School-Appropriate Response and Screening Practices

Erin Briley, NCSP
School Mental Health Coordinator
Mountain Plains MHTTC
2/1/2022

SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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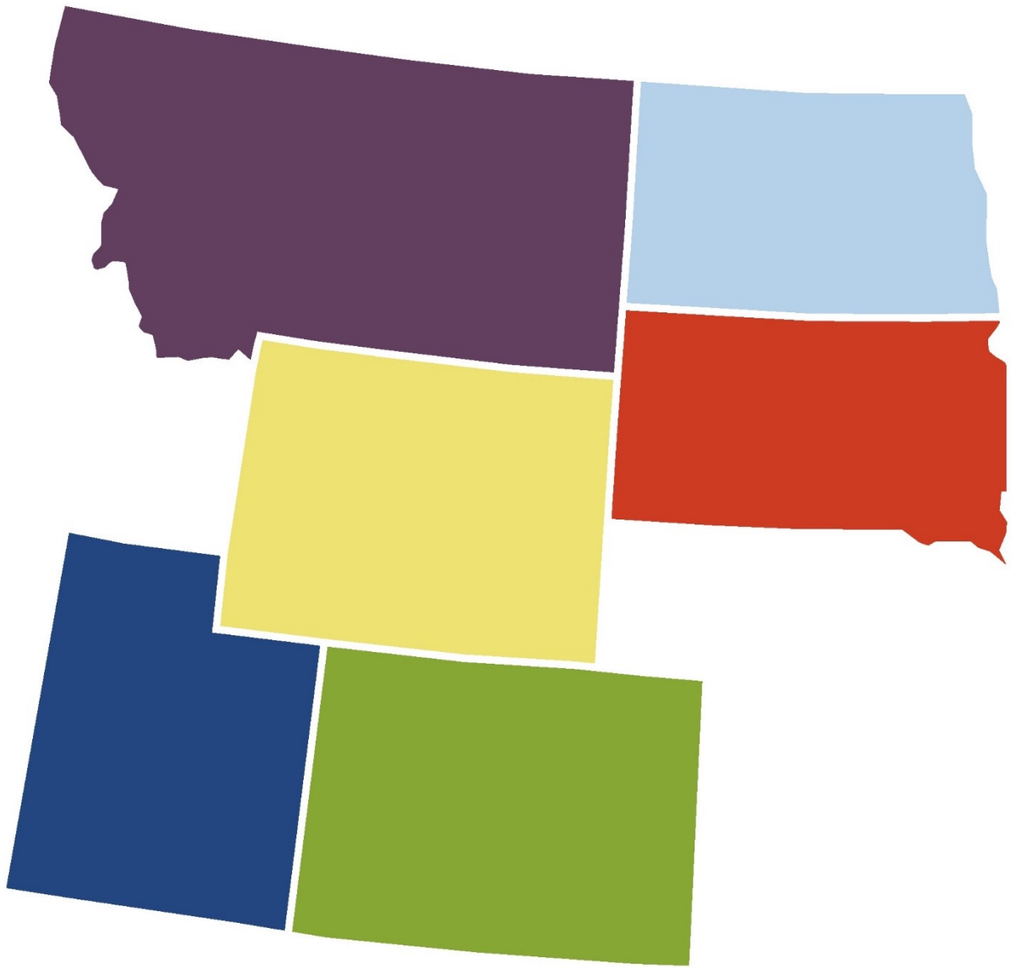
The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

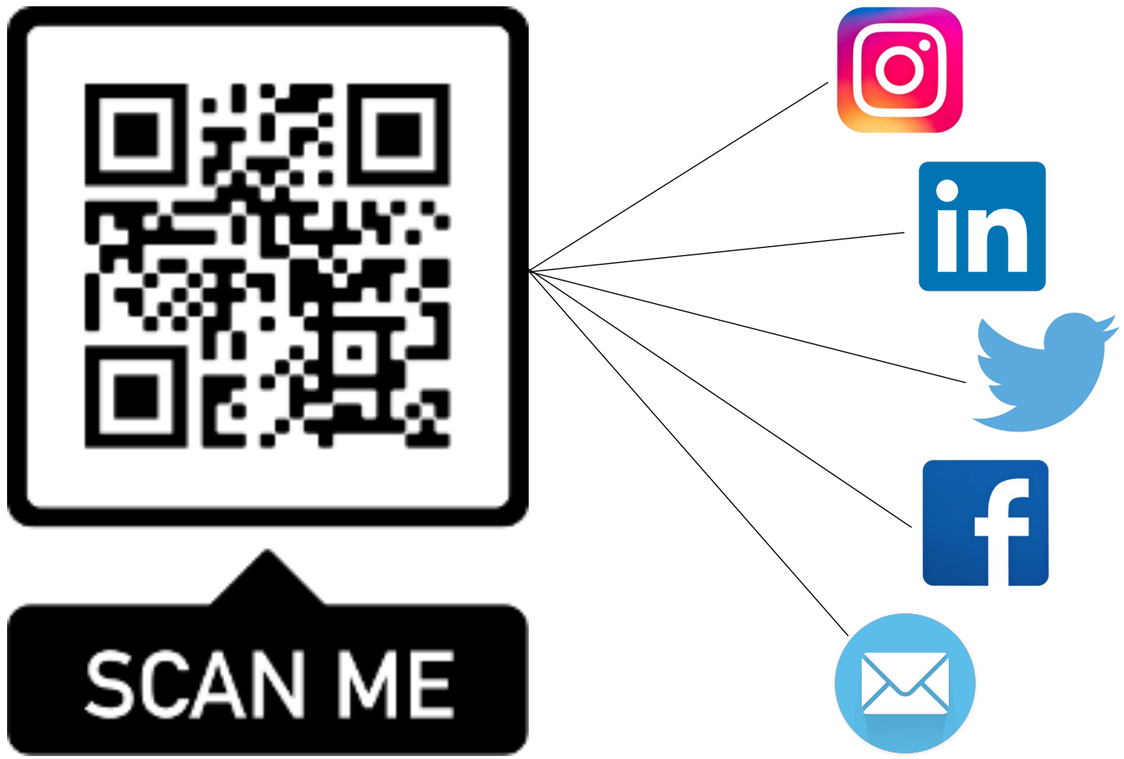
The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- 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

Stay Connected

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!



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This in-service is not intended to replace advanced training in suicide response and risk assessment. Please refer to resources at the end of this training for programs

Data and Demographics

- Suicide is the second leading cause of death for youth ages 10-24 in 2019 (19.7%)[4]
- Rates increased 61.7% between 2009-2018[4]
- For each suicide death among young people, there may be as many as 100–200 attempts (McIntosh, 2010) [8]

Data and Demographics

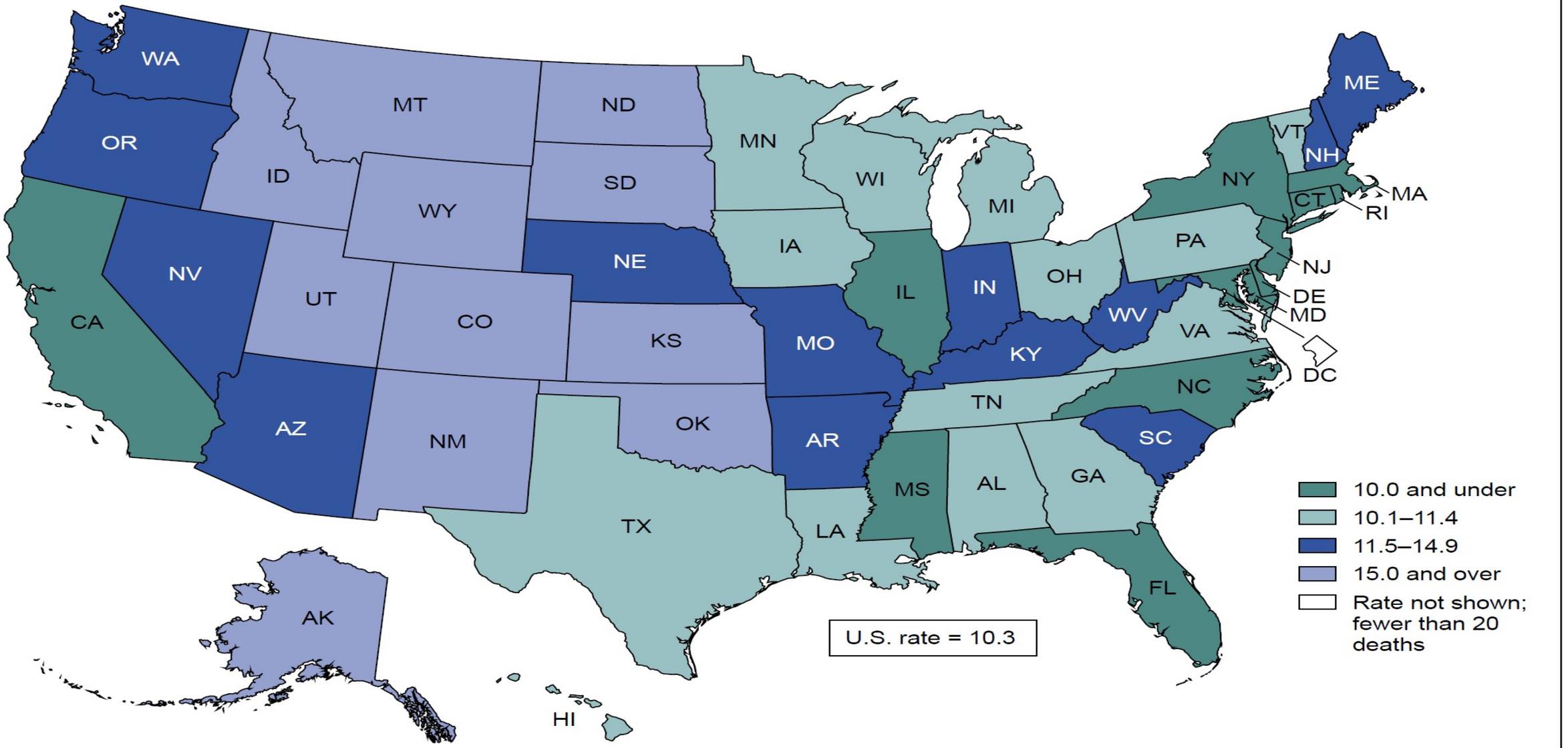
- In 2019, 18.8% of high schoolers report seriously considering suicide; rates increase significantly for LGBTQ (46.8%) [4]
- 2nd leading cause of death for AI/AN ages 10-34[6]
- 1.5x higher for AI/AN adolescents and young adults [6]
- Higher rates for Hispanic youth grades 9-12 for ideation, having a plan, and attempts in comparison to white and black students [6]
- Attempts (11% vs 6.6%), ideation, planning higher for females vs males[4]

Data and Demographics

- In 2018, about 95,000 youth (ages 14-18) were admitted to the ER for self-harm injuries[11]

- Since the pandemic:[11]
  - Increase in anxiety and attempted suicides, especially among girls;
  - In 2020, we saw a 31% increase in ER visits for all youth per the CDC (Yard et al.).
  - ER visits for suicide attempts increased for teens aged 12-17, especially girls

Figure 2. Suicide death rates for persons aged 10–24: United States, 2016–2018



NOTES: Rates are 3-year averages of suicide deaths in 2016–2018 per 100,000 population of persons aged 10–24 in each area. Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Curtain, 2020

Contributing Factors in Mountain States

While it is impossible to know the exact cause of the increased rates of suicide in this region, several things have been proposed as contributing risk factors. Some possible reasons for the higher rates of suicide may include:

- Decreased access to mental health resources
- Easier access to firearms due to higher rates of gun ownership
- Increased tendency to not access resources due to stigma
- Increased economic stressors related to stressful work and decreased employment options

“Research shows that a brief screening tool can identify individuals at risk for suicide more reliably than leaving the identification up to a clinician’s personal judgment or by asking about suicidal thoughts using vague or softened language.”[5]

When is a Screener Used?

- Suicide Screening: A standardized instrument or protocol to identify suicide risk. Can be done universally or selectively.

  <u>Conducted when:</u>

  1. *Student inform of attempt, thoughts, or plans*
  2. *Peer or staff learn of an attempt*
  3. *Staff believes student is at risk*

- Suicide Assessment: A comprehensive evaluation done by a clinician to confirm risk, estimate immediate danger, and determine the course of treatment

Basic Guidelines

Defer to your school's crisis protocol!

1. Refer to staff trained to recognize & respond (E.g., School Counselors, School/Clinical Psych., School Social Workers)

2. If unable to locate, alert administration and determine if crisis team needs to be called to assess for imminence. If yes, call crisis and parents

3. In emergencies, alert administration, call 9-1-1, and parents

4. Ensure school staff are aware of referral/response protocol and basic guidelines

Helping Suicidal Youth

- **Show you care** – Listen carefully – Be genuine.
  "I'm concerned about you…about how you feel."
- **Ask the question** –Be direct, caring and non-confrontational.
  "Have you ever thought about killing yourself?"
- **Get help** – Do not leave him/her alone.
  "You are not alone. I will help you get the help you need."
- **Emphasize protective factors** that provide a reason for living (e.g., favorite pets, younger siblings or close relationships with others, future plans/dreams)
- **Use a non-judgmental, non-condescending, matter-of-fact approach** [8]

What's Not Helpful?

- **Ignoring or dismissing the issue** indicates you don't hear their message, believe them, or care about their pain.
- **Acting shocked or embarrassed.**
- **Panicking, preaching, or patronizing.**
- **Challenging, debating, or bargaining.** You can't win a power struggle with someone thinking irrationally.

What’s Not Helpful?

- **Giving harmful advice** such as suggesting the use of drugs or alcohol to “feel better”.

- **Promising to keep a secret.** The suicidal person is sharing his/her feelings hoping someone will help their pain, even though they may verbally contradict this.

Identifying Risk[8,10]

1. Identify risk factors; especially those that can be reduced

2. Identify warning signs

3. Identify and mobilize protective factors

- ►Is there anything that could stop them? E.g., younger siblings, pets, religious beliefs, …
  - ►** Note: This information is helpful for safety planning later**

1. Identify Risk Factors [8,10]

Individual	Behaviors	Family	Environmental
-Previous attempts -Mental Health -Hopelessness* -Impulsiveness -Poor prob. solving -Poor coping -Low stress tolerance -Social alienation/ isolation -Perception of being a burden -Loss -Hx of abuse,bullied	-Substance Use -Self-Injurious -Delinquency -Aggression -Risky sexual behavior	-Family suicidal hx -Parental MH -Family stress/ dysfunction -Stressful life events -lack of social/family support -Death -Family financial difficulty -Under/overprotective parenting	-Exposure to suicidal behavior of others -Neg. social/emotional school environment -Expression/acts of hostility -Lack of respect & fair treatment -Lack of safety/security at school -Access to lethal means -Exposure to stigma, discrimination -Limited access to MH care

2. Identify Warning Signs[8,10]

General[5,6]	Acute[5,6]
▶Reckless or engages in risky activities ▶Increased alcohol/drug use ▶Feeling trapped, like there's no way out ▶Anxiety, agitation, dramatic mood changes ▶Hopeless about the future*; severe or overwhelming emotional pain or distress* ▶Rage, uncontrolled anger, seeking revenge or recent increased agitation or irritability* ▶Unable to sleep or sleeping all the time* ▶Withdrawal/changes in social connections* ▶Anger out of character or context* * Items marked with (*) also indicate warning signs for youth ≤ 25 years of age	▶Threatening to hurt or kill self or talking about wanting to die (sometimes this is seen as verbal clues) ▶Looking for ways to kill self by seeking access to lethal items ▶Talking or writing about death, dying, or suicide*. Artwork? - *Is there a detailed plan for attempt (how, where, when)?*

Warning Signs for Youth (<25 yrs) [8]

The risk for Suicide increases if the warning sign is:

- New and/or
- Has increased, and
- Possibly related to an anticipated or actual painful event, loss, or change

3. Identify Protective Factors [8,10]

Individual	Social	School
▶Emotional well-being/intelligence ▶Adaptability, resilience, internal control of one's environment ▶Strong problem-solving, coping, conflict resolution skills ▶Frequent, vigorous exercise or participation in sports ▶Spiritual faith. Cultural beliefs that affirm life ▶Frustration tolerance and emotional regulation ▶Body image, care, and protection	▶**Connections.** Close supportive bonds with family, caring adults, peers; positive therapeutic relationships; responsibility to others ▶Parental involvement, pro-social norms, and support for school	▶Positive school experiences- safe and respectful climate ▶Adequate or better academic achievement ▶**Connectedness** to school. Part of a close school community

4. Conduct Suicide Inquiry: Ideation[8,10]

a) Ideation. How long have they been thinking about suicide (frequency, intensity, duration: in last 48 hours, past month, & worst ever).

►Be direct, caring, and non-confrontational

►Be developmentally appropriate

►Be specific. Avoid vague terminology like “hurt”

4. Conduct Suicide Inquiry: Ideation[8,10]

- Prompt Questions to assess ideation:
  - "Sometimes, people in (specify situation) lose hope. I'm wondering if you may have lost hope, too?"
  - "With this much stress in your life, have you thought of hurting yourself?"
  - "Have you ever thought about killing yourself?"
  - Frequency, Duration, Intensity
  - "How often do you have thoughts of suicide? How long do they last? How strong are they? What's the worst they've ever been?"
  - "When did you begin having suicidal thoughts?" Did anything trigger these thoughts?"
  - "When was the last time you had suicidal thoughts? Have you had thoughts of suicide within th last 48 hours/past month?"

- End inquiry if no evidence of ideation AND you have no suspicion of minimization or untruthfulness

4. Conduct Suicide Inquiry: Plan, Access, Intent[8,10]

b) Plan. Is there a plan? How would they do it if they could? Get specifics.

c) Access. Are there means to carry through?

d) Intent. Have they made plans to follow through? If imminent (within next 24 hours, obtain immediate assistance or emergency response. Send to ER)

- *Note: Asking about intent to kill oneself is not correlated with suicidality*

What to Explore in a Risk Assessment[8,10]

4. Determine risk level and if crisis team should be contacted.
    * Always err on the side of caution
    * If unsure, seek consult or contact crisis team ASAP!

5. Do not leave alone

6. Document, document, document!

Or… Use a Developed Suicide Screener

- Columbia-Suicide Severity Rating Scale (C-SSRS)
- SAFE-T
- Yes, you can screen remotely!

Columbia-Suicide Severity Rating Scale[2]

- Brief screener (4-6 questions) for ideation severity within the last month and behaviors within the last 3 months
- Combine results with clinical judgement to determine risk level and make clinical decisions about care
- Population: All age ranges (6+) and special populations in different settings. Also available for very-young children/cognitively impaired
- Administration Requirements: Any professional or self-report. MH background not required
- Additional: Evidence-supported. Includes a follow-up screener. Endorsed by: SAMHSA, NIH, DOD, National Action Alliance for Suicide Prevention, Zero Suicide Initiative.
- Cost: Free

C-SSRS^2

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		

	YES	NO
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***Was this within the past three months?***		

- Low Risk
- Moderate Risk
- High Risk

SAFE-T[9]

- Description: Interview-format to gather information related to suicide risk

- Explores: 1) Ideation within last 48 hours, past month, and worst ever; 2) Plan (timing, location, lethality, availability, preparatory acts); 3) Behaviors (past and aborted attempts, rehearsals versus non-suicidal self-injurious actions); 4) Intent

- Additional: Mobile App available. Endorsed by SAMHSA, SPRC

- Cost: Free

Levels of Risk[9]

Risk Level	Risk/Protective Factor	Suicidality	Possible Interventions
High	Psychiatric disorders with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	*** Contact crisis team*** Take suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent	Contact crisis team dependent on risk factors. Develop crisis plan. Provide resources.
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction, Provide resources.

Problems with Levels of Risk

- Suicidality is dynamic.
  - Many factors (personal events, availability of resources, etc.) can influence level of severity at any point in time.

- Other factors should be explored when determining severity of risk:[5]

- a) patient's current available and accessible resources;
- b) foreseeable changes (events and stressors) which can influence risk;
- c) compare current risk state to their baseline or worst-point state

Positive Screen- Next Steps: General

1. FOLLOW DISTRICT'S CRISIS PROTOCOL
2. Restrict access to lethal means.
3. Assess need to contact district crisis team. Call 9-1-1 if needed
4. Notify administrator and guardians
5. Provide students with any degree of ideation the number to the National Suicide Prevention Lifeline (1-800-273-TALK/8255), local crisis, local behavioral health resources, and peer support contacts.
   - ✓ 9-8-8 is the universal nationwide mental health crisis & suicide prevention line beginning 7/2022 & will eventually replace this number
6. Don't leave alone, especially for high risk
7. Determine follow-up monitoring plan and behavioral health supports

Positive Screen- Next Steps: High Risk

- Don’t leave alone, even for a minute. Call for back-up
- Remove dangerous objects from immediate area
- Notify administrator/guardians. Ask guardians to come to school.
- Contact crisis team, or 911 if necessary.
- Release only to parent or crisis responder
- Obtain written consent to consult with outside providers
- Alert appropriate school officials
- Arrange for makeup work or work extensions without penalty

Positive Screen- Next Steps: High Risk

- Assign a staff as primary point of contact
- Check-in daily for the first couple of weeks
- Temporarily increase counseling supports if in school
- Temporarily increase phone check-ins if not in school
- Conduct re-entry meeting to create (school) safety plan from current recommendations, concerns, supervisory and monitoring needs
- **Document** assessment results, who contacted, action plan

Positive Screen- Next Steps: Moderate Risk

- Keep safe and don't leave alone
- Notify administrator and contact guardians
- Provide crisis/emergency and local resources.
- Refer to community provider. Obtain written consent to consult.
- Contact crisis team if necessary
- Release only to parent or crisis responder
- Create safety plan for home and school
- If student left school for crisis, implement re-entry procedures and complete school safety plan
- Document assessment results, who contacted, plan of action

Positive Screen- Next Steps: Low Risk

- Contact parent/guardians
- Create safety plan
- Provide crisis/emergency and local resources
- Document assessment results, who contacted, action plan

Screening & Telehealth in the Pandemic [1]

- Increase check-ins with those with emotional needs prior to the pandemic, especially if they've experienced past suicidal ideation
- Have student's contact information and address on hand if you get disconnected or emergency services need to be contacted
- Know in advance who to refer to if you require consult or if student requires increased supports or emergency response
- Consider emotional impact of pandemic on suicide risk due to increased stressors (e.g., increased: isolation, familial conflict, financial concerns, anxiety and fear, disruption of routines; decreased social support, etc.) and inquire as appropriate

Screening & Telehealth in the Pandemic [1]

- Consider increased access to lethal means (e.g., stockpiles of meds, etc.)
- Increase check-ins and contacts until risk decreases
- Identify people in student's current environment that can help monitor suicidal ideation and behaviors in-person and remotely
- Consider researching tele-health options available for insured and non-insured students

At School:	Remotely:
Has your district created a crisis protocol for this? If so, follow it!	
1. Screen if trained or refer to staff trained to recognize & screen (e.g., behavioral health staff). If unable to locate trained staff, alert admin (if at school) who will determine next steps or if crisis services needs to be called. If remote, locate trained staff/consultation or call crisis services if they can't be located. Parents should be notified for both circumstances.	
2. Screen. If positive, determine if crisis team needs to be contacted based on risk level. Err on the side of caution if unsure. Alert parents & admin. Do NOT leave alone until help arrives or initiates contact	
3. In emergencies, call 9-1-1, inform admin, & notify parents. Safety first!	3. In emergencies, call 9-1-1, notify parents, & later notify appropriate school officials
4. Develop safety plan (this may be done later if student is currently in crisis) and provide crisis/emergency/ local resources. Determine follow-up monitoring plan and behavioral health supports. Document assessment results, whom contacted, and plan of action	

Parent Notification[8]

- Notify as soon as student identified as at-risk & request to come to school (immediately for high risk). Review potential lethal means at home and need to temporarily remove them.
- For low/moderate risk (hospitalization not required), provide community behavioral health resources. Consider making appointments with parents.
- If student is danger of self-harm and parent refuses to seek services, a report of negligence to child protective services may be mandated
- If imminent risk is related to parental abuse, notify protective services
- Follow-up in a few days to see if outside provider has been secured. If not, discuss why and offer help
- Document every contact

Confidentiality[8]

- Positive school experiences- safe and respectful climate
- Do not share clinical information on details related to their suicidal behavior.
- Only share information with staff necessary to preserve student safety such as that related to their treatment and support needs.
- General classroom discussions violate confidentiality, so avoid these.
- FERPA does allow us to disclose student information without consent, to appropriate parties if that information is necessary to protect the health and safety of the student. If we have a student that is suicidal or expressed suicidal thoughts, then school officials may interpret this as a significant threat to health or safety

Resources

24/7 National Crisis Support Lines

1. National Suicide Prevention Lifeline
   1-800-273-TALK (8255) or 1-888-628-9454 (Spanish)

1. Crisis Text Line
   Text HOME to 741-741

2. Trevor Lifeline (For LGBTQ Youth)
   1-866-488-7386

3. Trans Lifeline
   1-877-565-8860 or translifeline.org

4. Nationwide Mental Health Crisis and Suicide Prevention Number (7/2022)
   9-8-8

General Resources

1. National Center for the Prevention of Youth Suicide – preventyouthsuicide.org
2. National Institute of Mental Health – www.nimh.nih.gov
3. Rural Health Information (RHI) Hub - https://www.ruralhealthinfo.org/toolkits/suicide
4. Substance Abuse and Mental Health Services Administration- www.samhsa.gov
5. Suicide Prevention Resource Center – http://www.sprc.org
6. Zero Suicide – zerosuicide.edc.org

In-Service Trainings

1. Kognito At-Risk for High School Educators – 1-hour, online, interactive gatekeeper training program that teaches how to identify signs of psychological distress; approach students to discuss concerns; and make referrals to school support services. https://highschool.kognito.com
2. Mental Health First Aid - 8-hour course that builds mental health literacy, and helps to identify, understand, and respond to signs of mental illness. https://www.mentalhealthfirstaid.org
3. SafeTALK Curriculum– a 4-hour workshop that teaches how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support https://www.livingworks.net
4. Question, Persuade, Refer (QPR)- evidence-based gatekeeper training program that teaches individuals the warning signs of a suicide crisis and how to respond. https://qprinstitute.com/

Advanced Training in Risk Assessment

1. Applied Suicide Intervention Skills Training (ASIST)
   A workshop designed for caregivers of individuals at risk of suicide.
   http://www.livingworks.net/programs/asist
2. Assessing and Managing Suicide Risk (AMSR)
   A one-day workshop focusing on core competencies to assessing and managing suicide risk.
   http://www.sprc.org/training-events/amsr or amsr@edc.org.
3. Recognizing and Managing Suicide Risk (RRSR)
4. QPRT Suicide Risk Assessment and Risk Management Training Program
5. Zero Suicide
   http://zerosuicide.sprc.org/resources/suicide-care-training-options.

Creating a District/School Mental Health Emergency Response Plan

1. American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention- https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model_School_Policy_Booklet.pdf
2. Cowan, K. C., Vaillancourt, K., Rossen, E., & Pollitt, K. (2013). A framework for safe and successful schools [Brief]. Bethesda, MD: National Association of School Psychologists. - http://www.nasponline.org/SCHOOLSAFETYFRAMEWORK
3. Substance Abuse and Mental Health Services Administration (2012). *Preventing Suicide: A Toolkit for High Schools.* - https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

Supports During COVID-19

MHTTC. Mental Health Resources for K-12 Educators during COVID-19- https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/mental-health-resources-k-12-educators-during-covid-19

MHTTC. Mental Health Resources for Parents and Caregivers during COVID-19 - https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/mental-health-resources-parents-and-caregivers-during-covid

National Association of School Psychologists. COVID-19 Family and Educator Resources. https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/family-and-educator-resources

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8. Substance Abuse and Mental Health Services Administration (2012). *Preventing Suicide: A Toolkit for High Schools.* https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

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10. Western Interstate Commission for Higher Education Mental Health Program (WICHE MHP) & Suicide Prevention Resource Center (SPRC). (2017). *Suicide prevention toolkit for primary care practices. A guide for primary care providers and medical practice managers (Rev. ed.)*. Boulder, Colorado: WICHE MHP & SPRC. http://www.sprc.org/resources-programs/suicide-prevention-toolkit-rural-primary-care_and http://www.wiche.edu/pub/suicide-prevention-toolkit-for-primary-care-practices.

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