

Proactive Suicide Prevention

*School Health Learning
Collaborative Presentation
Nov. 10, 2021*

UNIVERSITY OF
Nebraska
PUBLIC POLICY CENTER



Kim Jacobson
Coordinator - Youth Suicide Prevention
Univ. of Nebraska Public Policy Center
Nebraska Department of Education- School Safety

Accessing this presentation:

You have access to this slide presentation, which includes links to resources shared.

When you see this,  there is an active link.

Google Drive Link

Today's Direction:

- Increase awareness of suicide concerns
- Understand risk factors, warning signs and protective factors
- Identify proactive suicide prevention strategies



Promoting Youth Suicide Prevention



Collaboration between the University of Nebraska Public Policy Center and the Nebraska Department of Education - School Safety Division - to promote suicide awareness and prevention for schools throughout the state of Nebraska.





Nebraska Youth
Suicide Prevention

Youth Suicide Prevention Initiative

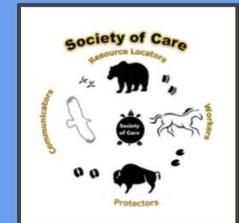
UNIVERSITY OF
Nebraska
PUBLIC POLICY CENTER

NEBRASKA
DEPT. OF HEALTH AND HUMAN SERVICES

STATE OF
NEBRASKA
JUDICIAL BRANCH

The grant goals focus on community and school prevention/intervention initiatives statewide, including:

- Nebraska public school districts will have **policies and protocols** in place for suicide prevention, post-suicide intervention, and transition back to school after a suicide crisis
- Schools will have evidence-based **suicide screening**



May of 2021 Surveyed Nebraska Schools:



- **Determine suicide prevention practices and policies currently in place in Nebraska Schools**
- **Identify NDE priorities for 2021-2022**



Policy and Procedures - link to resources



1 Suicide Prevention Policy and Procedures

Encourage schools to write and adopt a suicide policy and create procedures for prevention, intervention, and postvention. Policy examples will be available through NDE School Safety.

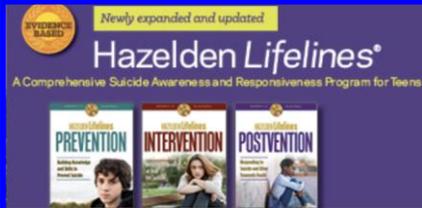
2 Implement a Suicide Prevention Evidence-based Curriculum

A curriculum should include lessons for elementary, middle, and high school students and components for training staff and informing parents. NDE is researching Suicide Prevention curriculums that are evidence-based. Some curriculum will be made available to schools.

3 Screening

Two evidence-based screeners have been identified as highly effective. They are: SBQ-R (utilized in Nebraska by schools, law enforcement, EMT, physicians and hospitals) and Columbia SSRS. Training on these two screeners will be provided at no cost to Nebraska schools. Initial training will be with the SBQ-R because of the NDE School Safety priority to collaborate and build relationships with agencies.

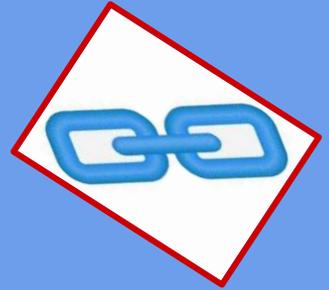
Hazelden Lifelines Curriculum Selected K-12 Through Grant. Information & Training 2nd Semester (PFA Trained Priority)



SBQ-R Screener



Nebraska - required suicide awareness for school staff since 2015-16 with LB 923



- Building a Suicide-Safe School Community
- The Jason Foundation
- Kognito
- Making Educators Partners in Youth Suicide Prevention
- Question, Persuade, Refer (QPR)

1 hour
requirement

PER LB 923: At least 1 hour of suicide awareness and prevention training each year.

INTENT OF THE LAW: To equip school personnel with information that could save the life of a student; recognizing signs and symptoms of suicidal behaviors and methods of responding to students in crisis. School personnel are critical components of a suicide prevention plan.

TARGET AUDIENCE: *Any* school staff member having contact with students (i.e. In addition to required audience, para-professionals, administrative/secretarial staff, bus drivers, custodians, kitchen staff, etc.)

LB 923 REQUIRED AUDIENCE: *All* public school nurses, teachers, counselors, school psychologists, administrators, school social workers, and any other appropriate personnel are legislatively mandated to participate.

Let's get some common ground . . .

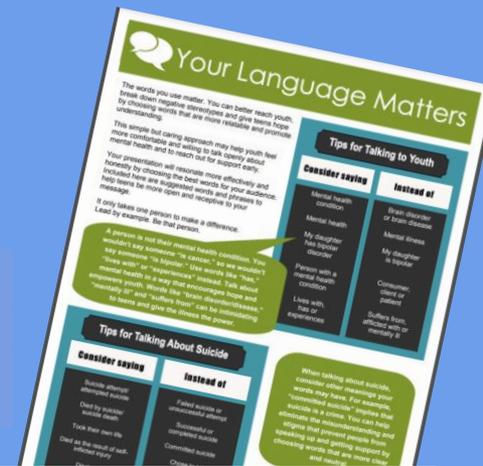


Definitions



- **Suicide** is defined as **death caused by self-directed injurious behavior with intent to die** as a result of the behavior.
- A **suicide attempt** is a **non-fatal, self-directed, potentially injurious behavior with intent to die** as a result of the behavior. A suicide attempt might not result in injury.
- **Suicidal ideation** refers to **thinking about, considering, or planning suicide.**

More common ground . . . your language matters!



Tips for Talking About Suicide

Consider saying

Suicide attempt/
attempted suicide

Died by suicide/
suicide death

Took their own life

Died as the result of self-
inflicted injury

Disclosed

Instead of

Failed suicide or
unsuccessful attempt

Successful or
completed suicide

Committed suicide

Chose to kill
him/herself

Threatened

When talking about suicide, consider other meanings your words may have. For example, “committed suicide” implies that suicide is a crime. You can help eliminate the misunderstanding and stigma that prevent people from speaking up and getting support by choosing words that are more clear and neutral.



Awareness -

**Let's take a
look at
suicide facts**





5 Common Myths About Suicide Debunked (Sept. 30, 2020)



1.

Suicide only affects individuals with a mental health condition.

True

False



2.

Once a youth is suicidal, he/she will always remain suicidal.

True

False



3.

Most suicides happen suddenly without warning.

True

False



4.

People who die by suicide are selfish and take the easy way out.

True

False



5.

Talking about suicide will lead to and encourage suicide.

True

False



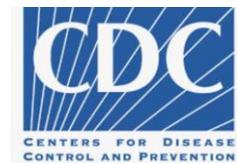
Leading Cause of Death in the United States for Select Age Groups (2019)

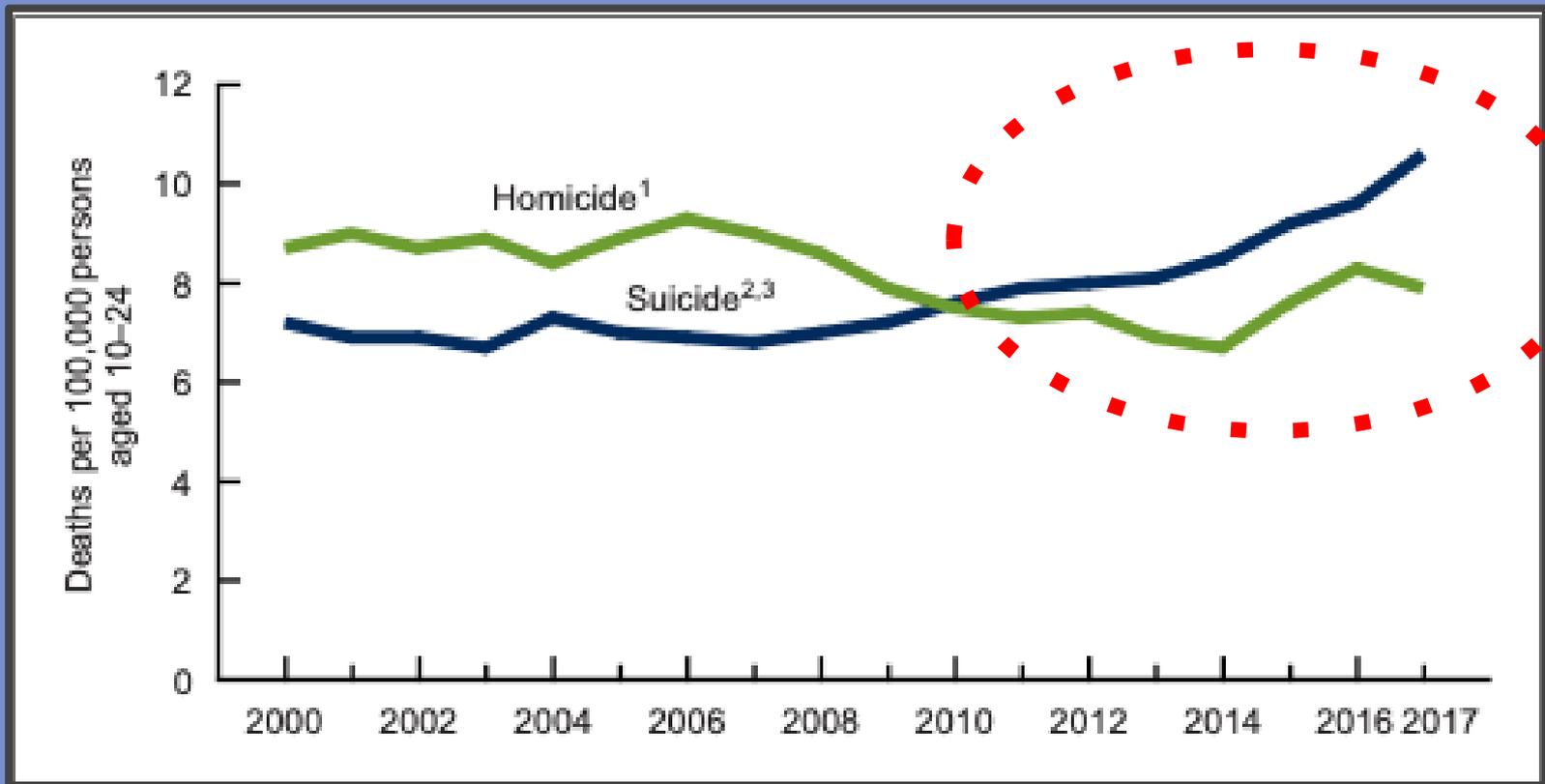
Data Courtesy of CDC

Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
1	Unintentional Injury 778	Unintentional Injury 11,755	Unintentional Injury 24,516	Unintentional Injury 24,070	Malignant Neoplasms 35,587	Malignant Neoplasms 111,765	Heart Disease 659,041
2	Suicide 534	Suicide 5,954	Suicide 8,059	Malignant Neoplasms 10,695	Heart Disease 31,138	Heart Disease 80,837	Malignant Neoplasms 599,601
3	Malignant Neoplasms 404	Homicide 4,774	Homicide 5,341	Heart Disease 10,499	Unintentional Injury 23,359	Unintentional Injury 24,892	Unintentional Injury 173,040
4	Homicide 191	Malignant Neoplasms 1,388	Malignant Neoplasms 3,577	Suicide 7,525	Liver Disease 8,098	CLRD 18,743	CLRD 156,979
5	Congenital Anomalies 189	Heart Disease 872	Heart Disease 3,495	Homicide 3,446	Suicide 8,012	Diabetes Mellitus 15,508	Cerebrovascular 150,005
6	Heart Disease 87	Congenital Anomalies 390	Liver Disease 1,112	Liver Disease 3,417	Diabetes Mellitus 6,348	Liver Disease 14,385	Alzheimer's Disease 121,499
7	CLRD 81	Diabetes Mellitus 248	Diabetes Mellitus 887	Diabetes Mellitus 2,228	Cerebrovascular 5,153	Cerebrovascular 12,931	Diabetes Mellitus 87,647
8	Influenza & Pneumonia 71	Influenza & Pneumonia 175	Cerebrovascular 585	Cerebrovascular 1,741	CLRD 3,592	Suicide 8,238	Nephritis 51,565
9	Cerebrovascular 48	CLRD 168	Complicated Pregnancy 532	Influenza & Pneumonia 951	Nephritis 2,269	Nephritis 5,857	Influenza & Pneumonia 49,783
10	Benign Neoplasms 35	Cerebrovascular 158	HIV 486	Septicemia 812	Septicemia 2,176	Septicemia 5,672	Suicide 47,511

U.S. Leading Causes of Death in 2019

Over 47,500 people died by suicide in 2019 in the U.S.





Suicide rates have surpassed homicide rates among youth aged 10-24.



In Nebraska . . .

In Nebraska, suicide is:

- ❖ the leading cause of death for 10-14 year-olds
(2nd leading cause in the U.S.)
- ❖ the 2nd leading cause of death for 15-24 year olds
- ❖ the 10th leading cause of death overall

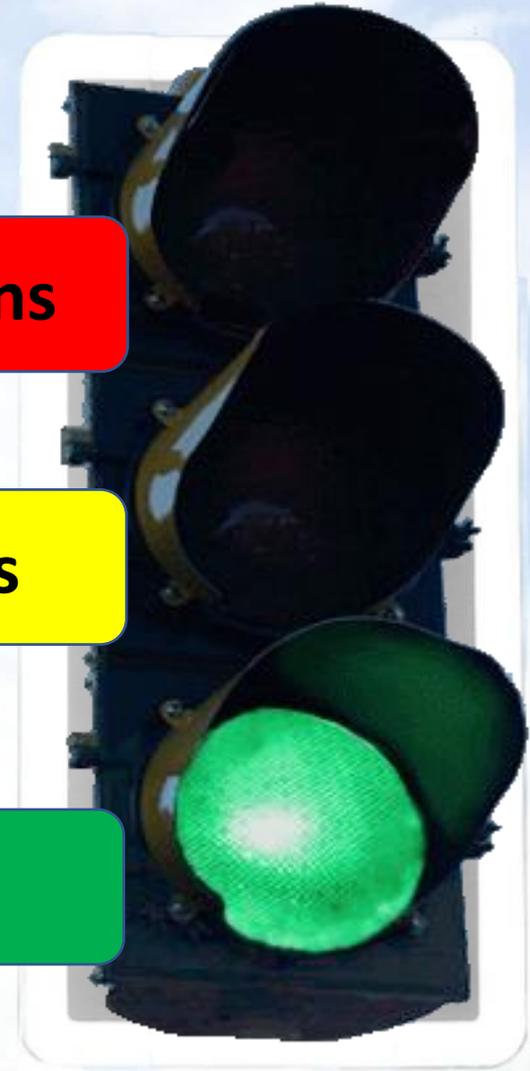


Let's take a look at warning signs, risks and protective factors

Warning Signs

Risk Factors

Protective Factors



Warning Signs

Watch for a change from typical behavior & having more than one sign over an extended period of time

- withdrawal
- changes in sleep
- risky, reckless behavior
- unexplainable physical pain
- excessive substance abuse
- saying goodbye
- giving away possessions
- talking or writing about wanting to die
- feeling hopeless
- feeling trapped or in unbearable pain
- displaying extreme mood changes
- looking for a means to kill oneself
- talking about being a burden
- acting anxious or agitated
- increase in anger rage

How might these appear in the health office?

the kimmy FOUNDATION



UNIVERSITY OF Nebraska PUBLIC POLICY CENTER



Risk Factors

More than one risk factor or combined with depression or mental health conditions or substance abuse increases risk

- Previous suicide attempt(s)
- Mental disorders-particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders
- Co-occurring mental and alcohol and substance abuse disorders
- Family history of suicide
- Hopelessness, thoughts and feelings of being a burden to others
- Impulsive and/or aggressive tendencies
- Barriers to accessing mental health treatment when it is needed
- Relational, social, work, or financial loss
- Major physical illness
- Easy access to lethal methods, especially guns
- Lack of connectedness, social support, or a sense of isolation
- Substance abuse
- History of trauma or abuse, particularly sexual abuse
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Losing a loved one to suicide
- Bullying, harassment, or victimization by peers
- Persistent serious family conflict



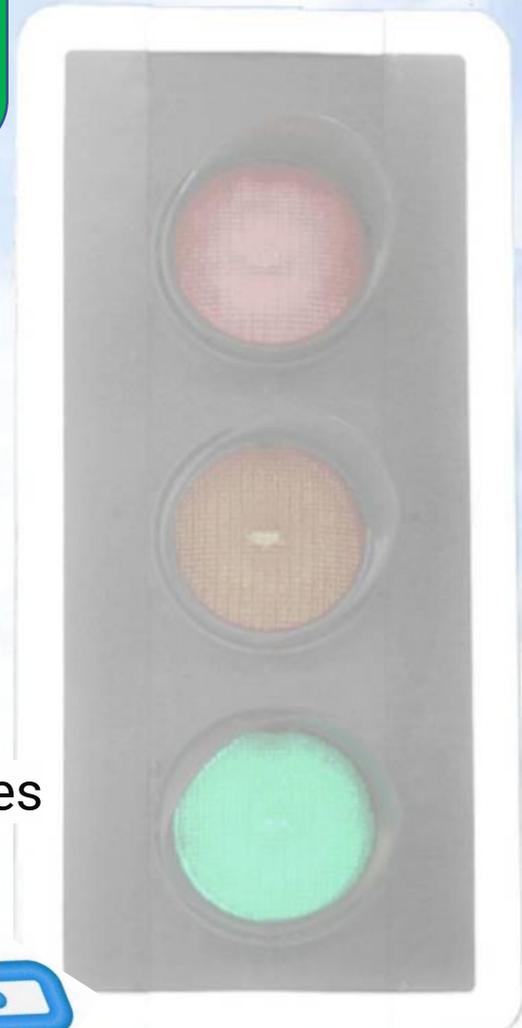


Protective Factors

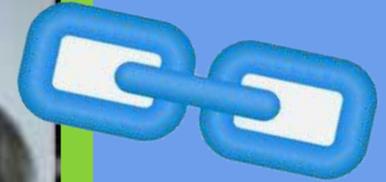
having more protective qualities reduces risk of suicide

Relationships

- Strong problem solving skills
- Positive self-image
- Spiritual life/faith
- Close family relationships
- Strong peer support systems
- Involvement in hobbies or activities
- Community connectedness
- Access to treatment
- Restricted access to means



From the Mayo Clinic: Teen Suicide Prevention



We can't be afraid to ask!



Think

- **What is your district doing to ensure that all staff members can identify risk factors and warning signs?**
- **Do staff members know how to help kids build protective factors?**
- **What can we do to increase awareness?**



Let's look at proactive prevention strategies



The BIG Picture

May of 2021 Surveyed Nebraska Schools:



- **Determine suicide prevention practices and policies currently in place in Nebraska Schools**
- **Identify NDE priorities for 2021-2022**

1



Suicide Prevention Policy and Procedures

Encourage schools to write and adopt a suicide policy and create procedures for prevention, intervention, and postvention. Policy examples will be available through NDE School Safety.

2



Implement a Suicide Evidence-based Curriculum

A curriculum should include lessons for elementary, middle, and high school students and components for training staff and informing parents. NDE is researching Suicide Prevention curriculums that are evidence-based. Some curriculum will be made available to schools.

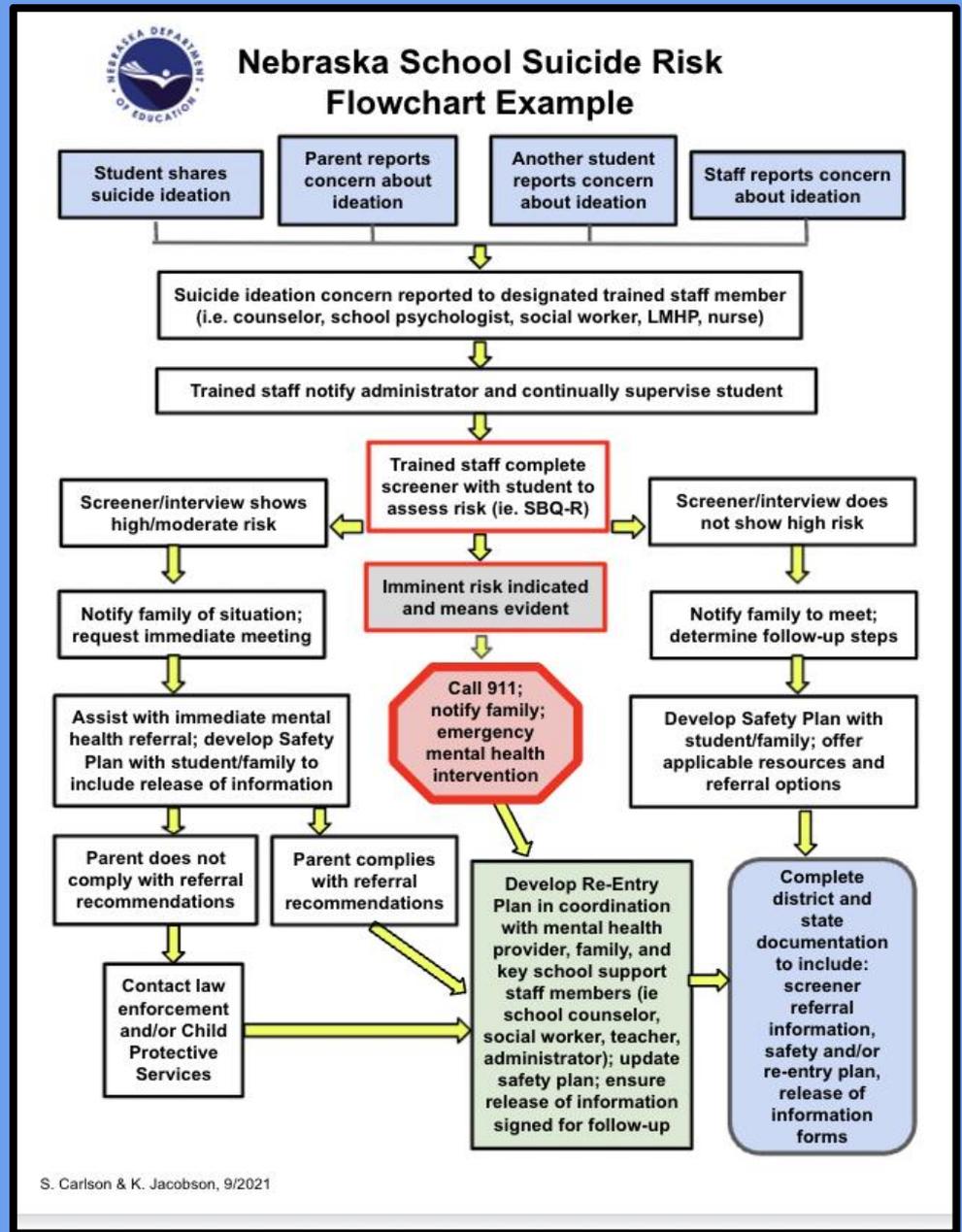
3



Screening

Two evidence-based screeners have been identified as highly effective. They are: SBQ-R (utilized in Nebraska by schools, law enforcement, EMT, physicians and hospitals) and Columbia SSRS. Training on these two screeners will be provided at no cost to Nebraska schools. Initial training will be with the SBQ-R because of the NDE School Safety priority to collaborate and build relationships with agencies.

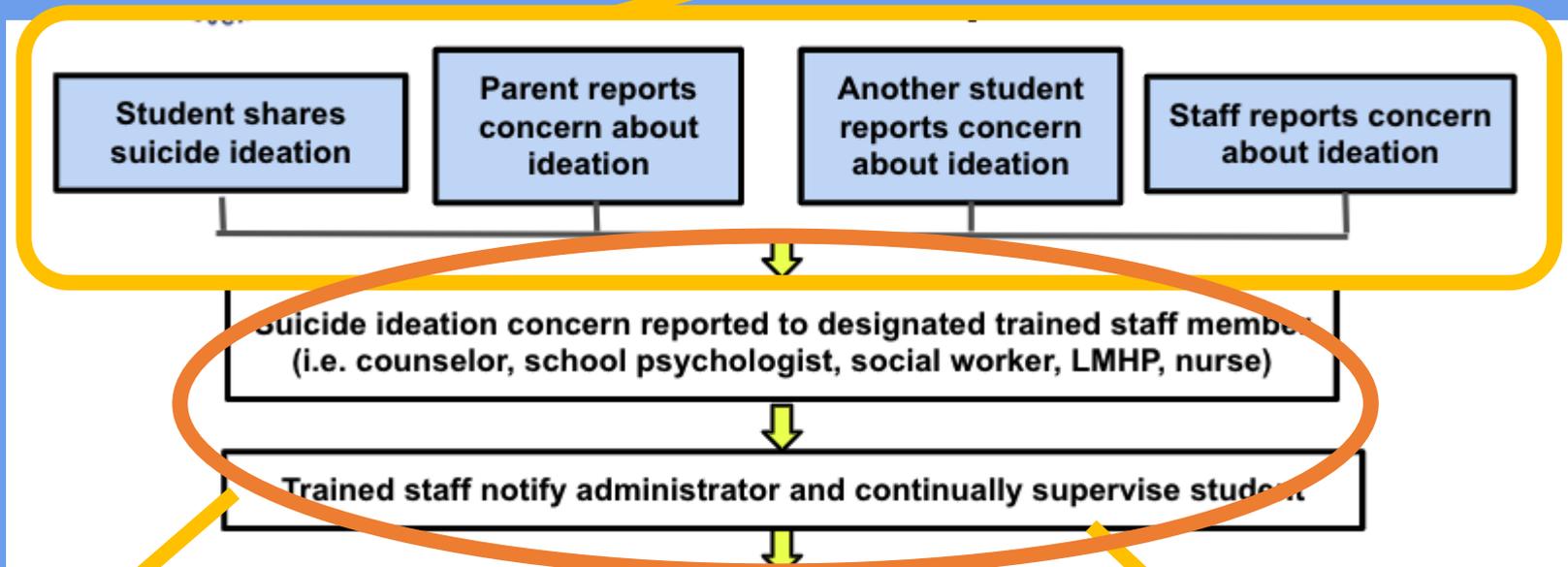
Procedures Example



Procedures Steps



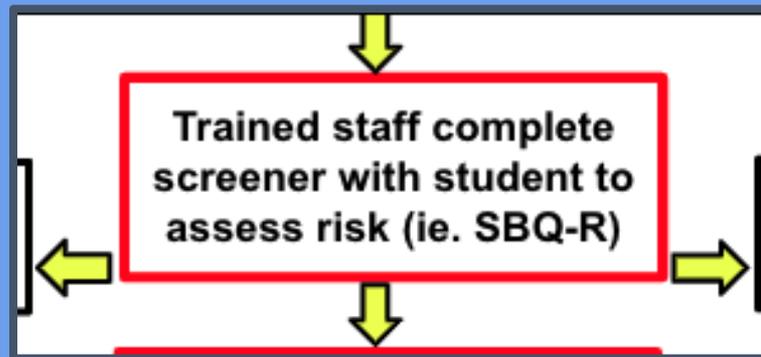
Who might express a concern?



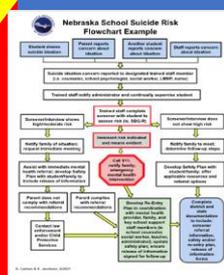
The staff member who hears the concern immediately reports it to administrator.

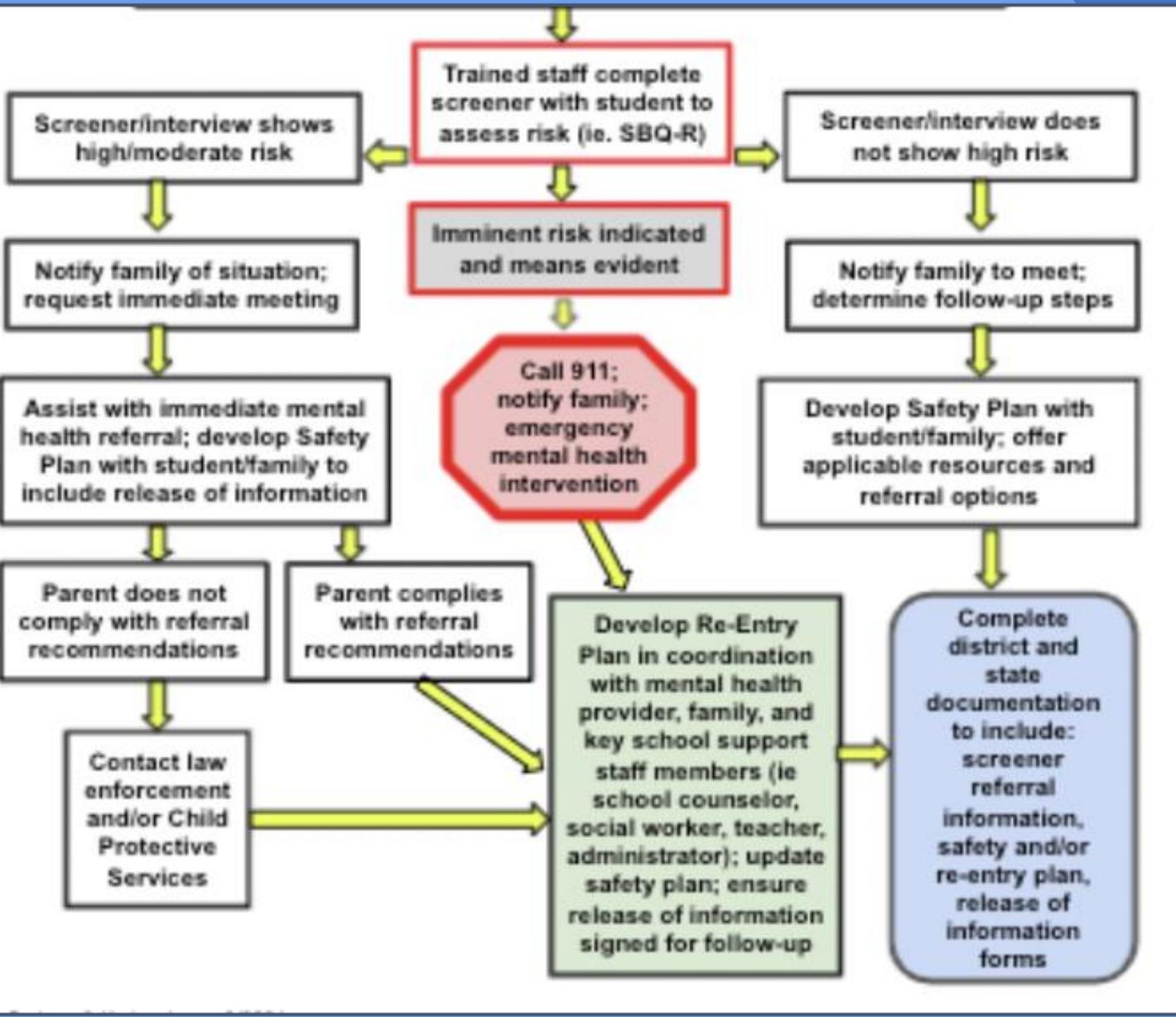
Student is under continuous supervision.

Next Step - Screener:



trained staff member
completes screener with the
student (such as the SBQ-R
Suicide Behavior
Questionnaire - Revised) to
assess risk and determine
next steps





Next Steps based on the risk from the screener

Why we are using the SBQ-R (Suicidal Behaviors Questionnaire - Revised)?

- ❖ Researched-based questionnaire
- ❖ Available in the public domain (free)
- ❖ Self-report instrument
- ❖ Brief and easy to administer with only four items
- ❖ Scores are used to identify risk factors and help professionals decide on next steps

SBQ-R Suicide Behaviors Questionnaire-Revised
(Apply to 6 to 12 year olds)

Student's Name: _____

Person Administering: _____ Grade: _____

Time Administered: _____ DATE COMPLETED _____ / _____ / _____
Month Day Year

Instructions: Please check the number beside the statement or phrase that best applies to you.

- 1. Have you ever thought about or tried to kill yourself? (check one only)**
 1 = Never
 2 = It was just a brief passing thought
 3a = I have had a plan at least once to kill myself but did not try to do it
 3b = I have had a plan at least once to kill myself and really wanted to die
 4a = I have attempted to kill myself, but did not want to die
 4b = I have attempted to kill myself, and really hoped to die
- 2. How many times have you thought about killing yourself? (check one only)**
 1 = Never
 2 = Rarely (1 time)
 3 = Sometimes (2 times)
 4 = Often (3-4 times)
 5 = Very Often (5 or more times)
- 3. Have you ever told someone that you were going to kill yourself? (check one only)**
 1 = No
 2a = Yes, at one time, but did not really want to die
 2b = Yes, at one time, and really wanted to die
 3a = Yes, more than once, but did not want to die
 3b = Yes, more than once, and really wanted to die
- 4. Do you think that you might kill yourself someday? (check one only)**
 0 = Never
 1 = No chance at all
 2 = Rather unlikely
 3 = Unlikely
 4 = Likely
 5 = Rather likely
 6 = Very likely

PARTNERING: The SBQ-R has also been adopted statewide by other support agencies (hospitals, law enforcement, emergency responders, mental health agencies)

SBQ-R Suicide Behaviors Questionnaire-Revised
(apply to ages 12 years old)

Student's Name: _____
Person Administering: _____ Grade: _____
Time Administered: _____ DATE COMPLETED _____
Month / Day / Year

Instructions: Please check the number beside the statement or phrase that best applies to you.

- 1. Have you ever thought about or tried to kill yourself?** *(check one only)*
 1 = Never
 2 = It was just a brief passing thought
 3a = I have had a plan at least once to kill myself but did not try to do it
 3b = I have had a plan at least once to kill myself and really wanted to die
 4a = I have attempted to kill myself, but did not want to die
 4b = I have attempted to kill myself, and really hoped to die
- 2. How many times have you thought about killing yourself?** *(check one only)*
 1 = Never
 2 = Rarely (1 time)
 3 = Sometimes (2 times)
 4 = Often (3-4 times)
 5 = Very Often (5 or more times)
- 3. Have you ever told someone that you were going to kill yourself?** *(check one only)*
 1 = No
 2a = Yes, at one time, but did not really want to die
 2b = Yes, at one time, and really wanted to die
 3a = Yes, more than once, but did not want to die
 3b = Yes, more than once, and really wanted to die
- 4. Do you think that you might kill yourself someday?** *(check one only)*
 0 = Never
 1 = No chance at all
 2 = Rather unlikely
 3 = Unlikely
 4 = Likely
 5 = Rather likely
 6 = Very likely



Common Language = Expedited Response



Who administers the SBQ-R?

Your school district decides which staff members are best equipped to administer the SBQ-R:

May include:

- School Counselors
- Social Workers/LMHPs
- School Psychologists
- Psychotherapists
- **Nurses/Student Health Personnel**



The 4 questions on the SBQ-R:

Lifetime suicidal
ideation and suicide
attempts

Frequency of suicidal
ideation

Threat of suicide
behavior

Likelihood of suicidal
behavior



SBQ-R Suicide Behaviors Questionnaire-Revised

(Apply to 6 to 12 year olds)

Student's Name: _____

Person Administering: _____ Grade _____

Time Administered: _____ DATE COMPLETED _____ / _____ / _____
Month Day Year

Instructions: Please check the number beside the statement or phrase that best applies to you.

1. **Have you ever thought about or tried to kill yourself?** *(check one only)*
 - 1 = Never
 - 2 = It was just a brief passing thought
 - 3a = I have had a plan at least once to kill myself but did not try to do it
 - 3b = I have had a plan at least once to kill myself and really wanted to die
 - 4a = I have attempted to kill myself, but did not want to die
 - 4b = I have attempted to kill myself, and really hoped to die

2. **How many times have you thought about killing yourself?** *(check one only)*
 - 1 = Never
 - 2 = Rarely (1 time)
 - 3 = Sometimes (2 times)
 - 4 = Often (3-4 times)
 - 5 = Very Often (5 or more times)

3. **Have you ever told someone that you were going to kill yourself?** *(check one only)*
 - 1 = No
 - 2a = Yes, at one time, but did not really want to die
 - 2b = Yes, at one time, and really wanted to die
 - 3a = Yes, more than once, but did not want to die
 - 3b = Yes, more than once, and really wanted to die

4. **Do you think that you might kill yourself someday?** *(check one only)*
 - 0 = Never
 - 1 = No chance at all
 - 2 = Rather unlikely
 - 3 = Unlikely
 - 4 = Likely
 - 5 = Rather likely
 - 6 = Very likely

Total Score: _____ *[If total score equals "7 or above," follow school procedures for assistance]*

Easy administration and scoring guide sheet available



SBQ-R Administration Process – NDE School Safety Recommended Process

IMPORTANT: If a suicide risk is indicated, a staff member must continually supervise the student. Parents/guardians must also be called the same day, regardless of the score on the SBQ-R.

Administering SBQ-R - Follow these steps:

1. Review the situation that brought the student to you (may use script below to begin the conversation): *"I care about you and it is my job to make sure students are safe. I want to ask you a few questions. There are no right or wrong answers and you're not in trouble. I talk to kids about a lot of things that sometimes can feel uncomfortable. It is really important that you are honest so that we can make plans to help keep you safe. Please fill out this form and then we can talk about your answers?"*
2. Have students complete SBQ-R paper copy on their own. (With younger students, questions can be read but still have them mark their answers.)
3. If there is a question about whether the student answered honestly or if there is additional information that increases the concern, communicate concern with parent/guardian and outside therapist or hospital.
4. Contact parent/guardian personally; do not leave a message or send an email.

Scoring Directions for SBQ-R

- Scores range from 3-18
- Question response corresponds directly to the score value (i.e.- student marks 1, 1 point recorded; 3a or 3b, then 3 points recorded)
- Score of 7 or above warrants immediate meeting with parent to determine next steps
- If student marks more than one, record the item with highest point value
- Questions should be asked for clarification to determine current risk, plan, and access to means
 - Responses marked in red indicate need for consideration of immediate meeting with parent to develop plan or initiate emergency response

SBQ-R Question	Clarifications and Indications
<p>J) Have you ever thought about or tried to kill yourself? <i>(check only one)</i></p> <p>___ 1 point = 1. Never</p> <p>___ 2 points= 2. It was just a brief passing thought</p> <p>___ 3 points= 3a. I have had a plan at least once to kill myself but did not try to do it **</p> <p>___ 3 points= 3b. I have had a plan at least once to kill myself and really wanted to die **</p> <p>___ 4 points= 4a. I have attempted to kill myself, but did not want to die **</p> <p>___ 4 points= 4b. I have attempted to kill myself, and really hoped to die **</p> <p>___ Total Points for lifetime suicide ideation and/or suicide attempts</p>	<p>Item 1: taps into lifetime suicide ideation and/or suicide attempts</p> <p>Clarifying questions if there is a plan: ask about details such as location, method, and accessibility to determine if there is a means.</p> <p>**3a/3b/4a/4b indicate suicide ideation plan - immediate parent referral if recent or current plan or attempt</p>

2) How many times have you thought about killing yourself? *(check only one)*

- ___ 1 point = 1. Never
- ___ 2 points= 2. Rarely (1 time)
- ___ 3 points= 3. Sometimes (2 times)
- ___ 4 points= 4. Often (3-4 times)
- ___ 5 points= 5. Very Often (5 or more times)

___ Total Points for **frequency of suicidal ideation in the past twelve months**

Item 2: assesses the frequency of suicidal ideation in the past twelve months

Clarifying questions if student has thought about trying to kill him or herself more than once: ask them to think about the most serious incident and what was happening

3) Have you ever told someone (or texted or posted) that you were going to kill yourself? *(check only one)*

- ___ 1 point = 1. No
- ___ 2 points= 2a. Yes, at one time, but did not really want to die
- ___ 2 points= 2b. Yes, at one time; really wanted to die –
- ___ 3 points= 3a. Yes, more than once, but did not want to die
- ___ 3 points= 3b. Yes, more than once; really wanted to die

___ Total Points for **threat of suicide attempt**

Item 3: taps into the threat of suicide attempt

Clarifying questions if student marks "really wanted to die": ask when they felt this way to clarify timeframe

***2b/3b indicate desire to die - immediate parent contact and assistance plan made**

4) Do you think that you might kill yourself someday? *(check only one)*

- ___ 0 point= 0. Never
- ___ 1 point= 1. No chance at all
- ___ 2 points= 2. Rather unlikely
- ___ 3 points= 3. Unlikely
- ___ 4 points= 4. Likely*
- ___ 5 points= 5. Rather likely*
- ___ 6 points= 6. Very Likely*

___ Total Points for **self-reported likelihood of suicidal behavior in the future**

Item 4: evaluates self-reported likelihood of suicidal behavior in the future

Clarifying questions to ask if likely: ask about plan, means, timeframe,

*** 4,5,6 indicate imminent risk - immediate parent contact and assistance plan made**

Response After SBQ-R

- If student is being referred to a hospital, SBQ-R scores should be shared with the agency via phone call and/or fax.
- A copy of the SBQ-R form can also be given to the parent/guardian to give to hospital staff upon arrival, but follow-up phone call or fax should be considered.
- Follow your school's procedures for notifications, release of information forms, developing safety plans, etc.
- Reentry plans should be included for students who are returning to school following an attempt and/or hospitalization.



What else can you do?

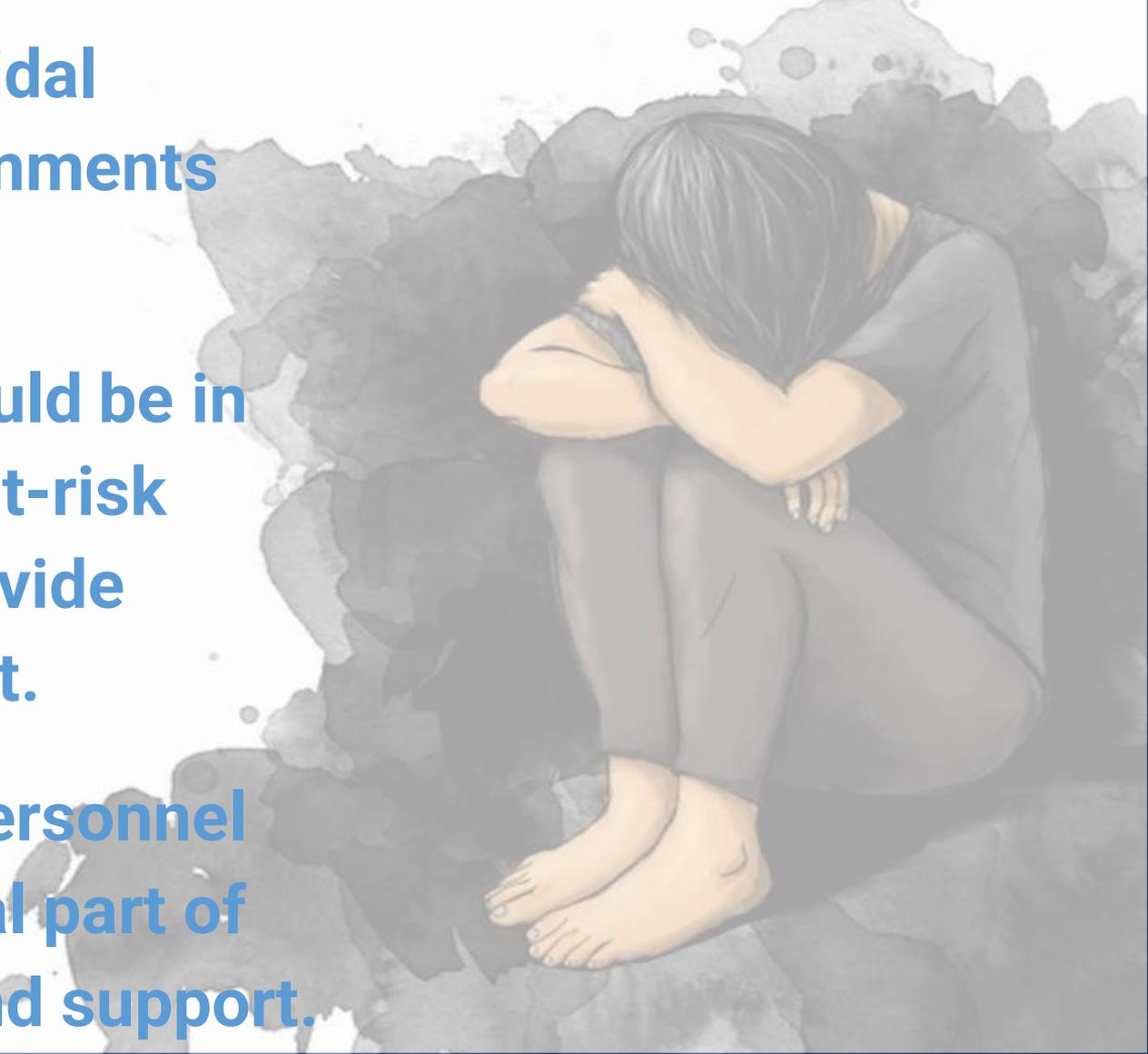
- ❖ **Build relationships**
- ❖ **Be alert and identify**
 - **risk factors**
 - **warning signs**
- ❖ **Help build protective factors**
- ❖ **Educate others about those signs**
- ❖ **Work with your school to establish policies and procedures**



Keep in mind: “Suicide is a layered, complex issue. It’s not simple, and we all need to work together.”

Jonathan Freceri

- ❖ **We take all suicidal behavior and comments seriously.**
- ❖ **Procedures should be in place to screen at-risk students and provide proactive support.**
- ❖ **School health personnel can be an integral part of this screening and support.**



A blue-outlined thought bubble with a scalloped edge, containing the word "Think" in bold blue text. Three smaller circles of varying sizes trail from the bottom left of the bubble.

Think

How would a suicide concern typically be handled in your school?

- **who would be involved?**
- **what would the process be?**

What are ways you can help support these efforts?



Watch for upcoming through the GLS grant

- ❖ Additional SBQ-R trainings
- ❖ Suicide intervention training for mental health professionals
- ❖ Resources for developing district suicide policies & procedures
- ❖ Suicide prevention curriculum for elementary, middle, & high schools
- ❖ Suicide resource guide to assist schools in all phases of suicide



Coming
Soon!

Planning Information For 988 And The National Suicide Prevention Lifeline



988 is a national effort, organized at the state level to meet the growing need for crisis intervention and save lives.

When you've got a medical emergency, you may call your doctor on-call, or go to a clinic, urgent care, or an emergency room. You may call the police, fire department or ambulance/rescue emergency, you may call 911.

When you have a mental health or substance use emergency, many do not know who to call. You may call your doctor on-call for advice, you may call the police not knowing who else to call, you may go to an emergency room, you may call the Nebraska Family Helpline, you may call 911.....but before long, you can call 988.

Nebraska Needs YOU...

Help, Hope and Healing
IN THE HEARTLAND



Any Problem. Any Time.

Call 888-866-8660



Helpful Resource Links

[Suicide Prevention - Nebraska Department of Education](#)

[Nebraska State Suicide Prevention Coalition](#)

[Nebraska Youth Suicide Prevention](#)

[American Foundation for Suicide Prevention](#)

[UNMC Behavioral Health Education Center of Nebraska](#)

[The Kim Foundation](#)

[Nebraska Suicide LOSS Teams](#)

[Mental Health America](#)

[The Jed Foundation](#)

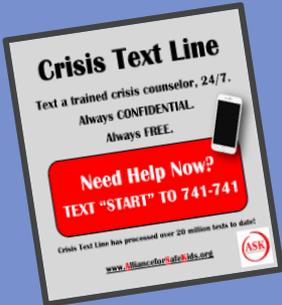
[The Trevor Project](#)

[Erika's Lighthouse](#)

[National Suicide Prevention Lifeline](#)

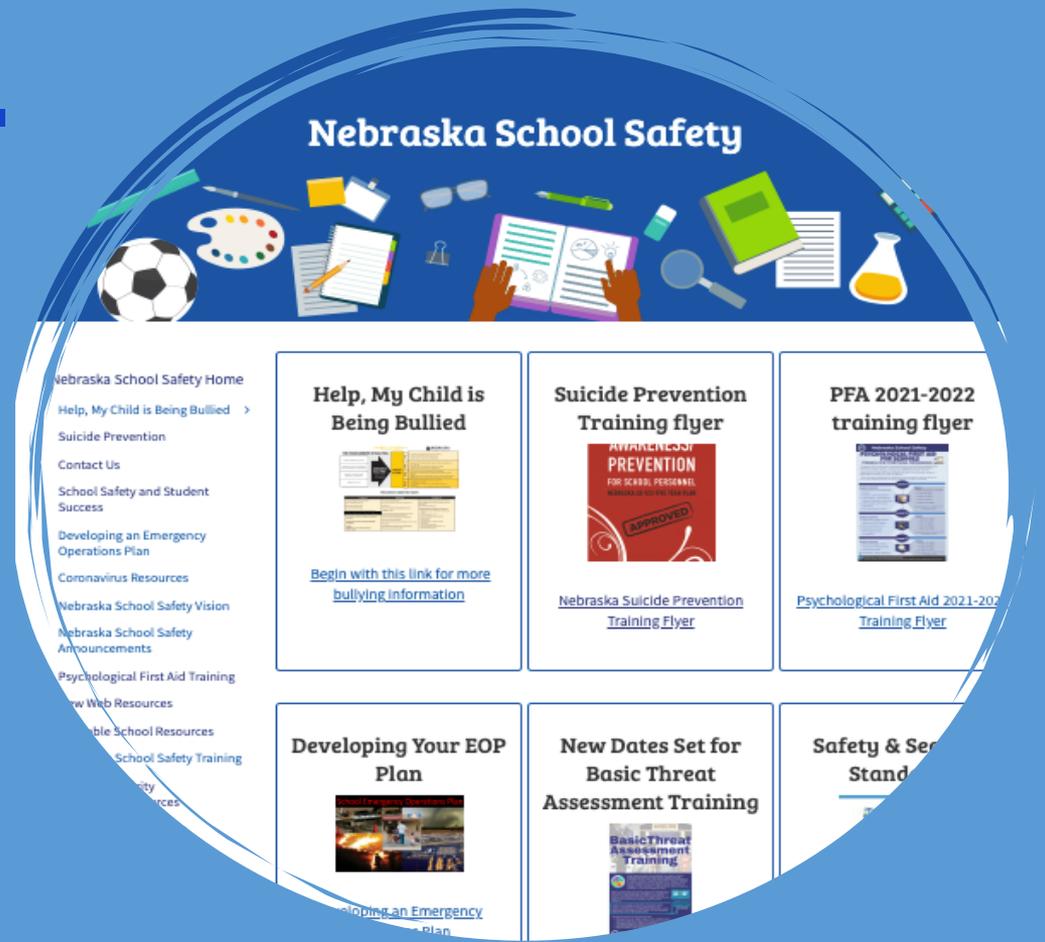
[Suicide Prevention Resource Center](#)

[Univ. of Nebr. Public Policy Center - Suicide Focus](#)



Visit us at.....

<https://www.education.ne.gov/safety/>



<https://ppc.unl.edu/>



Questions?

