

# ***NOTES FROM THE FIELD***

## **MAINE SCHOOL-COMMUNITY BASED YOUTH SUICIDE PREVENTION INTERVENTION PROJECT of the Maine Youth Suicide Prevention Program (MYSPP)**

**September 2002 through October 2006  
Funded by the Centers for Disease Control and Prevention  
Targeted Injury Intervention Project  
Grant Number U17/CCU122311**

### **I. Background and Introduction:**

In 2002 the Centers for Disease Control and Prevention (CDC) issued a “Request for Proposals for Targeted Injury Prevention Programs” to support implementation and evaluation of promising or best practice injury prevention interventions by state injury prevention programs. The CDC received fifteen proposals/applications, seven of which were suicide prevention proposals. The Maine Injury Prevention Program (MIPP) in the Department of Health and Human Services, Maine Centers for Disease Control and Prevention (Maine CDC), Division of Family Health, coordinates the multi-departmental Maine Youth Suicide Prevention Program (MYSPP). Maine was one of four states awarded funding. Two of the four states, Maine and Virginia, were funded to conduct suicide prevention interventions. Two other states were funded to conduct falls prevention interventions. The MIPP Intentional Injury Prevention Program Manager submitted the application and served as the Project Director throughout the project. Sub-contracts were established for the Project Coordinator, project evaluators and a suicide prevention consultant. The funding was awarded in the fall of 2002. To allow for three full years of data collection and analysis and completion of all project activities, two extensions were permitted, bringing the total grant period to four years ending in October 2006.

Five years before this grant application, in 1998, the MYSPP had developed a comprehensive state plan for youth suicide prevention. The Governor and the Maine Children’s Cabinet, a group representing the Departments of Education, Health and Human Services, Public Safety, Labor and Corrections, encouraged creation of the plan. Years before applying for the CDC grant, the MYSPP had assessed needs, developed teaching tools and educational resources and gained experience with offering and evaluating several training programs. In addition, the “Lifelines Program” had been piloted in 21 Maine schools, working with John Kalafat, co-creator of the program. The

“Lifelines Program” is a promising practice school-based program designed to assist schools with the preparation steps to safely introduce suicide prevention to an entire school community. Program components include developing administrative protocols, agreements between schools and crisis service providers, suicide prevention education for all school staff and suicide prevention education for students.

The availability of the CDC funding, together with the MYSPP readiness to provide needed training and technical support to Maine schools and our experience with the Lifelines Program, allowed us to develop an exciting proposal. We were clear about what we wanted to accomplish and thrilled to finally have the opportunity to fund local schools to institute a comprehensive approach to youth suicide prevention for their students. Prior to this grant opportunity, MYSPP training programs and other resources were available and a few people in a large number of schools had gained varying capabilities to prevent youth suicide in a piecemeal way. While evaluation of gatekeeper training had demonstrated that those trained maintained increased confidence in their suicide prevention intervention capabilities, we knew that to make a real difference in Maine schools, a few people working in isolation within their schools was not enough. The opportunity to work with a small, manageable number of schools to institute and evaluate comprehensive suicide prevention programs was a dream come true for the MYSPP.

After four years, the Maine School-Community Based Youth Suicide Prevention Intervention Project is now completed. Both a technical and a general evaluation report documenting evaluation findings were developed and will be released in January 2007. Documents detailing specific aspects of evaluating the Maine Gatekeeper training and Maine’s implementation evaluation of Lifelines Student Lessons are in development. Throughout the project, we have received questions and requests for information from other states desiring to implement similar efforts. These “*Notes From The Field*,” developed by the project coordinator with the project schools, are presented in response to the most frequently asked questions we have received with the intent of offering a different perspective from the aforementioned technical and evaluative reports.

Copies of all of these reports and other MYSPP resources mentioned in this report are available through the Maine Youth Suicide Prevention Program via our website at <http://www.mainesuicideprevention.org>, or by contacting the Information Resource Center of the Maine Office of Substance Abuse the Department of Health and Human Services at 207-287-8900, 1-800-499-0027 (Maine only) or online at [osaircosa@maine.gov](mailto:osaircosa@maine.gov).

## II. What was the goal of the project?

The overall goal of the project was to increase the readiness of 12 school systems to reduce suicide crises; intervene effectively in suicide crises; and manage the school environment in a crisis through implementation of the comprehensive Lifelines Program. In other words, to increase the likelihood that school administrators, faculty, other staff, and students who came in contact with students at-risk for suicide would: 1) have enough knowledge to recognize the behavior; 2) have the confidence to provide an appropriate initial response; 3) know where to turn for help; and 4) be inclined to do so.

The likelihood of encountering suicidal behavior in adolescents is very real. Thankfully, most of the behavior does not end in death. The stories at the end of this report will attest to that fact. Conservative estimates suggest that for every young person who dies by suicide, there are at least 100 others who attempt. It is very important to understand that while the goal of this project was ultimately to prevent deaths, it was equally important to focus on early intervention so that death never became an option. Every single one of this project's objectives was related to early intervention for those at-risk of suicide.

## III. What was the scope of the project?

The project was designed to work with twelve high school systems to support their efforts to implement a "comprehensive" suicide prevention approach and to evaluate the results. Prior to this funding opportunity, Maine schools were participating in several MYSPP sponsored training and education programs and taking a piecemeal approach to suicide prevention. With the exception of schools that already had established school health coordinator positions in place, it was rare that schools were able to prioritize suicide prevention highly enough to coordinate multiple components in order to create an effective safety net. Simply stated, the comprehensive approach to suicide prevention consists of: a) creating administrative guidelines for how to identify, respond and manage suicidal behavior; b) formalizing working relationships with local crisis providers; c) educating the entire (adult) school community, and then finally, d) educating the students about suicide prevention. Essentially this grant opportunity provided the resources necessary to allow schools to prioritize suicide prevention efforts, gather data and measure the results.

***Project Coordinator's Note:*** Throughout the project the word "comprehensive" suicide prevention program was used. In hindsight the word "complete" might have felt less overwhelming! In describing the project's purpose and results to others, the metaphor of a "Safety Net" has been used, with the four corners of the safety net being supported by: 1) administrative protocols; 2) crisis provider connections; 3) education for key gatekeepers and entire staff; and 4) education for students. The net receives extra support from all other resources designed to help at-risk students. Audiences "get it" immediately without question! Instead of feeling overwhelmed, the reaction is "of course" all four elements are needed to create a reasonable and prudent level of safety.

In addition, six of the twelve schools implemented “Reconnecting Youth (RY),” a daily, semester-long course for 9-12<sup>th</sup> grade high-risk youth. This program takes a peer group approach to building life skills. One critical aspect is that students make an informed choice to participate, rather than be assigned or forced to take the class. Three primary goals are emphasized: to increase school performance; increase “drug use control”; and improve mood management. RY has been shown to be effective for high schools students who are having a poor school experience, are behind in credits, have a drop grades or are skipping school and at risk of dropping out. RY teachers require special training and are important contributors to positive outcome for the students. The teachers serve as student advocates and play a crucial role in providing school support. Further information on implementation and evaluation of RY is presented in the public report and is not addressed within this document.

#### **IV. How were the schools chosen? What criteria were used?**

In December 2002, all Maine high school principals and superintendents were mailed an announcement inviting them to submit a proposal to conduct a “School Based Suicide Prevention Project” using an abbreviated “Request for Proposal” process. Project expectations and timelines were described and schools were given six weeks to submit their proposals. Twenty-six schools applied and twelve were selected. The schools represented different sized student populations, from Class A to D, in different geographic areas, and with different degrees of experience in coordinated school health particularly in suicide prevention. This was the first time that Maine schools were given the opportunity to participate in a comprehensive suicide prevention project and it was interesting to note the cross section of schools that applied.

The project application was well organized and concise to encourage participation. The expectations, expected timelines, budget guidelines, benefits and outcomes were clearly spelled out in the application material. Those interested were given a time frame within which to ask questions and the answers were supplied to all potential applicants. Proposals were required to address seven questions to which a point value was assigned and to complete a project budget. The highest possible score was 55. The criteria considered in the application/rating process included:

1. The school’s existing framework of Coordinated School Health Programs
2. The description and qualifications of the individual identified to coordinate the grant efforts in the school
3. The readiness and capacity of the comprehensive school health education program and instructor(s) to integrate a unit on youth suicide prevention.
4. Evidence of the need to improve school capacity to manage suicidal behavior
5. Training and assistance needs of administrators, staff and students appropriate to the project
6. Experience with suicide prevention
7. Experience with crisis service providers and status of school crisis plan
8. A complete, accurate and reasonable budget (schools were informed that they would be awarded \$8,000-\$10,000 each year for three years. The six schools who agreed to implement Reconnecting Youth received \$10,000, the others \$8,000.)

Two teams, each with four reviewers were formed. All members were experienced in the grant review process and had various backgrounds including education, public health, school health and behavioral health. Each individual independently scored one-half of the proposals, and then met with their team to come to consensus on the scores of their assigned schools. The two review teams then convened to compare their scores and choose the final twelve schools. In the event that two schools were either tied or very close in score, each team was allowed to present more detail on those particular schools. All proposals made a good case for why they needed to address suicide prevention. Discussion led to the selection of 12 schools statewide with varying student population sizes and different levels of internal (school) and external (community) resources.

## **V. What were the staffing requirements for this project?**

The project staff, generally speaking, consisted of 10 individuals all of whom contributed small amounts of time periodically throughout the four-year period. They included four University based evaluators, the MIPP Intentional Injury Prevention Program Manager (who also serves as the MYSPP Program Coordinator), representatives from the Department of Education and Office of Substance Abuse and two health educators. In addition, one 60% FTE project coordinator served as the central link to all the schools. The project coordinator changed 18 months into the project. Disruption to the schools was kept to a minimum because the individual who assumed the coordinator's role had served as the training coordinator from the project's beginning and had already developed working relationships with the schools.

Each of the twelve schools developed a team that was directly involved in carrying out project responsibilities. The school teams consisted of the school coordinator (a responsibility shared by co-coordinators in three of the twelve schools), a school administrator, several trained gatekeepers, and the health teacher(s). Participation patterns varied widely from school to school. Some schools had several people each do a small amount of work and some assigned the responsibility for all of the work to a few individuals. In every case the school coordinator assumed the bulk of the responsibility to implement the project and ensure data was provided to the evaluators. Amazingly, all schools finished the project with the same school coordinator at the helm! In three of the twelve schools, co-coordinators shared responsibilities and in each case one of the two changed positions, but the primary contact remained the same. Although administrative support varied tremendously, all of the schools accomplished what was expected.

The project coordinator visited each school multiple times, more often in the first year and second years, and less frequently the third and fourth years. Once expectations were clarified and activities up and running, communication flowed very efficiently via e-mail and phone. Almost always the needs of the schools were addressed immediately via e-mail; occasionally there was a one-day delay. The schools requested and appreciated e-mail contact over face-to-face meetings given the full schedules of the individuals involved. In the one or two schools that didn't have as much access to computers, phone messages, and the U.S. Postal Service worked well.

## **VI. What expectations were placed upon the schools?**

The application packet included details on exactly what would be expected, and the schools were given ample time to question us. All of the schools were asked to implement the following components:

1. Develop Protocols (Guidelines) to address suicide prevention (before the behavior), intervention (if the behavior is present) and postvention (after a suicide).
2. Create Memoranda of Agreement (MOA) with local crisis service providers.
3. Educate their school community: gatekeeper training for key staff, awareness education for all staff members, Lifelines instructor training for health teachers, and outreach education to parents.
4. Provide Lifelines student lessons in suicide prevention (only after the adults in the school community received training and protocols were in place).
5. Participate fully in the required data collection processes as established by the grant's evaluation team.

School teams were also asked to attend two meetings per year, one in the fall and one in the spring to share progress and challenges. An orientation meeting at the start of the project required school coordinators, administrators, health teachers and RY instructors/facilitators to attend. Subsequent meetings were mandatory for the school coordinators, while other staff members were encouraged to come if at all possible. These meetings provided a focus on project expectations, opportunities to clarify and refine methods, time to recognize the constant progress being made and formed vital connections between the schools.

## **VII. Did the project require any major changes once it was up and running?**

There were no major changes, however the expectations needed to be clarified every step of the way. School coordinators, MYSPP project staff, and project evaluators communicated regularly and concerns were addressed quickly. Project staff maintained flexibility and made adjustments in order to accommodate the realities of school processes. For example, it turned out to be too time consuming to collect data with the level of detail initially requested, especially for the Reconnecting Youth Groups. With minor shifts, the process became more manageable and the essential information was gathered.

The MYSPP approach to the project was built upon the expectation that project staff, school staff and project evaluators all had much to learn and that the only way to gain knowledge about how best to implement and evaluate the project was through an open process which welcomed and valued all ideas and concerns. The two questions we worked on together throughout were: 1) What would it take to make this happen? 2) What could be learned?

## **VIII. Were there “low points” during the project and what kept the schools motivated?**

The schools were notified that they had been selected to participate in the grant in the early Spring 2003. They were very anxious to get started before the “end-of-the-school-year” responsibilities. Our project staff, however, could not proceed until IRB approval was obtained from the Maine CDC, a process that was required before school-based efforts could begin. The schools exhibited great patience even though ready to initiate project activities. While waiting the school coordinators concentrated on planning and scheduling the training events for late summer and early fall. The first semester of the 2003-2004 school year was very busy and by December all training activities were completed. It was a bit of a marathon and everyone participated fully. The remainder of that school year all schools concentrated on protocol development, formalizing their Memoranda of Agreement, providing suicide prevention awareness sessions to all staff, reaching out to parents and initiating the student suicide prevention lessons, and complying with all of the evaluation elements. The suicide prevention protocols, once developed and disseminated, served to inform everyone about where to turn for help and what to expect if suicidal behavior is identified.

In the second project year, protocol development remained a challenge and a few schools lagged behind on some of the expectations. The initial excitement of project initiation was over and there was still a long way to go. In spite of site visits to each school to set benchmarks and clarify expectations, the project coordinator sensed a need to provide an extra incentive. In early winter, the project team collaborated on an idea that served to attract the attention of the school coordinator in a productive and fun way! A school “report card” was developed to track progress on thirty three project related items with categories including financial and administrative items, rate of progress with implementation, numbers of staff and students trained, the submission of student logs as well as how the schools felt about the level of support they received from the project team. Some items involved actual ranking (i.e. low, medium, high), some required either yes or no answers and others requested numbers. The schools graded themselves and the project team also completed the same report card on each of the schools. This one page “report” allowed the schools to take note of exactly where they stood, what had been accomplished and what still needed attention. They were encouraged to accomplish tasks that needed doing and could ask for whatever help they needed to receive a “good report card.”

It is fair to say that the schools responded very well to the report card. Many of them took immediate steps to accomplish tasks before they turned it in. At the spring meeting, the schools were given an expanded version of their “grades,” reflecting not only how they rated themselves, but also how they were rated by the project team and how they measured up to an aggregate score for ALL of the schools. This was NOT a competition between schools. In addition, it was made very clear that project staff would provide whatever support was needed to make certain that every school completed the

project with perfect scores. This approach worked for the project team and the schools in what was truly a win/win experience.

In the summer of 2005, the CDC extended the grant period for an extra ten months to allow a third full year of data collection and analysis of student referrals and to continue support from project staff to sustain suicide prevention efforts in all twelve schools. At this point everyone was very comfortable with expectations and no special steps were necessary to keep the schools motivated. Early evaluation results were shared and the schools could see that the data were providing information that would be very valuable to other Maine schools and agencies and to other states as well. Seeing the results of their efforts transformed into data further motivated the school coordinators to continue collecting data.

## **IX. In what ways did participating schools involve parents?**

The initial focus of the project was on establishing administrative protocols, creating the MOAs and providing several levels of training and education to staff. Outreach to parents and other community members was not emphasized to the schools early in the project as a significant component of the project. When the project team brought up this component to the schools, the coordinators were asked to think about what could be done that would be the most helpful. The goal was to provide parents with suicide prevention information and resources “in a deliberate and consistent manner” as opposed to conducting a one time “event.” While this was a challenge for all twelve of the participating schools, each school decided what would work in their community and everyone carried out several “little things” that served to inform/involve parents. It should be noted that, of course, many of the school staff involved in the project were themselves parents of teens. The following is a list of some of the steps undertaken:

1. Parents and community members were invited to participate in gatekeeper training at the very beginning of the project.
2. A community night offering a one-hour suicide prevention awareness presentation with time for questions and discussion was offered twice. Information Booklets were provided and follow-up calls resulted.
3. Description of the Lifelines Student Lessons was provided at parent night-curriculum discussions, and with “Freshmen Awareness for Parents.” These events provided opportunities to highlight the suicide prevention efforts of the schools and offer resource information.
4. Suicide Prevention information was mailed to parents of health class participants just before implementation of Lifelines Student Lessons. The purpose was to inform them about the lessons and to obtain passive parental consent for the students to participate in pre/post evaluation questionnaires.

5. One school's website included a brief description of the grant, its services, and a link to the MYSPP website for parents and/or students who wanted more information about preventing suicide.
6. The suicide prevention project was mentioned and information was available at parent conferences, individually with families, or anytime upon request.
7. Ongoing announcements were placed in school newsletters about the grant and suicide awareness and prevention information.
8. Individual parents were provided the MYSPP booklet in conjunction with referral resources and wallet cards whenever a student was identified as "at-risk".
9. Parents received information about a wide variety of services including, but not limited to suicide prevention, during open house and conference times.
10. School suicide prevention protocols were shared any time parents had a concern.
11. Linkage of suicide prevention activities and information to national campaigns for Mental Health weeks was made and publicized in September and May.

**X. Were youth involved in helping to reach parents?**

12. The Maine Youth Action Network, a statewide organization that partners with the MYSPP, enlisted youth in project schools to help update the MYSPP website.
13. Youth called upon local mental health agencies to sponsor "awareness nights" for their parents.
14. One school used Interactive Theater presentations to involve youth in sharing information.

**XI. What did the schools identify as the key challenges to accomplishing the expectations of the grant?**

- A. **Protocol development:** Every single school struggled with this even though MYSPP provided extensive guidance to support their efforts. MYSPP identified that much of the resistance was based in confusion about the difference between policies versus protocols. Schools were worried about the potential of increasing their liability by putting too much in writing until they realized that developing the protocols provided them with guidelines to help plan for managing a crisis situation in advance of such a situation. Also, through the development process, they found that their protocols could be somewhat flexible to help them prepare for various situations and that the protocols provided invaluable guidance to school personnel in the midst of a crisis. Some schools involved a large number of people in the protocol development process while others assigned the responsibility to a small group. Ultimately, each school found a process that worked for them. Although schools

identified protocol development as the most significant challenge they faced, upon completion of grant activities all schools identified protocol development as the most valuable and rewarding aspect.

- B. **TIME to do it all:** It is fair to say that suicide prevention is just one of many, many other concerns faced by schools and the only reason these twelve schools could actually prioritize the time to complete ALL of the steps was because they received financial support for added staff time to conduct their efforts. Once the initial pieces of a comprehensive program were in place, they were relatively easy to keep up and running.
- C. **Formalizing a written “Memorandum of Agreement” w/ local crisis agencies:** This was an issue for only one school who preferred to maintain their good working relationship based on a history of working together and a handshake.
- D. **Initial influx of referrals:** Most schools were surprised that, once their entire staff and student population were better informed about suicidal behavior and what steps to take to address it, they experienced a marked increase in the numbers of referrals. Crisis services were readily available, and everyone received the attention they needed, but extra time was needed to make sure that each student received the necessary support. Do not panic, but “be prepared” is the message!
- E. **Communicating w/parents-especially when students transitioned back into school quickly (overnight):** Sometimes students referred for an assessment for possibly suicidal behavior were evaluated, deemed “not suicidal,” and returned to school the next day. Often there wasn’t adequate time for follow-up and this concerned some school personnel. On the other hand, they were pleasantly surprised at the willingness of almost all parents to talk when phone calls were made to check up on the student’s well-being (after an assessment referral).
- F. **Resistance on the part of important players** was a minor issue, and one that needed to be worked out differently depending upon the player and the school system. For a wide variety of reasons the resistance might have come from an administrator, health teacher, substance abuse or guidance counselor, or other staff members. In no case did the resistance foil the project. The school coordinators took the responsibility to manage the issues as they surfaced and sought assistance from the project team and other schools when needed. The resistance added to the coordinator’s job, but it should be noted that all coordinators stayed on the project through completion.
- G. **Reconnecting Youth**, the semester long course implemented for high-risk youth in six of the twelve schools, proved to be challenging for most of the six schools that elected to adopt the program. It was more difficult than expected to identify the teacher and prioritize the time to offer such an intensive course for the small numbers of youth who actually chose to attend. Students and teachers who managed

to complete the semester found it worthwhile, and suggested that more flexible versions of the concepts taught in Reconnecting Youth be identified.

## **XII. What did the schools identify as the major benefits of grant participation?**

Upon completion of the entire project, schools were asked to identify the major benefits from having participated. The following list of benefits is shown in the order as prioritized by the schools.

- A. **Protocol Development:** As difficult as this process was for schools, they ALL listed protocol development as the top benefit. The process helped them to organize crisis response to various risk behaviors and all types of student deaths. Interestingly, there were 34 deaths in the 12 schools over the three years of data collection, only one of which was a suicide. Protocols served the schools very well.
- B. **Education:** The training and education at EVERY level was found to be extremely valuable for adults and students. It increased knowledge, changed attitudes and taught skills that resulted in the benefits below.
- C. **Increased Safety Net:** All referrals were recorded and tracked, providing schools with the eye opening experience of just how frequently suicidal behavior surfaces. Along with the experience of helping the students referred came an increased confidence in the ability to make a difference, especially with early intervention efforts.
- D. **Systematic Re-entry System After Hospitalizations:** As part of the protocols, a transition planning process was developed for students returning to school after a lengthy absence or hospitalization. This gave parents, students, and school staff an improved readiness to be supportive of returning students.
- E. **Strengthened Relationships Between Schools and Crisis Service Providers:** Most schools had established long-standing working relationships with their local crisis service providers. However, two schools discovered that crisis service coverage was provided by two separate agencies and that they needed to strengthen the relationship with the less well-known provider. Another school became aware that with staff changes at the school and the agency, new relationships needed to be formed even if the services remained the same. All schools reported that the personal connections built between the school and crisis agency were advantageous for both.
- F. **Stigma Against Seeking Help Reduced:** Stigma reduction was not something that was evaluated, so it came as a nice surprise that a few of the schools felt that their school climate changed as a direct result of the school community having

learned to talk openly and respectfully about suicidal behavior and take concrete steps to help support individuals for whom suicidal behavior was a concern.

- G. **Mutual Support:** The twelve schools involved in this project were geographically widespread and very different in many ways. The length of this project provided the opportunity for them to learn from each other, support each other through tragic situations AND reach out and offer assistance to neighboring schools not involved in the project.
- H. **Early interventions resulted in fewer emergencies:** It was reported that the extra work involved in accomplishing the project expectations ultimately resulted in fewer crisis situations and better management of those that did occur, whether or not the crisis was related to suicidal behavior.

### **XIII. Would the project schools recommend that other schools participate in similar programs, if available?**

All schools were asked the following question: “If a *new* school was considering undertaking a similar project, and asked you whether or not it was worthwhile, how would you respond?” Their responses follow.

**School A:** It is well worth the time and effort to plan “in-depth” BEFORE a crisis happens. Mechanisms REALLY need to be in place to guide in times of crisis. It is good to have key contacts identified and updated on an annual basis in preparation for when the need arises. We thought our crisis plan was in reasonably good shape, but in fact this project helped us improve it enormously. Planning for suicidal behavior involves covering a lot of bases not previously thought about.

**School B:** As difficult as it was to actually prioritize the development of protocols to manage several levels of suicidal behavior, the process resulted in improved communication among school personnel and with crisis workers. School staff members as well as crisis workers change frequently and we found it very beneficial to formalize our relationship and touch base annually. We developed a deeper appreciation of each other’s challenges and expectations. We used our protocols more than we imagined we would need to use them and our confidence in our ability to be helpful to a suicidal student improved measurably. The educational components of this project were all very valuable and they served to increase awareness of the issue, resources, and available support of everyone in the school including administrators, teachers, other school staff and even the bus drivers. It was all well worth the effort.

**School C:** This comprehensive approach gave our school the opportunity to reflect on what we already had in place and what else was required. It allowed us to better meet the needs of our student body.

**School D:** Our school was going through some difficult times when we took this project on and it was a challenge to prioritize and accomplish the required pieces. The overall

organization of the project and access to comprehensive resources and training made it all worthwhile for us. Initial resistance slowly but surely evaporated as we built a strong system for how to manage suicidal behavior. Our students responded very well to the Lifelines Student Lessons and that was a real plus.

**School E:** Planning for the possibility of suicide is an essential component of a crisis response plan. It is as important as having staff and students know basic first aid for other kinds of emergencies. This project builds the confidence to handle a situation with which most are not comfortable.

**School F:** It is much easier to do early intervention in possible suicidal behavior than to respond to crisis situations that in the long run take a lot more time. As a direct result of the program, we recorded fewer emergency situations. We believe that if we made a difference in ONE student's life then it is all worth it, and we know we made a difference for many. We were also surprised at how much the parents appreciated our follow-up calls when a student had been referred for help. They were nowhere near as resistant as we thought they might be.

**School G:** This project provided the education to markedly raise the awareness of suicide as an issue our school needed to be concerned about. It allowed people to discuss it in a more open manner. As a result our staff was able to recognize and intervene on behalf of our student population in efficient and appropriate ways.

**School H:** Having a comprehensive protocol and referral system greatly expedited our school's response to potentially suicidal behavior, student/staff deaths, and other crisis situations. Also, the Lifelines Student Lessons are an essential part of a comprehensive health curriculum and need to be supported by the other pieces including identification and referral systems.

**School I:** The comprehensive approach is very valuable. All staff and all high school students received awareness training. The public is also interested as indicated by the fact that materials disappear when on display. We have seen an increase in referrals resulting in an increase in early interventions. We truly believe that some of the stigma associated with suicidal behavior has lessened in our community.

**School J:** This project enlarged the safety net for BOTH students and staff. The staff is informed as to what to do and who to contact if they suspect any level of suicidality. The most important message to staff is that they do not have to "fix" anything...they only have to refer to those trained to handle the situation. The staff has grown closer due to mutual concern for the well-being of students. Continued education and awareness is invaluable.

**School K:** This project provided us with the know-how and opportunity to save lives after the suicide of a very well-known student at our school. It is as simple as that. Worth every bit of the work! The protocols were invaluable.

**School L:** All of the work was more than worthwhile because it increased awareness about youth suicide significantly and provided numerous opportunities for training on multiple levels. It provided a format for developing intervention and response plans and helped us to re-commit to a relationship between the school and our local crisis service providers. The project also served to break down barriers to issues such as the “we-can’t-talk-about-suicide” myth and it gave us a useful common language to move forward in our planning. This was the most useful and productive grant I’ve ever had the pleasure to work on. The support for this project was extraordinary. We never felt lost in the shuffle of grant life.

#### **XIV. Will the schools sustain suicide prevention efforts once the grant ends?**

“Plans for Sustainability” were actually implemented during the third year full year of this grant. All components of the comprehensive plan were up and running in all schools. By the end of the project, the schools expressed some relief about the fact that they would no longer have to comply with the evaluation data collection process, but they felt little doubt that the essential program components were well established and that they would continue. The following comments were shared when sustainability was discussed:

- A. Our school has several people trained as gatekeepers, including those who teach the Lifelines Student Lessons and Reconnecting Youth. Those individuals plan to continue to offer those curricula, and if we need additional people trained, we will see to it that they attend the necessary training. The local web site will be used as a tool for updates and informational purposes regarding suicide awareness for the parents and community.
- B. We will maintain our protocols (keep them up-to-date) and remind personnel at staff awareness trainings. As needed we will send more people to Gatekeeper Trainings, and we will continue the Lifelines Student Lessons in our health classes. Thanks to MYSPP for keeping these trainings readily available and very affordable.
- C. Our new hires will attend an awareness program and our staff will be updated annually with an informational packet on suicide prevention, just to keep it on the horizon!
- D. Now that all protocols and the Lifelines student lessons have been incorporated into the comprehensive health curricula and firmly established, they will (have already) set the course for future work in this area. Future training for educators may be a challenge due to time restraints and budget issues.
- E. The Lifelines teachers are strong supporters of the Lifelines student lessons, and as such, will continue to incorporate the program into their health classes when the funding ends. It is unclear as to whether RY will continue because the

numbers have not met our expectations for enrollment. I need to meet with the Superintendent about where he sees the project going after funding ends.

- F. We receive tobacco settlement money that is currently utilized for some support services. We also receive in-kind contributions from Acadia Hospital. We continually struggle with funding streams. The District has picked up some responsibility for funding. What has helped in this is the fact that we have quantitative data on program success.
- G. Our updated Crisis Plan now includes Suicide Prevention Guidelines and that plan in addition to staff trainings will be maintained after the funding has ended. The start-up costs were for stipends, subs, and travel and outside trainings. It was great having these funds as the groundwork took up time that was not available to us during regular work hours. It is motivating to be compensated for time spent outside of school. Professional development money is available to staff for professional training, so that will continue as needed.
- H. We will create time for our team to reflect on what's working and how, when and what to continue.
- I. We will promote continuance with the school board. There really isn't any financial burden to keep this going at this point.
- J. Suicide Prevention is a high priority for our administration, school board, staff and community. We will train staff as necessary in Gatekeeper, Training-of-Trainers, or Lifelines Teacher Training with professional development money or other grant money. New staff will receive an awareness session during orientation and ALL staff will have a review every three years. All of this is stated in our protocols.

## **XV. What aspects of grant management did the schools appreciate most?**

Participating Schools were asked to comment on: 1) what they appreciated about participating in this CDC project; and 2) what additional suggestions they would have for MYSPP if undertaking a similar project again. The responses below surfaced repeatedly.

### **A. Project Management Items Most Appreciated**

- 1. Clear communication combined with a high level of on-going support (i.e. group interaction, one-on-one, e-mail and telephone support-all outstanding).
- 2. Ready availability for questions and consultations.
- 3. Clear expectations and deadlines – this was really helpful.

4. Two annual mandatory meetings – just enough to keep us focused on tasks-at-hand in the fall and appreciate our collective accomplishments in the spring. The meetings allowed us to learn from each other, support each other and share a sense of pride in the data for which WE were responsible!
5. Well-organized meetings that were well worth attending. We felt heard because MYSPP responded to our concerns and suggestions.
6. Inclusion-even in an isolated location, we never felt left out.
7. Ways to measure progress (i.e. rubrics, report cards, check lists); they helped us to move things along and offered standards and guidance.
8. Resource materials...the blue and white (free) “Informational Booklets,” the Quick Books, the Gatekeeper Resource Book, the videos for the TOT and Lifelines...having all of the related “products” provided really was a huge help to us.
9. An annual calendar of regularly scheduled trainings because as Maine experiences the “graying” of school faculties, we can anticipate that there will be a lot of new staff needing training.
10. Project staff support is/was key to a project like this; no question went unanswered, no dilemma unresolved, lack of support was never an issue.
11. Flexibility, compassion, knowledge and an understanding of how schools function (or a willingness to learn) was most appreciated.
12. The recognition at the end of the project, the Celebration Summit was really fun and very much appreciated. We truly felt appreciated.
13. Continuation of occasional e-mails, notices on conferences, articles, information about related products and other relevant information is very helpful to our sustainability efforts...even though the project has officially ended. MYSPP should continue to have someone on staff stay in touch with us!

**B. Additional Ideas for Project Management**

1. Provide regional meetings so that coordinators could have met without the burden of travel, perhaps in between the two required meeting dates.
2. Provide teacher training in suicide prevention and awareness at the college level. Gatekeeper training should be a mandatory part of every college’s education department requirements so that every new teacher has this training. Most new teachers, when faced with a student having suicidal thoughts, feel completely unprepared to deal with what is happening. (*Luckily, when this happened to me, I*

*had the support of a solid guidance department who helped me identify the necessary resources for the student. However, I received no training in this field at all. Even in my school counseling graduate program there was very little practical training in suicide prevention. My first formal training in this area was a Maine Gatekeeper Workshop (attended in 2000.)* Additionally, training at the college level might reduce the number of educators who are resistant, to varying degrees, to anything they perceive as “additional work.” Some teachers in my building felt that, by giving them information about suicide intervention, they were being asked to do “just one more thing.” I hear this all the time, about all sorts of educational programs. The efforts of the MYSPP seem to be focused at the secondary school and community levels, as they should be. However, I think adding to that an effort at the college level would secure the future of suicide prevention in public education.

3. Encourage use of mentoring system to help any new schools undertaking the implementation of a comprehensive approach to suicide prevention.
4. Insist that protocols be developed as a school community, so that they are based in what *really happens*, rather than on what a few think will happen!
5. Collect even MORE data from schools, especially detailed end of the year reports and interviews. The project was very important to me and I was ready to provide more information than was asked of me!
6. Don't let schools get overwhelmed with the details. Encourage them to complete one step at a time and spread out the work. It is accomplishable!!
7. Be patient with the new schools and at the same time be persistent without nagging about deadlines and other issues.
8. The school is a community unto itself, in many respects we operate in our own little world and it can be difficult to let others into our domain. Find the right person within the school system and you are golden for getting things accomplished.

## **XVI. What steps has the MYSPP taken to respond to challenges and recommendations of the CDC Schools?**

1. After the initial Gatekeeper, Training-Of-Trainers and Lifelines Teacher Trainings were completed, the schools asked what was next! What else would be available for them to gain more in-depth knowledge? As a result, MYSPP now offers an annual “Beyond the Basics of Suicide Prevention” conference in the spring of each year. We feature national level speakers and offer more in-depth opportunities to learn about suicide prevention and related topics. This conference serves to keep the interest and connection between the twelve schools and many, many others statewide. Attendance has significantly grown and the

third “Beyond the Basics of Suicide Prevention” conference will be offered in April 2007.

2. The MYSPP learned much from the experience of protocol development in the twelve CDC schools. It was the #1 challenge. As a result we have developed a “Readiness to Manage Suicidal Behavior” Survey, an assessment tool that asks administrative, staff, parent and student related questions about preparedness to conduct suicide prevention, intervention and postvention activities. Upon completion, the school has a good idea of what they already have in place and what further work needs to be done. In addition we offer a new four-hour “Protocol Development Workshop” in which we discuss why protocols are necessary and how they help schools. The workshop and assessment tool, when combined with the **MYSPP Youth Suicide Prevention, Intervention and Postvention Guidelines-A Resource for School Personnel**, lessen the overwhelming challenge of protocol development. The guidelines were available to the twelve schools, but we found that the assessment tool and the additional workshop substantially increased their value.
3. The MYSPP has created mentoring opportunities between the twelve CDC school and six new schools involved in a new youth suicide prevention project funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) in 2005.

## **XVII. Stories From The Schools**

Participating schools were asked to chronicle events that happened as a direct result of their suicide prevention activities throughout the grant period. These stories, anecdotes, and accounts are not captured in the evaluation data, but provide first person accounts of the impact of the project in the participating schools. Each of the twelve participating schools had “stories” to tell, some of them relating to school experiences and some relating to individual student experiences. Summaries of a few of them follow.

### **1. The Memory Scrapbook...A Healing Memorial**

Early on in this project, MYSPP facilitators came to our district and presented a full day gatekeeper training workshop. One of the agenda items addressed the importance of planning memorial activities to use after any type of death that will not contribute to the possibility of “copycat” suicide if, in fact, the death was by suicide. Less than a month later our school experienced a student death (non-suicide). When our district-wide crisis team met to discuss several aspects of our school’s response plan, we remembered the discussion about establishing guidelines for appropriate memorial activities. We knew that this was the time to set precedents that would serve us in the event that a future death might be a suicide. We remembered the idea of creating a “Memory Scrapbook” and agreed to try it, even though our postvention protocols hadn’t yet been fully developed.

What ensued that following week was very powerful. Students and staff alike shared their condolences, memories, thoughts and feelings in the form of poetry, letters, drawings, photos etc. Contributions to the book were made in the nurse's office, a non-threatening, supervised place. It was organized, tied with a beautiful ribbon and presented to the student's family after the funeral. Months later, the boy's parents shared very positive feedback. They said the scrapbook helped them enormously through the initial stages of their grieving process. It gave them great comfort to know that their son was important to many other people. Our school used the memory scrapbook memorial again later that year when we experienced another student death and again it was a very positive experience; this memorial activity is now standard protocol for our school. It is so important to have a consistent memorial activity for the death of a student, regardless of the cause of the fatality. This levels the playing field, prevents one incident from gaining more attention than another, and is meaningful to the grieving family members.

## 2. Neighbors Helping Neighbors

Last year a neighboring community lost a 9<sup>th</sup> grade student to suicide. The elementary school in that community sends several students to our high school, thus many of our students knew the boy who died and were very upset by the news of his death. In addition, the elementary school principal in this nearby town was concerned about the 8<sup>th</sup> graders still at his school who had been friends with the 9<sup>th</sup> grader and he was looking for guidance as to how to help. Our superintendent called me to ask for my assistance. I was able to share our protocols relating to managing the aftermath of student deaths with the principal. I also was able to recruit some of our gatekeepers to go to the elementary school and spend the day with the students and staff, facilitating quasi-support groups and providing resource information. As a result the neighboring school's principal and one of his staff subsequently attended gatekeeper training to learn more about suicide prevention, intervention and postvention.

Meanwhile in our own school, we immediately identified affected students from the neighboring community and invited these students to participate in a grief support group that met daily for about one week. Follow-up after the funeral was also done, and we kept an eye on those students for many months. I am sure that our training in suicide prevention and participation in the project was THE reason we were able to mobilize quickly and provide good support to the students and staff both in our school and at the neighboring elementary school. Thank you!

***Project Coordinator's Note:*** Several similar stories to the one above surfaced illustrating how CDC Grant Schools provided outreach to neighboring schools. Some provided extra support in times of crisis, and others offered to provide suicide prevention awareness education and other related information to administrators and staff at neighboring schools. These efforts sparked interest in "new" schools who wanted to do more to prevent suicide.

### 3. **The “Ultimate Gatekeeper” Notes Changes in Communication Patterns**

This story is a blend of anecdotal pieces received from our school nurse. Our protocols identify her as a resource and she is our “Ultimate Gatekeeper.” As a result of the Lifelines student lessons, students have come to her with concerns they have about their own thoughts and feelings as well as concerns they have about their peers. Teachers also present concerns to the nurse much more so than prior to the gatekeeper training. Whether the concerns may or may not be directly related to suicidal behavior, the flow of communication is much improved. It helps all of us be more aware and watchful. Sometimes these concerns pile up for a particular student and alert us that they may be in more trouble than we might have guessed.

Our educational programming has always promoted the 'total' concern for our students' academic, vocational and emotional needs. The grant allowed us to put more things in place and reflect on our needs to better meet the emotional needs of our students. Without the grant, our opportunity to reflect and make improvements would have been minimal. Once we really started looking at the “needs” of our system, we realized we had to overhaul our crisis policy and develop protocols to assist in all areas of crisis management after a student death. Our plans were well received by the Administrative Team and presented to the School Committee for review and acceptance. Thanks to the CDC/ MYSPP Grant, our efforts were more encompassing than anything we might have attempted on our own. This grant allowed us to prepare a proactive approach with abundant support and a very positive outcome.

### 4. **Caring, Creative Juices Flow**

Schools who undertake a suicide prevention project may be very surprised by the high interest level of the students. Suicidal behavior is something about which they know a lot and care deeply. For example, one class of Lifelines students decided to create a DVD that would dramatize suicide prevention concepts they learned in their class. The Drama Club, after several months' worth of work, much professional advice and the involvement of a volunteer community-based video producer created a powerful suicide prevention film. It reinforces the concepts taught in the Lifelines student lessons and is a source of great pride among our staff and students.

### 5. **Postvention Planning Helps with ALL Sudden Traumatic Events**

In the span of thirty months, our school experienced the deaths of four students (car crash, suicide, drowning, mechanical accident) and four staff members (car crash, cancer (2), massive coronary). Although the grant related prevention activities were obviously focused on suicide, the postvention principles applied to any major traumatic death/accident. Our school would not have survived without having protocols in place. I know we saved kids' lives after the death of our student by suicide. I know our expertise

allowed his parents and sister the opportunity to grieve without guilt and with the right support system in place. When our school initiated early suicide prevention efforts back in 2000, we had no idea how important the work would become to the staff and students of the school district. Our suicide prevention protocols saved us from floundering and saved lives. I will go anywhere and tell anyone how worthwhile this program is. Our thanks to the Maine Youth Suicide Prevention Program, the Centers for Disease Control and Prevention, the University of Maine and the Muskie Institute for all they did.

## 6. **Recollections**

While as school grant coordinator I can't recall any one particular story that came as a direct result of our suicide prevention activities, I can say that there were numerous situations that intertwined with project activities. Each of the six student deaths we endured over the grant became woven into the fabric of our high school's tapestry. As a result of the suicide prevention training and assistance we received and then subsequently delivered to our staff, we were able to continue to maintain a safe environment for students as they grieved and struggled with loss, even though none of the deaths involved suicide. I recall each student who came for help for their own suicidal thinking, students who dragged their reluctant friends in for help, staff who were able to identify hurting kids and knew where to go/what to do. I recall panic-stricken parents calling for help and guidance because their child was identified for being "at-risk." I recall an increased awareness and effort to create more opportunities to deliver information through Lifelines student and community education. I recall being able to talk confidently about suicide and watch people learn to sit with their own fear about it. Uncomfortable? Yes. Essential? Absolutely!

## 7. **The Tide is Turning...Toward Trusted Adults**

As the person most directly in contact with the majority of students who are identified as possibly being at-risk for suicide, as well as those who have made a suicide attempt, I can honestly say I see a difference in the willingness of students to seek help from trusted adults. This is a direct result of the Lifelines student lessons, in which students learn that the adults in their school system are prepared to respond. During the several years prior to this CDC/MYSPP suicide prevention grant project, I worked as a contracted outpatient mental health provider in this school and personally experienced much less willingness by students to seek help from adults. I am absolutely convinced that, because of grant efforts, we circumvented some very frightening and dangerous behaviors. Every school in the country should have the resources we lucky twelve did! Thank you. ☺

## 8. **Suicide and Other Forms of Violence May Go Hand-in-Hand**

Last year a senior boy became despondent over the break-up of a relationship and threatened to harm himself. The problem grew with intensity as the parents of the ex-girlfriend believed their daughter was in jeopardy. They suspected that the boy might harm their daughter as well as himself and they did not want to send her to school. The

police were involved and the high school staff (community) was on edge as well. The high school staff and many of the juniors and seniors had received suicide awareness education earlier in the year and were able to talk about this issue openly but with discretion. As coordinator, with assistance from administration, I was able to direct the involved students and parents through the proper channels and minimize the effect on the general student body. Having the protocols in place was beneficial as it served to highlight the many actions needed to be taken to avert a disaster. Having forms that help with the documentation process also proved to be very helpful.

#### **9. Friends Are The First to Know**

We experienced a suicide intervention by a student for one of her friends. The friend was having some personal problems and asked her teacher to leave the classroom to go the restroom. The concerned student knew that her friend had a large bottle of aspirin with her and was afraid that she just might overdose. The concerned student requested a pass and went to check on her friend. Her suspicions were confirmed. The friend had begun the process of swallowing the entire bottle of aspirin. The guidance counselor was immediately contacted and crisis services provided. The once troubled student received help, graduated last year, is taking college courses through the outreach center in town and is doing very well.

#### **10. A Tragedy Beyond Imagination**

In the final year of this grant, our town experienced a tragic car crash that claimed the lives of four sisters. We immediately turned to our newly updated crisis response plan and it helped us enormously. Even though the deaths were not suicides, the crisis planning served us well. The tragic event happened during a vacation week so we needed a plan to contact staff and students. We also had an immediate need for trained professionals to aid in providing counseling to our students and community members. The protocols and “memorandum of agreement” gave us personal connections and instant responsive contacts. Within hours we had four trained therapists on site, plus three area school counselors. We contacted our local television station and announced that the high school would be open for both students and adults to use for working through immediate grief. MH professionals also helped us the next day, the day of the funeral and the first three days of the following week back at school. Numerous student referrals were made for further counseling during those three days. The gatekeeper training also helped in that several people who attended stepped forward and proved to be very helpful during this time. They were good listeners, understood the importance of having extra support available and had the confidence to recognize those for whom they had concern. Gatekeeper training taught them to be more aware of signs of trouble and where to make referrals within our school staff. The time we spent collaborating and creating our crisis management plans served us extremely well when this terrible tragedy stunned our community. Even in a collective state of shock and grief, we were able to do what needed to be done.

## **11. Inter-school Intervention**

A student athlete from another school e-mailed a couple of our students expressing suicidal thoughts. Our students had completed their Lifelines student (suicide prevention) lessons and recognized the seriousness of the clues in the e-mail. Our students went directly to our school administrator who in turn contacted the other student's administrator who immediately followed up with the student about whom they were worried. Sure enough, he had a plan for suicide and the means to kill himself. An intervention occurred; the young man received immediate help. Several months have now passed and he is doing well...all thanks to an effort initiated by our students who knew that they needed immediate help from trusted adults and had the courage to ask for it. This is an example of the ripple effect and a chain reaction that works when both students and adults know how to intervene in suicidal behavior.

## **12. A Possible Pact**

Two schools within 15 –20 miles of each other were called upon to intervene in suicidal behavior of a different sort. One school was actively involved in the CDC suicide prevention grant and the other school had been a pilot site in which MYSPP had tested some aspects of the Lifelines Program before applying for the CDC grant. On a beautiful May morning, a pilot school student reported that she found a message written on the girls' bathroom wall that divulged a 5-person suicide pact planned for a specific date, just over a week away. The pilot school took the threat very seriously, immediately took digital photos of the writing sample, and matched it perfectly with that of one of the young women they suspected might have written the message. The pilot school knew that this young woman had a cousin and other friends at the nearby school that might also be part of the pact. School #2 was a CDC grant participant, and when called and told of the situation, they took the concerns very seriously and responded by immediately sending key gatekeepers over to the neighboring school for a meeting. Through collaboration, the administrators, counselors, school nurses, key teachers etc. of both schools came up with lists of those about whom they were concerned in VERY short order. Crisis services were enlisted. Within that same school day, those students were interviewed, the pact participants and plans were identified, the "ring-leader" hospitalized, parents notified, referrals made etc.

In addition, one of the students interviewed suggested that there was "someone else," not part of the pact, who should be of concern. That "someone else" was a young man who had very recently planned his suicide in a fit of anger. Although not presently in a suicidal state of mind, his parents were called and he, too, received help appropriate to his circumstances. These two schools moved with remarkable knowledge and speed to intervene in what could have been a terrible tragedy and are to be applauded for taking the behavior seriously, responding immediately and knowing what to do.

13. **Resistance Raised Red Flags**

A female sophomore participating in the Lifelines student lessons was particularly resistant to the idea that anyone should try to prevent anyone else's suicide. She insisted that it was a person's right to choose whether they wanted to live or die. Her unrelenting attitude raised a huge red flag. After one of the classes one of this young woman's friends came to the guidance office and shared that the resistant individual had been doing some serious cutting. The school counselor followed up on this report and discovered that the cutting had done considerable damage and indeed, looked like a case of her practicing for a suicide attempt. An EMT assessed the damage, agreed with the seriousness of the cutting and recommended an assessment.

Her single parent mother was unresponsive to the idea of taking her daughter for an assessment, but two friends borrowed enough money to buy the gas needed to drive this girl some distance for an appointment at the mental health center. With help, this young woman has come full circle, has become emancipated from her parent, is living in a safe place, working part-time, doing EXCEPTIONALLY well in school and planning for her future. Her behavior may have very well gone unreported if not for the classroom lessons that not only opened a discussion about suicide prevention, but alerted several individuals to the seriousness of her actions and attitudes.

14. **Self-referral**

Immediately upon completion of the Lifelines Student Lessons and the signing of a "Help Seeking Pledge" acknowledging that everyone needs help at some point in their lives, a male student walked into the school counselor's office and self-referred, asking for immediate help. This young man was assessed for suicidality and found to be unmistakably self-destructive. He was hospitalized in an adolescent mental health unit for several weeks and received the help he needed. He is back in school reportedly doing very well.

15. **Verbal and Written Clues Lead to Action**

A student who had recently completed the Lifelines student lessons returned home from a baseball game one evening to find a troubling phone message from a girlfriend. The phone message was followed by e-mails with verbal statements including one that asked "what things of mine would you like to have?" Having learned that giving away prized possessions is possibly a warning sign of suicide, the student turned to her mother and asked for help because she was worried that her girlfriend might be thinking of killing herself. Together, mother and daughter called the police who decided to make a house call. The girlfriend's parents did not take the policeman's visit or their daughter's behavior seriously, insisting that she was "just trying to get attention." However, the mother did agree to bring her daughter to school the next day and meet with the school counselor who in turn offered to make a counseling appointment. The mother, very reluctant to enter into any kind of counseling, agreed that the school counselor could take her daughter to that first appointment. This troubled young woman

did convince her parents that she needed their support to continue counseling for a few months, and there have been no more episodes of suicidal behavior. Upon graduation, this young woman entered the military, attained an officer's rank and continues to do very well. This just goes to prove that with the right kind of help, suicide can be prevented and individuals can go on to lead full, productive lives.

## ***XVIII. In Conclusion:***

### ***A Brief Note From the Project Director***

As a person who has been deeply involved in the Maine Youth Suicide Prevention Program (MYSPP) since its inception, it is impossible to offer an unbiased perspective on this project. Long before the CDC grant became available, MYSPP had a vision of how to promote suicide prevention programs in schools. Our experience with the Lifelines Program had been positive and we wanted to build on that. We understood that when tragedy strikes, school protocols serve school crisis teams well. We believed that if the very caring people working with youth knew more about suicide prevention that they would intervene more often and earlier in suicidal behavior and possibly prevent more suicides. We firmly believed that if we could build confidence in health teachers' abilities to discuss suicide prevention within their health curriculum that they would integrate it into their already overloaded schedules. Student surveys indicated that the youth were very concerned about suicidal behavior. We believed that they would help their friends if they knew what to do and could get over the hurdle of feeling like they were betraying the confidence of their troubled friends. We truly believed we were on the right track and we were passionate about wanting to proceed.

What we didn't know was equally important. We didn't know whether or not schools would adopt our beliefs and values with regard to suicide prevention, and we didn't know what it would take for schools to be able to implement a solid suicide prevention program. Prior to funding from the Centers for Disease Control and Prevention, we didn't have the resources to fully support a comprehensive approach to suicide prevention and evaluate the results. This funding allowed us to bring knowledge and resources to the table and work collaboratively with a manageable number of schools to figure out how to do this work. The MYSPP project team and the schools worked hand-in-hand to figure out how to accomplish our goals. Now we know what it takes to make this happen, have learned much from the data collected and have already taken steps to strengthen our ability to support additional efforts. We are more convinced than ever that the implementation of a comprehensive suicide prevention plan is worthwhile and MYSPP will continue to build on this experience by seeking resources to bring this approach to other schools.

MYSPP has been asked what we would do differently if we could do it all again. This is a very difficult question to answer mostly because we know more now! However, given what we knew in 2002, there is very little this project coordinator would do differently. One small but significant change that might make a big difference would be to use the word "complete" instead of "comprehensive" when talking about the

desired suicide prevention program. The shift in language might make the process feel less overwhelming! The schools involved proved to themselves that this is doable, essential work. It makes sense, it is affordable and supportive of work that schools are already doing anyway.

The twelve participating project schools were, and still are, remarkable. Yes, they were initially overwhelmed at the idea of adding this to already full plates, but for a little bit of monetary compensation and a lot of support, they were willing to try. Each step of the way the momentum built, knowledge was gained, confidence bloomed, skills strengthened, young people were helped and lives were saved. All twelve schools maintained their project related efforts until the project's end and continue to sustain the key program elements. As project coordinator I am very proud of this project, its participants and the results. It has been an honor to be a part of it.  
Respectfully submitted, Susan O'Halloran, Project Coordinator

### **A Brief Note From the Project Director**

In writing the grant application to CDC, I personally felt tremendous concern about the possibility of one or more student suicides occurring at project schools, as, given the suicide rate among Maine youth, it was more than a remote possibility. I guess I was afraid that the project would be blamed for the death, thus diminishing the potential impact of the approach that we believed would really make a difference to Maine youth. As it turned out, tragically, there were 34 student lives lost in the twelve schools over the three years that data were collected. *That only one of these deaths was a suicide and that the school project staff reports demonstrated that the interventions conducted in the project schools did save numerous lives is something that we proudly share in the hope that others will try this approach and realize the same benefits.*

While mine was not a role that involved lots of direct contact with the school project staff, every time I did get the opportunity to speak with them or hear their presentations, I was extremely impressed by their commitment, their caring and their ability to keep going, even when major obstacles presented themselves. I cannot overemphasize how fortunate Maine is to have had the project team that we had for this work. Not only were we able to recruit talented people who worked well together and were very committed to implementing the project with fidelity, they were open to learning from each other and from the schools what would work best. They were flexible; making adjustments when indicated, and worked very hard to respect the challenges faced by the schools every step of the way. The creativity exhibited by all members of the project team and the schools added innumerable benefits. The school "report card" is one such example, but there were many others. All of this together led to many unexpected benefits, such as reducing stigma for seeking help, improving school climate and improving school preparedness to address many types of crises that might arise. I thank everyone who was involved in realizing the accomplishments that they helped to achieve!

Respectfully submitted, Cheryl DiCara, Project Director