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Enhancing Our Youth's Mental Health

Ohio State Partners with Communities to Prevent Youth Suicide

Youth suicide, the third leading cause of death among Americans ages 10–19, is a national problem that is at last gaining national attention.

To address this issue, the Ohio Suicide Prevention Foundation, headquartered in the College of Education and Human Ecology, is

working with partners statewide. One major goal is to increase the screening of youth to identify those at risk of suicide or suffering with an undiagnosed and untreated mental disorder that may result in suicide. Screenings are taking place in 91 sites across Ohio, with more sites to be added in the next two years.

Suicide Prevention in Ohio: The Big Picture

In Ohio, suicide is the second leading cause of death for youth ages 10-19.* To illustrate the concern, in 2005 the number of Ohio students who reported attempting suicide was 9 percent** compared to the national average of 8.4 percent.*** In the same year, the number of Ohio students who attempted suicide and required medical treatment was 3 percent,** exceeding the national average of 2.3 percent.***

Ohio supports the position that suicide is a public health problem. Accordingly, the state launched a coordinated strategy in May 2002 to prevent the loss of life and suffering caused by suicide.

The Ohio Suicide Prevention Plan supports coalition building at the county level, and many coalitions have adolescent screening in their community plans as one of their prevention strategies. However, the clinical system for screening and referral to treatment still needs to grow, especially in the 39 Ohio counties that are at or above the national average for suicide.

To address the need, two powerful efforts are under way at Ohio State. They are led by **Dr. Paul Granello** of the college's Counselor Education Program, School of Physical Activity and Educational Services.

The Ohio Suicide Prevention Foundation

In September 2005, the Ohio Suicide Prevention Foundation (OSPF) was launched by the Ohio Department of Mental Health and headquartered in the college at Ohio State. Dr. Granello serves as the chief science officer. **Carolyn Givens**, formerly the director of the Ohio Department of Alcohol and Drug Addiction Services, is the executive director.

OSPF coordinates the activities of 60 local suicide prevention coalitions serving 61 counties. It supports these grassroots groups with resources so they can produce programming that meets their local needs.

OSPF also offers training for an important category of people called gatekeepers. These people, such as personnel in schools, health facilities, and the juvenile justice system, interact with large numbers of youth daily. Dr. Granello recently completed training for staff of the Ohio Supreme Court to ensure that those in regular contact with children and youth recognize when to recommend suicide prevention screening.

The Expanded TeenScreen Project in Ohio

With a three-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), Dr. Granello is directing

the **Ohio Youth Suicide Prevention and Risk Assessment Project**. The goal is to expand youth screening at existing screening sites and add 18 new screening programs during the three years, targeting counties with the highest youth suicide rates.

The project partners with local mental health and/or drug and alcohol addiction boards to ensure that all sites use evidence-based screening, such as the Columbia University TeenScreen Program and SOS (Signs of Suicide Program). Active parental consent is required, meaning parents sign a consent form for their children to participate.

Screening started in October 2006. Since then, a total of 3,700 parents have been invited to have their children participate and 1,800 have accepted. The target is to offer screening on a statewide basis during the three-year project.

What Does the Screening Process Involve?

Prior to Ohio State's receiving the SAMHSA grant, Ohio's TeenScreen Program had 13 screening programs, which included 70 individual screening sites. Ninety percent of these sites were in Ohio middle and high schools. The rest included sites in juvenile courts, children's protective services, and mental health clinics. OSPF trained a coordinator for each site.

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Since receiving the grant, Ohio now has 91 TeenScreen sites and eight SOS youth screening sites. Screenings are free to participants, and both screenings are appropriate for ages 10–19.

Ohio primarily uses a computerized screening tool, although some sites use a paper-and-pencil version. Ohio is the only SAMHSA grant state that collects “real time” data at sites as youth are screened. This evaluation strategy helps provide continuous feedback to programs to improve the quality of the suicide prevention efforts within that county or community.

Ninety percent of adolescent suicide attempts are related to depression, anxiety, or substance abuse. Young people who screen positive for possible risk of suicide or of a mental health disorder meet immediately with a licensed mental health professional. If risk of suicide or mental illness is confirmed, the clinician phones a parent the same day and recommends a full evaluation with a local mental health provider of the family’s choice.

“A vast number of young people who are screened don’t have a problem,” Dr. Granello says. “They don’t need to be referred on to a com-

munity mental health provider. We want to reach the small number who do need help because suicide devastates families and communities. The more young people we screen, the more we can help prevent youth suicides.”

For information about screening sites in counties or training programs to benefit staff, faculty, or school board members, contact Debra Copeland, MHCS, TeenScreen Program Coordinator, Ohio Suicide Prevention Foundation, College of Education and Human Ecology, The Ohio State University, 1900 Kenny Road, Columbus, OH 43210, (800) 848-4815 (x84786) or (614) 688-4786.

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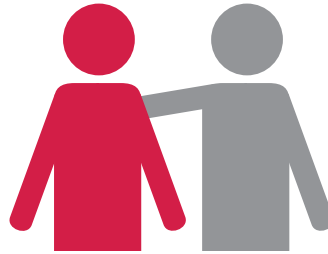
Or contact your local ADAMH or community mental health and recovery board.

*For the Signs of Suicide Program, visit **mentalhealthscreening.org/schools***

*For the TeenScreen Program, visit **teenscreen.org***

MYTH: Asking about suicide encourages teens to attempt suicide.

FACT: Screening and asking youth directly if they are thinking about suicide does not cause them to become suicidal. In fact, research shows that depressed teens and those who have made previous suicide attempts, when screened, are less distressed and suicidal than those who are not screened.[†]



*Center for Disease Control, 2004

**Ohio Department of Health 2005 Ohio Youth Risk Behavior Survey
www.odh.ohio.gov/odhprograms/chss/ad_hlth/youthrisk/youthrisk1.aspx

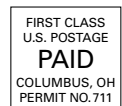
***Suicide Prevention Resource Center Youth Risk Behavior Surveillance-United States, 2005
www.cdc.gov/mmwr/PDF/SS/SS5505.pdf

†Columbia University TeenScreen Program information

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