Children's Safety Network

Suicide Prevention Resource Guide 2012

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In recognition of Suicide Prevention Week, September 9-15, 2012, and with the launch of the newly updated National Action Plan for Suicide Prevention, CSN has updated our resource guide on the critical issue of youth suicide prevention. Suicide is the 4th leading cause of death among youth 10 - 24 years of age, and, according to the 2011 Youth Risk Behavior Survey, 15.8% of students seriously considered attempting suicide and 7.8% of students attempted suicide one or more times in the 12 months prior to the survey.

To help state Maternal and Child Health and Injury and Violence Prevention programs respond to the needs of adolescents who are at risk for suicide, this guide contains data, research articles, updates on policy and legislation, evidence-based prevention strategies, tools for program planning, a list of national organizations that address youth suicide, and several special topics in suicide prevention, including: mental health, substance abuse, media, schools, bullying, special populations (LGBT, American Indian/Alaskan Native, and rural youth), and self harm.

Organizations

Suicide Prevention Resource Center (SPRC)

SPRC provides prevention support, training, and resources to assist states, organizations, and coalitions in developing suicide prevention programs, interventions, and policies.

http://www.sprc.org

For Professionals Providing Social Services (SPRC)

This SPRC webpage offers resources for professionals working with juvenile justice facilities and school and youth-serving organizations.

http://www.sprc.org/for-professionals

National Council for Suicide Prevention

This partnership is a coalition of nine national organizations working to prevent suicide. Its mission is to advance suicide prevention through leadership, advocacy, and a collective voice. The coalition members work with each other and their colleagues in government and the private sector to help advance the National Strategy for Suicide Prevention, encourage use of performance measures, and share information and resources.

http://www.ncsponline.org

American Association of Suicidology (AAS)

"Founded in 1968, AAS promotes research, public awareness programs, public education and training for professionals and volunteers. In addition, AAS serves as a national clearinghouse for information on suicide. The membership of AAS includes: mental health and public health professionals; researchers; suicide prevention and crisis intervention centers; school districts; crisis center volunteers; survivors of suicide; and a variety of lay persons who have an interest in suicide prevention."

http://www.suicidology.org

American Foundation for Suicide Prevention (AFSP)

"AFSP is the leading national organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide. To fully achieve its mission, AFSP engages in the following Five Core Strategies: funds scientific research; offers educational programs for professionals; educates the public about mood disorders and suicide prevention; promotes policies and legislation that impact suicide and prevention; provides programs and resources for survivors of suicide loss and people at risk, and involves them in the work of the Foundation."

http://www.afsp.org

The National Suicide Prevention Lifeline

1-800-273-TALK (8255) is a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.

http://www.suicidepreventionlifeline.org

The Jason Foundation, Inc. (JFI)

JFI is a nationally recognized provider of educational curricula and training programs for: students; educators; youth workers; and parents. JFI's program topics include: the national health problem of youth suicide; recognizing the "warning signs or signs of concern"; identifying at-risk behavior and elevated risk groups; and local resources to deal with possible suicidal ideation. JFI's student curricula are presented from the "third-person" perspective - how to help a friend.

http://www.jasonfoundation.com

The Jed Foundation

The Jed Foundation works nationally to reduce the rate of suicide and the prevalence of emotional distress among college and university students. The organization collaborates with the public and leaders in

higher education, mental health, and research to produce and advance related initiatives.

http://www.jedfoundation.org

Policy & Legislation

National Strategy for Suicide Prevention: Goals and Objectives for Action (2012)

On September 10, 2012 the Action Alliance, along with the U.S. Surgeon General, Dr. Regina Benjamin, released the revised National Strategy for Suicide Prevention (NSSP). The revised strategy emphasizes the role every American can play in protecting their friends, family members, and colleagues from suicide. It also provides guidance for schools, businesses, health systems, clinicians and many other sectors that takes into account nearly a decade of research and other advancements in the field since the last strategy was published. This updated plan from articulates 13 goals and 60 objectives and provides a framework for action to prevent suicide, and guides the development of an array of services and programs.

http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf

Charting the Future of Suicide Prevention: A 2010 Progress Review of the National Strategy and Recommendations for the Decade Ahead

This report, published by Suicide Prevention Resource Center and SPAN USA, reviews developments in the field of suicide prevention in the nine years since the 2001 National Strategy for Suicide Prevention was published. It identifies the areas in which important progress has been made, as well as the critical areas that have gone relatively unaddressed, and it also explores new issues or initiatives that have emerged since the development of the NSSP in 2001.

http://www.sprc.org/library/ChartingTheFuture_Fullbook.pdf

National Action Alliance for Suicide Prevention

This public/private partnership addresses planning, implementation, and accountability for updating and advancing the National Strategy for Suicide Prevention. A website offers the latest news and information about the Action Alliance. The website is intended for the general public, the suicide prevention community, the media, policymakers, and other key stakeholders in suicide prevention.

The website also tracks the developments of 14 Task Forces that are charged with making advancements in specific areas of suicide prevention. Task Forces for suicide prevention infrastructure are focusing on: updating the National Strategy for Suicide Prevention; prioritizing suicide-related research; and enhancing suicide-related data and surveillance. Task Forces for high risk populations are focusing on reducing suicide risk among three groups: American Indian and Alaska Native populations; LGBT youth; and military service members and veterans.

http://actionallianceforsuicideprevention.org

Garrett Lee Smith Memorial Act

Signed into law on October 21, 2004, the Garrett Lee Smith Memorial Act (GLSMA) was the first federal suicide prevention program targeted toward youth. The law was named in memory of Senator Gordon H. Smith's son, Garrett, who died by suicide on September 8, 2003. Initially authorized at $82 million in funding over three years, the bill created three suicide prevention programs.

The first provides grants to states and tribal organizations to create and implement statewide/tribal suicide prevention plans. The states and tribal organizations are allowed to utilize the funding in a variety of ways, including providing access to adolescent mental health screening.

The second part of the bill created matching grants for colleges and universities to encourage the development of campus-based education campaigns and intervention and referral teams.

The third component established a federal suicide prevention resource center (SPRC) intended to collect, analyze and disseminate best practices among grantees and outside entities working to end suicide. President Obama's proposed budget for FY 2011 includes just over $40 million in funding for Garrett Lee Smith grants to state and tribal suicide prevention programs; a matching grant program targeted toward campus awareness and intervention, and a suicide prevention resource center.

To date, SAMHSA has funded 156 State/Tribal grants, which have gone to 35 Tribes and 49 States. SAMHSA has funded 154 Campus grants, which have gone to 139 institutions of higher education.

http://www.teenscreen.org/images/stories/PDF/GarrettLeeSmithMemorialAct.11.pdf

Preventing Teen Suicide (2010)

This brief, published by the National Conference of State Legislators (NCSL), provides a summary of federal, state, and tribal policies, regulations, and laws addressing teen suicide prevention. "Laws in at least 11 states require the state department of education to establish and teach a youth suicide prevention curriculum. Other education-based policy options include requiring teachers and other school personnel to receive suicide prevention training or distributing suicide prevention materials developed by the health department or a qualified nonprofit organization."

http://ecom.ncsl.org/webimages/legisbriefs/April2010/1825.pdf

AFSP/ Suicide Prevention Action Network (SPAN USA)

The American Foundation for Suicide Prevention and the Suicide Prevention Action Network (SPAN USA) work to understand and prevent suicide through research, education and advocacy, and to reach out to people with mental disorders and those impacted by suicide.

http://www.spanusa.org

Evidence-Informed Practices

National Best Practices Registry for Suicide Prevention (BPR): An SPRC and AFSP Database

The purpose of the BPR is to identify, review, and disseminate information about best practices that address specific objectives of the National Strategy for Suicide Prevention. The BPR is a collaborative project of the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP). It is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The BPR has three sections: Section I: Evidence-Based Programs; Section II: Expert and Consensus Statements; and Section III: Adherence to Standards.

http://www.sprc.org/bpr

The following are examples of evidence-informed practices. For the full list, visit the Best Practices Registry above.

Preventing Suicide: A Toolkit for High Schools (2012)

Developed through a contract with the National Association of State Mental Health Program Direc-

tors in collaboration with Education Development Center, Preventing Suicide: A Toolkit for High Schools aims at reducing the risk of suicide among high school students by providing research-based guidelines and resources to assist school personnel and leadership, providers and others to identify teenagers at risk and take appropriate measures to provide help.

Drawing on key elements of evidence-based programs, the toolkit offers information on screening tools, warning signs and risk factors of suicide, statistics and parent education materials that are easily adaptable to any high school setting.

http://www.sprc.org/library_resources/items/preventing-suicide-toolkit-high-schools

Emergency Department Means Restriction Education

This program increased the safe storage of firearms, among other positive outcomes, in homes of adolescent suicide attempters. The program is identified as Effective by the SPRC/AFSP Evidence-Based Practices Project (EBPP).

http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=15

Columbia University TeenScreen

This school-based screening program that has demonstrated greater identification of at-risk students compared to regular methods. It is available from TeenScreen without charge.

http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=150

CARE (Care, Assess, Respond, Empower)

This program is a school-based and community-based computerized assessment and counseling service that has demonstrated decreased suicide risk factors for at-risk adolescents and young adults.

The four-hour program (two hours for assessment, two hours for counseling) is for use by mental healthcare providers, including psychologists, counselors, and social workers. The program is identified as Effective by the SPRC/AFSP Evidence-Based Practices Project (EBPP).

http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=6

CAST (Coping and Support Training)

CAST is a school-based small group counseling program for at-risk youth that has demonstrated decreased suicide risk factors among other positive outcomes in adolescents. CAST is conducted over twelve 55-minute sessions. It can be delivered by trained teachers, counselors, social workers, or others with similar experience. The program is identified as Effective (the highest grade) by the SPRC/AFSP Evidence-Based Practices Project (EBPP).

http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=51

SOS: Signs of Suicide: A Middle School Program

This program is a three lesson curriculum that encourages student help-seeking by instructing students how to ACT (Acknowledge, Care, and Tell) in the face of a mental health emergency. The program includes an optional student screening that assesses

depression and suicide risk and awareness and training information for teachers and parents. The program is identified as Promising by the SPRC/AFSP Evidence-Based Practices Project (EBPP).

http://www.sprc.org/sites/sprc.org/files/bpr/SOS%20Signs%20of%20Suicide%20Middle%20School%20Program%20fact%20sheet%2010-25-10.pdf

Lifelines

This school-based curriculum has demonstrated increased positive attitudes about preventing suicide, among other positive outcomes, in adolescents. Lifelines can be taught in four 45-minute lessons. The program manual and materials are available for a fee from Hazelden Publishing and Educational Services. The program is identified as Promising by the SPRC/AFSP Evidence-Based Practices Project (EBPP).

http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=37

Connect Suicide Prevention Program

Much more than an off-the-shelf manual, on-line seminar or toolkit, Connect provides customized training and interaction with experts in the field of suicide prevention and postvention.

http://www.theconnectprogram.org

Reconnecting Youth (RY): A Peer Group Approach to Building Life Skills

This school-based prevention program for students aged 14-19 years teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress. The program is identified as Promising by the SPRC/AFSP Evidence-Based Practices Project (EBPP).

http://nrepp.samhsa.gov/ViewIntervention.aspx?id=96

American Indian Life Skills Development/Zuni Life Skills Development

This school-based curriculum that has demonstrated increased suicide prevention skills and decreased hopelessness, among other positive outcomes, in American Indian youth. The curriculum is 28-56 lessons long. The curriculum manual is available from the University of Washington Press for a fee. The program is identified as Promising by the SPRC/AFSP Evidence-Based Practices Project (EBPP).

http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81

Suicide and Suicide Attempts in Adolescents: An AAP Policy Statement

This report (Pediatrics. 2007 Sep; 120(3): 669-76) updates the previous statement of the American Academy of Pediatrics (AAP) and is intended to assist pediatricians in the identification and management of adolescents at risk of suicide.

http://pediatrics.aappublications.org/cgi/content/full/120/3/669

Pediatric Suicide-Related Presentations: A Systematic Review of Mental Health Care in the Emergency Department

This American College of Emergency Physicians study (Newton AS, et al. Annals of Emergency

Medicine. 2010 Apr 8; epub ahead of print) evaluates the effectiveness of emergency department (ED) interventions for suicidal pediatric patients. The study's authors ultimately find that transition interventions (those beginning in the ED and extending beyond ED discharge into the community) appear most promising for reducing suicide-related outcomes and improving post-ED treatment adherence.

http://www.sciencedirect.com/science/article/pii/S0196064410002167

Program Planning

State Suicide Prevention Planning: A CDC Research Brief (2008)

This brief summarizes the results of a CDC research study conducted to describe the key ingredients of successful state-based suicide prevention planning. The study's major objectives were to document the processes involved in developing state suicide prevention plans and to compile these findings into a template for decision making. The results of this study do not provide a universal blueprint for suicide prevention, but the insights garnered provide states with valuable information for effective planning, implementation, and evaluation.

http://www.cdc.gov/ncipc/pub-res/suicide_brief.pdf

Choosing and Implementing a Suicide Prevention Gatekeeper Training Program: An SPRC Online Course

This course, developed by the Suicide Prevention Resource Center (SPRC), will help participants: understand the role of gatekeeper training; decide if the program is right for their school, organization, or community; involve stakeholders; choose, implement, and evaluate a gatekeeper training program; and provide ongoing support to sustain the program.

http://training.sprc.org/mod/resource/view.php?id=164&tab=3#course1

Campaigns

The Suicide-Proofing Initiative

This interactive guide to suicide-proofing your home was created by a collaboration between the Center to Prevent Youth Violence (CPYV) and the Rhode Island Department of Health. The initiative aims to educate parents about simple steps they can take to reduce the risk of suicide in their homes.

http://suicideproof.org

U Matter Campaign

Created by the Center for Health and Learning and the Vermont Youth Suicide Prevention Coalition, the U Matter Campaign emphasizes the importance of building assets and strengthening the resiliency of youth and trains gatekeepers to respond to youth in distress.

http://www.umatterucanhelp.com and http://www.umatterucangethelp.com

Half of Us Campaign

Half of Us is a national campaign which raises awareness about the prevalence of mental health

issues on campus and connects students to the appropriate resources to get help. Developed with partner mtvU — the largest television network for college students reaching over 9 million students — this Peabody award-winning program features high-profile artists like Mary J. Blige, Pete Wentz and Brittany Snow discussing their own struggles with mental health issues.

These stories, along with the campaign's resources and interactive elements, help students learn they are not alone. The campaign has generated over one billion views since it was launched in late 2006, reaching students at over 1300 colleges.

http://www.halfofus.com

Data and Research

Continuity of Care for Suicide Prevention and Research

This is a comprehensive report offering recommendations for the ongoing care of patients at risk for suicide who have been treated in emergency departments and hospitals. Based on an encyclopedic review and analysis of existing research, the 150-page report was authored by David Knesper, M.D., Department of Psychiatry, University of Michigan, and is the first review of continuity of care as a means to prevent suicide.

The report includes ten principles for improved continuity of care, and provides real-world examples of seven integrated systems of care in the U.S. and Europe. Other key recommendations for practice and research address: targeting high-risk individuals; improving education and training for suicide risk assessment; responding to patients who have become disengaged from treatment; coordinating care; and improving infrastructure to provide continuity of care.

http://www.sprc.org/library_resources/items/continuity-care-suicide-prevention-and-research

[Fact Sheet] Youth Suicidal Behavior (2011)

This fact sheet from the American Association of Suicidology (AAS) provides an overview of the extent of suicidal thoughts and plans among youth aged 10 to 24, as well as suicide attempts and deaths in this group as of 2007. It also summarizes research on risk and protective factors that show a correlation with suicidal behavior among youth.

http://www.sprc.org/library/YouthSuicidalBehavior.pdf

National Suicide Statistics at a Glance (2009)

This statistical summary, published by the Centers for Disease Control and Prevention (CDC), provides national statistics on suicide and suicidal behavior among all age groups as of 2006. These data can help public health officials, researchers, practitioners, and the public to describe and monitor suicide trends and to develop and evaluate prevention programs and strategies.

http://www.cdc.gov/ViolencePrevention/suicide/statistics/index.html

[Fact Sheet] Trends in the Prevalence of Suicide-Related Behaviors. National YRBS: 1991-2011

The national Youth Risk Behavior Survey (YRBS) monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the U. S. The national YRBS is conducted every two years during the spring semester

and provides data representative of 9th-12th grade students in public and private schools throughout the U. S. The data show that suicide-related behaviors among this group generally decreased in 1991-2011 and increased from 2009 to 2011.

http://www.cdc.gov/healthyyouth/yrbs/pdf/us_suicide_trend_yrbs.pdf

Emergency Department Visits for Drug-Related Suicide Attempts by Adolescents: 2008 (2010)

This report from SAMSHA indicates that 1 in 12 adolescent drug-related hospital emergency department visits involved a suicide attempt. Almost three of every four visits for drug-related suicide attempts among adolescents were made by females.

http://www.oas.samhsa.gov/2k10/DAWN001/SuicideAttemptsHTML.pdf

Publications

Suicide in Young Men (2012)

"Suicide is second to only accidental death as the leading cause of mortality in young men across the world. Although suicide rates for young men have fallen in some high-income and middle-income countries since the 1990s, wider mortality measures indicate that rates remain high in specific regions, ethnic groups, and socioeconomic groups within those nations where rates have fallen, and that young men account for a substantial proportion of the economic cost of suicide. High-lethality methods of suicide are preferred by young men: hanging and firearms in high-income countries, pesticide poisoning in the Indian subcontinent, and charcoal-burning in east Asia."

http://www.sciencedirect.com/science/article/pii/S0140673612607314

Social Aspects of Suicidal Behavior and Prevention in Early Life: A Review (2012)

"The present review [from the International Journal of Environmental Research and Public Health] summarizes the updated literature on the social aspects of suicidal behavior and prevention in adolescents. The predictive role of psychiatric disorders and past history are well recognized in adolescent suicide, but the role of social and cultural factors is less clear. Studies have focused on the importance of ethnicity, gender, family characteristics, and socioeconomic status."

http://www.mdpi.com/1660-4601/9/3/985

Suicide in the City: A New Approach to Assessing the Role of Context (2012)

Sociologists have long argued that suicide is an act heavily influenced by social context. Yet empirical investigations into the importance of context on suicide assume that aggregate conditions reflect something more than individual relationships when the possibility exists that these effects are simply the sum of individual characteristics associated with suicide.

Using nationally representative survey data (1986-2006) linked to prospective mortality and contextual information, this study produces the first systematic evaluation of the role of context on an individual's odds of suicide. We find that social and economic disadvantages in the cities in which individuals live increase their odds of suicidal death even after accounting for individual-level traits, supporting classic sociological arguments that the risk of suicide is influenced by the social milieu.

http://www.colorado.edu/IBS/pubs/pop/pop2012-0003.pdf

Mental Health and Youth Suicide

The Mental Health of Adolescents: A National Profile, 2008

This brief highlights existing national data about adolescent mental health status, assesses the shortcomings of current data, and offers recommendations to address these limitations. "Although most adolescents are doing well, about one in five report symptoms of mental health problems, depression being the most common. Depression is one of the most widely studied mental health conditions because of its large burden on individuals, families, and society and its links to suicide. In addition to depression, the presence of other mental health problems, such as conduct disorders, eating disorders, and anxiety disorders, also increase the risk of suicide."

http://nahic.ucsf.edu/downloads/MentalHealthBrief.pdf

A Public Health Approach to Children's Mental Health: A Conceptual Framework (2010)

This monograph presents a framework to help leaders bring about multi-system, multi-sector changes that can improve children's mental health and well-being. Suicide prevention is discussed throughout the monograph.

http://gucchdtacenter.georgetown.edu/publications/PublicHealthApproach.pdf?CFID=4150182&CFTOKEN=89131034

Suicide Screening in Schools, Primary Care and Emergency Departments (2009)

This National Institutes of Health publication reviews suicide screening in three different settings: schools; primary care clinics; and emergency departments (EDs). Recent studies show that managing positive screens is a significant challenge, including the problem of false positives and the burden subsequently imposed on systems of care. Nearly 60 percent of youth in need of mental health services do not receive the care they need, even after a suicide attempt. The authors conclude that targeted suicide screening in schools and universal suicide screening in primary care clinics and EDs may be the most effective way to recognize and prevent self-harm. These settings must be equipped to manage youth who screen positive with effective and timely interventions.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2879582/pdf/nihms199861.pdf

Suicide Risk in Youth with Intellectual Disabilities: The Challenges of Screening (2012)

This review of the literature from the Journal of Developmental & Behavioral Pediatrics "was conducted to (1) estimate the prevalence of suicidal thoughts, behaviors, and deaths by suicide in children and adolescents with intellectual disabilities (ID); (2) describe associations between youth with ID and suicide risk; and (3) identify the limitations of commonly used suicide screening measures developed for non-ID youth."

http://journals.lww.com/jrnldbp/Abstract/2012/06000/Suicide_Risk_in_Youth_with_Intellectual.7.aspx

Screening to Improve Outcomes (2011)

This fact sheet, published by the National Center for Mental Health Checkups (TeenScreen), describes how early identification and treatment of mental illness can improve outcomes for adolescents. "By identifying

adolescents suffering from mental illness early, we can improve outcomes, reduce disability due to mental illness, and prevent suicide."

http://www.teenscreen.org/images/stories/PDF/Improving_Outcomes.pdf

Enhancing Pediatric Mental Health Care: Report from the American Academy of Pediatrics Task Force on Mental Health (2010)

This report (Pediatrics. 2010 Jun; 125(6): Suppl.) includes extensive recommendations stating that pediatricians should screen children and adolescents for possible mental health problems, including suicide risk, at every visit. The guidelines also state that pediatricians should develop a network of mental health professionals in the community to whom they can send patients if they suspect a child or teen is in need of further evaluation and treatment.

http://pediatrics.aappublications.org/content/vol125/Supplement_3

Major Depressive Episode and Treatment among Adolescents: 2009 (2011)

This SAMHSA report indicates that 8.1 percent of America's adolescents aged 12 to 17 (2 million youth) experienced at least one major depressive episode (MDE) in the past year. The report also shows that only 34.7 percent of these adolescents received treatment during this period. An MDE is defined as a period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, including problems with sleep, eating, energy, concentration, and self-image. Adolescent females were twice as likely as their male counterparts to have experienced a past year MDE (11.7 percent versus 4.7 percent). Rates of past year MDE experience increased as adolescents grew older - from 3.6 percent of adolescents aged 12 to 10.4 percent of adolescents aged 15.

http://oas.samhsa.gov/2k11/009/AdolescentDepression.cfm

Birth Cohort Increases in Psychopathology among Young Americans, 1938-2007: A Cross-Temporal Meta-Analysis of the MMPI (2010)

This San Diego State University study (Clinical Psychology Review. 2010 Mar; 30(2): 145-54) compares the mental health of today's college and high school students to that of their peers during the Great Depression. Researchers compared results of students who completed the Minnesota Multiphasic Personality Inventory (MMPI) in 1938 and 2007. The results show that youth mental health problems, such as anxiety and depression, have increased fivefold since then. The authors suggest that the findings reflect changes in society such as: increased pressure to succeed; higher divorce rates; and a more intense focus on wealth, appearance, and status.

http://www.sciencedirect.com/science/article/pii/S027273580900141X

Adolescent and Parent Attitudes Toward Screening for Suicide Risk and Mental Health Problems in the Pediatric Emergency Department (2012)

The objective of this study from Pediatric Emergency Care was to investigate adolescent and parent attitudes toward screening adolescents for suicide risk and other mental health problems in the emergency department (ED). Adolescents and parents completed questionnaires about the importance of screening for suicide risk and other mental health problems in the ED, what would be helpful if the screen was positive, their concerns about screening in the ED, whether they believe screening should be a routine part of an ED visit, and whether they would complete a screening during the current visit if offered the opportunity. Study results suggest overall positive support for screening for suicide risk and other mental health problems in the ED, with some important preferences,

concerns, and parent versus adolescent and male versus female differences.

http://journals.lww.com/pec-online/pages/articleviewer.aspx?year=2012&issue=07000&article=00006&type=abstract

Substance Use and Youth Suicide

Classification of Co-occurring Depression and Substance Abuse Symptoms Predicts Suicide Attempts in Adolescents (2012)

This study from Suicide and Life-Threatening Behavior assesses suicide attempt risk among adolescents. "Although both depression and substance use have been found to contribute to suicide attempts, the synergistic impact of these disorders has not been fully explored."

http://onlinelibrary.wiley.com/doi/10.1111/j.1943-278X.2012.00092.x/abstract;jsessionid=C66CFE55ED4858115D7EBF8BEC8EC701.d02t04

The Legacy of Minimum Legal Drinking Age Law Changes: Long-Term Effects on Suicide and Homicide Deaths Among Women (2012)

"Prior to the establishment of the uniform drinking age of 21 in the United States, many states permitted legal purchase of alcohol at younger ages. Lower drinking ages were associated with several adverse outcomes, including elevated rates of suicide and homicide among youth. The objective of this study is to examine whether individuals who were legally permitted to drink prior to age 21 remained at elevated risk in adulthood. Lower drinking ages may result in persistent elevated risk for suicide and homicide among women born after 1960. The national drinking age of 21 may be preventing about 600 suicides and 600 homicides annually."

http://onlinelibrary.wiley.com/doi/10.1111/j.1530-0277.2011.01608.x/abstract

Electronic Media and Youth Suicide

Suicidal People on the Internet (2009)

Researcher Keith Harris's study of more than 1,000 suicidal people from 40 countries has led him to recommend better online support services for suicidal people, especially those who are gay, lesbian, or transgender. Half of the respondents to the confidential online survey said they had used the Internet to search for sites offering suicide support or explaining how to take one's own life. According to Harris, members of this group (dubbed "suicide surfers") were less likely than other study participants to go to a mental health professional, family member, or friend to discuss their situation.

http://www.uq.edu.au/news/index.html?article=19098

"Suicide" Query Prompts Google to Offer Hotline | NY Times (2010)

Google has changed its results display to prominently feature the phone number of the National Suicide Prevention Lifeline in response to searches focused on suicide. The phone number is accompanied by a red telephone icon. The Lifeline number appears in response to searches on "ways to commit suicide" and "suicidal thoughts" but not yet for some other searches related to suicide, such as "I want to end my life."

http://www.nytimes.com/2010/04/05/technology/05google.html

The Impact of Social Media on Children, Adolescents, and Families: AAP Report and Guidelines (2011)

New guidelines (O'Keeffe GS, Clarke-Pearson K; Council on Communications and Media. Pediatrics. 2011 Apr;127(4):800-4) from the American Academy of Pediatrics (AAP) advise pediatricians to discuss with parents the online social media sites and interactive technology their children are using. Parents should encourage appropriate use of technology such as Facebook, MySpace, and texting, but they should also monitor for potential problems like cyberbullying, sexting, and exposure to inappropriate content. In particular, the authors warn of "Facebook depression" - depressive symptoms that may develop among at-risk pre-teen and teen users of the site. The social aspects of Facebook may be hard to navigate for children with low self-esteem: negative messages that kids post on each others' Facebook pages can be a problem for at-risk kids and upbeat status updates of their peers can leave them feeling like they don't measure up. The authors recommend specific steps pediatricians should take to educate families about youth social media use and well-being.

http://pediatrics.aappublications.org/cgi/reprint/peds.2011-0054v1

Youth Suicide and the Internet: A Study (2011)

This study, published in Journal of Child Psychology and Psychiatry in 2011, explored whether young Americans are exposed to stories about suicide through Web-based media and whether this exposure affects their risk of suicide. "Exposed" was defined as "had heard or seen a story about someone who committed suicide in the past few months." The research compared new media with more traditional ways in which young people might be exposed to stories about suicide, including interpersonal communication and traditional media outlets. More youth reported hearing or reading about suicides in traditional "offline" informational sources (79%) than online sources (59%). Newspapers were most frequently cited as a source of suicide stories (64%), followed by friends and family (55%). 44% of the youth cited Internet news sites as sources of stories about suicide. Other "new media" sources from which young people learned about suicides were social networking sites (25%), online discussion forums (15%), and web-based video sites (15%). The full study is available for purchase and the abstract is available for free.

http://onlinelibrary.wiley.com/doi/10.1111/j.1469-7610.2011.02416.x/abstract

Suicidal Feelings, Self-injury, and Mobile Phone Use After Lights Out in Adolescents (2012)

The objective of this study from the Journal of Pediatric Psychology was to study association between nocturnal mobile phone use and mental health, suicidal feelings, and self-injury in adolescents. Associations of mobile phone use after lights out with mental health, suicidal feelings, and self-injury were examined in adolescents using a self-report questionnaire.

http://jpepsy.oxfordjournals.org/content/early/2012/06/21/jpepsy.jss072

How to Report Suicidal Users on Facebook

The National Suicide Prevention Lifeline announced an innovative partnership with Facebook to offer crisis services via chat so that people in distress can more easily access the support that they need. This is part of NSPL's continued effort to expand online crisis services to reach people where they are.

http://www.suicidology.org/c/document_library/get_file?folderId=236&name=DLFE-489.pdf

Mass Media and Youth Suicide

Guide to Engaging the Media in Suicide Prevention (2008)

This manual from SPRC describes how to use television, radio, and print media to create awareness of suicide prevention and provides examples of press releases, media advisories, pitch letters, op-eds and more. It also gives tips for identifying appropriate media outlets, creating up-to-date media lists, and tracking results.

http://www.sprc.org/library/media_guide.pdf

Recommendations for Reporting on Suicide (2011)

SAMHSA has collaborated with more than a dozen agencies and organizations, including the Suicide Prevention Resource Center (SPRC), to issue new recommendations for media reporting on suicide. Advice for online journalists is included. This webisite provides access to the recommendations and includes additional information, such as links to supporting research and media examples.

http://www.ReportingOnSuicide.org

Schools and Youth Suicide

Teachers: An SPRC Customized Information Page

This document contains information on recognizing and responding to warning signs of suicide, resource materials about suicide prevention, including programs, as well as other suicide prevention information relevant to teachers.

http://www.sprc.org/sites/sprc.org/files/library/Teachers.pdf

After a Suicide: A Toolkit for Schools (2011)

This toolkit from SPRC is designed to assist schools in the aftermath of a suicide (or other death) in the school community. It is meant to serve as a practical resource for schools facing real-time crises to help them determine what to do, when, and how. The toolkit reflects consensus recommendations developed in consultation with a diverse group of national experts, including school-based personnel, clinicians, researchers, and crisis response professionals. It incorporates relevant existing material and research findings, as well as references, templates, and links to additional information and assistance.

http://www.sprc.org/library/AfteraSuicideToolkitforSchools.pdf

Preventing Suicide: A Toolkit for High Schools (2012)

This toolkit from SAMHSA assists high schools and school districts in designing and implementing strategies to prevent suicide and promote behavioral health. It includes tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of students.

http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669?WT.ac=EB_20120622_SMA12-4669

Bullying and Youth Suicide

Bullying and Suicide: The Dangerous Mistake We Make: A News Story from Huffington Post (2012)

Though bullying-related suicides frequently make headlines, experts warn that the majority of suicides are not so simple; there are many factors that contribute to suicide. Professionals in the field worry that focusing too much on external factors such as bullying or family problems not only ignores underlying mental health issues, but also rationalizes suicidal thoughts and behavior.

http://www.huffingtonpost.com/2012/02/08/bullying-suicide-teens-depression_n_1247875.html

Suicide and Bullying: An SPRC Issue Brief (2011)

This issue brief examines the relationship between suicide and bullying among children and adolescents, with special attention to lesbian, gay, bisexual, and transgender (LGBT) youth. It also explores strategies for preventing these problems.

http://www.sprc.org/library/Suicide_Bullying_Issue_Brief.pdf

Cyberbullying and Suicide: A Research Summary (2010)

According to this Cyberbullying Research Center report , middle school students who endure cyberbullying are almost twice as likely to attempt suicide as other teens. The report suggests that, like traditional physical bullying, online harassment can contribute to increased thoughts of suicide and increased suicide attempts. The authors conclude that all forms of peer aggression need to be taken very seriously.

http://www.cyberbullying.us/cyberbullying_and_suicide_research_fact_sheet.pdf

Cyber and Traditional Bullying: Differential Association with Depression (2010)

In this National Institutes of Health study (Wang J, Nansel TR, Iannotti RJ. Journal of Adolescent Health. September 22, 2010; e-pub ahead of print), the research team sought to examine the association between depression and cyberbullying, which has not been studied extensively. The researchers analyzed data on American students in grades 6-10, collected in the 2005/2006 Health Behavior in School-aged Children Study, an international study of adolescents in 43 countries.

Traditional forms of bullying involve physical violence, verbal taunts, or social exclusion. Past studies on traditional bullying show that bully victims - those who both bully others and are bullied themselves - are more likely to report feelings of depression than are other groups. Cyberbullying, or electronic aggression, involves aggressive behaviors communicated over a computer or a cell phone. Unlike traditional forms of bullying, youth who are the targets of cyberbullying at school are at greater risk for depression than are the youth who bully them. "...Unlike traditional bullying which usually involves a face-to-face confrontation, cyber victims may not see or identify their harasser; as such, cyber victims may be more likely to feel isolated, dehumanized or helpless at the time of the attack," write the authors. The study findings underscore the need to monitor school cyberbullying and to obtain treatment for its victims.

http://www.jahonline.org/article/S1054-139X(10)00343-5/abstract

Bullying and Suicidal Behaviors among Urban High School Youth (2012)

The objective of this study from the Journal of Adolescent Health was to determine whether involvement in bullying as a perpetrator, victim, or both victim and perpetrator (victim-perpetrator) was associated with a higher risk of suicidal ideation or suicide attempts among a multiethnic urban high

school population in the United States.

http://www.sciencedirect.com/science/article/pii/S1054139X1100677X

Association between Bullying and Psychosomatic Problems (2009)

According to this systematic review (Gini G, Pozzoli T. Pediatrics. 2009 Mar; 123(3):1059-65), bullying doubles the risk for psychosomatic illness in children. The authors looked at 11 recent studies that examined the association between involvement in bullying and psychosomatic complaints in youth aged 7-16 years. The results showed that victims and bullies had a significantly higher risk for psychosomatic problems than their uninvolved peers. Given that school bullying is a widespread phenomenon in many countries, the authors suggest that bullying be considered an international public health issue.

http://pediatrics.aappublications.org/content/123/3/1059.full.pdf

Bullying and Depressive Symptomatology among Low-Income, African-American Youth

This study (Fitzpatrick KM, Dulin A, Piko B. Journal of Youth and Adolescence. 2010 Jun; 39(6): 634-45) untangles the effects of bullying on depression in African American youth. By removing race/ethnicity from the current analysis, the researchers examined intra-racial behavior among youth. The authors identify risk and protective factors associated with symptoms of depression and point the way to further study.

http://www.springerlink.com/content/vw16r583t125h67x

Stop Bullying Website

A website that provides information from various government agencies on what bullying is, what cyberbullying is, who is at risk, and how individuals can prevent and respond to bullying.

http://www.stopbullying.gov

LGBT Youth and Youth Suicide

American Foundation for Suicide Prevention: LGBT Initiative

This initiative works on suicide prevention among the LGBT population in a number of ways, including producing a conference, funding research grants, working to improve how the media covers anti-gay bullying, helping its chapter volunteers bring understanding of suicide into their local LGBT communities, and creating LGBT mental health educational resources and training tools.

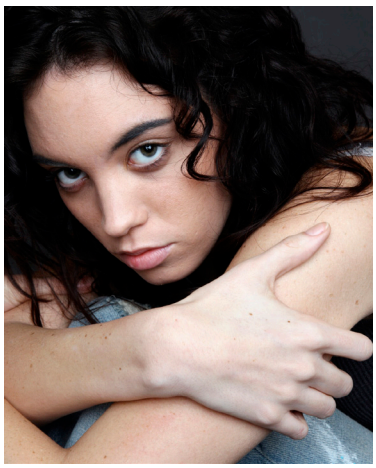
http://www.afsp.org/index.cfm?page_id=6FB9BA00-7E90-9BD4-C33B-D398EAAE73C0

The Trevor Project

This national organization focused on crisis and suicide prevention among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth provides a 24-hour, toll-free, crisis intervention phone line (1-866-488-7386); an online, social networking community for LGBTQ youth aged 13 to 24 and their friends and allies; educational programs for schools; and advocacy initiatives.

http://www.thetrevorproject.org

Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth



Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth is a free workshop kit to help staff in schools, youth-serving organizations, and suicide prevention programs take action to reduce suicidal behavior among lesbian, gay, bisexual, and transgender (LGBT) youth.

Topics covered include suicidal behavior among LGBT youth, risk and protective factors for suicidal behavior, strategies to reduce the risk, and ways to increase school or agency cultural competence.

http://www.sprc.org/training-institute/lgbt-youth-workshop

Preventing Suicidal Behavior among Lesbian, Gay, Bisexual and Transgender Youth: Developing LGBT Cultural Competence (2010)

This guide from SPRC lists criteria for agencies, schools and the individuals who work for them to assess LGBT cultural competence, with an emphasis on suicide risk among LGBT youth.

http://www.sprc.org/library/PreventingSuicidalBehaviorLGBTYouth.pdf

Suicide Risk and Prevention for Lesbian, Gay, Bisexual, and Transgender Youth (2009)

This manual, released by the Suicide Prevention Resource Center (SPRC), addresses the special concerns related to suicide prevention among lesbian, gay, bisexual, and transgender (LGBT) youth.

http://www.sprc.org/library/SPRC_LGBT_Youth.pdf

Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12 - Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009: A CDC Report

Sexual minority youths are youths who: identify themselves as gay, lesbian, or bisexual; or are unsure of their sexual identity; or have only had sexual contact with persons of the same sex or with both sexes. The Youth Risk Behavior Surveillance System (YRBSS) monitors priority health-risk behaviors and the prevalence of obesity and asthma among youths and young adults. YRBSS results from surveys conducted during 2001-2009 in seven states and six large urban school districts indicate that sexual minority students, particularly gay, lesbian, and bisexual students and students who had sexual contact with both sexes, are more likely to engage in health-risk behaviors than other students. The described risks include suicide attempts.

http://www.cdc.gov/mmwr/preview/mmwrhtml/ss60e0606a1.htm

Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations (2011)

A panel convened by the American Foundation for Suicide Prevention, the Suicide Prevention Resource Center, and the Gay and Lesbian Medical Association conducted a thorough review of the research on suicide risk among lesbian, gay, bisexual, and transgender (LGBT) people. This article (Haas AP, et al. Journal of Homosexuality. 2011; 58(1): 10-51) presents the review summary. The review finds that, while there is strong evidence that rates of suicide attempts and suicide ideation are significantly higher among LGBT people than their heterosexual peers, the absence of reliable data makes it impossible to accurately compare the LGBT suicide rate with that of heterosexuals. The panel identified a consensus among researchers that “at least part of the explanation for the elevated rates of suicide attempts and mental disorders found in LGB (lesbian, gay and bisexual) people

is the social stigma, prejudice, and discrimination associated with minority sexual orientation." The authors make specific recommendations for LGBT- focused efforts within: mental health; suicide prevention; and public policy. The recommendations address all age groups.

http://www.informaworld.com/smpp/section?content=a931819675&fulltext=713240928

No Longer Alone: A Resource Manual for Rural Sexual Minority Youth and the Adults Who Serve Them

This resource manual from ruralgayyouth.com assists concerned adults in creating safe environments for rural gay youth. The manual includes information for: students; teachers; and social service providers.

http://www.outrightvt.org/pdf/rural_youth_layout.pdf

Family Acceptance in Adolescence and the Health of LGBT Young Adults (2010)

This study (Rayan C, et al. Journal of Child and Adolescent Psychiatric Nursing. 2010 Nov; 23(4): 205-14) finds that family acceptance seems to protect lesbian, gay, bisexual, and transsexual (LGBT) youth against suicidal thoughts and behaviors. The survey found that LGBT youth whose parents are accepting of their sexual orientation are also less likely to suffer from depression or substance abuse.

http://familyproject.sfsu.edu/files/FAP_Family%20Acceptance_JCAPN.pdf

Suicidal Ideation and Self-Harm in Lesbian, Gay, Bisexual, and Transgender Youth (2012)

This study from the American Journal of Preventive Medicine provides a longitudinal evaluation of the relative contributions of general and LGBT-specific risk factors as well as protective factors to the occurrence of suicidal ideation and self-harm in an ethnically diverse sample of LGBT youth.

http://www.ajpmonline.org/webfiles/images/journals/amepre/AMEPRE_3315%5B3%5D-stamped.pdf

American Indian/Alaskan Native Youth and Suicide

American Indian/Alaska Native Web Pages

These web pages from SPRC are intended to be a resource for people working to prevent suicide and promote wellness in Native communities, and in particular, among Native youth.

http://www.sprc.org/aian

Adolescent Suicide Prevention Program Manual: A Public Health Model for Native American Communities (2011)

The Adolescent Suicide Prevention Program (1989–2005) significantly lowered youth suicide rates in a Native community in the Southwest United States. This manual outlines methods for community involvement, culturally framed public health approaches, outreach efforts, behavioral health programs, program evaluation, and sustainability.

www.sprc.org/library/AdolescentSP_ProgramManuaPH_ModelNA_Communities.pdf

AI/AN National Suicide Prevention Strategic Plan (2011–2015), August 2011

This strategic plan by the IHS, U.S. Department of Health and Human Services (HHS) provides a

comprehensive and integrated approach to reducing the loss and suffering that result from suicidal behaviors among the AI/AN population.

www.ihs.gov/MedicalPrograms/Behavioral/documents/AIANNationalSPStrategicPlan.pdf

Ensuring the Seventh Generation: A Youth Suicide Prevention Toolkit for Tribal Child Welfare Programs (2009)

This toolkit from the National Indian Child Welfare Association (NICWA) for tribal child welfare workers and care providers discusses risk factors, warning signs, prevention and intervention strategies that can be applied in child welfare agencies, and mobilization of support networks for particular children.

www.nicwa.org/YouthSuicidePreventionToolkit/YSPToolkit.pdf

Indian Health Service American Indian/Alaska Native Suicide Prevention Website

This website provides AI/AN communities with culturally appropriate information about best and promising practices, training opportunities, tools for adapting mainstream programs to tribal needs, ongoing activities, potential partnerships, and other information regarding suicide prevention and intervention.

www.ihs.gov/NonMedicalPrograms/nspn

Injury Mortality among American Indian and Alaska Native Children and Youth - United States, 1989-1998 (2003)

This CDC report (MMWR. 2003 Aug 1; 52(30): 697-701) summarizes the results of a CDC study, which indicates that although death rates for some causes (e.g., drowning and fire) have shown substantial improvement over time, rates for other causes have increased or remained unchanged (e.g., homicide and suicide, respectively). The authors conclude that prevention strategies should focus on the leading causes of injury-related death in each AI/AN community, such as motor-vehicle crashes, suicides, and violence.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5230a2.htm

Alcohol and Suicide among Racial/Ethnic Populations - 17 States, 2005-2006 (2009)

This CDC study (MMWR. June 19, 2009; 58(23): 637-41) examines the association of alcohol and suicide in several racial/ethnic and age groups. Among those who died of suicide and were tested for alcohol, about one-third tested positive for alcohol intoxication and one-quarter were above the legal limit for alcohol intoxication. Of these, the highest percent was among American Indian/Alaska Natives (about 37 percent) followed by Hispanic/Latinos (about 28 percent). In an editorial note, the CDC highlights the need for culturally competent suicide prevention strategies that include efforts to reduce alcohol consumption.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5823a1.htm

To Live to See the Great Day that Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults (2010)

The purpose of this guide is to support AI/AN communities and those who serve them in developing effective, culturally appropriate suicide prevention plans. This guide lays the groundwork for comprehensive prevention planning, with prevention broadly defined to include programs that

a community can use to promote the mental health of its young. The guide also covers actions a community can take in response to a suicide to help the community heal and thereby prevent related suicidal behaviors.

http://www.sprc.org/library/Suicide_Prevention_Guide.pdf

Suicide and Rural Youth

Preventing Youth Suicide in Rural America: Recommendations to States (2008)

SPRC and the State and Territorial Injury Prevention Directors Association formed a workgroup to generate recommendations to prevent suicide among rural youth. This report details the recommendations for state-level agencies to address promoting help-seeking behaviors, data and surveillance, services, screening and identification, gatekeeper training, bereavement, and survivor issues.

http://www.sprc.org/library/ruralyouth.pdf

Suicide Prevention Toolkit for Rural Primary Care (2011)

This web-based toolkit, a collaborative project of SPRC and the Western Interstate Commission of Higher Education (WICHE), Mental Health Program, contains information and tools to implement state-of-the-art suicide prevention practices and overcome the significant hurdles this life-saving work faces in primary care practices. The toolkit will help providers engage their patients in managing their own suicide risk. It offers resources for developing partnerships with mental health providers -- regardless of how far away they may be -- and a guide to developing telemental health services -- a promising solution for many rural areas. The resources include posters for display in offices, schools, and churches and wallet cards listing warning signs for suicide and the number of the national crisis line. Although the tools are designed with the rural practice in mind, most are quite suitable for use in non-rural settings as well.

http://www.sprc.org/training-institute/r2p-webinars/suicide-prevention-toolkit-rural-primary-care

Mental Health Risk Factors, Unmet Needs, and Provider Availability for Rural Children: Executive Summary (2005)

This study uses the 2001 National Health Interview Survey, a nationally representative survey of the U.S. population. Key findings: nearly 1 of every 4 rural children has a potential mental health problem; rural African-American children had the highest prevalence of conduct problems and hyperactive behavior; over 1.9 million rural children with mental health problems live in areas with minimal to no care available.

http://rhr.sph.sc.edu/report/SCRHRC_MH_Risk_Children_Exec_Sum.pdf

Suicide and Self-Harm

Self-harm and Suicide in Adolescents (2012)

"Self-harm and suicide are major public health problems in adolescents, with rates of self-harm being high in the teenage years and suicide being the second most common cause of death in young people worldwide. Important contributors to self-harm and suicide include genetic vulnerability and psychiatric, psychological, familial, social, and cultural factors. The effects of media and contagion

are also important, with the internet having an important contemporary role. Prevention of self-harm and suicide needs both universal measures aimed at young people in general and targeted initiatives focused on high-risk groups."

http://www.childrenssafetynetwork.org/news/self-harm-and-suicide-adolescents-lancet

CSN Resources

[CSN Publication] Youth Suicide Prevention: Analysis and Summaries of FY09 State MCH Plans for National Performance Measure #16

State Maternal and Child Health programs are all involved in providing and promoting a broad range of approaches to address youth suicide. The prevention of youth suicide is one of 18 National Performance Measures (NPMs) on which the Maternal and Child Health Bureau requires state Maternal and Child Health (MCH) programs to report.

http://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/SuicideNPM16.pdf

[CSN Webinar] Youth Suicide Prevention Community of Practice: Evidence-based and Promising Practices in Youth Suicide Prevention

This was the second meeting of CSN's Youth Suicide Prevention Community of Practice (CoP). Philip Rodgers described the Best Practices Registry for Suicide Prevention (BPR), distinguished evidence-based programs from other types of best practices, and provided examples of promising practices in youth suicide prevention. Lygia Williams discussed how Tennessee Lives Count (TLC) has used the Best Practices Registry for Suicide Prevention. She also described the process of working with project partners/collaborators to select best practices for youth suicide prevention.

http://www.childrenssafetynetwork.org/webinar/youth-suicide-prevention-community-practice-evidence-based-and-promising-practices-youth-sui

[CSN Webinar] Youth Suicide Prevention Community of Practice: Special Populations in Youth Suicide Prevention: Rural and LGBTQ Youth

For the third meeting of the Youth Suicide Prevention Community of Practice (CoP), the guest speakers presented about two populations at increased risk for youth suicide and shared strategies to reduce these risks. The meeting was moderated by Erica Streit-Kaplan, CSN Technical Assistance Specialist.

http://www.childrenssafetynetwork.org/webinar/youth-suicide-prevention-community-practice-special-populations-youth-suicide-prevention-rur

[CSN Webinar] Youth Suicide Prevention Community of Practice: Peer-to-Peer Mental Health Promotion

For the fifth meeting of the Youth Suicide Prevention Community of Practice (CoP), our guest speaker Mark LoMurray, Executive Director of Sources of Strength, will present about Peer-to-Peer Mental Health Promotion.

After the presentation, the following state teams will convene their initial team planning meetings: Missouri, Nebraska, North Dakota, Tennes-

see and West Virginia.

http://www.childrenssafetynetwork.org/webinar/youth-suicide-prevention-community-practice-peer-peer-mental-health-promotion

[CSN Webinar] Youth Suicide Prevention Community of Practice: The Relationship between Child Maltreatment and Suicide & a Comprehensive Approach to Suicide Prevention

For the sixth meeting of the Youth Suicide Prevention Community of Practice (CoP), guest speakers Natalie Wilkins, PhD, CPH from the CDC and Julie Ebin, MEd, Senior Prevention Specialist from the Suicide Prevention Resource Center present on two key topics related to youth suicide prevention: 1) the relationship between child maltreatment and suicide, and 2) using a comprehensive approach to plan suicide prevention activities.

http://www.childrenssafetynetwork.org/webinar/youth-suicide-prevention-community-practice-relationship-between-child-maltreatment-and-suic

The organizations and publications in this guide are intended as resources to help you in your work and do not necessarily reflect the position of the Children's Safety Network.

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CSN is a resource center for MCH and injury prevention professionals in State and Territorial health departments who are committed to reducing injuries and violence among children and adolescents. CSN is supported by the Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.

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