

SUICIDE PREVENTION FOR PUBLIC SCHOOL PUPILS AND TEACHING STAFF MEMBERS

Q. What does the law (N.J.S.A. 18A:6-111) require?

A. The law requires all teaching staff members to attend two hours of instruction in suicide prevention.

Q. How often must a teaching staff member attend instruction?

A. The law requires two hours of instruction as part of an individual's five-year 100 hour professional development requirement.

Q. Must this instruction be provided every year?

A. While this is not an annual requirement for all teaching staff members, the district must ensure that it is made available annually to those who have not completed the requirement (e.g., new teachers or administrators, staff who were absent during the last session). Teachers who have already completed the two hour requirement do not have to repeat this every year.

Q. Who must provide the instruction?

A. The law specifically requires that instruction be provided by a licensed health care professional with training and experience in mental health issues. This may include, but not be limited to, a school nurse, school physician, licensed clinical social worker or psychologist, psychiatrist, or other specially trained healthcare professional with experience in mental health issues. This does not include parents, students, teachers, school administrators, or community members who have experienced loss.

Q. Where can I find an appropriate instructor?

A. Your county health department, county human services agency, local healthcare institutions, community mental health agencies, and other mental health services providers (e.g., Traumatic Loss Coalitions, private or public mental health facilities) may be able to assist with this new requirement. Instructors must be registered as providers with the NJDOE at <http://www.njpep.org/pd/provider/> in order for school staff to receive professional development hours.

Q. Where can I find more information on suicide prevention in schools?

A. The UCLA School Mental Health Project, Center for Mental Health in Schools, provides links to numerous resources and research. You can access their website at <http://smhp.psych.ucla.edu/>.

Q. Were funds appropriated to cover the cost of these programs?

A. The New Jersey Legislature did not appropriate funds to support this requirement.

Q. How should the district report completion of this requirement?

The district must provide evidence that this requirement has been met. The easiest way to do this is to provide a certificate of completion that is kept on file in the district and is provided to the individual teaching staff member for his/her own records. The completed hours should be noted as part of the individual's professional development plan (PDP). At some time, the department may be asked to monitor compliance with this statute.

Q. Where in the New Jersey Core Curriculum Content Standards (NJCCCS) can I find references to suicide prevention?

A. The Comprehensive Health and Physical Education Core Curriculum Content Standards already require schools to address a range of mental health issues, including suicide which is referenced as part of "intentional injuries." The department has developed *Addressing Suicide Prevention Through the New Jersey Core Curriculum Content Standards* which provides examples of how suicide prevention can be addressed. This guide is available online at <http://www.nj.gov/njded/aps/cccs/chpe/>.

ADDRESSING SUICIDE PREVENTION THROUGH THE NEW JERSEY CORE CURRICULUM CONTENT STANDARDS

The New Jersey Core Curriculum Content Standards (NJCCCS) for Comprehensive Health and Physical Education were adopted by the State Board of Education in 2004. The revised standards emphasize wellness which includes physical, social, emotional, and mental health. The Centers for Disease Control and Prevention (CDC) support the concept that broad-based primary prevention programs focused on health enhancement may be of greater value than programs that only address suicide. This aligns with the design of the standards and supports an integrated approach to prevention.

The six health and physical education standards are divided into “strands” which represent topical areas (e.g., social and emotional health) and grade level “clusters” (e.g., K-2) which further organize the “cumulative progress indicators” (CPIs) into developmentally-appropriate expectations. While there are numerous CPIs in the NJCCCS that address positive social and emotional health, this document features those strands and CPIs that best support suicide prevention education within the context of a wellness model. Standard 2.2 Integrated Skills addresses communication skills and goal setting while Standard 2.3 Drugs and Medicines specifically addresses related issues of substance use and abuse; however, those standards and CPIs are not cited in this document.

In this document, specific CPIs that address suicide prevention and related issues have been identified. Suggested topics that relate to suicide prevention are bulleted and noted in *italics* below each cumulative progress indicator. These bullets do not appear in the actual NJCCCS document; rather, they are provided here as examples of content to address suicide prevention as required in N.J.S.A. 18A:6-111. (Please note: the CPIs also address other aspects of health and wellness; the listed topics pertain specifically to mental health and suicide prevention and do not represent the universe of all topics that might be included in a high quality instructional program.)

The numbers that follow the CPI (e.g. 2.1.4.D.6) represent the standard (2.1), grade level (grade 4), the lettered strand (D = Diseases and Health Conditions), and the CPI (6). New language (**bolded**) has been added to the CPIs to clarify terms. Finally, references to related activities found in the New Jersey Comprehensive Health and Physical Education Curriculum Framework are included. These activities may be used or adapted to address suicide prevention and related issues. The standards and framework can be accessed online at <http://www.nj.gov/njded/aps/cccs/chpe/>.

USING THE NJCCCS TO ADDRESS SUICIDE PREVENTION

Relevant Cumulative Progress Indicators and Framework Activities

By the end of grade 2, students will:

- Explain when and how to seek help when feeling ill, scared, sad, lonely, or bullied (2.2.2.F.2)
 - *Role of trusted adult, school nurse, school counselor*
 - *Listening skills*
 - *Understanding feelings and emotions*
 - *Impact of name calling on feelings and behavior*

Framework: Health Helpers Mural (pg. 166); What is Stress? (pg. 183); Ways to Cope (pg. 184); Dealing with Problems (pg. 172); I Feel (pg. 180).

By the end of grade 4, students will:

- Discuss myths and facts about mental illness (2.1.4. D.6)
 - *Mental illness is a disease but it is not contagious.*
 - *People of all ages can have mental health problems.*
 - *People with mental health problems are not dangerous.*
 - *People who are depressed may lose interest in friends, family, pets, or school.*
- Explain and demonstrate ways to cope with rejection, loss, and separation (2.1.4.F.6)
 - *Talk with family members, friends, or a trusted adult*
 - *Don't blame yourself for the loss (e.g., divorce)*
 - *There are healthy ways (e.g., finding things you like to do with friends, talking about the problem) and unhealthy ways (e.g., eating too much, destroying things, blaming) to cope with problems*
- Describe and demonstrate how to seek help for a variety of health and fitness concerns (2.2.4.F.2)
 - *Identifying trusted adults in the school setting*
 - *Knowing that it is ok to ask for help*
 - *Recognizing when to ask for help*

Framework: Resilient Me (pg. 173); Stress Reactions (pg. 185); Stress-Free Me (pg. 187); Coping and TV (pg. 187)

By the end of grade 6, students will:

- Compare and contrast forms of mental illness such as phobias, anxiety and panic disorders, and depression (2.1.6.D.5)
 - *Warning signs of mental illness (e.g., behavior changes, personality changes, suicidal thoughts, sleep problems, emotional outbursts)*
 - *Myths and facts about depression and suicide*
 - *Problems or causes of depression (e.g., academic performance, disapproval or rejection, bullying, loss of love or attention)*
- Compare and contrast the incidence and characteristics of intentional (e.g., **homicide, suicide**) and unintentional (e.g., **motor vehicle crashes, falls**) injuries in adolescents (2.1.6.E.1)
 - *Teen suicide statistics*
 - *Relationship between adolescent substance abuse, depression, gender identification and sexual orientation, and suicide*
- Examine how personal assets (e.g., self esteem, positive peer relationships) and protective factors (e.g., parental involvement) support healthy social and emotional development (2.1.6.F.1)
 - *Caring family relationships*
 - *Developing values and self-confidence*
 - *Characteristics of positive peer relationships*
- Compare and contrast ways that individuals, families, and communities cope with change, crisis, rejection, loss, and separation (2.1.6.F.5)
 - *Healthy coping mechanisms such as listening and talking; spending quality time together; spending time with supportive friends;*
 - *Being alert to behavior changes that might signal unhealthy coping (e.g., destructive behavior; anger and rage; wanting to be alone; substance abuse; thoughts of death or suicide)*
 - *Supporting an individual or family during a crisis*
- Categorize health and fitness services available in the school and community and demonstrate how to access them (2.2.6.F.1)
 - *Role of counselor, substance awareness coordinator (SAC), social worker, and school nurse*
 - *Hotlines, counseling services, and community mental health services*

<p>Framework: Health Care is Out There (pg. 137); It Holds You Down (pg. 207); I'm Anxious (pg. 208); Living with Loss (pg. 209); Loss in Literature (pg. 209); Peer Mediation (pg. 204); The Grieving Process (pg. 210); Stormy Weather (pg. 121)</p>

By the end of grade 8, students will:

- Investigate various forms of mental illness including impulse disorders such as gambling or shopping, depression, eating disorders, and bipolar disorders (2.1.8.D.5)
 - *Warning signs of depression and suicide*
 - *What causes a person to commit suicide*
 - *Crisis intervention and getting help*
 - *What to do if a friend or relative is suicidal*
- Analyze how personal assets, resiliency, and protective factors support healthy social and emotional development (2.1.8.F.1)
 - *How to handle adversity in healthy ways*
 - *Examining and using personal strengths*
 - *Internal and external factors that influence resiliency*
- Analyze how culture influences the ways families and groups deal with crisis and change (2.1.8F.7)
 - *How culture impacts the way people respond to and express emotions*
 - *How religious beliefs about issues such as death, loss, and divorce impact how families deal with these issues*
 - *The impact of gender-based responses and stereotyping*
 - *Influence of media (e.g. video games, music, film, teen literature)*
- Compare and contrast health and fitness services available in the school and community, demonstrate how to access them, and evaluate each by comparing benefits and costs (2.2.8.F.1)
 - *Adolescent care in the community*
 - *Community mental health services*
 - *How the school can help a student and his/her family get help for a problem*
 - *Confidentiality*

Framework: Bounce Back from Depression (pg. 129); Sealed with Strength (pg. 130); Treasure Hunt (pg. 138); Community Survey (pg. 139); The Maze of Services (pg. 139); Family Support (pg. 210); Teen Worries (pg. 211); Dealing with Death and Loss (pg. 211); Coping with Self (pg. 211); When You're Feeling Down (pg. 212)

By the end of grade 12, students will:

- Investigate the impact of mental illness on personal, family, and community wellness (2.1.12.D.5)
 - *Dealing with stigma of suicide or mental illness*
 - *Negative images of people with mental illness impact social policy (e.g., housing, employment, insurance coverage)*
 - *Financial costs of treatment*
 - *Involvement with alcohol and substance abuse impacts treatment*
- Evaluate work and leisure situations for perceived and actual risk of intentional and unintentional injuries (2.1.12.E.1)
 - *Talking about suicide*
 - *Perceived vulnerability of youth*
 - *Dealing with recurrent thoughts of death or suicide*
- Analyze the impact of physical development, social norms and expectations, self-esteem, and perceived vulnerability on adolescent social and emotional growth and behavior (2.1.12.F.2)
 - *Distinguishing between the normal ups and downs of adolescence or mental illness*
 - *Analyzing and strengthening protective factors to become more resilient*
- Analyze how peer norms and expectations, the availability of weapons, substance abuse, media images, and poor role models contribute to violent behavior (2.1.12.F.3)
 - *Impact of media on adolescent behavior*
 - *Evaluating how protective factors help people avoid risk behaviors*
- Predict how a family might cope with crisis or change and suggest ways to restore family balance and function (2.1.12.F.5)
 - *Accessing family counseling*
 - *Helping a loved one get treatment*
 - *Joining a support group*
- Access health and fitness services, programs, and resources and evaluate them for cost, availability, accessibility, benefits, and accreditation (2.2.12.F.1)
 - *Types of treatment available for individuals with depression and other forms of mental illness*
 - *Residential vs. outpatient treatment*
 - *Credentials of counselors*
 - *Will insurance pay?*
 - *Specialized mental health services for adolescents*
 - *Returning to school or work: support systems*

Framework: Developing a Mood Chart (pg. 219); Dealing with Unnecessary Fears (pg. 219); Dealing with Death (pg. 220); Your Attitude is Showing (pg. 221); Dealing with Depression (pg. 221); Dealing with Multiple Problems (pg. 222); Discussing Death and Loss (pg. 222); Images of the Media (pg. 163)