

Suicide Prevention In Schools

By Maureen Underwood, LCSW, CGP

Any school that has been touched by a student suicide is aware of the tragic reality of the national statistics surrounding suicide. Suicide has become the second leading cause of death for youth aged 10 to 24. In 2014, the Centers for Disease Control and Prevention (CDC) reported that the suicide rate of middle school students had doubled since 2007, surpassing the rate of those aged 10 to 14 who died in car crashes.¹

The pervasiveness of suicidality in youth is captured more directly every other year by the CDC in its Youth Risk Behavior Survey (YRBS). This survey provides data representative of 9th through 12th grade students in public and private schools throughout the country. It monitors health-risk behaviors that contribute to the leading causes of death, and it provides some insight through anonymous reports by students of risky behaviors.

Consider, for example, the 2017 YRBS data on four survey questions that deal specifically with suicide risk²:

QUESTION	PERCENTAGE YES
1. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	29.9%
2. During the past 12 months, did you ever seriously consider attempting suicide?	17.7%
3. During the past 12 months, did you make a plan about how you would attempt suicide?	14.6%
4. During the past 12 months, did you attempt suicide one or more times?	8.6%

These troubling statistics tell us that at any point in an academic year, a significant percentage of students sitting in classrooms across the country are having thoughts of suicide. What we do not necessarily know is who these children are, when they first have



passive thoughts of death, or what the prevalence of suicidal thoughts are in younger populations. We also need additional research on the predictors of first attempts that may lead to suicide death, as well as a better understanding of why suicide risk escalates so dramatically during the transition from childhood to adolescence (REF: Glenn & Nock). These questions highlight the need for a better understanding of the behavioral health challenges that can lead to thoughts of suicide and their interactive effect on worsening academic performance.

Although there are many unanswered questions about suicide risk in youth, recent data does suggest an association between suicidality and academic outcomes. Data from the 2015 YRBS shows that students with higher academic grades are less likely to consider or attempt suicide compared to students with lower grades. For example, 23% of high school students with mostly A's indicated that they had experienced a sustained period of sadness (over two weeks) that had caused them to change their usual activities; in comparison, 47% of students with mostly D/F's responded that they had experienced such a period of sadness. Only 14% of students with mostly A's seriously considered attempting suicide (question 3)

compared to 36% of students with mostly D/F's. While we should be careful of drawing conclusions about the wellbeing of a student based on their academic performance, the data does suggest that those who are struggling academically are also likely to be feeling sad or hopeless.

These data points document the reality of youth suicide from a conceptual framework. But in the course of an academic career, almost every educator will come to understand the reality of youth suicide from a personal perspective. Very few of you will not know a student who's thought about suicide or made an attempt. Some of you will be unfortunate enough to know students who die by suicide.

What can you do to be a part of the suicide-prevention equation? The place to start is with information that helps you differentiate between suicide risk factors and warning signs. The next step is to translate that information into a comprehensive prevention model that works in a school setting. An essential step in that translation is to recognize that everyone in the school community can have a clear and defined role in the prevention process. The final piece of the equation involves evaluating existing youth suicide prevention programs and resource material in order to choose what will work best in your school. With an educated and informed infrastructure, your school can be on its way to integrating suicide prevention into its mission and culture.

What does suicidal thinking look like?

The standard CDC definition of suicide is death caused by self-directed injurious behavior with an intent to die because of that behavior. This definition, which focuses on actions and intent to die, is often outside the scope of school mental health. Instead, suicide prevention in schools means paying attention to *changes in behavior, emotional distress, and problem-solving skills*. This school-based perspective is more in line with a behavioral definition of suicide that considers suicide as an attempt to solve a problem of intense emotional pain with impaired problem solving skills.³ There are several reasons this definition may be more useful in a school:

- Schools are not mental health centers. Most school faculty and staff do not have formal mental health training to make determinations regarding the intentionality of specific behaviors. However, they can notice and respond to behavioral changes and apparent distress.
- While the problem of intense emotional pain that is causing student distress may not be related to

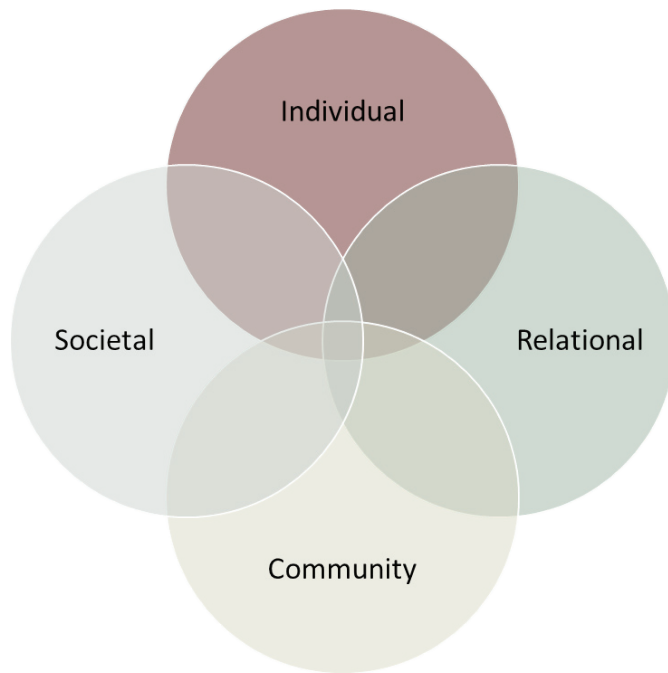
anything in the school, the manifestations of that distress may be most evident in the structure of the academic day. Since they have daily observations of student behavior, educators are often the first to notice when students become preoccupied or distracted.

- Schools are often the first place where deficits in problem-solving skills are evident. Changes in performance in academic and behavioral areas may be indicators of changes in cognitive functioning. Again, what is important from an educational perspective is not the reasons for the changes, but the observable outcomes.⁴ In other words, suicidal students may be physically present in school but are emotionally preoccupied with what they perceive as an overwhelming problem that they lack skills to solve.

What puts youth at risk for suicide?

Risk factors are a combination of characteristics that increase the probability of suicide. Think of them like the amber light on a traffic signal that tells us to slow down and pay attention. While the school is generally not aware of most of the following categories of risk factors, these categories remind us that suicide risk is complicated and exists across multiple dimensions.





INDIVIDUAL RISK FACTORS

- Family history of suicide
- Previous suicide attempt(s)
- History of mental illness, especially clinical depression
- History of alcohol or substance abuse
- Self-injurious behavior like cutting or burning
- Impulsive or aggressive tendencies
- Access to lethal means, such as firearms, sharp weapons, or large amounts of prescription drugs

RELATIONAL FACTORS

- Being involved in bullying as either the person being bullied or the person doing the bullying
- Significant loss event
- Lack of support system and feeling isolated

SOCIETAL FACTORS

- Cultural beliefs that support suicide
- Unwillingness to seek help because of cultural stigma

COMMUNITY FACTORS

- Exposure to the suicide or sudden death of a peer or role model
- Barriers to accessing mental health treatment

It's important to remember that, just as risk factors for heart disease are not predictive of a heart attack, risk factors for suicide simply indicate a student may be at elevated risk for suicide; they tell us little or nothing about immediate suicide risk.⁵ The great majority of your students will enter school with risk factors, leave with risk factors, and never be suicidal.

Risk factors are often confused with warning signs, which are comparable to the red light on a traffic signal. Warning signs tell us to stop and pay attention because there may be an immediate risk for suicide.

What are some of the warning signs for youth suicide?

Using the acronym FACTS can help organize thinking about suicide warning signs.

F eelings - hopelessness, anxiety or excessive worry; feeling trapped with no way out; seeming like they are in terrible emotional pain; struggling to deal with a big loss

A ctions - acting recklessly or angrily; looking online for ways to die or kill others; withdrawing from friends or quitting activities; cutting or burning themselves

C hanges - trouble sleeping or sleeping all of the time; dramatic changes in mood, behavior, or appearance; seeming unusually angry, anxious, or on edge

T hreats - talking about dying or about things that suggest no reason for living

S ituations - getting in trouble at home, in school or with the law; facing activities that create extreme anxiety like tests or moving^{6, 7}

In addition to risk factors and warning signs, is there any other basic knowledge about suicide that can be helpful to a school?

We've used the analogy of a traffic signal to talk about suicide risk factors and warning signs, and it's helpful to remember that the green traffic light is also part of the suicide prevention equation. It stands for what are called "protective factors"—the things that buffer youth from the stresses in life and that can help protect them from suicide risk. Protective factors exist in a variety of domains like personal factors, family, peers, community, and society. Several that are specific to the school include:

- Presence of mentors and support for development of skills and interests
- Opportunities for engagement within school and community
- Positive norms (e.g., prosociality, mutual respect)
- Clear expectations for behavior
- Physical and psychological safety⁸

Research has also demonstrated that the presence of one or more caring, committed adult in a child's life increases the likelihood that children and youth flourish, becoming functional adults themselves.⁹

Lastly, in the area of school-based prevention, there is an emerging trend that recognizes that schools have the ability to increase protection for youth at much earlier ages. This movement, called “upstream prevention,” recognizes that social-emotional learning in primary grades can teach youth more effective problem-solving skills to address the personal and life challenges they face as they age into adolescence.¹⁰

So how does this information translate into the role of the school in youth suicide prevention?

In 1986, the Carnegie Task Force on Education made it clear that, while schools cannot and are not expected to address every need presented by students, they do have a responsibility to meet the needs of students when learning is compromised. Clearly, suicidal thinking compromises learning.¹¹

The question for schools is how to define their role in suicide prevention in the context of their mission to provide a safe environment with a primary focus on student learning. The answer, perhaps, is to remember that schools are already mandated to create a safe environment through youth violence prevention. Although this responsibility has historically been conceived as a disruption-free environment, current thinking recognizes that safety should consider both physical and psychological components for every member of the school community. That’s where suicide prevention comes in. Yet addressing suicide prevention is a complicated process. Where does the school’s role begin and end?

Key Resource

SAMHSA’s [Preventing Suicide: A Toolkit for High Schools](#) offers guidance and tools for conducting suicide prevention activities, intervening with students at risk, and responding after a suicide.

Experts in the field of school violence prevention have advocated an ecological approach, which recognizes that the school must have other community partners in order to address the reality that violence extends beyond the boundaries of school property. If we apply this same approach to youth suicide prevention, it becomes clear that, even if we start within the ecology of the school, the responsibilities for suicide prevention can be shared in what’s called a “competent community.”¹²

The simple definition of a competent school community is that everyone in the community shares responsibility

for the welfare of all members and knows where and how to get help if a community member is in need.¹³ But who are those community members in a school?

Administrators. Most significantly, administrators are the face of the school in the larger community, and they can promote the suicide prevention message as embedded in the culture of the school. Letting the community know, for example, that the school pays attention to self-violence as well as other-directed violence can emphasize that the school is concerned for the safety and well-being of all of its members. Administrators form the foundation for a sustainable, best practice program with the adoption of policies and protocols that specify clear roles and responsibilities in prevention activities, intervention procedures for at-risk students, and postvention response guidelines in the event of the traumatic death of a school community member. An important administrative responsibility is to underscore that information or concerns about suicide cannot be kept confidential, and that communication of such information violates neither HIPAA nor FERPA regulations.¹⁴

- A comprehensive tool to help a school administrator assess current school readiness for suicide prevention can be found at <https://www.maine.gov/suicide/docs/guideline.pdf>.
- Administrators can also ensure that their staff have a clear understanding of the part they play in the prevention process. Several free resources exist for providing information to faculty to assist them in understanding their role in suicide prevention. These free, online trainings are also relevant for all other school staff. Examples include:
 - [Education on Ending Suicide](#): Suicide prevention education for Health Professionals and for Secondary Educators.
 - [ACT on FACTS: Making Educators Partners in Youth Suicide Prevention](#) from the Society for the Prevention of Teen Suicide (SPTS) University.
 - Suicide Prevention Resource Center’s (SPRC) Online Courses are free, self-paced courses that address suicide prevention planning, data collection, and lethal means.
- Administrators may also consider implementing gatekeeper trainings available that can help school staff and faculty learn when and how to engage youth who may be considering suicide. In addition to the resources mentioned elsewhere in this document, examples of evidence-based gatekeeper trainings include Question – Persuade – Refer (QPR), Applied Suicide Intervention Skills Training (ASIST) Program, and Kognito At-Risk.

What's a Warm Handoff?

Just as a mental health professional would not be expected to teach an academic subject, a practical approach to suicide prevention in the schools recognizes that faculty are not trained to diagnose mental health problems or make determinations that a student might be potentially suicidal. What they do notice are behaviors that signal changes in the way a student performed or acted as little as two weeks ago. While these changes may indicate suicide risk, it's not up to the faculty member to figure out the reasons for the changes—that's where the "handoff" to designated school resource staff comes in. The "warm" part is the way it's done. By saying something like: "You haven't been yourself for the last few weeks. Your class participation had stopped, you haven't turned in homework, and you aren't talking with any of your friends. I'm concerned about you and I'd like you to talk with your counselor to see what's going on." If you get a response like "it's nothing" or "I don't need to talk to anyone," explain that, although the student thinks it's nothing, you're not so sure and you want to get another opinion. Do not be afraid to ask directly about suicide. Research does not support the idea that asking about suicide encourages it.

Ideally, your school protocol would allow you to personally accompany the student to that resource person or specify the way in which another escort is to be arranged. It's helpful to check back in with the student in a couple of days to see how they felt about their meeting with that resource person. You can also check in with the resource person to see if they have any recommendations about how you might provide that student with support. Because of confidentiality concerns, they may not be able to share any information with you, but at least you followed up. That's what goes into a warm handoff!



Faculty. The learning process is grounded in teaching life skills. One of the life skills inherent in youth suicide prevention is the importance of having trusted adults to whom students can go for help if they are worried about themselves or a friend. For many students, these trusted adults are their teachers. Faculty are also in the position to notice the warning signs that can signal a student is having trouble. Rather than being expected to make an intervention themselves, they can make a "warm handoff" to a resource staff member who can follow up on their concerns. School resource staff can include counselors, psychologists, social workers, child study team members, nurses, or staff who have been designated by administrators to respond to students about whom there is an area of concern outside of academics. What may be an even more natural role for faculty is their ability to foster a feeling of connection and belonging in the school community. According to the CDC, school connectedness is the students' belief that the members of the school community care about them as individuals as well as about their learning. Research has shown that feelings of connectedness are specifically related to reductions in suicidal thoughts and attempts and are a protective factor for youth.¹⁵

- [The Role of High School Teachers in Preventing Suicide](#) is a short issue brief that overviews strategies that faculty can use for reducing suicide risk.

Staff. One of the components of a competent school community that is frequently overlooked is the staff members who keep the school running. These include the front office staff, the cafeteria and maintenance workers, the bus drivers—in short, all the people who often have significant informal relationships with the students. Providing them with information about risk factors and warning signs is essential because they may be the first ones to pick up on changes in a student's behavior. They also need to know how to make that warm hand off and understand what the school's policies and protocols are for students who might be at risk for suicide. Inviting these staff to attend professional development presentations to learn about their role can be difficult because of contracts and scheduling, so it can be useful to create short brochures that highlight the school's response strategy and their roles in it.

Parents/Guardians. For many parents, the world in which they live has become an increasingly chaotic place. From responding to the fast pace of technological change to adjusting to the reality of live shooter drills at schools, parenting has taken on an added dimension of challenge. No wonder, then, that when conversations about suicide are factored into the equation, parents often retreat into the denial of "that's not my kid."

What Does It Mean to Be a Trusted Adult?

Here's what students say they're looking for in an adult they can trust:

- You take the time to listen to me. Even if you're busy, you give me a specific time to come back, and if I don't show up, you track me down.
- You don't tell me you know how I feel—you cannot possibly know how a kid my age feels. Tell me you want to understand how I feel—I can believe that.
- You don't tell me a story about your life or how you helped another kid deal with the same thing I'm telling you about. I don't want to talk about someone else—I want to talk about me!
- You don't cut me off when I'm trying to get my words out. You understand talking about feelings and stuff is hard and you're patient and ask me to tell you more.
- You don't tell me everything will be alright, and that my problem won't matter five years from now. You can see I'm not okay right now and that's what matters to me—not the future.
- You respect my privacy and don't say anything about what I said to you in front of other kids.
- If you have to share what I tell you with someone else, you're up front about it. You don't do it behind my back.
- You mean what you say.
- You follow up later. You know things can take time to get worked out, so you check up on me.



While parental resistance is understandable, schools are often in a position to educate parents not just about the reality of youth suicide, but also about strategic ways to have conversations with their children about suicide. Parents can also be given information about the resources available to them in the school and community. Engaging parents in informational programs about suicide prevention can be challenging. They often respond better to programs that target contemporary problems that are less stigmatized than the topic of suicide, so schools should think about integrating suicide prevention information in programs about bullying or social media safety.¹⁶ This not only provides information in a palatable way, but it also reinforces the fact that risk for suicide is not something that can be isolated from all the other risks youth face today. The more suicide prevention can be integrated into other targets for prevention, the better the chance is to reduce some of the stigma that still surrounds it. The school's website can also include an easily-accessible page that provides parents with prevention information and links to online resources.

Schools are also in a position to offer invaluable support to parents/guardians if their child has been absent because of a suicide-related concern. Involving the parents and the student in a "return to learn" meeting with counseling staff, administrators, and faculty can help set the course for the student's realistic reintegration into the school routine and reassure parents that the school is genuinely concerned not just about their child's education, but his/her safety as well.

Students. As a general rule, adults feel it is our responsibility to take care of and protect youth. We forget, however, that they are more likely to share confidences with each other than with adults. This means it's important to teach students how to recognize suicide warning signs, to not keep secrets about suicide, and how and where to get help for themselves or their friends if they are worried about suicide risk. Let's use what we know from learning theory to teach them action-oriented approaches that are relevant to their real-life problems and use reinforcement learning techniques so that the goals of prevention lessons are more sustainable. And let's ask them to tell us how we, as adults, can be better at being trusted adults and what we can do better to collaborate with them in suicide prevention. When we consider that students are generally the most underutilized resource in the competent community, we can begin to re-conceptualize the suicide prevention equation in a way that includes them and feels less overwhelming.

What's a Return to Learn Meeting?

Holding a meeting prior to their return with students who have been absent for suicide related reasons can diminish some of their uncertainty about the way in which the school community might react, and it can help create a safety net to ease that student's reintegration into school. For example, returning students may be unsure about how to respond to questions about their absence, intimidated by asking teachers to make accommodations in their work load, and unsure about the informal ways in which the school can provide them with support. A formal meeting that addresses concerns like these can prepare these students to make a smoother transition back into the routine and structure of the school.

There are several specific programs that address these topics with students that include:

- Lifelines Prevention with curricula for 5th through 12th grades that promotes suicide prevention through help-seeking behaviors: www.hazelden.org/web/public/lifelines.page
- Signs of Suicide Middle & High Schools which combines mental health education & depression screening to identify youth at risk: <https://mentalhealthscreening.org/programs>
- Sources of Strength which is designed to build protective influences and reduce the likelihood that vulnerable youth will become suicidal. This program trains students as peer leaders and connects them with adult advisors at school and in the community: <https://sourcesofstrength.org/>

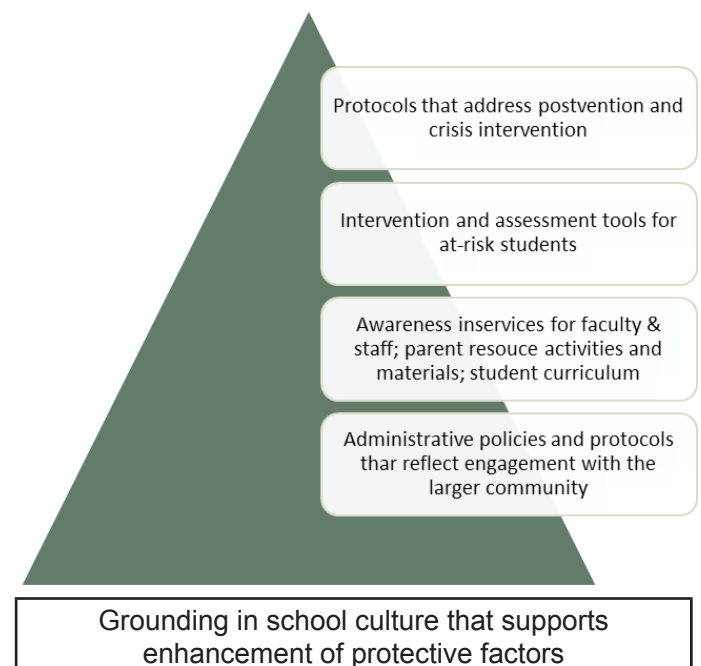
Larger community. Sometimes there is an inaccurate assumption that, because youth spend most of their time within the school, all suicide prevention should take there. The reality, of course, is that while the school's role in suicide prevention is critical, it is limited.¹⁷ Students are members of much larger communities than just the school, and the boundaries of personal connections stretch even further than before through social media. It's clear that other community resources must also be engaged in sustaining any robust prevention strategies. Community partners can supplement the resources of the school and reach across district boundaries to host community-wide or regional prevention programs. Formalized relationships between the school and local mental health providers can facilitate service delivery to students with mental health needs and create follow-up opportunities that allow the school to become a part of the safety net for at-risk

Key Resource

The American Foundation for Suicide Prevention (AFSP) and Suicide Prevention Resource Center (SPRC) developed [After a Suicide: A Toolkit for High Schools](#) to provide consensus-based recommendations, sample messages, and templates for crisis and long-term suicide response.

youth. In the unfortunate event of a death by suicide, the engagement of key community stakeholders can extend postvention response strategies into venues that serve youth, such as churches, community sports teams, and youth-serving agencies. For example, press conferences to update the media can be held at police headquarters rather than at schools; community care stations that provide support can be hosted at churches; and local mental health professionals who understand the school's response plan can reach out to community youth groups to provide support to impacted youth who attend other school districts. Many schools report that there appears to be less negative feedback about the school's response after a traumatic event when the school has been proactively and consistently engaged with key community stakeholders in reviewing prevention and postvention policies and protocols. Community members who understand the theory and approach by the school to postvention can also be responsive to deaths that occur when school is not in session, especially during summer vacation.¹⁸

Here's what that competent suicide prevention community looks like in the school:



What is Postvention?

The term “postvention” is used to describe the activities that reduce risk and promote healing after a sudden, traumatic death like suicide. Even though the term was coined in specific reference to a suicide death, its strategic approach is applicable to any traumatic loss in a school community. It is considered the third part of the triad that includes:

- **Prevention:** directed at preventing a suicide in the general population;
- **Intervention:** providing assessment and support to those who may be at risk for suicide; and
- **Postvention:** the organized response to a traumatic death

So what’s the bottom line?

The good news for many schools is that they unknowingly may have pieces of the suicide prevention equation already in place. Schools where administrators proactively model good practices, regularly train and update staff, welcome parents as partners, and value relationships (student-student, adult-student, adult-adult and school-community), are essentially focused on the development and maintenance of a safe learning environment.²⁰ Other schools may have policies and protocols in place that spell out responses to vulnerable students, clarify procedures in the event of a traumatic loss event, and include memoranda of understanding with community caregivers for students referred off campus for mental health services. On a macrolevel, an increasing number of states are legislatively mandating professional development training for faculty and staff in suicide awareness,²¹ and research continues to investigate some of the unanswered questions about what puts kids at risk and the strategic therapeutic approaches that might be the most successful.

The real bottom line, of course, is about what faculty can personally do to become part of the suicide prevention equation. Here are four suggestions:

- **Keep learning.** Advances in the field of youth suicide prevention are happening at an amazing pace. The information in this publication is a great start, but it’s only a start. Open the conversation with colleagues, parents, community members, and students. Remember that everyone in the competent community has something to contribute.
- **Widen your vision.** Consider suicide as one of the many risks that your students face and make connections with other prevention programs and strategies. With a broader perspective, the topic of suicide can lose some of its lingering stigma.

- **Don’t get discouraged.** Sometimes, despite having the best suicide prevention program in place, a suicide may happen. Losing even one child to suicide is tragic, but try to remember that you will really never know how many lives are saved by your focus on prevention.
- **Take care of yourself!** When you are involved with a suicidal student, all of your attention, energy, and emotional reserve may be needed to help keep that youth safe. And because most youth who are struggling with suicide don’t get back on track overnight, your energy drain may last for a while. Find ways to nurture yourself so you can recharge. Here’s an excellent app that gives you strategies to distract yourself on those difficult days: Virtual Hope Box. It is available both on iPhone and Android. Designed for the military, it received the 2014 Department of Defense Innovation Award for its unique application of technology in supporting behavioral health.

At the end of the day, the most effective prevention strategies carefully consider their prevention target, so learning as much as you can about youth suicide is a critical first step in helping you bring an effective suicide prevention message to your school. You may confront anxiety and fear—some people still believe the myth that talking about suicide can make someone think about doing it—so, as an educator, your job is to remind those doubters about the YRBS data that demonstrates that a significant percentage of our students are already having thoughts of suicide. But don’t stop there! Take a closer look at the resources that are included in this document and see what might be the best fit for your school—use your position as a champion for prevention to engage your school community in a comprehensive suicide prevention strategy.

What are some of the Unanswered Questions About Youth Suicide?

The field of youth suicide has grown exponentially since its inception in the early 1980’s. Understanding the dynamics of youth suicide, however, is an area of continuing research. Here are a few of the questions that the field is currently exploring:

- What are the predictors of self-harm for adolescents in the near future, that is, minutes, hours, or days?
- How does suicidal ideation and behavior progress in youth from childhood through adolescence?
- How does non-suicidal self injury (NSSI) relate to suicidal behavior over time?
- What is the most effective way to access risk in youth?

Where to go to learn more:

Suicide Prevention Resource Center

<http://www.sprc.org/strategic-planning/finding-programs-practices>

SPRC's page for schools links to effective suicide prevention programs, models, and resources.

The Trevor Project: Saving Young LGBT Lives

<https://www.thetrevorproject.org/>

This organization provides a variety of resources for Lesbian, Gay, Bisexual, Transgender and Questioning youth, including a national 24-hour, toll free confidential suicide hotline.

Maine Youth Suicide Prevention Program

<https://www.maine.gov/suicide/docs/guideline.pdf>

This site provides models for policies and protocols to create a comprehensive school-based prevention program.

National Suicide Prevention Lifeline Warning Signs Wallet Card

<https://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-Wallet-Card-Suicide-Prevention-Learn-the-Warning-Signs/SVP13-0126>

This wallet card lists signs for suicide risk. It urges those showing any of the signs to contact a mental health professional or to call the National Suicide Prevention Lifeline.

Preventing Suicide: A Toolkit for High Schools

By Substance Abuse and Mental Health Services Administration (2012)

<https://www.sprc.org/resources-programs/preventing-suicide-toolkit-high-schools>

This toolkit helps high schools design and implement strategies to prevent suicide and promote behavioral health.

Society for the Prevention of Teen Suicide (SPTS)

<http://www.sptsusa.org/>

SPTS develops educational materials for educators, teens, and parents. It offers the online course Making Educators Partners in Youth Suicide Prevention: Act on FACTS and a video for parents called "Not My Kid"

Take Action: Bring Prevention to Your school

By American Foundation for Suicide Prevention

<https://afsp.org/take-action/bring-prevention-school/>

This website lists a variety of resources to assist schools in providing a range of school-based suicide prevention initiatives.



The Now Is The Time Technical Assistance (NITT-TA) Center

Toll-Free Phone: (844) 856-1749

Email: NITT-TA@cars-rp.org

Website: www.samhsa.gov/NITT-TA

Citations

1. Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Review. Erin M. Sullivan MPH1, Joseph L. Annest, PhD, Thomas R Simon, PhD, Feijun Luo, PhD, Linda L. Dahlberg, PhD. Suicide Trends Among Persons Aged 10–24 Years — United States, 1994–2012. Retrieved February 8, 2018, from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6408a1.htm>
2. CDC Youth Risk Behavior Survey, 2017, to be released in Spring 2018
3. CDC Definitions: Self-directed violence. Retrieved February 8, 2018, from <https://www.cdc.gov/violenceprevention/suicide/definitions.html>
4. Sneiderman, E.S. (1985). Definition of Suicide. New York: John Wiley & Sons.
5. Kalafat, J. & Underwood. (1989). Lifelines: A School-based Adolescent Suicide Response Program. Dubuque, IA: Kendall-Hunt Publishing.
6. Rodgers, P. (2011) Understanding risk and protective factors for prevention: A primer for preventing suicide. Waltham, MA: Suicide Prevention Resource Center, Educational Development Center. February 8, 2018, from <https://www.sprc.org/sites/default/files/migrate/.../RiskProtectiveFactorsPrimer.pdf>
7. Gatekeepers. *Youth Suicide Warning Signs*. Retrieved March 16, 2018, from
8. Society for the Prevention of Teen Suicide. FACTS warning signs. Retrieved February 8, 2018, from <http://www.sptsusa.org/wp-content/uploads/2015/05/FACTS-Green.pdf>
9. Child Trends Research Brief (2013) Caring adults. Retrieved February 8, 2018, from <https://www.childtrends.org/wp-content/uploads/2013/12/2013-54CaringAdults.pdf>
10. Wyman, P. (2014) Developmental approaches to prevent adolescent suicide. Retrieved February 8, 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4143775/>
11. Carnegie Task force on Education (1986). A nation prepared: Teachers for the 21st century. Retrieved February 8, 2018, from <https://eric.ed.gov/?id=ED268120>
12. O'Malley, M., & Wolf-Prusan, L. New Approaches to Youth Violence Prevention in Schools. *Now Is The Time Technical Assistance Center*. Developed under contract number HHSS2832012000301 for the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Retrieved March 16, 2018, from <http://tinyurl.com/NITT-violence>
13. Underwood, M. & Kalafat, J. (2009) Lifelines: A suicide prevention program. Center City, MN: Hazelden Publications.
14. Underwood, M., Springer, J. & Scott, M. (2011). Lifelines Intervention: Helping students at risk for Suicide. Center City, MN: Hazelden Publications.
15. CDC. Adolescent and School health. Retrieved February 8, 2018, from https://www.cdc.gov/healthyyouth/protective/school_connectedness.htm
16. Underwood, M., Springer, J. & Scott, M. (2011). Lifelines Intervention: Helping students at risk for Suicide. Center City, MN: Hazelden Publications.
17. Ibid.
18. Underwood, M., Spinazzola, N, & Fell, F. (2010). Lifelines Postvention. Center City, MN: Hazelden Publications.
19. Norton, K. (2015) Postvention as prevention, SPRC Weekly Spark. Retrieved February 8, 2018, from <http://www.sprc.org/news/postvention-prevention>
20. Collaborative for Education, Social and Emotional Learning. School Level SEL Retrieved February 8, 2018, from <https://casel.org/in-the-schools>
21. Screening for Mental Health. Federal and state youth suicide prevention legislation and our schools. Retrieved February 8, 2018, from <https://mentalhealthscreening.org/.../federal-and-state-youth-suicide-prevention-legisla...>