School-Appropriate Response and Screening Practices

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8/10/2022

SAMHSA Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8) MHTTC Mental Health Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration

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Disclaimer and Funding Statement

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

2

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).

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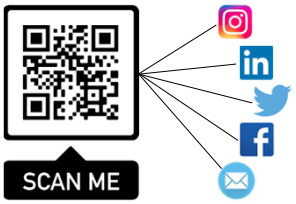

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Evaluation Information

The MHTTC is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.

https://ttc-gpra.org/P?s=240296

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- STRENGTHS-BASED AND HOPEFUL
- INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES
- HEALING-CENTERED AND TRAUMA-RESPONSIVE
- INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS
- PERSON-FIRST AND FREE OF LABELS
- NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS
- RESPECTFUL, CLEAR AND UNDERSTANDABLE
- CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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This in-service is not intended to replace advanced training in suicide response and risk assessment. Please refer to resources at the end of this training for programs

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Data and Demographics

- Suicide is the second leading cause of death for youth ages 10-24 in 2019 (19.7%)[6]
- Rates increased 61.7% between 2009-2018[6]
- For each suicide death among young people, there may be as many as 100–200 attempts (McIntosh, 2010) [12]

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Data and Demographics

- In 2019, 18.8% of high schoolers report seriously considering suicide; rates increase significantly for LGBTQ (46.8%) [6]
- 2nd leading cause of death for AI/AN ages 10-34[9]
- 1.5x higher for AI/AN adolescents and young adults [9]
- Higher rates for Hispanic youth grades 9-12 for ideation, having a plan, and attempts in comparison to white and black students [9]
- Attempts (11% vs 6.6%), ideation, planning higher for females vs males[8]

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Data and Demographics

- In 2018, about 95,000 youth (ages 14-18) were admitted to the ER for self-harm injuries[15]
- Since the pandemic:[15]
  - Increase in anxiety and attempted suicides, especially among girls;
  - In 2020, we saw a 31% increase in ER visits for all youth per the CDC (Yard et al.).
  - ER visits for suicide attempts increased for teens aged 12-17, especially girls

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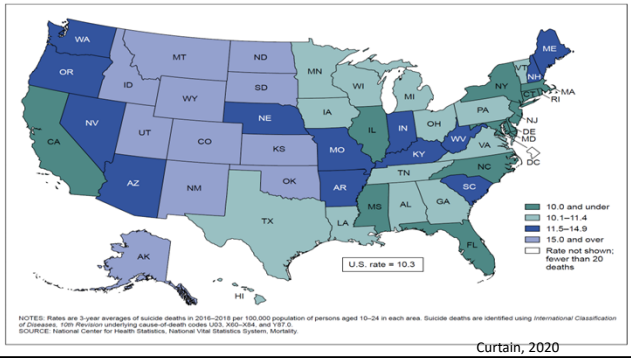
Figure 2. Suicide death rates for persons aged 10–24: United States, 2016–2018



NOTES: Rates are 3-year averages of suicide deaths in 2016–2018 per 100,000 population of persons aged 10–24 in each area. Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Curtain, 2020

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Contributing Factors in Mountain States

While it is impossible to know the exact cause of the increased rates of suicide in this region, several things have been proposed as contributing risk factors. Some possible reasons for the higher rates of suicide may include:

- ▶Decreased access to mental health resources
- ▶Easier access to firearms due to higher rates of gun ownership
- ▶Increased tendency to not access resources due to stigma
- ▶Increased economic stressors related to stressful work and decreased employment options

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"Research shows that a brief screening tool can identify individuals at risk for suicide more reliably than leaving the identification up to a clinician's personal judgment or by asking about suicidal thoughts using vague or softened language."[7]

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When is a Screener Used?

- ▶Suicide Screening: A standardized instrument or protocol to identify suicide risk. Can be done universally or selectively.
  - *<u>Conducted when:</u>*
  - *1. Student inform of attempt, thoughts, or plans*
  - *2. Peer or staff learn of an attempt*
  - *3. Staff believes student is at risk*
- ▶Suicide Assessment: A comprehensive evaluation done by a clinician to confirm risk, estimate immediate danger, and determine the course of treatment

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Basic Guidelines

Defer to your school's crisis protocol!

1. Refer to staff trained to recognize & respond (E.g., School Counselors, School/Clinical Psych., School Social Workers)
2. If unable to locate, alert administration and determine if crisis team needs to be called to assess for imminence. If yes, call crisis and parents
3. In emergencies, alert administration, call 9-1-1, and parents
4. Ensure school staff are aware of referral/response protocol and basic guidelines

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Helping Suicidal Youth

- **Show you care** – Listen carefully – Be genuine.
  "I'm concerned about you…about how you feel."
- **Ask the question** –Be direct, caring and non-confrontational.
  "Have you ever thought about killing yourself?"
- **Get help** – Do not leave him/her alone.
  "You are not alone. I will help you get the help you need."
- **Emphasize protective factors** that provide a reason for living (e.g., favorite pets, younger siblings or close relationships with others, future plans/dreams)
- **Use a non-judgmental, non-condescending, matter-of-fact approach** [8]

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What's Not Helpful?

- **Ignoring or dismissing the issue** indicates you don't hear their message, believe them, or care about their pain.
- **Acting shocked or embarrassed.**
- **Panicking, preaching, or patronizing.**
- **Challenging, debating, or bargaining.** You can't win a power struggle with someone thinking irrationally.

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What's Not Helpful?

- **Giving harmful advice** such as suggesting the use of drugs or alcohol to "feel better".
- **Promising to keep a secret.** The suicidal person is sharing his/her feelings hoping someone will help their pain, even though they may verbally contradict this.

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Identifying Risk[12,14]

1. Identify risk factors; especially those that can be reduced
2. Identify warning signs
3. Identify and mobilize protective factors
   - Is there anything that could stop them? E.g., younger siblings, pets, religious beliefs, …

   ** Note: This information is helpful for safety planning later**

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1. Identify Risk Factors [12,14]

Individual	Behaviors	Family	Environmental
-Previous attempts -Mental Health -Hopelessness* -Impulsiveness -Poor prob. solving -Poor coping -Low stress tolerance -Social alienation/ isolation -Perception of being a burden -Loss -Hx of abuse,bullied	-Substance Use -Self-Injurious -Delinquency -Aggression -Risky sexual behavior	-Family suicidal hx -Parental MH -Family stress/ dysfunction -Stressful life events -lack of social/family support -Death -Family financial difficulty -Under/overprotective parenting	-Exposure to suicidal behavior of others -Neg. social/emotional school environment -Expression/acts of hostility -Lack of respect & fair treatment -Lack of safety/security at school -Access to lethal means -Exposure to stigma, discrimination -Limited access to MH care

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2. Identify Warning Signs[12,14]

General[5,6]	Acute[5,6]
▶Reckless or engages in risky activities ▶Increased alcohol/drug use ▶Feeling trapped, like there's no way out ▶Anxiety, agitation, dramatic mood changes ▶Hopeless about the future*; severe or overwhelming emotional pain or distress* ▶Rage, uncontrolled anger, seeking revenge or recent increased agitation or irritability* ▶Unable to sleep or sleeping all the time* ▶Withdrawal/changes in social connections* ▶Anger out of character or context* * Items marked with (*) also indicate warning signs for youth ≤ 25 years of age	▶Threatening to hurt or kill self or talking about wanting to die (sometimes this is seen as verbal clues) ▶Looking for ways to kill self by seeking access to lethal items ▶Talking or writing about death, dying, or suicide*. Artwork? - *Is there a detailed plan for attempt (how, where, when)?*

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Warning Signs for Youth (<25 yrs) [12]

The risk for Suicide increases if the warning sign is:

▶New and/or

▶Has increased, and

▶Possibly related to an anticipated or actual painful event, loss, or change

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3. Identify Protective Factors [12,14]

Individual	Social	School
▶Emotional well-being/intelligence ▶Adaptability, resilience, internal control of one's environment ▶Strong problem-solving, coping, conflict resolution skills ▶Frequent, vigorous exercise or participation in sports ▶Spiritual faith. Cultural beliefs that affirm life ▶Frustration tolerance and emotional regulation ▶Body image, care, and protection	▶**Connections.** Close supportive bonds with family, caring adults, peers; positive therapeutic relationships; responsibility to others ▶Parental involvement, pro-social norms, and support for school	▶Positive school experiences- safe and respectful climate ▶Adequate or better academic achievement ▶**Connectedness** to school. Part of a close school community

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4. Conduct Suicide Inquiry: Ideation[12,14]

a) Ideation. How long have they been thinking about suicide (frequency, intensity, duration: in last 48 hours, past month, & worst ever).

►Be direct, caring, and non-confrontational

►Be developmentally appropriate

►Be specific. Avoid vague terminology like "hurt"

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4. Conduct Suicide Inquiry: Ideation[12,14]

►Prompt Questions to assess ideation:
- "Sometimes, people in (specify situation) lose hope. I'm wondering if you may have lost hope, too?"
- "With this much stress in your life, have you thought of hurting yourself?"
- "Have you ever thought about killing yourself?"
- Frequency, Duration, Intensity
- "How often do you have thoughts of suicide? How long do they last? How strong are they? What's the worst they've ever been?"
- "When did you begin having suicidal thoughts?" Did anything trigger these thoughts?"
- "When was the last time you had suicidal thoughts? Have you had thoughts of suicide within the last 48 hours/past month?"

►End inquiry if no evidence of ideation AND you have no suspicion of minimization or untruthfulness

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4. Conduct Suicide Inquiry: Plan, Access, Intent[12,14]

b) Plan. Is there a plan? How would they do it if they could? Get specifics.

c) Access. Are there means to carry through?

d) Intent. Have they made plans to follow through? If imminent (within next 24 hours, obtain immediate assistance or emergency response. Send to ER)

- *Note: Asking about intent to kill oneself is not correlated with suicidality*

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What to Explore in a Risk Assessment[12,14]

4. Determine risk level and if crisis team should be contacted.
    * Always err on the side of caution
    * If unsure, seek consult or contact crisis team ASAP!

5. Do not leave alone

6. Document, document, document!

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Levels of Risk[13]

Risk Level	Risk/Protective Factor	Suicidality	Possible Interventions
High	Psychiatric disorders with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	* **Contact crisis team*** Take suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent	Contact crisis team dependent on risk factors. Develop crisis plan. Provide resources.
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction, Provide resources.

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Problems with Levels of Risk

▶Suicidality is dynamic.
- Many factors (personal events, availability of resources, etc.) can influence level of severity at any point in time.

▶Other factors should be explored when determining severity of risk:[7]
- a) patient's current available and accessible resources;
- b) foreseeable changes (events and stressors) which can influence risk;
- c) compare current risk state to their baseline or worst-point state

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Positive Screen- Next Steps: General

1. FOLLOW DISTRICT'S CRISIS PROTOCOL
2. Restrict access to lethal means.
3. Assess need to contact district crisis team. Call 9-1-1 if needed
4. Notify administrator and guardians
5. Provide students with any degree of ideation the number to the National Suicide Prevention Lifeline (1-800-273-TALK/8255), local crisis, local behavioral health resources, and peer support contacts.
   - ✓9-8-8 is the universal nationwide mental health crisis & suicide prevention line beginning 7/2022 & will eventually replace this number
6. Don't leave alone, especially for high risk
7. Determine follow-up monitoring plan and behavioral health supports

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Positive Screen- Next Steps: High Risk

- ▶Don't leave alone, even for a minute. Call for back-up
- ▶Remove dangerous objects from immediate area
- ▶Notify administrator/guardians. Ask guardians to come to school.
- ▶Contact crisis team, or 911 if necessary.
- ▶Release only to parent or crisis responder
- ▶Obtain written consent to consult with outside providers
- ▶Alert appropriate school officials
- ▶Arrange for makeup work or work extensions without penalty

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Positive Screen- Next Steps: High Risk

- ▶Assign a staff as primary point of contact
- ▶Check-in daily for the first couple of weeks
- ▶Temporarily increase counseling supports if in school
- ▶Temporarily increase phone check-ins if not in school
- ▶Conduct re-entry meeting to create (school) safety plan from current recommendations, concerns, supervisory and monitoring needs
- ▶**Document** assessment results, who contacted, action plan

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Positive Screen- Next Steps: Moderate Risk

- Keep safe and don't leave alone
- Notify administrator and contact guardians
- Provide crisis/emergency and local resources.
- Refer to community provider. Obtain written consent to consult.
- Contact crisis team if necessary
- Release only to parent or crisis responder
- Create safety plan for home and school
- If student left school for crisis, implement re-entry procedures and complete school safety plan
- Document assessment results, who contacted, plan of action

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Positive Screen- Next Steps: Low Risk

- Contact parent/guardians
- Create safety plan
- Provide crisis/emergency and local resources
- Document assessment results, who contacted, action plan

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At School:	Remotely:
Has your district created a crisis protocol for this? If so, follow it!	
1. Screen if trained or refer to staff trained to recognize & screen (e.g., behavioral health staff). If unable to locate trained staff, alert admin (if at school) who will determine next steps or if crisis services needs to be called. If remote, locate trained staff/consultation or call crisis services if they can't be located. Parents should be notified for both circumstances.	
2. Screen. If positive, determine if crisis team needs to be contacted based on risk level. Err on the side of caution if unsure. Alert parents & admin. Do NOT leave alone until help arrives or initiates contact	
3. In emergencies, call 9-1-1, inform admin, & notify parents. Safety first!	3. In emergencies, call 9-1-1, notify parents, & later notify appropriate school officials
4. Develop safety plan (this may be done later if student is currently in crisis) and provide crisis/emergency/ local resources. Determine follow-up monitoring plan and behavioral health supports. Document assessment results, whom contacted, and plan of action	

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Parent Notification[12]

- Notify as soon as student identified as at-risk & request to come to school (immediately for high risk). Review potential lethal means at home and need to temporarily remove them.
- For low/moderate risk (hospitalization not required), provide community behavioral health resources. Consider making appointments with parents.
- If student is danger of self-harm and parent refuses to seek services, a report of negligence to child protective services may be mandated
- If imminent risk is related to parental abuse, notify protective services
- Follow-up in a few days to see if outside provider has been secured. If not, discuss why and offer help
- Document every contact

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Screening Tools

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Suicide Screener Tools

- Columbia-Suicide Severity Rating Scale (C-SSRS)
- SAFE-T
- Yes, you can screen remotely!

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Columbia-Suicide Severity Rating Scale[4]

- Brief screener (4-6 questions) for ideation severity within the last month and behaviors within the last 3 months
- Combine results with clinical judgement to determine risk level and make clinical decisions about care
- Population: All age ranges (6+) and special populations in different settings. Also available for very-young children/cognitively impaired
- Administration Requirements: Any professional or self-report. MH background not required
- Additional: Evidence-supported. Includes a follow-up screener. Endorsed by: SAMHSA, NIH, DOD, National Action Alliance for Suicide Prevention, Zero Suicide Initiative.
- Cost: Free

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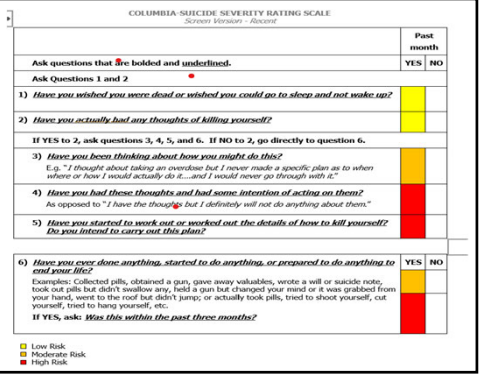
C-SSRS[4]



COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** E.g., *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."*		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to *"I have the thoughts but I definitely will not do anything about them."*		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***Was this within the past three months?***	**YES**	**NO**

Low Risk
Moderate Risk
High Risk

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SAFE-T[13]

- Description: Interview-format to gather information related to suicide risk
- Explores: 1) Ideation within last 48 hours, past month, and worst ever; 2) Plan (timing, location, lethality, availability, preparatory acts); 3) Behaviors (past and aborted attempts, rehearsals versus non-suicidal self-injurious actions); 4) Intent
- Additional: Mobile App available. Endorsed by SAMHSA, SPRC
- Cost: Free

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Screening and Telehealth

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Screening & Telehealth[3]

- Increase check-ins with those with emotional needs prior to the pandemic, especially if they've experienced past suicidal ideation
- Have student's contact information and address on hand if you get disconnected or emergency services need to be contacted
- Know in advance who to refer to if you require consult or if student requires increased supports or emergency response
- Consider emotional impact of pandemic on suicide risk due to increased stressors (e.g., increased: isolation, familial conflict, financial concerns, anxiety and fear, disruption of routines; decreased social support, etc.) and inquire as appropriate

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Screening & Telehealth [3]

- Consider increased access to lethal means (e.g., stockpiles of meds, etc.)
- Increase check-ins and contacts until risk decreases
- Identify people in student's current environment that can help monitor suicidal ideation and behaviors in-person and remotely
- Consider researching tele-health options available for insured and non-insured students

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Reentry

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Reentry Considerations[2]

- Reentry meetings prior to return to school are highly encouraged especially for those identified at high risk or hospitalized for suicidal behaviors

- Purpose:
  - Determine steps needed to ensure readiness to return to school
  - Determine what's needed for a successful transition
  - Plan for the first day/first several weeks back to school

- Recommended Team Members: Admin., school-based BH professional, parent, student (as appropriate), private behavioral health providers (obtain input if they can't attend)

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Reentry Considerations[2]

- Pre-Reentry: Assign BH staff as primary POC upon student's return to obtain input from outside providers regarding recommendations/services needed & serve as school liaison

- Transition Planning:
  - Accommodations:
    - Classwork: Consider allowing for makeup work/work extensions without penalty.
    - Future work: adjust deadlines/reduce academic expectations[4]
    - Other: accommodations/modifications to reduce stress, tutoring to assist with missed instructional time
  - Safety:
    - Alternative lunch/recess spaces
    - Determine other supervisory & monitoring needs
    - Determine plan of support when student is away from school

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Reentry Considerations[2]

▶Transition Planning:

- Behavioral Health Supports:
  - Daily check-ins & check-outs with school BH staff for first couple of weeks
  - Temporary increase of counseling supports (consider at least weekly for21 months)P/I
  - Be aware of student's warning signs
  - Use this time to address ongoing concerns (social or academic)
  - Provide temporary check-ins with caregivers at agreed upon intervals to provide supports
  - Determine supports if student is not in school

▶Helpful Considerations:

- Consult with hospital team/private provider to ensure student's readiness to return, continuity of services, & develop successful safety planning

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Informing Teachers and Confidentiality[1,10]

- DO inform student is returning after a medically-related absence & accommodations needed[1,2,10]
  - Only share information necessary to preserve safety (e.g., related to their treatment and support needs)
- DO share that depression and suicide are areas of concern[10]
- DO educate about warning signs so they can refer if needed[12]
- DO advise that if there are concerns regarding suicidal behavior, that they should accompany student to the school BH staff for immediate attention[4]
- DON'T share clinical information on details related to suicidal behavior (e.g., details of MH diagnoses or possible contributing factors) [1,2,10]
- DON'T have general classroom discussions. They violate confidentiality[1,2,10]

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FERPA[10]

▶FERPA allows us to disclose student information without consent, to appropriate parties if that information is necessary to protect the health and safety of the student.

▶If we have a student that is suicidal or expressed suicidal thoughts, then school officials may interpret this as a significant threat to health or safety

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Safety Planning

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Safety Planning

▶What a safety plan is:
- A brief plan developed *collaboratively* with student/family to reduce suicide risk
- Serves as a reference point and support if thoughts of suicide occur

▶What safety planning is not:
- Political or moral discussion
- Discussion of permanent removal of means

▶Special notes:
- Create the safety plan after the crisis, when the person isn't experiencing intense suicidal thoughts and when they can think clearly.

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Safety Plan Components[14]

1. Identify warning signs/cues and triggers of potential crises. What are triggering stressors (events, thoughts, moods, body signals, etc.)? E.g., anniversaries, losses,...
   - Encourage to implement the plan once they're aware of their warning signs
   - Use the student's own words
2. Identify internal coping strategies. What can they use on their own without contacting anyone? E.g., relaxation techniques, exercise, funny movies, painting, journaling
3. Distracting from the crisis. What can be done to distract from their feelings or thoughts? Identify specific people or social settings that provide distractions from suicidal thoughts.

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Safety Plan Components[14]

4. Identify supports – family, peers, supportive adults, etc. the student can talk with to help resolve a crisis. List contact information!
5. Identify emergency/crisis numbers and local behavioral health resources to contact during a crisis
6. Identify how to keep the environment safe. Reduce access to lethal means. Do they need to give their medication to an adult to hold?
7. List important reasons to live or how/why they're still alive**
8. Review periodically

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After Safety Plan Development[14]

1. Assess the likelihood the safety plan will be used and problem solve to identify barriers to using the plan
2. Discuss where the student will keep the plan and how to locate it during a crisis
3. Ensure the format is appropriate to the individual needs of your student
4. Review periodically. Consider this plan as a working document.

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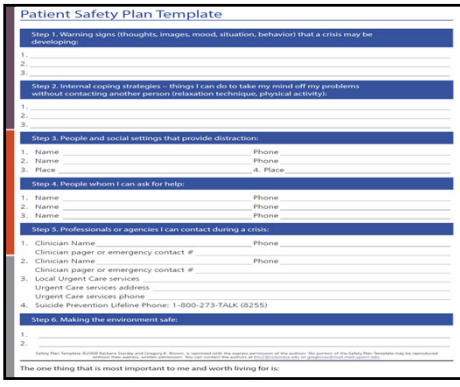
Patient Safety Plan Template

Step 1. Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1.
2.
3.

Step 2. Internal coping strategies – things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1.
2.
3.

Step 3. People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4. People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5. Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
   Clinician pager or emergency contact # _____
2. Clinician Name _____ Phone _____
   Clinician pager or emergency contact # _____
3. Local Urgent Care services
   Urgent Care services address _____
   Urgent Care services phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6. Making the environment safe:

1.
2.

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The one thing that is most important to me and worth living for is:

https://www.sprc.org/resources-programs/patient-safety-plan-template

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Resources

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24/7 National Crisis Support Lines

1. Crisis Text Line
   Text HOME to 741-741
2. Trevor Lifeline (For LGBTQ Youth)
   1-866-488-7386
3. Trans Lifeline
   1-877-565-8860 or translifeline.org
4. Nationwide Mental Health Crisis and Suicide Prevention Number
   9-8-8

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General Resources

1. National Center for the Prevention of Youth Suicide – preventyouthsuicide.org
2. National Institute of Mental Health – www.nimh.nih.gov
3. Rural Health Information (RHI) Hub - https://www.ruralhealthinfo.org/toolkits/suicide
4. Substance Abuse and Mental Health Services Administration- www.samhsa.gov
5. Suicide Prevention Resource Center – http://www.sprc.org
6. Zero Suicide – zerosuicide.edc.org

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Foundational In-Service Trainings

1. Kognito At-Risk for High School Educators – 1-hour, online, interactive gatekeeper training program that teaches how to identify signs of psychological distress; approach students to discuss concerns; and make referrals to school support services. https://highschool.kognito.com
2. Mental Health First Aid - 8-hour course that builds mental health literacy, and helps to identify, understand, and respond to signs of mental illness. https://www.mentalhealthfirstaid.org
3. SafeTALK Curriculum– a 4-hour workshop that teaches how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support https://www.livingworks.net
4. Question, Persuade, Refer (QPR)- evidence-based gatekeeper training program that teaches individuals the warning signs of a suicide crisis and how to respond. https://qprinstitute.com/

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Advanced Training in Risk Assessment

1. Applied Suicide Intervention Skills Training (ASIST)
   A workshop designed for caregivers of individuals at risk of suicide.
   http://www.livingworks.net/programs/asist
2. Assessing and Managing Suicide Risk (AMSR)
   A one-day workshop focusing on core competencies to assessing and managing suicide risk.
   http://www.sprc.org/training-events/amsr or amsr@edc.org.
3. Recognizing and Managing Suicide Risk (RRSR)
4. QPRT Suicide Risk Assessment and Risk Management Training Program
5. Zero Suicide
   http://zerosuicide.sprc.org/resources/suicide-care-training-options

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Creating a District/School Mental Health Emergency Response Plan

1. American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention- https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model_School_Policy_Booklet.pdf
2. American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Waltham, MA: Education Development Center. Retrieved from https://afsp.org/after-a-suicide-a-toolkit-for-schools
3. Cowan, K. C., Vaillancourt, K., Rossen, E., & Pollitt, K. (2013). A framework for safe and successful schools [Brief]. Bethesda, MD: National Association of School Psychologists. - http://www.nasponline.org/SCHOOLSAFETYFRAMEWORK
4. Substance Abuse and Mental Health Services Administration (2012). *Preventing Suicide: A Toolkit for High Schools*. - https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

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Safety Plans

1. Suicide Prevention Resource Center. Safety Planning Guide: A quick guide for clinicians. http://www.sprc.org/resources-programs/safety-planning-guide-quick-guide-clinicians
2. Suicide Prevention Resource Center. Patient safety plan template. http://www.sprc.org/resources-programs/patient-safety-plan-template
3. Safety Plan App (Android & Apple)
4. Virtual Hope Box App (Android & Apple)

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Supports During COVID-19

MHTTC. Mental Health Resources for K-12 Educators during COVID-19- https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/mental-health-resources-k-12-educators-during-covid-19

MHTTC. Mental Health Resources for Parents and Caregivers during COVID-19 - https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/mental-health-resources-parents-and-caregivers-during-covid

National Association of School Psychologists. COVID-19 Family and Educator Resources. https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/family-and-educator-resources

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3. Center for Practice Innovations of Columbia Psychiatry. New York State Psychiatric Institute (n.d.) *Telehealth Tips: Managing Suicidal Clients During the COVID-19 Pandemic.* http://zerosuicide.edc.org/resources/telehealth-tips-managing-suicidal-clients-during-covid-19-pandemic
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Evaluation Information

The MHTTC is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.

https://ttc-gpra.org/P?s=240296

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