




## The Garrett Lee Smith Memorial Youth Suicide Prevention and Early Intervention Program



STATE AND TRIBAL INFRASTRUCTURE TO MONITOR EARLY IDENTIFICATION, REFERRAL AND FOLLOW-UP OF YOUTH AT RISK FOR SUICIDE IN SCHOOLS  
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## BACKGROUND

- Suicide is the third leading cause of death for youth aged 10-24 resulting in about 4,405 deaths among young people every year
- 2007 YRBS:
  - 6.9% of high school students had attempted suicide
  - 14.5% of students had seriously considered attempting suicide
  - 11.3% of students nationwide had made a plan about how they would attempt suicide
- Higher rates among certain subgroups, especially young Native Americans and Alaska Natives



## GARRETT LEE SMITH MEMORIAL ACT

- To date, more than \$100 million has been appropriated for the GLSMA
- As of October 1, 2009, 86 State, Tribal, and Territorial grantees have been funded
  - ✓ 14 in Cohort 1 (1 tribe; 13 states)
  - ✓ 24 in Cohorts 2 and 3 (6 tribes; 18 states)
  - ✓ 23 new communities in Cohort 4 and 7 Cohort 1 communities were re-funded (12 tribes; 17 states; 1 territory)
  - ✓ 4 new communities were funded in Cohort 5 in addition to 14 re-funded from Cohort 2 and 2 re-funded from Cohort 1 (4 tribes; 14 states)



## OBJECTIVES

- Assess the extent to which youth identified at-risk for suicide by trained gatekeepers or through mental health screenings are referred to and receive appropriate services.
- Document the result of screening activities or gatekeeper trainings
- Identify gaps in referral network
- Improve or create data collection systems to track service referral and receipt

## METHODOLOGY

- Data was abstracted from an existing data system or collected as part of the sites' efforts to monitor service access for youth identified at risk for suicide
- Data elements:
  - Was a mental health or non-mental health referral made?
    - When was the referral made?
    - What type of referral was made?
  - Did the youth receive services?
    - When was the service received?
    - What type of service was received?
  - Demographic information (i.e., age, race, gender)



## DATA COLLECTION STRATEGIES

Example 1:

- Gatekeeper training; policy and protocol development
- School-based coordinators use event logs to track youth identified by gatekeepers and follow-up to ensure that the youth attended the appointment.
- Referrals to mental health professionals in the community

Example 2:

- Bullying prevention training; tracking protocol
- Point person in each school is responsible for tracking youth and enter into an electronic data collection system
- Refer youth to school counselor

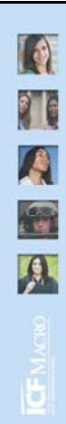
### DATA COLLECTION STRATEGIES (CON'T)

Example 3:

- Teen screen
- School counselor submits the data quarterly using a web-based survey.
- Referrals to school counselor for a mental health assessment.


Example 4:

- QPR training
- Modified client intake forms to include EIRF element
- Refer youth at risk to a mobile crisis response team who conducts a mental health assessment and provide on-going individual therapy




### SAMPLE

- 3,812 youth were identified as at risk for suicide in schools
- 70% (n=28) of the sites contributing data worked in school-based settings
- Other settings include child welfare agencies, juvenile justice, law enforcement agencies (n=12)

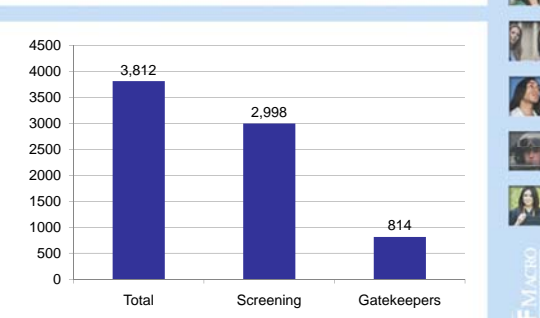


### DEMOGRAPHICS


- Average age: 14.6
- Gender: 65.3% female; 34.7% male
- Race:
  - 61.5% White
  - 16.4% Black or African American
  - 11.0% Hispanic
  - 8.4% American Indian or Alaska Native
  - 0.9% Asian
  - 0.9% Native Hawaiian or Other Pacific Islander



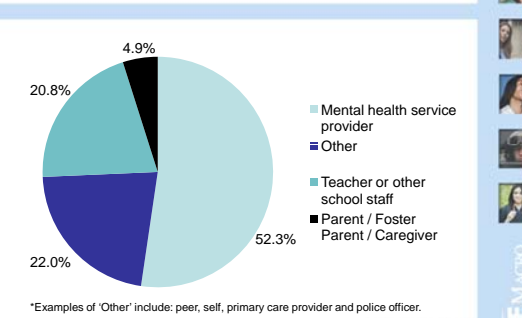
### NUMBER OF YOUTH IDENTIFIED IN SCHOOLS



Category	Number of Youth
Total	3,812
Screening	2,998
Gatekeepers	814




### TYPE OF GATEKEEPER

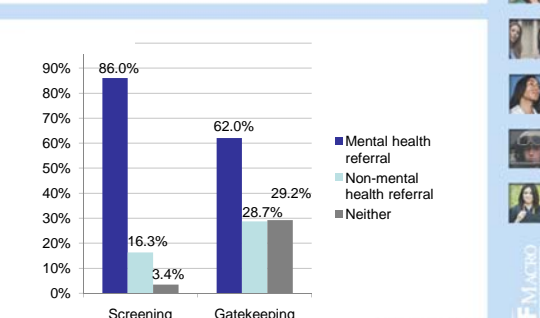


Type of Gatekeeper	Percentage
Mental health service provider	52.3%
Other	22.0%
Teacher or other school staff	20.8%
Parent / Foster Parent / Caregiver	4.9%


\*Examples of 'Other' include: peer, self, primary care provider and police officer.

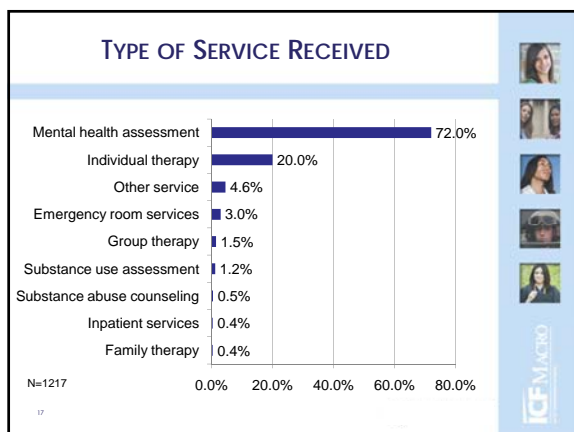
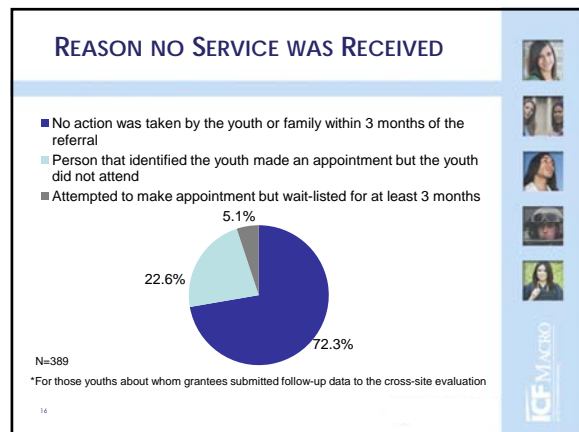
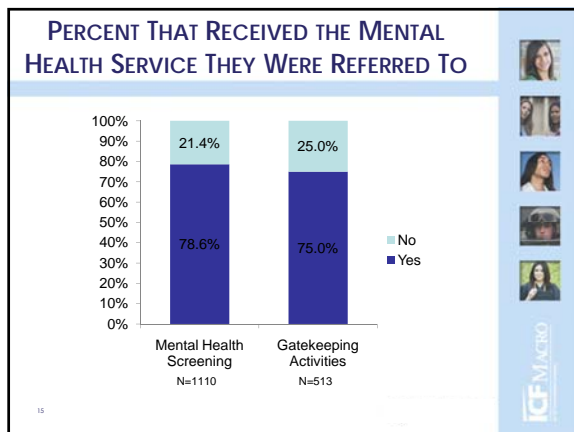
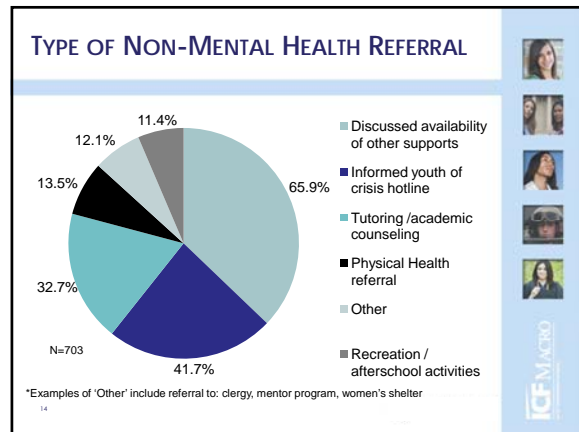
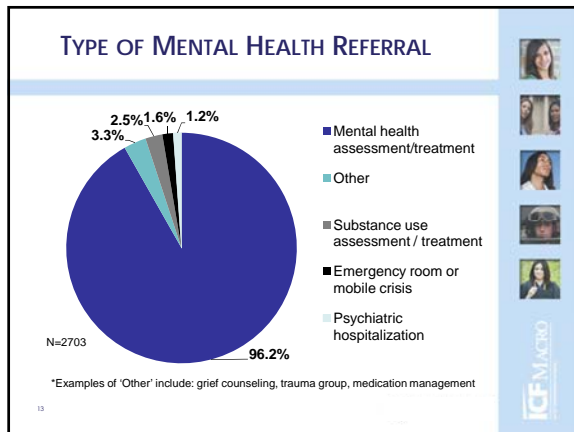


### SERVICE REFERRALS



Category	Screening (N=2883)	Gatekeeping (N=794)
Mental health referral	86.0%	62.0%
Non-mental health referral	16.3%	29.2%
Neither	3.4%	28.7%





### DISCUSSION

- With support and training, schools can develop or access data to track identification, referral and follow-up of youth at risk for suicide.
- Mental health screening and trained gatekeepers identifying youth at risk for suicide are different but complimentary approaches to identifying and responding to youth in crisis.
- Both can increase access to service for youth in distress that may not regularly come in contact with mental health professionals.

**CONTACT INFORMATION**

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