

# Texas Suicide Safer Schools Implementation Guide and Tools

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***Written by Dr. Scott Poland and Dr. Donna Poland, August 2016***

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*Input and Review: Texas Suicide Prevention Council & Texas School District Representatives*

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*“.....it’s our responsibility to build an environment in our schools that is dedicated to suicide prevention.”*

## **Introduction to Texas Suicide Safer Schools Implementation Guide and Tools**

“The research and literature for suicide prevention in schools has come a long way in the last 15 years. We think that is evident in the report that was compiled last year entitled “Suicide Safer Schools in Texas,” where recommendations were made for best practices in suicide prevention, that schools should improve their use of best practices and be in compliance with all existing Texas legislation related to suicide prevention policies.

“With this guide to implementation and its accompanying tools, we hope to go a step further. We are trying to create a guide for Texas schools that will unify and help employ all the best practices and recommendations from experts, along with the current research that is available.

“There is an overarching Texas State Plan for Suicide Prevention that is based on the National Strategy for Suicide Prevention. By working from this plan in our statewide infrastructure for suicide prevention, we hope to build a sustainable and comprehensive suicide prevention system across the state. Using all the existing best practices and evidence



based practices for behavioral health and healthcare and working from a model with proven success, our goal is to reduce suicides.

“Let’s think about a person at risk for suicide who might be in our community. If that person enters into a health care or behavioral health care system, we want that system to be caring and competent enough to provide suicide care that directly meets the patient’s needs in the least restrictive setting possible.

“We would want the person at risk to be disarmed if they had any lethal means by which to take their own life, such as a weapon or pills, as well as staff counseling with the person to restrict access to such lethal means. We would want the person at risk to have a safety plan to use when they felt they were at risk. We would want the person at risk to interact with a workforce that is highly trained in best practices and ready to intervene.

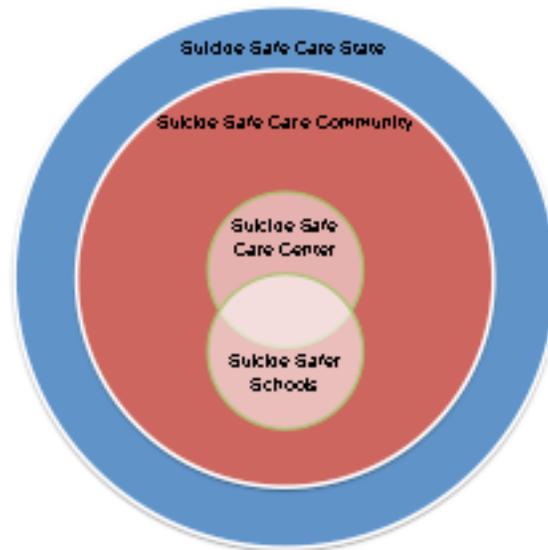
“We would also expect our person at risk to be cared for through all transitions in care and be followed up through their entire span of treatment and aftercare. We would want to ensure someone from the agency treating the person at risk was following up to be sure that he or she was safe and had transitioned smoothly back home or to whatever new care setting was chosen. We would want the agency to have proven policies and procedures and trainings for suicide prevention and intervention. We would want to know that the leadership of this agency was fully dedicated to doing all they could to prevent all deaths of suicide by anyone receiving healthcare at their agency.

“This is what we mean by a systematic approach. It is an approach where an entire “system” does not rely on just one or two key staff or volunteers to get the job done, a system where all staff have a responsibility to the person at risk and all staff know what their role is in that system. Technology is built into the system to assist staff in making decisions that leadership wants, such as triaging people at risk and decision trees with examples and flow charts to help staff understand policies and processes. And finally there is data collected about what the agency cares about, which is reviewed regularly to look for trends, errors, and ways to improve.

“We believe that students in Texas public schools would greatly benefit from a similar systematic approach to preventing suicide. By taking concepts such as the suicide safer care center/ zero suicide model and thinking through the parts of good school suicide prevention, intervention and postvention, we have developed this guide. We hope that the following graphics, logic model, and outline of our “Suicide Safer Schools in Texas” concept will help to introduce you to this guide and the accompanying tools and materials.



## TX Suicide Safe Care Model Extended to Schools



“We are very excited about this work being done in our state. We have achieved great success county by county and quite a bit of national recognition for our suicide safer care center work. If we can all work together in this coordinated and comprehensive way, we believe we will drive the suicide rate down and come closer to eliminating suicide in our healthcare systems and our schools. “ – Jenna Heise, Texas Suicide Prevention Coordinator, Texas Health and Human Services Commission

### **Why a suicide safer environment in Texas schools is important and how it can be accomplished!**

The Texas Department of State Health Services (DSHS), Mental Health America of Texas and the Texas Suicide Prevention Council collaborated in 2015 to produce the Suicide Safer Schools (SSS) in Texas report which was made available to all Texas schools. The goal of this report was to create a state of the art report for suicide safer schools by presenting meaningful and practical recommendations for Texas public schools K-12. The report was further designed to inform Texas educators about the incidence of youth suicide and to emphasize the responsibility of school leadership to increase suicide awareness, enhance protective factors, build resilience in students, and intervene and get help for a suicidal student.

Why is it important for schools to make suicide prevention a high priority? The Suicide Safer Schools in Texas Report clearly identified the percentages of young people in our schools who contemplate taking their lives every year.

Depression, substance abuse, bullying, and mental illness are just a few of the issues that our young people deal with while they are seeking an education. It isn't sufficient for school administrators, counselors, and teachers to hope that suicide doesn't happen on their campuses or to seek information AFTER a student has attempted or died from suicide. Instead, it's our responsibility to build an environment in our schools that is dedicated to suicide prevention.

A pilot survey of Texas educators and leadership, reported in the Suicide Safer Schools in Texas Report in 2015, revealed that only 48% believed their school had a procedure for screening depression and/or suicide in students. Fifty-six percent of the overall respondents' schools had provided suicide prevention training to students and parents through guidance lessons or group counseling of a broader nature that did not specifically mention suicide prevention. Sixty-seven percent of the respondents did not know or were unsure of any district information or campus improvement plans that included suicide prevention.

At the same time, 89% of the educator respondents indicated they had personally responded to a youth suicide – and 100% of the respondents felt their schools needed more information and guidance on suicide prevention/intervention strategies. This type of data shows there is much work to be done to prepare our educators with the necessary knowledge they will need to respond if a student in their care expresses suicidal thoughts, makes a suicide attempt, or dies by suicide. Included in this work must be the education of our students since they are often the first to know that a fellow student is depressed and possibly contemplating suicide.

This message that schools need to consider suicide prevention is not new. But, the means to achieving a suicide safe school environment in Texas schools will be made easier with this **Suicide Safer Schools in Texas Implementation Guide and Tools**. While compiling some of the contents of this guide -- such as simple checklists for training personnel, identifying at-risk students, and having a prevention, intervention, and postvention procedures we kept in mind all that we had learned a lot from our Texas health and behavior health care systems. This is the first time, that we know of, that a state has taken the lessons learned from behavioral health and healthcare for suicide safer care and extrapolated the model for use for a new system like schools. We have worked here to write a Texas specific manual for *how to create a suicide safer school* with real life examples, sample policies, and tools for success with proven success. We took a nationally recognized model called Zero Suicide from Behavioral Health and Health care that has proven to reduce the rate of suicidal patients in care by over 60%. As the National Action Alliance for Suicide Prevention noted, Zero Suicide "is both a concept and a practice. Its core propositions are that suicide deaths



for people under care are preventable, and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept.”

## What is Suicide Safer Care or Zero Suicide Texas?

We have worked in collaboration with the national experts to create what we call “Suicide Safer Care” or Zero Suicide Texas. We moved from using the phrase of “suicide prevention” to Suicide Safer Care because we thought the “care” emphasized all aspects involved in effective prevention of suicide attempts and deaths. The concept and phrasing “suicide care” works to include, prevention, intervention and postvention.

In Texas we have a State Plan for Suicide Prevention that was written to mirror the National Strategy for Suicide Prevention and add Texas specific goals and strategies. One of these goals nationally and in our state is to reduce suicides to the audacious goal of “zero.” It is no longer acceptable that we strive to reduce death when our ultimate goal should be to strive to eliminate death in our systems of care.

This ambitious goal has been accomplished in a few health care systems in America, as well as here in Texas. For example, we have a pilot site for a youth suicide prevention grant that was able to achieve eleven months of zero suicides of people who were using their community mental health system.

The goals of the Zero Suicide in Texas (ZEST) initiative are to improve identification, treatment, and support services for high risk youth by creating *Suicide Safe Care Centers* within the public mental health system; to expand and coordinate these best practice suicide prevention activities with other youth serving organizations and community partners to create *Suicide Safe Care Communities*; and to implement research-informed training and communications efforts to create a *Suicide Safe Care State*. <https://sites.utexas.edu/zest/>

The Texas Department of State Health Services (DSHS)/ Health and Human Services Commission (HHSC) has undertaken the aspirational goal of perfect patient safety for individuals receiving care through its public mental health system. DSHS, with support from a grant from the Substance Abuse and Mental Health Services Administration, is partnering with community mental health centers to develop suicide safe care in communities through the adoption of best practices. DSHS and Mental Health America Texas also sponsored the Texas Suicide Safer School Plan, written by Drs. Scott and Donna Poland in 2015.

In the Texas SSS Plan, the vital role that schools must play in identifying suicidal youth and securing community services to assess and manage their suicide risk was emphasized. It is critical that suicidal students be identified at school, so that they can receive the needed services in the public mental health system and be provided continual support at school during and after the receipt of these services. We recognize that the Zero Suicide Texas in



behavioral health and health care settings is a clinical model with treatment components that are not included in the adaptation for schools. We are calling this model Suicide Safer Schools and not “Zero Suicide Schools” since this is not a healthcare setting to provide treatment. The goal at schools is to have a healthy and safe learning environment.

Just as we are striving in Texas for a comprehensive and strategic Suicide Safer Care public behavioral health system, we are also now striving for Suicide Safer Schools. By using many of the same principles and tools from the Zero Suicide model for healthcare and adapting them for the school environment, we can create a similar result with the aspirational goal that no student will be lost to suicide while enrolled in our schools. This implementation guide gives Texas state, school and community leaders concrete steps and tools to provide for Suicide Safer Schools in our state.

#### Suicide Safe Care State:

- Coordinated state leadership
- Guiding state strategic plan
- Statewide public awareness
- Statewide technical assistance

#### Suicide Safe Care Community:

- Local coalitions
- Regional summits
- Gatekeeper training
- Coordinated care and referral

#### Suicide Safe Care Centers:

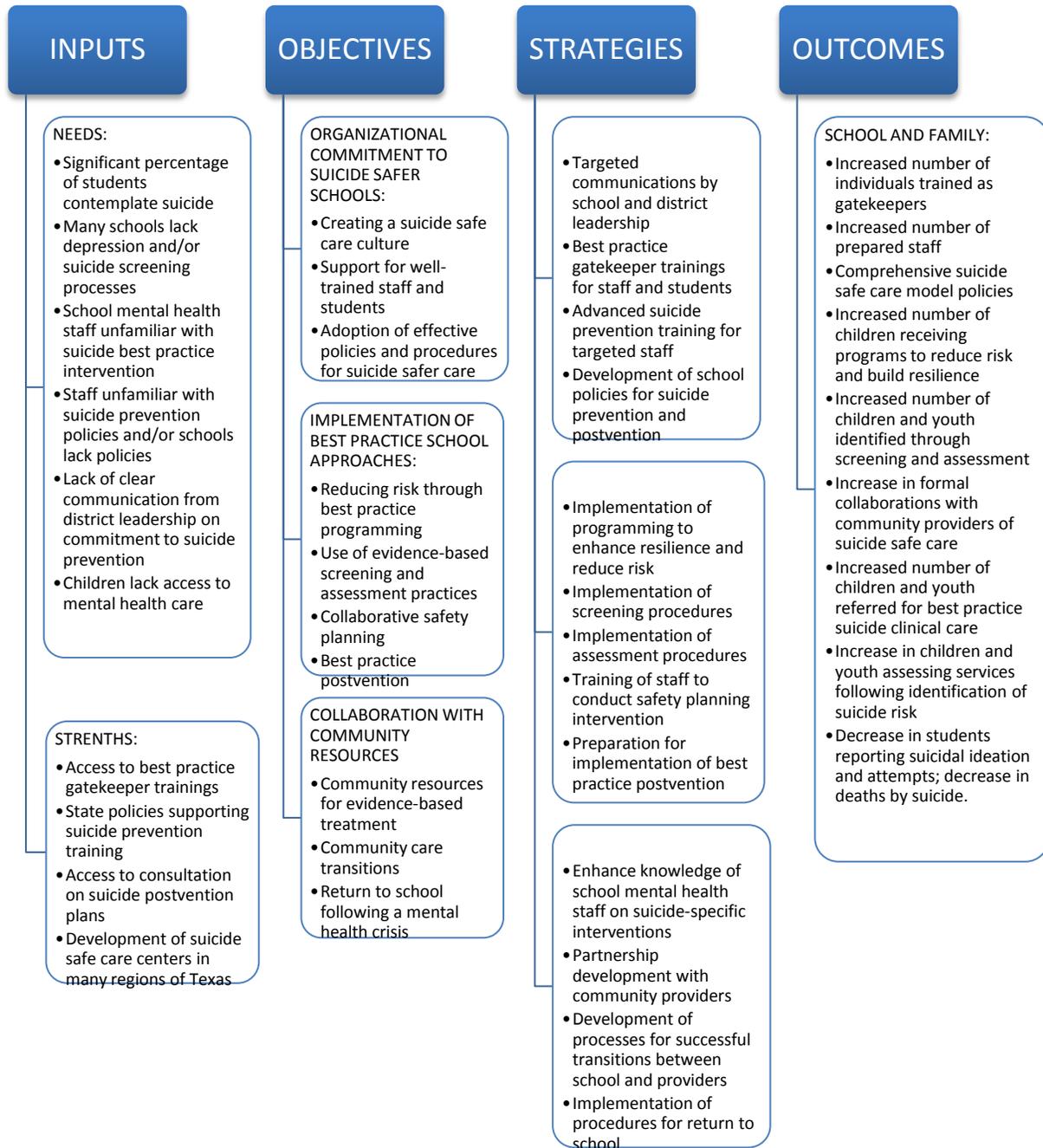
- Zero Suicide leadership and culture
- Evidence-based screening and assessment
- Pathways to care
- Competent workforce
- Effective interventions

#### Supportive Policies Suicide Safer Schools:

- Leadership promoting a suicide safe school culture
- Model suicide safe schools policies
- Well trained staff and students
- Treatment provides pathways to care linked with suicide safe care centers
- Screening/Assessment procedures for students at-risk
- Student re-entry procedures
- Postvention policy



# Texas Suicide Safer Schools Logic Model

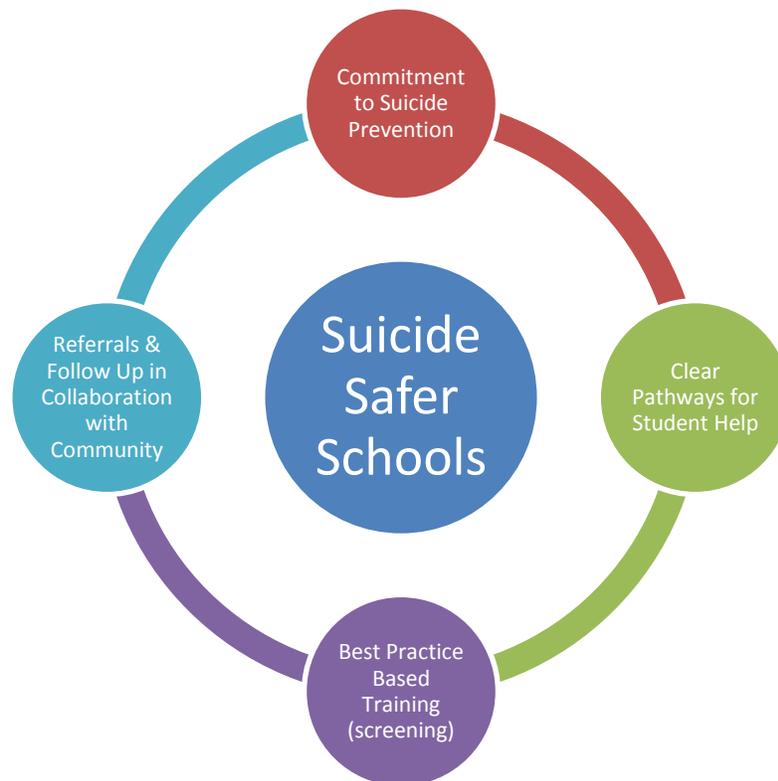


To further explain the Suicide Safer Schools model, we have created the Logic Model to show the thought process behind this guide. It includes the needs, objectives, strategies and possible outcomes that a school can use to measure success in Suicide Safer Schools.

**Source:** Developed by Molly Lopez, Merily Keller & Michel Froneberger to align with the Zero Suicide logic model described in <https://sites.utexas.edu/zest/>.



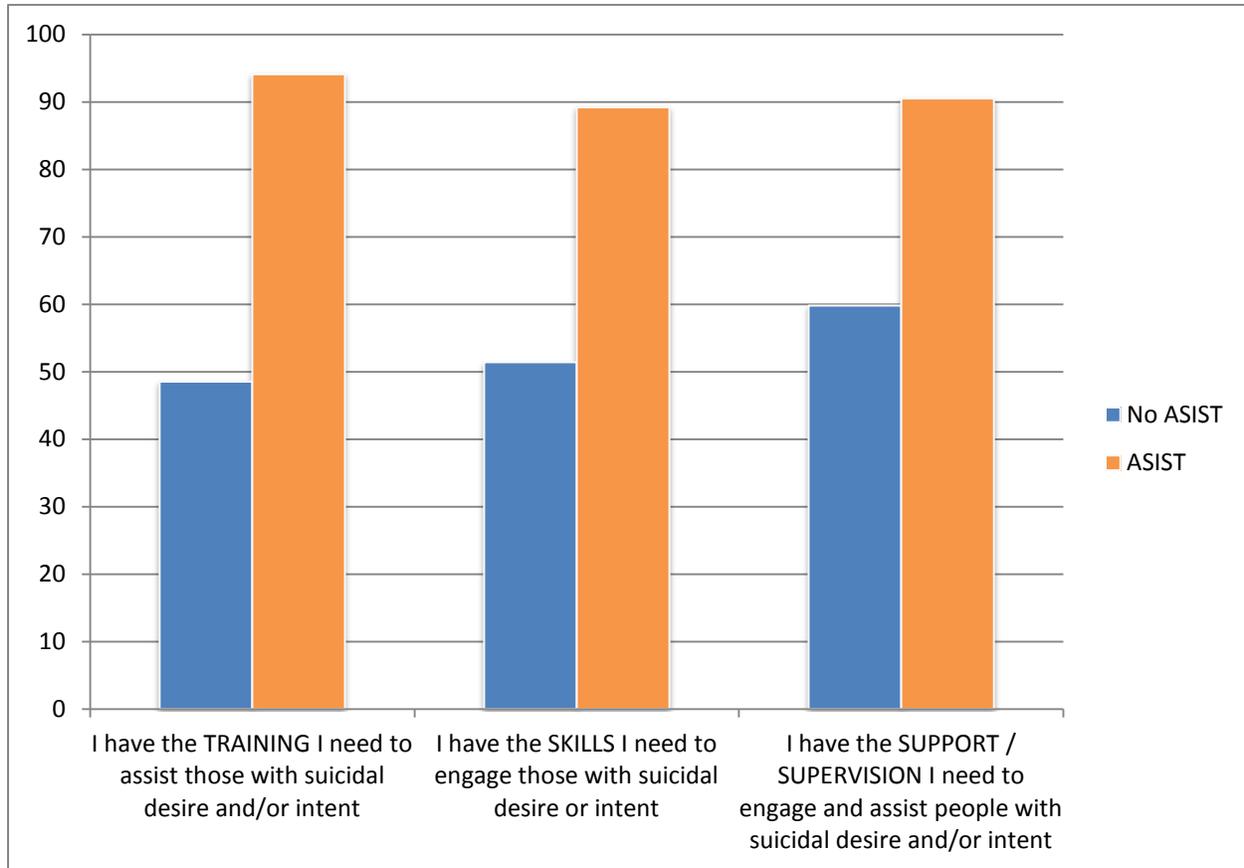
# Essentials of Suicide Safer Schools in Texas



Identified by the National Action Alliance for Suicide Prevention, the core dimensions of a suicide safe school closely follow those of a suicide safer center and include:

- Creating a leadership-driven, safety-oriented culture that commits to dramatically reducing suicide
- Systematically identifying and assessing suicide risk levels among people at risk
- Ensuring all persons have a pathway to care that is both timely and adequate to meet their needs
- Developing a competent, confident, and caring workforce
- Promoting effective, evidence-based care, including collaborative safety planning, restriction of lethal means, and effective treatment of suicidality
- Continuing contact and support, especially after acute care
- Applying a data-driven quality improvement approach to inform system changes that will lead to improved student) outcomes and better care for those at risk

## Perception of Workplace by Training Status (Texas Department of State Health Services 2015)



Applied Suicide Intervention Skills Training (ASIST) is a two day national training program that was very well received in Texas and found to significantly raise the confidence and skills of those who completed the training. ASIST has the following objectives:

1. Recognize that caregivers and persons at risk are affected by personal and societal attitudes about suicide.
2. Discuss suicide in a direct manner with someone at risk.
3. Identify risk alerts and develop related safe plans.
4. Demonstrate the skills required to intervene with a person at risk of suicide.
5. List the types of resources available to a person at risk, including themselves.
6. Make a commitment to improving community resources.
7. Recognize that suicide prevention is broader than suicide first-aid and includes life promotion and self-care for caregiver.

Creating a suicide safer school culture in each school community requires a plan that addresses the components in the following graphic: leadership that understands and embraces the fact that a significant number of adolescents in our schools experience deep depression and have suicidal thoughts, plans, and have even made suicide attempts; that staff need to be trained to recognize and respond to the needs of their students; that a pathway to care is made available in your school so that students have the benefit of being assessed for intervention rather than overlooked; that community resources have been identified and are available; that student re-entry strategies are recognized as essential for future well-being, academic, and social success of the student; and that postvention protocols in the event of a suicide have been anticipated and can be implemented with compassion, confidence, and consistency. The following graphic (next page) illustrates the cyclical nature of developing, nurturing, and ensuring a suicide safer schools culture.



## Key Components for A Suicide Safer School Culture

