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ABSTRACT

The purpose of this paper is twofold: it reviews current national research on adolescent suicide and successful intervention/prevention programs and it surveys the 17 Nevada school districts to determine the presence of successful suicide intervention/prevention programs in the state. Findings include the following: (1) the popular curriculum-based suicide-prevention programs used in many states have not demonstrated effectiveness and may even contain potentially deleterious components; (2) the most effective methods of suicide intervention are to have a crisis intervention plan in place and to provide suicide education for school and community; (3) the most effective methods of suicide prevention for teens include utilizing state student-at-risk survey data to estimate the extent of the problem, then using comprehensive guidance programs to promote healthy life skills; (4) education of the media by school/community teams about the social imitation effects on adolescent suicide is crucial; and (5) school personnel need to lead in organizing school/community efforts aimed at effective suicide intervention/prevention. Results show that despite limited community social-service support, most Nevada schools have developed plans, some adequate, some exemplary. Includes guidelines for identifying elements necessary to achieve a comprehensive suicide crisis intervention and prevention program in all Nevada schools. Contains 34 references. The survey instrument is appended. (LSR)

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Teen Suicide in Nevada:

- The Problem
- Effective Intervention & Prevention Programs
- Status of Programs in Nevada Schools
- Exemplary Programs
- Guidelines for Nevada School Programs

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Executive Summary

Teen Suicide in Nevada

A quarter of Nevada high school students have seriously thought of killing themselves and an eighth have attempted suicide. Nevada ranks first in the nation in the rate of suicide. These alarming statistics in Nevada justify the public concern over adolescent suicide. The purpose of this paper is to review current national research on adolescent suicide and successful intervention and prevention programs. Secondly, to survey Nevada school districts to determine the presence of successful suicide intervention and prevention programs in our schools.

The major findings of this research review and survey of Nevada school districts are as follows:

1. The popular curriculum based suicide prevention programs used in many states have not demonstrated effectiveness and may contain potentially deleterious components which could promote suicidal ideation, attempts and completions by teens.

2. The most effective methods of suicide interventions which schools can implement are having a crisis intervention plan in place and providing suicide education for school and community professionals and parents.

3. The most effective methods of suicide prevention for teens include having schools utilize state student at-risk survey data for estimating the extent of the problem in their school and use comprehensive school guidance programs for promoting healthy life skills for students at the elementary, as well as secondary school levels.

4. Education of the media by school-community teams about the social imitation effects on adolescent suicide where coverage of suicide completions have been associated with an increase in suicide attempts and completions is crucial. Also encouraging the media to conduct public awareness campaigns about the importance of using sound gun safety procedures of storing guns and ammunition in separate locked areas for reducing the opportunity for using the most lethal suicide method is recommended.

5. School personnel need to take the lead to organize school-community efforts aimed at effective suicide intervention and prevention. Forty-two percent of

eight successful suicide intervention components and sixty percent of seven prevention components are being used by Nevada schools. There are exemplary practices in place in Nevada schools for all fifteen successful intervention and prevention components. These can be used by school districts to fully complete their own suicide intervention and prevention programs.

Abstract

This manuscript presents a review of current research on adolescent suicide and prevention programs. It identifies fifteen common elements of effective suicide crisis intervention and prevention programs in the United States. Then, the results of a survey of all seventeen Nevada school districts regarding the presence of these elements in their school-communities is presented. A summary, conclusions and guidelines for helping Nevada school districts assess and implement programs that incorporate effective intervention and prevention program components completes this manuscript.

Table of Contents

Teen Suicide in Nevada: The Problem, Elements of Effective Intervention and Prevention Programs, Status of Programs in Nevada Schools, Exemplary Programs and Guidelines for Nevada School Programs

Introduction

A quarter of Nevada's high school students have seriously thought of killing themselves and an eighth have attempted suicide (Nevada State Department of Education Survey, 1994). Nevada ranks first in the nation in the rate of suicide (Outtz, 1993). Nevada is not alone with regard to dramatic increases in teen suicide rates. Between 1960 and 1988, the nation's suicide rate increased from 3.6 to 11.3 per 100,000 population. During this same period, the suicide rate among adolescents rose by more than 200%. Suicide is the third leading cause of death in teens. It closely follows homicide which ranks second in all teen deaths (National Center for Health Statistics, 1991).

These alarming statistics in Nevada, and the nation, justify the public concern over adolescent suicide. This concern has prompted calls for suicide prevention programs to curb the increase. Unfortunately, many interventions have not been based on current research findings. According to Garland and Zigler (1993), "Of specific concern are increasing popular curriculum-based suicide prevention programs which have not demonstrated effectiveness and may contain potentially deleterious components".

The purpose of this paper is to review current adolescent suicide intervention and prevention research, identify common elements of successful programs, formulate, conduct and present survey results of the 17 Nevada school districts based on these common elements, identify exemplary practices by Nevada schools, and formulate guidelines for planning and implementing effective programs for Nevada schools.

1. Elements of Successful Intervention and Prevention Programs

The components of a successful teen suicide intervention and prevention program include having a crisis intervention and postvention action plan, providing suicide intervention and prevention education for school and community professionals, using general surveys of student satisfaction and health for identifying at-risk students, educating media professionals about the social imitation factor in adolescent suicide, integrating primary prevention programs such as health, substance abuse, and sex education, life-skills training, and help-seeking skills for mental health problems for preventing suicide.

1a. Suicide Crisis Intervention Plan

The development and dissemination of explicitly written school policies for orderly handling of a suicide crises that includes intervention and postvention procedures is necessary. Such procedures should detail exactly what school personnel are to do and to whom they can turn to in case of suicide attempts, completions, or students returning to school after an attempt (Kalafat & Underwood, 1991; Smaby, Peterson, Bergman, Bacig, & Swearingen, 1991; Garland and Zigler, 1993). It is important that crisis intervention team members are able to handle emotional crises associated with suicide (Barrett, 1985; Capuzzi, 1986: Dayton City Public Schools, 1990).

1b. Suicide Education for Professionals

Organizational leadership for these educational efforts should come from school personnel, such as school counselors, psychologists, and administrators. It should include topics such as awareness of the extent of adolescent suicide and depression in their own school and community, identification of characteristics and symptoms of depression and suicidal proclivity, integration and understanding of associated risk factors (e.g. alcohol and drug abuse), and understanding natural adolescent developmental tasks and the potential stressors with which the adolescent must attempt to cope (Kalafat, 1990; Siehl, 1990; Smaby, Peterson, Bergmann, Zenter-Bacig, & Swearingen, 1991). In addition, the school based professional team should be aware of and use early identification, prevention, intervention and postvention strategies, and network between school and community professionals. Stokely (1978) advocated the inclusion of key members of the community power structure on a school-based, community intervention team.

Bauer and Shea (1987) and Rickgard (1987) advocate coordinating school programs with other community resources such as parents, churches, medical, mental health, and corrections personnel to present alternatives to the suicidal individual. Spirito et al. (1992) in a study of 130 adolescent suicide attempters found substantial drop-out rates for psychotherapy and high rates of repeated suicide attempts by three months. Also, Cohen-Sandler, Berman, & King (1982) in a 18 month follow-up study of adolescent suicide attempters showed that 74% had changed schools since their attempt. Finally, incarcerated and runaway youths, as well as dropouts, have extremely high rates of suicide (Memory, 1989; Stiffman, 1989). Hawton (1986) reported that suicide victims are likely to have been absent from school before their suicidal act.

Therefore, it seems crucial that other community professionals are included in suicide education programs organized by school personnel. Also, suicide prevention efforts should be aimed at identifying children who may be at risk for suicide early so they can be referred to therapeutic interventions before attempts occur. A report based on data from 232

teachers in northeast Minnesota (Smaby, Peterson, Bergmann, & Zenter-Bacig, 1988) indicated that 75% of educators do not view the community as a source of remedies for depression, suicide, and other at risk behaviors exhibited by students. School personnel need to lead collaborative team efforts to meet the need of adolescents. Although few studies have been done regarding educating professionals in suicide intervention and prevention it appears to be effective. One brief, two-hour program produced significant increases in knowledge of both suicide warning signs and community mental health resources (Shaffer, Garland, Whittle, & Underwood, 1988). Educating school counselors, teachers, health and mental health workers does not carry the same dangers of social imitation as do programs aimed at adolescents.

1c. Surveying Students

Schools can use general national, state, and local school satisfaction and health survey data to determine the rates of students at-risk for suicide, drug and alcohol abuse, physical and sexual abuse, and high-risk sexual behavior in their schools. This data can then be used in consort with characteristics of suicidal prone youngsters to identify and refer them for treatment (Shaffer et al., 1988; Smaby, Peterson, Bergmann, Bacig & Swearingen, 1990). Suicidal students often hold negative help-seeking attitudes, and outreach efforts to identify and refer them should be encouraged (Shaffer, Vieland, et al., 1990).

1d. Suicide Education for Media

Media professionals should be educated about the social imitation effects of suicide. Data reflecting the increase in suicidal deaths and attempts following publicity about suicides should be presented clearly and objectively to journalists and other media professionals (Garland & Zigler, 1993). There is some evidence that television or newspaper coverage of suicide completions have been associated with increases in suicide attempts and completions in areas reached by the media (Berman, 1988; Gould & Shaffer, 1986; Phillips & Carstensen, 1986). One school official should be responsible for all media coverage. This coverage should be checked and cleared with the family to avoid any problems in the community. The school activities of the students should be reported, and the student should not be made into a hero or outstanding individual if this was not the case. The school's sympathy should be expressed, but the idea that a life was cut short that could have been saved if the individual had reached out for help should be emphasized (Siehl, 1990).

Firearms are the most frequent method of completed suicide. Males use firearms and hanging more often than females (Berman & Jobes, 1991). Thus, public awareness campaigns about the importance of storing guns and ammunition in separate, locked areas could be conducted by the media as a means for reducing the opportunity for using the most lethal suicide method. Media workers could also encourage the adoption of safe

storage of firearm laws such as Connecticut's Public Act 90-144, which requires gun dealers to provide the buyer with trigger locks and makes the unsafe storage of weapons a felony (Garland & Zigler, 1993).

1e. Comprehensive Guidance Programs

School curricular programs that focus on how to cope with the stresses of normal growth and development and learning necessary life skills rather than remediating psychopathology are crucial for preventing suicides in youth (Smaby, Peterson, Bergmann, Bacig & Swearingen, 1990; Stroufe & Rutter, 1984). Because the known risks for suicide are also common to risks for other major social problems such as delinquency, substance abuse, dropping out of school, and teen pregnancy school curriculums that address these ills also impact suicides. For example, substance abuse prevention programs permeate all these problems and affects much larger numbers of youth than suicide. Thus, successful efforts to reduce substance abuse would be an excellent primary prevention intervention for suicide, and for other difficulties affecting teenagers (Garland & Zigler, 1993). Cole (1989) concluded that problem-solving skills and self-efficacy enhancement for adolescents may be the most effective suicide prevention effort. In addition, programs that include general mental health education, health promotion and help-seeking encourage may be beneficial. These programs can be aimed at destigmatization of mental illness and the mental health system so troubled youth can seek help.

Also community education programs that seek to empower families by improving their ability to cope with poverty, single parenthood, dual careers, geographic mobility, substance abuse and adolescent pregnancy appear effective in providing support for families and improved adjustment and development of children (Kagan, Powell, Weissbourd, & Zigler, 1987; Price et al., 1989; Small, 1990; Weiss, 1989; Zigler & Black, 1989).

Therefore, suicide crisis components identified through research include school and community action plans, school board approved policies and practices, education for both school and community professions, school-community crisis intervention teams based in the schools, community mental health support, and a school-community coordinator. Suicide prevention components include using student at-risk data, media education, integrating suicide prevention units into mental health curriculums, having a comprehensive school guidance program, providing community parent education classes, and having school personnel assist parents of suicidal students.

2. Intervention and Prevention Programs in Nevada

This section of the manuscript is a report of a study of student suicide intervention and prevention programs in Nevada schools. The study was conducted in the winter of 1994 with the support of the Department of Education of the State of Nevada.

This manuscript consists of two parts. Part one presented earlier was a review of the teen suicide literature. This literature review sought to find evidence of the effectiveness of various programs. This review was the basis for formulating 17 questions on suicide prevention programs in Nevada. See Appendix A for a copy of the Suicide Intervention and Prevention Questionnaire

The second part involved surveying all 17 school districts in the State of Nevada. The basic assumption of the survey was that there were desired components and/or programs in existence in Nevada schools. The questionnaire also was constructed with consultation from staff members of the State Department of Education. Some of the items developed by them were used in the questionnaire.

Next, all Nevada school districts were contacted by telephone to identify the appropriate response person within each school district. An appointment was established for a subsequent telephone interview. A copy of the questionnaire was faxed to the response person, so they could prepare for the telephone interview. The interviews were conducted and in many cases additional materials were forwarded to the investigators by the school personnel. The cooperation of the school districts was appreciated.

The survey of school districts generated some data regarding assistance from community social services as well. A telephone survey of these agencies was also conducted. The results from this portion of the study were very discouraging because few districts have access to community services for addressing teen suicide intervention and prevention.

Almost all community social services reported their response to student suicide issues as limited to a reactive mode. That is, such service agencies offer assistance to students and/or parents subsequent to a suicide threat, gesture or accomplishment. All such agencies reported their services as being severely limited since 1992 or 1993 by statewide budget and personnel restrictions.

Washoe County and Clark County reported a more positive social service picture. Both counties have the advantage of a wider range of such services. They also reported receiving assistance from the University of Nevada. Washoe County noted the suicide prevention program offered by the local Crisis Call. This is a voluntary/in-school program provided by this non-profit organization.

Table 1, is entitled, "Clark County, Washoe County and 15 Rural County School District's Suicide Crisis Intervention Strategies of School and Community Action Plans, School Board Approved Policies, School and Community Professionals Education, Crisis Intervention Teams, Community Mental Health Support, and School-Community Coordinators". It reports the survey results of all 17 Nevada school district's suicide intervention strategies. These eight strategies have been identified through reviewing recent adolescent suicide research and literature regarding effective intervention programs and practices.

TABLE 1

Clark County, Washoe County, and Fifteen Rural Nevada School District's Suicide Crisis Intervention Strategies of School and Community Action Plans, School Board Approved Policies, School and Community Professionals Education, Crisis Intervention Teams, Community Mental Health Support, and School-Community Coordinators

CRISIS COMPONENT	CLARK	WASHOE	RURAL NEVADA
School Action Plan	Yes	Yes	Yes-7/No-8
Community Action Plan	No	No	Yes-2/No-13
Board Approved Policy	No	No	Yes-3/No-12
School Professionals Education	Yes	Yes	Yes-3/No-12
Community Professionals Education	Yes	No	Yes-4/No-11
Crisis Intervention Team	Yes	Yes	Yes-9/No-6
Community Mental Health Support	Yes	Yes	Yes-1/No-14
School-Community Coordinator	Yes	Yes	Yes-8/No-7

As indicated in Table 1, (53%) of Nevada's school districts reported having a school suicide

crisis intervention action plan, and only (12%) indicated that they had a school-community suicide crisis intervention action plan. About one-quarter of the districts reported having suicide intervention and prevention policies that were school board approved or pending. A little more than one-half the districts provided suicide crisis intervention training for school and community professionals. Sixty-five percent of the districts had formed a suicide crisis intervention team. However, only (18%) of districts had a school-community coordinator for intervening in a suicide crisis. Also, only (18%) indicated community mental health professional support when faced with a suicide crisis. Forty-two percent of the eight crisis intervention strategies were either reported as being in place or scheduled to be activated by all 17 Nevada school districts as a whole.

Table 2 is entitled, "All Clark County, Washoe County and 15 Rural County School Districts' Suicide Prevention Programs Using Students' At-risk Data, Media Education, Suicide Curriculums, Integrating Suicide Units, Comprehensive Guidance Programs, Community Parent Education and School's Assisting Parents". It reports districts that indicated using the seven suicide prevention components identified through review of recent research and literature. The components are using student at-risk data, media education, prevention curriculum, suicide prevention units in school mental health curriculum, comprehensive guidance programs, school-community based parent education, and school personnel to assist parents of student who attempt or complete a suicide.

TABLE 2

Clark County, Washoe County and Fifteen Rural County School Districts' Suicide Prevention Programs Using Students At-Risk Data, Media Education, Suicide Curriculum, Suicide Units, Comprehensive Guidance Programs, Community Parent Education and School's Assisting Parents

PREVENTION COMPONENT	CLARK	WASHOE	RURAL NEVADA
Student At-Risk Data	Yes	Yes	Yes-6/No-9
Media Education	Yes	Yes	Yes-8/No-7
Suicide Curriculum	Yes	No	Yes-2/No-13
Suicide Units	Yes	Yes	Yes-7/No-8
Comprehensive Guidance Program	Yes	Yes	Yes-15/No-0
Community Parent Education	Yes	Yes	Yes-5/No-10
School Assisting Parents	Yes	Yes	Yes-15/No-0

Table 2 indicates that (47%) of school districts use general student satisfaction and health surveys for estimating the number of students at-risk for suicide. Fifty-nine percent of districts reported providing the media with education about how to handle suicide information regarding students. Eighteen percent of districts said they had a specific suicide prevention curriculum and (53%) had units that addressed suicidal issues (depression and other mental health problems, stress, impulsivity, etc.) into health and guidance curriculums without labeling these issues as suicidal. All districts reported having a comprehensive guidance program and assisted parents of students who attempted or completed suicide. Forty-one percent of districts indicated they had access to community parent education programs for referring parents who had students at-risk. Thus, (60%) of the seven suicide prevention program components were being used by school districts in Nevada.

3. Exemplary Practices in Nevada

The following is a summary of the practices which the investigators considered exemplary ones described in the literature. It should be noted that this is not an exhaustive listing of quality efforts made by school districts in Nevada. Also, several school districts reported planning efforts which are currently underway for addressing teen suicide issues.

3a. School Action Plans

The literature emphasized the importance of schools having an action plan for intervention with student suicide issues. In Nevada, several school districts have such plans in place. Some of particular interest are:

Clark County Schools	Has a comprehensive plan of action of particular use for urban schools. Contact Person - Scott Reynolds - (799-7448)
Humboldt County Schools	These somewhat smaller counties have recently developed action plans which appear complete and applicable for their areas. Contact Person - Joseph de Arrieta - (623-8100)
Lander County Schools	These somewhat smaller counties have recently developed action plans which appear complete and applicable for their areas. Contact Person - Harvey Estes - (635-2889)

3b. Community Action Plans

The severe limitations of funds and personnel for social services in Nevada has clearly impacted community action plans. However, the need for such programs to address student suicide issues is obvious. Despite funding restrictions some areas have made some positive efforts.

Humboldt County Schools	Appears to have a workable community action plan. Contact Person - Joseph de Arrieta
Lander County Schools	Are in the process of implementing community action plans in their areas.
Churchill County Schools	Contact Person - Roberta Lindeman - (432-5184)

Washoe County Schools	Benefit from limited components of a community action plan with both intervention and prevention efforts from the Crisis Call Group. Contact Person - Betty Barker - (348-0200)

3c. School District Policies

While most Nevada school districts have formal or informal plans available to address student suicide issues, most do not have School Board approved policies. The literature notes the value of a formally approved policy statement.

Humboldt County Schools	Has a policy statement formally approved. Contact Person - Joseph de Arrieta
Pershing County Schools	Has a policy statement draft, pending approval. Contact Person - Daniel Fox - (273-7819)

3d. Training Programs for School and Community Professionals

The professional literature repeatedly makes note of the obvious -- it is too late to train personnel when a crisis occurs. The quality of response to suicide issues is far better when people have been provided with some advanced preparation. The emotional aspects of these issues suggests that staff should be trained for near automatic response patterns. This survey indicated that several school districts have offered personnel training related to these issues.

Clark County Schools	Have developed a training package including a video taped presentation. This format is very helpful for new personnel. Contact Person - Scott Reynolds
Churchill County Schools	Have fine training programs for school counselors and teachers. Contact Person - Roberta Lindeman
Douglas County Schools	Have quality training programs for school personnel. Contact Person - Mary Wolery

3e. Student Survey Data

For a program to effectively address student suicide issues it must be tailored for the specific community, the current time and the individual school. Most effective programs are based to some degree upon student input. While student survey data must be interpreted with caution, it can contribute to the individualizing process.

The Nevada State Department of Education offers to all school districts the Youth Behavior Risk Survey. This device appears to be useful for gathering program planning data. Comparisons of student responses over repeated administrations and over time, will add to the utility of the device. The Alcohol and Drug Use Survey of the State Department of Education develops useful data for school districts.

Humboldt County schools make use of a survey offered by their Suicide Crisis Center. This survey appears to be straight forward and time efficient.

3f. Suicide Education for Media

The literature points out the powerful emotional aspects of suicide issues. The news media needs the assistance of professional educators regarding coverage of this material. The suggestibility of adolescents in times of crisis is a key topic for discussion with editors and publishers.

Most Nevada school districts reported some degree of frustration in their efforts to work with the news media. This appeared to be more evident in the rural areas of the state. However, the pervasiveness of the news media influence argues strongly for schools to encourage responsible news coverage of suicide related issues.

Clark County schools reported an effort of their personnel to meet with the Professional Association of News Media. The school district presented the recommendations of the American Association of Suicidology regarding news coverage related to suicide issues. (Contact person - Scott Reynolds)

3g. Integrated Health Education/Guidance Programs

Studies of suicide prevention programs strongly urge the integration of prevention efforts into health education, life skills, and/or guidance programs. Efforts to address suicide issues directly are often disregarded by the adolescent's belief that they are indestructible or run the risk of planting seeds of suggestion. Programs offering the greatest promise, are those which teach life skills, needed by all people to monitor their own well being and to obtain appropriate assistance where necessary.

In Nevada, most school districts presently offer suicide prevention material as part of health education programs. The incorporation of comprehensive guidance programs in all districts is an encouraging sign for the future.

Washoe County Schools	Has in place a particularly impressive comprehensive guidance program. Contact Person - Betty Barker
Douglas County Schools	Offers an excellent affective education program. Contact Person - Mary Wolery
Humboldt County Schools	Has developed a fine integrated life skills program to address many social concerns. Contact Person - Joseph de Arrieta
Lander County Schools	Recently developed a curriculum for their guidance program which is a model for small schools. Contact Person - Harvey Estes

3h. Parent Education

While the professional literature continues to encourage parent education efforts, it is apparent that few school districts have experienced success in attracting parents of adolescents into such offerings. Few efforts are made by Nevada school districts to offer parent education programs for parents of teenagers.

Most Nevada school districts have provided special topic presentations related to social issues and adolescents. These single evening programs have met with better attendance and parental reaction.

3i. Parent Assistance Subsequent to Suicide Issues

All school districts in Nevada offer assistance to parents subsequent to suicide threats, gestures, and accomplishments. This assistance is usually in the form of counseling support and referral information. All districts provide help for students in returning to class following situations involving suicide related issues.

4. Summary and Implications

The results of this survey of Nevada school districts regarding student suicide intervention and prevention are encouraging. Given the limited community social service support, most schools have developed suicide prevention and intervention plans of their own. Several examples of such plans are available in Nevada and can serve as models for other school districts.

For the most part, Nevada schools are taking a logical approach to in-school efforts at suicide prevention. Supported by the literature, most schools are integrating the teaching of survival skills into their health education and/or guidance curriculum. This is the approach that is most often taken by effective suicide prevention programs across the nation. The operationalization of comprehensive guidance programs is an encouraging step toward improved suicide prevention and intervention.

Nevada schools are appropriately responsive to parents where suicide issues occur. All districts provide referral assistance and where desired, counseling support. Unfortunately, limited state funds have severely restricted the availability of social services from community agencies. This has resulted in very limited community efforts toward suicide prevention.

4a. Implications

School districts in Nevada may choose to use the suicide crisis and prevention components (Tables 1 & 2) as guidelines to identify the practices they have in place and the ones which they may want to add for having a comprehensive suicide crisis intervention and prevention program for their schools. Secondly, in cases where a district needs specific components for suicide crisis management and/or prevention that district may want to consider contacting Nevada districts cited in the exemplary practices section of this report to secure ideas and materials that may be useful to them. Thirdly, it is recommended that every Nevada school district formulate a formal written suicide intervention and prevention policy for approval by their Board of Education. Finally, that all districts attempt to involve key community leaders and parents for addressing the 15 suicide crisis and prevention components identified earlier in this report. The state of Nevada is facing the serious and fatal problem of teen suicide. Nevada school districts have the background, knowledge and skills to mobilize their communities and parents to effectively combat and reduce the incidence of teenage suicide.

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APPENDIX

APPENDIX A

SUICIDE INTERVENTION AND PREVENTION QUESTIONNAIRE

The purpose of this questionnaire is to identify and locate in Nevada effective school based programs or components of effective programs for addressing adolescent suicide concerns.

1. Does your district have an established response plan for student suicide attempts or completions? _____
   (May we have a copy of that plan?)

2. Has your district made use of surveys of student views of their general satisfaction with school, their school performance or health status to aid in identifying at-risk students?_____
   _____
   (May we have a copy of any surveys that you use?)

   If used, how do you rate the usefulness of these surveys?

1	2	3	4	5
Inadequate	Poor	Fair	Good	Excellent

3. Is there a community response plan for adolescent suicides?_____

4. Have you attempted to work with your local news media regarding the reporting of suicides and/or prevention steps within the home?_____ If so, what has worked to gain cooperation?_____
   _____

5. Does your school district or other social service in your community provide parent education opportunities for parents of teenagers?_____
   If so, please describe._____
   _____

6. Does your school district have a policy (policies) related to student suicide issues?_____
   (May we have a copy of this policy?)

   How do you rate the adequacy of your policy(s)?

1	2	3	4	5
Inadequate or no policy	Poor	Fair	Good	Excellent

7. Does your school district offer in-service training for your personnel specific to the identification of and response to students who appear to be at-risk for suicide?_____
Please describe in brief_____

How do you rate the adequacy of these training programs?

1	2	3	4	5
Inadequate	Poor	Fair	Good	Excellent

8. If such training is offered, is it available to community professionals, such as, medical and mental health personnel?_____
Please describe in brief_____

How do you rate the adequacy of these training programs for this use?

1	2	3	4	5
Inadequate	Poor	Fair	Good	Excellent

9. Does your district offer life skills training (i.e. - problem solving skills, assertiveness skills, helping seeking skills, etc.) for your adolescent students?_____. If so, please describe_____
Who is responsible?_____

10. Does your district offer a specific suicide prevention program in your secondary schools?____
If so, please describe_____

11. Are there other interdisciplinary programs, i.e. "Crisis Intervention Teams"; "Conflict Mediation"; "SAP -- Student Assistance Programs", in your district which address suicide prevention education? Please identify which programs and what grade levels (K-12)._____
_____

12. If you offer a specific suicide prevention program, is it integrated with other health programs such as: substance abuse awareness, sex education or safety education?_____
If so, please describe_____

13. Please describe your system for parent involvement in situations of a suicide risk or suicide gesture._____
_____

14. What assistance does your school district provide for parents and/or the student in situations as in the previous question? Provided by whom? (Information, referral assistance, counseling, etc.)_____
_____
_____

15. What is the nature of mental health service (public & private) support in your community?____
_____
_____

16. Of the following community resources please rank the top three in terms of the best assistance for your district:

_____ Nevada State Welfare (Child Protection Services)
_____ Public Health Nurse
_____ Rural Mental Health
_____ Family Support and Counseling Services
_____ Hospital-local/emergency
_____ Private/Non-Profit Treatment
_____ Sheriff
_____ Juvenile Probation
_____ University of Nevada Extension Services
_____ Churches
_____ Other_____

17. Is there a school/community coordinator for response to suicide related issues?_____ . If so, who?_____

Downing 4: SPQ2

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