RECOMMENDATIONS FOR SCHOOL-BASED SUICIDE PREVENTION SCREENING

Whenever possible, community suicide prevention efforts should begin with a strategic planning effort that assesses the local context and the available resources to address the problem. Due to the nature of suicidal behaviors, the strategic planning process should result in a comprehensive prevention approach.

When the strategic planning process determines that a school-based[1] suicide risk screening program is needed, the following recommendations should be considered in implementing that screening:

- Screening efforts should ideally include related training, education or outreach before or concurrently with screening campaigns in order to improve screening participation rates and to establish a more robust network of support for youths at elevated risk for suicide.
- Parents, school personnel and other key stakeholders should be engaged from the earliest stages of planning for screening. They should be fully informed about the planning process and about the schedule and protocol for screening and referral.
- Schools should consult with the screening tool developer or the distributer to assist in estimating the service needs for the anticipated number of positive identifications.
- Screening should be implemented after the process of referral and follow-up care are clearly established and where available resources—including appropriately trained service providers—have been identified and aligned to address the needs of youths identified at risk for suicide. Behavioral health providers should be notified prior to the screening to facilitate referral procedures.
- Active parental consent prior to screening is required for all Garrett Lee Smith Suicide Prevention and Early Intervention grantees and is frequently required by screening program developers. When soliciting parental consent, schools should consider how they can help families understand the value of screening, as well as increase the number who return consent forms, including using culturally and linguistically appropriate language and incentives.
- Student assent should be secured prior to any school-based screening effort.
- Staff administering the screening should be thoroughly trained in the use of the screening tool and administering the overall screening process.
- Qualified behavioral health professionals should oversee the screening process and administer interviews for all youth that screen positive on the initial screen to determine level of risk and avoid false positives.
- Protocols should be established to carefully protect the identities of all students screened, including those who initially screen positive and are subsequently determined to not be at risk. Screeners should be trained about any applicable privacy requirements.
- Modified protocols may be required when screening special needs youth or to address the needs of diverse cultural populations.
- Scoring or other review of screening results should take place immediately to identify those youth at risk for self-harm, and protocols should include guidance for how to address the needs of those youth who screen positive for depression or some other disorder even if they are not actively suicidal.
- Response protocols should be developed prior to screening so youth suspected of being at imminent risk for suicide and their caregivers receive immediate guidance and referral.
- Schools implementing a suicide prevention screening program should have a complete directory of community resources for behavioral health that can be shared with parents and used for student referral.

These recommendations were developed under Substance Abuse and Mental Health Services Administration (SAMHSA) leadership with input from experts in the field of youth suicide prevention and Garrett Lee Smith program partners for grantees and others interested in implementing community-based youth suicide prevention training. Recommendations are intended to specifically address gatekeeper training that is designed to equip members of the community to identify youth with an increased potential for suicide and refer them to appropriate sources of help.

[1] These recommendations are drawn from data and lessons learned through implementing suicide prevention screening primarily in secondary schools. However, many of these recommendations are appropriate to consider in other settings, including primary care and juvenile justice.

BACKGROUND INFORMATION

RECOMMENDATIONS FOR SCHOOL-BASED SUICIDE PREVENTION SCREENING

The Lessons Learned Working Group (LLWG) includes participants from multiple agencies and key stakeholders in suicide prevention, including Garrett Lee Smith Youth Suicide Prevention and Early Intervention grantees and experts in the field of suicide prevention. Led by Dr. Richard McKeon, Chief of the Suicide Prevention Branch at the Substance Abuse and Mental Health Services Administration (SAMHSA), the LLWG also includes participants from the Suicide Prevention Resource Center (SPRC), Centers for Disease Control (CDC), ICF International, and Gallup Consulting.

The purpose of the LLWG is to gather information about what we know, what we are learning and the implications for implementing effective suicide prevention programs; identify areas for additional research and evaluation; and communicate and engage with the field about youth suicide prevention.

In 2011, after an analysis of possible study areas, the group decided to analyze how grantees implement school-based screenings. To do this, the group reviewed available research literature, examined GLS screening data, and invited grantees to share their lessons learned. From this collaborative effort, the group created recommendations for school-based suicide prevention screening.

The LLWG believes these recommendations, based on research and evaluation and informed by lessons learned from grantees, are likely to make school-based screenings a more effective approach to at-risk youth identification and therefore youth suicide prevention.

Persons involved in the development of these recommendations include:

- Richard McKeon, Substance Abuse and Mental Health Services Administration
- David Litts, Suicide Prevention Resource Center
- Phil Rodgers, American Foundation for Suicide Prevention
- Christine Walrath, ICF International
- Chad Rodi, ICF International
- Natalie Willkins, Centers for Disease Control and Prevention
- Ingrid Donato, Substance Abuse and Mental Health Services Administration
- Matthew Wintersteen, Managed Network of America
- Leslie McGuire, TeenScreen
- Deanna Richards, TeenScreen
- Julie Goldstein, Washington, DC GLS Grantee
- Candice Porter, SOS Signs of Suicide, Screening for Mental Health

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