

YOUTH SUICIDE PREVENTION THAT WORKS

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- 1 of 2



Fifth-grader Ellen Valovanie talks with Remi, a certified therapy dog, that recently joined the Pleasant Street School community. Remi will visit the school on a regular basis to help reduce students' stress and anxiety. (Courtesy Photo)



Third-grader Brady Gebo reads a book to Remi, Pleasant Street School's certified therapy dog. Therapy dogs not only have a positive effect on students' wellbeing, but also increase student motivation for learning, leading to positive overall academic performance. (Courtesy Photo)

- LACONIA — Rates of youth suicide are increasing nationwide, growing most quickly in youths age 10 to 14 — especially for girls, blacks, and children in rural areas, according to a 40-year study reviewed this spring in the Journal of the American Medical Association.

It's too early to know the multiple causes, experts say, but many believe it's because young people are using more lethal means. Loss of family time and meaningful and reliable social connections are also thought to be key reasons.

Experts here and across the U.S. agree that mental health awareness and suicide prevention need to begin earlier than in middle and high school — the time when most data-driven programs target students.

An early comprehensive approach that boosts protective factors, such as close relationships, while reducing trauma, such as bullying or substance abuse, is needed, said Ken Norton, director of NAMI-NH, the state chapter of the National Alliance on Mental Illness.

“What we’re talking about is climate,” said Norton. “We want a healthier school climate where everyone’s healthier and feels included.”

Therapy dog

Last week, Pleasant Street School in Laconia, a designated trauma-sensitive school, started therapy dog visits with Remi, a five-year-old boxer, to ease emotions when children from kindergarten through fifth grade need a calming time out from anger or stress. Anger can result from frustration or teasing, mental health counselors say, but it can also be a sign of depression in youngsters who may not understand what they’re feeling.

After the children hug or pet Remi, “We’re able to have a calm conversation, and the kids are able to articulate what happened,” said David Levesque, the principal.

A first-grade boy was able to return to his class and apologize for his behavior that scared other students, Levesque said. Children walk Remi to the principal’s office as a nerve-settling transition to games, coloring or quiet talk with the principal.

It’s the most recent addition to a lineup of efforts to create meaningful connections in elementary school — and one that’s been used with success elsewhere in this state.

Staff training

In August, New Hampshire SB 282 was signed into law, requiring all public schools, starting in July, to train faculty, staff, students and designated school volunteers in mental illness and suicide warning signs, and how to seek and refer others for help.

Students are to be taught healthy choices and coping skills at all stages of their education, part of an ongoing school initiative promoting wellness.

“Younger youth are faced with more adult stressors. It’s never too early to start talking about these things” as long as children understand the concepts, said Donna Ruch, a psychologist and researcher at the Center for Suicide Prevention at Nationwide Children’s Hospital in Columbus, Ohio. Mental health lessons and therapy may need to be tailored to the social and emotional realities of children of races, ethnic groups and genders — and levels of trauma, Ruch said.

Ten years ago, “schools said we don’t need this, it’s not a problem. They’d have a suicide and bury their heads in the sand and wait for it to go away,” said Elaine DeMello, director of training and suicide prevention services at NAMI-NH.

Now it’s a very different environment, she said. Schools are being proactive about suicide prevention as part of social and emotional health programs that include combating bullying and school shootings. “They know they’re dealing with a lot of mental health issues and that doesn’t end when students come into school.”

Additionally, families should be willing to speak about mental health topics as soon as their children are developmentally ready, Ruch said.

Parents are watchdogs for their children. “Are they unhappy for an extended period of time? Are they withdrawing from school and activities? Are they becoming more irritable? These are warning signs we’re seeing at earlier and earlier ages,” Ruch said.

Not all signs of suicide risk set off audible alarm bells. The National Suicide Prevention Lifeline (1-800-273-8255, [suicidepreventionlifeline.org](https://www.suicidepreventionlifeline.org)) publishes pocket-size pamphlets on suicide’s warning signs (and the signs of serious depression that require intervention) which apply to any age. They include: talking about or threatening to hurt or kill oneself; talking, writing, or drawing pictures about death, dying or suicide; statements or feelings of hopelessness, worthlessness, or feeling trapped; seeing no

purpose in living; acting recklessly; increased alcohol or drug use; uncontrollable anger or seeking revenge; feeling anxious or agitated; giving away one's belongings; being unable to sleep, or sleeping all the time.

To increase the public's awareness and ability to reach out to a struggling young person, there will be Youth Mental Health First Aid training on Saturday, Nov. 2, from 8 a.m. to 4 p.m. in Tilton, at Franklin Savings Bank's community room, located in the bank building behind the Tilt'n Diner. The free one-day course is open to the public and will cover mental health topics and ways to reach out to help children age 12-18. Register at <https://www.surveymonkey.com/r/NOV2YMHFA>.

According to David Brent, a psychiatrist and researcher at University of Pittsburgh Medical Center and a national authority on adolescent suicide, many community and school-based suicide prevention programs have demonstrated quick and lasting benefits.

Communities That Care, developed by the University of Washington, is used in at least 24 communities nationwide. In Pennsylvania, 60 towns and cities now have a demonstration project, with technical assistance on suicide prevention provided through Pennsylvania State University. Experts survey each participating community and, based on results, identify which prevention programs would be most effective there at decreasing substance abuse and school delinquency. Although the recommended initiatives don't target suicide prevention, per se, Communities That Care has been credited with noticeably cutting suicide risk factors in studies over 10 years, Brent said.

The Triple P — Positive Parenting Program, available online, is a family support system based on social learning, behavioral therapy and child development research that has been shown to reduce social and behavioral problems in children up to age 16, Brent said. Triple P works by strengthening family relationships and parenting skills, while decreasing risk factors such as neglect and abuse. Half of its 17 parenting strategies concentrate on creating enduring, positive bonds. Parents learn how to instill confidence in their children and encourage positive behavior, and manage misbehavior while

minimizing rancor and discord. They also learn how to set rules that family members respect and follow.

Family Check-Up, developed by Arizona State University's REACH program to improve children's health, offers stepped-intervention and training available through a network of mental health providers based on the results of family questionnaires. The program aims to improve parenting skills and relationships with children. Followup studies of children after 5 and 15 years showed a significant reduction of suicide ideation (thoughts and planning), according to findings published in 2017 in the Journal of Suicide and Threatening Behavior, said Brent.

PAX Good Behavior Game, a classroom intervention for first-graders, socializes them to the role of students early, teaching them how to behave, take turns, and get along with others. Research by Johns Hopkins University's Center for Prevention and Early Intervention have shown it to be effective long-term with all children, including aggressive boys. A follow-up study after 30 years revealed fewer suicide attempts, less substance abuse and incarceration, and higher rates of employment. Since 1999, the program has been used in 38 states, Canada, Ireland, Australia, Sweden and Estonia.

"What's amazing is we aren't doing it more," said Brent.

The cost is roughly \$158 per student.

Brent said that, out of school-based programs he studied (which didn't include Connect), only two have been shown to reduce suicide attempts: S.O.S., or Signs of Suicide, used in many New Hampshire schools, is a curriculum focused on teaching middle and high school students how to identify depression and suicide risk in themselves, and how to respond to it in their friends. In follow-up research, it's been shown to reduce suicide attempts by close to 50 percent after six to 12 months.

YAM, or Youth Aware of Mental Health, a curriculum developed in Sweden and now used worldwide, trains 14- to 16-year-olds how to recognize depression and suicide risk in themselves and others. It also teaches effective coping skills. In a 12-month follow-up of 11,000 European students, YAM is credited with dropping the rate of suicidal thoughts and attempts by 50 percent. It's now used schools around Dallas, Texas, and in Montana, the state with the country's highest suicide rate, in schools with significant populations of Native Americans, who have the highest suicide rate in the state.

Brent said a critical feature of school-based prevention programs that work is gatekeeper training. School personnel need to know how to recognize and reach out to students at risk. According to research, "The more people trained, the greater the benefit," he said.

Parenting skill instruction that focuses on how to provide fair and consistent discipline, create warm relationships, and improve communication with children can also be a game-changer, he said. Having family meals where everyone sits down together has been shown to reduce all youth suicide risk factors, including depression and substance abuse.

Feeling a connection to your school and your parents and having a sense of support from your peers "buffers kids when bad things happen," Brent said.

Additional information is available at the American Foundation for Suicide Prevention's website, www.afsp.org; or from NAMI- NH, www.naminh.org.

If someone you encounter is at risk for suicide, call 911, the National Suicide Prevention lifeline at 1-800-273-8255 or Lakes Region Mental Health, 24-hr. emergency services: 603-528-0305.