2009 Youth Risk Behavior Survey

Attachment A

Health Risk Behavior - Hawaii High Schools	2007 %	2009 %	U.S. 2007 %
Unintentional Injuries and Violence			
Felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities during the 12 months before the survey	31.8	30.6	28.5
Seriously considered attempting suicide during the 12 months before the survey	18.5	18.9	14.5
Made a plan about how they would attempt suicide during the 12 months before the survey	17.0	16.0	11.3
Attempted suicide one or more times during the 12 months before the survey	12.0	12.8	6.9
Made a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse during the 12 months before the survey	3.0	4.5	2.0

Health Risk Behavior - Hawaii Middle Schools (No national data is available)	2007 %	2009 %	U.S. No Data
Unintentional Injuries and Violence			
Felt so sad or hopeless almost everyday for two or more weeks in a row that they stopped doing some usual activities during the 12 months before the survey	26.1	28.3	
Seriously thought about killing themselves during the 12 months before the survey	17.5	20.1	
Made a plan to kill themselves during the 12 months before the survey	9.9	12.2	
Tried to kill themselves 12 months before the survey	6.5	6.6	
Made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the 12 months before the survey	6.5	2.6	

Program Rationale and Goals

The strongest risk factors for suicide in youth are depression, substance abuse, and aggressive behavior. According to the Centers for Disease Control and Prevention, suicide is the 3rd leading cause of death for children and adolescents ages 10-24. In 2005, 8.8% of youth (about 2.2 million youth) had experienced at least one major depressive episode during the past year (Office of Applied Studies, 2006). In children and adolescents, an untreated depressive episode may last between 7 to 9 months, an entire academic year (U.S. Department of Health and Human Services, 1999). Depression has been linked to suicide, poor school performance, substance abuse, running away, and feelings of worthlessness and hopelessness.

The SOS High School Program was created to assist you in your prevention efforts and to address the problems of youth depression and suicide simultaneously and age appropriately. The program uses a universal approach to assist in identification of at-risk youth. The goals of the program are to:

- Decrease suicide and suicide attempts by increasing knowledge and adaptive attitudes about depression among students
- Encourage individual help-seeking and help-seeking on behalf of a friend
- Link suicide to mental illness that, like physical illnesses, requires treatment
- Engage parents and school staff as partners in prevention by educating them to identify signs of depression and suicidality in youth and by providing information about available referral resources
- Reduce stigma associated with mental health problems as they become topics for discussion that are integrated in the health curriculum and conditions that are responsive to treatment
- Increase self-efficacy and access to mental health services for at-risk youth and their families
- Encourage schools to develop community-based partnerships to address issues associated with student mental health with stakeholders who share the mission to reduce youth suicide

Research indicates that youth are more likely to turn to peers than adults when facing a suicidal crisis; therefore, the program incorporates peer intervention as part of its implementation strategy. By training students to recognize the signs of depression and suicidality and empowering them to intervene when confronted with a friend who is exhibiting these symptoms, SOS capitalizes on an important social/emotional aspect of this developmental period. For students, the goals are to:

- Help youth understand that depression is a treatable illness
- Educate youth that suicide is not a normal response to stress but rather, a preventable tragedy that often occurs as a result of untreated depression
- Inform youth of the risks associated with alcohol use to cope with feelings
- Increase help-seeking by providing students with specific action steps to take if they are concerned about themselves or others and identifying resources available to them
- Encourage students and their parents to engage in a discussion about these issues
- Encourage peer-to-peer communication about the ACT help-seeking message

One of the most important factors that determine if a prevention program is maintained is having support from three groups: administrators, teachers, and parents. Persons who are informed about youth suicide are more apt to have a positive impact on students than those who are not educated. An important balance must be found between responding to the sign of a youth who may need help and harmful labeling or overreaction to a situation. Recognizing warning signs and interpreting them as indicators that a child may need assistance reduces the risk that parents, educators, and community members will react inappropriately. For this reason, materials are provided to help gain the support of parents and school staff and educate them about the warning signs of depression and suicide and the action steps they should take if they encounter a youth who may be at-risk.

Program Rationale and Goals

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The SOS Middle School program was created to assist you in your prevention efforts and to address the problems of youth depression, suicide, and self-injury simultaneously and age appropriately. The program uses a universal approach to assist in identification of at-risk youth. The goals of the program are to:

- Decrease suicide, suicide attempts, and self-injury by increasing knowledge and adaptive attitudes about depression among students
- Encourage individual help-seeking and help-seeking on behalf of a friend
- Link suicide to mental illness that, like physical illnesses, requires treatment
- Address the key risk factors associated with self-injury and suicide
- Engage parents and school staff as partners in prevention by educating them to identify signs of depression, self-injury, and suicidality in youth and providing information about available referral resources
- Reduce stigma associated with mental health problems as they become topics for discussion that are integrated in the health curriculum and conditions that are responsive to treatment
- Increase self-efficacy and access to mental health services for at-risk youth and their families
- Encourage schools to develop community-based partnerships to address issues associated with student mental health with stakeholders who share the mission to reduce youth suicide

Research indicates that adolescents are more likely to turn to peers than adults when facing a suicidal crisis; therefore, the program incorporates peer intervention as part of its implementation strategy. By training students to recognize the signs of depression, self-injury, and suicidality and empowering them to intervene when confronted with a friend who is exhibiting these symptoms, SOS capitalizes on an important social/emotional aspect of this developmental period. For students, the goals are to:

- Help youth understand that depression is a treatable illness
- Educate youth that suicide is not a normal response to stress, but rather a preventable tragedy that often occurs as a result of untreated depression
- Inform youth of the risks associated with alcohol use and self-injury to cope with feelings
- Increase help-seeking by providing students with specific action steps to take if they are concerned about themselves or others and identifying resources available to them
- Encourage students and their parents to engage in a discussion about these issues
- Encourage peer-to-peer communication about the ACT help-seeking message

One of the most important factors determining if a prevention program is maintained is having support from three groups: administrators, teachers, and parents. Persons who are informed about youth suicide are more apt to have a positive impact on students than those who are not educated. The ability to recognize warning signs and to interpret them as indicators that a child may need assistance reduces the risk that parents, educators, and community members will misinterpret student behavior or react inappropriately. For this reason, materials are provided to help gain the support of parents and school staff and educate them about the warning signs of depression, self-injury, and suicide and the action steps they should take if they encounter a youth who may be at-risk.

State of Hawaii

HAWAII STATE
DEPARTMENT
OF HEALTH

Training Sponsored By:

DOH, Injury Prevention and Control Program

DOH, Child & Adolescent Mental Health Division

Suicide Prevention Task Force

Hawaii S.P.E.A.R. Foundation of America

Injury Prevention and Control Program
1250 Punchbowl Street, Room 214
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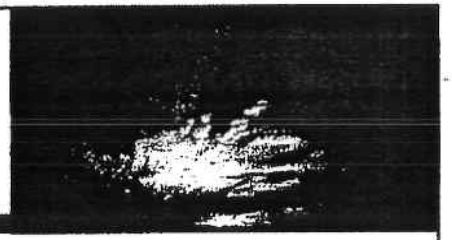
SUICIDE PREVENTION

Applied Suicide Intervention Skills Training



2-Day Suicide Prevention Workshops

The Hawaii State Department of Health, in collaboration with the Suicide Prevention Task Force, the Child and Adolescent Mental Health Division, and Hawaii S.P.E.A.R. Foundation of America is offering a 2-day Applied Suicide Intervention Skills Training (ASIST) in each county. Participants will be trained to recognize and assess the risk of an individual in crisis and provide suicide prevention first-aid, thereby minimizing the suicide risk. It will also provide information about referrals to the resources necessary for the level of care needed.

Who should attend?

School administrators, teachers, counselors, psychologists, social workers, law enforcement, clergy, community-based/mentor agencies, community caregivers, crisis workers, and anyone who is interested in preventing suicides.

Suicide – an urgent public health issue in Hawaii

- Hawaii loses 128 lives to this tragedy each year (about one every three days), and another 870 are hospitalized after attempting to take their own lives.
- Nationwide, Hawaii had the second highest percent of youth who reported that they "seriously considered attempting suicide" (nearly 20%)
- Hawaii had the second highest percent of youth who reported "attempted suicide" among 39 states reporting (13%).

2010-2011 Peer Education Program Coordinators

	School	Coordinator	Mailing Address	Office #	FAX #
1	Aiea HS	Mark Shimabukuro	98-1276 Ulune St. Aiea 96701	483-7300	483-7303
2	Baldwin HS	Diane Omura	1650 Kaahumanu Ave. Wailuku 96793	984-5658	984-5674
3	Castle HS	Leilani Louis-Soares Silva	45-386 Kaneohe Bay Dr. Kaneohe 96744	233-5600	233-5623
4	Farrington HS	Allan Silva	1564 North King St. Honolulu 96817	832-3600	832-3587
5	Honokaa HIS	Kay Varela	45-527 Pakalana St. Honokaa 96727	775-8800	775-8803
6	Ilima Inter.	Barbara Nosaka	91-884 Ft. Weaver Rd. Ewa Beach 96706	689-1250	689-1258
7	Kahuku HIS	Wendy Wells	56-490 Kamehameha Hwy. Kahuku 96731	293-8950	293-8960
8	Kailua Inter.	Cynthia (Cindy) Jenness	145 S. Kainalu Drive, Kailua 96734	263-1500	266-7984
9	Kaimuki HS	Josette (Kaleo) Akim	2705 Kaimuki Ave. Honolulu 96816	733-4900	733-4929
10	Kalaheo HS	Carly Mounts	730 Iliaina St. Kailua 96734	254-7900	254-7907
11	Kapolei HS	Caroline Lee	91-5007 Kapolei Parkway, Kapolei 96707	692-8200	692-8255
12	Kauai HS	Kathy Morishige	3577 Lala Rd. Lihue 96766	274-3173	274-3170
13	Keaau HS	Russell Cummins	16-725 Kea`au-Pahoa Road, Kea`au 96749	982-4220	982-4224
14	Kealakehe HS	Jennifer (Alip) Collins	74-5000 Puohulihuli St., Kailua-Kona 96740	327-4300	327-4307
15	Kekaulike HS	Christopher (Chris) Kepler	121 Kula Highway, Pukalani 96768	573-8710	573-2231
16	Konawaena HS	Brian Lane	81-1043 Konawaena School Rd., Kealakekua 96750	323-4500	323-4515
17	Lanai Elem/HS	Nora Kawasaki	P. O. Box 630630 Lanai City 96763	565-7900	565-7904
18	Moanalua HS	Wendy Botelho	2825 Ala Ilima St. Honolulu 96818	837-8455	831-7919
19	Pahoa HIS	Bruce Heidelk	15-3038 Puna Rd. Pahoa 96778	965-2150	965-2153
20	Pearl City HS	Nikki Takai	2100 Hookiekie St. Pearl City 96782	453-6500	453-6521
21	Radford HS	Troy Freitas	4361 Salt Lake Blvd., Honolulu, 96818	421-4200	421-4210
22	Roosevelt HS	Doreen Dudoit	1120 Nehoa St. Honolulu 96822	587-4600	587-4637
23	Waialua HIS	Stephanie Beaty	67-160 Farrinton Hwy. Waialua 96791	637-8200	637-8209
24	Waianae HS	Georgieann Keiki	85-251 Farrington Hwy. Waianae 96792	697-7017	697-7018
25	Waimea HS	Ginny Hori	P.O. Box 339 Waimea 96796	338-6810	338-6807
	Project Manager	Katherine Sakuda	OCISS, Curriculum and Instruction Branch	203-5538	735-8227
	**Volunteer Schools				
26	Kailua HS**	Shelly Andrews	451 Ulumanu Dr. Kailua 96734	266-7900	266-7915
27	McKinley HS**	Summer Nagareda	1039 S. King St. Honolulu 96814	594-0400	594-0407

1/13/2011