

## Attachment

# Suggestions to Strengthen Suicide Prevention Efforts

## What Admissions Counselors Can Do

### *Early Identification*

- After an applicant has been found eligible for the program and conditionally assigned to a center, it is imperative that Admissions Counselors create a positive relationship with an applicant which encourages honesty about current and past health conditions listed on the ETA 653 Health Questionnaire.
- Admissions Counselors should make sure to gather relevant health documentation for disclosed conditions, including the Mental Health Chronic Care Management Plans Treating Provider Forms for specific conditions, which are available in OASIS and can also be found on the Job Corps Community Web site, Outreach and Admissions Web page (<http://jcweb.jobcorps.org/OutreachAdmissions/Pages/Documents.aspx>). Other forms of health/education documentation would include hospital discharge summaries, treatment summaries, reports from group homes or other institutions, Individualized Education Plans, etc.
- Admissions Counselors should work collaboratively with centers to ensure that all documentation is received in a timely manner so at-risk applicants are identified quickly and support plans can be put in place **prior** to entry.

## What Centers Can Do

### *Means Restriction*

- Continue to consistently search for and enforce sanctions against illegal weapons per the Policy and Requirements Handbook (PRH).
- Provide reasonable safeguards for prescription medications. If concerned about a medication, have the student come to the Health and Wellness Center to receive the medication instead of distributing directly to the student.
- Conduct an environmental audit of dorms and consider collapsible railings for closets and shower areas.
- Conduct environmental risk assessments to ensure that remote areas on center have limited access, adequate lighting, and are monitored consistently.

- Work with the community near the center and identify suicide “hotspots” (roads, railways, buildings, bridges, and open water), and work with planning and building authorities to ensure that access to these areas is restricted and, where appropriate, safety barriers are in place.

### *Early Identification*

- The ETA 653 and the Mental Health Chronic Care Management Plans Treating Provider forms in an applicant’s folder can alert Health and Wellness staff to a high-risk student that may need a Direct Threat Assessment as outlined in PRH Appendix 609, a Health Care Needs Assessment as outlined in PRH Appendix 610, or have accommodations in place prior to entry.
- Ensure communication among all Health and Wellness providers during cursory examinations.
- There are additional forms in the file of a new student that can alert Health and Wellness staff to at-risk students. These forms include the Job Corps Health History Form, Job Corps Physical Examination Form, and Social Intake Form. These forms can be found on the Job Corps Community Web site’s Health and Wellness Web page.  
<http://jcweb.jobcorps.org/Health/Pages/HealthRecord.aspx>
- Please make sure the above forms are reviewed consistently and referrals are made as soon as possible to the Disability Coordinator, Center Mental Health Consultant (CMHC), and/or Trainee Employee Assistance Program (TEAP) Specialist if further assessment is needed. If the following areas below are indicated on any of the forms or during the cursory examinations, a referral should be initiated:
  - Alcohol and drug use
  - Mental-health history
  - Past suicidal behavior (self, family, or friends)
  - History of aggressive behavior
  - Self-injurious behavior
- The first 30 days on center is very critical for all students, but especially students with co-occurring disorders (i.e., mental health and substance abuse). Develop a “Transition to Job Corps” group for new students during the Career Preparation Period (CPP) that provides an opportunity to talk about issues or challenges of adjusting to center life. Give practical suggestions to students on how to adapt to a new environment, and where to go for help, if needed.

### *Staff and Student Training*

- Provide training on the signs of suicide and how to respond for staff and students. On the Job Corps Community Web site’s Health and Wellness Web page under *Safety Net*, there is a “Suicide Prevention” section that includes interactive six module training, along with

many resources and helpful Web sites.

<http://jcweb.jobcorps.org/Health/Pages/SafetyNet.aspx>

- On the Job Corps Health and Wellness Web page, click on the *Conferences and Trainings* section to find a PowerPoint presentation from the 2010 National Health and Wellness Conference: “Suicide Prevention: The QPR Gatekeeper Model,” with more than 70 slides you can use and/or edit for staff and student trainings on center.  
<http://jcweb.jobcorps.org/Health/Pages/ConfNationalHW2010postconf.aspx>  
<http://www.qprinstitute.com>
- Coordinate with your CMHC and include suicide and bullying prevention training for all new staff hires.
- Ensure all non-health staff are familiar with and trained on the Symptomatic Management Guideline for Non-Health Staff for suicide threats and attempts. This can be found on the Job Corps Community Web site’s Health and Wellness Web page.  
<http://jcweb.jobcorps.org/Health/Pages/HCGuidelinesSymptomaticMgmtGuidelines.aspx>
- Provide students and staff with free National Suicide Prevention Lifeline wallet cards available at <http://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-Wallet-Card-Suicide-Prevention-Learn-the-Warning-Signs/SVP13-0126>.
- For culturally specific resources to assist with our Native American/Alaska Native youth, access “To Live to See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults.”  
[http://www.sprc.org/sites/sprc.org/files/library/Suicide\\_Prevention\\_Guide.pdf](http://www.sprc.org/sites/sprc.org/files/library/Suicide_Prevention_Guide.pdf)

#### *Other*

- Encourage students to report unusual behavior of other students to staff immediately.
- Students who are positive for drugs on entry and are trying to get clean may begin to experience more depression or anxiety not being masked by the use of drugs. TEAP Specialists should be aware of these students and provide support.
- Utilize weekly case management meetings to identify students at risk and make appropriate referrals and plans.
- If off-center mental health or substance abuse services are being provided, it is critical to have the student sign a release of information so there is consistent communication between the off-center provider and the CMHC and/or TEAP Specialist.

## **Special Consideration – Bullying**

Bullying can happen anywhere: face-to-face, by text messages, cell phone pictures, or on the Web. It is not limited by age, gender, or education level. It is not a phase and it is not a joke. Bullying can cause lasting harm. It is a widespread and serious problem that can happen anywhere. Bullying can be a direct attack – teasing, taunting, threatening, stalking, name-calling, hitting, making threats, coercion, and stealing – or a more subtle one through malicious gossiping, spreading rumors, and intentional exclusion. Both result in victims becoming socially rejected and isolated. Some victims of bullying have attempted suicide rather than continue to endure such harassment and abuse.

The reason most commonly cited for being harassed frequently is a student’s appearance. One-fourth of teens are the victims of bullying and harassment while on school property because of their race, ethnicity, gender, disability, religion or sexual orientation. Unfortunately the primary reason for bullying is due to something that may set themselves apart from the norm.<sup>1</sup>

In Job Corps, students affected by bullying or harassment may have increased visits to the Health and Wellness Center, poor performance, or disciplinary issues. Even Absences Without Leave (AWOL) may be a sign of bullying and/or harassment on center. Unfortunately, much of bullying and harassment behavior goes unreported by students. Staff may not be aware or may overlook isolated instances of bullying, rather than intervening.

### **What Centers Can Do**

- Acknowledge the existence of bullying on your center.
- Develop an anti-bullying policy and consequences for students and staff.
- Openly discuss the issue of bullying in student assemblies and staff meetings.
- Provide training on bullying prevention for staff and students. On the Job Corps Community Web site’s Health and Wellness Web page under *Safety Net*, there is a “Bullying Prevention” section that includes an interactive six module training which addresses bystanders, along with many resources and a helpful template for developing a center anti-bullying policy. <http://jcweb.jobcorps.org/Health/Pages/SafetyNet.aspx>
- On the Job Corps Health and Wellness Web page, click on the *Conferences and Trainings* section to find PowerPoint presentations from the 2011 National Health and Wellness Conference: “Bullying Prevention: Applying HRSA Stop Bullying NOW Campaign” and “Social Emotional Learning” with slides you can use and/or edit for staff and student trainings on center. <http://jcweb.jobcorps.org/Health/Pages/ConfNationalHW2011postconf.aspx>

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<sup>1</sup> GLSEN (2011). LGBT Students Experience Pervasive Harassment, But School-Based Resources and Supports Are Making a Difference. Accessed August 15, 2014 at <http://glsen.org/nscs>.

- Create a positive and inclusive culture on center and utilize resources currently available. The Career Success Standards has the following trainings: “Multicultural Awareness” and “Workplace Relationships and Ethics.” All students should attend these trainings on center. <http://jweb.jobcorps.org/CareerSuccessStandards/default.aspx>
- Consider starting a Gay, Lesbian, Bisexual, Transgender, and Questioning (GLBTQ) support group to provide students with support and a culture of acceptance. Contact the GLBT National Help Center at <http://www.glnh.org>.
- Staff witnessing bullying should take it seriously and intervene immediately. Refer victims of bullying to counseling for support. Refer perpetrators of bullying to appropriate disciplinary processes. Consequences for staff that do not report or intervene in bullying should be developed as well.