Introduction to Building Capacity for Effective School-based Suicide Prevention: Applying the NIATx Model of Process Improvement for Sustainable Change

Tandra Rutledge, MA

Great Lakes Mental Health
Technology Transfer Center
September 22, 2021

Brought To You By:

The Great Lakes ATTC, MHTTC, and PTTC are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA under the following cooperative agreements:

    Great Lakes ATTC: 1H79TI080207-03

    Great Lakes MHTTC: IH79SM-081733-01

    Great Lakes PTTC: 1H79SP081002-01

SEPTEMBER IS

NATIONAL RECOVERY MONTH 2021

rm.facesandvoicesofrecovery.org

TTC
Technology Transfer Centers
Funded by Substance Abuse and Mental Health Services Administration

Disclaimer

This presentation was prepared for the Great Lakes PTTC under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Great Lakes PTTC.

At the time of this presentation, **Miriam E. Delphin-Rittmon** serves as SAMHSA Assistant Secretary for Mental Health and Substance Use. The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.
August 2021

MHTTC Words Matter

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED/ TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Thank You for Joining Us!

A few housekeeping items:

- If you are having technical issues, please individually message Kristina Spannbauer or Stephanie Behlman in the **chat section at the bottom of your screen** and they will be happy to assist you.
- If you have questions for the speaker, please put them in the Q&A section at the bottom of your screen.
- A copy of the power point slides, as well as the recording and handout will be available on the MHTTC website within two weeks.

Thank You for Joining Us!

A few more housekeeping items:

- You will be directed to a link at the end of the presentation to a very short survey – we would really appreciate it if you could fill it out. It takes about 3 minutes.
- We will be using automated captioning during the presentation today
- Certificates of attendance will be sent out to all who attended the full session. They will be sent via email.

Follow Us On Social Media!

Facebook and Twitter:

- @GreatLakesATTC

- @GMhttc

- @GLPTTC

Photo: iStock

Presenters

Tandra Rutledge

Director of Business Development

Riveredge Hospital

Introduction to Building Capacity for Effective School-based Suicide Prevention: Applying the NIATx Model of Process Improvement for Sustainable Change

Before we begin…

- Suicide is complicated, devastating, and very personal

- Many of us are survivors who have lost students, clients, friends, or relatives

- Some of struggle with suicidal thoughts regularly or know someone who does

- Some of us may be attempt survivors

- You should avoid blaming yourself or holding yourself responsible for what you did, did not do, said or did not say based on what you learn today or in the future

- Most clinicians are not trained in how to respond to someone who is suicidal

- One of the most important things you can do is to remember to take good care of yourself

Good self-care is important.

Focus on things that bring you joy, help you relax, and keep you healthy.

Learning Objectives

1

Learn the key components of a school-based suicide prevention plan

2

Learn the prevention strategies that are responsive to the cultural and language needs of students in their district

3

Assess current district suicide prevention policies and readiness for change

4

Learn about a school-based project designed to help school districts apply the NATx model of process improvement to their district's current suicide prevention

Mental Health and Suicide Variables*

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	Trend
Experienced persistent feelings of sadness or hopelessness	26.1	28.5	29.9	29.9	31.5	36.7	🛑
Seriously considered attempting suicide	13.8	15.8	17.0	17.7	17.2	18.8	🛑
Made a suicide plan	10.9	12.8	13.6	14.6	13.6	15.7	🛑
Attempted suicide	6.3	7.8	8.0	8.6	7.4	8.9	🛑
Were injured in a suicide attempt that had to be treated by a doctor or nurse	1.9	2.4	2.7	2.8	2.4	2.5	🔶

Source: National Youth Risk Behavior Surveys, 2009-2019
*For the complete wording of YRBS questions, refer to Appendix.

LEGEND 🛑 In wrong direction   🔶 No change   🛡 In right direction

Youth Groups with Higher Suicide Risk

- Black children and adolescents

- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth

- Latinx adolescent girls

- Asian American youth

- American Indian and Alaska Native youth

RISK FACTORS & PROTECTIVE FACTORS

- Prior suicide attempt(s)

- Alcohol and drug abuse

- Mood and anxiety disorders, e.g., depression, post-traumatic stress disorder (PTSD)

- Access to a means to kill oneself, i.e., lethal means

- Family, school, and peer interactions (i.e., abuse, negative family dynamic, parental substance use or mental health, cyberbullying, etc.)

- Effective mental health care

- Connectedness to individuals, family, community, and social institutions

- Problem-solving skills (managing anger and conflicts) and interpersonal skills building

- Increasing social connection and support

Be alert to the warning signs!

THINGS SCHOOLS CAN DO

- Offer social activities as alternatives to alcohol and substance use
- Encourage help-seeking behaviors
- Have formal agreements with mental health and substance abuse agencies
- Provide prevention programming targeting bullying, substance use, and violence

- Ensure access to guidance staff and social workers
- Build school spirit through schoolwide projects
- Enhance coping and life skills
- Take time to connect to and embrace the diversity of students and families
- Incorporate suicide prevention as part of the districts' overall wellness initiatives

COVID 19 Pandemic and (Racial) Trauma: Supporting Student and Staff Mental Health

- Foster safety and equity

- Build community

- Work with community partners to support student and staff mental health

- Acknowledge and address grief

- Re-establish routine and connection

- Use mindfulness to teach self-regulation at home and at school

- Create a vision for a better future together

WHY SCHOOLS SHOULD ADDRESS SUICIDE

Students' mental health can affect their academic performance

A student suicide can significantly impact other students and the entire school community

School staff can play an important roles in recognizing and responding to suicide risk

STIGMA AND FEAR

A MESSAGE OF HOPE

- Most youth considering suicide show warning signs.

- Nearly everyone who thinks about suicide is ambivalent.

- Most youth who think about suicide don't die by suicide.

- Showing that you care helps prevent suicide.

HOW SCHOOLS CAN HELP PREVENT SUICIDE

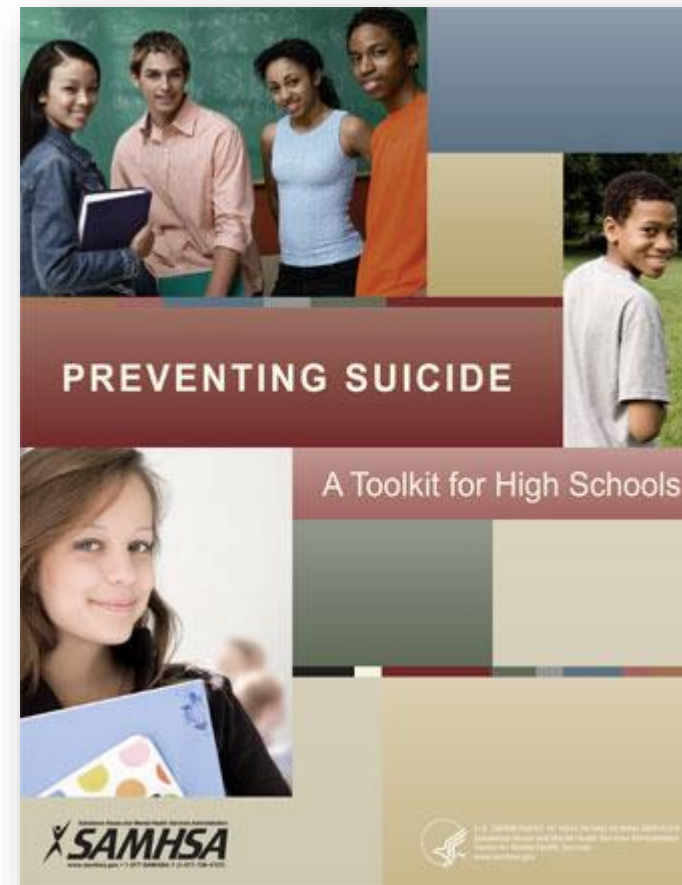Protocols for helping students at risk of suicide

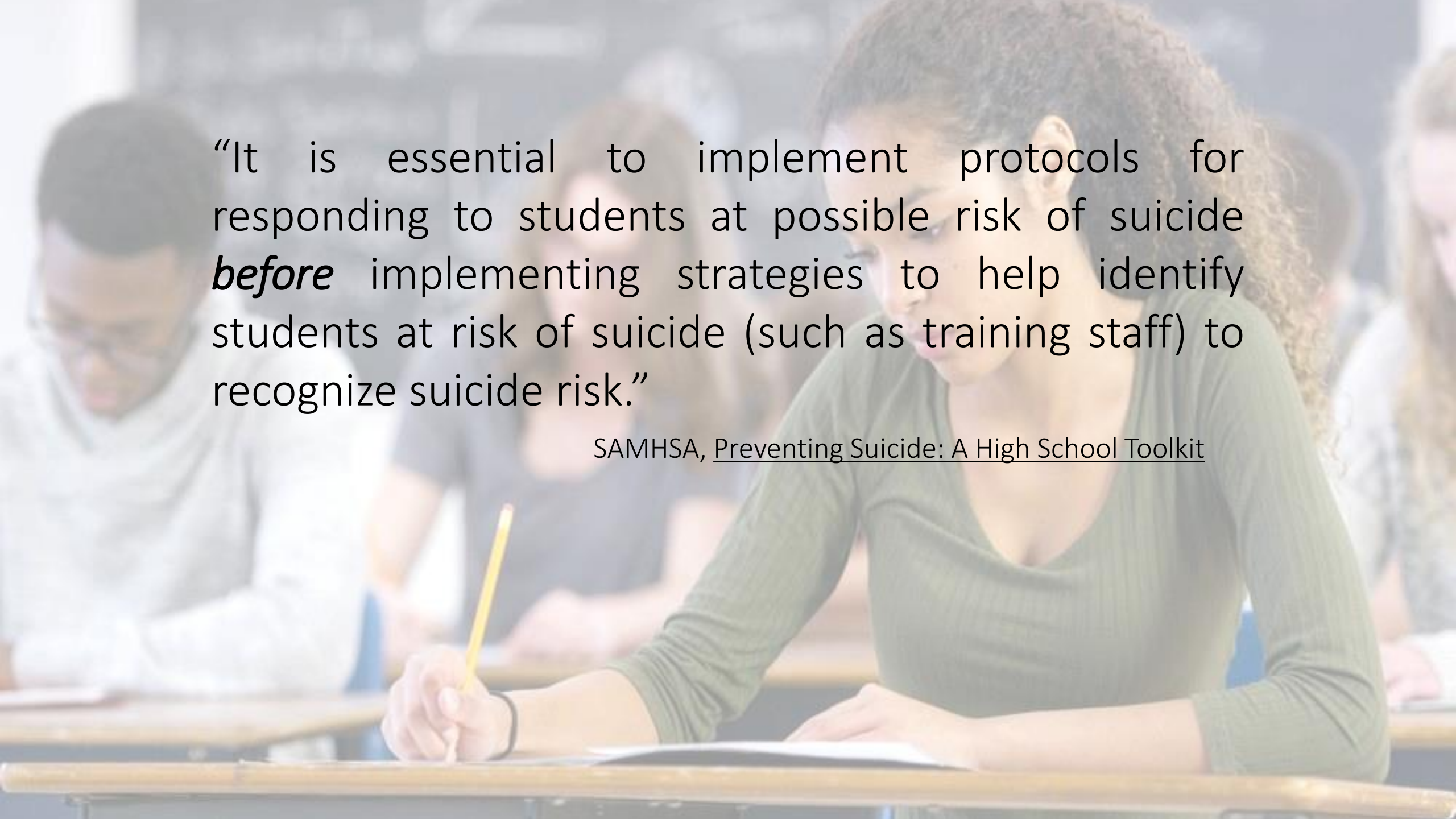Protocols for responding to suicide death

Staff education

Parent education

Student education

Screening

"When screening for suicide risk, it is important to have resources and systems in place to connect anyone identified as being at risk to appropriate follow-up care and assistance."

Suicide Prevention Resource Center

"It is essential to implement protocols for responding to students at possible risk of suicide *before* implementing strategies to help identify students at risk of suicide (such as training staff) to recognize suicide risk."

SAMHSA, Preventing Suicide: A High School Toolkit

STAFF EDUCATION

- Provide annual training for all school staff. State mandated (not annual): IL, IN, OH; State encourages training: MI, MN; Other statutes: WI

- Additional training on youth suicide risk assessment and crisis intervention procedures should be provided for mental health professionals and nurses employed in the schools. An example of one such training is Gatekeeper Training.
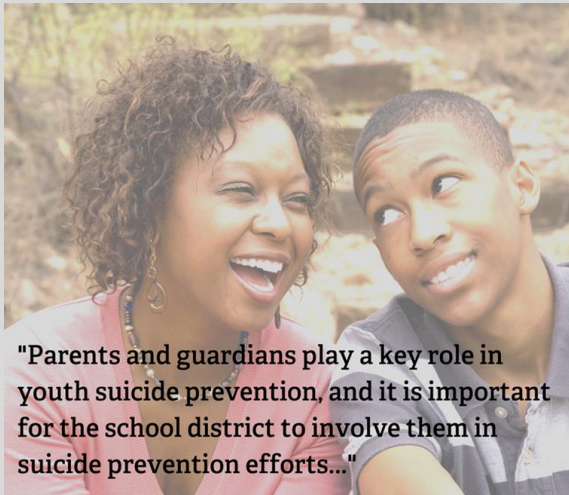
"Parents and guardians play a key role in youth suicide prevention, and it is important for the school district to involve them in suicide prevention efforts..."

PARENT EDUCATION

- Involving parents and guardians is an important way to ensure that efforts appropriately target the needs of the community and enhance the cultural competency of school-led efforts.

- Parents, guardians, and other adult community members who receive suicide education training should understand the following:
  - The prevalence of suicide and suicide attempts among youth
  - The warning signs of suicide
  - How to respond when they recognize their child or another youth is at risk
  - Where to turn for help in the community

STUDENT EDUCATION

Curricula for all students (Universal)

Skill-building programs for at-risk students (Targeted)

Peer-led programs (Targeted)

Recommendations for School-Based Suicide Prevention Screening

- Schools should consult with the screening tool developer or the distributer to assist in estimating the service needs for the anticipated number of positive identifications.

- Screening should be implemented after the process of referral and follow-up care are clearly established. Behavioral health providers should be notified prior to the screening to facilitate referral procedures.

- Scoring or other review of screening results should take place immediately to identify those youth at risk for self-harm.

- Response protocols should be developed prior to screening so youth suspected of being at imminent risk for suicide and their caregivers receive immediate guidance and referral.

- Schools implementing a suicide prevention screening program should have a complete directory of community resources for behavioral health.

Re-Entry Procedures

- A school-employed mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers.

- While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.

- The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.

- The school-employed mental health professional shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g. for a period of three months).

- The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments. The school-employed mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

Model School District Policy on Suicide Prevention:
Model Language, Commentary, and Resources

After a Suicide: A Toolkit for Schools

Second Edition

A Model District Policy...

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation

- Further recognizes that suicide is a leading cause of death among young people

- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide

- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience

- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components
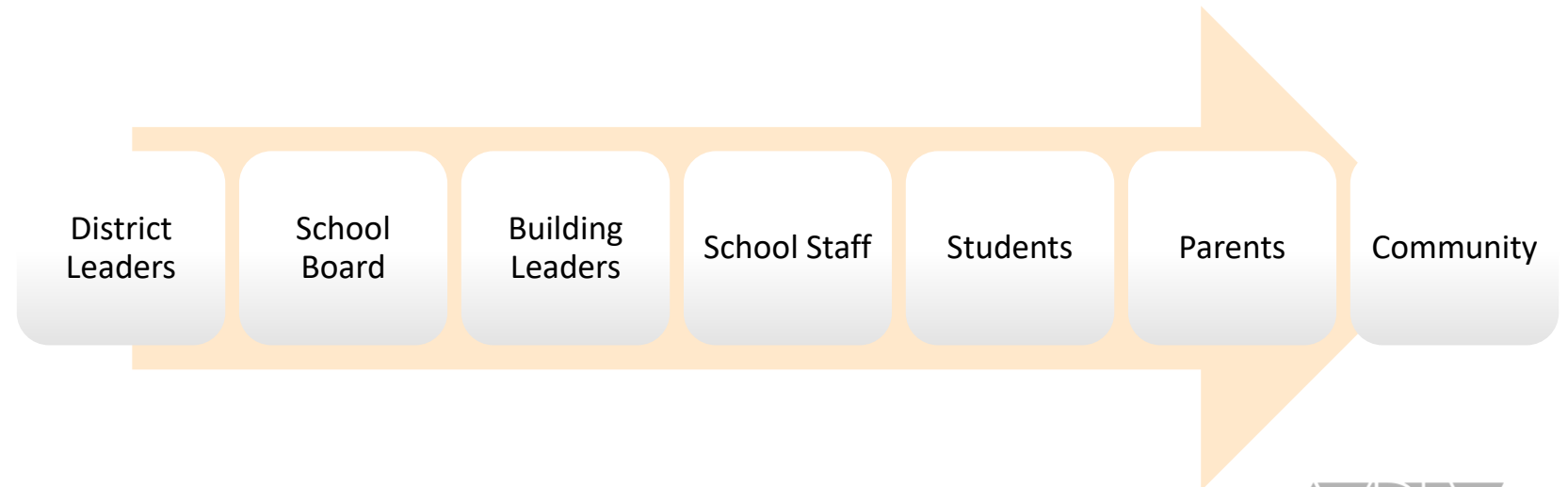
"The work of suicide prevention is "grounded in the assumption that people live in a world that believes their life matters". Many people of color, however, do not see that world as their own. "On a practical, daily level [society] gives explicit and implicit messages that it's white lives that matter and not Black lives or brown or Indigenous lives."

Jonathan Singer, President of the AAS

Associate Professor, Loyola University Chicago

What are the implications of race, ethnicity, and culture on suicide prevention among Black, Indigenous and other minoritized youth?

Getting Started: Strategic Planning Process

District Leaders	School Board	Building Leaders	School Staff	Students	Parents	Community

Creating Sustainable Change

- Engage districtwide administrators and stakeholders for buy-in and allocation of resources
- Convene district and building level interdepartmental team, parents, and community members (research state, county, district level data)
- Assess your current polices, programs and school culture
- Develop your overall strategy and activities

Best Practice Tip: Suicide Prevention Task Force/Coordinator

Suicide Prevention Activities	Yes	No	Not Sure
Protocols for helping students at risk of suicide			
We have a written protocol for helping students who may be at risk of suicide that is consistent with the guidelines in Chapter 2 of this toolkit.	☐	☐	☐
We have a written protocol for responding to students who attempt suicide at school that is consistent with the guidelines in Chapter 2 of this toolkit.	☐	☐	☐
We have established agreements with outside providers to provide effective and timely mental health services to our students.	☐	☐	☐
Protocols for after a suicide			
We have a written protocol for responding to the suicide of a student or other member of the school community that is consistent with the guidelines in Chapter 3 of this toolkit.	☐	☐	☐
Staff who will implement the suicide response protocol are familiar with this protocol and the tools that will help them fulfill their responsibilities.	☐	☐	☐
We have identified community partners to help us in the event of a suicide.	☐	☐	☐

NIATx Process Improvement

Building Capacity for Effective School-based Suicide Prevention: Applying the NIATx Model of Process Improvement for Sustainable Change

Starts Wednesday, October 23, 2021 and runs through May 4, 2022

12 weekly, 1-hr video-based LC sessions

(9a-10a CST)

Change Leader Academy (CLA) in February

Group and individual coaching sessions

(March – April)

School district leaders in districts with existing suicide prevention policies that want to improve/refine their policies and implement a district-wide plan

District teams will be selected based on readiness for change and level of commitment.

A year-long, school-based suicide prevention learning collaborative

Thank You

Tandra Rutledge, MA

Director of Healthcare Systems Initiatives,
American Foundation of Suicide Prevention

Founder & CTO, Avidity, LLC

tandra@iamavidity.com

Prioritizing your
mental health
is self-care.

You're welcome, AVIDITY