**Suicide Prevention in Schools Part 1**

**Tandra Rutledge**

PRESENTER 1: Good morning, everyone. And welcome to suicide prevention in schools’ part one. Just a quick bit of housekeeping. Our webinar format today-- it will be recorded and available for viewing along with the PowerPoint slides on the Great Lakes mental health TTC website. It'll take us a week or so to get it up there. Today's audio will be broadcast through your computer speakers. So please make sure that your speakers are turned on and up. There is no call-in number available. You may use the chat box feature through the webinar to ask questions or add comments. And a Q&A session will be held after the presentation.

I want to especially welcome our speaker today, Tandra Rutledge. She is the director of business development at River Edge hospital in Forest Park, Illinois. She is a certified suicide prevention gatekeeper trainer for the QPR Institute, a trainer for the American Foundation for Suicide Prevention's education programs, and a crisis intervention training instructor with the Chicago Police Department. As a mental health advocate and suicide prevention trainer for the past 25 years, Tandra provides training to schools, parents, faith-based organizations, physicians, and other health care professionals.

As part of the hospital's zero suicide implementation team, she facilitates training in assessment and managing suicide risk for staff. Tandra serves on the board of directors for the Illinois chapter of the American Foundation for Suicide Prevention and is a member of the Illinois Suicide Prevention Alliance. We are thrilled to have you here, Tandra.

TANDRA RUTLEDGE: Thank you. Thank you, Ann.

PRESENTER 1: You are welcome. We'll move to you.

TANDRA RUTLEDGE: Good morning, everyone. And thank you, Ann, for that introduction. And thank you all for attending this part one presentation. I will be talking with you this morning about the role of schools in preventing suicide.

So for the next hour, we're going to be talking to you about why suicide prevention is important and what schools can do about it. Whenever we do presentations like this, I like to point out from the beginning that it can be very difficult to talk about suicide or even to listen to someone else talk about suicide. Some of you may have personal or family experience with suicide. So if this presentation raises any issues for you please make sure that you reach out to a counselor or mental health provider, or feel free to call the National Suicide Prevention Lifeline at 1-800-273-TALK.

So our agenda for today, we're going to be describing-- I will be describing the scope of the problem of suicide. We'll explore how to recognize suicide risk. We'll talk about what you and your schools can do to prevent suicide. And lastly, I will tell you about some of the resources that are available to you.

So why should schools address suicide? We know from research from the Centers for Disease Control and Prevention that suicide is the second leading cause of death for youth. We also know the impact and the tragedy that suicide can have on a school community, as well as we know that suicide can affect students' mental health and academic performance. Therefore, school staff play a very important role in recognizing and responding to suicide risk.

This next slide shows us the number of youth who are struggling with depression or suicide. Unfortunately, it's not uncommon for young people ages 15 to 19 to feel sad or hopeless and to think about suicide. Thankfully, though, it is less common for youth to act on their thoughts and attempt suicide, and even less common for them to die by suicide.

The Youth Risk Behavior Survey is conducted by the Centers for Disease Control with high school students in the United States every two years. The most recent survey found that one in three youth in high schools across the US felt sad or hopeless almost every day for two or more weeks in a row, such that they stopped doing some usual activities during the 12 months before the survey, which is, of course, a definition of depression.

Roughly one in six high school youth reported having seriously considered suicide one or more times in the past year. And approximately 1 in 13 reported having attempted suicide one or more times in the past year. Given that a previous suicide attempt can be a risk factor for future suicide attempts, all suicide thoughts and attempts should always be taken seriously.

When looking at the top five leading causes of death for youth ages 11 to 19, you can see from this slide for young people ages 11 to 19 current data from the CDC show that suicide is now the second leading cause of death. The Youth Risk Behavior Survey data also show that there are big differences between the frequency with which boys and girls think about and attempt suicide. The bar graph shows us that girls are twice as likely to think about suicide and attempt suicide than boys are. However, the pie chart shows us that boys are 3.5 times more likely to die by suicide.

Lots of people wonder what underlies the difference between boys and girls. Although boys think about and attempt suicide less frequently, they are more likely to use means that are much more lethal such as guns than the suicide methods girls tend to choose, such as pill. Also, girls tend to be more likely to reach out for help during their suicide attempt, while boys tend to avoid rescue.

This slide might be a little difficult to see. But according to research, groups of youth that have a higher suicide risk include lesbian, gay, bisexual, transgender, and questioning youth, Latina girls, American Indians and Alaskan Natives, as well as youth who live in rural areas are all at higher risk of dying by suicide. Now, that doesn't mean that if a person belongs to one of these groups that he or she will attempt or die by suicide. It just means that statistically speaking youth in these groups are more likely than the population at large. And certainly youth not belonging to these groups also attempt and die by suicide.

So it's important for us to understand what puts youth at higher and lower risk for suicide. And schools can play an important role in reducing suicide risk. We're going to talk a little bit about that next. As with many health and public health issues, there are factors that increase and decrease the risk of suicide attempts and deaths. We often hear about risk factors for diseases such as, being overweight is a risk factor for diabetes, or heart disease, and even possibly cancer.

In the same way, we have risk factors for suicide attempts and deaths. Risk factors are characteristics that make it more likely that an individual will consider, attempt, or die by suicide, whereas protective factors are those characteristics that make it less likely that individuals will consider, attempt, or die by suicide.

Examples of suicide risk factors include-- and this list is not exhaustive, but they include prior suicide attempts, alcohol and drug abuse, mood and anxiety disorders, such as depression or post-traumatic stress disorder, and access to a means to kill oneself, such as lethal means. Additional risk factors could include exposure to a friend or family member's suicide, family history of child abuse or maltreatment, feelings of hopelessness, low self-esteem, aggressive tendencies.

Just as we know that all overweight people won't develop diabetes, similarly, not everyone with suicide risk factors will think about, attempt, or die by suicide. However, it is important for us to understand the risk factors for suicide and remain aware when risk factors may be present. Many risk factors are modifiable. And schools can play an important role in reducing suicide risk in the following ways.

Schools can offer social activities and alternatives to alcohol and substance abuse. They can encourage help seeking among students. They can have formal agreements with mental health and substance use agencies to provide support for students who might be at risk or in need of those services. And they can provide prevention programming that targets bullying, substance use, and violence.

There are also numerous things that help buffer youth from suicide. Research shows that the following are protective factors. Having access to effective mental health care. Connectedness to individuals, family, community, and school, a very, very important protective factor. Problem solving or coping skills such as being able to effectively manage anger, regulate emotions, disappointments, and conflict. Also having contact with caring adults such as parents, teachers, and coaches.

There are some things that schools can also do to promote protective factors. This includes ensuring that students have access to guidance staff or social workers so that students can seek help when they are having a hard time. Also building school spirit through school-wide projects, enhancing life skills, such as conflict management, emotion regulation, and problem solving, and having time to connect with students. If students believe that school staff and peers care about them as individuals and care about their learning, suicide is less likely. And they're more likely to reach out in times of need.

One of the most important roles schools can play in suicide prevention is having all staff know about and be alert to the warning signs for suicide. Because school staff often spend more time with youth than their parents do, they are in an excellent position to be able to identify warning signs, especially any changes in behavior, mood, and academics. We also know that many youth who are at risk for suicide will not seek help on their own. So it's important to proactively be on the lookout for those exhibiting warning signs. Anyone can be empowered to recognize suicide warning signs.

The following warning signs are research based and identifiable. The following three signs indicate an individual may be at an immediate risk of suicide. And that includes talking about wanting to die or to kill oneself, looking for a way to kill oneself such as searching online or obtaining a gun or other method, and lastly, talking about feeling hopeless or having no reason to live.

These risk factors can be magnified if there is a recent painful event or loss or unwanted change in the person's life. That could include a missed opportunity that feels like a failure, a breakup, not getting a scholarship, not getting into college, not making a team, getting cut from a team, recent death of a loved one, failing a class, or even being humiliated.

This next slide lists some other warning signs that for suicide that include talking about feeling trapped or in unbearable pain, increasing the use of alcohol and other drugs, acting anxious, agitated, or behaving recklessly, sleeping too little or too much, being withdrawn or isolating oneself, and displaying extreme mood swings. You have to keep in mind that youth communicate in many different ways. Any of these warning signs could be observed, read, overheard, text, or even seen on social media. And because suicide is always about life and death, trust your instincts and investigate any third-party information or rumors that you might hear. It is better to err on the side of caution than miss an opportunity to save a life.

Many staff may not even know what to do if they see a student exhibiting these warning signs. So schools need to have a procedure in place for how staff and students should respond if they see any of these warning signs. So let's talk a little bit about how a school can be prepared to address the warning signs of suicide. The first and probably most important thing is that it's very important to have education and training for staff about the warning signs. That's important in terms of identifying students at possible risk of suicide.

So this includes your school resource staff such as counselors and social workers, nurses, psychologists, bus drivers, cafeteria workers. Some of your psychologists and school counselors might need specialized training on how to intervene with and assess and manage students who are thinking of suicide once they are identified. Schools also need to identify specific protocols that lay out their expectations for all staff on recognizing the warning signs of suicide and the steps they need to take in response.

These protocols should be communicated annually to all staff and include a reminder of the suicide warning. These protocols should also include a formal agreement with outside mental health providers. It's also important that the schools have a crisis team. And that's a team that should be in place to respond to attempts and death.

We're going to have some resources made available to you as part of this presentation. And it's going to be a handout entitled commonly asked questions by schools. And it will include a lot of the resources that you can get for your school for additional information on how to develop a crisis team or how to have a protocol. Developing that crisis team and those protocols are very important in terms of having a prepared school.

Any student displaying suicide warning signs should get immediate help. Oftentimes, the people responding and handling students at risk in school settings are the guidance staff. Additional support from community mental health providers is often necessary and strongly encouraged. Hopefully, you all are aware of the National Suicide Prevention Lifeline, which offers a 24-hour crisis support. There also is the crisis text line. And that number is 741741. And if you all have, in your communities where you are, a local crisis hotline, it will be very important for you to have that information available to students and staff in your schools.

Taking action if you see someone exhibiting warning signs is not always easy. We need to acknowledge that many people are actually hesitant to get involved with someone thinking about suicide, even students. Part of what happens is there is a lot of shame and stigma of suicide. And that prevents many of us from talking about suicidal beliefs. Some people may not be certain of what to say. Some people fear that the person could get angry with them or be embarrassed by our efforts to help.

Some people may also believe that asking someone about suicide may prompt him or her to think about it. Those are myths. That is untrue. Asking someone about suicide does not plant the idea in their head. Youth who are thinking about suicide might be afraid to talk about it for the same reasons we are hesitant to reach out.

There's a lot of shame or fear about appearing weak. Stigma keeps people silent, keeps young people silent. People think that we will think negatively of them. There is fear that no one cares, or no one is concerned. Or being concerned about putting people in an awkward position or making you feel uncomfortable.

But in spite of the fear and the stigma, it is very important to respond immediately when we see a student showing any warning signs, we hear any information from another student, or even have a gut instinct. As I mentioned before, it may be a matter of life or death. Asking someone about suicide shows that you care and that you are a trusted source of support. Asking someone about suicide helps break down the isolation that the student feels and opens the conversation so that he or she can get help.

When you suspect or you know that someone is thinking about suicide, tell them that you care. Tell them that you care about their safety and well-being. And make sure that you take them to the appropriate person, which would be identified in your school's protocol, so that they can get the help that they need.

Think about this. We wouldn't avoid helping someone in a medical emergency. So we shouldn't avoid helping a person with a mental health emergency.

There is a message of hope that we want to share. And we want you to take away from this webinar with these messages of hope. The majority of youth thinking about suicide-- I'm sorry, the majority of youth thinking about suicide show warning signs. So this means that we can recognize most crises before they turn into suicide death.

Nearly everyone who thinks about suicide is ambivalent about ending their life. So what does that mean? That means that there is a part of them that wants to die because of the pain that they're experiencing. But there is another part of them that wants to live. The fact that they're alive is proof that there is a part of them that wants to live. And that's the part that we connect with, the part of them that wants to live.

Most youth who think about suicide don't die by suicide. And with engaged and prepared schools, even fewer would. We know that showing that you care and offering hope and connecting the youth to help builds hope and prevents suicide. Everyone is responsible for preventing suicide. Everyone has a role.

So what are some other things that you can do? In addition to addressing the risk and protective factors that we talked about earlier, training staff to be aware of warning signs and ensuring protocols are developed and disseminated, there's some other things that are very important as you put together a suicide prevention plan within your schools. It's also very important to involve parents. And educating parents to teach them how to identify the warning signs of suicide and respond to their own children and their children's peers if they suspect suicide risk.

Once school staff are informed and prepared, it is also a good idea to involve students in suicide prevention and mental health promotion efforts. Youth are actually more likely to share their suicidal thoughts with a peer. So it's very important to teach other students how to recognize suicidal risk and reach out to a trusted adult, which is why you want school staff prepared before you educate the youth.

I've mentioned this a couple of times as well, that schools should have agreements with mental health and substance abuse agencies to help struggling students. Some school systems even screen students for suicide risk as well as other social, emotional, and mental health issues. Targeted screening provides important information about which students are at risk so that appropriate programs and interventions can be put in place.

This slide here includes some commonly asked questions. There is also a handout that we will include for you to review. I'm assuming, Ann, we're going to make that available at the end of the presentation. So I believe that we will make that information available at the end of the presentation for everyone to see. And it has a list of commonly asked questions, which also has a lot of resources that are available to US schools.

At this time, I would like to open it up for some questions. I think this is a good place to ask some questions. There are some questions on the slide here, but also if you have some additional questions, let's open it up for questions now. I do--

PRESENTER 1: There is a question from Lori that she wants to know more about the statistics for middle school students or younger.

TANDRA RUTLEDGE: Yes, that's a great question, Lori. Thank you for asking. We are seeing increases in depression and anxiety for younger students, even students as young as 10. So it is a problem for even younger children. A lot of the prevention programs do start with middle school students and younger students.

With younger students, it's really hard because when you start to talk about suicide, what you really want to have in place in your schools are some of the things that we talked about previously. So programs that focus on skill development, problem solving, and anger management. So really focusing on building protective factors.

Many of the evidence-based intervention programs for suicide prevention really do start with middle school students. Because we are seeing students as young as 12 and 13 years old who are having suicidal thoughts and attempting suicide. So thank you for that question.

There is another question. What types of screenings are used for screening students for suicide? That is a very, very good question. And I think that there is actually a program that we're going to highlight in part of the third series of this with Elyssa's Mission and signs of suicide. But there are several evidence-based screening instruments that are available to schools that are pretty easily administered.

What I have found is that many schools develop their own screening instruments as part of their social and emotional curriculum. But the PHQ9, the Patient Health Questionnaire is one. Those resources that I'm very familiar with that some schools and other organizations that work with youth will use that screening instrument. I can make available some additional resources for you. But there are some really good screening instruments that you can utilize in school settings.

The next question is, how do you implement this protocol in terms of home schooling, such as families with neglectful parents? Very good question. I think that as a community-- so suicide prevention is not just a school problem. It is a community problem. And so whenever you're looking at preventing suicide you have to also include community.

And so having suicide prevention programs at libraries, partnering with your local mental health professionals to offer education programs, whether it's part of Suicide Prevention Month or Mental Health Awareness Week. But having ongoing opportunities where information about suicide prevention can not only get to students and teachers, but also can get to the general community is very important.

Do you have a resource guide for parents that you can share with us specifically to address, they just want attention? Interesting question. Because it is something that I hear very, very frequently. And what I often do when parents share that, or they say that to me is I educate them on the statistics. And I talk about the seriousness of suicidal thoughts, and the number of students who die by suicide, and the importance of taking these warning signs seriously, and making sure that there is a plan in place.

And so I think that through education that's how you address it. But also through advocacy, making sure, if you're the school staff that's talking to the student, that you are firm when you advocate on behalf of that student and making sure that the parent understands how serious that this is and how seriously that we're going to take it. Yes, what are your thoughts on the CSSRS as a screening tool. And that's the Columbia-- and I'm going to mess the name up. But that's the Columbia rating scale.

A very effective tool. We actually use it here at our hospital. So it is an excellent tool. It's evidence based. And we use it here with our patients here at the hospital. So it is a very good tool. If you're using that tool, you're using a really good tool.

For at risk-- the next question. For at risk children in disruptive homes, what steps can be taken to implement continued follow up and aftercare? That really is a challenge. When you're working with children, children are in families. And families are impacted by a number of pressures and trauma. So how do we ensure that they are getting the care and the intervention that they need?

I think that making sure that you have resources, phone numbers available to families, and making sure that you give that information is very important. Additionally, if you feel-- if you have concerns about the safety and well-being of a child, if they are suicidal, then you also may have to alert your local child services if you think that the child is at risk of harm to themselves or others because of their suicidal thoughts or their mental health condition. But education and advocacy are really, really important.

The next question is, is there a protocol for schools when a student completes suicide on how to announce the death of the student to the school staff, students, and parents? Absolutely, there is. And there is a tool kit. And it is an after suicide-- After a Suicide, a Tool Kit for Schools. And it is on the-- I think I actually have the link here. On this next slide, it is on the-- I'm trying to get the pointer here. It's the second bullet. The Suicide Prevention Resource Center. Thank you.

The Suicide Prevention Resource Center has a guide. It's called After a Suicide a Tool Kit for Schools. And it is so very informative, because it outlines the steps necessary to respond to a death by a student. And it outlines what to say, who to notify. And it takes you through all of that information. Very important resource to have.

What are your thoughts on the youth mental health first aid for teachers and school staff? In our state-- I can't see the rest of the end of the question.

PRESENTER 1: There you go.

TANDRA RUTLEDGE: Can you read it for me? I can't see the rest of it.

PRESENTER 1: What are your thoughts on youth mental health first aid for teachers and school staff? In our school, there is a huge push from the state to get PTAs-- to get all school staff trained.

TANDRA RUTLEDGE: Youth mental health first aid is excellent. There are a number of evidence based and evidence informed training programs available. Youth mental health first aid is one of them. It is an excellent training. It is something that schools are using here in Illinois, where I am. They're using mental health first aid. And there is a push at the state level to roll out youth mental health first aid to all schools throughout the state. It's an excellent training, a very helpful resource.

Are there any other questions?

PRESENTER 1: Doesn't look like we have any official questions. Its great people are sharing resources in our chat. So if you have more slides that we want to go through or anything specific.

TANDRA RUTLEDGE: Well, I see someone here about developing a school crisis response protocol. It is very important. There is a toolkit here that's listed up here, the Preventing Suicide, a Toolkit for High Schools that SAMHSA produces, that I know a lot of schools around the country utilize that resource. You don't have to reinvent the wheel a lot of schools are doing some amazing, amazing work in suicide prevention and making sure that they have a protocol in place. And so please feel free to use some of these resources that are available as well as some of the resources that I can see here in the chat.

The link to AFSP-- perfect. It is AFSP.org, www.AFSP.org. And you get a lot of information for our education programs that AFSP offers as well as NAMI resources are on NAMI's website. And a lot of statistics and resources and support. So that's on this slide here, American Foundation for Suicide Prevention is AFSP.org, and NAMI's website as well.

And I also have listed the American Association of Suicidality listed there as a resource. These are not the only resources, but these are really great resources that are doing a lot of good work in the area of suicide prevention.

PRESENTER 1: There is one additional question. Is there any research associating music and video games to suicide?

TANDRA RUTLEDGE: You know, I am not aware of the causation research, if you will, with gaming-- the question was gaming?

PRESENTER 1: Right.

TANDRA RUTLEDGE: With gaming. But I've been doing a lot of study on the impact of gaming, having young children who are into gaming myself. And the research is very new in the area of gaming. We do know that there is some impact on the brain. And what we do know is that young people who have mental health conditions and who are often suicidal do have an underlying mental health condition.

So we can probably-- I wouldn't want to draw the conclusion that gaming increases suicide risk. That research I am not aware of. And no solid researcher would make that connection. But certainly being aware of the things that impact and affect the brain, particularly for youth who are already at risk and have risk factors for suicide-- you just want to be thoughtful, I think, as a parent and as a school staff to understand what factors can influence and impact a young person's mental health and well-being.

PRESENTER 1: There is an additional question is, what is the best way to get administrator buy-in to implement suicide prevention programming into schools? I find that a lot of schools do not want to admit they have this issue in their school.

TANDRA RUTLEDGE: You're absolutely right. It is very hard sometimes in some communities for some schools to take a proactive approach to suicide prevention. We are in a society where we feel like, not in my backyard, until it is in our backyard. So I think that sharing information, and sharing resources, and having suicide prevention be a part of your school's social and emotional wellness initiative. You cannot have a social and emotional program or curriculum in your school that does not include mental health and suicide prevention.

So when you make suicide prevention a part of your comprehensive social and emotional curriculum, it almost demands that your administration includes that information. And there's so many resources. And I know in Illinois this slide shows that the Illinois School Board of Education actually has a youth suicide prevention tool kit for schools. They have resources available for schools, so that they can include suicide prevention as part of their overall social and emotional wellness program.

PRESENTER 1: Great.

TANDRA RUTLEDGE: Oh, the 4D Needs Assessment, yes. I'm familiar with that, yes.

PRESENTER 1: So if you can-- Nancy, if you can send it to Sarah, we'll make sure that everybody gets a copy of it. There is one question. Is there an impact related to portrayals on social media websites that strive to appear happy? For example, Instagram platforms normally do not show anything physically achievable using the filters and lighting. Is there research on how to impact self-esteem in relation to suicide?

TANDRA RUTLEDGE: So there are some-- and I will try to find the article. I read a recent article. There is a study released. And again, it's not causation. But looking at social media and the impact of social media on the mental health and well-being of young people. And found some results that there were some increases in-- and I don't want to misstate it. So I will find it. But some increases in low self-esteem and anxiety for those youth who are already at risk.

Again, not causation, but related factors that we need to be aware of. So I will try and find that article. It just came across my attention a couple of weeks ago. And I can make sure that I share it. That's a great question. I mean, the impact of social media and gaming, I think we're going to continue to learn about the impact that these things have on the brain and the development of young people as it relates to those students who also might be at risk for mental health conditions and who might be suicidal.

PRESENTER 1: Thank you. The next question is, are there trainings or information sources for students on how to look at warning signs for a person who may be suicidal via social media posts?

TANDRA RUTLEDGE: Are there screening-- I'm sorry.

PRESENTER 1: Yeah, says, are there trainings or information sources for students who might be looking at other people's social media posts to see if there's warning signs that can pick up on?

TANDRA RUTLEDGE: So they are trainings for students on warning signs. And the trainings-- really if you've participated in a suicide training, the trainings often look at what we talked a little bit about. So it talks about risk factors. And it talks about warning signs. And warning signs are usually what people say, OK. So how they talk. So maybe what they post on social media.

If you see someone, they post something-- I want to die. Or I'm feeling hopeless. If they make statements like that, then that can alert you that someone could be at risk for suicide. So yes. There are training programs that can educate young people on what things that people say might indicate that they're at risk for suicide.

And some of those programs will be listed on AFSP's website. And there are other programs, mental health first aid also talks about warning signs, although that's for the adults. But a lot of your basic gatekeeper training also includes training for, if you see this, if someone does this, if they display this behavior, if they say these things, or they show these changes in mood, then these are some things that you need to do.

PRESENTER 1: Thank you. The next question is, is there a universal assessment tool for use in schools and health care to access risk of suicide in youth? I think it's to assess the risk of suicide in youth.

TANDRA RUTLEDGE: So there are several tools that are widely used. I have not come across a universal one or one that I see multiple schools across districts. I know in the school district where we are now, they have their own screening instrument that they use. But the PHQ9, the Columbia rating scale-- and when you get the handout, there some other assessment instruments listed there.

Health care is a whole other ball of wax, where we do have some of those screening instruments that I mentioned. Sometimes primary care and health care systems use them as well. So there are several assessment tools on the SAMHSA website that you can also look up. And they should give you some additional information if you're looking for guidance on how to develop or where to start in developing a screening and assessment.

And so I want to point out here, there is a difference between screening and assessment. So screening is something like everyone would get. So if you imagine going to the doctor-- and everybody, all of us when we go to the doctor, we fill out our health history. That's a health screening. So screening everyone and trying to identify if anyone is at risk. If someone endorses symptoms on a screening instrument, then that might indicate that they need an assessment, which is a little bit more in-depth. In-depth assessment that's really going to target those mental health symptoms that they endorse and that suicidality.

PRESENTER 1: Thank you. There's a question that says, would you please speak your experience about schools using the signs of suicide curriculum.

TANDRA RUTLEDGE: I am a little biased. Because we work-- in a good way. We work with an organization who will be, I believe, doing the part three training. I hope I'm not spoiling it for everyone. But Elyssa's Mission is an organization in Illinois who uses the signs of suicide curriculum. And they're in-- oh, over 150, probably close to 200 schools in Illinois.

And it is a very good program that they have brought to the community. And so I am-- I have very high-- I really like the program. It is a program that is educational. But there's also a screening component. So there's presentations that all students receive. And then at the conclusion of those presentations, every student is given a screening instrument right there in that same day.

And once they complete that screening, the staff along with the school staff, along with Elyssa's Mission, they go over those. And they pull students. And they talk to them, those students who are at risk, and make arrangements if they need further assessments or if they need resources. And so I really like the model that Elyssa's Mission uses with the signs of suicide program.

Don't mean to spoil it. Jodie from Elyssa's Mission, we work very closely together. But if you want to hear more about that, I really, really encourage you to tune into the presentation I think it will be the third one with Elyssa's Mission.

PRESENTER 1: Right. Well, that was an excellent segue. Thank you. I just want to remind everyone that this is a three-part series. So there will be-- the next one will be on July 11 at 11:00 AM Central time. So exactly the same time as this one. And then Jodie will be joining us for the third on July 25.

So if you look in the notes, that's the registration for the next two. We'll make sure that those are both in the information that people get. And they're also on our website. So please go as well to our website. And if you want additional information about things we're doing, you can sign up for newsletter. But it doesn't look like we have any more additional questions.

TANDRA RUTLEDGE: And my contact information is there. Please feel free to reach out if you have any additional questions. And I really appreciate an opportunity to share this information with you all this morning. And I hope that it was helpful. And certainly, let's keep the discussion going. Take this information back to your schools and to your communities. And we can reduce suicides in our communities. And schools play a really, really important part in that fight.

So thank you all.

PRESENTER 1: Thank you. This has been very informative. We appreciate it.

TANDRA RUTLEDGE: Thank you.