Well Aware

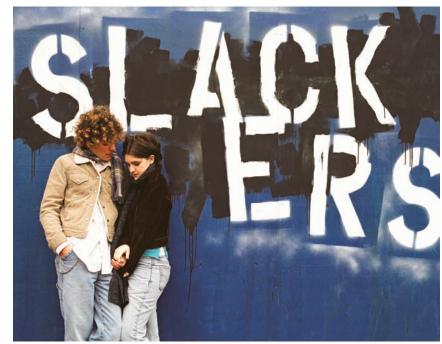
Volume 2 | Issue 1 2009-2010 School Year

Devoted To:

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

Myths and facts

[know the truth about suicide risk in students]



Slacking off in school performance may be an indicator of a troubled student. Yet academic slackers aren't always at risk for suicide. In fact, some of the highest achieving students—in sports, music, school work and other areas of their lives—may be at significant risk for self-harm. The most profound indicator of potential for suicide? Presence of an emotional disorder, often clinical depression. When coupled with drug or alcohol abuse, depression can be terminal in teens—literally.

MYTH: Students who are suicidal want to die, so it may be tough to change their minds.

FACT: Thinking about or attempting suicide is often not about wanting to die, but about having to end emotional pain a student is in. This "psychache" can be oppressive and unrelenting, leading the student to consider suicide as the only way out.

MYTH: Students who are suicidal today tend to remain in this frame of mind over time.

FACT: Suicidal thoughts and acts are often brief, impulsive reactions to circumstances that may be overwhelming to students. If given the benefit of distance, time and help from another person, an at-risk individual may reclaim the desire to live.

MYTH: Asking a student directly about suicide intent can put the thought in their mind.

FACT: Research shows that asking high-school students about suicide didn't induce stress, but, on the contrary, can actually relieve distress. Talking with an understanding, non-judgmental adult may help lift the emotional burden a student is carrying.

MYTH: Students often seek attention by talking about their self-destructive behavior.

FACT: While talking about their suicidal thoughts or behaviors can garner attention, this doesn't mean these students are not at risk. Because suicidal people may not actually want to die, talking about their intent may be their way to reach out for help.

MYTH: When a student's mood lifts after a suicidal crisis, the danger is likely over.

FACT: One of the most dangerous times for someone dying by suicide is after their release from hospitalization for suicidal ideation or acts. Also, when a suicidal person shows improved mood, it may be because he/she has finally made the decision to die.

MYTH: Preventing suicide is so serious that only health professionals can be effective.

FACT: Just as people can intervene to prevent diabetic shock or choking, so too teachers, administrators, coaches, friends and family may help save a suicidal student. A key component is knowing "WHAT TO DO" (see companion story on page 3).

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



"... PROGRAMS THAT ACHIEVE THESE OUTCOMES ALSO WORK TO PREVENT SUICIDE ..."

A message to Wyoming Well Aware readers from Bill Anthony,
Chairman, Wyoming State
Board of Education

[it doesn't add up]

1 in 4

Emergency department admissions of youth ages 15-24 in America are for a suicide attempt or suicidal ideation (thoughts).

SOURCE: American Association of Suicidology at www.suicidology.org

2.7%

Decline in high-school graduation rate in Wyoming from 1996-2006, placing the state at 23rd nationally in dropout rate.

SOURCE: The Dropout Crisis, Wyoming Dept. of Education. July 13, 2009

68%

Higher suicide rate among Wyoming youths ages 15-24 versus national rate for youths of this same age range. The U.S. rate is 9.91 per 100,000 population, as compared to Wyoming rate of 16.66/100,000.

SOURCE: U.S. Centers for Disease Control and Prevention (CDC), 2004-2006 mean rates

Boards of Education throughout Wyoming face tough challenges in today's economic, social and education climate. These challenges include a global recession that has taken a toll on funding for education—in our state and beyond. Meanwhile, Wyoming ranks 23rd in the nation with our high-school graduation rate at 73 percent. To address how to reduce the number of school dropouts, the



Wyoming Board of Education, together with the Wyoming P-16 Education Council, recently hosted an education summit. On Aug. 5-6 in Cheyenne, Gov. Dave Freudenthal joined education stakeholders, legislators and policymakers, plus invited tribal and community leaders, to consider how Wyoming can improve high-school graduation rates. A recent

report, released by the Wyoming Dept. of Education on July 13, 2009, noted that, "Disruptive behavior is correlated with dropout rates. Schools can help decrease this behavior if they provide opportunities for students to identify, understand and control their emotions and interactions with others." This is a call to action for school boards, educational systems and communities to implement programs to increase student goal setting, improve communications, manage stress and more. Many of the evidence-based programs that achieve these outcomes also work to prevent suicide. When we consider how to improve graduation rates, it's vital that we remember the interwoven nature of issues our youth face. Sadly, suicide is one of these.



Looking at the photo above, of Krista Steven's class of ebullient third graders at Colter Elementary School in the Teton County School District, it's tough to imagine that a fourth of youngsters such as these could eventually drop out of school, and one in ten may likely attempt suicide during their high-school years. Changing this reality is up to all of us within our communities and tribes, as schools cannot do it alone. So let's work together to usher in an even brighter, hopeful new day for all of our youths.

Bill Anthony

[take note]

"... it's tough to imagine that a fourth of youngsters such as these could eventually DROP OUT

OF SCHOOL, and one in ten may likely ATTEMPT SUICIDE ..." — BILL ANTHONY, Chairman, Wyoming State Board of Education



SAVE THE DATE! October 15, 2009 in Casper

ASSESSING AND MANAGING SUICIDE RISK:

Clinical Competencies Training for Mental Health Professionals

WHEN: Thursday, Oct. 15, 2009

WHERE: Univ of WY Outreach Center, Casper

COST: Free of charge
MORE: CEUs available

SPACE IS LIMITED! TO REGISTER OR FOR MORE INFORMATION CONTACT: R. KEITH HOTLE, J.D., MPA, WYOMING DEPARTMENT OF HEALTH, 307-777-3318 OR KEITH.HOTLE@HEALTH.WYO.GOV

Well now [connection between emotional wellbeing and academic outcomes]



CARING CLASSROOM

A program to teach elementary students how to create a "caring classroom" and resolve conflicts reduced disruptive behavior and enhanced academic performance. (Lindmark, T. et.al. 1996. Improving behavior and academic success through a caring classroom. ED 399 493)



CONFLICTS RESOLVED

A program to teach conflict resolution reduced physical violence and improved student school attendance rates. (Aber, J.L. et.al. 1996. The evaluation of the Resolving Conflict Creatively Program. Amer J Preventive Med)



REDUCING USE

A program to reduce drug involvement increased GPA and school bonding, decreased drug control problems and consequences. (Eggert, L.L. et.al. 1994. Preventing adolescent drug abuse and high school dropout through an intensive school-based social network development program. Amer J Health Promo)



Schools have a vital role to play in youth suicide prevention, and Wyoming is no exception—especially given that suicide is the second-leading cause of death for youths ages 10-24 in our state. The key to effective school participation in prevention? Intervention that is *appropriate*, given the mission, resources, skills and risk issues that schools face. The best school suicide-prevention programs have four critical components that protect not only students and staff, but systems and communities. "Every Wyoming school board should ensure that these four prevention components are in place within their **system. That's their job,"** says Keith Hotle, J.D., MPA, suicide prevention team leader for Wyoming. In the absence of any of these components, districts run the risk of losing students to suicide, potential exposure to litigation and other consequences not worth bearing the burden of."

WHAT TO DO

KNOWING WHEN TO ACT—AND WHAT ACTION TO TAKE—CAN HELP SCHOOLS INTERVENE APPROPRIATELY WITH SUICIDAL YOUTHS

PUT A SOLID EVIDENCE-BASED CRISIS PLAN IN PLACE, AND MAKE SURE SUICIDE PREVENTION IS AN INTEGRAL PART OF IT. This plan should provide detailed protocols and procedures to ensure appropriate, consistent and fully documented action among staff and students in the event of a suicide attempt or completion by a member of your student body—whether on school grounds or not. Especially important are protocols for readmitting a student to school after a suicide attempt, whether that youth was hospitalized or not as a result of his or her suicidal behavior.

MODEL: Maine Youth Suicide Prevention Guidelines at www.maine.gov/suicide/docs/guidelines.pdf

PROVIDE TRAINING FOR YOUR TEACHERS AND OTHER STAFF MEMBERS. Protecting your school system, students and staff from undue risk means ensuring that teachers and other frontline "gatekeepers" are trained in indicators of potential for suicide in youths, and appropriate actions to take.

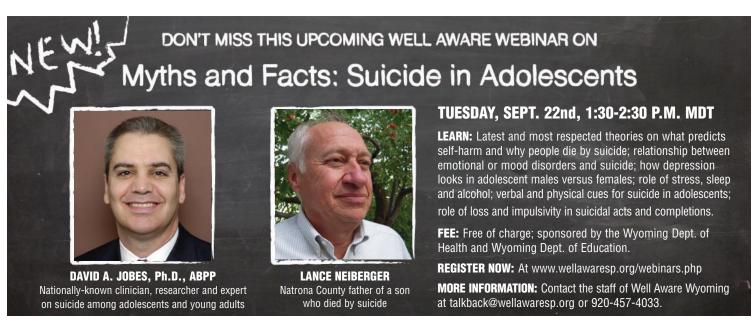
EASY ONLINE TRAINING TOOL: "Making Teachers Partners in Youth Suicide Prevention" staff training at www.sptsnj.org. Info at www.sprc.org/featured_resources/bpr/PDF/SPTS_NJFactSheet.pdf

DELIVER PREVENTION EDUCATION TO YOUR STUDENTS, AND WEAVE IT INTO EXISTING CLASSROOM TIME. Just as students need to know laws of physics and mathematics, so too they need to understand issues relevant to their personal health. What could be more "life or death" than suicide? Teaching students that suicidal thoughts are a likely outcome of depression, and that depression is a treatable illness just like diabetes, is vital to their safety and overall success in life. Moreover, curricula on how to manage stress and anger, improve communication and increase goal setting are consistent with positive youth development strategies now receiving emphasis in today's classrooms.

MODEL LEGISLATION AND CURRICULUM RECOMMENDATIONS: Check out groundbreaking legislation and core curriculum content standards at ww.state.nj.us/education/aps/info/suicidefaq.pdf

STRENGTHEN LINKAGES WITH COMMUNITY RESOURCES THAT CAN DELIVER SERVICES TO AT-RISK YOUTHS. The role of schools in youth suicide prevention? To observe students, recognize their at-risk behaviors, and refer these youths to appropriate community resources. So school personnel must have strong alliances with health service providers, social workers, hospitals, clinicians, addiction treatment professionals, insurance and health and human services providers.

CHECK IT OUT: Cheyenne's Youth Alternatives program, a potential model of a school/community alliance for your district. More at www.wellawaresp.org or www.cheyennecity.org/index.aspx?NID=264



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

Volume 2, Issue 1 2009-2010 School Year

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Well Aware

A Suicide Prevention Program for Wyoming School Administrators

published by the:



Shehovgan Wisconsin 53081-4502



Be well aware [resources and help]



RAISE YOUR SCHOOL'S STANDARDS, COMPETENCY AND CONFIDENCE—WITH NEW ACCREDITATION

Don't have needed procedures and policies in place for suicide prevention and intervention? You're not alone. That's why the new **School Suicide Prevention Accreditation Program**™ from a top national trade

CONTENT INCLUDES:

- Best practices
- Risk factors
- Warning signs
- How to assess risk
- Interacting with parents
- Reintegrating youth to school after an attempt
- Traumatic loss issues
- Safety contracts
- Suicide contagion
- Litigation outcomes

association is so important. Consider these recent findings: 86% of school psychologists surveyed reported they had counseled a student who had threatened or attempted suicide. And 35% reported they had a student in their school die by suicide. Moreover, 62% reported they have had a student make a nonfatal suicide attempt at school. Yet only 22% of school psychologists surveyed believe their graduate training sufficiently prepared them to adequately intervene with a suicidal youth-or to contribute to school suicide postvention activities. Sound familiar? Raise the confidence and competency of your district's point person for reducing incidence of suicide and suicidal behaviors among your students. Contact the American Association of Suicidology (AAS) for information about this unique and vital accreditation program for your district at www.suicidology.org or 202-237-2280.

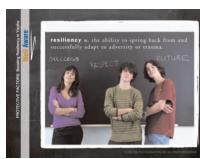
BE WELL AWARE—AT SEPT. 28-29 SCHOOL IMPROVEMENT CONFERENCE. MARK YOUR CALENDARS!

The Wyoming Dept. of Health, in partnership with the Dept. of Education, is pleased to sponsor significant presence for the Well Aware Wyoming Program at 2009 NCA Fall School Improvement Conference. Register at http://guest.cvent.com/i.aspx?5S,M3,6f6d0ac4-d7a0-43c4-9f1e-65cd70b3f001 for this event, which runs Sept.28-29 in Cheyenne. Contact conference planner Karan Wright at kwright@associate-ncacasi.org.









Look for Well Aware color-coded bookmarks (at left) and a presentation on "Protective Factors: Boosting Resiliency in Youths" at the Fall School Improvement Conference.