Suicide/Self-Harm Prevention & Intervention: Policy & Practice

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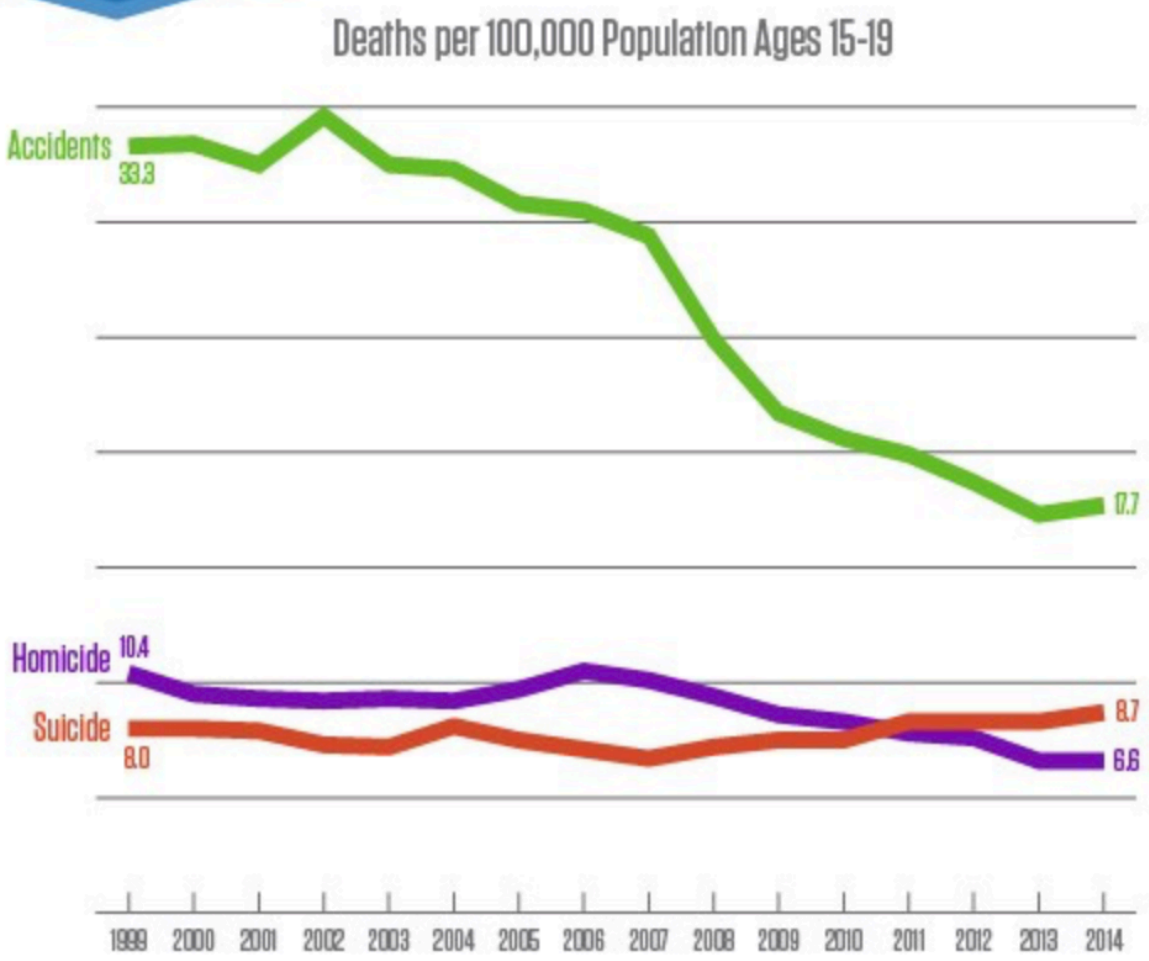
FLORIDA DEPARTMENT OF EDUCATION
fldoe.org

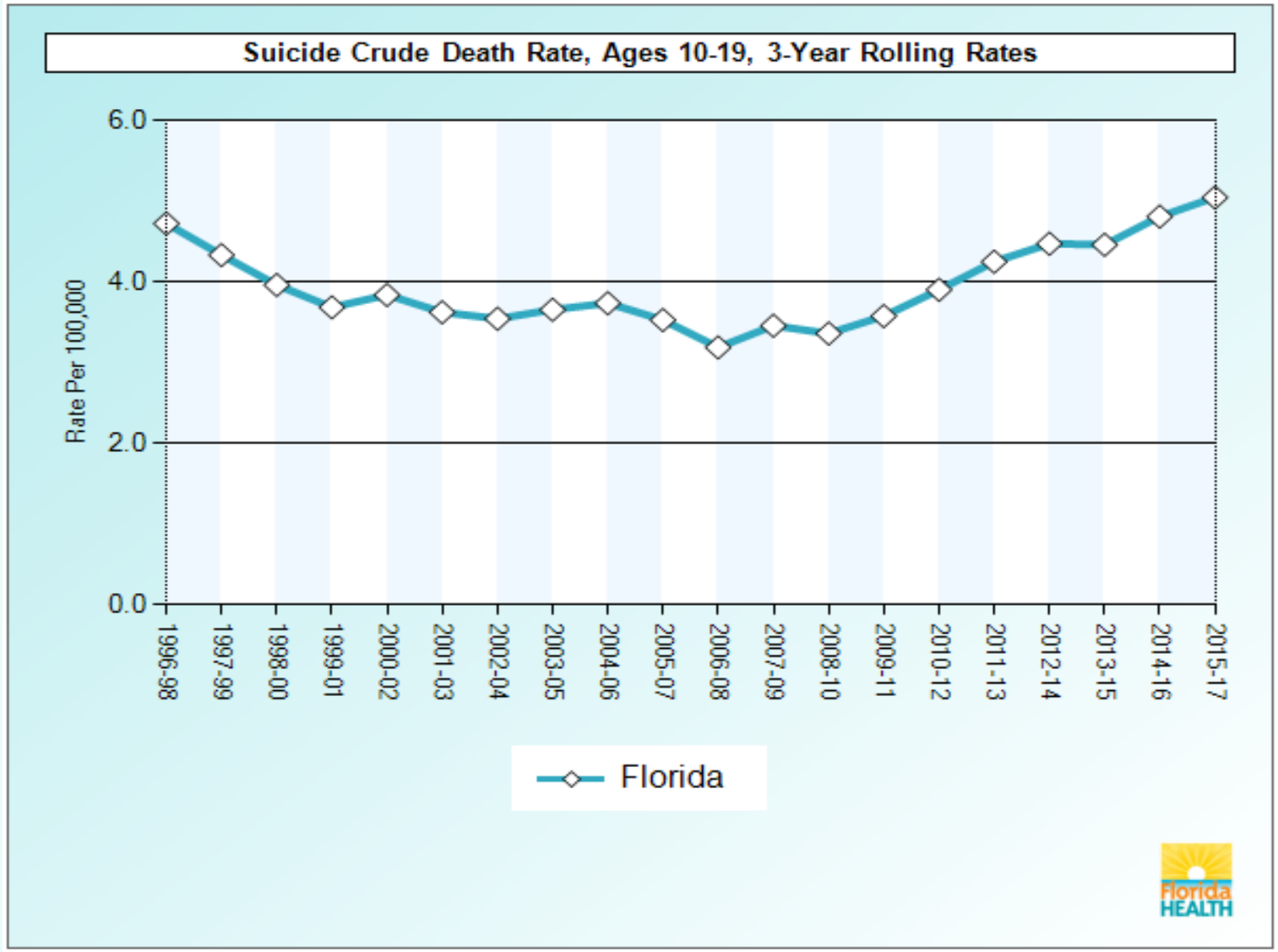
Definition of terms

- **Suicide** is death caused by self-directed injurious behavior with the intent to die as a result of the behavior.
- **Suicide attempt** is a non-fatal, self-directed injurious behavior with the intent to die as a result of the behavior.
- **Suicidal ideation** refers to thinking about, considering, or planning suicide.
- **Non-suicidal self-injury** is the deliberate, self-harm or self-injurious with no suicidal intent and for purposes not culturally sanctioned.

SUICIDE SURPASSED HOMICIDE TO BECOME SECOND-LEADING CAUSE OF DEATH FOR TEENAGERS, AGES 15-19, IN THE UNITED STATES

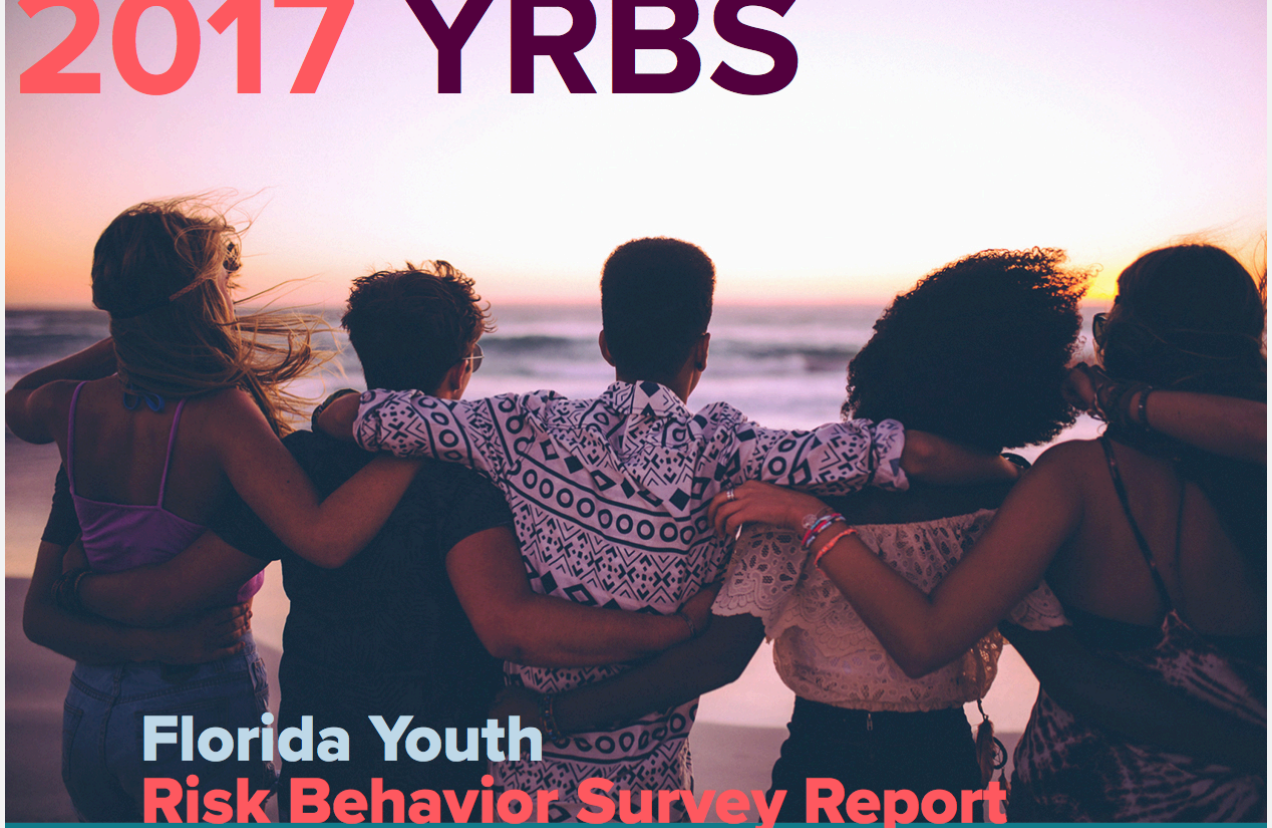


Source: Population Reference Bureau analysis of Centers for Disease Control and Prevention, National Center for Health Statistics, "Underlying Cause of Death 1999-2014," CDC WONDER Online Database, accessed at http://wonder.cdc.gov/ucd-icd10.html, on May 27, 2016.


Suicide Crude Death Rate, Ages 10-19, 3-Year Rolling Rates
Rate Per 100,000
6.0
4.0
2.0
0.0
1996-98
1997-99
1998-00
1999-01
2000-02
2001-03
2002-04
2003-05
2004-06
2005-07
2006-08
2007-09
2008-10
2009-11
2010-12
2011-13
2012-14
2013-15
2014-16
2015-17
Florida
Florida HEALTH

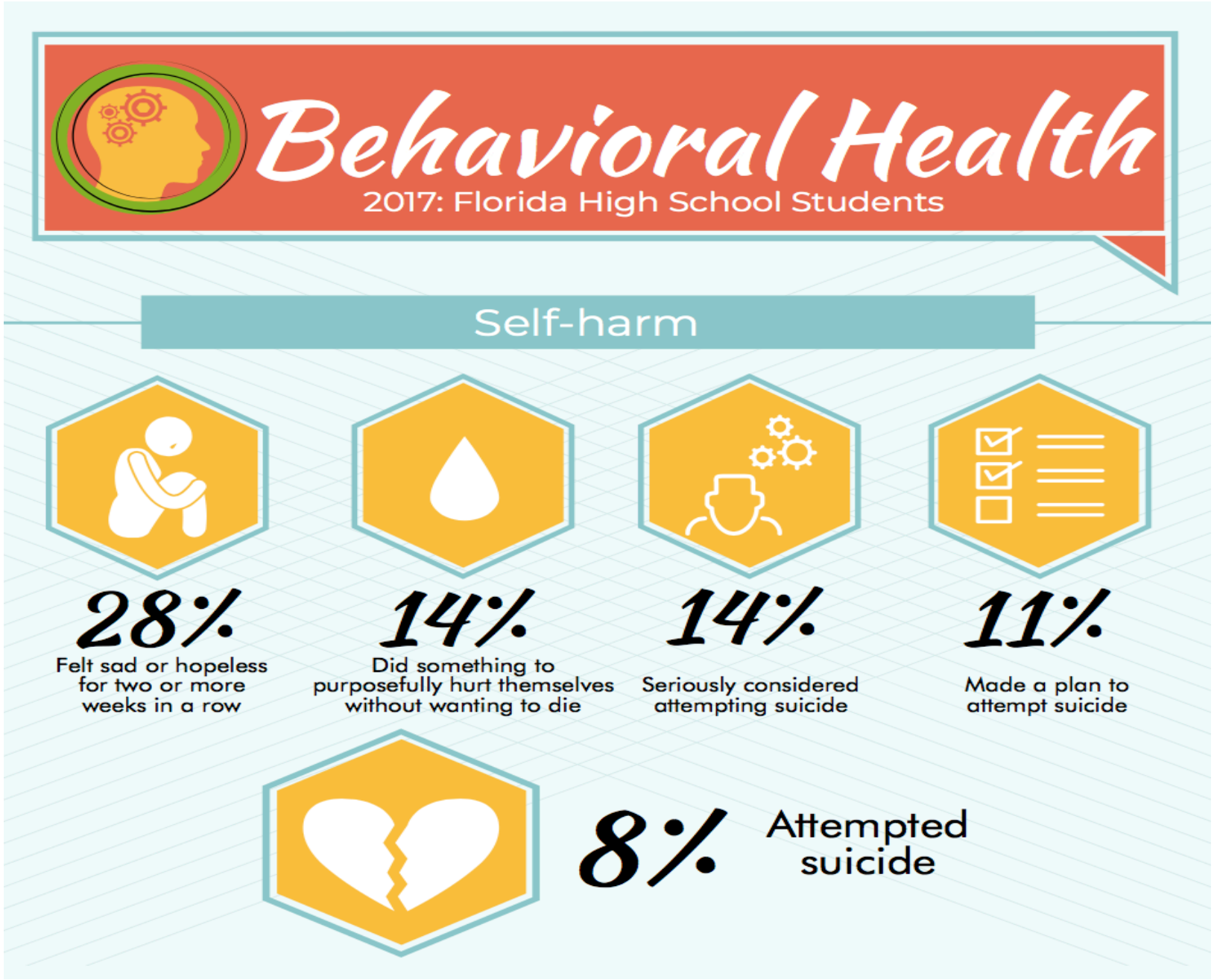

THE TAPES WERE JUST
THE BEGINNING

2017 YRBS



Florida Youth Risk Behavior Survey Report

Reader's Guide | Unintentional Injury & Violence | Behavioral Health | Healthy Weight



FL Youth Risk Behavior Survey - 2017

2017: BEHAVIORAL HEALTH

Self-Harm

PERCENTAGE OF HIGH SCHOOL STUDENTS WHO	TOTAL	MALE	FEMALE	BLACK	HISPANIC	WHITE
Felt sad or hopeless for two or more weeks in a row	27.8	17.8	38.1	26.5	30.1	27.4
Seriously considered attempting suicide	13.8	9.5	18.1	11.8	14.9	14.4
Made a plan to attempt suicide	10.7	7.3	14.1	9.4	10.9	11
Attempted suicide	7.6	6.1	8.9	7.8	8.2	6.5
Puposefully hurt themselves without wanting to die	14.1	9.4	18.8	10.6	13.7	16.3

FL Youth Risk Behavior Survey - 2017

10-YEAR DATA TRENDS

2007–2017

% of High School students who:

Seriously considered attempting suicide
INCREASED, from 11.2% to 13.8%

Made a plan to attempt suicide
INCREASED, from 8.1% to 10.7%

Attempted suicide
INCREASED, from 5.7% to 7.6%

Currently drink alcohol
DECREASED, from 42.3% to 27.0%

Ever used cocaine
DECREASED, from 7.5% to 4.7%

Ever had oral sex
DECREASED, from 45.2% to 37.2%

Ever had sexual intercourse
DECREASED, from 49.5% to 38.1%

Had sexual intercourse with four or more partners
DECREASED, from 16.4% to 9.9%

Used a condom during last sexual intercourse
DECREASED, from 21.8% to 20.4%

Did not use any method of prevention before last sexual intercourse
INCREASED, from 11.2% to 13.3%

2009–2017

% of High School students who:

Purposefully hurt themselves without wanting to die
INCREASED, from 13.9 to 14.1%

Protective Factors

- Problem solving/coping skills
- Strong connections to family and community
- Safe school school environment and sense of connectedness to school
- Cultural and religious beliefs that discourage suicide
- Access to mental health/clinical interventions
- Effective mental health care (mental, physical, and substance abuse disorders)
- Restricted access to lethal means of suicide

Suicide Risk Factors

- Mental health & substance abuse disorders
- Hopelessness
- Disappointment or rejection/loss
- Bullying or victimization
- Lack of social support/sense of isolation
- Impulsive/aggressive tendencies
- Knowing someone who committed suicide
- Previous suicide attempt
- Easy access to lethal means

Don't let these labels...

HOMO

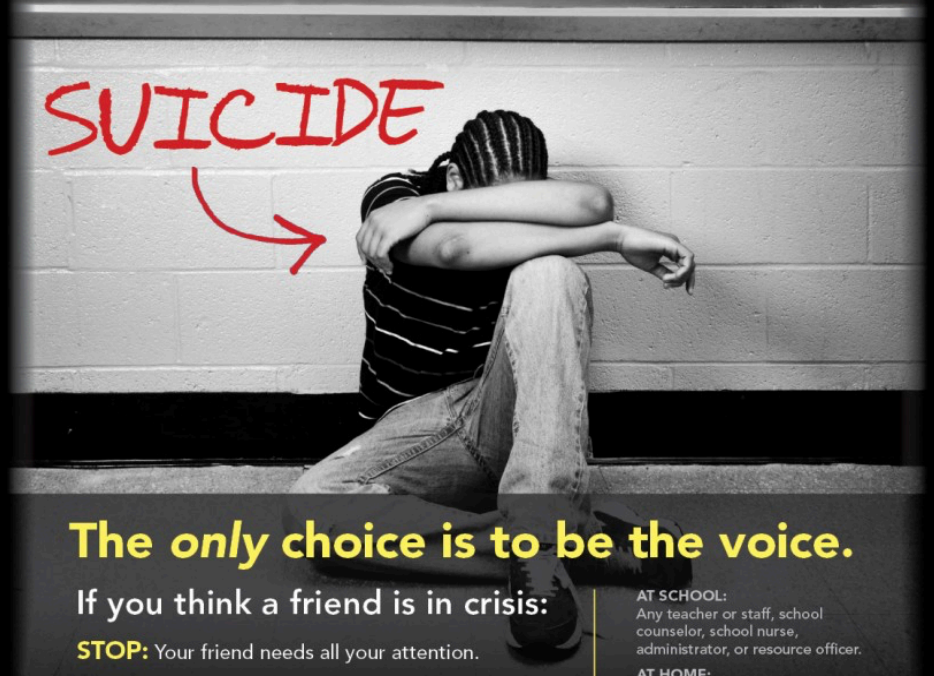
LONER

FREAK

LOSER

TRASH

Turn into this one:



The *only* choice is to be the voice.

If you think a friend is in crisis:

STOP: Your friend needs all your attention.

LISTEN: This is serious. Gather information.

GET HELP: No secrets or promises.
Your friend needs help now.

AT SCHOOL:
Any teacher or staff, school counselor, school nurse, administrator, or resource officer.

AT HOME:
Parent or trusted adult.

CRISIS LINES (24 hours):
800-999-9999
800-226-7733
800-273-TALK (8255)

Youth with Higher Suicide Risk

- Youth with previous suicide attempts or who engage in self harm
- Youth who have experienced suicide loss
- Youth with mental health and/or substance abuse disorders
- LGBTQT youth
- Youth with disabilities and medical conditions
- Youth who are victims of bullying/cyberbullying
- Youth in out-of-home settings
- American Indian/Alaska Native youth

YOUTH SUICIDE WARNING SIGNS

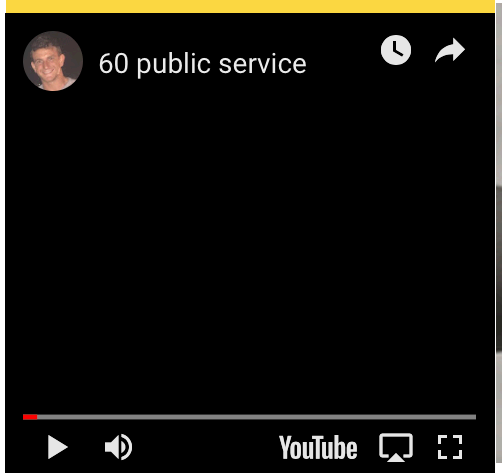
CRISIS TEXT LINE |
Text HOME to 741741

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK
www.suicidepreventionlifeline.org

NO ONE WANTS TO LOSE A YOUNG PERSON TO SUICIDE

There is hope and there is help.

For more information on the warning signs of suicide and what you can do to help, click on the image that best describes you.



NO ONE WANTS TO LOSE A YOUNG PERSON TO SUICIDE

There is hope and there is help.

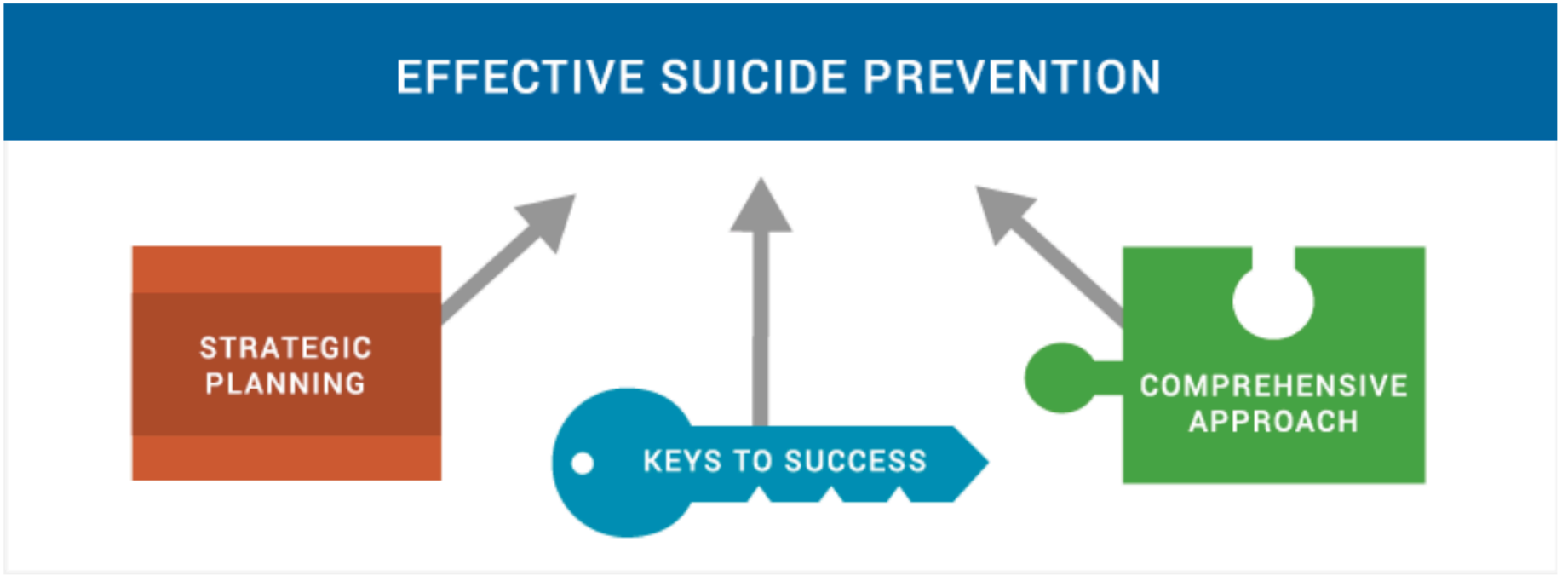
What are the warning signs?
Click here to find out...

Youth Suicide Warning Signs

1. Talking about or making plans for suicide
2. Expressing hopelessness about the future
3. Displaying severe/overwhelming emotional pain or distress
4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
    - *Withdrawal from or changing in social connections/situations*
    - *Changes in sleep (increased or decreased)*
    - *Anger or hostility that seems out of character or out of context*
    - *Recent increased agitation or irritability*

https://www.youthsuicidewarningsigns.org/

Effective Suicide Prevention Model



Suicide Prevention Resource Center
http://www.sprc.org/effective-prevention/comprehensive-approach

Comprehensive Approach to Suicide Prevention

Suicide Prevention Resource Center
http://www.sprc.org/effective-prevention/comprehensive-approach

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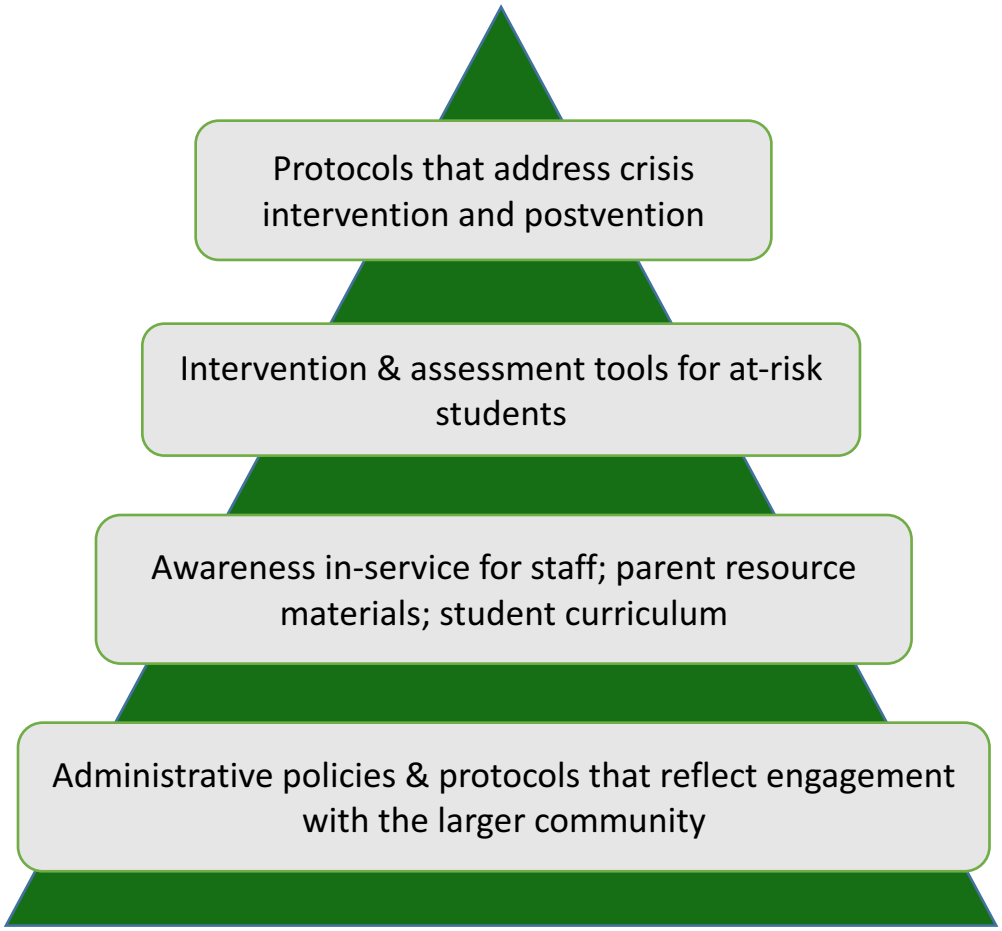
The Role of Schools in Suicide Prevention & Intervention

Role of School in Youth Suicide Prevention

- Create safe, supportive learning environments.
- Educate school personnel & students about warning signs and risk factors.
- Implement a comprehensive approach that addresses prevention, intervention and postvention in a multi-tired framework.
- Refer students with suicidal ideation for risk assessment and intervention (school crisis team).
- Link youth and family to community resources.
- Provide follow-up counseling and support.

Model of Competent Suicide Prevention Community in School Setting



Grounding in school culture that supports enhancement of protective factors

Adapted from SAMHSA Issue Brief, Suicide Prevention in Schools (2018)

MODEL SCHOOL DISTRICT POLICY ON SUICIDE PREVENTION

Model Language, Commentary, and Resources

THE TREVOR PROJECT

NASP

AMERICAN SCHOOL COUNSELOR ASSOCIATION

AMERICAN FOUNDATION FOR Suicide Prevention

Youth Suicide Prevention School-Based Guide

The Guide: Overview

The *Youth Suicide Prevention School-Based Guide* is designed to provide accurate, user-friendly information. First, checklists can be completed to help evaluate the adequacy of the schools' suicide prevention programs. Second, information is offered in a series of issue briefs corresponding to a specific checklist. Each brief offers a rationale for the importance of the specific topic together with a brief overview of the key points. The briefs also offer specific strategies that are supported by research in reducing the incidence of suicidal behavior, with references that schools may then explore in greater detail. A resource section with helpful links is also included. *The Guide* will help to provide information to schools to assist them in the development of a framework to work in partnership with community resources and families.

The issue briefs and resource/links section, their content and recommendations will continually evolve as new research is conducted, the best available evidence is evaluated, and prevention programs are utilized and tested.

The Guide

- Identifies and defines the elements of a comprehensive, school-based suicide prevention program.
- Examines the scientific literature to determine which of these elements are supported by research in reducing the incidence of suicide and suicidal behavior.
- Contains checklists and self-assessment instruments that may be completed by schools to evaluate the adequacy of their suicide prevention programs.
- Provides a guide to help school administrators and their partners add program elements that would result in more comprehensive programs and/or would replace unproven strategies with proven strategies.
- Was reviewed, in its original form, by national experts in suicide prevention, behavioral and physical health providers, and community-based school personnel, advocates, families, and youth.

Overview

Ov

Youth Suicide Prevention School-Based Guide ©

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All Children & Youth—Every Community

USF UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES
Department of Child & Family Studies

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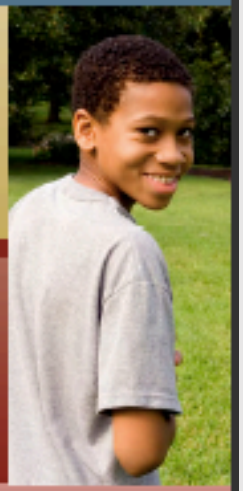
This publication is also available on-line as an Adobe Acrobat PDF file: http://theguide.fmhi.usf.edu



PREVENTING SUICIDE

A Toolkit for High Schools

SAMHSA

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

MONTANA'S CAST-S

Crisis Action School Toolkit on Suicide

2017

Suicide Prevention in a MTSS

- Universal Prevention & Wellness –positive school climate, suicide awareness, and enhance protective factors & school connectedness.
- Targeted/supplemental intervention – focus on subgroups that share risk factors.
- Intensive interventions – target specific individuals identified through screening, self identification, or referral.

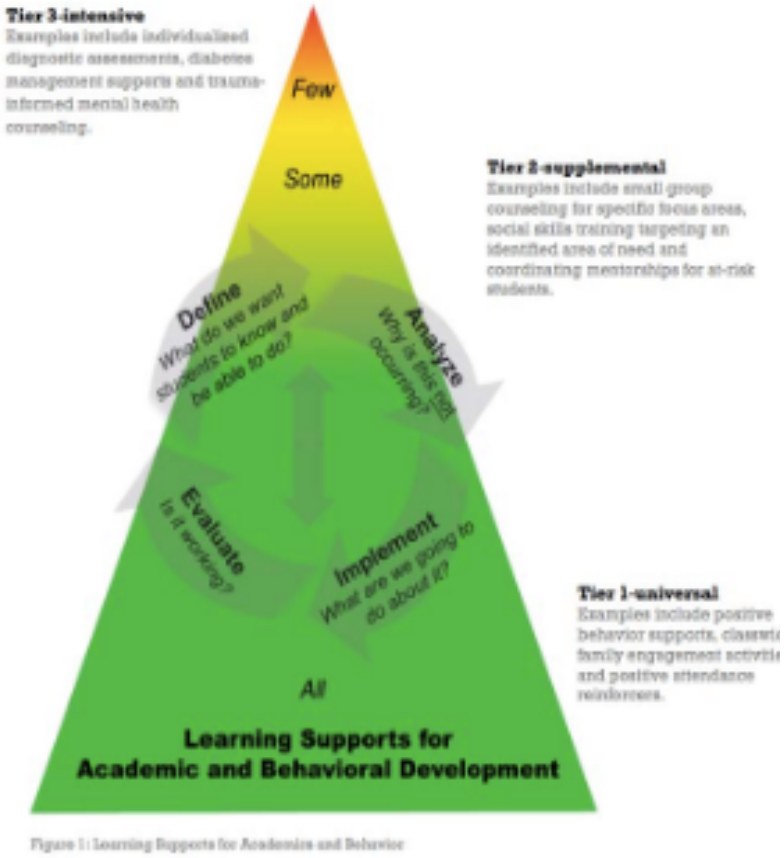


Figure 1: Learning Supports for Academics and Behavior

Universal suicide prevention programs/strategies/initiatives (Tier 1) .

Information for Teachers and Other School Staff

Fostering School Connectedness

Improving Student Health and Academic Achievement

Students feel more connected to their school when they believe that the adults and other students at school not only care about how well they are learning, but also care about them as individuals. Young people who feel connected to school are more likely to succeed academically and make healthy choices.

All school staff, including teachers, principals, counselors, social workers, nurses, aides, librarians, coaches, nutrition personnel, and others, can have an important and positive influence on students' lives. The time, interest, attention, and emotional support they give students can help them learn and stay healthy. This fact sheet provides guidance for fostering school connectedness and creating a more welcoming and supportive school environment for all students.

Why is school connectedness important for your students?

School connectedness is an important factor in both health and learning. Students who feel connected to their school are

- More likely to attend school regularly, stay in school longer, and have higher grades and test scores.
- Less likely to smoke cigarettes, drink alcohol, or have sexual intercourse.
- Less likely to carry weapons, become involved in violence, or be injured from dangerous activities such as drinking and driving or not wearing seat belts.
- Less likely to have emotional problems, suffer from eating disorders, or experience suicidal thoughts or attempts.

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

The Role of
High School Teachers
in Preventing Suicide

Ms. Gomez, a high school social studies teacher, was concerned about her student Tia because she knew she had problems at home. One day she heard Tia telling a friend that she was totally depressed from being dumped by her boyfriend, had given up trying to pass math, and thought her friend who had taken his life recently had the right idea.

Ms. Gomez asked Tia if she would be willing to talk with her about what was going on, and she agreed. When they met, she talked with Tia about how she was feeling. Then she asked if she would go to see a school counselor right away, and Tia reluctantly agreed. Ms. Gomez walked with her to the counseling center, and Tia talked with a counselor. Later that day, Ms. Gomez met with the counselor to provide critical background information about Tia that could be used in assessing her degree of risk.

(Based on the experiences of a school psychologist)

Understand Why Suicide Prevention Fits with Your Role as a High School Teacher

As a teacher, you have an important role to play. You have day-to-day contact with many young people, some of whom have problems that could result in serious injury or even death by their own hand. You are therefore able to observe students' behavior and act when you suspect a student may be at risk of self-harm.

Teachers can also play an active role in suicide prevention by fostering the emotional well-being of all students, not just those already at high risk. Teachers are well positioned to promote a feeling of connectedness and belonging in the school community. According to the CDC (2009), school connectedness is the belief by students that adults and peers in the school care about them as individuals as well as about their learning. Connectedness is an important factor in improving academic achievement and healthy behaviors, and it is also specifically related to reductions in suicidal thoughts and attempts (Resnick et al., 1997; Blum et al., 2002).

Key Steps to Reduce Suicide Risk among Your Students:

- Understand why suicide prevention fits with your role as a high school teacher
- Identify students who may be at risk for suicide
- Respond to students who may be at risk for suicide
- Be prepared to respond to a suicide death
- Consider becoming involved in schoolwide suicide prevention

SPRC

Identifying students who are at risk

- Suicide awareness curriculum
  - Educate students about suicide warning signs and risk factors, and community resources where students can turn to for help in a suicidal crisis.
- Gatekeeper training
  - Train school staff how to recognize a student at-risk for suicide, how to appropriately intervene, and how to refer a student who is potentially suicidal.
- Screening
  - Identify adolescents at-risk for suicide through the use of self-report and interviews.

FDOE-Approved Suicide Trainings

- ACT on FACTS – 2016-17 National Version
- At Risk for High School Educators
- At Risk for Middle School Educators
- Jason Foundation Professional Development Series – Module 5, "Youth Suicide: A Silent Epidemic"
- Jason Foundation – Module 2, Mental Health Issues & Suicidal Ideation
- Making Educators Partners in Youth Suicide Prevention
- Response: High-School Suicide Awareness Program
- Signs Matter: Early Detection

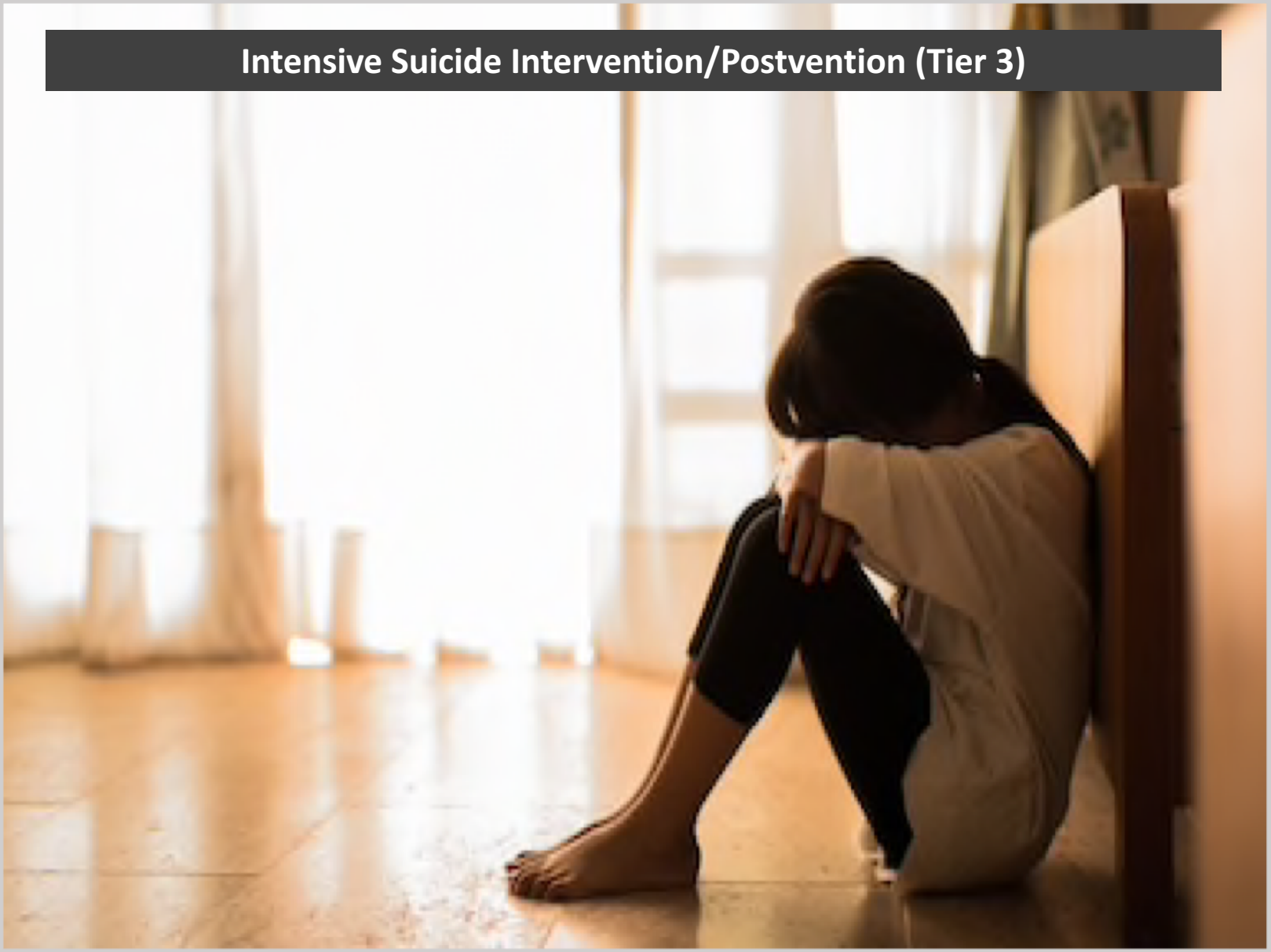
http://sss.usf.edu/resources/topic/suicide/index.html

Suicide Screening Tools

- Columbia-Suicide Severity Rating Scale (C-SRRS)
- Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
- ASQ (Ask Suicide Screening Questions)
- Patient Health Questionnaire (PHQ-A)

Targeted/Supplemental suicide interventions (Tier 2) .

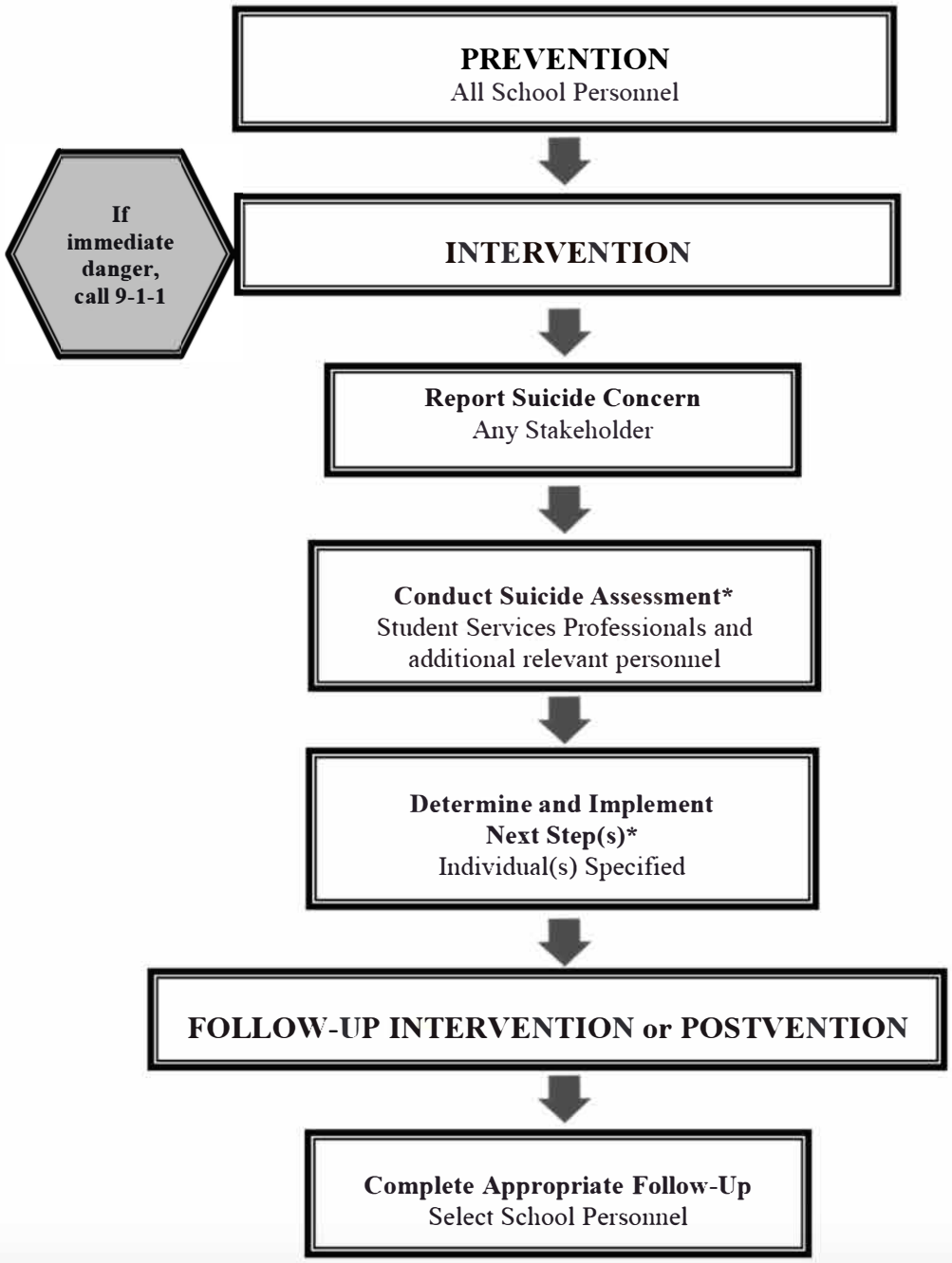
Intensive Suicide Intervention/Postvention (Tier 3)



Risk Assessment Procedures

- Suicide concern reported to administrator & student services personnel.
- Qualified school personnel conduct suicide risk assessment (mental health services providers).
- Take action corresponding to the level of risk.
- Contact parent and involve in monitoring and follow-up.
- Initiate Baker Act for imminent threat.
- Follow-up with student & family.

SUICIDE PREVENTION PROTOCOL FLOWCHART



Suicide Assessment Five-step Evaluation and Triage — SAFE-T

1	2	3	4	5
IDENTIFY RISK FACTORS Note those that can be modified to reduce risk	**IDENTIFY PROTECTIVE FACTORS** Note those that can be enhanced	**CONDUCT SUICIDE INQUIRY** Suicidal thoughts, plans, behavior and intent	**DETERMINE RISK LEVEL/INTERVENTION** Determine risk. Choose appropriate intervention to address and reduce risk	**DOCUMENT** Assessment of risk, rationale, intervention, and follow-up

Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge

1. RISK FACTORS

- ✓ **Current/past psychiatric diagnoses:** especially mood disorders, psychotic disorders, alcohol/substance abuse, Cluster B personality disorders. *Co-morbidity and recent onset of illness increase risk*
- ✓ **Key symptoms:** anhedonia, impulsivity, hopelessness, anxiety/panic, global insomnia, command hallucinations
- ✓ **Suicidal behavior:** history of prior suicide attempts, aborted suicide attempts or self-injurious behavior
- ✓ **Family history:** of suicide, attempts or Axis 1 psychiatric diagnoses requiring hospitalization
- ✓ **Precipitants/stressors:** triggering events leading to humiliation, shame or despair (i.e., loss of relationship, financial or health status—real or anticipated). Ongoing medical illness (esp. CNS disorders, pain). History of abuse or neglect. Intoxication
- ✓ **Access to firearms**

2. PROTECTIVE FACTORS *Protective factors, even if present, may not counteract significant acute risk*

- ✓ **Internal:** ability to cope with stress, religious beliefs, frustration tolerance, absence of psychosis
- ✓ **External:** responsibility to children or beloved pets, positive therapeutic relationships, social supports

3. SUICIDE INQUIRY *Specific questioning about thoughts, plans, behaviors, intent*

- ✓ **Ideation:** frequency, intensity, duration--in last 48 hours, past month and worst ever
- ✓ **Plan:** timing, location, lethality, availability, preparatory acts
- ✓ **Behaviors:** past attempts, aborted attempts, rehearsals (tying noose, loading gun), versus non-suicidal, self-injurious actions
- ✓ **Intent:** extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious; explore *ambivalence*: reasons to die vs. reasons to live

* ***Homicide Inquiry:*** *when indicated, esp. postpartum, and in character disordered or paranoid males dealing with loss or humiliation. Inquire in four areas listed above*

4. RISK LEVEL/INTERVENTION

- ✓ ***Assessment of risk level is based on clinical judgment,*** after completing steps 1-3
- ✓ ***Reassessment*** as patient or environmental circumstances change

RISK LEVEL	RISK / PROTECTIVE FACTORS	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric diagnoses with severe symptoms, or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan Give local/national emergency info*
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent or behavior	Outpatient referral, symptom reduction Give local/national emergency info*

(This chart is intended to represent a range of risk levels and interventions, not actual determinations)

National Suicide Prevention Lifeline
1.800.273.TALK

5. DOCUMENT

- ✓ **Document:** Rationale for risk level, the treatment plan to address/reduce the current risk (i.e., medication, setting, E.C.T., contact with significant others, consultation) and firearm instructions, if relevant

RESOURCES

- Download this card and additional resources at www.sprc.org or at www.stopasuicide.org
- Resource for implementing The Joint Commission 2007 Patient Safety Goals on Suicide http://www.stopasuicide.org/professional.aspx
- SAFE-T drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors http://www.psychiatryonline.com/pracGuide/pracGuideTopic_14.aspx

ACKNOWLEDGEMENTS

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DEVELOPED BY DOUGLAS JACOBS, MD

WWW.SPRC.ORG

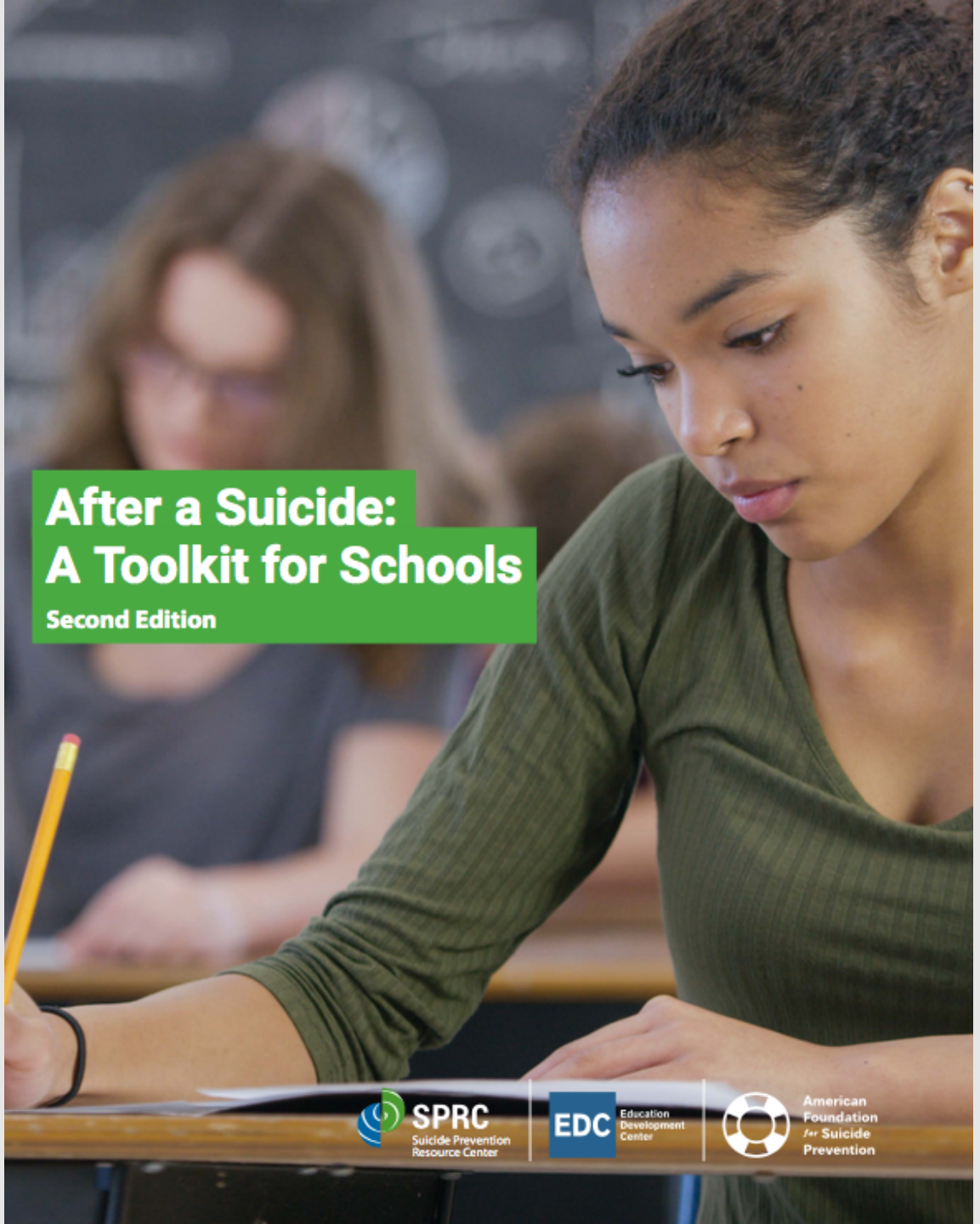
WWW.MENTALHEALTHSCREENING.ORG

Table 2: FY 15/16 Location Prior to Involuntary Examinations

Location	Yes		No		Not Reported	
	#	%	#	%	#	%
32,475 Involuntary Examinations for Children (< 18)						
School	7,154	22.03 %	21,583	66.46%	3,738	11.51 %
DCF Custody	1,323	4.07%	27,353	84.23%	3,799	11.70 %
Department of Juvenile Justice Custody	493	1.52%	28,228	86.92%	3,754	11.56 %
160,483 Involuntary Examinations for Adults						
Assisted Living Facility (ALF)	4,214	2.63%	136,322	84.94%	19,947	12.43 %
Jail	2,241	1.40%	138,447	86.27%	19,795	12.33 %
Nursing home	1,030	0.64%	139,446	86.89%	20,007	12.47 %

Recommendations

- Emphasize prevention and early intervention – focus on improving supports and reducing completed suicides.
- Implement systematic mental health screening to identify students who need mental health services & supports.
- Increase access to & funding for mental health services within schools and communities.
- Adopt a standard risk assessment protocol
  - SAMHSA's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) http://www.shiacmh.org/docs/safe-t.pdf.
- Provide crisis intervention training for school- and community-based mental health providers.
- Foster collaboration and coordination between school and community mental health resources.


After a Suicide:
A Toolkit for Schools
Second Edition
SPRC
Suicide Prevention Resource Center
EDC
Education Development Center
American Foundation for Suicide Prevention

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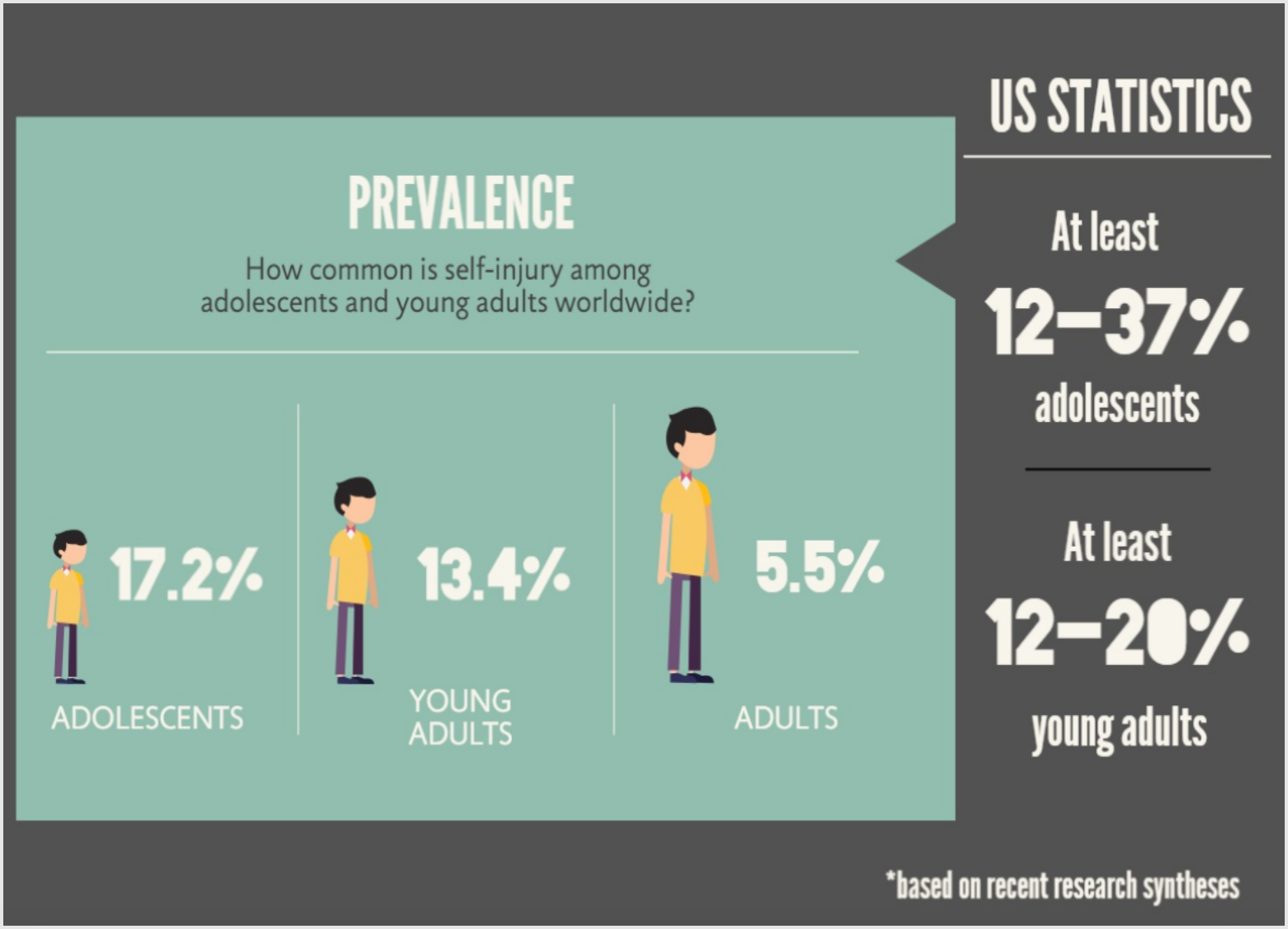
Non-Suicidal Self-Injury

Non-suicidal self-injury (NSSI)

- Definitions: deliberate harm to the body without intent to die; often chronic & repetitive
- Includes behaviors such as cutting burning; scratching; and carving words & symbols on body
- Maladaptive coping mechanism (e.g., control or express emotion; numb or dull pain) - cathartic
- Between 12 and 25% of adolescents report NSSI in their lifetime
- Associated with increased psychiatric symptoms such as anxiety and depression



http://www.selfinjury.bctr.cornell.edu


Why Self-Injure?

http://www.selfinjury.bctr.cornell.edu

NSSI – Identifying and Intervening

- Unexplained burns, cuts, scars, or other clusters of similar markings on the skin can be signs of self-injurious behavior.
- Self-injury is, most often, not a suicidal gesture.
- Avoid displaying shock, engaging in shaming responses, or showing great pity.
- Assess the safety of self-injurious practices.
- Assess level of group involvement.
- Develop guidelines for detection, intervention and referral.
- Self-injury serves a function -- explicitly teaching more appropriate coping strategies may be one way to provide self-injurers with adaptive alternatives.

NSSI School Protocol

Cornell Research Program on
Self-Injury and Recovery

KATE BUBRICK, JACLYN GOODMAN & JANIS WHITLOCK

Non-Suicidal Self-Injury in Schools:
Developing & Implementing School Protocol

Who is this for?

School staff and faculty, specifically for school administrators, counselors, nurses and other support personnel

What is included?

- How to develop a protocol
- How to implement a protocol
- Questions and issues that might come up
- Flowchart to aid in decision-making

Non-suicidal self-injury is an increasingly common behavior among school-aged youth and occurs with regularity in secondary school and college settings. It is uncommon, however, for schools to have well-articulated protocols for detecting, intervening in, and preventing self-injury. Although specific protocols and practices are likely to vary considerably from school to school, this report provides an overview of best practices for detecting and responding to self-injury in secondary school settings.

The information presented here has been adapted from the work of Barent Walsh, Matthew Selekman, Nancy Heath and Mary K. Nixon, in addition to our Program's own research.

Non-suicidal self-injury (NSSI) is defined as:
the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned.[1]

Why is a self-injury protocol important?

Protocols are useful in guiding school personnel responses to situations that many find uncomfortable or unable to manage. Additionally, they provide a means of assuring that a school's legal responsibilities and liabilities are addressed even in situations where personnel may not have this as their primary concern. In his discussion of self-injury protocols, Walsh (2006) explains that "the advantage of having a written protocol is that staff know how to respond to self-injury systematically and strategically."[2] It is essential to note that although a self-injury protocol may be similar to one used to manage suicide-related behavior, it is not the same. The two types of protocols may, however, share common elements and suicide-related protocols are often a good starting point for development of non-suicidal self-injury protocols.

What is included in the school protocol?

A functional school protocol for addressing self-injury incidents should include steps for the following processes:

- Identifying self-injury
- Assessing self-injury
- Designating individuals to serve as the point person or people at the school for managing self-injury cases and next steps
- Determining under what circumstances parents should be contacted
- Managing active student self-injury (with self-injurious student, peers, parents, and external referrals)
- Determining when and how to issue an outside referral
- Identifying external referral sources and contact information
- Educating staff and students about self-injury

Suicide Policies and Procedures – District Example

Marion – Juan Lopez

Volusia

FLORIDA DEPARTMENT OF EDUCATION
fldoe.org

1-800-273-TALK (8255)—
National Suicide Prevention Lifeline.

www.FLDOE.org

Student Support Services Project

FLORIDA DEPARTMENT OF EDUCATION
fldoe.org

https://video.edweek.org/detail/videos/teaching-and-learning/video/5966968893001/a-high-school-confronts-suicide-prevention-head-on?autoStart=true&cmp=eml-enl-vid-p1