

Project Safety Net (PSN)

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Our Mission

To develop and implement an effective, comprehensive, community-based mental health plan for overall youth well-being in Palo Alto.

The plan includes education, prevention and intervention strategies that together provide a Safety Net for youth and teens in Palo Alto, and defines our community's teen suicide prevention efforts.

Thank You

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Executive Summary

This report provides a summary of how the Palo Alto community has come together in response to the tragedy of teen suicide. The report describes an effective, comprehensive, community-based mental health plan for overall youth well-being in Palo Alto. The plan, described in this report, draws on our nation's best known practices for community-based mental health and suicide prevention. The report provides a detailed description of 22 strategies that fall into three broad categories: Education, Prevention and Intervention. Each of the 22 strategies is described in the following manner:

- *Strategy Defined*
- *Actions Taken*
- *Next Steps Recommended*

The Palo Alto community has a long history of community collaboration in support of youth and teens. The recommendations in this report should be viewed as building on the strengths of existing community collaborations and efforts in support of youth and teens. Moreover, this report should be viewed as a work in progress; a beginning rather than an end toward greater suicide prevention and social / emotional health for youth and teens in Palo Alto.

This report represents the best collective thinking of local and national experts, Palo Alto's community leaders, parents and students on how we as a community should proceed, as we strive to realize the Project safety Net (PSN) mission, to develop and implement an effective, comprehensive, community-based mental health plan for overall youth well-being in Palo Alto. The education, prevention and intervention strategies together provide a Safety Net for youth and teens in Palo Alto.

Among the priority next steps defined in this report are the following:

1. Create an effective and sustainable structure for PSN to maximize and coordinate the tremendous resources in the Palo Alto community for the planning and implementation of effective strategies for "Youth Well-Being".
 - *Assign a senior level position in PAUSD and the City to support the implementation of PSN strategies.*
 - *Apply for grant funding to complement the \$50,000 SERV grant awarded for the PSN efforts in April 2010.*

- *Identify a PSN coordinator to further develop PSN strategies and the implementation plan.*
- 2. Implement the 41 Developmental Assets and philosophy in the School District, city, and community agencies for a common vision and language for youth and teen well-being.
- 3. Train all School District staff and youth-serving agencies to be Gatekeepers using Question, Persuade, Refer (QPR) or related program.
- 4. Adopt a comprehensive K-12 health education curriculum that includes a strong social-emotional, mental health component as described in the “Health Education Content Standards for California Public Schools” of the California Department of Education.

It is the collective recommendation and hope of the PSN Community Task Force that the recommendations in this report be used as a foundation for a sustainable Community Task Force; and that policy makers, administrators and the community use this report as a supportive document to help inform community decision making in the interest of youth and teen well-being.

Introduction

Suicide is the third leading cause of death among young people in the US, and although the rate of teen suicide has declined over the last decade, the impact of even one youth suicide is tragic, with far reaching impacts on a community (Gould, et al 1990). One County in Nebraska, which experienced a series of youth suicides, compared these events to a rock being thrown into a pond, with ripple effects in the schools and community at large (Sarpy County, 2010). Even more troubling is the risk of suicide contagion, a phenomenon defined by the Center for Disease Control and Prevention (CDC) as a process by which exposure to the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide. The Palo Alto community, with tremendous sadness and compassion, has experienced this phenomenon over the past year.

While tragic, these events are not unique to our community. Suicide clusters occur in other communities around the United States, and estimates are that 100-200 teens die in suicide clusters each year. Teens, in particular, are the most susceptible to suicide contagion, and about 1-5% of all teen suicides are part of a cluster (Gould et, al. 1990; Hacker, 2008). Media coverage, especially front page stories, of a youth suicide, the particulars of the headline, details of the method used, simplistic explanations of the cause of the suicide, or use of the teen's photo, can be key contributors to contagion (Sarpy County, 2010).

The public health approach to suicide clusters includes intervention, postvention (the strategies utilized to investigate events and educate students and adults in the community for the year following the events), and prevention strategies. CDC guidelines strongly underline the need for a coordinated community-wide response, and community coalitions can “exponentially expand the reach of any effort” (Hacker, et al, 2008). In California, access to statewide suicide data has been made available through a site called kidsdata.org, and this information has assisted communities including Palo Alto in making informed decisions about intervention strategies. Other important recommendations emphasize the following:

- *Access to lethal means must be restricted immediately*
- *Public and media response must minimize sensationalism, avoid unintended glorification of the act or the means, and also include mental health and other community support resources. Every opportunity should be taken to remind the public of the crucial link to mental health conditions such as mood disorders and substance abuse, and that 60-80% of deaths by suicide occur in people who have had such disorders for at least 1 year.*

- *Immediate evaluation and counseling of close friends, siblings and important adults in the teen's life should be made available.*
- *An understanding that no single agency can stop a suicide cluster alone, and that the postvention journey must emphasize prevention.*

In response to the five teen suicides the community has experienced between May 2009 and January 2010, the City of Palo Alto and Palo Alto Unified School District (PAUSD), along with many community partners, have taken an active role in developing short and long term plans to address this crisis. This report will describe the process that the Palo Alto community has used to investigate, intervene, and hopefully, to prevent the spread of further suicide contagion. It also delineates specific resiliency and mental health promotion strategies that have taken place, many of which have come from the City/Schools Community Task Force (Project Safety Net), and some of which have come from teens in the community.

Background

Palo Alto is a city of over 60,000 people in the northern part of Santa Clara County in California in an area known as Silicon Valley, and is home to many technology companies and Stanford University. While the demographics are very diverse, there is a deep sense of community and shared values. Many students will talk about having known their friends since they were in preschool programs together. There are several private and parochial schools in the community but the majority of students attend the Palo Alto Unified School District, a Public School District of over 11,000 students known for its academic excellence. The School District has enjoyed long standing partnerships with many local community organizations.

This tight-knit community was shaken in May 2009 when a student at Gunn High School died of suicide at a railroad crossing in the community. Immediately, school officials and community members were encouraged to hold meetings to address this tragedy. Several parent workshops were scheduled in the next few weeks and local community agencies provided support to students, teachers and parents. Less than one month from the first death, and just one night before a community forum on mental health strategies for teens, a second Gunn High School student died at the same railroad crossing. Once again, the community and School District were encouraged by parents and other caring community members to take action. Parent and student meetings continued and community agencies and local mental health professionals increased their efforts to respond to the community needs and concerns.

With the official end of school in June 2009, School District staff met to develop a plan for the next year. From the time of the first suicide, the School District felt that it was important to not just develop short term plans but to put changes in place that could be institutionalized. At the same time, Palo Alto Medical Foundation (PAMF) and Lucile Packard Children's Hospital (LPCH) staff invited many other health care professionals and city and district officials to meet to develop support plans through their organizations. The faith community and the City of Palo Alto were forming similar groups. Many community members reached out at this time with offers of support, ideas, experts to call, and soothing words. A great deal of information was gathered and read, ideas were shared, experts were consulted, community workshops were held and the School District developed and later shared their specific plan of activities for the 2009-2010 school year. The mental health community developed plans for additional community support, and the city and faith community put together similar plans. In talking with local and national experts, all efforts were focused on interventions that were discrete and planned, but which did not unintentionally romanticize the act of suicide or the means of death. The

potential for suicide contagion was very real, and though everyone kept that in mind, no one could completely grasp the fact that additional students might die from suicide in the community.

Two days before school was to start in August 2009, a student about to enter Gunn High School died at the same crossing as the other two students. Once again, the community responded with a sense of disbelief and acknowledgement that these deaths constituted a suicide cluster. Grief groups continued to support students and families; community meetings were held; and more information was gathered regarding possible solutions and strategies. Many community members shared their knowledge, their ideas and their concerns with the school and community officials. Suicide prevention experts and other school districts that had experienced similar tragedies reached out to the Palo Alto community in support. School District staff and City officials spoke with countless groups and individuals as they put all of the ideas in the context of the plan for Palo Alto, that is described in this report. There are few words to describe the despair in the community when a fourth Gunn High School student and then a fifth student (a 2008 Gunn H.S. graduate) died at or near the same railroad crossing; one in October 2009 and the other in January 2010. All prevention efforts were increased, with particular concern directed at not intensifying the cluster crisis.

Community Coalition Building

During the summer 2009, School District staff developed a 14-point action plan to address the student, parent and teacher activities that they felt were necessary for the start of the school year and to make sure that systems were in place for ongoing support throughout the year. At the same time, local mental health professionals were forming a group soon to be known as Health Care Alliance in Response to Adolescent Depression (HEARD); City officials and Caltrain addressed safety at the railroad crossing; an interfaith group was forming to help enhance community connectedness; Caltrain, who operate the trains that pass through Palo Alto, began meeting with several groups throughout the area eager to support the community prevention efforts; and a task force was being considered for Santa Clara County. In addition, offers of help and suggestions for action were coming to the School District, Caltrain and city staff from local and national experts.

School District and City staff decided to bring everyone interested in helping together. A meeting was held in September with invitations to local agencies, non-profits, physicians, parents, School District and city staff. Both the City Manager and the district Superintendent attended. The initial group decided to keep meeting and to form a more formal Community Task Force; later called Project Safety Net (PSN). This name was chosen to reflect the integrated system of strategies that together form a safety net for youth and teens in the community.

The members of the PSN Community Task Force include the following organizations and individuals:

<i>Adolescent Counseling Services (ACS)</i>	<i>City of Palo Alto Police Department</i>	<i>Leaders of the Faith Community</i>
<i>American Red Cross</i>	<i>Community Center for Health and Wellness</i>	<i>Local Psychologists</i>
<i>Caltrain</i>	<i>Health Care Alliance for Response to Adolescent Depression (HEARD)</i>	<i>Lucile Packard Children’s Hospital</i>
<i>Center for Sustainable Change (CSC)</i>	<i>City of Palo Alto - Human Relations Commission</i>	<i>Palo Alto Drug and Alcohol Community Collaborative</i>
<i>City of Palo Alto - City Manager’s Office</i>	<i>Kara - Grief Support and Education</i>	<i>Palo Alto Medical Foundation</i>
<i>City of Palo Alto - Community Services Department</i>		<i>Palo Alto Unified School District (PAUSD)</i>

<i>Palo Alto University</i>	<i>City of Palo Alto Council of PTA's</i>	<i>Palo Alto Family YMCA</i>
<i>Parent Representatives</i>	<i>Santa Clara County Health Department</i>	<i>Youth and Teen Representatives</i>
<i>Parks and Recreation Commission</i>	<i>Suicide Prevention Advocates</i>	<i>Youth Community Services (YCS)</i>

In the PSN meetings, the group reviewed the original School District 14-point list of action items for suicide prevention, intervention and education and added an additional 8 strategies for a total of 22 strategies. Each strategy would later have a PSN agency, groups and/or individuals identified as responsible parties for specific initiatives. These activities continued to be refined as the group met and individual agencies and community members chose to participate and contribute in their area of influence. All 22 strategies were categorized as education, prevention or intervention with seven strategies identified as requiring immediate attention. The set of strategies described in this report come from the numerous experts consulted, from literature reviewed on suicide prevention and from the wealth of knowledge and experience from existing youth supporting agencies, non-profits and individuals in the Palo Alto community. As PSN members continued to meet the group continued to grow as more community members wanted to get involved. Due to the size of the evolving task force a need quickly emerged to have a smaller executive committee and chair to help make decisions and set direction. An Executive Committee was established and consists of the following individuals:

- *Palo Alto Unified School District – Carol Zepecki (Co-Chair)*
- *City of Palo Alto – Community Services Department – Rob de Geus (Co-Chair)*
- *Adolescent Counseling Services – Roni J. Gillenson*
- *City of Palo Alto – Police Department – Ken Dueker*
- *City of Palo Alto – City Manager’s Office – Greg Hermann*
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- *Parent Representative – Pat Markevitch*
- *PTA Council – Terry Godfrey*
- *Teen Representatives – Palo Alto Youth Council*

The Education, Prevention and Intervention strategies are assembled in the table below; the order of strategies does not indicate priority.

<i>Education</i>	<i>Prevention</i>	<i>Intervention</i>
<i>E-1 Mental Health Curriculum in schools</i>	<i>P-1 Youth Outreach</i>	<i>I-1 Adopted Suicide Prevention Policies</i>
<i>E-2 Parent and Community Education</i>	<i>P-2 Mental Health Support for Students</i>	<i>I-2 Screening</i>
<i>E-3 Media Education</i>	<i>P-3 Character Education and Resilience Skill Building Programs</i>	<i>I-3 Peer to Peer Counseling</i>
<i>E-4 Mental Health Training for Teachers</i>	<i>P-4 Reduction of Lethal Means to Self-harm</i>	<i>I-4 Surveys/Assessment of Risk</i>
	<i>P-5 Crisis Manual and Safety Plan</i>	<i>I-5 Gatekeeper Programs</i>
	<i>P-6 Accessible Resources on Suicide Prevention and Depression</i>	<i>I-6 Affordable and Expanded Mental Health Care</i>
	<i>P-7 Reduction of Harassment and Social Cruelty</i>	<i>I-7 Crisis Hot-line</i>
	<i>P-8 Supportive School Environment</i>	<i>I-8 Support for Highest Risk Youth</i>
		<i>I-9 Grief Counseling for those Impacted by Suicide</i>
		<i>I-10 Organized Health Care Provider Network</i>

A matrix illustrating the Education, Prevention and Intervention strategies alongside the broad community support and their area of influence can be seen in Appendix A. This Action Matrix (Appendix A) illustrates the PSN focus on leveraging the wealth of community resources in a coordinated manner where individuals and groups with specific expertise and influence in one or more strategic initiatives can coordinate their efforts for maximum efficacy.

The following strategies were considered priorities from the beginning by the PSN Task Force due to their potential for stemming the cluster crisis:

- *E-2 Parent & Community Education*
- *E-3 Media Education*
- *P-1 Youth Outreach*
- *P-2 Mental Health Support for Students*
- *P-4 Reduction of Lethal Means to Self-Harm*
- *I-2 Screening*
- *I-9 Grief Counseling*

Implementing the Plan

The actions taken in all strategies are summarized below based on a format of briefly defining the strategy, actions taken, and recommended next steps:

Education

E-1 Mental Health Curriculum in Schools

Strategy

Research indicates that a developmentally-appropriate mental health curriculum, delivered across all grade levels, provides a vital foundation for multi-pronged prevention programs focusing on building resilience, reducing the number of youth who become at-risk or experience crisis, and identifying those who are at-risk and in need of intervention. A comprehensive health curriculum emphasizing mental health issues also serves the purpose of reducing the stigma surrounding mental illness. Students and their families vary widely in their personal and interpersonal awareness of mental health issues, as well as in their understanding of how mental health influences human functioning across multiple domains (individual well-being, academic achievement, social adjustment, and even physical health).

Actions

- *There are many ad hoc, structured and unstructured activities directed toward mental health awareness in the schools (e.g. mental health unit within Palo Alto High School Advisory Program, Psychology Classes and Student Clubs like ROCK, Gay/Straight Alliance).*
- *All high school students are required to take a one semester health-related class known as Living Skills. This curriculum was reviewed during the 2009-10 school year in an effort to standardize the content and to include additional health information and models. Currently, no special training or credential is required by the district to teach the course (although in summer 2010 the summer school teachers will have a special training before summer school. An on-line course is also being introduced this summer as a pilot project.)*

Next Steps

- *An important next step will be to implement a coordinated, comprehensive health curriculum for all students in the district, as described in the “Health Education Content Standards for California Public Schools” from the California Department of Education. <http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf> This curriculum needs to have a mental health component.*
- *With the full support of the district leadership, a formal steering committee should be created and charged with the responsibility of reviewing, selecting and implementing available curricula. A health science credential should be a requirement for anyone teaching the curriculum.*
- *There also needs to be ongoing evaluation of the effectiveness of mental health curriculum in the schools. This evaluation needs to occur for the Living Skills changes made in 2009-10 and for the online course.*
- *Additional next steps should include an annual review of the American Foundation for Suicide Prevention (AFSP) film and manual “More Than Sad - suicide prevention education for teachers and other school personnel.”*

E-2 Parent & Community Education

Strategy

Parents are a critical component of the overall strategy of improving, supporting and responding to the mental health needs of our community. This includes activities that strengthen connections within the entire community along with increasing knowledge about depression, suicide risk and protective factors, skills for responding to a suicidal individual, and community resources. Additional components of this overall strategy include increasing help-seeking behavior by decreasing the social stigma associated with behavioral health care, and increasing suicide prevention awareness, knowledge, and skills of youth and young adults. The underlying benefit is the creation of a school and community culture in which all members accept responsibility for each other’s safety and can provide a competent initial response to those at risk. The hope is that youth and young adults are all able to help suicidal peers seek professional care.

Actions

- *A variety of presentations were offered throughout the community by health organizations, the Palo Alto Council of PTA’s Parent Education program, individual school PTAs and a variety of community collaboratives and partnerships on*

suicide prevention, depression and social emotional health of youth and teens.

- *Suicide Prevention handouts for parents were made available in English and Spanish (Appendix B).*
- *Over the past school year, many of the member-groups of PSN collaborated to offer parent and community education events whose objective is to educate parents and the community, provide information and create forums for discussion on topics related to adolescent emotional well-being. There had been a lot of traction on this objective before the formation of PSN and that good work continues. Examples include:*
 - **A series of parent education events hosted by the PTA Council and called “Helping our Kids Thrive” which over the last school year has brought nationally recognized experts on stress, resiliency and mental health to Palo Alto for parent and community education. The speakers in this series included Ken Ginsburg, Cliff Nass and Po Bronson. These events were open to the whole community and the PTA Council made it possible to have these key speakers available for small group discussion/learning with the PSN team.**
 - **Palo Alto Unified School District sponsored a visit by nationally recognized school crisis expert, Marleen Wong, for education of district staff. She was also available to talk with a group of parents, PSN team members, and she conducted an evening event for the whole community.**
 - **PSN member-groups came together to offer two community forums (in June and October 2009) “Breaking the Stigma: Adolescent Depression” and “A View of Youth Stress: Warning Signs and Strategies for Coping and Dealing with Stress from the Experts.”**
 - **PSN created a website www.cityofpaloalto.org/safetynet to help communicate the many plans, actions and support material related to the suicide prevention efforts.**
 - **Members of Adolescent Counseling Services (ACS), LPCH, and PAMF continue to take an active role in public health education about teen depression, coping, resiliency, and ways to decrease stigma through community events, parent meetings, radio shows and news articles.**
 - **The City of Palo Alto took the lead in bringing to the community’s attention a program based on the 41 Developmental Assets (Appendix D) and supported by Project Cornerstone¹. A community education event was held that provided the momentum throughout the city to bring a 41 Developmental Assets program**

¹ www.projectcornerstone.org

to Palo Alto. Further discussion of a community wide Developmental Asset initiative can be seen on in strategy P-3 Character Education & Resilience Skill Building Programs.

- PSN has opened its meetings to all interested community members and at each monthly meeting there is a report of the progress on PSN's identified strategies. On occasion, community education is part of the meeting format. Karen Marshall from the American Association of Suicidology presented a workshop entitled "A Community Approach to Suicide Prevention".

Next Steps

- *PSN will continue to look for additional models and approaches to expand the reach - and impact - of parent education presentations. While the quality and content of the various events have been outstanding and immediately useful to attendees, the impact has been limited by the fact that only a fraction of parents attend. A number of events have been video taped; PowerPoint presentations have been shared and are now available to the broader community via school, local media or PSN web sites.*
- *At this time there is excellent synergy across the city in bringing parent and community education events related to teen social and emotional health to Palo Alto. This work will continue through existing organizations such as the PTA Council.*
- *The topic of "means reduction" has not yet been sufficiently addressed. We will be educating families about the proven effectiveness of and ways to implement "means reduction" - such as safe removal and/or storage of pills, guns, and (for Palo Alto) the importance of Track Watch². These actions are one of two proven ways to reduce suicide (the other being physician education).*

E-3 Media Education

Strategy

It is well documented that the manner in which incidents of suicides and suicide clusters are reported by the media can have dramatic effects on prevalence of these incidents. Sensational reporting of suicide, including a focus on the means, location and photographs of suicide, can lead to or perpetuate suicide contagion. However, adherence to responsible reporting guidelines, developed by American Foundation for Suicide Prevention (AFSP), Suicide Prevention Resource Center

² A dedicated group of volunteers maintaining a presence at key rail crossings. More information in strategy P4 Reduction of Lethal Means of Self-harm

(SPRS), CDC and WHO (Appendix C), can increase the public's knowledge of mental health issues and available community resources without increasing the risk of contagion. A primary goal is to reduce suicide contagion by providing reporters and editors with official guidelines and resources for reporting youth suicide and suicide prevention resource information.

Additionally, the advent of social media and networking sites such as Facebook and MySpace, their popularity with adolescents and their scope and speed of transmission present an additional challenge to media education for suicide prevention and intervention that will need to be addressed.

Actions

- *Two sub-groups of PSN were formed to address this issue. One focused on developing a communications plan for the group and the other focused on working with the media on how to responsibly report on these incidents when they occur.*
- *The Media group's major deliverable was a full day of workshops with a presenter from the American Association of Suicidology. Individual sessions were held for the PSN members, bay area news editors and public information officers and spokespeople for partner agencies. The goal of the workshops was to inform each group of how to responsibly communicate when these incidents occur. Media guidelines from the American Foundation for Suicide Prevention, in consensus with the CDC, WHO, National Institute of Mental Health, Office of the Surgeon General, American Association of Suicidology, and Annenberg Public Policy Center, were reviewed at each session.*
- *The Media group continues its involvement as a resource to PSN for handling media inquiries.*
- *Another Communications group deliverable was a key messages document for use by all members of PSN. This document serves to unify messaging and communication across organizations both at the time of an incident and when speaking about the collective efforts. This document also identifies individual spokespeople for participating organizations.*
- *Over the course of this past year and in at least one of Palo Alto's three local newspapers there has been an appreciable shift toward reporting based on the Media Guidelines. Similar shifts have not yet occurred among all of Palo Alto newspapers.*

Next Steps

- *Media Guidelines for Reporting on Suicide will be updated to include additional recommendations for social networking sites. The fact that some of these sites (i.e. Facebook) are locally based provides PSN members the opportunity to be proactive and engage in direct problem-solving with these companies.*
- *Continual follow-up needs to be done with media outlets to ensure awareness of and adherence to media guidelines. In addition, better communication between the media and PSN must take place to develop the partnership necessary to best inform the public and at the same time do no harm. Currently however, there are no media representatives on the PSN Task Force. Provided careful protocols are followed, media representation could be of mutual benefit to media groups and PSN efforts and is a recommended next step.*
- *This strategy should include a communications plan that includes social networking, public education campaign and how to provide progress reports. PSN should proactively engage local media in all public education efforts regarding suicide prevention - what we know about suicide and what we can do about it as individuals, as well as through our institutions.*
- *PSN must also find additional ways to communicate with the public and other interested groups about what has been accomplished and what remains to be done. Specific attention needs to be paid to effectively communicating to members of the public how they can be involved to support prevention efforts.*

E-4 Mental Health Training for Teachers

Strategy

Teachers and school staff are on the front line of identifying at-risk youth. Because our youth spend a large portion of their day with teachers, school staff, coaches and mentors in the school setting, it is an integral part of any comprehensive mental health strategy that these adults are given the knowledge and training to identify and respond to suicide risk and depression in the youth they regularly encounter. With that training our teachers/staff will gain the confidence to act preemptively and decisively in a mental health emergency to ensure student safety.

Actions

- *District and Gunn High School staff met during summer 2009 to create materials to help teachers better support students struggling with the recent deaths by suicide.*

- *“Tips for Teachers” handouts were created and delivered to all teachers.*
- *Kara-Grief Support and Community Education³ along with ACS provided a variety of grief counseling and support.*
- *Training on the first day of the fall semester 2009 for the entire Gunn High School staff on helping students and staff deal with grief and loss.*
- *Peer support groups for Gunn staff members and the Gunn High School community.*
- *Staff support groups led by the Center for Living with Dying in spring and fall 2009.*
- *Dr. Fred Luskin and Dr. Kenneth Pelletier’s book “Stress Free for Good” was purchased for every teacher and any staff member that has regular contact with students at Gunn.*
- *Dr. Luskin addressed the Gunn staff at the December 10, 2009 staff meeting.*
- *Dr. Ken Ginsberg addressed District staff on the topic of building resilience in students on March 25, 2010.*
- *Adolescent Counseling Services (ACS) has been available at all of the secondary school sites offering support to students, teachers and administration. The ACS staff at Gunn High School collaborated very closely with Gunn administration to offer on-site support to students, parents and school staff.*
- *Counselors, psychologists and administrators participated in “Question, Persuade, Refer” (QPR), a gatekeeper training model that helps staff to identify signs of anxiety and depression in students and to guide the staff in providing the appropriate response to the students and referral to the necessary support systems.*

Next Steps

- *Secondary and Elementary school teachers and staff will be trained in utilizing the QPR model.*
- *Two to four PAUSD staff will be trained as QPR trainers.*
- *The PAUSD website needs to include mental health resources and information for teachers and staff.*
- *The “Tips for Teachers” handout will be available at the start of year for all staff.*

³ www.kara-grief.org

Prevention

P-1 Youth Outreach

Strategy

Palo Alto has enjoyed a long history of community members and agencies coming together to work for the health and well-being of its youth. However, in recent years Palo Alto youth have expressed a growing frustration and belief that the “youth voice” is both missing and unacknowledged in their schools, homes and community.

There is an increased awareness of the need for a broader and more meaningful “youth voice” in our community as we attempt to understand and respond to the tragic events of the past year. This strategy includes actively engaging and listening to youth in identifying issues and finding solutions.

Actions

- *Students have expressed their views in campus surveys, through assemblies and panel presentations, Western Association of Schools and Colleges (WASC) evaluations, in various youth leadership organizations, in school publications, and in casual conversations with adults.*
 - **PAUSD leadership has reaffirmed its commitment to find more effective avenues of communication that will enhance the understanding of what the youth believe will improve their school experience and environment.**
- *During the past year, the City of Palo Alto’s formal youth leadership group, the Youth Council, focused on two major efforts to gather youth input and perspectives. The first was to create and conduct the “Palo Alto Youth Council Survey.” The survey was conducted by Youth Council members themselves; the survey asked students about the level of stress in their lives as well as how they perceived the stress levels of their peers. The survey also asked students who or what they would turn to when they are stressed. A total of 367 students took the survey and results will be used to direct the Palo Alto Youth Council’s actions in future years. Results of the Palo Alto Youth Council Survey can be seen at www.cityofpaloalto.org/teens.*
- *The Palo Alto Youth Forum was another tool used to facilitate Youth Outreach. The 2010 “Palo Alto Youth Forum” was a three-session forum designed by the existing Youth Collaborative, which includes Youth Community Services (YCS), YMCA, the City of Palo Alto’s Recreation Division, PAMF and PAUSD. Youth*

leaders from the Palo Alto Youth Council, Youth Community Service Fellows, the YMCA's Youth in Government, and local high schools further organized and developed each of the 3 sessions to create an open, honest dialogue between students and adult community leaders in Palo Alto. Each unique session acted as an important step in creating specific outcomes. Further, the three sessions of the Palo Alto Youth Forum built relationships between students and adults that would help ensure future dialogue and action. The following outlines the structure and intentions of each of the sessions.

- **Forum 1 – Teen-led forum.** More than 100 teens took over City Hall and had breakout sessions to discuss and document what they need from or would like to see in their community and in their schools.
 - **Forum 2 - Teens reported out to parents, administrators and policy makers on findings from Forum 1.** Breakout sessions were facilitated (by youth) and encouraged dialogue between students and adults.
 - **Forum 3 - Parents, administrators and policy makers reported back to teens on progress they'd been able to make on ideas generated from Forum 2.** Once again breakout sessions were facilitated to create dialogue between students and adults.
- *Significant progress was made in an area that students have been requesting for years - a later start-time for their school day.*
 - **For the 2010 - 2011 school year, Palo Alto High School will adjust its “bell schedule” to accommodate a consistent later start time and a modified block schedule. Both changes are considered to be significant stress-reducing measures that also aid learning. The longer periods of the block schedule offer the opportunity for increased teacher-student connection.**
 - *The Youth Collaborative and Project Safety Net have committed to future follow-up on the action items identified at the Youth Forum.*
 - *The Youth Collaborative has plans to adapt the model of the Youth Forum in the years ahead – to continually capture the ideas and perspectives of Palo Alto youth while bringing youth and adults together in shared problem-solving and community action.*

Next Steps

- *The three sessions of the Youth Forum were well attended, drawing over 300 participants. Perhaps most germane to the work of PSN, was the strong expression by youth that, in times of need or concern, they will only reach out*

to adults with whom they are familiar. Equally as strong was their clear desire for improved communication and stronger connections with adults - on their campuses, in their homes and community. Attendees generated a number of positive ideas for building closer relationships on school campuses.

- **The effectiveness of the Youth Forum will be dependent on a mutual commitment and accountability among youth and adults to continue to pursue the recommendations from the 2010 Youth Forum. Fulfillment of recommendations, when possible, is a desired measure of success. However, PSN recognizes a sustained process and an improved relationship whereby youth and adults listen to each other and work together will be the greatest long-term measure of success. This Outreach method will only be effective if adult leaders follow through with commitments made to the students. A complete list of ideas and commitments is available at www.cityofpaloalto.org/teens.**
- **The most crucial aspect of Youth Outreach is the ability to reach large numbers of students. At this point the community still needs to work at reaching more students who are not typically involved.**
- **Although the Youth Forum enjoyed very positive coverage in the local newspapers, outreach to student publications and local media in advance of future efforts would likely increase both student and community awareness of youth viewpoints.**
- *While there are many adult advocates for youth, increasing the “youth voice” or advancing their requests for greater involvement in decision-making and policy needs to be increased. For example: suggested changes to the bell schedule, test calendars, community events and new and improved methods for gathering youth input need to be accelerated for meaningful progress.*
- *The community needs to find new opportunities to truly listen to youth, engage them in decision-making and improve our record on follow through in order to rebuild the trust and the essential connections between youth and adults in Palo Alto.*
- *Whenever youth are surveyed, it is recommended that there is an official commitment by survey administrators to provide results in a timely manner to students, parents and community. As much as possible, survey results should be considered as part of any future planning and decision-making.*

P-2 Mental Health Support for Students

Strategy

Comprehensive mental health support must be available for all students on and off campus.

Presently, psychologists, school counselors, ACS staff, and K-5 interns, provide support to students on the campus. Moreover, Individualized Education Plans (IEP) through 26.5 counseling, and referrals to LPCH and PAMF provide counseling outside of the school day.

While existing services are tremendously important and go a long way in support of this strategy additional support is needed to address the myriad of mental health issues facing students and families.

Actions

The following services have been enhanced over the past year:

- *Under the direction of Shashank V. Joshi, MD, a child & adolescent psychiatrist, the School Mental Health Team (SMHT) has received a substantial increase in referrals for psychiatric consultation and for ongoing support of students, family and selected PAUSD staff members, and has provided this support. The SMHT works with children with a range of impairments, from those with mild emotional or behavior problems, to students with more severe mental health impairments, especially those with moderate to severe depression symptoms or suicidal thinking.*
- *Immediately following the second suicide in June 2009, LPCH and the Palo Alto Medical Foundation (PAMF) expanded access within their Psychiatry and Behavioral Health departments to accommodate the rising number of school-based and community referrals for Palo Alto youth who were struggling as a result of the suicides.*
- *The “3-session referral” for psychological services in the Palo Alto community has been extended. This process is offered at no or low cost to students’ families, and counseling services are offered for up to 6 or 9 sessions.*
- *Teachers were provided with information about ways to support students and how to refer them for help. Additional numbers of students were referred for support and met with counselors, school psychologists, and ACS and K-5 interns.*
- *A suicide specific crisis protocol was developed so that counselors, psychologists and admin team would know what to do in the event of a crisis.*

- *Many parent and community volunteers have been present to support students in times of crisis.*
- *Kara coordinated many support groups both on the Gunn campus and at their offices.*
- *A special support group, which still meets regularly, was formed for friends of the Terman graduate who was the third teen to die by suicide.*
- *At Gunn, ACS facilitated a weekly grief support group from August -December 2009 dealing with the loss of a peer to suicide. This was a group made up of eight freshmen students, from different social and cultural backgrounds.*
- *ACS provided students with a business card with the words 'How to Reach Us' on one side and information for each specific campus regarding ACS locations, phone numbers, website and National Suicide Hotline and a description of the ACS On-Campus Counseling Program on the other.*
- *ACS expanded their after school low fee, sliding scale and Counseling Program (ASCP) located in the Cubberley Community Center. This is available for summer as well.*

Next Steps

- *All of the mental health support services presently available to students need to continue. School District funding must be made available to sustain these efforts.*
- *PAUSD staff should review data regarding present services and determine any additional services needed (including the number of PAUSD counselors on school campuses).*
- *Each secondary school needs to keep a database of all students receiving support and review this information at the School Districts Human Services Team meetings in order to make sure that all needs are addressed. This database will include information about support that students are receiving and allow staff to refer students for additional support when necessary.*
- *To increase the likelihood that students will reach out in times of need, counselors and other mental health support staff need to be more visible, familiar and directly involved with students and campus life.*

P-3 Character Education & Resilience Skill Building Programs

Strategy

Building resiliency is a key component to keeping youth safe and healthy. Project Safety Net, in conjunction with Project Cornerstone, a local non-profit helping communities build asset-rich environments, has adopted the Search Institute's 41 Developmental Assets⁴ model to provide a framework for building resiliency and other positive character traits amongst youth.

Developmental Assets is a framework of 41 building blocks that enhance the health and well-being of children and youth. They are the experiences and opportunities that all young people need to grow into healthy, responsible adults. A list of 41 Developmental Assets can be seen in Appendix D. The Asset model is a highly regarded approach to mobilize communities with a common vision and language for what youth and teens need to thrive.

Through years of research in youth development, these assets have been identified by the Search Institute, an independent research and educational organization based in Minneapolis, Minnesota. Their research has shown that when these assets are present, they help prevent negative behaviors, risk-taking, and help increase positive, thriving behaviors. Assets are cumulative: the more youth have the better. As the number of assets increases, so does a child's well-being. As a framework for healthy growth and well-being, assets give communities a set of benchmarks to measure the positive development of their children and youth - regardless of community size, geographic region, gender, family economics, race or ethnicity. Search Institute found that the number of assets a young person has affects how they respond to and maneuver through difficult life experiences. The fewer assets a youth has, the more likely they are to participate in negative behavior to cope with difficult times. Young people who have 31-40 assets are more likely to bounce back from difficult situations and bounce back more quickly.

Actions

- *Currently, the 41 Assets model has been endorsed by PSN, Palo Alto Recreation, YMCA, and the Palo Alto Unified School District.*
- *Parent education classes have been offered in Palo Alto by Project Cornerstone and the assets have been and are being used as a common language among many youth workers in the community.*

⁴ www.search-institute.org/ Search Institute® is an independent, nonprofit, nonsectarian organization committed to helping create healthy communities for every young person

- *A multi-agency subcommittee of Project Safety Net, the Palo Alto Developmental Asset Initiative, has formed to bring a greater awareness and understanding of developmental assets in the community. The initial goal of the committee is to create a community where every adult is an asset builder.*
- *Two strategies are currently being used to move towards this goal.*
 - **First, the sub-committee is working with Project Safety Net to define involvement from the PAUSD and the City. Second, the group is being trained to speak about developmental assets throughout the community.**
 - **PAUSD has elected to employ the Developmental Assets Survey. The survey will be given the end of September or early October 2010 to 4th, 5th, 7th, 9th and 11th grade students throughout the District.**
- *The Palo Alto Children's Theatre began a Teen Arts Council during the 2009-10 school year. The Teen Arts Council is dedicated to giving students a voice through all forms of creative self-expression and provides leadership and community service opportunities for high-school teens. The Teen Arts Council is comprised of 20 passionate students who are committed to promoting the well-being of youth through the arts with the guidance and support of the City's Community Services Department.*

Next Steps

- *A PAUSD district representative must be identified to support and further the efforts regarding Project Cornerstone. Each school must have a point person who will help develop a plan for marketing and supporting the efforts.*
- *A working relationship with the PTA to both help give the survey and implement activities focused on continuing the asset model throughout the year.*
- *A City elected representative should be identified to bring high level visibility to the initiative and drive implementation.*
- *A plan must be created by the subcommittee to bring about the general community awareness and policy changes necessary to weave the developmental assets permanently into the fabric of our community.*

P-4 Reduction of Lethal Means to Self Harm

Strategy

A tremendous amount of empirical evidence exists to support strategies to reduce lethal means to self-harm when attempting to stem a suicide contagion. Due to the

high level of impulsivity involved with suicide and the lack of impulse control inherent to the teenage years, means restriction to self-harm is absolutely necessary and a paramount strategy. Studies have shown that 70% of those aged 13 to 34 who attempt suicide set the interval between deciding to kill themselves and acting at less than an hour. After consultation with national experts and local agencies a series of steps were taken to reduce access to the specific location involved in this crisis.

Actions

Experts informed the group that in addition to adding barriers to access at a location, it was also critically important to change the physical nature of the specific location. It was important that the site become different in look and feel than it previously was to end any romanticization it experienced during the cluster. Given this information the efforts in this strategy were organized into four areas:

1) Security Personnel

Beginning in November 2009, the Palo Alto Police Department retained private security firms to be on site 7 days a week for the hours the Caltrain passenger line operated. The original objective was to continue this staffing through the end of the current school year. The current objective is to continue the security presence at a reduced level through December 31, 2010. In addition, the Police Department will continue to provide increased patrols by officers along the rail line.

The City accepted donations to offset the costs for this contracted security effort. To date, the community has contributed over \$75,000 and fully funded the cost of having the security personnel present from November 2009 through June 2010. Donations received beyond that amount will be used to fund the effort through December 2010. The remaining funding will come from the City Police Department's budget which was approved by City Council in June 2010.

Prior to the Police Department utilizing a security firm, a dedicated group of volunteers in support of this strategy began to maintain a presence at key crossings along the train tracks. This effort came to be known as Track Watch and continues to supplement the work of private security guards. The City has supported the Track Watch volunteers through providing 1) training on procedures and safety (in cooperation with Caltrain and San Mateo County Sheriff Transit Bureau) and 2) equipment such as reflective safety vests.

After December 31, 2010, any presence at the crossings in Palo Alto will be

provided by the Track Watch volunteers. The City is currently working with this group to support them through the transition.

2) Lighting

The City of Palo Alto Utilities increased the wattage of pre-existing street lighting in the area and installed new light fixtures to further illuminate the area during the evening.

3) Vegetation Removal

City of Palo Alto Public Works crews cleared 100 ft of vegetation in either direction of the crossing on the east side of Alma street. This significantly increased visibility at the crossing. In addition, Caltrain cleared and removed significant amounts of vegetation within the rail line right of way. This established a clear line of sight north and south of the crossing within the right of way.

4) Fencing

Caltrain, in conjunction with the City, performed a thorough safety inspection of the area surrounding the East Meadow train crossing. As a result significant fencing improvements were made within the right of way to restrict access.

Next Steps

- *Given the suicide cluster that was the genesis of Project Safety Net, the efforts of the group were focused specifically on the train tracks and the individual crossings. These are not, however, the only lethal means of self-harm available in a community or along the rail line. While the area around the East Meadow crossing is more secure and has a physically different appearance, it by no means should serve as a symbol that prevention efforts are complete. At best, it is hoped that these collective efforts have effectively stemmed the suicide cluster at this location only. Specific next steps should include:*
 - **Energize Palo Altans and the nearby communities to restrict youth access to means of suicide by educating them about such vital issues as:**
 - **The link between lethal means and completed suicide**
 - **The importance of removing lethal means (firearms, poisons, medications, alcohol, etc.) from homes with a youth at high risk of suicidal behavior**
 - **The importance of reducing access to train tracks**

P-5 Crisis Manual and Safety Plan

Strategy

For effective crisis management there needs to be formal processes in place such as 24-hour local, state, and national crisis hotlines, trained, responsive, school and community crisis response teams (CRT) to help minimize the likelihood of suicide contagion in schools. Quick and appropriate response from crisis workers is also needed to minimize the negative impact of a suicide in a community.

There needs to be a greater emphasis on postvention services. This strategy should be expanded to include crisis services that include a plan, support services for families and peers, anniversary date handling, follow-up with prior attempters, etc. There must be a crisis response team in the district and at each site with each person knowing their role in advance and thus making them ready to respond instantly to the threat, attempt or completion of suicide.

A comprehensive crisis protocol is absolutely necessary to limit the negative effects of a crisis and increase the chance of positive outcomes for those involved. In the case of suicide prevention and mental health, such a plan should include procedures for addressing students who try to harm themselves as well as those who are contemplating it. The protocol should also provide guidance for the role of individual teachers and school mental health professionals in identifying and responding to potential suicidal or violent behavior in students, and how to respond when actual violence takes place.

Action

PAUSD in conjunction with HEARD, created a Suicide Crisis Intervention Toolkit to be used by administrators, school psychologists and counselors, in addition to the PAUSD's District Crisis Manual. The "Suicide Crisis Intervention Toolkit" includes:

- *Crisis Protocol for Suicidal Youth*
- *Brief Suicide Risk Assessment*
- *Safety Plan*
- *Parent Notification & Release (Suicidal Student)*
- *Safety Plan/Medical Release, Referral and Follow-Up Form*
- *Handouts:*
 - **Intervening with Suicidal Youth - Guidelines for Crisis Teams**
 - **Tips for Teachers**

- **Suicide Prevention General Guidelines for Parents (Secondary)**
- **Suicide Prevention General Guidelines for Parents (Elementary)**

Next Steps

- *Yearly training for all District staff on the crisis plans in order to make sure that staff is ready for support.*
- *Specific training for new District staff each year.*
- *A routine system to review all protocols regularly.*
- *The District's Crisis Manual should include the Suicide Toolkit in order to be sure that it is available for future staff and is not lost as new staff are hired.*

P-6 Accessible Resources on Suicide Prevention and Depression

Strategy

Provide a comprehensive set of resources available to all members of the community and School District regarding depression and ways to manage depression and prevent suicide. This set of resources should include information for community members, parents and students and should be accessible to all members of the community, in a user-friendly version, and in a variety of forms.

Actions

- *A set of accessible resources on suicide prevention and depression including vetted educational material, copies of community presentations, resource lists including suicide prevention help lines, etc. have been compiled and are now readily available via the web sites of Palo Alto schools, PTA, PSN, and those of their member organizations, etc.*
- *In addition, LPCH/Stanford and PAMF responded to the initial suicide crises by making it possible for any student experiencing distress related to the suicides at Gunn High School to be seen and supported by their organizations' Behavioral Health professionals (regardless of insurance or ability to pay). Stanford Medical Center also funded the HEARD Alliance effort to identify qualified community behavioral health professionals who are available to provide care for identified PAUSD students in need of mental health support. Within these health organizations, there have been numerous internal efforts to improve patient education and access, medical training for Primary Care Physicians, and improved screening and treatment protocols for adolescent mental health concerns.*
- *Local schools and health care providers are working to improve communication*

about students with mental health needs. Projects thus far include:

- **Presentations among primary care physicians, psychiatrist, ACS and PAUSD staff about teen mental health issues.**
- **Improved information flow and communication between school personnel and health care providers about students at risk or known to have mental health issues.**
- **There has been a close working partnership for many years between ACS and PAUSD. Counseling services are available during school hours, Monday through Friday at all PAUSD secondary schools. ACS works hand-in-hand with the Guidance Departments at each campus to support with mental health, emotional well-being and crisis intervention. ACS also provides prevention and grief and loss groups for students needing these services and who are more comfortable in a group setting with their peers. All of these services are free to students and families on these PAUSD campuses.**
- **ACS also has an after-school counseling program (ASCP) located at our corporate offices in the Cubberley Community Center and additional services for students and families during after school hours and summer hours. This is a low fee clinic, based on a sliding scale with many scholarships available. Bilingual services are also available.**

Next Steps

- *Each site in the district and local agencies must continue to make information available to students, parents and staff members.*
- *There is a need to publicize the resources and schedule them in such a way that they are likely to be used.*
- *Decrease the stigma of utilizing mental health resources in order for students to be comfortable in accessing them.*
- *Continue to expand available mental health resources.*
- *Study any environmental barriers that might preclude use; such as location of the service, approach to the service.*
- *Enhance trusting relationships with youth so that the students are likely to approach staff at school sites.*

P-7 Reduction of Harassment and Social Cruelty

Strategy

Nationwide concern has been focused on ways to develop safe environments for students. This includes a reduction of bullying and harassment. The creation and implementation of inclusive anti-harassment school policies, staff training, and school curricula is critical in keeping schools safe and teaching students how to interact with each other in appropriate and caring way.

Actions

- *PAUSD schools employ a variety of programs related to social-emotional health and bullying prevention. During the 2009-2010, efforts have been underway to enhance their use and to explore other programs that might be even more suitable. Not every school utilizes the same programs. The following programs are used at schools in the district:*
 - **At the elementary level, these include 6 Seconds, Character Education, Peaceful Playgrounds, Talk It Out, Second Steps, Steps to Respect, Tools of the Heart and Life Skills.**
 - **At the secondary level, these include Second Step, Social Climate committees, a sixth grade elective program that includes discussion of bullying and social cruelty, Character Education taught through a monthly video, lessons for student, discussions with staff about how to discourage mean or bullying types of behaviors, specific lesson on social kindness, and Living Skills.**
 - **Palo Alto Reality Check (PARCS) survey was conducted at all 5 secondary schools and provides significant data on the incidence, types of bullying, and includes student attitudes and perceptions as well.**
 - **The California Healthy Kids (CHKS) administered to students in grades 5, 7, 9 and 11 provides information from students regarding bullying, harassment, school safety and feelings of support at school.**

Next Steps

- *Review the use of programs at individual schools and make sure they are being correctly and regularly implemented.*
- *Continue to make use of or increase the utilization of available programs focused on the reduction of social cruelty.*
- *Evaluate the effectiveness of such programs (using CHKS, PARCS, Project Cornerstone and other survey tools).*
- *Provide teachers with ongoing training in the effective use of these anti-bullying*

programs.

- *Examine campus policies and practices to determine how they impact bullying, harassment and social cruelty.*
- *Implement a comprehensive K-12 health education curriculum that includes components related to bullying, harassment, and other social-emotional issues.*

P-8 Supportive School Environment

Strategy

In recent years, there has been growing concern over the degree of stress and distress within Palo Alto's teen population. In 2001, PAUSD created a community-based committee, SHARE (Student Health Awareness through Resources and Education), to investigate and respond to ever-increasing numbers of students with diagnoses of depression and anxiety. At around the same time, Stanford's Vaden Health Center and experts within Stanford's School of Education were investigating this same phenomenon. In 2004, a program was created to provide educational science and professional support to local high schools seeking to reduce stress and academic pressure and improve learning among their students. It was first called "SOS" for Stressed Out Students and is now known as Challenge Success. Palo Alto and Gunn High Schools have had some participation with this program over the last few years.

These efforts support the belief that all elements of the educational system, including core principles, curriculum, policies, training, strategic plans, hiring and other practices must align in the development of a supportive school environment. At the core of this strategy is an expanded definition of success within the schools and community that embodies an appreciation of a variety of aptitudes and avenues that define "success" for youth and a structure that supports this message.

Actions

- *Gunn High School re-engaged with Challenge Success in the 2009-2010 school year and conducted the Challenge Success survey this year (albeit with only a few hundred of its students). A Gunn High School team of students, staff and parents attended the Challenge Success conference in the Fall of 2009.*
- *Palo Alto High School (PAHS) recently approved a consistent later start time for students as well as a modified Block schedule for 2010-11. As a result PAHS students will enjoy a few more minutes of sleep each day and the new block scheduling will reduce the number of classes, tests and assignments due to no more than three or four on any given day. Longer classes also allow for more*

creative teaching methods, more in-class writing and more time for connections between teacher and students.

- *Gunn High School has held meetings with various groups to help students develop resilience (Project Cornerstone, Project Happiness⁵). Project Happiness's curriculum is being used in Focus on Success classes.*
- *Dr. Fred Luskin (a Gunn parent and Stanford Professor) addressed all seniors on October 14th on the topic of happiness and what makes students happy and resilient in the face of pressure. Students were involved in student-led small group discussions following his presentation.*
- *Students have organized peer support groups and taken action to build community spirit [ROCK (Reach Out Connect Know), "Talk to Me" T-shirts, Anti-suicide Facebook groups]. ROCK has presented its ideas to staff and students to publicize its existence and purpose.*
- *Dr. Fred Ginsberg conducted an assembly in March, 2010 for students on building and maintaining resilience. In assemblies and one-on-one encounters students have been supporting each other and have been encouraged to seek help from school staff or another adult if they are concerned about a friend.*

Next Steps

- *Study, discuss and implement additional environmental strategies that create a more supportive school and learning environment, such as finals prior to winter break, revised test and project calendars, revised homework policies addressing purpose and volume, academic integrity concerns, tutorials and advisories, and social and emotional skill development.*
- *Provide students with a greater "voice" in campus decision-making, more community building activities on their campuses and opportunities to connect with campus adults as well as with other students.*
- *Apply positive strategies across all schools in the district. This would allow for a common language, economies of scale, cross training and sharing of what works.*
- *Give careful consideration to the implementation of the following suggestions from the Youth Forum:*
 - **More community building on campus:**
 - **Fun, student-led activities throughout the year**
 - **Celebration of student diversity on campus**

⁵ www.projecthappiness.com

- **Improved connections with campus counselors/adults**
 - Exploration of ways to connect students with adults
 - Improved visibility and physical access to counselors
 - Increased opportunities for students and counselors to connect “in good/bad moments” at assemblies, sporting events, student activities
 - Encouragement of a climate of staff-student connections beyond the classroom setting
- **Greater student voice on campus**
 - Prompt feedback from surveys
 - Involvement of more students in informal campus structures
 - Examination of new, creative methods for gathering student ideas/ involvement
 - Formal and informal ways to share student concerns with staff
 - Effective avenues for student voices to influence policy and campus decision-making
 - **GUNN: Administration- generated strategies:**
 - *Posting minutes of meetings on the website*
 - *Question-and-answer message board in the Student Center*
 - *Establishment of a peer helping program*
 - **PALY: Administration-generated strategies:**
 - *Posting meeting minutes on the website*
 - *Introduction of a mechanism to give students more feedback*
- **Feedback Box and Teacher Evaluations**
 - Encourage teachers to acknowledge that the teacher evaluations were read and thoughts from them shared with their students
 - Review of best practices for teachers and encourage teachers to reflect on the feedback box

Intervention

I-1 Adopted Suicide Prevention Policies

Strategy

In order to create a united and concerted effort to reduce suicides, a community effort must involve community leaders and decision makers. One of the most noted and few successful suicide prevention plans is the U.S. Air Force Suicide Prevention Program. One reason attributed for its success is leadership involvement. It is clear from the top of this organization through all levels that suicide prevention is valued and required.⁶ Consequently, an important strategy is for elected officials to adopt policies that commit to suicide prevention and mental health support for

⁶ U.S. Air Force Suicide Prevention Program <http://dmna.state.ny.us/suicideprevention/AFPAM44-160.pdf>

all community members.

Actions

- *PAUSD adopted a suicide prevention policy in May 2010 (Appendix E)*

Next Steps

Adopt a City of Palo Alto suicide prevention policy (A draft City Policy can be see in Appendix F) and procedures to complement the similar action by PAUSD. (Through Santa Clara County's suicide prevention work, all 15 SCC cities will be requested to adopt a suicide prevention policy).

- *Policy and accompanying procedures recommended to include:*
 - **Continued support for PSN, or a similar organization, that identifies and implements tangible and achievable suicide prevention actions**
 - **Provide web-based and non-web-based information on suicide prevention**
 - **Promote planning, implementing, and evaluating strategies for suicide prevention, intervention, and postvention and encourage mental health care**
 - **Establish a crisis intervention plan to respond to a suicide or suicide attempt, including a communications plan**
 - **Provide all staff members with this policy and procedures**
 - **Key city staff members receive gatekeeper training and measure and monitor its effectiveness**
 - **Determine a funding source for PSN work**

I-2 Screening, Identification and Referral of At-Risk Youth

Strategy

The risk factors for suicide are both identifiable and treatable. Screening youth for suicide and mental illness is therefore vital to identifying those in need of further evaluation and intervention.

Screen youth and young adults for suicide risk and refer identified individuals for further evaluation and intervention.

Actions

- *PAUSD staff and members of PSN have collaborated over the past 10 months to improve our collective knowledge about screening techniques. We have utilized this knowledge in the school, community and clinical environments to actively search for and identify at-risk youth in our community and refer them to appropriate services.*
- *Compiled lists of at-risk students and formalized the process as a regular part of student health and welfare review at each school site.*
- *Increased vigilance on the part of mental health staff and guidance programs at each school to ensure that students considered at high-risk are accessing the recommended psychological services, either on campus or at outside agencies.*
- *Developed targeted screening pilot project (utilizing TeenScreen) at both high schools (estimated start fall 2010).*
- *PAMF has expanded the role of Primary Care Physicians in the screening, management and appropriate referral for adolescent mental health issues.*

Next Steps

- *Review district-generated list of at-risk youth with mental health staff at each school site for follow-up attention and re-referral to services, if necessary.*
- *Implement TeenScreen targeted screening pilot project at high schools and consider expanding TeenScreen to be a permanent intervention tool.*
- *Provide continued training to school and community mental health staff on comprehensive, accurate identification of at-risk youth.*

I-3 Peer to Peer Counseling

Strategy

Provide opportunities for students to reach out to each other and support each other as they encounter difficult situations in their lives, and further empower them to seek help for themselves and their peers in times of distress.

Actions

- *Students at Gunn High School started a blog called HMGGMH⁷, which stands for Henry M. Gunn Gives Me Hope.*
- *Students also started a peer counseling group (with faculty oversight) known as ROCK which stands for “Reach Out, Care, Know,” that encourages students to*

⁷ <http://hmggmh.wordpress.com/>

interact with one another about the events of the past 12 months. Perhaps more importantly, in both forums, classmates of the students who died by suicide can begin to focus on the future.

Next Steps

- *Continue to provide and create new opportunities for students to support each other both formally and informally through organized meetings, clubs and systems.*
- *Educate students on the signs and symptoms of depression and suicide, and empower them to feel comfortable seeking help for themselves and/or their friends.*

I-4 Surveys/Assessment of Risk

Strategy

Provide ongoing evaluation of patterns of need for student support and identify students who require additional support services.

Actions

- *There were two formal assessments of student health risk behaviors employed in the PAUSD in the 2009-2010 school year: the California Healthy Kids Survey (CHKS) and the Palo Alto Reality Check Survey (PARCS). The state of California requires that the CHKS be conducted on a biennial basis to 5th, 7th, 9th and 11th grade students (most recently conducted in Fall 2007 and Winter 2010). PAUSD employs the Core module of the CHKS which examines behaviors and attitudes related to substance use, school connectedness, as well as violence, safety and harassment. The Core also includes a single question that serves as a screening question for depression.*
 - **With regard to suicide ideation and attempts, this year's 2010 CHKS Core module included a single question, "In the past 12 months, have you ever seriously considered attempting suicide"? In previous years the Core module did not include any questions related to suicide. But after two students at Palo Alto High School died by suicide (Churchill train crossing - Oct. '02 and Nov. '03), many in the community were concerned and asked to have questions on suicide ideation, planning and actual attempts included in the CHKS. In the Fall 2007 CHKS, PAUSD added three questions on suicide to the Core module. The**

Winter 2010 CHKS presented another opportunity to include these same suicide questions and compare results to the '07 baseline. However, the District chose not to include the additional suicide questions with this year's CHKS.

- The Palo Alto Reality Check Survey (PARCS) is a locally-created, annual survey of all PAUSD secondary students that focuses on substance use and related risk behaviors and perceptions and includes an in-depth section on bullying for middle school students. The PARCS survey was conducted in October 2008 and 2009. Although no questions on suicide were included in this survey, the survey did include a number of questions that provide insight into students' attitudes and feelings about adults on campus, asking for help, feelings of connectedness and a number of questions directly tied to the 41 Developmental Assets.
- *ACS support services include one-on-one therapy with students, family and group counseling, and immediate intervention during crisis situations that may arise on campus. When a teen is first seen by an ACS counselor, a risk assessment is done, based on information (verbal or written) in their referral and what the student presents and reports with the counselor. Depression surveys, discussion of coping skills, and family history are all addressed when a student meets with an ACS counselor.*
- *When a suicide cluster was identified, consideration was given to doing a formal study (typically called a "psychological autopsy") of the deaths. The purpose of the study is to try to learn as much as possible about what prompted these students to die by suicide in the hope that what is learned will guide efforts to reduce the risk of future suicides.*
 - With the aid and advice of several experts in psychological autopsies, most notably Dr. Madelyn Gould of Columbia University, Dr. David Clark from Medical College of Wisconsin and Dr. Alan Berman of the American Association of Suicidology (AAS), a plan for the study has been developed. Erica Weitz from LPCH/Stanford has been trained by AAS in the protocol that they use, and she will be responsible for doing the interviews and writing up the results, with assistance from AAS. The study has been adapted for use in teens, and will be done under the auspices of the Stanford Division of Child & Adolescent Psychiatry, with Dr. Shashank Joshi as the Lead Investigator, as part of an IRB (Institutional Review Board) protocol, and we are close to receiving final approval from them.
 - It is up to the individual families to decide whether to participate. Initial conversations have taken place with several of them, and they have indicated they are likely to participate. Once IRB approval is received, a formal agreement will be developed with families and the interview process will start. Family members, peers, teachers and others who may be able to contribute relevant

information will be interviewed. The results of the study will be contained in a series of reports, one for each family and one for the study as a whole.

Next Steps

- *The Project Cornerstone Survey of Developmental Assets will be conducted in PAUSD in the Fall of 2010.*
- *It is yet to be determined whether the PARCS survey will be offered next year or be conducted on a biennial basis (Fall 2011).*
- *It is critical that data from these surveys is shared as soon as possible with the community – with special commitment to sharing with students in particular – and that this very important data be used to inform the direction of education, prevention and intervention strategies.*
- *Complete the psychological autopsy study, prepare and share the reports within a predefined confidentiality agreement and understanding of the families who lost a child by suicide. If applicable modify prevention efforts based on study findings.*

I-5 Gatekeeper Programs

Strategy

Establish a network of adults and youth in every community who can recognize and respond to youth exhibiting signs of suicide risk and can assist them in getting professional help.

While broad-based screening programs help identify at-risk youth who might otherwise escape detection, PSN also recognizes that gatekeeper programs play a crucial role in providing continuous vigilance by ensuring that people who have regular contact with youth are trained to recognize warning signs of risk and to appropriately intervene. Gatekeeper programs help train front-line professionals and community members—such as teachers, school staff, parents, and community program personnel—to:

1. Recognize behavioral patterns and other warning signs that indicate that a young person may be at risk of suicide.
2. Actively intervene by talking with the young person in ways that explore the level of risk without increasing it.
3. Ensure that young people at risk receive the necessary services (How Schools Can Prevent Suicide, 2006, National Center for Mental Health Promotion and

Youth Violence Prevention).

Actions

- *“Question, Persuade, Refer (QPR)” program training given to all school psychologists and guidance counselors.*
- *Santa Clara County Office of Education committed to providing QPR Training for Trainers. PAUSD has committed to send a number of individuals to become trainers so that ongoing training of District personnel is assured.*
- *All City staff in the City Community Services Department that work with teens have been trained in QPR. The QPR training will become an ongoing training within the Department.*

Next Steps

- *Provide QPR training to all teachers, administrators and classified staff within PAUSD within the first quarter of the school year, 2010-2011.*
- *Provide QPR training to City Parks and Recreation staff and the staff of all youth-serving organizations that come in regular contact with community youth.*

I-6 Affordable and Expanded Mental Health Care

Strategy

Improve access to affordable behavioral health care for youth and young adults by:

- *Providing information and services (education, screening, treatment, consultation) to youth in places where they gather (schools, youth centers, events, youth-serving agencies, churches, athletics, shopping malls, etc.)*
- *Increasing the number of school-based health centers that provide behavioral health services*
- *Improving linkages and collaborative relationships between schools and community providers of behavioral health services*
- *Advocating for low-cost or no-cost services and more behavioral health treatment insurance coverage*

Actions

In the Summer of 2009, following the second suicide in June, the HEARD Alliance was formed (HEARD). This is a voluntary group of about 35 community agencies whose representatives have been meeting to foster collaboration among primary

care, mental health and educational professionals in order to enhance the community's ability to respond to adolescent depression. The group includes Dr. Frances Wren and Dr. Shashank Joshi from LPCH (LPCH), Becky Beacom, and Drs. Meg Durbin and Amy Heneghan from PAMF (PAMF), Wes Cedros, Carol Zepecki, and Linda Lenoir from PAUSD, and representatives from other local School Districts and CBO's in the area. The current focus is on increasing the number of clinical slots in those community agencies willing to take on clients on a sliding scale or no-fee basis. The HEARD coordinator, Erica Weitz, will link the available patient slots with those kids and families identified to be at-risk.

Next Steps

- *Continue the coordination efforts with other agencies and medical facilities in the community in order to meet the psychological counseling needs of students and parents.*

I-7 Crisis hotline

Strategy

Crisis Hot Lines are an important component of a comprehensive community plan to decrease death by suicide. PSN reviewed evidence that showed hotlines:

1. Are preferred by youth over mental health centers, especially if they are known to cater to youth and provide peer counselors.
2. Provide a service for individuals troubled by suicidal ideation.
3. Succeed in attracting populations they are designed to help.
4. Are associated with decreases in suicide rates among white females under 25, the most frequent users of hotline services.
5. Reach otherwise underserved populations in the community. However, the impact of crisis hotlines may be improved if enhanced by appropriate advertising and if hotline personnel are trained in how to respond more specifically to callers regardless of the caller's problems.

Actions

- *PSN has published a comprehensive list of local and national crisis hotlines on the PSN website: www.cityofpaloalto.org/Safetynet.*
- *Crisis hotlines are made prominently available throughout the community.*

Next Steps

- *Identify the number of crisis hotlines, number of calls received from youth aged 10 to 24, the nature of hotline calls, and gaps and coordination issues in the local service area.*
- *Develop a plan to track calls to collect data as an aid to monitoring effectiveness.*
- *Develop and implement strategies for making crisis hotlines more user friendly to youth.*
- *Use a variety of media to publicize availability of crisis lines and crisis services to community members, families, and youth, especially youth at high suicide risk.*
- *Monitor, evaluate and improve standards for crisis line services.*
- *Request data on youth crisis situations with local services (SACS, 911 call center, local emergency rooms, etc.) for analysis and action.*
- *Provide Santa Clara County Mental Health Department with input to make suicide prevention hotline services more available and user friendly.*

I-8 Support for Highest Risk Youth

Strategy

Improve emergency room and after-care services for youth suicide attempters and their families by:

- *Training emergency room staff in the use of a protocol to increase treatment adherence*
- *Providing follow-up after-care for youth and their families*

Actions

- *Lucile Packard Children’s Hospital/Stanford Medical Center and Palo Alto Medical Foundation opened access to their Behavioral Health specialists, for any student experiencing distress related to the recent deaths from Gunn High School.*
- *The School District has instituted both formal support such as QPR and staff education on crisis protocols, and informal methods such as increased vigilance by staff and peers in order to identify high risk students for further intervention.*
- *The community has also been able to use the HEARD alliance coordinator as a referral clearing house during the current crisis, particularly in cases where mental health care has been hard to access due to long agency waitlists or*

inadequate insurance coverage.

- *PAUSD and PAMF developed a form that allows parents, schools and health care providers to communicate and coordinated their support for students post-hospitalization or currently under treatment.*

Next Steps

- *Possible application for additional funding through the City of Palo Alto Human Services Resource Allocation Program (HSRAP), County of Santa Clara, U.S. Department of Education, American Foundation for Suicide Prevention) and or PAUSD for support of a half-time High Risk Case Manager to act as the clearing house for the high risk youth referrals as screening expands to include more secondary students in the area.*
- *Develop and supply resource materials to local Emergency Rooms - specifically designed to help families whose children have received Emergency Room care or treatment related to depression or suicide.*

I-9 Grief Counseling for Those Impacted by Suicide

Strategy

Foster the development of bereavement support groups for youth and adult survivors of suicide (those who have lost someone by suicide).

Actions

- *The impact of the suicides has been felt by everyone in the community, not just the family and friends of the students who died. In addition to great sadness at the loss of five young lives, many people felt afraid. Is there going to be another suicide? Is my child at risk? Some people felt guilty. Should I have seen warning signs? Was there something I could or should have done? Some people felt angry. How can this be happening? They often looked for someone or something to blame.*
- *Some individuals and families actively sought grief support and mental health counseling on their own. That support was provided by existing counseling agencies, including Kara, ACS, PAMF, LPCH, Community Health Awareness Council (CHAC), and many others, and by private therapists. Many people received support through the faith community. For some a combination of offerings from many resources proved helpful.*
- *Additional support was provided onsite, most extensively at Gunn High School,*

but also at Palo Alto High School and Jordan, Terman and JLS Middle Schools. Activities included support groups for small groups of people specifically affected by a death; lunchtime drop-in support opportunities for students and staff at Gunn; evening drop-in support opportunities at Kara for students from local high schools; educational programs for teachers and staff on how to help grieving students and how to help themselves after a death; and a series of support groups for Gunn counselors and staff.

- The School District had been advised by outside experts that it was important to avoid memorializing the students in a way that could perpetuate the suicide cluster. At the same time it is helpful and healing for people to be able to talk about their grief and to express their emotions. It was sometimes difficult to find the right balance between those two perspectives. There were some individuals among students, staff, parents and others who felt those who had died were not being appropriately remembered and mourned. This created some underlying resentment that seemed to grow with each successive death.*
- To address fear, guilt and anger a series of educational programs and panel discussions aimed at better understanding grief for parents and the general community was presented during the 2009-10 school year.*

Next Steps

- Monitor need for grief counseling among staff and students and provide specific onsite services as needed.*
- Provide training programs for teachers, counselors and staff on how to help students and each other following a death.*

I-10 Organized Health Care Provider Network

Strategy

The mission is to enhance collaboration amongst primary care, mental health and educational professionals to increase the community's ability to respond to adolescent depression.

Actions

- Presentations and mutual teaching among primary care physicians, psychiatrists and PAUSD staff about teen mental health issues.*
- Improving information flow and communication between school personnel and health care providers about students at risk or known to have mental health*

issues.

- *Improving communication between primary care and mental health providers, both within or across different institutions.*
- *Local schools and health care providers are working to improve communication about students with mental health needs.*
 - **An official form has been created that allows school representatives, parent and health care providers to communicate and coordinate the necessary support for students returning from hospitalization or who are currently under treatment.**

Next Steps

- *Coordinate efforts to support local School Districts.*
- *Strengthen the ability of local primary care providers to identify and respond to adolescent depression.*
- *Address barriers to timely access to an appropriate level of mental health care for affected teenagers through the Mental Health systems.*
- *Pool knowledge and skills to provide educational and information resources for families, teens, primary care providers and school staff through community education.*
- *Continue and strengthen the collaboration currently enjoyed among schools, community and local health care organizations by ensuring the sustainability of the Project Safety Net structure and leadership.*

Conclusion

The members of the PSN Community Task Force have defined 22 specific strategies, actions and recommended next steps in the body of this report. Some of the recommendations are specific to the City, School District or youth-serving organizations while others are specific to parents, teens and the general community.

The PSN Community Task Force shares a sense of urgency with the entire community and we are resolute in continuing to support youth and teens and their social emotional health. The City of Palo Alto, School District, parent, teen, medical, mental health and faith communities along with many youth-serving non-profits who make up the PSN Community Task Force, are steadfast in our commitment and hope of a sustainable coalition focused on a supportive community environment for our youth and teens.

Everyone must play a role to look out after one another, and we must remain vigilant in our commitment to help those in distress find the support they need. Teens must be encouraged to talk to their parents or a caring adult when a friend or they themselves are in distress. All adults need to watch for warning signs in teens, whether in their own children or a friend's child. We must urge all teens to be caring and alert to what their peers, friends and siblings are saying or doing, so they can seek help if mental health concerns are recognized.

The Palo Alto community has come together in an extraordinary way during the 2009-10 school year as evidenced in this report. A great deal of work from all segments of our community have contributed to shape this plan of action, of which much progress has been made.

However, the PSN Community Task Force must also continue to ask how effective are the community efforts, what gaps remain and how does our community best overcome those gaps, in spite of diminishing resources.

At the May 13 and June 11, 2010 PSN meetings the following questions were asked of the PSN Community Task Force: (For a complete list of responses see Appendix G):

QUESTION 1:

What has been positive, encouraging and effective this past year?

QUESTION 2:

What are our greatest gaps? (or holes in the safety net)

QUESTION 3:

Where would you like to see us go from here?

QUESTION 4:

How do you see us getting there?

Below is a list of Priority Next Steps that are the result of the responses to the above questions by the PSN Community Task Force. Moreover, the Priority Next Steps draw from the 22 strategies described in this report, and are a result of a year of learning, planning and implementing a community response to the tragic and complex public health crisis that has impacted our community.

The recommendations in this report and the Priority Next Steps described below are the best collective thinking of the PSN Community Task Force, which is made up of a broad cross section of community members, national experts on suicide prevention, physicians and mental health professionals from Lucile Packard Children's Hospital, Palo Alto Medical Foundation and Adolescent Counseling Services, Palo Alto parents, the teen community and youth-serving non-profits.

It is the collective recommendation and hope of the PSN Community Task Force that the recommendations below and in the body of this report be implemented.

Priority Next Steps

1. Create an effective and sustainable structure for PSN that maximizes the tremendous resources in the Palo Alto community for the planning and implementation of effective strategies for "Youth Well-Being."
 - **Assign a senior level position in PAUSD and the City to support the implementation of PSN strategies.**
 - **Apply for grant funding to complement the \$50,000 SERV grant awarded for the PSN efforts in April 2010.**
 - **Identify a PSN coordinator to further develop PSN strategies and the implementation plan.**
2. Implement the 41 Developmental Assets and philosophy in the School District, city, and community agencies for a common vision and language for youth and teen well-being.
3. Train all School District staff and youth-serving agencies to be Gatekeepers using Question, Persuade, Refer (QPR) or related program.
4. Adopt a comprehensive K-12 health education curriculum that includes a

strong social-emotional, mental health component as described in the “Health Education Content Standards for California Public Schools” of the California Department of Education.

5. Develop a secondary school system of trained peer “counselors” and provide facilitated peer support groups which have careful faculty oversight.
6. Continue an ongoing educational campaign and complementary strategies to reduce the stigma around mental health and specifically, mental illness.
7. Develop a systematic feedback loop from students to adults about their needs.
 - **Consider San Mateo County Youth Bill of Rights as a model.**
8. Reduce the lethal means of self-harm by supporting Track-Watch for the 2010-11 school year.
9. Complete the analysis of student deaths by suicide and suicide attempts to better inform prevention strategies.
10. Identify district and community personnel who will be effective spokespersons for their organization and the health and wellness of youth and teens.
11. Implement an effective district-wide program to educate, identify and respond to bullying on each school site.
12. Enhance counseling opportunities through existing systems and extend utilization of low-cost or volunteer mental health professional services in the community.
13. Expand the PSN Website to provide information to the community regarding school student support efforts and resources available to parents and students.
14. Gather data to track depression and suicide ideation and attempts among the student population. Consider the inclusion of previous California Healthy Kids Survey questions that relate to depressive symptoms and suicidal thoughts.
15. Develop a comprehensive crisis protocol to limit the negative effects of a crisis and increase the chance of positive outcomes for those involved. Such a plan should include procedures for addressing students who try to harm themselves as well as those who are contemplating it. The protocol should also provide guidance for the role of individual teachers and school mental health professionals in identifying and responding to potential suicidal or violent behavior in students, and how to respond when actual violence takes place.

16. Provide better, advanced education for parents who experience a mental health crisis in their family, so that they know what resources are available to support them and their children during and after a crisis.
17. Engage youth in community service activities that promote increased awareness of the needs of their community and the development of individual community service, self-efficacy and positive emotional and behavioral health.

Appendices

Appendix A: *PSN Action Matrix*

Appendix B: *General Guidelines for Parents on Suicide Prevention*

Appendix C: *Media Reporting Guidelines*

Appendix D: *Summary of the 41 Developmental Assets*

Appendix E: *PAUSD Suicide Prevention Policy*

Appendix F: *Draft City of Palo Alto Suicide Prevention Policy*

Appendix G: *PSN Survey Results Year in Review (Raw Data)*

Appendix H: *Partial List of Resources Utilized by the
PSN Community Task Force*

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APPENDIX A

Action Matrix
PSN Community Task Force

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STRAATEGIES	Lead Agency/Group	Parents	PAUSD Council	ARC	PAU	CSC	Project Connections	HRC	City Mgrs Off	PARF	PRC	ACS	HEARD Council	PAU Youth Council	PAPD	KARA	SC City Mental Health	PAU Also Rec.	IMHR faith	YMCA	YCS	PAIDACC SHARE	Others to be added
EDUCATION																							
E1	Mental Health Curriculum in Schools		X	X	X							X					X					X	
E2	Parent & Community Education	X				X	X			X								X	X	X	X		
E3	Media Education								X														
E4	Mental Health Training for Teachers		X			X																	
PREVENTION																							
P1	Youth Outreach	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
P2	Mental Health Support to Students	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
P3	Resilience Building and Character Education Programs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
P4	Reduction of Lethal Means of Self Harm	X																					
P5	Crisis Mental and Safety Plan																						
P6	Accessible Resources on Suicide Prevention and Depression		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
P7	Reduction of Harassment/Social Cruelty	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
P8	Supportive School Environment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
INTERVENTION																							
I1	Adopted Suicide Policies																						
I2	Screening	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
I3	Peer to Peer Counseling/Support Groups	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
I4	Survey/Risk Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
I5	Gatekeeper Programs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
I6	Affordable Behavior Health Care																						
I7	Crisis Hot Line																						
I8	Support for Highest Risk Youth	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
I9	Grief Counseling for those Impacted by Suicide																						
I10	Organized Health Care Provider Network		X																				

Index	AGS	Adolescent Connections Services	ARC	American Red Cross	CSC	Community for Sustainable Change	HEARD	Health Care Alliance for Response to Adolescent Depression	PAIDACC	PAIDACC Drug and Alcohol Community Collaborative	PAPD	Palmdale Police Department	PAU	Palmdale Police Foundation	PAU	Palmdale University	SHARE	Student Health Awareness Resources and Education	YCS	Youth Community Services		

**PALO ALTO UNIFIED SCHOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services**

General Guidelines for Parents (Elementary)

Youth Suicide in the United States*

- Suicide is the third leading cause of death for youth aged 10-24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females - although females attempt suicide three times as often as males.

SUICIDE IS PREVENTABLE.

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their heads." **Asking for help** is the single skill that will protect your student. **Help your child** to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** to your child's feelings. Don't minimize what your child says about what is upsetting him or her. Put yourself in your child's place; don't attempt to provide simple solutions.
- **Be honest.** If you are concerned, do not pretend that the problem is minor. Tell the child that there are people who can help. State that you will be with him or her to provide comfort and love.
- **Be supportive.** Children look for help and support from parents, older brothers and sisters. Talk about ways of dealing with problems and reassure your child that you care. Let children know that their bad feelings will not last forever.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at a suicide prevention center, local mental health agency, family service agency or through your clergy.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

SUICIDE AND CRISIS SERVICES (S.A.C.S.)
408-279-3312 (Main 24-hour number)
650-494-8420 (North Santa Clara County)
408-885-3630 (Fax)

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline

**PALO ALTO UNIFIED SCHOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services**

General Guidelines for Parents (Elementary)

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no “profile” that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. The behaviors listed below may indicate that a child is emotionally distressed and may begin to think and act in self-destructive ways. If you are concerned about one or more of the following behaviors, please seek assistance at your child’s school or at your local mental health service agency.

Home Problems

- Running away from home
- Arguments with parents / caregivers

Behavior Problems

- Temper tantrums
- Thumb sucking or bed wetting/soiling
- Acting out, violent, impulsive behavior
- Bullying
- Accident proneness
- Sudden change in activity level or behavior
- Hyperactivity or withdrawal

Physical Problems

- Frequent stomachaches or headaches for no apparent reason
- Changes in eating or sleeping habits
- Nightmares or night terrors

School Problems

- Chronic truancy or tardiness
- Decline in academic performance
- Fears associated with school

Serious Warning Signs

- Severe physical cruelty towards people or pets
- Scratching, cutting or marking the body
- Thinking, talking, drawing about suicide
- Previous suicide attempts
- Risk taking, such as intentional running in front of cars or jumping from high places
- Intense/excessive preoccupation with death

SUICIDE AND CRISIS SERVICES (S.A.C.S.)
408-279-3312 (Main 24-hour number)
650-494-8420 (North Santa Clara County)
408-885-3630 (Fax)

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline

These guidelines courtesy of Los Angeles Unified School District, Department of School Mental Health and Suicide Prevention Services. Webpage: http://notebook.lausd.net/portal/page?_pageid=33,1049567&_dad=ptl&_schema=PTL_EP

**PALO ALTO UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES**

School Mental Health

Suicide Prevention Services

General Guidelines for Parents (Secondary)

Youth Suicide in the United States*

- Suicide is the third leading cause of death for youth aged 10-24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females - although females attempt suicide three times as often as males.

SUICIDE IS PREVENTABLE.

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their heads." **Asking for help** is the single skill that will protect your child. **Help** them to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** without judging. Allow for the discussion of experiences, thoughts, and feelings. Be prepared for expression of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether or not such behavior is justified. Ask open-ended questions.
- **Supervise** constantly. Do not leave your child alone.
- **Ask** if your child has a plan to kill themselves, and if so, **remove means.** As long as it does not put the caregiver in danger, attempt to remove the suicide means such as a firearm, knife or pills.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at a suicide prevention center, local mental health agency, family service agency or through your clergy.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

SUICIDE AND CRISIS SERVICES (S.A.C.S.)
408-279-3312
650-494-8420
408-885-3630

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline

PALO ALTO UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services

General Guidelines for Parents (Secondary)

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no “profile” that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. Specifically, these risk factors include the following:

- History of depression, mental illness or substance/alcohol abuse disorders
- Presence of a firearm or rope
- Isolation or lack of social support
- Situational crises
- Family history of suicide or suicide in community
- Hopelessness
- Impulsivity
- Incarceration

Suicide Warning Signs

Warning signs are observable behaviors that *may* signal the presence of suicidal thinking. They might be considered “cries for help” or “invitations to intervene.” These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then suicide interventions will be required. Warning signs include the following:

- **Suicide threats.** It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct (“I want to kill myself”) and indirect (“I wish I could fall asleep and never wake up”) threats need to be taken seriously.
- **Suicide notes and plans.** The presence of a suicide note is a very significant sign of danger. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.
- **Prior suicidal behavior.** Prior behavior is a powerful predictor of future behavior. Thus anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.
- **Making final arrangements.** Giving away prized possessions, writing a will, and/or making funeral arrangements may be warning signs of impending suicidal behavior.
- **Preoccupation with death.** Excessive talking, drawing, reading, and/or writing about death may suggest suicidal thinking.
- **Changes in behavior, appearance, thoughts, and/or feelings.** Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions, and reduced interest in previously important activities are among the changes considered to be suicide warning signs.

SUICIDE AND CRISIS SERVICES (S.A.C.S.)
408-279-3312
650-494-8420
408-885-3630

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline

These guidelines courtesy of Los Angeles Unified School District, Department of School Mental Health and Suicide Prevention Services. Webpage: http://notebook.lausd.net/portal/page?_pageid=33,1049567&_dad=ptl&_schema=PTL_EP



At-a-Glance: Safe Reporting on Suicide

Research indicates that the way suicide is reported in the media can contribute to additional suicides and suicide attempts. Conversely, stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. The following recommendations have been developed to assist reporters and editors in safe reporting on suicide.

For Reporters

What to Avoid

- *Avoid detailed descriptions of the suicide, including specifics of the method and location.*
Reason: Detailed descriptions increase the risk of a vulnerable individual imitating the act.
- *Avoid romanticizing someone who has died by suicide. Avoid featuring tributes by friends or relatives. Avoid first-person accounts from adolescents about their suicide attempts.*
Reason: Positive attention given to someone who has died (or attempted to die) by suicide can lead vulnerable individuals who desire such attention to take their own lives.
- *Avoid glamorizing the suicide of a celebrity.*
Reason: Research indicates that celebrity suicides can promote copycat suicides among vulnerable people. Do not let the glamour of the celebrity obscure any mental health or substance abuse problems that may have contributed to the celebrity's death.
- *Avoid oversimplifying the causes of suicides, murder-suicides, or suicide pacts, and avoid presenting them as inexplicable or unavoidable.*
Reason: Research shows that from 60–90 percent of suicide victims have a diagnosable mental illness and/or substance use disorder. People whose suicide act appears to be triggered by a particular event often have significant underlying mental health problems that may not be readily evident, even to family and friends. Studies also have found that perpetrators of murder-suicides are often depressed, and that most suicide pacts involve one individual who is coercive and another who is extremely dependent.
- *Avoid overstating the frequency of suicide.*
Reason: Overstating the frequency of suicide (by, for example, referring to a “suicide epidemic”) may cause vulnerable individuals to think of it as an accepted or normal response to problems. Even in populations that

have the highest suicide rates, suicides are rare.

- *Avoid using the words “committed suicide” or “failed” or “successful” suicide attempt.*

Reason: The verb “committed” is usually associated with sins or crimes. Suicide is better understood in a behavioral health context than a criminal context. Consider using the phrase “died by suicide.” The phrases “successful suicide” or “failed suicide attempt” imply favorable or inadequate outcomes. Consider using “death by suicide” or “non-fatal suicide attempt.”

What to Do

- *Always include a referral phone number and information about local crisis intervention services.*
Refer to: The National Suicide Prevention Lifeline toll-free number, 1-800-273-TALK (273-8255), which is available 24/7, can be used anywhere in the United States, and connects the caller to a certified crisis center near where the call is placed. More information can be found on the National Suicide Prevention Lifeline website: www.suicidepreventionlifeline.org
- *Emphasize recent treatment advances for depression and other mental illness. Include stories of people whose treatment was life-saving or who overcame despair without attempting suicide.*
Refer to: Suicide Prevention Resource Center's research and news briefs: www.sprc.org/news/research.asp
- *Interview a mental health professional who is knowledgeable about suicide and the role of treatment or screening for mental disorders as a preventive strategy.*
Refer to: The American Foundation for Suicide Prevention's “Talk to the Experts” page: www.afsp.org, view *About Suicide*, click on *For the Media* to locate the *Talk to the Experts* section.

Continued ►►

Suicide Prevention Resource Center ♦ www.sprc.org ♦ 1-877-GET SPRC (1-877-438-7772)
Education Development Center, Inc. ♦ 55 Chapel Street, Newton, MA 02458-1060

Appendix C

For Reporters *(Continued)*

Reporters may also contact the Suicide Prevention Resource Center at 1-877-GET-SPRC (438-7772), the American Association of Suicidology at (202) 237-2280, or the Suicide Prevention Action Network USA at (202) 449-3600.

- *Emphasize decreasing trends in national suicide rates over the past decade.*

Refer to: CDC's (Centers for Disease Control and Prevention) WISQARS (Web-based Injury Statistics Query and Reporting System): www.cdc.gov/ncipc/wisqars/ or talk with an expert (see previous recommendation).

- *Emphasize actions that communities can take to prevent suicides.*

Refer to: CDC Recommendations for a Community

Plan for the Prevention and Containment of Suicide Clusters: wonder.cdc.gov/wonder/PrevGuid/p0000214/p0000214.asp

Best Practices Registry for Suicide Prevention: www.sprc.org/featured_resources/bpr/index.asp

- *Report on activities coordinated by your local or state suicide prevention coalition.*

Refer to: Your state suicide prevention contact will be able to tell you if there are local groups or organizations providing suicide prevention training in your community. See the Suicide Prevention Resource Center's State Suicide Prevention webpages: www.sprc.org/stateinformation/index.asp

For Editors

What to Avoid

- *Avoid giving prominent placement to stories about suicide. Avoid using the word "suicide" in the headline.*

Reason: Research shows that each of the following lead to an increase in suicide among media consumers: the placement of stories about suicide, the number of stories (about a particular suicide, or suicide in general), and dramatic headlines for stories. Using the word "suicide" or referring to the cause of death as "self-inflicted" in headlines increases the likelihood of suicide contagion.

- *Avoid describing the site or showing pictures of the suicide.*

Reason: Research indicates that such detailed coverage encourages vulnerable people to imitate the act.

What to Do

- *Suggest that all reporters and editors review Reporting on Suicide: Recommendations for the Media. These guidelines for responsible reporting of suicide were developed by a number of Federal agencies*

and private organizations, including the Annenberg Public Policy Center.

Refer to: www.afsp.org, view *About Suicide*, click on *For the Media* section

- *Encourage your reporters to review examples of good and problematic reporting of suicide.*

Refer to: The American Foundation for Suicide Prevention's website: www.afsp.org, view *About Suicide*, click on *For the Media* section

- *Include a sidebar listing warning signs, or risk and protective factors for suicide.*

Refer to: American Association of Suicidology's warning signs: www.sprc.org/library/helping.pdf

National Strategy for Suicide Prevention's risk and protective factors: www.sprc.org/library/srisk.pdf

National Institute of Mental Health, Suicide Prevention: www.nimh.nih.gov/topics/suicide-prevention.shtml

The recommendations in this publication were adapted in 2005, from *Reporting on Suicide: Recommendations for the Media*, a 2001 report by the Centers for Disease Control and Prevention, National Institute of Mental Health, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration, American Foundation for Suicide Prevention, American Association of Suicidology, and Annenberg Public Policy Center. www.afsp.org, view *About Suicide*, click on *For the Media* section.

We would like to acknowledge Madelyn Gould of Columbia University for her many contributions to this document. Additionally, we thank Lanny Berman, Lidia Bernik, Ann Haas, Karen Marshall, and Dan Romer for their input.

www.sprc.org
Created 2005 - Updated 2007

The 41 Developmental Assets

The 40 Developmental Assets have been identified through the research by the Search Institute (www.search-institute.org) of Minneapolis, Minnesota as the "building blocks of healthy development that help young people grow up healthy, caring, and responsible adults." Project Cornerstone (www.projectcornerstone.org) of Santa Clara County, California established the need for the *41st Asset through community outreach and input. The Youth Development Initiative has adapted the Developmental Assets as its guiding theory in advancing the Youth Development movement.

	Category	Asset Name and Definition
EXTERNAL ASSETS	Support	1. FAMILY SUPPORT Family life provides high levels of love and support 2. POSITIVE FAMILY COMMUNICATION Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s) 3. OTHER ADULT RELATIONSHIPS Young person receives support from three or more non-parent adults 4. CARING NEIGHBORHOOD Young person experiences caring neighbors 5. CARING SCHOOL CLIMATE School provides a caring, encouraging environment 6. PARENT INVOLVEMENT IN SCHOOLING Parent(s) are actively involved in helping young person succeed in school
	Empowerment	7. COMMUNITY VALUES YOUTH Young person perceives that adults in the community value youth 8. YOUTH AS RESOURCES Young people are given useful roles in the community 9. SERVICE TO OTHERS Young person serves in the community one hour or more per week 10. SAFETY Young person feels safe at home, school, and in the neighborhood
	Boundaries & Expectations	11. FAMILY BOUNDARIES Family has clear rules and consequences and monitors the young person's whereabouts 12. SCHOOL BOUNDARIES School provides clear rules and consequences 13. NEIGHBORHOOD BOUNDARIES Neighbors take responsibility for monitoring young people's behavior 14. ADULT ROLE MODELS Parent(s) and other adults model positive, responsible behavior 15. POSITIVE PEER INFLUENCE Young person's best friends-model responsible behavior 16. HIGH EXPECTATIONS Both parent(s) and teachers encourage the young person to do well
	Constructive Use of Time	17. CREATIVE ACTIVITIES Young person spends three or more hours per week in lessons or practice in music, theater, or other arts 18. YOUTH PROGRAMS Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community 19. RELIGIOUS COMMUNITY Young person spends one or more hours per week in activities in a religious institution 20. TIME AT HOME Young person is out with friends "with nothing special to do" two or fewer nights per week
	Commitment to Learning	21. ACHIEVEMENT MOTIVATION Young person is motivated to do well in school 22. SCHOOL ENGAGEMENT Young person is actively engaged in learning 23. HOMEWORK Young person reports doing at least one hour of homework every school day 24. BONDING TO SCHOOL Young person cares about her or his school 25. READING FOR PLEASURE Young person reads for pleasure three or more hours per week
INTERNAL ASSETS	Positive Values	26. CARING Young person places high value on helping other people 27. EQUALITY AND SOCIAL JUSTICE Young person places high value on promoting equality and reducing hunger and poverty 28. INTEGRITY Young person acts on convictions and stands up for her or his beliefs 29. HONESTY Young person "tells the truth even when it is not easy." 30. RESPONSIBILITY Young person believes accepts and takes personal responsibility 31. RESTRAINT Young person believes it is important not to be sexually active or to use alcohol or other drugs
	Social Competencies	32. PLANNING AND DECISION MAKING Young person knows how to plan ahead and make choices 33. INTERPERSONAL COMPETENCE Young person has empathy, sensitivity, and friendship skills 34. CULTURAL COMPETENCE Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds 35. RESISTANCE SKILLS Young person can resist negative peer pressure and dangerous situations 36. PEACEFUL CONFLICT RESOLUTION Young person seeks to resolve conflict nonviolently
	Positive Identity	37. PERSONAL POWER Young person feels he or she has control over "things that happen to me." 38. SELF-ESTEEM Young person reports having a high self-esteem 39. SENSE OF PURPOSE Young person reports that "my life has a purpose." 40. POSITIVE VIEW OF PERSONAL FUTURE Young person is optimistic about her/his personal future 41. POSITIVE CULTURAL IDENTITY Young person feels proud of her/his cultural background *

ITALICIZED and Bolded Assets are focuses of the Youth Development Initiative mission.



YOUTH DEVELOPMENT INITIATIVE
 To bring youth and adults together to provide the supports and opportunities that young people in San Mateo County need to thrive.
www.BetheDifference.org

APPENDIX E SUICIDE PREVENTION AND RELATED MENTAL HEALTH PROMOTION

Students

BP 5141.52

The Board of Education recognizes that suicide is a major cause of death among youth and should be taken seriously. In order to attempt to reduce suicidal behavior and its impact on students and families, the Superintendent or designee shall develop preventive strategies and intervention procedures.

The Superintendent or designee shall involve school health professionals, school counselors, administrators, other staff, parents/guardians, students, local health agencies and professionals, and community organizations in planning, implementing, and evaluating the district's strategies for suicide prevention and intervention.

Prevention and Instruction

Suicide prevention strategies shall include, but not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with the school and is characterized by caring staff and harmonious interrelationships among students.

The district's instructional and student support program shall promote the healthy mental, emotional, and social development of students including, but not limited to, the development of problem-solving skills, coping skills, and resilience.

The Superintendent or designee may offer parents/guardians education or information which describes the severity of the youth suicide problem, the district's suicide prevention efforts, risk factors and warning signs of suicide, basic steps for helping suicidal youth, reducing the stigma of mental illness, and/or school and community resources that can help youth in crisis.

Staff Development

Suicide prevention training for staff shall be designed to help staff identify and find help for students at risk of suicide. The training shall be offered under the direction of district staff and/or in cooperation with one or more community mental health agencies and may include information on:

1. Research identifying risk factors, such as previous suicide attempt(s), history of depression or mental illness, substance use problems, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, and other factors.
2. Warning signs that may indicate suicidal intentions, including changes in students' appearance, personality, or behavior.
3. Research-based instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health.
4. School and community resources and services for students and families in crisis and ways to access them.
5. District procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide.

BP 5141.52

APPENDIX E SUICIDE PREVENTION AND RELATED MENTAL HEALTH PROMOTION

Intervention

Whenever a staff member suspects or has knowledge of a student's suicidal intentions, he/she shall promptly notify the principal, another school administrator, psychologist, or school counselor. The principal, another school administrator, psychologist, or counselor shall then notify the student's parents/guardians as soon as possible and may refer the student to mental health resources in the school or community.

Students shall be encouraged through the education program and in school activities to notify a teacher, principal, another school administrator, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

The Superintendent or designee shall establish crisis intervention procedures to ensure student safety and appropriate communications in the event that a suicide occurs or an attempt is made by a member of the student body or staff on campus or at a school-sponsored activity-

Also see:

cf. 4131 – Staff Development

cf. 5022 – Student and Family Privacy Rights

cf. 5125 – Student Records

cf. 5030 - Student Wellness

cf. 5141 – Health Care and Emergencies

cf. 5137 – Positive School Climate

cf. 5143 – Nondiscrimination/Harassment

cf. 6142.8 - Comprehensive Health Education

cf. 6164.2 – Guidance/Counseling Services

Policy
adopted: June 1, 2010

PALO ALTO UNIFIED SCHOOL DISTRICT
Palo Alto, California

APPENDIX F

DRAFT

City of Palo Alto: Suicide Prevention Policy and Mental Health Promotion

The City of Palo Alto's City Council and City Administration understands the concern that suicide poses to its residents and employees/employers and shall have suicide prevention strategies and intervention procedures. Mental health care shall be promoted and there shall be support for community members in need.

This policy promotes planning, implementing, and evaluating strategies for suicide prevention and intervention and encouraging mental health care. To do this, City staff and residents shall better understand the causes of suicide and learn appropriate methods for identifying and preventing loss of life. This understanding and awareness shall include training in identifying those at risk (called gatekeeper training) and how to report suicide threats to the appropriate parental and professional authorities. This policy shall provide for collaboration with similar work by the Palo Alto Unified School District and other local and regional authorities, including Santa Clara County government.

Actions indicated by the community task force, Project Safety Net, or a similar future committee, shall be evaluated, agreed upon, and implemented. This policy shall advance current strategies including, but not limited to, parent education, media education, youth outreach, mental health support of students, means reduction, youth mental health screenings, and grief support amongst other actions. This education shall promote the healthy mental, emotional, and social development of residents and employees/employers including, but not limited to, youth understanding of problem-solving skills, coping skills, and resilience. Also an easily accessible list of mental health and suicide prevention resources shall be maintained.

The City Manager or designee shall establish a crisis intervention plan and procedures to ensure public safety and appropriate communications in the event that a suicide occurs or an attempt is made by an individual in the City of Palo Alto.

The City of Palo Alto Administration shall ensure that all staff members have been issued a copy of this suicide prevention policy and procedures. All staff are responsible for knowing and acting upon them.

Funds to implement this policy shall be provided, if available, and shall be sought through private donations and grant applications.

This policy shall be reviewed annually to confirm compliance and to make any necessary revisions.

Appendix G

PSN Community Task Force Survey Results: Year in Review (raw data)

QUESTION 1 -*What has been positive, encouraging and effective this past year?*

- a. Collaboration between groups within the City, consistent effort
- b. Diverse perspectives
- c. Awareness of risk
- d. Better education
- e. Communication of facts
- f. Higher comfort of what to do when you identify an at-risk youth
- g. Start at changing the culture/stigma
- h. Kids willingness to talk
- i. Developing a sense that we all play a role
- j. Teen Forums
- k. A raft of educational programs
- l. Action oriented
- m. Talking to youth
- n. Positive evolution in attitude that this is a community health issue
- o. TrackWatch
- p. Means to identify gaps
- q. Production of tangible results
- r. Sharing of resources
- s. Systems starting to put procedures in place
- t. It's encouraging that a cross-community team of such diverse organizations can come together for the good of youth.
- u. And that the team can actually produce tangible results in the course of an academic year, including:

Appendix G

- v. HEARD's progress on creating processes, providing training, engaging PAUSD and others,
- w. The formation of Track Watch and the introduction, funding and training of the paid guards,
- x. PAUSD's implementation of QPR training and the upcoming pilot of "Teen Screen".
- y. It's encouraging that through this team's work, social/emotional health is now as academic success in our schools.
- z. It's a positive that the team has made enough progress and is still functioning as a productive entity that the team will be doing reports to the PAUSD BoE and the City Council on progress to date and the way forward.

QUESTION 2 - *What are our greatest gaps (or holes in the safety net)*

- a. Lack of common language, communication gaps between parents, PAUSD, Medical & mental health
- b. Umbrella approach
- c. Isolated groups
- d. Availability and affordability of mental health services
- e. QPR training incomplete
- f. Focus on Gunn needs to expand to all secondary schools
- g. Get youth more involved in the conversation
- h. PAUSD and Cornerstone screening
- i. Need to focus on the positive (wellness resiliency)
- j. Continue to grow the effort
- k. Outreach communication
- l. Produce a common language for all
- m. Create sustainable, systemic change

2

- n. Mental health curriculum in schools
- o. Campaign to reduce stigma
- p. Create "single look" to brand effort
- q. Consistent K-12 curriculum on social/emotional health,
- r. Consistent K-8 curriculum on social cruelty,
- s. Peer-to-peer mentoring at all the secondary schools,
- t. All kids feeling connected to adults (ala the Project Cornerstone "dot exercise")
- u. Community resources aren't well leveraged for kids for whom school isn't the place here they are most comfortable or derive their happiness/satisfaction (e.g. kids who struggle to fit in or struggle academically)
- v. Track Watch needs more support.
- w. Kids spend a lot of their time with Sunday school teachers, youth group leaders, et al. Those adults need gatekeeper training as well.
- x. One next step for Parent Education is to educate parents more specifically on the resources available, how to access them, specifically how the process works and more in-depth information on recognizing risks. Should try some new formats for learning (in addition to the existing lecture and panel formats).
- y. Others with whom we interact aren't as well-versed as PSN team members on this topic and we could do more to educate them (e.g. staff, students).
- z. We lack a systemic feedback loop from kids to adults about their needs. Youth Forum was effective but ad hoc.
- aa. Should share information with our surrounding school districts and cities.

QUESTION 3 - *Where would you like to see us go from here?*

- a. Common language approach (developmental assets model)

3

Appendix G

- b. Broaden the focus to include the parents; it's not just the schools
- c. Develop ongoing infrastructure, find resources
- d. More inclusive to other organizations
- e. Need for a "leader" or governing body moving forward (working groups?)
- f. Review strategies and review priorities based on this year's progress
- g. Get buy in from group
- h. Determine resources available and what's needed
- i. Communicate plan
- j. Action on 2a could be achieved by advocating for PAUSD to assign a champion and some resources.
- k. The existing Youth Collaborative could be leverage for 2b and 2g.
- l. We should re-set on Track Watch and make some decisions on how long, how to fund, how to recruit more volunteers, etc.

QUESTION 4 - *How do you see us getting there?*

- a. Getting PAUSD involved in asset building
- b. Speaker's Bureau to help spread the word.
- c. More media outreach to the general public
- d. Decision making-process is critical to success of program
- e. Ownership/Accountability
- f. What did we learn? What did we struggle with?

APPENDIX H

Partial list of Resources Utilized by the PSN Community Task Force

1. The American Foundation for Suicide Prevention (AFSP), a 501(c)(3) organization, has been at the forefront of a wide range of suicide prevention initiatives in 2010 -- each designed to reduce loss of life from suicide. We are investing in groundbreaking research, new educational campaigns, innovative demonstration projects and critical policy work. And we are expanding our assistance to people whose lives have been affected by suicide, reaching out to offer support and offering opportunities to become involved in prevention
<http://www.afsp.org/>
2. School based Youth Suicide Prevention Guide - provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program
<http://theguide.fmhi.usf.edu/>
3. "National Strategy for Suicide Prevention" and "California Strategic Plan on Suicide Prevention"]

Related websites that support the PSN Goals

[Depression Bipolar Support Alliance](http://www.dbsalliance.org) (www.dbsalliance.org)

[Project Corner Stone](http://www.projectcornerstone.org) (www.projectcornerstone.org)

[Child and Adolescent Bipolar Foundation](http://www.bpkids.org) (www.bpkids.org)

[Anxiety Disorders Association of America](http://www.adaa.org) (www.adaa.org)

[American Academy of Child and Adolescent Psychiatry, E-Resource Center](http://www.aacap.org) (www.aacap.org)

[NIMH, Depression in Children & Adolescents](http://www.nimh.nih.gov) (www.nimh.nih.gov)

[American Psychological Association: The Road to Resilience](http://www.apahelpcenter.org) (www.apahelpcenter.org)

[Mayo Clinic: Resilience](http://www.mayoclinic.com) (www.mayoclinic.com)

[American Foundation for Suicide Prevention \(AFSP\)](http://www.afsp.org) (www.afsp.org)

[The Suicide Prevention Resource Center](http://www.sprc.org) (www.sprc.org)

Books and Relevant Documents

- Youth Suicide Prevention Guidelines for California Schools 2005 – Department of Education, State of California
- “Out of the Darkened Room: When a Parent is Depressed: Protecting the Children and Strengthening the Family”, Beardslee, Little Brown, 2002
- “Helping your anxious child: A step by step guide”, Rapee et al, New Harbinger, 2000
- “Helping your teenager beat depression: A problem-solving approach for families”, Manassis & Levac, Woodbine House, 2004
- “Night Falls Fast – understanding suicide”, Kay Redfield Jamison, Vintage Books 2000
- “Eight Stories Up: An Adolescent Chooses Hope over Suicide”, Levine & Brent, Oxford University Press, 2008 (From the Adolescent Mental Health Initiative, of the Annenberg Public Policy Center)
- “The Anxiety & Phobia Workbook”, Bourne, New Harbinger, 2005
- “Uncommon Sense for Parents with Teenagers”, revised ed., Michael Riera, PhD, Celestial Arts, 2004
- “Surviving Your Adolescents: How to Manage and Let Go of Your 13-18 year olds”, 2nd ed. Thomas Phelan, PhD, CMI, 1998
- “The Good Enough Child: How to Have an Imperfect Family and Be Totally Satisfied”, Brad Sachs, PhD, Quill, 2001
- “The Confident Child: Raising Children to Believe in Themselves”, Terri Apter, PhD, Bantam, 1997

