



Be Aware, Be Able, Be Prepared
B1 FOR A FRIEND!

Someone you know may need a friend – **B1** ... Take the **B1** Pledge

BE AWARE

Be aware and understand the problem of youth suicide.

- Suicide is the 3rd leading cause of death for youth ages 10-24.
- Suicide is PREVENTABLE.

BE ABLE TO IDENTIFY

Be able to identify warning signs in a friend who may be hurting. Look for these warning signs in your friends:

- Suicide threats
- Depression
- Anger, increased irritability
- Lack of interest in activities they once enjoyed
- Sudden increase/decrease in appetite
- Sudden changes in appearance
- Dwindling academic performance
- Preoccupation with death and suicide
- Previous suicide attempts

BE PREPARED TO REACT

Don't be afraid to talk to someone who seems to be depressed or hurting. At the very least, your friend will know there is someone who cares for them.

What can I do if I have recognized warning signs in my friend?

Talk. Listen. Respond. Use the LIFE model to find out what is troubling your friend.

- L** Listen to your friend.
- I** Insist on honesty from your friend.
- F** Openly discuss feelings with your friend.
- E** Extend a helping hand. Go with your friend to get help. Do not leave your friend alone.

WHERE DO I GO FOR HELP?

- Your favorite teacher/coach
- Parents
- Clergy
- Guidance counselor
- Doctor
- Trusted adult
- Crisis line such as 1-800-SUICIDE (784-2433) or 1-800-243-TALK (243-8255)
- Local mental health center

Let Rascal Flatts know you will B1 for a friend at

www.rascalflattsB1.com

if The **Jason Foundation**
www.jasonfoundation.com

Friday February 3, 2015 3:00 PM

Testimony for HB 374 by Don Berryman

Madam Chair members of the committee, I am Don Berryman School Principal at Acadia Montana, a children's psychiatric residential treatment facility, in Butte, MT and the Montana Representative for the Jason Foundation, a nationally recognized leader in youth suicide awareness and prevention; and provider of the model legislation for this bill. I would like to thank Representative McClafferty for sponsoring this much needed legislation.

As the Department of Public Health and Human Services points out in the 2015 Strategic Suicide Prevention Plan, Montana has been at or near the top in the nation for the rate of suicides for nearly four decades and currently Montana is tied for the highest rate of suicide in the United States. According to the 2013 National Youth Risk Behavioral Survey nearly 17,000 of our seventh through twelfth graders in Montana this year will experience the possible beginnings of clinical depression, over 10,000 of our youth will seriously consider suicide, and over 5,000 of our youth will attempt suicide. Based upon these statistics and the 13-14 school year enrollment figures in The Office of Public Instructions 2014-2015 Directory of Montana Schools

1195 students have told us that they will consider suicide in Billings and 551 have told us that they may attempt suicide in Billings

26 will consider suicide in Box Elder and 12 may attempt suicide in Box Elder

436 will consider suicide in Bozeman and 201 may attempt suicide in Bozeman

134 will consider suicide in Browning and 62 may attempt suicide in Browning

320 will consider suicide in Butte and 148 may attempt suicide in Butte

64 will consider suicide in Florence and 30 may attempt suicide in Florence

752 will consider suicide in Great Falls and 347 may attempt suicide in Great Falls

769 will consider suicide in Helena and 355 may attempt suicide in Helena

139 will consider suicide in Livingston and 64 may attempt suicide in Livingston

848 will consider suicide in Missoula and 391 may attempt suicide in Missoula

128 will consider suicide in Polson and 59 may attempt suicide in Polson

131 will consider suicide in Ronan and 61 may attempt suicide in Ronan

23 will consider suicide in Superior and 11 may attempt suicide in Superior

Clearly something must be done. You might ask why schools and why teachers. The evidenced-based *Youth Suicide Prevention School-Based Guide* produced by the University of South Florida states, "schools provide an ideal and strategic setting for preventing adolescent suicide and teachers are in an ideal position to identify and refer students potentially at-risk for suicide".

However, teachers are inadequately trained to recognize the warning signs and thus the majority of teachers feel inadequate to identify a student at-risk. Only 9% of the teachers whom you would expect

to have some training, such as a Health Teachers, felt somewhat confident in their ability to identify and help an at-risk student. This is especially disturbing when one considers that research found that 25% of teachers had been approached by a suicidal teen. What this means is that despite the fact that teachers are the most likely adults to come into contact with a potentially suicidal teen they do not feel very confident in their ability to recognize and appropriately support a suicidal teen.

The states strategic suicide prevention plan also identifies "training of adults who work with youth" as an opportunity for prevention. Research has identified training of school staff as required by this bill as essential in adolescent youth suicide prevention. Training of school staff can produce positive effects and in-service training programs as required by this bill can have positive impacts on student's suicidal behavior.

So what is it that this bill would require?

1. Over site by the Superintendent of Public Instruction as required for all professional development activities for renewal units for certification.
2. A minimum of two hours of youth suicide awareness and prevention training in the previous five years for every teacher or specialist who applies for certification renewal. This is two hours out of the required sixty hours needed for certification renewal.
3. A minimum of two hours of youth suicide awareness and prevention training be made available annually to each employee of a school district and the office of public instruction who work directly with any student. This is two hours out of the required minimum of 3 days for instructional and professional development meetings or other appropriate in-service training.

As Representative McClafferty pointed out The Jason Foundation will provide this training free of charge.

The Jason Foundation, Inc. (JFI), which was founded in 1997 and recognized as a national milestone in suicide prevention in the *2012 NATIONAL STRATEGY FOR SUICIDE PREVENTION*, is a non-profit organization dedicated to the prevention of the "Silent Epidemic" of youth suicide through educational and awareness programs that equip young people, educators/youth workers and parents with the tools and resources to help identify and assist at-risk youth.

The Jason Foundation is recognized nationally as a leader in suicide awareness and prevention training and one of the largest teacher training organization in the Unites States. In 2014 The Jason Foundation, trained over 147,000 teachers. One for every 3.5 minutes, over 400 teachers every day of the year.

The Jason Foundation believes an effective program of prevention must include the three main areas of influence in a young person's life: Youth, Parents, and Educators/and those that work with youth.

The Jason Foundation offers programs based on the Triangle of Prevention model in order to reach all areas of a young person's life: parents, educators/youth workers and the youth themselves. All programs are currently offered at no cost to participants with whom we contract. Contracts are required as the programs are continually being update to assure the most accurate information is being provided. These contract thus allow The Jason Foundation to provide updates to all users.

The model language for this bill, The Jason Flatt Act now passed in 14 states, is recognized as the most comprehensive suicide prevention law in the country requiring educators to have training in youth suicide awareness and prevention. However, The Jason Flatt Act does not require the use of The Jason

Foundation training. I have provided in written testimony a listing of 12 suicide prevention and intervention trainings that are available for use by school districts, many which are free.

Most suicides are preventable, according to the American Foundation for Suicide Prevention. Sadly many who are at-risk for attempting suicide never receive the treatment they need because of stigma, lack of access to care, or **lack of knowledge and awareness about their symptoms**.

Awareness and education are key to prevention. Most young people contemplating suicide show clear warning signs prior to the attempt. It is imperative that educators know how to recognize signs of concern of a youth at-risk and are prepared to react should they see these signs.

I am asking for your support for HB374 and together we can help save a life.

Thank You

Don Berryman
JFI representative
Acadia Montana
1-800-477-1067
406-494-6347



Jason Flatt
1981 - 1997

if The Jason Foundation, Inc.

Youth Suicide: The "Silent Epidemic"

Montana

Statistics from the Youth Risk Behavioral Survey conducted by the Center for Disease Control (CDC)

When young people were asked:

"Have you experienced the feeling of hopelessness and sadness for a constant period of two weeks or greater during the past twelve months (possible beginning of clinical depression)?"

25.4% answered YES or Over 1 out of every 4 young people.
This equates to 16,959 youth in the state that have these feelings.

Compared to Nationally – 29.9%

"Have you seriously considered suicide in the past twelve months?"

16.8% answered YES or Over 1 out of every 6 young people.
This equates to 10,792 youth in the state that will consider suicide in the next 12 months.

Compared to Nationally – 17.0%

"Have you made a plan to commit suicide in the past twelve months?"

13.6% answered YES or Almost 1 out of every 7 young people.
This equates to 8,737 youth in the state that will make a plan.

Compared to Nationally – 13.6%

"Have you attempted suicide in the past twelve months?"

7.9% answered YES or Over 1 out of every 13 young people.
This equates to 5,075 youth in the state that will make an attempt in the next 12 months.
This is an average of 14 per day.

Compared to Nationally – 8.0%

"Suicide is one of the LEADING causes of PREVENTABLE death in our nation today."

-Dr. David Satcher, former U.S. Surgeon General

*Projected using the National and State 2013 YRBS and the State 2011-12 School Population for Grades 7-12

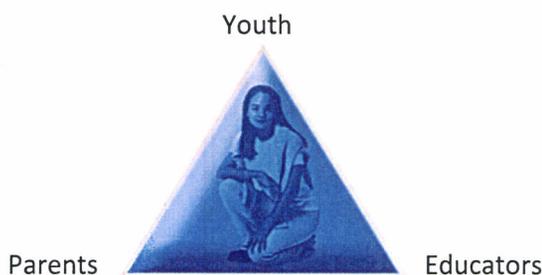
The Jason Foundation

The Jason Foundation, Inc. (JFI) is a non-profit organization dedicated to the prevention of the “Silent Epidemic” of youth suicide through educational and awareness programs that equip young people, educators / youth workers and parents with the tools and resources to help identify and assist at-risk youth.

The Jason Foundation is named after Jason Flatt, a young man who died by suicide in 1997. Jason was a typical 16 year-old teenager. He was a fun-loving, popular, outgoing, young man who had many friends. Jason lived with his mom, dad and older brother. He and his family went to church together and got along well with each other. He didn't drink alcohol or abuse drugs. Jason was an average student, making mostly B's and C's and an occasional A. Jason was one of those kids who seemed to be born coordinated and athletics came easy for him. He played almost all sports but he particularly loved football – football was his passion. He played it, watched it, studied it and talked it. Jason was sixteen and had just gotten his driver's license. He had even been given a used, hand-me-down, car to drive. He had started dating and had a special girlfriend. One would think that he had a great life and he did. But, on the morning of July 16, 1997, something was different. For some reason, Jason made a decision that forever changed the lives of everyone around him – he took his own life. His decision eliminated the chance for him to find another solution to his pain and unhappiness. If only he had shared with someone how he felt, he could have been given help and possibly still be here today.

In October 1997, Clark, Connie and John Flatt (Jason's parents and brother), Jason's family and a group of his friends started the foundation. From a small local beginning in 1997 and with the help of our clinical, national and awareness affiliates, JFI has grown to a nationally recognized provider of suicide awareness programs and was recognized as a national milestone in suicide prevention in the US Surgeon General's 2012 National Strategy for Side Prevention.

JFI believes an effective program of prevention must include the three main areas of influence in a young person's life.



JFI offers programs based on the Triangle of Prevention model in order to reach all areas of a young person's life: parents, educators/youth workers and the youth themselves. All programs are currently offered at no cost to participants with whom we contract. Contracts are required as the programs are continually being update to assure the most accurate information is being provided. These contract thus allow The Jason Foundation to provide updates to all users.

JFI offers the following programs and materials free programs:

- “A Promise for Tomorrow” Curriculum Unit
- B1 Project with Rascal Flatts

- Staff Development Modules
- Parent Seminars / Parent Resource Program
- “A Friend Asks” Youth App
- Community Overview Seminars
- Posters
- Pens
- Bookmarks
- Wrist Bands
- PSA

In addition, JFI offers model language (known as The Jason Flatt Act) for the nation’s most inclusive and mandatory youth suicide awareness and prevention legislation pertaining to Teacher’s In-Service Training.

JFI, with the support of its affiliates, offers a “grass roots” approach to providing programs and services to neighborhood across the nation. This network of offices and community resource centers constitute one of the largest youth suicide prevention efforts in the country. Utilizing dedicated professionals in each affiliate office, JFI is able to reach a wide demographic of the public while offering a clinical backup for its materials. We are proud to work with the nation’s leading health and behavioral health providers to provide our programs at no cost to communities we serve. For a listing and description of our dynamic partners visit our website at: www.jasonfoundation.com/about-us/our-support/affiliates

For more information visit the website at www.jasonfoundation.com



State Laws on Suicide Prevention Training for School Personnel

Overview: According to the latest (2010) data from the Centers for Disease Control and Prevention (CDC), suicide is the second leading cause of death for young people ages 10-24 (Centers for Disease Control and Prevention, 2012). According to the 2011 Youth Risk Behavior Survey, more than 1 in 7 high school students in the U.S. reported having seriously considered attempting suicide in the 12 months preceding the survey, and 7.8% of students (about 1 in 13) reported having attempted suicide in the preceding 12 months (U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention [U.S. Dept. of HHS & Action Alliance] 2012).

As children and teens spend a significant amount of their young lives in school, the personnel that interact with them on a daily basis are in a prime position to recognize the signs of suicide and make the appropriate referrals for help. To be able to do this, they will need effective training to acquire the necessary skills and confidence to intervene with youth at-risk, and mandated training is one way to ensure that all school personnel have a baseline understanding of suicide risk and the referral process.

Suicide prevention training for school personnel is targeted within the updated *2012 National Strategy for Suicide Prevention (NSSP)*, which includes 4 strategic directives and a set of 13 goals and corresponding 60 objectives that recommend a variety of organizations and individuals become involved in suicide prevention. Specifically, Goal 7 of the revised NSSP is to “Provide training to community and clinical service providers on the prevention of suicide and related behaviors.” These community-based and clinical prevention professionals include educators and school personnel, as their “work brings them into contact with persons with suicide risk,” and they should therefore be “trained on how to address suicidal thoughts and behaviors and on how to respond to those who have been affected by suicide.” Corresponding Objective 7.1 specifically indicates school counselors as persons “on the frontlines of suicide prevention” that should receive training, and recommends that schools, colleges, and universities “train relevant school staff to recognize students at potential risk of suicide and refer to appropriate services.” Several other objectives within the NSSP (Objectives 1.1, 3.1, and 5.2 specifically) also assert that suicide prevention should be integrated into the values, culture, leadership, and work of educational institutions, and that schools, colleges, and universities have a role to play in “training personnel who are in contact with individuals with suicide risk, and providing support to individuals in crisis,” (U.S. Dept. of HHS & Action Alliance, 2012).

Teachers and other school personnel must not only be well-equipped to identify and communicate with their students about suicidal behaviors, but they must also be able to accurately discuss these issues with each other. While school staff and faculty should not be expected to make clinical diagnoses, they should be able to recognize developing signs and symptoms associated with suicide risk, mental disorders, and substance abuse. Providing these professionals with the skills, vocabulary, and techniques to be comfortable with these issues through specific training “could enhance these providers’ ability to provide support to individuals at risk and make appropriate referrals,” (U.S. Dept. of HHS & Action Alliance, 2012).



Current State Laws:

State Mandated Annual Training (5 states)

There are currently five states (Alaska, Kentucky, Louisiana, Nebraska, and Tennessee) that mandate annual suicide prevention training for school personnel. In Alaska, Louisiana, and Tennessee, this mandate is titled the *Jason Flatt Act*.

- **Alaska** requires 2 hours of training each year for teachers, administrators, counselors, and specialists who provide services to students in grades 7-12
- **Kentucky** requires 2 hours of “self-study review of suicide prevention materials” each year for high school and middle school principals, guidance counselors, and teachers
- **Louisiana** requires 2 hours of in-service training each year for teachers, school counselors, principals, and other administrators “for whom such training is deemed beneficial”
- **Nebraska** requires at least 1 hour of training each year for all public school nurses, teachers, counselors, school psychologists, administrators, school social workers, and other “appropriate personnel”; also requires the department of education to collaborate with others in the state to develop a list of approved training materials that identify available mental health services and instruct on when and how to refer youth and their families to those services
- **Tennessee** requires 2 hours of in-service training each year for teachers and principals

State Mandated Training, Not Annual (15 states)

There are currently fifteen states (Arkansas, Connecticut, Illinois, Indiana, Maine, Mississippi, New Jersey, North Dakota, Ohio, South Carolina, Texas, Utah, Washington, West Virginia, and Wyoming) that mandate training in suicide prevention for school personnel but do not specify that the training must be annual. In Arkansas, Mississippi, North Dakota, Ohio, South Carolina, West Virginia, and Wyoming, the law is titled the *Jason Flatt Act*.

- **Arkansas** requires 2 hours of training every 5 years for licensed personnel
- **Connecticut** requires (an unspecified duration of) training once, as a condition of initial certification for beginning teachers; local boards of education must also provide an in-service training program for teachers, administrators, and pupil personnel that includes information on youth suicide prevention and response
- **Illinois** requires school guidance counselors, teachers, school social workers, and other personnel who work with pupils in grades 7-12 to be trained (unspecified duration) and taught various intervention techniques; the training must be provided within the framework of existing in-service training programs or required professional development activities
- Beginning in 2013, **Indiana** will require (an unspecified duration of) training as a requirement for initial teaching licensure, for applicants for initial teaching license at any grade level
- In **Maine**, beginning in the 2014-2015 school year for high schools and in the 2015-2016 school year for middle and elementary schools, all school personnel will be required to receive a 1-2 hour in-service training module in suicide prevention awareness every 5 years, and at least two



personnel in each school will be required to take a more intensive one-day course in suicide prevention and intervention training every 5 years

- **Mississippi** requires (an unspecified duration of) training only once, for all newly employed licensed teachers and principals
- **New Jersey** requires 2 hours of training to be completed in each professional development period for public school teaching staff members; New Jersey is unique in that it specifies that a qualified trainer in the mental health community must administer the training
- **North Dakota** requires that middle and high school teachers and administrators receive at least 2 hours of professional development in youth suicide prevention once every 2 years
- **Ohio** requires that training in youth suicide, awareness, and prevention be incorporated into existing in-service training required for nurses, teachers, counselors, school psychologists, administrators, and any other “appropriate” personnel every 5 years
- **South Carolina** requires 2 hours of training every 5 years (consistent with the state’s existing licensure cycle)
- **Texas** requires that minimum academic qualifications for certified educators also require instruction in the detection of students with mental or emotional disorders; also requires that school districts provide at least a one-time training for teachers, counselors, principals, and other appropriate personnel to learn to recognize students at risk for suicide or in need of early mental health intervention
- **Utah** requires 2 hours of training consistent with the state’s licensure cycle
- In **Washington**, effective 7/28/13, school social workers, school nurses, school psychologists, and school counselors will be required to receive at least 3 hours of training as a condition of professional certification
- **West Virginia** requires “routine education” for professional educators, including principals, administrators, and those service personnel having direct contact with students
- **Wyoming** requires at least 8 hours of suicide prevention education every 4 school years for all teachers and administrators using “suitable materials reviewed and recommended” by the state superintendent and the director of the department of education (beginning in the 2014-2015 school year)

State Encourages Training (15 states)

There are fifteen states (**Alabama, Arizona, California, Colorado, Florida, Georgia, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New York, Virginia, and Wisconsin**) with laws in place that encourage suicide prevention training for school personnel. In some states this means the provision of access to training as an *option* for professional development. In others, structures are put in place by the legislature to provide for the training, but school personnel are not required to make use of those training options. Or, the state *allows* grant funding to be used for suicide prevention training, but does not require it.



Other (Unique) School Suicide Prevention Statutes

- **Idaho** encourages the inclusion of teen early intervention specialists in schools to provide suicide prevention counseling services
- **Iowa** encourages early intervention programs for students at-risk for suicide
- **North Carolina** requires at least one employee within the local school administrative unit be trained in the unique needs of children who have immediate family members in the military, including training on suicide risks
- **Oklahoma** encourages technical assistance be provided to schools regarding best practices in identification and treatment of minors at risk for suicide

Current Advocacy Efforts: The American Foundation for Suicide Prevention (AFSP) recognizes that the training of school personnel is a crucial step toward reducing the rate of suicide among young people in the U.S., and has therefore made mandated suicide prevention training for these key gatekeepers a public policy priority. Many states that currently mandate suicide prevention training for school personnel achieved this through adopting a bill titled *The Jason Flatt Act*, the hallmark piece of legislation for the not-for-profit organization, the Jason Foundation, Inc. (JFI). In most states, the *Jason Flatt Act* mandates 2 hours of suicide prevention training for school personnel, although in each state the requirements vary slightly.

Recognizing this accomplishment, and to better address this public policy priority, AFSP joined efforts with JFI in 2011-2014 to actively support passage of the *Jason Flatt Act* in Alaska, North Dakota, Ohio, South Carolina, Utah, and Wyoming.

AFSP Model Policy on Suicide Awareness and Prevention Training for School

Personnel: After working with JFI on several states in 2011-2012, AFSP wanted to promote this type of advocacy work in additional states where JFI has not introduced the *Jason Flatt Act*. For these states, AFSP has developed a model policy for use by AFSP Field Advocate volunteers, AFSP Chapter volunteers, and members of the general public who would like to propose this type of legislation to their own state lawmakers. In development of the model policy, AFSP public policy staff consulted with members of AFSP's national Public Policy Council, referenced current empirical research and existing state laws, and incorporated feedback from staff and volunteers who were involved in the passage of suicide prevention training laws in their state. The end result is policy language that will serve as an ideal starting point with elected officials who are willing to consider sponsoring a suicide prevention training bill. See page 5 of this document for the full model policy.

Training Resources: Every state has some form of suicide prevention training or awareness program available. However, the availability and accessibility of these programs vary. The appeal of AFSP's Model Policy on Suicide Awareness and Prevention Training for School Personnel, and of the *Jason Flatt Act*, is that their language is worded to allow flexibility within states to choose the training programs that will best fit the educational environment(s) within their state.



References: The following resources were consulted for statistics and background information for this overview:

Centers for Disease Control and Prevention. (2012). National Center for Injury Prevention and Control: WISQARS Leading Causes of Death Reports, National and Regional, 1999-2008. Retrieved September 11, 2012 from http://webappa.cdc.gov/sasweb/ncipc/leadcaus10_us.html.

U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. (September 2012). 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS. Retrieved September 11, 2012 from <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf>.

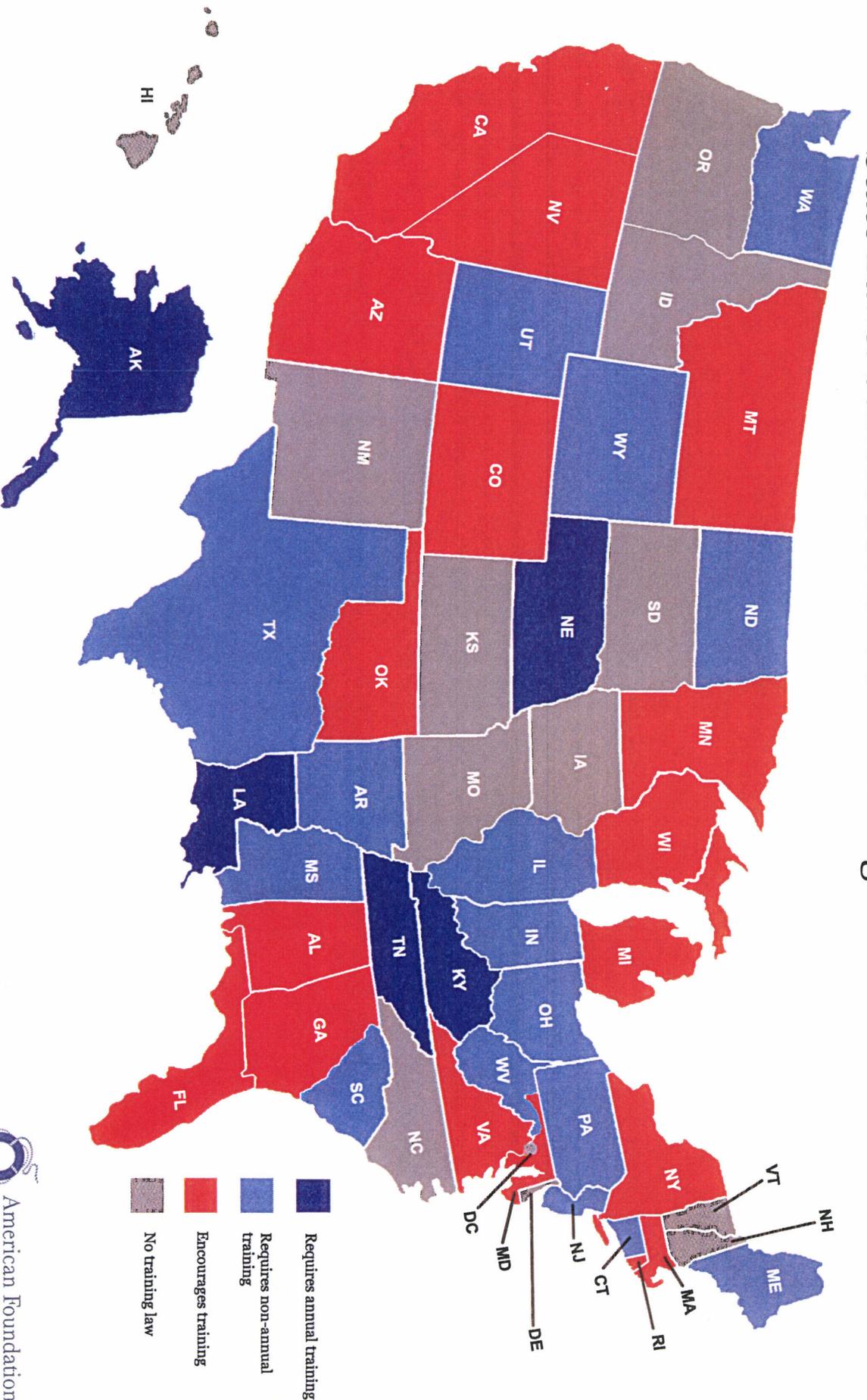
AFSP Model Policy on Suicide Awareness and Prevention Training for School Personnel

- (1) Beginning in the 2014-2015 school year, the State *Board/Department* of Education shall adopt rules to require that all public school personnel receive at least 2 hours of suicide awareness and prevention training each year*. This training shall be provided within the framework of existing in-service training programs offered by the State *Board/Department* of Education or as part of required professional development activities.
- (2) The State *Board/Department* of Education shall, in consultation with *state agency/coalition charged with coordinating state suicide prevention activities, other stakeholders, and suicide prevention experts*, develop a list of approved training materials to fulfill the requirements of this Section.
 - (a) Approved materials shall include training on how to identify appropriate mental health services both within the school and also within the larger community, and when and how to refer youth and their families to those services.
 - (b) Approved materials may include programs that can be completed through self-review of suitable suicide prevention materials.
- (3) (a) No person shall have a cause of action for any loss or damage caused by any act or omission resulting from the implementation of the provisions of this Section or resulting from any training, or lack thereof, required by this Section.
 - (b) The training, or lack thereof, required by the provisions of this Section shall not be construed to impose any specific duty of care.

*In those states where the legislature must amend section (1) to require training less often, for example, once every 5 years, or that remove a frequency requirement entirely, a new section will be added that states:

The State *Board/Department* of Education shall adopt rules to require that all newly employed public school personnel receive at least 2 hours of suicide awareness and prevention training within 12 months of their date of hire.

State Laws: Suicide Prevention Training for School Personnel



Suicide Prevention and Intervention Training Programs

Training	Training Description	Organization	Online Resource	Cost
At-Risk for Middle School Educators	At-Risk for Middle School Educators is a 50-minute, online, interactive gatekeeper training program that teaches middle school educators and staff how to (1) identify students exhibiting signs of psychological distress, including depression and thoughts of suicide, (2) approach students to discuss their concern, and (3) make a referral to school support personnel.	Kognito Interactive	http://ma.kognito.com/	Available for free for a limited time. Contact Brandy Brooks at brandy.brooks@state.ma.us or 617-624-5494
At-Risk for High School Educators	At-Risk for High School Educators is a 1-hour, online, interactive gatekeeper training program that prepares high school teachers and other school personnel to identify, approach, and refer students who are exhibiting signs of psychological distress such as depression, anxiety, substance abuse, and suicidal ideation. Through a self-paced, narrative-driven experience, participants build knowledge, skills, and confidence to connect at-risk students to counseling, mental health, or crisis support services.	Kognito Interactive	http://ma.kognito.com/	Available for free for a limited time. Contact Brandy Brooks at brandy.brooks@state.ma.us or 617-624-5494
Be a Link Suicide Prevention Gatekeeper Training	Be A Link! is a two-hour adult gatekeeper training program. The program can be implemented in a variety of settings, including schools, workplaces, and community groups. The training provides participants with knowledge to help them identify youth at risk for suicide and refer them to appropriate help resources.	Yellow Ribbon	http://yellowribbon.org/	The program toolkit is available for \$299.95.
EndingSuicide.com	EndingSuicide.com is a group of online continuing education modules on suicide prevention for health professionals and school professionals. EndingSuicide.com has been shown to improve knowledge and attitudes toward suicide prevention in a wide range of professionals	National Institute of Mental Health (NIMH)	http://www.larasig.com/suicide	Free. Fee if continuing medical education (CME) credit is desired.
The Jason Foundation	The Jason Foundation, Inc. series of online Staff Development Training Modules provide information on the awareness and prevention of youth suicide. These training modules are suitable for teachers, coaches, other school personnel, youth workers, first responders, foster parents and any adult who works with or interacts with young people or wants to learn more about youth suicide. This series of programs introduces the scope and magnitude of the problem of youth suicide, the signs of concern, risk factors, how to recognize young people who may be struggling, how to approach the student and help an at-risk youth find resources for assistance. At the conclusion of each training module, an opportunity to print a certificate of completion is provided.	The Jason Foundation	http://www.jasonfoundation.com	Free. Registration required.

<p>Making Educators Partners in Youth Suicide Prevention</p>	<p>Online interactive training program for educators and school staff. Designed in a series of 5 modules, it addresses the critical but limited responsibilities of educators in the process of identification and referral of potentially suicidal youth. It focuses on the practical realities and challenges inherent in the school setting through a variety of training formats that include lecture, question and answer, and role plays.</p>	<p>Society for the Prevention of Teen Suicide</p>	<p>http://spts.pldm.com/</p>	<p>Free. Registration required.</p>
<p>More than Sad: Suicide Prevention Education for Teachers and Other School Personnel</p>	<p>Designed to help educators better understand suicidal behavior in adolescents, including its causes, treatment and prevention. The program is built around two 25-minute DVDs: More Than Sad: Preventing Teen Suicide and More Than Sad: Teen Depression. The latter film, intended especially for teens, was previously reviewed and listed in the BPR. In the current program, it is used to show adults how a potentially life-threatening mental disorder can present in teens. Also included are a 42-page instructional manual for program participants and slides for teacher trainers.</p>	<p>American Foundation for Suicide Prevention (AFSP)</p>	<p>http://www.morethansad.org/index.html</p>	<p>Free. Contact: Kerry Lassaux – AFSP Eastern MA klassaux@afsp.org or 617-439-0940; Cheryl Ronzoni- AFSP Western MA cronzoni@afsp.org or (413) 387-3770</p>
<p>Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention</p>	<p>QPR is an emergency mental health gatekeeper training intervention that teaches lay and professional gatekeepers to recognize and respond positively to someone exhibiting suicide warning signs and behaviors. Like CPR, QPR uses a “chain of survival” approach in which the gatekeeper learns to recognize early suicide warning signs, Question their meaning to determine suicide intent or desire, Persuade the person to accept or seek help, and Refer the person to appropriate resources.</p>	<p>QPR Institute</p>	<p>http://www.qprinstitute.com/gatekeeper.html</p>	<p>Varies (in person); \$29.95 per person (online – student, military and government discounts available)</p>
<p>Suicide Alertness for Everyone (safeTALK)</p>	<p>A half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. SafeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The ‘safe’ of safeTALK stands for ‘suicide alertness for everyone’. The ‘TALK’ letters stand for the practice actions that one does to help those with thoughts of suicide: Tell, Ask, Listen, and KeepSafe.</p>	<p>Living Works Education</p>	<p>https://www.livingworks.net/programs/safetaalk/</p>	<p>For each training: \$300 (Trainer); \$6.50-\$7.50 per person (Materials); Travel/Overhead (Varies)</p>
<p>School Suicide Prevention Accreditation</p>	<p>A self-study course for school psychologists, social workers, counselors, nurses, and other school professionals who want to increase their knowledge of school-based suicide prevention issues. The course is appropriate for those who work in school settings or work with school-age youth, including school psychologists, social workers, counselors, nurses, and others who may be responsible for reducing suicide and suicide-related behaviors.</p>	<p>American Association of Suicidology (AAS)</p>	<p>http://www.suicidology.org/training-accreditation/school-suicide-prevention-accreditation</p>	<p>\$350 per person for school-based professionals and \$250 per person for graduate students (with proof of student status)</p>
<p>Suicide Prevention among LGBT Youth: A Workshop for Professionals who Serve Youth</p>	<p>Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth is a free kit of online materials to help staff in schools, youth-serving agencies, and suicide prevention programs provide a workshop on suicide prevention among LGBT youth. Individuals attending this workshop may include teachers, school administrators, child welfare staff, clergy, group home staff, juvenile justice staff, foster parents, therapists, and recreation</p>	<p>Suicide Prevention Resource Center (SPRC)</p>	<p>http://www.sprc.org/training-institute/lgbt-youth-workshop</p>	<p>Free</p>

<p>Suicide Prevention: Supporting our Youth</p>	<p>workers, Suicide Prevention: Supporting Our Youth is a one- to three-hour training for middle school and high school faculty and staff. Participants learn important information about suicide prevention, and are introduced to the concept and skills of befriending. Materials include a PowerPoint presentation, handouts, and wallet cards. Role-playing and practice modules are included for extended (2-3 hour) versions of the training.</p>	<p>Samaritans, Inc.</p>	<p>http://samaritanshope.org/our-services/community-education-outreach/</p>	<p>Free</p>
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