

**TeenScreen Schools and Communities**

**Postvention as Prevention:**

**One community's story**

## Overview

The loss of a life by suicide can have a devastating impact within a community. The suicide of a student, faculty or staff member specifically creates severe disruptions within a school community. Knowing how to address this tragedy effectively when it occurs can often be a crucial factor in preventing contagion and providing the necessary supports for students and staff. Suicide postvention can reduce the negative effects of a tragedy on youth and other members of the community.

## Goals of Suicide Postvention

- To prevent additional suicides. Research has shown that vulnerable youth may imitate the suicide of a classmate, acquaintance, or anyone with whom they identify. Effective postvention procedures will ensure that students at high risk for suicide will be identified and appropriate intervention will be initiated.
- To help the students, faculty, and support staff with the trauma and grief following the death. Individuals in the community will have a variety of reactions to the suicide, and the crisis team needs to be compassionate and prepared to deal with a range of responses. Screening should be included in postvention plans since a suicide death can precipitate severe emotional distress and symptoms of mental disorders.
- To assist the school in returning to its normal routine and educational activities. The crisis team must strike a balance between providing services to those in need and returning to the normal routines of the school for those who are ready to do so.

The following account is that of a community impacted by the tragic loss of several teenagers and how they were able to turn their postvention approach into a sustainable prevention effort.

## Schenectady, New York

In 2009, a rash of suicides rocked the community in Schenectady, New York. The third completed suicide came as a shock. A 16 year old African-American female student from Schenectady High School took her life in the late fall of 2008. She was considered a loyal friend by many and had not shown up on anyone's radar for being at-risk for suicide. What seemed to have begun as several isolated teenage deaths by suicide over a period of years, turned into a cluster. In the next five months, a ripple effect led to the completed suicides of two more female students from the same high school. In the wake of these tragic losses, families, students, schools and community members banded together in an effort to prevent further tragedies.

## Lessons Learned

Become aware of external factors that may contribute to stress and ultimately suicide (i.e., gang violence). A crisis plan should be in place before crisis strikes.

For more on developing a plan and handling crisis:

- [After a Suicide: A Toolkit for Schools](#)
- [Schools & Teen Suicide: How to Respond to & Prevent Crises](#)

program, had begun a collaborative undertaking with Clinic Plus of New York to offer comprehensive prevention and intervention services. These services would include gatekeeper trainings and education for school staff and students and the integration of broad-based screening to all youth of Schenectady. Child Guidance Center aimed to integrate mental health checkups in the same way that physical and annual well child visits are integrated into the daily lives of families. In the midst of finalizing the components of these comprehensive approaches to mental health, the team faced the crisis they were planning to prevent.

### Responding to Crisis

In response to the cluster, the existing emergency response system was stretched to its limits as school social workers, outpatient mental health and emergency crisis response systems became inundated with students feeling overwhelmed. Critical inpatient mental health beds were in short supply for those teens most at risk and the increasing number of teenagers requiring ongoing outpatient services, medication management and monitoring of safety plans demonstrated the need for timely and clear communication and oversight to ensure the safety of the teens.

Recognizing the need to strengthen the existing referral process during the postvention period, the mental health offices collaborated with school personnel, probation officers, hospital workers, the Department of Social Services, various child and family agencies, and law and correction personnel to respond to the crises and identify teens who may be in need of immediate

While no one could have predicted the events that would strike the community, there were already plans underway to better address mental health concerns and suicide prevention almost two years prior to the crises. Key community agencies and the Schenectady School District Student Support administrators utilized the Safe Schools/ Healthy Students grant to hire and strategically place mental health professionals throughout the districts' schools in an effort to better address increasing risk factors and safety concerns for youth in the community. These professionals would augment pre-existing services provided by the districts' clinical staff.

In addition, Child Guidance Center at Northeast Parent & Child Society, a New York State Office of Mental Health licensed outpatient treatment

## Lessons Learned

Establish clear lines of communication between school and community mental health professionals, local hospitals and crisis centers, and all other engaged personnel.

services. As calls poured in from these enlisted professionals, the system flooded with referrals and the local hospital worked diligently to make extra beds available for teens in need of hospitalization. The need to enforce a standard for referrals was evident. In an effort to better manage referrals and avoid taxing the system, school meetings were held to determine identification criteria for teens in crisis and immediately link them to services. Moreover, school and community professionals were educated in how to spot signals of distress and plans evolved to include the use of an evidence-based screening method to assist in the identification of at-risk teens and create easy access routes to provider care.

The city utilized a multi-system watch which included school leadership, child and family advocates, mental health professionals, and law enforcement for students that were identified. The Office of Mental Health (OMH), outside consultants, and experts in trauma provided trauma training for practitioners and school staff, including responses to suicide and natural disasters. Additionally, awareness in the online community became an important topic of training. Both students and schools staff received training on how to recognize online content that may indicate a teen at-risk and how to alert a professional.

Amid these postvention efforts, the final components of the plan to provide preventative care and raise mental health awareness were finalized and the comprehensive strategy to address the mental health needs of Schenectady's teens was ready for implementation.

### **Introducing TeenScreen & Raising Awareness**

TeenScreen Schools and Communities was selected as the mental health screening program. The evidence-based tools and built in case management and referral process made it an ideal fit for the targeted high school population. Working with TeenScreen National Center staff to ensure that all requirements were met and program components in place, the Schenectady team received the screening tools and were ready to implement the program.

The introduction and integration of the TeenScreen Program involved several members of the community mental health and school community. Schenectady Pupil Services and Boards of Cooperative Educational Services (BOCES) played key roles in handling information dissemination and identifying how TeenScreen would help them close the gap between identifying students at risk and connecting them to appropriate service providers. Support from the district office and district leadership was integral to getting TeenScreen into the high school quickly.

Informational sessions were held at churches, community centers, and at the high school. Supportive community members, local clergy and survivors of suicide held home-based informational sessions and provided additional support for the development and implementation of these prevention services. The

### **Lessons Learned**

Engage school administration and teachers in information sessions about screening and consent distribution. For detailed strategies on engaging parents and teens, see the [TeenScreen Guide to Obtaining Parent Consent](#).

Child Guidance Center clinical staff and school mental health professionals teamed up to provide screeners, clinicians, and case managers to staff the program.

Education about mental health and suicide were equally as important as conducting screenings. Screening team members worked within the high school health classes to shed light on a variety of sensitive topics and utilized different learning tools to engage students in a dialogue on issues related to mental health and illness. There are a number of evidence-based curricula available for use with school-age teens available for use. For recommendations, refer to the [American Foundation for Suicide Prevention](#) (AFSP) or the [Center for School Mental Health](#) (CSMH).

The infusion of mental health education in health classes increased students' awareness and knowledge of mental health issues. The overall school environment promoted taking an active role in speaking about these issues and served to decrease misunderstandings and stigma. The shock of the suicides opened the door to new discussions about the outcome of untreated mental illness and the program was fully supported by staff and community members. Teens were drawn into conversations revealing their thoughts about suicide and mental health issues and in return received appropriate and accurate information. Not only did an overwhelming majority of students find the topics and screening program presentations to be of interest and relevant but an overwhelming majority of teens felt that education on these issues should continue to be offered to teens at the high school.

## Lessons Learned

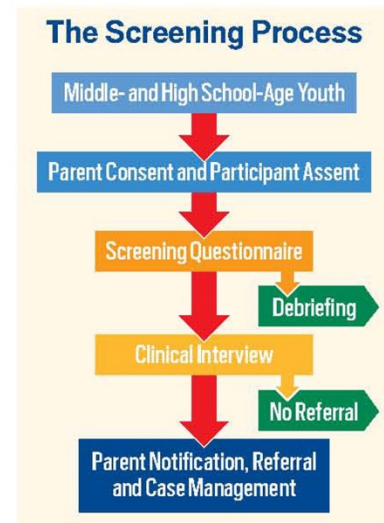
Use validated and evidence-based screening tools. NREPP provides a searchable online database.

### The TeenScreen Process

The TeenScreen Schools and Communities Program requires active written consent from parents and assent from participants in order for screening to take place. With the assistance of the high school, the screening team distributed information and consent letters to parents and students in the 9<sup>th</sup> and 10<sup>th</sup> grade with a particular focus on teens enrolled in Health.

The screenings took place during the school day within the span of a 45- 60 minute class session. Teachers were alerted beforehand to release those students who had been granted parent consent to participate in the program. Students were given the opportunity to assent just prior to taking the screen. Once students assented to the process, the screen was administered; students completed the Columbia Health Screen (CHS) in 5-10 minutes.

Teens who scored negative on the questionnaire met with a screening staff member for a short debriefing session, during which time they could ask questions about the process, request to speak to a



clinician, and receive information on what to do should they want to speak with a professional in the future. Parents of teens who scored negative received a letter confirming their teen's screening results.

Teens that were identified as a positive screen sat with a licensed clinician for 20-30 minutes for a triage evaluation. If it was determined that a referral needed to be made, both the case manager and clinician met to decide the best course of action for parent notification and referral efforts. Parents of teens who scored positive were contacted by the case manager. For those parents that could not be reached by phone after multiple attempts, letters were sent communicating the clinician's recommendation for their teen and a list of providers whom they could contact for an appointment. The needs of each teen were taken into account along with the teen's risk level to inform referral options and the type of notification that parents received. School social workers and a therapist coordinator worked diligently to ensure that families with teens identified as needing further evaluation were quickly linked with a provider in the community.

### **Embracing an Integrated Approach**

The new comprehensive plan will educate and raise awareness in the community, decrease stigma, encourage self-disclosure from suffering teens, and provide a systematic screen to aid in the identification of teens at-risk or suffering from an undiagnosed mental illness. Screening will take place at Schenectady High School, and will eventually be offered at every high school and middle school in the district. The program will become integrated into the health classes to promote education along with awareness.

### **Lasting Effects**

Traditionally, schools have relied upon the expertise of school professionals and self-report to identify students who may be at-risk or who are suffering from undiagnosed mental illness. However, the sheer volume of demands placed on school professionals and the unreliability of self-report make identification of all students with mental health needs unrealistic. Compared to school professionals, screening has been shown to more accurately identify teens with mental health problems and students who did not request help are more likely to report suicidal ideation during screening. The TeenScreen Schools and Communities Program provides an effective way to identify those students who would otherwise go undetected by gatekeepers and do not actively engage in self-report.

### **Lessons Learned**

Work with the school staff to create your screening schedule. For strategies on effective scheduling, please see our [Training Module](#) on Logistics.

A variety of providers who accepts both insured and non-insured families is highly recommended. See our [Guide to Successful Referrals](#) for ideas.

For the Schenectady community, it was equally important to honor the lives of those lost as well as provide a means to better identify teens whose lives may be at-risk. School administrators and

community mental health providers were motivated to take action and work vigorously as a collective unit to bring a multi-faceted approach to addressing the mental health needs of the teens in Schenectady. The end results are community-wide awareness of mental health, an increase in school

## Lessons Learned

Support collaboration and develop positive publicity around resources and supports

Educate and empower students; it allows them to help themselves and support their peers to accept help.

members' ability to engage teens, and a strengthening of resources that enabled providers to continue and elaborate upon their efforts to service teens with mental health issues.

The reduction of stigma in talking about these issues encouraged more teens to seek assistance from school or community mental health professionals when an adolescent seemed to be suffering or had expressed suicidal ideations or intents.

The need for greater outreach, more education and support for teens struggling with mental health is ongoing. Schenectady High School continues their gatekeeper, education and screening efforts, never forgetting the importance of a teen's mental health or the dire consequences of untreated mental illness. To date, there have been no subsequent suicides at Schenectady High School.

### TeenScreen in Postvention

The aftermath of a suicide is one that ripples through a community and the grief that follows can be debilitating. Those who are already suffering may be at greater risk in the wake of a tragedy. All schools should be prepared with policies and procedures that can be implemented on short notice in response to such an event. Having a plan in place in the event of a suicide enables the community to redirect time and energy towards helping those particularly impacted by the event and addressing the grief needs of students. The integration of a screening program allows for ongoing screening and referrals for at-risk teens and can be instrumental in maintaining ongoing engagement around the mental health needs of adolescents in the community.

To learn more about how you can bring the Schools and Communities program to your area, please visit our website at [www.teenscreen.org](http://www.teenscreen.org).

## Resources

*Postvention Standards Manual: A Guide for a School's Response in the Aftermath of a Sudden Death*

\$10.00

University of Pittsburgh, Services for Teens at Risk (STAR-Center)

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*Suicide Postvention Guidelines (2<sup>nd</sup> ed.) Suggestions for Dealing with the Aftermath of Suicide in the Schools*

\$18.00

American Association of Suicidology

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*After a Suicide: A toolkit for Schools*

Available online

American Foundation for Suicide Prevention/ Suicide Prevention Resource Center Workgroup

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*The Youth Suicide Prevention School-Based Guide (2011 Edition)*

Available online

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