

# VIRGINIA SUICIDE PREVENTION INITIATIVE

October 2008, the Division of Injury and Violence Prevention (DIVP) was awarded a three year, \$1.5 million SAMHSA Garret Lee Smith Memorial Act Grant aimed at preventing youth suicide. Through this grant, DIVP is taking a state level and community level approaches to preventing suicide in Virginia. At the state level, DIVP is focusing on coordinating targeted gatekeeper training, promoting public and provider awareness campaigns, and promoting comprehensive community, school and campus approaches to suicide prevention. Currently, DIVP funds four local sites to implement comprehensive suicide prevention programs in their communities:

- Rappahannock-Rapidan Community Service Board
- Crisis Line of Central Virginia
- Crisis Center of Southwest Virginia
- James Madison University's (JMU) Institute for Innovation in Health and Human Services (IIHHS) in the Central Shenandoah Valley

Starting in the fall of 2009, the JMU site transitioned from local community work to the creation and promotion of a state-wide campus mental health/suicide prevention program.

DIVP has also received funds as part of the Preventive Health and Health Services (PHHS) Block Grant to use toward suicide prevention efforts. The money is awarded on a yearly basis and is competitive. PHHS money is used to fund five community awareness events across the state and for suicide prevention trainings occurring outside the realm of our SAMHSA grant.

## Youth Suicide Prevention Strategy:

- Raise Awareness of Problem
- Encourage Help Seeking Behavior
- Provide Risk Recognition and Early Intervention Training
- Support Comprehensive, Evidence-Based, Campus and Community Approaches
- Evaluate and Adjust Approaches



\*Model for Comprehensive Mental Health Promotion and Suicide Prevention for Colleges and Universities developed by the Jed Foundations and the Suicide Prevention Resource Center (SPRC)

# **VIRGINIA**

## **SUICIDE PREVENTION INITIATIVE**

The Division of Injury and Violence Prevention's Suicide Prevention Program activities occur at the state, community, and campus level.

### **STATE LEVEL ACTIVITIES:**

All state level activities are handled out of the Division of Injury and Violence Prevention's office by the Youth Suicide Prevention Manager.

- Provide support to local sites
- Maintain website, [www.preventsuicideva.org](http://www.preventsuicideva.org), as resource for public
- Dissemination of information and resources through list servs
- Provide Suicide Prevention Trainings upon request
- Public Awareness Radio Campaign late summer/early fall 2009
- Sponsor ASIST T4T, SafeTALK T4T, and AMSR training
- Host Suicide Prevention Stakeholders Meeting September 2009
- Disseminate National Suicide Prevention Lifeline information and resources to state Funeral Directors and Emergency Departments
- Develop statewide initiative for secondary schools through collaboration with the Department of Education:
  - Provide school mini-grants in fall 2009 for RESPONSE, comprehensive high school suicide prevention program

### **COMMUNITY LEVEL ACTIVITIES:**

All community level activities are handled by four local sites.

- Coordinate localized public information campaigns each year
- Maintain and enhance local coalitions
- Provide 100% of schools (middle/high) in area staff suicide prevention training
- Educate schools on establishing systematic processes for screening and referring youth
- Provide suicide prevention trainings to community youth service providers
- Provide suicide prevention training and resources to youth and families
- Needs assessment of local crisis intervention and postvention services

### **COLLEGE INITIATIVE:**

The college level initiative will be handled out of JMU's IIHHS by the Virginia Campus Suicide Prevention Coordinator with guidance from DIVP.

- Creation of campus list serv and website to disseminate information
- Provide suicide prevention trainings to college stakeholders
- Campus needs assessment to identify specific needs and gaps in knowledge skills, services and infrastructure
- Host series of webinars on campus comprehensive approach to mental health/suicide prevention
- Provide training on next steps for 8 campuses that participated in 2009 Health Minds Study

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# SUICIDE PREVENTION INITIATIVE

## SUICIDE PREVENTION TRAININGS

The Division of Injury and Violence Prevention sponsors and promotes the use of evidenced-based and best practice trainings. All trainings utilized by DIVP can be found on the Suicide Prevention Resource Center's Best Practices Registry. ([http://www.sprc.org/featured\\_resources/bpr/index.asp](http://www.sprc.org/featured_resources/bpr/index.asp))

### **Question, Persuade, Refer (QPR)**

QPR is a gatekeeper training intervention that teaches lay and professional gatekeepers to recognize and respond positively to someone exhibiting suicide warning signs and behaviors. The training is delivered in a standardized 1-2 hour multimedia format by certified *QPR* gatekeeper instructors. *QPR* does not include suicide risk assessment training.

### **Suicide Alertness for Everyone (SafeTALK)**

*SafeTALK* is a 3 hour training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. *SafeTALK* stresses safety while challenging taboos that inhibit open talk about suicide. The 'safe' of *safeTALK* stands for 'suicide alertness for everyone'. The 'TALK' letters stand for the practice actions that one does to help those with thoughts of suicide: Tell, Ask, Listen, and KeepSafe.

### **Applied Suicide Intervention Skills Training (ASIST)**

*ASIST* is a standardized and customizable two-day, two-trainer, workshop designed for members of all caregiving groups. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed. Participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safeplan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks. The learning process is based on adult learning principles and involves highly participatory workgroups. Graduated skills development is achieved through mini-lectures, facilitated discussions, group simulations, and role plays.

### **Campus Connect**

*Campus Connect* is a 2 hour gatekeeper training program for college and university faculty, staff, and students. The experientially based training is designed to enhance participant's knowledge, awareness, and skills concerning college student suicide. Specifically, *Campus Connect* aims to increase participant's knowledge about suicide statistics, risk and protective factors, warning signs, and referral resources; to increase empathic listening skills, communication skills, and the ability to ask individuals if they are thinking about suicide; and to increase self-awareness concerning the potential emotional reactions gatekeepers may experience when interacting with students in crisis.

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### **Assessing and Managing Suicide Risk (AMSR)**

Assessing and Managing Suicide Risk (AMSR) is a one-day workshop for mental health professionals that will help them better assess suicide risk, plan treatment, and manage the ongoing care of at-risk clients.

### **Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR)**

RRSR is a training based on a set of 24 core competencies that comprehensively define the knowledge, skills and attitudes required for effective clinical risk assessment and treatment of individuals at risk for suicide. The specific goal of this competency-based learning program is to provide mental health clinicians with essential clinical skills for working effectively with clients at risk for suicide. The expected outcome of this effort is an increase in the number of mental health clinicians who, after completing the training program, should be able to: competently conduct a suicide risk assessment; reasonably formulate client risk for suicide; and develop a treatment and services plan to address risk for suicidal behavior.

### **Response: A Comprehensive High school-Based Suicide Awareness Program**

*RESPONSE* is a comprehensive high school-based program that increases awareness about suicide among high school staff, students and parents. All program components are designed to heighten sensitivity to depression and suicidal ideation, increase identification, and facilitate referral. The program also provides procedures to refer a student who may be at-risk for suicide. Components include (1) a two-hour awareness training for staff, (2) a four-hour student curriculum (spread across four class periods), and parent awareness materials. An implementation assistance manual is also included for administrators. Before implementing the awareness components, participating schools must identify key staff to serve on a suicide prevention team. Key school-based staff should include the principle or vice-principal, a school-based *RESPONSE* coordinator, two "suicide contacts" responsible for handling referrals, and a counselor.

### **Signs of Suicide (SOS)**

Signs of Suicide is a 2-day secondary school-based intervention that includes screening and education. Students are screened for depression and suicide risk and referred for professional help as indicated. Students also view a video that teaches them to recognize signs of depression and suicide in others. They are taught that the appropriate response to these signs is to acknowledge them, let the person know you care, and tell a responsible adult (either with the person or on that person's behalf). Students also participate in guided classroom discussions about suicide and depression. The intervention attempts to prevent suicide attempts, increase knowledge about suicide and depression, develop desirable attitudes toward suicide and depression, and increase help-seeking behavior.

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## SUICIDE PREVENTION INITIATIVE

### The Code of Virginia contains policy addressing suicidal students in K-12 educational settings and institutions of higher learning...

§ 22.1-272.1. Responsibility to contact parent of student at imminent risk of suicide; notice to be given to social services if parental abuse or neglect; Board of Education, in cooperation with the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Health, to develop guidelines for parental contact.

A. Any person licensed as administrative or instructional personnel by the Board of Education and employed by a local school board who, in the scope of his employment, has reason to believe, as a result of direct communication from a student, that such student is at imminent risk of suicide, shall, as soon as practicable, contact at least one of such student's parents to ask whether such parent is aware of the student's mental state and whether the parent wishes to obtain or has already obtained counseling for such student. Such contact shall be made in accordance with the provisions of the guidelines required by subsection C.

B. If the student has indicated that the reason for being at imminent risk of suicide relates to parental abuse or neglect, this contact shall not be made with the parent. Instead, the person shall, as soon as practicable, notify the local department of social services of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or the state Department of Social Services' toll-free child abuse and neglect hotline, as required by § 63.2-1509. When giving this notice to the local or state department, the person shall stress the need to take immediate action to protect the child from harm.

C. The Board of Education, in cooperation with the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Health, shall develop guidelines for making the contact required by subsection A. These guidelines shall include, but need not be limited to, (i) criteria to assess the suicide risks of students, (ii) characteristics to identify potentially suicidal students, (iii) appropriate responses to students expressing suicidal intentions, (iv) available and appropriate community services for students expressing suicidal intentions, (v) suicide prevention strategies which may be implemented by local schools for students expressing suicidal intentions, (vi) criteria for notification of and discussions with parents of students expressing suicidal intentions, (vii) criteria for as-soon-as-practicable contact with the parents, (viii) appropriate sensitivity to religious beliefs, and (ix) legal requirements and criteria for notification of public service agencies, including, but not limited to, the local or state social services and mental health agencies. These guidelines may include case studies and problem-solving exercises and may be designed as materials for in-service training programs for licensed administrative and instructional personnel.  
(1999, c. 425.)

### § 23-9.2:8. Policies addressing suicidal students.

The governing boards of each public institution of higher education shall develop and implement policies that advise students, faculty, and staff, including residence hall staff, of the proper procedures for identifying and addressing the needs of students exhibiting suicidal tendencies or behavior. The policies shall ensure that no student is penalized or expelled solely for attempting to commit **suicide**, or seeking mental health treatment for suicidal thoughts or behaviors. Nothing in this section shall preclude any public institution of higher education from establishing policies and procedures for appropriately dealing with students who are a danger to themselves, or to others, and whose behavior is disruptive to the academic community.  
(2007, c. 705.)

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**For more information on Suicide Prevention Programs  
offered by the Division of Injury and Violence Prevention,  
please contact:**

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