





SOURCES OF STRENGTH: Shifting Teen Social Norms to Counter Risk for Suicide

Well Aware

PART I—SETTING THE STAGE

Setting stage *with* some **STATISTICS** about youth suicide

- X Suicide accounts for more deaths among 10- to 24-year olds in the U.S. than do **all natural causes combined.** (Gould et al, 2003)
- X Each year, **5-8% of adolescents** attempt suicide, and up to one third of these attempts result in an injury requiring medical intervention. (Gould et al, 2003)
- X Suicidal adolescents have fewer **positive connections** to adults (Borowsky et al, 2001) and to **peers** (Bearman et al, 2004).
- X Adolescents who attempt suicide are **2 to 3 times as likely** to make an attempt themselves. (Felgelman et al, 2006)

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PART I—SETTING THE STAGE

**CURRENT STATE OF YOUTH SUICIDE PREVENTION STRATEGIES:**

Most efforts *are* focused on identifying teens who are **already suicidal**



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PART I—SETTING THE STAGE



**IN THE HISTORY OF PUBLIC HEALTH:**

Few problems *are* solved by focusing on the **endpoint**

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PART I—SETTING THE STAGE

**SCHOOL-BASED** programs that address youth suicide include:

1. **Direct screening** of school populations for mood, substance abuse or suicide problems
2. **Training school staff** as GATEKEEPERS to increase identification and referral of suicidal students
3. **Hybrid programs** combining educational curricula with screening to increase students' self-referral

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PART I—SETTING THE STAGE


**SCHOOL-BASED** programs that address youth suicide include:

1. **Direct screening** of school populations for mood, substance abuse or suicide problems

**LIMITATION**

Nearly ¾ of students referred through screening will utilize at least some treatment with intensive case management.

Yet **MINIMAL EVALUATION** has been reported to determine whether referrals to usual services **REDUCE SUICIDE** risk.



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PART I—SETTING THE STAGE


**SCHOOL-BASED** programs that address youth suicide include:

2. **Training school staff** as GATEKEEPERS to increase identification and referral of suicidal students

**LIMITATION**

Staff gatekeeper training increases knowledge and attitudes.

But a 2003-2007 randomized trial showed **NO OVERALL INCREASES** from gatekeeper training in **STAFF-STUDENT COMMUNICATION** about suicide.



\* 2008: IDENTIFYING AND REFERRING YOUTH WHO ARE SUICIDAL: GEORGIA GATEKEEPER TRIAL (NIMH, SAMHSA)  
Wyman, Brown et al, Journal Consulting Clinical Psychology

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Wyman, Brown et al, Journal Consulting Clinical Psychology

**TAKC NOTE:** This extensive study (2003-2007) is the **nation's largest randomized trial** on the effect of adult gatekeeper training (32 middle and high schools, and 48,000 students)

**IMPLICATIONS** of findings for this trial are:

- ✗ Adult training alone is unlikely to significantly increase detection and response to suicidal youth.
- ✗ Suicidal peers were the least likely to seek adult help.
- ✗ Developmentally, adolescents seek help through their peer friendships.

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**Relying on GATEKEEPER TRAINING is not sufficient if teens are not communicating with adults**



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PART I—SETTING THE STAGE

**SCHOOL-BASED** programs that address youth suicide include:

**Hybrid programs** combining educational curricula with screening to increase students' self-referral



**LIMITATION** Decreased high school students' short-term rates of self-reported suicide attempts, but **DID NOT INCREASE** use of services, suggesting that some mechanism other than treatment for mental health problems decreased suicidal behaviors. (Aseltine et al, 2004, 2007)

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PART II—PEER INVOLVEMENT

**PARADOX OF ADOLESCENT HEALTH:**  
 Healthiest period of life **physically,**  
*yet* increased injuries and deaths  
 due to **emotionally driven** behaviors

- X Hormonal changes can lead to mood problems, impulsivity
- X "Executive control" centers of brain lag behind emotional development
- X Consequences of risks less understood in younger teens
- X Increased self-harm behaviors: 3-5% attempt suicide each year
- X Increased sensitivity to **PEER SOCIAL INFLUENCES**; these can be either **vulnerability factors** or **highly protective**

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PART II—PEER INVOLVEMENT

**SOCIAL CONNECTEDNESS**  
 (social integration and support)  
 may reduce suicide risk through several protective mechanisms:

1. Enhanced **psychological well-being**
2. Increased **monitoring of behavior** by others
3. Exposure to normative social influencers that **encourage adaptive coping strategies**

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PART II—PEER INVOLVEMENT

**RISK FACTORS** in social ties

1. **Suicidal Behavior in Social Network:**  
 Teens with friends who have attempted or died by suicide are at substantially higher risk for suicide themselves (beyond influence of depression) (Bearman & Moody 2004)  
  
 Teens' risk of suicide after a suicide death in one's social sphere is 2-4 times higher in 15-19 year olds than in other groups (Gould 1990)
2. **Bullying Experience:**  
 Suicidal ideation and risk for suicide attempts higher among both bullies and victims of bullying (Kim 2005; Klomek 2007)

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PART II—PEER INVOLVEMENT



*Cautionary points on*  
**Peer involvement :**

Can the **message** be separated from the **MESSENGER?**

**CASE IN POINT**

A PEER-LED, EFFECTIVE SUBSTANCE USE PREVENTION PROGRAM HAD NEGATIVE EFFECTS WHEN DELIVERED BY SUBSTANCE USING TEENS (VALENTE, 2007)

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PART II—PEER INVOLVEMENT



*Cautionary points on*  
**Peer involvement :**

Youths can sometimes **assume the role** of a **JUNIOR COUNSELOR** to their peers

**TAKE NOTE!**

THIS CAN BE HARMFUL TO BOTH PEER ADVISOR/LEADER AND THE YOUTH WHO MAY BE AT RISK FOR SELF-HARM

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How can we involve **peers** in youth suicide prevention in ways that are **SAFE?**



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Is there a **Comprehensive peer approach** to youth suicide prevention that is best practice?



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PART II—PEER INVOLVEMENT

Sources of Strength



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PART III

**SHIFTING NORMS:**  
THE SOURCES OF STRENGTH PROGRAM



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PART III—SHIFTING NORMS

**Sources of Strength**

2009 addition to the **National Best Practices Registry**

Winner of the national 2005 **Public Health Practice Award** from the American Public Health Association (APHA)  
(Epidemiology Section)

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PART III—SHIFTING NORMS

Promotes **8 critical protective factors** linked to overall psychological wellness and reduced suicide risk:



**Sources of Strength**  
Connecting peers and caring adults...

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PART III—SHIFTING NORMS

**Sources of Strength**

**HISTORY:**

Founded in late 1990s by Mark LoMurray together **with tribal and rural suicide prevention partners** in North Dakota

**Used extensively from 2000-2004** in a statewide campaign through the North Dakota Adolescent Suicide Prevention Project

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PART III—SHIFTING NORMS

## Sources of Strength

**CORE PRINCIPLES:**

MULTIPLE SOURCES OF SUPPORT ARE ENCOURAGED—MOVING BEYOND A SINGULAR FOCUS ON MENTAL HEALTH REFERRALS



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PART III—SHIFTING NORMS

## Sources of Strength

**5 CORE PRINCIPLES:**

HOPE, HELP AND STRENGTH MESSAGES ARE DEVELOPED WITH LOCAL VOICES AND FACES—SATURATING LOCAL SCHOOLS AND COMMUNITIES WITH STORIES OF RESILIENCY INSTEAD OF TRAUMA



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Has been used extensively ...

- ✕ In MIDDLE schools, HIGH schools and COLLEGES
- ✕ With FAITH, CULTURAL and COMMUNITY-based peer teams
- ✕ In TRIBAL, RURAL and URBAN communities
- ✕ With ETHNICALLY DIVERSE populations including NA/AI, AA and Latino

Sources of Strength

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PART III—SHIFTING NORMS

But we already use **peer leaders** in our school.  
How is Sources of Strength **DIFFERENT** from these programs?



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How does Sources of Strength **INTEGRATE** with  
key goals and mission of schools?



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Trains and activates **diverse teams of peer leaders**  
**and adults** advisors to impact friendship groups and  
communities through conversations within their peer groups



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The peer leaders also deliver a series of **hope, help and strength messages** via classroom presentations, PSAs, posters, videos and Internet/text messages

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PART III—SHIFTING NORMS

The importance of **SAFE messaging** about suicide

**NORMALIZING** suicidal behaviors

**HELP**

TAKE NOTE! What information is **helpful** and **accurate**?

What information could be **harmful**?

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PART III—SHIFTING NORMS

## Sources of Strength

TALK NOTE!

**AMONG STUDENTS, THE INTERVENTION INCREASED PERCEPTIONS OF ADULT SUPPORT FOR SUICIDAL YOUTHS AND THE ACCEPTABILITY OF SEEKING HELP.**

TALK NOTE!

**PERCEPTION OF ADULT SUPPORT INCREASED MOST IN STUDENTS WITH A HISTORY OF SUICIDAL IDEATION.**

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PART III—SHIFTING NORMS

## Sources of Strength

Now under further evaluation in the 2010-2015 NIMH-funded

### National Peer Leadership Study

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PART IV

IMPLICATIONS:  
PEER ENGAGEMENT IN PREVENTION



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PART IV—IMPLICATIONS

**IMPLICATIONS** of using peers to shift  
youth **social norms** to counter risk for suicide:

Sharing information that is **accurate** and **safe**?

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PART IV—IMPLICATIONS

**IMPLICATIONS** of using peers to shift  
youth **social norms** to counter risk for suicide:

Breaking down barriers to **help seeking** through connecting?

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PART IV—IMPLICATIONS

**IMPLICATIONS** of using peers to shift  
youth **social norms** to counter risk for suicide:

Instilling the **belief** that things can improve?

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PART IV—IMPLICATIONS

**IMPLICATIONS** of using peers to shift youth **social norms** to counter risk for suicide:



Promoting change for **good**? Change that **persists**?

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PART IV—IMPLICATIONS

**IMPLICATIONS** of using peers to shift youth **social norms** to counter risk for suicide:



Enhancing youths' **SUCCESS** in life?

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**SOURCES OF STRENGTH:**  
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