

# Connecticut Youth Suicide Prevention Initiative



## Frequently Asked Questions

<p><b>What is the extent of youth suicide in Connecticut?</b></p>	<p>Each year, more children and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease. In the past 12 months 15.1% of Connecticut's youth are reported to have seriously considered attempting suicide; 13.8% made a plan about how they would attempt suicide; and 12.1% reported attempting suicide (2005 CT School Health Survey). Forty-two youth suicides in 33 towns occurred between October 2001 and November 2006, and six towns have experienced multiple suicides.</p>
<p><b>What is DMHAS doing to address the problem?</b></p>	<p>In June 2006, CT was one of eight states to receive funding from the federal Substance Abuse Mental Health Services Administration (SAMHSA)/Center for Mental Health Services (CMHS) to enhance suicide prevention efforts across the nation. Building on existing State agency collaborations, DMHAS established MOAs with the Depts. of Public Health, Children and Families (DCF), Social Services, and Education and the Judicial Branch to conduct the CT Youth Suicide Prevention Initiative (CYSPI). The Initiative builds on the recommendations of the Connecticut Interagency Suicide Prevention Network's 2005 Connecticut Comprehensive Suicide Prevention Plan, the Connecticut Youth Suicide Advisory Board, and the CT Mental Health Transformation Initiative.</p>
<p><b>What is the purpose of the CYSPI?</b></p>	<p>Connecticut received the three-year, \$1.2 million CMHS grant to develop, implement, and evaluate comprehensive, evidence-based youth suicide prevention and early intervention strategies that may be sustained over time and expanded throughout the state.</p>
<p><b>What kind of training will be available?</b></p>	<p>The Applied Suicide Intervention Skills Training (ASIST) by LivingWorks will be used to train foster and adoptive parents, school nurses, parent/teacher organizations, youth service bureaus, and juvenile justice personnel. In addition the Assessing and Managing Suicide Risk (AMSR): Core Competencies for Mental Health Professionals by the National Suicide Prevention Resource Center and Education Development Center, Inc. will be used to train clinical staff (masters/PhD prepared clinicians) of the 17 CT Technical High Schools and Trumbull High School, the DCF Emergency Mobile Psychiatric Services clinicians, the CT State University (CSU) System Counseling Services staff, DMHAS Crisis Responders who work with the CSU system, and the clinicians funded through the CYSPI at St. Francis Hospital and Medical Center and Quirk Middle School in Hartford, CT.</p>
<p><b>What programs will be offered on college campuses?</b></p>	<p>The CYSPI will be conducted on four Connecticut State University campuses. The college model will develop expertise and a quality, sustainable infrastructure for these campuses. Colleges will use the Question, Persuade, Refer (QPR) Gatekeeper Model developed by the QPR Institute and the <i>College Response Model</i>, developed by Screening for Mental Health, Inc., which includes <i>Signs of Suicide (SOS)</i> coupled with National Depression Screening Day (NDS). These programs will include longitudinal evaluation and study of impact-perfusion and will be conducted in alignment with SAMHSA's Strategic Prevention Framework. It is anticipated that 200 individuals will participate in QPR, 600 in SOS, and 360 in NDS, for a total <i>n</i> of 1,160.</p>
<p><b>What approach will be used in high schools?</b></p>	<p>The CT Technical High School System, made up of 17 high schools across the state and representing youth from each town, has committed to implementing the Screening for Mental Health, Inc.'s <i>Signs of Suicide (SOS)</i> High School Program, an evidence-based practice approved by the SAMHSA. It is anticipated that over 2,100 9<sup>th</sup>-grade students will participate.</p>
<p><b>Will any counseling and screening of youth take place?</b></p>	<p>The design and pilot implementation of a model program in Hartford, CT will increase the availability, accessibility, and linkages to mental health screening and treatment for youth by embedding services in the Quirk Middle School School-Based Health Center and the St. Francis Hospital and Medical Center Adolescent Clinic.</p>
<p><b>What kind of consent is required for youth to participate in the CYSPI?</b></p>	<p>The Garrett Lee Smith Memorial Act, which funds the CYSPI via CMHS, requires that all youth seventeen and under must have active parental consent. This means that each youth must have a parent sign a consent form "yes" or "no" in order to participate in all programs, services, and evaluation.</p>
<p><b>Is anything being done at the community level?</b></p>	<p>The CYSPI youth suicide prevention education and awareness campaign will build the capacity of CT communities to promote the mental health and wellness of youth through the use of a youth driven, positive community youth development approach that embraces youths' desire to create change in their surrounding environments by developing partnerships between youth-related organizations/schools and community development agencies to create new opportunities for youth to serve their communities while developing their personal abilities.</p>
<p><b>Who will conduct the evaluation?</b></p>	<p>Robert H. Aseltine, Jr., Ph.D. and Amy James, Ph.D. of the University of Connecticut Health Center, Institute for Public Health Research, will conduct the evaluation of the CYSPI. In addition, ORC Macro will conduct the cross-site evaluation for CMHS.</p>

For more information about Connecticut's CYSPI visit [www.ct.gov/dmhas](http://www.ct.gov/dmhas).