PREVENTING YOUTH SUICIDES: A MULTISECTOR SCHOOL-COUNTY PARTNERSHIP

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REQUIRED SUICIDE PREVENTION POLICY IN CALIFORNIA
Model Youth Suicide Prevention Policy for California, Assembly Bills 2246, 1767 (2016, 2019)

-Our School Mental Health Team created this K12 Toolkit to help schools comply with and implement AB 2246, the Pupil Suicide Prevention Policy.

-Requires all local educational agencies (LEA): county offices of education, school districts, state special schools, or charter schools to have a Pupil Suicide Prevention Policy. It applies to all students at LEAs in grades 7 to 12.

-Developed in consultation with school and community stakeholders
-Must address the needs of high risk groups such as youth bereaved by suicide, with disabilities, mental illness, or substance use disorders, youth experiencing homelessness or in out-of-home settings, and LGBTQ youth

-It ensures that teachers are trained on suicide awareness and prevention

-It also stresses that a school employee acts only within the authorization and scope of their credential or license http://www.cde.ca.gov/ls/cg/mh/index.asp

Text of AB 2246:
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2246

LANGUAGE USE

Died of suicide (Also 'Died by suicide'); Took his / her life

In a suicidal state thought processes become distorted due to biological, psychological, social, cultural and/or situational reasons. Suicidal people are not thinking clearly, and are often struggling with a kind of error in their cognitive process.

- The term "Completed suicide" is not advised (implies success)
- The term "Committed suicide" does not describe accurately what has occurred and implies a crime or immoral act.
- Suicide is no longer seen as a crime or sin but is recognized to be the result of a mental health condition with medically treatable causes 80-90% of the time.
- Often a person with lived experience of suicide will say choice was not involved, but instead they felt overwhelmingly "compelled" to attempt to take their life

LANGUAGE USE

Person with lived experience
A person with the lived experience of suicide has struggled with suicidal thoughts or behaviors and may be an attempt survivor. Resilience is a skill that can be developed - one is not "permanently fragile" when they are an attempt survivor.

Bereaved by suicide
Someone who has been exposed to the suicide of another person and experiences a high level of psychological, physical and/or social distress for a considerable length of time. In the U.S. the term "loss survivor" is often used. Everyone grieves differently and on their own timeline. Incorporating such a loss into one's life requires work and support.

LANGUAGE USE

Fatal or Non-fatal Attempt

-Applying the general principle of speaking about suicide using illness based language (fatal and non-fatal) is in line with a fatal or non-fatal heart attack / other illness.

-Avoiding value statements with suicide such as calling an attempt failed, successful, or botched, etc. is helpful language

-Suicide is a complex phenomenon- It does not have to do with an individual's willpower.

-There is no simple explanation for any suicide. Though a precipitating event often occurs, that is usually not the single "reason" someone has died.

- So, what does one say to a person who has lost someone to suicide?

-Think of what one would say or do if the person had lost their loved one suddenly in a fatal car crash or a heart attack - then do and say that.

Teens and Suicide Clusters

More than 200 Teens die in suicide clusters annually in the US

1-5% of all teen suicides are part of a cluster (Gould, 1990; Hacker, 2008)

Media coverage: Educational tool vs.

Contagion Vehicle

(http://www.afsp.org/understanding-suicide/for-the-media/reporting-on-suicide)

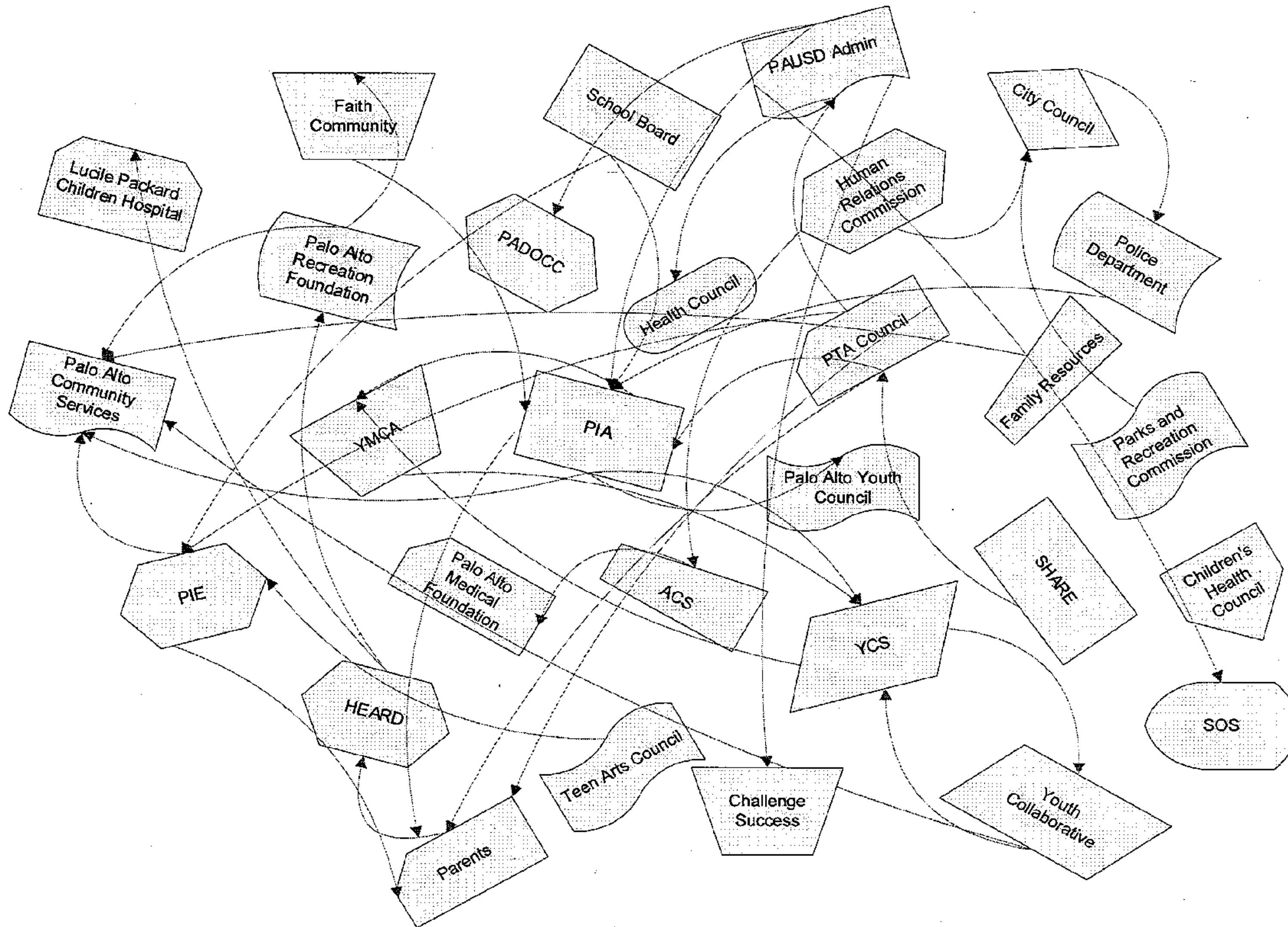
Teen Suicide in the Stanford Community

- Palo Alto, California
- 68,000+ residents
- 12,500 students
- An exceptional community to live, work and visit
- A community shaken by teen suicide 2009 - 2010 and again 2014 - 2015

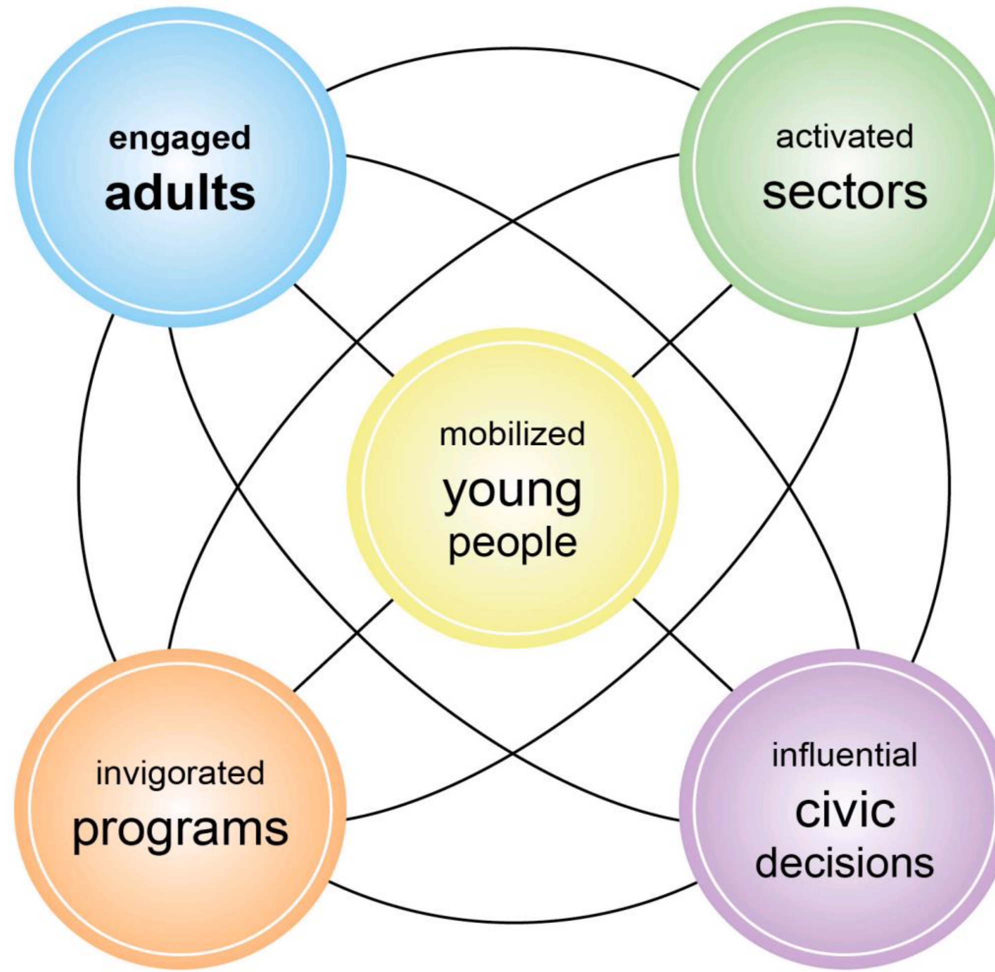
Project Safety Net Coalition (psnpaloalto.com) Members/Partners

Adolescent Counseling Services (ACS)	Palo Alto Medical Foundation
Caltrain	Palo Alto University
Children's Health Council	Parent Representatives
City Community Services Dept.	Parks and Recreation Commission
City Manager's Office	Palo Alto Unified School District
City Police Dept.	Project Corner Stone (Developmental Assets)
Community Center for Health and Wellness	PTA Council
Health Care Alliance for Response to Adolescent Depression (HEARD)	Santa Clara County Health Dept.
Human Relations Commission	Suicide Prevention Advocates
Kara - Grief Support & Education	YMCA
Leaders of the Faith Community	Youth and Teen Leadership Groups
Local Mental Health Providers	Youth Community Services (YCS)
Lucile Packard Children's Hospital	Stanford Department of Psychiatry

A somewhat unstructured network of support for Palo Alto's Youth and Teen's

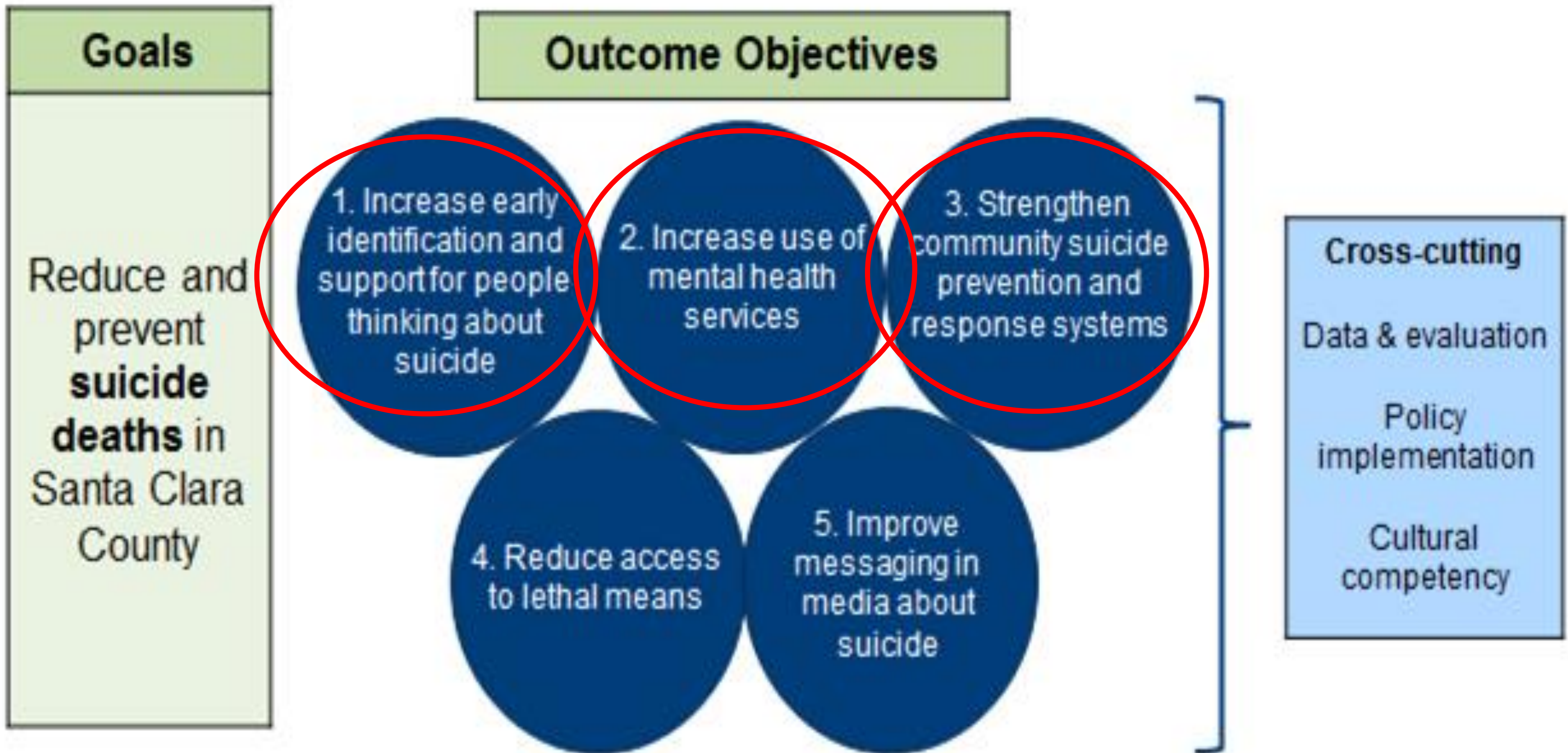


A more intentional community network fostering youth wellbeing in Palo Alto



Search Institute - Developmental Assets - Five Community Action Steps

SANTA CLARA COUNTY SUICIDE PREVENTION PROGRAM



STEPS TAKEN TO BUILD AND ADVANCE PARTNERSHIP

1. Needs Assessment
2. Partnership Development
3. Building a Community of Practice
4. Training Implementation
5. Technical Assistance and Consultation
6. Evaluation and Next Steps

RESPONSE OVERVIEW

- **Total: 25** (22 usable)
- 14 school districts
- Approx. 56,344 students represented

- **11** high schools
- **13** middle schools
- **2** elementary

- Respondents: Principals, Student Services Coordinators, Associate Superintendents, School Counselors

TOP THREE ISSUES OR QUESTIONS

Promotion (22)

-Trainings (parents, staff, admin, counselors, students)**

-*Systemic, sustained education and awareness

-*Promoting SEL, mindfulness, comprehensive wellness

-Fighting stigma

-Negative impacts of social media on mental health

-Cross-cultural connections

Crisis intervention and response (11)

-*Intervention/response protocols, developing plans

-*Re-entry/safety plans, after-care

-Confidentiality

-CPS response

General mental health services for students (8)

-Staffing, increasing/maintaining support during fiscal uncertainty

-Improving counseling for students on-site/ continuous improvement

-Wrap-around services, linkages to outside agencies, long-term therapy

Postvention (3)

-Protocol for postvention

-Handling social contagion of suicide

*** or * high frequency response*

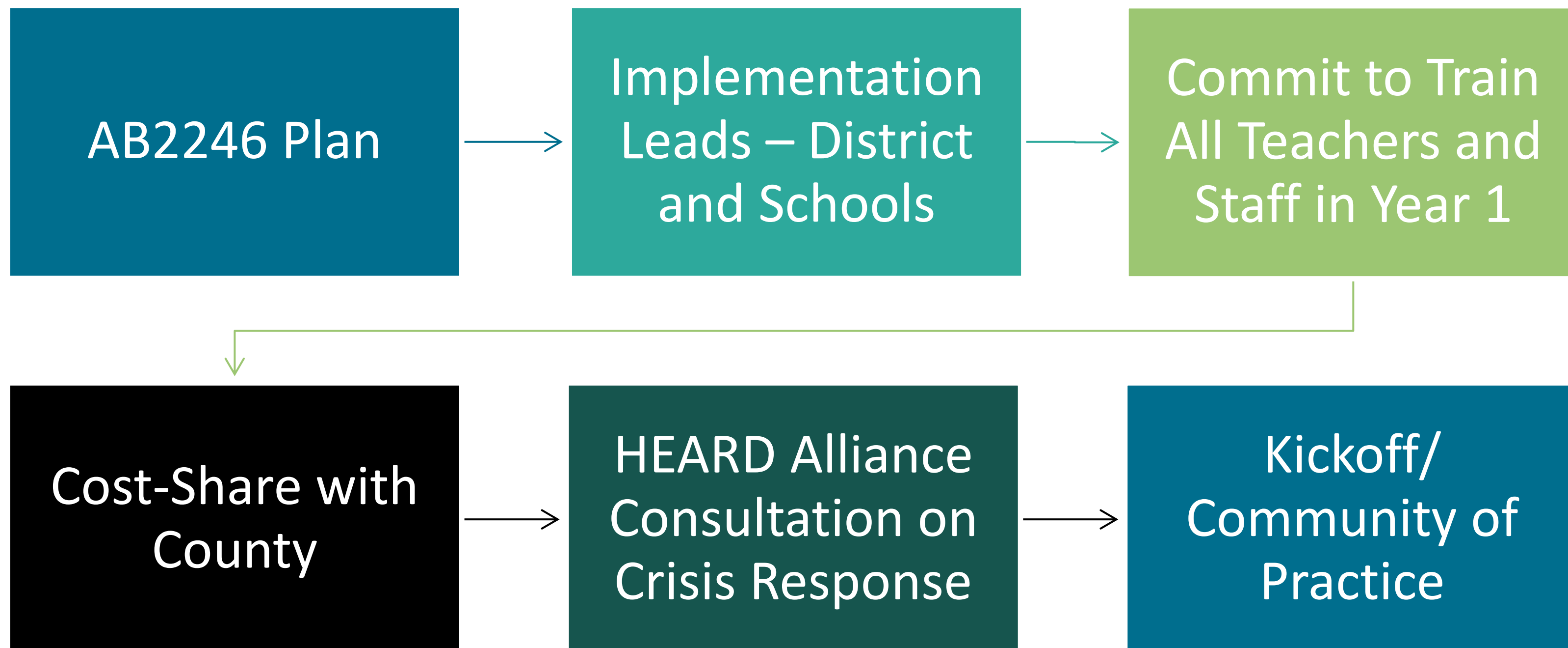
PARTNERSHIP GOALS

- Increase number of gatekeepers in schools, in order to:
    - Increase support available to students, especially with short supply of mental health professionals
    - Reduce burden on current mental health staff
    - Increase identification and support for students in distress
    - Increase usage of mental health services
    - Reduce stigma around mental health and suicide
    - Improve school climate
- Strengthen suicide crisis response protocols
- Long-term: Support and engage school districts in comprehensive youth suicide prevention
    - Prevention, Intervention, Postvention – crisis response/Intervention as a necessary first step
    - Trainings and protocols as a tangible, feasible starting point for broader systemic change

ASSETS AND AVAILABLE RESOURCES

- **Policy:** Mental Health Services Act (MHSA), AB2246
- **County leadership:** Santa Clara County Behavioral Health Services Department Suicide Prevention Program and County Office of Education
- **Local non-profit organizations and advocates:** HEARD Alliance
- **Evidence-based health training simulation:** Kognito
- **School district buy-in:** 7 districts in Cohort 1
- **Funding:** MHSA, districts, Kognito discounts

PARTNERSHIP CRITERIA



3. Community of Practice

BENEFITS OF COLLABORATION

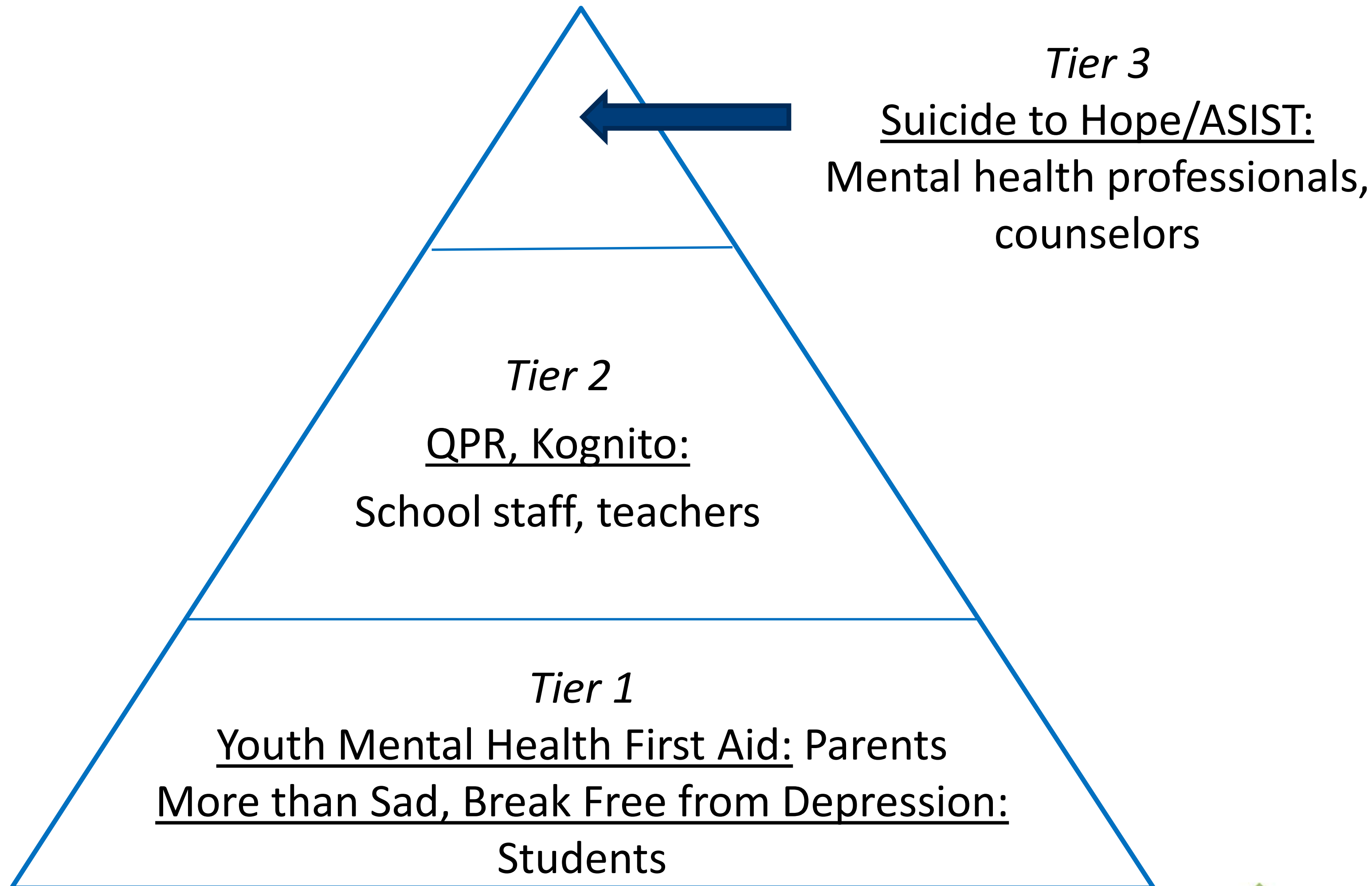
- **Sharing best practices and resources,** common language
- **Spreading and lowering costs**
- **Tapping into one another's strengths and expertise**
- Linking to County services and support

2018-19 Cohort 1: 7 districts	2019-20 Cohort 2: 5+ districts
Alum Rock Union	East Side Union High School
Los Gatos-Saratoga High School	Los Gatos Union
Milpitas Unified	Palo Alto Unified
Morgan Hill Unified	SCCOE Special Education
Mountain View Whisman	Sunnyvale
Santa Clara County Office of Education (SCCOE) Alternative Education	*HEARD support only:* Gilroy Unified, Campbell Union, Mount Pleasant
Santa Clara Unified	

TIMELINE

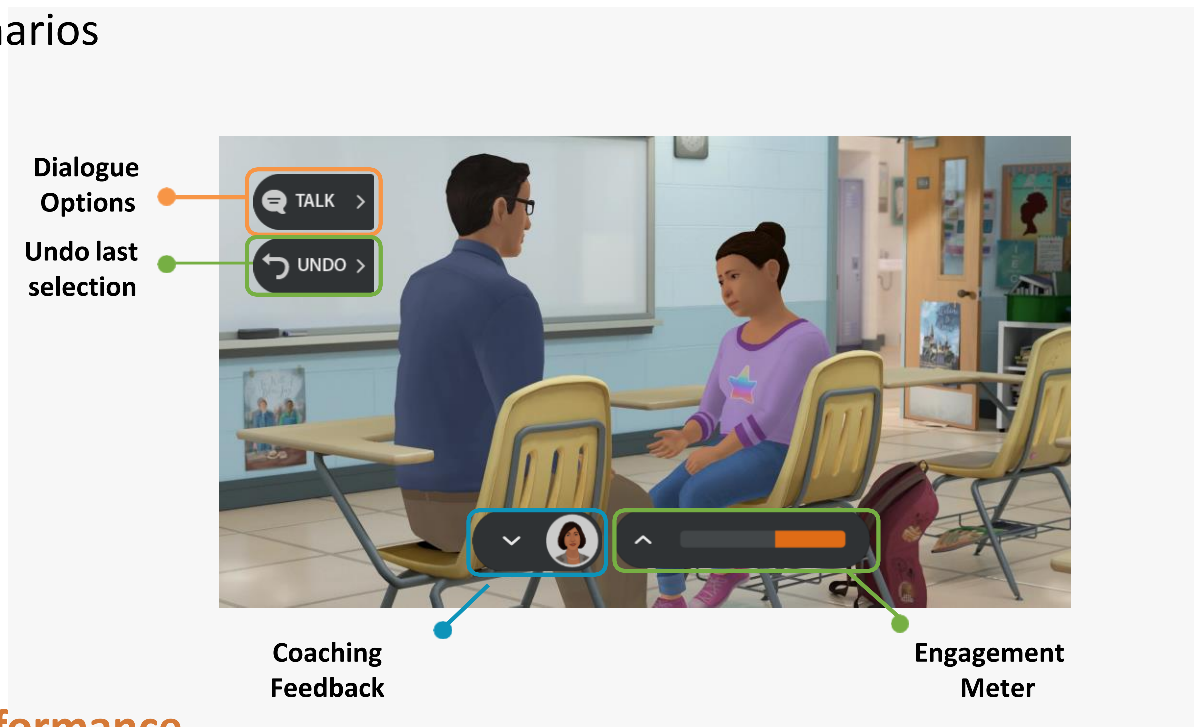
- May-August 2018: Partnership development
- August 2018: Kickoff meeting with all partners
  - Information-sharing from HEARD and Kognito
  - Workshopped implementation plans as a group
  - Positive feedback on meeting outcome and format
- September 2018-May 2019: Implementation
  - Districts organize separately with Kognito and HEARD Alliance to tailor programs to their needs
  - BHSD coordinates among all partners; shares reminders, resources, and tips from other districts
- March-July 2019: Evaluation and preparation for Year 2
  - Online meeting to debrief and prep with Cohort 1
  - Online and in-person meetings to recruit districts for Cohort 2
  - May 2019: Santa Clara County Suicide Prevention Conference presentation
  - Formulating Year 2 agreements and analyzing evaluation data

TIERED APPROACH TO SUICIDE PREVENTION AND MENTAL HEALTH TRAININGS



KOGNITO'S UNIQUE PLATFORM: HOW IT WORKS

- **User interacts** with a fully animated at-risk virtual person
- **Navigate** through the scenarios by selecting what to say
- **Receive instant feedback** from the virtual person, the virtual coach and engagement meter
- **Undo decisions** and explore different conversation approaches
- **Receive personalized performance** summary upon completion



Demo

Kognito

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5. Technical Assistance and Consultation

K-12

Toolkit for Mental Health Promotion and Suicide Prevention

www.heardalliance.org/help-toolkit

(Open source, please reference "HEARD K12 Toolkit")

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www.heardalliance.org

Overview of Toolkit

3 Interrelated Sections

Promotion of Mental Health and Wellbeing

Intervention in a Suicidal Crisis

Postvention Response to Suicide of a School Community Member

Section I: Promotion of Mental Health and Wellbeing

Training & Education

- Programs for staff, families & students
- Youth mental health awareness
- Gatekeeper training
- Healthy adolescent sleep
- Self care

Positive School Climate

- School connectedness
- Social emotional learning (SEL)
- Mindfulness
- Cultural awareness/competencies

Prepare Protocols

- "Red Folder Initiative"
- Crisis Response Team formation
- Assessment & Referral Forms

Identify Mental Health Resources

- Community
- Online/Crisis Lines
- Grief support

At-Risk Students

- Identify
- Monitor

Positive School Climate

Components

School connectedness:

"...the belief held by students that adults and peers in the school care about their learning as well as about them as individuals."

Social Emotional Learning:

Interpersonal skill development

Mindfulness:

Enhances the ability to apply interpersonal skills

Section II: Intervention in a Suicidal Crisis

Crisis Response Team formation & roles

Crisis intervention flow charts and checklists

Safety planning & re-entry

Documentation forms

Creating a Crisis Response Team (CRT)

What is the purpose of CRT?

To Evaluate and respond to urgent mental health situations

Who is part of a CRT?

Individuals within a school who know their roles in crisis management

What are the duties of the CRT?

Takes the lead in:

- addressing a student mental health crisis
- responding to a suicidal loss in a school community

Intervention Tools & Forms

Sample of Fillable Forms

- Crisis Response Team Contact Info
- Student Suicide Risk Assessment
- Concern Form for Elementary Level
- Flow Charts:
  Low, Moderate, High Risk, Extreme Risk
- Intervention in a Suicidal Crisis
- Crisis Response Checklist
- Parent Contact Acknowledgement
- Referral, Consent, and Follow-Up
- Health Education Plan - Physician Report
- Personal Safety Plan
- Student Suicide Risk Documentation
- When Your Child Expresses Suicidal Thoughts

www.heardalliance.org/help-toolkit

Safety Plan

A Safety Plan is a prioritized list of coping strategies and sources of support individuals can use before or during a suicidal crisis. The plan is brief, is in a person's own words, and is easy to use*

To be completed:

- When a student presents with a risk of suicide
- During a Re-Entry meeting (post hospitalization, IOP)
- Enter into phone using the My3 App, https://my3app.org

*Taken from Safety Planning Guide – Stanley and Brown (2008); Western Interstate Commission for Higher Education (2008)

Section III: Postvention

Postvention is Prevention

- Interventions conducted after a suicide
- Balances grief support with suicide prevention
- Support all members of the school community
- Respond to suicide loss as would to other sudden loss
- Prevent a contagion or cluster
- Identify, monitor and support vulnerable students now at increased risk
- Return school to regular routine - usually within a week or two

Note: After a suicide everyone in the school community experiences some level stress. Stress inhibits the ability to make good decisions. Postvention is designed to enhance staff ability to respond quickly and effectively under these conditions.

Immediate Steps After Suicide

- **Concise Day by Day Guide**
  From verification of death through return to school routine

- **Student, Staff and Family Supports**

- Support grief
- Promote wellbeing
- Highlight teachable moment;
  - causes of suicide are treatable
  - talking about suicide does not cause it
  - emphasize the importance of self care

- **Memorialization recommendations**

- Provide monitored space for students
- Give remembrances to family

Immediate Steps After Suicide

- **Prevention of contagion**

- Work with media for positive messaging
- identify, support and monitor vulnerable students
- Work with decedents friends, clubs, teams, etc.
- Relate suicide to an underlying and treatable mental condition
- Identify and support siblings, friends in other schools in the district

Toolkit contains extensive attachments section with sample scripts, letters, forms, guidelines, and other information

Long Term Steps After Suicide

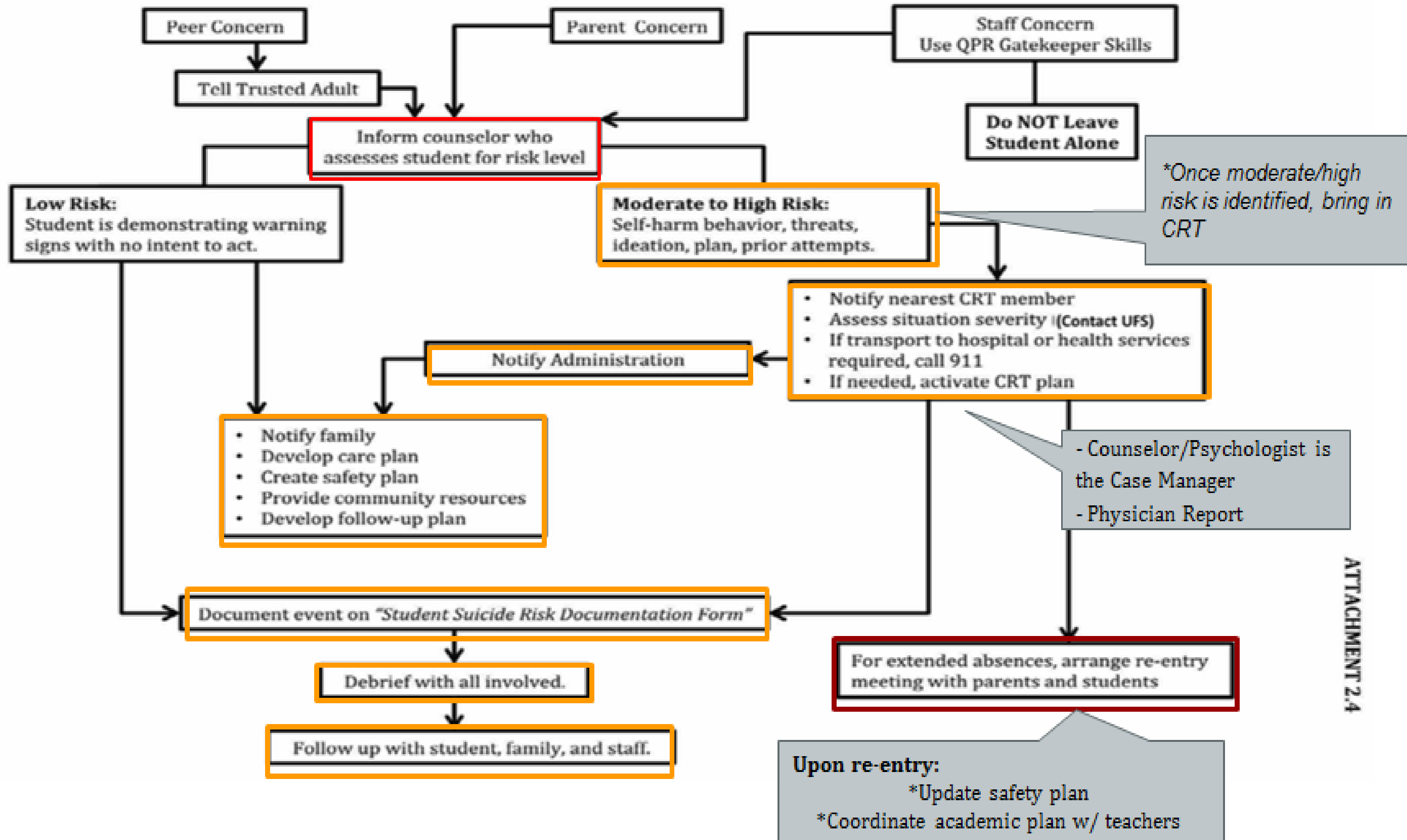
- **CRT continues to coordinate and monitor emotional climate on campus**
  - use gatekeeper training as needed

– **Provide staff updates**
  - highlight what grief in youth looks like
  - apply gatekeeper skills as needed

– **Provide family and community education**
  - relate suicide to underlying / treatable mental health conditions

--**Prepare for special events; eg. proms, graduations & anniversaries**
  - use school guidelines established for any student death

- **Create appropriate long-term memorials**
  - suggest supports of mental health organizations



HEARD Alliance

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MHUSD CRISIS RESPONSE PROTOCOLS

www.mhusdstudentservices.com/quick-guide--forms.html

Short Term Independent Study

- SITE CONTRACT
- IS PROCESS AND PROCEDURE

Reference websites

- SELF HELP LINK
- MH RESOURCE GUIDE
- BOARD POLICY

Suicide Prevention Tool-Kit

- FLOW CHART
- INTERVENTION PROTOCOL
- WHO, WHAT, WHEN?
- CONCERN FORM (REFERRAL)
- STUDENT RISK ASSESSMENT
- PARENT ACKNOWLEDGMENT FORM
- PHYSICIAN'S ED. PLAN
- RETURN SAFETY PLAN
- FACILITATING STU. RETURN CHECKLIST

Resources

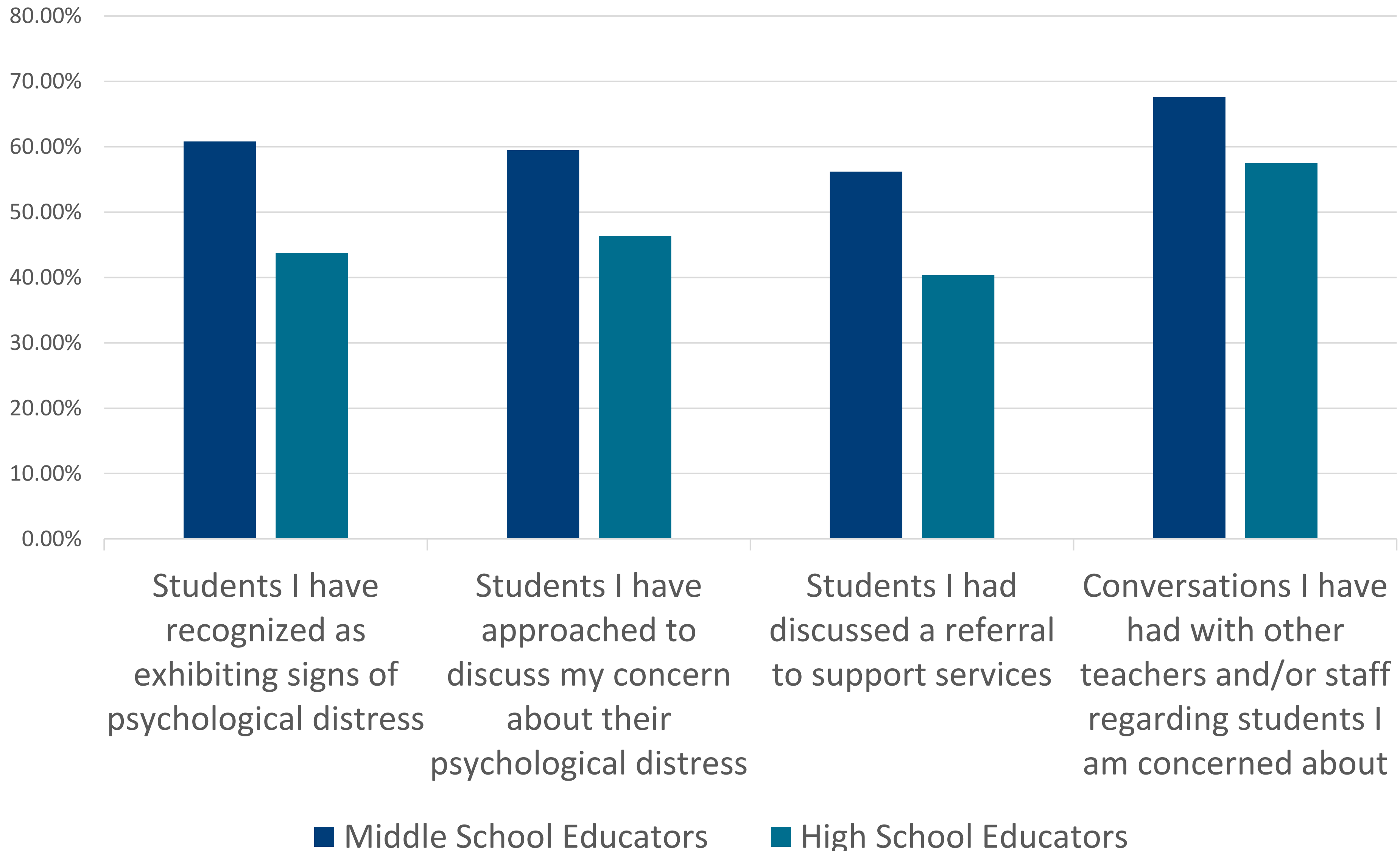
- SST PARENT BROCHURE (SPANISH)
- TEACHER INPUT FORM
- SST MEETING CHECKLIST
- INITIAL SST
- SST FOLLOW UP (2 &3)
- SST LOG

- TIER 1-3 BEHAVIOR INTERVENTIONS
- INITIAL SST EXAMPLE
- SST BEST PRACTICES
- INTERVENTIONS

CHANGE IN GATEKEEPER MEASURES: KOGNITO

Measures *(scores range from 1=Strongly Disagree to 5=Strongly Agree)*	**Pre-Training**		**Post-Training**		**t-test**
	Mean	**SD**	**Mean**	**SD**	
1. I know the warning signs for suicide. (N=1794)	3.03	.755	3.96	.808	-4.57^{***}
2. I am able to identify someone who is at risk for making a suicide attempt. (N=1794)	2.77	.703	3.87	.725	-5.65^{***}
3. I feel prepared to discuss with a student my concern about the signs of psychological distress they are exhibiting. (N=636^; N=418^^)	$2.75^{\wedge}$ $2.71^{\wedge\wedge}$	$.689^{\wedge}$ $.701^{\wedge\wedge}$	$3.92^{\wedge}$ $3.90^{\wedge\wedge}$	$.732^{\wedge}$ $.776^{\wedge\wedge}$	$78.33^{***\wedge}$ $60.60^{***\wedge\wedge}$
4. I am aware of the resources necessary to refer someone in a suicide crisis. (N=1791)	2.93	.864	4.03	.593	-5.40^{***}
5. I am confident in my ability to make a referral for someone in a suicide crisis. (N=1793)	2.98	.872	4.07	.707	-4.99^{***}
6. I have the skills necessary to support or intervene with someone thinking about suicide. (N=1793)	2.57	.784	3.86	.787	-6.38^{***}

Notes. SD=Standard Deviation $^{***}p < .001$ ^ HS educator data ^^ MS educator data


As a result of taking this simulation, there has been an increase in the number of (% Agree/Strongly Agree):
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Students I have recognized as exhibiting signs of psychological distress
Students I have approached to discuss my concern about their psychological distress
Students I had discussed a referral to support services
Conversations I have had with other teachers and/or staff regarding students I am concerned about
Middle School Educators
High School Educators

6. Evaluation and Next Steps

IN ADDITION TO TRAINING TEACHERS AND STAFF IN KOGNITO "AT RISK," AS A RESULT OF THE PARTNERSHIP, MY DISTRICT:

- **4/6** Started Crisis Response Teams for each school
- **4/6** Adapted crisis response protocol forms from the Toolkit
- **3/6** Used the updated protocol forms in live situations with students
- **3/6** Has aligned or integrated policy AB2246 with our strategic goals
- **2/6** Trained counselors and psychologists in using the updated crisis response protocol forms
- **1/6** Has seen an increase in referrals from teachers to wellness staff

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PLEASE SHARE AT LEAST ONE EXAMPLE OF SUCCESS FROM YOUR DISTRICT THAT HAS COME OUT OF THE PARTNERSHIP THIS YEAR:

- "Having the legislation as well as the training created a timeline and rationale for revisiting crisis protocols around risk assessment. Being able to implement best practice and team with an outside agency helped our staff feel more prepared for the increase in referrals to the office for students in distress. **We have caught kids earlier and have been able to intervene at crucial times at every one of our secondary schools.**"
- "**Teachers feeling empowered to deal with crises** [without] having to rely on counselors/admin."
- "**The crisis protocol provided by the HEARD Alliance gave a good template as well as impetus to reexamine the current forms and protocol we use.** We are starting conversations with the District Safety Team to incorporate into our crisis protocols and procedures."

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NEXT STEPS

- Cohort 1
  - Moving upstream in training content (e.g. trauma-informed practice), and/or
  - Moving into parent/student education (e.g. Friend2Friend)
  - Ongoing crisis response protocol work and other technical support
- Cohort 2
  - 6 additional districts
  - Reaching out to schools outside of public school system, e.g. after-school programs, Catholic schools

Comments & Questions

GROUP DISCUSSION QUESTIONS (PROVIDERS AND COMMUNITY)

1. What upstream measures in our parenting, in our schools, and in our agencies will help improve the mental health of our children?
2. How can community members be educated about the signs children need help and what to say or do to get help?
3. In each of your roles what can you do in the aftermath of a death by suicide that will support those affected and/or those for whom this loss may increase their own risk of suicide?

GROUP DISCUSSION QUESTIONS (PARENTS AND STUDENTS)

1. What ideas do you have for how our community (think broadly) can reach parents and students to provide life saving knowledge and skills?

2. What programs, people or sources in schools, the community or on the web do you look to for information on teen mental health issues? Where do you think students are getting their information about their mental health?

3. What kinds of programs that are not being done right now would you like to see for parents and students?