

Applying the Research: Practical Supports for Suicide Prevention in Schools

Tina Goldstein, PhD

University of Pittsburgh Medical Center

Anna S. Mueller, PhD

Indiana University

Marisa Marraccini, PhD

University of North Carolina at Chapel Hill

**Great Lakes Mental Health Technology
Transfer Center**

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Great Lakes (HHS Region 5)

MHTTC

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Language Matters

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



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Improving Teen Sleep to Prevent Suicide

Tina Goldstein PhD
Western Psychiatric Hospital, University of Pittsburgh Medical Center
goldtr@upmc.edu

Greta Lakes Tech Transfer Center
Applying the Research:
Practical Supports for Suicide Prevention in Schools
April 27, 2023



Why Focus on Sleep to Prevent Youth Suicide?

☰ **The New York Times** 👤

➔ 📄 1284 May 12, 2018

His College Knew of His Despair. His Parents Didn't, Until It Was Too Late.



A dormitory at Hamilton College in upstate New York, where a suicide in 2016 raised questions about whether

Graham Burton, a sophomore at Hamilton College, wrote in his journal that he was flunking 3 of his 4 classes and called himself a “failure with no life prospects.” **He had struggled to sleep**, missed classes, and turned in assignments late.

Mr. Phillipps [a friend] recalled that Mr. Burton wore the same clothes every day and had **erratic sleeping habits**. “His expression was pretty melancholy,” Mr. Phillipps said. “I had to work to make him laugh.”

In hindsight, Mr. Phillipps added, “There were definitely signs.”

On Dec. 14th, Graham died by suicide.

In the spring of 2016, Olivia Kong, a junior at the University of Pennsylvania, **had been barely sleeping** due to worry about not being able to drop a class she thought she would fail.

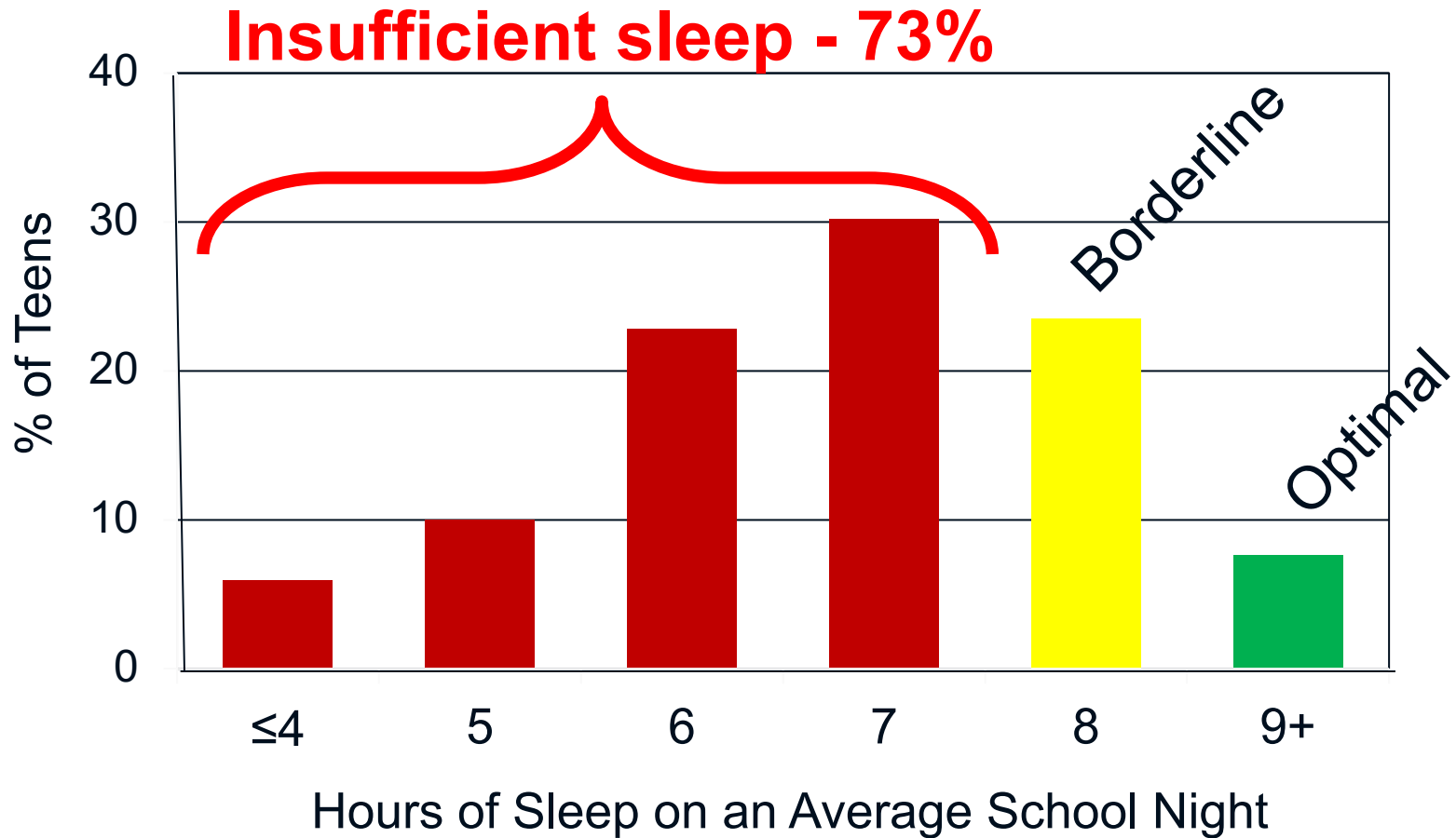
On April 11, Ms. Kong died by suicide.

Pediatric Sleep Guidelines

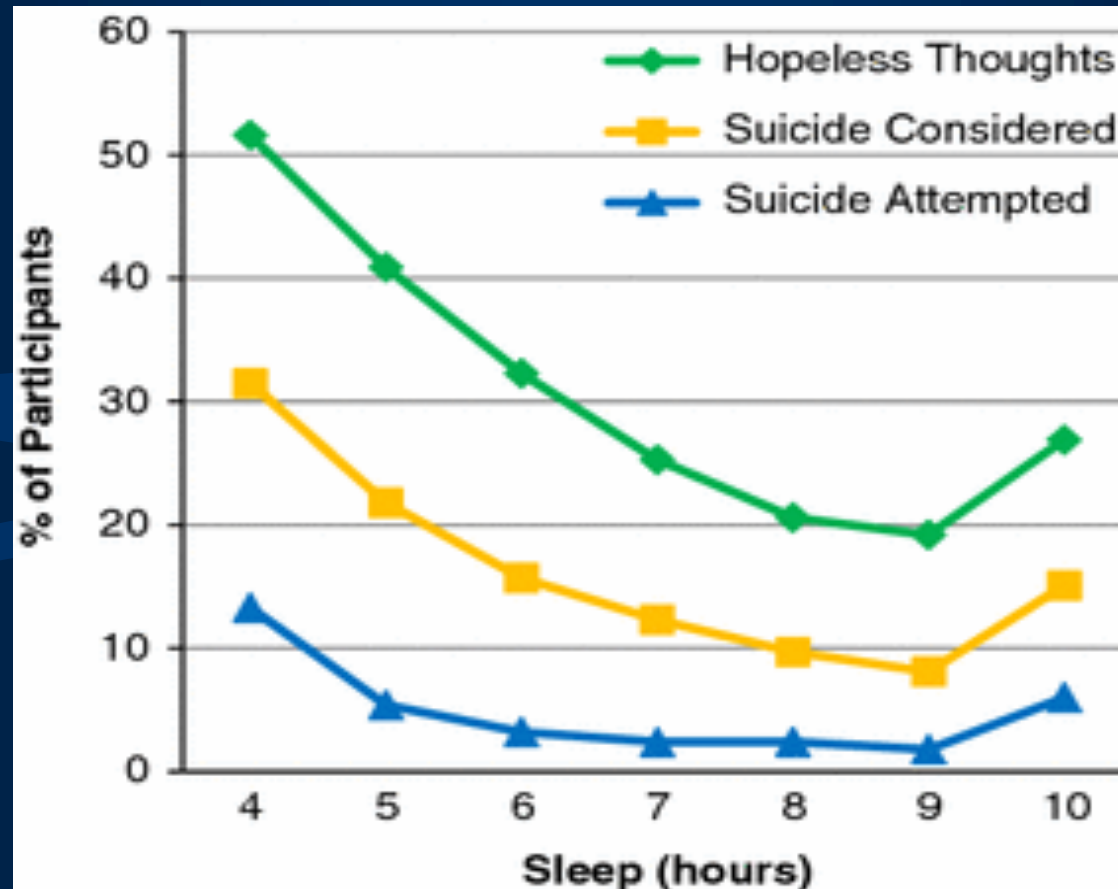
American Academy of Sleep Medicine

Age	Recommended Sleep Hours per 24 hour period
Infants: 4-12 months	12 to 16 hours (including naps)
Toddlers: 1-2 years	11 to 14 hours (including naps)
Preschoolers: 3-5 years	10 to 13 hours (including naps)
Grade-schoolers: 6 to 12 years	9 to 12 hours
Teens: 13-18 years	8 to 10 hours

Epidemic of Sleep Deprivation in US Teens (age 14-18)



Just 1 Hour Less of Weekday Sleep is Associated with Increase in Risk for Suicidal Ideation and Attempt in HS Students



The Sleep-Suicide Association: What Do We Know?

	Death by suicide	Suicide attempt	Suicidal ideation	Non suicidal self-injury
Insomnia	X	X	X	X
Nightmares	X	X	X	X
Poor sleep quality	X	X	X	X
Short sleep	X	X	X	
Long sleep	X		X	
Sleep variability/Weekend “catch up” sleep		X	X	X
Hypersomnia		X	X	
Eveningness		X	X	
Sleep apnea			X	
Daytime sleepiness			X	
Circadian reversal		X		
Regular sleeping pill use	X			

Does Last Night's Sleep Predict Suicidal Ideation Today?



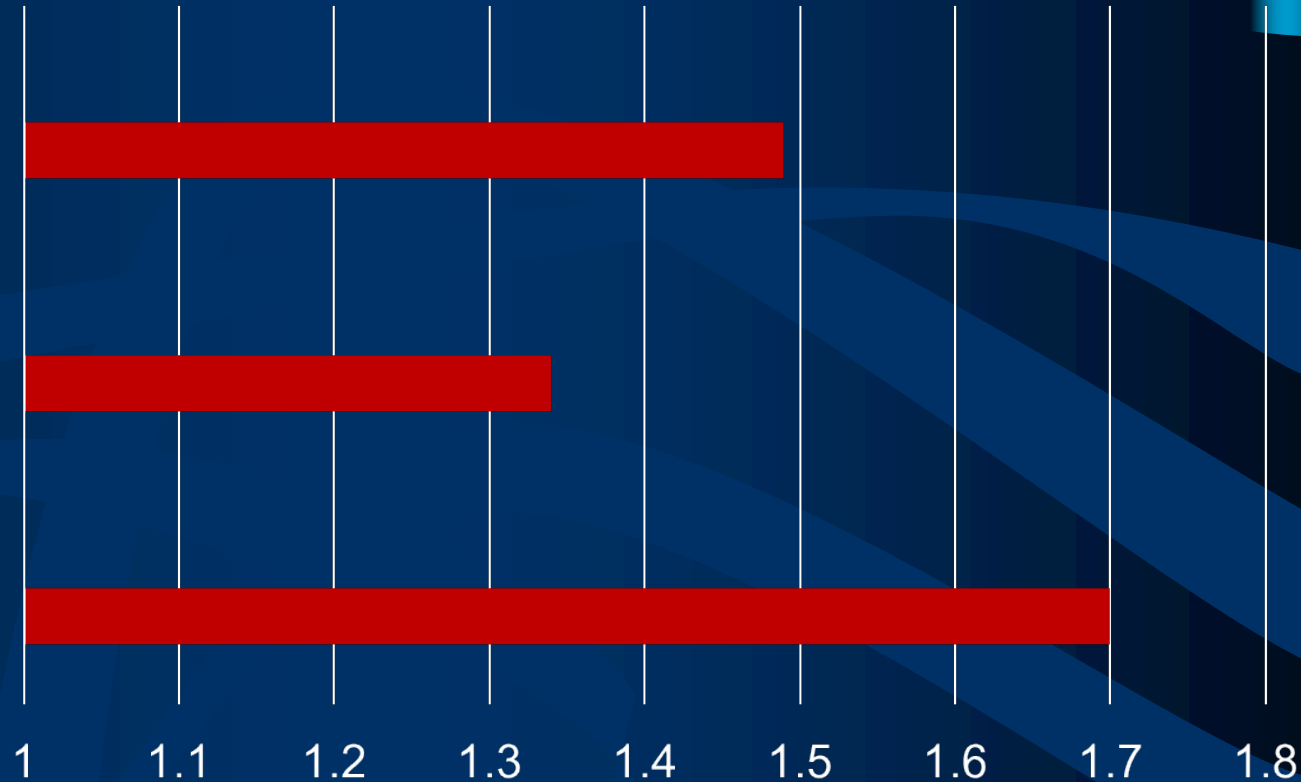
Sleep Onset Latency



Sleep Quality



Nightmares



Standardized Effect:
Odds Ratio for Next Day Suicidal Ideation

HOW Does Sleep Disturbance Contribute to Suicide Risk in Adolescents?

Reactivity to Interpersonal Events

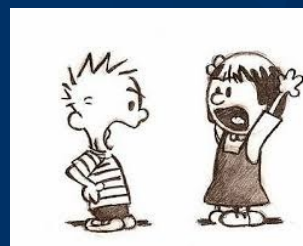
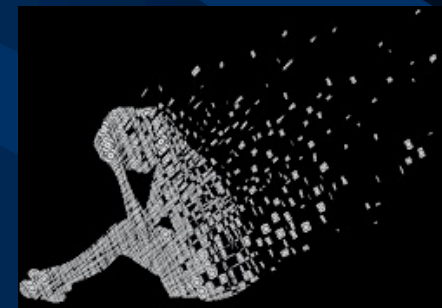
Less sleep & Poorer quality sleep



Reactivity to interpersonal events



Suicidal ideation



Implications?

Attend to sleep health
in at-risk youth



How to Assess for Sleep Health in Teens

Ask about a “recent typical night” / 24-hr period

- Get overview of preceding day
- Wind down period
- Pre-sleep period: from ‘in bed’ to ‘lights out’
- Identify thoughts, feelings, behaviors

Look for:

- Regularity of bedtime and waketime (weekdays / weekends)
- Time to fall asleep
- Nighttime awakenings
- Nightmares
- Daytime sleepiness / naps



The Utility of Tracking Sleep

- Clarifies patterns
- Informs intervention/goals
- Monitor progress

Consider tracking:

- sleep quantity
- sleep timing
- awakenings
- nightmares
- caffeine
- sleep quality
- physical activity
- daytime sleepiness

SLEEP DIARY Name: _____

Date	Noon	p.m.										Midnight	a.m.										Sleep Quality		
		Afternoon					Evening						Morning												
		12	1	2	3	4	5	6	7	8	9		10	11	12	1	2	3	4	5	6	7		8	9
M																									
T																									
W																									
Th	3/29																								5
F	3/30																								6
Sa	3/31																								5
Su	4/1																								5
M	4/2																								4
T	4/3																								3
W	4/4																								3
Th	4/5																								4
F	4/6																								4
Sa	4/7																								6
Su	4/8																								3

Instructions: Use the symbols below to indicate your sleep times in the grid. Rate your sleep quality each night from 0 (poor) to 10 (excellent).

↓ = Go to bed
↑ = Get out of bed
↔ = Actual sleep

Comments: SUP 4/8 CAR WRECK AT 2:30 PM

* See Resources slide for helpful apps and websites!

General Guidelines for Improving Teen Sleep Health

- Go to bed & wake up about the same time every day:
Bedtime + 1 hour; Waketime + 2 hours
- “Wind-down” period (30-60 mins) same time every night:
Relaxing activities; Reduce light (esp from technology)
- Wake-Up:
No snoozing; Get sunlight; Get moving
- Use bed only for sleeping
- Avoid naps
- Small changes matter!
Even +1 hour of sleep can make a big difference! (Winsler et al 2015)
- Engage parents as appropriate (Gangwhisch et al 2010)

Conclusions

- Adolescence is a period of increased vulnerability that may be further exacerbated by sleep changes and difficulties
- Strong association between sleep health and suicide risk
- Need to further address sleep health disparities
- Promising strategy for teen suicide prevention
- More to come...!

Suggested Resources

Free downloadable sleep diary templates:

American Academy of Sleep Medicine: www.yoursleep.aasmnet.org

National Sleep Foundation: www.sleepfoundation.org

Free apps to track sleep:

For a review see Grigsby-Toussaint et al 2017

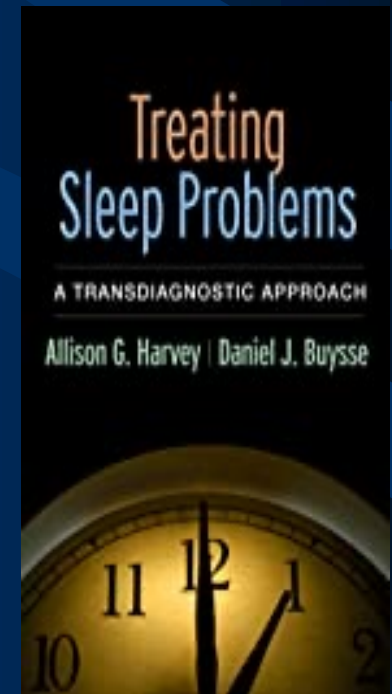
Sleep Ninja

Sleep Better

Sleep Tracker + Mood Diary

A user-friendly book that outlines evidence-based practices for treating common sleep problems:

Harvey A & Buysse D (2017). *Treating Sleep Problems: A Transdiagnostic Approach*. The Guilford Press.





Improving Suicide Prevention in Schools

A Whole Child, Whole Community Approach

Anna S. Mueller, PhD

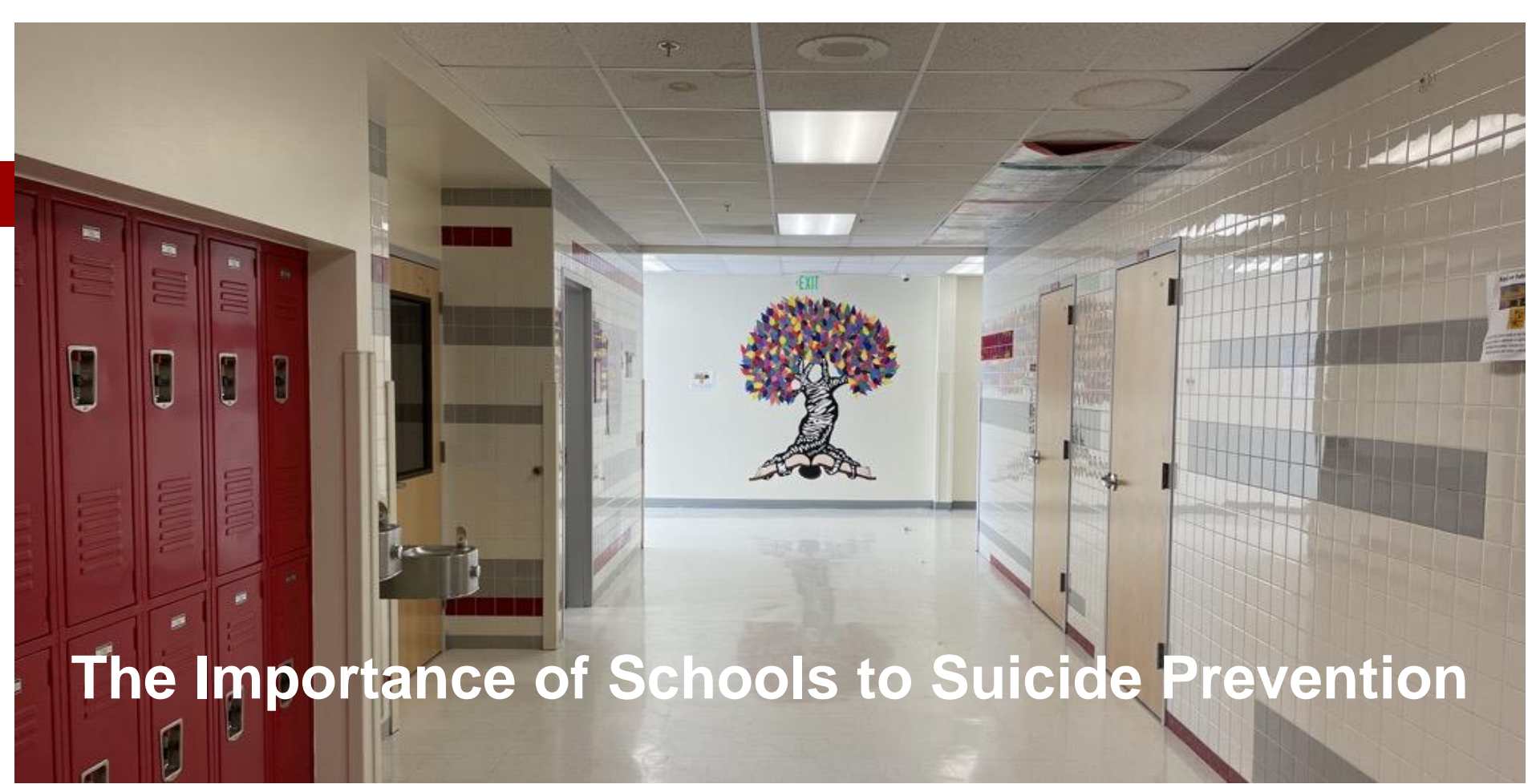
Luther Dana Waterman Associate Professor

DEPARTMENT OF SOCIOLOGY & THE IRSAY INSTITUTE
INDIANA UNIVERSITY BLOOMINGTON

Mental Health in Adolescence

1. Most youth do reasonably well
2. But adolescence is a period of developmental vulnerability
 - So much is changing!
3. Significant increases in youth suicide since 2007
 - Unprecedented rates for youth ages 10-14 and girls ages 15-19
 - Not a world-wide phenomenon





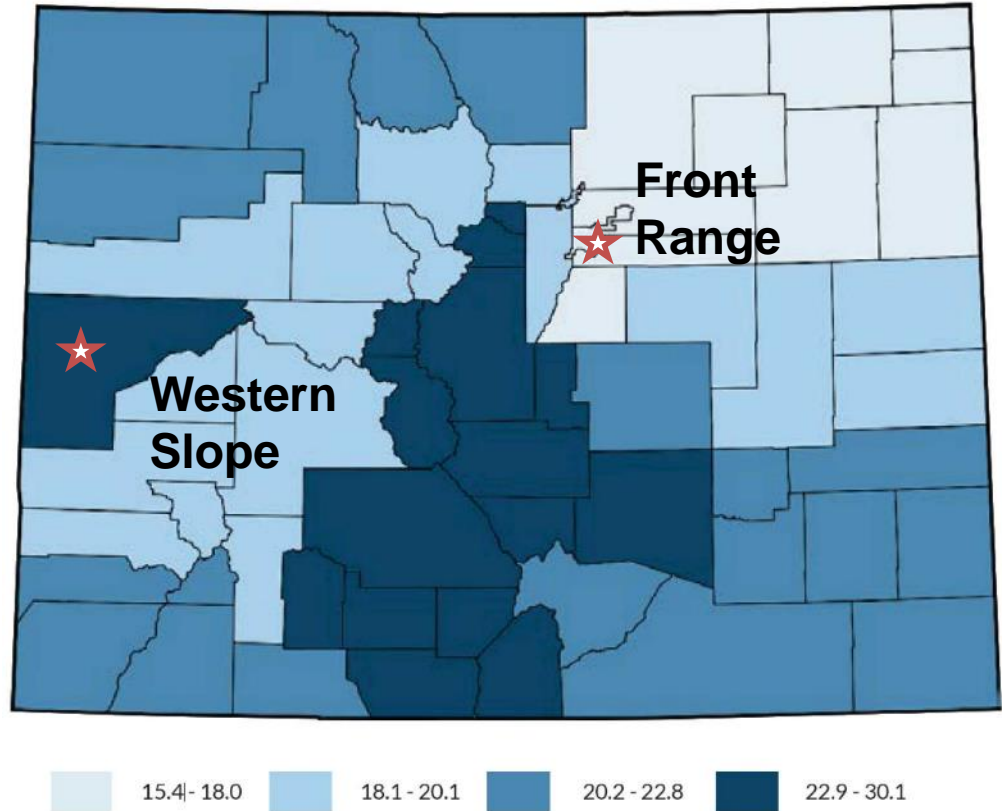
The Importance of Schools to Suicide Prevention



Study Goals

- Community-engaged project with two Colorado school districts
 - “Front Range” & “Western Slope” Colorado
 - All names are pseudonyms
 - Both districts are highly impacted by youth suicide and suicide clusters
- 12 schools are participating
 - Today’s focus – Front Range School District

Map of age-adjusted suicide rates, per 100,000, by county across the lifespan, Colorado residents, 2011-2015



Methods

- Data
 - Interviews
 - students, families, school & district staff
 - N=192
 - Fieldwork (shadowing school staff)
 - 22 months
 - Surveys
 - Family: N=1,230
 - Response rate: 10-20%
 - School & District staff: N=1,004
 - Response rate: about 50%
- Focus on four high schools
 - All high achieving schools that do an excellent job educating youth
 - Different rates of youth suicide losses
 - but all schools spend significant energy supporting students at risk of suicide
 - Suicide prevention is an important focus of all schools
 - All schools had excellent strategies to promote student well-being
 - All schools also had room for growth





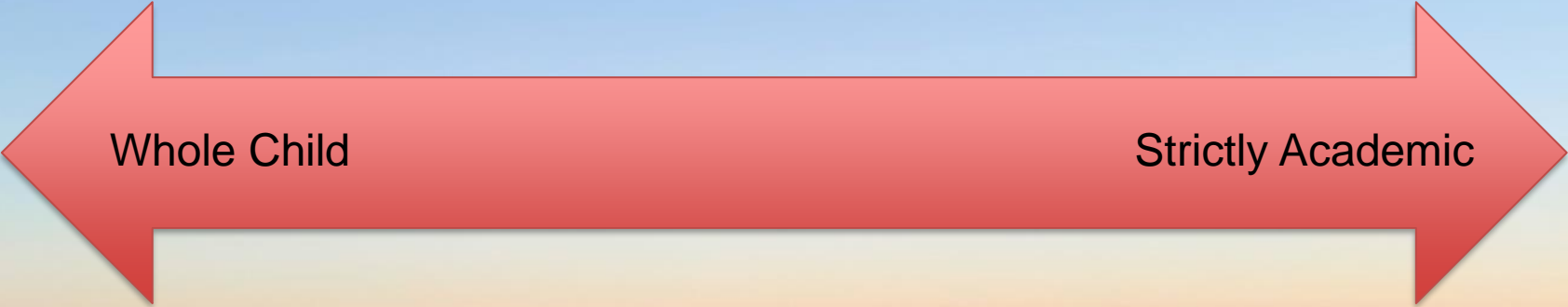
The Role of Schools

Strategy 1: Including the Whole Child in the Aims of Education

- A Whole Child Approach:
 - Academic development
 - Social emotional development
 - Identity development
 - Physical health
 - Mental health



Including the Whole Child in the Aims of Education

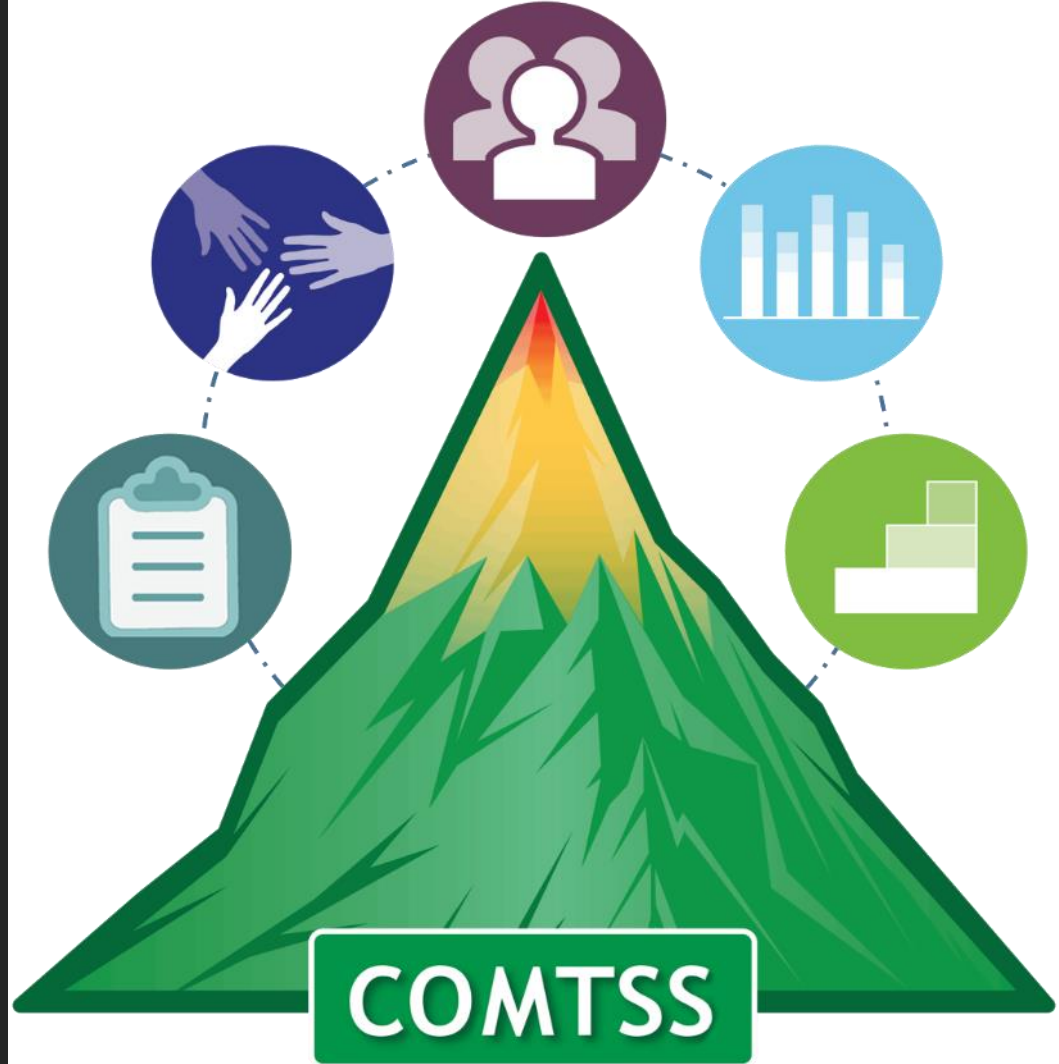


Why Including the Whole Child Matters

1. Encourages staff to consider root causes of academic concerns
 - Broadens the possible solutions to even academic concerns
2. Normalizes trauma responsive teaching practices
3. Inspires staff to find supports for all student problems *in the building*
4. Increases trust between students and staff
 - Increases student disclosures of mental health problems
 - Ideal for suicide prevention

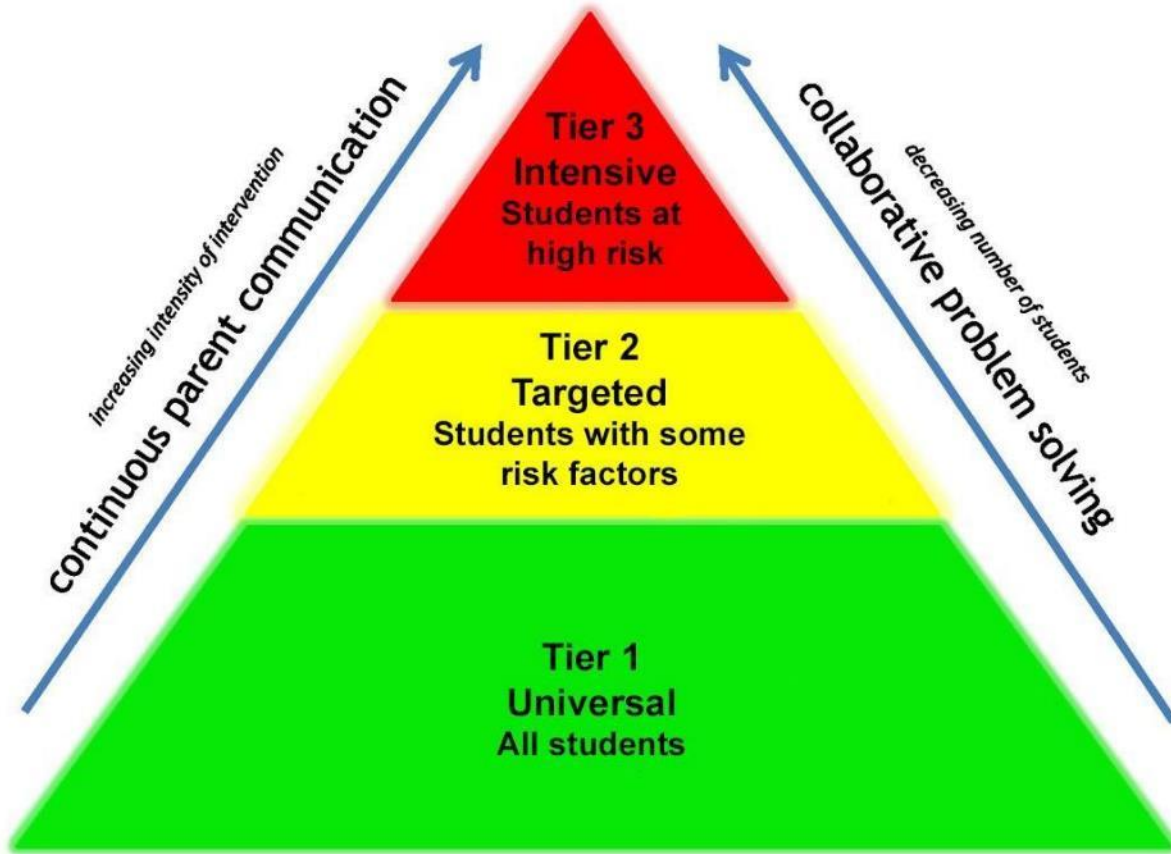


Strategy 2: Incorporating Mental Health into Multi- Tiered System of Supports (MTSS)



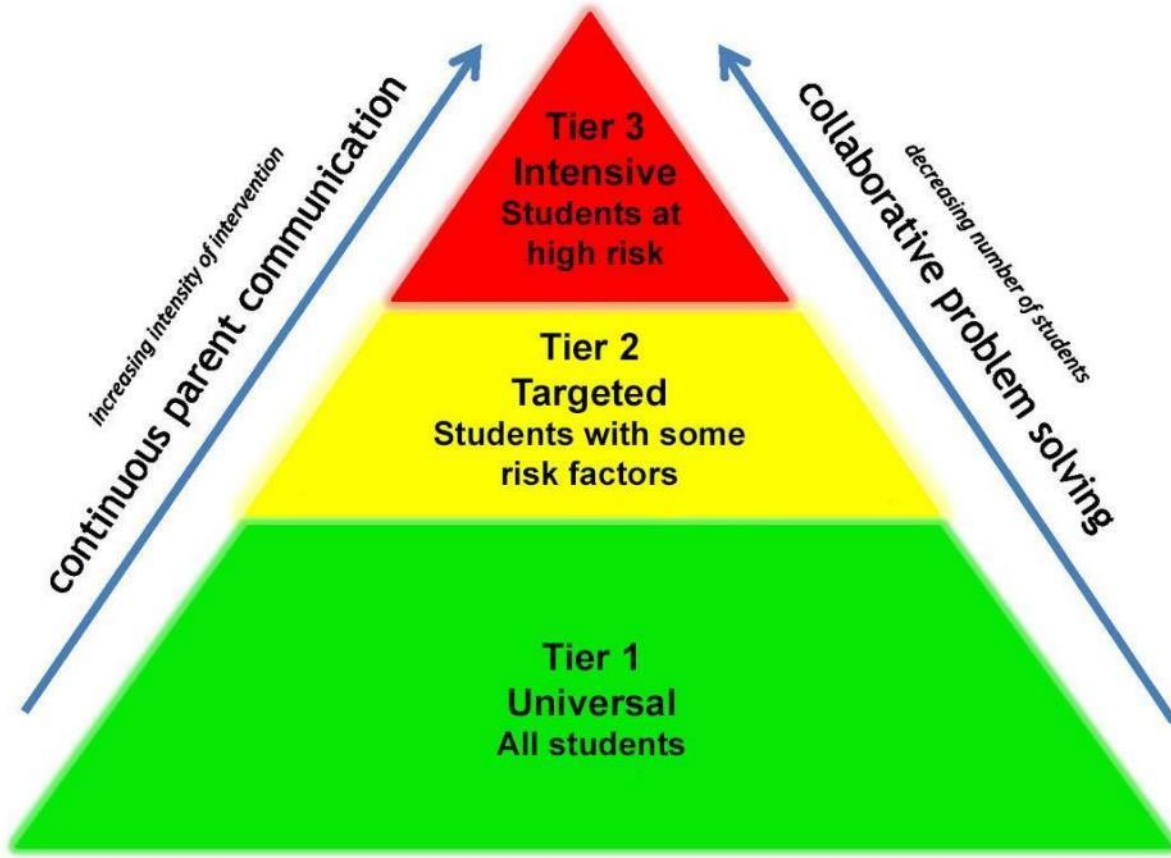
What is an MTSS

- System to ensure students get the supports they need
- Team-based, shared leadership
- Data-based problem solving and decision-making



What is an MTSS?

- Some schools emphasize mental health more in their MTSS than others
- Some schools have a much larger, more stable MTSS system
 - Allows them to serve more students



Why the MTSS Matters

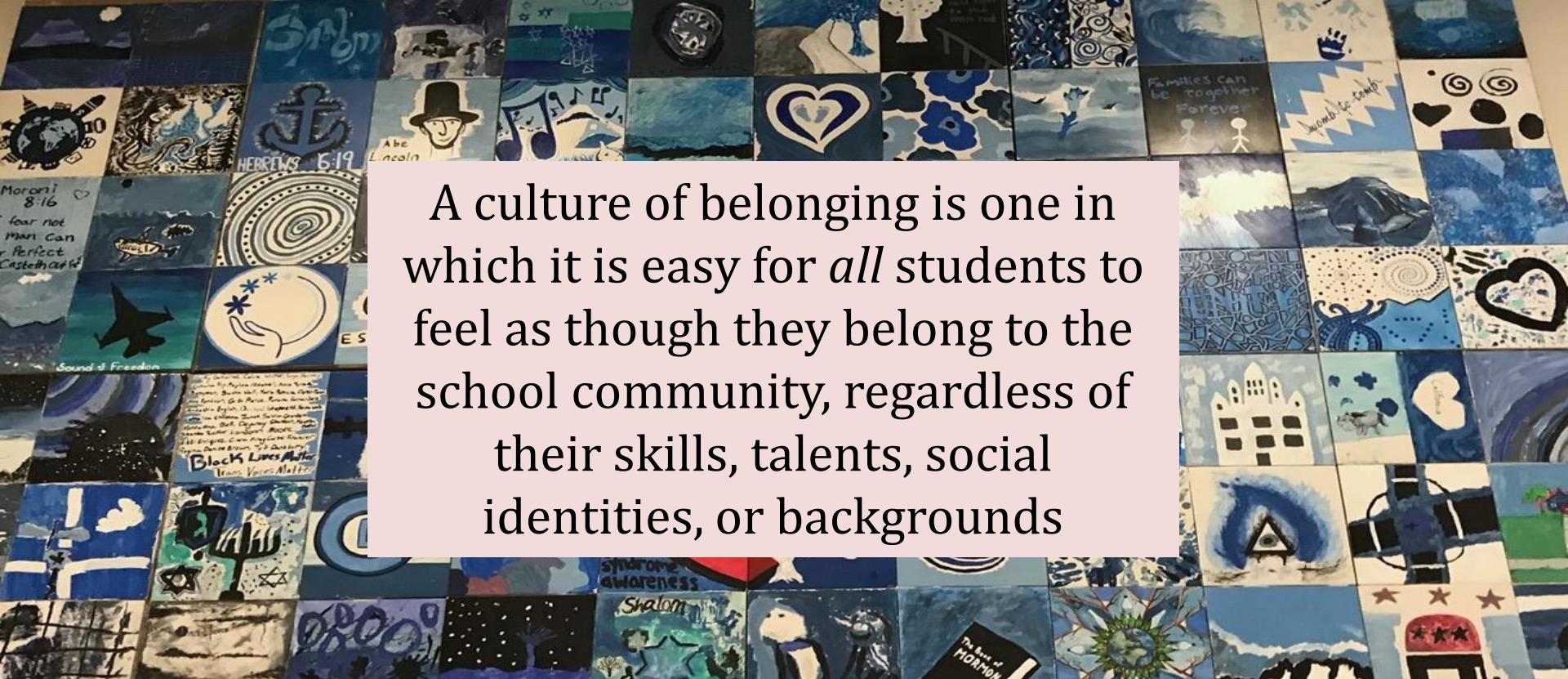
1. The MTSS can serve as an early detection and support system for challenges students are experiencing
 - It's a way schools can identify students at risk of suicide and other mental health challenges
2. Encourages and supports non-mental health school staff engaging in mental health promotion & suicide prevention
3. Families & students end up feeling well supported in schools where the MTSS has a stronger whole child focus





Strategy 3: Building a Culture of Belonging





A culture of belonging is one in which it is easy for *all* students to feel as though they belong to the school community, regardless of their skills, talents, social identities, or backgrounds

Strategy 3: Building a Culture of Belonging





Everyone, Not Just the Ideal Typical Students



Everyone, Including Students who are Struggling (with Academics or Behavior)



Why a Culture of Belonging Matters

1. Not fitting in hurts
2. Combats cultures of exclusion that social media almost inherently promotes
3. Students speak up, including turning to staff for mental health struggles





Schools Can't Do this Alone



Thank you!

Full Research Report:
<https://osf.io/preprints/socarxiv/znrjg/>



INDIANA UNIVERSITY BLOOMINGTON

Mueller1@iu.edu

Supporting Youth Returning to School Following Hospitalization for a Suicide-Related Crisis



Marisa E. Marraccini, PhD, NCSP
Assistant Professor

THE UNIVERSITY *of* NORTH CAROLINA *at* CHAPEL HILL

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The content is solely the responsibility of the researchers and does not necessarily represent the official views of the AFSP or UNC

A note about illustrative quotes: Although quotes are drawn from qualitative interviews conducted with adolescents hospitalized for suicide-related crises, voices illustrating statements are actors.

Adolescents with Suicide-Related Risk

- Past year suicide-related thoughts and behaviors (2021, YRBS) data:
 - 22% reported seriously considering attempting a suicide
 - 10% reported having attempted suicide
- Annual percentage of hospital visits for suicidal ideation and attempts nearly doubled from 2008-2015 (Plemmons et al., 2018)
- Increased frequency for visits related to suicide attempts in winter 2021, compared to previous years, particularly girls (Yard et al., 2021)



Recovery from Suicide-Related Crises

- Within 3 months of discharge, inpatients with suicide-related thoughts and behaviors are at high risk for suicide attempts and hospitalization (Chung et al., 2017)
- Schools are a primary post discharge environment (Savina et al., 2014)
- Youth, families, and care providers express concerns related to school reintegration (Tougas et al., 2022)



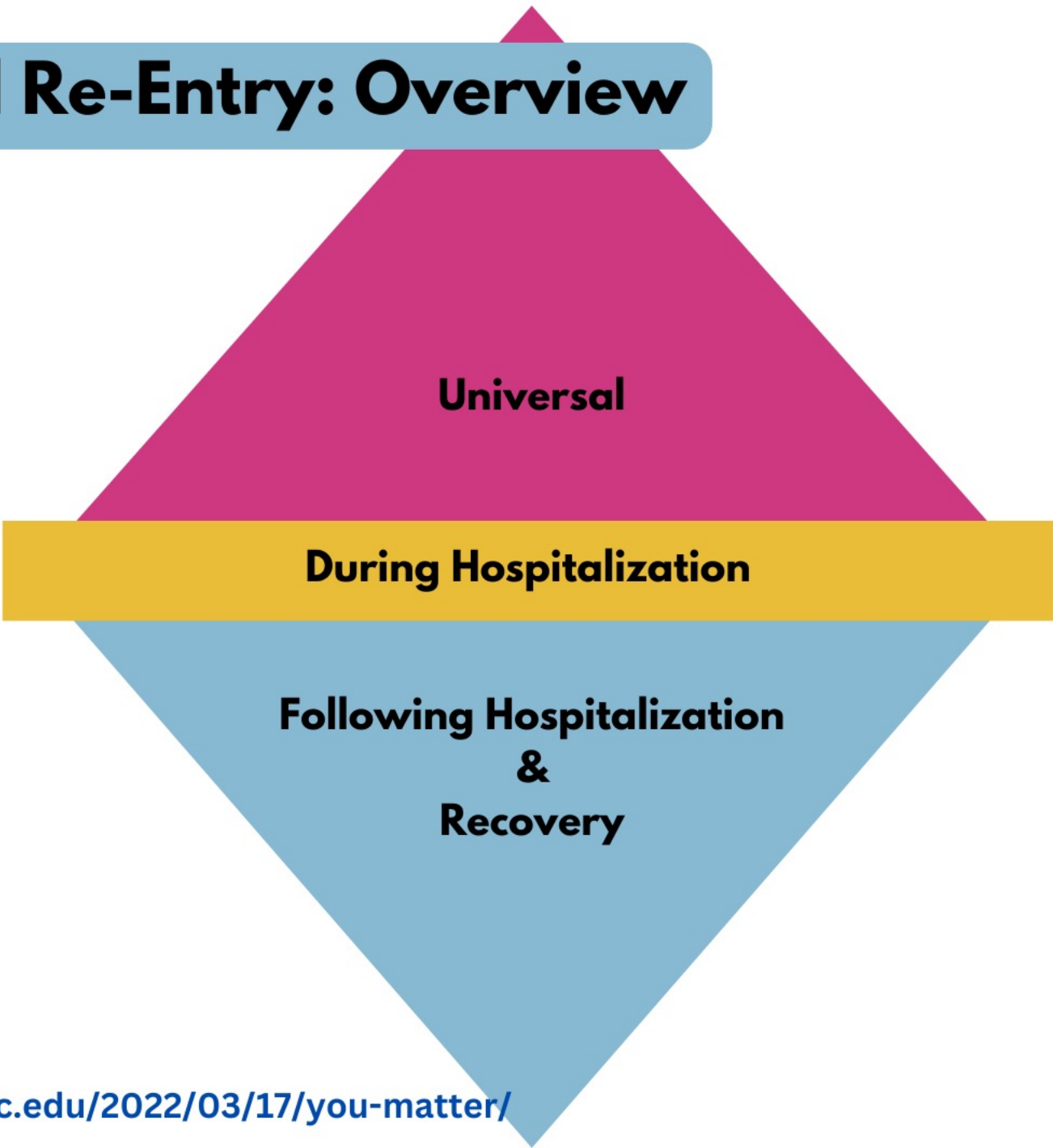
"On top of everything else going on and coming back, it was sensory overload..."

I think a lot of kids come back [to school] unequipped, and it's just the exact same. That's what sends them into the cycle again is that they don't have anything...**They can just fall back into the same patterns.** Then they don't wanna go back to the hospital because it was scary, and so they just try to stay...under our radar instead of dealing...There's still a lot of follow-through, **but I gather that it's not enough.**

- School Professional



School Re-Entry: Overview



Universal

During Hospitalization

Following Hospitalization & Recovery

<https://ed.unc.edu/2022/03/17/you-matter/>

YOU MATTER.
How to Help Youth Returning to School After Hospitalization for a Suicide-Related Crisis

UNC
EDUCATION

In the U.S., suicide-related stressors, and self-harm are public health crises among not only adults, but children and teens. What happens to returning students after being hospitalized due to a suicide-related crisis? Little is known about the current practices schools use to support student re-entry. Researchers at the UNC School of Education and School of Medicine are looking into how school systems can help returning students, in hopes of decreasing suicidal behavior and isolation in students.

Suicide Prevention
Suicide prevention is a broad term used to describe a range of interventions, services, and interventions with youth & adults.

47,511 people died by suicide in 2019 (one person is represented by a & symbol)

2,744 of those were aged 10 - 19 (one adolescent is represented by a & symbol)

It takes **1** person every 11 minutes to die by suicide.

Suicide is the **2nd** leading cause of death among ages 10 - 19 in 2019.

42% of identifying lesbian, gay, & bisexual youth have seriously considered attempting suicide in the past year, including more than 1/2 of transgender & nonbinary youth.

SUICIDE & RACE
Suicide risk is higher for people of color, especially for Black youth. Suicide risk is also higher for people of color who are also LGBTQ+.

Race	Transgender & Nonbinary	Other
White	15%	12%
Black	28%	17%
Hispanic	27%	12%
Other	17%	8%

SCHOOL STATS
UNC researchers have found that many schools have no re-entry plan for returning students who have been hospitalized for a suicide-related crisis.

1 OUT OF 10 school risk assessments lead to hospitalization.

3.1 MILLION ADOLESCENTS in the U.S. received mental health services in educational settings in 2020.

Hospitalization rates for suicidal youth appear higher during the school year.

Time	Female (%)	Male (%)
During School Year	28%	28%
Outside of School Year	25%	18%

BEING PREPARED
Studies have found that kids who feel connected to school are about half as likely to report suicidal thoughts or ideation. Researchers from UNC have produced this chart to help schools establish or improve upon procedures for supporting students returning from hospitalization, encouraging a student-centered, strengths-based, and trauma-informed approach to re-entry.

Universal

- Identify any previous mental health issues, including suicidal thoughts or ideation.
- Provide psychological support about school-related issues.
- Have a system where you assess student's readiness to return to school.
- Provide family/community connections.

CRISIS HAPPENS

During Hospitalization

- Hold a meeting involving teachers, administrators, school staff, & parents.
- Establish a re-entry plan that includes:
 - a timeline for meeting, including a meeting with the student
 - a safety planning assessment
 - school-based supports & resources
- Consider meeting with the student during the time between plan for re-entry & re-entry.

Following Hospitalization

- The student's individualized safety plan, with input from the student
- Key individuals to support the student
- Check-in with the student
- Consider meeting with the student during the time between plan for re-entry & re-entry.

WARNING SIGNS
It is important to take any and all signs of suicide seriously. Follow the suicide warning signs, including:

- talking about wanting to die
- looking for a way to kill oneself
- talking about feeling hopeless or having no purpose
- talking about feeling trapped or in unbearable pain
- talking about being a burden to others
- increasing the use of alcohol or drugs
- acting anxious, agitated, or reckless
- sleeping too little or too much
- withdrawing or feeling isolated
- showing rage or talking about seeking revenge
- displaying extreme mood swings

IF SOMEONE YOU KNOW EXHIBITS WARNING SIGNS OF SUICIDE...

- Do not leave the person alone.
- Remove any firearms, alcohol, drugs, or sharp objects that could be used in a suicide attempt.
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255).
- Take the person to an emergency room or seek help from a medical or mental health professional.

THE NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information, & local resources.

School Re-Entry: Universal Considerations

- Establish procedures
- Provide psychoeducation
- Foster positive psychosocial climate
- Build school-family-community partnerships



"Ok ...I was really lucky because two of my teachers were really nice..."

I think my most frustrating thing is, unless I have a relationship with the student and the parent, I'm not necessarily gonna know that they've gone to the hospital...



-School Counselor

School Re-Entry: During Hospitalization

Schools

- Offer gestures of support
- Meet with families to prepare
- Prepare for re-entry meeting and begin to develop re-entry plan
- Communicate with clinical and medical providers, adhering to HIPAA/FERPA

Hospitals & Clinicians

- Integrate school considerations throughout treatment
- Discussion with families about sharing information with school, adhering to HIPAA/FERPA

School Re-Entry: Benefits & Cautions of Information Sharing

Benefits

- Attendance policies
- IEP/504 Plan
- Re-entry Meetings
- Informal Supports
- Continuity of Care

I took a parent to court for **attendance** and I found out in the courtroom that her son had been hospitalized...

-Social Worker



I want to **continue that care** and stuff...

Cautions

- Privacy and Confidentiality
- Appropriate Use
- Perceived Lack of Benefit
- Stigma

*It is always the family's choice

If the hospital shares stuff about mental health, **what's the school gonna do with that information?...**



School Re-Entry: Following Hospitalization

- Student centered, strengths based, trauma-informed
- Re-entry meeting
- Re-entry plan and adapted safety plan for the school setting
- Consider recovery over the long-term



It's not gonna be an easy transition...



Just be on the lookout for them, 'cause they're probably still a little bit hazardous...



Acknowledgements

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Artwork contributed by Laena Marraccini and licensed through Adobe.

Thank You!



Marisa E. Marraccini, PhD, NCSP
Assistant Professor

mmarracc@unc.edu

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