Partnering with Schools: Suicide Prevention Program: Working with Schools and Primary Care
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November 1, 2018
2018 CTC-RI Annual Conference
Warwick, RI
OVERARCHING GOAL
Positively Demonstrate for Rhode Islanders the Purpose and Importance of Public Health

LEADING PRIORITIES

Address the Social and Environmental Determinants of Health in Rhode Island

Eliminate the Disparities of Health in Rhode Island and Promote Health Equity

Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

CROSS-CUTTING STRATEGIES

RIDOH Academic Center: Strengthen the integration of scholarly activities with public health
RIDOH Health Equity Institute: Promote collective action to achieve the full potential of all RIers
THREE LEADING PRIORITIES

1. Address the Social and Environmental Determinants of Health in Rhode Island
2. Eliminate the Disparities of Health in Rhode Island and Promote Health Equity
3. Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

FIVE STRATEGIES

1. Promote healthy living for all through all stages of life
2. Ensure access to safe food, water, and healthy environments in all communities
3. Promote a comprehensive health system that a person can navigate, access, and afford
4. Prevent, investigate, control, and eliminate health hazards and emergent threats
5. Analyze and communicate data to improve the public’s health

23 POPULATION HEALTH GOALS

1. Reduce obesity in children, teens, and adults
2. Reduce chronic illnesses, such as diabetes, heart disease, asthma, and cancer
3. Promote the health of mothers and their children
4. Promote senior health to support independent living
5. Promote behavioral health and wellness among all Rhode Islanders*
6. Support Rhode Islanders in ongoing recovery and rehabilitation for all aspects of health*
7. Increase access to safe, affordable, healthy food
8. Increase compliance with health standards in recreational and drinking water supplies
9. Reduce environmental toxic substances, such as tobacco and lead
10. Improve the availability of affordable, healthy housing and safe living conditions*
11. Improve access to care including physical health, oral health, and behavioral health systems
12. Improve healthcare licensing and complaints investigations
13. Expand models of care delivery and healthcare payment focused on improved outcomes*
14. Build a well-trained, culturally-competent, and diverse health system workforce to meet Rhode Island’s needs*
15. Increase patients’ and caregivers’ engagement within care systems*
16. Reduce communicable diseases, such as HIV and Hepatitis C
17. Reduce substance use disorders
18. Improve emergency response and prevention in communities
19. Minimize exposure to traumatic experiences, such as bullying, violence, and neglect*
20. Encourage Health Information Technology adoption among RI healthcare providers as a means for data collection and quality improvement
21. Enhance and develop public health data systems to support public health surveillance and action
22. Develop and implement standards for data collection to improve data reliability and usability
23. Improve health literacy among Rhode Island residents*

*These goals have been proposed through the State Innovation Model and are under review.
Rhode Island’s At-Risk Youth

2009-2015 RI MS YRBS

Data: Youth Risk Behavior Survey
Rhode Island’s At-Risk Youth
HS Risk Behaviors: Mental Health and Bullying

Data: Youth Risk Behavior Survey
THE BURDEN OF SUICIDE IN RHODE ISLAND

More than four times as many people die by suicide in Rhode Island than by homicide annually.

On average, one person dies by suicide every 3 days in the state.

In 2010, each suicide death in RI created approximately $1,307,717 in combined medical and work-loss costs.

In 2016, suicide was the 11th leading cause of death in Rhode Island.

- 2nd leading cause of death for ages 15-34
- 4th leading cause of death for ages 35-54
- 8th leading cause of death for ages 55-64

Sources: Centers for Disease Control, National Violent Death Reporting System
American Foundation for Suicide Prevention 2017 State Fact Sheets
**RI Data**

**2017 YRBS RI HIGH SCHOOL SURVEY**

62.1% Percentage of high school students who reported their mental health was not good

- 29.4% of high school students felt sad or hopeless
- 15.9% of high school students seriously considered attempting suicide
- 13.6% of high school students made a plan
- 10.5% of high school students attempted suicide

**2017 YRBS RI MIDDLE SCHOOL SURVEY**

23.3% Percentage of middle school students who reported feeling sad or hopeless

- 18.0% of middle school students seriously considered attempting suicide
- 11.6% of middle school students made a suicide plan
- 6.5% of middle school students attempted suicide

Source: Rhode Island Department of Health, 2017 Youth Risk Behavior Survey

**Suicide Risk In RI Adults**

- In 2016, 17.86% of young adult Rhode Islanders (ages 18-25) reported having a substance abuse disorder in the past year.
- 16.48% of young adult Rhode Islanders (ages 18-25) indicated they needed but were not receiving treatment for substance abuse issues.
- 11.17% of young adult Rhode Islanders (ages 18-25) reported a major depressive episode lasting at least two weeks.
- 9.55% of young adult Rhode Islanders (ages 18-25) reported having serious thoughts of suicide in the past year.
- 19.23% of adult Rhode Islanders (ages 18+) reported being diagnosed with a mental illness of any kind.

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.
What have we learned?

- 117 Youth Suicides ages 0-24 years was reported in Rhode Island between January 1, 2008 and December 31, 2016.
- Youth suicides were reported in 37 of 39 cities and towns.
- RI core cities represent 35% of the youth suicides.
- Providence County represented 67% of all of the youth suicides during that time.
• 31 suicide deaths age 12 to 18 years, 70% were male.

• 49 Suicide deaths age 19-21, 80% male.

• 37 Suicide deaths age 22-24, 85% male.

• The average overall age for all youth suicide age 12 to 24 years was 19 years old.
- 61.5% of the youth suicides took place indoors, in a home or apartment
- 4% occurred in a college residence hall
- 22% were located in a natural area such as a yard, woods, beach, or water
- Other areas included jail, motor vehicle, rail, bridge, building, or highway
Two-Thirds of all youth suicides under the age of 25 were by hanging.

11.1% youth died by a firearm/gunshot wound of which

6% of youth died by Acute Intoxication (overdose).

2017 and 2018 asphyxiation by gas (helium) is new to RI
Approximately 65.3% had a known history of alcohol or substance abuse disorder, or had the presence of alcohol, marijuana, or other drugs in their toxicology screening.

Approximately 60.5% of youth (63) had a known mental health history. Of those 55.7% had an indication for depression which was the single highest mental health risk factor for RI youth.
A prominent issue to emerge was a relationship breakup with a significant other or intimate partner, or a relationship issue or argument with a parent or guardian.

A second major risk factor emerged related to having some type of crisis within the prior two weeks of death.

Other types of crisis issues included the loss of a job, or a past or current criminal/legal issue including pending trial or incarceration, which was identified as a third major risk factor.

A fourth included being the victim or perpetrator of sexual or intimate partner violence.

50% of male youth deaths occurred within 2-4 weeks of a intimate partner breakup.
In 2017, Rhode Island Youth Suicide toxicology reports showed 50% of decedents* had a positive screen for marijuana. A total of 65% had a history of marijuana use noted.

* N=<20, information suppressed

<table>
<thead>
<tr>
<th>Current marijuana use among RI high school students, RI YRBS 2017</th>
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<tbody>
<tr>
<td>Currently use marijuana</td>
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Current marijuana users is defined as those reporting any use in the last 30 days

### Mental health among high school students who currently use and do not currently use marijuana, 2017 RI Youth Risk Behavior Survey

<table>
<thead>
<tr>
<th></th>
<th>% Felt sad/hopeless for 2 weeks or more&lt;sup&gt;a&lt;/sup&gt;</th>
<th>% Frequent mental distress&lt;sup&gt;b&lt;/sup&gt;</th>
<th>% Considered suicide&lt;sup&gt;c&lt;/sup&gt;</th>
<th>% Made suicide plan&lt;sup&gt;c&lt;/sup&gt;</th>
<th>% Attempted suicide&lt;sup&gt;c&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>Current marijuana user</td>
<td>44.0%</td>
<td>23.0%</td>
<td>26.0%</td>
<td>20.0%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Not current marijuana user</td>
<td>24.2%</td>
<td>17.1%</td>
<td>12.3%</td>
<td>10.4%</td>
<td>8.0%</td>
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<sup>a</sup>Felt so sad/hopeless for two weeks or more in the last year that stopped doing some usual activities

<sup>b</sup>had 14 or more days in the last 30 where mental health was not good

<sup>c</sup>in the last 12 months

*differences considered significant if P<.05

Current marijuana users is defined as those reporting any use in the last 30 days

Note: table displays mental health outcomes among those who do and do not use marijuana - i.e. 44% of current marijuana users report feeling sad or hopeless.
RI Suicide Prevention Initiative

SPI is a response to the challenges that exist in connecting children and adolescents who have behavioral and mental health problems to mental health services beyond those available in the school.

The Rhode Island Youth Suicide Prevention Project (RIYSPPP) will serve 10-24 year old youth at risk for suicide through universal, selected, and indicated prevention strategies and improved crisis intervention.

The project will create a streamlined system for crisis assessment, intervention, mental/behavioral health treatment and follow up services.

The purpose of the RIYSPPP will be to test whether a triage system implemented through a partnership with schools and Kids’link RI would lead to a reduction in referrals to the Emergency Department and provide improved communication and follow-up care for children and youth.
Increased numbers of persons trained to identify and refer at-risk youth:
- QPR (Question, Persuade, and Refer) training for Employee Assistance Program (EAP)/school staff.
- SOS (Signs of Suicide) training for youth via Health Classes

Improve the assessment and referral of youth in crisis:
- Train school crisis teams/school nurses/student assistance counselors in the RI Suicide Prevention Screen (RISPS), a combination of the Columbia Suicide Severity Rating Scales and elements of the Violence, Injury Protection, and Risk Screening (VIPRS).
- Establish a centralized intake through Kids’link/Emma Pendleton Bradley Children’s Hospital where school crisis teams/EAP staff can refer directly rather than having to send to ED.

Improved continuity of care, follow-up and accountability for youth with suicidal ideation, substance abuse disorders and/or depression, or identified as at risk for suicide seen in the outpatient mental health centers, hospital ED’s and inpatient psychiatric units.

Reduce ED use for mental health evaluations.

Increase promotion in the utilization of the National Suicide Prevention Lifeline.
RI Youth Suicide Prevention Model

PREVENTION
- Youth and Adult Gatekeeper Trainings
- Other Youth Suicide Prevention Activities

Case Identification Intervention:
Streamlined Crisis Evaluation Tool

Children and Adolescents: 10-18
Adults: 18-24

DCYF
- School Crisis Teams
- Active Parental Consent

Emploee Assistance Programs
- CCRI Health Services
- Active Consent

Hasbro Children’s Hospital ED/IP

Bradley Hospital Access Center:
Kids’link RI or Gateway Healthcare
- In-Depth Clinical Assessment
- Care Plan With Treatment Recommendations
- 2 wk, 3, & 12 Mo Follow-up

Child & Adolescent Mental Health Coordinator
- Adult Mental Health Coordinator

Hospital ED/IP

ED/IP
School Prevention

**School Suicide Prevention Algorithm**

**RECOGNITION**
- Educate
  - Signs and Symptoms
  - Risk Factors
- Build Open Communication and Relationships with Students
- Students
  - Teachers/Staff
  - Providers

**RESPONSE**
- Escort to Central Location
  - Maintain Confidentiality
  - Scene and Student Safety
- Notify Administrator
  - Second Adult
  - Access to Phone
- Injured or Ingestion?
  - Yes
  - No
  - Violent/Uncooperative?
  - Nurse/EMS
  - School Mental Health Provider
  - Law Enforcement
  - Notify Parents
- Mental Health Assessment

**REFERRAL**
- Injured or Ingestion?
  - Yes
  - Emergency Room
  - Acute and Actively Suicidal?
    - Yes
    - Mental Health Inpatient Services
    - Follow-Up
      - Compliance
      - Medications
      - Care Plan
    - Community Mental Health Services ASAP
    - Support Centers and Groups for at Risk Youth
  - No
  - Mental Health

**RESOURCES**
- Hotlines and Crisis Centers
- National, State and Local Prevention Programs
- Support Centers and Groups for at Risk Youth
QPR stands for Question, Persuade, and Refer

- 3 simple steps that anyone can learn to help save a life from suicide.
- People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.
- QPR can be learned in our Gatekeeper course in as little as one hour

http://www.qprinstitute.com/about.html
The **SOS Signs of Suicide®** High School and Middle School Prevention Program is the only school-based suicide prevention program listed on SAMSHA’s National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts.

The program focuses on prevention through education by teaching students to identify symptoms of depression, suicidality, and self-injury in themselves and their peers. Using a simple and easy-to-remember acronym, **ACT®** (Acknowledge, Care, Tell), students are taught certain steps to take if they encounter a situation that requires help from a trusted adult.

[http://mentalhealthscreening.org/programs/youth](http://mentalhealthscreening.org/programs/youth)
The Columbia-Suicide Severity Rating Scale (C-SSRS) supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. Users of the C-SSRS tool ask people:

- Whether and when they have thought about suicide (ideation)
- What actions they have taken — and when — to prepare for suicide
- Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition
Student Referral Process

Student Identification and Referral Process Gatekeeper Role

Student

Staff

Peer

Parent

Other

Student Directly Informs Staff Member

Obtain basic information from student
i.e. stresses student is facing, what they are thinking and doing in response

Contact School Support Team member
Share obtained information with SST, in the presence of student and with student's participation when possible

Contact School Support Team member by End of Day
Refer the situation to school support team member by the end of the school day

Support Team

School Support Team (SST) Member Next Steps
Upon receiving information or referral related to an emotional or behavioral crisis, the SST member will:

- Schedule a meeting with the student before the end of the school day, or at the beginning of the next school day if this information is shared outside school hours.
- Further discuss situation with student to evaluate their needs by understanding stresses student is facing, what they are thinking and doing in response.
- Administer the Rhode Island Suicide Prevention Screener (RISPS) two sided screener to assess the student’s suicide risk and other risk and protective factors.
School Response Process

Student is identified and referred to School Crisis Team Member

School Crisis Team (SCT) member administers RISP$ & Determines Level of Crisis

Student in Immediate Crisis

Level of Crisis

Student in Crisis but NOT Immediate

Level of Crisis

Student Not in Immediate Danger

Connect to Resources

SCT Notify Building Admin/Parent

Call Kids’ Link 1-855-543-5465

Transport to Hospital

Same Day
Emergency Evaluation
Enroll in Kids’ Link SPI

Parental Consent & Fax Student Demographic Referral Form/RISP$ 401-432-1507

Parent Transports Student to Same Day Appointment at Lifespan ED Site

Student Receives Safety Evaluation

Kids’ Link Care Coordinator Follows Up With Family

SCT Meet With Family/School to Establish Re-Entry Supports

Same Week
Emergency Evaluation
Enroll in Kids’ Link SPI

Parental Consent & Fax Student Demographic Referral Form/RISP$ 401-432-1507

Kids’ Link Care Coordinator Connects Family with Appointment Services

Kids’ Link Care Coordinator Follows Up With Family to See Appt Outcome

Same Week
Emergency Evaluation
Enroll in Kids’ Link SPI

Parental Consent & Fax Student Demographic Referral Form/RISP$ 401-432-1507

Kids’ Link Care Coordinator Connects Family with Appointment Services

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Connect to Resources

SCT Notify Building Admin/Parent

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Parent Transports Student to Same Day Appointment at Lifespan ED Site

Student Receives Safety Evaluation

Kids’ Link Care Coordinator Follows Up With Family

SCT Meet With Family/School to Establish Re-Entry Supports

Same Week
Emergency Evaluation
Enroll in Kids’ Link SPI

Parental Consent & Fax Student Demographic Referral Form/RISP$ 401-432-1507

Kids’ Link Care Coordinator Connects Family with Appointment Services

Kids’ Link Care Coordinator Follows Up With Family to See Appt Outcome

Connect to Resources
School Protocol - Red

Student in Immediate Crisis (see definition) → Transport to Hospital → Enroll in Kids Link SPI → Parent Consent with Kids’ Link to Follow Up & Consent to Communicate with School designee

Kids’ Link Communicates with ED Re” Discharge Aftercare Plan → Kids Link Care Coordinator Follows Up With Family
School Protocol - Yellow

Student in Crisis but Not Immediate

Call Kids’ Link
1-855-543-5465

Enroll in Kids Link
SPI
Same Day Emergency Eval

Obtain Parental Consent
Fax Student Demographic Referral Form/RISPS

Parent Transports
Student to Same Day Appt at Gateway Site

Student Receives Safety Evaluation

Kids Link Care Coordinator Follows Up with Family

SCT Meet with Family/School to Establish Re-Entry Supports
School Protocol - Green

Student in Crisis but Not Immediate

Call Kids’ Link
1-855-543-5465

Enroll in Kids Link SPI
Same Week Crisis Eval

Obtain Parental Consent
Fax Student Demographic
Referral Form/ RISPS results

Kids Link Care Coordinator
Connects Family with Appointment for Services

Family Consents to Follow Up

Care Coordinator Follows Up with Family on Appt Outcome
Consent and Referral Forms

SCHOOL EMERGENCY EVALUATION REFERRAL FORM
Fax to Kids' Link: 401-432-1507

SCHOOL NAME: __________________________

STUDENT NAME: __________________________ DATE OF BIRTH: ___________

ADDRESS: __________________________

PARENT/GUARDIAN NAME: __________________________

PARENT PHONE: Home: ___________ Cell: ___________

TODAY'S DATE: ___/___/_____ INSURANCE: ___________

REASON FOR REFERRAL:
- Student in immediate crisis (immediate danger to self or others, suicide attempt in progress)
- Student in crisis but not immediate (serious delays due to mental health treatment, severe stressors, suicide plans or intent)
- Student not in crisis but requires services (identifies thoughts of death, no plan, imminent to die or suicidal behavior and has support)
- Other: ___________

CURRENT MEDICATION (if known or self-reported):

ALLERGIES: ____________________________ No known allergies

CURRENT MEDICAL ISSUES (if known):

CURRENT MENTAL HEALTH PROVIDERS:

TRANSPORTED TO EVALUATION VIA AMBULANCE OR RESCUE: ☐ YES ☐ NO

IF YES, TRANSPORTED FROM: __________________________ TO: __________________________

PARENTAL NOTIFICATION:
- Parent/guardian is transporting the student to: __________________________
- Parent/guardian has been informed and will meet student at: __________________________
- We have been unable to reach parent.
- Consent for Kids’Link signed: ☐ YES ☐ NO By: __________________________

NAME OF PERSON COMPLETING FORM (print): __________________________

SIGNATURE: __________________________ DATE: __________________________

CONTACT INFORMATION: __________________________

Kids' Link Suicide Prevention Initiative (SPI)

Authorization to Release Information

Child/adolescent's name: __________________________ Date of Birth: _______/_____/______

Parent/guardian's name: __________________________

I hereby authorize my child's enrollment in the Kids'Link SPI program, which means a member of the SPI staff will contact us within 6 weeks of our crisis evaluation (or discharge from inpatient or partial treatment), at 3 months, and at one year to follow up on treatment recommendations, help reduce barriers to treatment and facilitate any additional supports my child needs. I understand that this authorization will expire one year from the date signed, that I have the right to refuse to sign this authorization, and that I may revoke this authorization at any time by speaking to a staff member of Kids'Link SPI (1-855-343-3683).

Signature of child/adolescent: __________________________ Date: ___________

Signature of parent: __________________________ Date: ___________

Signature of witness: __________________________ Date: ___________

Authorization to Release Information

I, __________________________ (name) authorize Kids'Link SPI staff to release information to: __________________________ (school personnel).

Information may be released regarding: 
☐ Outcome of crisis evaluation
☐ Treatment recommendations
☐ Family support recommended
☐ Other: __________________________

This information is needed for the following purposes:
☐ To coordinate a safe and effective transition for my child when they return to school
☐ Other: __________________________

This authorization expires one year from today's date. I understand that I may revoke my authorization to release information at any time except where action has already been taken prior to its revocation.

Signature of child/adolescent: __________________________ Date: ___________

Signature of Witness (staff): __________________________ Date: ___________

Signature of Parent; Guardian or designated Representative: __________________________ Date: ___________
Resources

• National Suicide Prevention Lifeline 1-800-273-8255
• Bradley Hospital Kids 'Link Hotline 1-885-543-5465
• www.health.ri.gov/violence/about/suicide/
• www.riyouthsuicidepreventionproject.org
• www.suicideproof.org
SPI Results

Over three years, 328 students from elementary, middle and high schools participating in SPI were identified as needing mental health services by a School Support Team member.

The referral process to Kids’ Link was completed on behalf of 258 students for a 78.7% referral rate (See Figure 1).


SPI Results

62.0% of referred students were girls. Referred students ranged in age from five to 19 with a mean age of 13 years.

Most parents agreed to a mental health assessment for their child with telephone follow-up at 2 weeks, 3 months and 12 months (89.5%), and to have information shared with the child’s school (74.0%).

SPI Results

The most common clinical disposition for students referred for a mental health evaluation through SPI was outpatient mental health services, either hospital-based or at a local community mental health center. This was an important achievement. Although some emergency department visits are likely unavoidable, most youth experiencing emotional distress and in need of help do not need to go to an emergency room.
OPTIONS FOR TRAINING ON THE C-SSRS
The Columbia Lighthouse Project offers numerous free training options in more than 20 languages. The shortest training takes about 20 minutes, and almost all of them can be completed within an hour. Choose the method that works best for you. http://cssrs.columbia.edu/training/training-options/

FULL SCALE
Pediatric Lifetime/Recent
Assesses full and recent history of suicidal ideation and behavior, typically for subjects ages 7-11.

Download ➔

FULL SCALE
Pediatric Since Last Contact
Assesses suicidal ideation and behavior since most recent assessment, typically for subjects ages 7-11.

Download ➔

ILLUSTRATION DOCUMENT
Screener with Triage for Primary Care Settings
A C-SSRS Screener with color-coded risk stratification and next steps suited to a primary care setting.

Download ➔

Free Resources

- Wallet Cards
- Magnets
- Posters
- E-Copies
- Brochures

National Institute of Mental Health

- Anxiety Disorders
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Bipolar Disorder
- Depression
- Eating Disorders
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder (OCD)
- Panic Disorder
- Post-Traumatic Stress Disorder
- Schizophrenia
- Social Phobia


https://store.samhsa.gov/facet/Issues-Conditions-Disorders
Lethal Means Access

CALM: Counseling on Access to Lethal Means
This free online course is designed for providers who counsel people at risk for suicide, including mental health and medical providers.

http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

http://preventedos.org/get-rid-of-medicines/

https://www.hsph.harvard.edu/means-matter/

http://preventoverdoseri.org/get-rid-of-medicines/

Lethal Means in the Home

MEDICATIONS
Fact: Teens who attempt suicide use medications more than any other method.
• Lock and limit.
  • Don’t keep more than a month’s supply of any medication in your home.
  • Consider locking up medications.
  • Dispose of any medications you no longer need.

FIREARMS
Fact: Firearms are used in over half of teen suicide deaths.
• Lock. Remove.
  • Contact your local police precinct.
  • Ask a trusted friend or family member to keep it temporarily.
  • At the very least, lock them securely away from ammunition.

SUPPORT
Fact: millions of kids and teens seriously consider attempting suicide every year.
• Listen and ask.
  • The warning signs of suicide are not as obvious as some people think. If you notice significant changes in behavior or mood in your child, be sure to ask them about it.

www.suicideproof.org
Online Resources

American Academy of Pediatrics Mental Health Screening Tools

Suicide and Suicide Attempts in Adolescents
http://pediatrics.aappublications.org/content/early/2016/06/24/peds.2016-1420

Suicide Prevention Resource Center – Suicide Screening and Assessment
Collaborative Office Rounds

Save the Date for these Upcoming COR events

**Sessions held at Thundermist Health Center**

Nov. 6, 2018
- Opioids and Development of Exposed Infants | Mara Coyle MD

Jan. 8, 2019
- Autism | Amy Laurent PhD, OTR/L

Feb. 5, 2019
- Reasons, Risks & Rewards: The Realities of Cannabis | John Femin MD & Michael Cerullo MS, LMHC

March 5, 2019
- Greatest 8 Coping and Resilience | Lindsey Anderson PhD & Ellen Flannery-Schroeder PhD, ABPP

May 7, 2019
- Adolescent Smoking | Suzanne Colby PhD

**Sessions held at Westerly Hospital**

Oct. 2, 2018
- Transgender Youth | Aude Henin PhD

Dec. 4, 2018
- Dental and Mental Health | John F. Zwetchkenbaum MD & James Beasley MPA

April 2, 2019
- Sleep & Digital Technology | Sue K. Adams PhD

June 4, 2019
- Greatest 8 Problem-Solving | Lindsey Anderson PhD & Ellen Flannery-Schroeder PhD, ABPP
Linking public schools and community mental health services: A model for youth suicide prevention

Characteristics of Suicide Attempts and Deaths Among those Aged 60 Years and Older in Rhode Island

Suicide deaths among Rhode Island adults aged 25 years and older: An epidemiologic and spatial analysis

Surveillance of Suicide and Suicide Attempts Among Rhode Island Youth Using Multiple Data Sources