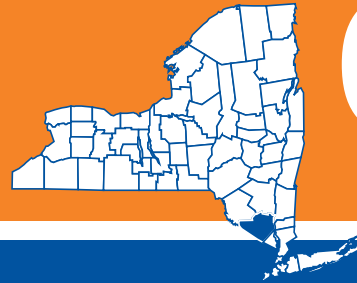


Youth Suicide Prevention School-Based Guide

ORANGE COUNTY • NEW YORK

Overview Overview



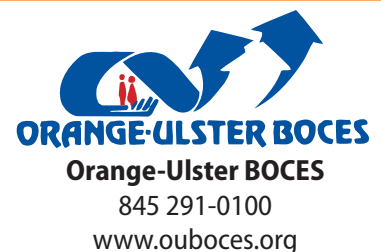
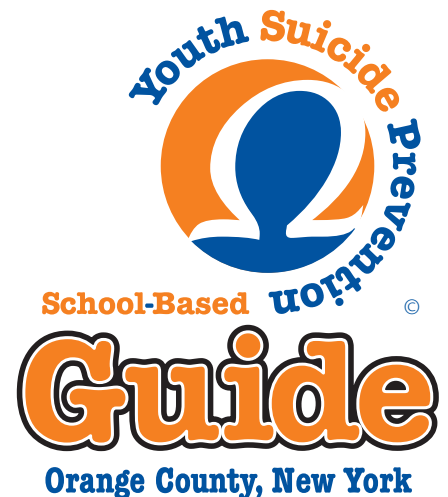
The Guide: Overview

The Youth Suicide Prevention School-Based Guide: Orange County, NY is designed to provide accurate, user-friendly information. First, checklists can be completed to help evaluate the adequacy of the schools' suicide prevention programs. Second, information is offered in a series of issue briefs corresponding to a specific checklist. Each brief offers a rationale for the importance of the specific topic together with a brief overview of the key points. The briefs also offer specific strategies that are supported by research in reducing the incidence of suicidal behavior, with references that schools may then explore in greater detail. A resource section with helpful links is also included. The Guide will help to provide information to schools to assist them in the development of a framework to work in partnership with community resources and families.

The issue briefs and resource/links section, their content and recommendations will continually evolve as new research is conducted, the best available evidence is evaluated, and prevention programs are utilized and tested.

The Guide

- Identifies and defines the elements of a comprehensive, school-based suicide prevention program.
- Examines the scientific literature to determine which of these elements are supported by research in reducing the incidence of suicide and suicidal behavior.
- Contains checklists and self-assessment instruments that may be completed by schools to evaluate the adequacy of their suicide prevention programs.
- Provides a guide to help school administrators and their partners add program elements that would result in more comprehensive programs and/or would replace unproven strategies with proven strategies.
- Has been reviewed by representatives from Orange-Ulster BOCES and Orange County Department of Mental Health.
- Was reviewed, in its original form, by national experts in suicide prevention, behavioral and physical health providers, and community-based school personnel, advocates, families, and youth.



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Select County Departments, Department of Mental Health

Youth Suicide Prevention School-Based Guide: Overview continued

The first issue brief in this series is designed to assist in debunking myths that may serve as barriers to implementation of a school-based suicide prevention program. Countering myths with reality and evidence-based statements may enhance confidence and willingness to address youth suicide prevention.

The remaining briefs each cover individual topics related to suicide prevention that are especially pertinent to school administrators and their community partners.

Youth Suicide

Youth Suicide — as stark as the words sound, this phenomenon reflects a community issue too frequently ignored except by those who have been devastated by it. Youth suicide is a critical but under-reported and under-treated public health crisis.

Consider these alarming statistics:

- Suicide accounts for 12% of all adolescent deaths and ranks third as an overall cause of death in adolescents (1, 3).
- The youth suicide rate for 10-24 year olds rose 8% from 2003 to 2004, then showed a general decline through 2007 but the rate increased again in 2008 by 4.5%, the most current year data is available as of this publication (6).
- An estimated 100-200 non-fatal youth suicide attempts occur for each young person that dies by suicide (1).
- An average of one youth, under the age of 25, dies by suicide every 2 hours (4).
- More teenagers die by suicide than die from cancer, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined (5).
- 90% of teenagers who die by suicide have a mental health diagnosis, usually depression, substance abuse, or both (7).

As chilling as these statistics are, they do not begin to compare to the grief, anguish, confusion, guilt and devastation felt by the family and friends of an adolescent who dies by suicide. After a suicide crisis, friends and family are at an increased risk of developing posttraumatic stress disorders (9).

Mental health and mental illness are shaped by age, gender, race, and culture as well as other distinctions of diversity found within all of these population groups — for example, physical

disability or a person's sexual orientation. The consequences of not understanding these influences can result in unintentional and harmful effects.

With minority youth more likely to express feelings of alienation, cultural and societal conflicts, academic anxieties, and feelings of victimization, it has become clear that careful attention must be paid to the needs of minority youth and their families within the context of their culture.

While disparities in the health status of people of diverse racial, ethnic and cultural backgrounds remains a major problem for all youth, undiagnosed and untreated mental health problems, particularly depression and substance abuse, play a significant role in the prevalence of youth suicidal behavior (8).

It is likely that suicide is significantly under-reported and that statistics can underestimate the true extent of the problem. Deaths classified as homicides or accidents, for example, where teenagers may have deliberately put themselves in harm's way, are not included in rates.

Unexpected death is always painful, but perhaps none more so than the self-destruction of a young person and a life, with all its potential and promise, cut short by one desperate and all too final act.

Our nation's schools, in partnership with families and communities, are obvious places to identify youth at risk of suicide. Healthy, supportive and informed schools can do much to prevent youth suicide, to identify students at risk and to direct youth to prompt, effective treatment. Prevention, education, intervention, and postvention (i.e., response to suicide attempts and deaths) are the keys to reducing the number of young people who take their own lives. Our nation's schools are clearly essential community settings for suicidal prevention programs. In schools, rather than in the home or community, students' problems with academics, peers and other issues are much more likely to be evident, and suicidal signals may occur here with the greatest frequency. At school, students have the greatest exposure to multiple helpers such as teachers, counselors, coaches, staff and classmates who have the potential to intervene. Research has found that schools provide an ideal and strategic setting for preventing adolescent suicide (10).

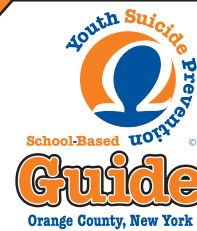
Schools need to understand not only the issues of suicide, but also the positive role they can play. However, given the multiple demands on school systems, districts, schools and

Youth Suicide Prevention School-Based Guide: Overview continued

school faculty and staff; they need up-to-date, accurate and user-friendly information, guidelines, and tools to assist them in their efforts. Suicide is a public health problem that requires an evidence-based approach to prevention. The public health approach defines the problem, identifies risk factors and causes of the problem, develops interventions evaluated for effectiveness, and implements such interventions widely in a variety of communities (2). Wading through professional journals, examining the evidence, reviewing and evaluating the literature and then drawing conclusions, developing action plans and implementing strategies describes an often overwhelming course of action for educators, administrators, and school systems.

The Youth Suicide Prevention School-Based Guide: Orange County, NY is a comprehensive, evidence-based guide designed to assist schools, in partnership with families and community partners, in improving their suicide prevention programs or creating new ones. The Guide will allow school administrators to assess the adequacy of their suicide prevention program and to improve its scope and effectiveness. The Guide builds on reviews of the literature and current research, exemplary plans and initiatives throughout North America; evidence associated with suicide prevention programs; and field-based information from educators, clinicians, families, youth, and advocates.

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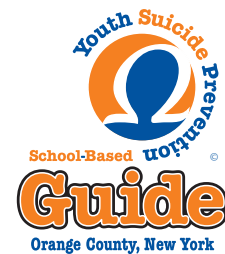


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