

Well Aware

Volume 1 | Issue 2

2008-2009
School Year

Devoted To:

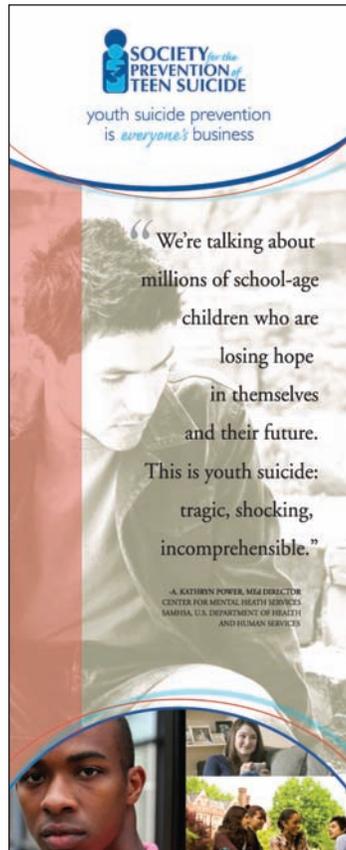
- Improving academics
- Deterring violence
- Fostering resiliency
- Enhancing coping skills
- Reducing risk
- Preventing suicide

Interactive aid

[free staff resource can boost youth outcomes]

Limited budgets, time-pressed teaching schedules and “No Child Left Behind” mandates can conspire to leave meager resources to help at-risk youths enrolled in Wyoming schools. That’s why programs that are low impact and low cost are so valuable to schools.

One such program is a new interactive online training series for administrators and staff that is free of cost and grounded in research. **Making Teachers Partners in Youth Suicide Prevention™** was launched in spring 2008 from the Society for the Prevention of Teen Suicide, a national not-



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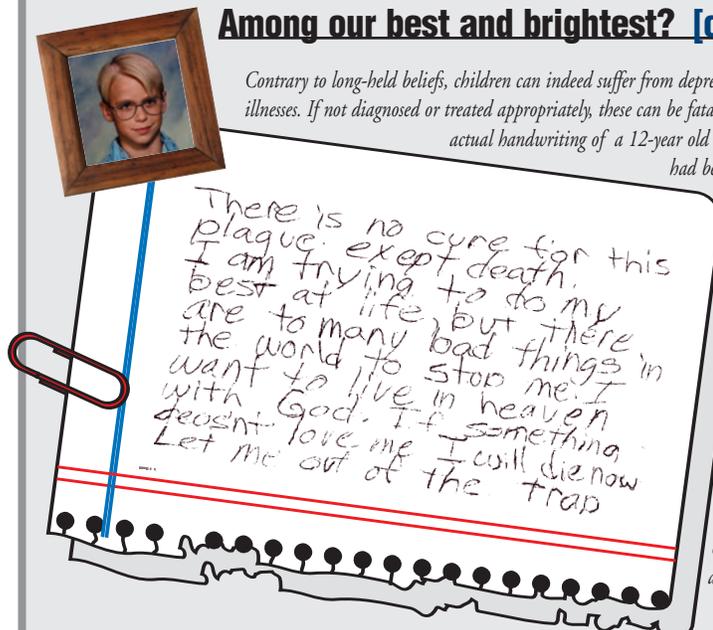
for-profit organization. Designated a “best-practice” program by the an agency of the U.S. Dept. of Health and Human Services, this easy online training series brings state-of-the-science expertise to school administrators, staff and other adults who need to know what to look for—and what to do—do when interacting with children who may be vulnerable to thoughts and acts of self-harm.

“School staffs have a vital role to play in prevention of suicide and other risk behaviors in children. **But they are not counseling services,**” says Maureen Underwood, LCSW, an expert in implementing and disseminating school-based suicide-prevention programs. “Schools should join with all members of the broader community to identify youths who may be vulnerable or at risk, and refer them to appropriate resources.”

Designed to be completed at the viewer’s own pace, **Making Teachers Partners in Youth Suicide Prevention™** features five modules relevant to all adults who may come in contact with at-risk youths. Content includes myths and misinformation; risk, warning and protective factors; and dealing with at-risk youths. This best-practice program can be accessed for no fee online at www.sptsnj.org.

Among our best and brightest? [case in point]

Contrary to long-held beliefs, children can indeed suffer from depression and other mental illnesses. If not diagnosed or treated appropriately, these can be fatal. This real note is in the actual handwriting of a 12-year old boy, an honor student, who had been tested for ADHD when he was in the 4th grade.



His diagnosis instead was “severe clinical depression with suicidal ideation.” Seven years later this child took his life. He had just turned 18 and was as a month into his senior of high school. An only child from an intact two-parent family, this young man had considered studying art and architecture in college.

A policy bulletin for WYOMING EDUCATION LEADERS

- School Board Members
- Superintendents & Principals
- Curriculum Committees
- Student Services Directors
- Central Office Administration
- Wyoming Policymakers

inside

URGING YOU TO BE Well Aware



“... IMPLICATIONS OF THESE FINDINGS ARE PROFOUND FOR OUR SCHOOLS ...”

2 A message to *Well Aware* readers from Wyoming Governor Dave Freudenthal

[it doesn't add up]

10.5%

Wyoming high-school students who attempted suicide during the past 12 months, versus 6.0% who have uses methamphetamine at some time in their lives.

SOURCE: 2007 Youth Risk Behavior Survey for State of Wyoming

28.2%

Wyoming high-school students who feel sad and hopeless enough over a two-week period to halt usual activity.

SOURCE: 2007 Youth Risk Behavior Survey for State of Wyoming

92.6%

Wyoming education leaders who feel that suicide prevention should be addressed in schools.

SOURCE: Sept. 2008 online survey for WY Dept. of Health, conducted by Shattuck & Associates

Our students face a complicated world in their journey toward maturity. That’s why I called together Wyoming stakeholders in our children’s well-being for the **2008 Governor’s Roundtable on Children’s Mental Health** conference on Nov. 5th-6th in Cheyenne. The goal? To challenge our schools, social-services providers and state policymakers to overcome shortsighted traditions when dealing with children exhibiting emotional, behavioral and mental disorders. Unfortunately, these disorders are all too common. The latest research from the National Institutes of Health reveals that 50 percent of all lifetime cases of mental illness in the United States begin by the young age of 14. Moreover, mental illness, if left untreated, can lead to risk behaviors and self-harm, even suicide. The implications of these findings are profound for our schools where at-risk youths are enrolled, and for community agencies that interact with them. Findings point to the need for screening programs to identify vulnerable youths, curricula to help students understand what mental illness is, educational materials for parents and intervention skills training for school staff. I applaud those schools that are implementing proven suicide prevention programs for youth. And I challenge other schools to follow this example. The rewards of taking action are many, as research shows that early intervention with children exhibiting behavioral or mental disorders can lead to improved outcomes for the child, the family and our state.



The health of Wyoming youths—including emotional, behavioral and mental health—matters much to the state’s vitality and its citizens’ successes. That’s why the Hon. David Freudenthal convened the Governor’s Roundtable on Children’s Mental Health in Cheyenne in November 2008 to encourage early interventions that can lead to improved outcomes for children and the state.

“... I applaud those schools that are implementing **PROVEN SUICIDE PREVENTION PROGRAMS** for youth ...” — HON. DAVID FREUDENTHAL, Governor, State of Wyoming

Enhancing academic outcomes [screening makes sense]



Screening for **VISION** in schools makes sense because sight is key to learning.



Screening for **HEARING** in schools makes sense because hearing is key to learning.



Screening for **EMOTIONAL HEALTH** in schools makes sense because mental well-being is key to learning.

Supporting statistic: Research has shown that nationally, 11 percent of youngsters have trouble at school, at home or with peers because of a mental illness. In Wyoming, this number may be even higher, evidenced by a rate of suicide more than twice as high as the U.S. average for children ages 10-19. (SOURCE: Centers for Disease Control and Prevention, 2001-2005 mean)

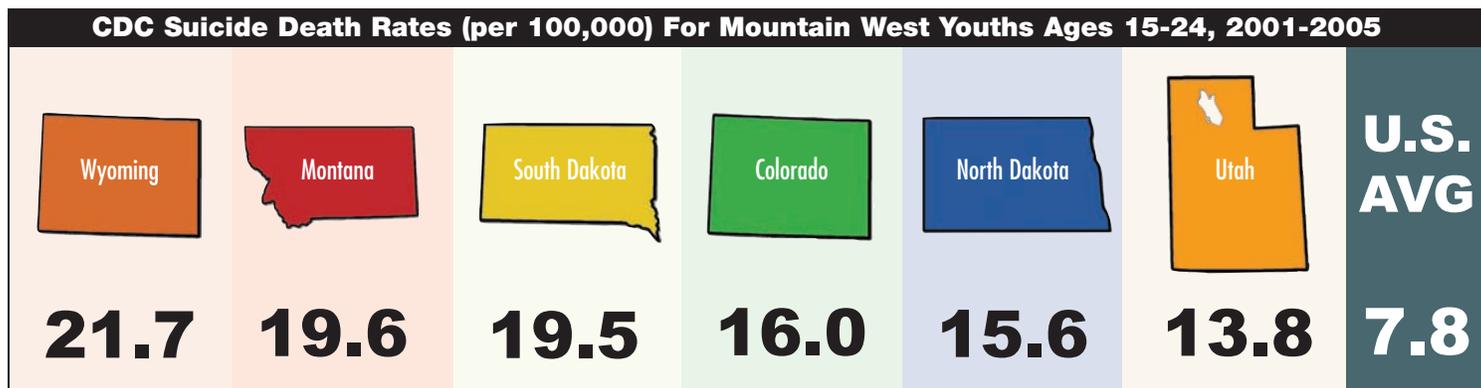
Rationale: Early detection of these disorders is key to better outcomes—emotionally, physically and academically.

Programs to consider: The Columbia University TeenScreen® Program or SOS® Signs of Suicide, both research-based, award-winning school-based programs to identify youths at risk for depression and other mental disorders that may lead to self-harm. For info, email us at talkback@wellaware.org.

Learn more: To review evidence-based suicide-prevention programs for schools, visit the federally funded national Suicide Prevention Resource Center (SPRC) at www.sprc.org.

Make a mental note [youth suicide in Wyoming is highest in region]

More Wyoming youths complete suicide than in neighboring Mountain West states or the nation, as the chart below demonstrates. In fact, suicide is the second-leading cause of death for Wyoming youths ages 15-24. Why is this? Experts point to a number of factors: binge drinking among Wyoming youths, easy access to firearms, and poor access to mental health services in many parts of the state. All of these can increase risk for suicide.



Well Aware [talk back]

Community engagement

Any suggestions for a systematic way of screening in a district to find those students who may be at risk for suicide, and a curriculum for a group/individual intervention for those students in the school setting?

RENEE SCHROEDER,
District Dept. Chair for Mental Health Professionals
Rock Springs, Wyoming

School-based suicide-prevention programs have received considerable support at a national level in recent years. President George W. Bush's 2003 New Freedom Commission on Mental Health cites their value, as does the National Governor's Association Center for Best Practices, and the Institute of Medicine of the National Academies. Be sure to take care when choosing a program and consider only those that are part of the National Registry of Evidence-based Programs and Practices (NREPP). Otherwise you could implement a program that is unproven, ineffective, risky or even harmful. Philip Rodgers, Ph.D., an evaluation scientist with the American Foundation for Suicide Prevention, recommends schools use only NREPP programs or those listed in the Best Practices Registry at the Suicide Prevention Resource Center, found at www.sprc.org.

DO YOU HAVE A QUESTION FOR WELL AWARE? SUBMIT YOUR INQUIRY TO US AT TALKBACK@WELLAWARESP.ORG. IF WE PRINT YOUR QUESTION IN OUR NEXT ISSUE, YOU'LL RECEIVE A COMPLIMENTARY SOS® SIGNS OF SUICIDE KIT (\$300 VALUE), THAT INCLUDES AN IMPLEMENTATION MANUAL, DVD, DISCUSSION GUIDE AND EDUCATIONAL MATERIALS FOR STUDENTS, STAFF AND PARENTS.



Natrona County spotlight

Teens may confide in friends about thoughts and feelings, including those of suicide. Yet most peers are ill-equipped to deal with these matters of life or death. That's why the Natrona County School District supports a suicide-prevention program that encourages help-seeking behaviors in youths.

Empowerment Council (YEC) of Casper. The YEC is a volunteer youth council that strengthens bonds between young people and their communities. Their work includes presenting suicide-education training to all district eighth graders, with Neiberger sharing the story of his son's suicide and its long-lasting effects on family and friends.

"Students appreciate the peer-to-peer discussions and presentations," says Neiberger of the Natrona County program. "The students are glued to their seats and very attentive. Many have talked with me about their situations and how hearing from a survivor (of suicide loss) adds a perspective that they had never thought of."

Winner of the Governor's Community Spirit Award, the Casper YEC is sponsored by the City of Casper, Natrona County School District #1, and the Natrona County Prevention Coalition.

FEEDBACK? QUESTIONS? Contact Lance Neiberger at talkback@wellaware.org.

Be well aware [resources and help]

CONSIDER THIS: In a typical high-school classroom in America, it's likely that two students have made a suicide plan in the previous year. Research shows that mental illness—often undiagnosed or untreated—is present in about 60 percent of youths who die by suicide. To assist Wyoming schools, the State Dept. of Health (WDH) provides free training for school personnel in programs listed in the Best Practices Registry for Suicide Prevention at sprc.org. WDH also offers presentations for students to encourage help-seeking behaviors. Contact Keith Hotle, J.D., MPA at keith.hotle@health.wyo.gov or 307-777-3318.



Commit to your health.

AMILLIONMILESFROMANYWHERE.COM

Consider recommending a new website to students, one aimed at reducing stigma. A Million Miles From Anywhere takes a distinctly youth-centric approach to suicide prevention, engaging young people ages 15-24 in dialogue about depression, anger and substance-use disorders. It offers multimedia features, games, resources and discussion forums. Check it out online at www.amillionmilesfromanywhere.com.

NATRONA DISTRICT SUPPORT

For ten years, Natrona County's Suicide Prevention Task Force has been one of the most active in Wyoming. This coalition can provide speakers



for classrooms, PTO or parent meetings, staff in-service programs, and other venues. The task force can also provide

content for school newspapers and staff/parent handouts. Key contacts who can be reached at talkback@wellaware.org are: **CHARLIE POWELL**—Task Force Chair **SHANE RAGER**—Coordinator of the Natrona Youth Empowerment Council **LANCE NEIBERGER**—School Committee Chair **MARTY WOOD**—Administrator of the Natrona County School District's Safe Schools Program

EVIDENCE-BASED RESOURCES

Check out the federally-funded Suicide Prevention Resource Center (SPRC) at www.sprc.org for prevention basics, Wyoming and national data, evidence-based programs, fact sheets specific to age, gender and ethnicity, plus an online library.



[talk back]



What is your biggest barrier to addressing suicide prevention in your school? Time ... resources ... training ... comfort level ... support from supervisors, policymakers or parents? Let us know at talkback@wellaware.org. And tell us what you think of the **Well Aware** bulletin, a suicide-prevention information resource

for Wyoming school leaders, administrators and state policymakers.

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Well Aware

A Suicide Prevention Policy Bulletin for WYOMING EDUCATION LEADERS

- School Board Members ■ Superintendents
- Principals ■ Student Services Directors ■ Central Office Administration ■ Deans of Students

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