

Devoted To:

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

Legal lessons [protecting students and schools]

The numbers are troubling. In a typical high school classroom, it's likely that two to three students have made a suicide attempt in the past year (2005 Youth Risk Behavior Survey). What's more, a prior suicide attempt is one of the strongest indicators for dying by suicide. So when vulnerable students in your district ponder death as a way out of their problems, you need to act—quickly and decisively—to protect students and districts.

The Federal Safe and Drug-Free Schools Act mandates:

- **“Prevention activities** that are designed to create and maintain safe, disciplined and drug-free environments.”
- **“A crisis management plan** for responding to violent or traumatic incidents on school grounds.”

To fulfill these directives and protect their districts from liability, school administrators must be proactive in identifying and instituting programs that are sound and sustainable. Moreover, they must see to it that staff follow policies and understand procedures to protect students and districts from harm.

Key issues for administrators are foreseeability and negligence. These were the pivotal issues in federal court rulings against school districts in landmark civil cases (see below). In the Eisel case, the school did not notify parents that their child was suicidal. In Wyke, the district was also negligent in not supervising a suicidal student who later died by suicide. In Wisconsin, school personnel are immune from civil liability for their good faith interventions with respect to suicide or attempted suicide (WI 118.295), but districts are not.

“Districts have a responsibility for providing adequate staff training in suicide prevention,” notes national school crisis specialist Richard Lieberman, MA, NCSP. He is co-chair of the National Emergency Assistance Team (NEAT), which participated in crisis interventions



at Columbine (Littleton, Colo.) and Paducah, Ky. He also co-authored important books for schools including *Best Practices in School Crisis Prevention* (2002) and a chapter on suicide intervention in *Best Practices in School Psychology IV* (2002).

“While most courts recognize that schools are not equipped to provide in-depth counseling of children, courts hold that school personnel are in a position to make referrals—and have a duty to secure assistance from others, including parents, when a child is at risk. They have a duty to warn, and duty to refer.”

Learn more: Contact Richard Lieberman, School Psychologist and Coordinator, Suicide Prevention Unit, Los Angeles Unified School District, at 818-705-7326 or richard.lieberman@lausd.net.



Landmark Court Cases

Eisel v. Board of Education of Montgomery County 2nd Federal Circuit Court, 1991 determined that even when a student denies suicidal intent (as can often occur), a collaborative school team has an obligation to notify parents if the team suspects the child to be suicidal.

Wyke v. Polk County School Board 11th Federal Circuit Court, 1997 found the school district liable for not offering suicide prevention programs, providing inadequate supervision of a suicidal student, and failing to notify parents when their children were suicidal. Parents elected not to seek punitive damages from the district but wanted a policy shift to include provisions for suicide prevention, intervention and postvention; the school district complied.

A bulletin for WISCONSIN education leaders including:

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

DON'T FEAR SAYING THE 'S' WORD *Evidence-based input from a national expert in youth suicide prevention*

Asking teens about suicide. It's something many adults fear. Yet, our research showed that asking high school students about suicide



Madelyn Gould, PhD
Columbia University

clearly didn't induce stress, but can actually relieve somebody in distress. I believe this unfounded fear of talking about suicide is an astounding impediment to suicide

prevention programs. Kids think they can handle these matters on their own, yet they're often waiting for someone to ask them. As a researcher who has spent more than 20 years studying youth suicide, I'm encouraged by the *Well Aware* newsletter. I applaud this collaborative effort between the Wisconsin Department of Public Instruction and the Mental Health Association of Wisconsin, and the vital work that school administrators do in shaping the future of our children, our schools—and our society.

*Evaluating Iatrogenic Risk of Youth Suicide Screening Programs: A Randomized Controlled Trial. Gould MS, et al., Journal of the American Medical Association 2005; 293: 1635-1643.

Getting into the ACT

A critical aspect of the Signs of Suicide (SOS) program from Screening for Mental Health Inc. is the acronym ACT: Acknowledge, Care and Tell. Schools are encouraged to repeat the acronym throughout video presentations and discussions to aid with student recollection.

Acknowledge: Students are asked to acknowledge that someone may be having a hard time and not to minimize these difficult feelings

Care: Students are asked to tell the friend(s) that they care for him or her, and that they are concerned that the friend needs help.

Tell: Students are asked to then tell a trusted adult, either with the depressed or suicidal friend or on his or her behalf.

Effective program [building student resiliency]

Very rarely has Marcia Creasey assumed the worst during her 17-year tenure as River Valley School District's school nurse, yet as years passed she had an unshakable feeling that her district was not equipped to help a depressed student, much less one who was suicidal.

“When I read about Signs of Suicide (SOS, from Screening for Mental Health, Inc.), I thought it could provide answers to this problem,” says Creasey, who along with the school's Pupil Services Team convinced the district to implement the program six years ago. Her youth suicide fears are well-founded.

Consider this: For every 100,000 Wisconsin students between the ages of 15-19, nearly 11 complete suicide, a rate 40 percent higher than the national average of 7.8 (Centers for Disease Control and Prevention). It's no wonder many Wisconsin schools are implementing this suicide-prevention program and teaching its central tenets: creating a supportive and responsive environment for teens at risk for depression or suicide by teaching them the warning signs of both.

SOS includes a classroom educational component and a depression screening tool. Students discuss depression, warning signs of suicide, and are given a list of resources. Students can then be screened through a brief survey that may bring to light signs of depression or suicide and they can see a counselor that day to discuss the issues. If there are concerns about a student with depression or suicidal signs, a parent/guardian is contacted.

The point of the program is clear: opening a dialogue with students about depression and suicide can reduce stigma and engage young people to get help for themselves or someone close to them.



[take note]

WHO: Jamie Benson, MEd, Superintendent
WHERE: River Valley School District
WHAT: Values SOS program to build student resiliency
CHECK THIS OUT

“We're trying to operate in a prevention mode rather than a reaction mode,” says Jamie Benson, MEd, Superintendent of River Valley School District in South Central Wis. “SOS helps students build resiliency skills, which is part of an overall program here that focuses on reducing suicides, drug and alcohol abuse, and other destructive behavior.”

SOS is a useful tool to implement along with the DPI suicide prevention curriculum, that mirrors the ACT approach (see sidebar) and meets the state curriculum requirements, according to Jon Hisgen, MS, with DPI.

Learn more: Contact Brenda Jennings, formerly of River Valley Schools, who now works for the MHA of Wisconsin as youth suicide prevention coordinator, at brenda.mha@tds.net.

Crisis mode [Menasha responds]

The Menasha high school student with an athletic prowess that allowed him to excel in every sport he touched and people skills that propelled him to class president also had another less desirable talent: ability to hide mental distress.

When this student completed suicide in Jan. 2006, school administrators were able to rely upon a sound crisis response program that they had implemented 15 years earlier to deal with a scenario just like this.

"It reaffirmed the need to have a plan in place," said Fred Taylor, school psychologist with the Menasha Joint School District. "If you wait to react to a crisis after it occurs, you're behind the 8-ball. You should plan, have people trained, and know how to implement the plan."

Like any school-based initiative, the plan is grounded in evidence-based procedures; it follows guidelines by the National Association of School Psychologists (nasponline.org) and the Wisconsin Department of Public Instruction. And it also needs support from the top down.

“ If you wait to respond to a **CRISIS** after it occurs, you're behind the 8-ball. You should **PLAN**, have people trained, and know how to **IMPLEMENT** the plan. ”

— Fred Taylor, School Psychologist, Menasha Joint School District

Former Pupil Services Director John Ruck, who initiated the crisis response plan 30 years ago, convinced school administrators that such a program was vital in responding to crisis situations. Back then, it was considered an investment in pupil services and developmental guidance, with this being one of the first developmental guidance programs in the state.

Suicide prevention is part of Menasha's formal crisis management plan as the district utilizes Signs of Suicide (SOS) from Screening for Mental Health, Inc., in its curriculum. Moreover, the crisis response plan is always evolving: After the recent suicide, administrators discussed how effective the crisis response plan was at managing the emotional toll on students and what needed to be improved in the future.

When crises occur, Menasha has shown it has the infrastructure in place to react quickly to the problem, yet the district continues to refine its crisis plan to meet ever-evolving needs.



[changing course]

Evolving crisis plan makes sense

Static is not a word that describes the Horace Mann Middle School Crisis Plan; proactive and evolving are more accurate.

"We keep our eyes and ears open and constantly review our crisis plan, its processes and update it to reflect current problems," says Russ Groblewski, principal of the Sheboygan County school.

For instance, when word got around that students were playing the so-called choking game—the self-asphyxiation activity that can have grave consequences—the Building Consultation Team immediately convened to address the problem. Further, the school supports its crisis team with ad hoc committees that respond to specific problems or situations; this decentralized process allows the school to tackle challenges quickly, says Groblewski.

This mindset also extends to suicide prevention. When students exhibit suicidal tendencies, Horace Mann acts decisively to engage appropriate community partners including police if a youngster in imminent danger requires emergency hospitalization.

"Suicide is not an issue we take lightly. We never underestimate a statement that a student makes," says Groblewski. "We have a culture here of reporting self-inflicted cuts and other dangerous behavior to parents and the appropriate agencies."

In fact, the school creates highly individualized plans for students deemed suicidal and communicates the plan to appropriate staff on a need-to-know basis.

"Responding to a crisis is not one person's responsibility here, it's everybody's responsibility," adds Groblewski.

Well Aware

A Suicide Prevention Bulletin for WISCONSIN School Administrators

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

Volume 1, Issue 2
Spring 2007

Well Aware™ is delivered three times each academic year to school administrators and leaders throughout Wisconsin. *Well Aware* is produced in cooperation with the Wisconsin Department of Public Instruction and the Mental Health Association of Wisconsin. Funding for this newsletter is made possible, in part, by the Garrett Lee Smith Memorial Act, grant SM57386 from the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services.

The views expressed in *Well Aware* do not necessarily reflect the official policies of the U.S. Department of Health and Human Services; nor does mention of trade names, commercial practices or organizations imply endorsement by the U.S. Government. Views expressed in this newsletter are those of the person being quoted and do not necessarily reflect the views of the editorial advisory board or publisher. Although great care had been taken in compiling and checking information in this publication to ensure accuracy, Point de Vue Communications Inc. and its servants or agents shall not be responsible or in any way liable for the continued currency of the information or for any errors, omissions or inaccuracies, whether arising from negligence or otherwise or for any consequences arising therefrom. This newsletter is not a substitute for consultation with health care providers on issues related to specific conditions or situations.

Brought to you by:



and the



In partnership with:



Sheboygan, WI

Helping hand [resources and help]

Self-destructive thoughts and acts among youth—including suicide—are not rare. Research shows that these thoughts often go hand-in-hand with low achievement, social isolation, and various high-risk behaviors. The following resources are available to assist school administrators in ensuring that they are using the best practices in addressing youth suicide prevention.

DPI CURRICULUM

Using SOS (see Effective program article) and other curricula, schools can help students learn to manage their feelings and know how to react to a suicidal friend. These materials can also help schools meet state law regarding suicide prevention education. DPI's evidence-supported curricula for middle and high school students are available for free distribution to schools. The classroom lessons are: Engagement (SOS video), Content (warning signs), Skills Building (writing a story using warning signs and ACT), Review game ("Apples to Apples"), and a Community Connection lesson ("Crisis Cards" where students explore local and national prevention and intervention resources). Call Jon Hisgen, MS, DPI's Health Education Consultant, at 608-267-9234.

BEST PRACTICES IN CRISIS INTERVENTION

Are you wondering whether your crisis plans reflect the best current

practices? The MHA of Wisconsin is working with experts in crisis intervention to develop best practice protocols for suicide prevention, intervention and postvention in school and community settings. If you would like to receive a copy of these materials, please contact Brenda Jennings at 608-441-8980 or brenda.mha@tds.net.

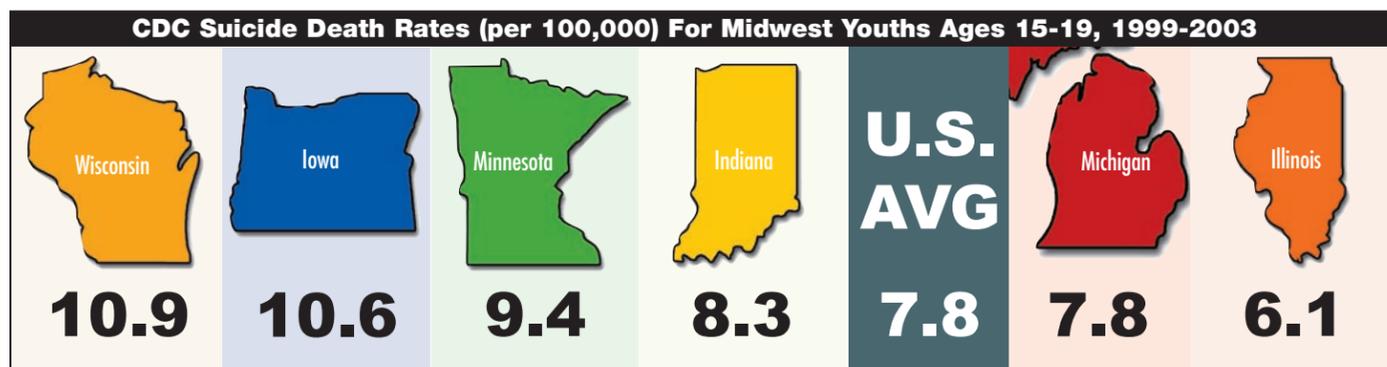
GUIDING YOUR EFFORTS

School-based suicide prevention programs can include suicide awareness curricula, screening, gatekeeper training, peer helper programs, postvention/crisis intervention or skills training. Care should be taken when selecting a program because some have not been shown to be effective. To help guide school administrators, researchers at the University of Florida have released a comprehensive evidence-based toolkit; it is available online at theguide.fmhi.usf.edu.

The Mental Health Association of Wisconsin has also put together a toolkit that builds on the Florida Guide and incorporates important elements of community-based suicide prevention. The MHA and DPI encourage schools to work with organizations in your community to develop comprehensive youth suicide prevention projects. This toolkit can tell you how to do that: mhawisconsin.org/education/suicideprevention/#toolkit.

Mental note [classroom struggles?]

More Wisconsin youths complete suicide than in neighboring Midwest states, as the chart below demonstrates. In fact, suicide is the second-leading cause of death for Wisconsin adolescents ages 15-19. Why is this? Experts point to a number of factors: high binge drinking among Wisconsin youths, easy access to firearms, and poor access to mental health services in many parts of the state. All of these are risk factors for suicide.



[talk back]

How concerned is your school district about legal liability when helping a depressed or suicidal student? What strategies and procedures does your crisis management team employ when encountering at-risk scenarios? Let us know at talkback@wellaware.org and tell us what you think of **Well Aware**, a suicide prevention resource for school leaders and administrators.

