



# Suicide Prevention in PBS

*Just as ripples spread out when a single pebble is dropped into water, the actions of individuals can have far-reaching effects*

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## Suicide Prevention in schools

- Role of the school and the classroom teacher in teaching students how to be mentally healthy.
- whole school systems for:
  - identifying students at risk
  - teaching these students the skills they need to recover their mental health

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## First: About you

- Your role
- Age of your students
- Your work location

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**For real**

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**1043 km or 648 miles**

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**Total landmass 163,521 sq miles (about the same as California)**

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**Total Population approx 34000 people**

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**... and about 50 000 crocodiles**

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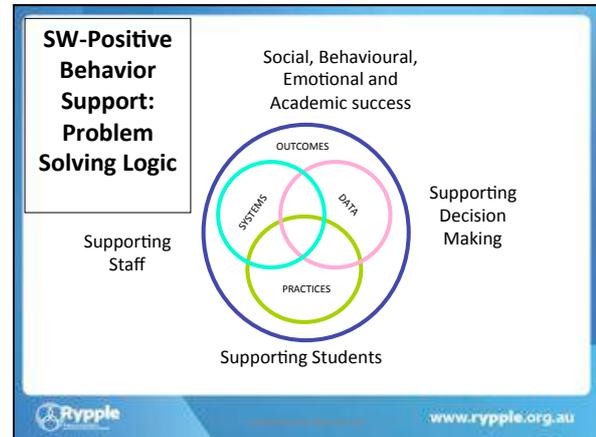
## Our schools are awesome

- 10 currently implementing PBS (since 2013)
- Service a range of students, from wealthy students to students from very disadvantaged Aboriginal communities

**PBS BEHAVIOUR FOCUS**  
Weeks 4 - 5  
*Be Safe*  
'Know your play boundaries'  
Weeks 6 - 7  
*Be Respectful*  
'Keep your words clean and respectful'

**FITZROY VALLEY DISTRICT HIGH SCHOOL**  
Strong Minds  
Sound Culture

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- ### Agenda for this session
- The size of the problem (the data)
  - **Practices** to combat the problem (what can we do in the classroom/ in our interactions with students)
  - **Systems** to support staff to combat the problem (what do staff need in order to help kids? How will you implement and monitor the practices?)

- ### Our skills/confidence (data about adults)
- **Our knowledge and skills**
    - I have been **worried** about a student (being at risk of suicide)
    - I have been **trained** in intervening with students at risk of suicide
    - I feel **confident** intervening with students at risk of suicide

### Suicide Prevention in schools

**Classroom practices** are more effective when schools build **systems** to support Teachers

### A note on terminology:

Issue	Problematic terms	Preferred terms
Language that presents suicide as a desirable outcome	Successful suicide Unsuccessful suicide	Took their own life, ended their own life, died by suicide
Phrases that Associate suicide with crime or sin	Commit suicide Committed suicide	Died by suicide, took their own life
Language that glamorises a suicide attempt	Failed suicide Suicide bid	Made an attempt on his/her life, suicide attempt, non-fatal attempt
Phrases that sensationalise suicide	Suicide epidemic	Higher rates, increasing rates, concerning rates

## Start with the data

- What is the current situation?
- Suicide prevalence in Australia
- Prevalence in your school?



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## Definition of Suicide

- For a death to be classified as a suicide in Australia, it must be:
- ... established by coronial enquiry that the death resulted from a **deliberate act of the deceased** with the **intention** of ending his or her own life.



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## Suicide in Australia 2006-2015

- The number of deaths by suicide in Australia in 2015 was 3027 which equates to 8 people taking their lives in Australia **every day**.
- Suicide is the leading cause of death for Australians aged between 15 and 44



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## Suicide is the biggest killer of young Australians

- 324 Australians aged 15-24 died by suicide in 2012.
- 198 died in car accidents (the second highest killer).



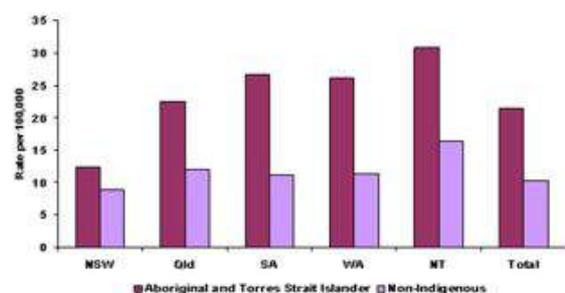
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## Indigenous Australians

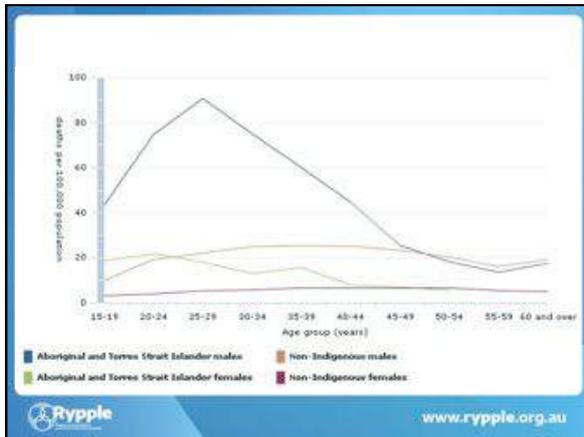
- Suicide rates among Indigenous people in the Kimberley region of Western Australia are among the highest in the world.
- The Aboriginal suicide rate in the Kimberley was more than seven times Australia's average in 2011, with 74 suicides per 100,000 in the Kimberley compared to 9.9 per 100,000 across Australia.



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## Data: about our students

What about the young people we work with every day in schools?

### Major depressive disorder (based on self-report)

One in thirteen (7.7%) adolescents met diagnostic criteria for major depressive disorder in the previous 12 months.

The prevalence of major depressive disorder was far higher when young people provided the information themselves (7.7%) than when their parents and carers did so (4.7%).

### Suicide incidence

- About one in thirteen (7.5%) 12-17 year-olds had seriously considered attempting suicide in the previous 12 months.
- One in twenty (5.2%) had made a plan.
- One in forty (2.4%) or around 41,000 12-17 year-olds reported having attempted suicide in the previous 12 months.
  - Only one quarter of these or 0.6% received medical treatment as a result of their injuries.

### Self Harm incidence

- Around one in 10 (10.9%) of 12-17 year-olds reported having ever self-harmed.

### Question to think about:

How many of these students do we know about at our schools?

Are we currently collecting data about our students' mental health and suicide thoughts which allows us to make decisions about what we can do to support them?

## Suicide prevention and intervention in schools

Current state in our schools (**data**)

Who works in a school which is:

- running a mental health promotion curriculum directly targeting Depression? (**practice**)
- running a suicide prevention curriculum (directly with students)? (**practice**)
- Who has done a Gatekeeper program (suicide awareness and intervention)? (**system**)

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## Suicide prevention in schools

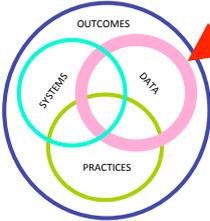
Current focus is at Tier 3 (individualised supports)

Without a strong, evidence based Tier 1...  
Or Tier 2...

Or data collection systems to identify students...  
Or systems to support staff in practices...  
We have a bit to do...

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To get good outcomes we have to:



Get good data on our kids:  
**Who** needs more help?  
**What** do they need help for?

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## More data:

- What is the state of mental wellbeing amongst our students?
- **Who** needs more support?
- Student voice = more accurate data

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## Data about student Mental Health and suicide

Screening of the whole school population is recommended

Asking every single child about their mental health and if they are thinking of killing themselves.

Remember: About one in thirteen (7.5%) 12-17 year-olds had seriously considered attempting suicide in the previous 12 months.

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## Screening (review findings)

- Screening programs successfully identified students at risk who otherwise would not have come forward for help, with studies reporting that between 4% and 45% of students screened were identified as needing further support,
- Screening students for suicide risk does **not** appear to cause undue distress among participants

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## Data: Screening

What are the options for screening?

Free questionnaires:

- SDQ (Strengths and Difficulties Questionnaire)  
[http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz\(Austral\)](http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz(Austral))
- The Columbia Scale (specific to suicide)  
<http://cssrs.columbia.edu>

**Other screens are available for \$**


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## The SDQ – self report (online version)

### Strengths and Difficulties Questionnaire

S 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name: \_\_\_\_\_ Male/Female

Date of birth: \_\_\_\_\_

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


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## The Columbia Screen (C-SSRS)

### C-SSRS for Communities and Healthcare

HOME > THE COLUMBIA SCALE (C-SSRS) > C-SSRS FOR COMMUNITIES AND HEALTHCARE

THE C-SSRS FOR YOUR SETTING


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### COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screener/Recent – Self-Report

Answer Questions 1 and 2	In The Past Month	
	YES	NO
1) <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>	<input type="checkbox"/>	<input type="checkbox"/>
2) <i>Have you actually had any thoughts about killing yourself?</i>	<input type="checkbox"/>	<input type="checkbox"/>
If YES to 2, answer questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) <i>Have you thought about how you might do this?</i>	<input type="checkbox"/>	<input type="checkbox"/>
4) <i>Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?</i>	<input type="checkbox"/>	<input type="checkbox"/>
5) <i>Have you started to work out or worked out the details of how to kill yourself?</i> <i>Do you intend to carry out this plan?</i>	<input type="checkbox"/>	<input type="checkbox"/>


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## Is asking those questions risky?

- Can we put the idea in someone's head by asking?


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## No. Asking is the safest thing

- Mathias et al, 2012 What's the Harm in Asking about Suicidal Ideation?
- The study tested patterns of change in self-reported suicidal ideation with repeated assessment across a period of up to two years, with adolescents.
- Being assessed more often was related to **less** suicidal ideation by the final assessment


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## Data: will parents freak out?

Probably.

Before we collect data we need to build systems for:

- Informing parents
- Consent (active or passive)
- Providing intervention for students identified



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## Activity:

A parent comes to you and says:

*“Why are you screening the kids?”*

*And*

*“I’m worried that by screening the students for mental health problems, you will put the idea of suicide into their heads”*

What are some things you could say?

Discuss with the person next to you



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## Some people HATE MH screening



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## Some people hate data...



As part of their religious Code, Scientologists pledge “to expose and help abolish any and all physically damaging practices in the field of mental health” – including school screening.



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## Data: Summary

- We need the data because we need to know which students need more help. If we don’t ask, they often don’t tell.
- Whole school screening is
  - a) effective
  - b) not distressing
- Before we do it we need to educate our school community so they don’t freak out.



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Teachers can TEACH our students to be mentally healthy

Mental Health Teaching Curriculum/ program at Tier 1, 2 and 3

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### Practices:

- What can we do for ALL students?
- What can we do for students who are vulnerable and need more support?

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### Suicide prevention in schools

- Support for teachers is essential.
- Most teachers do not have confidence in their abilities to manage mental disorders or prevent suicide
- Take a TEACHING perspective (we teach skills)

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### Programs/effective practices exist for all types of problems at Tier 2:

- Conduct
- Peer Problems/ social skills
- Inattention/hyperactivity
- Trauma
- Anxiety
- Depression
- Even suicide thoughts and self harm

The trick is building **systems** do we can provide them to kids at need

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### Suicide prevention: Universal (Tier 1)

“A comprehensive plan to combat youth suicide includes

- health promotion,
- prevention,
- intervention,
- and postvention.”

- Katz et al 2013 (review)

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### Whole school suicide prevention

- What can PBS Leaderships teams do?
- Build **systems** to select, implement, monitor impact of curriculum for
  - health promotion, (Tier 1)
  - prevention, (Tier 1)
  - intervention, (Tier 2)
  - and
  - develop plans for postvention

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## Practices: Suicide Prevention Curriculum

Criteria for High School **Universal** Suicide Prevention Program

- Delivered by Teachers directly to all students and all staff
- Designed for use with adolescents
- Directly addresses suicide, both risk and protective elements
- Includes a focus on enhancing protective factors: personal control, problem-solving skills, self-esteem and network support, and/or skill training, behavioural change, and coping strategies and social support
- Focus on both students and staff identifying someone who may be at risk, and actions to take
- Student resources available at low price/ free
- Training available online or for low cost
- Short duration (1-4 sessions)


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Program name	Summary	Time cost/ duration	\$ cost	Training requirements and cost
<b>More Than Sad</b>	Teaches teens to recognize the signs of depression in themselves and others, challenges the stigma surrounding depression, and demystifies the treatment process.	Several short lessons	Downloadable free	Download resources free
<b>Break Free From Depression</b>	A 4-module curriculum focused on increasing awareness around adolescent depression and help seeking behaviour Includes plus parent and staff sessions	4 in class sessions	Free	Webinars available free
<b>Lifelines</b>	Lifelines seeks to increase the likelihood that school staff and students will know how to identify at-risk youth when they encounter them, provide an appropriate initial response, and obtain help, as well as be inclined to take such action.	Four 45-minute lessons.	Package \$225	Online training available free
<b>SOS Signs Of Suicide</b>	Students are screened for depression and suicide risk and referred for professional help as indicated. Students are taught the ACT technique: acknowledge that there is a problem, let the person know you care, and tell a trusted adult.	Several short lessons	Package \$395	Not compulsory but available \$2k per site


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## Sources of Strength Australia

Australian National University (ANU)  
Centre for Mental Health Research

**Recruiting schools to be part of a study!**

- Project team
- [Associate Professor Phil Batterham](#)
- Principal investigator
- [Dr Alison Calear](#)


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## Online supports for students:

- Bite Back – Positive Psychology, Black Dog Au  
<https://www.biteback.org.au>
- Mood Gym  
<https://moodgym.com.au>
- BRAVE  
<https://brave4you.psy.uq.edu.au>
- Beyond Now (app)  
<https://www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning>
- Me, Mood, Get Active  
[http://www.memoodgetactive.det.nsw.edu.au/?mimga\\_home\\_page=me-mood-get-active](http://www.memoodgetactive.det.nsw.edu.au/?mimga_home_page=me-mood-get-active)


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## Activity: Take out your phone

- With 2 others sitting near you
- You have 2 minutes to
- google one program
- Share what you find with the others near you


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## Activity: Online supports for students

Bite Back <https://www.biteback.org.au>  
 Mood Gym <https://moodgym.com.au>  
 BRAVE <https://brave4you.psy.uq.edu.au>

**Questions:**  
 Who for?    Cost?    What is it about?


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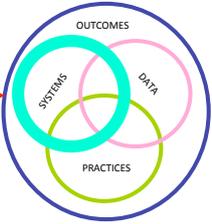
## Practices: Summary

- Programs exist which directly teach students about what to do if they or others are at risk of suicide
- Many are cheap or free
- You can become a research site and get help!
- Online interventions are efficacious and available

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We need to:

Help the adults in our school →



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## Systems – supporting the adults

- Gatekeeper training
- Awareness training
- Curriculum training and Technical Assistance
- Data collection training
- Data analysis systems (who gets additional help?)
- Systems to keep all of the above going

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## Gatekeeper training

Programs which teach staff:

- how to identify students at risk
- How to ask “are you thinking about killing yourself?”
- What to do

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## Gatekeeper training options

- Gatekeeper  
<https://www.mhc.wa.gov.au/your-health-and-wellbeing/mental-health-and-you/suicide/suicide-prevention-training/>
- ASIST (Applied Suicide Intervention Strategies Training) <http://www.livingworks.com.au/programs/asist/>
- Youth Mental Health First Aid  
<https://mhfa.com.au/cms/youth-course-information>
- STORM <http://www.stormskillstraining.com>
- Others?

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## Awareness training for all staff

**Discuss with the person next to you:**

What is the current level of knowledge in your staff about suicide prevention?

What information from today will you share with them to increase their awareness?

What other questions need to be answered in a session for your whole staff?

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## Systems: Support choosing a program

- SAMHSA questions guide



### Questions To Ask as You Explore the Possible Use of an Intervention

#### Implementations

- Where has this intervention been implemented? In what settings? With what populations?
- What are the particular challenges to effective implementation? How might these challenges be overcome?
- What common mistakes have been made, and how can we avoid them?
- Can you provide contact information for two or three directors of implementation sites that are currently in the process of implementing the intervention?



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## Systems: Implementation with fidelity

- “Train and hope” = stress and failure
- Ongoing technical assistance is essential!
- Partnerships with
  - Black Dog Australia
  - ANU [Centre for Mental Health Research](#)
- Makers of specific interventions



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## Systems: Summary

None of these great programs work unless we support the adults.

Building systems to help staff teach skills to all students, use data to identify those who need extra help and provide that extra help are essential.

**Build the systems before you implement the practice!**



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## Takeaway Messages

### PBS + Mental Health = Suicide Prevention

- We need the **data** to tell us which kids are at risk (student voice).
- We need **practices** which directly teach students what to do if they or someone else are at risk of suicide.
- We need to build **systems** to help the adults with this, because its new for many staff.



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## From more information or support

- [www.rypple.org.au](http://www.rypple.org.au)
- [info@rypple.org.au](mailto:info@rypple.org.au)



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- Accordingly, we make the following specific recommendations:
- Implementation of the Sources of Strength (SOS) program in Australian schools should be considered in order to facilitate peer support networks;
- Gatekeeper training programs for teachers should be introduced to equip teachers with the necessary skills and confidence required to identify and refer at-risk students;
- Resources and programs that promote mental health and wellbeing in school communities (such as HeadStrong, Youth Ambassadors and BiteBack) should be promoted within and outside of the curriculum;
- Evidence-based prevention programs such as MoodGYM should be delivered within schools to reduce the risk of depression and associated mental health concerns;
- Finally, we recommend that a tailored, evidence-based suicide prevention policy be implemented in every school. This policy should outline the execution of promotion and prevention programs, goals for a positive mental health climate and guidelines for managing suicidal ideation and behaviour within the school environment. It should be disseminated to all staff, and provided in conjunction with training.

Program name	Summary	Time cost/ duration	\$ cost	Training requirements and cost	Websites associated
More Than Sad	Teaches teens to recognize the signs of depression in themselves and others, challenges the stigma surrounding depression, and demystifies the treatment process.	Several short lessons	Downloadable resources free	Download resources free	<a href="http://www.afsa.org/prevention/secondary-and-tertiary-prevention-programs/programs-for-professionals/more-than-sad">http://www.afsa.org/prevention/secondary-and-tertiary-prevention-programs/programs-for-professionals/more-than-sad</a>
Break Free From Depression	A 4-module curriculum focused on increasing awareness around adolescent depression and help seeking behaviour	4 in class sessions plus parent and staff sessions	Free	Webinars available free	<a href="http://www.childrenshospital.org/centers-and-services/programs/department-of-psychiatry/adolescent-psychiatry/adolescent-depression-program/break-free-from-depression-program">http://www.childrenshospital.org/centers-and-services/programs/department-of-psychiatry/adolescent-psychiatry/adolescent-depression-program/break-free-from-depression-program</a>
Lifelines	Lifelines seeks to increase the likelihood that school staff and students will know how to identify at-risk youth when they encounter them, provide an appropriate initial response, and obtain help, as well as be inclined to take such action.	Four 45-minute or two 90-minute lesson.	Implementation package \$225	Online training available free	<a href="http://legacy.nspqadmin.net/ViewInterViewDoc.aspx?id=17">http://legacy.nspqadmin.net/ViewInterViewDoc.aspx?id=17</a>
SOS Signs Of Suicide	Students are screened for depression and suicide risk and referred for professional help as indicated. Students also <ul style="list-style-type: none"> <li>View a video that teaches them to recognize signs of depression and suicide in themselves and others.</li> <li>Are taught to use the ACT technique: acknowledge that there is a problem, let the person know you care, and tell a trusted adult.</li> </ul>	Several short lessons plus time for screening instrument	SOS implementation package \$395	Not compulsory but available \$24 per site	<a href="http://legacy.nspqadmin.net/ViewInterViewDoc.aspx?id=53">http://legacy.nspqadmin.net/ViewInterViewDoc.aspx?id=53</a> <a href="https://mentalhealthscreening.org/programs/youth124">https://mentalhealthscreening.org/programs/youth124</a> <a href="http://www.stopmentalhealthscreening.org/products/high-school-sos-11/">http://www.stopmentalhealthscreening.org/products/high-school-sos-11/</a>