



YOUTH SUICIDE PREVENTION PROGRAM
Annual Evaluation Report 1999-2000

Prepared for The Youth Suicide Prevention Program

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*Prepared by Organizational Research Services
Seattle, WA*

TABLE OF CONTENTS

Executive Summary

Introduction	2
Youth Suicide Prevention Program Survey	
Summary of Results	3
Recommendations of Survey Analysis	3
Analysis of Three Demonstration Communities	5
What is the Current Impact of School-Based Prevention Efforts?	5
Program Keys to Success	6

Youth Suicide Prevention Evaluation Report

Introduction	8
Method	13
Youth Suicide Prevention Program Assessment Survey	15
Introduction	15
Summary of Results	15
Recommendations	16
Enhance and Maintain School-Based Prevention Efforts	16
Develop Strategies for Outreach of Efforts to the Community	17
Key Findings	17
Effectiveness of Campaign Activities	17
Campaign Involvement and Collaboration	20
Campaign Support and Awareness	22
Campaign Strengths and Constraints	22
Issue Emphasis	24

Demonstration Communities Analysis: Comparison Across Three Sites

Introduction	26
What is the Current Impact of School-Based Prevention Efforts?	27
Program Keys to Success	30

Demonstration Site Summary: Community 1

Introduction to the Community	34
Community Climate	35
School Impact	37
Community Impact	41
Future Steps for Maintaining School-Based Prevention Efforts	42
Program Successes and Challenges	44

Demonstration Site Summary: Community 2

Introduction to the Community	46
Community Climate	47
School Impact	49
Community Impact	55
Future Steps for Maintaining School-Based Prevention Efforts	57
Program Successes and Challenges	61

Demonstration Site Summary: Community 3

Introduction to the Community	63
Community Climate	64
School Impact	66
Community Impact	73
Future Steps for Maintaining School-Based Prevention Efforts	75
Program Successes and Challenges	79

Appendices

Appendix A: Demonstration Communities: Youth Focus Group Questions	82
Appendix B: YSP Key Informant Interview	85
Appendix C: Youth Suicide Prevention Program Assessment Survey	89
Appendix D: Youth Suicide Prevention Surveys: Open-ended Questions	94

TABLE OF FIGURES

Figure 1: Youth Suicide Program Logic Model	10
Figure 2: Youth Suicide Prevention Program: Outcomes and Indicators	11

TABLE OF TABLES

Table 1: Activities Participated in by High School Suicide Prevention Teams	18
Table 2: Respondents' Ratings of Effectiveness of Activities in Conveying Prevention Campaign Message to Student Body	19
Table 2a: Respondent Sub-Group Ratings of Effectiveness of Activities in Conveying Prevention Campaign Message to Student Body	19
Table 3: Activity Level of Groups in School and Community-Based Suicide Prevention Efforts	21
Table 4: School and Community Working Together	21
Table 5: Agreement and Disagreement with Statements about School and Community Knowledge and Support	22
Table 6: Enhancing and Constraining Influences on Suicide Prevention Campaign Activities	23
Table 7: Perceptions of School Emphasis on Problematic Issues	24

EXECUTIVE SUMMARY
1999-2000 ANNUAL REPORT

INTRODUCTION

Organizational Research Services (ORS) was contracted by the Washington State Youth Suicide Prevention Program (YSP) to conduct a comprehensive evaluation of the existing school-based suicide prevention efforts. Over the past two years the YSP program has been implemented in a number of demonstration communities throughout Washington State. School-based prevention and education campaigns have been used in 15 schools to raise youths' awareness of suicide prevention, knowledge of key suicide warning signs, and willingness to help distressed youth. These school-based prevention activities will continue in these communities over the next two years.

The intent of the current evaluation is to address the extent to which the structure of the schools and communities who participated in the prevention efforts have changed over the course of the program. ORS, in conjunction with the YSP, decided to adopt an in-depth assessment of the demonstration schools to further examine the implementation of prevention efforts in different settings, the impact of the prevention efforts on the students and school setting, the impact of the prevention efforts on the community as a whole, and the future needs and requirements for the continued success of school-based prevention efforts. Our belief is that "school" changes may be demonstrated both in changes in the knowledge, awareness, attitudes, and behaviors of students and staff members, and changes in policies, procedures, training requests, student referrals, and school curriculum elements. Likewise, "community" change may be demonstrated through the emergence of new and enhanced support resources, the increase in prevention oriented activities throughout the community, and the increase in the acknowledgement and awareness of the problem within the community.

A two-fold strategy was utilized to collect information about school-based prevention efforts from school staff, students, and community representatives. A Youth Suicide Prevention Program Assessment survey was administered in February 2000 to key personnel identified as leads or active participants in each of the fifteen demonstration sites. Overall 37 surveys were mailed to key personnel, and 26 were returned. The survey was developed to assess the progress and impact of the prevention efforts over the past year. The questions on the instrument provided data on the effectiveness of program activities, the level of collaborations with community providers, the level of active involvement of various school and community groups, and the current successes and challenges associated with the prevention efforts.

Secondly, we used a combination of key informant interviews and youth focus in three demonstration sites to examine the current impact of the prevention efforts and provide an assessment of future strategies for maintaining this effort. These three communities varied in terms of location, ethnic composition, demographic profile and political ideology. ORS worked with the YSP to identify a sample of "key informants" among the program participants, school staff, and community providers present in each community. In total we conducted open-ended interviews with 38 key informants across the three communities. In each site we also convened a youth focus group with eight to 12 high school students who were not active participants in the prevention team efforts.

YOUTH SUICIDE PREVENTION PROGRAM SURVEY

Summary of Results

- ✓ The demonstration sites have actively engaged in a set of awareness building and educational activities, with a primary emphasis on the display, presentation, and distribution of information and materials about suicide prevention within the school. A majority of respondents (roughly 65 to 70 percent) believe that these activities are at least “moderately effective” in conveying the messages of the campaign.
- ✓ There is a sense, though, that active participation in the prevention efforts has been limited to students on the prevention teams and school staff such as counselors or nurses. The rankings of the level of activity in the prevention efforts is lower for the general student body and teachers and particularly lower for a diverse set of “community” groups such as parents, local government representatives, and representatives of the faith community.
- ✓ The respondents report modest levels of collaboration with community providers (less than 50 percent have worked with such providers), and much of this collaboration occurs in a more passive form of using providers as resources for information.
- ✓ The results of the survey suggest that while youth suicide is not a “priority issue” in many settings, the school staff and administrators, in general, are aware and supportive of the suicide prevention efforts. Over 96 percent of the respondents agreed that their “high school provides a supportive atmosphere for those at-risk”, and 88.4 percent agreed that “there is a shared belief in the school that suicide prevention is important.”
- ✓ The respondents believe that prevention efforts have been enhanced by the active participation of students, especially prevention team members, and the technical support and assistance provided by suicide prevention professionals.
- ✓ The prevention efforts have been constrained in some part because of a lack of community awareness and acknowledgement of the prevention efforts and the problem of youth suicide. Additionally, 46.2 percent report that the campaign has been constrained due to a “lack of financial and administrative resources.”

Recommendations of Survey Analysis

ENHANCE AND MAINTAIN SCHOOL-BASED PREVENTION EFFORTS

- ✓ Continue to engage prevention team participants and other students in a wide range of prevention activities.
- ✓ Reach out more to students not actively participating in prevention efforts – provide students with opportunities to participate in various ways.
- ✓ Continue to emphasize the message to students, staff, teachers, and administrators that suicide prevention is important for the school and the community.

- ✓ Strive for “institutionalization” of the program – ensure that schools do not have to “reinvent the wheel” and start over with prevention efforts from year to year.
 - ◇ Stress that the prevention effort is an important, worthwhile and necessary endeavor in the schools.
 - ◇ Help local sites establish and maintain collaborations between students, teachers, and staff.
 - ◇ Help build the belief that suicide prevention is “something that must occur” in the school.
 - ◇ Work with schools to integrate elements of the prevention efforts into school service projects, community service hours, and classroom curricula.
- ✓ Explore the possibility of utilizing multiple leaders in local sites – draw on unique experience of school staff with different perspectives (i.e., counselors vs. teachers vs. principals).

DEVELOP STRATEGIES FOR OUTREACH OF EFFORTS TO THE COMMUNITY

- ✓ Initiate and establish more collaboration and contact between schools and outside community providers such as social service or mental health providers.
- ✓ Provide local sites with insight on how to reach out to the community – what strategies work best and which groups might be most helpful for school-based prevention efforts.
- ✓ Attempt to involve parents in school and community prevention efforts – students can help bridge the gap between the school and community through communication and interaction with parents and other close contacts identified at work sites, places of worship, etc.
- ✓ Help local sites enhance the awareness of their efforts in the local communities – provide strategies for attracting community support, resources, and assistance to the prevention efforts.
- ✓ Inform the demonstration site programs on the wide range of prevention efforts that are occurring at the school, county, and state levels. Encourage local programs to communicate, share with, and learn from other sites.

ANALYSIS OF THREE DEMONSTRATION COMMUNITIES

What is the Current Impact of School-Based Prevention Efforts?

- ✓ **An increased willingness among students and school staff members to talk more openly about the issue of youth suicide.** In all three communities students are more willing to talk with each other and with faculty (e.g., counselors and teachers) about the issue of suicide. The majority of key informants do not believe that suicide is still a “taboo” subject in the school settings, and there is a sense that the level of conversation about this topic has increased.
- ✓ **Changes in the knowledge and awareness of suicide warning signs, symptoms, and how to help individuals in need.** While there has not been a dramatic change in the knowledge and understanding of specific warning signs and “what to do” among students in general, there has been some increase in their awareness that individuals can “do something” to help those in need.
- ✓ **Students are more willing to refer friends or assist them in getting help from school staff and counselors.** The key informants and prevention team members report that they believe students are willing to refer friends in need to appropriate sources of help in the school setting. A number of counselors and staff reported that students have come to them both to express concerns about themselves, and about friends who seem to be having difficulty.
- ✓ **There has been some integration of the issue of youth suicide into the school curriculum and classroom settings.** We have seen some evidence that teachers are using the topic as the material for classroom tasks, utilizing some books that address themes related to suicide, and incorporating material on “wellness training” in Health courses. We also observed that students are starting to address the problem of youth suicide in class and community service projects.
- ✓ **Students and staff in each community have received suicide prevention training, and there is a desire for additional training and presentations.** In all of the sites the prevention team members and some staff members have received suicide prevention training sponsored by the YSP program. In a few communities a large number of staff and faculty have received training and have a better idea of how to help students in need.
- ✓ **There has been little impact of the school-based prevention efforts outside the school setting.** At this juncture the school-based prevention efforts have had little impact on parents and the community as a whole. The awareness of the prevention efforts outside the school is minimal, and in one community there have been few attempts to increase exposure of the prevention team efforts in the surrounding community.
- ✓ **Some school-based prevention programs are starting to form collaborations with community service providers and agencies.** We see evidence, particularly in one community that those involved in the school-based prevention efforts are starting to form and seek out collaborations with agencies, organizations, and service providers who address issues of youth suicide.

PROGRAM KEYS TO SUCCESS

- ✓ **Increasing the exposure of prevention efforts in school and community.**
 - ◇ Starting prevention efforts earlier in the school year
 - ◇ Maintain more consistent exposure of efforts
 - ◇ Recruit and work with younger students

- ✓ **Conveying a strong “prevention” message in the program media campaign**
 - ◇ Present a “prevention” message rather than the image of a “counseling group”
 - ◇ Use misperceptions about the image and intent of campaign to better inform students about suicide prevention

- ✓ **Maintaining strong prevention team leadership and support**
 - ◇ Identify strong student and staff leaders who are committed to the prevention efforts
 - ◇ Gain “buy-in” for the prevention efforts from the school staff and administration

- ✓ **Utilizing the strengths of prevention team composition**
 - ◇ Strive for diversity and representativeness in the prevention group composition

- ✓ **Enhancing parental involvement in prevention efforts and outreach to parents**
 - ◇ Parental involvement and interest in prevention efforts could enhance the impact on school and community
 - ◇ Work to overcome the challenges present in different communities such as beliefs about suicide as a taboo subject or sin, or a sense of denial about the problem

- ✓ **Establishing and expanding community collaborations**
 - ◇ Form additional connections with local and countywide social service providers, mental health agencies, and health departments.
 - ◇ Draw on resources and information available via these community connections
 - ◇ Discuss program efforts with other schools also involved in suicide prevention

***YOUTH SUICIDE PREVENTION
EVALUATION REPORT***

1999-2000 ANNUAL REPORT

INTRODUCTION

Organizational Research Services (ORS) was contracted by the Washington State Youth Suicide Prevention Program (YSP) to conduct a comprehensive evaluation of the existing school-based suicide prevention efforts. Over the past two years the YSP program has been implemented in a number of demonstration communities throughout the Washington State. School-based prevention and education campaigns have been used in 15 schools to raise youths' awareness of suicide prevention, knowledge of key suicide warning signs, and willingness to help distressed youth. These school-based prevention activities will continue in these communities over the next two years.

The nature of the prevention and education campaign varies some from school to school. The primary activities that school-based prevention teams have engaged in include the development of media campaign materials such as newspaper articles, videos, and public service announcements; the distribution of materials such as book covers, key chains, and posters; the creation and implementation of presentations to students and the community; the development of school-based YSP web site; and the participation in community prevention events such as the Suicide Prevention Walk and Health Fairs. In all instances high school youths work with school staff and representatives from the YSP in the design of the prevention activities in their particular setting.

A past evaluation of the YSP program completed in 1999 by the University of Washington School of Nursing focused on whether statewide and school-based public awareness and education campaigns have been effective in raising awareness of and knowledge about the problem of youth suicide. A series of pre-post surveys were administered to youths in the 15 demonstration schools and seven comparison schools designed to assess changes in awareness, knowledge, willingness to help, and actual helping behaviors. The findings indicated more dramatic changes in these outcomes among students in the demonstration sites, and suggested that the program is having an impact on prevention behaviors and attitudes in different settings.

The intent of the current evaluation is to address the extent to which the structure of the schools and communities who participated in the prevention efforts have changed over the course of the program. ORS, in conjunction with the YSP, decided to adopt a more in-depth assessment of fewer demonstration schools with the intent of further examining the implementation of prevention efforts in different settings, the impact of the prevention efforts on the students and school setting, the impact of the prevention efforts on the community as a whole, and the future needs and requirements for the continued success of school-based prevention efforts. Our belief is that "school" changes may be demonstrated both in changes in the knowledge, awareness, attitudes, and behaviors of students and staff members, and via changes surrounding policies, procedures, training requests, student referrals, and school curriculum elements. Likewise, "community" change may be demonstrated through the emergence of new and enhanced support resources, the increase in prevention oriented activities throughout the community, and the increase in the acknowledgement and awareness of the problem within the community

ORS worked with the YSP staff in the development of a program logic model and a general set of program outcomes and indicators. This logic model has been useful in setting up the framework for the evaluation of the demonstration communities, and the outcomes and indicators have served as guidelines for the development of questions used in an assessment survey, key informant interviews, and youth focus groups. The logic model shown in Figure 1 nicely describes the primary activities, outputs and outcomes of the demonstration programs. We have

concurrently defined outcomes at three levels – “individual level” (i.e., change in individuals’ attitudes and behaviors, “school level” (i.e., changes in school involvement, awareness, and atmosphere), and “community level” (i.e., changes in community involvement, awareness, atmosphere, and structure). Figure 2 further describes the “school” and “community” level outcomes and some possible indicators of each. The primary focus of this evaluation is on the assessment of the program’s impact on these “school” and “community” level outcomes.

FIGURE 1: YOUTH SUICIDE PROGRAM LOGIC MODEL (DEMONSTRATION COMMUNITIES)

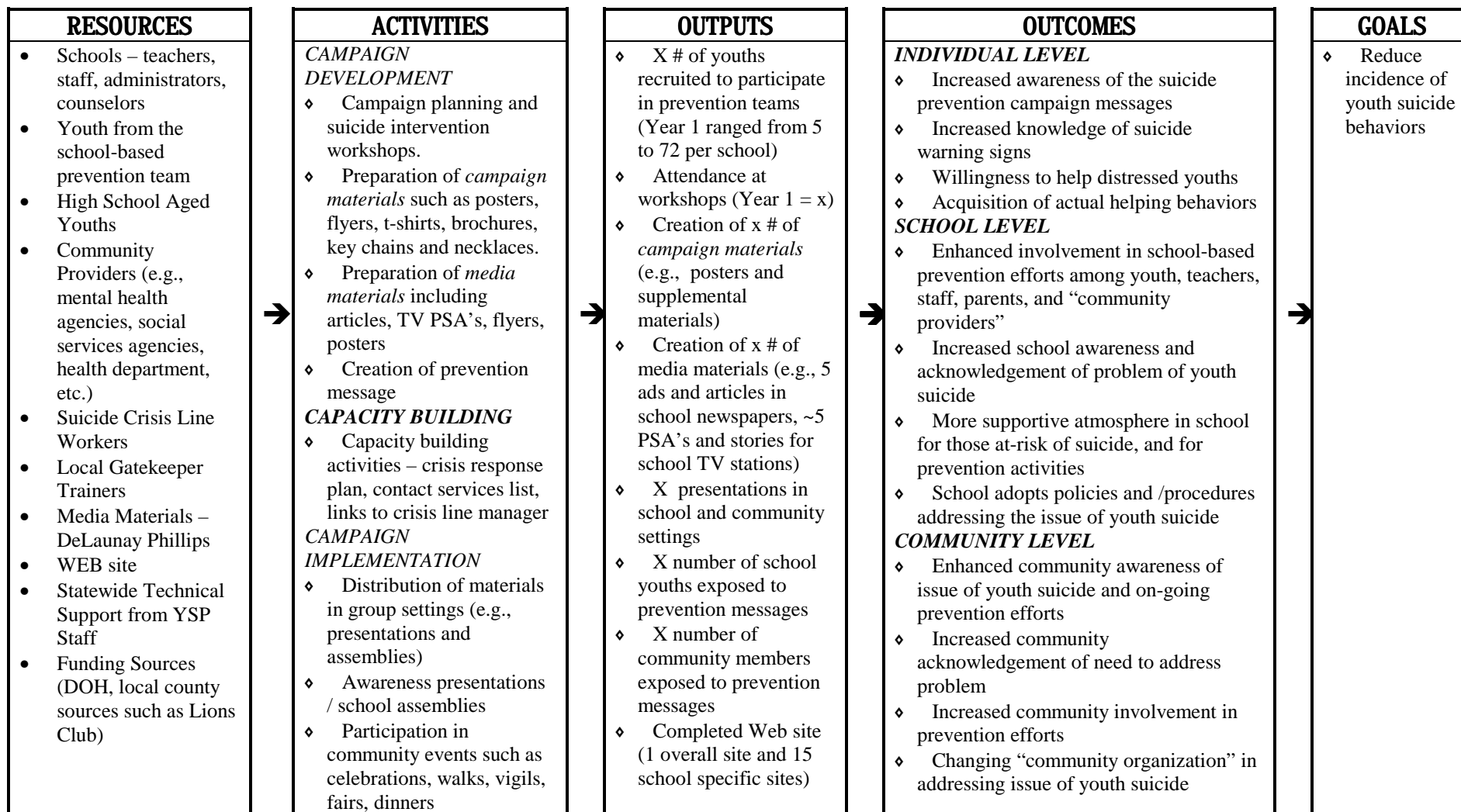


FIGURE 2: YOUTH SUICIDE PREVENTION PROGRAM: OUTCOMES AND INDICATORS (Demonstration Communities)

SCHOOL LEVEL Outcomes

OUTCOME: Enhanced involvement in school-based prevention efforts among youth, teachers, staff, parents, and “community providers”

INDICATORS

- ✓ More youth, staff, teachers, etc. actively involved in prevention effort
- ✓ New individuals/groups taking on new/enhanced roles in effort
- ✓ Outside “community providers” more actively involved in school efforts and contributing in new/different ways
- ✓ School staff at “upper levels” (e.g., principals, superintendent, school board) more actively involved in efforts

OUTCOME: Increased school awareness and acknowledgement of problem of youth suicide

INDICATORS

- ✓ Members of the school community talking more about the problem/issue
- ✓ Increased perception that youth suicide is a problem worth addressing among school “members”
- ✓ The issue of youth suicide is a topic of conversation more and more

OUTCOME: More supportive school atmosphere for those at risk of suicide, and for prevention activities

INDICATORS

- ✓ Individuals willing to do more to help “at-risk” youth
- ✓ Perception of enhanced sources of support for “at-risk” youth
- ✓ Positive perceptions of prevention program efforts
- ✓ Individuals view that prevention efforts are “important” and “necessary”

OUTCOME: School adopts policies and procedures addressing the issue of youth suicide

INDICATORS

- ✓ Adoption of new policies pertinent to this issue for students/staff
- ✓ Provision of staff training on issue/problem of youth suicide
- ✓ Changes in health education curriculum to address issue
- ✓ Shifts in allocation of school funding and school resources more towards prevention efforts

COMMUNITY LEVEL Outcomes

OUTCOME: Enhanced community awareness of issue of youth suicide and ongoing prevention efforts

INDICATORS

- ✓ Community members aware that prevention efforts are occurring in school and community
- ✓ Community members aware that youth suicide is concern/problem/issue in their community
- ✓ Members of the community talking more about the problem/issue
- ✓ Community members aware of available resources for help

OUTCOME: Increased acknowledgement of need to address problem

INDICATORS

- ✓ Community members acknowledge that individuals can do things to help address problem/issue
- ✓ Community members acknowledge that “training” on dealing with problem is important and necessary
- ✓ Acknowledge that it is necessary for individuals to work together in addressing issue
- ✓ Acknowledge need to expand prevention efforts beyond the realm of “social service agencies and human service providers”

OUTCOME: Increased community involvement in prevention efforts

INDICATORS

- ✓ Community members take on active roles in school and non-school prevention activities
- ✓ More diverse set of community members/community providers/community leaders involved in prevention efforts

OUTCOME: Changing “community organization” in addressing issue of youth suicide

INDICATORS

- ✓ Existing agencies/service providers offering new/enhanced services directed towards issue of youth suicide
- ✓ More community-wide training on recognizing warning signs and helping those in need
- ✓ Changes in policies/laws/procedures/government priorities, etc..
- ✓ Enhanced discussion of issue in media sources/public forums/meetings, etc.

METHOD

A two-fold strategy was utilized to collect information about school-based prevention efforts from school staff, students, and community representatives. In an attempt to gather information from the fifteen demonstration sites, a Youth Suicide Prevention Program Assessment survey was administered in February 2000 to key personnel identified as leads or active participants in each of the sites. These individuals were typically teachers, principals, and counselors. In total 37 surveys were mailed to key personnel, and 26 were returned (i.e., 70 percent response rate). The survey was developed to assess the progress and impact of the prevention efforts over the past year. The questions on the instrument provided data on the effectiveness of program activities, the level of collaborations with community providers, the level of active involvement of various school and community groups, and the current successes and challenges associated with the prevention efforts in that site.

The second approach involved selecting a smaller number of sites for a more in-depth evaluation of the program activities and their impact on the school and community. In the Demonstration Communities Analysis, ORS worked with YSP staff in identifying three distinct communities – one community was comprised of three different schools – that are representative of the population of demonstration sites. The three communities are situated in different areas of Washington State and differ in terms of ethnic composition, income status, size, proximity to urban areas, and political ideology. ORS conducted a set of two-day site visits to each of the chosen communities in April and May 2000.

In each site we identified a set of key informants who were familiar with the prevention efforts and active in the school-based prevention programs. This set of individuals consisted of school administrators, teachers, and counselors, as well as students who participate in the site prevention team activities. We also identified a sample of “community representatives” who provided knowledge about both the school-based efforts, and general suicide prevention strategies in the local community. The “community representatives” included suicide intervention trainers, local crisis line staff, staff from public health departments, and staff from local health and human services agencies. The ORS staff conducted a series of structured interviews, roughly 30-45 minutes in length, with each of the key informants during the site visits.

The objective of the key informant interviews was to evaluate the impact of the prevention efforts on the school and community from the perspective of those most closely involved in local prevention programs. These individuals presumably are more knowledgeable about prevention efforts in this setting, and offer unique insights about the challenges of engaging in suicide prevention efforts in their respective communities. The interview focused on informants’ perceptions of changes in attitudes, knowledge, and awareness among students and staff, changes in the “school” such as the adoption of policies or procedures, or modifications to the crisis response plan, changes in community awareness of the campaign and of the issue of youth suicide, and changes in the nature of collaborations between the school and community. The key informants were also given the opportunity to discuss what steps they felt were necessary to continue and sustain prevention efforts in the school and community in the future.

Additionally, in each site ORS convened a focus group of a representative sample of eight to 12 high school students. The intent of this strategy was to evaluate whether the program was having an impact on attitudes, awareness, and knowledge from the perspective of the potential target audience of the campaign. The focus group examined current awareness of school-based

prevention efforts; perceptions of the prevention programs; possible changes in attitudes and knowledge of the topic of youth suicide; assessments of changes in school rules, policies, or procedures; and observations of changes among staff, teachers and counselors. The focus group participants were also given the opportunity to express their opinions on future steps in the prevention efforts.

YOUTH SUICIDE PREVENTION PROGRAM ASSESSMENT SURVEY

Introduction

This assessment survey was designed to provide data on the effectiveness of program activities, the level of collaborations with community providers, the level of active involvement of various school and community groups, and the current successes and challenges associated with the prevention efforts in the demonstration schools. A copy of the survey is shown in *Appendix C*. The surveys were administered to 37 principals, teachers and counselors, with a response of 26, or 70.2 percent. The sample for this survey includes seven people who attended the Living Works Suicide Intervention and Media Production workshop. The educational experience of respondents ranges from five months to 20 years.

The survey analysis uses overall response frequencies, percentages and variable means to illustrate respondents' views and perceptions of prevention activities conducted in schools and communities. Some comparisons will be made across subgroups to better understand the variety of responses. The two distinctions made include those who have more than five years of educational experience (N=14) versus those with less than five years experience (N=12), and principals and vice-principals (N=14) versus teachers and counselors (N=12).

The respondents were also provided with the opportunity to offer additional comments about the YSP in their settings. A summary of these open-ended comments is presented in *Appendix D*.

Summary of Results

The intent of this survey was to assess the progress and impact of the school-based prevention efforts over the past year. While the primary focus is on "change" over time, we may also view these findings as a baseline assessment of the perceptions of the program from the perspective of individuals closest to the prevention efforts in each demonstration site.

The results indicate that there is a diverse set of schools adopting a wide range of approaches for preventing youth suicide in the school and community. These sites have actively engaged in a set of awareness building and educational activities, with a primary emphasis on the display, presentation, and distribution of information and materials about suicide prevention within the school. The results indicate that a majority of respondents (roughly 65 to 70 percent) believe that these activities are at least "moderately effective" in conveying the messages of the campaign.

There is a sense, though, that active participation in the prevention efforts has been limited to students on the prevention teams and school staff such as counselors or nurses. The rankings of the level of activity in the prevention efforts is lower for the general student body and teachers – for each group the average ranking is 3 or less on a scale from one (not active at all) to five (very active) and particularly lower for a diverse set of "community" groups such as parents, local government representatives, and representatives of the faith community. Moreover, the respondents report modest levels of collaboration with community providers (less than 50 percent have worked with such providers), and much of this collaboration occurs in a more passive form

of using providers as resources for information, in contrast to more active forms of collaboration on implementation strategies.

The results of the survey suggest that while youth suicide is not a “priority issue” in many settings, the schools in general are aware and supportive of the suicide prevention efforts. Only 15.3 percent of the respondents felt that “Suicide/Depression” was the first or second priority in terms of problem emphasis in the school, while half the sample reported that it was the second to last or last priority. However, 96.1 percent of the respondents agreed that their “high school provides a supportive atmosphere for those at risk”, and 88.4 percent agreed that “there is a shared belief in the school that suicide prevention is important.”

The respondents believe that prevention efforts have been enhanced by the active participation of students, especially prevention team members, and the technical support and assistance provided by suicide prevention professionals. A very small percentage (3.8%) reported that their efforts have been enhanced by active participation of parents and adults in the community. The prevention efforts have been constrained in some part because of a lack of community awareness and acknowledgement of the prevention efforts and the problem of youth suicide. Additionally, 46.2 percent report that the campaign has been constrained due to a “lack of financial and administrative resources.”

Recommendations

ENHANCE AND MAINTAIN SCHOOL-BASED PREVENTION EFFORTS

- ✓ Continue to engage prevention team participants and other students in a wide range of prevention activities.
- ✓ Reach out more to students not actively participating in prevention efforts – provide students with opportunities to participate in various ways.
- ✓ Continue to emphasize the message to students, staff, teachers, and administrators that suicide prevention is important for the school and the community.
- ✓ Strive for “institutionalization” of the program – ensure that schools do not have to “reinvent the wheel” and start over with prevention efforts from year to year.
 - ◆ Stress that the prevention effort is an important, worthwhile and necessary endeavor in schools.
 - ◆ Help local sites establish and maintain collaborations between students, teachers, and staff.
 - ◆ Help build the belief that suicide prevention is “something that must occur” in schools.
 - ◆ Work with schools to integrate elements of the prevention efforts into school service projects, community service hours, and classroom curricula.
- ✓ Explore the possibility of utilizing multiple leaders in local sites – draw on unique experience of school staff with different perspectives (i.e., counselors vs. teachers vs. principals).

DEVELOP STRATEGIES FOR OUTREACH OF EFFORTS TO THE COMMUNITY

- ✓ Initiate and establish more collaboration and contact between schools and outside community providers such as social service or mental health providers.
- ✓ Provide local sites with insight on how to reach out to the community – what strategies work best and which groups might be most helpful for school-based prevention efforts.
- ✓ Attempt to involve parents in school and community prevention efforts – students can help bridge the gap between the school and community through communication and interaction with parents and other close contacts identified at work sites, places of worship, etc.
- ✓ Help local sites enhance the awareness of their efforts in the local communities – provide strategies for attracting community support, resources, and assistance to the prevention efforts.
- ✓ Inform local programs on the wide range of prevention efforts that are occurring at the school, county, and state levels. Encourage local programs to communicate, share with, and learn from other sites.

Key Findings

EFFECTIVENESS OF CAMPAIGN ACTIVITIES

- ✓ The most common suicide prevention team activities are centered in the school, though there is some outreach into the community through participation in community events and display of information in public settings (See Table 1).
 - ◊ The most common activity cited is display of information in school settings (92.3%). The least common activities are creating media-based information sources, such as newspaper articles, television programs (38.5%), or websites (3.8%).
- ✓ Respondents report that school-based activities are the most effective ways of conveying the campaign message. (See Table 2). The average effectiveness ranking for activities are as follows (on a scale of one [not at all effective] to five [very effective]): distribution of materials such as posters and brochures (3.96), classroom and school assembly presentations (3.80), school displays of educational prevention information (3.76), participation in community events (3.31), and the development of newspaper articles or TV/radio stories about the prevention campaign (3.07).
 - ◊ Overall scores were also computed for each school by averaging the effectiveness rankings for all five activities at that location. These overall effectiveness scores range from 1.40 to 4.60. However, all but one respondent reports an average of 3 (moderately effective) or higher for all prevention team activities.

- ✓ There is some indication that teachers, counselors and those with more than five years of educational experience are more likely than principals and those with less than five years of educational experience to view all prevention activities as more effective (See Table 2a).
 - ◇ While most items show small differences, the only statistically significant difference between subgroups is the item regarding display of educational prevention information in school settings.¹ Principals give it an average rating of 3.54, while teachers and counselors rate it as more effective at 4. In terms of educational experience, those respondents with less experience give it a lower average rating (3.64) than those with more experience (3.86).

TABLE 1: Activities Participated in by High School Suicide Prevention Teams

Activity	Percentage of respondents stating their prevention team engages in activity
Display of information in school settings	92.3%
Distribution of materials such as book covers, T-shirts, and specialty items	80.8%
Educational presentations to small classes or large school assemblies	69.2%
Participation in community-wide events such as walks, marches, meetings, or forums	53.8%
Display of information such as posters, banners, etc. in other community settings	42.3%
Creation of newspaper articles or stories for the high school radio/TV programs	38.5%
Other activities	15.4%
Development of a program web site	3.8%

¹ The “P”-value is used to assess whether there is a statistically significant difference between the average scores for each of the subgroups (i.e. principals versus teachers and counselors). Typically, a P-value smaller than .05 indicates that there is a statistically significant difference. In this analysis we should be careful about interpreting significance given the small sample size.

TABLE 2: Respondents’ Ratings of Effectiveness of Activities in Conveying Prevention Campaign Message to the Student Body

Activity	Rating of average effectiveness of activity	Percent of survey respondents rating activity more than “moderately effective” (4 or 5)
Distribution of materials such as posters, brochures, etc.	3.96	69.4%
Presentations in classroom settings or school assemblies	3.80	65.0%
Display of educational prevention information in school settings	3.76	76.0%
Participation in community-wide events	3.31	50.1%
Development of newspaper articles or TV/Radio stories about prevention campaign	3.07	35.7%

TABLE 2a: Respondent Sub-Group Ratings of Effectiveness of Activities in Conveying Prevention Campaign Message to the Student Body

Activity	Rating of average effectiveness of activity	P
Distribution of materials such as posters, brochures, etc.	Principals.....3.77	
	Teachers/Counselors.....4.20	
	Less than 5 yrs.....3.60	
	5 years +.....4.23	
Presentations in classroom settings or school assemblies	Principals3.50	
	Teachers/Counselors4.25	
	Less than 5 yrs3.50	
	5 years +.....4.10	
Display of educational prevention information in school settings	Principals3.54	**
	Teachers/Counselors4.00	**
	Less than 5 yrs3.64	**
	5 years +.....3.86	**
Participation in community-wide events	Principals3.44	
	Teachers/Counselors3.14	
	Less than 5 yrs3.00	
	5 years +.....3.56	
Development of newspaper articles or TV/Radio stories about prevention campaign	Principals3.00	
	Teachers/Counselors3.13	
	Less than 5 yrs2.75	
	5 years +.....3.50	

** Indicates a statistically significant difference between the two groups at $p < .01$

CAMPAIGN INVOLVEMENT AND COLLABORATION

- ✓ Survey respondents view school-based groups as being more active than the overall community-based groups in suicide prevention efforts (See Table 3). Indices were computed for several aggregate groups to better compare activity levels.² The average activity level for the *whole school* environment (3.26) is greater than the average for the *whole community* (2.72). Respondents rate their own group, school staff (3.46), as more active than students overall (2.96), parents (2.35), overall social services (2.96), and overall formal groups (2.43).
 - ◇ In the school setting, counseling staff and nurses are rated as the most active (4.00) and teachers are rated as least active (3.04) in prevention efforts. However, all group averages fall in the moderately active range. Students on prevention teams are perceived as more active (3.52) than the student body at large (2.46).
 - ◇ Social service agencies (2.96) are viewed as more actively engaged in suicide prevention efforts than other formal groups (2.43) or parents (2.35). Survey respondents perceive health providers (3.00) and suicide crisis line staff and volunteers (2.96) as the most active community members. Parents, local government representatives (2.16), and members of the faith community (2.26) are viewed as the least active.
- ✓ Over 46 percent of respondents state that they work with community providers such as mental health agencies, crisis line staff, or suicide intervention trainers in the prevention campaign (See Table 4). Almost as many are unsure (38.5%), and only 15.4 percent state that they did not work with community providers.
 - ◇ Teachers and counselors (58.3%), and those with more than five years of educational experience (57.1%), are more likely to indicate that they work with community providers and less likely to state that they are unsure (25.0 percent and 21.4 percent, respectively). This suggests that they are more in touch with suicide prevention efforts in a variety of areas and may be more likely to supplement school-based efforts with community support. It is also important to note that in most of the schools the teacher or counselor is the lead contact for the Youth Suicide Prevention program.
- ✓ Of those who work with community providers, 83.3 percent use them as informational resources, 41.7 percent accept assistance from providers in the implementation of prevention activities, and only 16.7 percent collaborate in the design and development of prevention activities.
 - ◇ The only notable difference among sub-groups is that 33.3 percent of teachers and counselors used assistance from community providers in implementing prevention activities as compared to 7.1 percent of principals. However, the difference is small and not statistically significant.
 - ◇ The two respondents who reported collaborating with community providers each have over five years of educational experience.

² An overall student score was computed by averaging together all scores for students, regardless of participation on prevention teams. The school staff average was computed by averaging together scores for teachers, counselors and nursing staff, and other school staff. The *whole school* activity score is an average of all five of these variables. The community averages were computed in a similar manner. Overall social services include the ratings for health care providers, crisis line staff and volunteers, and social service providers. Overall formal groups include law enforcement/legal groups, and representatives of local government and the faith community. The *whole community* score is an average including parents and all groups under overall social service and formal groups.

TABLE 3: Activity Level of Groups in School and Community-Based Suicide Prevention Efforts

Group	Average activity level of group in suicide prevention efforts (Range 1-5)
<i>Whole School</i>	3.26
Students Overall	2.96
Students on Prevention Teams	3.52
General Student Body	2.46
School Staff Overall	3.46
Teachers	3.04
Counseling/Nursing Staff	4.00
Other School Staff/Administrators	3.39
<i>Whole Community</i>	2.72
Parents	2.35
Social Service Overall	2.96
Health Care Providers	3.00
Crisis Line Staff/Volunteers	2.95
Social Service Providers	2.68
Formal Groups Overall	2.43
Law Enforcement/Legal Groups	2.70
Local Government Representatives	2.16
Representatives of Faith Community	2.26

TABLE 4: School and Community Working Together

Working with the community	Yes	No	Unsure
Has the school worked with community providers?	46.2%	15.4%	38.5%
<i>Of the 12 that work with community providers:</i>			
Providers used as resources for information?	83.3%	16.7%	--
Providers offer implementation assistance?	41.7%	58.3%	--
School team and providers collaborate in activities	16.7%	83.3%	--

CAMPAIGN SUPPORT AND AWARENESS

- ✓ Respondents indicate that there is more support and awareness of the problem of youth suicide within the school than in the larger community. (See Table 5)
 - ◇ Almost everyone agreed or strongly agreed that their school provided a supportive atmosphere (96.1%) and that there was a shared belief that suicide prevention is important (88.4%). Only about half felt that the same was true for the community: 57.7 percent agree that there is a shared belief in the community that prevention is important, and 50 percent agree that the community provides a supportive atmosphere.

TABLE 5: Agreement and Disagreement with Statements about School and Community Knowledge and Support

Statement about school or community with which respondent agreed or disagreed	Disagree	Neither Agree nor Disagree	Agree or Strongly Agree
High school provides a supportive atmosphere	0%	3.8%	96.1%
Shared belief in school that prevention is important	3.8%	7.7%	88.4%
Knowledge of suicide warning signs in school	11.5%	15.4%	73.1%
Shared belief in community that prevention is important	11.5%	30.8%	57.7%
Community provides a supportive atmosphere	11.5%	38.5%	50.0%

CAMPAIGN STRENGTHS AND CONSTRAINTS

- ✓ The efforts and participation of youth are seen as the primary enhancing influences on the suicide prevention programs (See Table 6). Eighty percent of respondents agree that suicide prevention efforts are enhanced by the “active participation of student team members” and 65.4 percent agree that the “active participation of youths in general” contributes to prevention efforts.
- ✓ The “lack of community awareness of prevention” and the “lack of financial and administrative resources” are perceived as the primary constraints on school-based suicide prevention campaigns. Almost 58 percent agree that the former is a problem while 46.2 percent agree that the latter is an issue in their school.
 - ◇ There are differences in perception between those who have had less than or more than five years of educational experience. This could reflect a difference in expectations and perceptions. Those with more experience may have learned to focus on the positive aspects of such programs as the suicide prevention campaign, or, it could be that those with more experience have come to expect less of students.
 - ◆ Almost 93 percent of those with more than five years experience state that the youth team member participation adds to prevention team efforts, while 66.7 percent of those with less than five years of experience say the same. Note, though, that this difference is not statistically significant.
 - ◆ About two-thirds of the less experienced respondents state that “limited participation of high school students” constrains activities, and while only 14.3 percent of the more experienced respondents express a similar sentiment. This difference *is* statistically significant.
 - ◆ Another example of the different perspectives from the more and less experienced educators is evident. Over 78 percent of those with more than five years of experience state

that “technical support and assistance from suicide prevention professionals” aid them in their efforts. This could mean that those with more experience are more adept at gaining the technical assistance they need; on the other hand, it could mean that they need or expect less assistance than educators with less experience.

- ✓ It appears that respondents believe that a “lack of community awareness regarding prevention efforts” and a “lack of community acknowledgement” has constrained their ability to conduct prevention campaigns.
 - ◊ Principals more often make positive statements regarding community awareness and support. The differences are not statistically significant, but they do suggest a possible pattern.
 - ◆ Over 57 percent of principals state that their community’s awareness aids prevention efforts compared to only 25 percent of teachers and counselors. Twenty-one percent of principals state that the community desires prevention efforts, while no teachers or counselors said that this enhanced their efforts.
 - ◆ In contrast, 50 percent of teachers and counselors state that the lack of community acknowledgement hinders their efforts at prevention in comparison to only 21.4 percent of principals.

TABLE 6: *Enhancing and Constraining Influences on Suicide Prevention Campaign Activities*

School-based suicide prevention campaigns have been enhanced by:	Percent Respondents Agreeing
Active participation of student team members	80.0%
Active participation by youths in general	65.4%
Technical support and assistance	57.7%
Community awareness of problem	42.3%
Community desire for prevention	11.5%
Active participation by parents/adults in community	3.8%
School-based suicide prevention campaigns have been constrained by:	Percent Respondents Agreeing
Lack of community awareness of prevention	57.7%
Lack of financial and administrative resources	46.2%
Limited participation by high school students	38.5%
Lack of community acknowledgement of problem	34.6%
Reluctance of school staff to support efforts	15.4%
Inability to get technical support	7.7%

ISSUE EMPHASIS

- ✓ Suicide prevention is not perceived as a priority issue in most respondents' schools (See Table 7). 50 percent of respondents state that youth suicide ranks last or second to last in order of emphasis placed on problems. The only issue perceived as receiving less attention is teen pregnancy and sexual assault. (For this variable, respondents ranked issues in order of priority i.e. the issue receiving the most attention was ranked first (one) and the issue receiving the least attention was ranked last (five). In other variables the higher score represents more attention or focus, whereas here the order is reversed.)
 - ◊ Principals more highly rated their schools' emphasis on suicide as a problem, giving it an average of 3.31 compared to the average of 3.75 among teachers and counselors. The difference between these averages is statistically significant at the $p < .05$ level.
 - ◊ Those with more than five years of educational experience said their schools placed less emphasis on suicide prevention (3.64) as compared to their colleagues with less experience (3.36). This difference is statistically significant at the $p < .10$ level.
- ✓ All respondents felt that the suicide prevention campaign has at least somewhat benefited their schools. Almost 31 percent felt that the program benefited their schools a great deal.

TABLE 7: Perceptions of School Emphasis on Problematic Issues

Issue	% Respondents stating that their school ranks issue first or second in priority	% Respondents stating that their school ranks issue last or second to last in priority
Violence	84.6%	11.5%
Drugs/Alcohol Use	69.2%	7.7%
Sexual Assault	23.1%	57.7%
Suicide/Depression	15.3%	50.0%
Pregnancy	7.7%	65.3%

***DEMONSTRATION COMMUNITIES ANALYSIS:
COMPARISON ACROSS THREE SITES***

1999-2000 ANNUAL REPORT

INTRODUCTION

Our in-depth assessment of the youth suicide prevention efforts in three different demonstration communities was intended to examine the impact of program efforts on students, staff, the school as a whole and the community. The three communities are situated in different areas of Washington State and vary in terms of ethnic composition, income status, size and proximity to urban areas. In each community we identified a set of key informants who were familiar with the local school-based prevention efforts. In total almost 40 school staff, school administrators, prevention team members, and community representatives were interviewed during site visits conducted in April and May 2000.

The objective of the key informant interviews was to evaluate the impact of the prevention efforts on the school and community from the perspective of those most closely involved in local prevention programs. These individuals presumably are more knowledgeable about prevention efforts in this setting, and offer unique insights about the challenges of engaging in suicide prevention efforts in their respective communities. The interview focused on informants' perceptions of the following: changes in attitudes, knowledge, and awareness among students and staff; changes in the "school" such as the adoption of policies or procedures, or modifications to the crisis response plan; changes in community awareness of the campaign and of the issue of youth suicide; and changes in the nature of collaborations between the school and community. The key informants were also given the opportunity to discuss what steps they felt were necessary to continue and sustain prevention efforts in the school and community in the future.

In each community ORS also convened a focus group of a representative sample of eight to 12 high school students. The intent of this strategy was to evaluate whether the program was having an impact on attitudes, awareness, and knowledge from the perspective of the potential target audience of the campaign. The focus group examined current awareness of school-based prevention efforts, perceptions of the prevention programs, possible changes in attitudes and knowledge of the topic of youth suicide, assessments of changes in school rules, policies, or procedures, and observations of changes among staff, teachers and counselors. The focus group participants were also given the opportunity to express their opinions on future steps in the prevention efforts.

The analysis described below focuses on some of the similarities and differences in program impact across the three communities under examination. The goal is to make some general statements about the nature of the impact of prevention efforts in school settings based on assessments of these three communities. The first section addresses the question of **"What is the current impact of school-based prevention efforts?"** The second section highlights some possible **"keys to success"** drawn from our assessment and comparison of the experiences in these communities. The **"keys to success"** focus on some of the program elements and components present in different settings that we believe may enhance the impact of the efforts in the school and community. The expectation is that the insights drawn from this analysis will help the YSP and local programs sustain and improve prevention efforts in all of the demonstration schools.

We have also provided site-specific summaries of the evaluation in each of the three communities (see the following three sections). These more detailed summaries examine the impact of the program efforts in the school and community, and provide insights on future steps for maintaining prevention efforts in that setting.

WHAT IS THE CURRENT IMPACT OF SCHOOL-BASED PREVENTION EFFORTS?

An increased willingness among students and school staff members to talk more openly about the issue of youth suicide

We find evidence across all three communities that students are more willing to talk with each other and with faculty (e.g., counselors and teachers) about the issue of suicide. The majority of key informants do not believe that suicide is still a “taboo” subject in the school settings, and there is a sense that the level of conversation about this topic has increased some over time. One school staff member in one of the communities noted that:

- ✓ *“There’s more open conversation among students (over the last five years). Suicide isn’t a fearful word anymore.”*

We even found this openness expressed in the focus group settings where many of students were not familiar with each other. Moreover, in one community, we also observed that students are more willing to bring up the issue of youth suicide in classroom settings. As one staff member noted:

- ✓ *“In the Leadership class, three years ago suicide would never be the topic of a group project...last and this year, suicide is always an issue that students believe that the school should work to address...in fact one group is doing a project concerned with what is going on at the Middle School...it is an amazing transition that students want to look beyond their own school.”*

Changes in the knowledge and awareness of suicide warning signs, symptoms, and how to help individuals in need

While there has not been a dramatic change in the knowledge and understanding of specific warning signs and “what to do” among students in general, there has been some increase in their awareness that individuals can “do something” to help those in need. At this point it is unclear whether students know to look for specific warning signs and symptoms, or know the best course of action for helping a student who appears suicidal. While this knowledge is present among prevention team members and staff who have been trained, the specific knowledge has not carried over to the average student in the school setting. As a school staff member in one of the communities noted:

- ✓ *“The students on the YSP team know more of the signs, though I wouldn’t say the general student population does. We haven’t done a lot of presentations. Those who have been exposed to them are more likely to know the signs. They are also more comfortable with the issue. The core group knows how to refer friends, and they are more likely to refer people.”*

Students are more willing to refer friends or assist them in getting help from school staff and counselors

In each of the communities our key informants and prevention teams report that they believe students are willing to refer friends in need to appropriate sources of help in the school setting. A number of counselors and staff reported that students have come to them both to express concerns about themselves, and about friends who seem to be having difficulty. There is a sense that students are “coming for help” more than ever before. In a few communities there is an indication that the school has established informal system to support the referral process, either through the use of e-mail or written contacts, or via the publication of a list of counselors and staff who received suicide prevention training. One school staff member described some of her interactions with students:

- ✓ *“They are more willing to say that my friend is having problems...more are coming forward with the idea that it is not OK to be suicidal...they are more aware of the warning signs...students are also saying things like ‘my friend is depressed’ or ‘I’ve noticed him drinking more.’”*

A second staff member in a different community echoed a similar sentiment:

- ✓ *“Many students will come with concerns about others...just passing on information to the staff...they seem more willing to take the extra step, and even with the more run-of-the-mill students.”*

There has been some integration of the issue of youth suicide into the school curriculum and classroom settings

The level of such integration varies some across the three communities. While there is some “willingness” in each setting, this desire has only translated into action in one of the communities we investigated. In particular, we have seen evidence that teachers are using the topic as the material for classroom tasks, including some books that address themes related to suicide, and incorporating material on “wellness training” in Health courses. We also observed that students are starting to address problem of youth suicide in class and community service projects. While there have not been formal efforts to modify the curriculum to incorporate information about suicide prevention, there seems to be a greater willingness to cover the subject in classroom settings.

Students and staff in each community have received suicide prevention training, and there is a desire for additional training and presentations

In all of the sites the prevention team members and some staff members have received suicide prevention training sponsored by the YSP program. In a few communities a large number of staff and faculty have received training and have a better idea of how to help students in need. For some this increased education and awareness has raised some concerns about their ability to help those who need assistance. As one school staff member commented:

- ✓ *“Teachers have commented that they were nervous on how to deal with a youth in need...now with this greater willingness to talk, chances are that students may come to teachers for help...they were concerned that they were not prepared to help.”*

It has been more of a challenge for the prevention teams to conduct training presentations with other students in the school setting. In some communities access to classroom settings has been constrained, and in other communities the thought of presentations of this material to students is somewhat “threatening” to some staff and teachers. Moreover, there is some belief among the focus group students that such presentations would not be worthwhile or taken seriously by youths. Though, as one community representative commented:

- ✓ *“I have been doing this work for six years, and have noticed that many schools now have crisis response plans that address instances of suicide....also I have found that it is easier to get into schools these days for presentations, etc...[Why this change?] – better education among health teachers, counselors, etc...also staff are more willing to protect kids, but are not shying away from such a taboo subject...they are starting to realize that it is critical for kids to learn about this issue and discuss this topic.”*

There has been little impact of the school-based prevention efforts outside the school setting

At this juncture the school-based prevention efforts have had little impact on parents and the community as a whole. The awareness of the prevention efforts outside the school is minimal, and, in fact, in one community there have been few attempts to increase exposure of the prevention team efforts in the surrounding community. The prevention teams work in community climates that are not always supportive of the idea of talking about suicide – for many in these communities the topic is still a taboo and the act is considered a sin. One community representative conveyed a common sentiment:

- ✓ *“The average community member has no clue. Homicide gets more press. During the training, people were surprised at the statistics. The general public is not aware of what is going on.”*

Some school-based prevention programs are starting to form collaborations with community service providers and agencies

We see evidence, particularly in one community, that the school-based prevention efforts are starting to form and seek out collaborations with agencies, organizations, and service providers who address issues of youth suicide. The prevention groups are starting to connect with and get information from local crisis services, mental health centers, and intervention specialists, and in one school the team is working through the Spanish radio station to get the word out throughout the community. In addition, in two communities the prevention team members have participated in community walks, candlelight vigils and county health fairs. While these collaborations are still in the early stages, there is at least a desire on both sides to work together in community prevention efforts.

It is important to note, though, that there was no evidence of collaborative efforts in one of the communities we investigated. While the students and staff are not entirely averse to the idea of building connections to the community, most admit that they really haven’t thought about such a course of action and would prefer to concentrate their prevention efforts in a very large school setting.

PROGRAM KEYS TO SUCCESS

Increasing the exposure of prevention efforts in school and community

Many key informants and focus group participants believe that the prevention groups need to enhance the exposure of their efforts in the school and community settings. In one school almost half of the focus group participants, and even some of the key informants, were minimally aware of the prevention team and the program efforts. In this same community we observed less change in knowledge, attitudes and awareness of students and staff. A few focus group participants even suggested that the YSP should enhance their efforts to become as well known as groups such as SADD.

This increased exposure might result from a number of program changes and enhancements. Many key informants noted that the prevention efforts might be more effective if the activities started earlier in the school year and remained more consistent over this time frame. There was also a sentiment expressed that the programs should recruit younger students, and get students involved in the prevention efforts in their Freshman and Sophomore years.

Conveying a strong “prevention” message in the program media campaign

The intent of the school-based campaign is to convey a message of “prevention,” and provide students and staff with the knowledge and skills needed to help prevent youth suicide in the school setting. It seems that the impact of the program is enhanced in settings where the “prevention” message comes across more clearly. In one school there is a general perception that the YSP team is a “counseling effort”, a group of students who “*when they hear of a student at risk, they go talk them out of it*” or “*try to counsel you so you don’t feel alone or misunderstood*”. In this school it appears that this “counseling” image has adversely affected their ability to convey the message that students should know how to help others.

In a second community this counseling image comes across to students, though the prevention team members have become adept at using this misperception to actually enhance their prevention efforts. As one prevention team member noted:

- ✓ *“The impression that we are a counseling group sometimes opens the door to talk with people...it gives the students an opportunity to question what we are doing, and we usually get a positive response when we explain what the effort is.”*

A school staff member in the third community commented on the importance of making this distinction between a “prevention campaign” and “counseling group” in program recruitment:

- ✓ *“We developed a strict criteria for group entry...made sure the kids realized that this was a campaign rather than support group.”*

Maintaining strong prevention team leadership and support

Our key informants in each community emphasized the importance of having strong leaders who are committed to the prevention efforts in the school setting. This includes both staff and student leaders who are willing to pursue the effort even in the face of possible obstacles. The administration members in each school noted in several instances the important role of the team

leads in getting the prevention effort started, and keeping it going in the school settings. As one school staff member noted:

- ✓ *“Need someone with a passion ...you need someone willing to take a chance that ‘no one would listen,’ but still continue to pursue prevention efforts...this highlights the importance of good leadership and knowledge to convey the information”*

Moreover, the prevention teams need the support of the school, staff and administration. To many it is essential that the school “buys in” to the idea of suicide prevention. This commitment may be demonstrated through the provision of additional resources or specific actions taken to ensure that the program will continue to exist beyond the period of state funding. As one school staff member noted:

- ✓ *“We must make sure that we have a person in the school such as a teacher who will continue to carry on the program efforts...you need a key person who is responsible for the program and is receiving support from the school.”*

One community representative offered an interesting suggestion on how to maintain and enhance the commitment to the prevention efforts:

- ✓ *“I believe that school districts have to buy in to the importance of suicide prevention...I really don’t know the hierarchy of schools too well these days...it’s not just the kids who must be prepared, but also the counselors and teachers as well...maybe districts could offer continuing education credits for teachers/counselors willing to learn more about prevention.”*

Utilizing the strengths of prevention team composition

Our assessment suggests that the prevention teams should strive for diversity and representativeness in the recruitment of team participants. It appears that prevention groups have a greater impact, and are more accepted, in settings where the groups consist of a mix of students (i.e., “leaders”, “popular kids”, “average students”, “underachievers”). In contrast, the prevention effort suffers somewhat in one community where many of the prevention team members are viewed as “outsiders”. The focus group participants in this setting commented on the importance of having a group that is more “representative” of the student body given the very “cliquey” nature of the school. Awareness of the program is lower in part because the participants travel in different social circles than many in the general student body. The focus group participants in all communities noted that they felt that the student body would be receptive to the prevention campaigns if the groups are viewed as “representative” of all types of students in the school. As one school staff member commented:

- ✓ *“Maintain core group of diverse kids, not just one type of student. It helps sell the points to have both popular leader-types and unknown kids talk to each other. Also, to hit different groups of kids, they listen better to “their kind,” and also can benefit from seeing that “others” have similar problems. Maintain student to student focus – they listen better to each other and not as well to adults.”*

Enhancing parental involvement in prevention efforts and outreach to parents

The prevention groups, so far, have struggled to get the campaign message across to parents and the community. There is some consensus that getting parents involved and engaged in the prevention efforts may enhance the impact of the program in the school and community. In the different communities the prevention teams face some unique challenges in parental outreach including overcoming “taboos” associated with ethnic diversity and religion, overcoming the belief that “suicide doesn’t happen here,” and convincing parents of the importance of becoming involved in school activities. These challenges notwithstanding, there is some feeling that parents may act as a conduit to getting the word out about prevention in the community. As one school staff member noted:

- ✓ *“The group should connect with parent advisory groups at various school levels...e.g., the migrant parent advisory council...perhaps parent training or presentations...the community is really afraid to talk about the topic...also gaining the trust of parents and community fathers...perhaps by participation in a carnival, or celebration, or the Pow Wow.”*

Establishing and expanding community collaborations

Social service providers such as crisis services, mental health agencies, and health departments can serve as an important resource for the school-based programs. Many of these organizations are engaged in their own prevention efforts, and quite often have inroads to different populations in the community. For instance, in one community there are a few different agencies that work directly with Hispanic and Native American families. Moreover, these agencies are aware of the type of prevention efforts that are occurring in different schools, and have the capacity to link the school programs to additional training and information resources.

We would first advocate greater discussion between the school prevention teams and these local agencies and organizations. In our conversations with the community representatives we heard about a wide range of school-based prevention efforts occurring in local settings apart from the Youth Suicide Prevention Program. The efforts in these schools were unique and often have an impact on the school. It would bode well for the school prevention teams to hear and learn about some of these other approaches. In addition, some of the key informants suggested that the local groups network more to learn from each other. As one school staff member commented:

- ✓ *“We should try to meet with more schools...we tend to max our kids out with programs...need to try and prioritize which programs work, and which run well...if we work with other schools doing similar prevention efforts, we might find out what has worked well, and what has been successful...we have not yet met with other schools.”*

***DEMONSTRATION SITE SUMMARY:
COMMUNITY 1***

1999-2000 ANNUAL REPORT

INTRODUCTION TO THE COMMUNITY

Community 1 consists of a small town of less than 10,000 residents located in Eastern Washington. This community is situated within 15 minutes of a large city and county seat, and has close proximity to a large university. To many we spoke with, this community is thought of as a “commuter town” since a large percentage of the residents travel to the city or other parts of the county for employment, while others come into the town for educational opportunities and facilities. The typical employment activities in this community include light industrial services, agricultural services, and educational services.

In general the majority of residents are Caucasian with incomes in the lower to middle-class range. The population is highly educated and a large percentage of the high school graduates continue with college studies. The town is comprised of one high school, one middle school, and five elementary schools. There are roughly 1000 students spread across four grade levels at the high school.

In our assessment we conducted interviews with seven high school staff members (including the program lead, principal, teachers, and counselors), two members of the high school youth suicide prevention team, and three representatives from county-based health and human service agencies. We further convened a focus group at the school with 13 “representative” students who are not active members of the youth suicide prevention team. As of our visit in April, the prevention team included about 15 members, with the majority of them in the lower grade levels (i.e., Sophomores and Juniors).

COMMUNITY CLIMATE

Community 1 started their participation in the youth suicide prevention activities in 1998. About seven or eight years earlier there were a number of youth suicides that occurred among students in the high school, or youths affiliated in some way with the community. At the time these suicides had a strong impact on the community and the school – in some sense a wake up call to the community that suicide can happen in their town. In fact, these events were impetus behind the development of the original high school crisis response plan. Presently, many of the students and newer staff are not directly knowledgeable about the history of teen suicides; however, this legacy has persisted for many of the older staff members involved in the prevention team efforts.

At this phase of the program, the school is supportive of the suicide prevention efforts. All of the school staff members we spoke with feel that the effort is necessary and worthwhile, and feel that this is an effort that should continue in the future. The program, however, faces some interesting challenges in its efforts to get its message across to students and the community. Many key informants noted that there is a general perception among community residents that “suicide really doesn’t happen here” or that “suicide is not a problem in this town”. Some felt that this sentiment is linked to a general “denial” that problems can occur in this community. One school staff member commented that:

- ✓ *“This town has a denial problem with drugs, alcohol, mental disorders, and suicide. Some staff joke about it and call it Pleasantville. It’s rural here; people think that stuff just doesn’t happen here.”*

Moreover, there is a feeling that suicide is more of an “individual” or “family” problem that should be addressed by families rather than schools. For many individuals suicide is still viewed as a private matter – some might say that this is a problem that families should deal with without intervention from the school. By the same token, some school staff may believe that addressing such a “private” issue might be overstepping this boundary between school and family, or even placing too much of the responsibility on the school. As one staff member noted:

- ✓ *“Suicide is viewed as a family/social issue...everyone wants the school to fix it like everything else, but now we have to meet stringent EALR requirements...how can you do this and get it all right...most staff would now say, I’m taking care of my family, I am doing my part.”*

The program further faces the challenges associated with engaging in prevention efforts in a “commuter town”. Many in our sample noted that there is a certain level of transience in the community with individuals coming in and out on a day-to-day basis. Likewise, there is a belief that youth don’t spend much of their time in the community, rather choosing to go to the city for social activities and other amenities. This is enhanced by the “lack of awareness” of local mental health and human services resources. We found that most of the prevention and outreach agencies that could assist in the school-based efforts are countywide and located in the city. In fact, as one school staff member commented:

- ✓ *“The town Outreach center is available, but is small and wedged in next to the Bank of America.”*

The climate in the high school itself poses some interesting challenges for the prevention efforts. There is a sentiment expressed that, like many schools, this high school is very “cliquey.” It appears that “status” of the students is important to the success of school-based efforts in many

instances. This sentiment was clearly expressed in the youth focus group discussions. As one school staff member commented:

- ✓ *“This school is cliquish – but at least information has circulated among students involved in the task force. If it’s not done by the cool kids, it gets overlooked.”*

A second school-based concern is the “competition” with other prevention efforts. Both the staff and students commented on the wide range of possible opportunities for students to get involved in community service projects or prevention efforts including SADD, service groups, or anti-harassment training. Students often see that their time for such efforts is limited and are sometimes forced to pick and choose their activities. In addition, there is some concern that the suicide prevention message could get lost within all the “prevention” messages.

SCHOOL IMPACT

The program efforts have had modest impact on the students' awareness of the problem of youth suicide, knowledge of the warning signs and symptoms, attitudes about the topic of suicide, and behaviors related to addressing the problem of youth suicide. This finding is based more on the opinions of the school staff members and prevention team students, and less on the sentiments of the youth focus group participants. Up front, it is necessary to acknowledge that **those who have participated in the prevention efforts (i.e., Task Force members) have exhibited the greatest change over time.** In general, the program "gives them a place to be", and has given them the opportunity to grow as young adults. The impact of this participation is most noticeable in increased confidence and self-esteem.

- ✓ *"There is definitely an impact on the kids that are directly involved – there is a huge difference in them."* – School Staff Member
- ✓ *"The kids involved in SOS aren't jocks. It gives them a purpose. Not all of them participate a lot in general (though some do). The cool kids around here have their parents cart them all over, they have lots of things, they participate. Others need to find attention differently and this has provided an avenue for that."* – School Staff Member

To some extent, we also observed **an increased willingness among students to talk more openly about the issue of suicide in different settings.** The topic is no longer a "taboo" among students, and interestingly there was extremely open discussion about suicide and depression in our focus group with a representative sample of students, many of whom did not know each other.

- ✓ *"It seems that more students are willing to talk to counselors...Students are more likely to report to and show concern for their friends."* – School Staff Member
- ✓ *"There's more open conversation among students (over the last 5 years). Suicide isn't a fearful word anymore."* – School Staff Member
- ✓ *"We hear students talking about going to counselors for help with their concerns...this happening more and more makes other students realize that counselors are available (when needed)."* – Prevention Team Member
- ✓ *"Over the last two years, students are more open to talking about it and understanding that suicide is not a weakness. They know they need to get help if a friend is suicidal. They don't keep it to themselves as much."* – School Staff Member

However, there was less agreement among focus group participants that open conversation about the topic has increased over time. There was a sentiment that students are a little more reserved in their discussions about the topic, in part because of the concern that it may draw attention to their own problems.

- ✓ *"Students don't talk about suicide...rather they talk about sadness"*
- ✓ *"If people talk about suicide it's in whispers...some people don't want the attention they'd get if a teacher heard them."*

We found **limited evidence of changes in students' knowledge of symptoms, warning signs, and what to do when someone is in need.** There is some consensus, though, that students now know that they should be looking for some signs or symptoms of possible problems, but that they still may not know the exact signs to look for. In a sense, while students have a general notion that they should “do something,” it is unclear whether they understand “what to do.” This uncertainty is expressed more clearly in the comments of the focus group participants.

- ✓ *“I think they know what to do if a friend seems suicidal – it’s clear to them that they need to report it to an adult.” – School Staff Member*
- ✓ *“Students know more of the warning signs, even if they don’t know exactly what to do. They know they at least need to do SOMETHING.” – School Staff Member*
- ✓ *“But generally I’d say the student body wouldn’t know the signs.” – School Staff Member*
- ✓ *“If people hide it, you’re not going to know....people who want to do it (commit suicide) just will.” – Focus Group Participant*
- ✓ *“There aren’t a lot of warning signs...often you can’t tell...people wear masks...if people want help they will show the warning signs.” – Focus Group Participant*

In general there is **little awareness of the program efforts in the school setting.** While there is somewhat greater awareness of the program among the staff and Task Force students we spoke with, we found that less than half of the focus group participants even knew about the prevention efforts, and what they were most familiar with were the program materials such as key chains and book covers. Additionally, there was some uncertainty, especially among the focus group participants, about the intent of the prevention group and the message of the campaign. There was some belief that the group functions as a “counseling effort” (i.e., “when they hear of a student at risk, they go talk them out of it”, or “they try to counsel you so you don’t feel alone or misunderstood”). It is unclear on whether this belief is a product of the misperception of the audience, or the image conveyed by the campaign and task force members. As noted, though, there is greater staff awareness of the program efforts.

- ✓ *“There’s an awareness that there’s a method to deal with this. At some point they [administration and faculty] must have received information about it.” – School Staff Member*
- ✓ *“Staff is more aware....They’re aware of the task force....Three staff members regularly put stuff in my box relating to suicide.” – School Staff Member*

There is evidence that **school staff members are more willing to address the topic of youth suicide, more willing to bring up the issue in discussion, and take steps to address the problem.** There is some expressed reluctance to greater involvement, which may, in part, be related to the belief that teachers' and counselors' time is pressed, and it is sometimes difficult to take on new efforts and responsibilities.

- ✓ *“The subject is not taboo for students to talk about, but it may be for staff and teachers. The subject is even more taboo for community members. I can't imagine that teachers would be “afraid” to talk about it if necessary.” – School Staff Member*
- ✓ *“They [staff] are more willing to talk about the issue – many teachers have keyed off of earlier training and noticed how much suicide is in the media these days...They have taken “teachable moments” to integrate the subject into classes. I know because they ask us for literature on the topic to use in their classes.” – School Staff Member*
- ✓ *“The staff used to be wary of saying the wrong thing – or they immediately refer them to other teachers (like me) as a first response. Now there seems to be more willingness to deal with it. Staff and teachers will ask students if they're talking to somebody if they look like they're having a hard time. Teacher aids, custodians, especially the business manager – even they will ask students if they're okay and students will confide in them.” – School Staff Member*
- ✓ *“The group presentation was well-received, but also seen as someone else doing something about the problem. Staff want to support the efforts but are also glad that they don't have to do it themselves.” - School Staff Member*

There is some thought that **the impact of the program has been greatest on the activities and attitudes of the counselors in the school.**

- ✓ *“Counselors are more aware, because they are active with students.” – School Staff Member*
- ✓ *“Counselors are making themselves more available to the students...during the Freshman orientation the counselors talked with the students and told them there is nothing you can't talk to us about...we are here for you... this is a change from the past.” – Prevention Team Member*
- ✓ *“Counselors are also more willing to call in students who they think seem to have some problems...I think that may be in part because of the group efforts...the counselors realize that students need more levels of support from adults other than parents.” – Prevention Team Member*

The impact of the program on school policies and curriculum has been less noticeable.

There is currently a crisis response plan in place that addresses instances of suicide, though there is some uncertainty on whether the plan has been enhanced as a consequence of the prevention efforts.

- ✓ *“There is a crisis response plan in the red [teacher] guide book. It was developed after the suicides in the 90s. It describes a phone tree and makes counselors available, and shares counselors with the middle schools if necessary. I don’t think it has changed because of the YSP.” – School Staff Member*
- ✓ *“We are currently redeveloping the District-wide Response Plan...The Task Force plays a role in this...The first plan we put together after the suicides...The counselors have a building crisis plan, they know how to respond.” – School Staff Member*
- ✓ *“Now – when the YSP training started, one of the things we had to do was find out if there was a crisis response plan, and at the time it was mostly: get them to a counselor. The plan got reviewed as a direct response of me going to ask about it and telling the principal that part of doing the YSP program was having a crisis response plan...It has helped the staff know they have responsibility: the plan is distributed in written form and explained at staff meetings.” - School Staff Member*

One possible consequence of the prevention efforts is that **schools appear more accessible or open to having training or presentations on suicide.** While it does not appear from our assessment that this school is actively changing the curriculum to address the topic or is integrating material on the issue into the classroom, there is a sense among community representatives that the schools are open to learning more about how to address the problem.

- ✓ *“I have been doing this work for six years, and have noticed that many schools now have crisis response plans that address instances of suicide...also I have found that it is easier to get into schools these days for presentations, etc...” – Community Representative*
- ✓ ***[Why this change?]** – “better education among health teachers, counselors, etc...also staff are more willing to protect kids, but are not shying away from such a taboo subject...they are starting to realize that it is critical for kids to learn about this issue and discuss this topic.” – Community Representative*

COMMUNITY IMPACT

To this point there has little been impact of the prevention efforts outside the school setting. The majority of prevention group activities have been oriented media campaign activities, distribution of materials, and presentations in the school. As such **the general awareness of this effort among parents and other community residents outside the school is minimal.**

- ✓ *“Students are more aware than adults. It would be nice to see more dialogue between faculty and students. The faculty and adults may not know how to talk about it.” – School Staff Member*
- ✓ *[What is the present awareness of the prevention group?] “Some teachers know about us at this point...many students know about the group...the awareness should grow after our major campaign...the average community member is not aware of the program.” – Prevention Team Member*
- ✓ *“Parents don’t know about the program...It’s not advertised...some issues are more advertised....there is no older group to shadow the prevention task force like there are with some other groups (e.g., SADD, MADD, and Circle K)...the Task Force isn’t a springboard to anything else.” – Focus Group Participant*

In addition we observed **little collaboration between the school-based prevention team and community agencies or organizations that are also involved in “prevention” activities.** This is interesting given the wide range of different “prevention” type efforts that are occurring at a countywide level. While there has been some participation in events such as a Candlelight Vigil, Prevention Walk and Health Fairs, there have been few instances where the school-based Task Force has worked directly with the community and external health and human service agencies.

- ✓ *“Our only formal collaboration was participation in the University Wellness Fair – participation in the candlelight vigil in the city last year, and we will participate this year.” – Prevention Team Member*
- ✓ *“The Public Health Department continues to spur on prevention efforts...Camp Fire Boys and Girls has taken the lead on the Candlelight vigil and city mental health has been very active in prevention activities.” – Community Representative*

One informant commented on his frustrations about the lack of collaborations between the high school and local university. This connection would seem natural, given that both high schools and universities need to address the difficulties encountered by young adults in educational settings.

- ✓ *“When I first came here I expected a lot of collaboration between the high school and the university and I found none. There was no coordination or cooperative efforts. I got a cold response from the counseling unit when I suggested collaboration with the university and I became disappointed and frustrated.” – School Staff Member*

In our assessment we found **little evidence of an increase in the number or range of resources available to youth in need in the community and at the county level.** While some of the community representatives noted that there are several agencies in the city and county that address suicide prevention issues such as the Health Department, Camp Fire Boys and Girls, the City Mental Health agencies, and the local Survivor Network, there has not been an increase in the presence of such services in this community. Likewise, while there has been more prominent “general” media coverage of suicides and prevention efforts, it is unclear whether this particular school-based effort has generated any response from the local media outlets.

FUTURE STEPS FOR MAINTAINING SCHOOL-BASED PREVENTION EFFORTS

The key informants and focus group participants offered their insights on what the prevention teams can start and continue to do to have an impact on the students, school, and community. These insights can possibly lay the groundwork for strategies the prevention team may pursue down the line, and should provide the Task Force with a sense of how to better present the prevention message in the school and community settings. The first common theme expressed is that **receiving funding and additional resources is important, though not a requirement**. The respondents are quick to point out that obtaining funding and resources can be, in part, a responsibility of the prevention team.

- ✓ *“I think it’s the adults’ job to find the money through grants and other resources. Students have the desire, adults can make that desire fun. Having adequate resources makes students feel special, like they’re doing a civic duty, helping others, they shine when they do this.” – School Staff Member*
- ✓ *“Making money available for quality products. The students were proud of these – posters, book covers, key chains (the last two were designed by our students). That all the designs came from students was helpful.” – School Staff Member*
- ✓ *“It links back to having resources. There needs to be a continuous noise for the community to notice. It will take time.” – School Staff Member*
- ✓ *“We have only \$400 for the program...maybe we need to approach the state for additional funding, or maybe we need our own fundraising to compensate for the loss of money...if there was no money, we would have to work more on the publicity of our efforts, even though we may not have as many handouts and posters.” – Prevention Team Member*

A second important theme is that in order to remain successful, **the prevention task force needs students, faculty, administrators, and other community members who are committed to the prevention efforts**. A second thought is that these individuals also should possess a certain amount of savvy necessary to convince others of the importance of these efforts.

- ✓ *“Need people genuinely committed, both students and faculty. They need to be good politicians.” – School Staff Member*
- ✓ *“I believe that school districts have to buy in to the importance of suicide prevention...I really don’t know the hierarchy of schools too well these days...it’s not just the kids who must be prepared, but also the counselors and teachers as well...maybe districts could offer continuing education credits for teachers/counselor willing to learn more about prevention.” – Community Representative*
- ✓ *“Need someone with a passion ...you need someone willing to take a chance that ‘no one would listen,’ but still continue to pursue prevention efforts...importance of good leadership and knowledge to convey the information.” – School Staff Member*

The respondents further offered some suggestions about some of the issues the task force faces in the day-to-day prevention efforts. In particular, **these issues are oriented around maintaining**

consistent participation of a diverse set of students in the prevention team activities. In addition, our informants note that is important to keep a “youth-directed” focus in the prevention efforts, and ensure that youth play a prominent role in the design and development of the task force activities.

- ✓ *“Start to recruit team members at a younger age ... begin at Freshman Orientation.” – Focus Group Participant*
- ✓ *“We need more people to participate in the Prevention Team activities – it is important to hook freshmen into the group each year.” – Prevention Team Member*
- ✓ *“Maintain core group of diverse kids, not just one type of student. It helps sell the points to have both popular leader-types and unknown kids talk to each other. Also, to hit different groups of kids, they listen better to ‘their kind,’ and also can benefit from seeing that “others” have similar problems. Maintain student-to-student focus – they listen better to each other and not as well to adults.” – School Staff Member*
- ✓ *“Kids – when efforts come from kids, more attention is paid to it...Using posters, radio, TV, kids need to make themselves visible...A project involving the community could be feasible, the students are enthusiastic, have purpose, and energy. Involving kids always makes things more successful.” – School Staff Member*

Many respondents commented on the importance of **obtaining parent involvement in the prevention efforts.**

- ✓ *“Need more parent involvement...We’re trying to get together a network of parents – all programs are looking for more parent involvement.” – School Staff Member*
- ✓ *“Parents especially, can spread concern for the topic. When parents see book covers and key chains in their homes they become more informed.” – School Staff Member*
- ✓ *“The biggest thing is to include parent involvement in the efforts...many schools are trying to do this with family nights or after-school programs....linking them to educational resources.” – Community Representative*

A last common theme is that the school-based prevention effort could **benefit from greater community outreach and more connections to other school and community based prevention efforts.** Many informants discussed prevention efforts at other local high schools, as well as groups such as the Camp Fire Boys and Girls and the Survivor Network who are becoming more involved in prevention activities. It would assist the school-based effort to learn something about what is going on in these other settings, and would aid in community outreach by connecting to these large organizations with greater visibility in the county and community.

- ✓ *“When a new superintendent started this year, we were of like mind and he supported me in my efforts. I’m building two bridges now....Education Department at the University – I brought a practicum student into my drug group. We set up strict rules about talking to the students in the group only....Substance Abuse Department at the University – I talked to them about their bringing students down here to provide information (i.e. tables in the hallways).” – School Staff Member*
- ✓ *“The Campfire Boys and Girls have a suicide prevention program (SAIL)...We’ve had students here who have been active in that, it’s also an ongoing activity.” – School Staff Member*

PROGRAM SUCCESSES AND CHALLENGES

Successes

1. The Task Force efforts have helped raise the level of conversation and discussion about the topic of youth suicide in the school setting.
2. The YSP has provided training to students and staff members, and the “youth-directed” prevention efforts have introduced students to greater knowledge about suicide and its prevention through presentations and media campaign activities.
3. There has been increased staff awareness of the prevention efforts, and acknowledgement that youth suicide is a concern in the school. Some of this increased awareness may be a consequence of the history of youth suicides in the early 1990s.
4. There is a greater sense, in general, that it is OK for students and staff to talk with each other about suicide. More and more, the issue of youth suicide is taken seriously in the school setting.
5. The prevention efforts have greatly benefited the prevention team members in terms of increased skills, confidence, and self-esteem.
6. The program has built the framework for group success – the group has expanded over the past year and is committed to attracting younger participants who will hopefully maintain long-term, consistent involvement in the prevention activities.

Challenges

1. Raising the awareness of the “average” student of the prevention group efforts and activities. For the most part the task force is an unknown to many students.
2. Finding avenues for obtaining greater exposure of the task force efforts and activities in the school setting. Increasing program visibility may result in increased awareness and greater acknowledgement that youth suicide is a concern in the school.
3. Addressing the perceived “image” of the prevention task force – to many students the prevention team members are viewed as “outsiders,” and subsequently in a very “cliquey” setting, many pay little attention to their efforts. Moreover, for many the group is perceived as a counseling or support group, rather than a group who educates or informs the student body.
4. Overcoming the mindset that “suicide is not a problem in our community,” or that “suicide is a family/individual problem.” The program faces some difficulties in engaging in prevention in a climate where there is a certain element of “denial” of problems among students and community members.
5. Raising community and parent awareness and soliciting more involvement from these groups.
6. Connecting to resources and agencies at the local community and county level. There are lots of opportunities to connect with and learn from other prevention efforts throughout the area.
7. Tying the school-based suicide prevention efforts to other prevention groups in the school. There is some concern that the suicide message can get lost in the midst of the large number of clubs and prevention groups in the school.

***DEMONSTRATION SITE SUMMARY:
COMMUNITY 2***

1999-2000 ANNUAL REPORT

INTRODUCTION TO THE COMMUNITY

Community 2 is a combination of three small towns within close proximity to each other. The three schools are situated in Central Washington, within 15 minutes of a moderate sized city. The towns are rural in nature and character, and there is a diverse ethnic population in each community. There are roughly 15,000 residents spread across this region.

In two of the towns there are high percentages of Hispanic and Native American residents, while in the third town the demographic split is roughly 75/25 Caucasian to Hispanic. In addition, there are high levels of migrant labor in the area, a relatively high percentage of illegal residents who work in the communities during the harvest periods. The primary employment activities in the region are centered around farming, agricultural services and distribution.

These towns as a whole are experiencing high levels of poverty, and residents achieve lower than average income levels. The problem is much worse in two of the three communities. In addition, the educational levels of residents are considerably lower than the state average, and only a small percentage of students continue with college education.

In our assessment we conducted interviews with ten high school staff members across the three schools (including program leads, principals, counselors, and teachers), two members of the high school youth suicide prevention teams, and four representatives from county and regional based health and human services agencies. We also convened a focus group of ten “representative” students across the three high schools who were not active members of the prevention teams. The prevention teams in two of the schools were fairly small in size – roughly six to eight participants in each school. The prevention team in the third school is comprised of the leadership class students, and includes roughly 18 to 20 active participants.

COMMUNITY CLIMATE

The schools in Community 2 each started their participation in the YSP in 1998. There is a history of recent suicides in one of the schools, though there are no known youth suicides in the other two schools in recent memory. However, as noted, there are high levels of poverty and unemployment in these towns, and there is some belief that there are high levels of depression among families. Many of our informants commented that, in general, the youths and families lead “difficult lives” faced with the concerns of crime, gang activity, alcohol and drug use, poverty, and unemployment. It is distinctly possible that many of the students have “experience” with suicide via connections with family members, friends, or relatives in the community

The school-based programs encounter a unique set of barriers and community taboos that can make the prevention efforts challenging. In two of the three towns there is a high percentage of Hispanic and Native American residents, and a large proportion of the population is Catholic. In these settings one of the difficulties lies in the ability to convey a message about suicide prevention to a large segment of the people who believe that such an activity (i.e., suicide) is a “sin,” and, to some extent, feel that episodes of suicide should not be acknowledged. There is some thought that the community residents, in part, don’t want to talk about suicide because it challenges religious beliefs and convictions.

Interestingly, we also find that the fact that individuals in these two communities are more likely to experience and encounter difficult social problems sometimes works as barrier against attempts at prevention. There is some sentiment that the community “*knows about the problem, but isn’t willing to admit it*” and that community members “*talk about the fact that it happens, but more like gossip about individuals’ lives...people are more likely to make excuses about why it happens*” rather than doing something to prevent it. Along with this, there is a certain acceptance of failure. For instance, a School Staff Member noted:

- ✓ “*There’s an acceptance of failure here. People will say, ‘Oh that’s just XXXX (name of town)’ to explain the causes of problems.*”

These two schools also encounter some common barriers associated with a large, ethnically diverse, transient population. These include the complexities of communication, the problems of language barriers, and the difficulty in engaging parents in school activities. Many informants noted that parent involvement, in general, is low and is a concern that schools have tried to address in the past. This does not imply, though, that individuals in the community are not willing to acknowledge the concern of youth suicide, and in fact some groups are quite cognizant of the problem of suicide. What it does suggest, though, is that families face many challenges from day-to-day, and often thoughts about suicide prevention are not a priority.

Our third school faces a different type of community “taboo,” a sense of “denial” about the problem of suicide and depression. In this community there is an attitude that “*things like this can’t happen here*” or that “*it’s my daughter’s friend who has the problem, not mine.*” This form of denial can make it difficult for community residents to acknowledge the importance of prevention efforts and the necessity for community outreach. A community representative provided an interesting assessment about the climate in the three different schools:

- ✓ *“Town 1 and Town 2 recognize that they have problems, but others don’t want to talk about it. Town 3 is willing to talk about it, but not to the degree that the other two are. The ethnic mix there (in the first two towns) helps crack being able to talk about it. The Native American population has high rates of suicide, and it spills over into being able to talk about it. Town 3 is largely Caucasian and they have more denial concerning the problem. The suicide that happened there last year cracked the shell a little bit.”*

These three towns are situated in an area with an increasing number of agencies, centers and organizations that serve the needs of health and social services needs of community residents. Many of these agencies work with specialized demographic and ethnic populations (e.g., Hispanic farm workers), and have established strong ties with these diverse ethnic communities. In addition, some of the county-based health service agencies have continued and enhanced their focus on suicide prevention, and are willing to operate as informational resources to local programs.

Our initial assessment suggests that these prevention groups have the advantage of working in very supportive school environments. The administration and school leadership have “bought in” to the importance of suicide prevention, and have worked to assist the local programs. One concern – a concern present in many schools – is that suicide prevention campaigns must compete for time and exposure with other school-based “prevention efforts.” This competition is especially prevalent in communities where students and families face a myriad of social problems.

SCHOOL IMPACT

The program efforts have had some impact on the students' awareness of the problem of youth suicide, knowledge of the warning signs and symptoms, attitudes about the topic of suicide, and behaviors related to addressing the problem of youth suicide. This finding is based primarily on the opinions of the school staff members and prevention team students, though the focus group students did seem more aware of and attune to the activities of the prevention groups in their school. In general, it appears that **students are more knowledgeable about suicide symptoms and warning signs – at least to the extent that they are aware of the fact that they can do something to help.** This belief is shared by both school staff members and community representatives, and even was expressed in the focus group discussion. The challenge expressed by some, though, is turning this “general awareness” into more specific knowledge about what to do.

- ✓ *“It’s beginning to change attitudes; people are more aware of help (i.e. hotlines) and who to go to if they’re in trouble.” – Prevention Team Member*
- ✓ *“I think students are aware of how to assist others contemplating suicide, they know to tell someone...They probably know more than the general public about the warning signs.” – School Staff Member*
- ✓ ***[Do you sense more knowledge of warning signs?]** “In comparison to the past I would say YES...are we at a point where we really know them, NO...I don’t think that students would really know specific details.” – School Staff Member*
- ✓ ***[Do the students know the warning signs?]** “I do believe that they do in terms of everyday conversations...what to look for...I have seen some also in reports where students draw on the material about warning signs.” – School Staff Member*
- ✓ *“When I train students, they have more knowledge about the problem than in the past. They understand what’s going on, they know the signs and how to get help.” – Community Representative*
- ✓ *“Yes. When I go into schools and do presentations on various things the issue comes up. Students are willing to talk about it. They know the warning signs.” – Community Representative*
- ✓ *“Not to a great detail, but I would say there is more common knowledge among students of the warning signs...we have had students come in to report/talk about the concerns of other students....things like ‘I know a student who is doing certain things, or contemplating suicide, or exhibiting some of the warning signs like giving away possessions.’” – School Staff Member*
- ✓ *“I don’t think people really know what to do at our school...but if they see it as a problem they would try to help.” – Focus Group Participant*

To some extent, we also observed **an increased willingness among students to talk more openly about the issue of suicide in different settings.** The topic is no longer a “taboo” among students, and our discussions with the key informants and focus group participants suggest that this willingness to converse occurs within and between different school groups (i.e., students with

students, students with staff, staff with counselors, etc.). This openness is expressed both in general, informal settings, and through more formal increased referrals to counselors/teachers. Some of the focus group participants, however, still felt that there would be a reluctance to talk about this issue, and the students from one school commented that they didn't believe that suicide is a problem in their high school.

- ✓ *“Students talk about it sometimes, like when they see a poster. Once in a while, kids talk. Some aren't as open as others, but in general kids are more open in the last couple years than before that.” – Prevention Team Member*
- ✓ *“I have had four kids this year come talk to me about their concerns about others.....this is an increase from the past...I am starting to get more referrals about students in need, and perhaps the other counselor is also getting more referrals.” – School Staff Member*
- ✓ *“The door is now wide open to students who need help...kids will come straight to counselors with their problems....there is a greater willingness than ever before for kids to come for help.” – School Staff Member*
- ✓ *“I believe that students are more likely to tell friends to talk with counselors or those who can help...more likely to go with students to seek help...I sense they are coming to us for help more than in the past” ... they do come in when they are worrying about someone.” – School Staff Member*
- ✓ *“Many will come with concerns about others...just passing on information to the staff...they seem more willing to take the extra step, and even with the more run-of-the-mill students.” – School Staff Member*
- ✓ *“I sense there is more openness among the students...I have more youth coming to talk with me about their own concerns and their concerns about friends...the topic of suicide has come up more in discussions with students.” – School Staff Member*
- ✓ *[Is the topic a taboo?] “Not at all...kids are far more open...there is also far more conversation from peer to peer and from student to student.” – School Staff Member*
- ✓ *“For some students I've talked to, it's given them an opportunity to dialogue with their parents.” – Community Representative*
- ✓ *“I have seen an increase in teen calls to the crisis line. We have a local 800 number general crisis line for all ages... we have heard of more friends calling for their friends...Not just about suicide, but a variety of problems....I think this has to do with the YSP program. Teens have gotten the message that we're here and it's ok to talk about their problems.” – Community Representative*

In these schools we have also observed that **students are demonstrating an interest in the subject of youth suicide, and greater understanding of the topic in classroom settings and educational activities.** Our discussions with the key informants indicate that some students have developed a greater interest in the topic. They have started to engage in educational and extra-curricular activities intended to further examine the problems of youth suicide and potentially to assist in the prevention of suicide in their school and community. What is most interesting is that this interest has spread beyond the prevention team participants, and that in some instances the issue is brought to the forefront by students, rather than emerging in the classroom as a by-

product of the planned curriculum (though there have been changes in the “curriculum” that will be discussed later).

- ✓ *“In the Leadership class, three years ago suicide would never be the topic of a group project...last and this year, suicide is always an issue that students believe that the school should work to address...in fact one group is doing a project concerned with what is going on at the Middle School...it is an amazing transition that students want to look beyond their own school.” – School Staff Member*
- ✓ *“Students are starting to do reports in classes that address the topic....In my Current World Problems course this year one of the group projects had dealt with the issue of suicide prevention and a second dealt with student alcohol use.” – School Staff Member*
- ✓ *“I have seen changes in requests for help...There’s been an increase in student requests for information (i.e. because they’re doing reports on suicides).” – Community Representative*

There is evidence that **staff members and administrators have a greater awareness that youth suicide is a concern in their settings, and that something can be done to help prevent youth suicide.** This sentiment is more indicative of the beliefs of the staff themselves, and comes across less clearly in discussions with prevention team members and focus group participants. There is some uncertainty and concern, though, among the key informants on whether such awareness translates into a greater willingness to actively do something about the problem. The focus group participants, in particular, offer a more cautionary view of the staff’s willingness to help noting that *“it depends on the teachers and how well they know you whether they would help”* or *“it depends on who you are...if you are very involved the teachers notice you more...but it seems like the little people get ignored.”*

- ✓ *“They know something has to be done – but they don’t think they can do anything about it. They look at it from a distance.” – Prevention Team Member*
- ✓ *“They’re willing to talk about it and they probably would know what to do if there was a problem.” – School Staff Member*
- ✓ *“I view there is more communication about the issue and that staff are more sensitive to the topic...particularly there is a raised awareness among counselors about kids in need...and also in the sense that staff think more about what we can do with a kid in need in the classroom setting...this may be a byproduct of the prevention efforts and the recent shootings.” – School Staff Member*
- ✓ *“They’re more aware of the problem, but they’re not willing to talk about it or do anything about it. In terms of my trying to get in and talk to them about it, it doesn’t seem like a priority to them...They acknowledge something needs to be done, they just don’t want to be the ones to do it.” – Community Representative*

In each of the schools **the staff have taken a more active role in addressing the problems of students in need of assistance.** The key informants and focus group participants each commented on the staff's willingness to put aside time to talk about students who are having problems. These discussions have even been integrated into staff meetings. Often one of the topics of discussion is problems and concerns about youth suicide in the school.

- ✓ *“In our staff meetings, which include the counselors, we now talk about kids who might be having problems....I think there is more awareness...we might look for kids who are, for example, exhibiting awkward behaviors...this type of discussion in staff meetings has occurred for years, but I think the effort has grown.” – School Staff Member*
- ✓ *“Staff will occasionally talk about students having difficulty...the staff is more concerned...at staff meetings we try to identify students in need.” – School Staff Member*
- ✓ *“Here we have group that meets every Friday...Counselors, student advocate/guidance, someone to find resources for students, and a drug intervention specialist.” – School Staff Member*
- ✓ *“With the greater awareness and cognizance...we have added suicide to the core team meeting topics.” – School Staff Member*
- ✓ *“In our school teachers meet once a week to talk about students in need.” – Focus Group Participant*
- ✓ *“They don't actively look for students in need here...but if a problem is posed to them they'll try to help.” – Focus Group Participant*

We also found that **staff in some schools are interested in more training and greater information to assist them in addressing the problem of youth suicide** in their setting.

- ✓ *“Among teachers, we developed a ‘Man on the Street’ video where teachers are asked questions about suicide and then the correct answers are provided...after this experience many teachers have come to me to gain additional insight on the topic.” – School Staff Member*
- ✓ *“Teachers have commented that they were nervous on how to deal with a youth in need...now with this greater willingness to talk, chances are that students may come to teachers for help...they were concerned that were not prepared to help.” – School Staff Member*

We further examined whether there were changes in school policies, strategies, and curriculum associated with the advent of prevention activities in this community. There was some evidence that **staff and administrators are willing to integrate material related to the issue of youth suicide and depression into the classroom setting and curriculum.** While there have not been dramatic changes in the curriculum, the topic is addressed more and more in a wider range of classes, and “suicide” is an issue that students will address in projects and assignments. As noted earlier, some of this integration into the classroom setting may be a consequence of the increased interest in the topic among students.

- ✓ *“If the subject came up in a class then teachers and students would talk about it...teachers are willing to integrate the material into classrooms, though we are not actively changing the curriculum to address the topic more.” – School Staff Member*
- ✓ *“We also we talk about the issue more in classroom settings...the topic often comes up in conversation...some teachers use the issue in ‘Entry Tasks’ required in each class.” – School Staff Member*
- ✓ *“One teacher allowed a book in his class that dealt with suicide...this is an open subject in the classroom...in the past there was a reluctance to use this book...the book received a good response from the students.” – School Staff Member*
- ✓ *“The health class in ninth grade now spends at least one day addressing the issue...it is termed as ‘wellness training’...I know we have also addressed the issue in Peer Leadership classes and probably in the Human Biology course.” – School Staff Member*

In conjunction with the increased student referrals noted earlier in the discussion, one school, in particular, has developed an “informal referral” system that allows students to more easily seek help for themselves and others.

- ✓ *“We continue to do all referrals to our counselor and the crisis team...I’m not sure if there has been an increase in the number of ‘formal’ referrals, but have seen some increase in ‘informal’ referrals such as students leaving a note or e-mail with the counselor.” – School Staff Member*
- ✓ *“Also our counselor now has a place where he can get e-mail and phone messages passed on about concerns of the students.” – School Staff Member*

The schools in Community 2 have **re-examined and developed crisis response plans that address the concerns of instances of suicide in the school.** There is greater knowledge in the school on how to deal with episodes of suicide, and greater awareness of the system of school-based resources available to the school throughout the county in times of crisis. Moreover, the Educational Services District has developed a comprehensive crisis response manual that is available to all schools in the region.

- ✓ *“We have re-examined our crisis response plan...looking at how to provide for students in the instance of a suicide....we have altered the ESD Quick Response Plan to work for our building...we have to think about how we as a school will deal with a crisis...e.g., if a suicide occurs on Sunday, how will we respond on Monday.” – School Staff Member*
- ✓ *“There are some policies...in particular, the Crisis response plan – ESD XXX developed a crisis response manual last year. Before that, districts thought they had a plan, but people didn’t know about it. The more sophisticated schools had them and the smaller schools knew less. Verbally many of them had plans but there was no policy. That has changed.” – Community Representative*
- ✓ *“Definitely in the crisis response plans...Here, we use the crisis response plan to raise awareness about suicide.” – Community Representative*
- ✓ *“There is a county-wide counselor referral plan in place to address crisis situations.” – School Staff Member*

There are some initial signs that the suicide prevention efforts are becoming more “institutionalized” into these particular school settings. The evidence suggests **that the program is becoming an integral part of the social service functions and activities in the school, and there is a strong sense that the program will continue,** even beyond the duration of the YSP funding. In one school the prevention team activities have been subsumed under the direction of the Leadership Class who selects the social issues to address from year to year in the school. In a second school the prevention team efforts have been connected to a large county-wide, student-directed effort that addresses a myriad of social concerns. Perhaps the strongest evidence of program integration in the school setting is demonstrated in the third school.

- ✓ *“It will remain a part of the school...in fact the kids had already organized program efforts before they heard about the funding this year.” – School Staff Member*

COMMUNITY IMPACT

In general, there has been little impact of the school-based prevention efforts on the community. Most of the prevention activities have been centered at the school setting. As such **general awareness of the effort in the community is minimal.** There are some glimmers of hope, though, particularly in the perceptions of the interest of parents.

- ✓ *“The community is beginning to realize it’s a problem. They probably also think they can’t do anything about it (like the staff).”*— Prevention Team Member
- ✓ *“They’re more aware, though...kids go home and tell parents...parents see posters in halls when they come to basketball games. The posters are generally up all year.”* – Prevention Team Member
- ✓ *“Only a minor effect...we are not good with parent involvement...difficult to get parents because many are struggling with jobs.”* – School Staff Member
- ✓ *“Some parents have called in for information and referrals.”* – School Staff Member
- ✓ *“I am not aware of any impact...most of our efforts have been centered to the school setting.”* – School Staff Member
- ✓ *“It has been taboo in the past, but that’s changing. It’s a slow process and it varies among groups. For example: There was a suicide in one town several weeks ago. The school was more willing to seek assistance in dealing with it. The community was less willing, especially the religious community. They wanted to keep it in the background...Not much has happened at the community level, though there is potential.”* – Community Representative

There is **less evidence of the change in the availability of services and resources** to address the problem of youth suicide in this community. A new health and human services center recently opened in one of the towns, and some of the county agencies have started new prevention and counseling efforts. No other resource centers or crisis service lines have emerged over the time period of the school-based prevention efforts. There has been some media coverage of the local prevention efforts, with articles documenting the program activities in three of the local and county newspapers.

- ✓ *“There is a crisis line that the kids weren’t aware of in the past...I’m not sure if this resource has been there for a while...the crisis residential center has also hired a new person who is skilled in suicide prevention efforts.”* – School Staff Member
- ✓ *“The new center provides resources for kids in-need...I have discussed our efforts at board meetings...there are seven or eight agencies located at the center who are familiar with the prevention efforts.”* – School Staff Member
- ✓ *“Our agency began a teen survivors of suicide support group in the last few months (ages 12-19).”* – Community Representative

The **school-based prevention groups are now at the early stages of collaboration with the community.** The types of collaboration so far have included working with local agencies and centers, and participating community and county sponsored prevention events such as the Youth Suicide Prevention walk. These collaborations have supported the prevention team efforts both in providing the school-based groups with information and resources, and in assisting the projects with outreach and publicity of the prevention efforts.

- ✓ *“Students have participated in a presentation to the local Rotary...and presentations to younger students – Operation Safe Students program over the summer.” – School Staff Member*
- ✓ *“Partners in Promoting Strength...have assisted in getting the information out...provided Spanish language translation...also the local radio station has distributed information in Spanish through radio to the community.” – School Staff Member*
- ✓ *“The program has worked with the CMH crisis services.” – School Staff Member*
- ✓ *“There are monthly meetings between the schools and the local Police Department and representatives from the probation and justice departments...suicide has been addressed in these meetings.” – School Staff Member*
- ✓ *“The faith community has been supportive. One school group talked about going to one church in particular....Some people from a local funeral home were very interested in the issue.” – Community Representative*
- ✓ *“There are two mental health centers, and they’ve been involved in working with the students, through trainings and students being referred to them.” – Community Representative*

FUTURE STEPS FOR MAINTAINING SCHOOL-BASED PREVENTION EFFORTS

The key informants and focus group participants offered their insights on what the prevention teams can continue to do to have an impact on students, school and the community. The first common theme expressed is that the **prevention teams need individuals who are committed to the prevention efforts, and who will maintain sustained leadership roles.** Several of the key informants commented on the importance of having a program staff lead who is effective in motivating youth participation and overseeing the program efforts.

- ✓ *“We must have student participation, otherwise we can’t get the information out.” – Prevention Team Member*
- ✓ *“Make sure that we have a person in the school such as a teacher who will continue to carry on the program efforts...you need a key person who is responsible for the program and is receiving support from the school.” – School Staff Member*
- ✓ *“Continued commitment by school board, staff, and superintendent to the prevention efforts...we should have this commitment over time.” – School Staff Member*
- ✓ *“To make it happen yearly we need to...put the program into the overall plan each year and keep it as a focus of the associated student body and leadership group...make it one of their goals and objectives.” – School Staff Member*
- ✓ *“Commitment of several individuals working full time to get the message out, in the school and out.” – Community Representative*
- ✓ *“Need creative, diplomatic people working with different needs, cultures and personalities.” – Community Representative*

Our sample of key informants commented on the **importance of obtaining additional funding and resources to support the prevention efforts.** As noted earlier, some of the schools were ready to continue with the program efforts even in lieu of funding, though there is some consensus that outside support and funding will help sustain and expand the prevention efforts.

- ✓ *“The outside support is the driving force...it provides information, connects us to a network of resources in the region, and helps get kids involved.” – School Staff Member*
- ✓ *“Funding is needed...In one school, before the new contract that included less money was implemented, they talked about where they would get funding. It takes more time and energy to find their own funding. They talked about foundations and grants.” – Community Representative*
- ✓ *“With all the money drying up and a major drug/alcohol problem in the community we have a great need for a case manager to meet the emotional needs of children...we have a high percentage of fifth-year seniors, many with ESL difficulties...if the state could appropriate a social worker trained in sexual assault, suicide prevention, how to say NO.” – School Staff Member*

Another important avenue for future program development lies in the **individual programs' abilities and opportunities to network and share information with other schools and prevention programs.** Several key informants commented that the local projects would benefit greatly from communication with other schools conducting suicide prevention programs in the region and throughout the state.

- ✓ *“In a rural area it sometimes feels like we are the only ones experiencing these problems...we can start to see that we are just like other places...more sharing of information through summits with other schools throughout the state.” – School Staff Member*
- ✓ *“Meet with more schools....we tend to max our kids out with programs...need to try and prioritize which programs work, and which run well....if we work with other schools doing similar prevention efforts, we might find out what has worked well, and what has been successful...we have not yet met with other schools.” – School Staff Member*
- ✓ *“There are several opportunities to network...school-based groups/consortiums meet occasionally to share knowledge about community resources. They include people from different backgrounds.” – Community Representative*

The respondents also continue to stress **the importance of additional training on suicide prevention** for staff members, students, and even the community. There is some thought that training can be expanded and offered to different segments of the population, and that “general” prevention training workshops should address the more specialized concerns associated with suicide and depression.

- ✓ *“More staff training...sometimes we assume it's only needed at the HS level, but we also have to train down at the elementary and middle schools.” – School Staff Member*
- ✓ *“More training for the staff would be better...we have done some general training on addressing many kinds of needs, but could use more specialized training on issues of suicide and depression.” – School Staff Member*
- ✓ *“Community training including the faith community, local agencies such as Farm Workers clinic and business leaders...we have to get the minister and church more supportive of the efforts...the kids' sentiment is that we want them to do more than just pray...it is important to them that the faith community is aware of what is going on.” – School Staff Member*
- ✓ *“Connect with parent advisory groups at various school levels...e.g., the migrant parent advisory council...perhaps parent training or presentations...the community is really afraid to talk about the topic.” – School Staff Member*

The key informants and focus group participants offered some insights on how the school-based programs can better serve the needs of the population in particular settings. Specifically, they commented that programs would benefit greatly from **promoting more consistent exposure of the efforts in the school setting, starting to work more with younger students, addressing the unique concerns of different populations, and utilizing different strategies** such as bringing in speakers or survivors. Once again, though, it seems important that the program efforts are “youth-directed” since there is some sentiment that youths will be more effective in connecting with other students.

- ✓ *“Implement Suicide Prevention Week towards the beginning of the year...kids don’t have a clue about the issue when they first come to the school... there is too much packed in to the end of the school year....this is a change that we could do in our school.” – School Staff Member*
- ✓ *“Within the last two months they showed videos during Channel One time in the morning. They should do something like that every year (videos and Suicide Prevention Week).” – School Staff Member*
- ✓ *“The group needs to do a better job informing limited language students...more bilingual health professionals.” – School Staff Member*
- ✓ *“Perhaps bring in a professional speaker to speak at the school who could be available to meet with parents, families, and students after the talk.” – School Staff Member*
- ✓ *“Having suicide survivors and victims speak to students.” – Focus Group Participant*
- ✓ *“If you repeat efforts more than once, the more people there are and the more students want to be involved in it.” – Focus Group Participant*

Another common theme is **the importance of starting and continuing collaborations with community-based health and human service agencies, especially those agencies that address the needs of different ethnic communities** in the region. At this point the consensus is that there are many opportunities for the collaborations, and that the local programs need to reach out and start forming some of these connections to the community.

- ✓ *“Get hooked into the county Health network...they receive funding from Providence Hospital...they are becoming more interested in issues in the region.” – School Staff Member*
- ✓ *“Work with the Native American Nation....they do many awareness campaigns, conferences, and workshops...they could also help with the referral system for Native American youth...they have a better sense of their own community resources.” – School Staff Member*
- ✓ *“The new center in one of the towns provides educational opportunities for children and parents...It was the result of collaboration between schools, city government and the community that made it happen...Lots of potential to collaborate with the school...One of my goals is to expand the parent education and life skills education there. Suicide prevention training would be a natural to fit in there.” – Community Representative*
- ✓ *“Work with the Native American Nation...the Council and Native American parent advisory group...they are good sources for disseminating information...also work with the regional Farm Workers’ Clinic....another source for disseminating information.” – School Staff Member*

Perhaps the most important, and challenging, avenue for potential future impact on attitudes, knowledge, and awareness is through **outreach to the parents and community residents**. Many respondents commented on the necessity of reaching out to the community, though also noted the difficulties associated with connecting to a community where there are low levels of parent involvement in school activities, considerable ethnic diversity, and substantial taboos about suicide in the ethnic and religious communities. Our key informants offer a number of suggestions on how to approach parents and communities with the message of suicide prevention.

- ✓ *“Maybe an information fair, having a booth about suicide and handing out pamphlets...There is a Health Fair that we have been asked to do a presentation at and have a booth in May.” – Prevention Team Member*
- ✓ *“Maybe put together a crisis team of students, parents and community members...it is feasible but could be difficult to put together...there are those, though, who would participate.” – School Staff Member*
- ✓ *“Have a school/community health fair...invite the community to participate...there is a County fair, but not one in our town....continue participation in the Central Fair.” – School Staff Member*
- ✓ *“Any time we can get with the Spanish language radio station...perhaps a public broadcast...something to let the community know about the hotlines.” – School Staff Member*
- ✓ *“Approach the ministerial association in the community...information through the churches, especially in the Hispanic community, would be well received.” – School Staff Member*
- ✓ *“Connect with parent advisory groups at various school levels...e.g., the migrant parent advisory council...perhaps parent training or presentations...the community is really afraid to talk about the topic...also gaining the trust of parents and community fathers...perhaps by participation in a carnival, or celebration, or the Pow Wow.” – School Staff Member*
- ✓ *“Perhaps presentations to the PTA....it is good when the students do such presentations to parents...the kids can learn from the experience and the parents appreciate the efforts.” – School Staff Member*
- ✓ *“The community coming together to collaborate and discuss community needs for prevention and intervention.” – Community Representative*
- ✓ *“Educate the parents – give students homework and research projects related to suicide....they bring these back home...I’ve had to do something like that with disease as a topic and my mom got interested in it with me.” – Focus Group Participant*

PROGRAM SUCCESSES AND CHALLENGES

Successes

1. The school-based prevention efforts have precipitated some changes in attitudes, knowledge and awareness of the problem among students and staff. While the change has likely been greater for prevention team participants, it does appear that the campaign message is getting conveyed to students in these schools.
2. There is increased communication and discussion about the issue of youth suicide among students and staff in these schools. We have observed evidence that students are more willing to talk with staff about their own difficulties, and willing to refer other students in need of assistance.
3. The subject of youth suicide is starting to be implemented more and more into class work and the school curriculum. Students are interested in the topic, and have initiated projects to learn more about the problem of youth suicide in their community. Staff have started to incorporate information about suicide and depression into classroom activities and lessons.
4. There is strong faculty and student leadership in the prevention efforts at each school.
5. School staff and students have received suicide prevention training, and there is continued interest in more and expanded training for staff members and students.
6. There are avenues for outreach to the community – some of the school programs have started connecting with agencies and social service groups that serve ethnic populations in the community.
7. The programs are building the framework for continued success in the school setting – in each instance the prevention team is comprised of a core set of students, sometimes leadership students, who are committed to the prevention efforts.

Challenges

1. Turning the awareness of the problem and prevention efforts into greater change in attitudes, knowledge and behaviors among staff and students. While the “average” student may be aware of the prevention efforts, there is greater uncertainty about students’ knowledge of warning signs, and willingness to help individuals in need of assistance.
2. Learning from other school-based prevention efforts – programs need to take the opportunity to examine what is working in their schools and how efforts are proceeding in different schools that face many of the same challenges. Moreover, the programs need to connect further with the wide range of countywide services and resources.
3. Community outreach – addressing the difficulties of conducting prevention activities in communities where parent involvement is low, and the project encounters many barriers such religious taboos, ethnic diversity, language skills, and poverty.
4. Structuring the program to better address the needs of ethnically diverse populations. Enhance attempts to get the campaign message across to youth and families with different backgrounds and experiences.
5. Overcoming the unique taboos in each of the towns. Two of the schools, in particular, are faced with a religious population in the community that often views suicide as a “sin”, and an ethnically diverse set of families that often have to face the issues of suicide and depression on a day-to-day basis. The third school encounters a community with a certain level of “denial” that problems such as suicide happen in this town.
6. Distinguishing suicide prevention efforts from other “prevention efforts” in the school settings. These schools work with students who face a wide range of difficulties – drug and alcohol concerns, language barriers, domestic violence and child abuse, etc. As such, what can the local programs do to make the suicide prevention message stand out and come across more clearly to the average student, staff member, and community resident.

***DEMONSTRATION SITE SUMMARY:
COMMUNITY 3***

1999-2000 ANNUAL REPORT

INTRODUCTION TO THE COMMUNITY

Located in western Washington, Community 3 consists of a small town that serves a school district of about 11,000 students. The high school located there is one of the largest in the state, drawing its student body from rural areas adjacent to the town. The area also serves as a bedroom community for several nearby cities. The inclusion of both rural and urban elements contributes to the diversity of the local population. While it is over 85 percent Caucasian, it is economically and occupationally diverse, "...from professionals to farm workers," as one community member said. In addition, the military is one of the primary local employers.

Our assessment of the youth suicide prevention efforts in Community 3's high school consisted of interviews with seven high school staff members (including program lead, principal, teachers and counselors), three members of the youth suicide prevention team, and two representatives from county health and human service agencies. We also conducted a focus group with eight "representative" students from the high school who have not actively participated on the youth suicide prevention team. When we visited in May, the prevention team consisted of about ten students.

COMMUNITY CLIMATE

Youth suicide prevention activities began in Community 3 in 1998. The program has received solid support from the principal, staff, program lead, and a large number of other school staff that attended the suicide training (22 in all) and participate in prevention team activities.

Several we interviewed described the population of Community 3 as “entrenched” and “insular,” which has proved somewhat of a challenge for suicide prevention efforts. Key informants described the community in the following way:

- ✓ *“It seems like a large school, but it’s still a small town. People have lived here a long time. Being just far enough from the navy base, we don’t get the transient community of the navy.” – School Staff Member*
- ✓ *“There is somewhat less advanced thinking here, and a more entrenched population...I am pleased that the high school participated with the prevention team...as you know though the school has difficulty receiving funding, and you really have to fight for everything.” – Community Representative*

This core of well-established residents displays an ideological/political split that affects staff, students, parents and other community members. On one end is a more liberal group who support teaching students about social issues and dealing with difficult problems, such as suicide; on the other end is a vocal and more conservative contingent that classify suicide as a “social” issue that should be addressed privately by family. School staff and youth group participants with whom we talked perceived the community as denying and avoiding suicide and other social problems. One staff member explained that “*there’s the idea that if kids talk about suicide or death they are going to commit suicide or be attracted to dying.*” General avoidance of such topics is evidenced from the following statements.

- ✓ *“The religious community doesn’t want us meddling in social issues. They say we’re wasting resources teaching stuff parents should be teaching.” – School Staff Member*
- ✓ *“Everyone is pretty quiet about suicide...we live in one of those preppy towns where everyone knows that it is a problem, but many just don’t want to address it.” – Focus Group Participant*
- ✓ *“There is a statewide drug and alcohol survey, but we don’t give it. We can’t bring in a drug dog. The District administrator is afraid of schools looking bad. It’s a ‘don’t-ask-don’t-tell’ policy;’ they don’t want to know about problems or deal with them. They pretend everything is fine, and this applies to any social issue (i.e. drugs, suicide, gangs).” – School Staff Member*

The conservative body in this community not only is unfriendly toward public discussion of social problems and suicide, but show a desire to control the curriculum in those areas. One key informant felt that though the community is less appreciative of teaching social issues, they are more receptive toward curriculum labeled “suicide prevention” because they cannot argue that it is not important. In the end, however, all curriculum appears to be available for inspection and possible rejection.

- ✓ *“Anything in that realm [i.e. suicide] gets inspected by a small but influential minority. Anytime we’ve had a formal curriculum dealing with health issues, it ends up being cleansed – so why do it? There’s a state- mandated HIV/AIDS curriculum...We’re supposed to present the information with the provided guidelines, but then we’re limited in how to respond to questions students might ask...there’s a tendency to avoid dealing with substantive issues.” – School Staff Member*
- ✓ *“If parents heard we were mandating some kind of suicide education, they might not like that.” – School Staff Member*

While key informants feel that the community is more restrictive, participants in the student focus group felt that the school reacted to community sentiments by acting similarly. The students felt that certain issues, such as weapons on school grounds, were given more attention than more sensitive topics, like suicide. Several students were unhappy with the perceived censorship conducted by the school. Some students also felt that this censorship was related to excessive concern about offending voters, who might then fail to pass a school levy.

- ✓ *“My friend did a research project on gun control...he couldn’t have any pictures of guns and they were lenient about letting him talk about guns...” – Focus Group Participant*
- ✓ *“When I was in fourth grade I knew a sixth grader who committed suicide. Because he was so known in our school, there was an educational thing at school. We learned a little. But they only did it because there was an incident.” – Focus Group Participant*

Focus group participants expressed a wish for staff not to “beat around the bush [but] just tell it like it is.” One student felt like that fear of offending the community discouraged staff openness. Another student noted the role of the community in the following comment.

- ✓ *“Our community is like that too. Kids go home and tell their parents what they’ve learned and then parents complain.” – Focus Group Participant*

While the local community does not appear particularly supportive of school efforts to deal with problems such as suicide, there are other high schools and community agencies in the vicinity interested in suicide prevention. Even so, the high school in Community 3 seems rather self-contained in their activities and no substantial collaboration has taken place with outside groups or organizations. Community agency personnel showed willingness to be supportive but noted that the school keeps to itself and rarely asks for assistance.

SCHOOL IMPACT

The program has had some impact on students' knowledge of suicide warning signs, attitudes about the issue of youth suicide and behaviors that address the problem. This finding is based primarily on the opinions of key informant school staff and prevention team members, though youth focus group participants were at least aware of the campaign's existence and general message.

Evidence is mixed concerning increased awareness among students that youth suicide is a problem. Many school staff members state that awareness has increased, particularly concerning available resources. Some staff suggested that the availability of resource information on posters, distributed items, and in the student "yellow pages" translated into increased student awareness. Others had more directly witnessed it through venues such as classroom teacher feedback regarding assignments on the topic following presentations. Students from both the focus group and on the prevention team suggested that awareness had increased only among some students and groups, though they also said most would take the problem seriously if it arose. For instance, one focus group participant felt that students she knew would take notice of anyone they knew who was contemplating suicide. Some students spoke of how personal contact with the issue can cause one to be more interested in the topic. However, many suggested that most students are not concerned about it, and instead have interests that lie elsewhere, such as general safety, grades, relationships, graduation and prom.

- ✓ *"I know something has changed, but I'm not sure what. Feedback from the presentations generally indicates that awareness has increased and that there is a problem here. We give the students the statistics from the school and they are surprised and say they didn't know it was a problem."* – School Staff Member
- ✓ *"In general it's probably the same as in the past, but with some groups people may take it more seriously than in the past."* – Focus Group Participant
- ✓ *"If you've had an encounter with someone that has attempted or had committed suicide you're going to take it more to heart, but a lot of people haven't conceived of the thought that one of their friends might do that and so maybe they wouldn't take it as seriously."* – Focus Group Participant

While several school staff members felt that the prevention team was still fairly new and had not done many presentations, **a number of focus group participants verified that they were at least aware of the campaign's existence and the general message.** Some students told us that the prevention message involved understanding the reasons for suicide, what the warning signs are, what to look for if one is concerned about a friend, and letting students know that if you are suicidal there are people who care and help is available. Other students simply knew of the program's existence from posters or lunch hours where pamphlets and pencils had been distributed. There were also some who had seen no evidence of the campaign and were unaware of prevention efforts; one student registered surprise at not knowing about it because she felt she was "fairly active" in school activities. Though many felt that students in general were not aware of the campaign, it is not clear that this is the case.

The evidence from key informants suggests that **some students are talking more about the issue of suicide and depression.** Some school staff had witnessed conversations and felt that prevention activities have created an atmosphere where more students were willing to talk about it; others were unsure or did not feel there had been a noticeable change in the student body. Some observed that there are two types of students: those who are willing to talk about it and those who unwilling. Like the community surrounding them, it appears there are varied student responses to a topic such as suicide. Some focus group participants said that if the issue arises they will talk about it, but generally it just does not come up in conversation.

- ✓ *“With students, there are also two groups. Some are more willing to talk about their emotions, and others are still afraid. It’s tied to the community and the feelings of parents. Conservative kids don’t talk. If their parents don’t, they don’t.” – School Staff Member*
- ✓ *“Many students are either one way or another; they are either making fun of the effort or they take it seriously...the posters last year and the YSP week activities got people talking...but many times it really takes having a friend who has thought about suicide to make the issue seem serious. There is more talking with friends that we are worried about...the issue is taken more seriously in certain circles, and there is less joking about the topic.” – Prevention Team Students*
- ✓ *“It’s not that you can’t talk about it or that no one wants to or they’re scared of it, it’s just that it doesn’t come up and it really isn’t an issue that people talk about.” – Focus Group Participant*
- ✓ *“At youth suicide prevention meetings, students say their friends are talking more about depression, and they are more willing to talk about it, rather than hiding it.” – School Staff Member*

There is some fear of talking about sensitive and personal issues, such as suicide and depression, because gossip is a big concern at this school. Students from the prevention team and the focus group agreed on this. School staff appear aware of this too, and counselors are required to guard closely the names of those students that have had suicide attempts. Some staff and students feel this contributes to the belief that it is not a problem in their community or school.

- ❖ *“People don’t really want others to talk about it...our school is very critical and you don’t want the fact that someone is suicidal to get out...in this gossip mill word spreads very quickly.” – Prevention Team Student*
- ❖ *“At this school, if someone says anything about it everyone’s going to know about it...You just have to be careful who you talk to...different opinions of what is personal makes things get out of hand...people have different priorities and so reactions are different.” – Focus Group Participants*

Compared to the average student, youth suicide prevention team members are most aware of the issue and have gained the most specific knowledge about the warning signs and how to refer those in need. Team members know more about the extent of the problem, the specific symptoms of a suicidal person, and how to refer someone who might be suicidal.

- ✓ *“The students on the prevention team know more of the signs, though I wouldn’t say the general student population does. They also are more comfortable with the issue. The core group knows how to refer friends, and they are also more likely to refer people.” – School Staff Member*
- ✓ *“The students involved in the project are more aware, more sensitive to the needs of other students...they are in an outreach mode, and seem to take a more proactive approach.” – School Staff Member*
- ✓ *“We haven’t had the suicide prevention week activities this year...I think that many know kind of what to do...at this point most students wouldn’t be asking questions or jumping to conclusions...it kind of depends on the person on whether or not they will take it seriously...the prevention group members would be more willing to help, but not necessarily our peers...I don’t think they would ask questions like, “Are you OK?” This could be stepping over some boundaries...I think unless someone was exhibiting physical behaviors or crying that most wouldn’t really reach out to help” – Prevention Team Students*

Focus group participants felt that it would be difficult to recognize suicidal warning signs with someone they did not know. While some school staff said that students are more knowledgeable about the warning signs, most focus group participants thought that they would have to know a person in order to pick up on whether they were depressed. They further said that even when one knows a friend is depressed, it is not always clear how serious it is or how to help. Some students pointed out that sometimes they are unsure whether friends who look depressed want to be helped.

- ✓ *“I think they could recognize signs but probably not until it was too late. They’d be piecing it together but not taking any action, so by the time they realize it, it might be too late.” – Focus Group Participant*
- ✓ *“I think with your friends you’d notice it more. After the person I knew committed suicide you think, ‘Wow, maybe I could have done something about it...when someone’s having problems you think they’re going to work it out. You don’t think, ‘Oh, they’re having problems, they’re going to kill themselves.’” – Focus Group Participant*
- ✓ *“If my best friend stopped talking to me for weeks and didn’t say anything about it, I’d know something was wrong because I know...what she’s like when she’s mad or depressed or sad...I would try to talk to her mom or one of her brothers to see what was wrong with her.” – Focus Group Participant*

School staff we interviewed noticed that **students are more likely to go to an adult with concerns.**

Staff trained in suicide prevention felt that they had been making themselves more available to students resulting in increased comfort among students to ask adults for help. Some staff felt that more students were seeking help for themselves, but often it seemed to involve referring other

students. Key informants noted that **there has been an increase in students referring their friends to counselors and the school nurse.**

- ✓ *“They are more willing to say that my friend is having problems...more are coming forward with the idea that it is not okay to be suicidal...students are saying that my friend is depressed or I’ve noticed him drinking more.” – School Staff Member*
- ✓ *“[Students are more aware] in the sense of knowing to go to an adult for help... also I see that friends are referring others to adults...there have been increased referrals to the counselors.” – School Staff Member*
- ✓ *“I’ve been here for eight years, and my general observation is that I think most students know which staff they can talk to. Generally students feel there’s at least one staff person they can talk to. Teachers make themselves available and open.” – School Staff Member*
- ✓ *“I do sense there has been an increase in the number of kids who call about their friends...unfortunately at this point they don’t collect this information through county statistics...we don’t collect a lot of information from crisis line callers unless a suicide attempt is involved...so it is difficult to see if there are increased calls as a result of the intervention.” – Community Representative*
- ✓ *“The biggest change is that kids have a strong ethic not to rat on their friends when they’re in trouble. More students are now referring one another.” – School Staff Member*

Even though referrals to counselors and the school nurse seem to have increased, **students express fears that attempts to help someone in need might be viewed as “interfering.”** Focus group participants say they sometimes refrain from helping because they might be wrong about the person needing aid or they do not know how they can help. This second reason suggests that students do not know as much about available resources as staff may think. One staff member felt that another reason a student may not refer a friend is that “they think it will hurt their friendships.”

- ✓ *“You don’t know what to do, they don’t know what they want you to do...If you don’t have training or you don’t know exactly what they’re going through, you can’t do anything...Often students are afraid of interfering and making it worse.” – Focus Group Participant*
- ✓ *“Last year we had a depressed friend on medication and he would come to everyone (students) for help. We’d ask if there were family members he could talk to. There were so many things that people were trying to do to help him and he just kept going down and down. The things he had problems with were so far out of our hands, especially us being kids, even if we had told our parents there was really nothing we could have done.” – Focus Group Participant*
- ✓ *“A lot of times when your friends are depressed and you ask them about it, and they say nothing’s wrong, you don’t want to press them about it or say that they need to go to a counselor.” – Focus Group Participant*
- ✓ *“You can listen, but you don’t always know what others are going through.” – Focus Group Participant*

This school has an unusually high number of staff trained in suicide prevention who continue to be involved in the student prevention team activities. In the fall of 1999, the school offered staff members an opportunity for in-depth training; twenty-two people, including teachers, counselors, the school nurse, a custodian, and a secretary, took advantage of the training. Considering the community climate, it is interesting that the school administrators chose to fund this type of training. Trained staff with whom we spoke felt the training helped those who participated in it become more informed and able to deal with youth suicide issues. In addition, trained staff appear more open and willing to take risks to ask students questions who may be in trouble.

While there are a fair number of staff who appear to understand the issue and are committed to prevention efforts, key informants perceive that **staff in general are not entirely supportive of these types of issues.** One key informant echoed the ideological split in the community when she said the following:

- ✓ *“There are two groups. Some feel it’s no problem to talk about the issue and they easily incorporate it into their classes. For others, even the presentations we do are threatening. They’re afraid of issues it would raise, and then how they might have to deal with questions from students. Reactions to allowing presentations in classes have been all positive or all negative from people.” – School Staff Member*

While most key informant staff thought that others in the school would agree on the importance of the issue, a number of people suggested reasons why school staff may not go out of their way to actively support prevention efforts. The main ones are that staff are already very busy, they are unknowledgeable about suicide, and they simply are not comfortable dealing with the issue.

- ✓ *“There’s a general sense that there’s less and less time to deal with all the demands, especially with teaching. It’s hard to package the thing so it’s not looked at as ‘one more thing we have to do.’ I don’t think people (staff) would disagree that knowing about it is valuable.” – School Staff Member*
- ✓ *“Most still don’t really want to talk about...it is the ‘sin’ idea of it, and the goal of our training is to try and reduce the sin associated with the issue...but most are still uncomfortable talking about suicide.” – School Staff Member*
- ✓ *“Many staff aren’t trained, are apathetic and/or lack of information.” – School Staff Member*
- ✓ *“Staff don’t know what’s going on here, we always have 15 to 20 attempted suicides a year, because that information [about suicide attempts] is confidential. Periodically [the lead] announces statistics at staff meetings. Teachers are wrapped up in teaching their own curriculum. Suicide is not high on their agenda.” – School Staff Member*
- ✓ *“They lack a comfort level with the issues. For instance, some staff that did the suicide training freaked out when they thought they might have to assess kids. But they learned during the training that that’s the counselors’ job. They just have to refer them.” – School Staff Member*

The final comment above illustrates the transformation that some staff went through as they became informed of the issue. One key informant told us that several people who went through the training were nervous and uncomfortable when it began, but during the course of the training they moved to a place where they were able to address the issue openly and help students that

came to them. We later spoke with one such person who corroborated the description of the experience.

Even so, there are many more students than informed staff, and the students we spoke with felt that many were not as knowledgeable and available concerning the subject as they would prefer. Others suggested that including it in the curriculum of a class would be helpful.

- ✓ *“It is hard for [teachers] to talk to you about the issue...the school is so big and the teachers are not really close to you...I sense that many teachers don’t really want to deal with the topic...some will ask if there is something wrong, but many may look and just assume that teenagers are dramatic and moody...you really need to establish a relationship with someone first to expect any support.” – Prevention Team Member*
- ✓ *“It is tough for the counselors to have a relationship with so many students...they are really just there to listen.” – Prevention Team Member*
- ✓ *“The teachers and counselors need to let it be known that they are available to people who are not close to teachers and counselors; those that are shy don’t know if teachers care.” – Focus Group Participant*
- ✓ *“I think there should be a required course for high school and junior high teachers because it is getting bad. I know five people who’ve committed suicide; that’s not a good thing.” – Focus Group Participant*

Focus group students expressed to us that **compared to teachers and administrators, counselors are most likely to think suicide is a problem and are most helpful to students in need.** The counselors at this school received positive reviews from the focus group participants in terms of paying attention to student needs, showing concern, and following up with them later. Unfortunately, because there are so few counselors that students must always seek them out actively. Students have the most contact with teachers, but focus group participants felt that due to the large size of the school and class size, teachers are unable to notice individual students and/or are unwilling to reach out toward those who are quiet or who they do not know well. Overall, it is difficult to build relationships with teachers who are busy and with whom a student may never have more than one class. However, they also felt that there are some teachers in particular (six were mentioned during the focus group) that went out of their way to notice students and have conversations with them. Students were appreciative of this.

The average school staff member may not be very supportive of efforts, but key informants felt that **staff knowledge concerning suicide attempts and available resources has increased.** Prevention team activities have been a topic in staff and faculty meetings so that, “most staff are aware that we have such a program, even if they don’t have extensive knowledge of what goes on in the project.” Efforts have been made to make announcements to staff concerning available resources and statistics of student suicide attempts, and posters in faculty areas have been known to stimulate conversations concerning the prevention effort. Knowledge is the first step, but knowing what to do when the issue really arises is something else.

- ✓ *“There is more general acknowledgement but they don’t know what to do. Some people think that acknowledging there is a problem equals they have to do something about it and it seems too big. Counselors are more supportive. They’re keeping us informed of students having problems. There’s a support system, but we don’t always know what to do.” – School Staff Member*

Some key informants suggest that **there has been some change in staff openness to talking about suicide issues with students and confidence in reporting those who appear at risk.**

Some people we interviewed felt that there has been more interaction concerning the topic between staff and students, especially among those who participated in the suicide prevention training. This may be due in part to new skills developed learning to broach the topic. Some teachers have had students write papers on suicide following the classroom presentations by the youth suicide prevention team.

It appears that it may be easier than in the past to refer at-risk students. It is unclear whether it is primarily those who have been trained that refer students, or others as well.

- ✓ *“Teachers are more likely to report it if they have a student at risk. In the past, an individual felt overwhelmed with the issue and felt like they couldn’t make a difference. There’s more confidence in referring people and believing that something will be done to help the student.” – School Staff Member*
- ✓ *“It’s easier to refer students...in the past you had to fill out forms and document with the psychologist, call parents -- this is how it is at other schools I’ve been to. The staff believe it’s less of a big deal now to refer students, and they are more likely to say something now because of that. There’s less threat of paperwork.” – School Staff Member*
- ✓ *“Counselors are more likely to have contact with outside resources. Rather than going directly to a parent now, they might refer a student to an outside resource. Sometimes the parent is the problem.” – School Staff Member*

There has been no noticeable impact on curriculum or school policies regarding the issue of suicide, though there are plans to implement related changes.

Students have witnessed recent changes regarding general safety and increases in censorship. They are “battening down the hatches,” as one focus group participant said. Some of this is evident from the types of changes that are taking place, such as the following:

- ✓ *More requests for suicide prevention training, some of which were spawned by word of mouth reviews of the earlier training.*
- ✓ *More requests for suicide prevention presentations from a range of classes.*
- ✓ *There appears to be an existing crisis response plan in development, though staff give conflicting descriptions of what stage of development it is in.*
- ✓ *Interest from the principal in doing a school-wide curriculum involving suicide issues using a video as a cross-sectional lesson plan.*
- ✓ *One counselor is heading up a district-wide crisis intervention team, focusing on personal social distress (i.e. student suicides, accidental deaths, etc.).*

COMMUNITY IMPACT

Evidence suggests **there has been little discernable impact on the community from the school campaign, and little interest from the prevention team in pursuing community change.**

Most key informants either did not know or knew there had not been much impact on the community. One school staff member said that the high school paper did an article on the group, but no one had seen anything in the local newspapers about the efforts in this high school. Many informants felt that community members were not concerned with the issue of suicide. It appears that this is not a topic that is widely discussed, as one informant who grew up in the area said she was surprised by the suicide rate in the area.

Still, there were other key informants who felt that there was some awareness of the issue in general, but attributed it to sources other than the suicide prevention campaign at the high school. Both community representatives we spoke with had seen articles and heard radio spots about local suicide prevention efforts, such as a recent suicide walk. One community representative additionally said that a grandparent had volunteered to work the crisis line as a result of her high school age grandchild being involved in prevention activities at a different school.

- ✓ *“I think the average community member is aware. Last week there was a suicide of a former student who graduated last year. I think they’re aware, but they don’t understand the problem at the high school. They think it’s all young navy men.” – School Staff Member*
- ✓ *“We had an immediate response in the number of [crisis] calls when there was a bus banner campaign about prevention services.” – Community Representative*
- ✓ *“At a church meeting last week, we were talking about ways to help the community. One retired man, who isn’t involved with kids at all, said lots of kids deal with suicide as a problem and have thought about it. He asked the group how we can help.” – School Staff Member*

Many students with whom we spoke felt that parents do not realize that suicide is a problem among youth. Prevention team students said that parents think the team is just another “one of their clubs.” Focus group participants agreed and said that parents do not think that their teen might commit suicide and are instead concerned other issues such as safety, drug use, grades, school levies and taxes.

- ✓ *“Most parents don’t think their kid would commit suicide. It’s inconceivable that their kid would do it.” – Focus Group Participant*
- ✓ *“When the Columbine thing happened, everyone knew about it and then we started doing things. Until someone in the school commits suicide that they know, then they’re not going to talk about it or do anything about it. It will all be in hindsight, just like everything else.” – Focus Group Participant*

There was a sense that this community has limited mental and crisis services and resources and little change has been witnessed as a result of the prevention team activities. The main services include one crisis line and a mental health hospital that focuses on serious cases. A youth council exists that deals with a variety of issues and is concerned that there are not enough mental health services in the area for youth.

There was limited evidence to support the existence of collaboration between the high school and the community. Most school staff said there had been very little or no collaboration, other than receiving prevention training from community personnel. Community representatives listed a number of local suicide prevention efforts, such as a county task force, local health fairs, a suicide walk, building a “survivor network” and producing informative fliers. High school staff and students have not participated in these activities.

- ✓ *“Suicide prevention groups are playing a more integral role in local health fairs...with increased participation by geriatric groups interested in the problem for their own population...We have not had the same level of participation from folks at [Community 3] high school as we have from [other nearby] schools.” – Community Representative*
- ✓ *“I’m not aware of any collaboration. The people that are involved with this are involved in lots of other things too. They’re very active in leadership roles and in general. At meetings we won’t have all those concerned attending because they’re out doing other things.” – School Staff Member*
- ✓ *“The county mental health board has a task force...they invited a representative from the school to participate...they meet during the day so I can’t go to the meetings.” – School Staff Member*

FUTURE STEPS FOR MAINTAINING SCHOOL-BASED PREVENTION EFFORTS

Key informants and focus group participants had a number of suggestions regarding what is needed to sustain the school based prevention team in their efforts to affect the students, the school and the community. One common theme that emerged was **a need for increased commitment to the prevention team and to formalize the group.** Consistent attendance, prevention team activities, and group size were all mentioned as important aspects of this.

- ✓ *“Now it’s informal; students show up when they don’t have athletic practice, etc. There’s no set agenda.” – School Staff Member*
- ✓ *“[We need] continuity. This is only a three-year high school. We need to pick up enough sophomores to continue. We need a more formal group.” – School Staff Member*
- ✓ *“Right now it is difficult to get people involved...competing with sports, the prom and senioritis.” – Prevention Team Student*
- ✓ *“We need time, to keep the staff together, and to keep the continuity of students...[we need] general guidelines and to institute patterns.” – School Staff Member*
- ✓ *“[We need to] strengthen the group. It’s fluctuated in size over the year. We need to maintain the health of the core group and have ongoing activity and participation of students and staff.” – School Staff Member*

The most common theme regarding how to achieve continuity was to **expand the base of trained staff and students to support group continuity and ongoing activity.** Those we spoke with felt that increasing the pool of trained individuals could contribute to the strength and continuity of the group.

- ✓ *“We need to continue the work we’ve started. We’ve made progress. I’d like to see us train different groups of students and teachers next year to expand our base.” – School Staff Member*
- ✓ *“Getting more people involved and aware. Offering training, putting it out there more, maybe twice a year for both students and faculty. In the fall there were a limited number of spaces for faculty training. There needs to be more opportunity.” – School Staff Member*
- ✓ *“[We need to] get more people involved...more constant attendance among team members...get more people trained...” – Prevention Team Students*
- ✓ *“The biggest need is the dedication of the staff. It takes time. Without that it would go away.” – School Staff Member*

Focus group participants felt that **a diverse group would be most effective at getting the message out.** Having only one type of student, such as only popular students, may turn off those who are not like prevention team members. One participant summarized this by saying, “*You can’t just put one crowd up there, if you have a mix, there’s a lot more input from all different directions.*”

For key informants, **another piece of the continuity issue is the importance of having an ongoing and expanding awareness campaign for staff and students.** At this point, presentations have been done in a limited number of classrooms because they depend on voluntary cooperation from classroom teachers. An estimated one hundred students have witnessed them. Getting the word out to greater numbers of students and staff were frequently mentioned was to increase support for the program.

- ✓ *“We also need more than one week of suicide prevention; it’s too late in the year...maybe have it in September to get the sophomores involved from the start.”* – Prevention Team Students
- ✓ *“[We need to] keep the media campaign going...the effort got splintered this year...we ended up with multiple messages...we need to re-focus, pick something and stick to it.”* – School Staff Member
- ✓ *“[We need to] get into more classrooms...get it into people’s mindset that they should take it seriously. Assembly or presentation at the beginning of the year...follow-up with more focused presentations to classes throughout the year...people need to realize that it can happen...right now many feel uncomfortable talking about the issue because they are concerned about the reaction from those they tell.”* – Prevention Team Students
- ✓ *“Distribute more information to the staff – let them know it’s a significant and serious problem. I feel like a suicide has to happen before they’ll take it seriously.”* – School Staff Member

There is mixed evidence regarding the need for continuing funding. Community representatives and staff who have taken primary leadership positions were less optimistic about the ability of the prevention team to continue without funding sources. Others felt that if the group gained enough momentum in the near future, or spent some energy on fundraising activities (which some staff had little interest in doing), it could continue without outside support. No one doubted that activities would change to some degree if less money was available, and the main concern centered on how training of new staff and students would be accomplished.

- ✓ *“I don’t know what funding has been involved. Did the trainers volunteer their time? Funding could play a role if we wanted to expand.”* – School Staff Member
- ✓ *“No [it couldn’t continue without funding]...the heart of the effort is the training from Sue and the intervention trainers...we really need that outside expert...people may be receptive to a mix...information and training from professionals they respect and presentations from youth with some discussion time. I have no interest in fundraising...but there would be groups that are supportive.”* – School Staff Member
- ✓ *“It could keep going without funding as long as we have people who believe in the program...the question is who is willing to step up and keep the program alive...we would have to be more creative on how to train people...perhaps draw support from the community.”* – School Staff Member

- ✓ *“Our school wouldn’t designate money for it...The community only wants to pay for academic issues. If the program stays strong for a few years, the administration might see it as worth putting money toward. We need money for training. Not many trainers would come for free. Without money we couldn’t train students.” – School Staff Member*
- ✓ *“They need more training. It couldn’t continue without funding because it’s hard to get teachers off for two days worth of training.” – Community Representative*
- ✓ *“I would hope people would be into it enough to find a way of getting money to keep it going. I assume it began here because there was money and it was available. I’d like to think it would continue, but I don’t know.” – School Staff Member*
- ✓ *“It would be hard to have untrained people do the training...we would have to do it ourselves.” – Prevention Team Student*
- ✓ *“I don’t think funding is a big issue except for training. Some of the things we’ve done haven’t cost a lot (i.e. video, from video production class, posters, kids staffing tables). Buttons and key chains cost money.” – School Staff Member*

Aside from funding issues, **administrative and technical support are also important.** This high school has enjoyed a great deal of support from the principal, which community representatives and staff members both recognize as valuable. Several school staff members also noted the importance of technical support, both in the form of trainings and through materials such as presentation scripts and media designs.

Currently the prevention team focuses primarily on the school setting rather than the community. This is reflected in staff and student attitudes toward collaboration with community entities and future community outreach. For instance, regarding collaboration, one staff member said, “It’s desirable in the future, but it hasn’t come up. This year we’ve focused on the student population...we are not exploring collaboration at this point.” In addition, a community representative noted, “There really are a limited number of possible connections in this county...it is still a very insular population.” The prevention team students appeared more amenable to collaborative efforts. Still, key informants made a number of suggestions for possible collaborative partners which may prove fruitful, including the local Rotary, Kiwanis or Lions Clubs; local businesses; mental health agencies; the police; the county task force in suicide prevention; the county Youth Council; the Health Department; juvenile hall; and the junior high school.

In terms of future community outreach, most people we spoke with seemed unsure of how to approach it or had not thought extensively about the topic, reiterating that their current focus is on the school setting. However, those involved with the prevention team were not opposed to connecting to the community in some way. Suggestions for doing so included educating the community and designating a coordinator to organize outreach efforts.

- ✓ *“I’m not sure of the community piece – Maybe if we had a paid person to oversee and do it, either inside or outside the school. Everyone now involved with the team is a volunteer.” – School Staff Member*
- ✓ *“I don’t know that we’ve talked about [expanding prevention efforts outside the school setting] in the group. We haven’t thought about it much. We’re more focused on the present and local school efforts and increasing awareness.” – School Staff Member*

- ✓ “[We would need to] find out where the interest is...we have never really talked about this possibility...we really need to get the school more involved.” – Prevention Team Student
- ✓ “We need to see how we can expand efforts into the community. Research into who we can connect with.” – School Staff Member
- ✓ “Educating the community and making them more aware can begin here, because efforts already have begun.” – School Staff Member
- ✓ “We haven’t talked about it. I think parties on both sides are willing to participate if there was someone to organize the effort. It would take a coordinator, probably an external one. This person could help develop a plan, bring in community leaders, staff and school together, and do the legwork, phone calls, set meetings, etc.” – School Staff Member
- ✓ “You really have to impact the movers and shakers...the students would somehow have to impact the county commissioners to get them to support the efforts. Several years ago some kids at another high school sponsored a walkout in support of prevention efforts...this had an impact...it made the effort visible...older folks may be responsive to youth directed efforts such as this...greater PR is needed.” – Community Representative

One staff member suggested reaching out to parents through a newsletter or the parents advisory council. Focus group participants echoed the sentiment that **starting with parents would might be a useful way to reach out to the community.** They expressed the desire to educate their parents that it “does happen in a little town like this,” and that it is important to make the subject of suicide more open and less taboo. They showed less confidence in their suggestions for how to get this information across, and only concluding that the least useful route would be for students to take home information to their parents. Focus group felt that youth suicide prevention activities were appropriate for the school setting, and that the more people know about the issue the more seriously they will take it.

PROGRAM SUCCESSES AND CHALLENGES

Successes

1. Youth suicide prevention efforts have affected some students' awareness and knowledge about the issue of suicide. Prevention team students have been the most affected; however, it is evident that at least some students and groups of students have become more aware concerning the topic.
2. There has been an increase in students approaching adults for help, particularly in regards to referring their friends for help.
3. A large number of staff have been trained in suicide prevention and continue to be involved in prevention team activities. While these staff may feel that others are not as supportive of prevention efforts, having so many knowledgeable staff to support the team contributes to the likelihood of its continuance.
4. All the counselors have been trained in suicide prevention training and students perceive them as approachable and caring.
5. Staff knowledge has increased concerning knowledge about suicide and available resources. Key informants felt that staff generally knew of the prevention team's existence.
6. There has been a perceived increase in staff willingness to refer students who appear at risk. Several key informants noted that the referral process is easier as it has been in the past, which may be in part due to the counselors' strong support of prevention efforts.

Challenges

1. The strong conservative element in the community surrounding this school will likely continue to be a challenge to suicide prevention efforts. So far, the prevention team has concentrated on the school setting, possibly because of community hostility to discussing such personal issues in public. It may be difficult for school-based prevention efforts to reach out into the immediate community.
2. Student fears of gossip and of being seen as interfering if they attempt to help others in need are obstacles to open communication about the topic of suicide. The prevention team may need to find some way to address these concerns up front in order to encourage students to really hear the suicide prevention message.
3. The staff in general are not viewed as particularly supportive of prevention team efforts. Since at this point the team presentations rely on the voluntary cooperation of teachers to give up their class time for them, gaining support from more teachers would help the effort. It is a good sign that more staff have requested the prevention training and the presentations, but it is unclear what the proportions are between supportive and unsupportive staff.
4. It appears that there has been little to no collaboration with local agencies and other schools who have also been involved in suicide prevention efforts. The school efforts have largely been contained within the school, likely due to perceived community hostility about publicly addressing a "social" problem such as suicide. However, related activities appear to be happening fairly close-by, and school based efforts would likely benefit from working with county and community agencies to better educate people.

5. There has been little interest in community outreach to date. Overcoming the community taboo concerning the subject and the ideological/political split that regularly appears to surface will be a challenge. Finding a common ground on the issue will be the key.
6. Getting prevention team members to prioritize their commitment to the effort will help strengthen the group. At this point it appears that attendance is varied and that other school activities often take precedence with members. It would be useful to find a way to schedule meetings and activities to maximize participation.

APPENDIX A:
YOUTH FOCUS GROUP QUESTIONS

1999-2000 ANNUAL REPORT

DEMONSTRATION COMMUNITIES – YOUTH FOCUS GROUP QUESTIONS

LOCATION _____

DATE _____

1. Are you **aware of the suicide prevention campaign** that is occurring now or has occurred in the past in (*fill in school(s) here*)? What do you know about this campaign?

Probes

- What do you think that the message of the prevention campaign is?
- Please describe what you have learned so far from the suicide prevention campaign.

2. Do students or youth of your age believe that suicide is an **issue or concern in your school** or community? What evidence of this have you seen among students? Are there other problems or concerns in your school that students would consider more important than the issue of depression and suicide?

3. Do you think that others such as the school staff, parents or community members believe that suicide is an issue or concern in your community?

Probes

- Is this an issue that folks in the community talk about?
- Does it seem that community members are trying to do something to prevent youth suicide?
- Is this a taboo subject in the community?

School Perceptions

4. Are students in your school **talking about the prevention campaign** and the issue of depression/youth suicide? What do students talk about with respect to this issue? Is this a topic that students talk about in the hallways, other school settings, or at social events?

5. Do you believe that students' **attitudes, knowledge and opinions** about depression/youth suicide have changed over the past year? In what ways are students' attitudes and/or behaviors different?

Probes

- Are students taking the issue more seriously?
- Are students more willing to help those in need?
- Are students more willing to provide support?
- Do students know more about how to recognize warning signs?

6. What do you think about the students who participate in this project in the school? Is this viewed as a valued project – **“a cool thing to do.”** Do you think students want to be part of this effort?

School Level Change

7. Have you observed any changes in **attitudes, opinions, or knowledge** about the issue of depression and youth suicide among

- a) counselors in the school
- b) teachers, administrators and other staff in the school

Probes

- Do the staff/teachers/counselors act differently when addressing the topic?
- Have you interacted or communicated more with staff and teachers about this issue?
- Do the teachers and staff seem more supportive/more willing to help, or talk about the issue?

8. Have there been any **changes in rules or policies** in your school that address the issue of youth suicide? Have you noticed that the topic of depression and suicide is **addressed more in different classes or school events**? Is there **more information about youth suicide** available at your school? Provide examples.

Community/Future

9. Do you think that those outside the school such as your parents or community members are **aware of this prevention campaign**? What do you think they know about the issue of youth suicide?

10. What more needs to be done so that the prevention campaign can have a **greater impact** on the attitudes, opinions, knowledge and behaviors of students in your school?

11. What more needs to be done so that the prevention campaign can have a **greater impact** on the attitudes, opinions, knowledge and behaviors of parents, adults, and community members?

12. What support and resources either in your school or in the community would help people in your age group feel more comfortable talking about or seeking help about issues of depression and suicide?

APPENDIX B:
YSP KEY INFORMANT INTERVIEW

1999-2000 ANNUAL REPORT

YSP KEY INFORMANT INTERVIEW

CONTACT NAME _____

DATE _____

INTERVIEWER _____

1. **SC** - What is your position/title?

2. **SC** - What is **your role and involvement** in the (*fill in proper school here*) youth suicide prevention efforts and activities? How long have you been involved in this project?

3. **S** - (*For the Lead Contact*) How were students chosen or recruited to the prevention team?

4. **C** - What is your relationship to the high school and/or to the community in which it is situated?

5. **C** – How **aware** are you of the prevention campaign efforts at (*fill in proper school here*)? How aware are you of campaign efforts at other schools such as (*fill in other schools in the county here*)?

SCHOOL LEVEL

6. **SC** - Is the school-based prevention campaign having an **impact on the attitudes, behaviors, opinions, or knowledge of students** with respect to the issue of youth suicide? What **evidence of this impact** have you seen, heard or observed among students? (**HIGH PRIORITY**)

(probing questions)

- Do students know more about the topic/issue of youth suicide and potential warning signs?
 - Are students aware of how to help others in need of assistance?
 - Are students demonstrating that they are taking prevention steps.
7. **SC** - Are students, staff, and school personnel **more aware of the problem of youth suicide**? What evidence is there of **greater awareness** of the issue in the school setting? (**HIGH PRIORITY**)

(probing questions)

- Are students/staff/personnel willing to talk about this issue?
 - Is youth suicide a topic of conversation in the classroom, hallways, school groups, etc.?
 - Are **students/staff/personnel** willing to acknowledge that something has to be done to prevent youth suicide?
 - Is the topic more open or less of a taboo in this setting?
8. **SC**- Have you observed **any changes at the school**, over the course of the program?
such as: (**HIGH PRIORITY**)
- the adoption of new policies or procedures
 - changes in curricula
 - changes in the crisis response plan

- requests for additional support/training
- increased referrals to community/school counseling and support services

9. SC - Please describe who, and what “groups”, have been **actively involved in the prevention campaign efforts** (this might include different school groups, different “types” of students, school staff, other school personnel, “community” personnel). (**MEDIUM PRIORITY**)

COMMUNITY LEVEL

10. SC - Have you observed **any impact of the prevention campaign efforts outside the school setting** (i.e., any impact on community members, younger students, community leaders, parents, religious communities etc.)? What **evidence of this impact** have you observed? (**HIGH PRIORITY**)

11. SC - Have there been any new community-based programs, crisis lines or centers (or more youth using existing ones), newspaper editorials or public speeches that have highlighted the issue of suicide and prevention? (**HIGH PRIORITY**)

12. SC - Would you say that the **average community member** in (city/county) believes that youth suicide is a problem in their community? Probe why yes or no? (**MEDIUM PRIORITY**)

13. SC - Please describe the extent to which there has been any collaboration between the schools and community members (e.g., individuals, parents, groups, organizations, businesses) in the prevention efforts. Do you think these efforts have been successful and/or valuable? (**HIGH PRIORITY**)

14. SC - Do you see possibilities for further collaboration? What types of efforts might be best pursued jointly? (**MEDIUM PRIORITY**)

FUTURE

15. SC - What steps do you believe are necessary to continue and sustain school-based prevention efforts? (**HIGH PRIORITY**)

16. SC - Could these efforts continue without assistance and monetary funding? How might the efforts differ without funding and assistance? (**HIGH PRIORITY**)

17. SC - What will it take to further expand prevention efforts outside the school setting to the community as a whole? (**HIGH PRIORITY**)

18. S - How will you know that the prevention campaign has had an impact in the school and the community in 3-5 years? What evidence of this impact would you expect to observe? (**MEDIUM PRIORITY**)

19. SC – Is there anyone else we should talk to about this issue?

OPTIONAL

S (C) - How have the program efforts benefited the school and students beyond the impact on suicide prevention attitudes, awareness and behavior?

(probing questions)

- Better communication skills
- Improved ability in classroom

APPENDIX C:
YSP PROGRAM ASSESSMENT SURVEY

1999-2000 ANNUAL REPORT

YOUTH SUICIDE PREVENTION PROGRAM ASSESSMENT SURVEY

1. How long have you worked at this school? _____

2. Did you attend the Living Works Suicide Intervention and Media Production workshops?

- Yes
- No

3. The suicide prevention team in our high school has engaged in the following activities: (check all that apply)

- Distribution of materials such as book covers, t-shirts, and specialty items.
- Display of information such as posters, banners, etc. in school settings.
- Display of information such as posters, banners, etc. in other community settings.
- Educational presentations to small classes or large school assemblies.
- Creation of newspaper articles or stories for the high school radio/TV programs.
- Development of a program web site.
- Participation in community wide events such as walks, marches, meetings, or forums.
- Other _____

4. How effective was each of the following activities in conveying the message of the prevention campaign to the student body?

1 – not at all effective to 5 – very effective
N/A – not applicable to our site

a) Display of educational prevention information in school settings

1 2 3 4 5 N/A

b) Presentations in classroom settings or school assemblies

1 2 3 4 5 N/A

c) Development of newspaper articles or TV/Radio stories about prevention campaign

1 2 3 4 5 N/A

d) Distribution of materials such as posters, brochures, etc..

1 2 3 4 5 N/A

e) Participation in community wide events

1 2 3 4 5 N/A

5. Please describe 1 or 2 examples of things you have seen or heard that indicates to you that these activities have been effective:

6. Has the school-based suicide prevention team worked with community providers such as mental health agencies, crisis line staff or suicide intervention trainers in the prevention campaign?

- Yes
- No
- Unsure

7. If Yes to Question 6, which of the following would describe the nature of this working relationship (check all that apply)

- Community providers are used as resources that the school team draws upon for information
- Community providers offer assistance in the implementation of prevention activities
- The school team and community providers have collaborated in the design and development of school and community prevention activities

8. How active are the following groups in your **school and community-based** suicide prevention efforts (1 – not at all active TO 5 – very active)

Students on the Prevention Team	1	2	3	4	5
General Student Body	1	2	3	4	5
Teachers	1	2	3	4	5
Counseling/Nursing Staff	1	2	3	4	5
Other School Staff/Administrators	1	2	3	4	5
Parents	1	2	3	4	5
Health Care Providers	1	2	3	4	5
Crisis Line Staff/Volunteers	1	2	3	4	5
Social Service Providers	1	2	3	4	5
Law Enforcement/Legal Groups	1	2	3	4	5
Local Government Representatives	1	2	3	4	5
Representatives of Faith Community	1	2	3	4	5

9. From your perspective, list up to three groups that have taken a **more active role in prevention efforts** since the beginning of the campaign (i.e., Spring 1999)

1. _____
2. _____
3. _____

10. Please list any groups that have taken a **less active role in prevention efforts** since the beginning of the campaign (i.e., Spring 1999)

1. _____
2. _____
3. _____

In questions 11-15, please indicate how much you agree or disagree with each statement

11. There is a general knowledge of the suicide warning signs and what to do when a youth appears to be at-risk of suicide in our school

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
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12. There is a shared belief in our school that suicide prevention is important

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
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13. There is a shared belief in our community that suicide prevention is important

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
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14. Our high school provides a supportive atmosphere for those at-risk of suicide

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
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15. Our community as a whole provides a supportive atmosphere for those at risk of suicide

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
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16. **From your perspective**, please rank the emphasis your school places on addressing the following issues. Indicate a 1 for the issue the school places the greatest emphasis on, a 2 for the issue the school places the second greatest emphasis in addressing and so on.

- | | |
|----------------------------------|-------|
| Drug/Alcohol Use | _____ |
| Violence | _____ |
| Suicide and Depression | _____ |
| Pregnancy | _____ |
| Sexual Assault/Sexual Harassment | _____ |

17. Overall, how much do you believe that the efforts of the state’s youth suicide prevention program have directly benefited your school?

- | | | |
|------------|----------|--------------|
| Not at All | Somewhat | A Great Deal |
|------------|----------|--------------|

18. School-based suicide prevention campaign activities have been **enhanced by**: (check all that apply)

- Active participation by youths on the school prevention team
- Active participation by youths in general
- Active program participation by parents and other adults in the community
- Technical support and assistance from suicide prevention professionals
- Community awareness of the problem of youth suicide
- Community desire for prevention efforts

19. School-based suicide prevention campaign activities have been **constrained by**: (check all that apply)

- Limited participation by high school students
- Reluctance of school staff to support prevention efforts
- Inability to get technical support and assistance
- Lack of acknowledgement of the problem in the community
- Lack of community awareness of prevention efforts
- Lack of financial and administrative resources

20. Do you have any additional comments about how your school has changed as a result of the youth suicide prevention program?

APPENDIX D:
YSP SURVEY OPEN-ENDED RESPONSES

1999-2000 ANNUAL REPORT

YOUTH SUICIDE PREVENTION SURVEYS: OPEN ENDED RESPONSES

Please describe 1 or 2 examples of things you have seen or heard that indicates to you that these activities have been effective:

- We have had an increase in suicide attempt reports indicating increased awareness
- People looking and reading posters, asking questions at our seminar presentation
- Student comments about information in school paper
- We've had students referred as "focus of concern" by other students. The T-shirt was noticed in Hawaii and the individual wearing it was quizzed about where to get help for a relative
- Students talking about suicide prevention
- I've heard students talking about it. When I brought the issue up this year many students knew some or all of the signs that indicate suicide may be a possibility.
- School-wide campaign; meeting with other schools in area; publications in local newspaper
- Counselors [and?] posters as prompts; students are aware
- Students who participated have increased awareness.
- Key chains and book covers
- A student came to the office to report that a friend was considering suicide.
- I have seen posters on walls of our school
- More students are asking counselors for help
- Students continue to use book covers and key chains. Students can state 2-3 indicators or signs and know the question to ask.
- Bev Cobain came and spoke to several classes – comments. After our students presented in some classes – individuals sought help with counselors and community support.
- Students talking openly about the subject of suicide and depression. More contact with teachers and counselors concerning this issue on an individual level and "concerned friends."
- Students telling me that it impacted their lives
- More talk in the halls about suicide. Students were willing to wear pins.
- Positive comments from staff/students
- Suicide prevention assembly.
- Student feedback to teachers; increased awareness by students/teacher in focus groups, committees
- Students referred to counselor due to information given
- Kids know what to do – recognize signs and have made more reports. Shown concern about "suicide" – want to learn more
- Comments from students

From your perspective, list up to three groups that have taken a more active role in prevention efforts since the beginning of the campaign (i.e. Spring 1999).

Summary : Counselors (8), Teachers (7), Students in general (7), Students on prevention team (4), administration (3)

Detailed:

- Counseling staff, administration, teachers
- Not sure
- Students, teachers
- Naches Lion's Club, Yakima Rotary Club, Naches Women's Club
- Counselors, Student Sharing Saul-----, Yakima Char----- (unreadable)
- MERIT
- Leadership class, PTSA, High school faculty
- Students, counselors, teachers
- Students on the prevention team, crisis line staff – used as speakers in health classes
- Administration, staff, prevention team
- Students, counseling
- Counselors, drug/alcohol program, students
- Prevention team, teachers, school administration
- Student group, students initially trained, school counselor
- Individual parents, individual students
- Library media staff, counseling staff
- Schools
- Staff, counselors
- Y.T. school
- Counselors, teachers, students
- Students
- Teachers, students in school
- SADD, DECA

Please list any groups that have taken a less active role in prevention efforts since the beginning of the campaign.

- Principals, teachers, police
- Church affiliations, local government, adult organizations
- Teachers, administration, community (this person also said teachers had taken a more active role)
- Community mental health, social service providers
- Parents – still denial
- Social service providers, community mental health
- Administrators

Do you have any additional comments about how your school has changed as a result of the youth suicide prevention program?

- We are moving forward slowly.
- Increased awareness
- We are more aware of the problem and more receptive to trying to identify and help.
- Help
- Our school has become more aware of the problem of youth suicide.
- Increased awareness. No way to measure the results of the program
- There have been articles written in the school newspaper about depression, SADD, etc. Students have identified that they have one of these disorders.
- I apologize for having a limited amount of input.
- We do have a problem with suicide in our school. We need the community to know and be aware of it.
- Students more aware of signs, risk factors and crisis phone number
- This group of students was diverse – the only group I have seen that voluntarily form and represented all grades, 9-12, gender, race and social class. Wearing the T-shirts was a honor and listening to Bev Cobain was a treat that teachers willingly helped organize.
- Awareness definitely heightened
- People really feel this is very important. Thanks.
- Teachers' leadership has made a difference; counselors assistance; it [is] accessible and informative to all
- We now talk about it and acknowledge it exists.