Suicide and Self-Harm Prevention in Schools

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Disclaimer

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Learning objectives:
Gain an understanding of what self-harm and the spectrum of behaviors related to self-harm.
Learn about benefits and challenges of school-based prevention efforts for self-harm and suicide.
Learn about best practices from Multi-tiered System of Support and SAMHSA to support prevention of self-harm.
Suicide is a Public Health Problem

Suicide Rates from National Vital Statistics System, 1999-2014 (Curtin et al, 2016)

Figure 2. Suicide rates for females, by age: United States, 1999 and 2014

NOTES: For all age groups, the difference in rates between 1999 and 2014 is significant (p < 0.05). Suicides are identified with codes U03, X60–X64, and Y87.0 from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. Access data for Figure 2 at: http://www.cdc.gov/nchs/data/dsd/dvsh9924.htm, table DR4.


Figure 3. Suicide rates for males, by age: United States, 1999 and 2014

NOTES: For all age groups, the difference in rates between 1999 and 2014 is significant (p < 0.05). Suicides are identified with codes U03, X60–X64, and Y87.0 from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. Access data for Figure 3 at: http://www.cdc.gov/nchs/data/dsd/dvsh9924.htm, table DR4.
<table>
<thead>
<tr>
<th>Behavior</th>
<th>High School Estimates (YRBS, 2015)</th>
<th>Definition</th>
<th>Risk/Relation to Suicide (Fowler, 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Attempt</td>
<td>8.6%</td>
<td>A potentially self-injurious behavior associated with at least some non-zero intent to die.</td>
<td>*strongest predictor; method critical to understanding risk * Multiple attempts * Moderate false positive rate</td>
</tr>
<tr>
<td>Interrupted Attempt</td>
<td>?</td>
<td>Person begins to take steps toward making a suicide attempt but somebody else stops them prior to any self-injurious behavior.</td>
<td>Unknown predictive strength</td>
</tr>
<tr>
<td>Aborted Attempt</td>
<td>?</td>
<td>Person begins to take steps toward making a suicide attempt but stops themself prior to any self-injurious behavior.</td>
<td>Unknown predictive strength</td>
</tr>
<tr>
<td>Non-Suicidal Self-Injury</td>
<td>13-21% (Barrocas, 2012)</td>
<td>Self-injurious act without any intent to die. Often associated with other goals, such as to relieve distress.</td>
<td>*Strong predictor, potentially equal to suicide attempt</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>17.7%</td>
<td>Thinking about killing self; ranges from passive (wish to be dead) to active (thoughts about killing oneself).</td>
<td>* High false positive risk;</td>
</tr>
<tr>
<td>Distal Risk Factor</td>
<td>Proximal Risk Factor</td>
<td></td>
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<tr>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
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<tr>
<td>Prior self-injury</td>
<td>Stressful Life Events- particularly those with high levels of shame/embarrassment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychopathology (Esp. Comorbid Depression, Panic, Substance Use, Conduct Disorder)</td>
<td>Accessible Means</td>
<td></td>
<td></td>
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<tr>
<td>Impulsive-Aggressive Traits</td>
<td>Intense Affective State+ Sleep Disturbance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity (likely related to social conditions including assimilation, disruption of social structure, minority stress)</td>
<td>Academic /Employment Difficulties</td>
<td></td>
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</tr>
<tr>
<td>Disturbed Family Context/Family history of suicide /Early life adversity</td>
<td>Functional Impairment from Physical Disease/Injury</td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
<td>Suicide in Social Milieu</td>
<td></td>
<td></td>
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<tr>
<td>Sexual Minority</td>
<td>Talking about suicide, burden to others, purposelessness</td>
<td></td>
<td></td>
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<tr>
<td>Abuse</td>
<td></td>
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</tbody>
</table>
Multiple Suicide Prevention Strategies Needed

Figure. Estimated Percentages of Suicides Prevented by Use of Different Suicide Prevention Strategies

Christensen (2016) JAMA viewpoint
Reducing Suicide Risk

0.5
2.9
19.8
8
0.3
1.2
4.1
2.9
6.3
4.9
1.1
5.8

Public Awareness
Media Guidelines
Means Restriction
School Based Programs
GP Training
Gatekeeper Training
Coordinated Aftercare
Psychosocial Treatment

Universal Strategies
Selective Strategies
Indicated Strategies

Estimated % of Suicide Attempts Prevented

Estimated % of Suicides Prevented

SAMHSA
Substance Abuse and Mental Health Services Administration
Mental health and academic problems commonly co-
occurred (DeSocio & Hootman, 2004; Roeser et al., 1999)

Schools = the most common site for the identification
and treatment of youth mental health problems (Costello et
al., 2014; Farmer et al., 2003; Lyon et al., 2013)
  • ~20% of all students receive SMH services annually (Foster et al.
    2005)

Schools improve service access for
traditionally underserved youth
(Kataoka et al., 2007; Lyon et al., 2013)
Importance of the School Context

- Service use across sectors by race/ethnicity...

Lyon et al. (2013)
High schools provide an **accessible setting** for identifying youth at-risk (Farmer et al., 2003)

School-based screening/assessment methods could be **substantially improved** (Romer & McIntosh, 2005)

- Practical/staffing concerns
- Only **2% of schools** carry out routine universal emotional health screening
Multi-Tiered System of Support (MTSS)
Provides a Framework for Organizing School Interventions
Components of SAMSHA Framework

- Education for parents
- Education for students
- Education for staff
- Protocol for responding to death
- Protocol to address students at risk
- Screening

SAMSHA Preventing suicide: Toolkit for schools
## Tier 1: Education for Staff, Parents and Students

<table>
<thead>
<tr>
<th>Students</th>
<th>Parents</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Specific Information (Signs of Suicide, Sources of Strength)</td>
<td>Information about programming for youth</td>
<td>Education Programs like QPR, Asist,</td>
</tr>
<tr>
<td>Universal Screening</td>
<td>Information about warning signs</td>
<td>Education regarding crisis response procedures</td>
</tr>
<tr>
<td>Integrated SEL Curricula</td>
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</tbody>
</table>
Parent and Staff Education:
• Garrett Lee Smith legislation: gatekeeper training can be effective in reducing suicide attempts and death by suicide
• Training efforts must be ongoing to yield reductions in suicide-related outcomes (Garraza et al., 2015)

Student Education:
• Studies suggest that interventions designed to enhance students’ skills may be particularly important for school-based suicide prevention efforts (Singer et al., 2015 for review).
Universal Screening

- Effective Identification is Essential for Suicide Prevention
- Screening for suicide risk is challenging
- Assessment places significant resource demands on the gatekeepers and clinicians
- Feasibility is a concern
- Effects of emotional health screening leads to improved detection, but connection to indicated supports demonstrates mixed results
## Tier 2: Selected Interventions

<table>
<thead>
<tr>
<th>Students</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment following screening</td>
<td>Training related to key duties in a crisis</td>
</tr>
<tr>
<td>Supports for Indicated Populations</td>
<td>Identification of students</td>
</tr>
<tr>
<td></td>
<td>Provision of appropriate assessment and supports</td>
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</tbody>
</table>
## Tier 3: Indicated Interventions

<table>
<thead>
<tr>
<th>Students</th>
<th>Parents</th>
<th>Staff</th>
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</thead>
<tbody>
<tr>
<td>Individual intervention</td>
<td></td>
<td>Responding to non-lethal suicidal behavior</td>
</tr>
<tr>
<td>school-based, safety planning, referrals</td>
<td></td>
<td>Responding to death by suicide</td>
</tr>
</tbody>
</table>
Contemporary Research-to-Practice Gaps

• Benefits of decades of research to routine service have been negligible

• It takes **17 years** for just 14% of original research to benefit practice (Balas & Boren, 2000)

**THE LATEST RESEARCH SHOWS THAT WE REALLY SHOULD DO SOMETHING WITH ALL THIS RESEARCH**
I'm back from training.

I got a big binder.

The training is already forgotten, but the binder will last forever.

A living monument to temporary knowledge!
Implementation Determinants

- Factors that obstruct or enable changes in professional behaviors or service delivery processes (i.e., *barriers and facilitators*) (Krause et al., 2014)

- Helpful determinant resources
  - Conceptual frameworks (e.g., CFIR, TDF, etc.)
  - Taxonomy of determinants (Flottorp et al., 2013)
  - Specific measures – e.g., ILS (Aarons et al., 2014), ICS (Ehrhart et al., 2013), OSC (Glisson et al., 2008), etc.
Improvement Strategies

- Methods or techniques used to enhance the adoption, implementation, & sustainment of practices (Powell et al., 2012; Proctor et al., 2013)

- Make training dynamic

- Distribute Educational Materials

- Change school or community sites

- Create or change credentialing / PD standards

Lyon et al. (under review)

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Implementation Outcomes

- Effects of deliberate actions to implement new practices (Proctor et al., 2011)

**Implementation outcomes**
- Acceptability
- Adoption
- Appropriateness
- Costs
- Feasibility
- Fidelity
- Penetration
- Sustainment

**Service outcomes**
- Efficiency
- Safety
- Effectiveness
- Equity
- Student-centeredness
- Timeliness

**Student outcomes**
- Satisfaction
- Functioning
- Symptoms

(Proctor et al., 2011)
Your role in helping youth

Unique position to intervene!

Core tasks are to:
- Ask the question!
- Understand patient’s self-harm
- Assess severity of behavior
- Present options for alternatives
- Monitoring the status, ensuring continuity of care, and reconnect with behavioral health as needed
Ask the question

- Common myth that asking teens about self-harm may be iatrogenic
- There is NO data to support this myth
- Ask the question and practice asking
  - “Have you thought about harming yourself?”
  - “Have you harmed yourself?”
Understanding Self-Harm: Communication

Ask questions needed to assess the behavior can also generate change (e.g., Motivational interviewing)

Facilitate discussion

Prompt patient to think about change

Example questions:

1. This behavior must be serving a function for you. Are there disadvantages to continuing?
2. Is there anything that’s motivating you to stop hurting yourself?
3. There are a lot of options for getting help for this problem. What do you think you would need to stop?
Use a matter of fact, curious yet dispassionate communication style

Validation – a communication strategy that communicates understanding and their actions make sense given their current context

Validate the valid: find the kernel of truth

• It has been really stressful and you are not sure how to handle the stress.
• It’s hard to think of other solutions in the moment of stress because cutting has been immediately effective in the short term, though it has problems in the long term.
<table>
<thead>
<tr>
<th>What to Assess</th>
<th>How to Assess</th>
<th>Indication of High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Ideation</td>
<td>Do you have thoughts of killing yourself? Does this occur when you are engaging in [bx] or other times?</td>
<td>Intense thoughts of suicide while NSSI; Thoughts of suicide before/ after NSSI</td>
</tr>
<tr>
<td>Types</td>
<td>What have you used? What ways do you injure yourself?</td>
<td>&gt;3 methods</td>
</tr>
<tr>
<td>Onset</td>
<td>When did you first begin X?</td>
<td>Early onset; &gt; 6 mo</td>
</tr>
<tr>
<td>Place/Location</td>
<td>What parts of your body have you X?</td>
<td>Genitals; face</td>
</tr>
<tr>
<td>Severity</td>
<td>Has X ever caused bleedings/ scarring? Have you ever gone to the ED due to X?</td>
<td>Hospitalization, reopening of wounds</td>
</tr>
<tr>
<td>Function</td>
<td>What does X do for you? How do you feel before? After?</td>
<td>Any relationship to suicide</td>
</tr>
<tr>
<td>Intensity</td>
<td>How strongly would you rate your urge to X on a typical day (0-100)?</td>
<td>70 or above</td>
</tr>
<tr>
<td>Repetition</td>
<td>How many times have you done this?</td>
<td>&gt; 10</td>
</tr>
<tr>
<td>Episodic frequency</td>
<td>How often do you do this in a typical week?</td>
<td>Multiple times per week; Multiple times per episode</td>
</tr>
</tbody>
</table>
Management and Treatment

• No FDA medications for treatment of self-harm
• Several promising psychotherapy practices (Ougrin et al., 2015)
  • Collaborative Assessment and Management of Suicidality
  • Dialectical Behavior Therapy
  • Mentalization
  • Problem solving therapies
• Common focus on observing and describing thoughts and emotions; more accurately interpret one’s own/others behavior
• Skills related to mindfulness, emotion regulation and interpersonal effectiveness
Conclusions

• Clinicians working in high schools are likely to encounter teens who self-harm

• Clinicians can be prepared to encounter this behaviors by:
  • Aligning their MTSS and SAMSHA frameworks to support students
  • Exploring and understanding their own reactions
  • Understand the function and course of self-harm
  • Be prepared to address the problem with validation and motivational interviewing strategies
  • Refer when teens are willing, harm is dangerous or repetitive, or indicates high risk