Suicide Prevention Showcase

Presented by the Illinois School Psychology Internship Consortium
The reason I sought to be a QPR instructor is because we have begun to see an increase in suicide by train in my everyday job. This has been a problem in Canada for a while but has become more popular in the US recently. As the QPR instructor I can provide instruction on indicators or warning signs related to suicide as well as provide information on how to approach someone who may be in crisis or considering suicide. I am providing this training to all of the officers of the CN Railway police in Canada and in the US to better prepare them for addressing this growing concern.”

Brandon Meyers, Inspector General, CN Railway Police as the Inspector for the Central Division
QPR’s Mission

“To save lives and reduce suicidal behaviors by providing innovative, practical and proven suicide prevention training. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.”
Four Goals of QPR

1. Raise public awareness about suicide and its prevention
2. Provide low-cost, high-tech, effective basic gatekeeper and intervention skills training to lay person who may be able to prevent a suicide.
3. Provide suicide prevention and intervention training programs for a variety of professionals and students preparing for such careers.
4. Reduce morbidity and mortality of suicidal persons served by health care, correctional, workplace, hospital and other institutions and settings through a systems approach to suicide risk reduction that enhance competencies to detect, assess, monitor, manage, and treat persons known to be at elevated risk for suicidal behaviors.
What does QPR mean?

- Tied into specific ideas AND action steps
- Recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help
What is a Gatekeeper?

- Actively recognizing a crisis and the warning signs of suicidal ideation

- QPR is intended to offer hope and stabilization through positive action
  - Not counseling or treatment
  - Idea that passive systems don’t work
  - Population-based gatekeeper training should lead to higher detection and referral (Wyman, et al, 2006).
QPR-Trained Gatekeepers Learn To:

- Recognize the warning signs of suicide
- Know how to offer hope
- Know how to get help and save a life

As school psychologists, we are strategically positioned to recognize and refer someone at risk of suicide.
Question, Persuade, Refer
Help for Suicidal Thinking

In 2015, there were 44,193 recorded suicides in the United States, equal to 121 suicides daily. On average, 1 person dies by suicide every 5 hours in the state of Pennsylvania. Question, Persuade, Refer (QPR) is an evidence-based suicide prevention program that can address suicidal thinking.

01 QUESTION
Ask the person if he/she has had any thoughts about suicidal feelings or a plan. It is always better to ask, since asking about these thoughts and feelings does not increase a person’s risk of suicide.

02 PERSUADE
Persuade the person to get help. Listen carefully and offer to help. Suggest addiction and/or behavioral health supports in order to assist him/her with the recovery process.

03 REFER
Assist the person with participating in helpful supports for addiction and/or behavioral health recovery. If the person reports being unsafe or having a plan for suicide, call emergency supports immediately and stay with the person until EMS arrive.

04 WARNING SIGNS OF SUICIDAL THINKING
- Increased alcohol and drug use
- Previous suicide attempts and threats of suicide
- Giving away prized possessions paired with sudden changes in behavior

05 POINTS TO REMEMBER AND SHARE
Finding help and giving support is critically important. QPR is one means to use to assist people who may be thinking about suicide; QPR Gatekeeper training is available through the QPR Institute. The National Suicide Prevention Hotline can help. Call 1-800-273-TALK.

Resources:

powered by Piktochart
make information beautiful
How does suicide prevention relate to CPR?
How is QPR like CPR?

- Much of the world is familiar with CPR – short for cardiopulmonary resuscitation

- Similarly, QPR is an emergency mental health intervention for suicidal persons

- Both designed to increase chances of survival in the chance of a crisis though a “chain of command”
CPR: Chain of Survival

For emergency cardiac care, the likelihood that a victim will survive a cardiac arrest increases when each of the following four links is connected:

- Early Recognition and Early access
- Early CPR
- External Defibrillator
- Early Advanced Life Support
QPR: Chain of Survival

Similarly, with QPR, the following Chain of Survival elements must also be in place:

- Early Recognition of suicide risk
- Early QPR
- Early intervention and referral
- Early Advanced Life Support
Early Recognition
Warning Signs

Early Application
Intervention

Early Access to
Professional
Assessment

Early Competent
Treatment
Early Recognition

- Premise that how you ask the question is less important than actually asking the question

- A well-executed, strong and positive response to the early warning signs of a pending suicide event may render subsequent links in the Chain of Survival unnecessary
Often times, the simple offering of hope and social and spiritual support can avert a suicide attempt entirely.
Training: Warning Signs

- Indirect verbal statements
- Direct verbal statements
- Behavioral
- Situational and environmental
- Additional indicators
  - Social stress
  - Academic difficulty
Different Crisis, Different Warning Signs

**CPR**

General public is educated about the classic signs of a heart attack then taught how to respond:

- Pressure
- Fullness
- Squeezing and pain in the center of the chest
- Sweating

**QPR**

General public is educated about the known warning signs of a suicide crisis and then taught how to respond:

- Expressions of hopelessness
- Depression
- Giving away prized possessions
- Talking of suicide
- Securing lethal means
Question

- Indirect vs. direct questioning
- How NOT to ask the question
Persuade

• Listen to the problem and give them your full attention
• Remember, suicide is not the problem, only the solution to a perceived insoluble problem
• Do not rush to judgment
• Offer hope in any form

“Will you go with me to get help?”

“Will you let me help you get help?”

“Will you promise me not to kill yourself until we’ve found some help?”
Suicidal people often believe they cannot be helped, so you may have to do more to support them in accessing help.

- Positively affirm and reinforce living.
- Build support network.
Empirical Support

- Gatekeeper training for teachers and school counselors
- 238 experimental participants, 172 control group
- Greater knowledge of suicide risk factors and reports of no-harm contracts
- Counselors demonstrated greater knowledge of risk factors and reported more questioning, contracts, and referrals

(McKenna, Williams, & Sheras, 2008)
Empirical Support

- Community gatekeeper training for employees at US universities

- 50 participants randomly selected for skills assessment and videotaped interacting with a confederate

- Skill increase from pre-test to post-test
  - 10% met criteria for gatekeeping vs 54% after training

- Positive changes in knowledge and attitudes about suicide
  - Other components, such as behavioral rehearsal, may be needed to enhance skills

Cross, Matthieu, Lezine, & Knox (2010)
Empirical Support

- Compared traditional gatekeeper training with training plus brief behavioral rehearsal (i.e., role play practice) after training and follow-up.

- 91 school staff and 56 parents
  - Few differences between school staff and parent participants.

- Both conditions resulted in enhanced knowledge and attitudes, spreading of information.

- Behavioral rehearsal with role play practice resulted in higher total gatekeeper skill scores immediately after training and at follow-up.

- Both conditions showed decrements at follow-up. Strategies to strengthen and maintain gatekeeper skills over time are discussed.

(Ross et al., 2011)
Empirical Support

- Systematic review of 815 studies
  - 14 studies deemed appropriate to be included in review; most studies were methodologically weak

- Of the studies reviewed, results indicated that gatekeeper trainings result in improvements in:
  - Gatekeepers’ knowledge and attitudes;
  - Self-efficacy and skills;
  - Likelihood to intervene

- Gatekeeper training appears to have the potential to change participants’ knowledge and skills in suicide prevention, but more studies of better quality are needed to determine its effectiveness in changing gatekeepers’ attitudes.

- Also a need to investigate how best improvements in knowledge and skills can be translated into behavioural change.

Mo, Ko, & Xin (2018)
Key Points from Research

- Effective in increasing knowledge of suicide risk factors and improving attitudes towards suicide
- Effective in various settings and for diverse groups
- Need to continue to investigate how to promote behavioral change consistently and long-term
Thank you to those who contributed!

**Debbie Schober**, MS, SPHR, CLRP Human Resources Director, City of Woodstock, Illinois.

**Brian McCallum**, LCPC, Intake Coordinator, Staff Clinician/Counselor at Samaritan Counseling Center of the Northwest Suburbs ([www.sccnw.org](http://www.sccnw.org))

**Dianna Stencel and Colleagues**, Wellness Center, Loyola University of Chicago

**Brandon Meyers**, Inspector for the Central Division, CN Railway Police; Co-founder and president of the Samuel R. Myers Foundation for Suicide and Mental Health Awareness

**Catherine Rook**, Community Mental Health Outreach and Education Trainer, Sertoma Centre, Inc.

**Gia Washington**, Community Development Manager, Sertoma Centre, Inc.

**Jennifer Schramm**, School District/School Counselor, Barrington Middle School

**Larry G. Daniel**, Ramsey Christian Church, Minister

**Laura Crain**, McHenry County Substance Abuse Coalition, Program Coordinator
Thank you to those who contributed!

Darrell Coons, CISM Adviser to the Staff Wellness Teams of the Illinois Department of Corrections

Shira Greenfield, Northwestern Medicine, Woodstock Hospital, Clinical Manager of Behavioral Health

Madelyn Burbank, LCSW, Clinical Navigator for Violence Prevention Services, AMITA Health Behavioral Medicine

Stephanie Thompson, Illinois State University, Case Manager, University Housing Services


Beth Morrison, MSEd., NCC, LCPC, Assistant Director SHS/Director of Wellness Program Coordinator, Southern Illinois University, Carbondale

Rev. Dr. Gerald Schalk, retired Lutheran pastor at St. Matthew Lutheran Church in Barrington, Illinois; Chaplain for the Fox River Grove Fire Protection District

Kay Blankenship, MPC, NCC, LCPC, Certified Clinical Mental Health Counselor Behavioral Health Clinical Counselor and Program Coordinator for the Hult Center for Healthy Living’s Youth Mental Health Matters educational program
What are the characteristics of the population you work with?

- People of all ages, backgrounds, and education levels
- Staff at Community Mental Health Clinics with Patients who have the following concerns:
  - Addiction
  - Anxiety
  - Mood Disorders
  - Depression
  - Autism
  - Trauma
  - Non-suicidal Self-Injury
What are the characteristics of the population you work with?

- Youth between ages of 8 and 18 with suicidal ideation and/or significant symptoms of depression/anxiety and/or trauma
- Individuals with Intellectual Disability and Developmental Disabilities
- General Public
- Police and Fire Department staff
- Public University
Target population when presenting QPR

“QPR is a GREAT seminar that helps people who might be thinking about suicide as well as helping family and friends who have lost someone to suicide.”

Larry Daniel, Minister, Ramsey Christian Church

- QPR Training provided to:
  - Community Mental Health agencies
  - Private Mental Health agencies
  - First responders
  - School teachers and administrators
  - Adolescents
  - Churches
  - Hospitals
  - General Public
  - Caregivers
  - Various businesses
  - University housing professionals, students, and staff
  - State of Illinois Department of Corrections Staff and their families
What is your perspective on QPR?

“...It is one of the few evidenced-based programs available for suicide prevention that can be used with a variety of populations and age groups from youth to adult.”

Kay Blankenship, MPC, LCPC, NCC, CCMHC, Hult Center for Healthy Living

- Accessibility
  - Easy for general public to understand and implement
  - Can reach a broad audience to increase suicide awareness

- Communication strategies and language are helpful
  - Equips people with the confidence to intervene and help support the safety of someone who may be at risk of harm toward self
  - Learn to instill hope
What is your perspective on QPR?

“I have found QPR to be an excellent introduction to suicide prevention because of dispelling myths and creating the sense that any person may be able to have a part of preventing the suicide of a friend, a relative or a coworker.”

Darrell Coons, Illinois Dept. of Corrections

“This training removes the stigma from the topic and demonstrates that ANYONE can help.”

Debbie Schober, Human Resources Director, City of Woodstock
What components do you find most helpful?

“[QPR] helps clarify for people what their role is in suicide prevention… QPR clarifies that a gatekeeper’s job is identification and referral, not treatment.”

Madelyn Burbank, Clinical Navigator for Violence Prevention, AMITA Behavioral Health

- Information about risk and protective factors.
- Alloted time for an open discussion about QPR concepts and role-plays
- CPR-Model makes it seem less intimidating
- The communication strategies (e.g., how to directly ask the suicide question) are powerful.
- Concise and quick training (can be completed in 1-hour) Training can be completed in an hour which makes it inviting for busy people. It is “perfectly prepared for the everyday person.”
What components do you find most helpful?

“I think just having a conversation with people is helpful. Breaking down stigma. Letting people know it’s ok to not be okay. Getting people to ask others if they are OK.”

Shira Greenfield, Woodstock Hospital, Clinical Manager of Behavioral Health

- Challenges the myths of suicide and explains them with research and local and national statistics
- Can be used with a variety of different types of groups
- Utilizes active participation in training.
- Knowledge and skill can both be measured in pre/post testing.
- Speciality trainings available
What are the “active ingredients” in QPR?

“I think the conciseness and the analogy that QPR is akin to ‘CPR for suicide’ goes a long way. And the unfortunate number of completed suicides in our district have generated a lot of interest to become more equipped in recognizing risk factors for suicide, symptoms of mental illness, how to be of service and intervene.”

- Efficient, simple, 3-step process
  - The message is simply to provide hope to the person in crisis.
- Gatekeeping/triage/stabilizing vs. diagnosing
- Information on risk factors, warning signs, direct and indirect clues
- Giving people permission to “ask the question” and have open discussions while addressing misconceptions
- Increases awareness
- Role plays, stories, and vignettes
- Reduces anxiety through practicing different ways of Asking the Question (direct or indirect)
  - Normalizes asking someone about suicide
Are there areas of the program that could be improved?

“I dislike the continued use of the term ‘completed suicide’ as it feels as if we’re skirting the fact that there is death. ‘Death by suicide’ seems to be the preferred language and is less couched.”

- Issues with the language or misconceptions
  - Concept that if intervening with a suicidal person, they may never be suicidal again.
  - Not all suicides can be stopped; may be a trigger for participants

“I think the letter ‘P’ in the title is unfortunate. It sounds like you are going to persuade or talk a person out of taking his or her own life. That is not what you are doing. You are ‘coming alongside’ a person, connecting with them, and helping them discover for themselves a reason for living. You’re helping them find hope. This concern in no way diminishes the impact of the program. I think it is a vocabulary problem.”
Are there areas of the program that could be improved?

“It is however superficial and limited in scope. Trained “Gatekeepers” must identify their own resources to direct people, which may be a roadblock to effective implementation.”

- Issues with outdated information and materials
  - Needs to be more interactive
    - The “out-of-the-box” presentation is “bland”
- Lack of depth
  - In many ways the training is superficial, just scratching the surface
  - Incorporate education specific to Mental Health to help identify signs of mental illness that lead to increased risk of suicide
  - I think more emphasis needs to be placed on how working with suicidal individuals can elicit the helper’s own anxiety as well as how to cope with it.
SOS Signs of Suicide

Douglas Jacobs, M.D. - Founder & Medical Director
Presented by Crystal Taylor and Sarah Wright
Background

- Harry Truman passes National Mental Health Act in 1946
  - Allocation of government funds to research the causes and treatment of mental illness
- Douglas Jacobs implements National Depression Screening Day in 1990
  - Used medical background of screening for cancer and other diseases, APA supported
  - 44 years after the National Mental Health Act
- SOS Signs of Suicide introduced for high school in 2001
  - Screening for Mental Health
- SOS Signs of Suicide introduced for middle school in 2006
  - Screening for Mental Health
- Screening for Mental Health also has programs for: colleges, community-based organizations, military/veterans, and the workplace
Introduction to SOS

- Only youth suicide program that...
  - Demonstrates improvement in students’ knowledge and adaptive attitudes about suicide risk and depression
  - Reduction in actual suicide attempts

- Unique because...
  - Provides educational curriculum about suicide risk and depression
  - AND a brief screener for depression

- Focuses on the simple ACT technique
  - Acknowledge
  - Care
  - Tell

- Video-based curriculum
  - Models different responses and different situations
Goals of SOS

- Decrease suicide and suicide attempts through an educational curriculum
  - Increase their awareness and attitude about depression
- Encourage help seeking for an individual or a friend
  - Utilizing friendships to notice changes in behaviors
- Decrease stigma associated with mental illness
  - Acknowledge the important and need of help and/or treatment
- Involve parents and school staff in the conversation
  - System-inclusive
- Encourage schools to develop ecological perspectives when supporting students with mental health needs
Target Population

- Middle School (Time to Act)
  - 11-13 year olds
- High School (Friends for Life)
  - 13-17 year olds
- Staff implemented during one class period
- Implementation:
  - Introduction to topic
  - Video
  - Discussion imbedded throughout
  - Response cards/questions
  - Screener
Materials

High School Program is $495 which includes:
- Implementation guide and planning materials
- Educational video and discussion guide
- Screener and response cards
- Training video for staff/parents
- Support materials: posters, newsletter, wallet cards
- One year license to online portal

Middle School Program is the same cost and content
- Different video

*It is recommended schools develop a school-based crisis management plan prior to implementation
- Maine Youth Suicide Prevention, Intervention, and Postvention Guidelines
Schilling et al., 2014
- Diverse population (40% white); RCT

- Results
  - Reduction in suicide ideation
  - Reduction in suicide attempts (behaviors)
  - Help seeking behaviors not significant
  - Knowledge increase

- Limitations
  - Did not ask about attempts at pre-test
  - Did not monitor fidelity
  - Knowledge test/pre-test low
  - Limited items at pre/post-test
Research: High School

Aseltine and DeMartino, 2004 and Aseltine et al., 2007 (Replication)

- RCT
- Diverse Sample
- Self-report suicide ideation, attempt, knowledge, and help seeking behavior

Results

- Reduce the rate of suicide attempt in 3 months (by 40%), increase knowledge (ES = .25)
- Did not support help-seeking behaviors or reduction of suicide ideation

Limitations

- Short-Term
- Fidelity
Overall Evidence-Based Program

- National Registry of Evidence-Based Programs and Practices (NREPP)
  - Reportedly supported in the past, NREPP has since been suspended
- A Systematic Review of School-Based Suicide Prevention Programs (Katz et al., 2013).
  - Scholarly articles from 1960-2012
  - Oxford Center for Evidence Based Methods Grading System
    - Suicide Attempt (B)
    - Decrease Suicide Ideation (D)
    - Attitudes and Knowledge (B)
    - Help Seeking Behavior (D)
    - General Skills Training (no data)
    - Gatekeeper Training (no data)
Advantages

- Easy to implement
  - Conducted by staff member
  - Video-based with discussion
  - One class period
  - No formal comprehensive training required
- Diverse scenarios
  - Racial
  - Gender
  - Orientation
- Easy to remember
  - ACT
  - Posters
- Research Support
  - Decrease in Suicide attempts
  - Effective for diverse populations
Disadvantages

- **Brief**
  - Is one day/one conversation enough?

- **Dosage?**
  - How often should it be done?
  - When should it be done?

- **Staff Training**
  - Should staff be trained?
  - Who is qualified to implement the program?

- **Fidelity**
  - Are schools implementing with fidelity?

- **Research Support**
  - Is the program effective in the long term for preventing suicide attempts?
  - Does the program prevent suicide ideation?
  - Is the program supported by research for middle school students?
References


RESPONSE

Second Edition

A Comprehensive High School-Based Suicide Prevention Program

A Showcase Presented By:
Julia Kubek, M.Ed.
&
Scott Zwolski, Jr., M.Ed.
Starter Discussion - Think, Pair, Share

- What does suicide awareness/prevention look like in your schools?
  - Do you have a curriculum/program in place?
  - What role do you play?
- Do you feel your site effectively screens for the risk of suicide?
- How knowledgeable are your staff and/or students about the risk and signs of suicide?
CDC Data (Youth Risk Behavior Survey)

In 2017:

- 31.5% of high school students had experienced periods of persistent feelings of sadness or hopelessness in the past year.
- 17.2% of high school students had seriously considered attempting suicide in the past year.
- 13.6% of high school students made a suicide plan in the past year.
- 7.4% of high school students attempted suicide in the past year.

Each of these rates has increased significantly from 2007 - but suicide remains preventable.

Schools can play a significant role in preventing suicide amongst our youth.
Suicide Prevention in Schools

Recommended by:

- Substance Abuse and Mental Health Services Administration
- American Academy of Pediatrics
- American Medical Association
- Institute of Medicine
- American Academy of Child and Adolescent Psychiatry
- Center for Disease Control
- National Institutes of Health
- National Association of Secondary School Principals
- U.S. Department of Education
- American Psychological Association
- World Health Organization
- U.S. Public Health Service
- American public Health Association
- Office of the U.S. Surgeon General
- American School Counselors Association
- National Association of Social Worker
- National Association of School Nurses
- American College of Emergency Physicians
- National Association of School Psychologists
RESPONSE Overview

- A Comprehensive high school-based program that aims to increase awareness about suicide among school staff, parents, and students.

- Focused on a change at the systemic level

- Implementation manual designed specifically for busy administrators
  
  Provides:
  
  - Concise, step-by-step instructions that are easy to follow
  - Specific, technical assistance for systemic policy and procedure change
  - Maintenance strategies to ensure implementation integrity and sustainability

- Lessons for students that are flexible to meet the needs of the school
Program Components

3 Overarching RESPONSE Awareness Components

1. Staff in-service training
2. Universal student curriculum
3. Parent outreach
RESPONSE Staff In-Service Training

- One 2.5- to 3-hour training
  - Delivered to staff every 3 years
  - Intended to be implemented with entire school staff

- Heightens staff members’ awareness of and sensitivity to:
  - Suicidal risk factors
  - Suicidal ideation
  - Symptoms of depression

- Provides clear steps for staff to follow to respond to a student who is identified as “at-risk” for suicide

- Identifies specific staff members to act as contacts for suicidal referrals
RESPONSE Universal Student Curriculum

- Four 50-minute lessons
  - Intended for implementation in health course
  - Modifiable to fit into shorter or longer class periods
- Teaches students help-seeking behaviors and skills
  - **Lesson 1**: Identifying a person “at-risk” for suicide
  - **Lesson 2**: Attitudes and behaviors that can prevent someone from getting help
  - **Lesson 3**: Helping others who are “at-risk” for suicide
  - **Lesson 4**: Practice and resources
RESPONSE Parent Outreach

- An effort to make school and home settings as consistent as possible
- School staff mail home information about the RESPONSE program:
  - Overview of the RESPONSE program
  - Specific terminology about the components of the RESPONSE program
  - Signs of depression and suicidal ideation that caregivers can look for in their children
  - Local community resources
  - A consent form for their child to participate in the universal student curriculum
Roles & Responsibilities

District-/School-Based Response Coordinator

- Responsible for:
  - Supervision of the RESPONSE program implementation at the district-/school-level
  - Assembly of the district-/school-level suicide prevention team
  - Coordination with school staff to schedule in-service trainings
  - Assisting schools and parents to identify school/community mental health providers
Roles & Responsibilities

Suicide Prevention Team

- Team members:
  - District-/school-based response coordinator
  - Principal or Assistant Principal
  - School Counselor(s)
  - School Psychologist
  - Health Teacher(s)
  - Suicide Contacts
  - Representatives from community agencies

- Responsible for:
  - Gathering resources and supports within the community to assist schools with referrals and plan for postvention activities in the event of a suicide
  - Working with school/district board to develop procedures for suicide prevention, intervention, and postvention
  - Establish a set of responsibilities and procedures among school and community liaisons to assess suicide risk, manage crises, and debrief school staff, parents, and communities in the event of a suicide
Roles & Responsibilities

Suicide Contact

- Responsibilities:
  - Manage students who are referred for risk of suicide until they reach the next level of care
  - Complete Applied Suicide Intervention Skills Training (ASIST)
  - Introduce themselves to students during the 4th lesson of the universal student curriculum
    - Help students understand how to approach to refer themselves or another student
  - Establish rapport with students
Steps to Implementation

1. Guidelines for Suicide Prevention
2. Present Guidelines
3. Approve Curriculum
4. Meet with the Health Teacher(s)
5. Identify Coordinators
6. Identify Suicide Contacts
7. Meet with Suicide Contacts
8. Identify Suicide Prevention Team
9. Meet with Team and Other Key Staff
10. Provide In-Service Training to All School Staff
11. Obtain Parental Consent and Student Assent
12. Implement Universal Student Curriculum
Wyman et al., 2008:

- **Study Design:** Quasi-Experimental Quantitative Design - Pre-/Post & 6-month follow-up
- **Sample:** 6 High Schools, 139 Staff members (89% Caucasian, 55% male, Mean Age = 42.2)
  - Response Rate = 55% ~ 76 participants (80% teachers)
- **Results Pre- to Post-test:**
  - Knowledge of Suicide Prevention: $t = 8.49, p < .001; \text{ Glass’ } \Delta = 0.78, \text{ Large Effect Size}$
  - Preparation and Readiness: $t = 17.95, p < .001; \text{ Glass’ } \Delta = 1.33, \text{ Very Large Effect Size}$
  - Attitudes About Suicide Prevention (Comfort, Knowledge of Key Staff Members, & Awareness of Warning Signs): $t = 13.22, p < .001; \text{ Glass’ } \Delta = 1.27, \text{ Very Large Effect Size}$
- **Results at 6-Month Follow-up:**
  - Frequency/Utilization of Suicide Prevention Interventions: $t = 2.80, p < .01; \text{ Glass’ } \Delta = 0.34, \text{ Small-to-Medium Change}$
Study Design: Quasi-Experimental Quantitative Design - Comparison Group Pre-/Post-Test & 4-Month Follow-up

Sample: 2 High Schools, 85 youth in Both Experimental and Control Conditions (n = 170)
- Experimental: (69% Caucasian, 62% female, Mean Age = 15.53)
- Control: (44% Caucasian, 57% female, Mean Age = 14.84)

Results Pre- to Post-test:
- Prevention Efficacy: \( t = -5.11, p < .001 \)
- Prevention Attitudes: \( t = -5.12, p < .001 \)
- Prevention Knowledge: \( t = -3.40, p < .01 \)

Results at 4-Month Follow-up:
- Prevention Knowledge: \( t = -3.31, p < .01 \)
Evaluation Data

Coleman & Del Quest (2014):

- **Study Design:** Quasi-Experimental Quantitative Design - Multiple Group Comparison Pre-/Post-test & 6-Month Follow-up (*Replication of Wyman et al., 2008*)
- **Sample:** 126 high school staff members (84% Caucasian, 56% female, Mean Age = 45)
  - *RESPONSE Training* (60%)
  - *Question, Persuade, Refer Training* (22%)
  - *Applied Suicide Intervention Skills Training* (18%)

- **Results Pre- to Post-test:**
  - Prevention Efficacy: \( t = -5.11, p < .001 \)
  - Prevention Attitudes: \( t = -5.12, p < .001 \)
  - Prevention Knowledge: \( t = -3.40, p < .01 \)

- **Results at 4-Month Follow-up:**
  - Prevention Knowledge: \( t = -3.31, p < .01 \)
End Discussion - Think, Pair, Share

- Have you experienced barriers when implementing or discussing suicide prevention in your schools?
- Do you feel staff are comfortable with discussing suicide awareness with students as part of a school-wide prevention effort?
- Do you have anxiety yourself about initiating these discussions or implementing these programs?
Enjoy your lunch
LEADS: for Youth
Linking Education and Awareness of Depression and Suicide

Sarah Dickinson, M.A.
Heather Lacey, B.S.
Agenda

Overview of the program
Research review
Implementation preparation
Days 1 through 3
Program strengths
Activity
Overview of the Program
LEADS: for Youth Overview

Developed by Suicide Awareness Voices of Education (SAVE)
- save.org

3-day program
- 1-hour sessions

Teacher implemented

Target population
- High school students
- Implemented in health or related class

Goals
- Increase knowledge
- Increase ability to identify resources
- Build capacity to seek help
- Change social norms

$125
Materials Included

General materials
- Evaluation document
- Consent form
- References
- Crisis plan
- Supplemental teacher guide

Daily materials
- Outline
- PowerPoint
- Handouts
- Activities
- Question/comment slips
- Homework
- Pre/post-test
Research Review
Evaluation Study Completed by SAVE  
(Leite, Idzelis, Reidenberg, Roggenbaum, & LeBlanc, 2011)

- Included 9 predominantly White, non-Hispanic Minnesota high schools
- Non-random, “quasi-experimental” design using a treatment (n~800) and comparison group (n~350)

### Significant Findings

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<tr>
<th>Significant Findings</th>
<th>Post-test</th>
<th>Group comparison</th>
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<tbody>
<tr>
<td>Improvement in identification of depression symptoms and suicide prevention resources</td>
<td>✔</td>
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<td>Better performance in identifying true statements regarding suicide and depression</td>
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<td>Increased perceptions of depression as a medical illness</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Increased likelihood to engage in help-seeking behaviors</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Content knowledge maintained at follow-up</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>
Preparation
Before Implementation (Teacher Checklist Available)

1. Opportunity to opt-out
   - Reminder 1-2 days before

2. Review district policy for consent
   - Obtain consent as necessary

3. Identify and secure resources
   - Crisis lines
   - Hospitals
   - Social services agencies
   - Religious organizations
   - Police
   - Medical clinics
   - Helpful school adults

4. Notify school personnel

5. Review confidentiality policy
Day 1
# Day 1 Outline

**Focus**
- Psychoeducation
  - Learn symptoms of depression
  - Learn the difference between depression and “the blues”
  - Learn how depression affects a person

<table>
<thead>
<tr>
<th>Introduction (5-7 minutes)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Opening activity (7-10 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brainstorm in small groups words that come to mind upon hearing “depression”</td>
</tr>
<tr>
<td>Create class list of words using flipchart</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depression vs. “having the blues” (10-12 minutes)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Small group activity (7-10 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify signs of depression using scenarios</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depression diagnosis and treatment (5-7 minutes)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wrap up (3-5 minutes)</th>
</tr>
</thead>
</table>
Day 2
Day 2 Outline

**Focus**
- The link between depression and suicide
- Risk/protective factors
  - Think critically about common beliefs around mental illness and suicide

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review day 1</td>
<td>3-5 minutes</td>
</tr>
<tr>
<td>Answer anonymous questions from day 1</td>
<td>3-5 minutes</td>
</tr>
<tr>
<td>Statistics and facts</td>
<td>3-5 minutes</td>
</tr>
<tr>
<td>Risk and protective factors</td>
<td>15-20 minutes</td>
</tr>
<tr>
<td>Warning signs</td>
<td>5-7 minutes</td>
</tr>
<tr>
<td>Activity: “Now I Know”</td>
<td>10-12 minutes</td>
</tr>
</tbody>
</table>
  - Small groups debunk their own previously held beliefs about mental illness and suicide
  - Present to class
| Wrap up | 5-7 minutes |
Day 3
Day 3 Outline

Focus

- Resources
- Develop help-seeking behaviors
  - Learn ways to help self/friend
  - Learn resources available
  - Begin project to promote awareness and prevention

Review from day 2 (3-5 minutes)

Answer anonymous questions from day 2 (3-5 minutes)

What to do if concerned (7-10 minutes)

Barriers/benefits to seeking help (7-10 minutes)

Review homework from day 2 (7-10 minutes)

- Role play volunteers

Raise awareness project (10+ minutes)

- Singular or small group activity to raise awareness or access support

Wrap up and post-test (5 minutes)
Program Strengths/Considerations
**Strengths**

- Cost and time efficient
- Easy implementation
- Flexible and adaptable
- Socially acceptable
- Supported by research

**Considerations**

- Paucity of diverse youth in evaluation
- Number of rigorous studies
Activity
Day 1 Small Group Activity

Directions: Working in small groups, read each scenario and circle any possible symptoms of depression you see.

Gabby doesn’t feel like herself but she doesn’t know what’s wrong. She was the star of the fall play and the show was a hit. She’s not going to try out for the spring musical though. For the first time in her life she isn’t interested in acting. Ever since she was a little girl she always wanted to be an actress. She just doesn’t care about it anymore. Her friends have been noticing she’s not hanging out with them as much as usual. It’s not that Gabby’s mad at her friends; she just doesn’t really want to hang out. All she wants to do is hang out in her room and be alone. She’s been crying a lot lately but she’s been watching a lot of really sad movies so it’s no big deal.
Gabby doesn’t feel like herself but she doesn’t know what’s wrong. She was the star of the fall play and the show was a hit. She’s not going to try out for the spring musical though. For the first time in her life she isn’t interested in acting. Ever since she was a little girl she always wanted to be an actress. She just doesn’t care about it anymore. Her friends have been noticing she’s not hanging out with them as much as usual. It’s not that Gabby’s mad at her friends; she just doesn’t really want to hang out. All she wants to do is hang out in her room and be alone. She’s been crying a lot lately but she’s been watching a lot of really sad movies so it’s no big deal.
Lifelines:
A Comprehensive Suicide Awareness & Responsiveness Program

Claire W. Braun, M.A. & Lindsey Carnes, M.Ed.
ISU Psychological Services Center
Program Overview

- Comprehensive school-based suicide prevention program
  - Grades: 5-12
  - Audience:
    - Primary - students
    - Secondary - staff & parents
      - Goal: promote a caring, competent school community in which help-seeking is encouraged and modeled and suicidal behavior is recognized as an issue that cannot be kept secret

- A part of the National Registry of Evidenced-Based Prevention Practices (NREPP)
Program Overview

- Hazelden Publishing
- First Edition: 2009
- Second Edition: 2018
- Updated language to reflect today's youth culture and best practices
- Content covering social media's influence on suicide prevalence
- New videos and handouts
- Now includes grades 5-6 and 9-12
Program Overview

HAZELDEN LIFELINES®

https://hazelden.wistia.com/medias/z9cib2v8l8
Prevention

- Provides suicide awareness resources for administrators, faculty and staff, parents and guardians, and students
  - Educates on the facts about suicide and students’ role in suicide prevention
  - Training materials for staff on identifying and referring students who might be at risk for suicide

Includes: Teacher manual, 3 videos on 2 DVDs, USB flash drive w/ reproducible materials
Prevention: Curriculum

### Grade 5-6 Scope and Sequence

By the end of each session, students will be able to do the following:

<table>
<thead>
<tr>
<th>Session 1: Suicide Isn’t Silly</th>
<th>Session 2: Friends Help Friends</th>
<th>Session 3: Asking for Help Takes Courage</th>
<th>Session 4: Practicing What We’ve Learned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain the reasons for a unit on suicide</td>
<td>Identify the reasons for not keeping suicide a secret</td>
<td>Identify caring behaviors</td>
<td>Identify at least one trusted adult</td>
</tr>
<tr>
<td>Explain the way the assumptions we make about suicide affect our problem-solving</td>
<td>Describe the difference in reactions to online posts or texts versus in-person interactions</td>
<td>Interpret help-seeking as a courageous act</td>
<td>Demonstrate willingness to help themselves or a peer by signing a help-seeking pledge</td>
</tr>
<tr>
<td>Identify basic facts about suicide</td>
<td>Explain why a person should take any communication about suicide—whether in person or online—seriously</td>
<td>Describe the characteristics of helpful people</td>
<td>Explain the purpose of the Lifelines Card</td>
</tr>
<tr>
<td>Identify types of helpful versus unhelpful problem-solving</td>
<td>Explain the importance of involving a trusted adult in the help-seeking process</td>
<td>Identify in-school support resources</td>
<td></td>
</tr>
</tbody>
</table>
# Prevention: Curriculum

## Grade 7-10 Scope and Sequence

By the end of each session, students will be able to do the following:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>* Explain the reasons for participating in a unit on suicide</td>
<td>* Identify specific warning signs of suicide in themselves and others</td>
<td>* Describe how to implement the steps of a successful peer intervention</td>
<td>* Demonstrate the ability to help a troubled friend through scripted role plays</td>
</tr>
<tr>
<td>* Identify possible personal reactions to a situation involving a peer’s suicidal behavior</td>
<td>* Organize warning signs around the FACTS acronym</td>
<td>* Define traits of helpful people</td>
<td>* Demonstrate a willingness to help themselves or a troubled friend by signing a help-seeking pledge</td>
</tr>
<tr>
<td>* Explain the ways in which our feelings about suicide influence our actions</td>
<td>* Explain the three basic suicide intervention steps</td>
<td>* Identify school resources and procedures for responding to suicidal students</td>
<td>* Explain the purpose of the Lifelines Card</td>
</tr>
<tr>
<td>* Identify basic facts about suicide</td>
<td>* Describe how to ask someone about suicide</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Grade 11-12 Scope and Sequence

By the end of each session, students will be able to do the following:

<table>
<thead>
<tr>
<th>Session 1: Do You Need a Crystal Ball to See the Future?</th>
<th>Session 2: How to Get from Here to There</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Explain the reasons for a unit on the transition after high school</td>
<td>- Explain how their expectations about life after high school may be unrealistic</td>
</tr>
<tr>
<td>- Identify the key intervention steps from the grades 7–10 Lifelines Prevention curriculum</td>
<td>- Assess the extent of their current support system</td>
</tr>
<tr>
<td>- Identify their assumptions about the transition after high school</td>
<td>- Identify where to find resources for help after high school</td>
</tr>
</tbody>
</table>
Intervention

Four-tiered approach:
1. Addressing early identification and assessment of at-risk students
2. Making referrals to community resources for additional services
3. Considering what resources need to be in place for students returning to school after a suicide-related absence
4. Enhancing the protective factors that increase resilience and provide buffers from stress

*Includes: Teacher’s manual, DVD, and a flash drive*
Postvention

- Whole-school best practices program in response to suicide or traumatic death
- Includes references and support materials to help school leaders recognize and reduce risk of suicide contagion behavior

*Includes: teacher’s manual and flash drive*
Program Components

STUDENT

- Prevention curriculum
  - Includes 4, 45 minute lessons
  - Health or physical education classes?
Program Components

**STAFF**

- Intervention
  - Identification and response to suicidal students
- Prevention
  - Creation of a response plan following the aftermath of a tragic student death, suicide, or attempt
Program Components

❖ PARENTS
  ➤ Prevention
  ➤ Presentation on youth suicide prevention
  ➤ Involves them in school’s suicide prevention activities
  ➤ Postvention
  ➤ Includes resources to help parents support students in the aftermath of a completed suicide or attempt
Program Components

COMMUNITY
- Can be used in non-school settings
- Adaptations might not meet criteria for impact or effectiveness
Program Costs

HAZELDEN LIFELINES®

COST: $350 per building 3 year subscription, you have the ability to print all Lifelines Trilogy materials and stream videos via Hazelden OnDemand.
Part 1: Prevention Kit
- Facilitator Guide
- 2 DVDs
  - Nine video scenarios that tightly integrate into the curriculum
  - Video interviews with recent high school graduates
  - Segments for adults - \textit{Suicide Risks and Warning Signs} & \textit{Practicing the Warm Handoff}
- USB Flash Drive
  - Reproducible materials for school administrators, faculty and staff members, parents and caregivers, and students

COST: $239.95 Each
Program Materials

- Part 2: Intervention Kit
  - Facilitator Guide
  - 1 DVD
    - For faculty training
  - USB Flash Drive
    - Reproducible materials for school administrators, faculty and staff members, parents and caregivers, and students
  - 2 new handouts explaining suicide warning signs and how to do a warm handoff when you suspect a student may need more care

COST: $164.95 Each
Program Materials

Part 3: Postvention Kit
  ➤ Facilitator Guide
  ➤ USB Flash Drive
  ➤ Reproducible materials for school administrators, faculty and staff members, parents and caregivers, and students

COST: $124.95 Each
Postvention Reproducible Sample

See handout 4.2
Training

- 4 training options available
  - Trilogy
    - Postvention: initial 6 hour training day
      - Who? Select administrators and staff (crisis team)
      - What? Reviews policies, outlines best-practice model, provides tools for model implementation
    - Intervention: 1-1.5 days
      - Who? Directed toward mental health staff
      - What? Provides age-appropriate, conversational model for assessing suicidal risk
  - Prevention: 1.5 days
    - Who? School staff
    - What? Teach the prevention curriculum
Research Results

- Evidence-based program
- Originally implemented and researched in Maine
- Authors developed program based off 20 years of adolescent suicide prevention research
  - Most suicidal youth confide in peers
    - Less than 25% of peer confidants tell an adult
  - Gender differences in responding
- Recently adapted to reflect:
  - Program evaluation
  - Youth attitudes toward seeking help
Research Results

- **SAMHSA NREPP Ratings (2014):**
  - Category: “Program with evidence of effectiveness”
    1. Student knowledge about suicide (2.9/4.0)
    2. Student attitudes about suicide and suicide intervention (2.9/4.0)
    3. Student attitudes about seeking adult help (2.9/4.0)
    4. Student attitudes about keeping a friend’s suicide thoughts a secret (2.9/4.0)

- **Suicide Prevention Resource Center (SPRC):**
  - Category: “Promising Program”
Strengths

- Materials easy to understand
- Strengthens school environment
- Postvention
- National curriculum standards
- Reaches younger population than most other programs
- Provides resources for all components of the school community
- Meets National Strategy for Suicide Prevention (NSSP) Objectives
Limitations

- Materials and training can be expensive
- No research for the updated version
- Previous research only based on one component (student curriculum) in the Prevention materials
- Initial research sample studied was 95% white
  - Cultural considerations?
Resources

- Official Program Website
  https://www.hazelden.org/web/public/lifelines.page

- Scope & Sequence

- Research Information
  https://www.sprc.org/resources-programs/lifelines-curriculum
American Indian Life Skills (AILS)

Adolescent Suicide Prevention Program Manual: A Public Health Model For Native American Communities
A little history

- 1989
- American Indian communities in western states had higher rates of suicide compared to other Native American communities
- 1.5 times that compared to the rest of the United States
- In 1988, Tribal Council Members approached Indian Health Service for assistance.
  - Speculations for increased risk of suicide due to traditional family supports breaking up
- Creation of the Adolescent Suicide Prevention Program (16 years in operation)
- Found 3 main factors contributing to high rates of suicide
  - Family member committed suicide (70%)
  - Alcohol (83%)
  - History of trauma (95%)

LaFromboise & Lewis, 2008; Serna, 2011
Risk Factors
- Acculturation Stress
- Historical Trauma
- Pervasive Poverty
- Community Violence
- Family Disruption
- Interpersonal Problems
- Depression
- Substance Abuse
- Psychological Disorder
- Age/Gender

Intervention
- Avoidant Coping
- AILS Intervention
- Approach Coping

Proximal Mediating Factors
- Ineffective Problem Solving
- Negative Thinking
- Resilient Adaptation
- Effective Problem Solving
- Positive Thinking

Outcome Variables
- Suicide

LaFromboise & Fatima, 2011
Thought of committing suicide was forbidden:

“Zunis believe that to take one’s life will cause the soul to remain in a state of distress. The soul of the deceased will wander and may cause harm to family members and close associates. The deceased person’s soul will not go onto Zuni heaven until the time that death naturally occurred”

(LaFromboise & Lewis, 2008)
Zuni Life Skills Development (ZLS)

- Skills training
- Intervention originally began with suicide prevention
  - Changed to address life skills at the onset and phase in crisis and suicide prevention
    - Components to effective adaptation and personal/social competence:
      - Communication Skills
      - Problem Solving
      - Stress and Anger Regulation
- Community cohesion and focus on family background
- Incorporated:
  - Previous resilience and stress mechanisms
  - Skill building on social emotional regulation
  - Behavior strategies concerning social-values

LaFromboise & Howard-Pitney, 1994; LaFromboise & Lewis, 2008
Zuni Overview of Curriculum

Seven major units: (LaFromboise & Lewis, 2008)

- Build self-esteem
- Identify emotions and stress
- Increase communication and problem-solving skills
- Recognize and eliminate self-destructive behavior
- Education on suicide risk factors within American Indian culture
- Receive suicide crisis intervention training
- Engage in individual and collectivistic goals
Risk Factors & Faults to ZLS

RISK FACTORS
- Social structure
- Individual and gender expectations
- Weak identity
- Loss of cultural support
- Perceived discrimination

FAULTS
- Discontinued after 2 years
- Curriculum tailored to Zuni
- No ongoing progress monitoring

(LaFromboise & Howard-Pitney, 1994; LaFromboise & Lewis, 2008)
American Indian Life Skills (AILS)

Formally, Zuni Life Skills Development program

- Universal
- School-based
- Culturally-based
- Evidenced-based

Goal: reduce high rates of American Indian/Alaska Native (AI/AN) adolescent suicidal behaviors by reducing suicide risk and improving protective factors.

(Serna, 2011)
AILS: Overview

- Population: Adolescents, Racial and Ethnic Groups, American Indian/Alaska Natives
- Settings: American Indian/Alaska Native Settings, Middle School/High School
- Implementation: Identify and Assist, Life Skills, and Resilience

(Serna, 2011)
AILS: Overview of the Curriculum

- 13-56 lessons (over 30 weeks)
- Lessons 3 x weekly
- Emphasizes three aspects specific to cultural groups’ wellbeing
  a. Helping one another
  b. Group belonging
  c. Spiritual belief system and practices

(Serna, 2011)
AILS: Overview of the Curriculum

Curriculum Topics

a. Building self-esteem
b. Identifying emotions and stress
c. Increasing communication and problem-solving skills
d. Recognizing and eliminating self-destructive behavior
e. Information on Suicide
f. Setting personal and community goals

(Serna, 2011)
AILS: Overview of Effectiveness

Suicide Prevention Resource Center

Based on ratings of Effective, Promising, or Ineffective, AILS received Promising in areas of Depression and Depressive Symptoms and Suicidal Thoughts and Behaviors. The program received Ineffective in the area of improving Self-concept.

(Serna, 2011)
Program Goals

1. Reduce the incidence of adolescent suicides and suicide attempts

2. Increase community education and awareness

(Serna, 2011)
Program Objectives

1. Identify suicide risk factors specific to the Tribe which might be generalized to other Native American communities
2. Identify high risk individuals and families
3. Identify and implement prevention activities to target high risk individuals, families, and groups
4. Provide direct mental health services to high risk individuals, families, and groups
5. Implement a community systems approach to increase community education and awareness

(Serna, 2011)
Systems-Based Approach

Domains

- Community
- Family
- School
- Individual

Community

- Tribal Leadership
- Healthcare providers
- Parents
- Elders
- Youth
- Clients

(Serna, 2011)
Effectiveness of AILS

- Decreased rates of Hopelessness \((p<.05)\) compared to control
- Increased Suicide Prevention Skills \((p<.01)\) (LaFromboise & Howard-Pitney, 1995)
National Registry of Evidence Based Programs and Practices: Readiness to Dissemination

- Quasi-Experimental
- Quality of Research Rating:
  - Hopelessness 2.8
  - Suicide Prevention Skills 2.3
- Implementation materials = 3.4
- Training and Support Resources = 4
- Quality Assurance Procedures = 2.8
- Overall Rating = 3.6
Strengths & Weaknesses

Strength

- Culturally Sensitive
- Variety of Resources
- Developmentally Appropriate
- No more than $30

Weaknesses

- No handouts to parents
- Reliability questionable
- 3 day on-site key leader training is $9,000

(LaFromboise & Lewis, 2008)
Example Lesson: Problem Solving-SODA

Lesson Objective: Learn SODA model for problem solving

Preparation:

- “Stress scenarios for problem solving”
- “SODA: A problem solving model”
- “Connections”

3 Activities: (2-3 class periods)

- “Get a Soda”
- “The Soda Drama”
- “Exploring Options Through Connections”

(Summarized from manual, lesson 3.4)
References


Corazón y Voz:
Community-Based Prevention Suicide Program

Presented: Cyndy Alvarez
Outline

Experiences working with Latinx youth
  Values and Community
What does the research say?
Suicide Prevention programs for Latinx community?
  Prevention Model (Voz y Corazon program in Denver through El Centro de las Familias)
Objectives:

Gain an understanding of the Literature
Understand importance of community-based programs as prevention model
Mi testimonio & lived experiences
Experiences with Latinx Youth

Previously:

- Individual counseling with Latinx immigrant youth
- Social-emotional learning groups
- Restorative practices (Circles) with Latinx youth to affirm their cultural identity

Currently: Internship

- WCJH approximately 62% Latinx, low-income, with 20% English Learners
- Community School
- BPAC
Suicide rates vary by race and ethnicity. In 2016, the rate of suicide among American Indians/Alaska Natives was 21.39 per 100,000 and among whites it was 18.15. In contrast, the suicide rate among Asian/Pacific Islanders was 7.00; the rate for blacks was 6.35; and the rate among Hispanics was 6.38.
Depression & Suicide Lit Review on Latinx Youth

Latinx youth are one of the most vulnerable ethnic minoritized groups for experiencing symptoms of depression and suicide.

2x more likely to receive diagnosis of depression

2x more likely to drop out of depression treatment
Structural Inequities

Factors influencing access to treatment:

- Lack of access to health insurance
- Lack of access to services in native language
- Lack of mental health providers that can provide culturally responsive therapy
- Parents’ lack of access to psychoeducation about depression & suicide
- Parents’ lack of access to psychoeducation re: treatment options & benefits of treatment
Current approaches:

Not reduced depression or suicide rates

Tertiary prevention (targeting youth who are already experiencing depression/suicidal)

Individual-level intervention vs. community-level intervention for youth that may be vulnerable to experiencing depression

Refusal rates of depression prevention services by Latinx youth and families
“Common cultural beliefs and values among many Latinx ethnic groups could constitute the building blocks of culturally relevant and effective depression prevention programming”

(p. 520, Ford-Paz et al., 2013)
Ford-Paz et al. (2013)

Exploratory qualitative study
Examined the risk factors particular to Latinx youth and obtained suggestions to improve cultural relevance of prevention interventions
Participants: 2 focus groups: 9 youth and 9 youth-involved Latinx community leaders
Findings:

- Use multipronged and sustainable intervention approach
- Raise awareness about depression in culturally meaningful ways
- Promote Latinx youth’s social connection and cultural enrichment activities
Findings:

Table 3
Overarching themes, subthemes, and exemplary quotes

<table>
<thead>
<tr>
<th>Overarching themes</th>
<th>Subthemes and exemplary quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Utilize a multipronged and sustainable approach</td>
<td>• Aurora* (adult): “I think it can't just be one outlet, you have to have multiple outlets… not just school, not just community. It has to be a holistic kind of thing.”</td>
</tr>
<tr>
<td></td>
<td>• Pablo (adult): “I just think that it's very important that whatever… methods are established, that it has to be consistent, it has to be persistent, it has to be something that is not just a 10 week thing. They have to be a long-term plan … It cannot be a one year thing.”</td>
</tr>
</tbody>
</table>
Findings:

2. Raise awareness about depression in culturally meaningful ways

• Aurora (adult): “Starting some of those health trainings at a younger age with the parents so that they're equipped with some type of knowledge to really just understand adolescents. ... this is what a normal teenager acts like... these are signs of depression.”

2.1. Risk factors particular to Latino youth

  2.1.1. Stigma

• Pablo (adult): “…What goes on within the Latino family stays within that family. So young people are not encouraged to speak outside of the family - what they're feeling, their issues. So if there's something going on in the family it has to stay ‘hush hush.’”
2.1.2. Social alienation, lack of social support

• Vinnie (teen): “Hispanic families are not really open with their kids... it really doesn't give the kid an option to speak out what they're feeling - to express themselves in a way that it wouldn't be holded and bottled in, and it progresses and it goes more than it has to be.”

• Carlos (adult): “Our youth … many times are alone. The father, the mother are working and they (the youth) have to take care of the younger ones…the parents are not around when they (the youth) have a need…”

2.1.3. Immigration and acculturation issues

• Rafa (adult): “Latino youth who are illegal in the United States, and as such have a lot of barriers. I know kids that get to college, they can't get jobs, they are blocked from this or that...they know it is unjust but they are the ones being punished for the system we have. Not just in Arizona, but Chicago too.”

2.1.4. Discrimination

• Sergio (teen): “The way the news talks about the Latino community, like ‘oh, we're gonna tighten the border,’ or, ‘we need to send more border patrols.’ So all of that is directed toward Latinos, how does that make the Latino community feel? It makes the Latino community feel unwanted and makes them feel like we shouldn’t be here as opposed to every other race.”

2.2. Cultural relevance to Latino youth

2.2.1. Education delivered by people with whom Latinos can identify

• Aurora (adult): “Teenagers really look to people who kind of they can see themselves in, or they've seen have been through some type of experience... They really look to someone that they can say, ‘You went through it’ or ‘You look just like me and you understand my culture. You know what it's like.’”
2.2.2. Importance of family

- Marcela (adult): “I think that family is incredibly important.”
- Nando (teen): “In the program we should also include some… a bridge program for family.”

2.2.3. Use of technology

- Pablo (adult): “Social network is massive right now … If we can somehow structure a campaign utilizing what young people are already using,… you can get the word out. Text messaging campaigns, Facebook campaigns, all these different methods that we can use. I think it's incredibly valuable resource…”
Findings:

3. Promote social connection and cultural enrichment activities for Latino youth

• Marcela (adult): “…Being productive is really important as a prevention to depression. I think that one of the best ways to get depressed is to be idle.”

• Nando (teen): “…Games, trivia, poetry, art, music and things like that that we all like, that makes us feel better. That if we are doing something that we like, we're gonna eliminate those signs of depression…”
3.1. *Interactive/promoting social connectedness*

- Vinnie (teen): “I think having a program that would, you would interact with more people would be better ... go to the park and stuff, have a family picnic with the program or something. Even if they don't bring your family, they could just have the people there that are with them cause they might become like family to them, they might start becoming closer and closer like playing sports, softball, baseball, having a good time…”

3.2. *Cultural enrichment activities*

- Paco (teen): “Also I think the background, history background should be included. Because... as Latinos we don't know a lot about our background culture because what we learn in school is a lot about American history, not as in our culture. ... And it's a lot of wonderful things and a lot of beautiful art that a lot of us as Latinos don't know about.”
Voz y Corazón

video: Corazon y Voz program

Preventing Suicide through Connectedness

Provides free, community-based, culturally sensitive mentoring, support groups and suicide prevention services to teens and their families.
Goals of Corazon y Voz

**Education and Awareness**
- Identifying and developing sources of strength in youth
- Teaching youth how to intervene appropriately with their friends and family members when there is a concern about possible suicide

**Support and Referral**
- Increase access to mentors and other adults who become positive role models, listen with care, offer meaningful support, and refer to formal mental health services when needed
- Create opportunities for artistic expression and healing through the arts

**Treatment Services**
- Increase access to low cost and culturally responsive mental health services for youth and their families
Thank you for attending!

For information about future showcases, visit http://psychology.illinoisstate.edu/ispic