

RESPONSE-ASIST Suicide awareness and prevention curriculum and services

Godwin Intro:

We are here today to address a serious subject that affects the youth of our community. Suicide continues to be the second leading cause of death for 15-24 year old youth and young adults. Usually people come to you for funding or to help solve a problem, we are not asking for more funding but demonstrating our stewardship of a state grant targeting the public health issue of Suicide and Suicide Prevention. We received \$19,500 for this year starting October 1, 2009 to implement the RESPONSE curriculum in 4 high schools in Multnomah County. RESPONSE is a best practice curriculum which is already in use in 3 high schools in Multnomah County and is being implemented across the state through similar grants. It is important to note that we received the same base amount \$14,500 as the other 30 counties in Oregon who also applied for this grant despite the vast difference in population and number of high schools. We agreed to assist with some additional research and evaluation duties and were granted an additional \$5,000 for this year only. We worked to leverage these funds by using our positive relationships with our school districts and our history of offering free training each fall to support mental health referrals for all youth in need of these services. Our plan is to continue this implementation in 4 additional schools in the fall of 2011 and 2012. We have established an infrastructure of trainers and awareness, which will help to sustain this curriculum into the future. RESPONSE builds upon existing services through our System of Care for Children and Families and our Crisis Response Services.

Intro: (We can start the power point here to highlight the statistics portion)

In 2007, there were 678 youth under the age of 18 that attempted to commit suicide in the state of Oregon. Attempts were more common among girls than boys. Girls had three times more attempts reported than boys. In some cases, children as young as five attempted to kill themselves, though the majority of attempts occurred among teens 15 and older. The most commonly used means of suicide attempt was pharmaceutical drugs. Most attempts occurred in the home of the child. About a third had told someone else about their plans to attempt suicide.

Statistics:

- 67% of reported attempts took place at the child's own home.
- One third of youth informed somebody of their intent to attempt suicide and parents were the people most frequently informed.
- Eighty percent of youth attempting suicide report psychological or substance abuse conditions.
- Fifty percent report having symptoms of depression.
- Most kids attempt to commit suicide during the months when school is in session.
- Reasons given for attempting suicide: family problems; school problems; argument with boyfriend or girlfriend; drug abuse.
- Alcohol is a factor in one third of suicide deaths.

WHAT TO DO:

Raising awareness of youth suicide risk and suicide prevention resources helps increase the likelihood that at-risk youth, who tell another person, will be connected to prevention resources such as crisis centers, hotlines, or community/school gatekeepers.

Goals:

To increasing awareness and response skills, amongst youth, school personnel and parents.
To recognize and respond appropriately to youth who vocalize plans for suicide.

Recommendations from state Injury Prevention and Epidemiology and grant activities that support these recommendations:

- Training school staff to recognize the signs of depression and suicide
 - RESPONSE Inservice for school staff
 - ASIST trained staff for response and referral
 - RESPONSE Health Curriculum for students
- Educating parents, teachers, and students about the risks and prevention of suicide
 - RESPONSE Inservice for school staff
 - RESPONSE Health Curriculum for students
 - RESPONSE Parent Curriculum
- Screening and referral to mental health counseling
 - ASIST trained staff (minimum of two per school using RESPONSE) respond, evaluate, and refer
- Raising community awareness to end the stigma associated with behavioral health care
 - QPR training for community groups
- Creating and sustaining cross-system referral networks
 - School Based Mental Health Consultants
 - Early Childhood Mental Health Consultants
 - CARES Northwest Family Support Team
 - Family Care Coordination Team
 - System of Care Coordinator
 - Multnomah County Crisis Line and Call Center

Source:

Youth Suicide Attempts in Oregon
Adolescent Suicide Attempt Data System (ASADS)
2007 Data Report

Oregon Department of Human Services
Public Health Division
Injury Prevention and Epidemiology
<http://www.oregon.gov/DHS/ph/ipe/index.shtml>