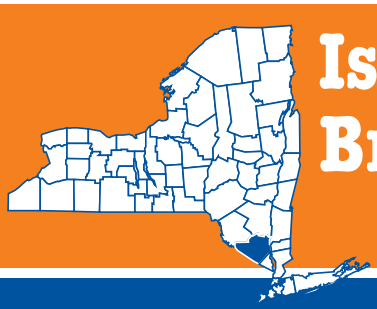
Family Partnerships



Issue Brief 8

ORANGE COUNTY • NEW YORK

"The warning signs were there, but as a parent, I didn't see them."

—Clark Flatt, who lost his 16-year-old son Jason to suicide, and subsequently began the Jason Foundation, a national youth suicide prevention organization.

In the mission to prevent youth suicide, it is critical that school faculty and staff connect with and involve the parents, guardians, and family members of students (22, 23, 24). Family involvement in schools benefits both the student and the school as it increases student achievement and attendance, enhances school climate, and fosters student emotional and social growth (4, 10). Research has also shown that when schools communicate and involve parents with school activities and programs, students feel more competent, and both students and parents are more likely to work toward maintaining those activities and programs (2, 3, 4). The Report of the Surgeon General's Conference on Children's Mental Health (17) stresses that the family is a child's first system of care, and that familial and educational partnership is critical not only to children's mental well-being, but to their academic success as well. Research has shown that children with parents and families who were highly engaged in their school life were less likely to experience detention or expulsion from school (11). Both educators and parents should think of children's mental health and well-being as a critical part of their educational success. "Achieving the Promise: Transforming Mental Health Care in America" (2003), the report of the President's New Freedom Commission on Mental Health made strong recommendations about collaboration with schools in the treatment of children who have mental health challenges (27). We can assume that the principles, goals, and ideas promoted in the report apply to the education system in their efforts to educate children (21).

Sometimes parents may find it difficult to navigate the emotional journeys their children are experiencing, or are not sure what behavior is typical development or normal "growing pains" and what is problematic. And, there is still an unfortunate stigma that surrounds mental illness. Parents may feel that the social stigma of mental crisis is "not what happens to my child." Research has found that parents often do not know how to identify suicidal signs in their children, with one study showing that as many as 86% of parents were unaware of their children's suicidal behavior (25). Another study found that parents were unaware of their children's depressive symptoms, as well as their alcohol use, both risk factors for youth suicidal behavior (18). These studies highlight the difficult reality that parents are sometimes ill equipped to recognize and respond appropriately to their children's mental health crises (15, 18, 23, 25, 26). However, research also indicates that with education, parent's knowledge of suicidal signs and attitude about the importance of youth suicide prevention can improve. One study found that parents who watched a video on youth

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Suggested Citation: LeBlanc, A., Lazear, K.J., & Roggenbaum, S. (2014). *Youth suicide prevention school-based guide: Orange County, New York—Issue brief 8: Risk Factors: Family partnerships.* Tampa, FL: University of South Florida, College of Behavioral and Community Sciences, Louis de la Parte Florida Mental Health Institute (FMHI Series Publication #255-8-rev).

This publication is also available on-line as an Adobe Acrobat PDF file: http://www.ouboces.org and http://www.orangecountygov.com Select County Departments, Department of Mental Health

suicide were able to choose more appropriate responses to suicide statements and had more rejecting attitudes of suicide compared to a control group (26). This study also found that parents who were educated about youth suicidal issues increased their intention to assist children and teens that may be facing a suicidal crisis (26).

The importance of educating students' families about mental health and suicide issues is highlighted by the most recent results of the Youth Risk Behavioral Surveillance Survey 2009 (20), where the following percentages of U.S. students responded Yes to the corresponding questions:

- Have you seriously considered suicide? 13.8%
- Have you attempted suicide? 6.3%
- Have you attempted suicide that required medical attention? 1.9%

So how are educators and school personnel to effectively partner with the parents and families of their students in order to prevent youth suicide? Teachers and school counselors must first be well educated in suicidality, its risk factors, warning signs, protective factors, and myths (13). An evidence-based program to educate the faculty and staff is critical, and ideally would include warning signs, risk factors, and what to and not to do when confronted with a student in crisis (23). The school should then work towards gaining support from parents, administrators, and various community members in order to inform them about the prevalence and risk of suicide in their community (6-9, 12, 14, 16, 19). Parents and families have a right to know why a school is engaging their children in suicide-prevention efforts, and why their involvement is so critical (15).

Parents are sometimes not sure how to be involved in their children's school, so it is often up to school personnel to facilitate and foster a positive home/school relationship (19). The following are some ideas to involve parents and families in school-based mental health awareness, coming from a variety of fields, including mental health, substance abuse, special education, and suicide prevention (1, 3, 5, 18, 23, 26):

- Present to the school's Parent-Teacher Association or School Advisory Council on issues surrounding mental health and stigma
- Empower parents by involving them in decision-making and the planning of topics to be discussed at PTA meetings and Parent-Teacher conferences
- Help parents feel part of the school community by including them in activities that are not directly related to children's health or disciplinary issues, such as school-improvement projects or chaperoning field trips
- Schedule meetings, activities, and groups at a variety of times, including afternoon and evenings in order to accommodate families and parents who work "second" or "third" shifts
- Use the language "family and parental partnership" instead of "involvement" in an effort to stress the shared responsibility that educators and families share in their children's health and success
- Print articles to parents in the school's newsletter and develop handouts in parent's first language emphasizing the importance of parental involvement
- Schools usually have a working relationship with the local newspapers for school news, so provide educational information to the media
- Reach out to faith-based communities (where parents are sometimes involved) to offer educational programs
- Offer after-school programs or support groups where parents can join with students for peer and family counseling
- Contact local survivor or suicide prevention advocacy groups (e.g., Suicide Prevention Action Network [SPAN], or the Hudson Valley chapter of the American Foundation for Suicide Prevention [AFSP-HV])
- Teacher-to-parent contacts should occur frequently. Make sure that you know what problems the student may be having, and let parents know the best time to contact teachers
- Inform parents well in advance of their child's participation in school activities such as assemblies and programs
- Expand the concept of "volunteerism" and actively recruit parents as classroom volunteers during registration process

Should teachers and/or school staff believe a child to be at high risk for self harm or suicidal behavior, parents and families should be notified immediately, as well as the school's mental health professional (10, 13, 15). If the youth's parents or guardians do not believe that their child is suicidal or at-risk for self-injury, the school should confer with administration and legal counsel in order to make sure that best practices are implemented when navigating legal and ethical considerations (15).

Developing partnerships with family-run and youth-run organizations can be an effective strategy to reaching and engaging families and youth in suicide prevention activities. Many of these organizations engage in peer support activities to reduce isolation and gather and disseminate accurate information.

Education and partnership is the key. Take every opportunity to discuss and present the facts regarding children's mental health and suicide concerns with parents and families. When families, educators, and youth team up about these issues, all parties will benefit.

References

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1. Rhodes, R., & Paez, D. (1998). Immigrant parents and the schools: A handout for teachers. *National Association of School Psychologist Toolkit: Practical resources at your fingertips.* Retrieved from http://www.nasponline.org/communications/spawareness/Immigrant%20Parents.pdf

2. Carlyon, P., Carlyon, W., & McCarthy, A.R. (1998). Family and community involvement in school health. In E. Marx, S.F. Wooley, & D. Northrop (Eds.) *Health is academic: A guide to coordinated school health programs* (pp. 67-95). New York, NY: Teachers College Press.

3. Epstein, J.L., & Sheldon, S.B. (2006). Moving forward: Ideas for research on school, family, and community partnerships. In C.F. Conrad & R. Serlin (Eds.), *SAGE Handbook for research in education: Engaging ideas and enriching inquiry* (pp. 117-138). Thousand Oaks, CA: Sage Publishing.

4. Johnson, J., & Duffet, A. (2003). *Where we are now: 12 things you need to know about public opinion and public schools. A digest of a decade of survey research.* New York: Public Agenda. Retrieved from http://www.publicagenda.org/files/pdf/where_we_are_now.pdf

5. The National Association of State Mental Health Directors & The Policymaker Partnership for Implementing IDEA at The National Association of State Directors of Special Education. (2001). *Mental Health, Schools and Families Working Together for All Children and Youth*. U.S. Department of Education, Office of Special Education Programs..

6. Hayden, D.C., & Lauer, P. (2000). Prevalence of suicide programs in schools and roadblocks to implementation. *Suicide and Life-Threatening Behavior, 30*(3), 239-251.

7. Maine, S., Shute, R., & Martin, G. (2001). Educating parents about youth suicide: Knowledge, response to suicidal statements, attitudes, and intention to help. *Suicide and Life-Threatening Behavior, 31*(3), 320-332.

8. Miller, D.N., & Dupaul, G.J. (1996). School-based prevention of adolescent suicide: Issues, obstacles and recommendations for practice. *Journal of Emotional and Behavioral Disorders, 4*(4), 221-230.

9. Kalafat, J., & Ryerson, D.M. (1999). The implementation and institutionalization of a school-based youth suicide prevention program. *The Journal of Primary Prevention, 19*(3), 157-175.

10. Mental Health America (2011). *Promoting Children's Mental Health*. Retrieved from http://www.nmha.org/go/promoting-childrens-mental-health.

11. Osher, T.W., Desai, D., Zaro, S., Xu, Y., Allen, S., CrossBear, S., … Baker, P. (2007). First findings from the family-driven study of family involvement in systems of care. In C. Newman, C. Liberton, K. Kutash, & R.M. Friedman (Eds). *A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 123-127). Tampa, FL: University of South Florida, Louis de la Parte Mental Health Institute, Research and Training Center for Children's Mental Health.

12. King, K. (2001). Developing a comprehensive school suicide prevention program. *The Journal of School Health, 71*(4), 132-137.

13. Suicide Prevention Resource Center. (2010). *Customized Information: Teachers.* Retrieved from http://www.sprc.org/featured_resources/customized/pdf/teachers.pdf

14. Kalafat, J. (2003). School approaches to youth suicide prevention. *American Behavioral Scientist, 46*(9), 1211-1223.

15. Capuzzi, D. (2002). Legal and ethical challenges in counseling suicidal students. *Professional School Counseling, 6*(1), 36-58.

16. Marx, E., & Northrop, D. (1995). *Educating for health: A guide for implementing a comprehensive approach to school health education.* Newton, MA: Education Development Center.

17. U.S. Public Health Service. (2000). *Report of the Surgeon General's conference on children's mental health: A national action agenda.* Washington, DC: Department of Health and Human Services.

18. Velting, D.M., Shaffer, D., Gould, M.S., Garfinkel, R., Fisher, P., & Davies, M. (1998). Parent-victim agreement in adolescent suicide research. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*(11), 1161-1166.

References continued

Family Partnerships

19. Kumper, K.L., & Collings, S.J. (2004). Effectiveness of family focused interventions for school-based preventions. In K. E. Robinson (Ed.) *Advances in School-based Mental Health Interventions: Best Practices and Program Models.* Kingston, New Jersey: Civic Research Institute, Inc.

20. Centers for Disease Control and Prevention. (2010). Youth risk behavior surveillance-United States, 2009. *Morbidity and Mortality Weekly Report, 59*(SS 5), 1-148. Atlanta: US Department of Health and Human Services, Public Health Service, CDC.

21. Duchnowski, A. J., & Kutash, K. (2007). *Family-driven care.* Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.

22. Borowsky, I.W., Ireland, M., & Resnick, M.D. (2001). Adolescent suicide attempts: Risks and protectors. *Pediatrics, 37*(3), 485-493.

23. Gould, M.S., Marrocco, F.A., Hoagwood, K., Kleinman, M., Amakawa, L., & Altschuler, E. (2009). Service use by at-risk youths after school-based suicide screening. *Journal of the American Academy of Child and Adolescent Psychiatry, 48*(12), 1193-1201.

24. Sharaf, A.Y., Thompson, E.A., & Walsh, E. (2009). Protective effects of self-esteem and family support on suicide risk behaviors among at-risk adolescents. *Journal of Child and Adolescent Psychiatric Nursing, 22*(3), 160-168.

25. Kashani, J.H., Goddard, P., & Reid, J.C. (1989). Correlates of suicidal ideation in a community sample of children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 28*, 912-917.

26. Maine, S., Shute, R., & Martin, G. (2001). Educating parents about youth suicide: Knowledge, response to suicidal statements, attitudes, and intention to help. *Suicide and Life-Threatening Behavior, 31*(3), 320-332.

27. President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report* (U.S. DHHS Pub. No. SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services.

Youth Suicide Prevention School-Based Guide
Orange County, New York

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Developed by
The Louis de la Parte Florida Mental Health Institute in the College of Behavioral and Community Sciences at the University of South Florida. Funded in part by the Orange County Department of Mental Health and Orange-Ulster BOCES. Originally funded by the Institute for Child Health Policy at Nova Southeastern University through a Florida Drug Free Communities Program Award.

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