectations. These questions may be helpful to discuss:

- What did you notice about yourself in the relationship?
- What is positive? What would you like to change?
- Were there patterns or issues that brought you into this relationship or caused it to end?
- What are your priorities and preferences in life?
- Who are you on your own and how do you want to live your life?

## Implications for prevention

Ideally, as students work through the recovery process, they will begin to feel better. Loss takes time to heal from. If students let themselves grieve, acknowledge the loss and focus on learning from the experience... with time students will find themselves moving on. If a student seems to be having difficulty coping with a breakup, notify parents as soon as possible.

## Educate students about the consequences of sexting:

- Never take images of yourself that you wouldn't want everyone—your classmates, your teachers, your family or your employers—to see.
- Before hitting send, remember you cannot control where this image may travel. What you send to a boyfriend or girlfriend easily could end up with their friends. What if their phone is stolen?
- You could get kicked off of sports teams, lose educational opportunities and it's against the law.
- If you forward a sexual picture of someone underage, you are responsible for this image. You could face child pornography charges, go to jail and have to register as a sex offender.
- Report any nude pictures you receive on your cell phone to an adult you trust. Do not delete the message. Get parents/guardians, teachers and school counselors involved immediately.

# The Implications of Culture on Suicide Prevention

The cultures of groups sharing common histories and/or heritages are not adequately described by categories such as “Hispanic,” “American Indian/Alaska Native,” “disabled,” “rural,” “southern,” or “LGBT.” Culture changes over time.

Understanding the cultural context of suicidal behavior is essential for prevention. Culture is defined as belief systems and value orientations that influence customs, norms, practices, and social institutions of a group.

Culture profoundly influences how people:

- Think about suicide, death, and mental illness
- Display emotions or distress
- Ask for or accept help

Understanding the cultures within your school entails working with students, families, community leaders, and “cultural mediators” or “cultural brokers.” They can provide insight into how you can design and implement culturally competent suicide prevention activities.

## Risk and protective factors

Family support may be a strong protective factor in immigrant families. But such protection can weaken as families become “Americanized” and young people grow more independent.

## The precipitants of suicidal behavior

Culture influences how young people respond to events that escalate risk and trigger suicide attempts. In cultures in which peer influence is strong, for example, the suicide of a friend or schoolmate may provoke a “copycat” suicide. This may not happen in cultures where family influence is stronger than peer influence. In those cultures, a suicide attempt might be triggered if a vulnerable young person fails to meet family expectations in academic achievement.

## The understanding and expression of the warning signs of suicide

Culture influences how people display (or refrain from displaying) emotional distress. Some cultures promote a stoicism that makes seeing warning signs difficult. Young people from other cultures may be reluctant to talk about their problems; rather they express them through behavior or demeanor.

## Help-seeking behaviors

Culture plays a large role in determining who (if anyone) young people turn to for emotional support. Young people from some cultures may prefer to consult family members or religious leaders rather than mental health professionals or other “outsiders.” Other cultures may value self-reliance and regard any help-seeking (even within the family) as a weakness.

## Trust

Youth and families from groups with histories of victimization, oppression, sectarian violence, or other forms of trauma may fear people who represent authority (including school and mental health personnel) or are from cultural groups other than their own.

## Recommendations for effectively responding to the cultures of your student population

- Actively show an understanding of and respect for the cultures of students and their families.
- Create culturally sensitive services that build on a culture’s strengths and protective factors.
- Engage families as active participants in guaranteeing a young person’s safety, as well as in the therapeutic process.
- Respect and build upon the religious and spiritual heritage of students. Some families may seek the permission of spiritual or traditional leaders before they turn to mental health service providers or may want to offer both types of support to their children.
- Tailor prevention programs to the ways different cultures display or conceal distress.
- Be sensitive to stigma around issues of suicide, help-seeking, and mental health services. It may be useful to offer services in settings not associated with mental health treatment.

What staff and mental health providers learn about the culture of students and families, and what students and families learn about suicide and mental health, may challenge their beliefs. Working together to bring the insights of both science and culture is the key to providing culturally competent and effective suicide prevention messages.

Suicide and its prevention are complex and multi-dimensional and need to be approached openly and comprehensively.

# Glossary

**Affected by suicide**—All those who may feel the impact of suicidal behaviors, including those bereaved by suicide, as well as community members and others.

**Behavioral health**—A state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance use or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders.

**Bereaved by suicide**—Family members, friends, and others affected by the suicide of a loved one (also referred to as survivors of suicide loss).

**Best practices**—Activities or programs that are in keeping with the best available evidence regarding what is effective.

**Community**—A group of individuals residing in the same locality or sharing a common interest.

**Comorbidity**—The co-occurrence of two or more disorders, such as depressive disorder and substance use disorder.

**Connectedness**—perceived caring by others, satisfaction with relationship to others, or feeling loved and wanted by others.

**Contagion**—A phenomenon whereby susceptible persons are influenced toward suicidal behavior through knowledge of another person's suicidal acts.

**Culturally appropriate**—A set of values, behaviors, attitudes, and practices reflected in the work of an organization or program that enables it to be effective across cultures, including the ability of the program to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services.

**Culture**—The integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith, or social group.

**Deliberate self-harm**—See suicidal self-directed violence.

**Epidemiology**—The study of statistics and trends in health and disease across communities.

**Evidence-based programs**—Programs that have undergone scientific evaluation and proven effective.

**Gatekeepers**—Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples include clergy, first responders, pharmacists, caregivers, and those employed in schools.



**Gender identity**—An individual's deeply-rooted internal sense of gender. For most individuals, the sex assigned to them at birth aligns with their gender identity. This is not true for some others, however, who identify as transgender.

**Health**—The complete state of physical, mental, and social well-being, not merely the absence of disease or infirmity.

**Health and safety officials**—Law enforcement officers, firefighters, emergency medical technicians, and outreach workers in community health programs.

**Intervention**—A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorders, educating providers about suicide prevention, or reducing access to lethal means among individuals with suicide risk).

**Means**—The instrument or object used to carry out a self-destructive act (e.g., chemicals, medications, illicit drugs).

**Methods**—Actions or techniques that result in an individual inflicting self-directed injurious behavior (e.g., overdose).

**Mental disorder**—A diagnosable illness characterized by alterations in thinking, mood, or behavior associated with distress that significantly interferes with an individual's cognitive, emotional, or social abilities; often used interchangeably with mental illness.

**Mental health**—The capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities (cognitive, affective, and relational).

**Minority stress**—The high levels of chronic stress experienced by members of minority populations (including lesbian, gay, bisexual, or transgender populations) as a result of the prejudice and discrimination they experience from the dominant group in society.

**Nonsuicidal self-injury**—Self-injury with no suicidal intent.

**Postvention**—Response to and care for individuals affected following a suicide attempt or death.

**Prevention**—A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems, or reduces the harm resulting from conditions or behaviors.

**Protective factors**—Factors that make it less likely that individuals will develop a disorder. Protective factors may encompass biological, psychological, or social factors in the individual, family, and environment.

**Rate**—The number per unit of the population with a characteristic, for a given unit of time.

**Resilience**—Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

**Risk factors**—Factors that make it more likely that individuals will develop a disorder. Risk factors may encompass biological, psychological, or social factors in the individual, family, and environment.



**Safety plan**—Written list of warning signs, coping responses, and support sources that an individual may use to avert or manage a suicide crisis.

**Screening**—Administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.

**Social support**—Assistance that may include companionship, emotional backing, cognitive guidance, material aid, and special services.

**Stakeholders**—Entities including organizations, groups, and individuals that are affected by and contribute to decisions, consultations, and policies.

**Substance use disorder**—A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use. Includes maladaptive use of legal substances such as alcohol; prescription drugs such as analgesics, sedatives, tranquilizers, and stimulants; and illicit drugs such as marijuana, cocaine, inhalants, hallucinogens, and heroin.

**Suicidal behaviors**—Behaviors related to suicide, including preparatory acts, as well as suicide attempts and deaths.

**Suicidal ideation**—Thoughts of engaging in suicide-related behavior.

**Suicidal intent**—intended to kill him or herself or wished to die and that the individual understood the probable consequences of his or her actions.

**Suicidal plan**—A thought regarding a self-initiated action that facilitates self-harm behavior or a suicide attempt, often including an organized manner of engaging in suicidal behavior such as a description of a time frame and method.

**Suicide**—Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

**Suicide attempt**—A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

**Suicidal behaviors**—Acts and/or preparation toward making a suicide attempt, suicide attempts, and deaths by suicide.

**Suicide crisis**—A suicide crisis, suicidal crisis, or potential suicide is a situation in which a person is attempting to kill him or herself or is seriously contemplating or planning to do so. It is considered a medical emergency requiring immediate suicide intervention and emergency medical treatment.

**Suicide attempt survivors**—Individuals who have survived a prior suicide attempt.

**Suicide loss survivors**—See bereaved by suicide.

**Surveillance**—The ongoing, systematic collection, analysis, and interpretation of health data with timely dissemination of findings.

# Conclusion

The impact of suicide is devastating to entire communities. When middle and high schools across Oakland County work together to prevent youth suicide, the entire community becomes more educated and supportive of at-risk youth. As people recognize warning signs, individuals receive needed care and suicides can be prevented.

Oakland County Health Division and its partners Oakland County Community Mental Health Authority, Common Ground, Easter Seals, Oakland Schools and Training and Treatment Innovations appreciate the efforts of Oakland County schools to keep their students safe and healthy. Therefore, the Oakland County Youth Suicide Prevention Task Force intends to create more resources to address youth suicide prevention. These additions will address topics including but not limited to parent education, peer support and response to a suicide.

For additional resources related to youth suicide prevention in schools, refer to:

- SAMHSA's Preventing Suicide: A Toolkit for High Schools  
[www.samhsa.gov/prevention/suicide.aspx](http://www.samhsa.gov/prevention/suicide.aspx)
- SPRC's The Role of Teachers in Preventing Suicide  
[www.sprc.org/sites/sprc.org/files/Teachers.pdf](http://www.sprc.org/sites/sprc.org/files/Teachers.pdf)
- University of South Florida's Youth Suicide Prevention School-Based Guide  
<http://theguide.fmhi.usf.edu>

As we move forward with the Oakland County Youth Suicide Prevention Plan, we look forward to working with your school to reduce the risk of suicide among our youth.



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