



Suicide Prevention

Toolkit for Implementation

Created in partnership with:

Utah PTA, Weber State University Department of Social Work and Gerontology, Utah Suicide Prevention Coalition, American Foundation for Suicide Prevention, Utah Department of Human Services- Division of Substance Abuse and Mental Health, Hope4Utah, Big Life Journal, Primary Children's Hospital, Utah State Board of Education and National Alliance on Mental Illness

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Suicide Prevention

Introduction-

IMAGINE you are walking along a river and hear a cry for help from someone drowning. You are startled but energized as you dive into the water to save him. Using all of your strength, you pull him to shore and start administering CPR. Your adrenaline is racing as he starts to regain consciousness. Just as you are about to get back on your feet, another frantic call comes from the river. You can't believe it! You dive back into the river and pull out a woman who also needs life-saving care. Now a bit frazzled but still thrilled that you have saved two lives in one day, you mop the sweat from your brow. When you turn around, however, you see more drowning people coming down the river, one after another. You shout out to all the other people around you to help. Now there are several people in the river with you – pulling drowning people out left and right. One of the rescuers swims out to the drowning group and tries to start teaching them how to tread water. This strategy helps some, but not all. Everyone looks at each other, completely overwhelmed, wondering when this will stop. Finally, you stand up and start running upstream. Another rescuer glares at you and shouts, "Where are you going? There are so many people drowning; we need everyone here to help!" To which you reply, "I'm going upstream to find out why so many people are falling into the river."¹

When it comes to suicide prevention and mental health promotion, most of the focus is on **downstream interventions**; that is, pulling our kids out of the water when they are in crisis. Families and educators find themselves exhausted while resources are depleted, and everyone keeps throwing in the life preservers and performing other heroic deeds. We need to place more emphasis on the **upstream interventions** which can help prevent our youth from falling into the river in the first place. It's also important to utilize **midstream interventions** which will help educate our students and families so they know what to do should they find themselves falling into the water. If we are only focused on the downstream rescue, then we will never get ahead of all the crises demanding our attention. We must find a balance between upstream, midstream, and downstream approaches.



¹ Upstream, Midstream, Downstream Parable: Construction + Suicide Prevention: 10 Action Steps Companies Can Take to Save Lives/Sally Spencer-Thomas ©2016 CFMA

How to Use This Toolkit

Let's be honest; suicide is hard to think about and can be even harder to discuss with our children. In a time when suicide is the leading cause of death among Utah youth, it is more important than ever for families, educators, and community members to be educated about suicide and suicide prevention. This evidence-based toolkit has been created by prevention specialists in collaboration with Utah PTA with a singular goal in mind: to help every child in Utah. It contains a combination of upstream, midstream and downstream approaches designed to help children of all ages in their homes, at PTA activities, in the classroom and more. It is our hope that each PTA/PTSA will have a prevention specialist who can help implement these ideas **throughout the year** *into things you are already doing*, adding a prevention piece to as many activities as possible in order to keep the conversation going. The activities suggested in the "School Support" section align with the Utah State Board of Education Core Standards for health and are designed to be used by educators and others in the classroom. Activities are separated by ages (elementary, secondary, or both) and include instructions, templates, and resources needed for implementation. Feel free to adjust activities as needed.

Prevention Science

We have learned so much through prevention science about suicide and suicide prevention, including what works and what doesn't.

What to Do	What NOT to Do
<ul style="list-style-type: none">● Be direct. Discuss suicide openly and frankly● Be aware. Learn the warning signs● Ask if he/she is thinking about suicide● Get involved and be available● Be a non-judgemental listener● Show interest and support● Allow expression of feelings● Make empathic statements ("It must be awful to feel this way. Tell me more.")● Stay calm, relaxed and rational● Learn how to access resources● Emphasize that help is available	<ul style="list-style-type: none">● Refuse to talk about it● Act shocked or outraged● "Dare" a suicidal person to commit suicide or use other forms of reverse psychology● Be sworn to secrecy (seek help instead)● Argue or lecture● Encourage guilt ("Think about how your mom would feel")● Minimize the problem or offer simplistic solutions ("You just need a good night's sleep")● Leave the person alone● Ask why (this encourages defensiveness)● Go it alone

Suicide Warning Signs



TALK

- Experiencing unbearable pain
- Being a burden to others
- Killing themselves
- Feeling trapped
- Having no reason to live



BEHAVIOR

- Increased use of alcohol or drugs
- Withdrawing from activities
- Giving away prized possessions
- Isolating from friends & family
- Looking for a way to kill themselves, such as searching online for materials or means
- Sleeping too little or too much
- Visiting or calling people to say goodbye
- Acting recklessly
- Aggression



MOOD

- Depression
- Loss of interest
- Irritability
- Anxiety
- Humiliation
- Rage

afsp.org/signs



**American
Foundation
for Suicide
Prevention**





From "Risk Factors for Suicide" (Beyond Blue, 2020)

TOP 10 THINGS WE'VE LEARNED FROM RESEARCH

1. Suicide is related to brain functions that affect decision-making and behavioral control, making it difficult for people to find positive solutions
2. Limiting a person's access to methods of killing themselves dramatically decreases suicide rates in communities
3. Ninety percent of people who die by suicide have an underlying — and potentially treatable — mental health condition
4. Depression, bipolar disorder, and substance use are strongly linked to suicidal thinking and behavior
5. Specific treatments used by mental health professionals — such as Cognitive Behavior Therapy-SP and Dialectical Behavior Therapy — have been proven to help people manage their suicidal ideation and behavior
6. No one takes their life for a single reason. Life stresses combined with known risk factors, such as childhood trauma, substance use — or even chronic physical pain — can contribute to someone taking their life
7. Asking someone directly if they're thinking about suicide won't "put the idea in their head" — most will be relieved someone starts a conversation
8. Certain medications used to treat depression or stabilize mood have been proven to help people reduce suicidal thoughts and behavior
9. If someone can get through the intense, and short, moment of active suicidal crisis, chances are they will not die by suicide
10. Most people who survive a suicide attempt (85 to 95 percent) go on to engage in life, and do not later die by suicide. Recovery is the norm.

(Upstream)

Monthly Activities

Any event may contain an element or elements of prevention. Use these ideas in conjunction with what you are already doing, and be creative about how you might add a prevention piece into other activities.

1. Family Support

Description:



The family is an important environmental context related to adolescent suicide and suicidal behaviors (Johnson et al., 2002; Resnick, et al., 1997; Wagner, 1997). Youth who describe strong family bonds are significantly less likely to be suicidal than youth with less familial attachment (Rubenstein et al., 1989). On the other hand, the risk for suicide is increased among young people reporting less secure attachments to parents characterized by low levels of trust and communication (Fergusson et al., 2000).

Activity 1: Helping Each Other Grow

Age Group: Elementary and/or Secondary

Description: Children feel powerful when they realize they can use their own strengths to help others to get better at tasks. They appreciate it when others help them to grow in ways that are respectful and sincere. Everyone has ways we can support others in their learning, and also things to learn to help us be good citizens and family members. The purpose of this activity is to help children reflect on their own personal responsibilities. They may choose to focus on things they participate in both in and out of school. **KEEP IN MIND:** Parents' opinions are very important! Even if a parent has seen other areas in which their child shines, it's powerful to accept and acknowledge that what the child shares in this exercise meant the most to them in that moment. Likewise, even if parents have experienced times when their child struggled with this or a similar task, this is a fresh chance to support their desire to be responsible now. Parental support really matters as they keep trying to grow and change!

This activity will be even more meaningful if parents lead by example and do this along with their children, creating a pact to work together to improve.

Supplies Needed: Paper and pen/pencil

To Do: On a piece of paper, answer the following questions (wording may be changed to accommodate younger children):

1. What are some areas of my life I feel successful in?
2. What is an area of my life where I'd like to improve?
3. What are some strategies that might help me grow in this area?
4. Who might be able to help me and how might they help?

Alternate Ideas: With the child, have each person think of one home responsibility that they do well and make a short list of the strategies that helped them be successful. Share strategies with each other.

Example:

A responsibility I do well: Getting our day off to a peaceful start

The strategies that help me be successful at this responsibility:

- Set my alarm early so I have plenty of time
- Lay out my clothes the night before
- Take 10 minutes to do something I enjoy: listen to music, take a walk, read the paper, etc.

Activity 2: What I Like About You

Age Group: Elementary and/or Secondary

Description: Social support and self-esteem have been found time and again to be protective factors in suicide prevention. This activity utilizes both of these as well as the protective factor of family connection.

Supplies Needed: paper cut into squares, pen/pencil for each person, large bowl

To Do:

- Give each person a stack of paper and a pen/pencil
- Say the name of one family member and have everyone write that name on the piece of paper
- Under the name, write one thing you like/love about him or her.
- Fold the paper in half and put it in the bowl
- Continue until each person has had something written about them
- When everyone has had a turn, open the papers and read them out loud

For the rest of the week, encourage family members to spend the rest of the week looking for ways to sincerely compliment each other or to perform an act of kindness later that day to continue building connectedness.

Activity 3: Great Grit Interview

Age Group: Elementary and/or Secondary

Description: Blalock et al. found that higher levels of grit buffered the relationship between negative life events and suicidal ideation such that negative life events only predicted suicidal ideation if grit was low (2015). This activity allows youth to learn from the real-life experience of others how to push through obstacles to accomplish a goal.

Supplies Needed: Paper, Pen/Pencil (or a way to record the interview digitally)

To Do:

- Have the student choose someone he/she knows and ask if they can interview them about how they accomplished their biggest goal.
- Ask the interviewee the following questions:
 - What is the biggest goal you've set that you were able to achieve?
 - What did you have to do to accomplish that goal?
 - Did you ever think of giving up? If so, how did you overcome that thought?
 - How did you feel when you accomplished the goal?
- Speak with the student after the interview about what he/she learned and how it can help them accomplish hard things.

Alternate Ideas: In addition to the interview, have the child draw a picture of the person he/she interviewed.

Activity 4: Things I Can Control

Age Group: Elementary

Description: Having the ability to identify things within their control that they can change, and outside of their control that they cannot change, not only helps with impulse control but also things like emotion regulation and anxiety. Constantly worrying about things they cannot control can be very frustrating and anxiety-inducing for children. Instead, focusing on coping strategies for things they can't change can help them channel their energy and effort on things they can change (Centervention, 2020).

Supplies Needed: Paper and pen/pencil/crayons

To Do:

- Have student draw the outline of his/her hand on the piece of paper
- Inside his/her hand, have them write some of the things that they are able to control. (my behavior, my thoughts, the way I react to others, etc.)
- Outside of his/her hand, have them write some of the things that they cannot control. (the weather, my parents' divorce, my friends' behaviors, etc.)
- Help the student create a narrative: "I can't control my friends' behavior, but I can control the choices I make."

Alternate Ideas: Give the child something to hold onto that is heavy, but that they can hold without any help, such as a heavy book. Explain that while that book is in his/her hands, they are in control of it. They can open it up, they can set it down, they can put it away, etc. Once it is no longer in their hands, though, they no longer have any control over it. Ask him/her to pretend the book is one of those things that they listed before that they can't control. Instruct them to hold the book above their head for as long as they can until their arms get tired. Explain that when we hold onto things that are outside of our control, we can get really exhausted and overwhelmed. Finally, have them set the book down and remove it from their hands. Ask them how it feels to let go of that thing that is outside of their control. This is a great way to help reinforce the concept of "letting go" of things outside of their control.

Activity 5: Let's Talk!

Age Group: Secondary

Description: The Search Institute's 40 Developmental Assets research (<https://www.search-institute.org/our-research/development-assets/developmental-assets-framework/>) tells about the importance for every young person of having at least one trusted adult to turn to and count on. Regularly having conversations about ideas and choices they're making helps get them in that routine— and makes it more likely they'll feel ready and safe to talk when it's time for big decisions. Sometimes adults don't know what they're thinking or aren't sure how to open a conversation with them. This activity is to help change that!

Supplies Needed: None

To Do:

- Have the student think about some trusted adults whom they respect and can turn to for guidance and support (parents, grandparents or other relatives, clergy, coaches, teachers, etc.).
- Invite them to think of ways they might start a conversation with him/her about something they're interested in getting advice about.
 - "I'm curious about..."
 - "I'm interested in..."
 - "How can I..."
 - "What do you think about..."
 - "What's important to you when you have a big decision to make?"
- Encourage them to ask at least two adults to have a conversation with them this week. When they're done, have them thank them for sharing their thoughts and set another time to talk to keep building the conversation habit.

2. School Support



Description:

Multiple studies have found school connection to serve as a protective factor in decreasing suicidal ideation and suicide attempts (Gunn et al., 2018; Marraccini et al., 2017; Whitaker et al., 2015). Not only does a strong school connection enhance prosocial behavior, a study performed by Nadeem et al. (2011) found that teachers are “uniquely positioned to detect students at risk for suicide” because they spend so much time with them. Dr. Jennifer White, assistant professor in the School of Child and Youth Care at the University of Victoria in British Columbia agreed, asserting that “School is a natural, logical place to do prevention work because youth are there for a large part of the day and many people in school are in a position to recognize potential risk factors. School-based strategies fit with an educational mandate--to prepare students for real life, including equipping them with coping skills” (2006).

Activity 1: Three Different Mindfulness Practices

Utah Core Standard for Health Education: K.MEH.2, 2.MEH.2, 3.MEH.2, 4.MEH.1, 5.MEH.1, 6.MEH.2, HI.MEH.1, HII.MEH.1

Age Group: Elementary and/or Secondary

Description: Mindfulness is the practice of becoming aware of the feelings, mind and body in the moment. The practice is lauded for its ability to positively impact mental, emotional and physical health and evidence also shows it to be effective in prevent suicidal behavior even in those with high suicide-risk (Chesin et al., 2016; Luoma & Villatte, 2012).

Supplies Needed: None

To Do: (1) Mindful Breathing:

- Students place one hand on the abdomen, under the rib cage
- Instruct them to Inhale slowly through their noses, drawing a deep breath into their lungs. Their chests should move only slightly, while their stomachs rise, pushing their hand up.
- As they exhale, suggest they just let themselves go and imagine their entire body becoming loose and limp. It should take them twice as long to exhale as it does to inhale.

(2) Progressive Muscle Relaxation

- Students pay a “mental visit” to their muscles, stopping at each area of the body from head to toe (or toe to head), paying attention to individual areas where tension exists.
- As they pause at each area, they tense and relax each muscle, trying to release unnecessary tension.
- Students are encouraged to spend a few more moments on those areas that seem to be holding the most tension.

(3) Visual (Guided) Imagery

- Students are asked to imagine tension flowing out of the body from top to bottom. Visualize tension draining down shoulders and arms and out through fingertips into the air, down thighs and legs, and out through the soles of the feet into the ground.
- Another approach is to take a mental “vacation,” imagining oneself in a pleasant, relaxing place such as on the beach or in the woods. This can be a place where you’ve been or a place you’d like to be. Time is taken to imagine the specific details of what is seen, heard and felt in this place.

Activity 2: Understanding Warning Signs and Risk Factors

Utah Core Standard for Health Education: 4.MEH.4, 5.MEH.2, 6.MEH.4, HI.MEH.3, HII.MEH.5

Age Group: Elementary and/or Secondary

Description: A main part of suicide prevention is recognizing when someone is considering suicide and knowing what to do about it. The majority of individuals who attempt or are lost to suicide give warning signs beforehand. Warning signs are like red flags that someone is in immediate danger of suicide, such as if someone is talking about wanting to die or hurt themselves, is actively looking for lethal means of suicide, or is having extreme mood swings. When people exhibit these and other warning signs, they need immediate help. This is the reason knowledge is key to suicide prevention; the more people who know how to recognize warning signs and know where to turn for help, the better chance struggling individuals have of getting the help they need.

(Younger Elementary Students)

Supplies Needed: Book *The Cloud* by Hannah Cumming

To Do:

- Read the book to the class and ask them the following questions:
 - What were some things that happened in the story that told you someone in the story was in trouble? (For example, feeling left out, not coming to school, or being depressed.)
 - What did the cloud symbolize?
 - People who are in trouble will not have dark clouds above them, so what are some other signs we can look for in people who may be in trouble

(Older Students)

Supplies Needed: None

To Do: Read the following scenarios and discuss what the warning signs are and how students could respond in that situation. During the discussion, emphasize the importance of getting an adult involved when safety is a concern and let students brainstorm different options or approaches for doing that:

Your best friend seems to be having a rough week. You overhear him telling someone else that he feels like a burden to his family. At the end of the week, he gives you his baseball glove, his most prized possession. When you ask why he's giving it to you, he responds, "I won't be needing it anymore."

After dance class, you find a dancer in the locker room, crying. Her mom, who used to come to all the dance recitals, passed away a month ago, and the daughter is having a hard time with it.

You notice there seem to be cuts on her arms. She hurries and pulls on a jacket when she notices you looking.

In your math class, there is one student who always knows the answer to the teacher's question and gets perfect scores on all the tests. Besides knowing she is the best student in class, you don't know that much about her. One day, though, you notice she looks really tired and that her usually perfect hair is in a messy knot on top of her head. She stops raising her hand to answer questions in class and even failed the last test.

After football practice, you find one of your teammates under the bleachers. He had missed practice all week, and you know how much he loves playing football. However, now, under the bleachers, he was drinking alcohol. You know he's had problems with alcohol in the past. When you ask what's going on, he says that his girlfriend just broke up with him and he doesn't know how he'll go on. He says, "She'll be sorry when I'm gone."

You're in a bathroom stall at school and someone walks in talking on the phone. One of the things she says is, "I'm so sick of feeling this way. I just want to die." You don't know who this girl is, but the things she is saying makes you feel uncomfortable and scared.

Implementation Tools: Lesson materials provided by Hope4Utah, [Family Mental Health Warning Signs and Risk Factors Hope Squad.pdf](#) found at <https://www.utahpta.org/suicide-prevention-toolkit>

Activity 3: How to Talk to Someone Who is Struggling

Utah Core Standard for Health Education: 4.MEH.3, 4.MEH.4, 5.MEH.2, 6.MEH.5, HI.MEH.2, HII.MEH.5

Description: One of the major parts of suicide prevention is knowing what to do in situations relating to suicidal thoughts. Knowing how to respond could save a life. If you notice any of the suicide warning signs or think someone may be struggling, reach out and speak up! Anyone could be struggling; you will never know unless you ask. This gives the individual the opportunity to share feelings and concerns, which in turn most likely gives him or her great relief from any underlying emotions. Suicide prevention requires proactivity. If no one takes any action, those who are struggling might not get the help they need before it's too late. Though it may be hard to start this conversation, you need to do it. Assume that you are the only one who will take the time to help. Talking shows that you care and is the first step to someone getting help. *It is important to note that asking others if they are struggling with suicidal thoughts will not put the idea in their head or increase their chances of attempting suicide.*

(Younger Elementary Students)

Supplies Needed: Book *The Rabbit Listened* by Cori Doerrfeld.

To do: Read the book and ask the following questions:

- Why didn't Taylor feel better when the animals gave suggestions?
- What did Rabbit do differently from the other animals?
- Have you ever felt like no one was hearing you when you needed to talk to someone?
- How can we be effective and kind listeners when someone is struggling?
- Remind students that if someone is thinking about hurting themselves, they should listen and then tell a trusted adult.

(Older Students)

Supplies Needed: Lesson provided by Hope4Utah, [Family Mental Health: How to Talk to Someone Who is Struggling](https://www.utahpta.org/suicide-prevention-toolkit) found at <https://www.utahpta.org/suicide-prevention-toolkit>.

To Do: Split students into two teams, Team 1 and Team 2. Read and role-play the following scenarios, working as a team to figure out how to respond to the struggling friend. Practice using the "I" messages and whole body listening skills described in the lesson:

Scenario 1:

Team 1: You have been really angry lately. You lash out at your classmates and yell at your siblings. You feel like the anger just gets bigger and bigger and won't go away. Everything seems to be going wrong. You start to wonder what the point is anymore.

Team 2: You notice your friend, who is usually calm and quiet, has been really angry for a whole week now. You are worried that something might be going on.

Scenario 2:

Team 2: You started feeling really sad after your parents got a divorce. You blame yourself for their split and even start cutting your arms. You try to wear long sleeves all the time to hide your cuts, but sometimes you forget.

Team 1: You notice that your sibling is wearing long sleeves all the time. Once you think you even saw marks on your sibling's arms. It made you feel scared.

Scenario 3:

Team 1: You are a star player on the school football team. However, you didn't play very well in the last two games, and you were benched the following game. Soon after, your girlfriend broke up with you. You feel like your life is out of control. You miss a few practices and start experimenting with drugs.

Team 2: You notice your teammate has missed a few practices. You heard his girlfriend broke up with him, and you wonder how he is dealing with everything.

Scenario 4:

Team 2: You are usually at the top of your math class, but lately, you have been showing up to school in grungy clothes and even skip showering. You have a heavy feeling of sadness you can't seem to get rid of and you don't know what to do.

Team 1: You notice the girl who sits in front of you in math class has started not caring about her appearance. She used to be the best student, but suddenly her test scores were coming back low. You don't know her very well, but you feel like something might be wrong.

Activity 3: Coping and Problem-Solving Skills

Utah Core Standard for Health Education: 2.MEH.1, 3.MEH.1, 4.MEH.2, 6.MEH.1, 6.MEH.2

Description: Coping is what we think and what we do during difficult situations, and while some coping actions are healthy (such as taking a break to read a book), others are not (such as practicing self-harm, like cutting). Problem-solving skills go hand-in-hand with coping skills; how you solve a problem is part of coping. Teaching children these skills help them combat suicidal thoughts or actions. In most cases, those who are struggling with suicidal thoughts don't actually want to die; they want the pain to go away. These individuals often lack the skills necessary to solve and cope with problems in healthy ways. They don't know how to handle the situation, so they see suicide as an option. Individuals that do have these skills are less likely to see suicide as an option because they know healthy ways to cope and solve the problem at hand.

To Do: Explain that stress is everywhere. At some point or another, we will all face stress. Two important keys to getting through stress are coping skills and problem-solving skills. Coping is how we deal with hard, stressful situations.

- Ask for examples of positive coping skills such as going for a walk, reading a book, taking deep breaths, talking with a friend, etc.
- Ask for examples of negative coping skills such as yelling, hitting, using drugs or alcohol, overeating, ignoring the problem, engaging in self-harm, etc. (Be careful when discussing negative coping skills as some of their family members may utilize some of these and we don't want to create a sense of shame around these actions)
- Explain that in addition to coping skills, we also need problem-solving skills. Suggest the following steps:
 - Step 1: Identify the problem and what may be causing it. If necessary, break the problem down into manageable pieces.
 - Step 2: Think of possible solutions. This step helps develop creativity, brainstorming, and research.
 - Step 3: Try one of the solutions. This step helps develop decision making because the person has to choose one to try out.
 - Step 4: Evaluate how it worked.
- Go through the following scenarios, using the problem-solving steps discussed. (You can also have one group of students create scenarios and another group use the problem-solving steps, then switch roles)

1. Brady keeps getting low scores on his math tests, and it's making him feel like a failure. He feels like he studies as much as he can between football practice and trumpet practice. What can Brady do?

2. Natalie feels like she doesn't have any friends. It's hard for her to talk with people because she's really shy. She feels lonely and is tired of spending every weekend night at home instead of out doing things with other people. What can Natalie do?

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3. Mark loves playing basketball, but he doesn't think he's good enough to be on the team. He wants to try out for the team this year. His parents are too busy to help him practice, so he doesn't know how he's going to get better. What can Mark do?
 4. Macy made the volleyball team, but she doesn't have enough money to buy a uniform or shoes. Her family doesn't have much money, so she knows she can't ask her parents to help. If she can't buy a uniform or shoes, she's worried she won't be able to be on the team anymore. What can Macy do?
 5. Tyrone has been really sad lately. No matter what he does, he always feels sad. He's been feeling that way for weeks now. He doesn't feel like doing anything, and he doesn't even want to see his friends. He feels like his family would be better off without him. What can Tyrone do?
 6. Carly's boyfriend broke up with her. She feels like the breakup came out of nowhere; she thought things were going well. Since he broke up with her, she's been feeling depressed. Her friends have tried setting her up on dates, but she's worried about someone breaking up with her again. What can Carly do?

Alternate ideas: For the activity above, have students list two possible coping skills and two possible solutions, and THEN discuss whether it would be best to use emotion coping skills or try out possible solutions to solve the problem, or both. Sometimes it is better to cope with the situation at hand if solutions to solve the problem will take time or are not available.

Create a stress management plan by folding a piece of paper in half. At the top of one side write, "What makes me feel stressed" and then "What can I do when I feel stressed? Who can I talk to?" on the top of the other side of the paper. Have students fill out the worksheet with things that stress them out and possible ideas of things they can do to cope with those moments.

Activity 4: Bullying and Cyberbullying

Utah Core Standard for Health Education: 1.MEH.1, 3.MEH.3, 4.MEH.2, 6.MEH.5

Description: In a 2014 study, Messias et al. found that “Bullying victimization, in school, cyber, or both, is associated with higher risk of sadness and suicidality...” Other studies have shown that bully victims are two to nine times as likely to think about suicide than those who are not victims. One study conducted in Britain found that of the young people who died by suicide, half of them were related to some form of bullying.

To Do:

- Talk with students about what is bullying and what is not. (See the bullying section on page 42 for more information) Brainstorm situations that are actual bullying and situations where someone is merely being unkind to help students understand the difference.
- Explain the following concepts to the students:

Whether you are the victim or the bystander, there are steps you can take to keep yourself and others safe from bullies.

- Treat everyone with respect. Just because someone is a bully doesn't mean you can be mean to him or her. It's never ok for someone to be bullied.
- Talk about it. Discuss with a trusted adult any bullying that happens to you or that you see happening at school.
- Stay safe. Keep away from places where bullying is common or stay in areas where adults are. The bully is less likely to try anything if there are adults around.
- Be a helpful bystander. If you see someone being bullied, stand up for that person! Calmly tell the bully to stop. Don't give loud reactions to or strike back at the bully; that's what he or she wants. If necessary, help the victim walk away, and then befriend him or her. Always tell an adult what happened.
- Be careful online. Think before you post, because you never know who will see it. Control your privacy settings and don't tell anyone, even close friends, your passwords. Let your parents friend or follow you; they can help keep you safe. Make sure you report anything you see that makes you feel sad or scared.
- Understand it's not your fault. It feels bad to be bullied, but it's not your fault and you're not alone. You don't deserve to be treated that way. If someone is bullying you and it's making you feel depressed, talk to an adult.
 - Divide students into two groups. Assign one of the following scenarios to each group. Have the group read their scenarios and then discuss what they could do to help the situation. Encourage them to use and share real-life examples to help, such as times family members have been bullied, times family members have seen someone being bullied, when a family member was a friend to a victim, or when someone stood up for a family member. After some time, give each group a chance to talk about how they would respond in their scenarios.

Group 1

Stuart is scared to go to school. Every day, Greg steals his lunch and makes fun of him in front of everyone in the lunchroom. Stuart wants the bullying to stop, but he's afraid he'll get in trouble or, worse, that Greg will be even meaner to him. He feels like maybe he's just weak in not being able to handle the bullying or that it's his fault Greg picks on him.

Possible discussion points:

- How is Greg being a bully? What kind of bullying is going on?
- What should Stuart do?
- What would you do if you were in the lunchroom when this happened?

Group 2

Jen is walking down the hall when she hears some loud noises. She turns around the corner and sees a big group of kids. In the middle are Sally and Gina. Sally is saying some pretty bad things about Gina and even starts shoving Gina around. Jen remembers seeing some mean posts about Gina online but didn't know what to do about it at the time. Now, seeing Gina being pushed around and mocked, Jen still doesn't know what to do. Jen is afraid that if she told a teacher, Sally will start being mean to her instead.

Possible discussion points:

- How is Sally being a bully? What kind of bullying is going on?
- What should Jen do?
- If you were in the crowd, what would you do? If you saw the post online, what would you do?

Activity 5: Breaking Down the Situation

Utah Core Standard for Health Education: 2.MEH.2, 3.MEH.2, 4.MEH.2, 6.MEH.1, HII.MEH.1

Description: Cognitive Behavioral Therapy (CBT) has been found to help those who are struggling with harmful beliefs, to improve problem-solving skills and to increase social competence (Kaplan et al., 2007). Research has shown the benefits of CBT to extend into suicide prevention as well (Alavi et al., 2013). With this activity, students improve their self-awareness regarding each component of the flowshape; and recognize ways in which their thoughts in particular can impact the rest of the cycle. They can also practice connecting situations with the feelings and behaviors they trigger.

To Do:

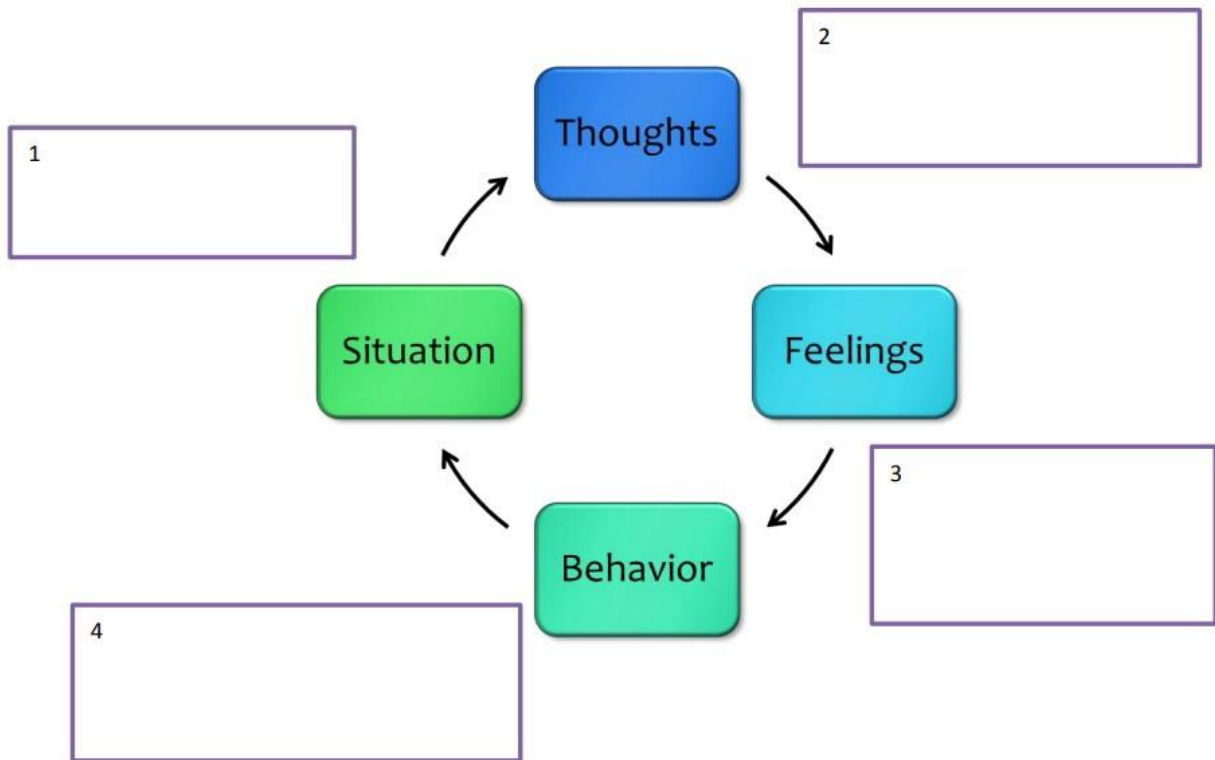
1. Begin by clarifying with students the difference between thoughts, feelings, and behaviors.
 - **Thoughts:** Your internal summary or prediction about a situation or event. Examples:
“This is going to be a disaster.”
“This is going to be great!”
“Everyone’s going to laugh at me.”
 - **Feelings:** One-word summaries of internal emotional states. Examples:
Nervous
Scared
Excited
 - **Behaviors:** Can be both inward (invisible) and outward (observable). Examples:
Tensing muscles.
Skipping class or skipping school.
Turning down an invitation to a party.
Jumping off a diving board.
2. Ask students to come up with an experience that happened to them recently, in which they felt sad, stressed, worried, anxious, etc. Then, reflecting on that situation or event, map out their thoughts, feelings, and behaviors using the Breaking Down the Situation Worksheet.
3. A follow up discussion can generate more insight about the source of the thoughts, more constructive coping behaviors, etc.

Alternate Ideas: Use the Thinking Trap worksheet to help students identify and practice ways they can identify and change potentially harmful thought processes.

Breaking Down the Situation

Describe a situation you recently experienced that was difficult for you (either upsetting or made you nervous).

Using the CBT Flowshape, fill in boxes 1-4, describing what happened in your situation:



The Thinking Trap: 5 Steps to Untwisting Your Thinking

Step 1: Identify the problem situation

Step 2: Identify the automatic thought

Step 3: Decide if you are falling into a “thinking trap”

Step 4: Ask yourself some tough questions:

1. Is there another way to look at this?
2. What would I tell a friend in this situation?
3. How would (role model) handle this situation?
4. What is the evidence for this thought being true?
5. What is the evidence against this thought?
6. Even if this is true, what is the worst thing that can happen?
7. What is the most likely thing to happen?
8. If my thought did come true, how would I cope?
9. What steps can I take right now to respond in the best way possible to this situation?
What help do I need?

And finally, ask yourself: What would happen if I didn't believe this anymore? How might things change?

Step 5: Define your coping thought:

Adapted from the Steady Adolescent Workbook

3. Peer Support



Description:

The Centers for Disease Control and Prevention (2011) identified connection between individuals (friends, neighbors, co-workers, etc.) as a protective factor against suicide. This can be enhanced by activities that support improved peer relations and enriched mutual respect. Conversely, however, they warn that “youths’ connectedness to negative peer groups may increase their risk for suicidal behavior.” For this reason, it is crucial to give students opportunities to establish and enrich positive peer relationships within contexts that will serve to enhance their feelings of belonging, strengthen their sense of identity and personal worth, and provide access to larger sources of support.

Adolescence is a period of transition where children begin to become more concerned with social perceptions and connections than those of their family members. Many findings support the importance of social connections in reducing suicidal ideation (Durkheim, 1897; Joiner, 2005; McNeely & Falci, 2004, 2004; Young et al., 2011) and possibly even in preventing actual suicide attempts (Gunn et al., 2018). It is important to take every opportunity to reinforce these social connections and to break social barriers, particularly among students whose race/ethnicity/sexual orientation/etc is in the minority.

Activity 1: Messages of Hope

Age Group: *Elementary and/or Secondary*

Description: Positive-peer modeling programs are showing increased efficacy in increasing those social-interpersonal factors which are linked to reduced suicidal behaviors (Petrova et al., 2015). Giving students an opportunity to uplift one another with “messages of hope” not only helps the person who might receive that message but may also help those writing the messages (Zachariah et al., 2018).

Supplies Needed: Post-It notes or other small pieces of paper and tape, pens or markers

To Do:

- Set supplies out on a table where students can access them during a specific period of time.
- Instruct students to write one “message of hope” on each piece of paper that might serve to uplift someone who is struggling. Examples may include things like, “You matter!” “You are loved.” “You can do this!” “You are stronger than you might think you are.”
Messages should be nothing but uplifting, kind and helpful.
- Attach notes to a bulletin board or large poster where students can see them and where they can take a message off the board to keep that may resonate with them or with something they are currently going through.

Alternative Ideas: “Take What You Need/Give What You Can” bulletin board. (NOTE: If you choose to do something like this where you just leave it to students to write notes and put them on the board without having someone look at them before putting them up, you will need to monitor it pretty constantly to make sure the notes that are posted aren’t harmful in any way.)



Activity 2: You Are a Gift

Age Group: *Elementary/Secondary*

Description: Social isolation has been proven to be a factor in increasing adolescents' risk of suicidal behavior. One study performed in Utah in 2005 sought to perform a "psychological autopsy" of a sample of youth whose deaths were ruled as suicide. Friends and/or family members were asked questions to evaluate whether or not they recognized risk and protective factors for suicidal behavior, symptoms of mental illness, as well as barriers to mental health treatment for the decedent. Almost half of the males in the study did not have a single friend who could be interviewed (Moskos et al., 2005). This activity will give students an opportunity to reach out to one another in a way that can increase feelings of their peers feeling "seen" and important.

Supplies Needed: "You Matter" cards. (Optional) embroidery floss

To do:

- Print "You Matter" cards and cut them into business-card sizes (approx. 3.5"x2").
- (optional) cut embroidery floss into approximately 9" lengths to be tied around wrists as a bracelet
- Tape embroidery floss to the backs of the cards
- Give cards to students to give to someone who they feel might need a reminder that they are valuable and that they matter. Floss can be tied around wrists to serve as a more frequent reminder.

You matter. You matter.
You are a gift! You are a gift!

You matter. You matter.
You are a gift! You are a gift!

You matter. You matter.
You are a gift! You are a gift!

You matter. You matter.
You are a gift! You are a gift!

You matter. You matter.
You are a gift! You are a gift!

YOU ARE BRAVE
YOU ARE STRONG
YOU ARE LOVED
AND YOU MATTER.
THANK YOU FOR BEING YOU!

YOU ARE BRAVE
YOU ARE STRONG
YOU ARE LOVED
AND YOU MATTER.
THANK YOU FOR BEING YOU!

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YOU ARE STRONG
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THANK YOU FOR BEING YOU!

Activity 3: Kindness Week

Age Group: Elementary/Secondary

Description:

Seligman (2002) explains that “positive psychology” is “about positive subjective experience.” Additionally, Gillham et al. (2002) discuss the preventive power of interventions that emphasize positive qualities in children and adolescents. Positive, authentic experiences have been shown to have a positive impact even on at-risk youth (Ronel, 2006). Providing opportunities for students to show kindness to one another can reinforce prosocial behaviors, improve feelings of peer connectedness and can benefit both the students serving and those being served.

Spread kindness with these ideas for Random Acts of Kindness (RAK), or create your own!

1. Kindness Wall: Have students write something someone has done to show kindness to them on a Post-It note or piece of paper and attach it to a bulletin board or a poster.
2. Kindness Jar: Write ideas for Random Acts of Kindness on a slip of paper and put it in a jar. Allow students/teachers to take on and act on it! (Ideas: Hold the door open for someone, give someone a sincere compliment, say hello to a student you don't know very well, pick up trash in the hallway or on school grounds, write someone a thank you note, etc.)
3. Positive Sticky Notes: Write positive statements on sticky notes in a stack and spend some time putting them in places where someone will see them. You can say things like, “You're great!” “You're amazing!” “Be the reason someone smiles today.” Psssst! You're awesome!” etc.
4. Have a secret RAK contest between classes (or homerooms): As a class, decide which RAK everyone will focus on. (Holding the door for others, saying thank you, etc.) See if your class can do it so much that everyone else can guess which RAK you've all decided to do the most. (You could even have a “voting station” at the end of the week where people can put slips of paper in for each class with their guess of what their RAK was)
5. RAK Calendar/Bingo: Fill out a calendar or Bingo sheet with different RAK and see who can fill it first!
6. Custodian/Cafeteria workers/Bus Driver/Crossing Guard Appreciation: Write a thank you note to someone who does things for your school that they aren't often thanked for.
7. Set up a Thank You Note station at your school: Gather things like construction paper, markers and other fun materials in one place. This could be in the hallway outside the office or in the principal's office for kids who get in trouble during class.
8. Have older students keep a "One Kind Deed" Journal where they record one act of kindness that they received, witnessed, or did for someone else each day. Ask them to write one daily entry for at least a week and notice how it affects their outlook and relationships with others (Buchanan & Bardi, 2009).

Activity 4: What Do We Have In Common?

Age Group: Elementary/Secondary

Description: Social alienation happens for many reasons, not all of them malicious. Often, as opposed to purposely excluding others, we simply find ourselves more drawn to those who we perceive as having more commonalities (Brewer, 1999). That doesn't change, however, how harmful the practice can be--especially for youth who are desperately seeking acceptance. Gaertner et al. (2011) propose the need to shift from an "us" and "them" model to the more inclusive "we." For students who find themselves constantly on the social perimeter for whatever reason, an activity like this will help themselves and their peers seek out the things they have in common, rather than the things that make them different. They might be very surprised to learn that some may have more in common with them than they think!

Supplies Needed: Paper and pen/pencil

To Do:

- Have each student take a piece of paper and a pencil to recess (or lunch, for older students) and have them speak with **3 people** whom they do not know or do not know well.
- Instruct them to speak with each other until they can find 3 things they have in common. (Easy-outs such as "we both have eyes/ears/noses/etc." or "we're both wearing pants" don't count!) Some things they might ask about are number of siblings, hobbies, talents, favorite movies/music/food/games/etc.
- They will write down the things they have in common and then turn in their papers when they're done. Consider providing a small incentive for those who turn it in.

Alternate ideas: Turn ideas such as those listed above and more into a Bingo game. Have students try to get "Bingo" by finding someone who has those things in common with them.

4. Community Support



Description:

Community support is where family, school and peer support intersect. “Community” activities might be done as a PTA, as a school, and/or as an actual geographical community. Each of these forms of connectedness have been shown to be protective factors against depression and suicidal ideation, even accounting for other factors across varying time points. Bolstering these connections in purposeful ways can only serve to strengthen the mental health and wellbeing of our children (Aragno et al., 2018) and each other.

Activity 1: Resilience Chalk and Walk

Age Group: Elementary and/or Secondary

Supplies Needed: EveryDay Strong Resilience Handbook, Sidewalk Chalk, Signage, Social Media Posts

To Do:

- Work with the local Parks and Recreation office to plan the Chalk and Walk event in advance.
- Distribute the EveryDay Strong Resilience Handbook to families via email, printed copies, and/or links on social media.
- Invite families to participate in Chalk and Walk event.
- Provide sidewalk chalk and resilience signage along a park or other frequently used sidewalk. Signage should provide prompts for what to draw or write on the sidewalk such as:
 - “What are you grateful for today?”
 - “Who supports you when you feel down? Write their name or draw their picture”
 - “What would you say to a friend who is having a hard time? Write an encouraging message or draw them an uplifting picture.”
- Ask student volunteers to support the Chalk and Walk started by drawing the first pictures and checking on the art throughout the day. Provide student volunteers with a bucket of soapy water and a stiff bristle brush to remove any inappropriate chalk messages or drawings to keep the event positive and family friendly. Student volunteers can also take pictures of their favorite art and post to a school or community social media page.
- To make this event even more fun:
 - Invite food trucks or other family-friendly vendors to participate
 - Consider providing a small prize to families who post pictures of themselves with their chalk art on social media. The prize could be a board game, dessert, or gift card.

Implementation Tools: <https://www.unitedwayuc.org/resiliencehandbook>

Activity 2: Suicide Awareness Walk/Fun Run

Age Group: Elementary/Secondary

Description: Raise awareness for mental illness/suicide by hosting a school or community-wide walk or run.

To Do:

- Decide where the event will be held (designate the route) and obtain any necessary permits/permission.
- Recruit participants/Advertise event
- Assign volunteer responsibilities (possible responsibilities may include handling check in, helping with safety/First Aid, managing equipment including lap counters/timers, providing snacks and/or water for participants.
- If desired, provide paper and safety pins for participants that say, "I'm walking (or running) for..." Leave enough blank space for the participant to write the name of a person close to them who may either struggle or who has lost the battle against mental illness/suicide.

Note: This is a very simple version of a walk/run. You can make this as big or as small as you'd like. Consider soliciting donations from community partners to award prizes, provide entertainment, etc.

Alternate Ideas: Color Run, Obstacle Race, Bike Parade, etc.

Activity 3: Art/Talent Showcase

Age Group: Elementary/Secondary

Description: Art in all of its forms, poetry, music, painting, etc., has been found to be extremely effective in treating mental illness. When used in the context of mental wellness, art can be seen as a form of “escape” from everyday cares. It can offer opportunities to explore different perspectives and even solutions for problems (Poldinger, 1986). One study found that language arts, in particular, “had a contributing effect to positive youth development (e.g., promoting self-expression, self-esteem, self-identification, decision-making, and team cohesion, motivating for success, and aiding in cognitive processes)” (Kloser, 2013). Showcasing the talents of youth serves to encourage these activities and to celebrate their creation.

To Do:

- Decide which categories of art/talent you will showcase but be flexible--you never know what hidden talents students may have! Create a sign-up and solicit participation. (Offering incentives for participation is always a good idea--you can solicit donations from parents and/or community partners).
- Plan logistics--show order, lights, sound, etc. for stage performances.
- Ensure that you have all you need to display other forms of art--adequate table space, easels, etc.
- Find an energetic/entertaining person to serve as the emcee for the show to engage the audience and keep things moving. This person will also introduce the acts.
- Recognize all of the participants at the end of the show and thank community partners, if applicable, who made donations.
- Clean up

Activity 4: Multicultural Night

Age Group: Elementary/Secondary

Description: Students who have a different racial/ethnic background than their school's majority often face social alienation and even overt forms of racism which can reinforce a deep sense of shame. Giving students an opportunity to express their ethno-cultural identity offers a medium to celebrate the unique parts of a student's heritage that provides a fascinating and educational experience for other students to broaden and enrich a perhaps narrow perspective. Additionally, reinforcing that identity in positive ways has been found to be a protective factor against suicidal behaviors (Lai et al., 2017). Invite your families to share elements of their culture or ethnicity with other members of the school community through storytelling, dance, arts and crafts to celebrate the things that make each culture unique.

To Do (Use as many of these suggestions as you'd like to accommodate your school/event):

- Include a game area where families can play games from around the world.
- Create a passport for families to get stamped as they visit different stations throughout the event
- Host activity/craft station (e.g. Chinese fans, Mexican weaving, Aboriginal dot art, henna hands)
- Incorporate a scavenger hunt by giving participants questions that they need to answer about various cultures
- Include a laptop or tablets where families can investigate their last name and heritage
- Host a dance or music performance (ask students or community artists/dancers)
- Invite a dance teacher to help families learn a unique dance from around the world
- Exhibit student and family artwork that celebrates cultures across the globe
- Show family-friendly movies or television shows from other countries
- Decorate with maps and visual symbols from family history or different cultures
- Ask parents to each set-up a table with special things from their culture (books/fabric/music/pottery etc.)
- Consider asking students to bring a "me-seum" shoe box decorated with things from their culture
- Ask families to come dressed in a cultural heritage costume
- Ask volunteers to share traditional legends, explain about history and culture or read a famous story
- Encourage storytellers to dress up as famous heroes or heroines and read a book from their culture
- Ask a parent and student to have a bilingual reading (parent reads in native language/student translates in English)

-
- Invite students, parents, grandparents and others to share memories from their own experiences
 - Facilitate a book swap area for families to donate a book about their culture and gain a book about another culture

Dates to Consider

- Sept 15 - Oct 15: [Hispanic Heritage Month](#)
- November: [Native American Heritage Month](#)
- February: [African American History Month](#)
- March: [Women's History Month](#)
- May: [Asian Pacific Heritage Month](#)

(Midstream)

Helps and Handouts

(Information and flyers)

Use these flyers and this information to help support families and students in Suicide Prevention efforts. You may photocopy anything found here for PTA/school/family use.

GATEKEEPER TRAININGS



YOUTH MENTAL HEALTH FIRST AID TRAINING (YMHFA)

YMHFA is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including ADHD), and eating disorders. Request a YMHFA training from the Utah Suicide Prevention Coalition at:

<https://liveonutah.org/resources/educational-programs/>

QUESTION, PERSUADE, REFER (QPR) TRAINING

QPR stands for Question, Persuade, and Refer — 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. QPR is a 60-90 minute training. Request a QPR training from the Utah Suicide Prevention Coalition at:

<https://liveonutah.org/resources/educational-programs/>

MEANS MATTER

Most efforts to prevent suicide focus on *why* people take their lives. But as we understand more about *who* attempts suicide and *when* and *where* and *why*, it becomes increasingly clear that *how* a person attempts—the means they use—plays a key role in whether they live or die.

“Means reduction” (reducing a suicidal person’s access to highly lethal means) is an important part of a comprehensive approach to suicide prevention. It is based on the following understandings:

- Many suicide attempts occur with little planning during a short-term crisis.
- Intent isn’t all that determines whether an attempter lives or dies; means also matter.
- 90% of attempters who survive do NOT go on to die by suicide later.
- Access to firearms is a risk factor for suicide.
- 86% of firearm deaths in Utah are **suicides**.
- Firearms used in youth suicide usually belong to a parent.
- Reducing access to lethal means saves lives.

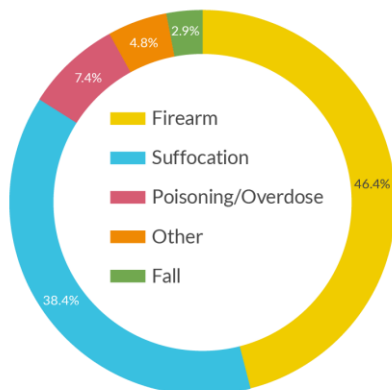
Is Your Safety On?

- Store guns safely and securely when not in use. Change your gun’s locks if necessary, and make sure the keys and combination aren’t accessible.
- Lock guns and ammo separately, or don’t keep ammunition in the home at all. Ask to temporarily keep the keys to any gun of a friend who is struggling.
- Temporarily store firearms off-site until the situation improves, perhaps at a friend or relative’s house. Gun shops and law enforcement may offer storage options.

Together we can protect our family, our friends, and our freedom.

For more information about Means Reduction, see:

Means of Death by Suicide
Among Youth, Ages 10–24

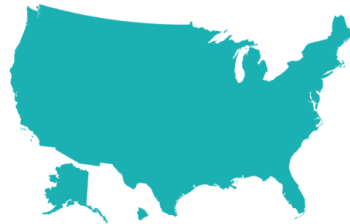


Utah Suicide Coalition-(Video) Is Your Safety On?

<https://vimeo.com/utahsuicideprevention>

American Foundation for Suicide Prevention-Firearms and Suicide Prevention education program: <https://afsp.org/firearms-and-suicide-prevention-education-program>

BIPOC AND LGBTQ+ MENTAL HEALTH



41.8%
OF THE U.S. POPULATION
ARE PEOPLE OF COLOR
AND

13.5%
WERE BORN IN A
DIFFERENT COUNTRY¹

4.5% OF THE U.S. POPULATION IDENTIFIES AS LGBTQ+²

HIGHER RISK



LGBTQ+ PEOPLE WERE MORE LIKELY THAN NON-LGBTQ+ PEOPLE TO SCREEN POSITIVE OR AT-RISK ACROSS ALL SCREENS.

AMONG BIPOC SCREENERS:

MULTIRACIAL PEOPLE WERE THE MOST LIKELY TO SCREEN POSITIVE OR AT-RISK FOR ALCOHOL/SUBSTANCE USE DISORDERS, ANXIETY, DEPRESSION, EATING DISORDERS, AND PSYCHOSIS.

NATIVE AND INDIGENOUS PEOPLE WERE THE MOST LIKELY TO SCREEN POSITIVE OR AT-RISK FOR BIPOLAR DISORDER AND PTSD.

LOWER RISK



BLACK/AFRICAN AMERICAN PEOPLE WERE SLIGHTLY LESS LIKELY TO SCREEN POSITIVE OR AT-RISK FOR ALCOHOL/SUBSTANCE USE DISORDERS, ANXIETY, DEPRESSION, EATING DISORDERS, AND PSYCHOSIS.

ASIAN AMERICAN/PACIFIC ISLANDERS WERE SLIGHTLY LESS LIKELY TO SCREEN POSITIVE OR AT-RISK FOR BIPOLAR DISORDER AND PTSD.

LEARN MORE ABOUT BIPOC AND LGBTQ+ MENTAL HEALTH AT:

www.mhanational.org/bipoc-mental-health

www.mhanational.org/BIPOC-mental-health-month

www.mhanational.org/issues/black-african-american-communities-and-mental-health

www.mhanational.org/issues/latinxhispanic-communities-and-mental-health

www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health

www.mhanational.org/issues/asian-americanpacific-islander-communities-and-mental-health

www.mhanational.org/issues/lgbtq-communities-and-mental-health

Sources

1. U.S. Census. (2019). Quick Facts. <https://www.census.gov/quickfacts/fact/table/US/PST120219>
2. <https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx>

All other facts and figures derived from proprietary data from MHAScreening.org



Why “BIPOC?”

“The way we talk about things can often influence the way we think about them. In the field of mental health, we are familiar with “person first” language. This is language that prioritizes the identity of individuals as human beings with unique experiences and identities over their mental health status. For example, we avoid describing people as “schizophrenics” and instead refer to them as “people with schizophrenia.” In that same vein, this concept can be carried out as well in the way we refer to BIPOC (Black, Indigenous, and People of Color). The continued use of “minority” or “marginalized” sets up BIPOC communities in terms of their quantity instead of their quality and removes their personhood” (Mental Health America, 2020).

Supporting our BIPOC Children

Suggestions from “Being a Better Ally” (University of Georgia Department of Psychology, 2002) for ways that non-BIPOC individuals can show support:

- Educate yourself. People who are experiencing racial injustice are often looked to as the experts or educators; step up and do some independent study while focusing on work from minority groups (Kaur, 2020).
- Look for opportunities to speak and act. Speak up when you witness acts of injustice and intolerance.
- Be thoughtful about moments when you may inadvertently speak over the group you mean to support. It is not unusual to inadvertently put ourselves first instead of the people to whom we are trying to be an ally, but it is costly. When it happens, step aside or step back, create space, and learn from those whose lives are directly affected by the issue, rather than presenting yourself as the expert. Take their lead while using your privilege. *However, do not use lack of knowledge to remain silent.* The voices of those with privilege are heard more than those who are being affected. It is important to speak up.
- Have difficult conversations: Conversations about race can and will likely always be difficult to have, however this does not mean they should not happen. If you have an identity that carries privilege, use it to have difficult conversations. You will likely be listened to and can help others in understanding different perspectives (Connley, 2020). When conversations about race happen in the classroom, educators should take the lead. If the conversation is part of class discussion, set up guidelines so students can stay respectful throughout the discussion. Having students reflect from an opposing perspective as an exercise can help them understand a classmate’s opinion they may have not understood beforehand.
- If you yourself have offended someone and someone speaks up: Don’t be defensive -- take the opportunity to consider how what you said may have come off. How would you feel if someone said something similar to you, based on racial stereotypes or assumptions? Acknowledge that you hurt the person, apologize, and reflect.
- Learn about other cultures. Ignorance is often the base of judgment and discrimination towards minority groups. Take the time to learn about different cultures, you will often find more commonalities than not. Ask about different cultural customs and traditions. This can take place by asking friends or classmates of different ethnic backgrounds. But

be respectful and receptive during these conversations and don't judge or assume someone else's customs are "weird" or "strange".

Resources to Support BIPOC Youth

[The Safe Place](#): Free smartphone app focused on psychoeducation and self-care for BIPOC mental health, geared towards the Black community.

[Liberate](#): Free meditation app designed specifically for the BIPOC community and led by BIPOC teachers.

<https://www.psychology.uga.edu/ally-resources> - Includes children's books and tips to discuss race and racism with children

[Black Emotional and Mental Health \(BEAM\) Toolkit & Resources](#) Toolkit with printables, journal prompts, etc. designed to help promote emotional and mental health.

[Utah Black Pages](#) Utah-based Black-owned health and wellness businesses, including therapists

[Mental Health America: Latinx/Hispanic Communities](#) Mental health issues, screening tools, resources and Spanish language materials geared toward Latinx and Hispanic populations

[Latino Behavioral Health Services](#) a nonprofit, grassroots organization created to minimize the disparities in access to mental health services among the underserved Latino population of Utah.

Several links to BIPOC affirming and inclusive therapists:

<https://www.massgeneral.org/psychiatry/guide-to-mental-health-resources/for-bipoc-mental-health#directories>



Supporting our LGBTQ+ Youth

BEHAVIORS THAT HELP	BEHAVIORS THAT HURT
<ul style="list-style-type: none"> ● Tell your child that you love them ● Support your child’s gender expression ● Talk with your child about their LGBTQ identity and listen respectfully--even if you feel uncomfortable or think that being gay or transgender is wrong ● Show affection when your child tells you or when you learn that your child is LGBTQ ● Ask your child if--and how--you can help them tell other people about their LGBTQ identity ● Welcome your child’s LGBTQ friends to your home ● Participate in family support groups and activities for families with LGBTQ and gender diverse children to get support for yourself and your family and guidance for supporting your LGBTQ child. ● Use your child’s chosen name and the pronoun that matches their gender identity ● Tell your LGBTQ/gender diverse child that you will be there for them--even if you don’t fully understand ● Stand up for your child when others mistreat them because of their LGBTQ identity or gender expression--at home, at school, in your congregation, and in the community ● Believe that your child can be a happy LGBTQ adult--and tell them they will have a good life. 	<ul style="list-style-type: none"> ● Prevent your child from having an LGBTQ friend ● Don’t talk about your child’s LGBTQ identity ● Blame your child when others mistreat them because of their LGBTQ identity/gender expression ● Try to change your child’s LGBTQ identity or gender expression ● Exclude your LGBTQ child from family events and activities ● Tell your LGBTQ child that you’re ashamed of them ● Pressure your child to be more (or less) masculine or feminine ● Don’t let your child participate in LGBTQ support or services ● Let others speak badly about LGBTQ/gender diverse people in front of your child ● Tell your child that being LGBTQ is “just a phase” ● Take your child to a therapist or religious leader to try to change their LGBTQ identity ● Hit, slap, or physically hurt your child because they are LGBTQ/gender diverse ● Call your child negative names because they are LGBTQ/gender diverse ● Tell your child that God will punish them because of their sexual orientation/gender identity ● Make your child leave home because they are LGBTQ



Resources to Support LGBTQ Youth

[Family Acceptance Project](#) a research, intervention, education, and policy initiative that works to prevent health and mental health risks for LGBT children and youth.

[Encircle](#) created to deepen and enrich the conversation among communities of faith and LGBTQ+ people.

[Utah Pride Center](#) unites, empowers and celebrates Utah's diverse LGBTQ+ community by providing a safe and welcoming space for education, partnerships, services and events which advance our collective health, wellness and success.

[OUTreach](#) Ogden-based. Provides educational, health and enrichment interventions, opportunities and support for more than 350 LGBT and allied youth ages 14-23 as well as community services for LGBT and allied adults.

[Trans Lifeline](#) a trans-led organization that connects trans people to the community, support, and resources they need to survive and thrive.

[It Gets Better Project](#) works to show LGBTQ youth the levels of happiness, potential, and positivity their lives will reach.

[The Trevor Project](#) the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) youth.

BULLYING

According to the CDC (2014), we know that bullying behavior and suicide are closely related. This impacts the children exhibiting bullying behavior, as well as students who are victims of bullying. While we don't know if bullying *directly* causes suicide-related behavior, we know that when a child is involved in bullying, and is influenced by other known risk factors, their chances of engaging in suicide-related behaviors increase. We have enough evidence of correlation, however, to be strongly supportive of efforts to prevent and stop bullying in our homes, schools, communities and online. Because it is common especially for young children to confuse any act of unkindness with bullying, it's important to be clear about what bullying is and what it is not. It's also important for parents to know how to support a child involved in any aspect of bullying behavior and how to advocate for children who are victims of bullying.

What Bullying Is:

Unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

- An Imbalance of Power: Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- Repetition: Bullying behaviors happen more than once or have the potential to happen more than once.

Examples of verbal bullying include saying or writing mean things, teasing, name calling, inappropriate sexual comments, taunting, threatening to cause harm, etc.

Examples of social bullying include hurting someone's reputation or relationships, leaving someone out on purpose, telling others not to be friends with someone, spreading rumors about someone, embarrassing someone in public, etc.

Examples of physical bullying include hurting a person's body or possessions, hitting/kicking/pinching, spitting, tripping/pushing, taking or breaking someone's things, making mean or rude hand gestures, etc.

What Bullying Is Not:

- Young children (ages 3-5) who may be aggressive and act out when they are angry or don't get what they want.
- When two children *with no perceived power imbalance* fight, have an argument, or disagree.
- Teen dating violence (this is intimate partner violence, not bullying)
- Hazing, gang violence, harassment, and/or stalking. These actions are not merely "bullying," they are much more serious and should be treated as such.

HOW PARENTS CAN HELP

Talk with your child. Be prepared to listen without judgment and provide a safe and supportive place where your child can work out his or her feelings. Children may not be ready to open up right away as they, too, are dealing with the emotional effects of bullying and may be feeling insecure, frightened, vulnerable, angry, or sad. When your child begins to tell their story, just listen and avoid making judgmental comments. It's important to learn as much as possible about the situation, such as how long the behavior has been happening, who has been involved, and what steps have been taken. Encourage your child to talk and let them know they are not alone and you are there to help.

Make sure your child knows:

1. It is NOT their fault. They are not to blame.
2. They are NOT alone. You are here to help.
3. It is the adults' responsibility to make the bullying stop.
4. Bullying is never okay, and they have the right to be safe.
5. No one deserves to be bullied.
6. They deserve to be treated with respect.
7. They have the right to feel safe at school.

Support and empower your child. After hearing your child's story, empower them to create an action plan to help stop the bullying. Talk with your child about ways you can support them as well as intervention strategies they can use, such as working with the school or advocating on their own. Creating a plan that works with your child's strengths and abilities can help build self-confidence and resilience. Make sure to share these agreed-upon strategies with those involved in your child's life, such as teachers, coaches, and other adults who interact with your child on a daily basis.

Reactions to Avoid:

1. *Telling your child to stand up to the bully.* This can imply that it is your child's responsibility to handle the situation. While there is a ring of truth to this statement (being assertive is often a good response) sending your child back into the situation without further information will probably cause more harm. A more effective response is to brainstorm options with your child about what you can do as a team to respond to the situation.
2. *Telling your child to ignore the bully.* This is easier said than done. Your child has probably tried ignoring the situation, which is a typical response for children. If that method had been effective, however, there wouldn't be a need for the child to seek your help. It is difficult to ignore someone who is sitting behind you on the bus or next to you in class. In addition, if the student who is bullying realizes that their target is purposefully "ignoring" them, it can actually ignite further bullying, since that response provides the sense of power and control the student seeks.
3. *Taking matters into your own hands.* A normal gut response from parents is to try to fix the situation and remove their child from harm. For example, a parent might call the parents of the student who is bullying, or directly confront the bully.

Remember, when children tell a parent about bullying, they are looking for the parent to guide them to a solution that makes them feel empowered. Involve them in the process of determining next steps. Typically, calling the other parent or directly confronting the bullying student is ineffective.

Learn your rights. Check your state’s legislation on bullying. Each state has different laws and policies on bullying, along with requirements on how schools should respond. Visit StopBullying.gov to find out the laws your state has put in place. Also, check your state’s Department of Education website for a state Safe Schools Office, which can be a great local resource to learn more about your state and school’s policy. You may also want to look up your child’s school’s policy on bullying.

Think through who else should be involved. In addition to being supportive and empowering your child to write down a plan, it can be very helpful to document the steps that you plan to take or have already implemented. Written records provide a history of incidences and responses, which can be very helpful when addressing the issue with school administrators or law enforcement. You should also create a strategy for how to involve others that can help your child. This might include determining who you will contact at school, what you plan to ask them, and how you will be involved. Other options include contacting a school counselor or other health professionals for advice. If the situation doesn’t change, your plan might include steps to contact local law enforcement or legal counsel.

Here are some [guidelines](#) to help develop a plan for working with the school if your child is being bullied.

OTHER RESOURCES

[Stop Bullying](#)

[Pacer’s National Bullying Prevention Center](#)

[Empowering Parents](#) (helps if your child is bullying others, what to do if your child is being bullied, if your daughter is being bullied by “mean girls” and more)

[Helping Kids Deal with Bullies](#) (including information about signs your child is being bullied, why kids bully, advice for kids, etc.)

[Stomp Out Bullying](#)

[CDC Relationship Between Bullying and Suicide](#): What We Know and What it Means for Schools (pdf)

HELPING KIDS...

Learn resilience

<https://www.resilient-utah.org/urm-parent-message/>
<https://www.resilient-utah.org/urm-parent-message-2/>
<https://www.unitedwayuc.org/get-involved/everyday-strong>

Cope with stress and anxiety

<https://copingskillsforkids.com/calming-anxiety>
<https://copingskillsforkids.com/how-to-deal-with-stress>

Learn emotional regulation

<https://copingskillsforkids.com/managing-anger>
<https://kognito.com/products/calm-parents-healthy-kids>

With mental wellness

<https://intermountainhealthcare.org/primary-childrens/wellness-prevention/mental-wellness/social-health>
<https://childmind.org/>
<https://www.jedfoundation.org/>

Help each other

<https://hopesquad.com/>

HELPING FAMILIES...

Become stronger

<https://strengtheningfamiliesprogram.org/>
<https://www.upliftfamilies.org/>

With mental and emotional wellness

Utah Division of Substance Abuse and Mental Health <https://dsamh.utah.gov/>

National Alliance on Mental Illness <https://namiut.org/>

Utah Prevention Coalitions <https://utahprevention.org/coalitions/>

American Foundation for Suicide Prevention <https://afsp.org/chapter/utah>

Statewide Warm Line if you feel lonely or need support: **801-587-1055**

Intermountain Healthcare Emotional Relief Line: **833-442-2211**

NAMI Utah Mentor Line (mentors are available M-F from 9AM-4:15P for those who are living with mental illness and their families. These are peers who can listen, empathize, and connect you to valuable education/support groups and other resources): **801-323-9900**

See [Strategies for Self Care.pdf](#) at <https://www.utahpta.org/suicide-prevention-toolkit>

Play Self-Care Bingo or Hopeful Bingo. Complete 5 activities in a row (in any direction).

Self-Care BINGO



Write down 3 goals you have for yourself	Clean an area of your space	Start a journal & write about your experiences during this unique time	Make a list of your accomplishments—big and small	Do 3 acts of kindness
Watch your favorite show or movie	Eat a meal where you set down your fork between each bite and really focus on the flavors and textures of the food	Do something creative - art, poetry, baking, building etc.	Include exercise or comfortable movement in your day	Reach out to a friend or family member you haven't spoken to for awhile
Enjoy the outdoors for 20 minutes	Unplug from technology for at least an hour	FREE	Every day this week write down 3 things you're grateful for	Listen to an inspiring podcast or talk
Listen to music that makes you happy	Make a list of 5 or more things you like about yourself	Write yourself a positive message and post it somewhere you see often	Drink 5 cups of water today	Edit the pages you follow on social media to only those that uplift you
Practice mindfulness for at least 5 minutes. Find a guided meditation video on Youtube for help	Get a good night's sleep, or take a nap	Wear your favorite outfit	Draw or color for 20 minutes	Stretch for 5 minutes

BE HOPEFUL BINGO



Share a story of success with someone else	Make a healthy meal	Write a positive affirmation. Put it somewhere you see regularly	Look at happy photos	Share a list of qualities you admire about someone else
Remember a happy moment and relive it in your mind	Celebrate your accomplishments	Learn about Hope Squads at Hope4Utah.com	Program the Suicide Prevention Lifeline in your phone. 1-800-273-8255	Cheer someone on while they work on a difficult task or goal
Have a conversation about mental health with everyone in your home	Make a list of people you could talk to if you were struggling.	FREE	Have a distraction free conversation with a loved one	Set some personal goals or work toward a goal you already have
Write down or draw 5 things that make you happy	Send a thank you letter to someone who has helped you recently	Share a failure you experienced and how you moved forward	Learn something new	Try meditation or yoga for 15 minutes
Get outside and enjoy nature for at least 30 minutes	Have a "technology-free" night	Make a vision board	Create a list of things that have helped you be hopeful in the past	Reach out to someone who has made a difference in your life and let them know how they have impacted you

HELP ONLINE

Live On Utah

www.liveonutah.org

Live On is a statewide effort to prevent suicide by promoting education, providing resources, and changing our culture around suicide and mental health. Together we can get through, reach out, lift up, look ahead, and Live On.

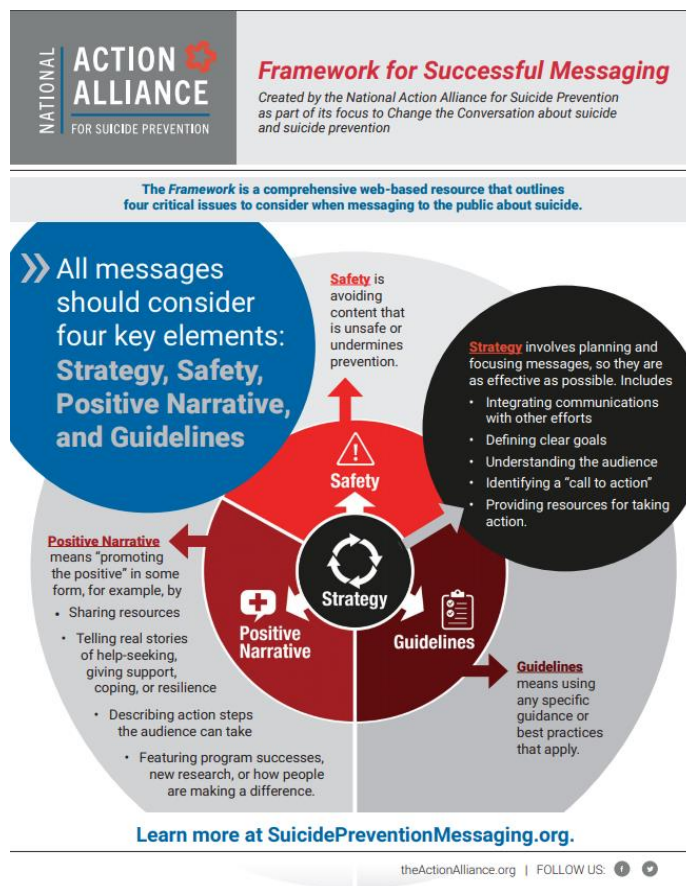
Healthy Minds Utah

<https://healthymindsutah.org/>

Anonymous mental health screening and assessments as well as other suicide prevention resources.

Safe & Effective Suicide Prevention: For Youth and Family Events

How we talk about suicide and mental health matters. When safe messaging guidelines are followed, we contribute to a hopeful community narrative about triumph over adversity and networks of support. On the other hand, certain types of messaging about suicide can actually increase hopelessness and risk for vulnerable individuals. Please consider the messaging guide from the National Action Alliance for Suicide Prevention, and the additional tips below, to analyze whether a mental health or suicide prevention speaker, event, or activity, is appropriate for your school.



Build Skills, Not Just Awareness

In general, an evidence-based prevention program that builds coping or life skills is likely to have a stronger effect in reducing suicidal thoughts and behaviors than any one-time speaker or event. You can find evidence-based prevention programs at <https://www.sprc.org/resources-programs>, <https://www.blueprintsprograms.org/>, or <http://secondaryguide.casel.org/>, and work with partners like your [local mental health authority](#) and [local health departments](#) to explore funding opportunities to implement a program.

A speaker or activity may be a great way to build interest or energy around an evidence-based program or educate staff and parents about how to help a youth at risk. Here are some tips to consider when vetting speakers or planning activities.

When vetting mental health and suicide prevention speakers, films, or performances arts:

- Plan in advance what the goal(s) of the speaker or event should be. Do you want to increase help seeking? Get people excited to implement an evidence-based program? Promote healing and connectedness after a loss? The goal should be to encourage action and behavior change, in addition to knowledge.
- If a speaker/film/performance will be sharing lived experiences with suicidal thoughts or actions or healing after a loss by suicide, review the [Safe Storytelling Guidelines](#) from the American Foundation for Suicide Prevention with them and ensure they will adhere to them. If a film/performance will be depicting a character with lived experience with suicide, review the [Real Stories Depiction Recommendations](#) from the National Action Alliance for Suicide Prevention to ensure the film/performance adheres to recommendations.
- Focus on a positive narrative as directed by the National Action Alliance. Share stories of resilience and hope, and focus on solutions, resources, and successes rather than the problem of suicide.
- Consider requesting an [evidence-based suicide prevention training](#) in addition to or perhaps instead of a speaker/film/performance

When planning a suicide prevention activity:

- Plan activities that give opportunities to learn and practice coping skills or life skills.
- Encourage specific action (i.e., help-seeking, safe firearm storage, referring a friend) rather than simply awareness.

Checklist for planning mental health/suicide prevention speakers, films, or performance arts events:	
If a member of planning committee has seen this	

<p>speaker/film/performance previously, review the following questions to determine if content will be safe and effective:</p> <ul style="list-style-type: none"> • Was a hopeful tone and safe messaging maintained throughout? <p>For speakers/films/performing artists with lived experience:</p> <ul style="list-style-type: none"> • Were they able to share their story without blaming certain individuals or agencies/organizations? • Did they appear to be at a good point in their own healing process where they are ready to share their story without having a setback in their own healing? 	
<p>Event coordinator plans with the speaker/performing artist the intended takeaway for the audience from this presentation in advance (e.g. increase hope, help-seeking, engagement in evidence-based prevention).</p>	
<p>Event coordinator provides the speaker/performing artist with applicable AFSP, Real Stories, and Action Alliance Framework resources, and reviews with the speaker/performing artist in advance.</p>	
<p>Lived experience speakers/performing artists are given a designated time frame, about 15-20 minutes, and accompanied by a suicide prevention or postvention training.</p>	
<p>Event coordinator provides community and historical context in advance (e.g. a recent suicide loss or tension between groups) so the speaker/performing artist can tailor their presentation and plan to respond to questions appropriately</p>	
<p>Event coordinator provides the speaker/performing artist with a prepared list of local and national mental health and crisis resources. The list is shared at the event.</p>	
<p>If you are unable to determine the safety or appropriateness of content, or you have reason to be concerned, sometimes the best option is to decline. Messaging about suicide can increase suicide risk in vulnerable individuals when safe messaging guidelines are not followed. You may also reach out to Cathy Davis, Suicide Prevention Specialist at USBE cathy.davis@schools.utah.gov to discuss the event.</p>	

Messaging about suicide can sometimes lead to an increase in help seeking. This is a positive outcome, but schools and communities need to be prepared for the increase in help-seeking by sharing information about credible resources and/or having trained adults available. Consider putting the following in place to support attendees when hosting a suicide prevention event:	Yes	No
Does your school have an updated list of local and national mental health and crisis resources that could provide help to a student at-risk for suicide?		
Has your school staff been recently trained on the warning signs for suicide and how to respond?		
Does your school have a written policy of what to do and who to contact (at your school/district) if staff come in contact with an individual who expresses suicidal thoughts? Can the policy be sent out to staff as a reminder before they event?		
Have parents been alerted ahead of time about the event, content to be shared, at-home talking points, and community resources (such as through PeachJar or Canvas)?		

If you need to schedule suicide prevention training, visit <https://liveonutah.org/resources/trainings/>. If you need to create a list of resources, see pages 53-55 of this document. For questions on school suicide prevention policy, email cathy.davis@schools.utah.gov.

Again, we reiterate that messaging about suicide prevention should not be a depressing picture of hopelessness. We should use messages with positive imaging like hearts, connection, HOPE, etc...

SOCIAL MEDIA SHAREABLES

The month of May is generally Mental Health Awareness Month, but these can be used all throughout the year to keep the conversation going!

- American Foundation for Suicide Prevention (AFSP): <https://afsp.org/social-shareables>
- National Alliance on Mental Illness (NAMI): <https://www.nami.org/Get-Involved/Awareness-Events/Mental-Health-Month/Mental-Health-Month-Social-Media>
- Utah Suicide Prevention Coalition: <https://health.utah.gov/vipp/pdf/Suicide/MentalHealthAwarenessMonthMediaToolkit.pdf>

Downstream)

Reaching Out (Help for a crisis situation)

We strongly recommend Gatekeeper Training such as QPR and/or (Youth) Mental Health First Aid to anyone who works with, serves, or lives with youth. Here are other resources that can be used in a time of crisis. Please be aware that some locations will not be able to get you in right away so **if you need immediate help, call the National Suicide Hotline at 1-800-273-8255**. If at all possible, you can also take your child to Primary Children's Hospital in Salt Lake at:
100 Mario Capecchi Dr. Salt Lake City, UT 84113

In the meantime, here are some suggestions for some things that that some people find helpful when having thoughts of suicide:

Use your coping skills

Relaxation techniques
Exercise
Deep breathing

Find distractions

Go for a walk or bike ride
Watch your favorite movie or TV show
Play a game on your phone
Play with a pet
Write about a happy memory and how it reminds you of your reasons for living

Call/text a friend or loved one

Let them know you're having a hard day
Ask if they can spend some time with you

Go somewhere you feel safe

Visit a friend or loved one's home
Visit your favorite place or store

Make your environment safe

Ask a friend or loved one to store your medications and firearms
Lock up firearms and medications



WHO YOU CAN CALL

NATIONAL SUICIDE PREVENTION TALK LINE

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

1-800-273-TALK (8255)

VETERANS' CRISIS LINE

Connect with the Veterans Crisis Line to reach caring, qualified responders with the Department of Veterans Affairs. Many of them are Veterans themselves. Find more information about the Veterans Crisis Line at www.veteranscrisisline.net.

1-800-273-8255 Press 1

CRISIS TEXT LINE

Text from anywhere in the USA to text with a trained Crisis Counselor for free, 24/7. Every texter is connected with a Crisis Counselor, a real-life human being trained to bring texters from a hot moment to a cool calm through active listening and collaborative problem solving.

Text the word TALK to 741741

LATINO BEHAVIORAL HEALTH SERVICES SUPPORT LINE

Licensed therapists and certified peer mentors offer free support to the Hispanic/Latinx community. Call if you are experiencing a crisis of stress, anxiety, or panic attacks. Available 24 hours a day, 7 days a week.

(801) 935-4447 and **(385) 415- 2988** (English and Spanish)

TREVOR LIFELINE

The Trevor Lifeline, a confidential service that offers crisis intervention and suicide prevention services from trained counselors for LGBTQ+ youth under 25. They also offer help and resources to parents and educators in order to foster safe, accepting, and inclusive environments for all youth, at home and at school.

1-866-488-7386

LOCAL MENTAL HEALTH AUTHORITIES (BY COUNTY)

Box Elder, Cache and Rich Counties

Bear River Mental Health (435) 752-0750 90 East 200 North Logan, UT 84321 http://www.brmh.com	Bear River Substance Abuse Services (435) 792-6500 655 East 1300 North Logan, UT 84321 http://www.brhd.org	Prevention Coordinator (435) 792-6521 David Watkins 655 East 1300 North Logan, UT 84341 dwatkins@brhd.org
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Weber Morgan Counties

Prevention Coordinator (801) 625-3679 Jennifer Hogge 237 26th Street Ogden, UT 84401 jenniferh@weberhs.org	Weber Human Services (801) 625-3700 237 26th Street Ogden, UT 84401 https://www.weberhs.net
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Davis County

Davis Behavioral Health (801) 773-7060 934 S. Main St. Layton, UT 84041 http://www.dbhutah.org/	Prevention Coordinator (801) 447-8459 Debi Todd 2250 N. 1700 W. Layton, UT 84041 debit@dbhutah.org
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Tooele County

Prevention Coordinator (435) 843-3537 Peter Clegg 100 South 1000 West Tooele, UT 84074 peterc@valleycares.com	Valley Behavioral Health-Tooele (435) 843-3520 100 South 1000 West Tooele, UT 84074 https://www.valleycares.com/tooele-county/
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Salt Lake County

<p>Prevention Coordinators (Jeff) (801) 468-2042/ (Kitt) (801) 468-2031 Jeff Smart and Kitt Curtis 2001 S. State St. Suite S-2300 Salt Lake City, UT 84190 jlsmart@slco.org – kcurtis@slco.org</p>	<p>Salt Lake County Behavioral Health Services (385) 468-4707 2001 South State Street S2300 Salt Lake City, UT 84190 https://slco.org/behavioral-health</p>
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Summit County

<p>Prevention Coordinator (435) 333-1551 Pamella Bello 653 Round Valley Dr. Park City, UT 84060 pbello@summitcounty.org</p>	<p>Uni Park City Clinic (435) 658-5461 UNI Park City Clinic 1820 Sidewinder Drive Park City, UT 84060 https://healthyubehavioral.com/</p>
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Utah County

<p>Prevention Coordinator (801) 851-7126 Heather Lewis 151 South University Avenue, Suite 3200 Provo, UT 84601 heatherl@utahcounty.gov</p>	<p>Utah County Department of Drug and Alcohol Prevention and Treatment (801) 851-7127 151 South University Ave. Ste. 3200 Provo, UT 84606 http://www.utahcountyaddapt.org</p>	<p>Wasatch Mental Health (801) 373-4760 750 North Freedom Blvd. Provo, UT 84601 http://www.wasatch.org</p>
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Uintah, Daggett and Duchesne Counties

<p>Northeastern Counseling Center (435) 789-6300 1140 West 500 South #9 Vernal, UT 84078 http://www.nccutah.org</p>	<p>Prevention Coordinator (435) 725-6334 Robin Hatch 285 W. 800 S. Roosevelt, UT 84066 robinh@nccutah.org</p>
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Sanpete, Sevier, Juab, Millard, Piute and Wayne Counties

<p>Central Utah Counseling Center (435) 283-8400 152 North 400 West Ephraim, UT 84627 http://www.cucc.us</p>	<p>Prevention Coordinator (435) 283-8400 Elizabeth Hinckley 152 North 400 West Ephraim , UT 84627</p>
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Carbon, Emery and Grand Counties

<p>Four Corners Community Behavioral Health (435) 637-7200 105 West 100 North Price, UT 84501 http://www.fourcorners.ws</p>	<p>Prevention Coordinator (435) 259-6131. ext 442 Tiffany Van Sickle 198 East Center Moab, UT 84532 tvansickle@fourcorners.ws</p>
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Beaver, Iron, Washington, Garfield and Kane Counties

<p>Prevention Coordinator (435) 634-5604 Logan Reid 474 West 200 North St. George, UT 84770 lreid@sbhcutah.com</p>	<p>Southwest Behavioral Health Center (435) 634-5600 474 West 200 North, STE 300 Saint George, UT 84770 www.sbhcutah.com</p>
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APPS TO HELP IN A TIME OF CRISIS

With **MY3**, you define your network and your plan to stay safe. With MY3 you can be prepared to help yourself and reach out to others when you are having thoughts of suicide.



Who are your 3? Is it your sister? Your therapist? Maybe even a neighbor down the street? Download MY3 to make sure that your 3 are there to help you when you need them most.

The **SafeUT Crisis Chat and Tip Line** is a statewide service that provides real-time crisis intervention to youth through live chat and a confidential tip program—right from your smartphone. Licensed clinicians respond 24/7 to all incoming chats and calls by providing: **supportive or crisis counseling, suicide prevention and referral services**. They can help with emotional crises, bullying, relationship problems, mental health, or suicide-related issues.



Both apps are available in the Apple App Store and Google Play and are free of charge.

Postvention *(If there is a suicide in your school)*



The aftermath of a youth suicide is a sad and challenging time for a school. **Postvention** is a term coined by Shniedman to describe helpful and appropriate acts after a dire event. The term has become synonymous with the challenging aftermath of suicide, as few events are scarier for a school and community than the suicide of young person. The major tasks for suicide postvention are to help your students and fellow faculty to manage the understandable feelings of shock, grief and confusion. The major focus at this time should be grief resolution and prevention of further suicides. The research literature estimates that once a suicide happens the chances of another death by suicide increases dramatically. The following suggestions are intended to guide staff during this difficult time:

- * It is important to be honest with students about the scope of the problem of youth suicide and the key role that everyone (including the students) plays in prevention.
- * It is important to balance being truthful and honest without violating the privacy of the suicide victim and his/her family and to take great care not to glorify their actions.
- * It is important to have the facts of the incident, be alert to speculation and erroneous information that may be circulating, and assertively, yet kindly, redirect students toward productive, healthy conversation.
- * Center for Disease Control research has found that the teenagers most susceptible to suicide contagion are those believed to be: students who backed out of a suicide pact, students who had a very negative last interaction with the victim, students who now realize they missed warning signs, and students with their own set of childhood adversities/previous suicidal behavior who need not have known the victim.
- * It is important that students not feel that the suicide victim has been erased and that students be provided an opportunity to talk about the deceased. * Numerous professional associations caution that memorials not be dramatic and permanent and encourage activities that focus on living memorials such as funding suicide prevention.

* Suicide is always on the minds of numerous high school students, and the National YRBSS survey for 2011 found 7.8% of high school students have made a suicide attempt in the last year and 15.8% seriously considered it.

* Schools are often reluctant to implement depression screening programs that are available for middle and high school students. My experience has been that often, multiple deaths have to occur before the administration is willing to investigate depression screening. Depression screening reaches students themselves and helps them to identify that they are suffering from symptoms of depression and encourages them to seek adult help. The SOS Signs of Suicide program includes empowering videos where students learn how to help themselves or their friends through ACT (Acknowledge, Care and Tell an adult). SOS is listed as evidence based on the Suicide Prevention Resource Center website www.sprc.org. Detailed information about SOS can be found at www.mentalhealthscreening.org

* National research has found that talking with youth about suicide does not cause them to think of it and in fact provides the opportunity for them to unburden themselves.

* Major protective factors identified by the World Health Organization are the following: stable families, positive connections at school, good connections with other youth, religious involvement, lack of access to lethal weapons, access to mental health care, and awareness of crisis hotline resources.

The following are additional resources for schools and families impacted by the death of a student by suicide. Postvention is important to reduce the suicide risk of those who have witnessed or been affected by the tragedy.

School and Families

[Helping Children Cope with Grief](#) - ChildMind Institute

Tips broken down into a range of ages and experiences, and information about what to say, who should say it, what to look out for, and how to help.

[Addressing Grief](#) - NASP

Tips for caregivers, teachers, and administrators, as well as a list of books recommended by grief and crisis experts to use with children who have been affected by the loss.

[Lifeline Online Postvention Manual](#) - Suicide Prevention Lifeline

Information about how to distribute information and resources, monitor comments from individuals connected to the deceased, and honor the deceased in a safe way on social media.

School

[After a Suicide: A Toolkit for Schools](#) - AFSP, SPRC, EDC

Developed primarily for administrators and staff in middle and high schools, this comprehensive toolkit focuses on how to respond in the immediate aftermath of a suicide of a student.

[After a Suicide: Answering Student Questions](#) - Scott Poland, Co-Director of Suicide and Violence Prevention Office at Nova Southeastern University

Commonly asked questions by students after a suicide and how to respond.

[Memorials After a Suicide](#) - Society for the Prevention of Teen Suicide

Answers common questions about memorials and how to safely honor a student who has died.

[The Anniversary of a Student Death by Suicide](#) - Jennifer Wright-Berryman, PhD

Suggestions for safe school-based activities to honor a student on the anniversary of his or her death, as well as what kinds of activities to avoid.

Families

[Helping a Child Cope with Loss and Grief](#) - Rebecca Dion, M.S.S., L.C.S.W., Q.C.S.W.,

C.E.A.P.

A guide to talking about the loss, answering difficult questions, and helping young children and teenagers cope.

[When a Child's Friend Dies by Suicide](#) - Society for the Prevention of Teen Suicide

Information for parents about how to deal with personal grief and support a child who has lost a friend to suicide.

[How to Answer Questions Teens Ask About Suicide](#) - Parents Trauma Resource Center

Questions students may have about suicide, how to help a peer who they believe is at risk for suicide, and what to do if a peer jokes about or threatens suicide.

Partnerships

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