Overcoming Implementation Barriers in Addressing Depression and Suicidality in Schools
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Our agenda

- Identify implementation challenges in addressing suicide prevention in school settings
- Identify resources and solutions to address these challenges
What are the evidence-informed components we need to consider?

1. Policies and Procedures
2. Data Collection/Planning
3. Training
4. Social Media/Internet
5. Student Programs
6. Identifying At-Risk Students
7. Accessing Help
8. Postvention

1. Policies and Procedures: Problems

- Mental health policy templates may be so comprehensive and/or complicated that a board member cannot fully understand them or feel comfortable imposing them on school employees.
- https://afsp.org

Barriers to Recognize

- Policy is adopted at the board level. Yet, most mental health providers have never been on a school board or served as school leaders.
- Board members typically have no specialized expertise suicide prevention. Yet, they must answer to and convince voters, employees, and the general public and be mindful of liability.
What’s the solution?

- Board training on suicide prevention
- Joint development of policies and procedures, including trusted employees and community members who can advocate for the changes.
- Preparing board members for their “pitches” to their audiences.

2. Data collection and Planning

Too many moving parts
Principal: “Oh sure, let me pull the only secretary I have and tell her to gather that data for you right now…NOT LIKELY!”

MH expert: “Why don’t they get the importance of tracking these high risk kids? Have they seen the national data?”

We don’t use a common language.

We miss the nooks and crannies inside a district.

“Why don’t they get it?”

What’s in the nooks and crannies?

MTSS Umbrella

Suggestion: Adopt tools to gather data and pull the supports altogether
3. Training Challenges

- Teachers are not always sure they can identify children who need help (Sisask et al., 2014; Reinke et al., 2011).
- Teachers are unaware of crisis procedures for suicidal students (Konopinski, 2011; Westefeld, 2007).
- Teachers are too often asked to take on roles that collide with teaching.

Training Challenges

- Educators learn the content of suicide prevention training and can correctly answer knowledge questions (Hatton et al., 2017; Reis & Cornell, 2008).
- However, their knowledge may diminish within three months (Cross et al., 2011; Ubido & Scott-Samuel, 2014).
- Training sometimes comes in the context of postvention (Freedenthal & Breslin, 2010).

Suggestions

<table>
<thead>
<tr>
<th>Offer</th>
<th>Offer training to all who interact with students.</th>
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<tr>
<td>Give</td>
<td>Give educators a protocol to follow when they are concerned. (Ross, Kolves, &amp; De Leo, 2016).</td>
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<td>Adopt</td>
<td>Adopt training that is interactive.</td>
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Evidence-based Examples

- **ACT on FACTS**, 2 hour online interactive training, uses lecture, question and answer with content experts, interactive exercises and role plays. https://www.sprc.org/resources-programs/making-educators-partners-youth-suicide-prevention-act-facts

- **Applied Suicide Intervention Skills Training (ASIST)**, 2-day interactive workshop in suicide first aid. Participants don’t need formal training to attend — anyone 16 or older can learn and use the ASIST model. http://www.livingworks.net/programs/asist/

Youth Mental Health First Aid USA

- 8 hour program or two 4-hour sessions

4. Social Media

**COVERT COMMUNICATIONS**
COVERT COMMUNICATIONS


Teen perspectives

- "In this generation, pop culture plays a large role (positive and negative) about suicide and depression. Personally, most of my knowledge about suicide has come from books, songs, movies, and television series (Thirteen Reasons Why, All the Bright Places, Perks of Being a Wallflower, 1-800-273-8255 [Logic])."
- For instance, the television show Thirteen Reasons came out last year. The way that the suicide was portrayed in the show made it appear noble and self-freeing.”

Suggestions

- [http://www.shapethesky.org](http://www.shapethesky.org) for downloadable resources and training for parents and professionals.
- Encourage students to use available on-line resources.
- Use programs such as Go Guardian to monitor and report on-line activity on district-issued devices.
Suggestions: Social Media Help

- **Facebook Help Center:** Report Suicidal Content. https://vimeo.com/16059604
- **Twitter:** Click below report threats of suicide or self-harm to Twitter. Twitter will send the user a direct message with the Lifeline number.
- **Instagram:** Tap “…” below the post, Tap Report Inappropriate, Select This Photo Puts People At Risk > Self-Harm.
- **YouTube:** Click “More.” Highlight and click “Report” in the drop-down menu. Click “Harmful dangerous acts,” then “Suicide or self-injury.” YouTube will review the video and may send a message to the uploader with the Lifeline number.

Suggestion: Prepare for media events that promote suicide

13 Reasons Why (Season 2) Toolkit
- Talking points, tip sheets, guidelines, links, and resources to help teens, parents, schools, and professionals respond appropriately
- Led by Drs. Jacobson and Rozel, Pittsburgh psychiatrists
- 13reasonswhytoolkit.org

5. Barriers to Student Education Programs

- A teen: “I would ignore health information mostly based on presentation and content. For instance, I would be more open to a pamphlet given during a youth conference than one given in a doctor’s office. I would be more receptive to health information that is presented in a collected, organized manner that is easy to decipher than if it is too wordy and disorganized. Also, I would be more responsive to the information based on its wording – like is it talking down to me or treating me like a capable adult?”
- A middle schooler: “It has SMH printed on the cover. That should tell you something!”
- A superintendent: “It wasn’t a proven program. I just had to put something in place to respond to the public outcry.”
- A MH consultant: “The YRBS data showed the risky behavior began long before the so-called prevention curriculum. When I asked kids about it, they said that they couldn’t be the instructors.”
- A principal: “Have you seen all the content we already have to cover before the state tests?”
Solutions

- Adopt only programs with a good evidence base, which have involved student input. You can find them here:
  - http://www.sprc.org/resources-programs
  - SAMHSA/SPRC Toolkit
  - SOS Signs of Suicide Program
- Consider early grades, too: Good Behavior Game, Second Step Program

6. Identifying Youth at Risk

Teacher: “It would take me 30 minutes to figure out what half this mental health rating scale even means.”
Mental Health Provider: “Why don’t they answer my calls?”
Parent: “I can’t manage all these lists. Could someone please tell me what to look for?”
Youth: “How can they not see that my world is crashing in here?”

Lessons from the Field
Use common language

- DSM-V isn't a bestseller.
- Ask about behaviors and emotions that the person can see in their setting.
- Use "kitchen table" language.
- Use scores for quick youth check-ins: "If 100 is so much pain you can't stand it, and 0 is totally chill..."

Example: What do anxiety and depression look like in the classroom?

- Low academic performance; academic performance gradually declining
  - Preoccupation with talking about academic performance
  - School/task avoidance: Students may skip school/class to avoid taking an exam or avoid social interactions
- Cognitive distortions and expressions of low self-efficacy for the task: "There's no way I can pass," "She knows I can't write." Teach what these are and how to respond to them.
  - Difficulty concentrating

What do anxiety and depression look like in the classroom?

- Easily angered by changes in routine
  - High level of irritability (talking back, aggressive)
- Behavioral distortions
  - Bizarre behaviors may be another attempt at avoiding exams, school work, or uncomfortable situations.
  - Behaviors may include walking out of the classroom, nonsensical tapping of pencil, etc.
- Falling asleep
  - "Unmotivated" or hard to engage
Other suggestions

- Implement screening for mental health risk.
- Use a standard well-recognized risk assessment so students aren't missed and to facilitate referrals.

7. Barriers to Accessing Help

What parents and staff tell us

- "They told me to get my son a therapist. The pediatrician even wrote the prescription for an appointment. But I had no idea how to do that. Now, my son's dead... and that paper is still on the refrigerator."
- "I got this letter from the school, telling me they are concerned about my kid. At the bottom it listed a bunch of therapists. I called a couple but I just got a voicemail. Who runs an office like that? And why would the school recommend them?"
- "We could not get the student an evaluation because the parent would not take him to the hospital. She kept saying, 'he's just doing it for attention.' We aren't allowed to petition the court as school employees."
“How would you search for help for your child if you were concerned about suicide or depression?”

Teen examples: “How would you search for help for a suicidal friend?”

- “Wiki-how is the first place I would look.”
- Honestly, I personally would avoid the media (online chat, or hotline) that would require interaction because that would make the situation very real and is something I would only use if truly desperate.”
- “Personally I hate talking on the phone, and I know a lot of other high schoolers feel the same way. We would use the online chat, rather than a phone call.”

Suggestion: Customer discovery

- Ask the person to walk you through the steps they would use to access help.
- Show them a resource and invite them to review it.
- “People are not interested in hearing about your app, but once you put it in their hands, they won’t stop telling you what they think.”
Consider readability and ease of comprehension for an apprehensive reader.

Be clear.

Use mnemonics to cue people what to do

- Effective programs to equip students to recognize warning signs for suicide and intervene often incorporate mnemonics such as LAST (Listen, Act, Show support, Tell an adult), ACT (Acknowledge, Care, Tell), and QPR (Question, Persuade, Refer). The mnemonics might be adaptable for use in media campaigns that target the general population. (Pirkis et al., 2016)
Integrate and accelerate care.

- "The headspace model, developed in Australia, creates stand-alone, integrated care sites for young people ages 12-25 to access early mental health supports, along with school support and web-based connectivity. headspace approaches youth wellness in a comprehensive and youth-friendly way, reaching them in clinical sites, online, and in schools." https://med.stanford.edu/psychiatry/special-initiatives/headspace.html

Allow employees to petition in emergencies.

Coordination between health care providers and schools, using proven approaches and tools.


8. Postvention Challenges

- Public demands for information or action
- Media coverage
- Contagion
- Screening and follow ups—no time for them in the school calendar
- Memorials
Suggestions

- Prepare through simulations and refreshers (See SAMHSA Toolkit or Kerr, M. M., (2016) School Crisis Prevention and Intervention for protocols)

- Prepare for schoolwide screening:
  - Our findings suggest that future postvention programs should direct increased attention to students who are less close friends of the decedent, and to students with cooccurring negative life events, including those who may not previously have manifested notable symptomatology, and who therefore may not previously have come to the attention of guidance personnel. (Gould, Lake, Kleinman, Galfalvy, Chowdhury, & Madnick, 2018, p. 455).

Suggestions for Communications

- "CDC's Crisis and Emergency Risk Communication (CERC) draws from lessons learned during past public health emergencies and research in the fields of public health, psychology, and emergency risk communication."
  - https://emergency.cdc.gov/cerc/index.asp

Adopt memorial policies in advance, for all causes of death.
In closing, keep working together... until we all get it right.

References


