

**Epi-Aid 2015-003: Undetermined risk factors for suicide among youth, ages 10-24 —
Fairfax County, VA, 2014
Final Report**

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Introduction

Background

An initial request for an Epi-Aid in Fairfax County, Virginia was mailed to the Centers for Disease Control and Prevention's Division of Violence Prevention from the Virginia Department of Health on July 22, 2014. This request referenced a possible cluster of youth suicides (7 deaths over 3 years) in one high school. Possible objectives identified in this request included characterizing the extent of fatal and non-fatal suicidal behaviors and identifying underlying risk factors. Preliminary examination of public health and school data and regular conversations began with community partners, including representatives from the Virginia Department of Health, Fairfax County Health Department, and Fairfax County Public Schools.

In October 2014, there were three suicides among high school students in three separate high schools in the Fairfax County Public School System (FCPS) in Fairfax County, Virginia. The county had already experienced 16 suicides among youth in 2014. The recent deaths occurred in close physical proximity and time, further increasing local public health officials, the public school system, community members, and parents' concern about possible suicide clusters among youth in the community.

Although the community has previously dedicated extensive resources to suicide prevention activities, concern about the effectiveness were raised in the community given suicides continue to occur. The community had been unable to identify epidemiological factors contributing to the suicide risk or the unmet needs that must be addressed by preventive actions. Consequently, the Fairfax County Health Department and the Virginia Department of Health requested the Centers for Disease Control and Prevention's (CDC) urgent assistance in investigating youth suicide and making recommendations for a public health response to prevent additional suicides among Fairfax County youth.

The Epi-Aid objectives included:

- Assist the Commonwealth of Virginia Department of Health and the Fairfax County Department of Health in examining trends of fatal and non-fatal suicidal behaviors among youth from September 2010 through November 2014 in Fairfax County, Virginia.
- Identify epidemiologic information about fatal and non-fatal suicidal behaviors among youth in Fairfax County, Virginia that can help inform prevention strategies to be implemented by the Virginia Department of Health, Fairfax County Department of Health, and their community partners.

Objectives from this Epi-Aid emerged from several discussions with the Fairfax County Health Department, Fairfax County Public Schools, and the Virginia Department of Health. Initially, four objectives (See Appendix A) were proposed by members of the Fairfax Community that focused on one high school because of the concern about multiple youth suicides in that high school. As the community partners examined the available data, and new concerns arose about four other high schools that had suicides among their students in 2014, the final Epi-Aid objectives were developed to support an examination of all schools.

A youth death by suicide in the community, regardless of school affiliation, potentially impacts all FCPS youth. Coverage by traditional media and discussions throughout social media quickly spread across schools, leaving all youth in the community potentially affected. Therefore, understanding youth suicide across the community strengthens any broad or individualized prevention approaches. Additionally, comparison of risk and protective factors across schools allows schools to recognize their strengths and challenges in context, which would be impossible to understand if there were no comparisons. School specific data are provided as allowed by the data sources used in the investigation.

In this Epi-Aid, fatal and non-fatal suicidal behaviors and associated risk factors were examined among youth in Fairfax County, Virginia. School differences and unique risk factors were examined and are reported as allowed by the available data. Due to low counts of some behaviors by school, the following notes are made:

- Consistent with ethical medical and public health practices, efforts are always made to protect the identity of individuals particularly when a minor is involved. For ethical treatment of deceased youth, parents, and school administrators, no data will be presented in a way that would lead to the identification of any individual.
- We avoided calculating rates when the numerator is less than 10 because of concerns about stability; we proceed with caution when the numerator is less than 20 because this can also create unstable rates.

To complete the objectives of the Epi-Aid, staff from the Division of Violence Prevention at the CDC, the Virginia Department of Health, and the Substance Abuse and Mental Health Services Agency (SAMHSA) visited Fairfax County, Virginia from November 12-21, 2014.

Fairfax County and Fairfax County Public Schools

Fairfax County is located in Northern Virginia and is the most populous jurisdiction in the Commonwealth of Virginia and the DC metro area with over 1.1 million residents (US Census Bureau, 2013). The median age is 37 years. Sixty percent of residents have a Bachelor's degree or higher, and Fairfax County has a median household income of \$111,000. Sixty-four percent of residents are white, 18% Asian, and 10% black/African American. Sixteen percent are of Hispanic ethnicity.

Fairfax County Public Schools (FCPS, 2015) is the 10th largest school system in the United States and has the largest enrollment in Virginia. FCPS has a national reputation for student achievement and is classified as one of the best school systems in the United States. Almost three-fourths of students attend post-secondary programs, and the average SAT score for the class of 2014 was 1668 (out of 2400), compared to the national average of 1500. FCPS has an operating budget of \$2.5 billion for 196 schools, including 22 high schools, 2 alternative high schools and 3 secondary schools with grades 7-12. Profiles of the secondary schools are available here:

<http://commweb.fcps.edu/directory/>

School specific fact sheets are provided in Appendix B.

Epi-Aids and OMB

Epi-Aid refers to “investigations of serious and urgent public health problems in response to formal request for rapid assistance from states, federal agencies, international organizations, and ministries of health from other countries” (Thacker, Stroup, & Sencer, 2011, p. S4). Epi-Aid teams consist of at least one Epidemic Intelligence Services Officer (EISO) and other staff who can provide epidemiological assistance.

Office of Management and Budget (OMB) clearance applies to Epi-Aids when data is collected from 10 or more respondents in a standardized or identical way by CDC; this approval is mandated by the Paperwork Reduction Act. Data collection for the Epi-Aid was received through the Emergency Epidemic Investigations (EEI) Generic Information Collection Requests (ICR; OMB Control No. 0920-1011, exp. 3/31/2017). Table 1 summarizes how this Epi-Aid met the EEI Generic ICR Eligibility criteria.

Table 1. EEI Generic ICR Eligibility

EEI Eligibility Criteria*	Epi-Aid 2015-003: Undetermined risk factors for suicide among youth, ages 10-24 — Fairfax County, VA, 2014
1. CDC epidemiological assistance is requested by one or more external partners	Assistance was requested by the Fairfax County Health Department and the Virginia Department of Health
2. Investigation is urgent in nature	Notification of three youth deaths by suicide among high school students in October 2014 that occurred in close physical proximity and time
3. The investigation is characterized by undetermined agent, undetermined source, undetermined mode of transmission, or undetermined risk factors	Investigation was characterized by undetermined risk factors associated with youth suicide
4. One or more CDC staff will be deployed to the field	Epi-Aid team included: <ul style="list-style-type: none"> • 2 Epidemic Intelligence Service Officers from the Division of Violence Prevention at CDC • Epidemic Intelligence Service Officer assigned to Virginia Department of Health • 1 Behavioral Scientist from the Division of Violence Prevention at CDC • 2 Staff Scientists from the Substance Abuse and Mental Health Services Administration
5. Data collection requires ≤ 90 days	Data Collection was completed between November 12-21, 2014

*Investigations must meet all criteria

Epi-Aid Approach

The overall focus of public health is the safety and well-being of entire populations. Central to the field of public health is the tenant to provide services that benefit the largest number of people. Therefore, a community and multi-school approach to the Epi-Aid was taken in Fairfax County. This approach has many advantages that can inform suicide prevention community-wide as well as at any particular school. Comparison of risk and protective factors across schools allows schools to recognize their strengths and challenges in context, which would be impossible to understand if there were no comparisons.

This public health approach is a four-step process rooted in the scientific method that can be applied to various health problems that affect populations, including suicide. Steps include: (1) define and monitor the problem, (2) identify risk and protective factors, (3) develop and test prevention strategies, and (4) assure widespread adoption (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, 2014).

Epi-Aids allow CDC to provide assistance to local and state health departments’ work through Steps 1 and 2, and to provide recommendations for the development and implementation of intervention strategies. For this Epi-Aid, a four-level social-ecological model was used to better understand the magnitude of suicide among youth in Fairfax County, identify risk and protective factors, and recommend potential prevention strategies (Dahlberg & Krug, 2002).

The social-ecological model considers the complex interplay between individual, relationship, community, and societal factors and recognizes that prevention strategies should include activities that address multiple levels of the model (Dahlberg & Krug, 2002). A combination of these factors can contribute to the risk of youth suicide, and protective factors across these levels of the social ecological model can buffer youth from suicidal thoughts and behaviors. An overview of risk and protective factors at each level is provided in Table 2 below.

Table 2. Risk and Protective Factors for Youth Suicide Across the Social Ecological Model

Level	Risk (-) and Protective (+) Factors
Individual: Individual characteristics that influence behavior, such as biological, knowledge, attitudes, beliefs, and perceptions	<ul style="list-style-type: none"> • History of previous suicide attempt (-) • Stressful life event or loss (-) • Mental health (-) • School performance (-) • Drug and/or alcohol use (-) • Sexual orientation (-) • Coping and problem solving skills (+)
Relationships: Interpersonal interaction and primary groups including family, friends, classmates, and co-workers that provide identity, support, and role designators	<ul style="list-style-type: none"> • Peer status and victimization (-) • Exposure to the suicidal behaviors of others (-) • Fewer opportunities for developing social connections and support (-) • Low levels of family support (-) • Marital discord (-) • Family dysfunction (-) • Family support (+)

Level	Risk (-) and Protective (+) Factors
	<ul style="list-style-type: none"> • Parent involvement (+)
Community: Community settings such as health department, non-profit organizations, and schools	<ul style="list-style-type: none"> • Lack of access to mental health care resources (-) • Availability of lethal means (-) • Safe and supportive school and community environments (+) • Access to a variety of clinical interventions (+)
Society: Social/cultural norms, along with health, economic, educational policies along with local, state, and federal laws	<ul style="list-style-type: none"> • Stigma about mental health and suicide (-) • Exposure to media that normalizes or glamorizes suicide (-) • Discrimination (-) • State laws on suicide prevention and violence (bullying in schools) (+) • Restrictions on lethal means of suicide (+)

Source: Centers for Disease Control and Prevention, Suicide Risk and Protective Factors. Available at: <http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

Timeline of Activities

- April 2013 – CDC initially contacted by a community member about the 3 youth deaths by suicide in one high school. Dr. Alex Crosby from CDC provided information on emergency resources for responding to youth suicide from the Department of Education and SAMHSA.
- April 2013-present – Fairfax County Public Schools (FCPS) and Fairfax County implemented several postvention activities to address youth suicides in the community and prevent future suicides and suicide-related behaviors. Activities included:
 - FCPS Crisis Team leaders completed certification in the PREPARE curriculum from the National Association of School Psychologists; Parent meetings with FCPS, the Community Services Board, Neighborhood and Community Services, and Fairfax County Health Department (FCHD) to inform parents about what was being done at schools, warning signs to look for in their children, and resources available in the school and community;
 - FCPS Crisis Team, school psychologists, and social workers conferred with national experts on suicide clusters, effective postvention practices, and youth risk surveillance;
 - 24/7 crisis line contact numbers were provided;
 - Student support teams were created to review students at risk for suicide and other risky behaviors;
 - A process to reintegrate students returning from psychiatric treatment was developed, and a small community group, started by parents, began investigating strategies to build resiliency and encourage students ask for help;
 - *Kognito At Risk for High School* online, an interactive simulation course, was taken by teachers to increase their knowledge about recognizing signs of risk and feeling more comfortable and confident when having a conversation with a student presenting with a mental health need;

- The Community Services Board and CrisisLink developed a text feature so students could send a text 24/7 and reach a trained crisis counselor; and
 - FCPS applied for a SERV Immediate Services grant from SAMHSA.
- February 2014 – Four additional youth suicides occurred among students at two different high schools.
- June 2014 – Suicide prevention staff from the Virginia Department of Health requested additional assistance from CDC. A conference call was held with the Fairfax County Health Department, the Virginia Department of Health, and CDC to discuss a possible Epi-Aid.
- July 2014 – An initial request for an Epi-Aid in Fairfax County, Virginia was mailed to the Centers for Disease Control and Prevention’s Division of Violence Prevention from the Virginia Department of Health on July 22, 2014. CDC provided resources on investigating suicide clusters to Dr. David Trump, Chief Deputy Commissioner for Public Health and Preparedness and State Epidemiologist at the Virginia Department of Health.
- August 2014-October 2014 – Multiple conference calls with FCDH, the Virginia Department of Health, FCPS, and CDC to discuss the scope of the Epi-Aid investigation and logistics regarding trip and activities.
- October 2014 – Three additional youth deaths by suicide at three different high schools.
- October-November 2014 – Development and approval of OMB application.
- November 11-21, 2014 – CDC Epi-Aid team and SAMHSA staff travel to Fairfax County, Virginia. Trip activities included:
 - Opening session with key stakeholders,
 - Further consultation with stakeholders about sources of data,
 - Finalized itinerary, with confirmed meetings,
 - Data review and collection,
 - Abstract of data from the Office of the Chief Medical Examiner,
 - Interviews with principals and directors of student services from high schools,
 - Focus groups with parents with children in FCPS,
 - Preliminary analysis of findings, and
 - Exit briefing with stakeholders.
- December 2014 – CDC provided exit briefing presentation to FCHD; distributed to stakeholders.
- December 2014-May 2014 – CDC conducted further analyses and drafts of extended report.
- June 2015 – CDC provided FCHD with the final report.

- June 2015 – At the request of FCHD and FCPS, CDC will collaborate with FCHD and FCPS on a final briefing with key stakeholders.

Methods

This investigation consisted of the following phases:

- Review of preliminary data provided by the FCHD and FCPS
 - Initial line list provided by the Office of the Chief Medical Examiner
 - Descriptive data provided by FCPS on youth risk behaviors
- Data gathering
 - Quantitative: Review and analyses of existing data on fatal and non-fatal suicidal behaviors from state and local sources; review of survey data
 - Virginia Violent Death Reporting System (VVDRS)
 - Virginia Office of the Chief Medical Examiner (OCME)
 - Virginia Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)
 - Fairfax County Fire and Rescue’s Emergency Medical Services (EMS)
 - Fairfax County Youth Survey
 - Virginia Secondary School Climate Survey
 - Qualitative: Primary data collection
 - Interviews with school staff at Schools E, G, K, M, N, T, V, and X
 - Focus groups with parents of children in FCPS
 - Review of news stories related to youth suicide in Fairfax County
- Data analysis
 - Quantitative
 - Descriptive findings
 - Regression analysis
 - Qualitative
 - Identification of themes
 - Constant comparison approach
 - Comparison of news stories to “Recommendations for Reporting on Suicide”
- Reporting Results

Data Gathering

Quantitative Data

Multiple data sources were identified to determine the frequency of fatal and non-fatal suicidal behaviors and associated risk among youth in Fairfax County, Virginia. Data sources are listed below.

Virginia Violent Death Reporting System (VVDRS) – Fatal Behaviors

Beginning in 2003, the Office of the Chief Medical Examiner in Virginia implemented the Virginia Violent Death Reporting System. It is funded through the CDC which currently supports Violent Death Reporting Systems in 32 states. This data system links information about violent deaths, including suicides, from sources such as law enforcement, medical examiner, and vital records. The system compiles information on violent deaths from all sources and allows for examination of circumstances. Examples of circumstance data collected include drug and alcohol use, mental illness, intimate partner violence, and the other issues that lead up to and contribute to violent death.

Virginia Office of the Chief Medical Examiner (OCME) – Fatal Behaviors

Currently, only data through 2012 is available in VVDRS, therefore VVDRS data were supplemented with information provided by the Office of the Chief Medical Examiner. The data represent all cases recorded by the Office of the Chief Medical Examiner where individuals between the ages of 10 and 24 died by suicide either in Fairfax County or with a residence address of Fairfax County from July 2010 through October 31, 2014. Data provided included date of death, decedent demographics, method of death, and toxicology results.

Data from medical examiner records were reviewed and abstracted for youth deaths by suicide that had occurred since January 1, 2013. Demographic data about the decedent; date, time, and location of death; mechanism of death; and precipitating risk factors such as history of mental illness, presence of alcohol or drugs on autopsy, and relationship problems were collected.

Virginia Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) – Non-fatal Behaviors

ESSENCE is a syndromic surveillance system that is used to monitor outbreaks and health conditions of concern. Hospitals share data with the Fairfax County Health Department through a web-based system. The Fairfax County Health Department searched for key words in emergency department chief complaint records related to suicidal behaviors and suicidal ideation from January 2010 through October 2014 for patients with an age range of 10 to 24.

Fairfax County Fire and Rescue's Emergency Medical Services (EMS) – Non-Fatal Behaviors

Data were queried from the Fairfax County Fire & Rescue's EMS data warehouse for all dispatched suicide responses occurring on/between Jan 1, 2010 and September 30, 2014. The age of individuals who received services from EMS for suicide-related behaviors/suicidal ideation was only available for 746 responses; representing only 39% of those dispatched. A total of 263 known suicide related responses among youth were identified.

Fairfax County Youth Survey – Risk Factors

The Fairfax County Youth Survey is an annual, comprehensive, anonymous, and voluntary survey that examines behaviors, experiences, and other factors that influence the health and well-being of the county's youth. It is administered to 8th, 10th and 12th graders in high school. These data provide insight into the prevalence and frequency of substance use, violence and delinquency, health and health risk behaviors, as well as positive behaviors of the students. The most recent survey data were collected in the fall of 2013 and resulted in responses from 32,439 students with a response rate of 89%. Corrective weights were applied to the data to ensure proportional representation based on enrollment by grade within each pyramid. Data from this survey was compared to the Virginia and national Youth Risk Behavior Surveillance System (YRBSS) survey conducted in 2013.

Virginia Secondary School Climate Survey – Risk Factors

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). It assesses student and teacher perceptions on disciplinary structure and student support, student engagement and educational experiences, student academic expectations and values, student safety, and perceptions of the prevalence of teasing and bullying.

Qualitative Data

Interviews and Focus Groups – Risk Factors

To explore risk factors beyond the individual level, qualitative data were collected. Six focus groups with 71 parents and interviews with 8 high school principals, 8 high school directors of student services and 2 middle school directors of student services were conducted. Schools were selected based on the prevalence of youth suicide in their school, and the self-reported prevalence of suicidal thoughts and non-fatal behaviors in the Fairfax County Youth Survey. Questions in both the focus groups and interviews addressed perceptions of youth suicide, and perceptions of risk and protective factors associated with youth suicide in the local community.

Review of News Stories Related to Youth Suicide in Fairfax County, Virginia –Risk Factors

A search was conducted in local and national media outlets to identify stories related to youth suicide in Fairfax County, Virginia. A scan of media related to youth suicide identified 13 news stories. News stories were reviewed and evaluated based on strategies to avoid in the “Recommendations for Reporting on Suicide” that have been developed through collaboration among the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies (www.ReportingOnSuicide.org).

Data Analysis

Quantitative

Descriptive analyses of VVDRS, OCME, ESSENCE, and EMS data were completed to describe characteristics of fatal and non-fatal suicidal behaviors in Fairfax County, Virginia from 2010 through

2014. Chi-square tests were conducted as the data allowed to examine differences overtime and by school regions.

Descriptive analyses were conducted using the Fairfax County Youth Survey and the Virginia Secondary School Climate Survey data to examine risk and protective factors associated with suicide-related behaviors. Logistic regression analyses were completed using the Fairfax County Youth Survey data to look at two outcomes: (1) seriously considered attempting suicide, and (2) attempted suicide in the last year. Known risk and protective factors that were available in the Fairfax County Youth Survey were included in the model. The models presented include the adjusted odds ratios to the independent associations of each risk and protective factor after controlling for the others.

Qualitative

All the interviews with school staff and focus groups with parents were completed as planned. Despite the sensitive nature of the interviews and focus groups, participants spoke openly and shared detailed, sensitive information about suicide and risk factors associated with suicide in their community. Interview and focus group protocols are provided in Appendices C and D, respectively.

Qualitative data from the interviews and focus groups was analyzed using grounded theory as a framework (Corbin & Strauss, 2007). Grounded theory is an inductive method of analyses that considers the constant interplay between data collection and analyses. Digital audio transcripts and field notes from interviews and focus groups were analyzed. Open coding with constant refinement was used, and a constant comparative approach was used to refine and collapse codes. Following this approach, an initial codebook was created and used to code transcripts. This codebook was then revised, new codes were created, and some codes were collapsed as part of the analytical process. This process identified a set of overarching themes across all interviews and focus groups. During subsequent analyses, we examined themes connected with codes that were developed *a priori* (e.g., (1) risk factors, (2) protective factors, (3) perceptions of current activities and recommendations, and (4) next steps). The analysis focused on determining differences and similarities between school staff and parents/caregivers with respect to these codes. Validity was reached through coder discussion and agreement.

Final categories or codes fell within the framework of the social ecological model. Main themes from both the interviews and focus groups are discussed, as well as how themes across school staff and parents align and differ.

Results

The investigation had two objectives. The first objective was to assist the Virginia Department of Health and the Fairfax County Health Department in examining trends of fatal and non-fatal suicidal behaviors among youth from September 2010 through October 2014 in Fairfax County, Virginia. The second objective was to identify risk and protective factors associated with fatal and non-fatal suicidal behaviors among youth to help inform prevention strategies. Findings related to each objective are discussed below.

Trends in Fatal and Non-Fatal Suicidal Behaviors among Youths

The first objective was to examine fatal and non-fatal suicidal behaviors among youths aged 10 to 24. Fatal and non-fatal behaviors were examined because youth deaths by suicide account for only a fraction of the impact of suicide (Espitia-Hardeman & Paulozzi, 2005). For each death by suicide, there are many more hospitalizations, emergency department visits, and events that involve no formal medical care. Therefore, to examine trends in fatal and non-fatal suicidal behaviors among youth, four data sources or systems were used: (1) Virginia Violent Death Reporting System (VVDRS) data, (2) Virginia Office of the Chief Medical Examiner (OCME) data, Virginia Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) data, and (4) Fairfax County Fire & Rescue’s Emergency Medical Services (EMS) data. It should be noted that currently, only data through 2012 is available in VVDRS, therefore, VVDRS data were supplemented with information provided by the Office of the Chief Medical Examiner to examine fatal suicidal behaviors.

School specific fact sheets are provided in Appendix B.

VVDRS Findings

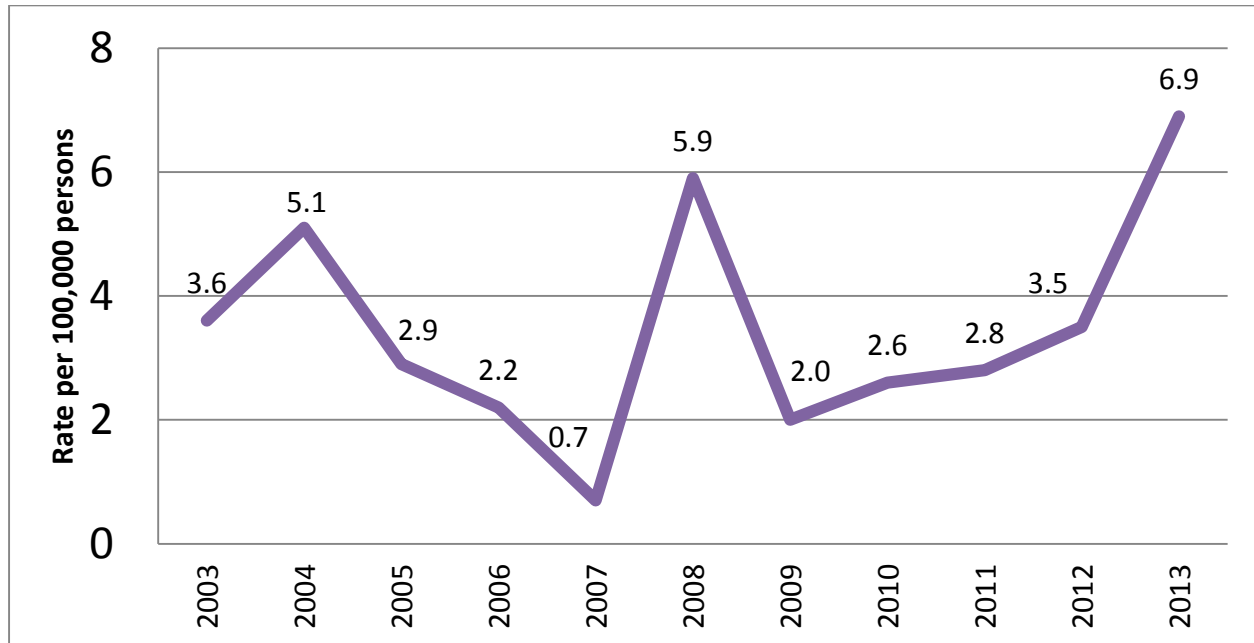
Virginia VDRS (Virginia Department of Health, Office of the Chief Medical Examiner, Virginia Violent Death Reporting System, 2014) data were used to calculate suicide rates in Fairfax County, Virginia (see Table 3). The overall suicide rate in Fairfax County for youths aged 10 and older in 2003-2012 was 7.9 per 100,000 persons. The rate for 10 to 19 year olds was 3.3, and the rate for 20 to 24 year olds was 10.0 per 100,000. Suicide rates for all age groups in Fairfax County, Virginia are lower than the overall national suicide rate for 2003-2012 (see Table 3).

Table 3. Fairfax County Suicide Rates (per 100,000 persons) by Age Group, 2003-2012

Age Group	Fairfax County Suicide Rate	National Suicide Rate
Overall (10+ years)	7.9	13.5
10-19 years	3.3	4.4
20-24 years	10.0	12.9

The rate of suicide among 10-19 year olds, previously calculated by Virginia VDRS (Virginia Department of Health, Office of the Chief Medical Examiner, 2014) staff for FCPS, was examined since the community was specifically concerned about suicide in its student population (See Figure 1). It should be noted that these rates were calculated with fewer than 20 cases. Therefore, the findings in Figure 1 may be unstable and should be interpreted with caution. Virginia VDRS staff had previously calculated rates among this age group in Fairfax County from 2003 through 2012. They also calculated the preliminary rate for 2013 at the request of Fairfax County Public Schools and the Fairfax County Health Department. The rates of suicide among 10 to 19 year olds fluctuated substantially across years and ranged from 0.7 per 100,000 in 2007 to 6.9 per 100,000 in 2013.

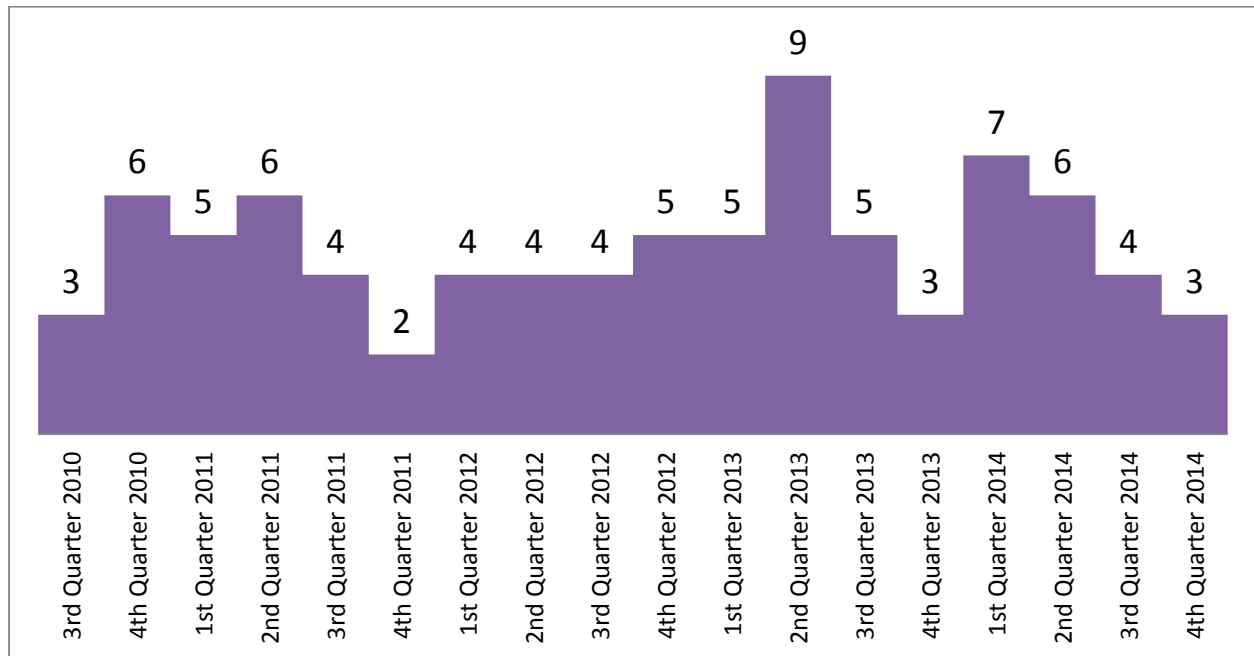
Figure 1. Fairfax County Suicide Rates, Ages 10-19, Fairfax County, Virginia



OCME Findings

The epi-curve for suicide deaths among youth from September 2010 through October 31, 2014 is presented in Figure 2. During this time period, there were 85 deaths by suicide among youth aged 10 to 24. Data from the OCME was used to describe decedents from January 1, 2013 to present.

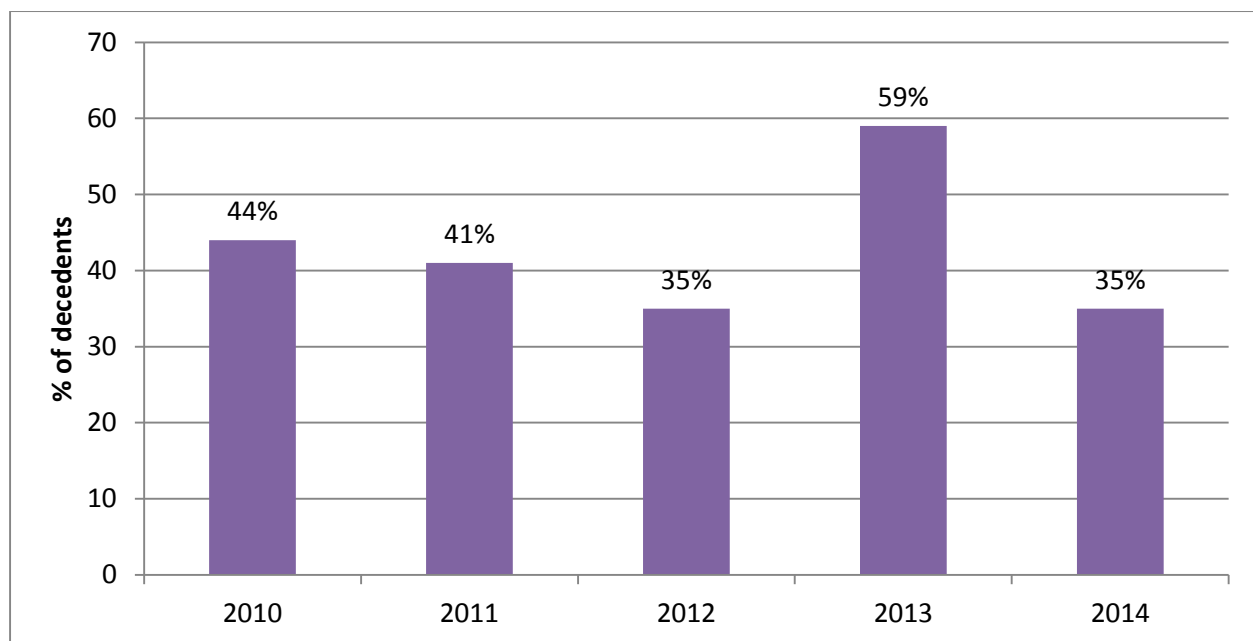
Figure 2. Suicide Deaths by Quarter among Youth, Ages 10-24, October 2010-October 2014*



*Data only available through October 31, 2014

Among 85 decedents, the majority were white (69%; n = 59) and male (74%; n = 63); over half were youth between the ages of 20 and 24 (55%; n = 47). The two most common methods of suicide were hanging (38%; n = 32) and gunshot wound (32%; n = 27). These findings are consistent with national trends for suicide deaths (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting, 2015). Toxicology results at autopsy indicated 18 decedents (21%) tested positive for alcohol and 21 decedents (25%) tested positive for other drugs. The prevalence of the presence of alcohol or drugs at autopsy was examined over each year. While not statistically different, the percent of decedents who tested positive for alcohol or drugs at autopsy fluctuated across years ($\chi^2(4) = 3.14, p = 0.53$; see Figure 3 below). In 2013, 59% of youth who died by suicide tested positive for alcohol or drugs at autopsy.

Figure 3. Percent of Suicide Deaths among Youth with Presence of Alcohol or Drugs on Autopsy by Year (N = 85)



Circumstance data was abstracted from the OCME for deaths occurring since January 1, 2013 because data were not yet available in VVDRS. Thirty-seven medical examiner reports on youth suicide were available from January 2013 through October 31, 2014, and 95% (n = 35) of decedents had at least one precipitating circumstance identified. Circumstances fell into the following categories: mental health/substance abuse, suicide event, interpersonal or relationship, and life stressors.

The most common precipitating circumstance was history of mental illness (73%; n = 27). The most common mental health diagnoses identified among decedents was depression (49%), followed by ADHD (24%), anxiety (16%), bipolar disorder (11%) and other mood disorder (8%). Other mental health and substance use circumstances that were found among decedents included: presence of alcohol or drugs at autopsy (49%; n = 18), treatment for depression in the last year (41%; n = 15), history of drug abuse (24%; n = 9), history of alcoholism (11%; n = 4) and family history of mental illness (5%; n = 2).

Suicide event circumstances documented included: previous hospitalization for suicide-related behavior or ideation (46%; n = 17), left suicide note (35%; n = 13), and disclosed intent to commit suicide (27%; n = 10). Interpersonal or relationship circumstances documented included other relationship problems (22%; n = 8) and a problem with an intimate partner (16%; n = 6). Under life stressor circumstances, 19% (n = 7) of decedents had a documented school problem, such as academic probation and suspension.

A table summarizing circumstances from both VVDRS and OCME data is shown below in Table 4.

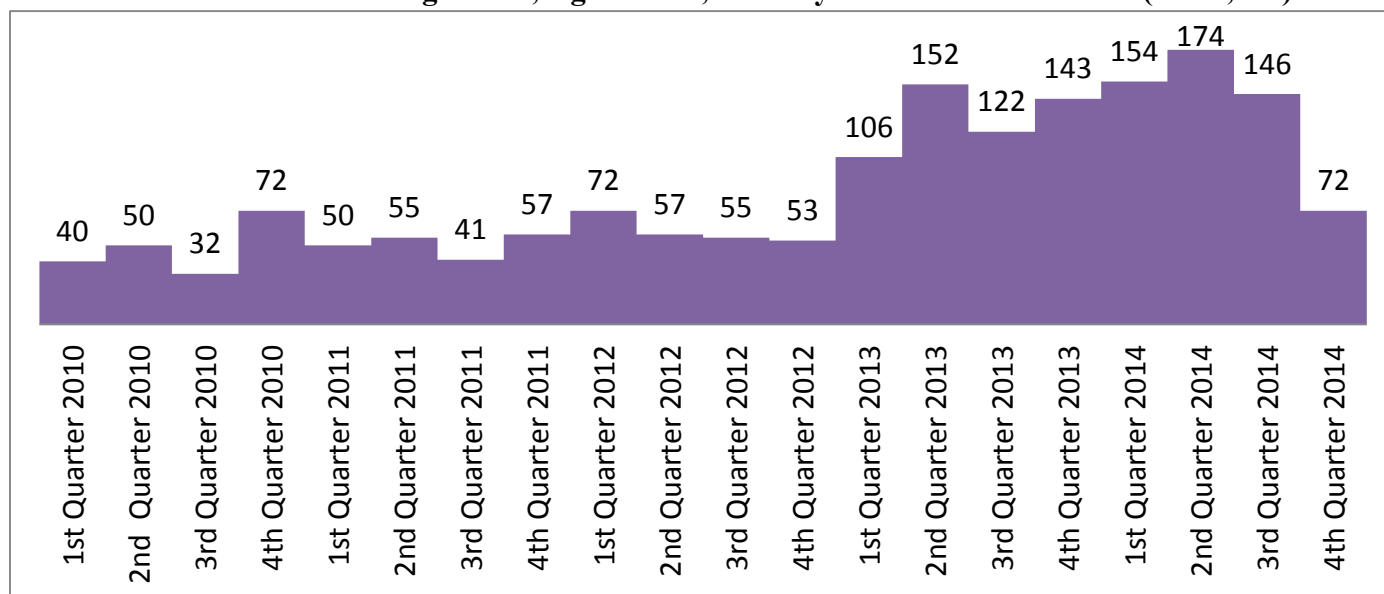
Table 4. Select Characteristics of Suicide among Youth in Fairfax County, Virginia, 2010-2014

Characteristic	%
Current mental health problem	72.0
Mental health treatment in the last year	48.0
Disclosed intent to commit suicide	36.0
History of suicide-related behavior or ideation	36.0
Left a suicide note	36.0
School problem documented	25.0
Problem with other substances	20.0
Problem with alcohol	7.0

ESSENCE Findings

There were 1,703 Emergency Department (ED) visits with the chief complaint of suicidal behaviors or ideation identified between January 2010 and October 2014. The epi-curve below (Figure 4) illustrates how that the number of visits doubled between the 4th quarter of 2012 and the 1st quarter of 2013. The higher number of ED visits was sustained through the 3rd quarter of 2014.

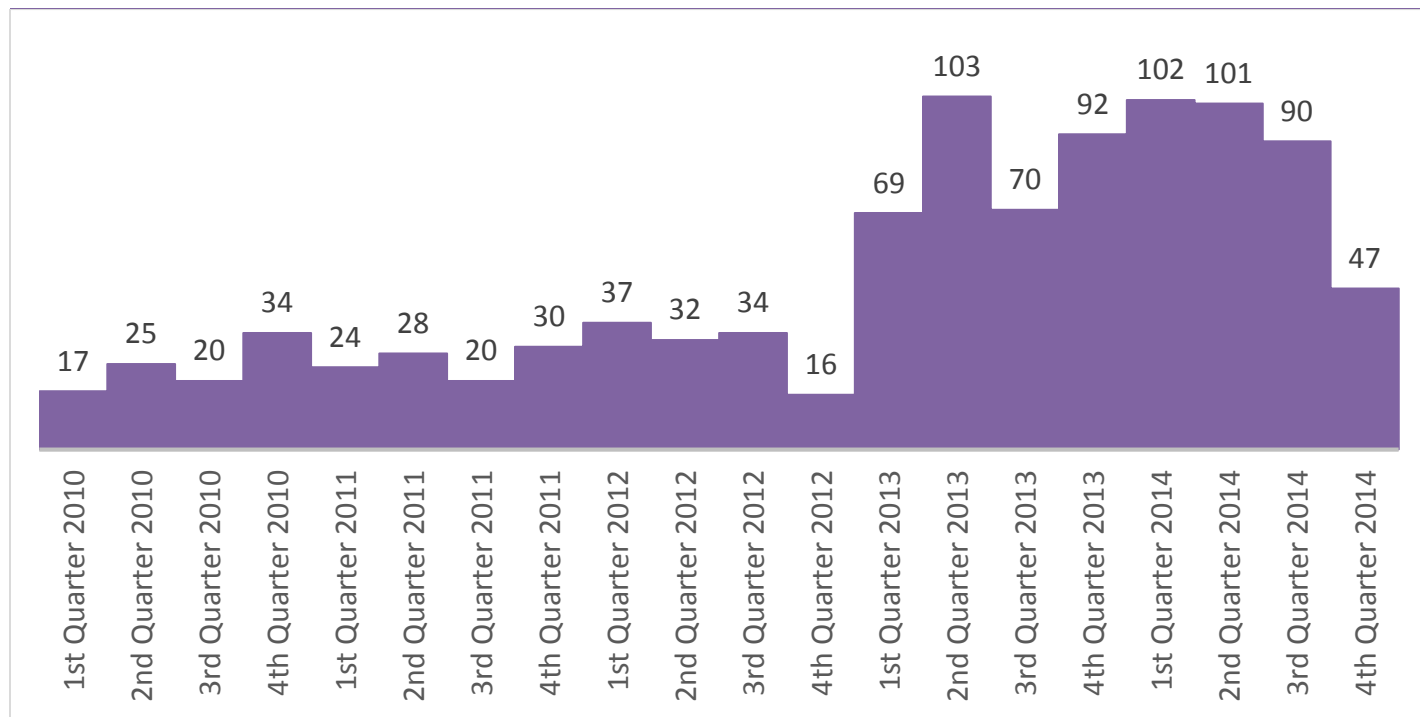
Figure 4. Number of Emergency Department Visits With Chief Complaint of Suicidal Behaviors/Ideation Among Youth, Ages 10–24, January 2010 – October 2014* (N = 1,703)



*Data only available through October 31, 2014

It is important to note that new facilities contribute data to ESSENCE over time, and this should be considered as a possible reason for the observed increase in ED visits. However, when looking at ED visits in Inova Fairfax Hospital (Figure 5) only, a hospital that accounted for nearly 60% of all visits from January 2010 through October 2014 (n = 991), the same pattern emerges.

Figure 5. Number of Emergency Department Visits With Chief Complaint of Suicidal Behaviors/Ideation at Inova Fairfax Hospital Among Youth, Ages 10–24, January 2010 – October 2014* (n = 991)



*Data only available through October 31, 2014

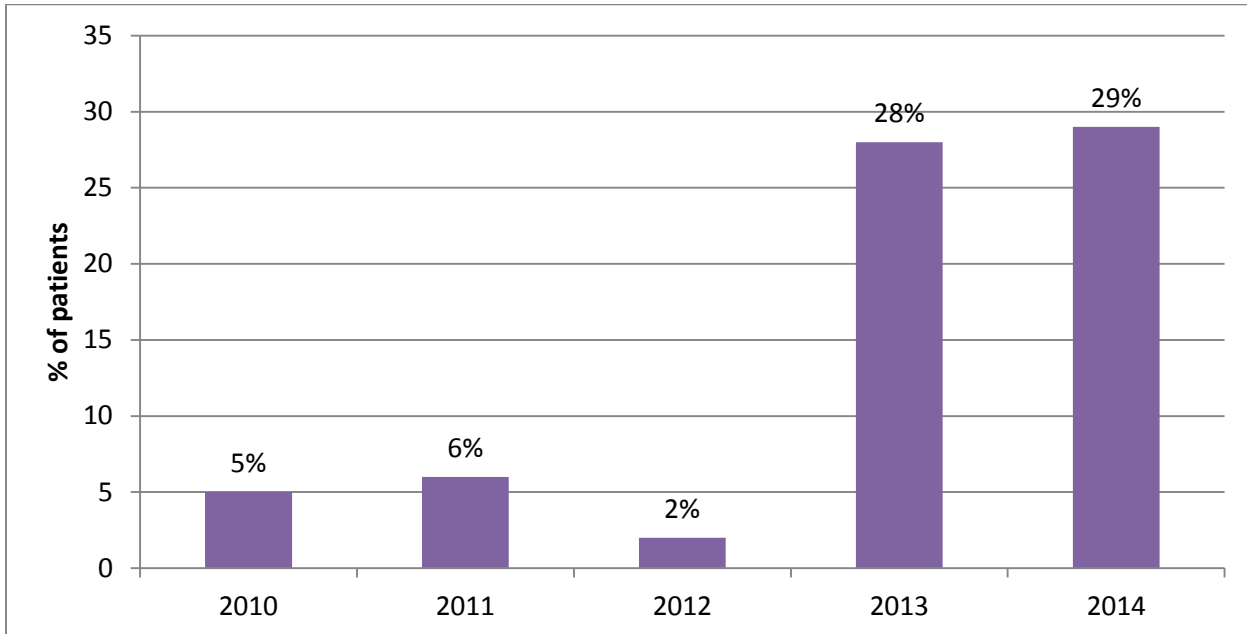
While the data do not allow for definitive explanations of this increase, possible explanations for this increase could include postvention activities in the community, as well as media coverage that increased community members’ level of awareness of suicide-related behaviors.

Of youth who were treated in the ED for suicide behaviors/suicidal ideation, the majority were white (62%; n = 1056), female (64%; n = 1090), and between the ages of 10 and 19 (63%; n = 1073). A majority (71%; n = 1209) were treated in the ED with the chief complaint of suicidal/suicidal ideation. Over half (59%; n = 1005) of all youth who visited the ED were discharged, while only 20% (n = 341) were admitted and 15% (n = 255) were transferred.

Of the 29% (n = 494) who were treated with the chief complaint of suicide attempt or non-fatal suicidal behaviors, 67% (n = 331) had used a substance (i.e., alcohol, prescription drug, illicit drug) and 10% (n = 49) had self-inflicted lacerations/cutting. Among those with a chief complaint of suicide behaviors/suicidal ideation, the percent including substance use increased by 1300% from 2012 (2%) to 2013 (28%). Additionally, there was a statistically significant difference between 2010 and 2014 in the

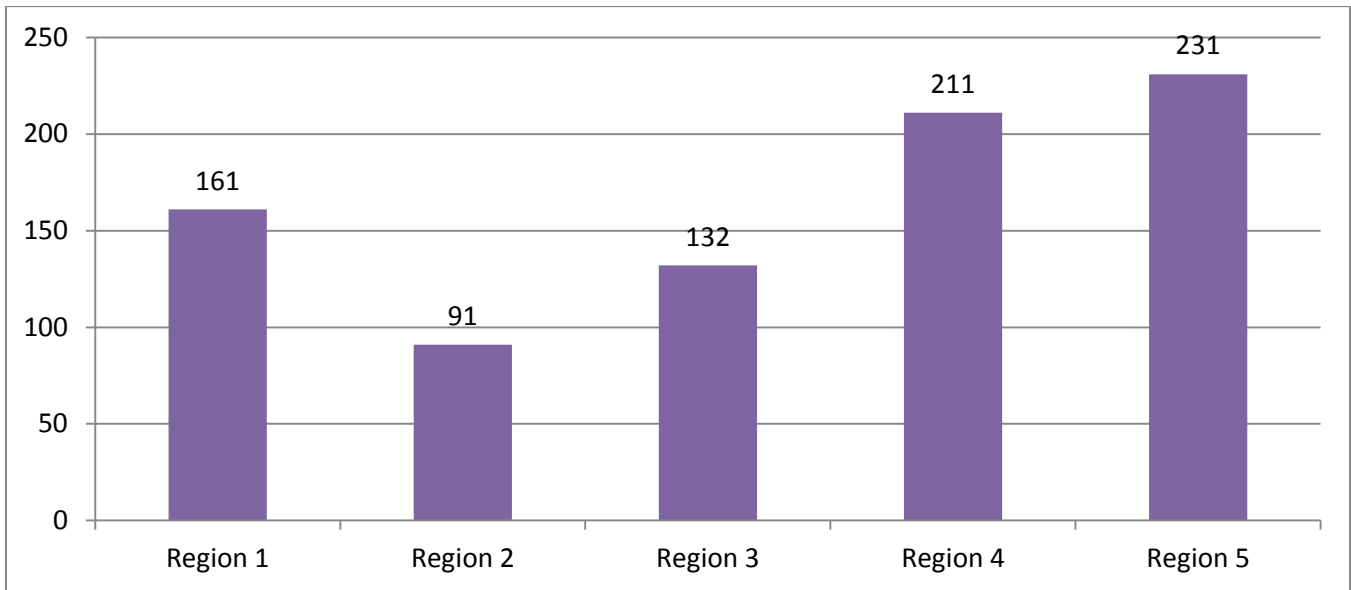
percent of patients with a chief complaint that included substance use ($\chi^2 (4) = 150.77, p < .001$; See Figure 6) with the lowest percentage being in 2012 (2%) and the highest being in 2014 (29%).

Figure 6. Percent of Patients with Substance Use in Emergency Department Visits With Chief Complaint of Suicidal Behaviors/Ideation Among Youth, Ages 10–24, January 2010 – October 2014 (N = 1,703)



Suicide-related ED visits among 15 to 19 year olds (N = 826) were also examined by school regions. School boundaries provided in a geographical information system file provided by FCPS and zip codes were used to categorize school region. It should be noted that some zip codes overlap school boundaries and it is possible some ED visits were misclassified. However, this error is likely equally distributed across regions and should not impact the overall interpretation of the data. The distribution of suicide-related emergency departments by school region is shown in Figure 7 below. Region 5 had the most visits (n = 231), while Region 2 had the fewest (n = 91).

Figure 7. Number of Suicide-Related Emergency Department Visits Among Youth Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014



The percent of non-fatal behaviors ($\chi^2(5) = 27.21, p < .001$; See Figure 8) and types of behaviors ($\chi^2(5) = 24.62, p < .001$; See Figure 9) in the chief complaint differed significantly by school region. Region 4 had the highest percentage of non-fatal suicide behaviors (39%), while Region 1 had the lowest (18%). Similarly, Region 4 had the highest percent of substance use reported in ED chief complaints (30%), while Region 1 had the lowest (12%).

Figure 8. Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

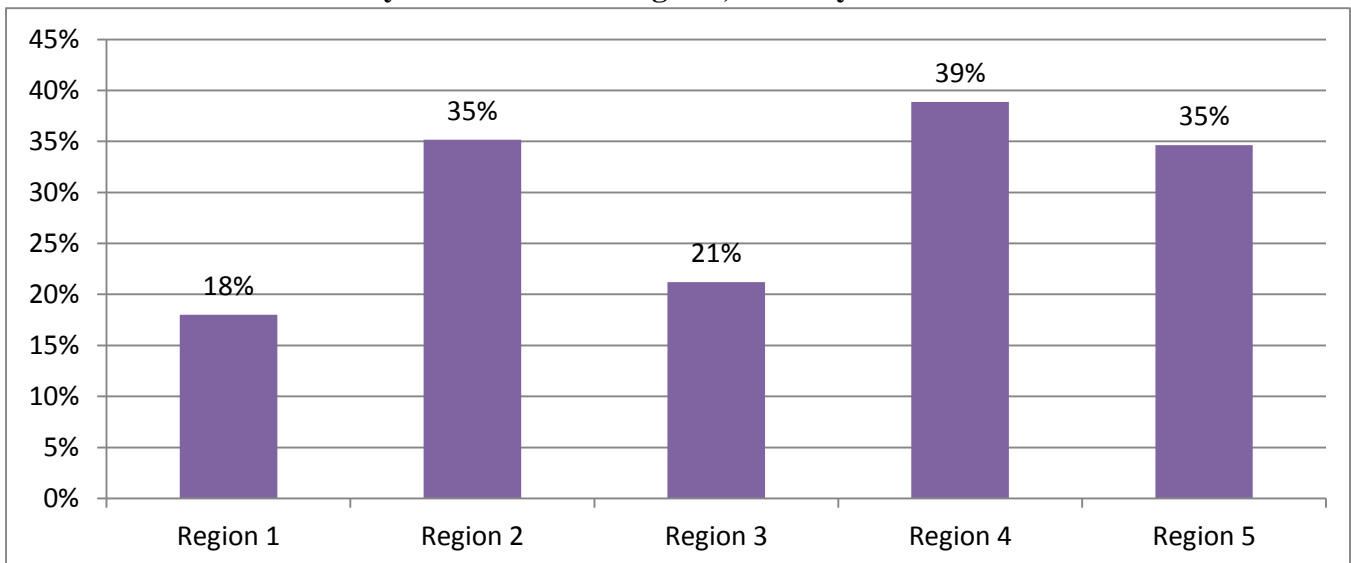
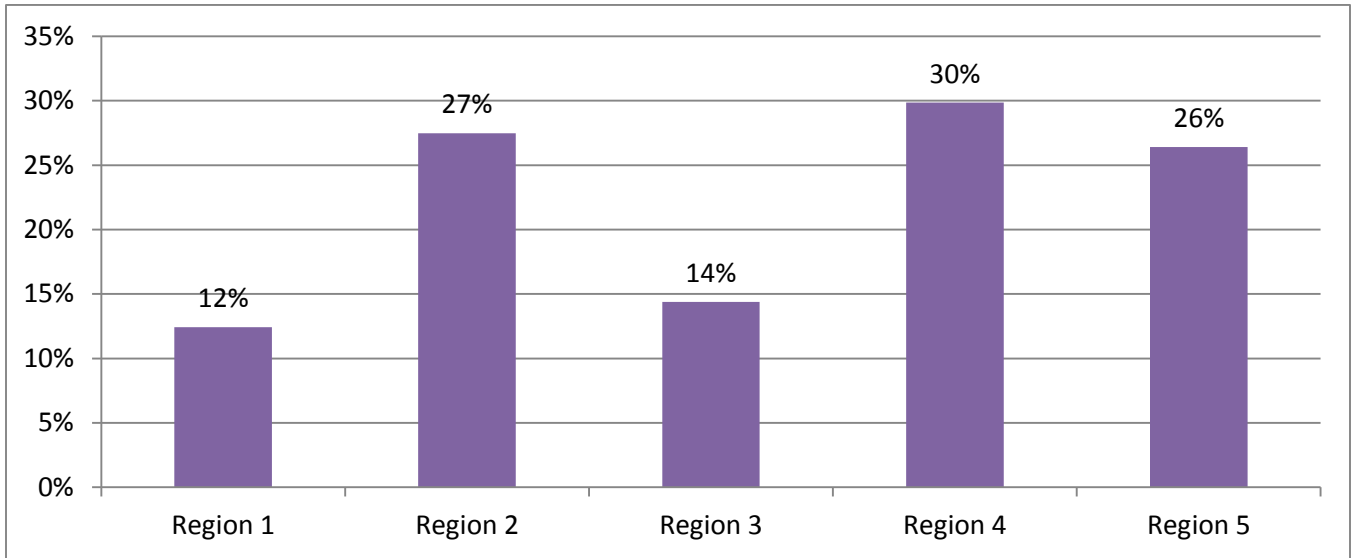


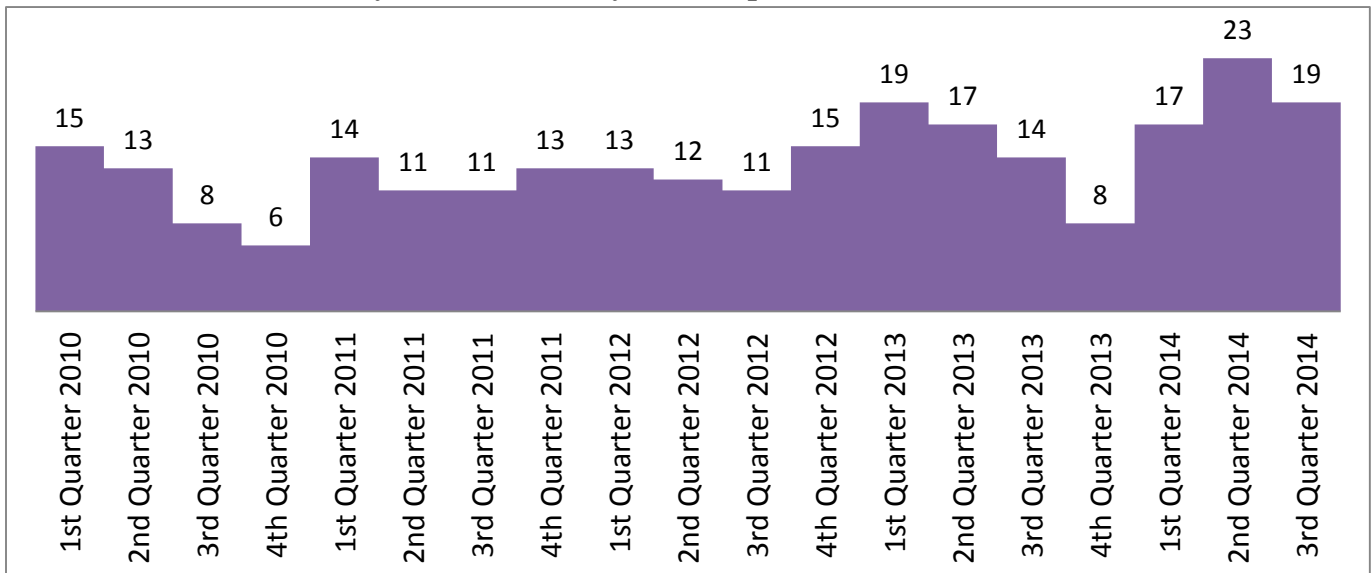
Figure 9. Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



EMS Findings

Data from the Fairfax County Fire and Rescue EMS provided information about the number of dispatched suicide-related behaviors/suicidal ideation responses. From January 2010 through October 2014, there were a total of 1935 responses. The age of individuals who received services from EMS for suicide-related behaviors/suicidal ideation was only available for 746 responses. The epi-curve of dispatched suicide responses among youth (N = 263) from January 2010 through September 2014 by quarter is provided below (See Figure 10).

Figure 10. Number of Dispatched Suicide Responses from Fairfax County Fire & Rescue Among 10–24 year olds, January 2010–September 2014 (N = 263)



Among dispatched suicide responses among the 263 youth aged 10-24, over half were for females and for youth between the ages of 10 and 19. The most common primary complaint of the dispatched responses was behavioral/psychiatric disorder (45%; n = 118) followed by traumatic injury (23%; n = 60). The majority of youth were treated and transported (79%; n= 208), 12% (n = 32) refused treatment or transport, and 7% (n = 18) were pronounced dead at the scene.

Identify Risk and Protective Factors Associated with Fatal and Non-Fatal Suicidal Behaviors

The second objective was to identify risk and protective factors associated with fatal and non-fatal suicidal behaviors. In addition to the data previously described, the Fairfax County Youth Survey, Fairfax County Public Schools Climate data, focus groups with parents, and interviews with principals and directors of student services were analyzed. Findings associated with each data source are presented below.

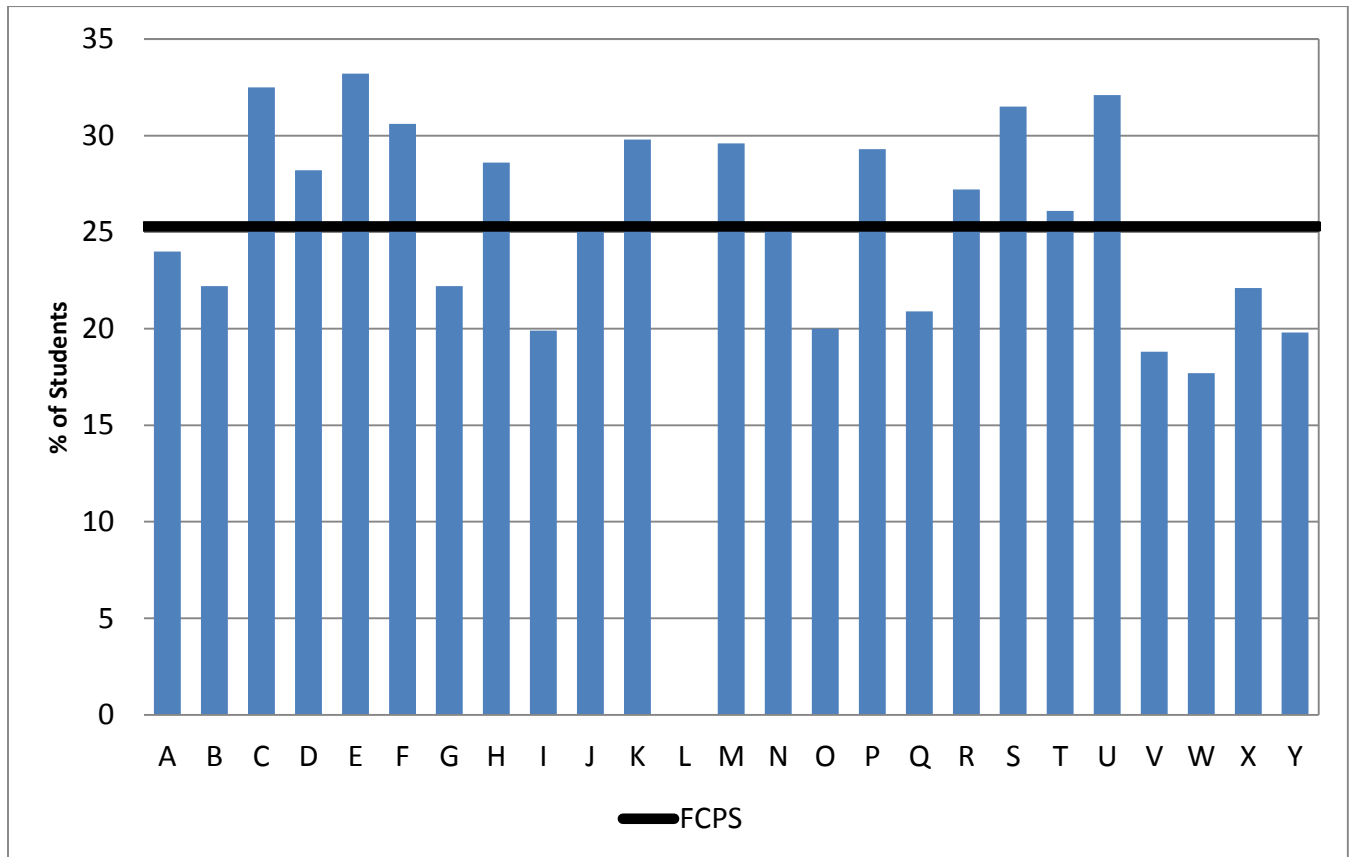
Fairfax County Youth Survey

To examine other potential risk factors for suicide, the 2013 Fairfax County Youth Survey data were compared to corresponding items in the National Youth Risk Behavior Surveillance System (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>). The graphs below illustrate how 8th, 10th, and 12th graders in individual public high schools in Fairfax County compare to the mean from all Fairfax County Public Schools (FCPS) on three self-report variables: (1) feeling so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months. Graphs of 10th and 12th graders are also compared to the State of Virginia average and the nation overall. The data labels on the x-axis represent individual high schools in FCPS, the black line represents the overall percentage for FCPS, the green line the overall percentage in Virginia, and the orange line the overall percentage in the nation.

Feeling So Sad or Hopeless

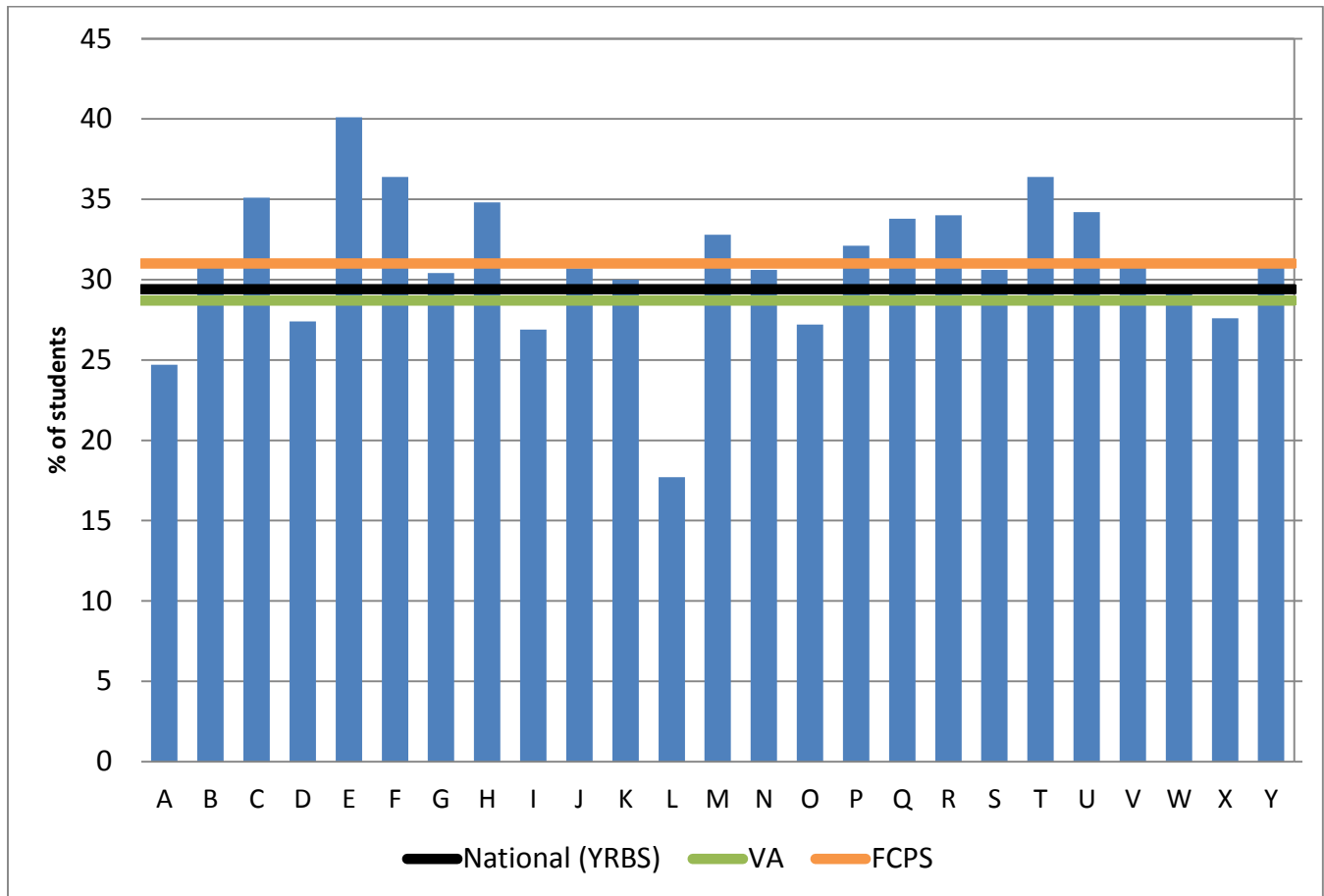
Across FCPS, 25.3% of 8th graders reported feeling so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities. The percent of FCPS 8th graders reporting feeling sad or hopeless varied across high schools, with a range of 17.7% to 33.2% (See Figure 11).

Figure 11. Percent of 8th Graders Who Reported Feeling So Sad or Hopeless By High School, Fairfax County Youth Survey, 2013



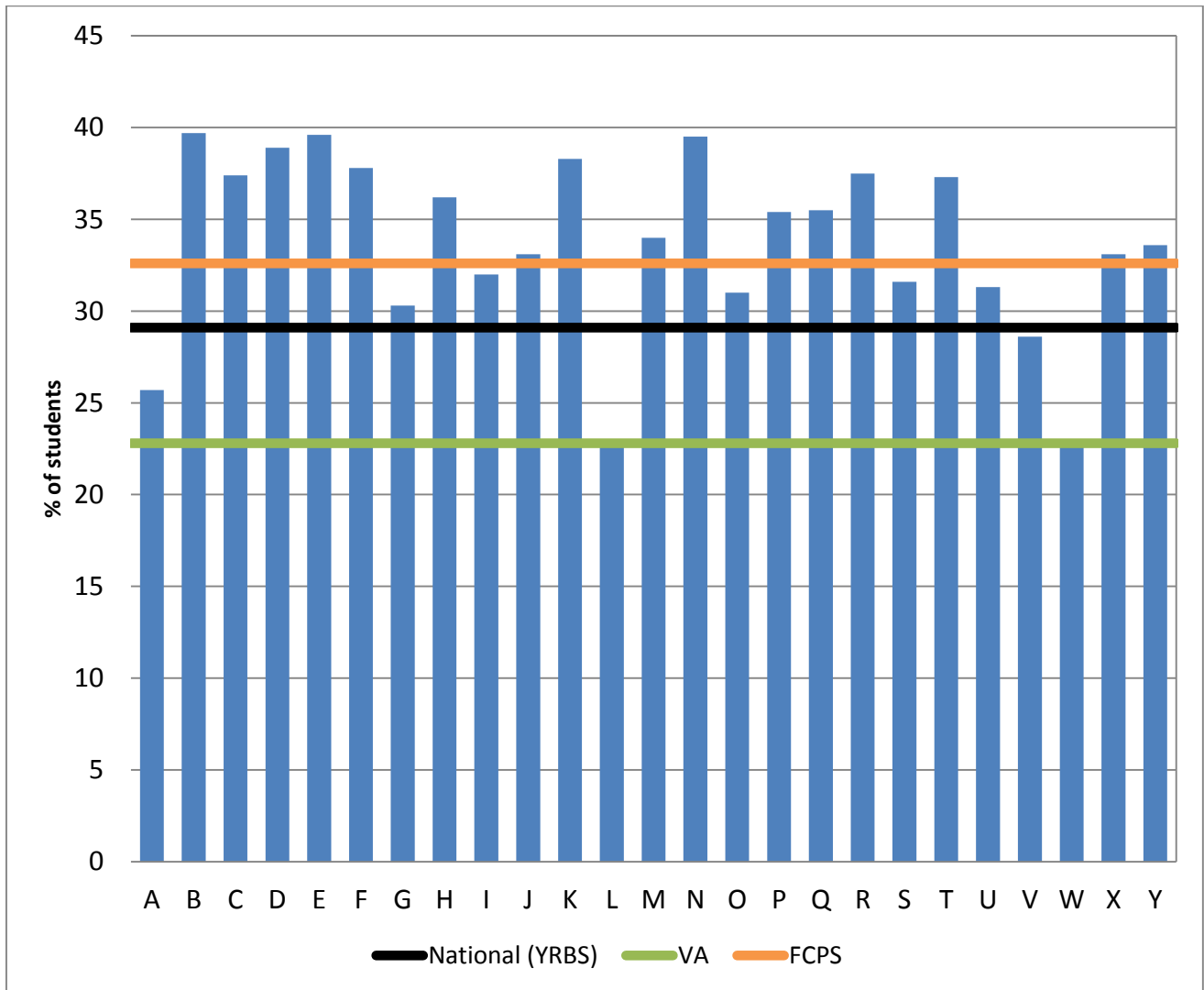
Across FCPS, 31.0% of 10th graders reported feeling so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities. This compares to 28.7% of 10th graders in Virginia and 29.4% in the nation. The percentage of FCPS 10th graders reporting feeling sad or hopeless varied across high schools, with a range of 17.7% to 40.1% (See Figure 12).

Figure 12. Percent of 10th Graders Who Reported Feeling So Sad or Hopeless By High School, Fairfax County Youth Survey, 2013



Across FCPS, 32.5% of 12th graders reported feeling so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities. This compares to 22.8% of 12th graders in Virginia and 29.1% in the nation. The percent of FCPS 12th graders reporting feeling sad or hopeless varied across high schools with a range of 22.6% to 39.6% (See Figure 13).

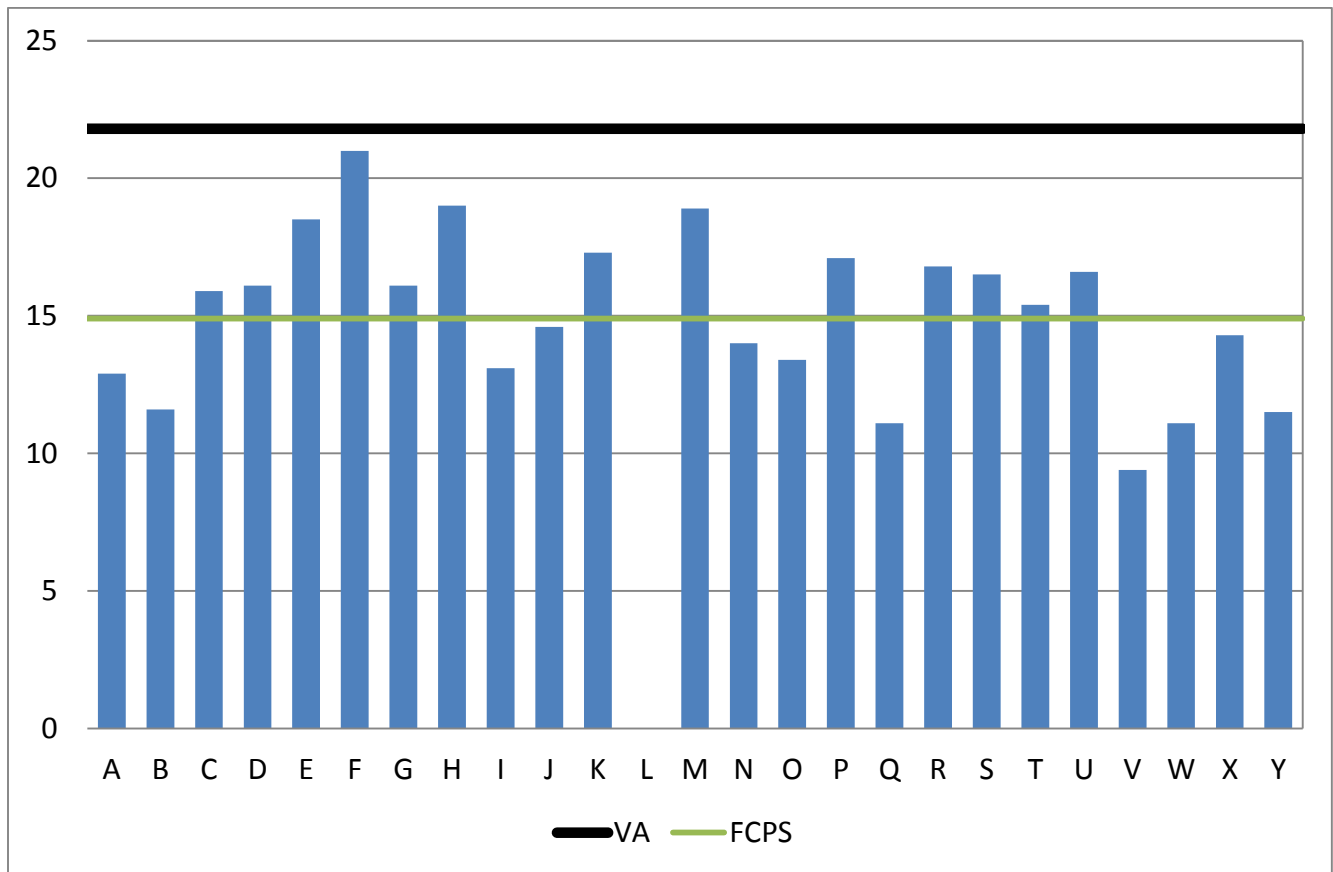
Figure 13. Percent of 12th Graders Who Reported Feeling So Sad or Hopeless by High School, Fairfax County Youth Survey, 2013



Seriously Considered Attempting Suicide

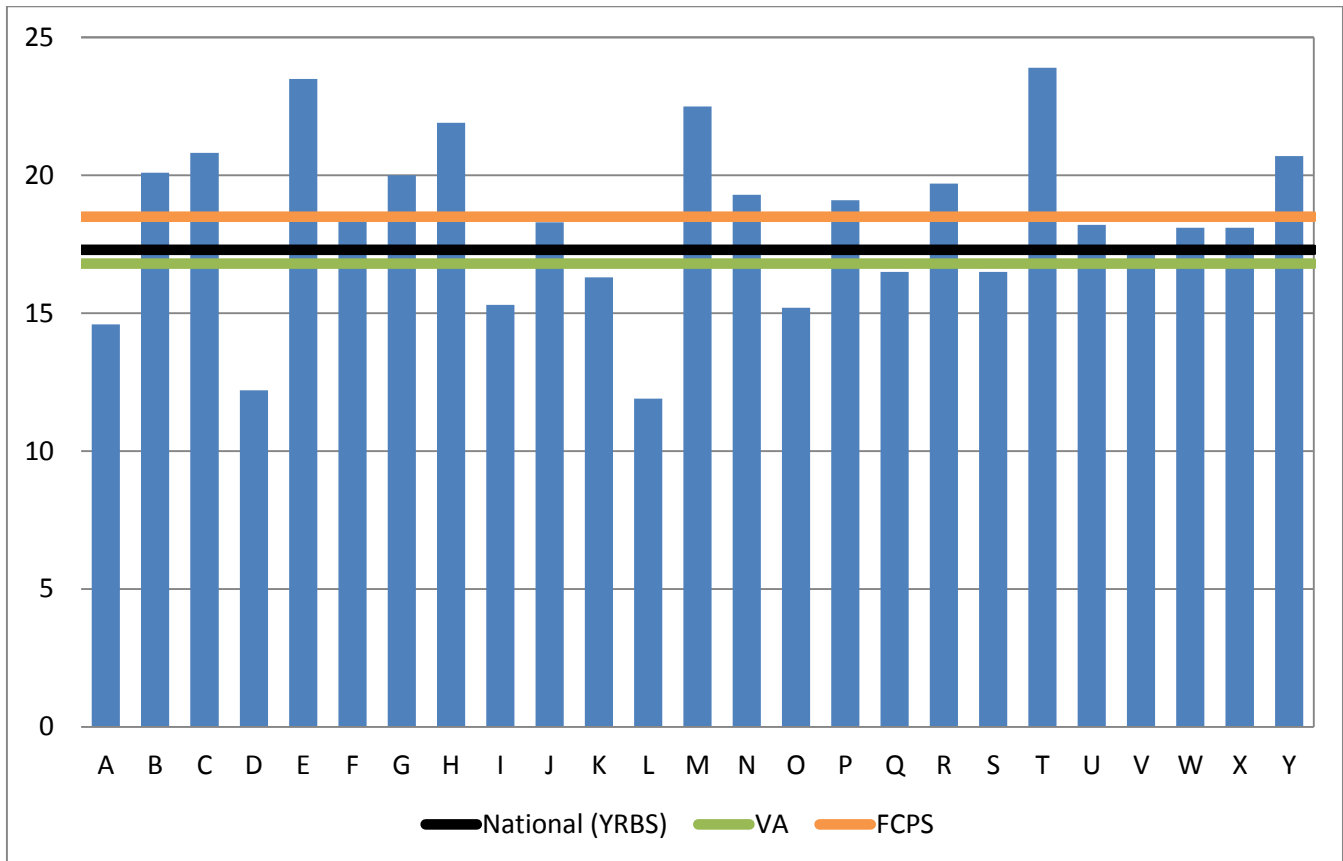
Across FCPS, 14.9% of 8th graders reported they had seriously considered attempting suicide in the last 12 months, this compares to 21.8% of 8th graders in the state of Virginia. The percent of 8th graders who seriously considered suicide varied across high schools with a range of 9.4% to 21.0% (See Figure 14).

Figure 14. Percent of 8th Graders Who Reported Seriously Considered Attempting Suicide By High School, Fairfax County Youth Survey, 2013



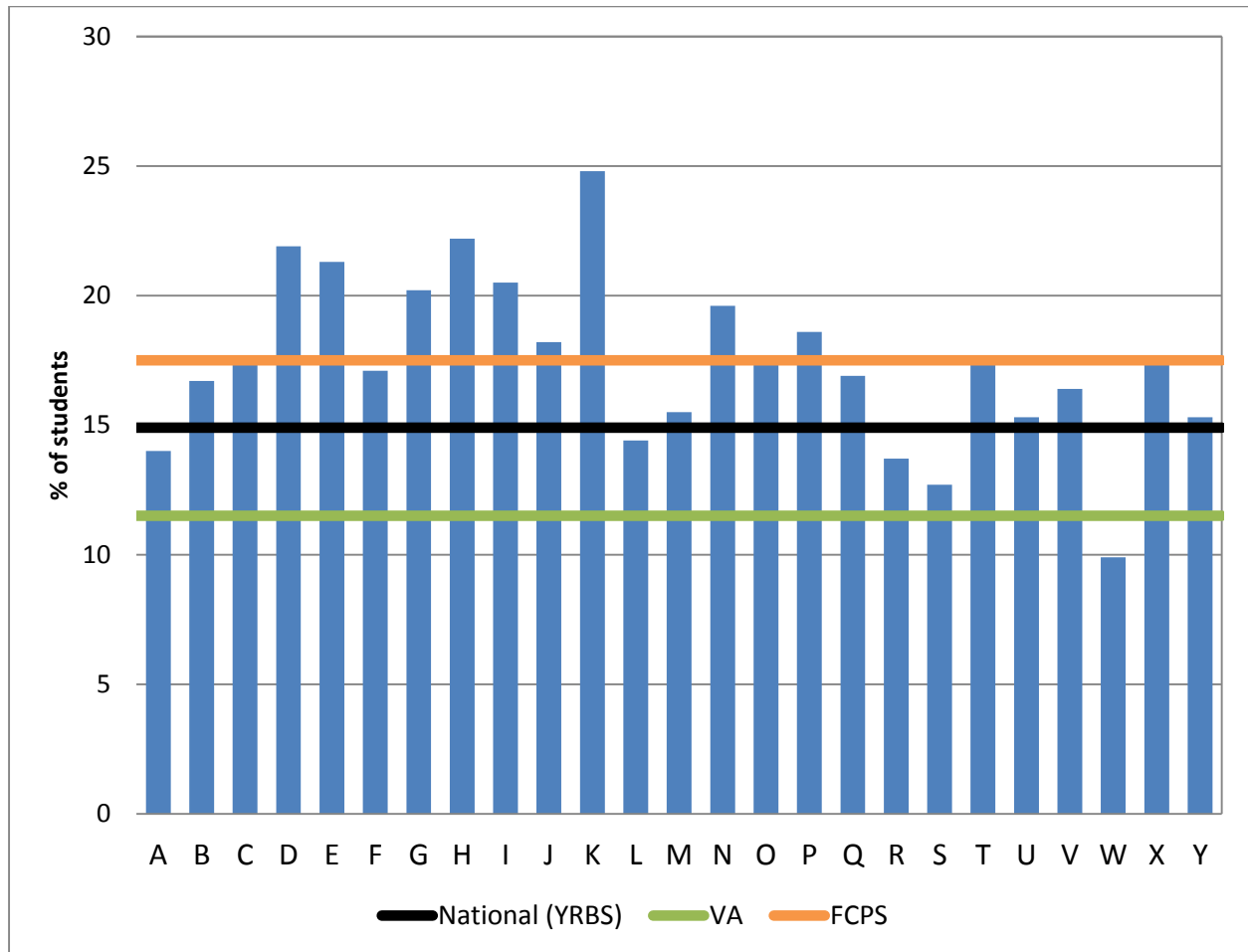
Across FCPS, 18.5% of 10th graders reported they had seriously considered attempting suicide in the last 12 months, compared to 16.8% of 10th graders across the state of Virginia and 17.3% in the nation. The percent of 10th graders who seriously considered attempting suicide varied across high schools with a range of 11.9% to 23.9% (See Figure 15).

Figure 15. Percent of 10th Graders Who Reported Seriously Considered Attempting Suicide By High School, Fairfax County Youth Survey, 2013



Across FCPS, 17.5% of 12th graders reported they had seriously considered attempting suicide in the last 12 months, compared to 11.5% of 12th graders across the state of Virginia and 14.9% in the nation. The percent of 12th graders who seriously considered attempting suicide varied across high schools with a range of 9.9% to 24.8% (See Figure 16).

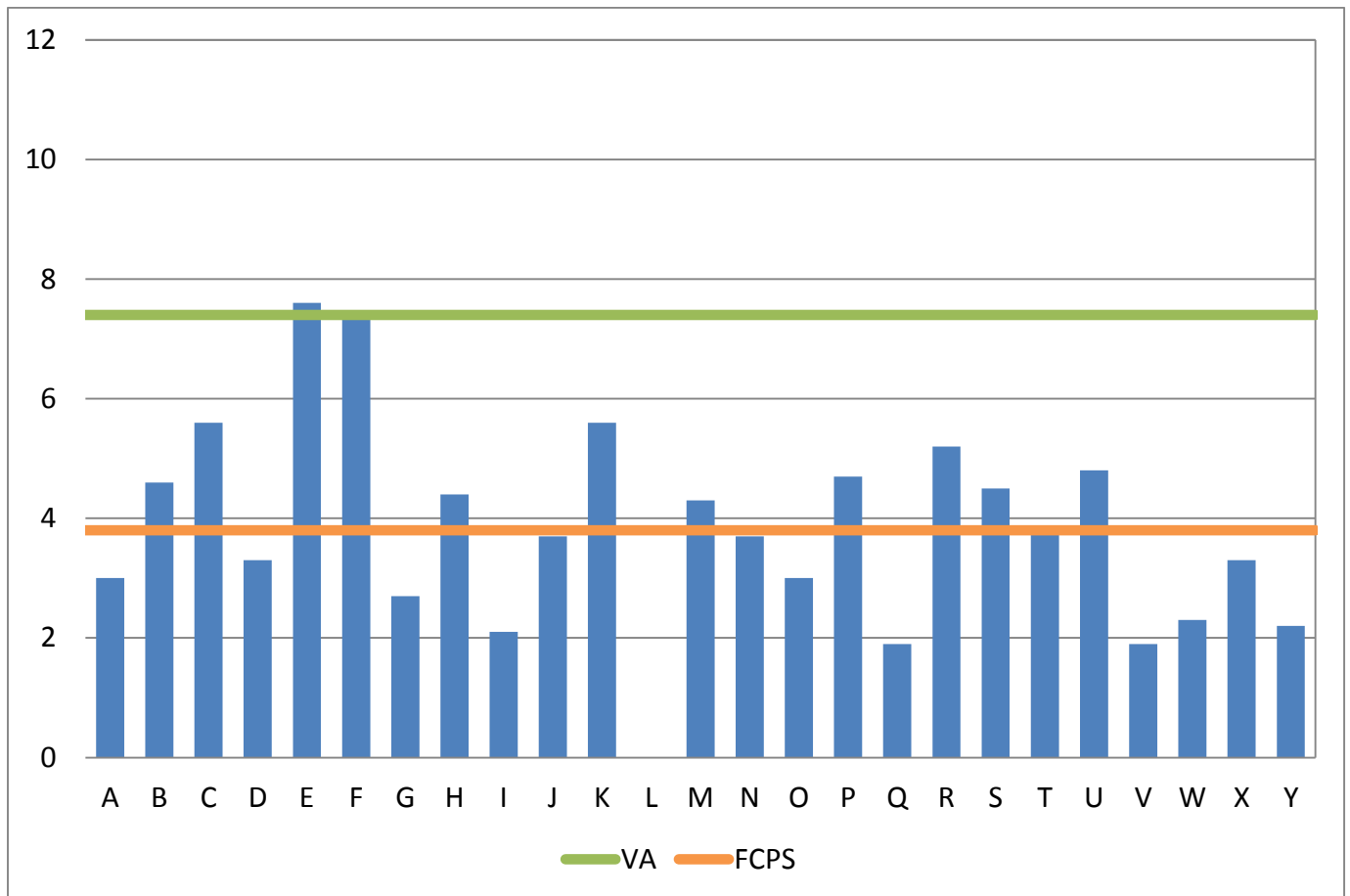
Figure 16. Percent of 12th Graders Who Reported Seriously Considered Attempting Suicide By High School, Fairfax County Youth Survey, 2013



Attempted Suicide

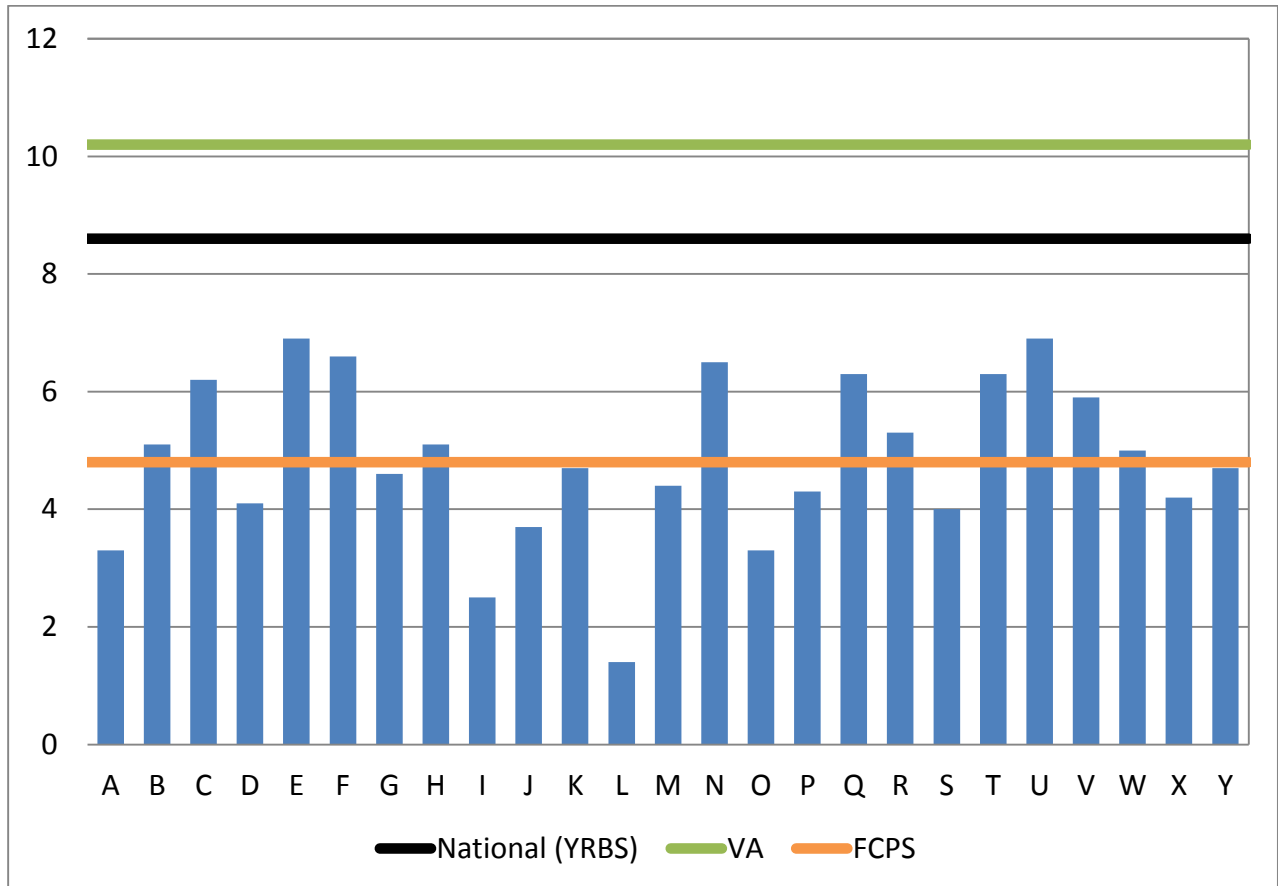
Across FCPS, 3.8% of 8th graders reported they had attempted suicide in the last 12 months, compared to 7.4% of 8th graders in Virginia. The percent of 8th graders who attempted suicide varied across high schools with a range of 1.4% to 6.9% (See Figure 17).

Figure 17. Percent of 8th Graders Who Reported Attempting Suicide By High School, Fairfax County Youth Survey, 2013



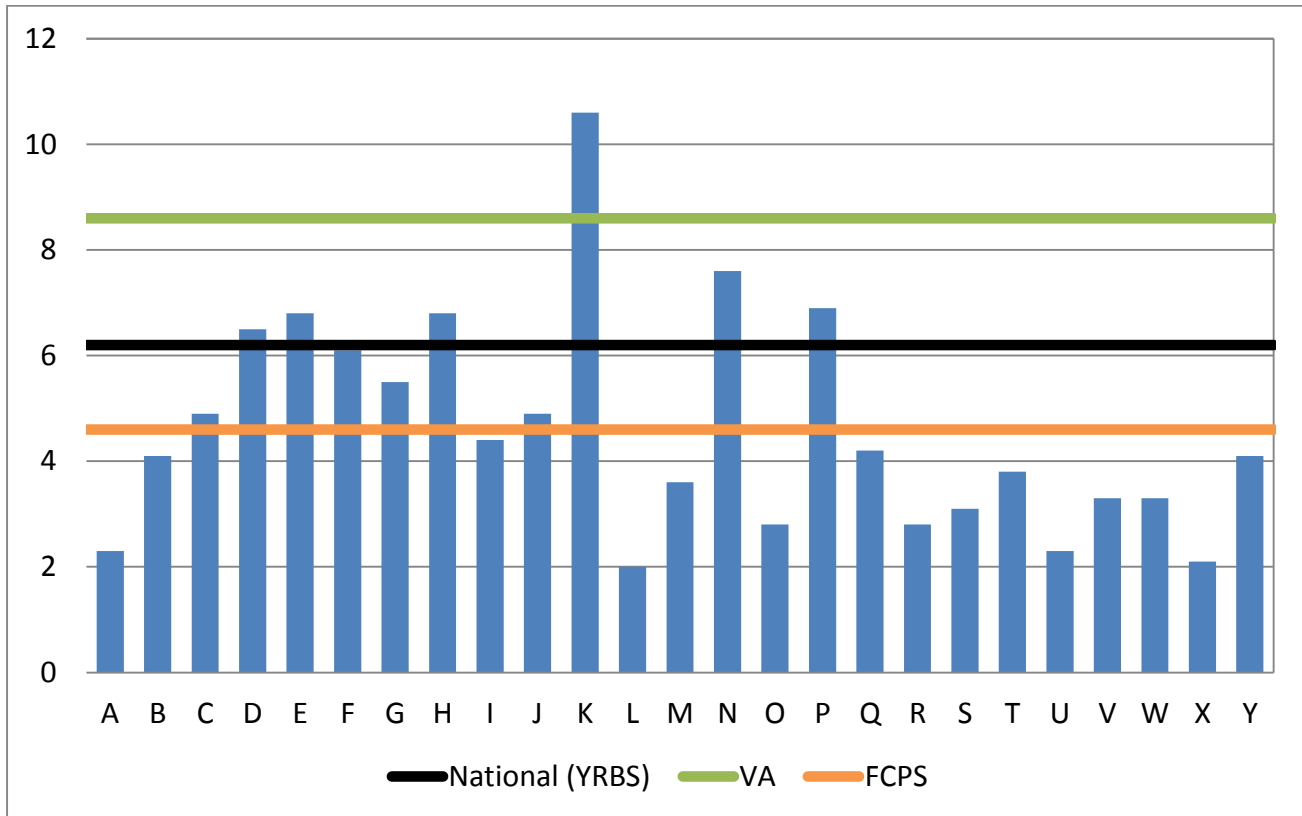
Across FCPS, 4.8% of 10th graders reported they had attempted suicide in the last 12 months, compared to 10.2% of 10th graders across the state of Virginia and 8.6% in the nation. The percent of 10th graders who attempted suicide varied across high schools with a range of 1.9% to 7.6% (See Figure 18).

Figure 18. Percent of 10th Graders Who Reported Attempting Suicide By High School, Fairfax County Youth Survey, 2013



Across FCPS, 4.6% of 12th graders reported they had attempted suicide in the last 12 months, compared to 8.6% of 12th graders across the state of Virginia and 6.2% in the nation. The percent of 12th graders who attempted suicide varied across high schools with a range of 2.1% to 10.6% (See Figure 19).

Figure 19. Percent of 12th Graders Who Reported Attempting Suicide By High School, Fairfax County Youth Survey, 2013



Risk and Protective Factors Associated with Seriously Considered Attempting Suicide and Attempting Suicide

Two separate logistic regression models were used to examine risk factors associated with having seriously considered suicide in the past 12 months (See Table 5) and having attempted suicide in the last 12 months (See Table 6). Similar relationships between risk and protective factors emerged in both of these models.

Once models were adjusted, statistically significant risk factors for seriously considered suicide included:

- Being female
- Feeling sad or hopeless
- Lifetime drug use
- Sensation seeking behaviors
- Victim of bullying
- Victim of cyberbullying
- Experience of family conflict
- Experience of general violence

Statistically significant protective factors for seriously considered suicide included:

- Resilient – solves problems
- Resilient – good at finding ways to make things better when things do not go well for me
- Six or more hours of sleep
- Parent help available
- Feels safe at school

Differences in associations between risk and protective factors for seriously considered suicide by school are provided in the school specific fact sheets in Appendix B.

Table 5. Estimates for Logistic Regression Predicting Seriously Considered Suicide

	Seriously Considered Suicide					
	OR	CI		aOR	CI	
Demographics						
Sex						
Female	2.27	2.09	2.47	1.51*	1.38	1.65
Male	(ref)			(ref)		
Individual level factors						
Felt sad or hopeless	16.98	15.48	18.62	7.58*	6.83	8.41
Binge drinking	1.84	1.66	2.05	0.86**	0.75	0.98
Lifetime drug use	2.99	2.80	3.19	1.55*	1.44	1.67
Sensation seeking (crazy)	2.20	2.06	2.36	1.13*	1.04	1.22
Sensation seeking (dare)	1.87	1.76	2.00	1.05	0.97	1.14
Resilient - solves problems	0.31	0.28	0.34	0.70*	0.63	0.79
Resilient - finds solutions	0.47	0.42	0.51	0.96	0.85	1.08
Resilient - makes better	0.39	0.35	0.42	0.81*	0.73	0.89
Sleep						
less than 6 hours	(ref)			(ref)		
6 or 7 hours	0.47	0.43	0.51	0.81*	0.73	0.91
8 or more hours	0.30	0.27	0.33	0.78*	0.70	0.87
Interpersonal level factors						
Parent help available	0.22	0.20	0.24	0.61*	0.55	0.68
Adult in neighborhood to talk with	0.41	0.37	0.45	0.96	0.86	1.07
Teacher recognition	0.53	0.49	0.57	0.99	0.91	1.08
Feels safe at school	0.30	0.27	0.34	0.71*	0.63	0.81
Was ever suspended	1.71	1.48	1.97	0.98	0.82	1.17
Victim of bullying	3.29	3.12	3.46	1.30*	1.22	1.39
Victim of cyber bullying	4.39	4.11	4.70	1.57*	1.45	1.70
IPV summative scale						
none	(ref)			(ref)		
one	2.26	2.06	2.49	0.99	0.90	1.08
two	4.45	3.95	5.01	1.24*	1.06	1.46
three	5.53	4.53	6.76	1.16	0.86	1.56
four	10.27	6.88	15.33	1.58	0.85	2.96
Family conflict summative scale						
none	(ref)			(ref)		
one	2.07	1.85	2.31	1.24*	1.09	1.40
two	2.98	2.60	3.40	1.34*	1.17	1.54
three	4.70	4.15	5.31	1.60*	1.41	1.81
four	10.06	8.95	11.31	2.06*	1.77	2.38
five	19.01	16.09	22.46	2.43*	1.97	3.02
General violence summative scale						
none	(ref)			(ref)		

one	3.25	3.03	3.49	1.39*	1.27	1.52
two	6.11	5.50	6.79	1.64*	1.41	1.90
three	11.75	9.89	13.95	2.04*	1.65	2.51
four	19.38	14.55	25.80	1.69*	1.16	2.46

*Statistically significant at $p < .05$ level

+While binge drinking appears to be a protective factor for seriously considered suicide, this is likely due to the large sample size of the data set and variables not included in the data set.

Once models were adjusted, statistically significant risk factors for attempting suicide included:

- Being female
- Feeling sad or hopeless
- Lifetime drug use
- Victim of cyberbullying
- Experience of intimate partner violence
- Experience of family conflict
- Experience of general violence

Statistically significant protective factors for attempting suicide included:

- Resilient – solves problems
- Resilient – finds solutions
- Resilient – good at finding ways to make things better when things do not go well for
- Six or 7 hours of sleep (compared to less than 6)
- Parent help available
- Feels safe at school

Table 6. Unadjusted and Adjusted Estimates for Logistic Regression Predicting Attempting Suicide

	Attempting Suicide					
	OR	CI	aOR	CI		
Demographics						
Sex						
Female	2.78	2.38	3.23	1.69*	1.42	2.00
Male	(ref)			(ref)		
Individual level factors						
Felt sad or hopeless	21.53	18.04	25.69	7.96*	6.57	9.64
Binge drinking	2.47	2.09	2.91	0.85	0.71	1.01
Lifetime drug use	4.50	3.92	5.17	1.78*	1.50	2.12
Sensation seeking (crazy)	2.72	2.21	3.35	1.11	0.90	1.38
Sensation seeking (dare)	2.15	1.91	2.42	0.92	0.79	1.08
Resilient - solves problems	0.32	0.27	0.37	0.84*	0.72	0.97
Resilient - finds solutions	0.37	0.32	0.42	0.83*	0.71	0.97
Resilient - makes better	0.34	0.30	0.39	0.79*	0.70	0.89
Sleep						
less than 6 hours	(ref)			(ref)		
6 or 7 hours	0.38	0.33	0.42	0.73*	0.65	0.82
8 or more hours	0.28	0.24	0.33	0.87	0.72	1.06
Interpersonal level factors						
Parent help available	0.19	0.17	0.22	0.66*	0.58	0.77
Adult in neighborhood to talk with	0.33	0.28	0.40	0.90	0.73	1.12
Teacher recognition	0.51	0.47	0.57	1.11	0.99	1.23
Feels safe at school	0.24	0.21	0.28	0.72*	0.64	0.82
Was ever suspended	2.51	2.09	3.01	1.20	0.96	1.50
Victim of bullying	3.08	2.75	3.46	0.86	0.73	1.02
Victim of cyber bullying	5.56	4.83	6.41	1.72*	1.43	2.08
IPV summative scale						
None	(ref)			(ref)		
one	3.45	2.97	4.01	1.49*	1.26	1.76
two	6.91	5.72	8.34	1.62*	1.24	2.12
three	11.08	8.79	13.98	2.18*	1.59	2.97
four	27.03	19.17	38.11	3.99*	2.50	6.35
Family conflict summative scale						
None	(ref)			(ref)		
one	1.85	1.42	2.41	0.93	0.71	1.21
two	2.93	2.44	3.52	1.15	0.92	1.43
three	4.52	3.80	5.39	1.20*	1.03	1.41
four	10.95	9.11	13.17	1.66*	1.32	2.09
Five	22.82	17.68	29.44	1.86*	1.34	2.59
General violence summative scale						
None	(ref)			(ref)		

one	3.96	3.29	4.77	1.57*	1.30	1.90
two	9.15	7.81	10.72	2.14*	1.71	2.68
three	20.66	16.56	25.76	2.60*	2.00	3.38
four	39.89	28.27	56.30	2.71*	1.84	3.98

*Statistically significant at $p < .05$ level

FCPS Climate Data

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree.

1. Disciplinary Structure (school rules and discipline seem fair)
 - The school rules are fair
 - The punishment for breaking school rules is the same for all students
 - Students at this school are only punished when they deserve it
 - Students are suspended without good reason
 - When students are accused of doing something wrong, they get a chance to explain it
 - Students are treated fairly regardless of their race or ethnicity
2. Student Support (students feel respected and are willing to seek help from adults)
 - Most teachers and other adults at this school care about all students
 - Most teachers and other adults at this school want all students to do well
 - Most teachers and other adults at this school want to listen to what students have to say
 - Most teachers and other adults at this school treat students with respect
 - There are adults at this school I could talk with if I had a personal problem
 - If I tell a teacher that someone is bullying me, the teacher will do something to help
 - I am comfortable asking my teachers for help with my school work
 - There is at least one teacher or other adult at this school who really wants me to do well
3. Academic Expectations
 - My teachers expect me to work hard
 - My teachers really want me to learn a lot
 - My teachers are happy if I do just enough to pass
 - My teachers expect a lot from students
 - My teachers do not really care how much I learn
 - My teachers expect me to attend college
4. Student Engagement
 - I like this school
 - I am proud to be a student at this school
 - I feel like I belong at this school
 - I usually finish my homework
 - I want to learn as much as I can at a school
 - Getting good grades is important to me
5. Prevalence of Teasing and Bullying

- Students in this school are teased about their clothing or physical appearance
- Students in this school are teased or put down because of their race or ethnicity
- There is a lot of teasing about sexual topics at this school
- Bullying is a problem at this school
- Students in this school are teased or put down about their sexual orientation

Table 7 below provides a summary of how schools in FCPS compared to the region and state on these scales. All schools in FCPS had slightly higher levels of agreement that *school rules and discipline seemed fair* compared to the regional (2.6) and state (2.6) averages. Most schools in FCPS were at or slightly below the regional (3.0) and state (3.0) averages for *students feel respected and are willing to seek help from adults*. Schools' averages across FCPS were at or above the regional (3.0) and state (3.0) averages for *academic expectations*. Schools in FCPS were also at or above the regional (3.0) and state (2.9) averages for *student engagement*. Finally, schools in FCPS were at or below the regional (2.4) and state (2.5) averages for the *prevalence of teasing and bullying*.

Table 7. Average of School Climate Variables By Fairfax County Public Schools, The Virginia Secondary School Climate Survey, 2013

High School	Disciplinary Structure (school rules and discipline seem fair)	Student Support (students feel respected and are willing to seek help from adults)	Academic Expectations	Student Engagement (students like school and want to learn)	Prevalence of Teasing and Bullying
A	2.8	2.9	3.1	2.9	2.4
B	2.9	3.1	3.1	3.1	2.4
C	2.8	3	3	2.9	2.3
D	2.8	3	3.1	3	2.3
E	2.7	3	3.2	2.9	2.5
F	2.7	2.9	3	3	2.3
G	3.2	3.3	3.3	3.7	2.1
H	2.8	3.1	3.1	3.3	2.4
I	2.8	3	3	3.2	2.4
J	3	3.1	3.2	3.2	2.4
K	2.9	3	3	3.1	2.4
M	2.7	3.1	3	3	2.4
N	3	3.1	3.1	3.1	2.4
O	2.8	3	3.1	3.1	2.4
P	2.7	3	3.1	2.9	2.4
Q	3	3.2	3.2	3.3	2.1
R	2.8	3	3	2.9	2.2
S	2.7	3	3.1	3	2.4
T	2.7	2.9	3	3	2.4
U	2.9	3.1	3.1	3	2.2
V	2.8	3.1	3.2	3.3	2.5
W	2.8	3	3.1	3	2.4
X	2.9	3	3.1	3.3	2.4
Y	2.9	3.1	3.2	3.2	2.4
State	2.6	3	3	2.9	2.5
Region	2.8	3	3	3	2.4

Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities (See Table 8). Across FCPS, most schools had higher percentages of students intending to get 4-year degrees or higher than the region (79%) and state (78%). Percentages ranged from 73% (School U) to 99% (School G). The number of extracurricular activities students reported being involved in ranged from 5.97 (School D) to 8.27 (School G) in FCPS.

Table 8. Involvement in Extracurricular Activities and Expectations of Post-Secondary Education Among Students By Fairfax County Public Schools, The Virginia Secondary School Climate Survey, 2013

High School	Mean Student Activities	Percentage	
		I expect to graduate from a 4 year college	I expect to complete post-graduate studies after graduating from a 4 year college
A	6.81	40	45
B	6.57	40	52
C	6.35	37	46
D	5.97	37	45
E	7.46	43	49
F	6.78	43	37
G	8.27	33	66
H	7.7	43	33
I	6.34	47	42
J	7.15	43	46
K	6.78	35	49
M	6.11	39	47
N	6.52	41	48
O	7.08	30	62
P	6.72	38	40
Q	6.59	40	48
R	6.45	42	36
S	6.95	38	49
T	6.57	44	42
U	6.36	34	39
V	6.99	47	49
W	6.85	50	44
X	6.75	49	42
Y	6.74	27	67
State	6.7	39	39
Region	6.54	40	39

Qualitative Data: Focus Groups with Parents and Interviews with School Staff

Table 9 describes the major themes identified in the focus groups conducted with parents and the interviews conducted with school staff. Themes were organized into four categories: (1) risk factors, (2) protective factors, (3) perceptions of current activities and recommendations, and (4) next steps. No differences emerged based on school affiliation.

Table 9. Comparison of Themes from Focus Groups with Parents and Interviews with School Staff

Themes	School Staff Interviews	Parents/Caregivers Focus Groups	Comparison
Risk factor themes			
Interpersonal/family	<ul style="list-style-type: none"> • High expectations • Parental pressure on students for success (demanding) • Parental denial of children’s mental health issues • Lack of resiliency and coping skills • Affluence • Low parental support for behavioral health events substance use and abuse 	<ul style="list-style-type: none"> • Parents did not see suicide events coming (shock) • Parental lack of awareness of social media (source of contagion; use for social status improvement) and school mental health resources • Substance use and abuse • Tremendous academic pressure • Sports injury and concussion 	Both agreed on academic pressure and substance use and abuse. While school staff reported parent denial, parents described lack of awareness. Several school staff mentioned a lack of sufficient engagement of parents in their children’s lives and the schools.
School	<ul style="list-style-type: none"> • Entitled parents • Suicide burnout • High ratios of students to counselors • No crisis plan • Time for instruction competes with intervention • Lack of relationships between students and mental health staff • Budget limitations and few mental health staff (implications for fully implementing Signs of Suicide) 	<ul style="list-style-type: none"> • Parents unsure whether it is right to blame/expect schools to do everything • High teacher expectations • Zero tolerance policy • Lack of resources for teachers leads to increased risk of suicide among students • Academic counselors lack mental health qualifications 	School staff discussed system level issues such as budget, staff limitations, and lack of system-wide policies. Parents were not sure whether schools or the broader community was the problem, but did take issue with lack of school resources and policies (i.e., communication, zero tolerance). School staff reported a parent and community expectation that schools would “solve”

Themes	School Staff Interviews	Parents/Caregivers Focus Groups	Comparison
	<ul style="list-style-type: none"> • Social media during school (notifications ahead of FCPS) • Lack of district-wide suicide prevention policy • Reactive schools • School policies do not limit number of AP classes a student can take 	<ul style="list-style-type: none"> • Inconsistent communication across schools following suicides • Defensive schools • Communication breakdowns with parents, as well as among schools-hospitals-therapists • Fear of labeling 	<p>the problems related to suicide, including substance abuse and mental health issues.</p>
Community	<ul style="list-style-type: none"> • Outflow of information from schools to traditional media • Social media is cruel • Stigma • Access to mental health services (e.g., wait lists, information gaps, insurance); • Social and cultural barriers; schools are not a therapeutic setting (yet some parents expect to be able to receive all mental health services in that setting) • Absence of county mental health system 	<ul style="list-style-type: none"> • Taboos and stigma • Lack of insurance coverage and lack of awareness of mental health resources • Displeasure with traditional media coverage • Social media is uncensored • Fragile mental health system • High pressure community (achievement expectations across all racial/ethnic groups) • Affluence 	<p>Both school staff and parents focused on stigma, displeasure with traditional media coverage, uncensored social media, and a limited mental health system. It is unclear to all who should “accept responsibility” for solutions to the problems related to youth suicide.</p>
Protective factor themes			
Interpersonal/family	<ul style="list-style-type: none"> • Involved and supportive parents • Affluence • Resiliency • Willingness to reach out to someone (i.e., a friend or trusted adult) 	<ul style="list-style-type: none"> • Fostering child self-worth and awareness of long-term goals to counteract school pressure • Developing parent, child and family relationships (especially time for family), also child-child relationships 	<p>Both school staff and parents emphasized relationships and resiliency building activities, emphasizing “balance” between rigorous academics and quality of life.</p>

Themes	School Staff Interviews	Parents/Caregivers Focus Groups	Comparison
School	<ul style="list-style-type: none"> • Strong community involvement • Suicide prevention and resiliency building programs • Emphasis on relationships • Diversity of students (bringing different values to school) • Teacher awareness • Student role models • Strong clinical staff • Family environment for school staff with mutual respect • Caring environment 	<p>and young adult mentors</p> <ul style="list-style-type: none"> • Caring teachers • School policies related to grades and attendance are sensitive to suicide events • Quality (though perhaps not quantity) of resources at the school level is high 	<p>School staff discussed strong community involvement with a family-like and caring atmosphere that values diversity since it brings different perspectives on achievement. Parents echoed the need for a caring school environment, but focused on school policy sensitivity.</p>
Community	<ul style="list-style-type: none"> • Community resources that serve youth and allow youth participation (e.g., church, youth diversion, advocacy groups) • Community educational programs (e.g. community college) • Youth voices at community level (e.g., blog) 	<ul style="list-style-type: none"> • Community resources that serve youth and allow youth participation (e.g., church, youth diversion, advocacy groups) 	<p>Both school staff and parents discussed community resources such as church and advocacy groups.</p>
Perceptions of Current Activities & Recommendations			
Perceptions of Current Activities & Recommendations	<ul style="list-style-type: none"> • Schools have implemented online mental health training, Kognito, Signs of Suicide, as well as campaigns like “Dare to Care” and “Be Kind, Be Aware, Be You.” In addition, wellness weeks and peer mentoring programs have started. Balancing these interventions with 	<ul style="list-style-type: none"> • The “Be Kind, Be Aware, Be You” campaign unfortunately occurred close in time to an unexpected suicide event • Parents monitor children’s social media activity and cell phone usage 	<p>While both groups discussed interventions aimed at monitoring social media activity (though differed on whether schools or parents or both should be responsible), school staff emphasized other interventions that were school system-wide and parents focused on</p>

Themes	School Staff Interviews	Parents/Caregivers Focus Groups	Comparison
	<p>instruction time and gaining some teachers' support for them have been challenges</p> <ul style="list-style-type: none"> • Collaborate with schools whose students have already learned resiliency skills by having to deal with adversity • Address substance use/abuse • Use social media to transmit positive messages about suicide prevention • System-wide approach to suicide prevention at school-level 	<ul style="list-style-type: none"> • Develop mental health navigator roles • Community mental health forums • School health clinics 	<p>community-wide interventions. Some parents may be unaware of some suicide prevention activities beyond the campaign.</p>
Next Steps			
Next Steps	<ul style="list-style-type: none"> • Universal/system-wide approach to suicide prevention that can be adapted by schools • Improve community engagement related to suicide prevention • Balance limited county-wide mental health resources and distribute them equitably among schools • Partner with community mental health services centers • Increase the numbers of culturally and linguistically competent mental health staff • Place mental health clinicians in teen centers 	<ul style="list-style-type: none"> • Parents monitor children's social media activity and cell phone usage • Community mental health forums • Teen-teen support groups and peer mentoring • More inpatient beds • Case workers to assist parents with navigating mental health system • School system-wide communication policy related to suicide prevention 	<p>Both school staff and parents emphasized mental health system level interventions to address weaknesses and gaps in the system, as well as school-level interventions, though these interventions may be an issue given the lack of treatment options in the county.</p>

Coverage of Youth Suicide in Local Media

Youth death by suicide has received mass media attention in Fairfax County, Virginia. Research has shown that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals and the magnitude of the increase is associated with the amount, duration, and prominence of coverage (Gould, 2001; Phillips, Lesyna, & Paight, 1992; Stack, 1991). A scan of media related to youth suicide identified 13 news stories. News stories were reviewed and evaluated based on strategies to avoid in the “Recommendations for Reporting on Suicide” that have been developed through a collaboration among the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies (www.ReportingOnSuicide.org). Strategies to avoid include:

1. Publishing big or sensationalistic headlines
2. Describing the suicide method
3. Including photos/videos of the location or method of death, grieving family, friends, memorials, or funerals
4. Describing recent suicides as “epidemic,” “skyrocketing,” or other strong terms
5. Describing a suicide as inexplicable or “without warning”
6. Describing the suicide note, such as “John Doe left a suicide note saying...”
7. Investigating and reporting on suicide similar to reporting on crimes
8. Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”

The most common strategy to avoid that was used was describing a suicide note (N = 5 news stories). Four news stories included photos/videos of the location or method of death, grieving family, friends, memorials, or funerals, and four news stories also describe the suicide method. Eight schools were included in news stories about youth suicide in Fairfax County, and one school was referenced in all 13 of the news stories. Examples of these strategies to avoid were found throughout the news stories and examples of text are provided in Table 10 below.

Table 10. Examples of Strategies to Avoid When Reporting on Suicide

Strategies to Avoid When Publishing on Suicide	Articles that Used Strategies that Should be Avoided	Newspaper	Example Text that Illustrate Strategies that Should be Avoided
Publishing big or sensationalistic headlines	The death of [Name]: Did the Fairfax County police mishandle it? Did the news media?	The Washington Post/The State of NoVa	
Describing the suicide method	The death of [Name]: Did the Fairfax County police mishandle it? Did the news media?	The Washington Post/The State of NoVa	“It’s been a week now since volunteers found the body of 17-year-old [Name] in a wooded area just outside Fairfax

Strategies to Avoid When Publishing on Suicide	Articles that Used Strategies that Should be Avoided	Newspaper	Example Text that Illustrate Strategies that Should be Avoided
			City...So here are some key facts: [Name] likely committed suicide by hanging himself, according to numerous officials familiar with the case.”
	[School] suicides: Some question whether suicide is contagious after cluster of teen deaths in Virginia	<i>Medical Daily</i>	“This captain of the junior varsity football team who had never tried drugs and maintained a 4.3 grade-point average — this exceptional 15-year-old boy by every measure chose to bloodily end his life one weekday morning by stepping in front of a train filled with commuters hurling toward their city destination.”
	[School] roiled by three student deaths this year	<i>Washington Examiner</i>	“The 17-year-old junior was found lying on a parking deck at the Northern Virginia Community College's Annandale Campus on Tuesday night, according to Officer [Name], a spokesman for the Fairfax County Police Department. No weapon was involved, and the student's car was found on a higher level of the deck, a

Strategies to Avoid When Publishing on Suicide	Articles that Used Strategies that Should be Avoided	Newspaper	Example Text that Illustrate Strategies that Should be Avoided
			sign that the student may have jumped.”
	[School] roiled by three student deaths this year	<i>Washington Examiner</i>	“Just more than two months later, a 17-year-old senior was discovered in a local park having hanged himself.”
	Second student death this week for [school] community	<i>Fairfax City Patch</i>	“On Wednesday morning, 15-year-old [Name] of Fairfax Station died after he was struck by a VRE train in Fairfax County.”
Including photos/videos of the location or method of death, grieving family, friends, memorials, or funerals	After six [School] suicides, a search for solace and answers	<i>The Washington Post</i>	Photo with caption: “[School] students pause for a moment of reflection on March 18 at the school’s football stadium in Fairfax”
	After six [School] suicides, a search for solace and answers	<i>The Washington Post</i>	Photo with caption: “[Name] is seen at the grave of his son, [Name], a [School] student who took his life in 2011”
	After six [School] suicides, a search for solace and answers	<i>The Washington Post</i>	Photo with caption: “[Name] spends a moment at the casket of his son as the family of [Name] lays him to rest...”
	Virginia high school searching for answers after 6 suicides in 3 years	<i>New York Daily News</i>	Photo with caption: “[Name] stands at the grave of his son [Name] who took his own life in 2011”
	Virginia high school searching for answers after 6 suicides in 3 years	<i>New York Daily News</i>	Photo with caption: “...students attend a vigil in March for one of the students

Strategies to Avoid When Publishing on Suicide	Articles that Used Strategies that Should be Avoided	Newspaper	Example Text that Illustrate Strategies that Should be Avoided
			who recently took their own life.”
	The death of [Name]: Did the Fairfax County police mishandle it? Did the news media?	The Washington Post/The State of NoVa	Photo with caption: “A bridge in Mantua Park, crossing Accotink Creek, on the trail not far from where [Name] was found on Oct. 8”
	Mother shares story of daughter taken too soon	NBC Washington	Video interview: ““That beautiful young girl is gone. She's gone,” [Name] said, holding back tears.”
Describing recent suicides as an “epidemic,” “skyrocketing” or other strong terms	Family struggles to explain girl’s death, among 2 teen suicides in Fairfax since Sept.	<i>The Washington Post</i>	“It’s an <i>alarming</i> number of female teen suicides for a county that had 13 suicides among girls between the ages of 10 to 19 from 2003 to 2013, according to Virginia Health Department figures, an average of just more than one a year.”
	Fairfax teens, parents meet to work on suicide prevention	<i>WJLA</i>	“[School] has had a rash of recent suicides.”
	Preventing teen suicides: Recent deaths shine light on FCPS suicide prevention programs	<i>Connection Newspapers</i>	“Rash of teen suicides”
Describing a suicide as inexplicable or “without warning”	Family struggles to explain girl’s death, among 2 teen suicides in Fairfax since Sept.	<i>The Washington Post</i>	“But on Sept. 28, for reasons still unknown to her family, [Name] returned to the place she treasured most,

Strategies to Avoid When Publishing on Suicide	Articles that Used Strategies that Should be Avoided	Newspaper	Example Text that Illustrate Strategies that Should be Avoided
			slipping into the woods near Manassas Park and hanging herself from the railroad bridge” “It took everybody by surprise,” said her father, [Name]. “That’s why we’re still trying to figure out what happened.”
	After six [School] suicides, a search for solace and answers	<i>The Washington Post</i>	“The suicides have been especially baffling because many of the teens did not seem to exhibit the factors that would put them at risk.”
	After recent deaths, parents asking teens about suicide	WUSA 9	“In one of the most recent suicides...he showed no signs of depression or suicidal thoughts.”
Describing the suicide note, such as “John Doe left a suicide note saying...”	After six [School] suicides, a search for solace and answers	<i>The Washington Post</i>	“There is too much stress in my life from school and the environment it creates, expectations from my friends and expectations from my family,” [name] wrote.
	Virginia high school searching for answers after 6 suicides in 3 years	<i>New York Daily News</i>	“[Name], who took his life last month, left a suicide note claiming ‘there is too much stress in my life from school and the environment it creates, expectations for sports, expectations from friends and

Strategies to Avoid When Publishing on Suicide	Articles that Used Strategies that Should be Avoided	Newspaper	Example Text that Illustrate Strategies that Should be Avoided
			expectations from my family”
	Why have 6 students committed suicide in 3 years at [School]?	<i>Jezebel</i>	“Before his fatal decision, [name] wrote a suicide note saying that he ‘couldn’t keep doing this,’ pointing out that stress from school and expectations from sports, friends and family were draining him.”
	Suicide turns attention to Fairfax discipline procedures	<i>The Washington Post</i>	“He left a final note for his parents, speaking of his immense pain and life's unfairness.”
	[School] suicides: Some question whether suicide is contagious after cluster of teen deaths in Virginia	<i>Medical Daily</i>	“The note [Name] left expressed love for his family and friends and his dream of becoming a computer science professor as well as a dad. Yet The Post also reported that he wrote, ‘There is too much stress in my life from school and the environment it creates, expectations for sports, expectations from my friends and expectations from my family.’”
Investigating and reporting on suicide similar to reporting on crimes	The death of [Name]: Did the Fairfax County police mishandle it? Did the news media?	The Washington Post/The State of NoVa	“It’s been a week now since volunteers found the body of 17-year-old [Name] in a wooded area just outside Fairfax

Strategies to Avoid When Publishing on Suicide	Articles that Used Strategies that Should be Avoided	Newspaper	Example Text that Illustrate Strategies that Should be Avoided
			City. But the Fairfax County police have been silent ever since, while waiting for the medical examiner to issue a ruling on the manner and cause of death. The medical examiner has requested toxicology tests on [Name]’s blood, so it will likely be weeks before we hear anything official on this case”
Referring to suicide as “successful,” “unsuccessful,” or a “failed attempt”	Preventing teen suicides: Recent deaths shine light on FCPS suicide prevention programs	<i>Connection Newspapers</i>	“Every 90 minutes, one [teen] succeeds.”

Strategies to use when Reporting on Suicide are provided in Appendix E.

Discussion

A mixed-methods approach was used to assist the Virginia Department of Health and the Fairfax County Health Department in examining trends of fatal and non-fatal suicidal behaviors, and identifying risk and protective factors associated with these behaviors among youth. Eighty-five youth deaths by suicide and over 1700 emergency department visits were identified. Youth suicide rates were lower than the national average for years 2003 through 2012 combined. ESSENCE data showed a dramatic increase in ED visits related to suicide-behaviors from 2012 to 2013. Similar to national data on youth suicide, more males died by suicide, but more females were admitted to emergency departments for suicidal ideation or behaviors. Multiple risk and protective factors across the social ecological model were identified that may have contributed to thoughts of suicide and suicide attempts.

Table 11 below summarizes the risk and protective factors identified across the levels of the social ecological model. The summary of risk and protective factors includes information gleaned from quantitative data as well as qualitative interviews with school staff and parents. For example, using the Fairfax County Youth survey data, risk factors associated with suicidal ideation and self-reported non-fatal suicidal behavior included feeling sad or hopeless and victimization from violence. Using the

qualitative data gained from interviews with high school principals and directors of student services and focus groups with parent led to the identification of academic expectations and pressures to succeed as risk factors. These risk and protective factors should be used to inform the selection of youth suicide prevention strategies in the community. Future prevention strategies should include activities that address risk and protective factors across levels.

Table 11. Summary of Risk and Protective Factors Associated with Youth Suicidal Behaviors in Fairfax County, VA

Level	Risk (-) and Protective (+) Factors
Individual: Individual characteristics that influence behavior, such as biological, knowledge, attitudes, beliefs, and perceptions	<ul style="list-style-type: none"> • Sex (male for fatal behavior; female for non-fatal) (-) • History of mental illness (-) • Alcohol and substance use (-) • Prior suicide attempts (-) • Perceptions of individual achievement (-) • Feeling sad or hopeless (-) • Resiliency (+) • Amount of sleep - 6+ hours (+)
Relationships: Interpersonal interaction and primary groups including family, friends, classmates, co-workers that provide identity, support, and role designators	<ul style="list-style-type: none"> • Parent values/pressure related to high levels of academic achievement (-) • Lack of parental awareness about social media (-) • Lack of parental awareness about mental health resources (-) • Exposure to intimate partner and family violence (-) • Victimization from violence (-) • Connectedness (+) • Supportive parents (+) • Supportive other adults (+)
Community: Community settings such as health department, non-profit organizations, and schools	<ul style="list-style-type: none"> • Academic pressure/pressure to succeed (-) • Lack of access to care and to mental health care resources (-) • Suspensions/zero tolerance policies (-) • Lack of mental health care resources/staff at school (-) • Inconsistent or lack of communication following suicides across schools (-) • Communication breakdowns between parent, schools, and health care providers (-) • School climate of balance (+) • Feeling safe at school (+) • Universal screening (SOS) (+) • Teacher training (+) • Caring teachers (+) • Youth serving organizations (+)
Society: Social/cultural norms, along with health, economic, educational policies along with local, state, and federal laws	<ul style="list-style-type: none"> • Stigma associated with seeking mental health care (-) • Mass and social media (-)

This investigation is not without limitations. First, we did not speak directly with youth in the community. It is possible that they may have differing perceptions about suicide risks and protective factors and prevention activities in the community. However, youth experiences were represented in this investigation using the Fairfax County Youth Survey. Additionally, while there was state comparison data for 8th graders, national data for 8th graders are unavailable. Second, we may not know the full magnitude of non-fatal suicide behaviors among youth because we only examined emergency department visits and EMS responses and had self-reported attempts from youth in the Fairfax County Youth Survey. ESSSENCE data analyzed in this report only included Fairfax facilities. It is possible youth visit ED facilities outside of Fairfax County, and therefore are not accounted for in this data. This also makes it difficult to calculate accurate rates of suicide-related ED visits among youth living in Fairfax County. As noted previously, there were a high proportion of EMS responses that did not have age information. Third, the Fairfax County Youth Survey does not assess all potential risk factors for suicide. For example, parent focus groups and school interviews suggested academic pressure and achievement were risk factors for suicidal behaviors. However, variables related to academic stress are not currently available in the youth survey, so this relationship could not be further assessed.

In conclusion, this investigation into risk and protective factors associated with youth suicide in Fairfax County, Virginia found youth who died by suicide or attempted suicide in the community had multiple risk factors for suicide before an attempt was made. This finding contradicts a common myth that most suicides occur suddenly and without warning. Risk factors included, but were not limited to, mental health issues (e.g., depression), substance use, and interpersonal problems, such as previous victimization and exposure to violence. Additionally, there was community concern about the need to increase access to mental health care resources, as well as decrease the stigma associated with seeking these services, address pressure and competition related to academic achievement, and the role of mass and social media. Together, these factors demonstrate that youth suicide is a public health problem with multiple levels of influence that will require a multi-level response for ongoing prevention efforts throughout Fairfax County, Virginia.

Recommendations

Based on the findings of this Epi-Aid, we recommend the following programmatic and surveillance actions:

Programmatic

- Educate and assist parents on navigating mental health care resources.
 - Facilitate communication between parents and school staff regarding individual student's well-being, particularly mental health and academic performance concerns. FCPS and schools should review the School Health Guidelines to Prevent Unintentional Injuries and Violence (CDC, 2001, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5022a1.htm>), particularly recommendations surrounding the integration of family and school to prevent youth suicide.

- Data from the Office of the Chief Medical Examiner suggests that youth who died by suicide had previous exposure to the mental health care system. Nearly three-quarters (73%) had a history of mental illness, and almost half (46%) had a history of previous hospitalization for a suicidal ideation or behavior. Therefore, it is imperative for the community to work together and improve care coordination among schools, primary care providers, and mental health providers. Primary care providers can be used to screen for youth at risk of suicide. Additionally, primary care providers who are well integrated into their communities can help combat negative social views and norms around suicide that keep individuals and families from seeking the treatments and supports they need (U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and the National Action Alliance for Suicide Prevention, 2012). There are many toolkits, trainings, webinars, and tips and strategies for billing and reimbursement (Suicide Prevention Resource Center, <http://www.sprc.org/for-providers/primary-care-resources>) for primary care providers that may increase their efficacy to screen for suicidal thoughts and behaviors including:
 - MacArthur Depression Toolkit
 - Behavioral Health in Primary Care: Clinical Strategies and Program Models for Working with High-Risk Youth
 - Recognizing and Responding to Suicide Risk in Primary Care
 - Engaging Primary Care Providers in Suicide Prevention
 - Tips and Strategies for Billing for Mental Health Services in a Primary Care Setting
- Create and disseminate a protocol for responding to traumatic loss with an emphasis on suicide to ensure appropriate, accurate, and timely information is provided to school staff, students, parents, and the larger community. This protocol would help school administrators, teachers, and crisis team members respond to the needs of students and staff after a death has impacted the school environment. The resources below can assist in the development in this protocol:
 - SAMHSA’s Preventing Suicide: A Toolkit for High Schools (<http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>)
 - Riverside Trauma Center Postvention Protocols (<http://www.sprc.org/bpr/section-III/riverside-trauma-center-postvention-protocols>)

- Lifelines Postvention: Responding to Suicide and Other Traumatic Death (<http://www.sprc.org/bpr/section-III/lifelines-postvention-responding-suicide-and-other-traumatic-death>)
 - Connect Suicide Postvention Training (<http://www.sprc.org/bpr/section-III/connect-suicide-postvention-training>)
 - After Suicide: A Toolkit for Schools (<http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf?sid=41111>)
 - The National Center for School Crisis and Bereavement Guidelines for Responding to the Death of a Student or School Staff (<http://www.cincinnatichildrens.org/assets/0/78/1067/4357/4389/2fa07dc5-0e85-4495-aa9c-2b31fd837ba1.pdf>)
- Continue to develop partnerships with community organizations and agencies in different sectors (e.g., government, education, faith-based, and recreation) so that resources may be combined to help address the needs of youth. CDC has a strategic direction in suicide prevention that underscores the importance of connectedness among individuals, families, their communities, and social institutions (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2012). Partnerships across different organizations and agencies could help foster connectedness as a protective strategy against youth suicide.
 - Due to the coverage of youth suicide in the media and the way media can influence behavior, we recommend that the Fairfax County Public Health Department educate local media outlets on the “[Recommendations for Reporting on Suicide](#)” developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. These recommendations were developed by leading experts in suicide prevention and designed to help inform media about the best practices of reporting on suicide. Additionally, the Fairfax County Public Health Department and Fairfax County Public Schools should collaborate with local news outlets to ensure the community receives reliable and accurate information about suicide and the availability of suicide prevention efforts in a direct, timely, and appropriate way. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

- Continue to review and implement evidence-based primary prevention strategies that address the associated risk factors for youth suicide. Youth suicide prevention strategies are outlined in the Substance Abuse and Mental Health Services Administration’s Suicide Prevention Resource Center’s toolkit: “Preventing Suicide: A Toolkit for High Schools.” (Available here: <http://www.sprc.org/featuredresources/schools>)
- Review and implement other evidence-based interventions that focus on youth development and target risk and protective factors for youth suicide, such as substance use and supportive family relationships (See SAMHSA’s National Registry of Evidence-Based Programs and Practices: <http://www.nrepp.samhsa.gov/>; See Wasserman et al., 2015 article “[School-based suicide prevention programmes: the Seyle cluster-randomized controlled trial](#)”). Additionally, experiencing family violence and being a victim to other forms of violence (e.g., cyberbullying) were risk factors for suicidal thoughts and attempts identified in the Fairfax County Youth Survey data. It is important to “connect the dots” between the different forms of violence that can impact youth, and think strategically and creatively about ways to prevent all types of violence (Wilkins, Tsao, Hertz, Davis, & Klevens, 2014). (“Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence” available here: http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf).
- Consider a health communication campaign to educate the community about risk factors associated with youth suicide and the availability of mental health care resources and other treatment and prevention options. Mass media campaigns can also be used to facilitate a decrease in stigma associated with use of mental health resources by youth. Use the National Action Alliance for Suicide Prevention’s Framework for Successful Messaging. (Available here: <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>) Continue to advertise Lifeline Suicide Prevention Crisis Line (<http://www.suicidepreventionlifeline.org/>; 1-800-273-TALK).
- Develop and implement an evaluation plan for all ongoing and future suicide prevention activities. Findings from the evaluation of all suicide prevention activities will allow the community to assess how the activities are affecting suicide and suicide-related behaviors and risk factors and identify program components that may need to be changed or improved based on findings. CDC’s Framework for Program Evaluation (CDC, 1999, <http://www.cdc.gov/eval/framework/>) can help guide community members and agencies in the design and implementation of an evaluation plan.

Surveillance

- Continue to monitor trends in suicide-related behaviors among youth through local data sources (e.g., Virginia VDRS, OCME, ESSENCE, and EMS). A coordinated surveillance approach can be used to monitor the effectiveness of suicide prevention programs and strategies, and as a method for revealing new strategies for prevention.
- Continue to assess the community's perceptions of youth suicide. A protocol similar to the one used in the parent focus groups (Appendix D) could be implemented to monitor perceptions of parents and youths regarding youth suicide as a problem and the effectiveness of current prevention strategies.
- Add items to the Fairfax County Youth Survey to assess perceptions of academic pressure, extracurricular activities, and course load.
- Consider social media monitoring (i.e., Chatter Grabber) as an active surveillance tool to identify discussion about suicide or suicide-related behaviors in real time.

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Appendix A

Epi-Aid Objectives

The Epi-Aid objectives included:

- Assist the Commonwealth of Virginia Department of Health and the Fairfax County Department of Health in examining trends of fatal and non-fatal suicidal behaviors among youth from September 2010 through November 2014 in Fairfax County, Virginia.
- Identify epidemiologic information about fatal and non-fatal suicidal behaviors among youth in Fairfax County, Virginia that can help inform prevention strategies to be implemented by the Virginia Department of Health, Fairfax County Department of Health, and their community partners.

Objectives from this Epi-Aid emerged from several discussions with the Fairfax County Health Department and the Virginia Department of Health. Initially, four objectives that were identified by the Fairfax Community related to one high school.

1. Review all the relevant information sources that might shed light on potential associations between the suicides in the high school to see if there are patterns that may suggest existing unusual risk.
2. Look at suicide attempts by students in the high school in the same period as the 7 suicides have occurred to see if those add additional information about potential patterns.
3. Review data about suicides in students who live in the high school's community but are home schooled or in private school.
4. Gain information that could help enhance and tailor ongoing postvention activities and plan, as well as guide local investigations of future suicides.

These objectives were absorbed into the final Epi-Aid objectives. Objectives 2 and 3 fell into the final Epi-Aid objective to examine trends of fatal and non-fatal suicidal behaviors among youth and objectives 1 and 4 fell into the final Epi-Aid objective to identify epidemiologic information about fatal and non-fatal suicidal behaviors among youth in Fairfax County, Virginia that can help inform prevention strategies.

Appendix B

School Fact Sheets

Fact sheets are provided for each school. Data are provided at the school or region level for the following data sources:

- ESSENCE Data
- Fairfax County Youth Survey
- School Climate Data
- New Stories – Reporting on Suicide

Data in these fact sheets can help FCHD, FCPS, and individual schools prioritize the recommendations provided on pages 52 through 56 in the final report.

Tables for the Fairfax County Youth Survey and School Climate Data that indicate a 20% difference in the unadjusted odds ratios from data reported by Fairfax County Public Schools overall are provided at the end of the fact sheets. All odds ratios presented for the schools are statistically significant at $p < .05$ unless otherwise noted by the “#” sign.

Two tables are provided at the end of the school fact sheets to summarize risk and protective factors across schools. These tables used in conjunction with data available from the Fairfax County Youth Survey (<http://www.fairfaxcounty.gov/demogrph/youthpdf.htm>) on the prevalence of risk and protective factors can be useful in selecting future intervention efforts.

NOTE: Interpretation of Odds Ratios

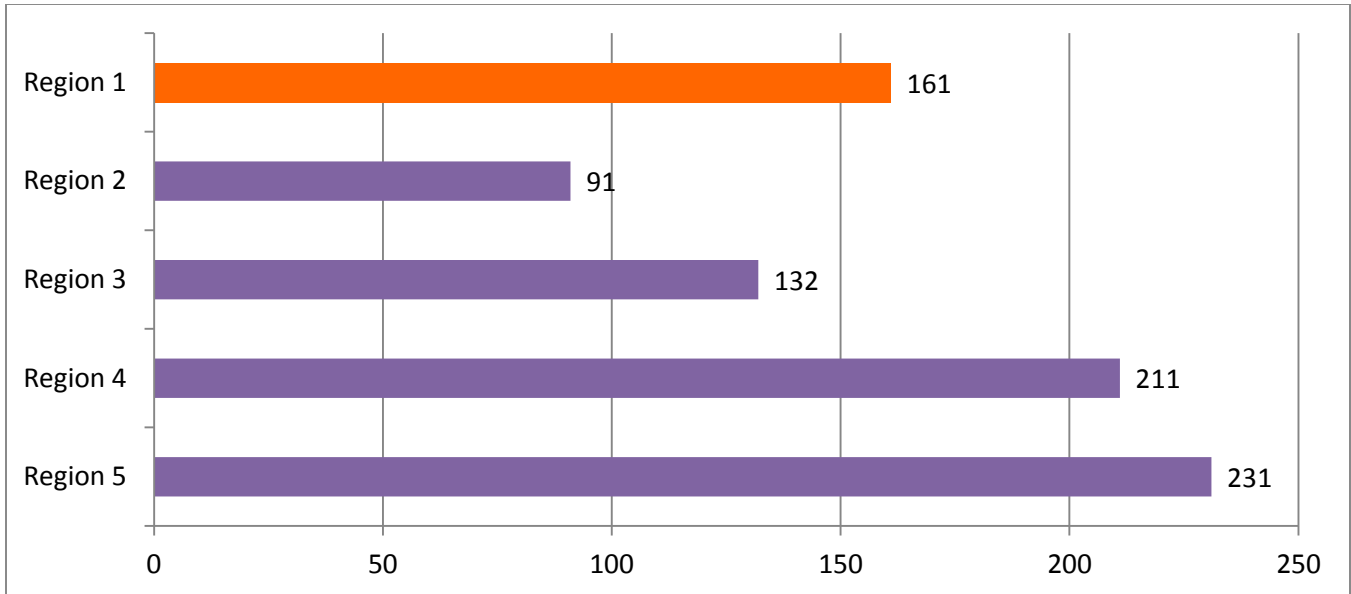
- Data from the Fairfax County Youth Survey were used to calculate odds ratios between risk and protective factors known to be related to suicide behaviors and ideation.
- Odds ratios are measures of association between a risk or protective factor and an outcome of interest.
- As the Fairfax County Youth Survey is cross-sectional; the odds ratios below represent the relationship of self-reported risk and protective factors to the self-report of having seriously considered suicide.
 - OR=1 Risk or protective factor is of equal prevalence among those who reported having seriously considered suicide and those who did not.
 - OR>1 Factor is of higher prevalence among those who reported having seriously considered suicide compared to those who did not (risk factor).
 - OR<1 Factor is of lower prevalence among those who reported having seriously considered suicide compared to those who did not (protective factor).

School A

ESSENCE Data

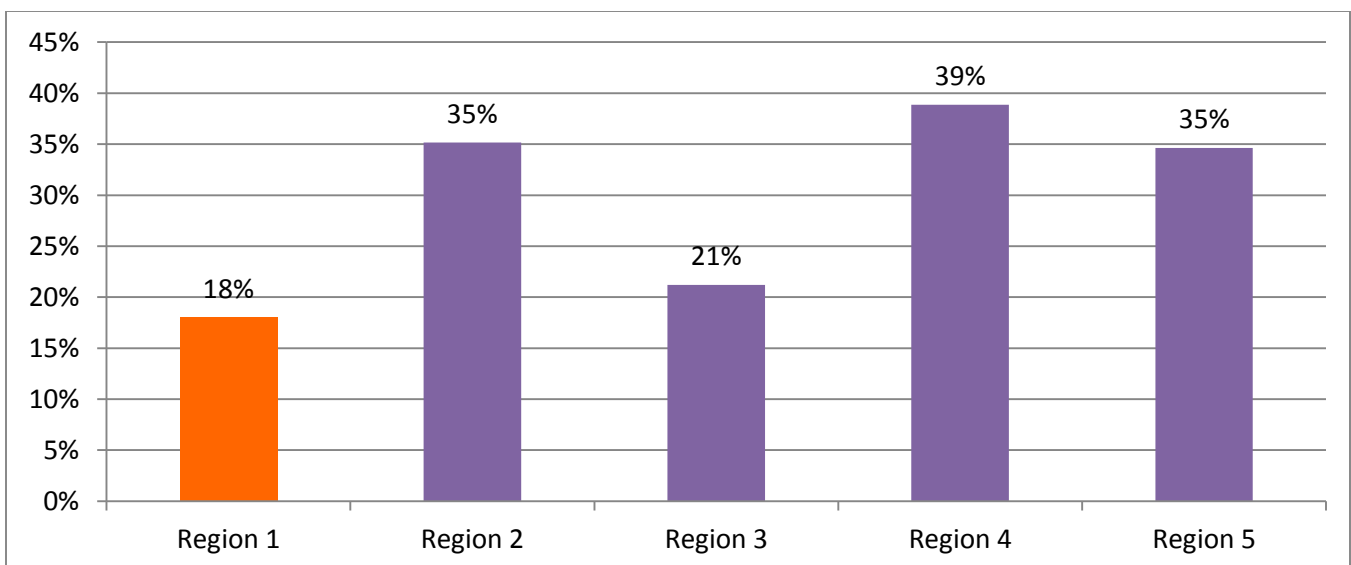
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) also examined by school regions. School A is in Region 1. The distribution of suicide-related emergency departments by school region is shown below. Region 1 had 161 suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

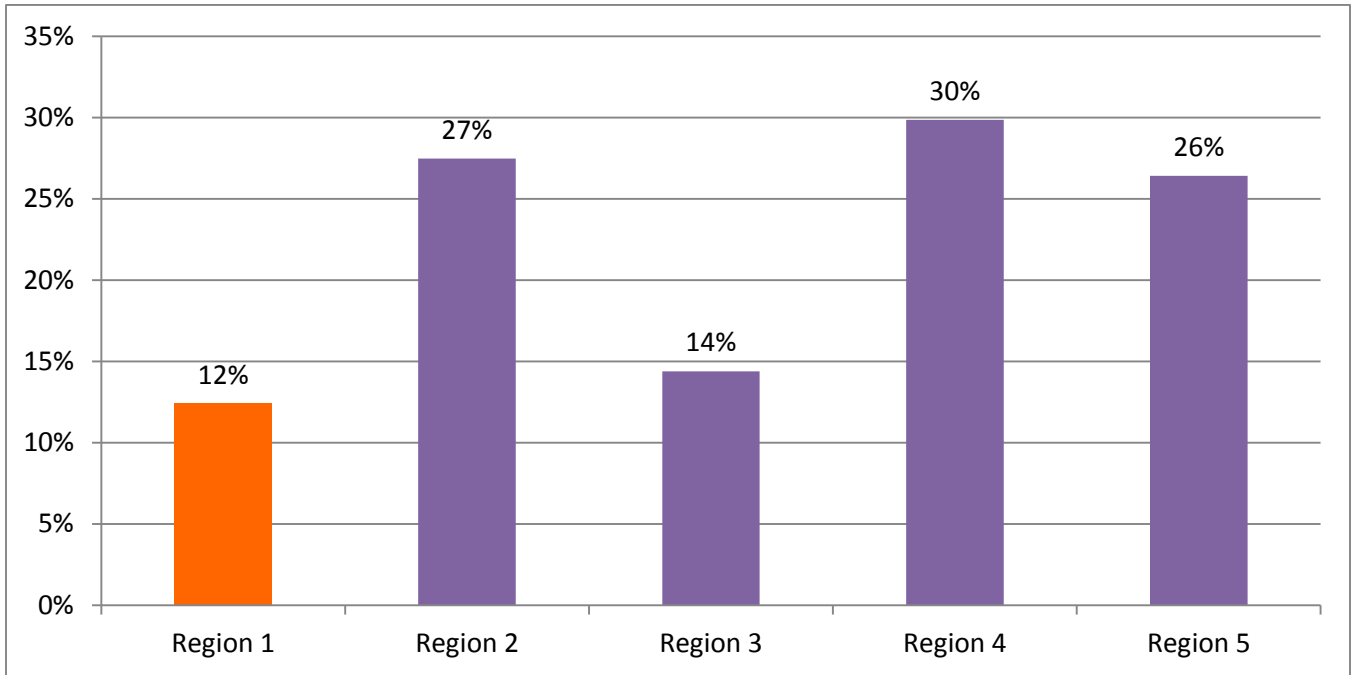


Region 1 had the lowest percentage of non-fatal behaviors (18%) and the lowest percent of substance use reported in ED chief complaints (12%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

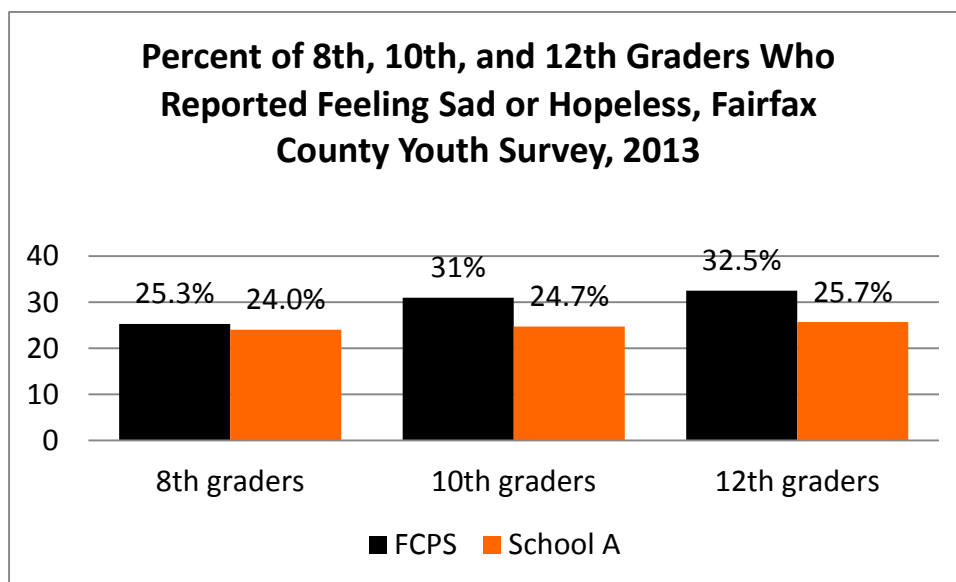


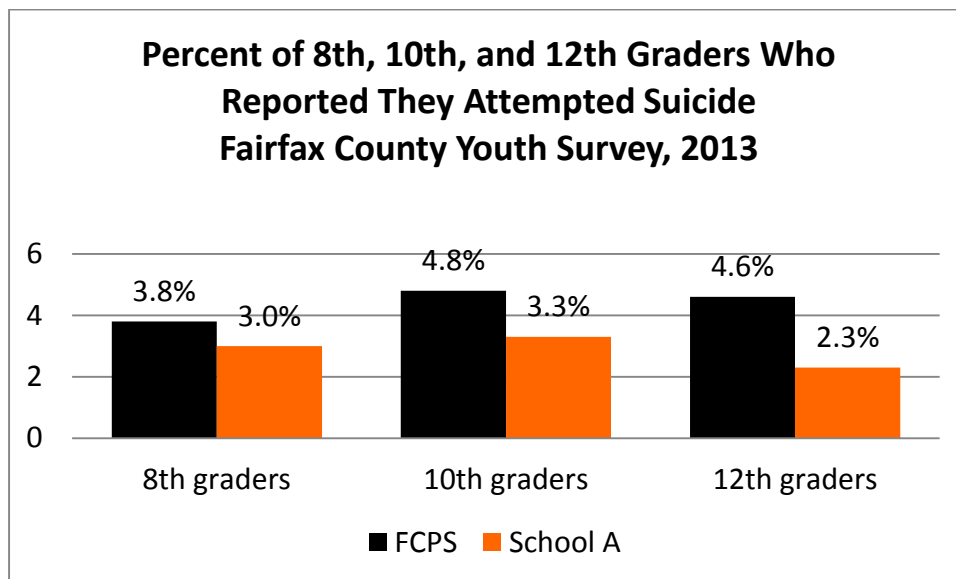
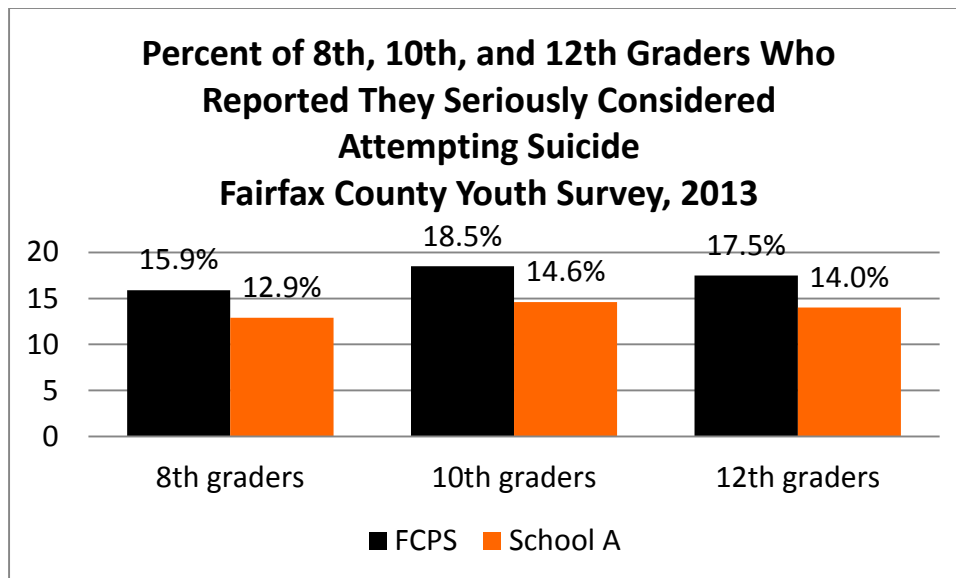
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School A compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School A and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

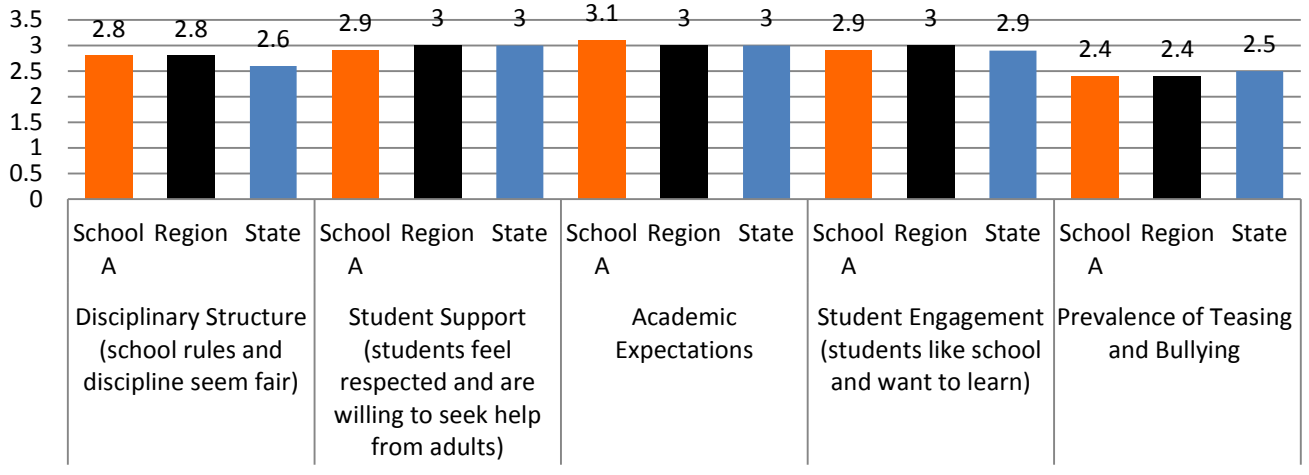
	Overall	School A
Individual level factors		
Felt sad or hopeless	17.0	16.7
Lifetime drug use	3.0	2.8
Resilient - solves problems	0.3	0.2
Resilient - makes better	0.4	0.3
Interpersonal level factors		
Parent help available	0.2	0.3
Feels safe at school	0.3	0.2
Was ever suspended	1.7	2.3
Victim of bullying	3.3	2.4
Victim of cyber bullying	4.4	3.3
<i>Intimate partner violence</i>		
Physical IPV	3.7	5.4
Control IPV	2.6	2.4
Emotional IPV	4.6	5.1
Sexual IPV	4.1	2.4
<i>Family conflict</i>		
Family conflict - yelling	3.3	2.6
Family conflict - arguing	3.3	3.1
Family conflict - serious arguing	3.4	2.2
Family conflict - violence	3.8	3.7
<i>General violence</i>		
Attacked (general)	3.8	2.8
Threatened with a weapon	4.2	2.9
Sexually harassed	4.2	3.6
Forced sex	4.6	3.2
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall		

School Climate Data

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School A's average for each scale and provides a comparison to regional and state averages.

**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate**

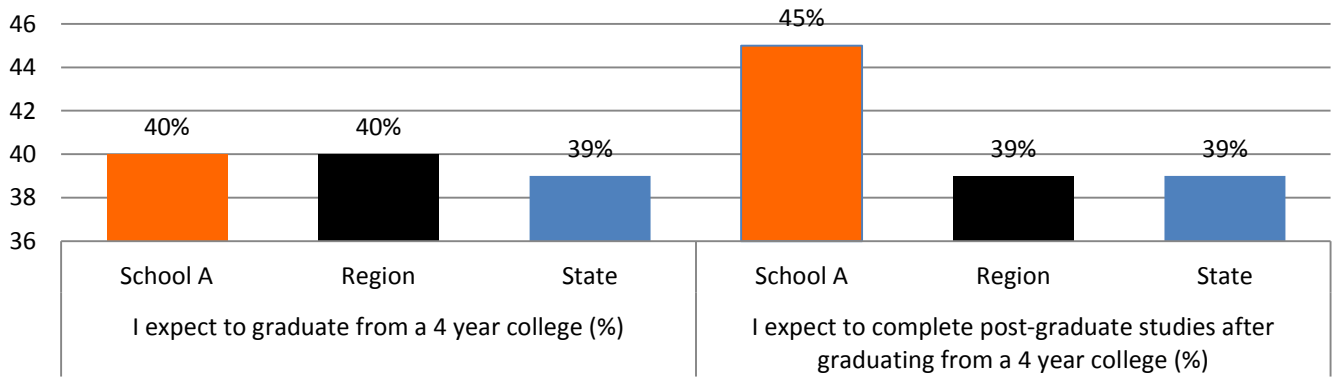
**School A
2013-2014**

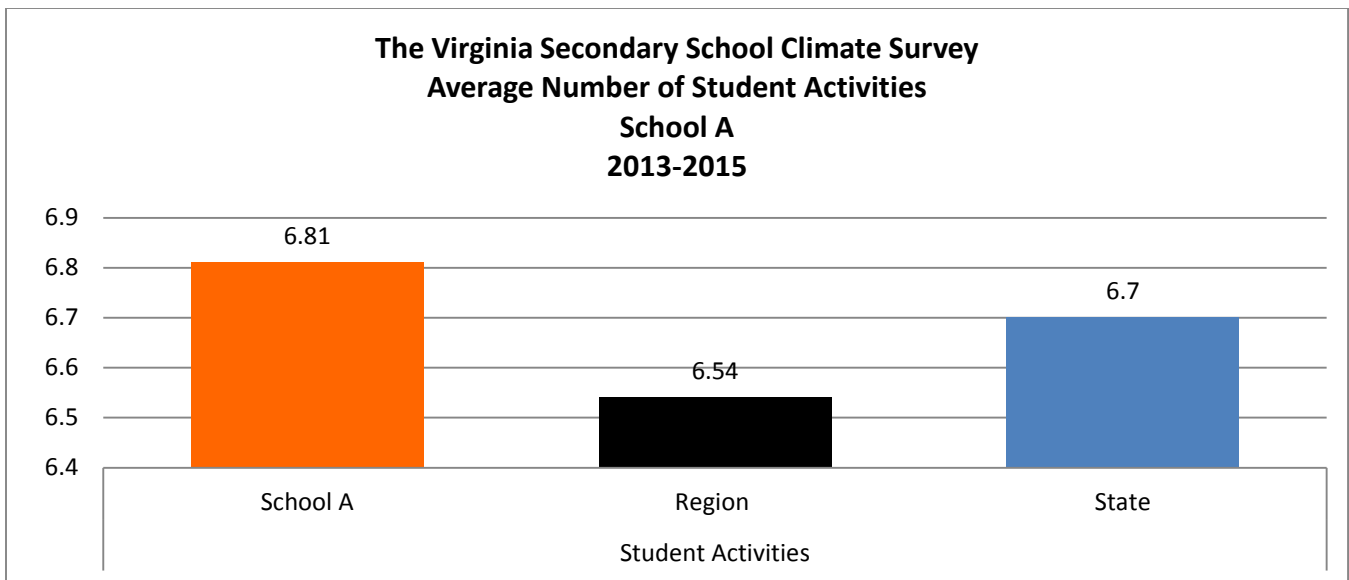


Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School A's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education**

**School A
2013-2014**





Reporting on Suicide

A scan of media related to youth suicide identified 13 news stories. School A was referenced in 4 news stories. News stories were reviewed and evaluated based on strategies to avoid in the “Recommendations for Reporting on Suicide” that have been developed through a collaboration between the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies (www.ReportingOnSuicide.org). The table below summarizes the strategies to avoid that were used in articles referencing School A.

Recommendation	Article(s) Reference School A
Avoid...	
Big or sensationalistic headlines	
Describing the suicide method	
Including photos/videos of the location or method of death, grieving family, friends, memorials, or funerals	X
Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms	X
Describing a suicide as inexplicable or “without warning”	X
“John Doe left a suicide note saying...”	X
Investigating or reporting on suicide similar to reporting on crimes	
Referring to suicide as “successful,” “unsuccessful,” or a “failed attempt”	X

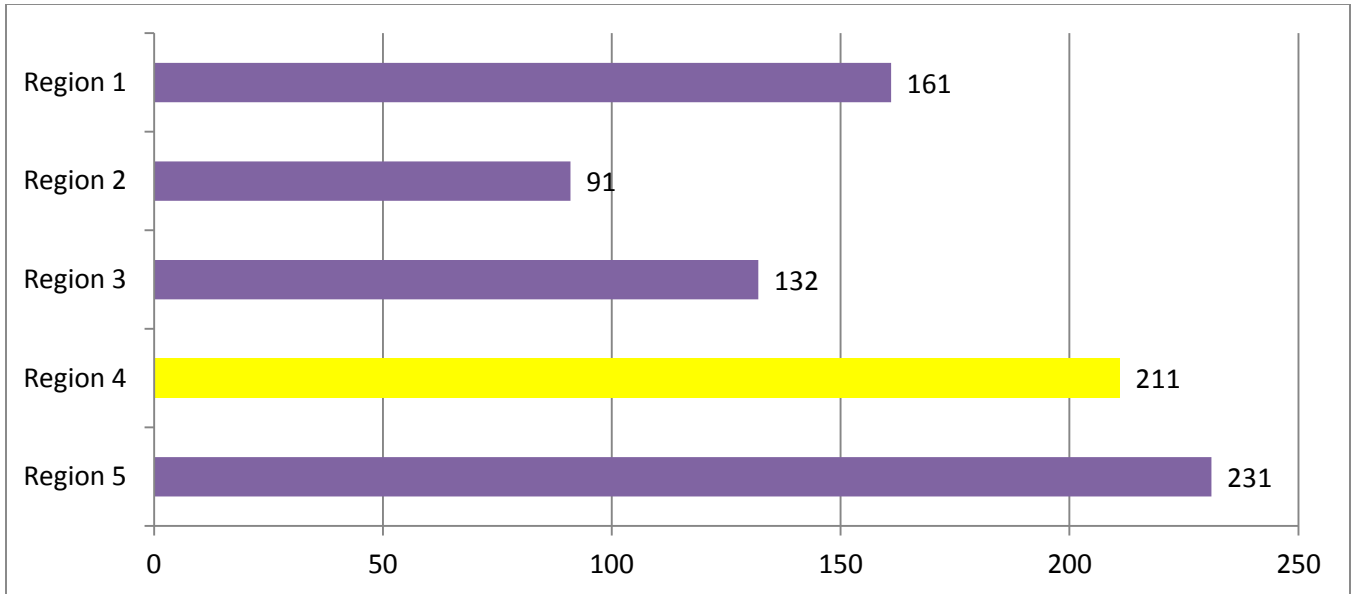
Public information officials and media relations staff at the school, FCPS, and FCHD should review the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School B

ESSENCE Data

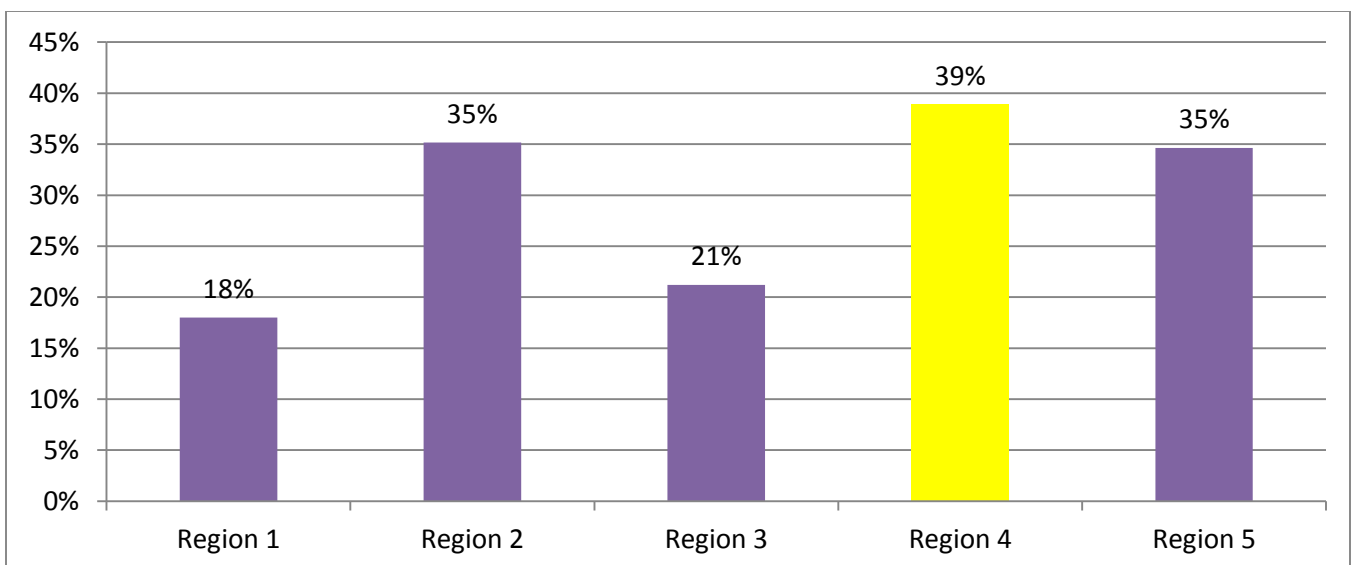
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School B is in Region 4. The distribution of suicide-related emergency departments by school region is shown below. Region 4 had the second highest number of visits (n = 211).

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

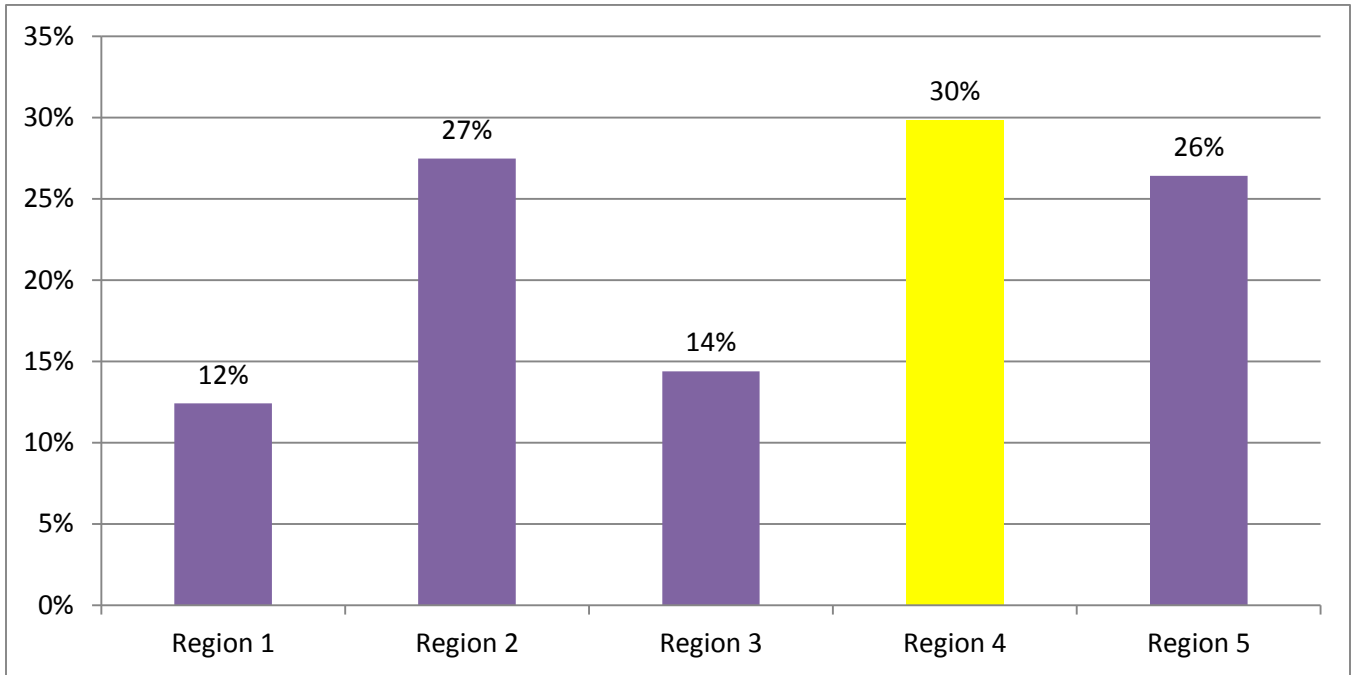


Region 4 had the highest percentage of non-fatal behaviors (39%) and the highest percent of substance use reported in ED chief complaints (30%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

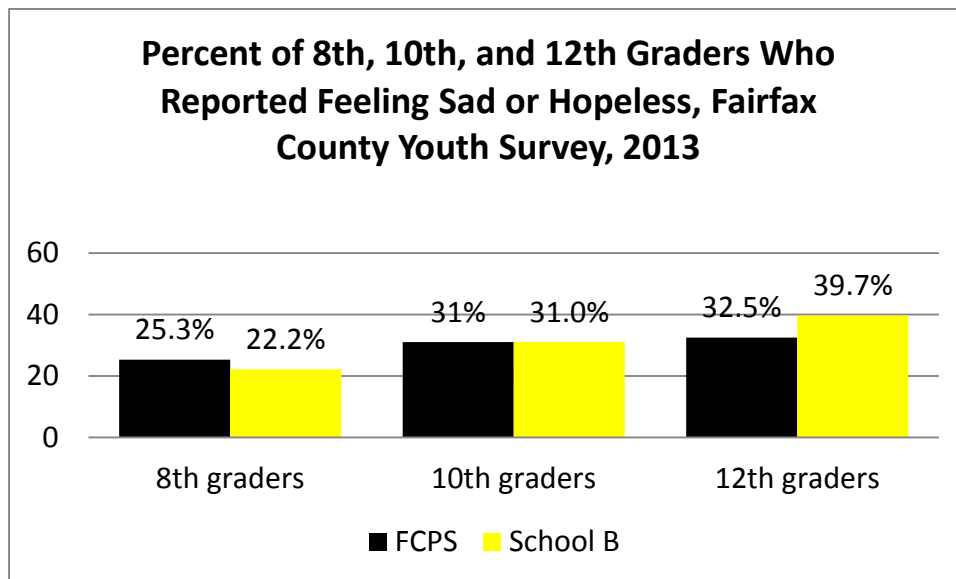


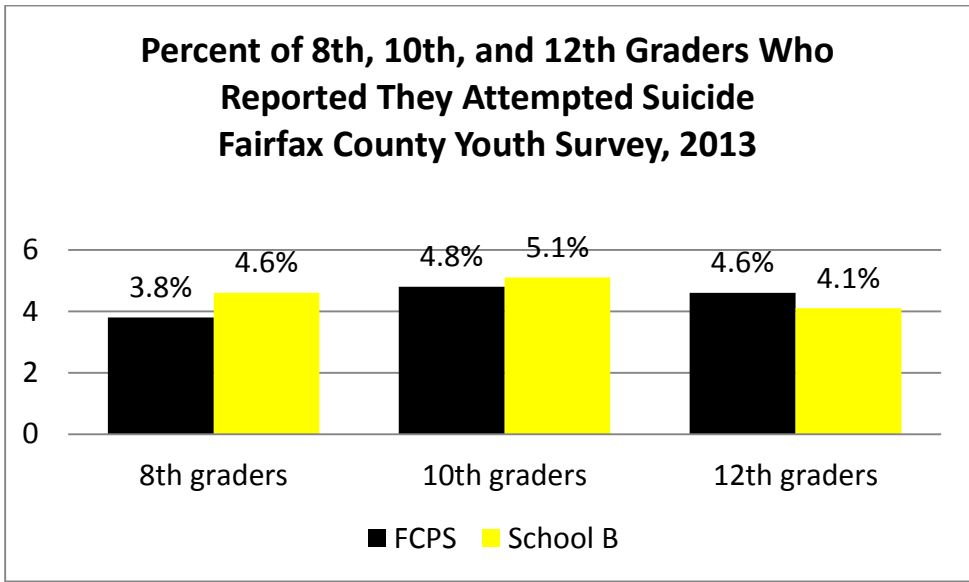
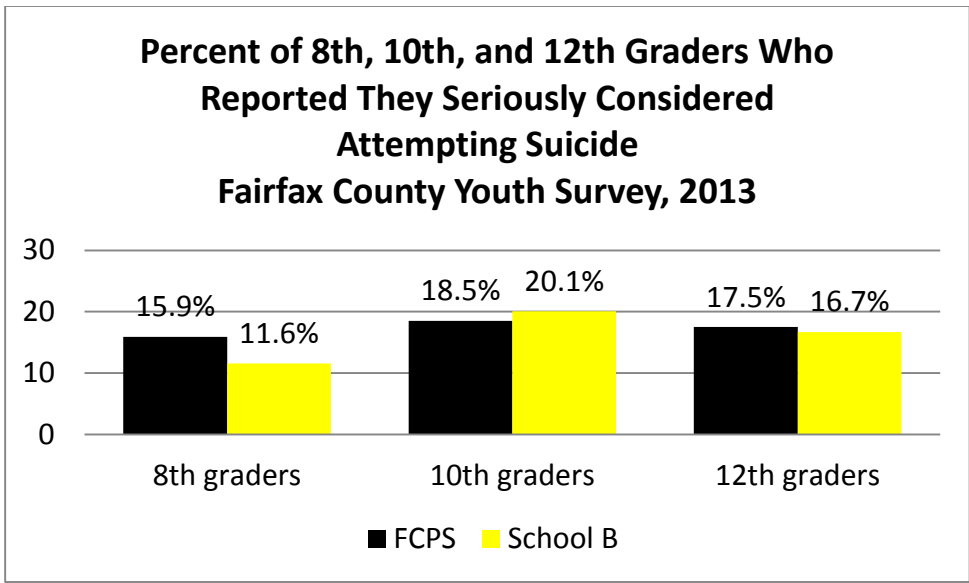
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School B compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School B and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School B
Individual level factors		
Felt sad or hopeless	17.0	19.9
Lifetime drug use	3.0	3.1
Resilient - solves problems	0.3	0.2
Resilient - makes better	0.4	0.3
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.3
Was ever suspended	1.7	#
Victim of bullying	3.3	2.9
Victim of cyber bullying	4.4	5.0
<i>Intimate partner violence</i>		
Physical IPV	3.7	4.0
Control IPV	2.6	2.7
Emotional IPV	4.6	5.1
Sexual IPV	4.1	2.8
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.3
Family conflict - arguing	3.3	2.8
Family conflict - serious arguing	3.4	3.4
Family conflict - violence	3.8	3.3
<i>General violence</i>		
Attacked (general)	3.8	3.4
Threatened with a weapon	4.2	3.4
Sexually harassed	4.2	5.2
Forced sex	4.6	4.1

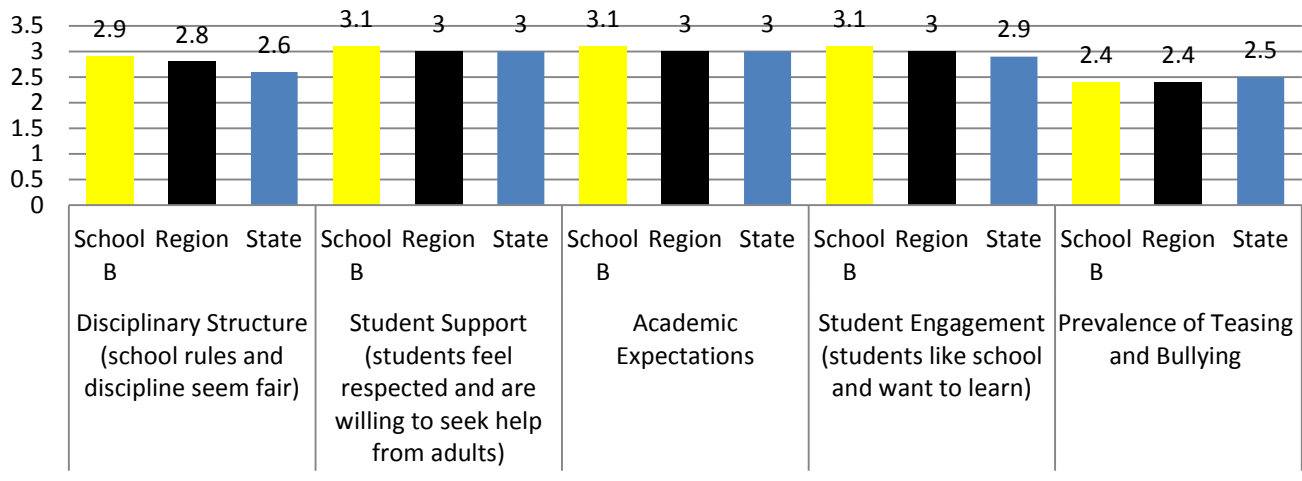
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

Not Statistically Significant

School Climate Data

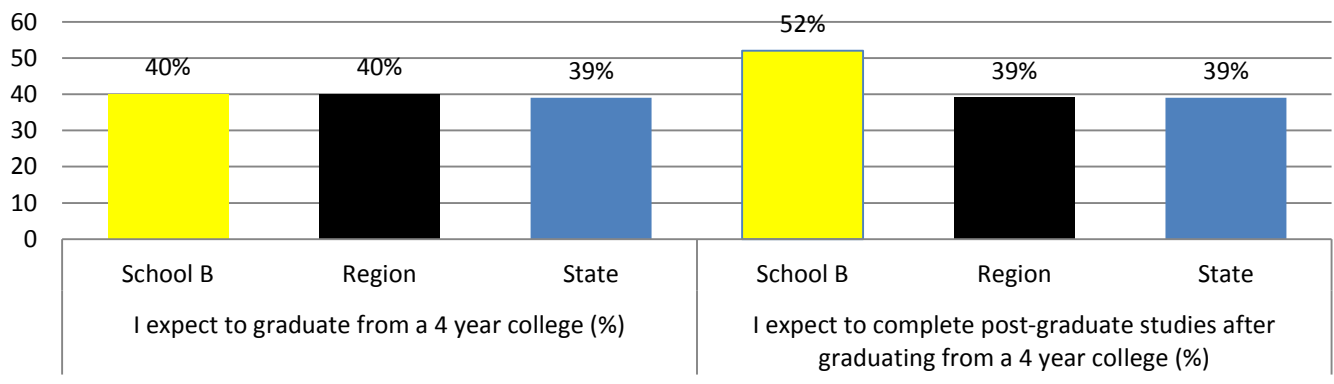
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School B's average for each scale and provides a comparison to regional and state averages.

**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate
School B
2013-2014**

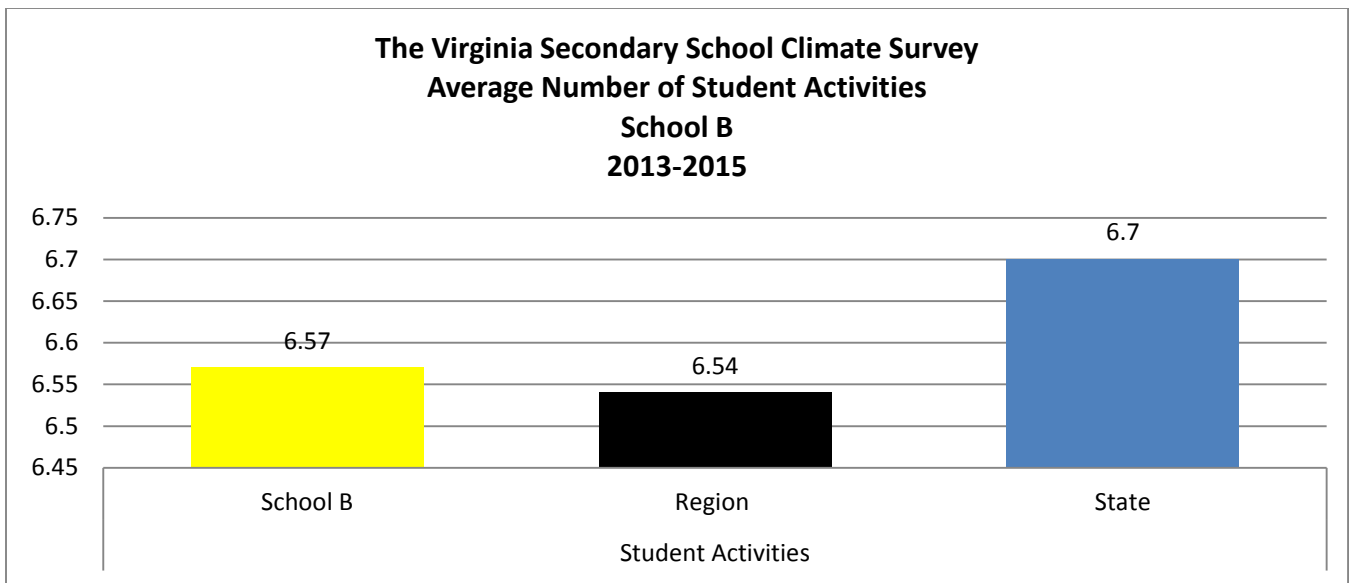


Items in the Virginia Secondary School Climate Survey also assess students’ expectations about pursuing post-secondary education and involvement in extracurricular activities. School B’s student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student’s expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education
School B
2013-2014**



The percent of students at School B who expect to complete post-graduate studies after graduating from a four year college is 33% higher than students in the region or state.



Reporting on Suicide

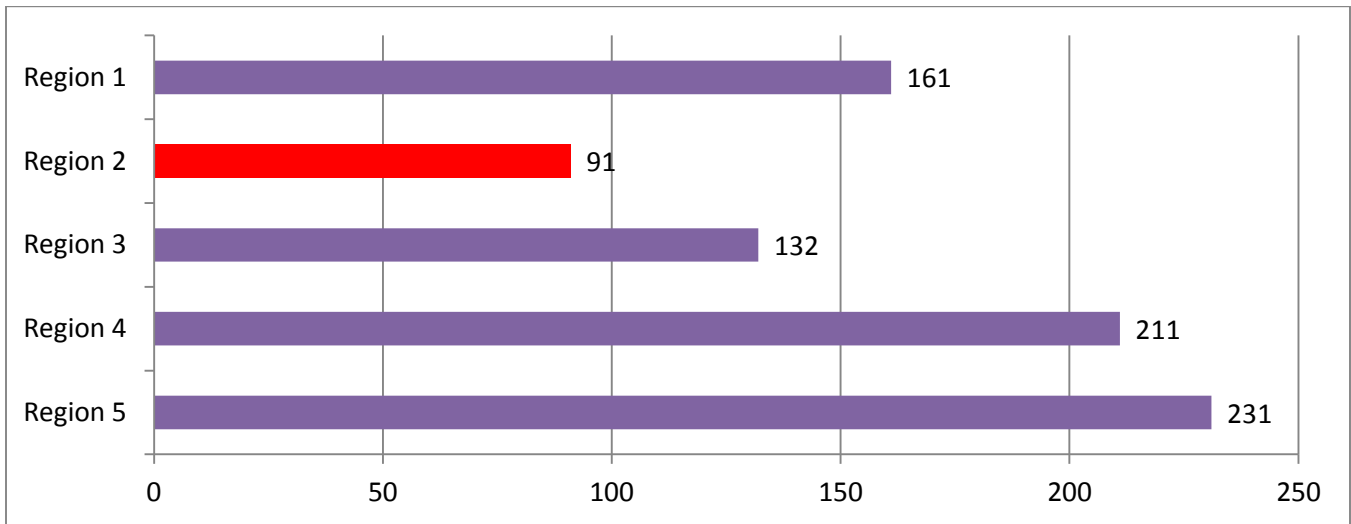
School B was not was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School C

ESSENCE Data

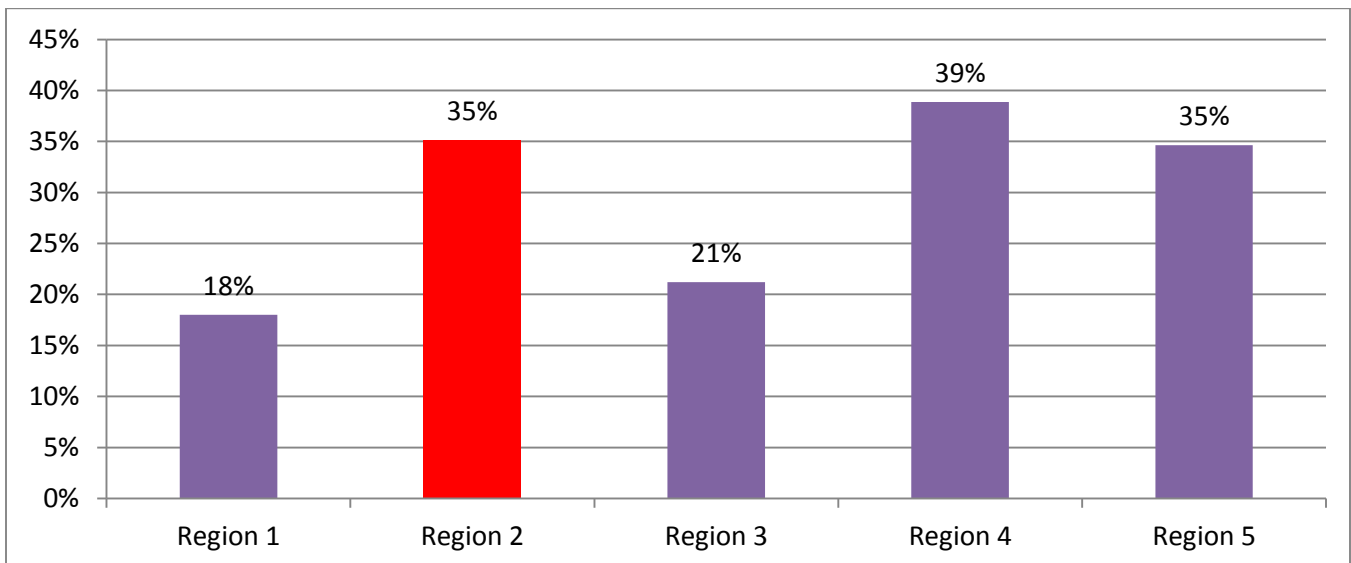
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School C is in Region 2. The distribution of suicide-related emergency departments by school region is shown below. Region 2 had the fewest (n = 91) suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

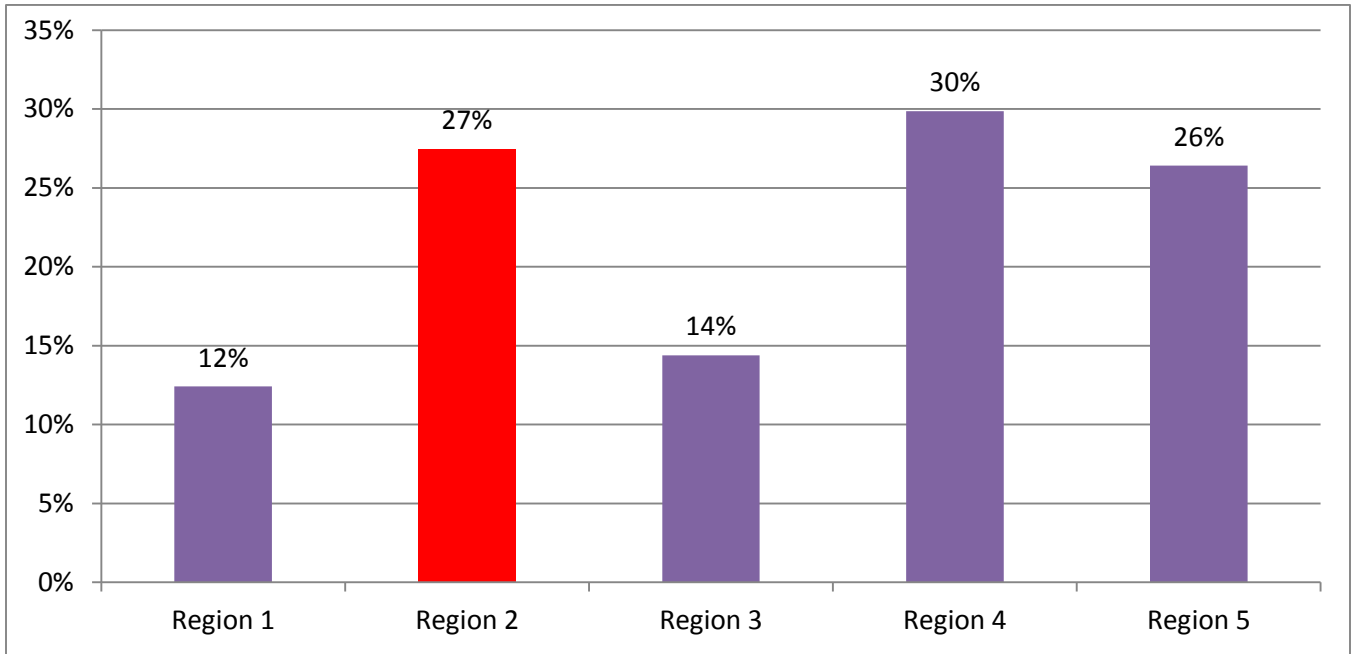


Region 2 had the second highest percentage of non-fatal behaviors (35%). Additionally, Region 2 had the second highest percent of substance use reported in ED chief complaints (27%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

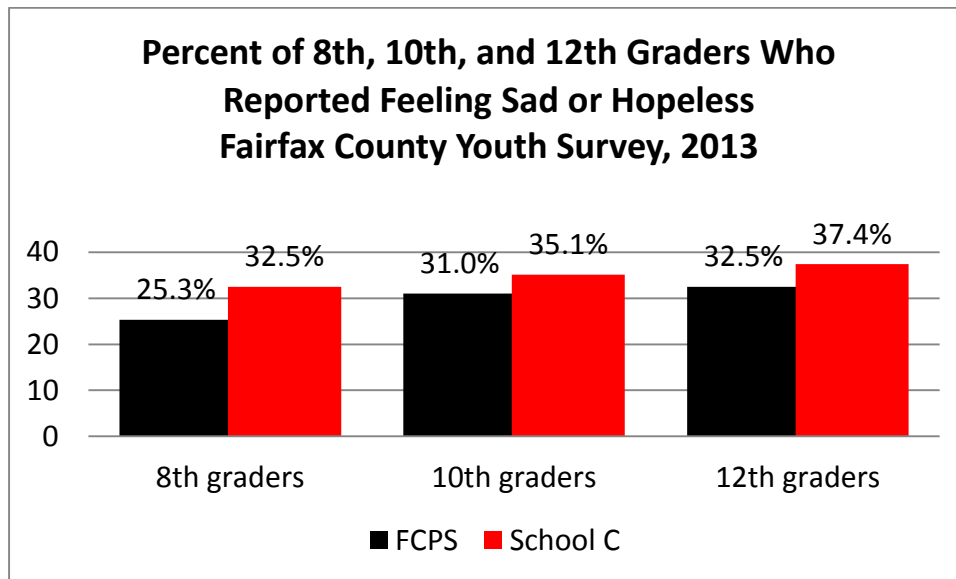


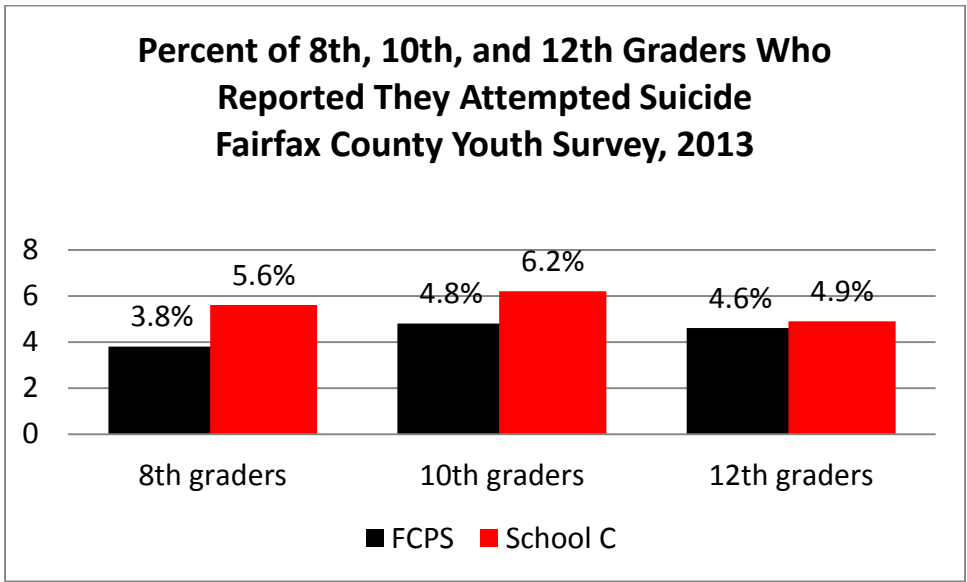
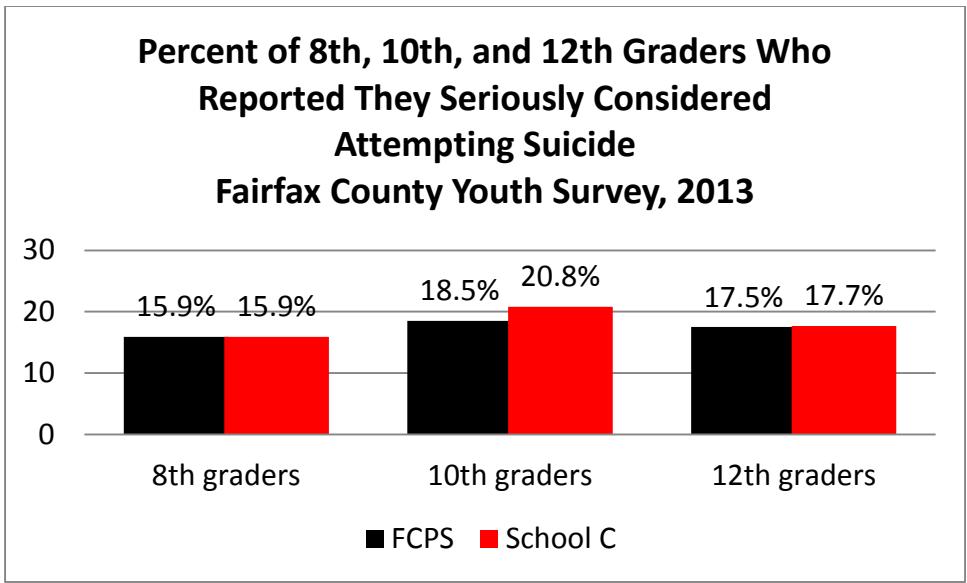
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 8th, 10th, and 12th graders in School C compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School C and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School C
Individual level factors		
Felt sad or hopeless	17.0	15.8
Lifetime drug use	3.0	2.5
Resilient - solves problems	0.3	0.4
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.3
Feels safe at school	0.3	0.3
Was ever suspended	1.7	1.6
Victim of bullying	3.3	3.6
Victim of cyber bullying	4.4	4.8
<i>Intimate partner violence</i>		
Physical IPV	3.7	3.0
Control IPV	2.6	2.1
Emotional IPV	4.6	4.8
Sexual IPV	4.1	3.8
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.2
Family conflict - arguing	3.3	2.3
Family conflict - serious arguing	3.4	2.6
Family conflict - violence	3.8	2.8
<i>General violence</i>		
Attacked (general)	3.8	3.4
Threatened with a weapon	4.2	3.6
Sexually harassed	4.2	4.8
Forced sex	4.6	5.7

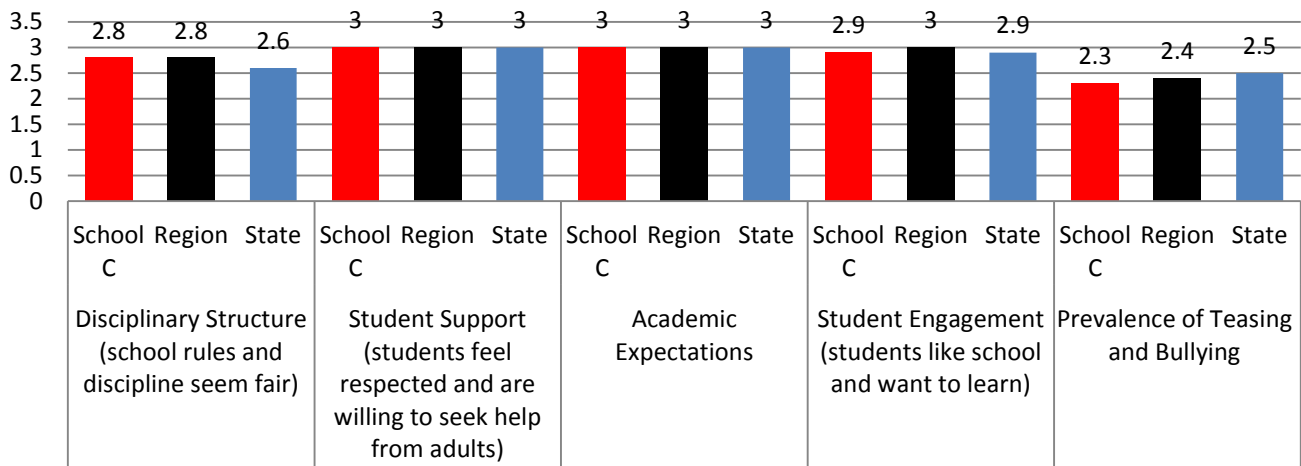
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School C’s average for each scale and provides a comparison to regional and state averages.

**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate**

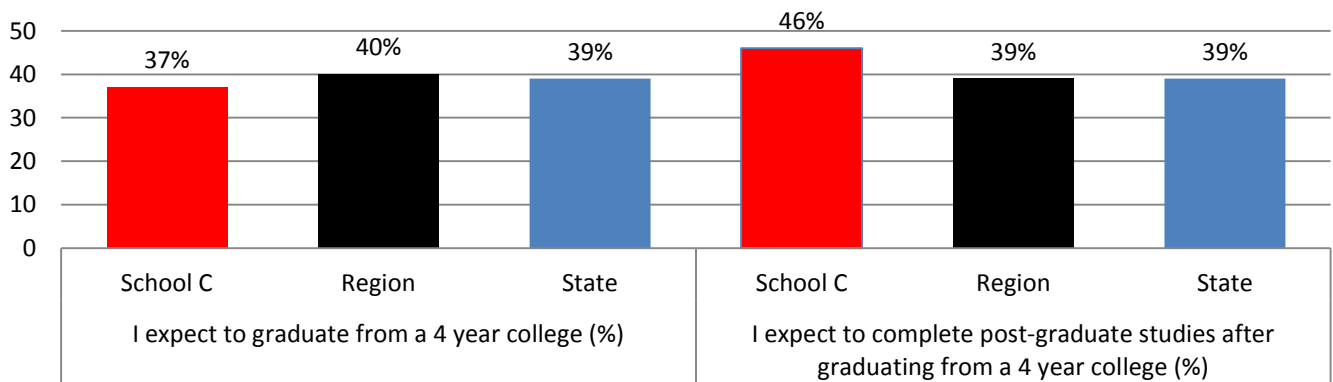
**School C
2013-2014**

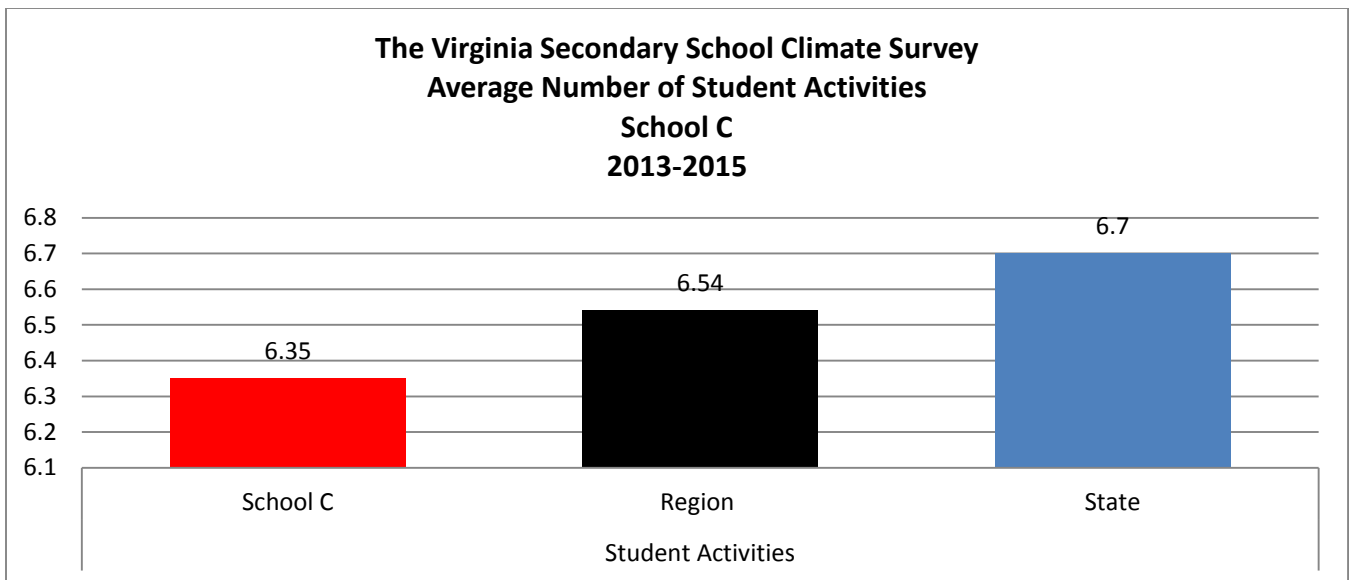


Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School C's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education**

**School C
2013-2014**





Reporting on Suicide

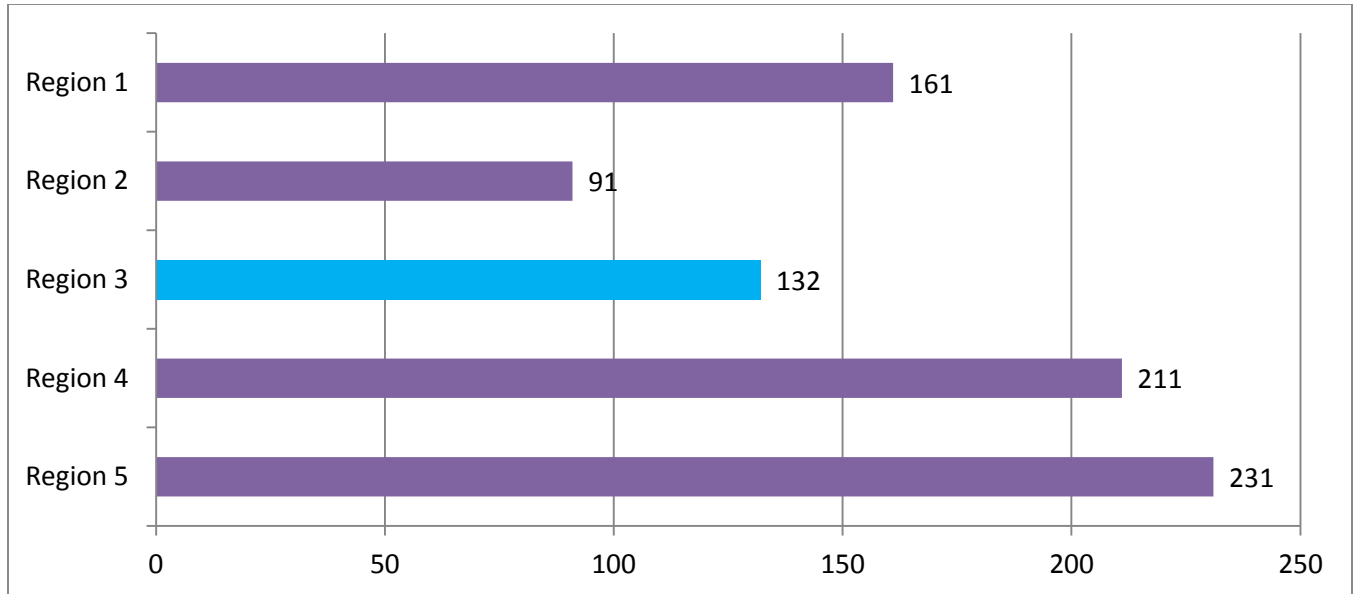
School C was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the “[Recommendations for Reporting on Suicide](#)” developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School D

ESSENCE Data

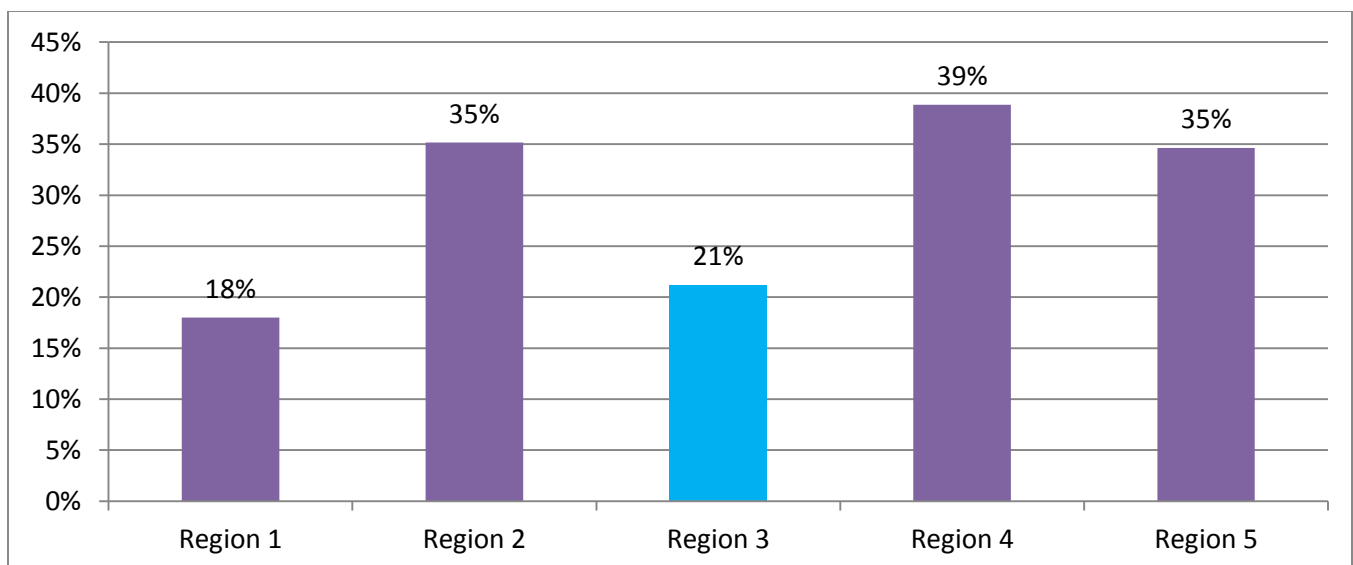
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School D is Region 3. The distribution of suicide-related emergency departments by school region is shown below. Region 3 had 132 suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

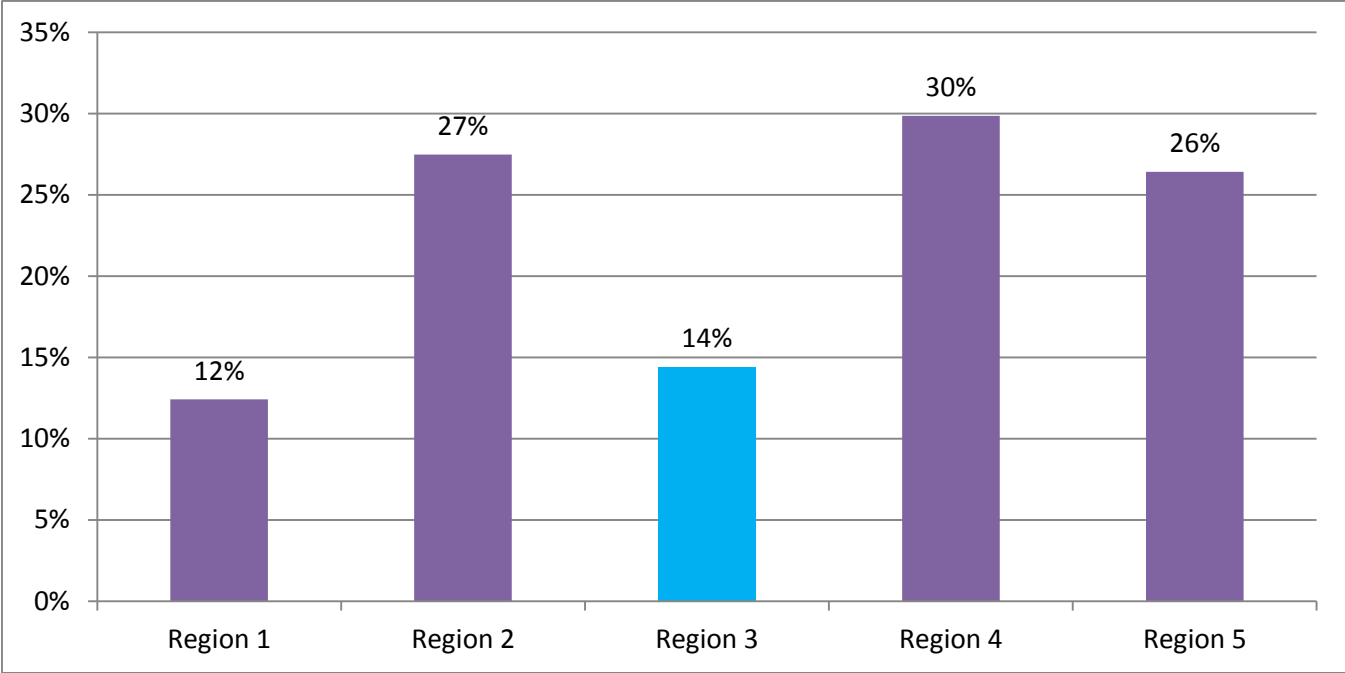


Region 3 had the second lowest percentage of non-fatal behaviors (21%) and the second lowest percent of substance use reported in ED chief complaints (14%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

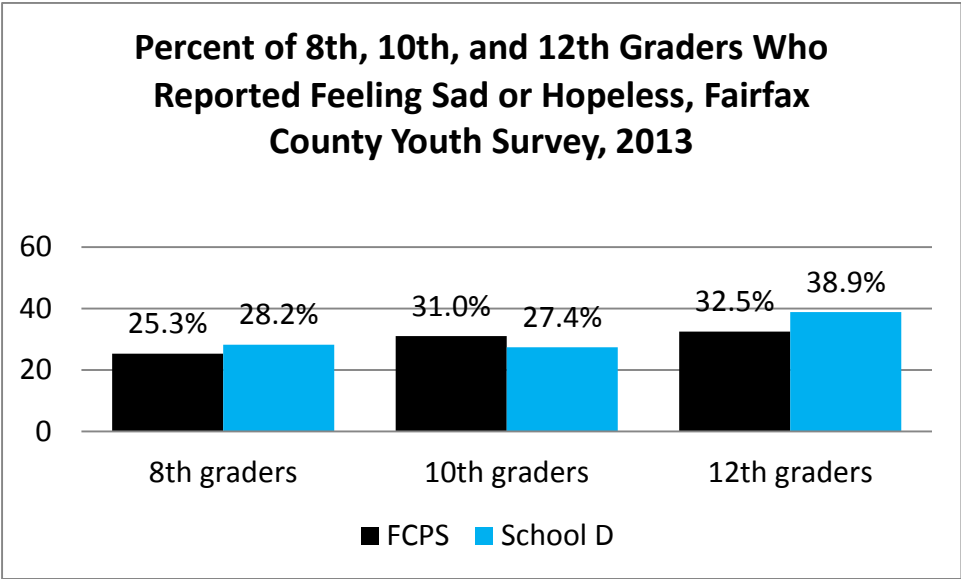


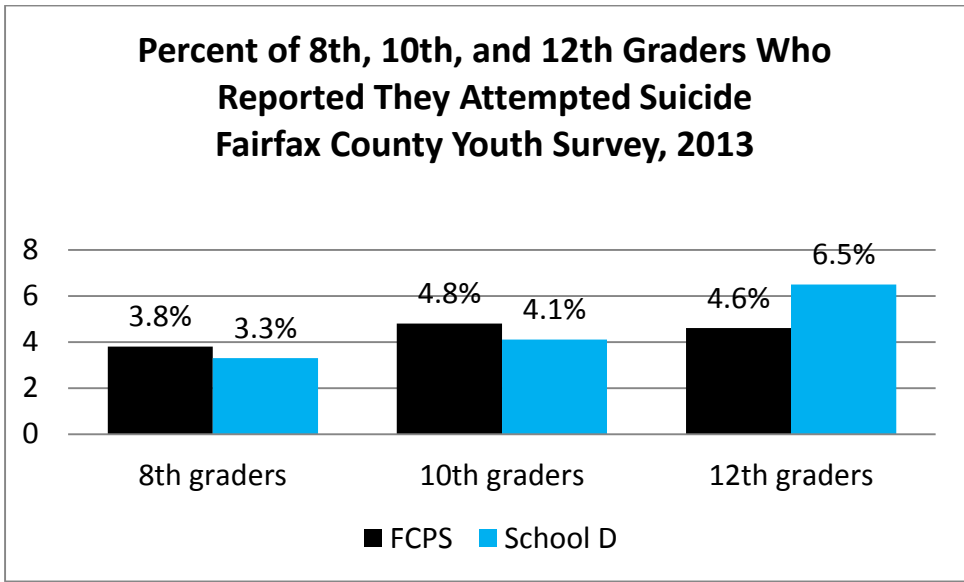
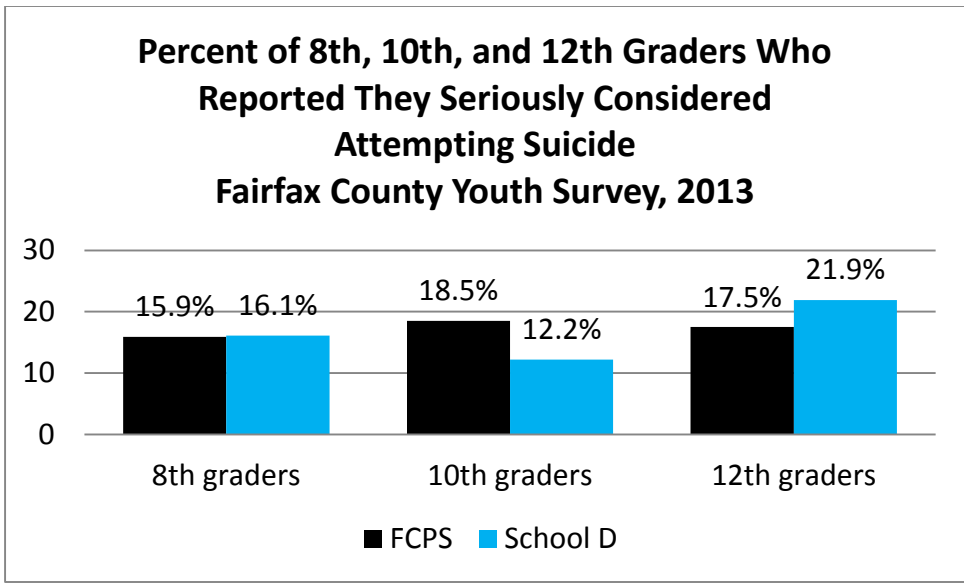
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 8th, 10th, and 12th graders in School D compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School D and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School D
Individual level factors		
Felt sad or hopeless	17.0	14.7
Lifetime drug use	3.0	2.3
Resilient - solves problems	0.3	0.5
Resilient - makes better	0.4	0.5
Interpersonal level factors		
Parent help available	0.2	0.3
Feels safe at school	0.3	0.3
Was ever suspended	1.7	1.3
Victim of bullying	3.3	2.9
Victim of cyber bullying	4.4	3.9
<i>Intimate partner violence</i>		
Physical IPV	3.7	5.5
Control IPV	2.6	2.3
Emotional IPV	4.6	3.8
Sexual IPV	4.1	4.7
<i>Family conflict</i>		
Family conflict - yelling	3.3	2.9
Family conflict - arguing	3.3	2.5
Family conflict - serious arguing	3.4	2.7
Family conflict - violence	3.8	3.8
<i>General violence</i>		
Attacked (general)	3.8	3.5
Threatened with a weapon	4.2	4.4
Sexually harassed	4.2	4.3
Forced sex	4.6	7.9

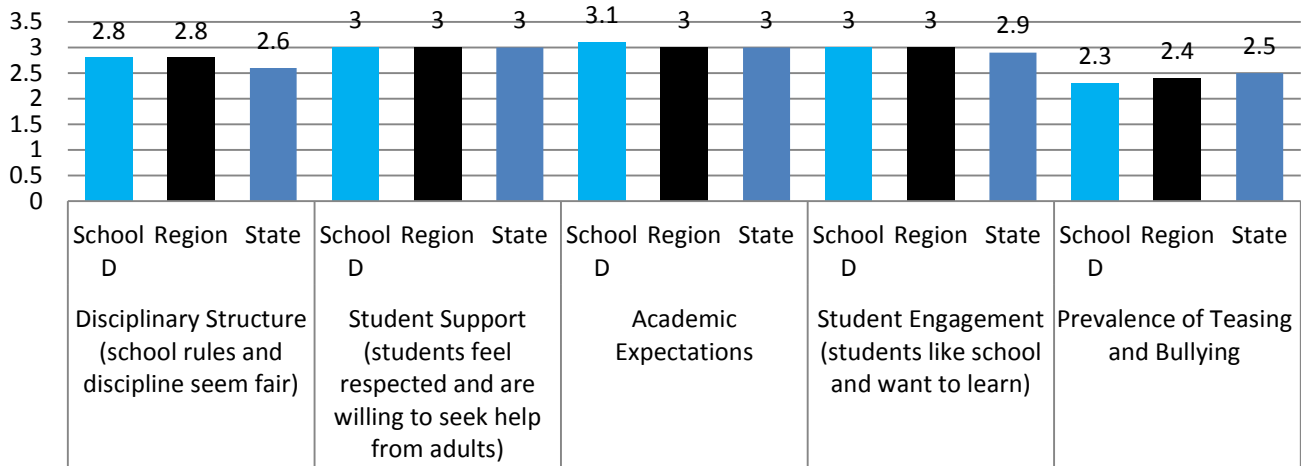
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School D's average for each scale and provides a comparison to regional and state averages.

**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate**

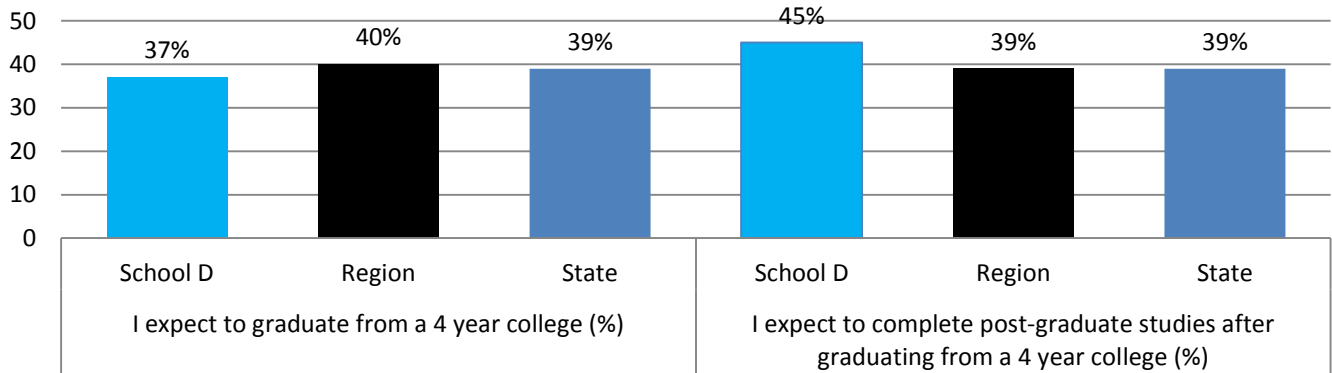
**School D
2013-2014**

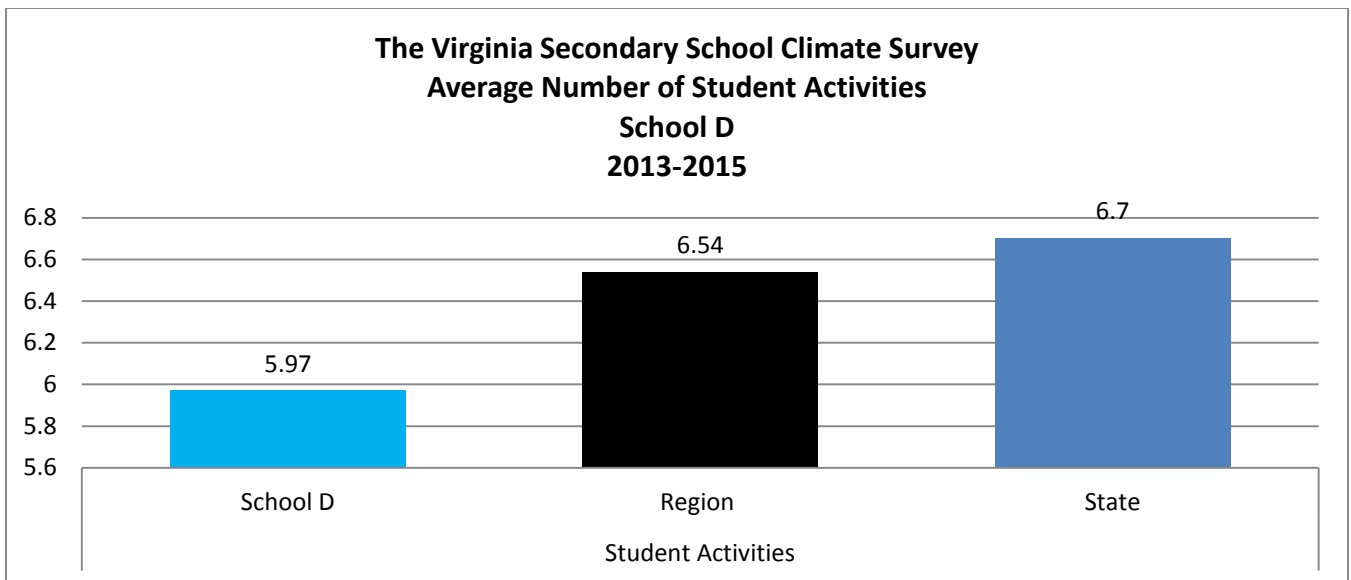


Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School D's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education**

**School D
2013-2014**





Reporting on Suicide

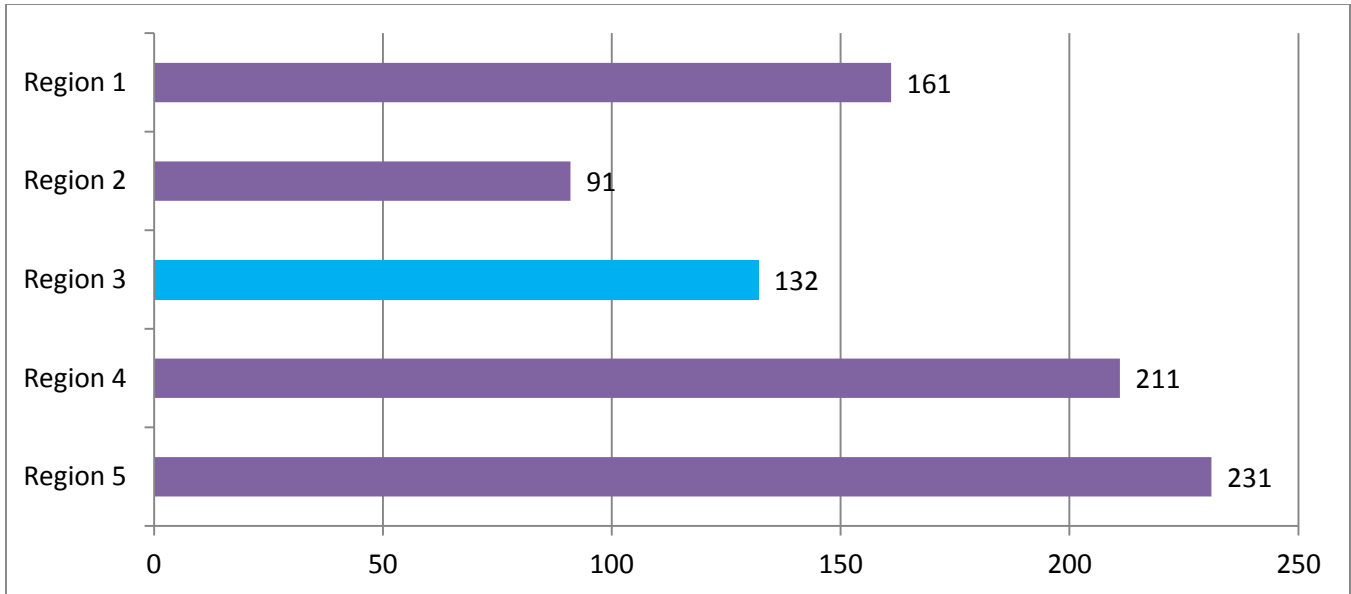
School D was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School E

ESSENCE Data

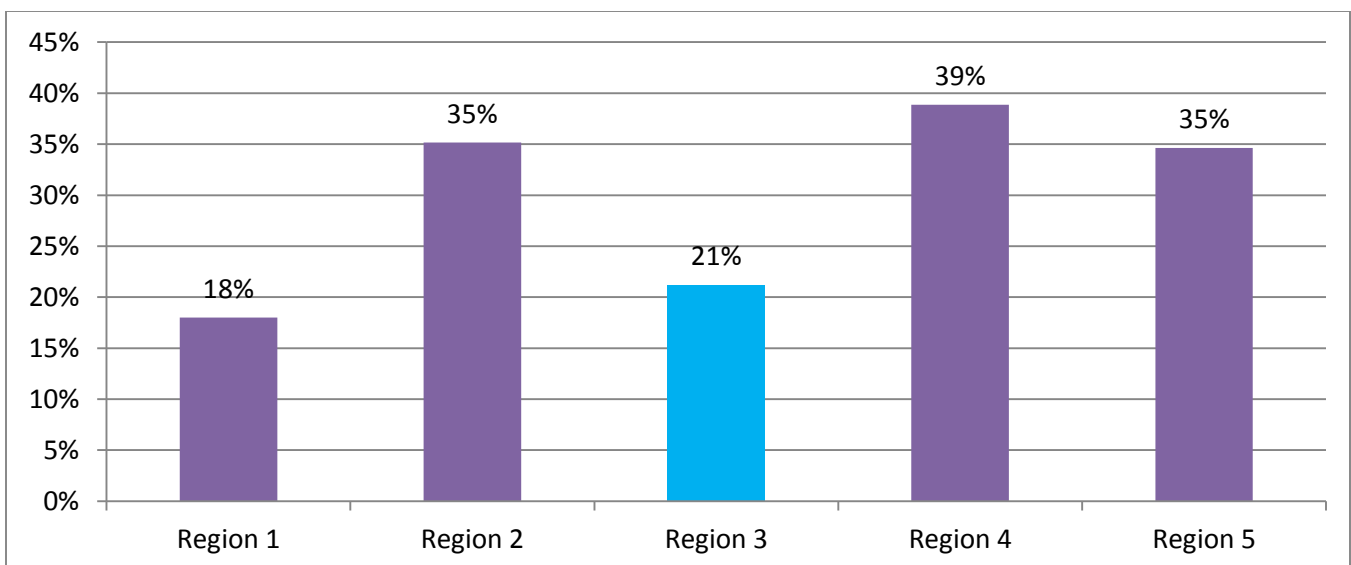
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School E is Region 3. The distribution of suicide-related emergency departments by school region is shown below. Region 3 had 132 suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

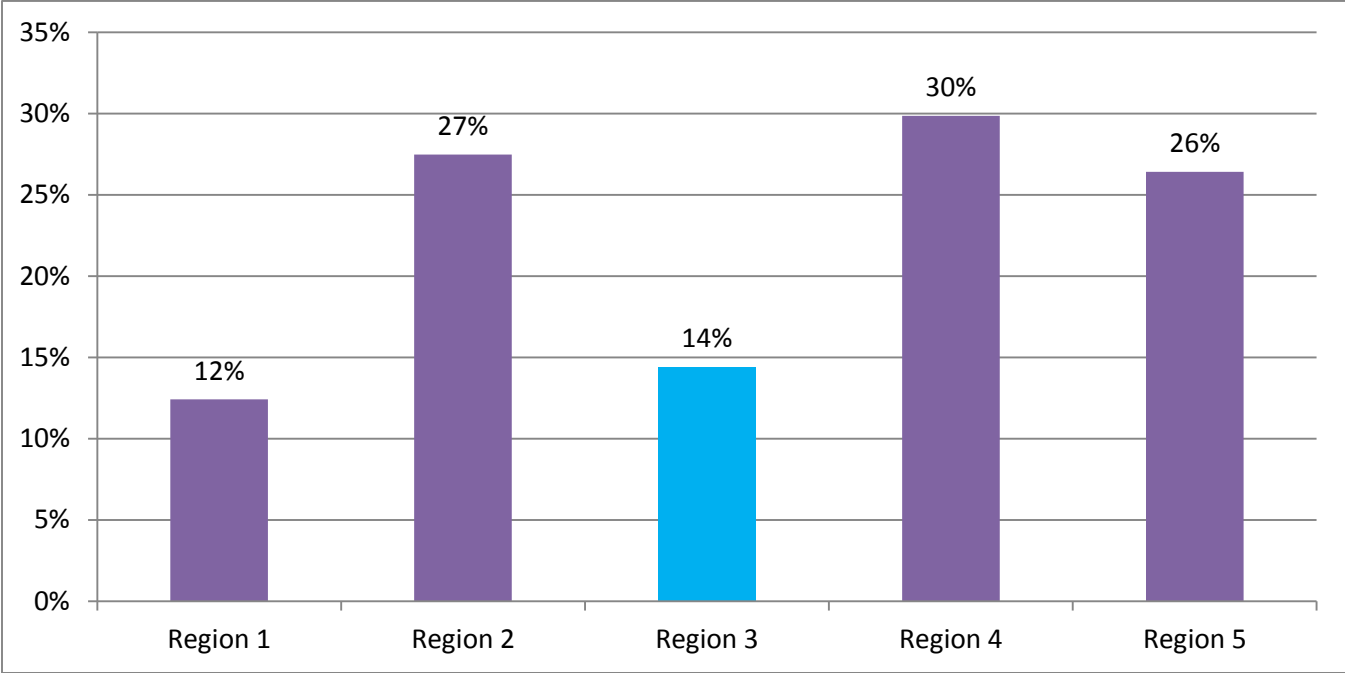


Region 3 had the second lowest percentage of non-fatal behaviors (21%) and the second lowest percent of substance use reported in ED chief complaints (14%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

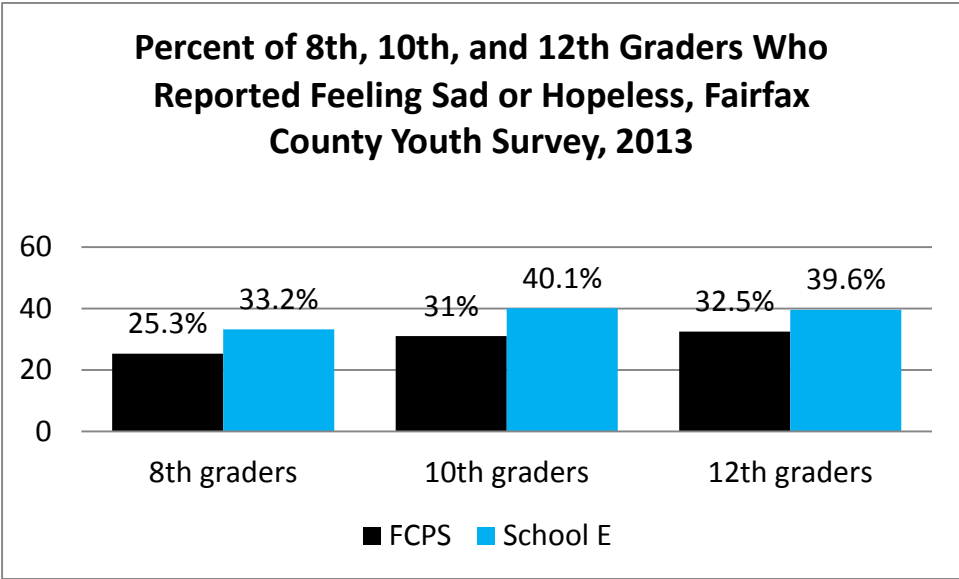


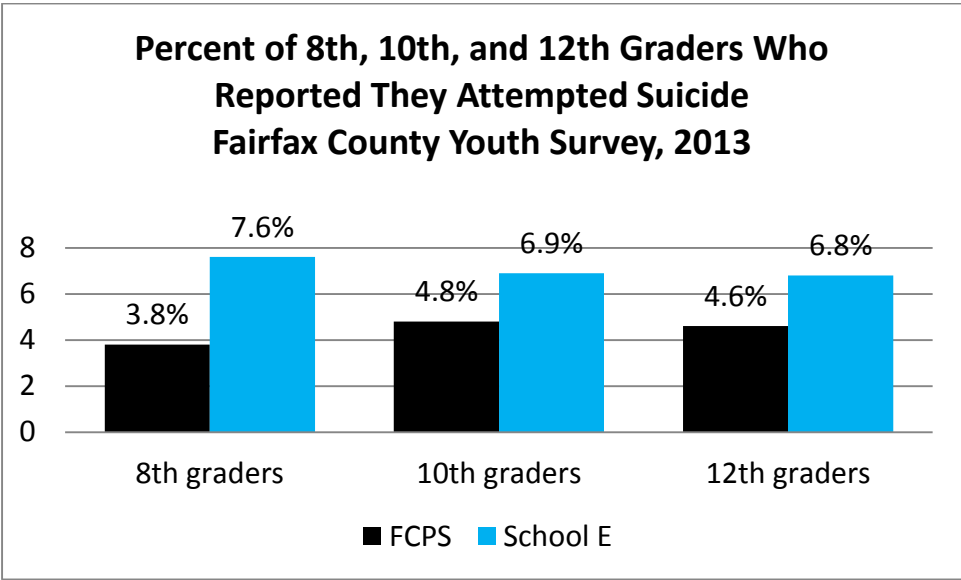
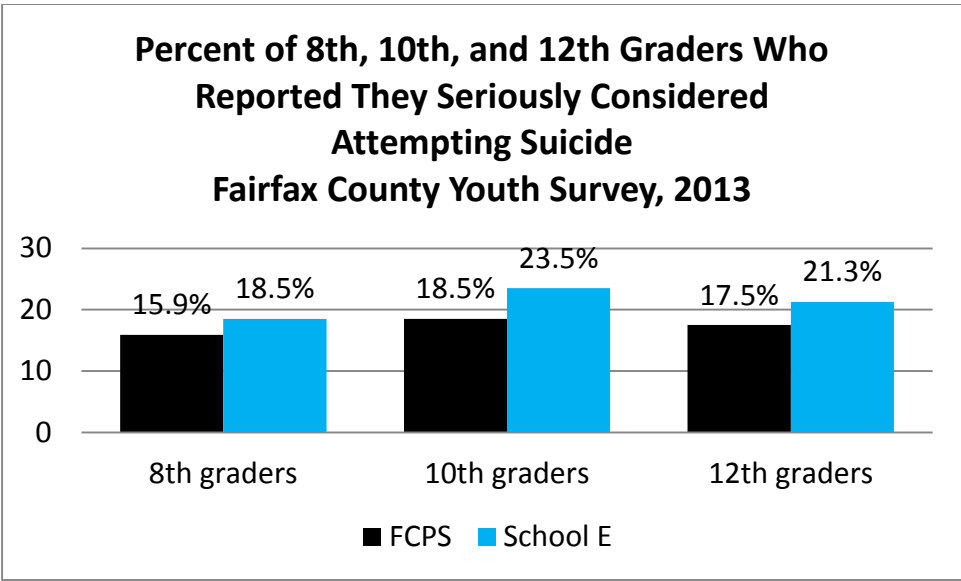
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School E compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School E and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

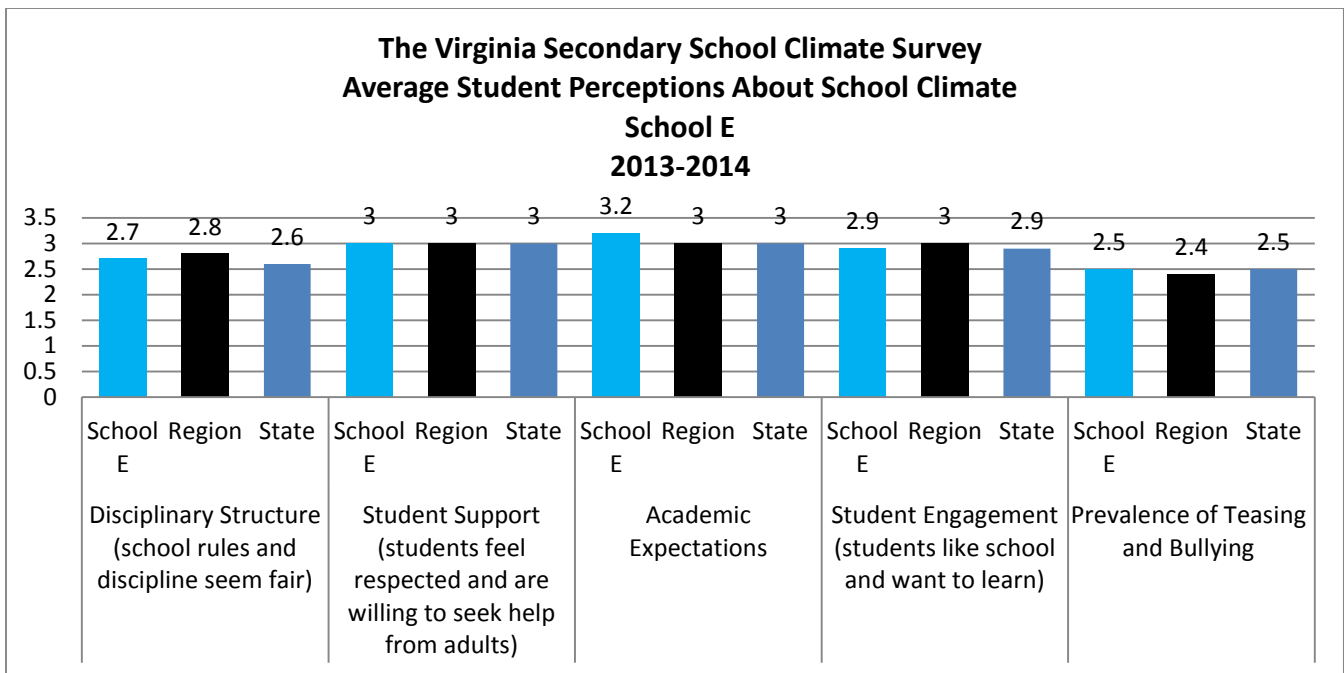
	Overall	School E
Individual level factors		
Felt sad or hopeless	17.0	13.0
Lifetime drug use	3.0	2.4
Resilient - solves problems	0.3	0.4
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.3
Feels safe at school	0.3	0.4
Was ever suspended	1.7	#
Victim of bullying	3.3	3.3
Victim of cyber bullying	4.4	6.4
<i>Intimate partner violence</i>		
Physical IPV	3.7	3.4
Control IPV	2.6	1.9
Emotional IPV	4.6	5.6
Sexual IPV	4.1	5.7
<i>Family conflict</i>		
Family conflict - yelling	3.3	2.9
Family conflict - arguing	3.3	3.2
Family conflict - serious arguing	3.4	3.3
Family conflict - violence	3.8	3.0
<i>General violence</i>		
Attacked (general)	3.8	3.2
Threatened with a weapon	4.2	4.2
Sexually harassed	4.2	4.9
Forced sex	4.6	4.4

Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

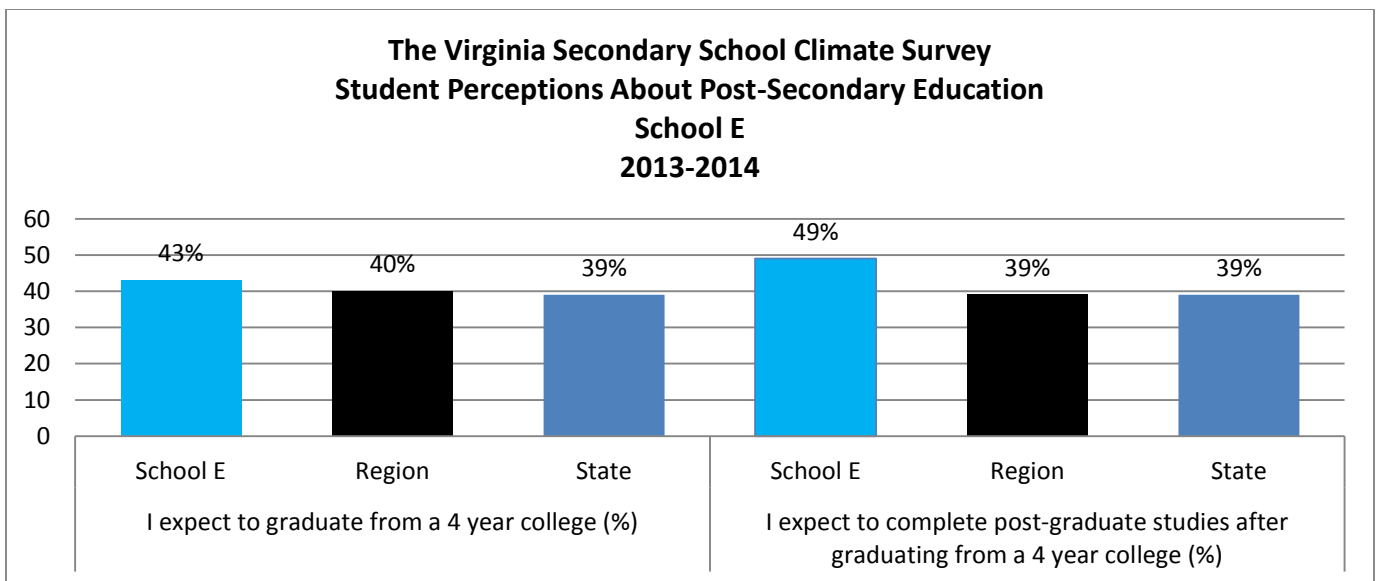
Not statistically significant

School Climate Data

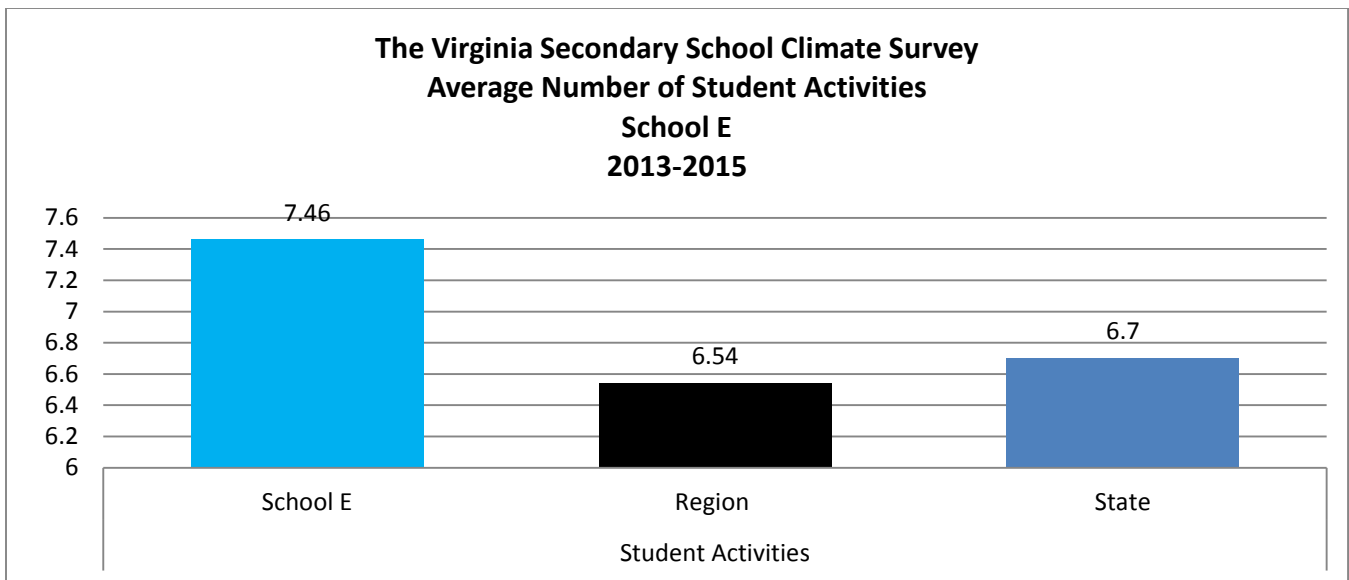
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School E's average for each scale and provides a comparison to regional and state averages.



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School E's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School E who expect to complete post-graduate studies after graduating from a four year college is 26% higher than students in the region or state.



Reporting on Suicide

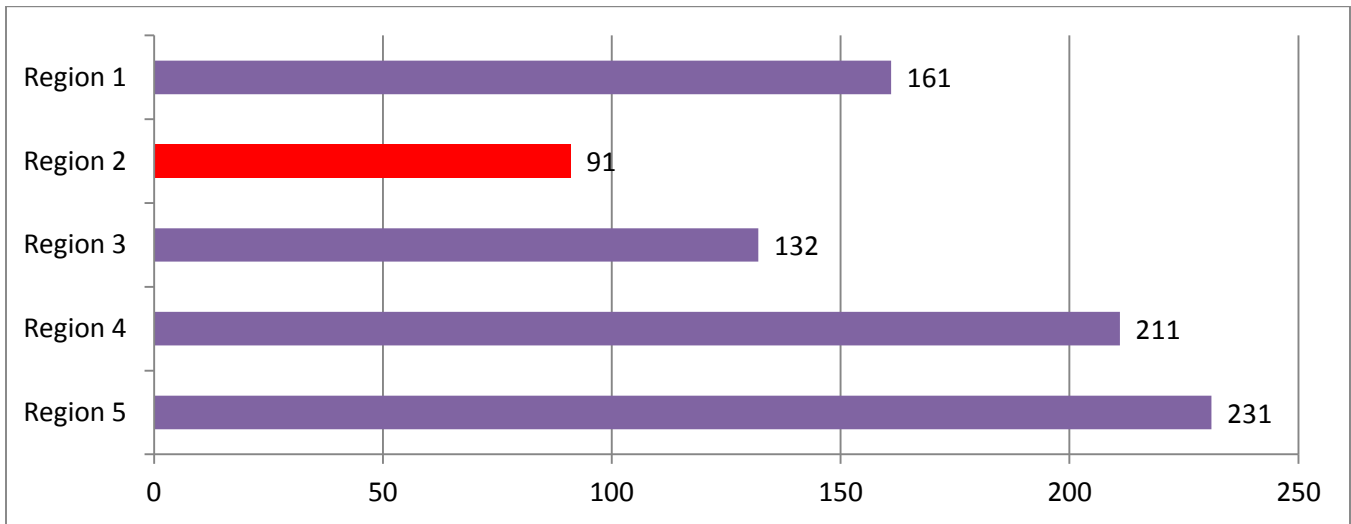
School E was not was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School F

ESSENCE Data

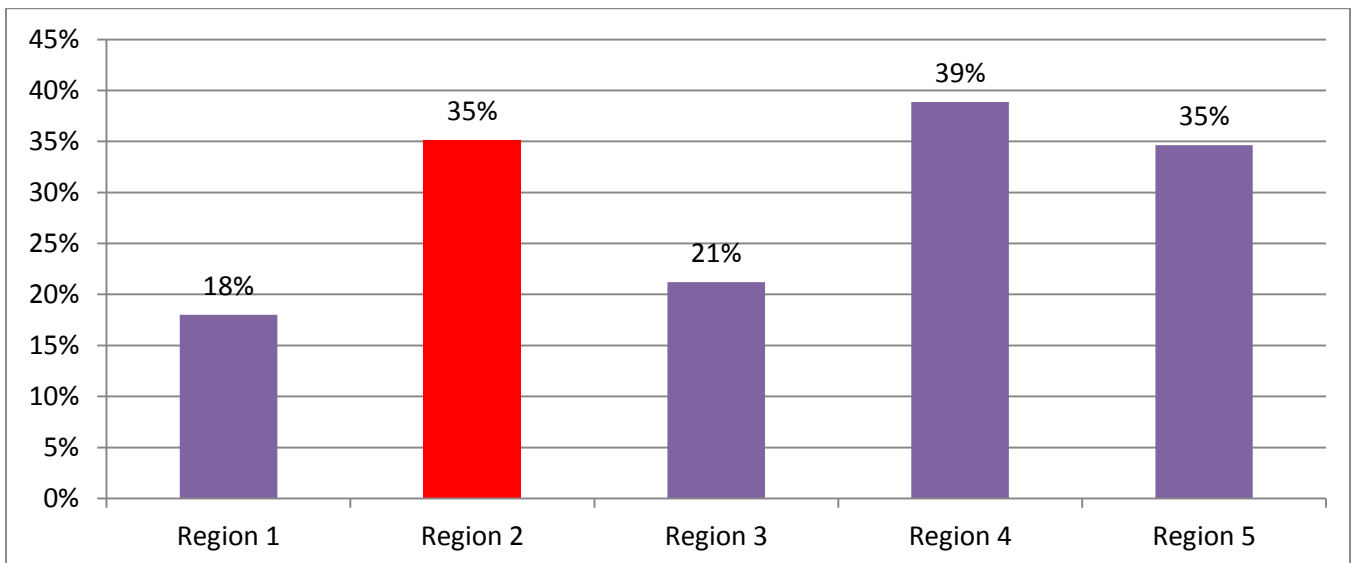
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School F is in Region 2. The distribution of suicide-related emergency departments by school region is shown below. Region 2 had the fewest (n = 91) suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

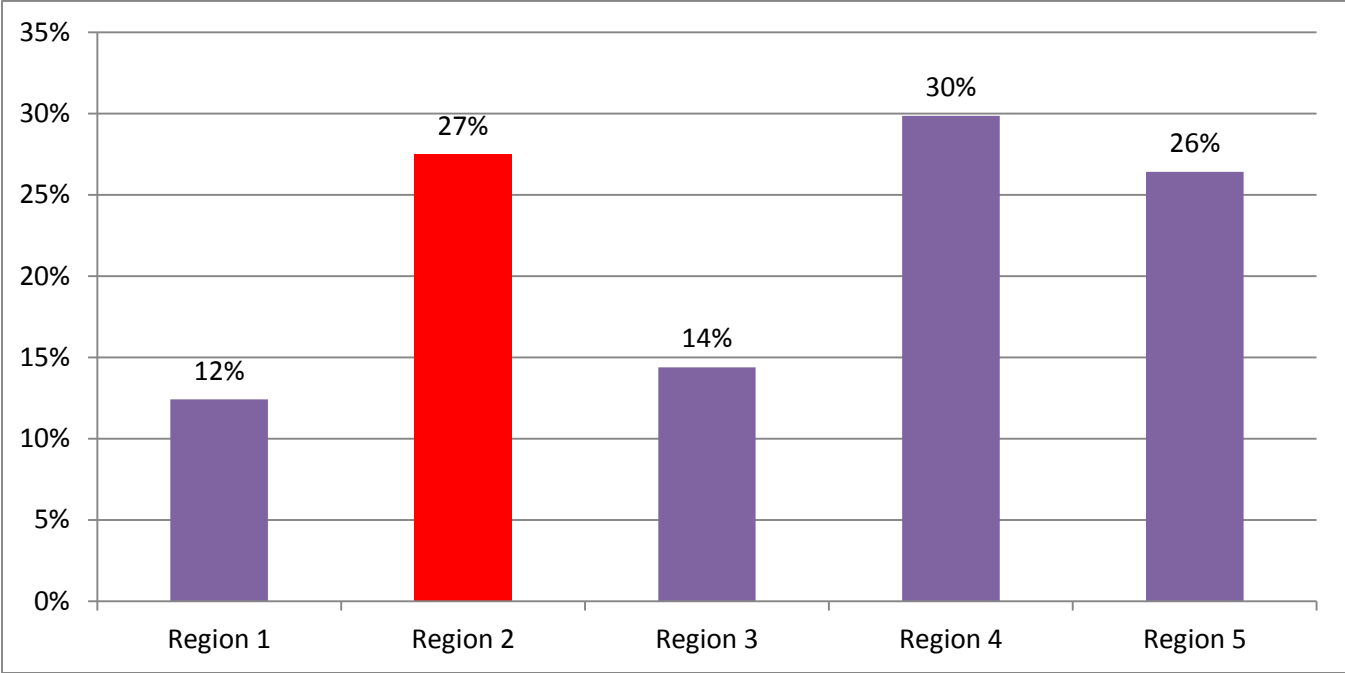


Region 2 had the second highest percentage of non-fatal behaviors (35%). Additionally, Region 2 had the second highest percent of substance use reported in ED chief complaints (27%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

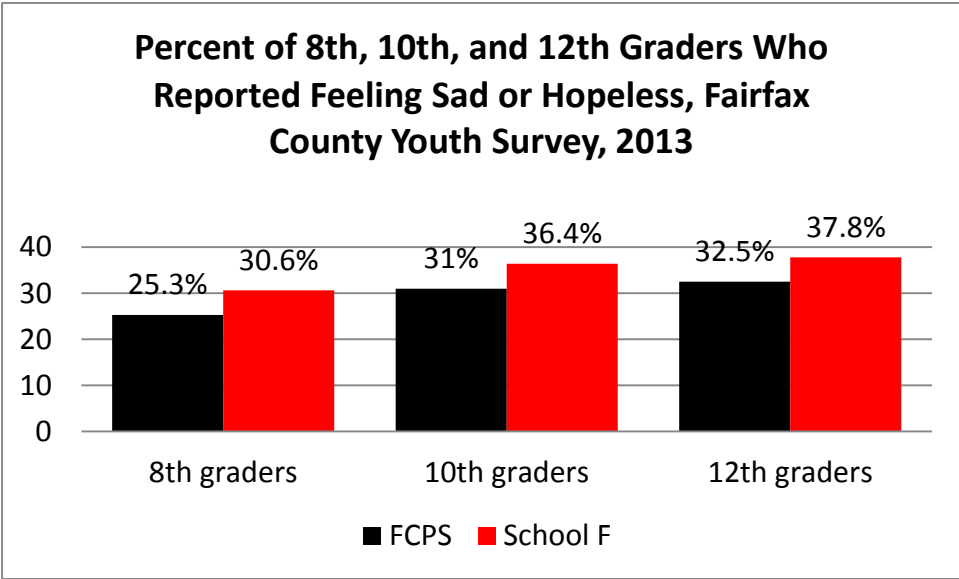


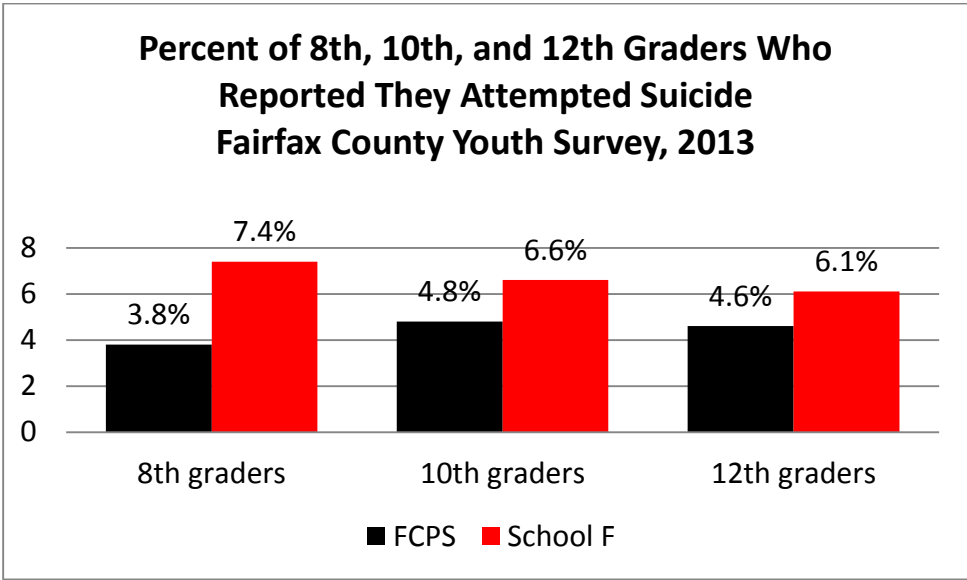
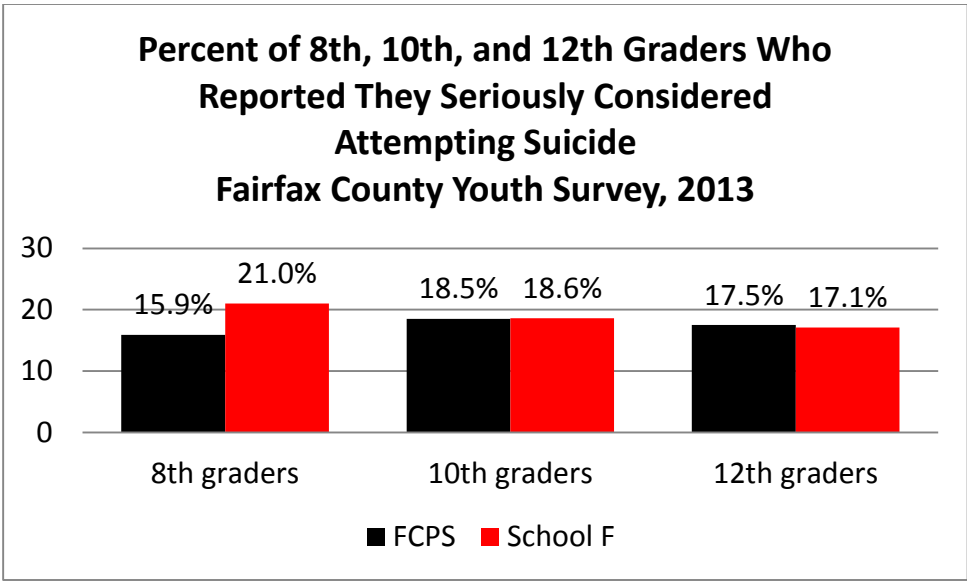
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School F compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School F and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School F
Individual level factors		
Felt sad or hopeless	17.0	15.8
Lifetime drug use	3.0	3.7
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.3
Interpersonal level factors		
Parent help available	0.2	0.1
Feels safe at school	0.3	0.3
Was ever suspended	1.7	#
Victim of bullying	3.3	4.3
Victim of cyber bullying	4.4	5.4
<i>Intimate partner violence</i>		
Physical IPV	3.7	5.6
Control IPV	2.6	3.4
Emotional IPV	4.6	4.2
Sexual IPV	4.1	5.6
<i>Family conflict</i>		
Family conflict - yelling	3.3	4.2
Family conflict - arguing	3.3	3.8
Family conflict - serious arguing	3.4	3.6
Family conflict - violence	3.8	3.4
<i>General violence</i>		
Attacked (general)	3.8	3.7
Threatened with a weapon	4.2	5.4
Sexually harassed	4.2	4.2
Forced sex	4.6	5.2

Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

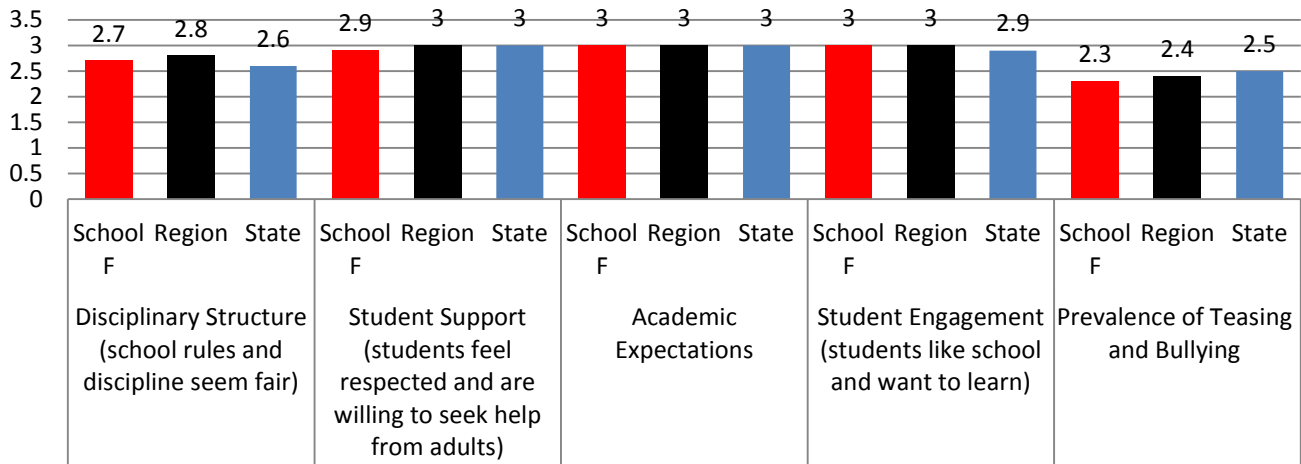
Not Statistically Significant

School Climate Data

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School F's average for each scale and provides a comparison to regional and state averages.

**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate**

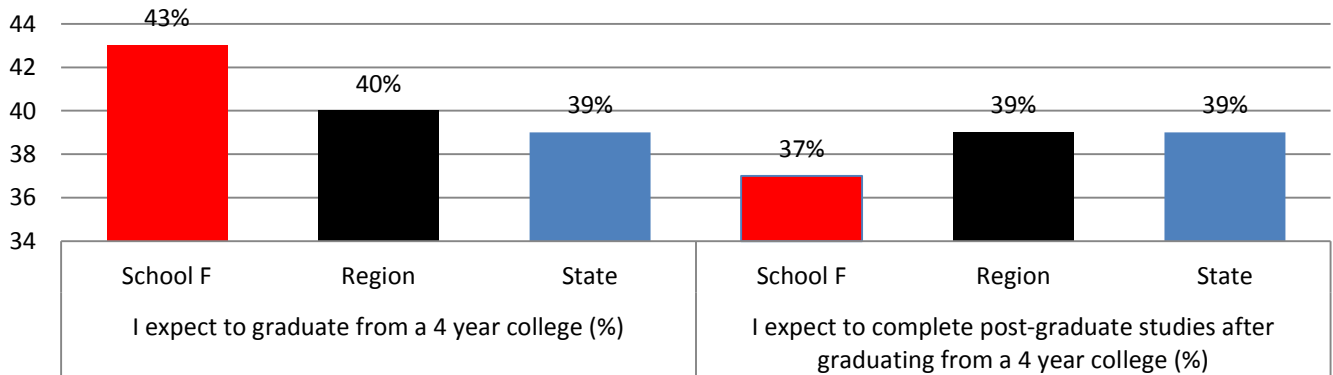
**School F
2013-2014**

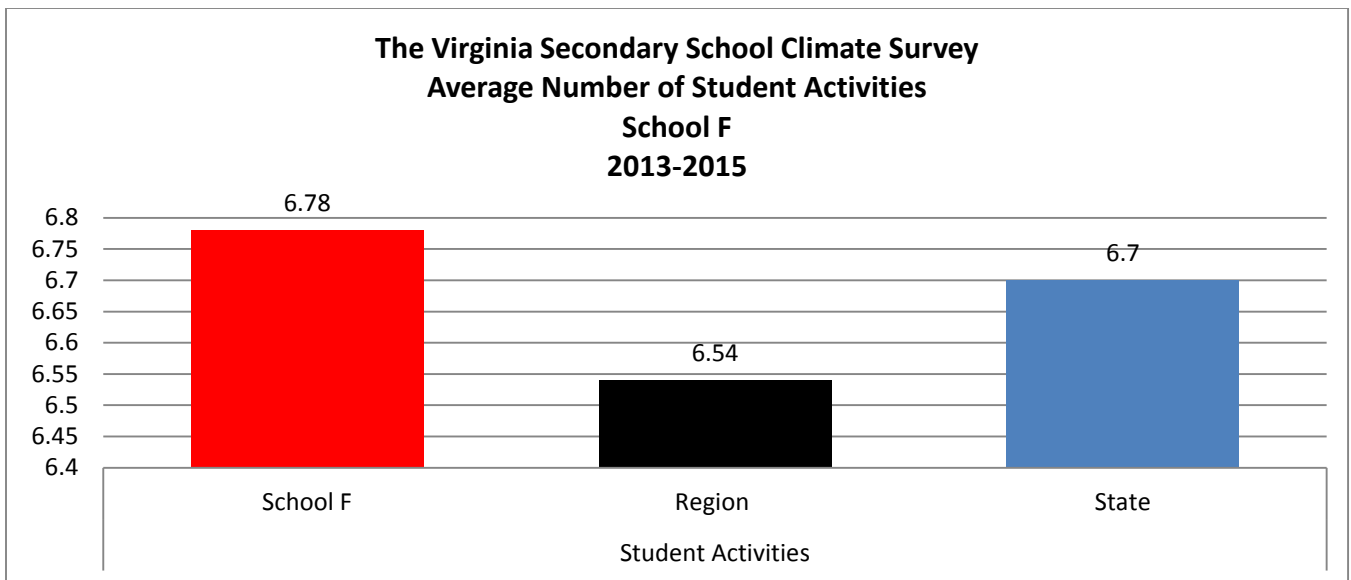


Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School F's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education**

**School F
2013-2014**





Reporting on Suicide

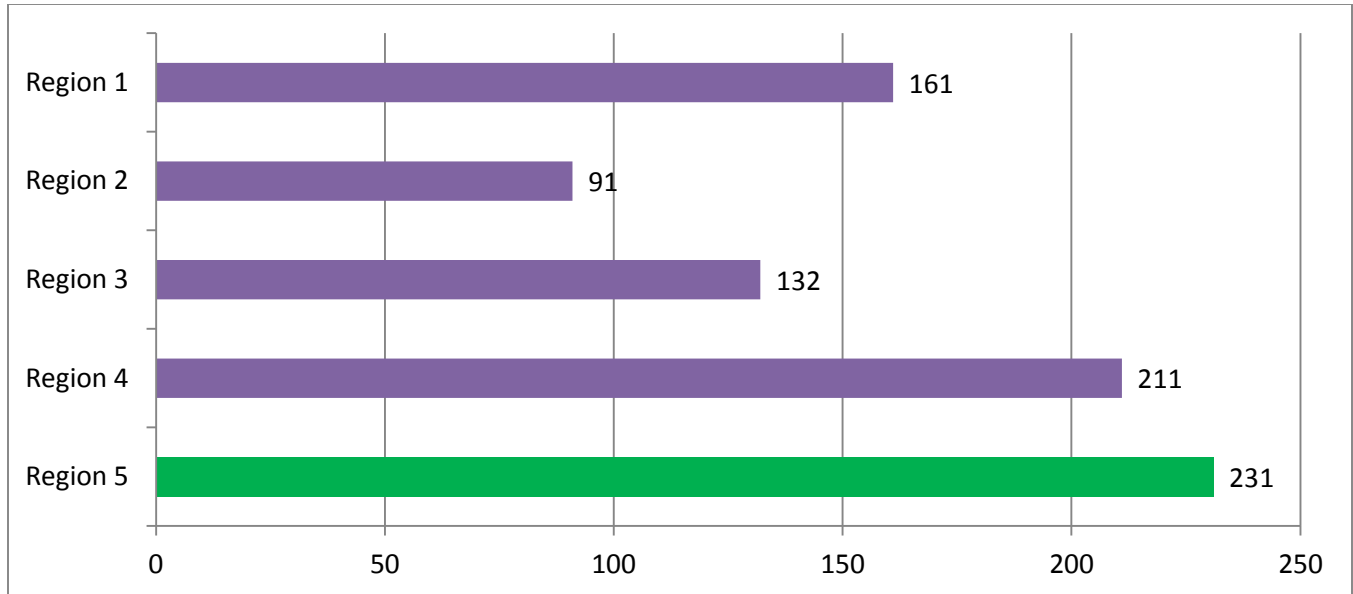
School F was not was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School G

ESSENCE Data

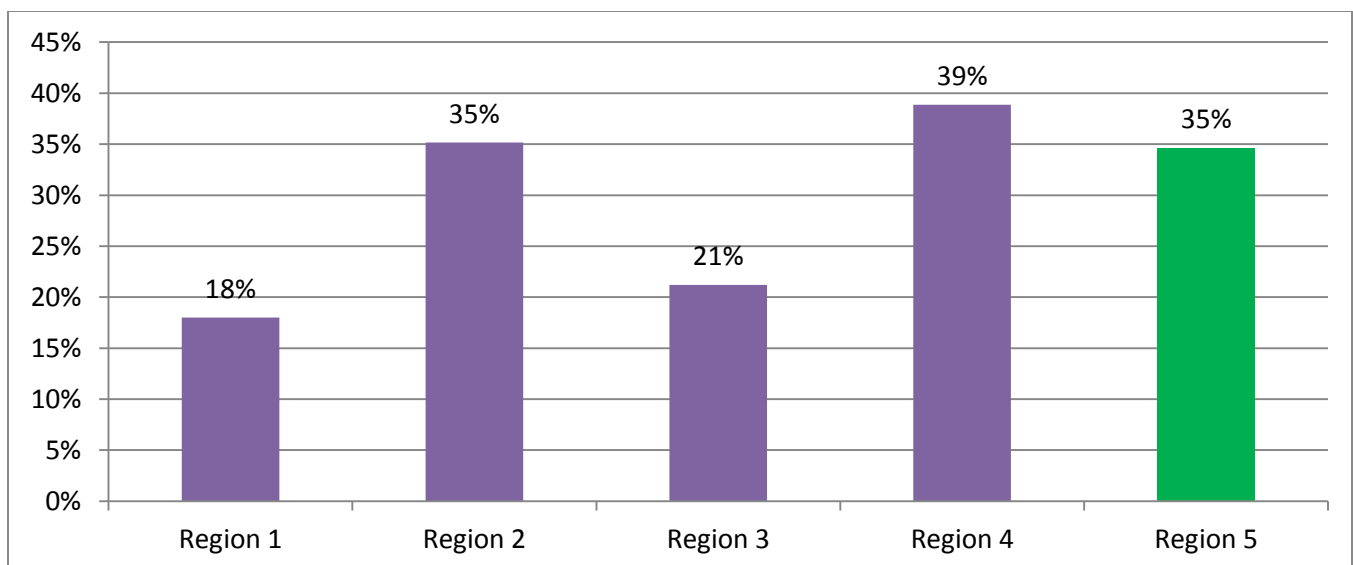
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School G is in Region 5. The distribution of suicide-related emergency departments by school region is shown below. Region 5 had the most visits (n = 231).

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

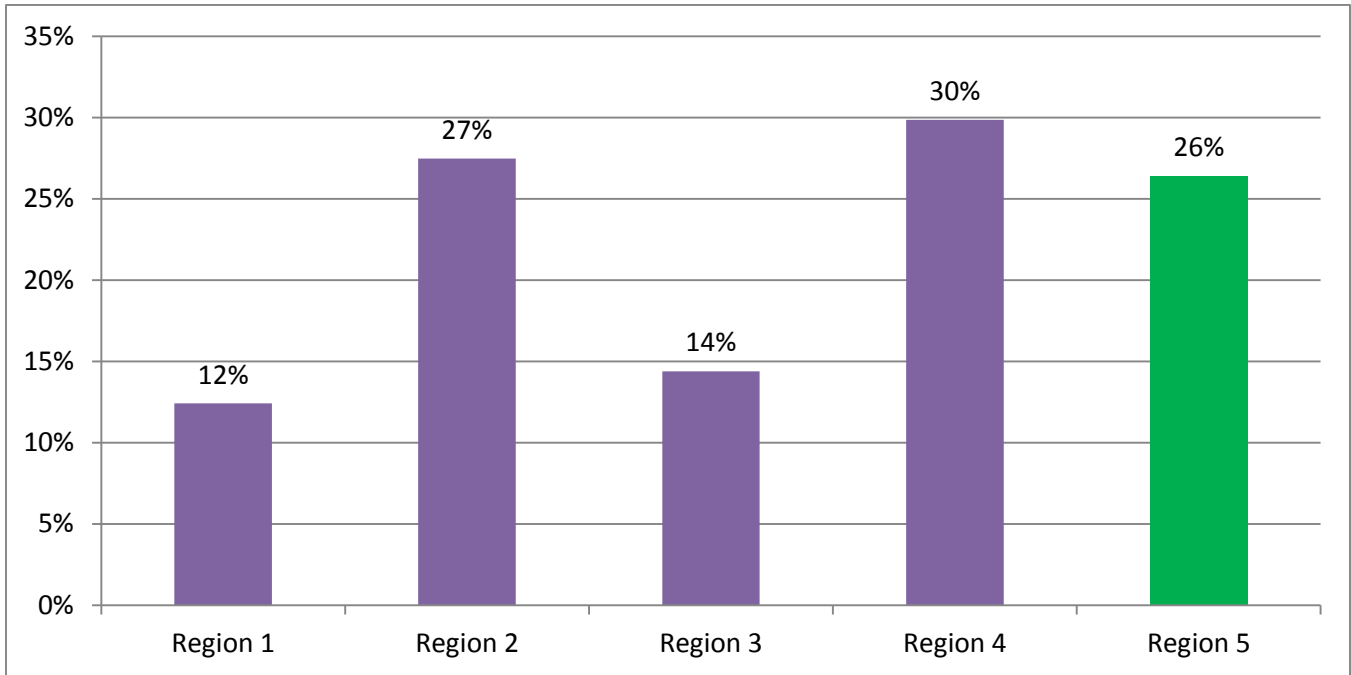


Region 5 had the second highest percentage of non-fatal behaviors (35%). Twenty-six percent of suicide-related ED chief complaints included substance use in Region 5.

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

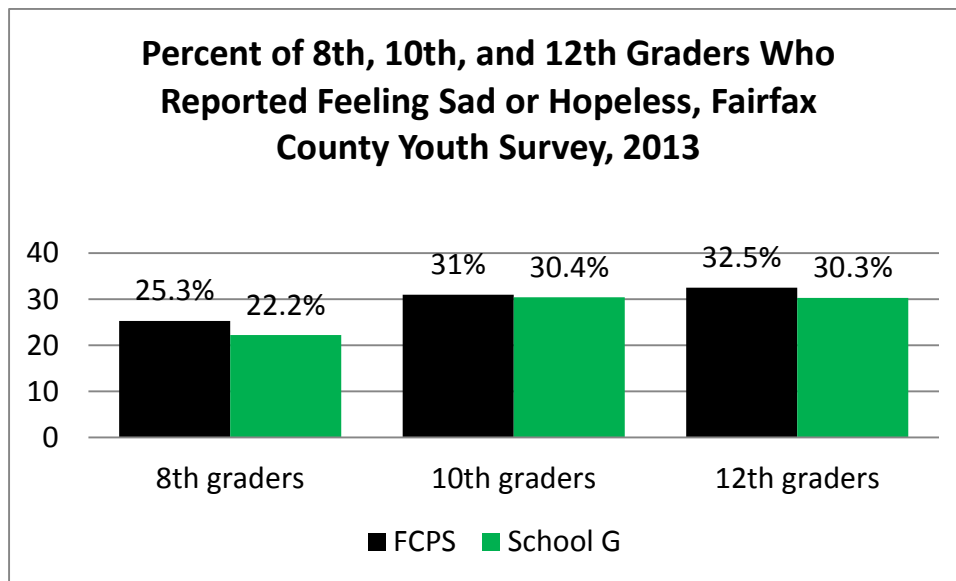


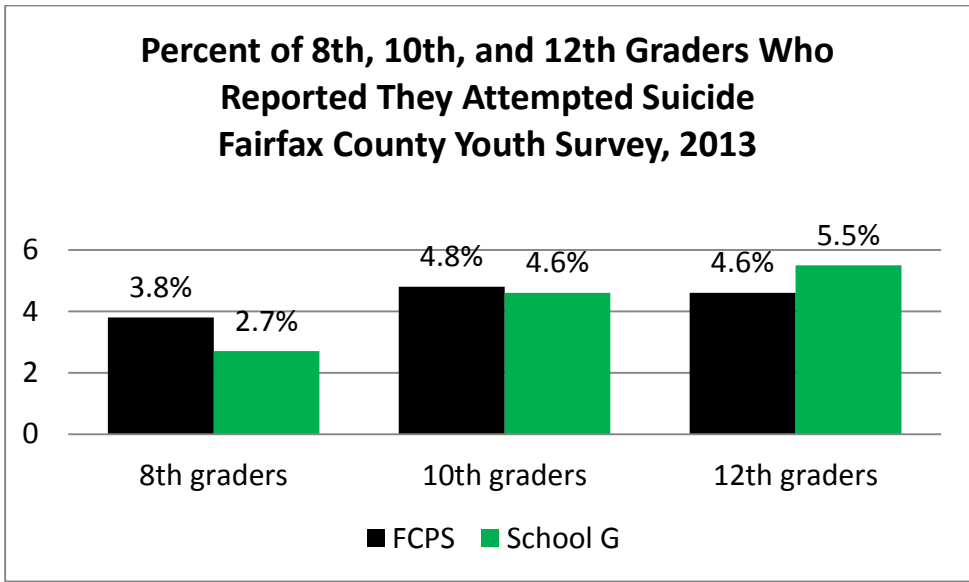
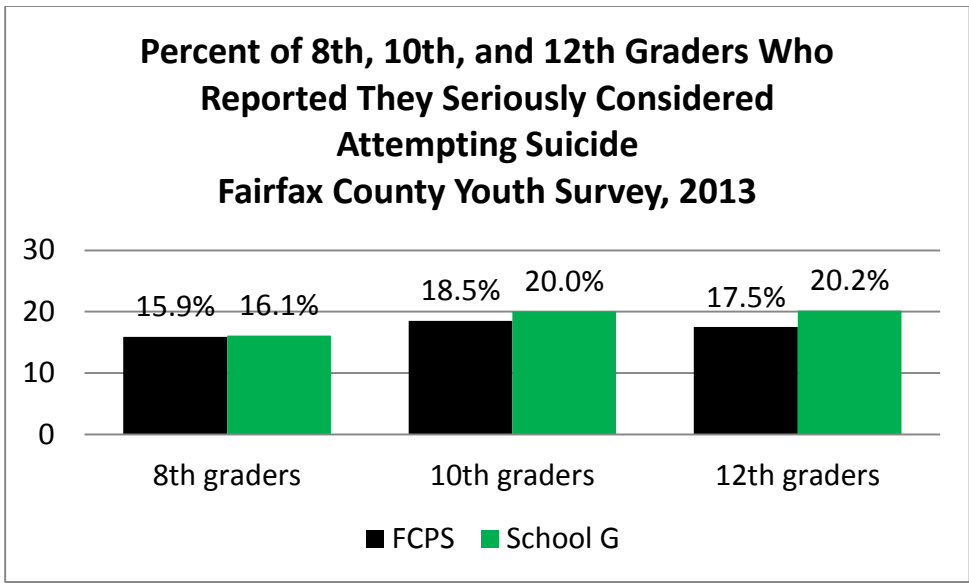
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School G compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





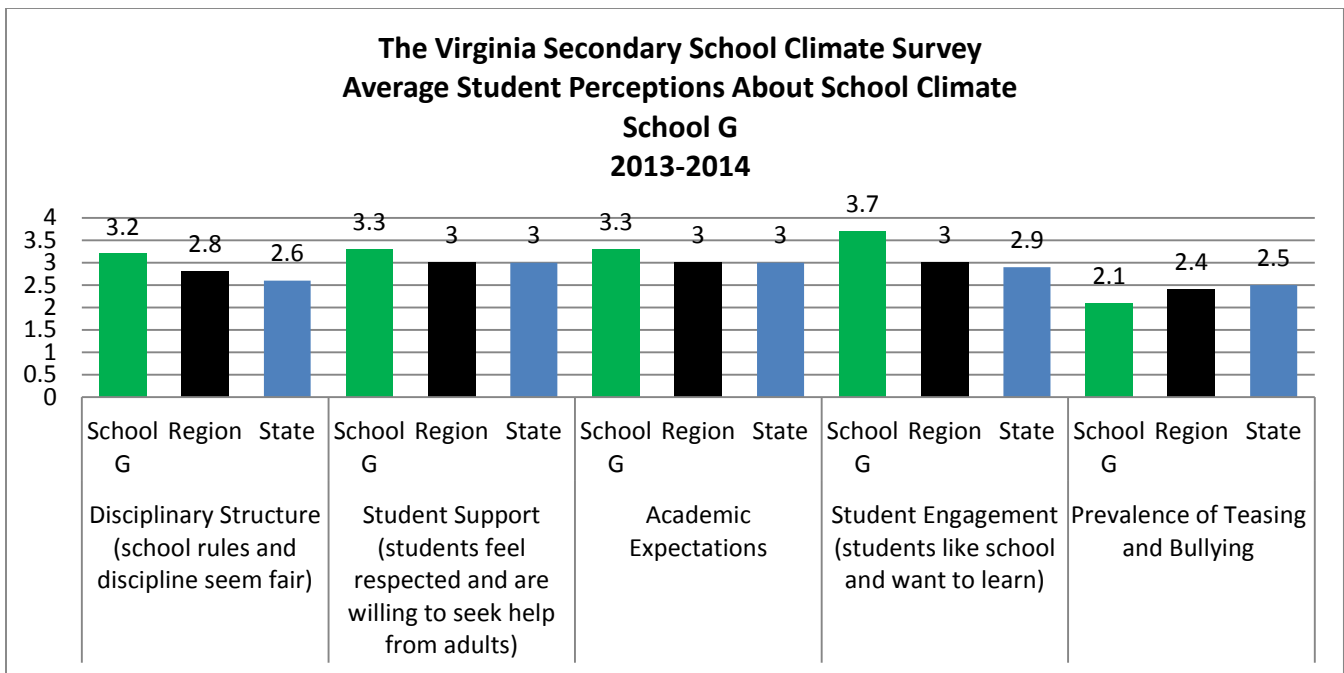
The table below compares the unadjusted odds ratios for risk and protective factors for School G and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

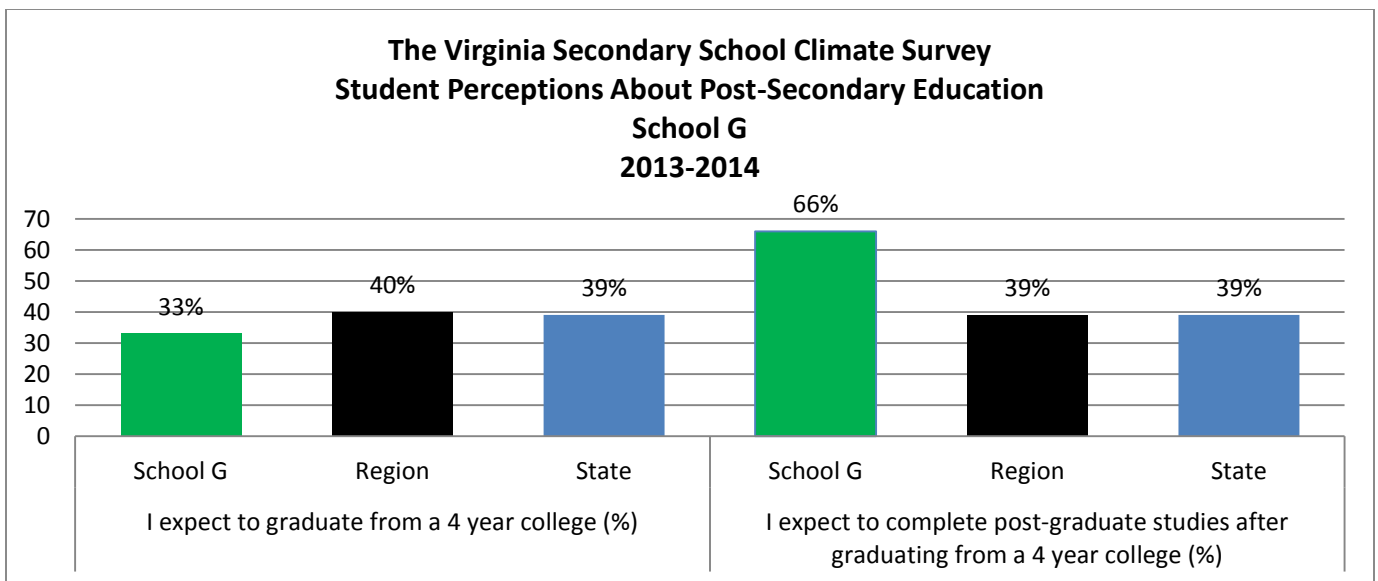
	Overall	School G
Individual level factors		
Felt sad or hopeless	17.0	17.9
Lifetime drug use	3.0	3.0
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.2
Was ever suspended	1.7	2.6
Victim of bullying	3.3	2.7
Victim of cyber bullying	4.4	4.2
<i>Intimate partner violence</i>		
Physical IPV	3.7	8.1
Control IPV	2.6	3.3
Emotional IPV	4.6	4.3
Sexual IPV	4.1	5.5
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.5
Family conflict - arguing	3.3	3.6
Family conflict - serious arguing	3.4	3.4
Family conflict - violence	3.8	5.1
<i>General violence</i>		
Attacked (general)	3.8	4.7
Threatened with a weapon	4.2	5.7
Sexually harassed	4.2	6.7
Forced sex	4.6	11.0
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall		

School Climate Data

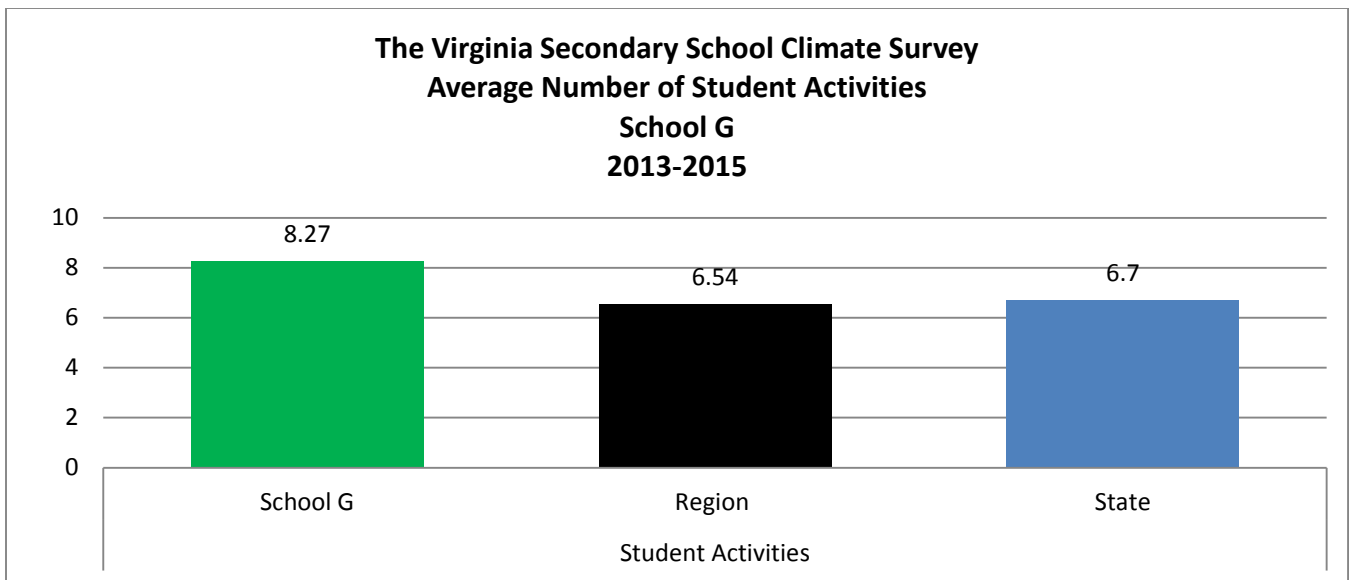
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School G's average for each scale and provides a comparison to regional and state averages.



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School G's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School G who expect to complete post-graduate studies after graduating from a four year college is 69% higher than students in the region or state.



Students at School G reporting participating in almost 2 more student activities on average compared to students at the region and state.

Reporting on Suicide

A scan of media related to youth suicide identified 13 news stories. School G was referenced in all 13 news stories. News stories were reviewed and evaluated based on strategies to avoid in the “Recommendations for Reporting on Suicide” that have been developed through a collaboration between the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies (www.ReportingOnSuicide.org). The table below summarizes the strategies to avoid that were used in articles referencing School G.

Recommendation	Article(s) Reference School G
Avoid...	
Big or sensationalistic headlines	X
Describing the suicide method	X
Including photos/videos of the location or method of death, grieving family, friends, memorials, or funerals	X
Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms	X
Describing a suicide as inexplicable or “without warning”	X
“John Doe left a suicide note saying...”	X
Investigating or reporting on suicide similar to reporting on crimes	X
Referring to suicide as “successful,” “unsuccessful,” or a “failed attempt”	X

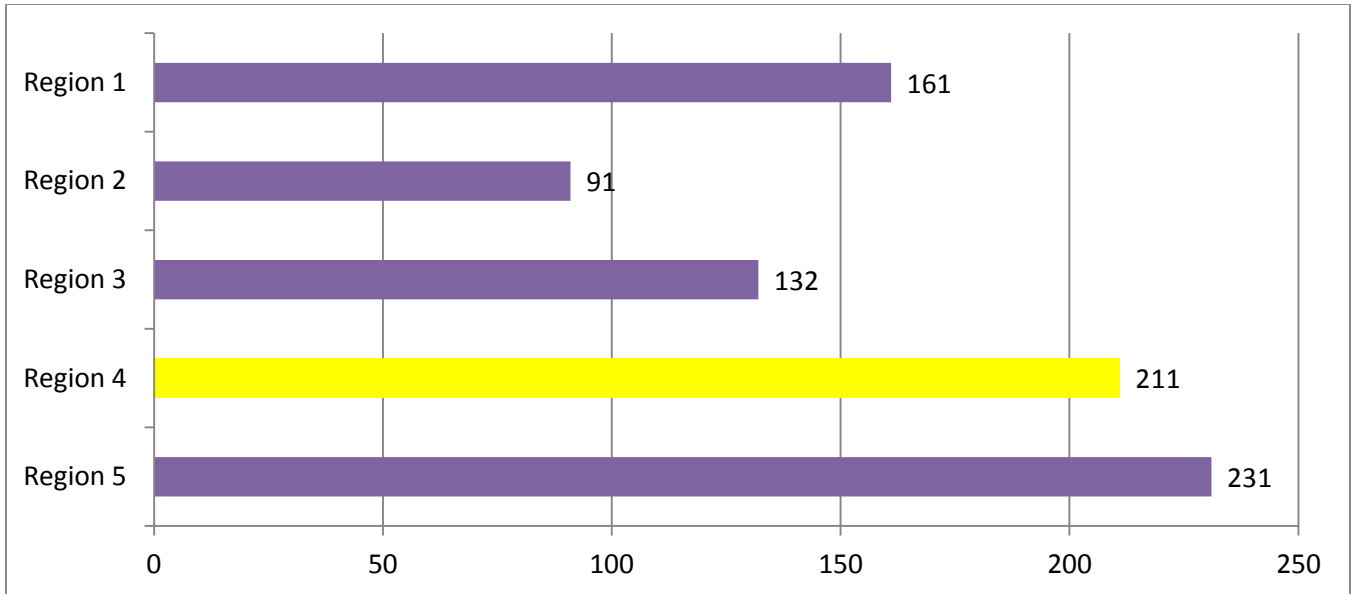
Public information officials and media relations staff at the school, FCPS, and FCHD should review the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School H

ESSENCE Data

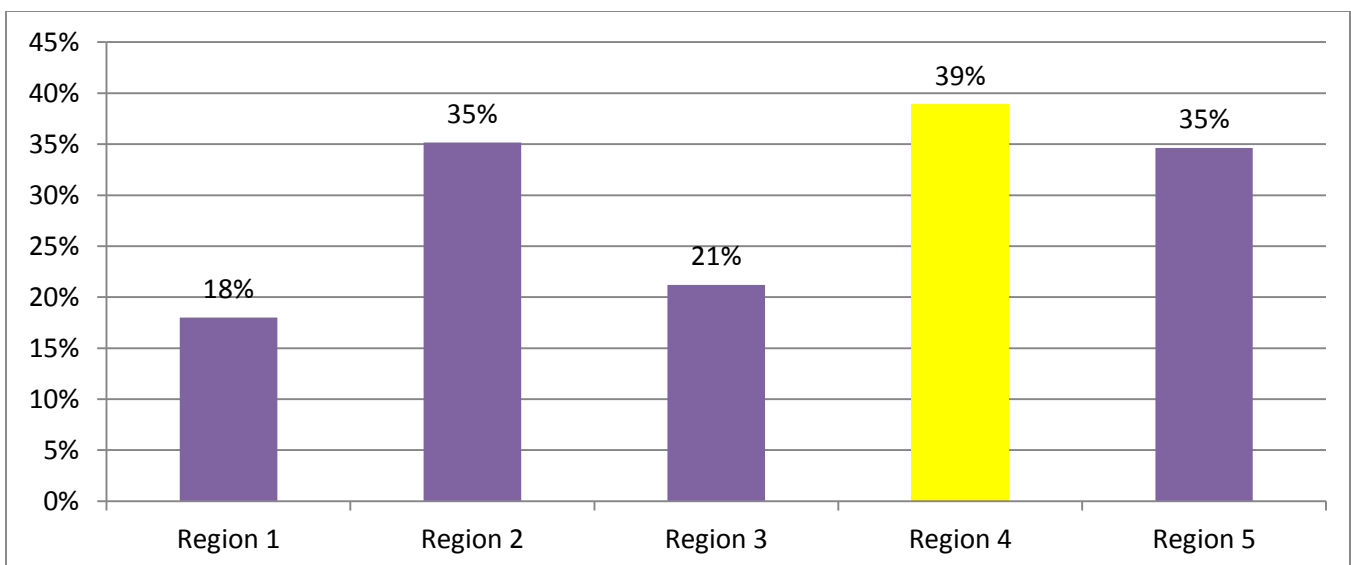
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School H is in Region 4. The distribution of suicide-related emergency departments by school region is shown below. Region 4 had the second highest number of visits (n = 211).

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

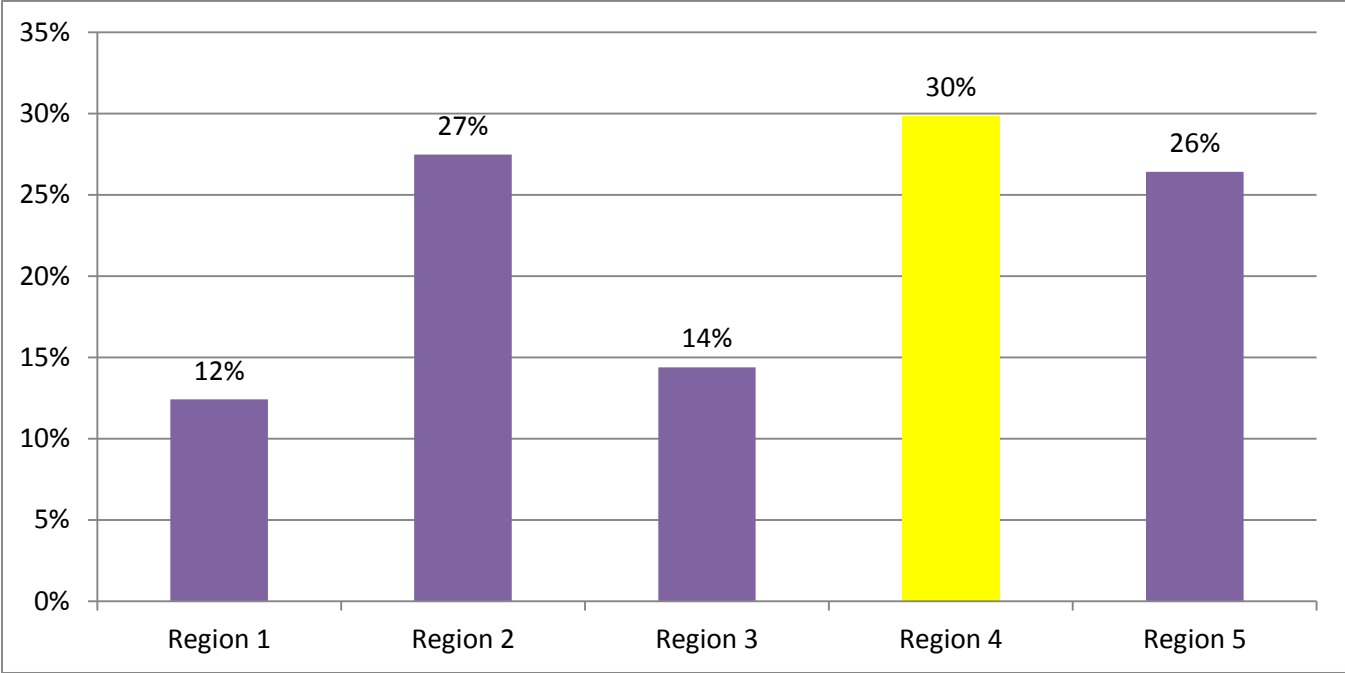


Region 4 had the highest percentage of non-fatal behaviors (39%) and the highest percent of substance use reported in ED chief complaints (30%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

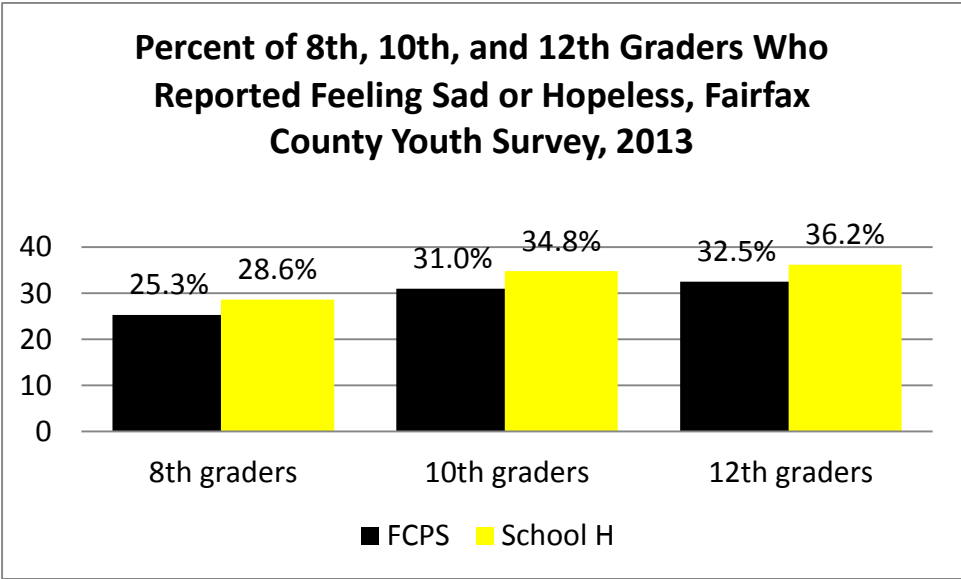


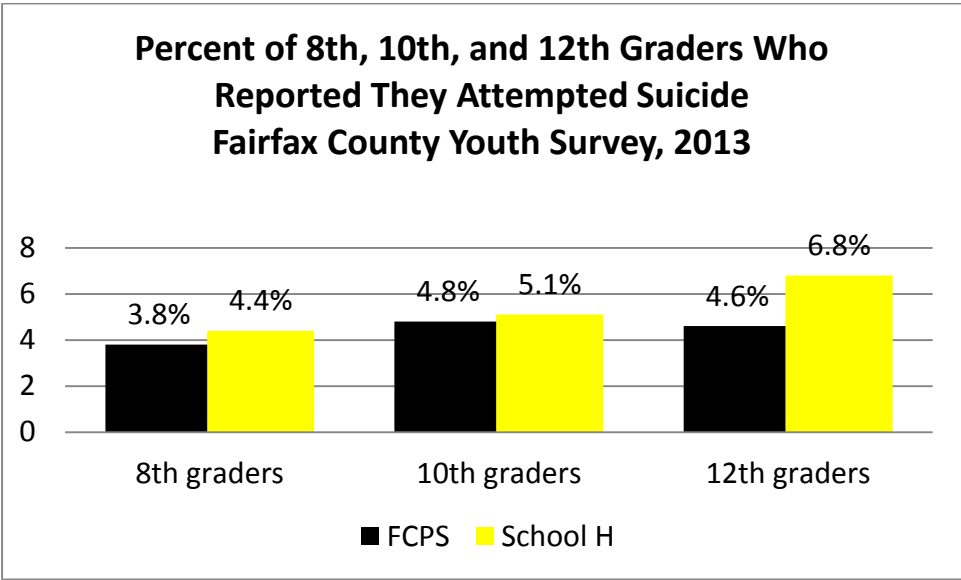
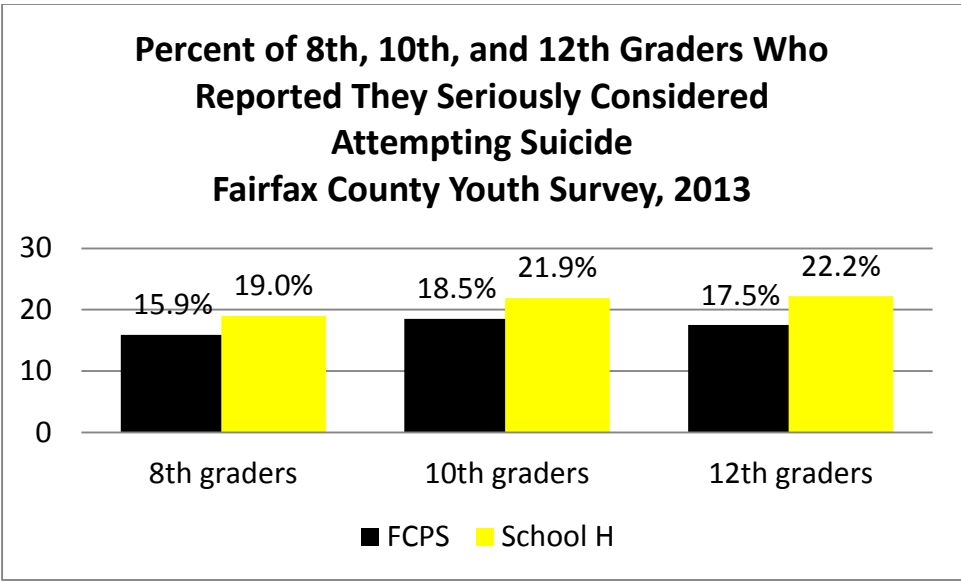
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 8th, 10th, and 12th graders in School H compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School H and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

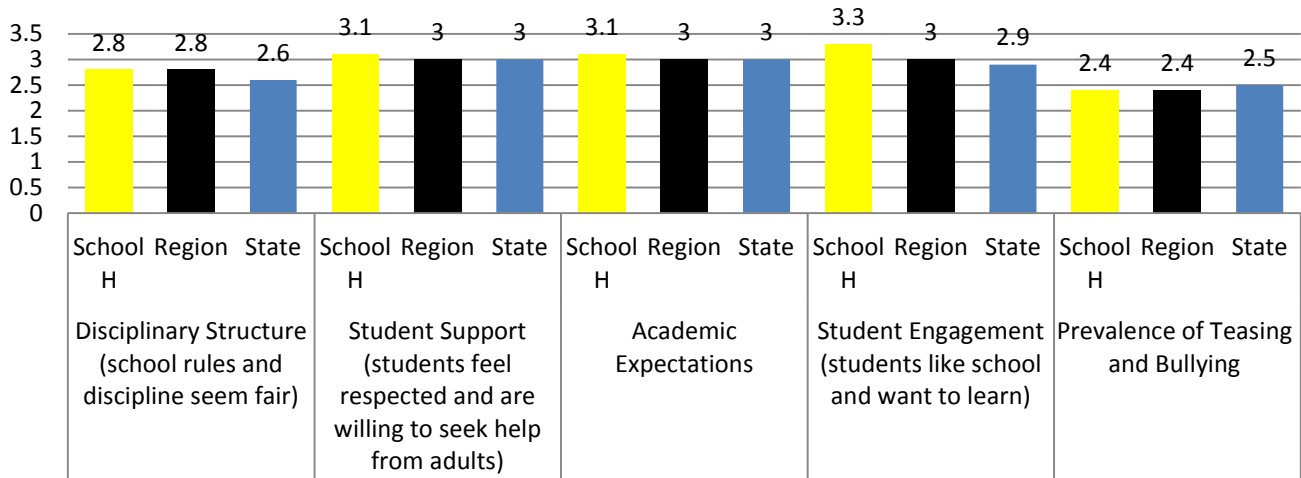
	Overall	School H
Individual level factors		
Felt sad or hopeless	17.0	14.4
Lifetime drug use	3.0	2.5
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.3
Was ever suspended	1.7	1.5
Victim of bullying	3.3	3.7
Victim of cyber bullying	4.4	3.9
<i>Intimate partner violence</i>		
Physical IPV	3.7	3.0
Control IPV	2.6	2.4
Emotional IPV	4.6	5.0
Sexual IPV	4.1	4.0
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.3
Family conflict - arguing	3.3	3.0
Family conflict - serious arguing	3.4	2.8
Family conflict - violence	3.8	2.9
<i>General violence</i>		
Attacked (general)	3.8	3.9
Threatened with a weapon	4.2	3.8
Sexually harassed	4.2	3.6
Forced sex	4.6	5.9
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall		

School Climate Data

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School H's average for each scale and provides a comparison to regional and state averages.

**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate**

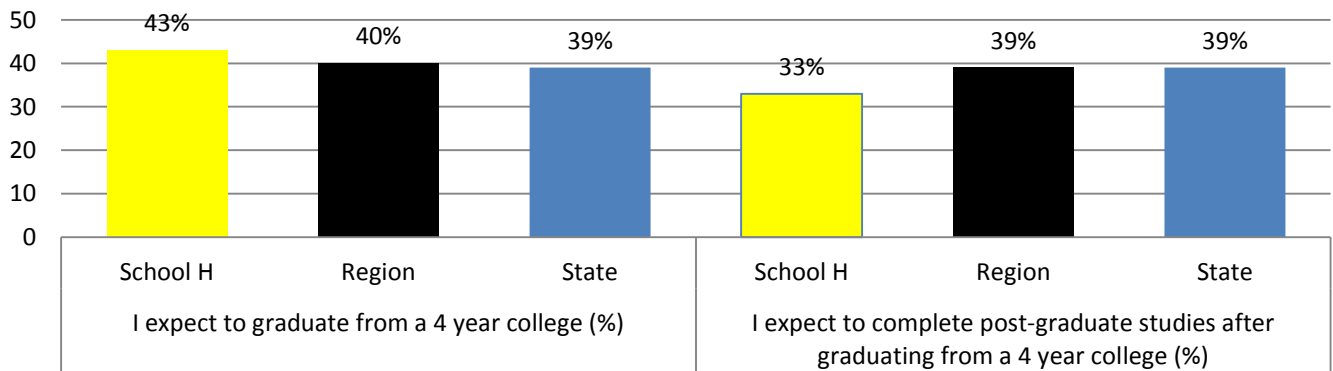
**School H
2013-2014**

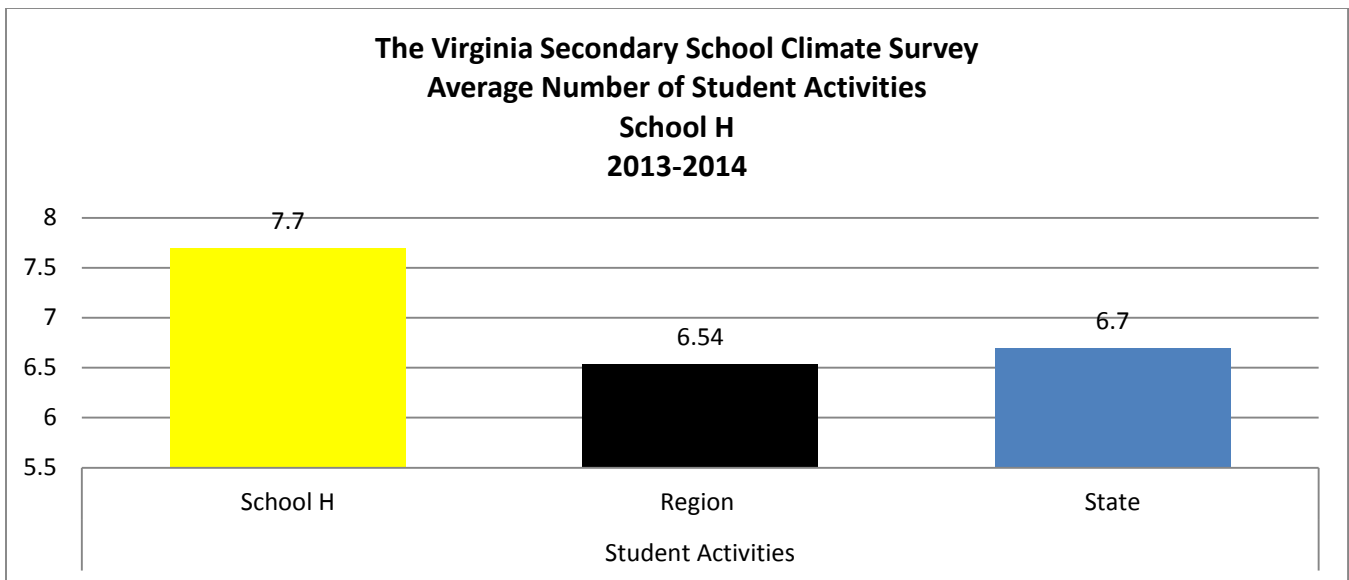


Items in the Virginia Secondary School Climate Survey also assess students’ expectations about pursuing post-secondary education and involvement in extracurricular activities. School H’s student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student’s expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education**

**School H
2013-2014**





Reporting on Suicide

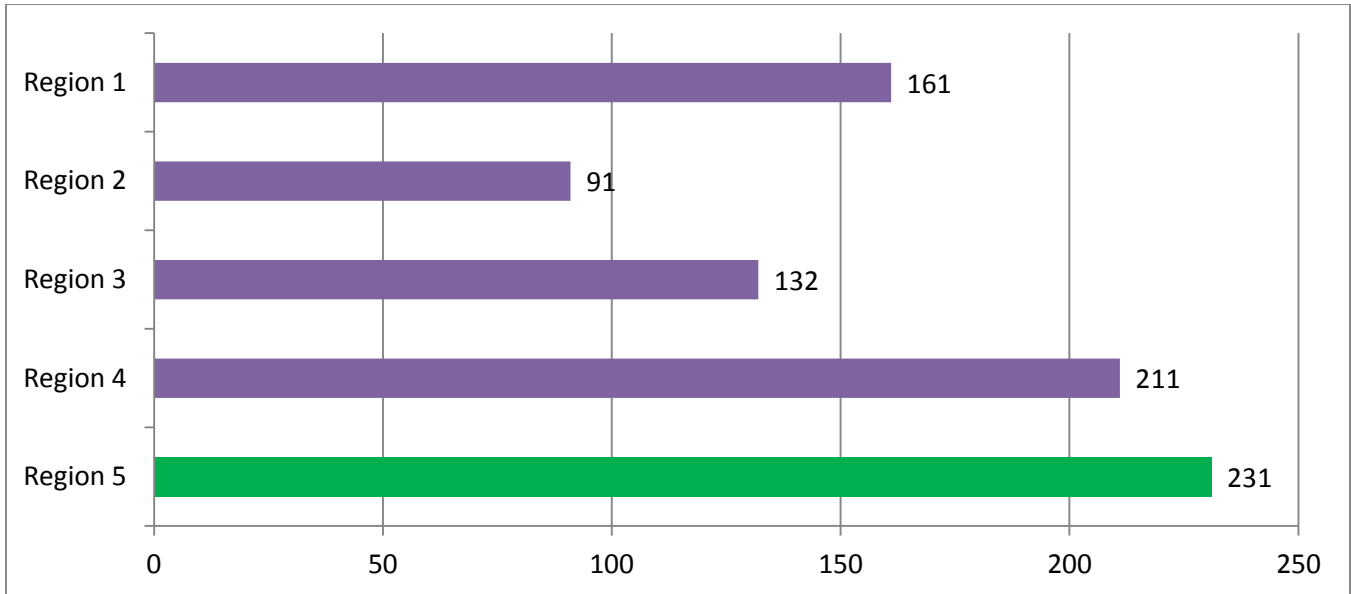
School H was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School I

ESSENCE Data

Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School I is in Region 5. The distribution of suicide-related emergency departments by school region is shown below. Region 5 had the most visits (n = 231).

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

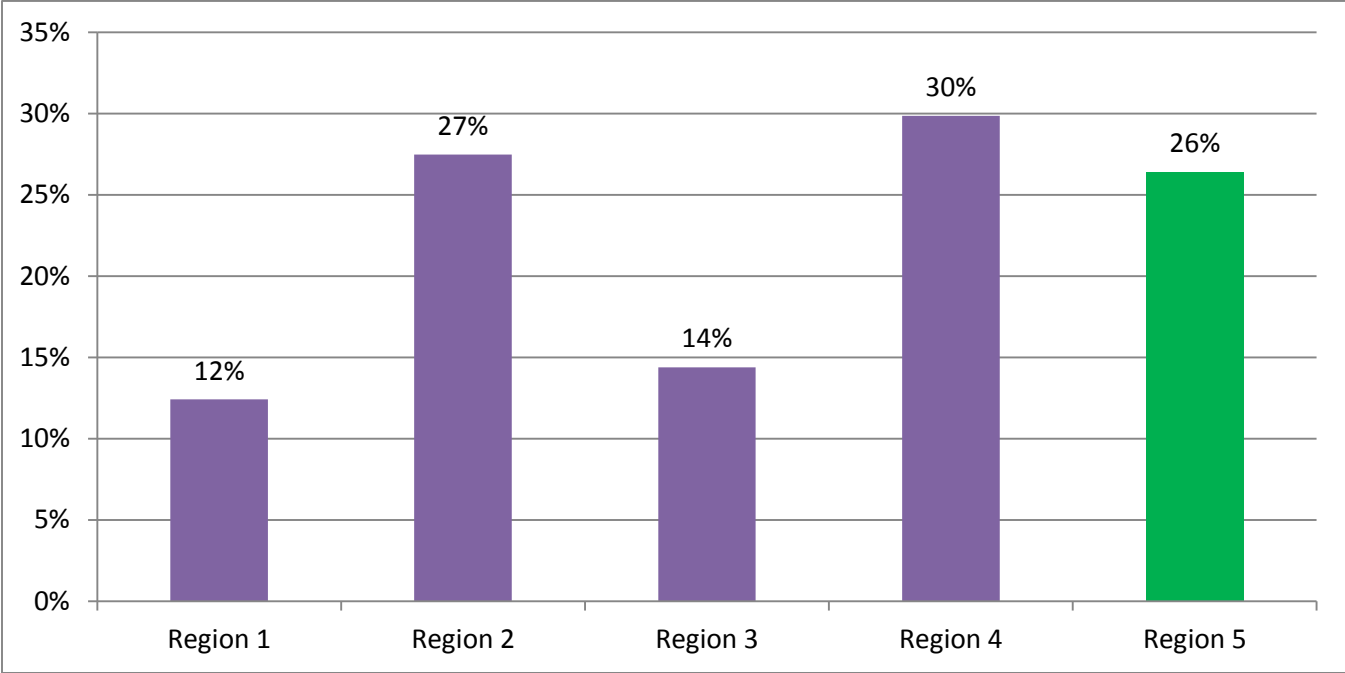


Region 5 had the second highest percentage of non-fatal behaviors (35%). Twenty-six percent of suicide-related ED chief complaints included substance use in Region 5.

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

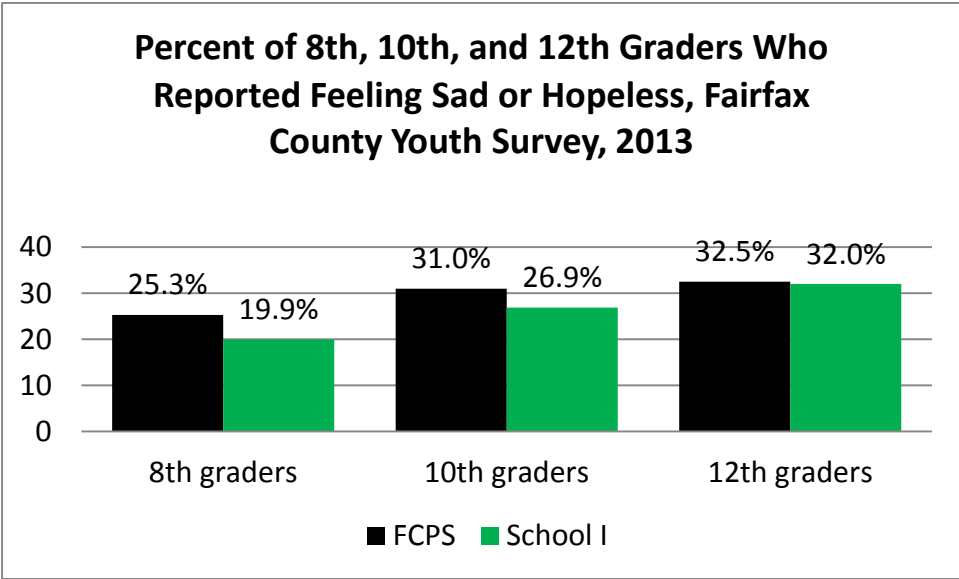


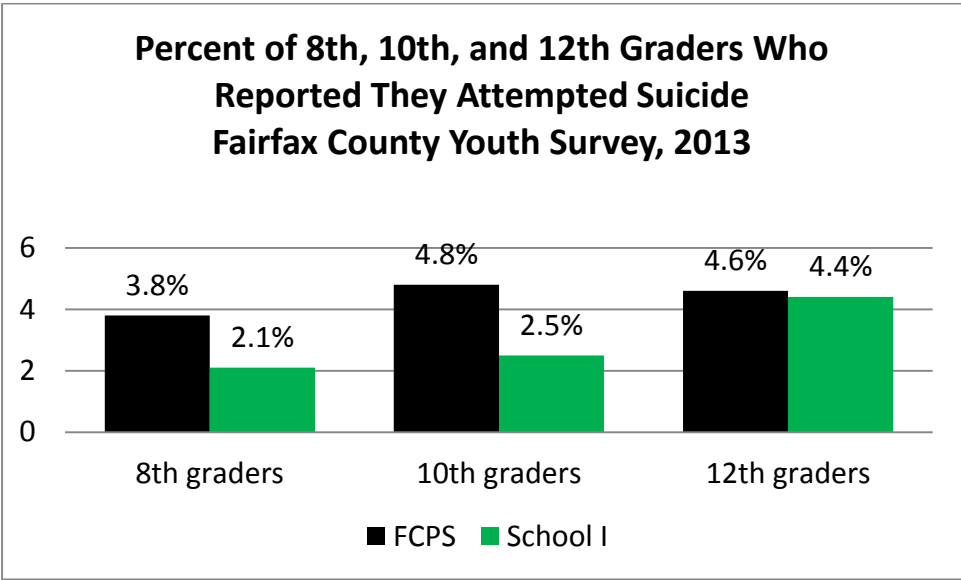
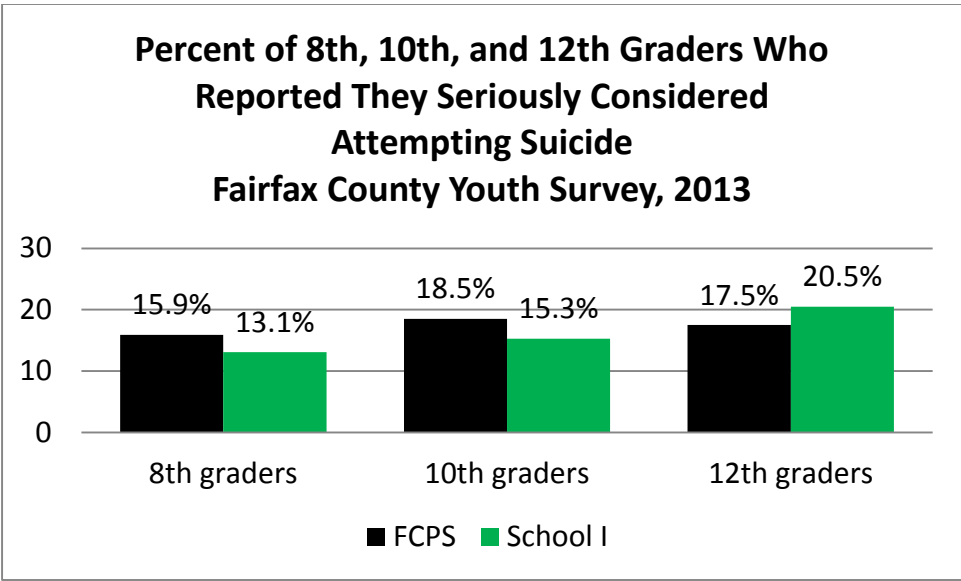
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 8th, 10th, and 12th graders in School I compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School I and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

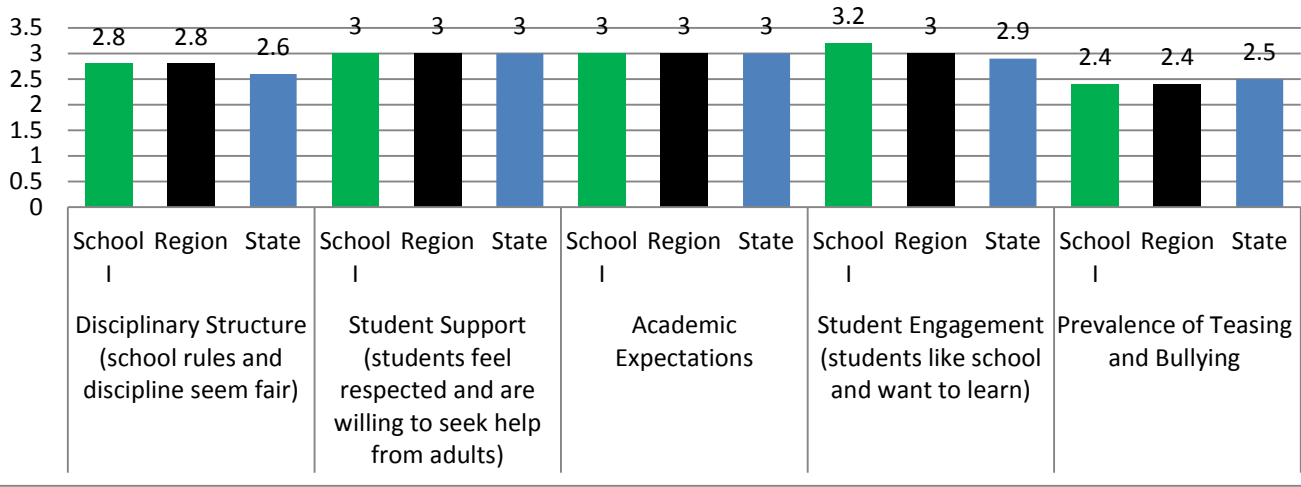
	Overall	School I
Individual level factors		
Felt sad or hopeless	17.0	19.3
Lifetime drug use	3.0	3.4
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.5
Interpersonal level factors		
Parent help available	0.2	0.3
Feels safe at school	0.3	0.4
Was ever suspended	1.7	1.7
Victim of bullying	3.3	3.5
Victim of cyber bullying	4.4	4.3
<i>Intimate partner violence</i>		
Physical IPV	3.7	6.0
Control IPV	2.6	2.4
Emotional IPV	4.6	7.2
Sexual IPV	4.1	4.3
<i>Family conflict</i>		
Family conflict - yelling	3.3	2.3
Family conflict - arguing	3.3	2.8
Family conflict - serious arguing	3.4	3.1
Family conflict - violence	3.8	3.7
<i>General violence</i>		
Attacked (general)	3.8	3.5
Threatened with a weapon	4.2	4.4
Sexually harassed	4.2	4.3
Forced sex	4.6	7.9
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall		

School Climate Data

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School I's average for each scale and provides a comparison to regional and state averages.

**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate**

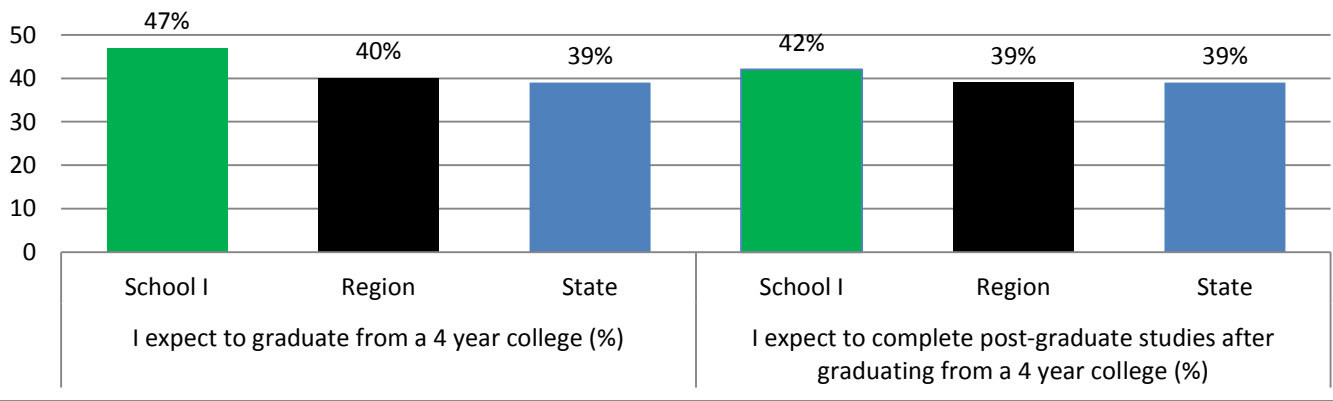
**School I
2013-2014**

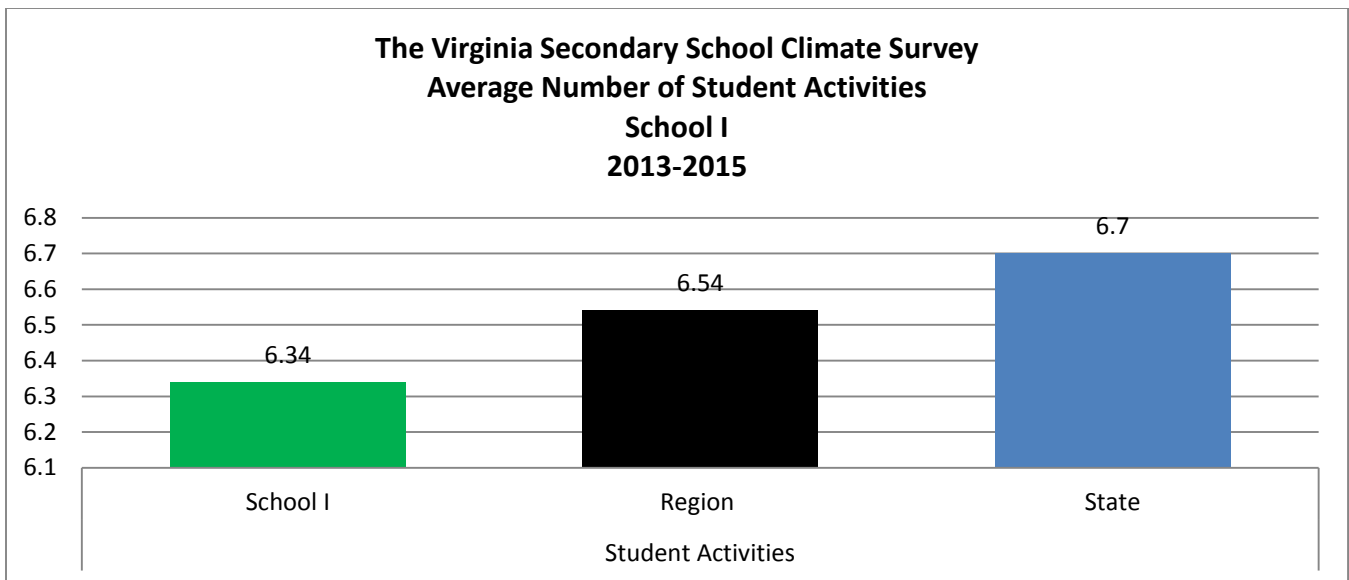


Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School I's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education**

**School I
2013-2014**





Reporting on Suicide

A scan of media related to youth suicide identified 13 news stories. School I was referenced in 2 news stories. News stories were reviewed and evaluated based on strategies to avoid in the “Recommendations for Reporting on Suicide” that have been developed through a collaboration between the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies (www.ReportingOnSuicide.org). The table below summarizes the strategies to avoid that were used in articles referencing School I.

Recommendation	Article(s) Reference School I
Avoid...	
Big or sensationalistic headlines	
Describing the suicide method	
Including photos/videos of the location or method of death, grieving family, friends, memorials, or funerals	X
Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms	X
Describing a suicide as inexplicable or “without warning”	
“John Doe left a suicide note saying...”	
Investigating or reporting on suicide similar to reporting on crimes	
Referring to suicide as “successful,” “unsuccessful,” or a “failed attempt”	

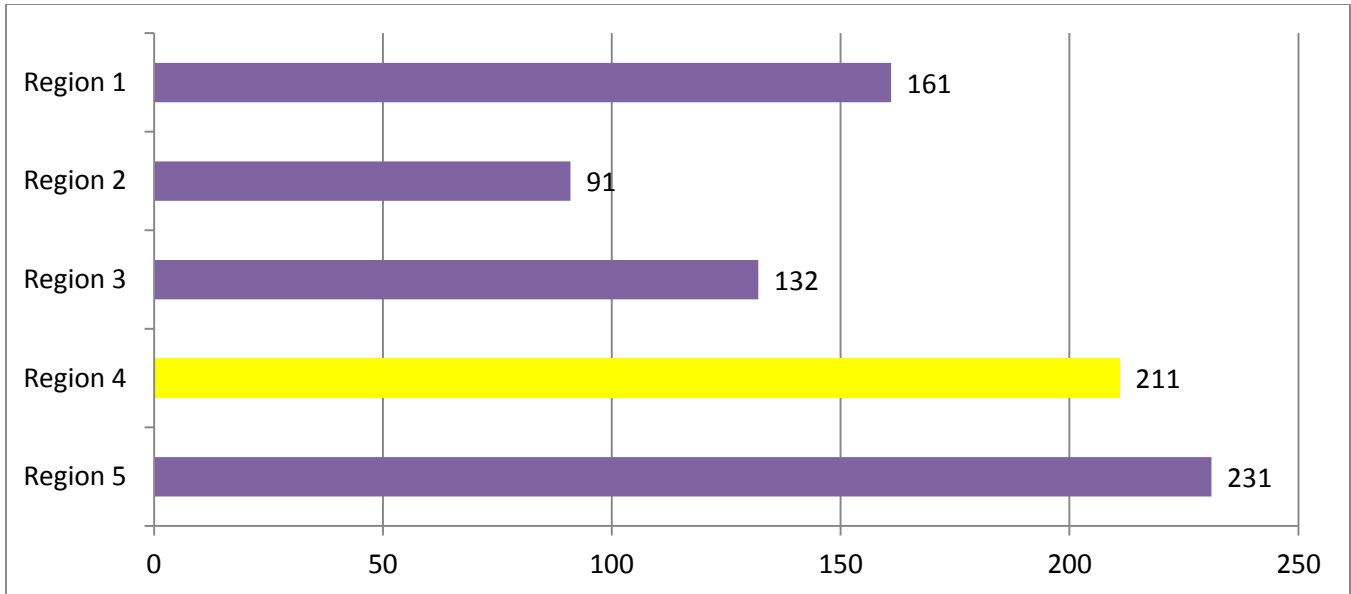
Public information officials and media relations staff at the school, FCPS, and FCHD should review the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School J

ESSENCE Data

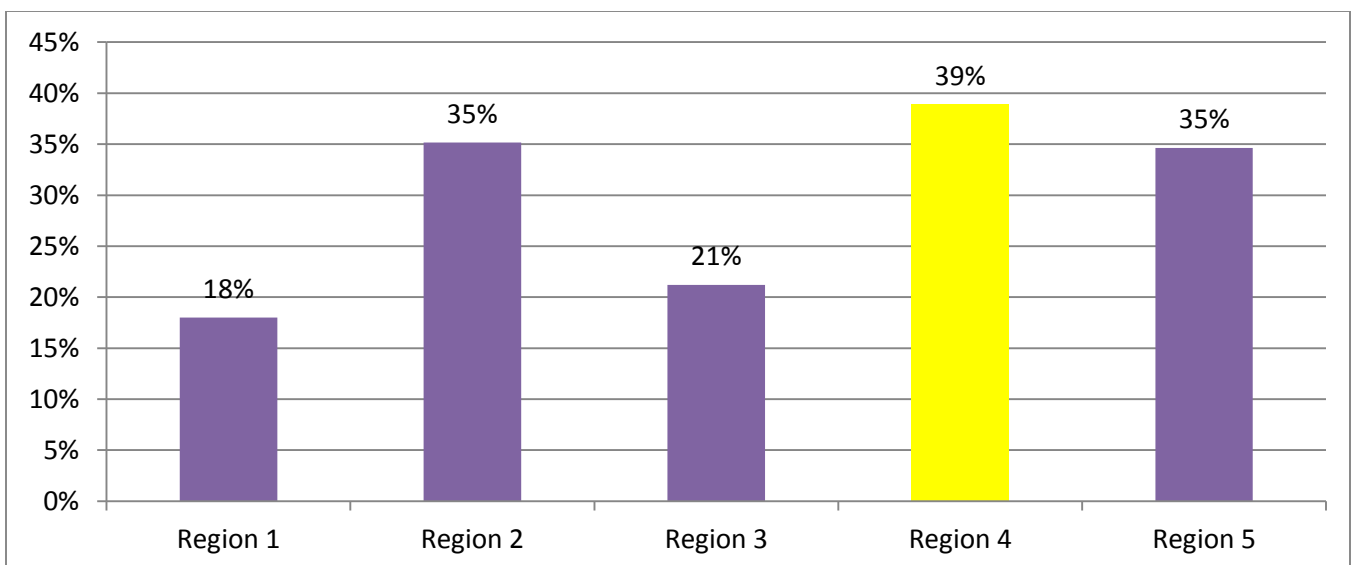
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School J is in Region 4. The distribution of suicide-related emergency departments by school region is shown below. Region 4 had the second highest number of visits (n = 211).

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

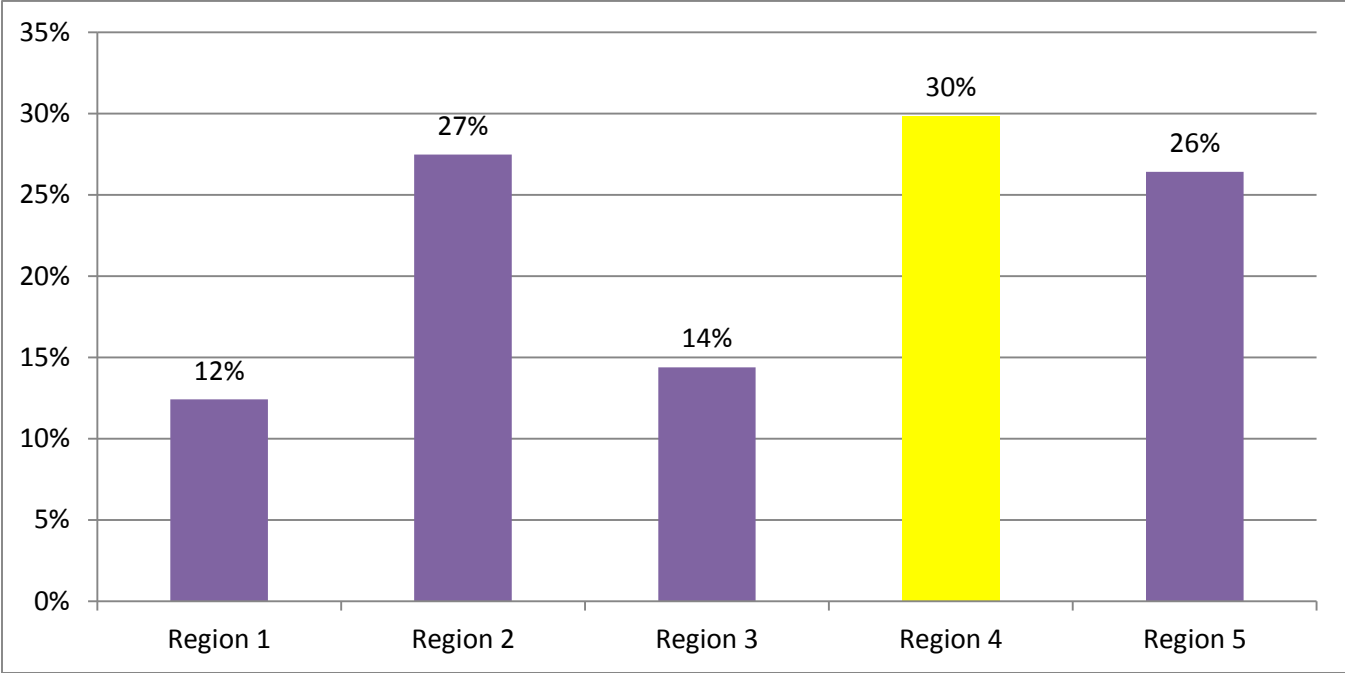


Region 4 had the highest percentage of non-fatal behaviors (39%) and the highest percent of substance use reported in ED chief complaints (30%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

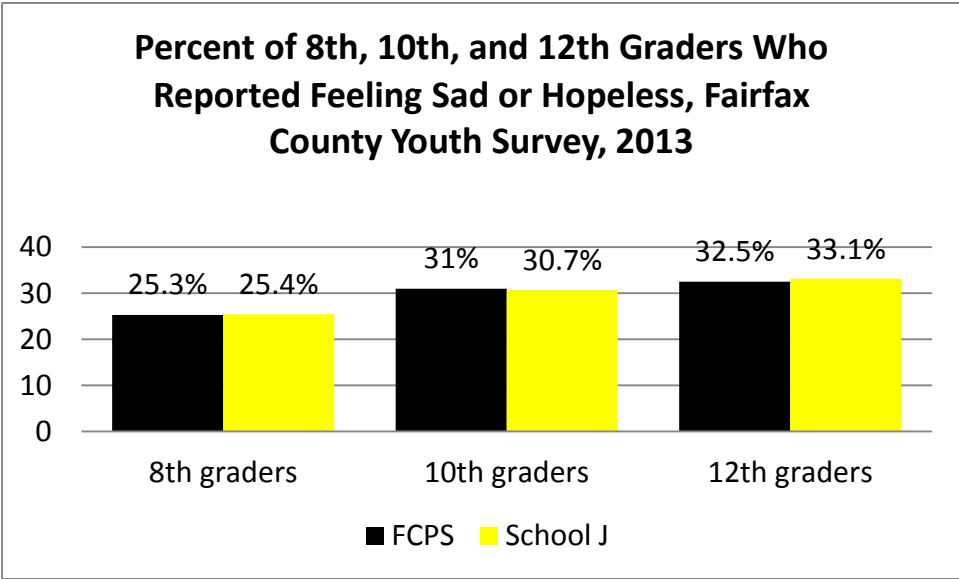


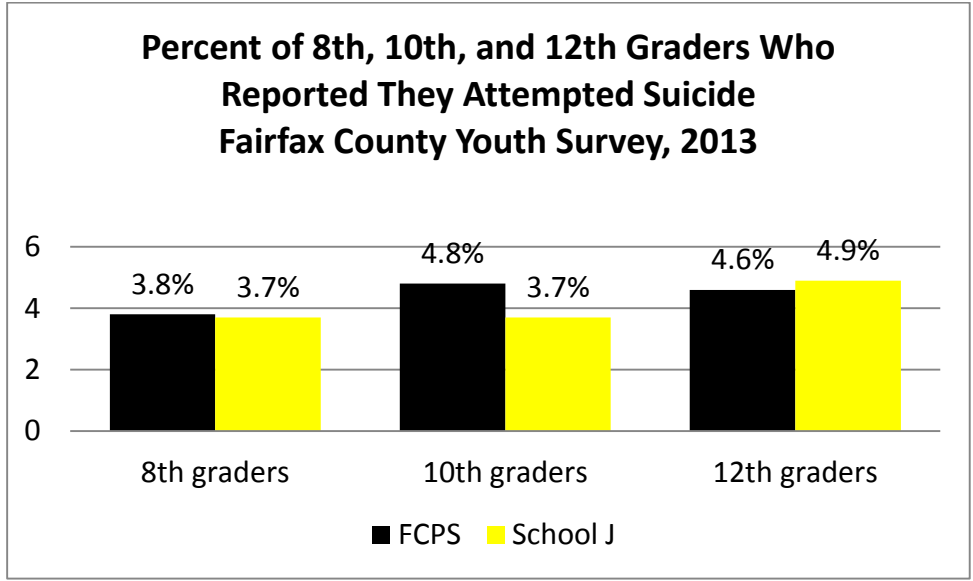
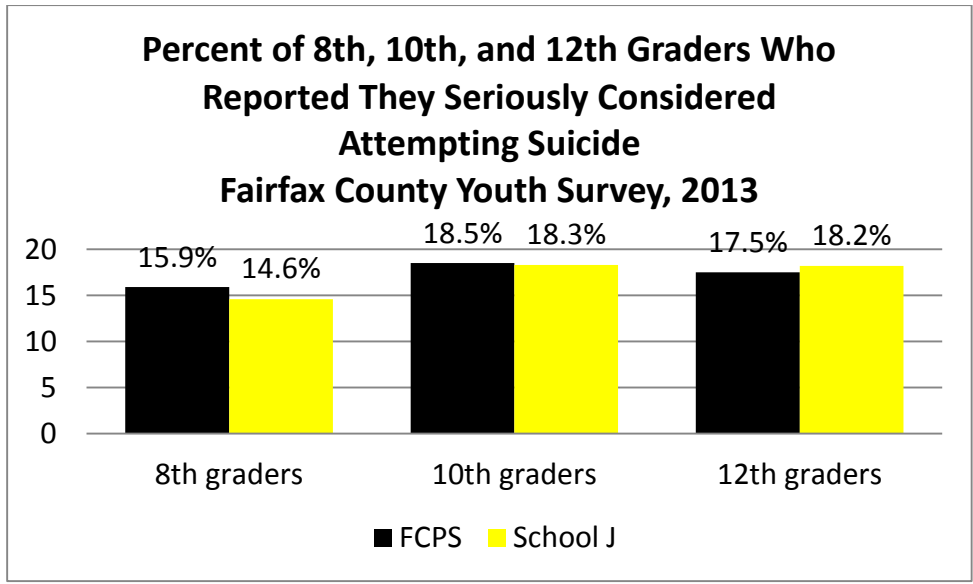
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School J compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School J and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

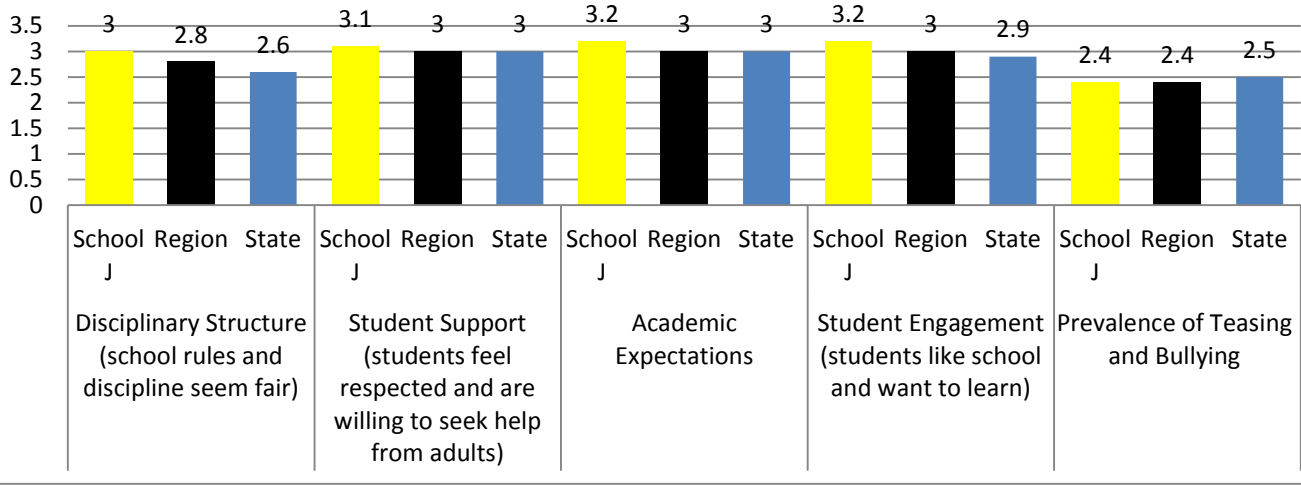
	Overall	School J
Individual level factors		
Felt sad or hopeless	17.0	18.0
Lifetime drug use	3.0	2.4
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.5
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.3
Was ever suspended	1.7	1.8
Victim of bullying	3.3	3.4
Victim of cyber bullying	4.4	3.7
<i>Intimate partner violence</i>		
Physical IPV	3.7	4.3
Control IPV	2.6	2.2
Emotional IPV	4.6	5.4
Sexual IPV	4.1	3.1
<i>Family conflict</i>		
Family conflict - yelling	3.3	2.7
Family conflict - arguing	3.3	2.5
Family conflict - serious arguing	3.4	3.5
Family conflict - violence	3.8	4.6
<i>General violence</i>		
Attacked (general)	3.8	3.3
Threatened with a weapon	4.2	3.6
Sexually harassed	4.2	4.0
Forced sex	4.6	4.5

Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

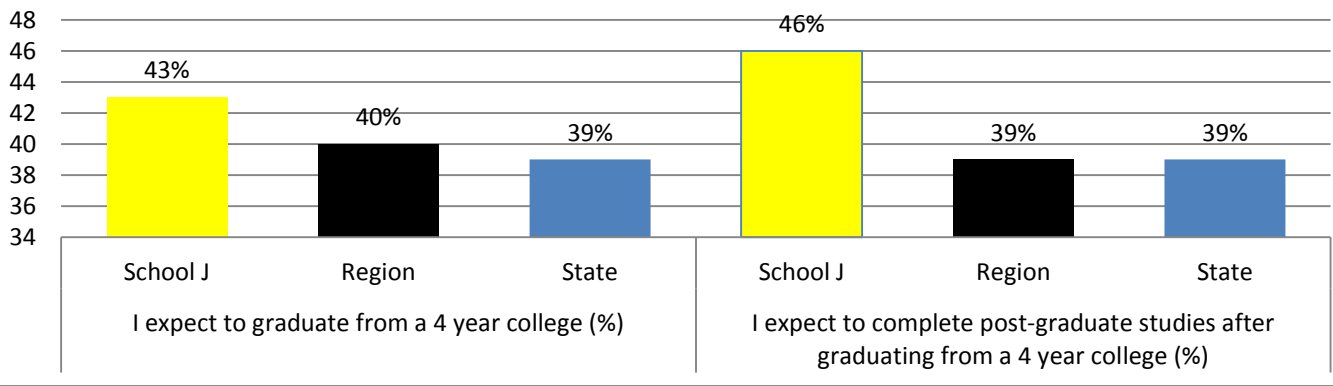
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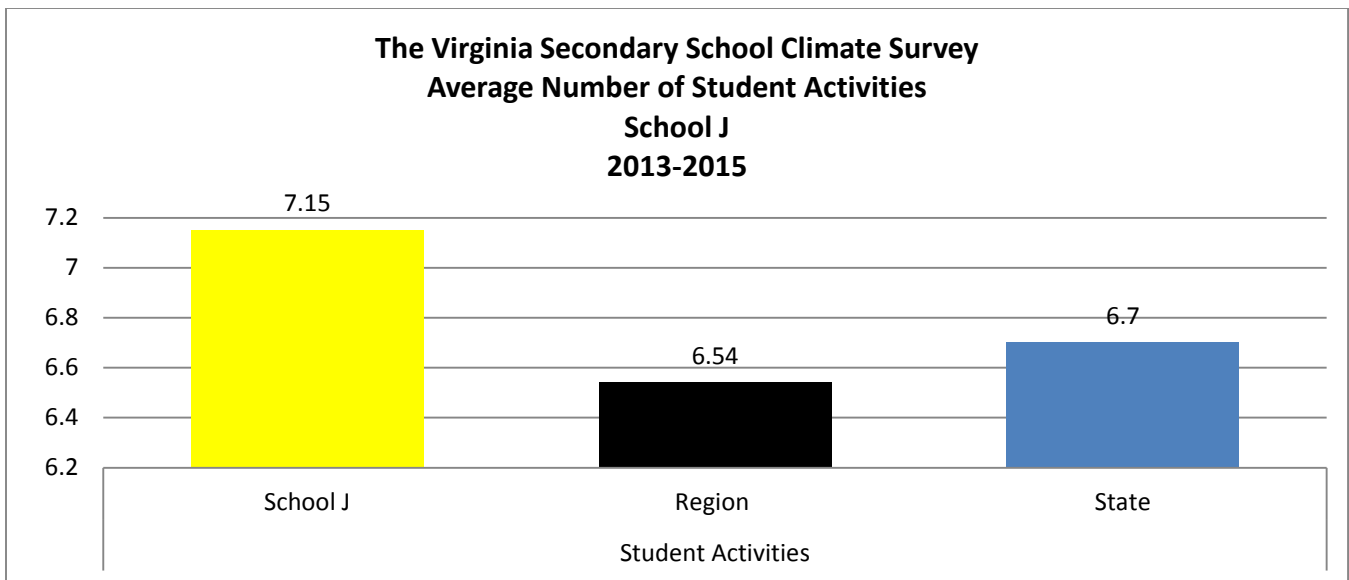
**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate
School J
2013-2014**



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School J's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education
School J
2013-2014**





Reporting on Suicide

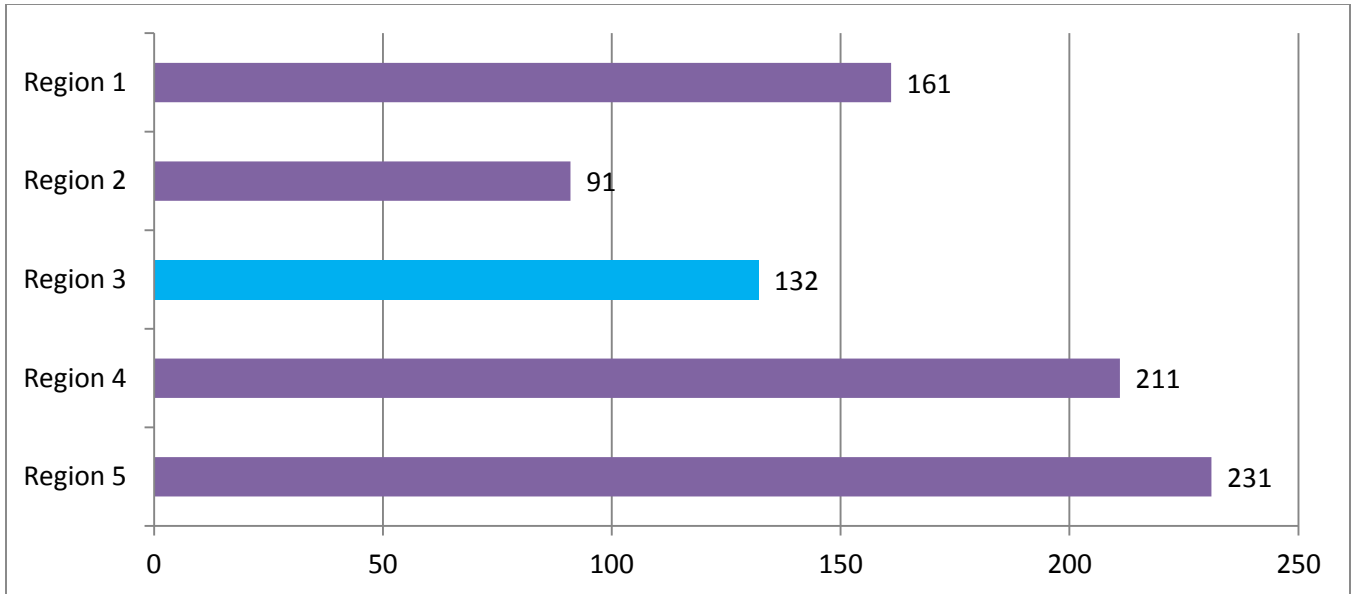
School J was not was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School K

ESSENCE Data

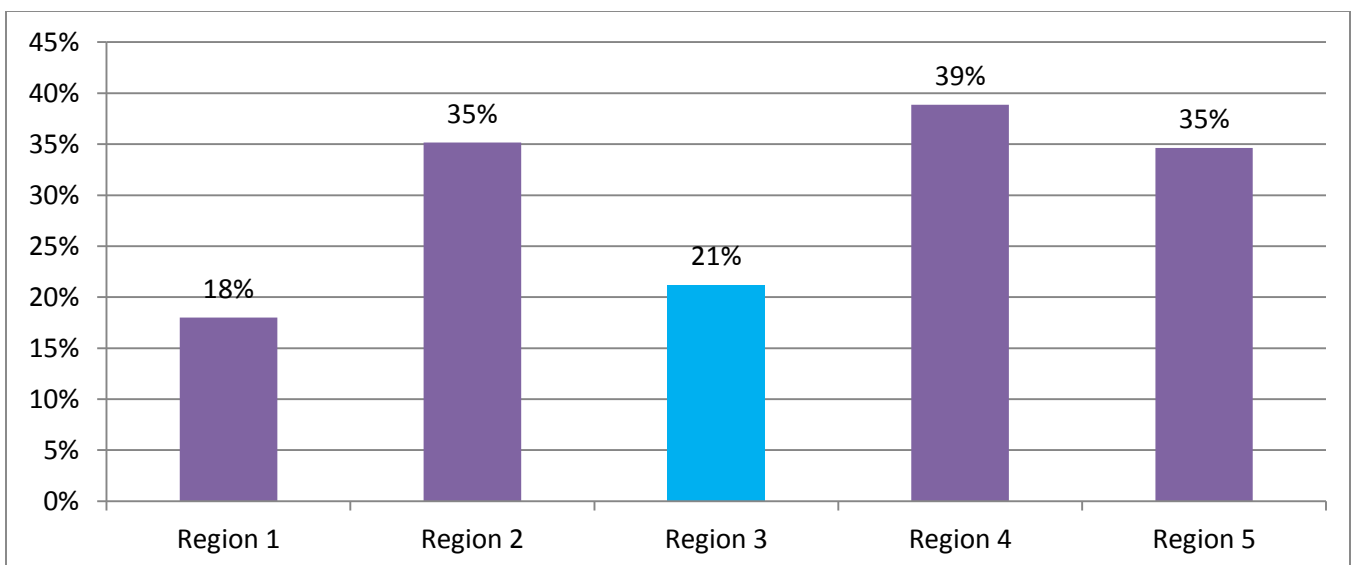
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School K is Region 3. The distribution of suicide-related emergency departments by school region is shown below. Region 3 had 132 suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

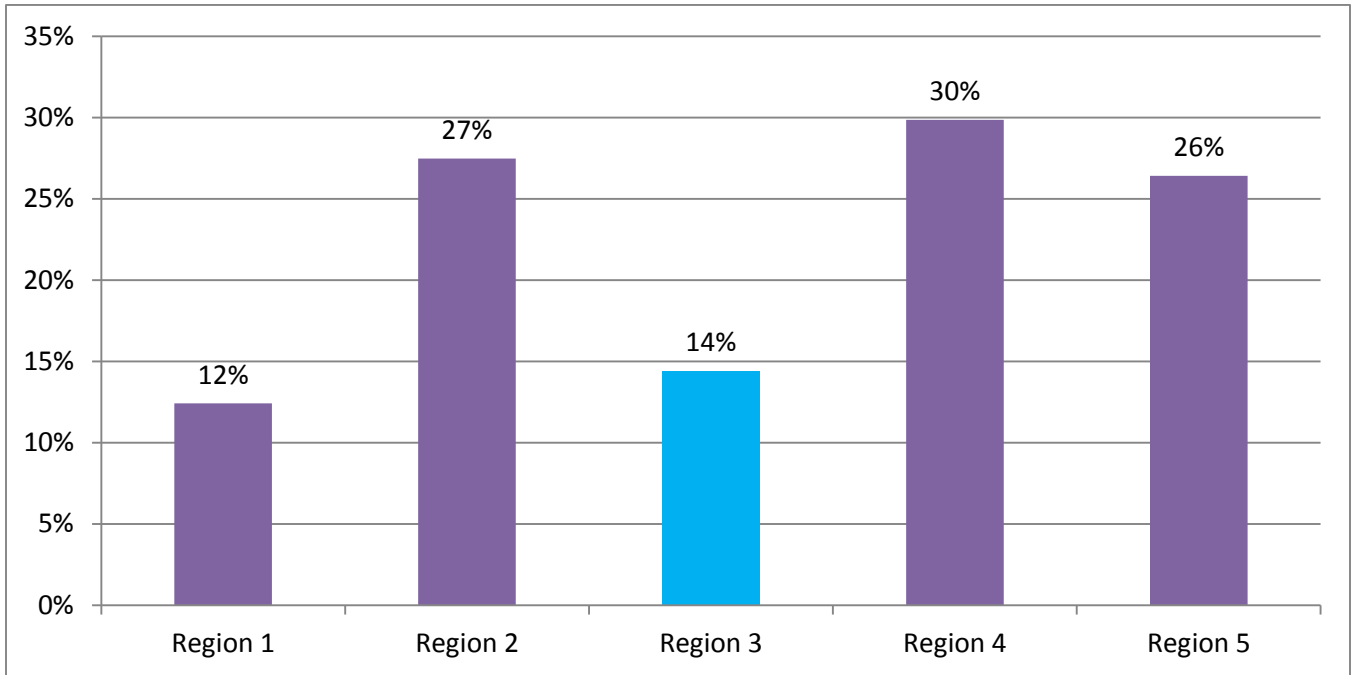


Region 3 had the second lowest percentage of non-fatal behaviors (21%) and the second lowest percent of substance use reported in ED chief complaints (14%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

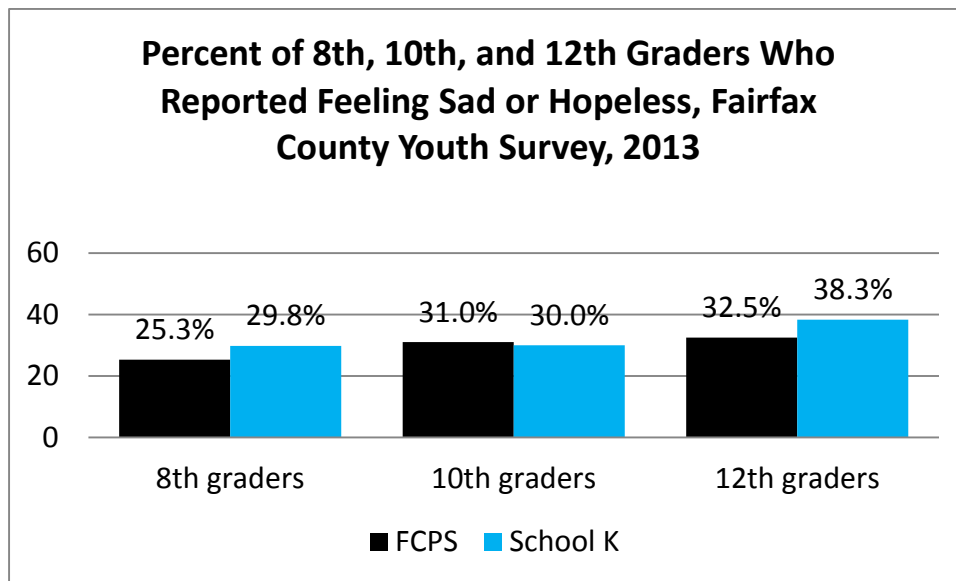


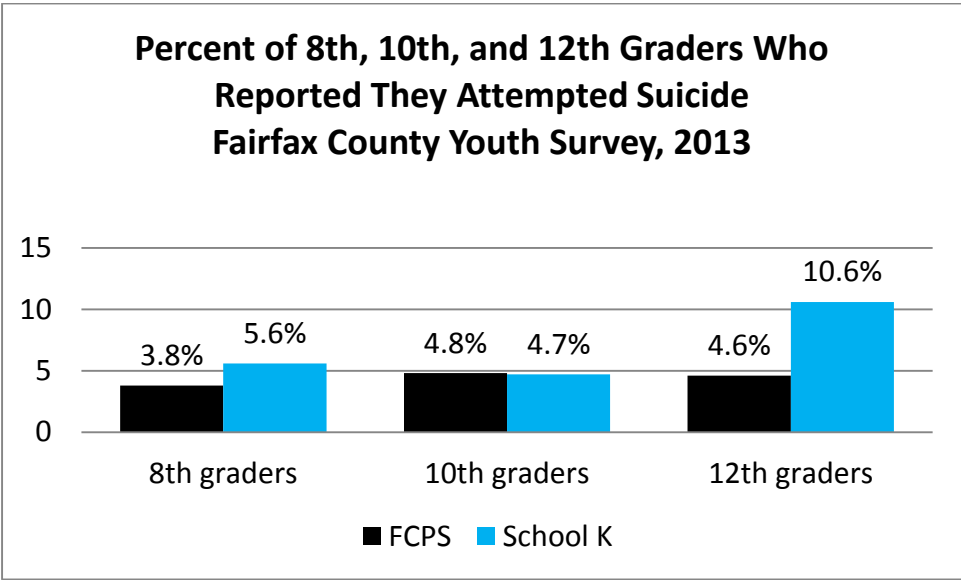
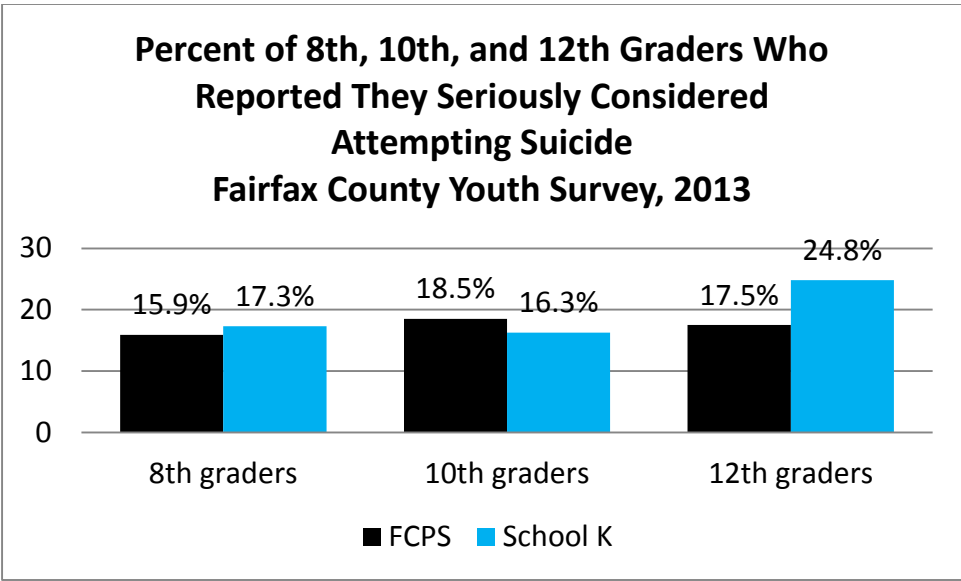
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 8th, 10th, and 12th graders in School K compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School K and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

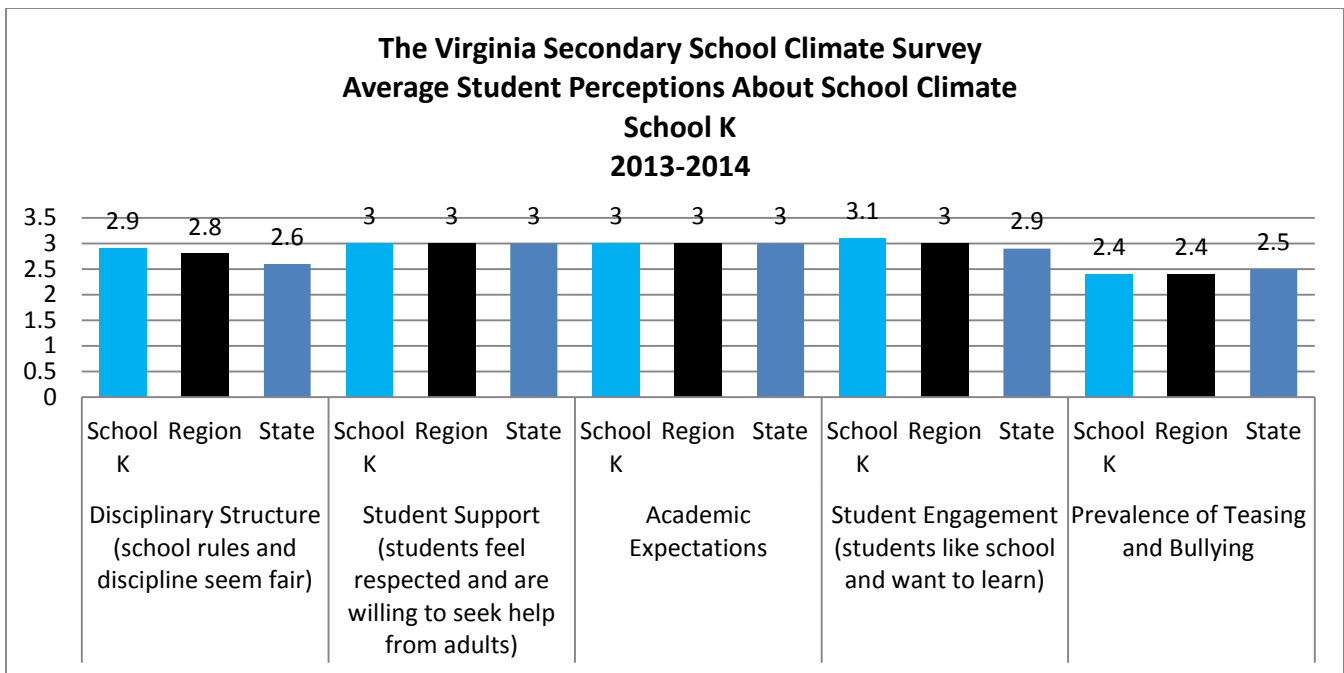
Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School K
Individual level factors		
Felt sad or hopeless	17.0	14.0
Lifetime drug use	3.0	3.2
Resilient - solves problems	0.3	0.4
Resilient - makes better	0.4	0.5
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.4
Was ever suspended	1.7	1.1
Victim of bullying	3.3	3.1
Victim of cyber bullying	4.4	4.4
<i>Intimate partner violence</i>		
Physical IPV	3.7	6.8
Control IPV	2.6	2.6
Emotional IPV	4.6	4.2
Sexual IPV	4.1	4.5
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.6
Family conflict - arguing	3.3	3.2
Family conflict - serious arguing	3.4	3.2
Family conflict - violence	3.8	5.0
<i>General violence</i>		
Attacked (general)	3.8	3.9
Threatened with a weapon	4.2	4.3
Sexually harassed	4.2	4.3
Forced sex	4.6	8.0

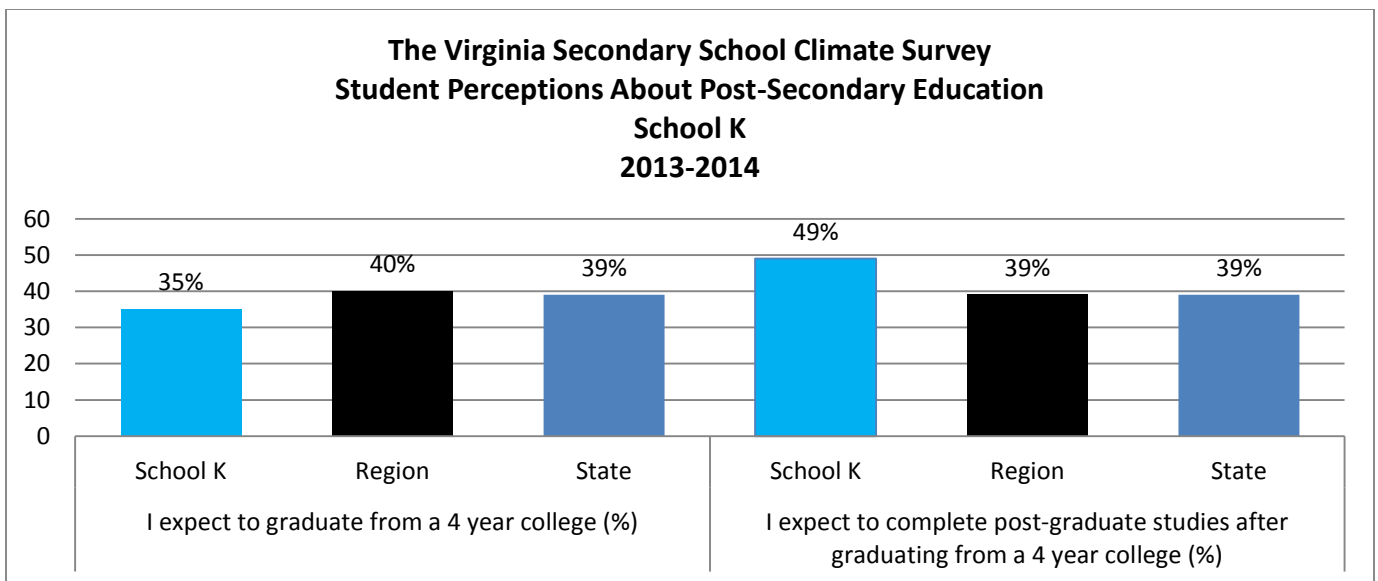
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

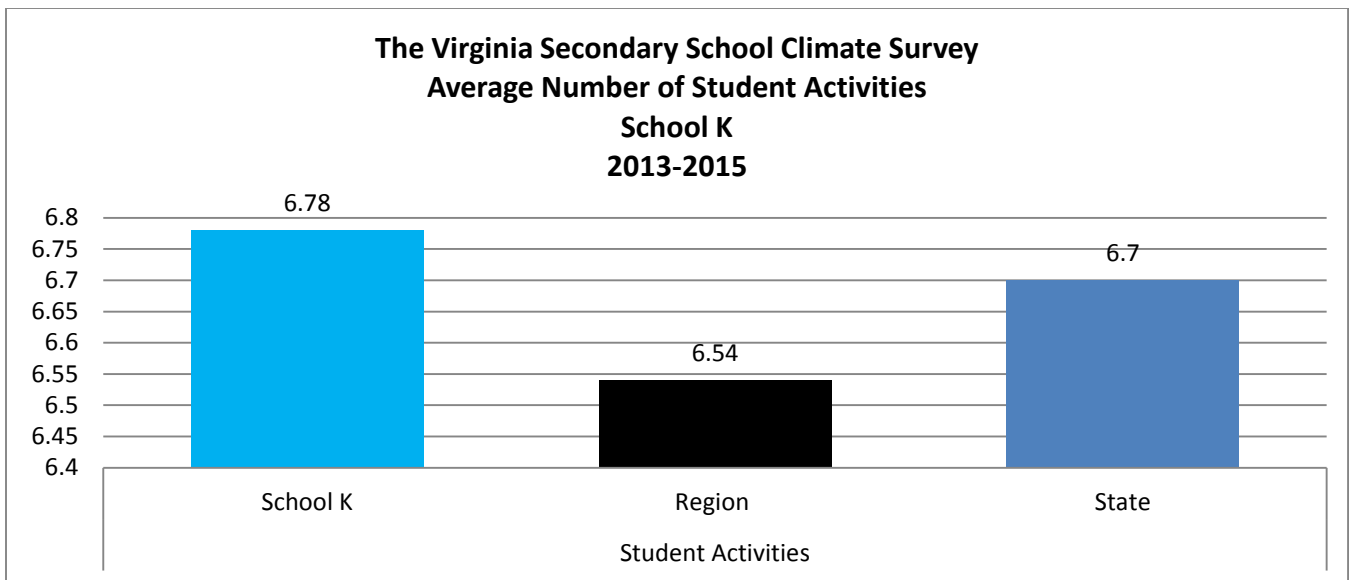
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Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School K's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School K who expect to complete post-graduate studies after graduating from a four year college is 26% higher than students in the region or state.



Reporting on Suicide

A scan of media related to youth suicide identified 13 news stories. School K was referenced in 1 news story. News stories were reviewed and evaluated based on strategies to avoid in the “Recommendations for Reporting on Suicide” that have been developed through a collaboration between the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies (www.ReportingOnSuicide.org). The table below summarizes the strategies to avoid that were used in articles referencing School K.

Recommendation	Article(s) Reference School K
Avoid...	
Big or sensationalistic headlines	
Describing the suicide method	
Including photos/videos of the location or method of death, grieving family, friends, memorials, or funerals	
Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms	X
Describing a suicide as inexplicable or “without warning”	
“John Doe left a suicide note saying...”	
Investigating or reporting on suicide similar to reporting on crimes	
Referring to suicide as “successful,” “unsuccessful,” or a “failed attempt”	

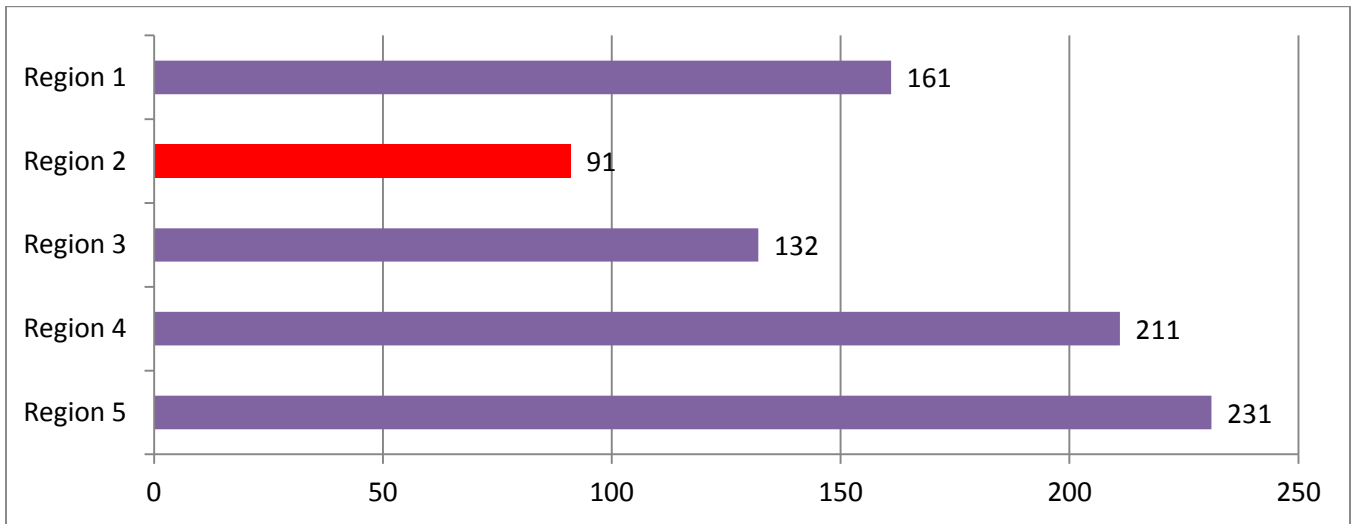
Public information officials and media relations staff at the school, FCPS, and FCHD should review the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School L

ESSENCE Data

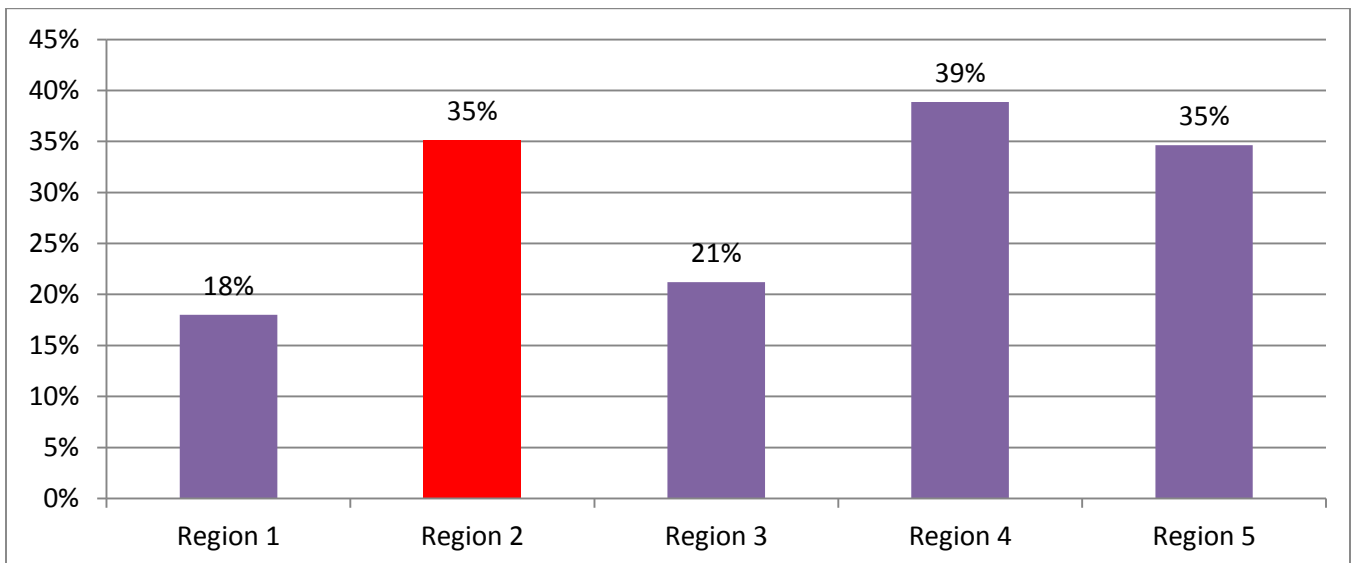
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School L is in Region 2. The distribution of suicide-related emergency departments by school region is shown below. Region 2 had the fewest (n = 91) suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

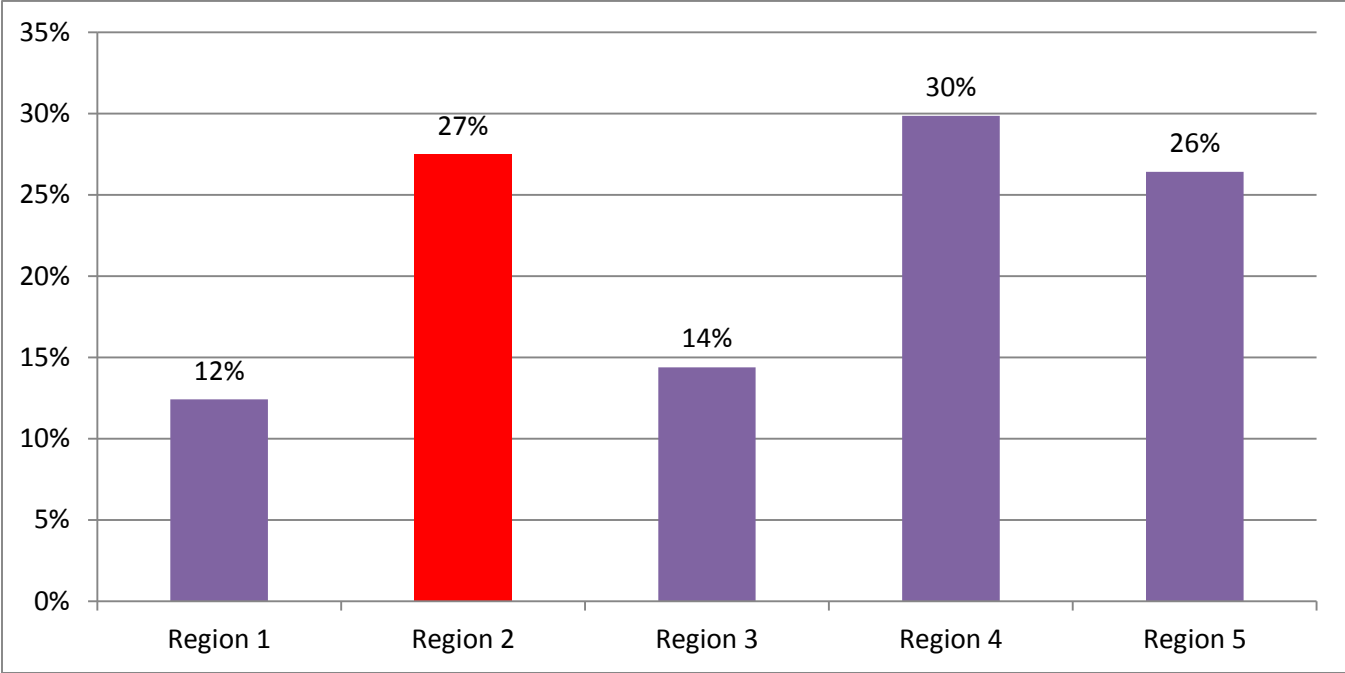


Region 2 had the second highest percentage of non-fatal behaviors (35%). Additionally, Region 2 had the second highest percent of substance use reported in ED chief complaints (27%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

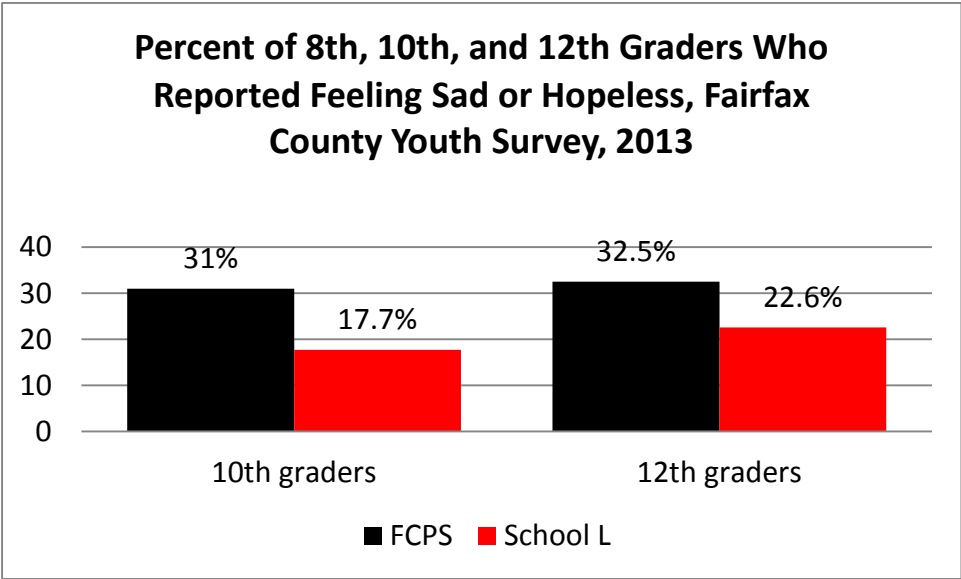


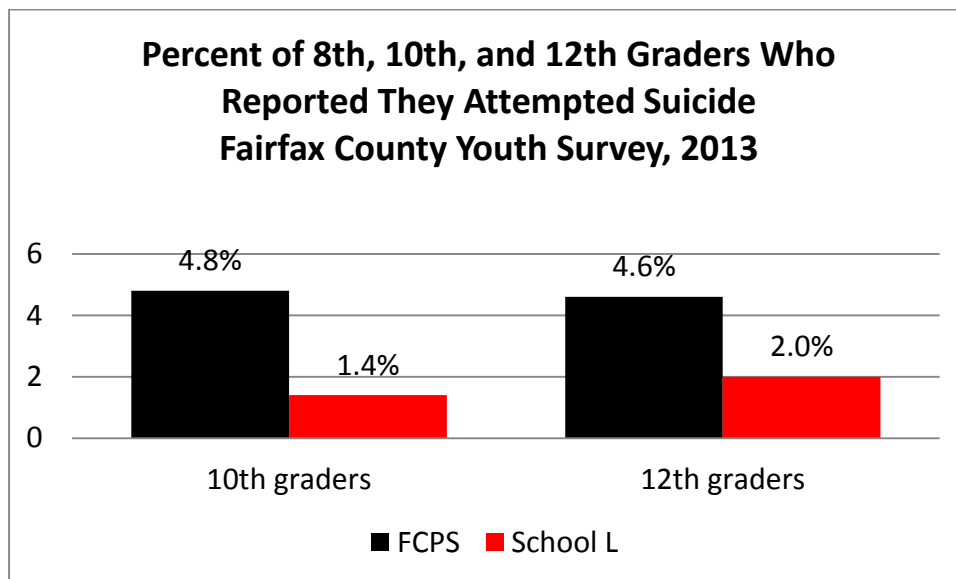
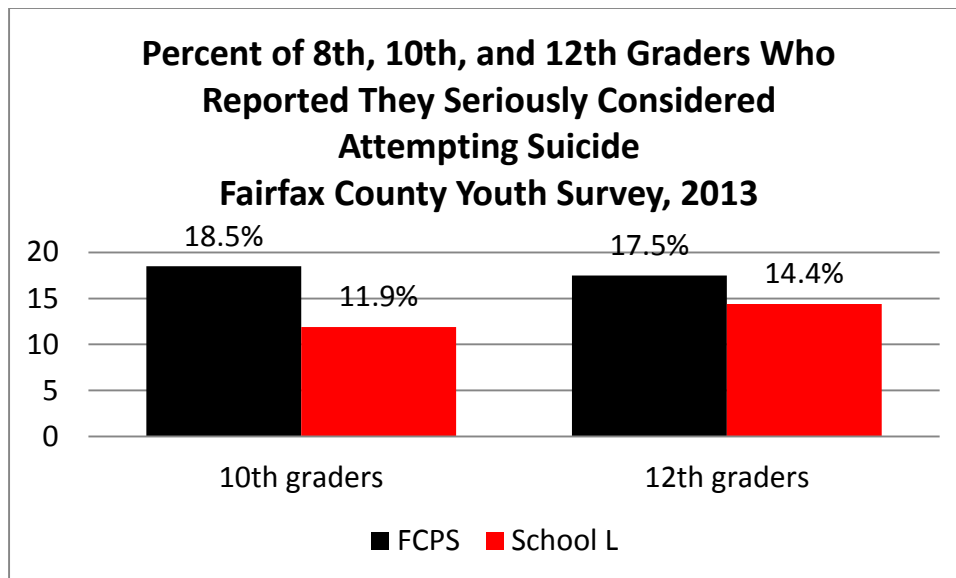
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School L compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School L and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School L
Individual level factors		
Felt sad or hopeless	17.0	19.4
Lifetime drug use	3.0	3.1
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.1
Feels safe at school	0.3	0.3
Was ever suspended	1.7	6.2
Victim of bullying	3.3	3.6
Victim of cyber bullying	4.4	3.9
<i>Intimate partner violence</i>		
Physical IPV	3.7	4.0
Control IPV	2.6	4.7
Emotional IPV	4.6	4.9
Sexual IPV	4.1	12.0
<i>Family conflict</i>		
Family conflict - yelling	3.3	4.0
Family conflict - arguing	3.3	2.6
Family conflict - serious arguing	3.4	4.8
Family conflict - violence	3.8	4.6
<i>General violence</i>		
Attacked (general)	3.8	3.8
Threatened with a weapon	4.2	5.9
Sexually harassed	4.2	4.2
Forced sex	4.6	9.2
Unadjusted Odds Ratio is ±20% of FCPS overall		

School Climate Data

Virginia Secondary School Climate data is not available for School L.

Reporting on Suicide

School L was not was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the “[Recommendations for Reporting on Suicide](#)” developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD,

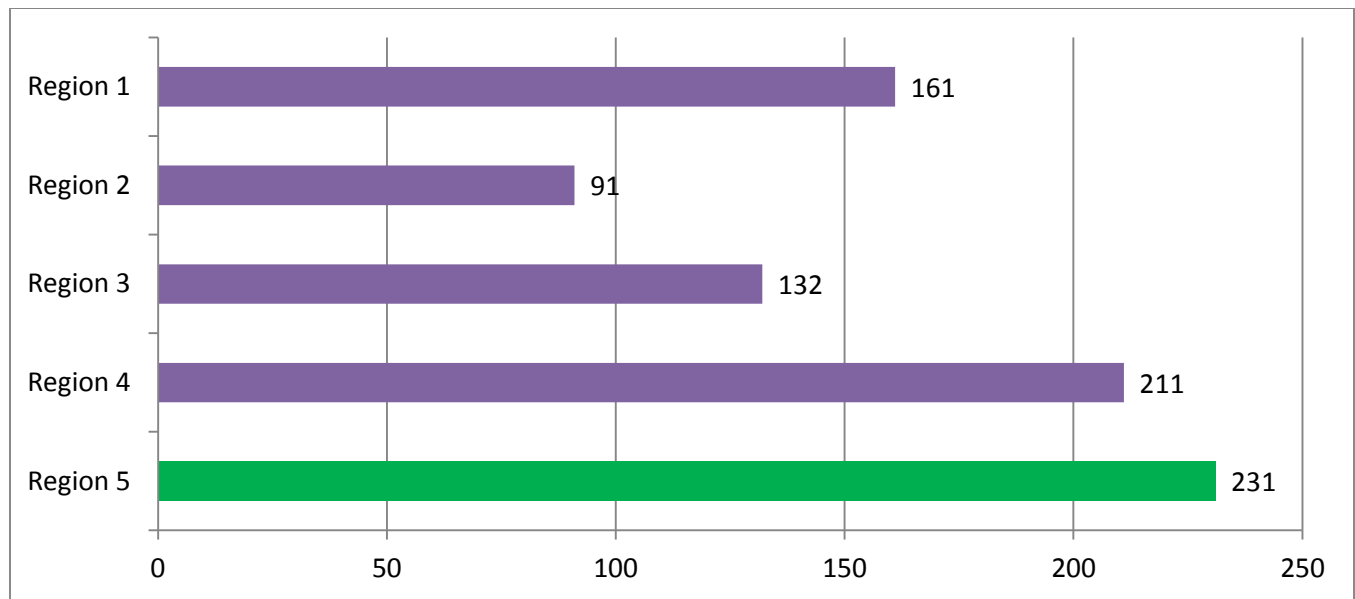
FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School M

ESSENCE Data

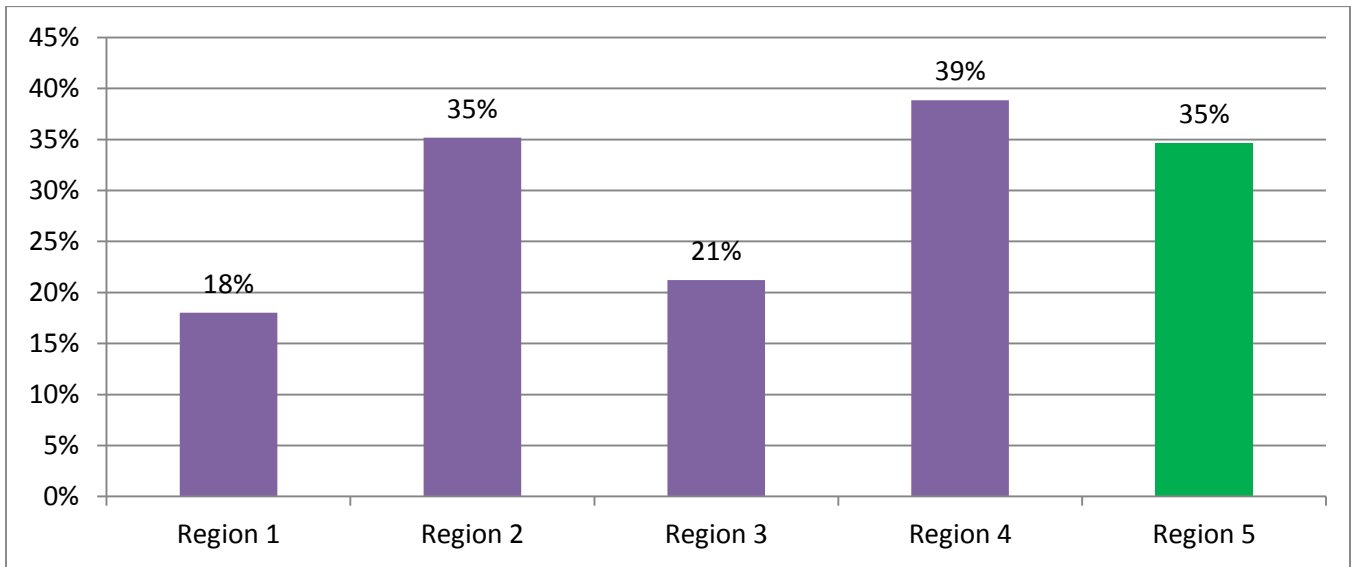
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School M is in Region 5. The distribution of suicide-related emergency departments by school region is shown below. Region 5 had the most visits (n = 231).

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

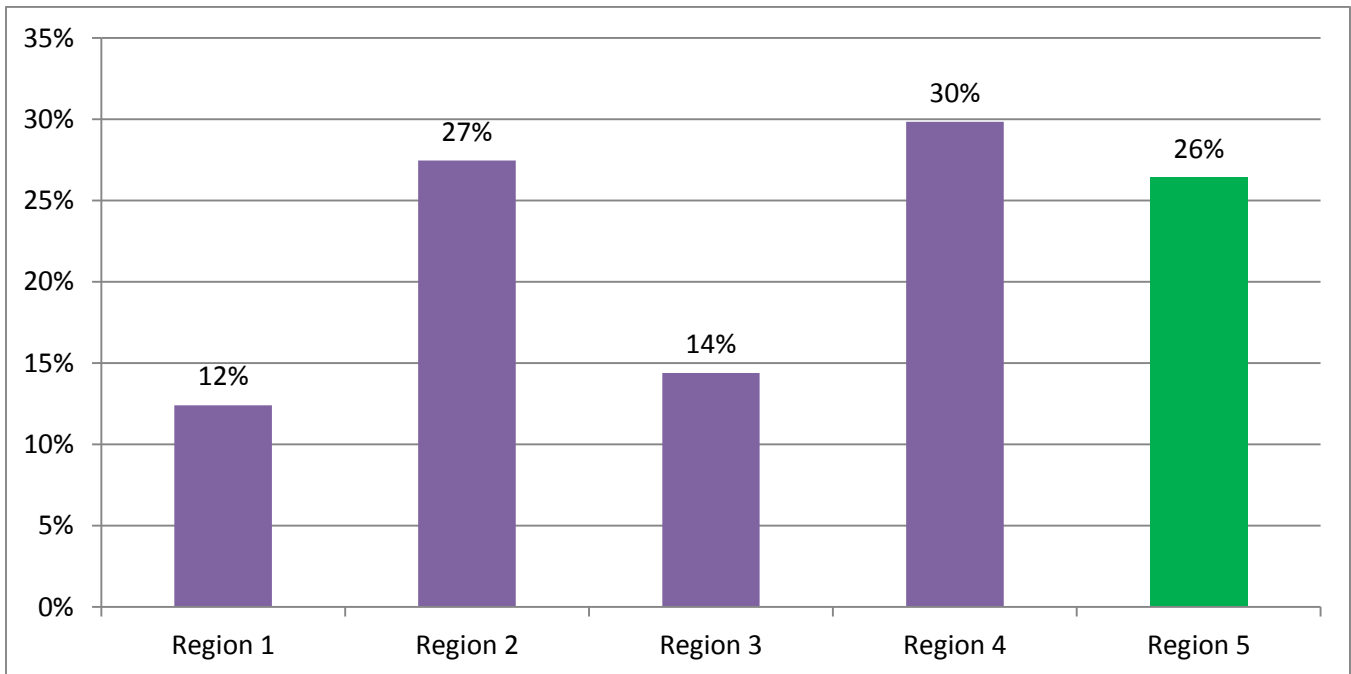


Region 5 had the second highest percentage of non-fatal behaviors (35%). Twenty-six percent of suicide-related ED chief complaints included substance use in Region 5.

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014



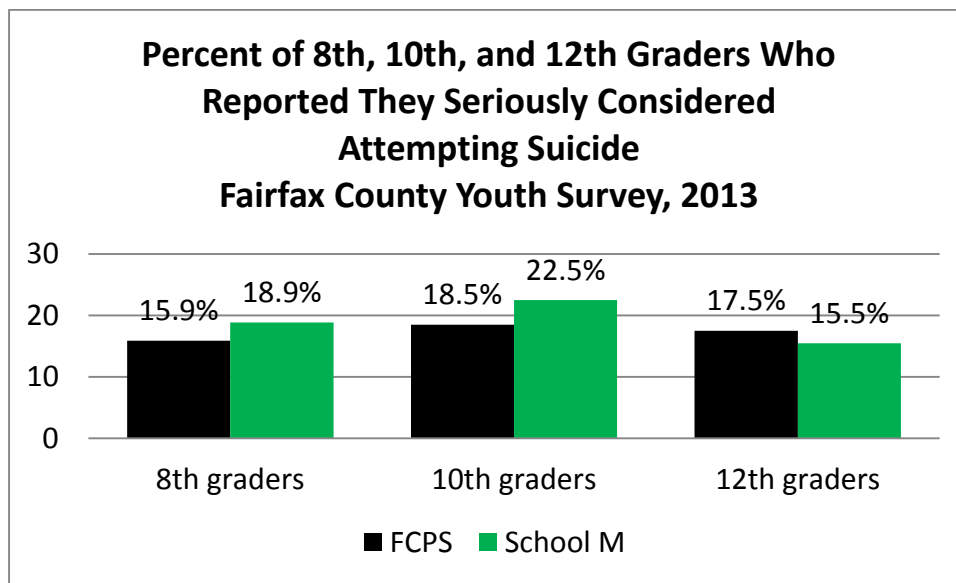
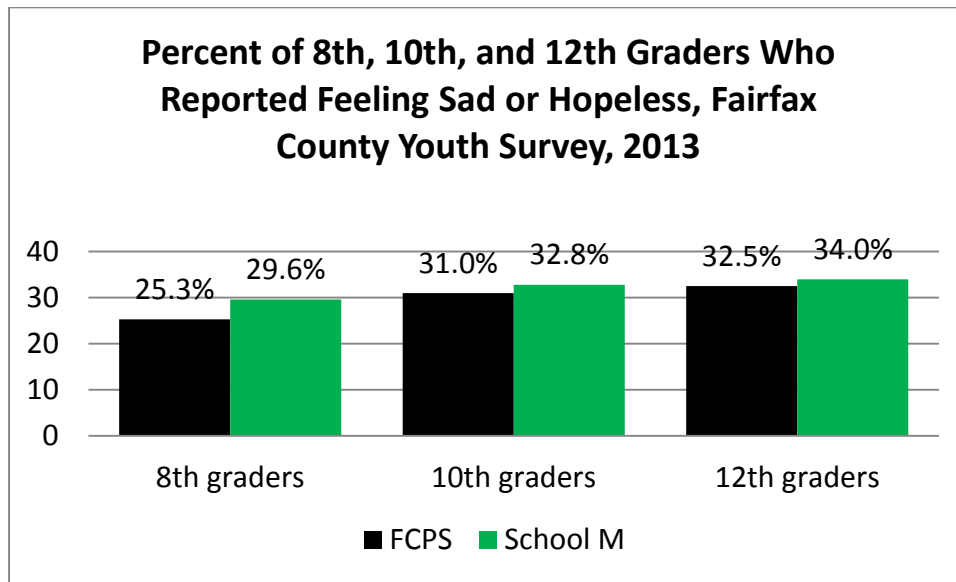
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014

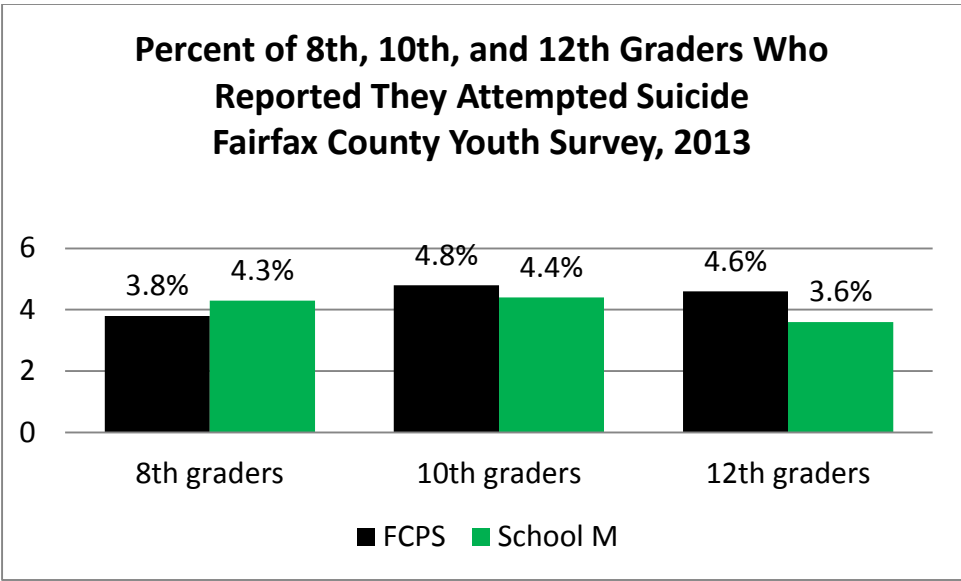


Fairfax County Youth Survey Data

The graphs below illustrate how 8th, 10th, and 12th graders in School M compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that

they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





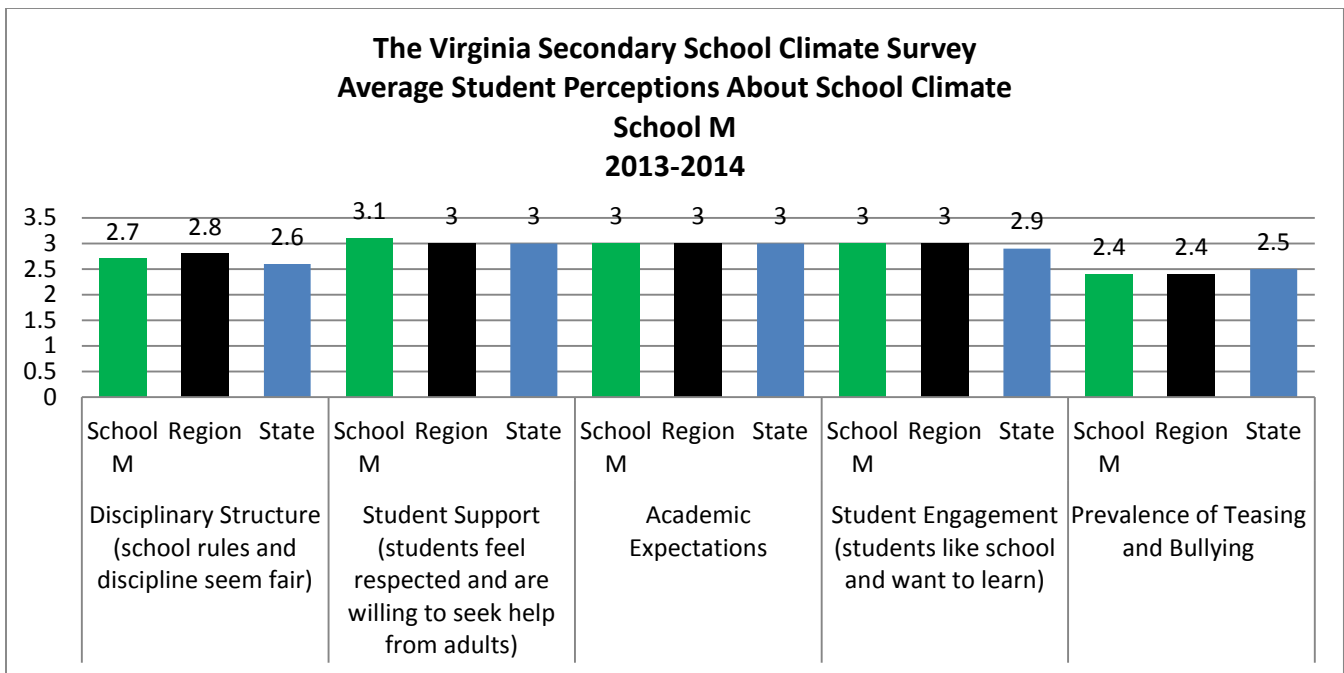
The table below compares the unadjusted odds ratios for risk and protective factors for School M and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

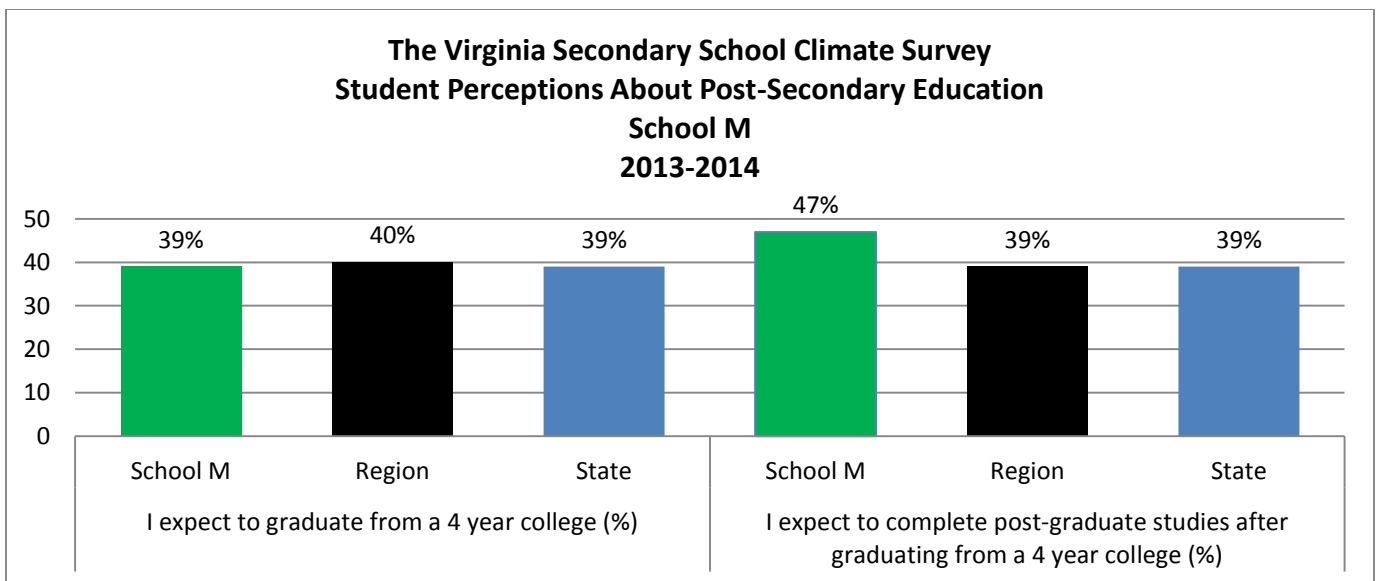
	Overall	School M
Individual level factors		
Felt sad or hopeless	17.0	9.5
Lifetime drug use	3.0	2.6
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.4
Was ever suspended	1.7	1.5
Victim of bullying	3.3	3.1
Victim of cyber bullying	4.4	4.6
<i>Intimate partner violence</i>		
Physical IPV	3.7	3.1
Control IPV	2.6	2.5
Emotional IPV	4.6	3.9
Sexual IPV	4.1	4.3
<i>Family conflict</i>		
Family conflict - yelling	3.3	2.6
Family conflict - arguing	3.3	2.8
Family conflict - serious arguing	3.4	3.0
Family conflict - violence	3.8	2.5
<i>General violence</i>		
Attacked (general)	3.8	2.6
Threatened with a weapon	4.2	4.1
Sexually harassed	4.2	3.0
Forced sex	4.6	2.5
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall		

School Climate Data

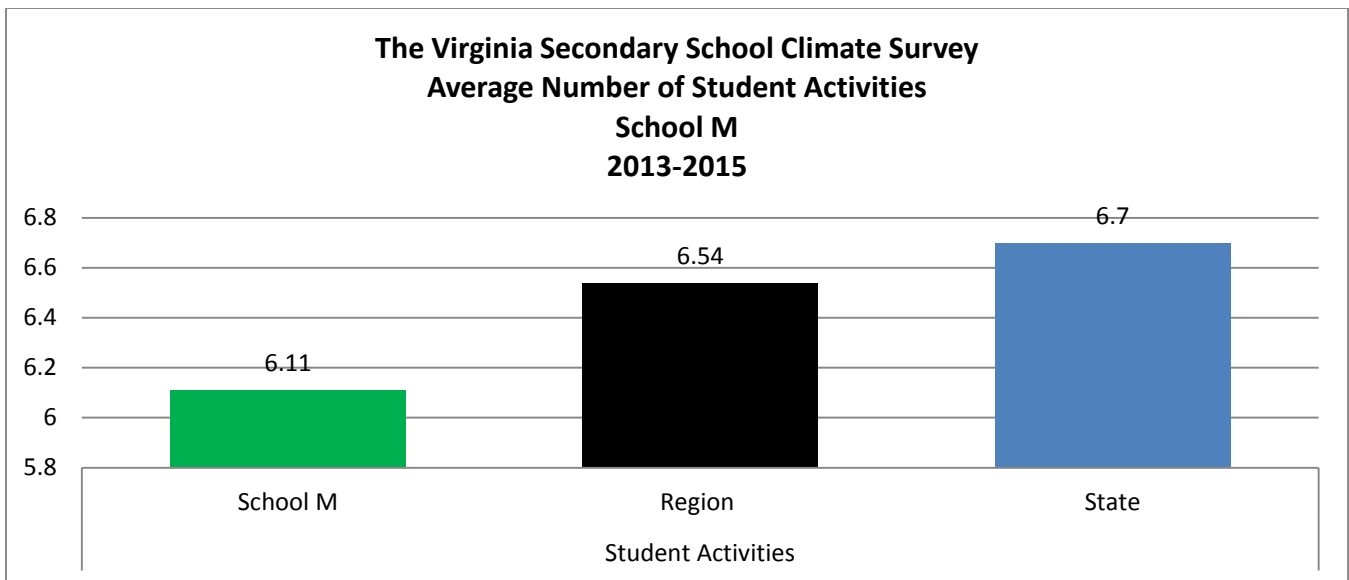
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School M's average for each scale and provides a comparison to regional and state averages.



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School M's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School M who expect to complete post-graduate studies after graduating from a four year college is 21% higher than students in the region or state.



Reporting on Suicide

A scan of media related to youth suicide identified 13 news stories. School M was referenced in 1 news story. News stories were reviewed and evaluated based on strategies to avoid in the “Recommendations for Reporting on Suicide” that have been developed through a collaboration between the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies (www.ReportingOnSuicide.org). The table below summarizes the strategies to avoid that were used in articles referencing School M.

Recommendation	Article(s) Reference School M
Avoid...	
Big or sensationalistic headlines	
Describing the suicide method	
Including photos/videos of the location or method of death, grieving family, friends, memorials, or funerals	
Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms	X
Describing a suicide as inexplicable or “without warning”	X
“John Doe left a suicide note saying...”	
Investigating or reporting on suicide similar to reporting on crimes	
Referring to suicide as “successful,” “unsuccessful,” or a “failed attempt”	

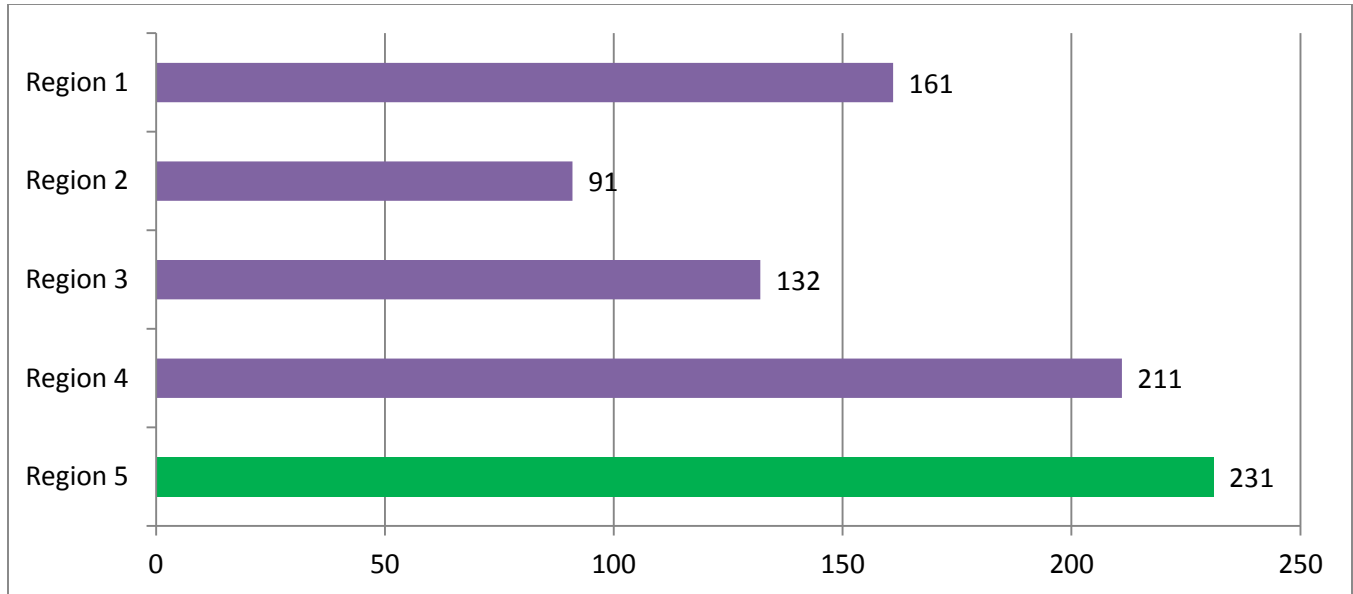
Public information officials and media relations staff at the school, FCPS, and FCHD should review the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School N

ESSENCE Data

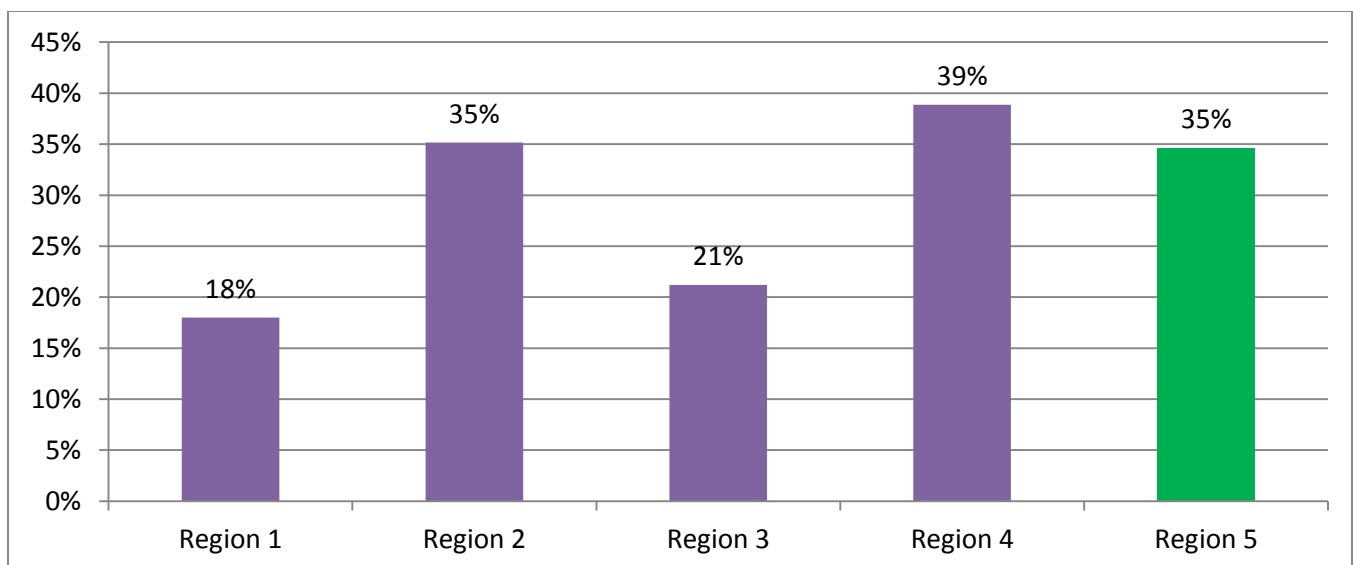
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School N is in Region 5. The distribution of suicide-related emergency departments by school region is shown below. Region 5 had the most visits (n = 231).

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

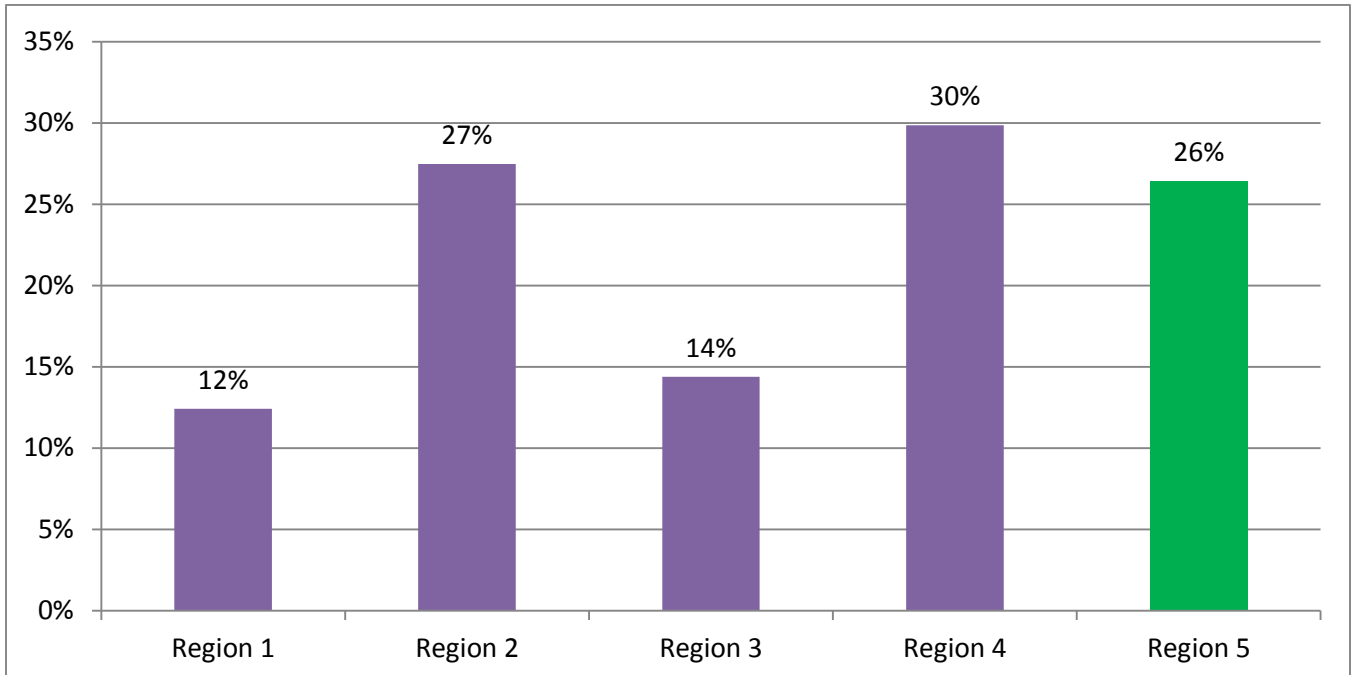


Region 5 had the second highest percentage of non-fatal behaviors (35%). Twenty-six percent of suicide-related ED chief complaints included substance use in Region 5.

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

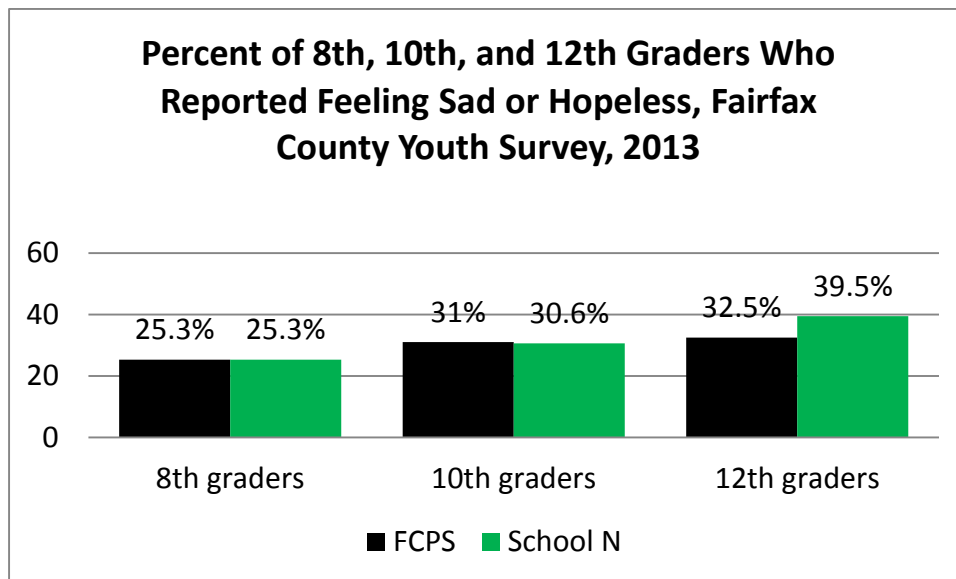


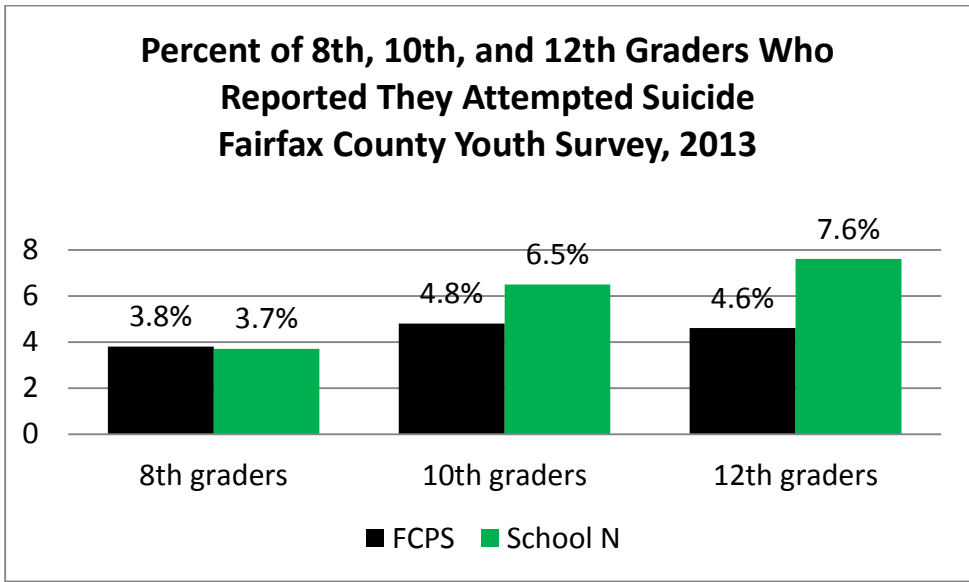
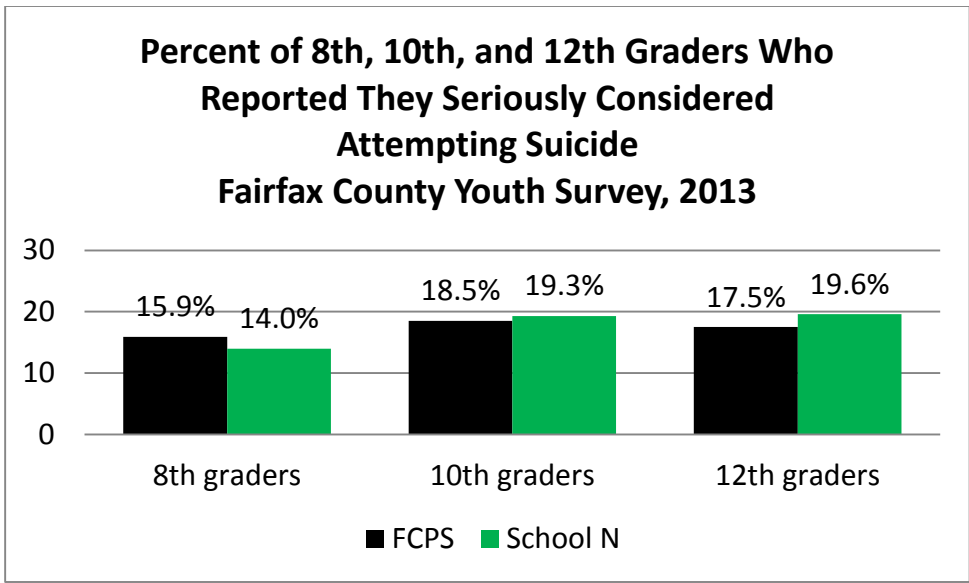
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School N compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School N and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

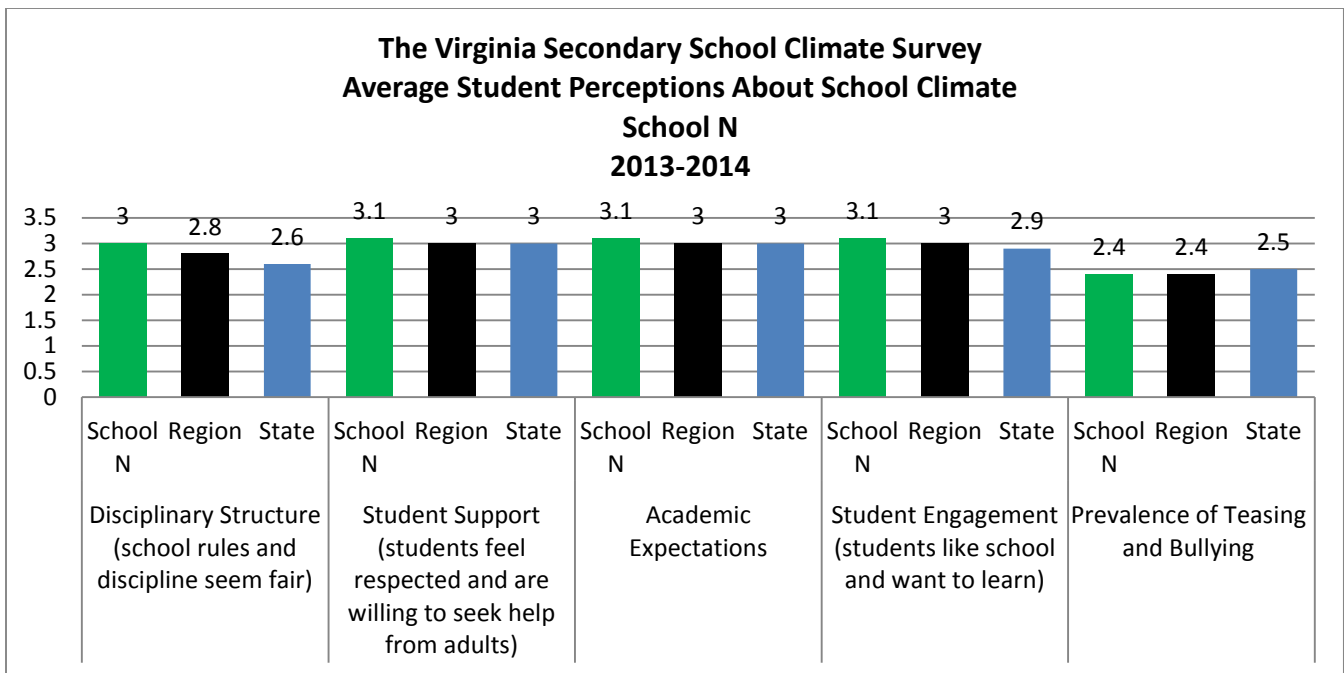
Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School N
Individual level factors		
Felt sad or hopeless	17.0	18.9
Lifetime drug use	3.0	3.0
Resilient - solves problems	0.3	0.4
Resilient - makes better	0.4	0.3
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.4
Was ever suspended	1.7	2.8
Victim of bullying	3.3	3.0
Victim of cyber bullying	4.4	3.4
<i>Intimate partner violence</i>		
Physical IPV	3.7	3.3
Control IPV	2.6	2.9
Emotional IPV	4.6	4.4
Sexual IPV	4.1	5.9
<i>Family conflict</i>		
Family conflict - yelling	3.3	2.7
Family conflict - arguing	3.3	3.1
Family conflict - serious arguing	3.4	3.6
Family conflict - violence	3.8	4.6
<i>General violence</i>		
Attacked (general)	3.8	4.5
Threatened with a weapon	4.2	4.7
Sexually harassed	4.2	3.4
Forced sex	4.6	4.8

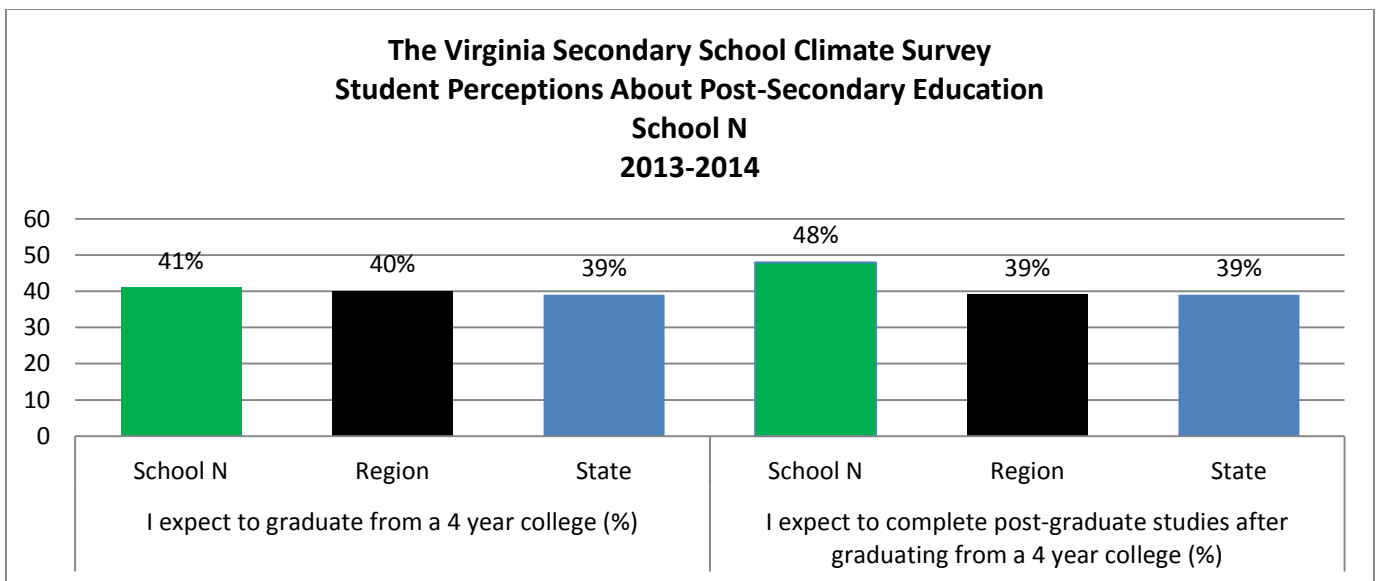
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

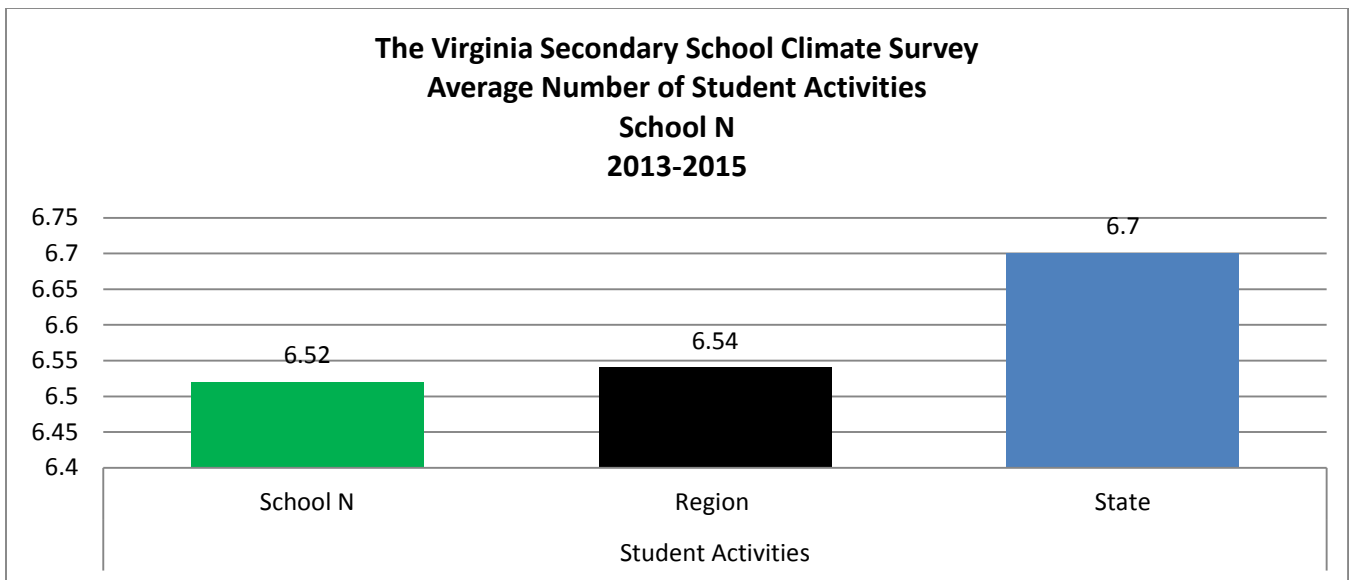
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School N’s average for each scale and provides a comparison to regional and state averages.



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School N's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School N who expect to complete post-graduate studies after graduating from a four year college is 23% higher than students in the region or state.



Reporting on Suicide

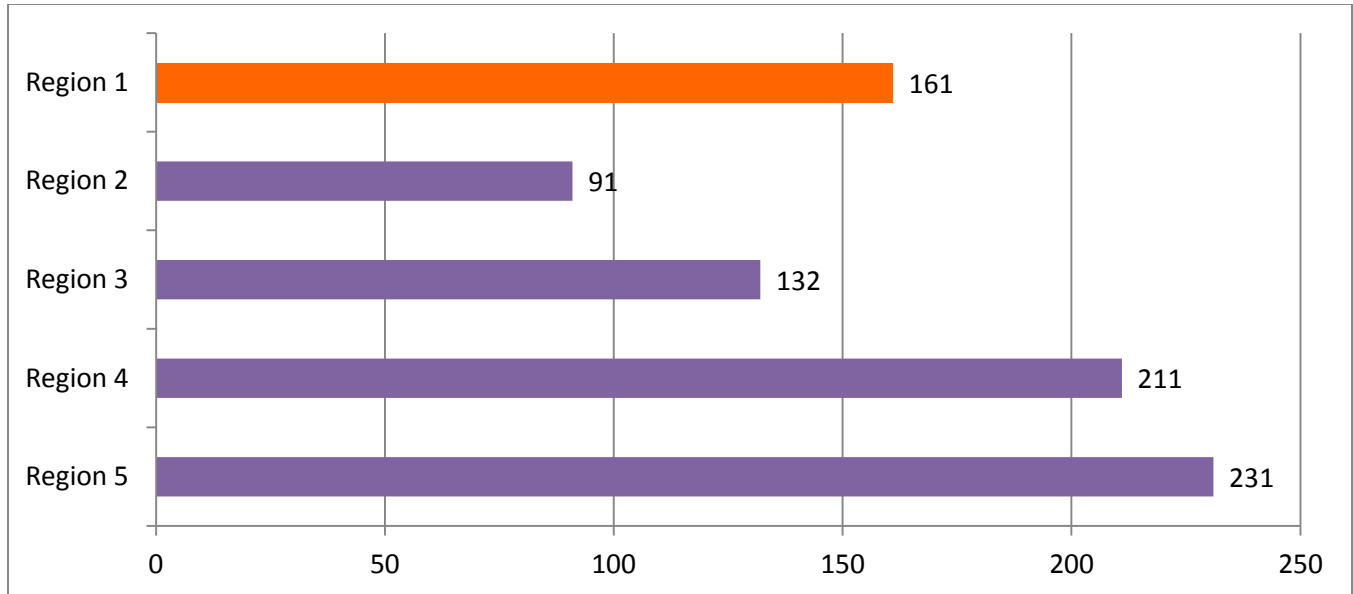
School N was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School O

ESSENCE Data

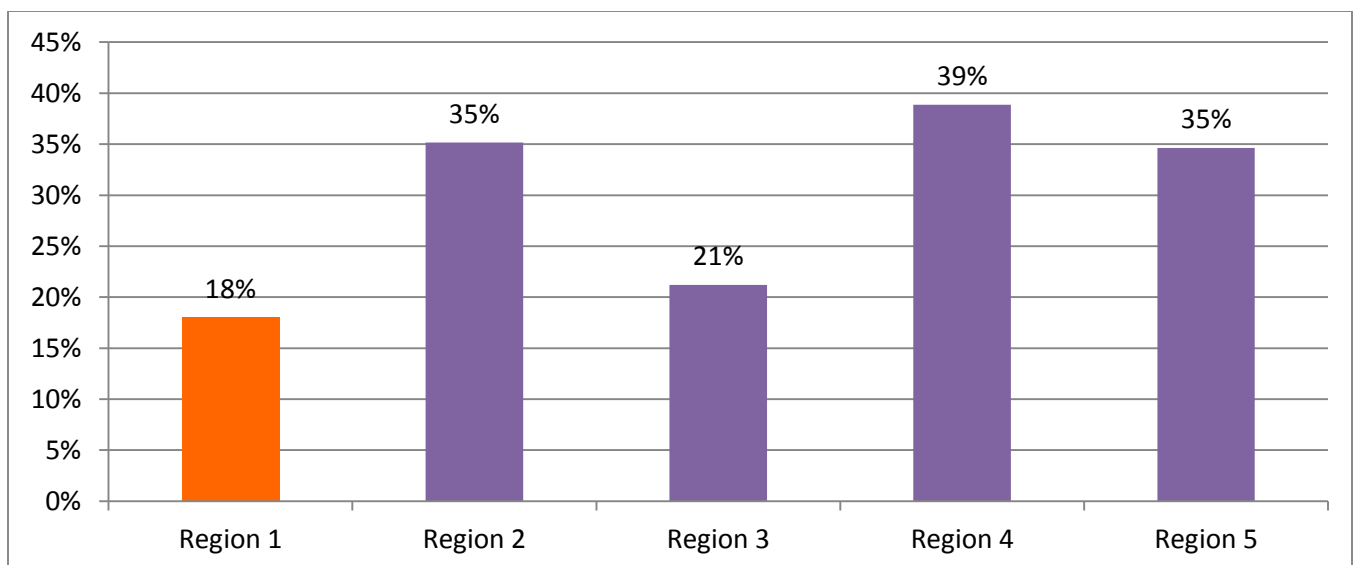
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) also examined by school regions. School O is in Region 1. The distribution of suicide-related emergency departments by school region is shown below. Region 1 had 161 suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

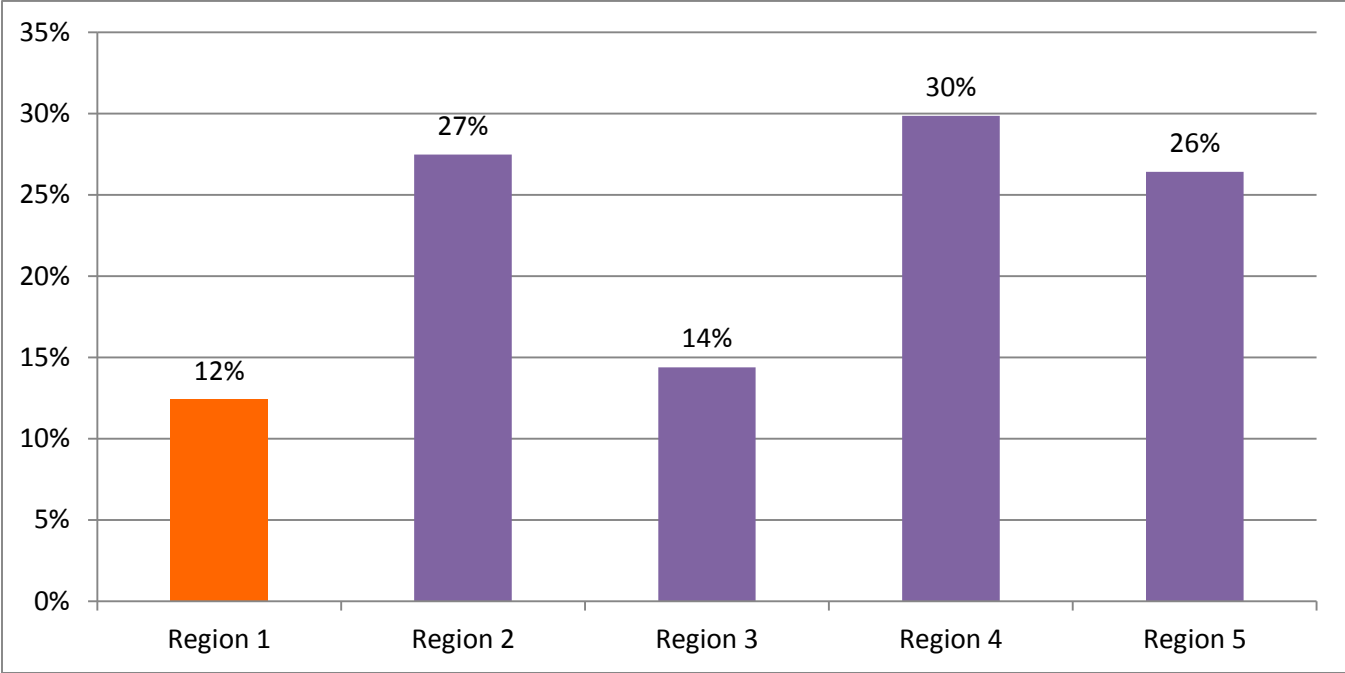


Region 1 had the lowest percentage of non-fatal behaviors (18%) and the lowest percent of substance use reported in ED chief complaints (12%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

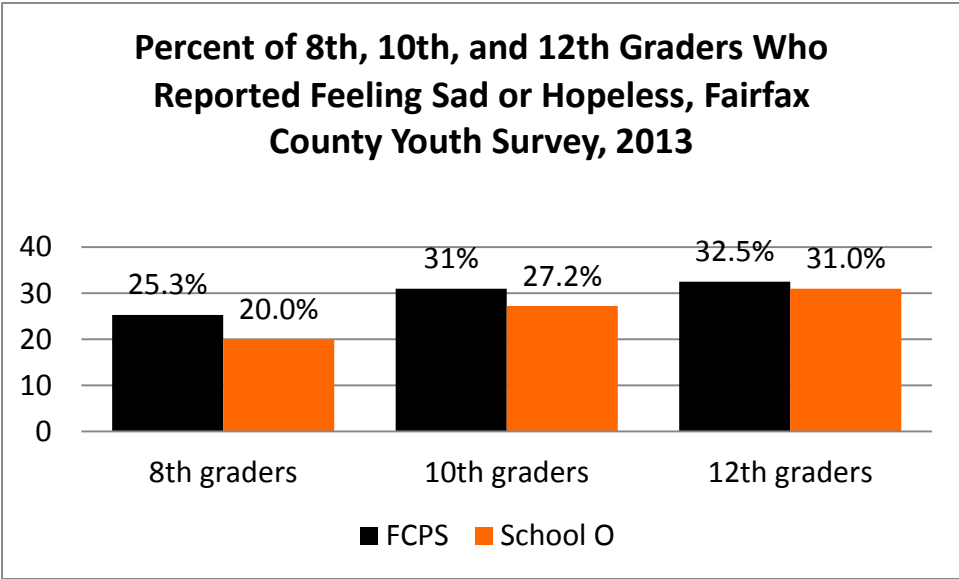


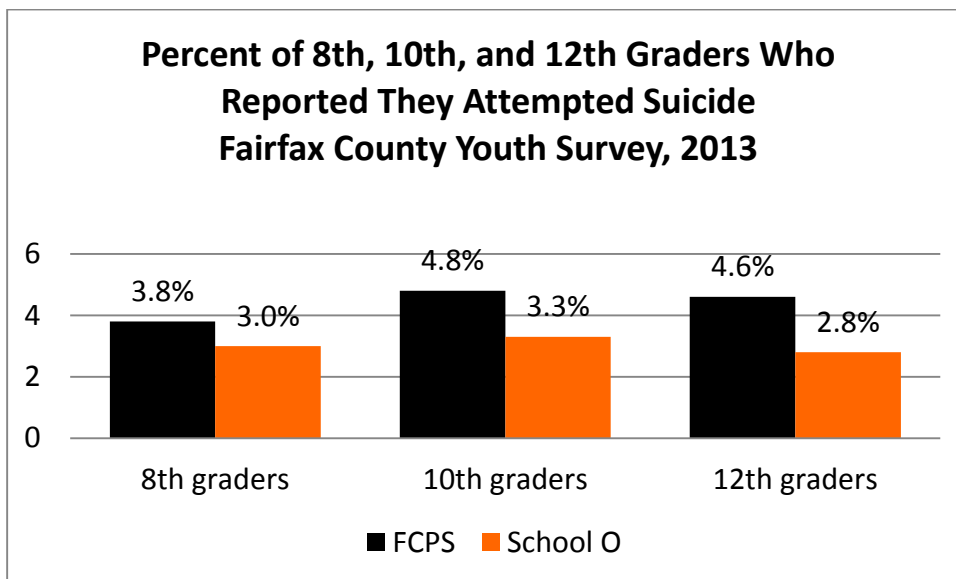
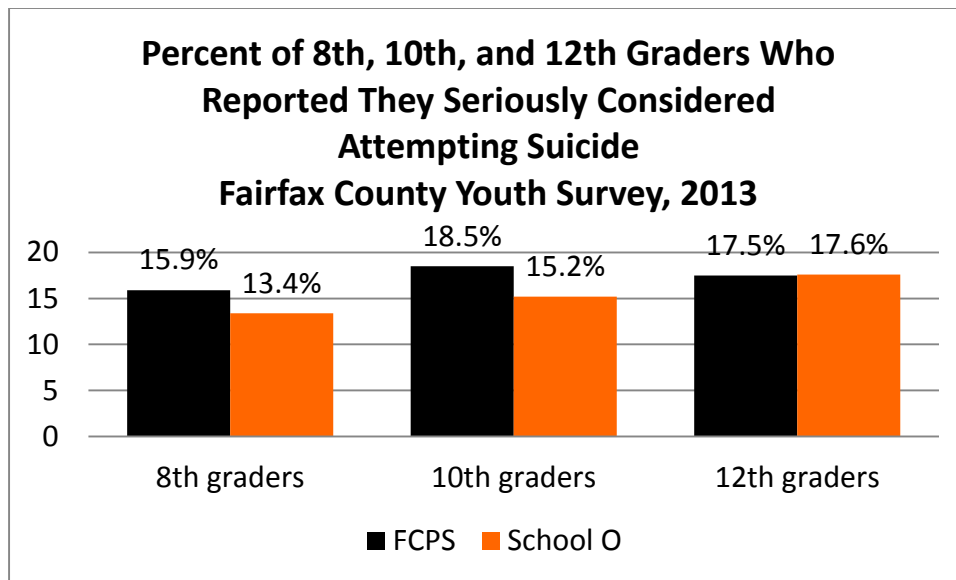
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School O compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School O and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

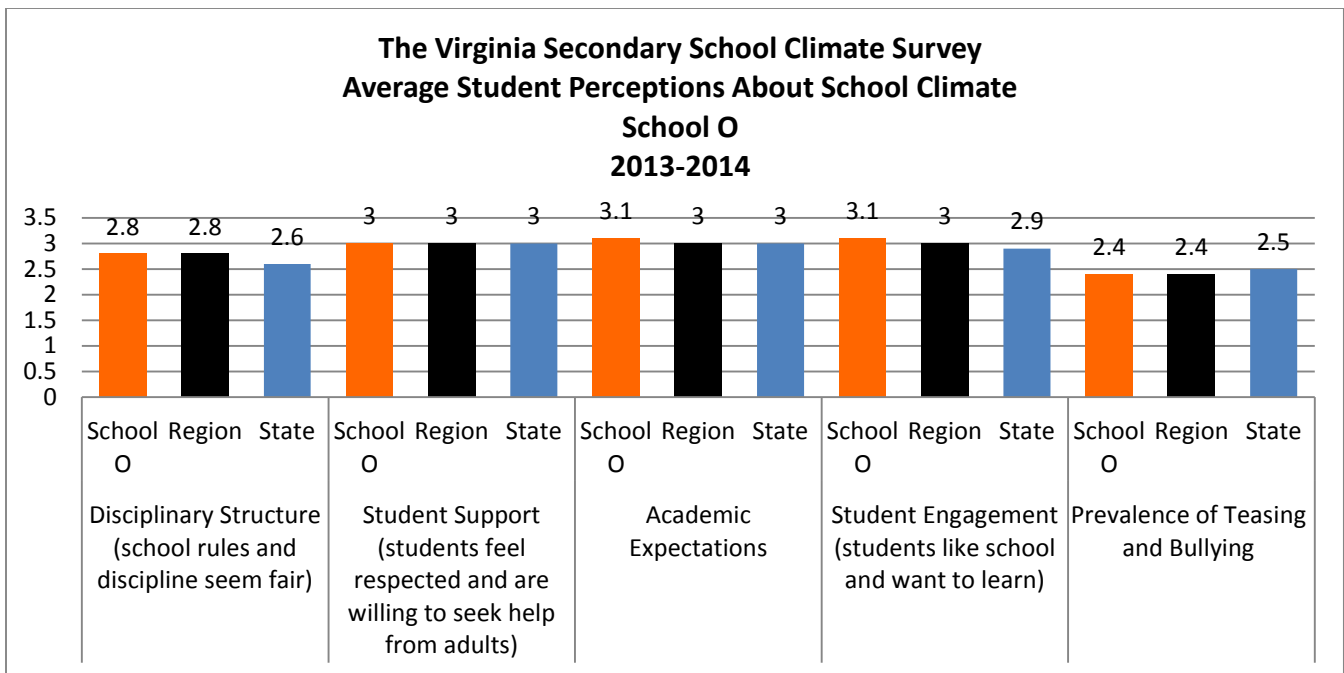
Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School O
Individual level factors		
Felt sad or hopeless	17.0	21.7
Lifetime drug use	3.0	3.4
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.2
Was ever suspended	1.7	2.6
Victim of bullying	3.3	3.0
Victim of cyber bullying	4.4	5.2
<i>Intimate partner violence</i>		
Physical IPV	3.7	2.3
Control IPV	2.6	3.3
Emotional IPV	4.6	3.7
Sexual IPV	4.1	2.9
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.6
Family conflict - arguing	3.3	3.6
Family conflict - serious arguing	3.4	3.7
Family conflict - violence	3.8	4.3
<i>General violence</i>		
Attacked (general)	3.8	4.1
Threatened with a weapon	4.2	3.6
Sexually harassed	4.2	4.5
Forced sex	4.6	4.2

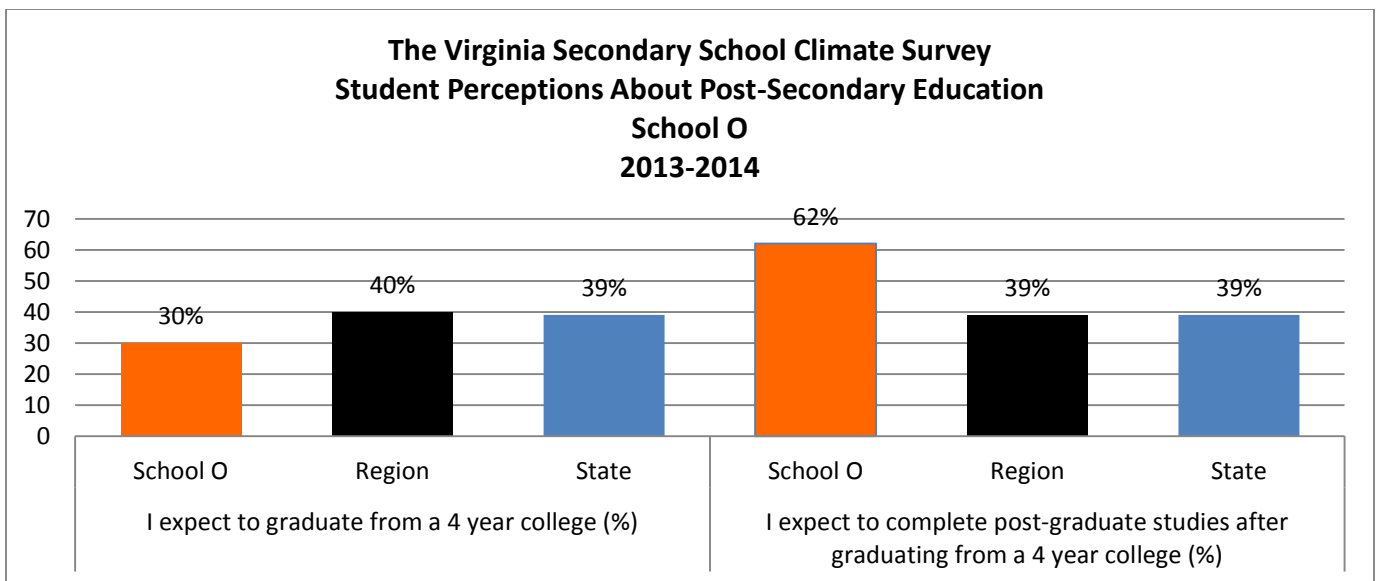
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

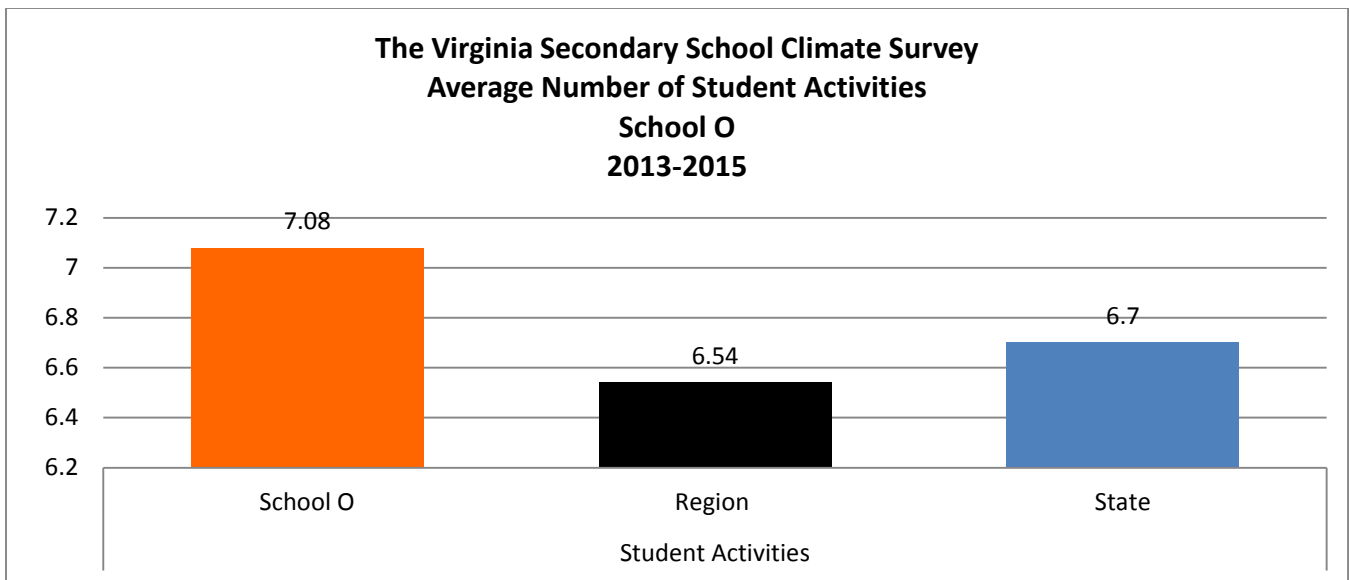
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Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School O's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School O who expect to complete post-graduate studies after graduating from a four year college is 59% higher than students in the region or state.



Reporting on Suicide

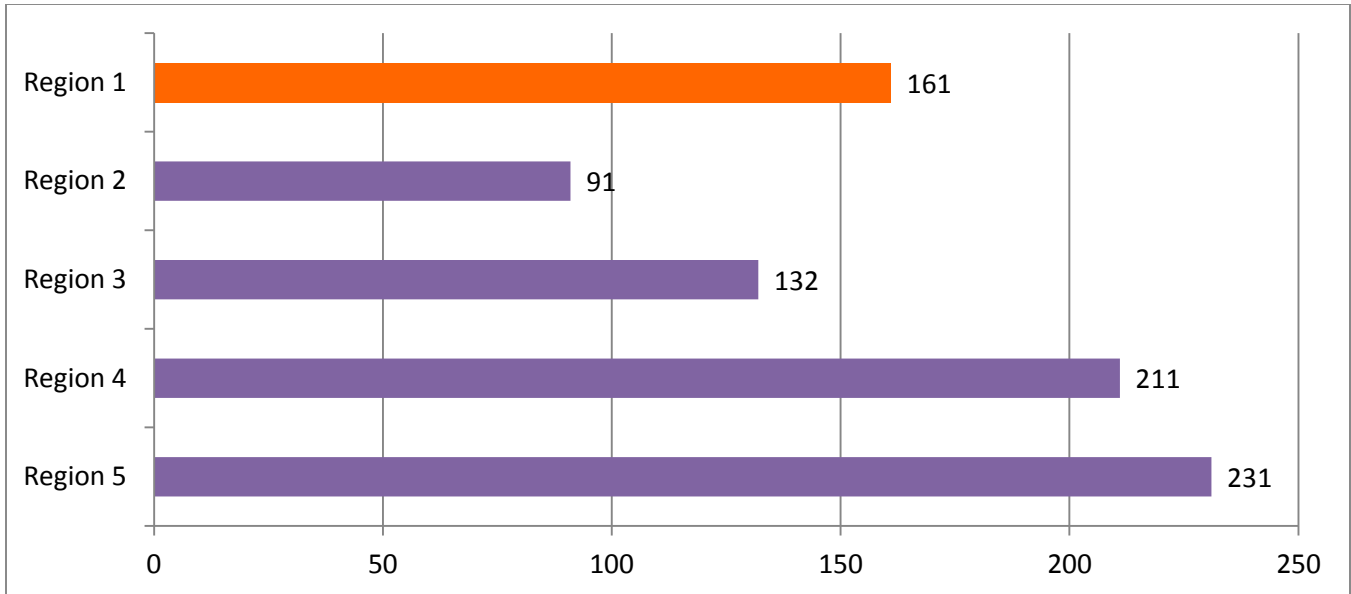
School O was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School P

ESSENCE Data

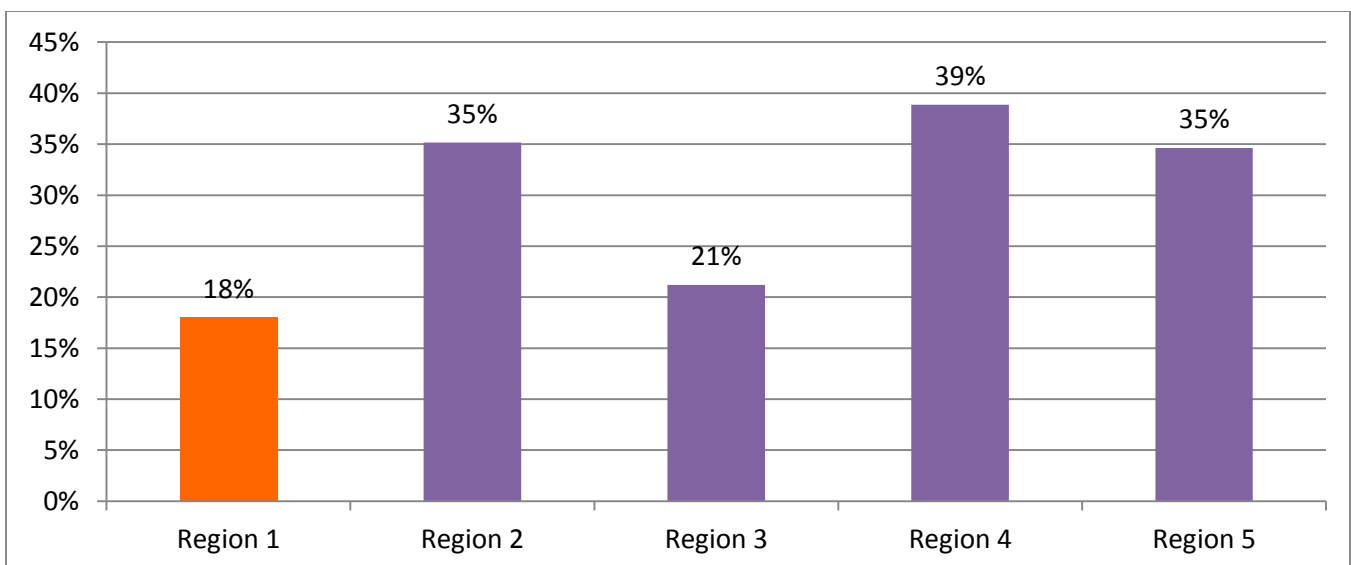
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) also examined by school regions. School P is in Region 1. The distribution of suicide-related emergency departments by school region is shown below. Region 1 had 161 suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

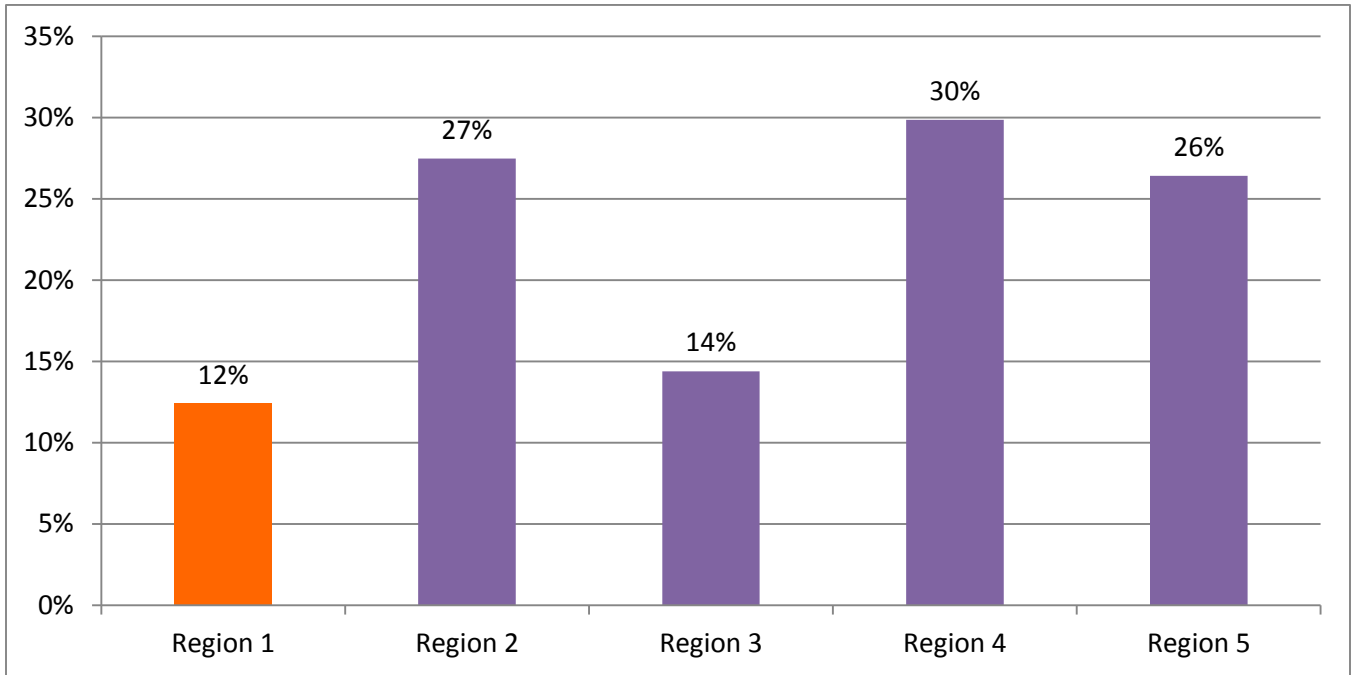


Region 1 had the lowest percentage of non-fatal behaviors (18%) and the lowest percent of substance use reported in ED chief complaints (12%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

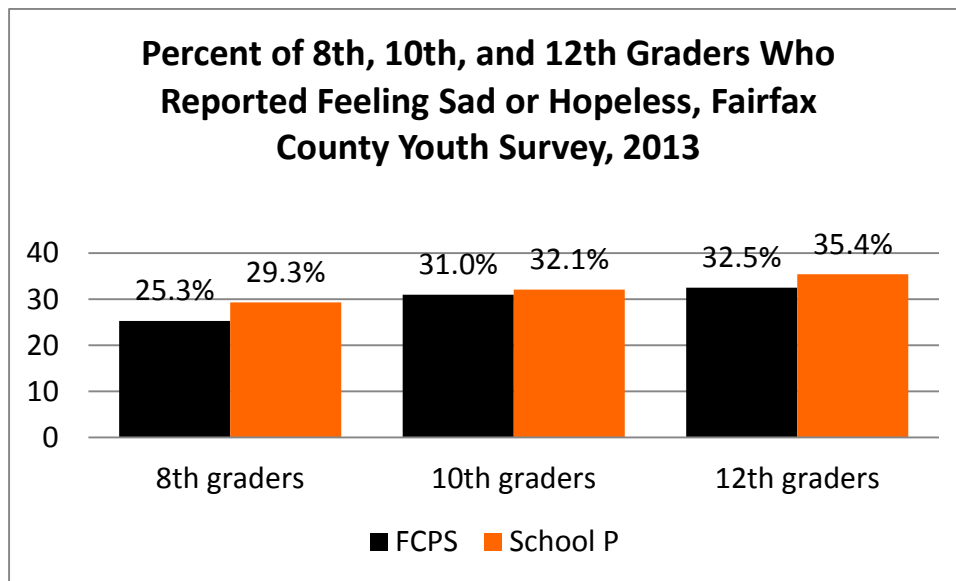


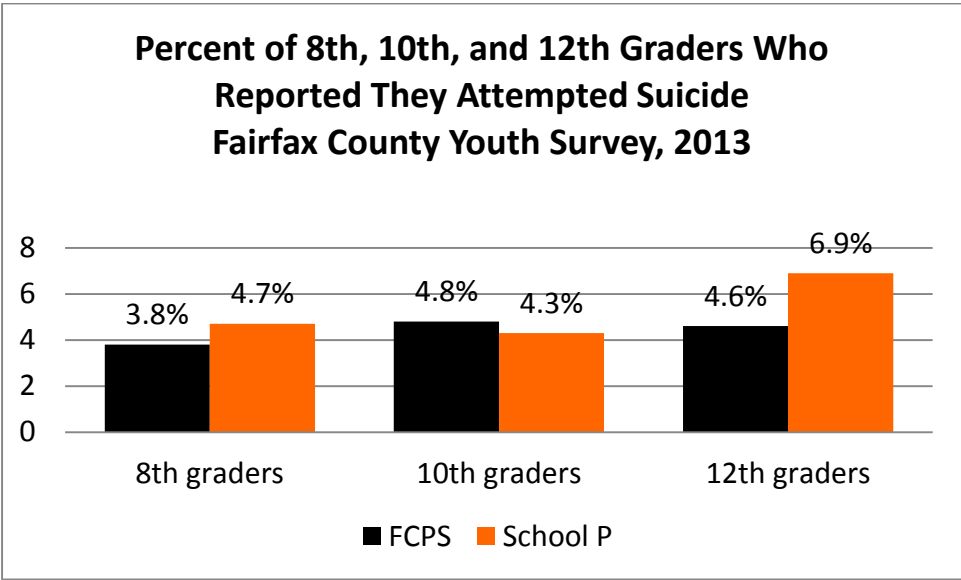
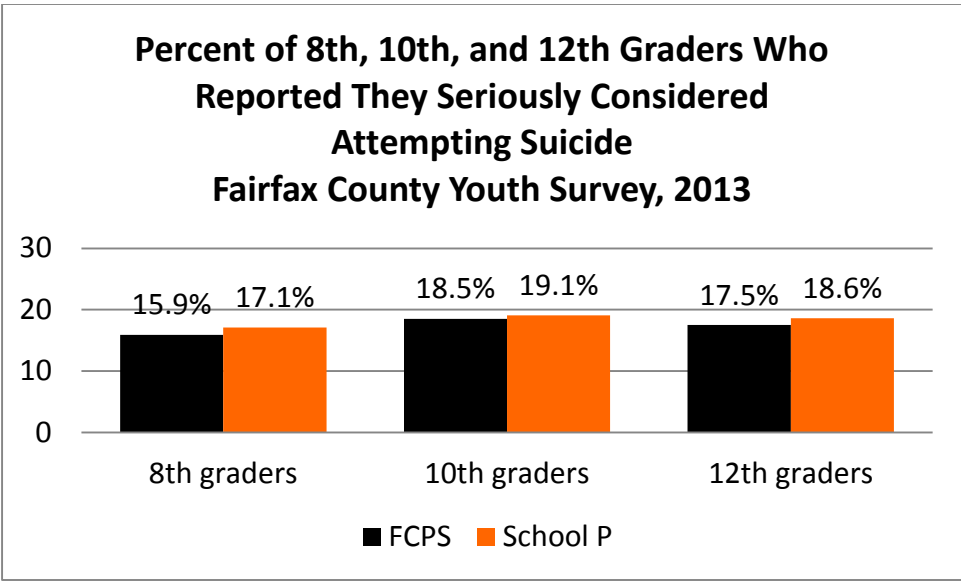
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 8th, 10th, and 12th graders in School P compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School P and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

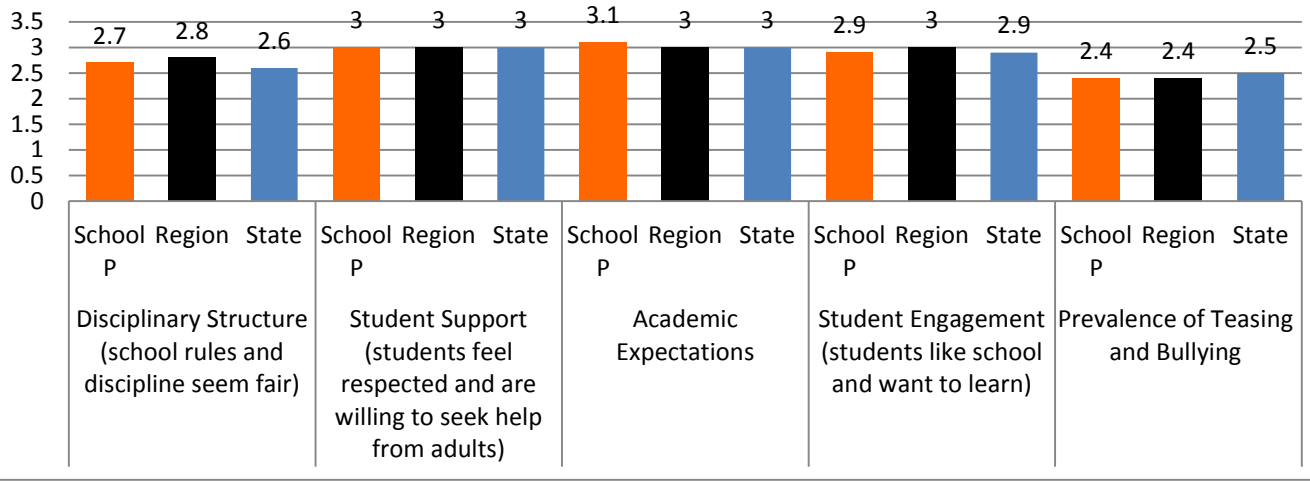
	Overall	School P
Individual level factors		
Felt sad or hopeless	17.0	20.5
Lifetime drug use	3.0	2.7
Resilient - solves problems	0.3	0.4
Resilient - makes better	0.4	0.3
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.3
Was ever suspended	1.7	2.4
Victim of bullying	3.3	3.1
Victim of cyber bullying	4.4	3.3
<i>Intimate partner violence</i>		
Physical IPV	3.7	6.8
Control IPV	2.6	3.0
Emotional IPV	4.6	5.7
Sexual IPV	4.1	3.6
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.6
Family conflict - arguing	3.3	3.3
Family conflict - serious arguing	3.4	4.7
Family conflict - violence	3.8	3.8
<i>General violence</i>		
Attacked (general)	3.8	4.0
Threatened with a weapon	4.2	3.8
Sexually harassed	4.2	2.6
Forced sex	4.6	3.6

Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

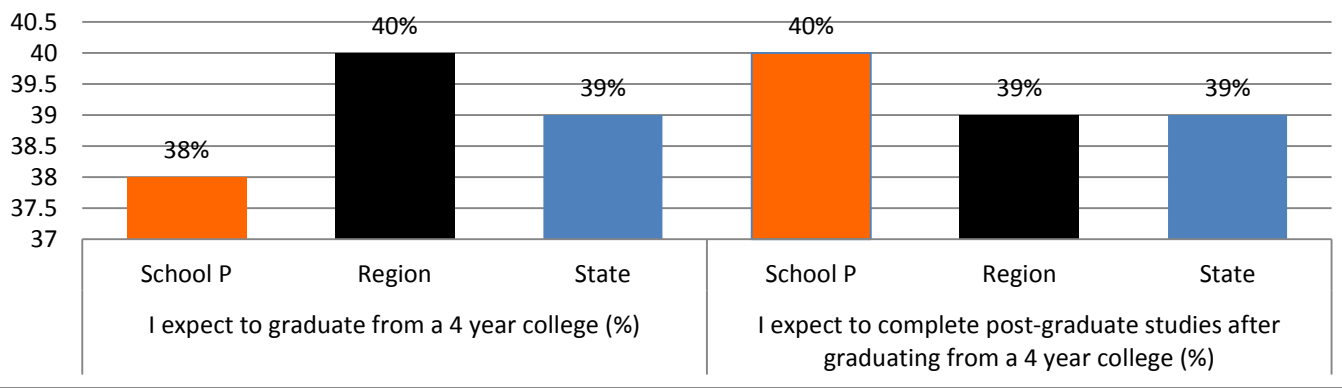
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School P's average for each scale and provides a comparison to regional and state averages.

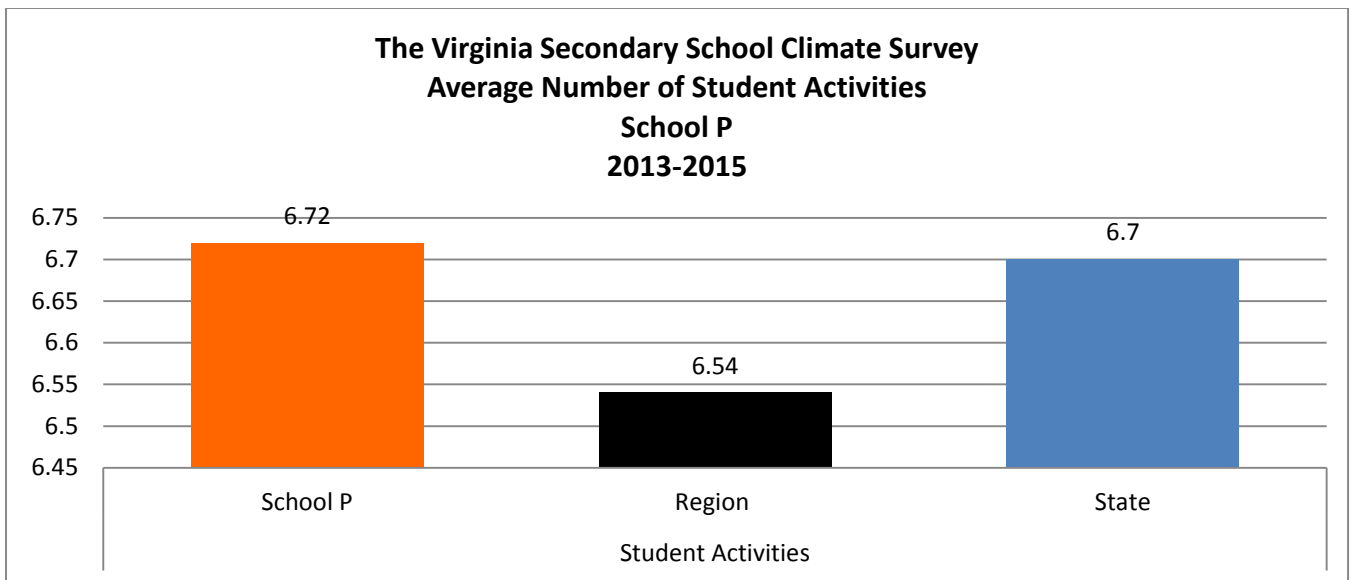
**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate
School P
2013-2014**



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School P's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education
School P
2013-2014**





Reporting on Suicide

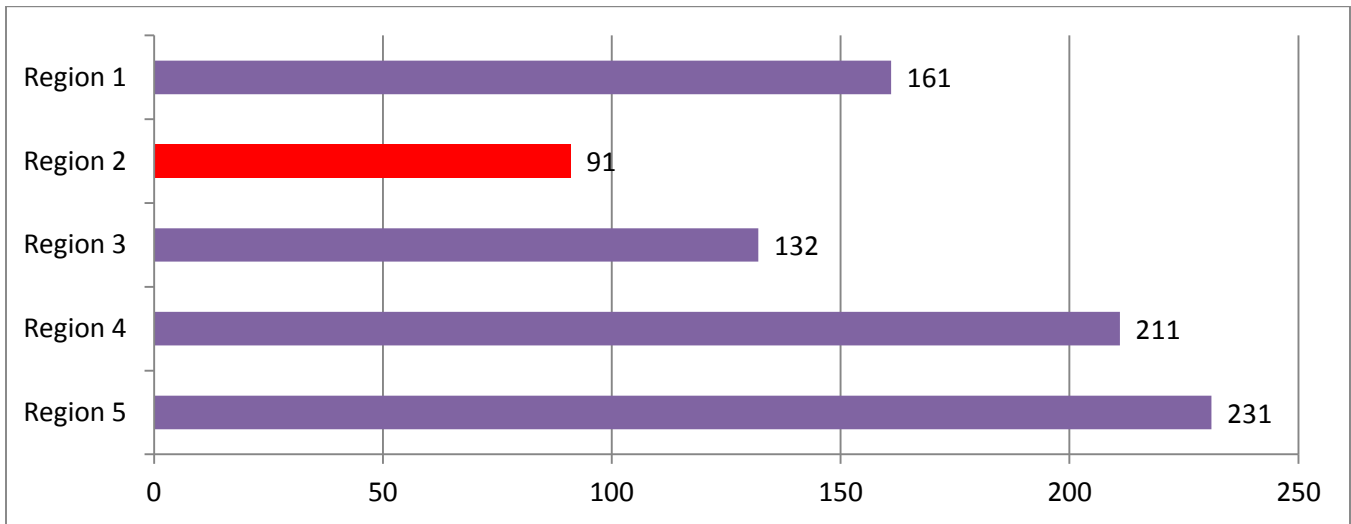
School P was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School Q

ESSENCE Data

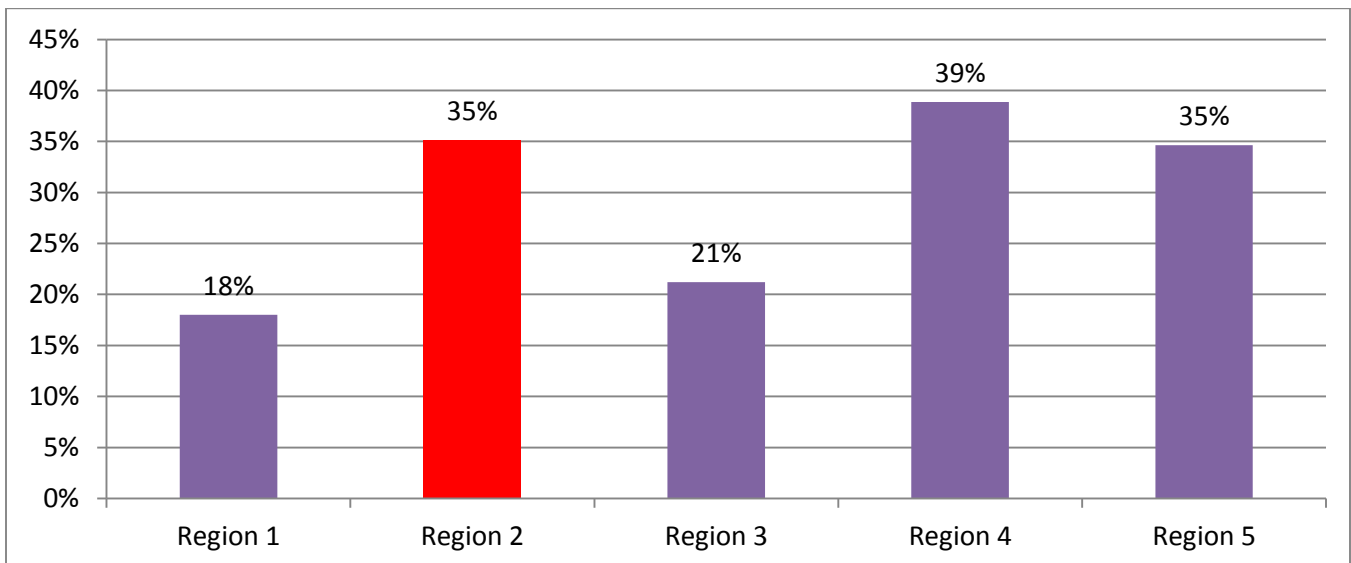
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School Q is in Region 2. The distribution of suicide-related emergency departments by school region is shown below. Region 2 had the fewest (n = 91) suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

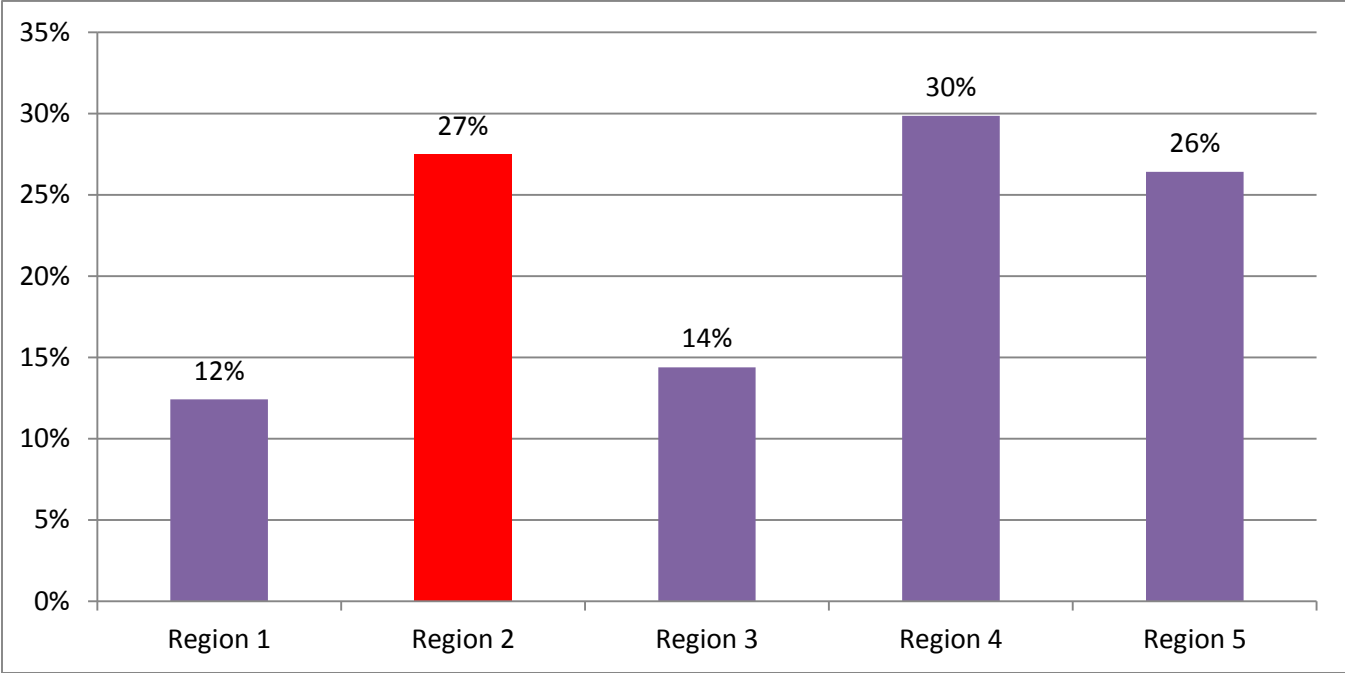


Region 2 had the second highest percentage of non-fatal behaviors (35%). Additionally, Region 2 had the second highest percent of substance use reported in ED chief complaints (27%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

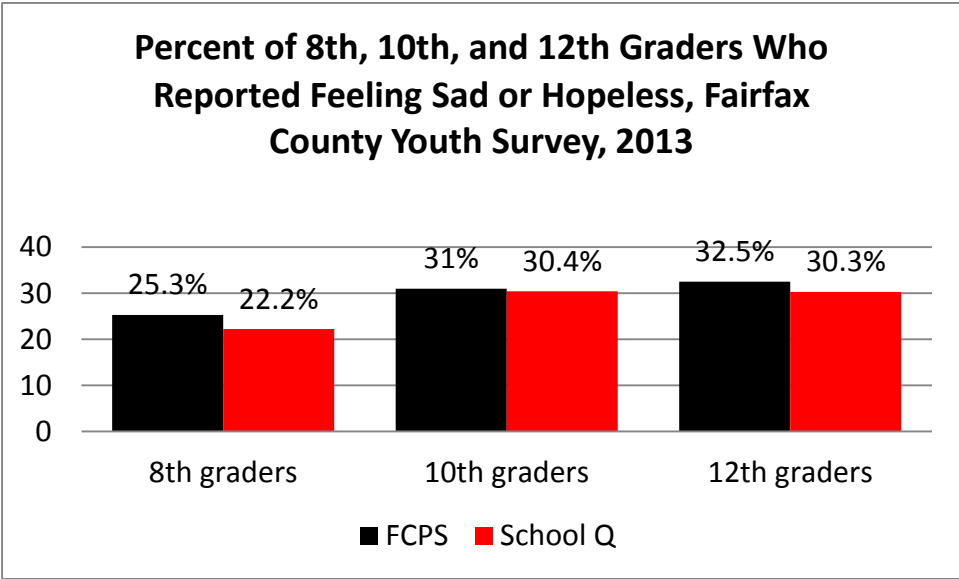


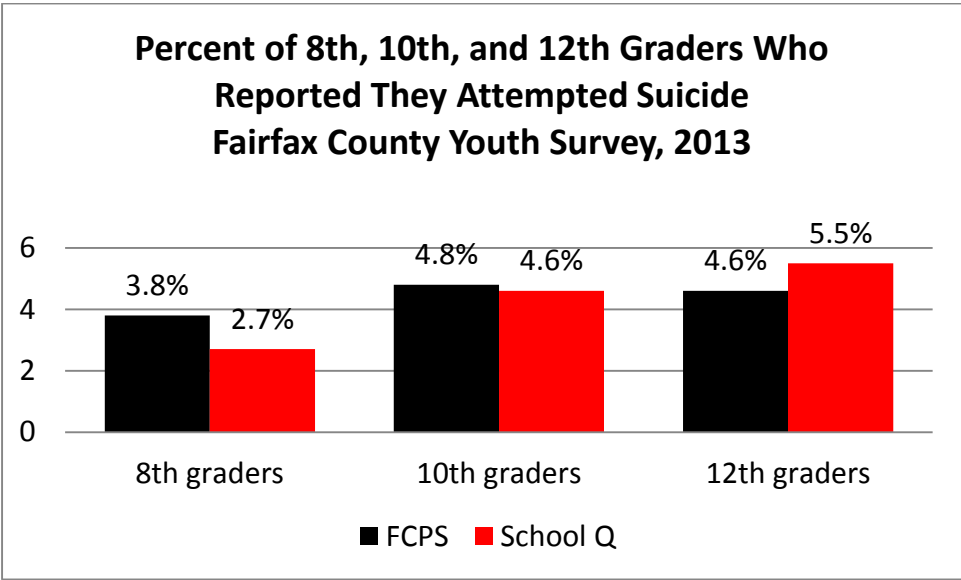
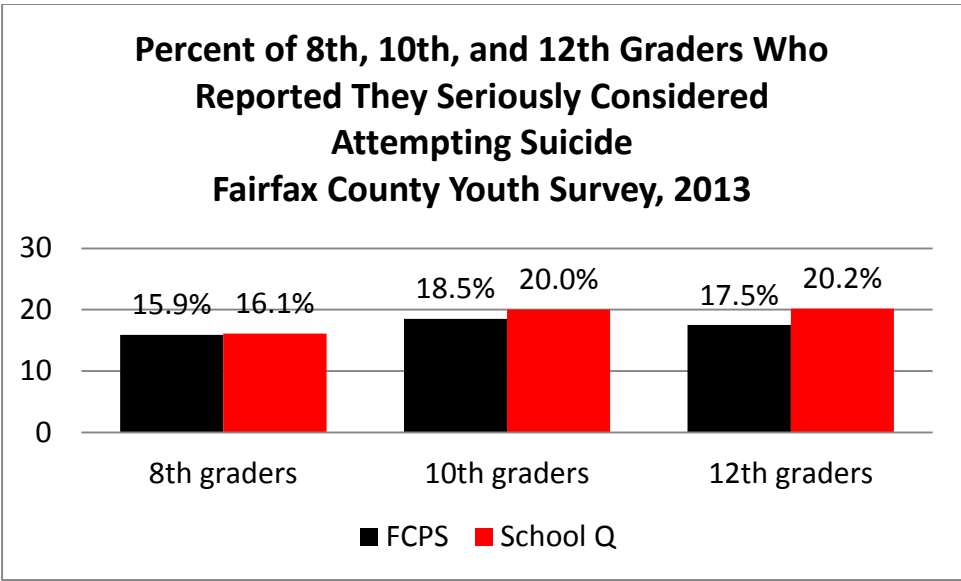
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School Q compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School Q and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

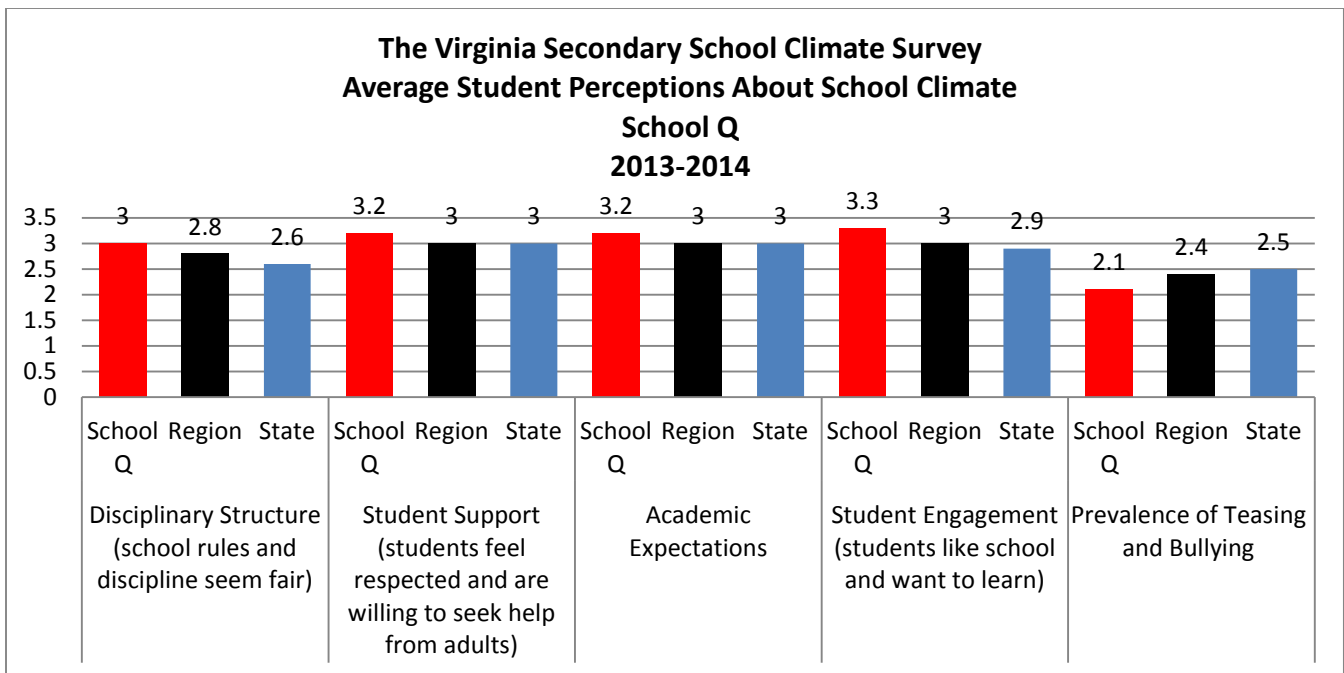
	Overall	School Q
Individual level factors		
Felt sad or hopeless	17.0	15.4
Lifetime drug use	3.0	3.3
Resilient - solves problems	0.3	0.2
Resilient - makes better	0.4	0.2
Interpersonal level factors		
Parent help available	0.2	0.1
Feels safe at school	0.3	0.3
Was ever suspended	1.7	2.2
Victim of bullying	3.3	4.0
Victim of cyber bullying	4.4	5.7
<i>Intimate partner violence</i>		
Physical IPV	3.7	#
Control IPV	2.6	3.6
Emotional IPV	4.6	5.5
Sexual IPV	4.1	4.6
<i>Family conflict</i>		
Family conflict - yelling	3.3	5.3
Family conflict - arguing	3.3	4.3
Family conflict - serious arguing	3.4	4.8
Family conflict - violence	3.8	4.9
<i>General violence</i>		
Attacked (general)	3.8	4.7
Threatened with a weapon	4.2	5.2
Sexually harassed	4.2	6.1
Forced sex	4.6	5.5

Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

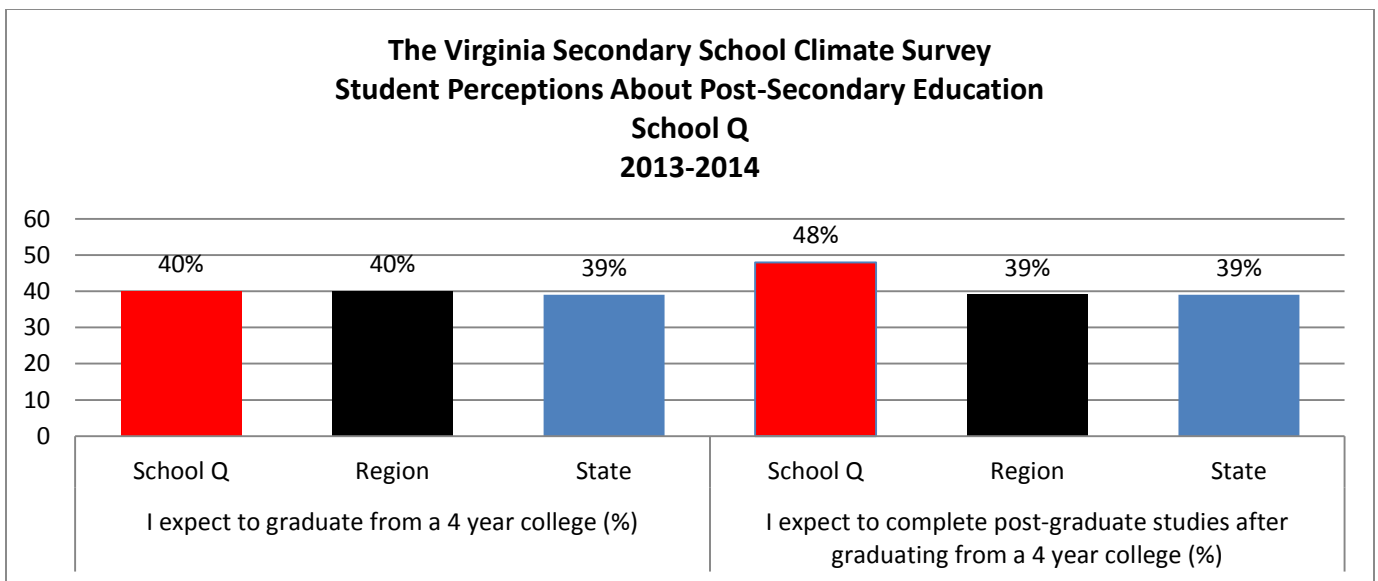
Not statistically significant

School Climate Data

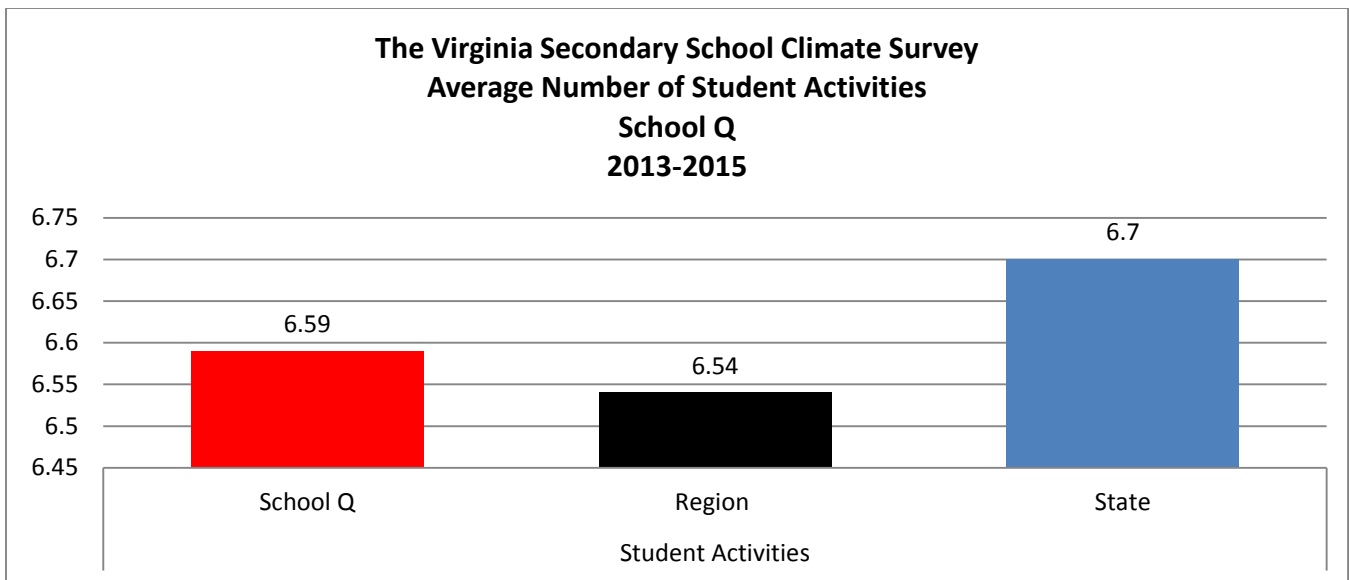
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School Q's average for each scale and provides a comparison to regional and state averages.



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School Q's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School Q who expect to complete post-graduate studies after graduating from a four year college is 23% higher than students in the region or state.



Reporting on Suicide

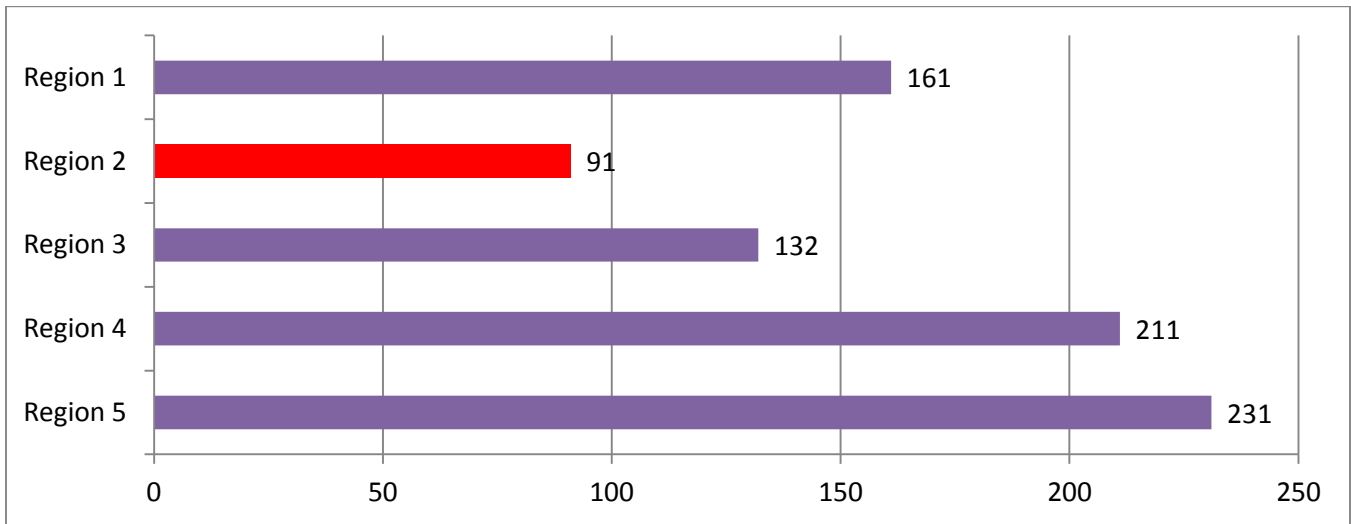
School Q was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School R

ESSENCE Data

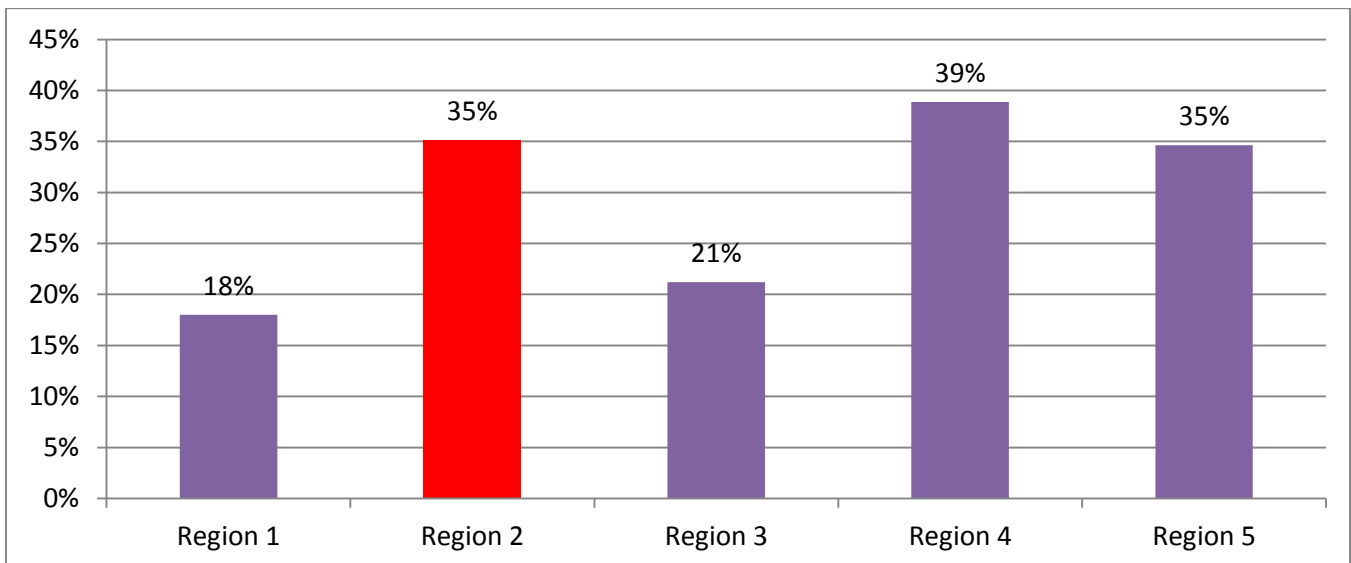
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School R is in Region 2. The distribution of suicide-related emergency departments by school region is shown below. Region 2 had the fewest (n = 91) suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

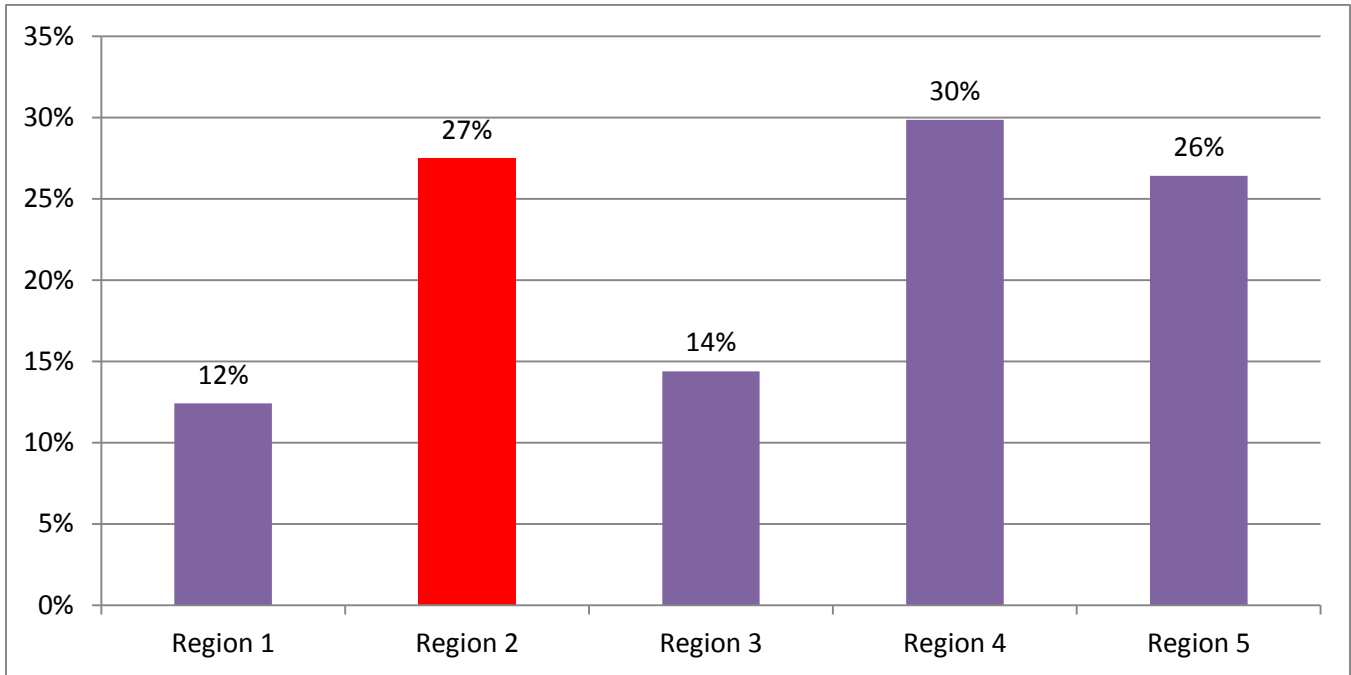


Region 2 had the second highest percentage of non-fatal behaviors (35%). Additionally, Region 2 had the second highest percent of substance use reported in ED chief complaints (27%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

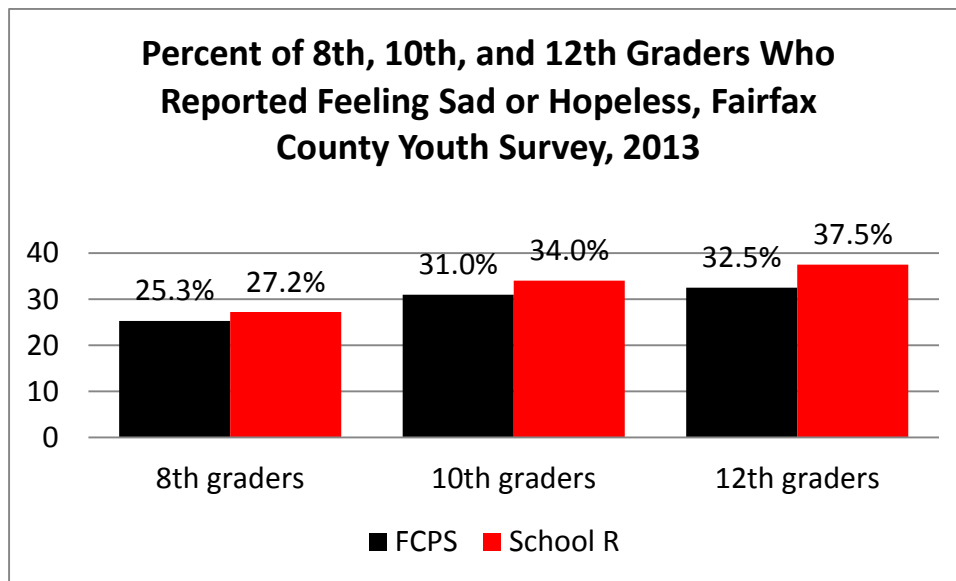


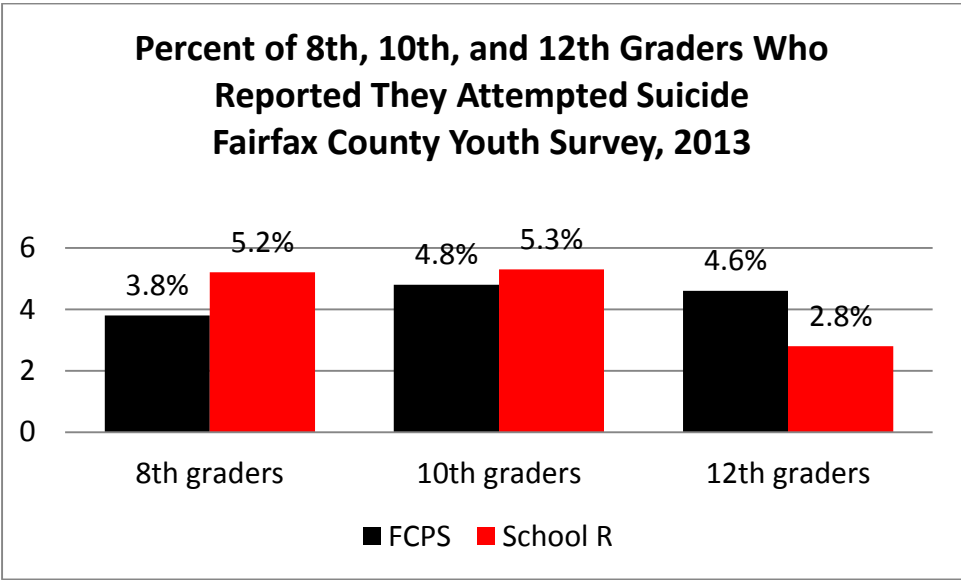
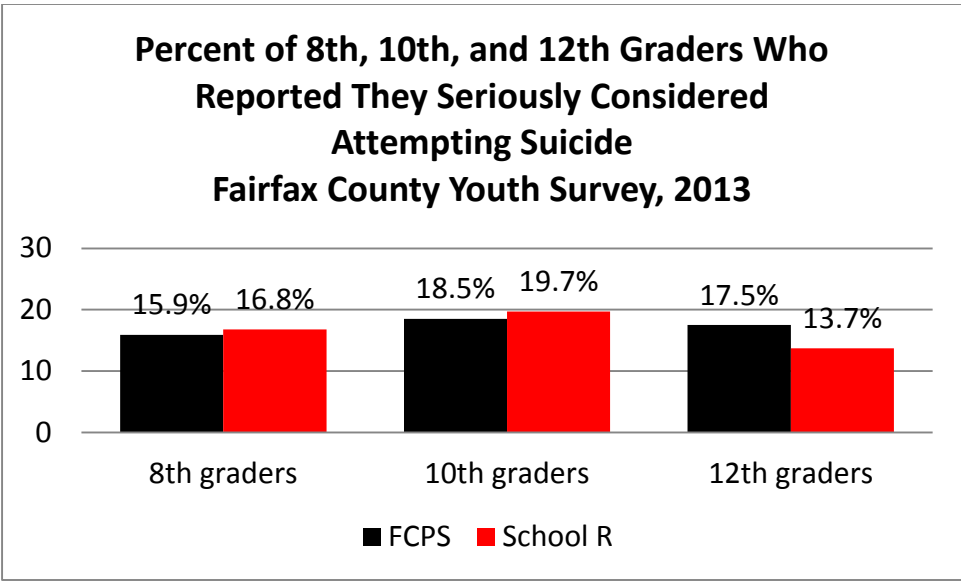
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 8th, 10th, and 12th graders in School R compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School R and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School R
Individual level factors		
Felt sad or hopeless	17.0	14.2
Lifetime drug use	3.0	3.5
Resilient - solves problems	0.3	0.4
Resilient - makes better	0.4	0.5
Interpersonal level factors		
Parent help available	0.2	0.3
Feels safe at school	0.3	0.3
Was ever suspended	1.7	1.1
Victim of bullying	3.3	2.9
Victim of cyber bullying	4.4	4.6
<i>Intimate partner violence</i>		
Physical IPV	3.7	#
Control IPV	2.6	2.3
Emotional IPV	4.6	3.5
Sexual IPV	4.1	2.8
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.3
Family conflict - arguing	3.3	3.8
Family conflict - serious arguing	3.4	3.2
Family conflict - violence	3.8	3.8
<i>General violence</i>		
Attacked (general)	3.8	3.9
Threatened with a weapon	4.2	4.3
Sexually harassed	4.2	4.5
Forced sex	4.6	2.6

Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

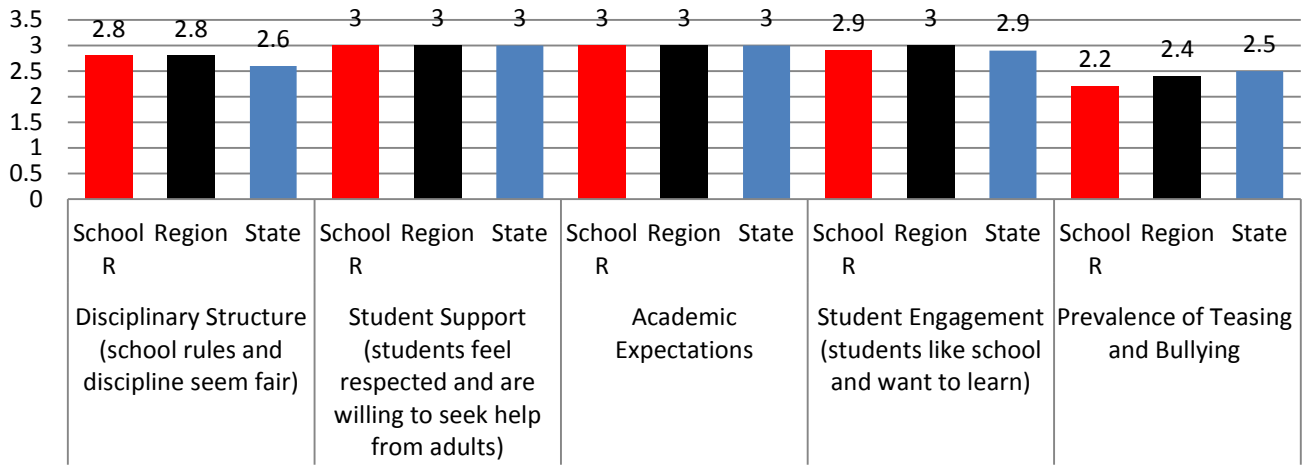
Not statistically significant

School Climate Data

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School R's average for each scale and provides a comparison to regional and state averages.

**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate**

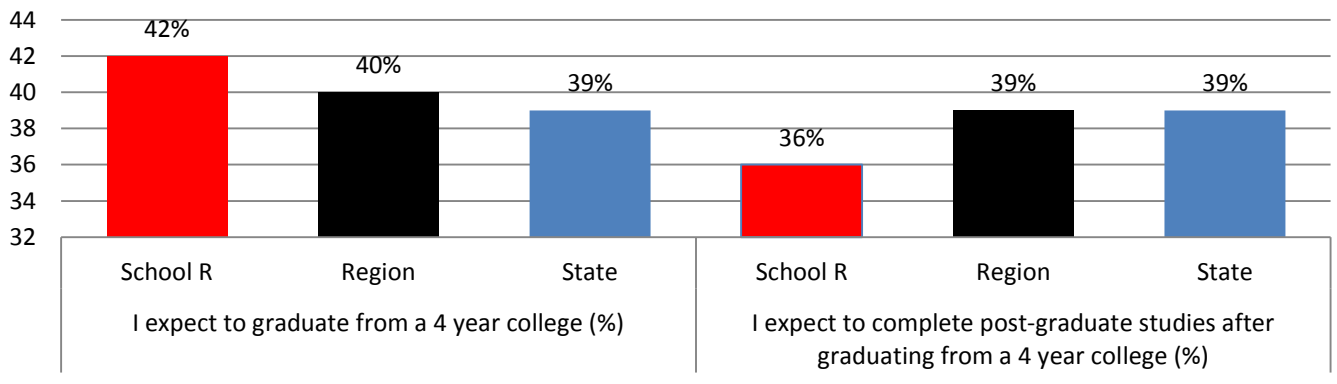
**School R
2013-2014**

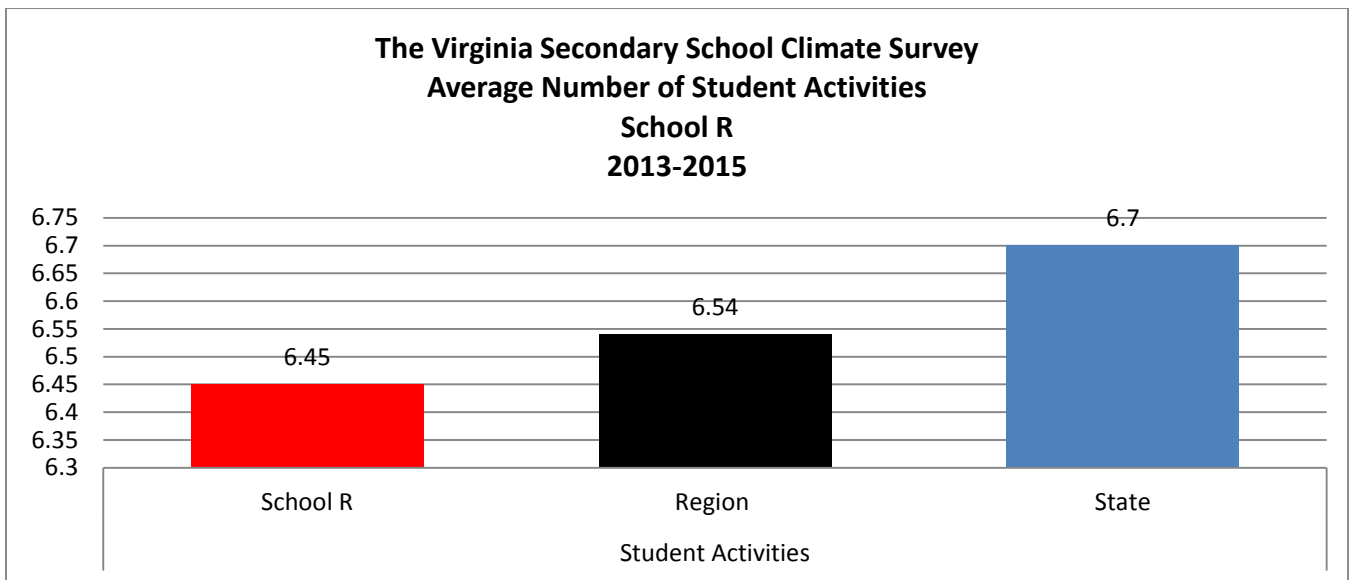


Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School R's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education**

**School R
2013-2014**





Reporting on Suicide

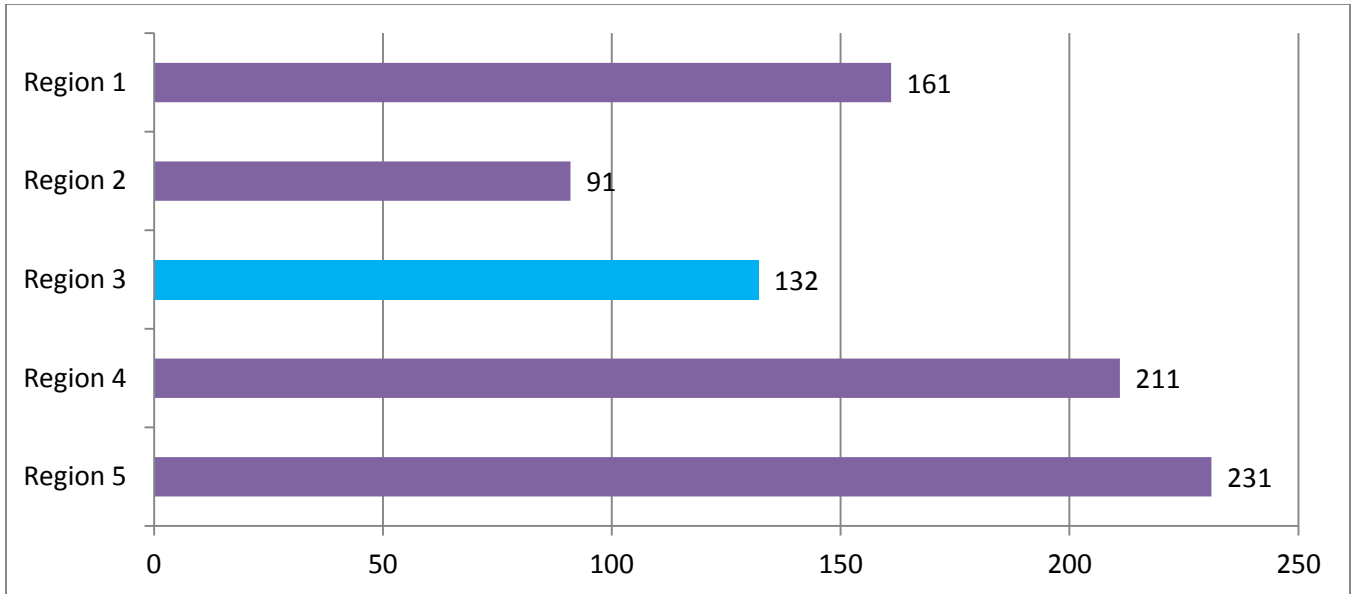
School R was not was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School S

ESSENCE Data

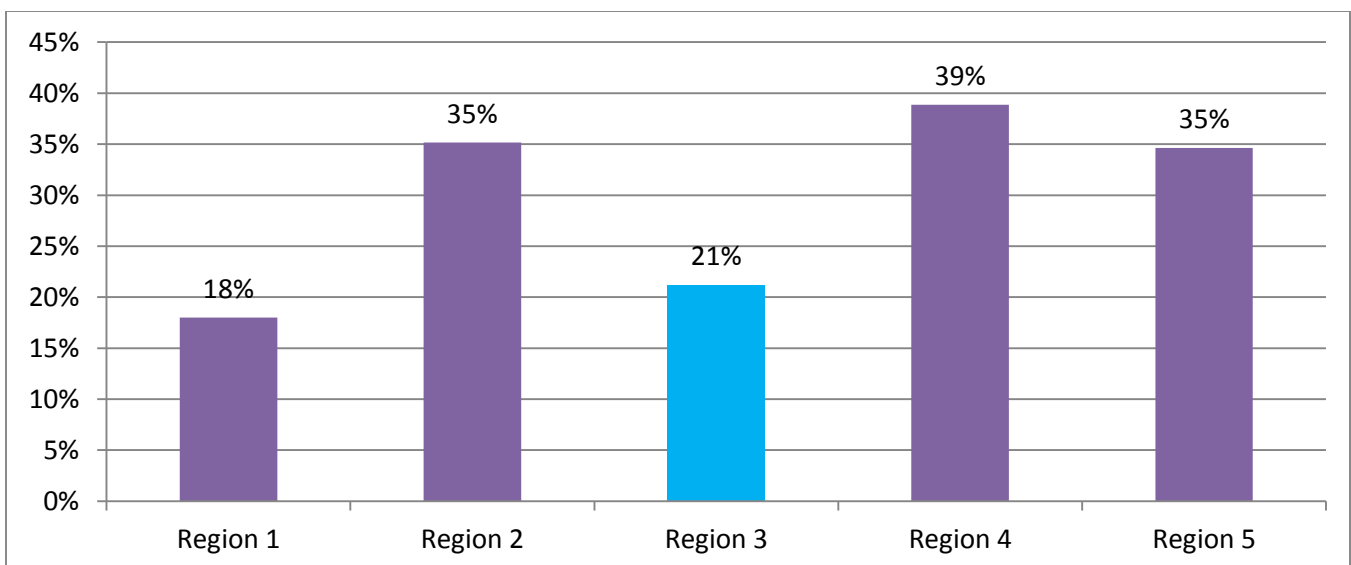
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School S is Region 3. The distribution of suicide-related emergency departments by school region is shown below. Region 3 had 132 suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

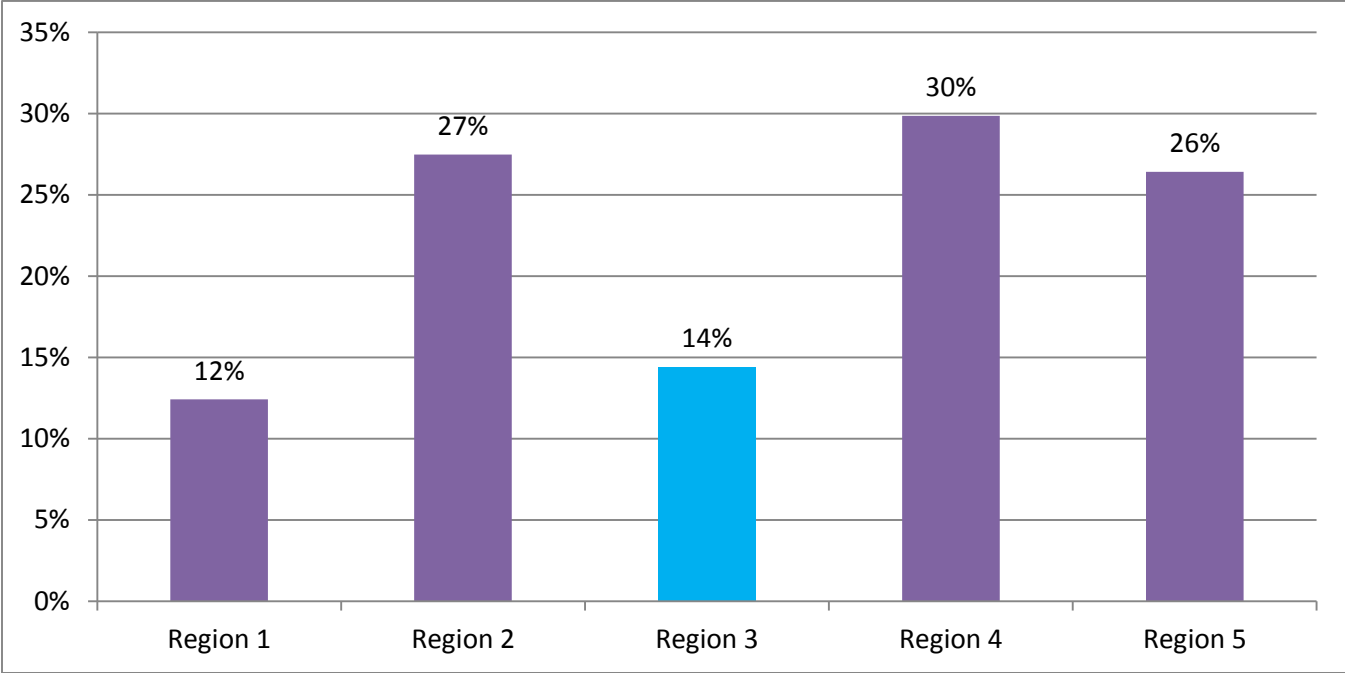


Region 3 had the second lowest percentage of non-fatal behaviors (21%) and the second lowest percent of substance use reported in ED chief complaints (14%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

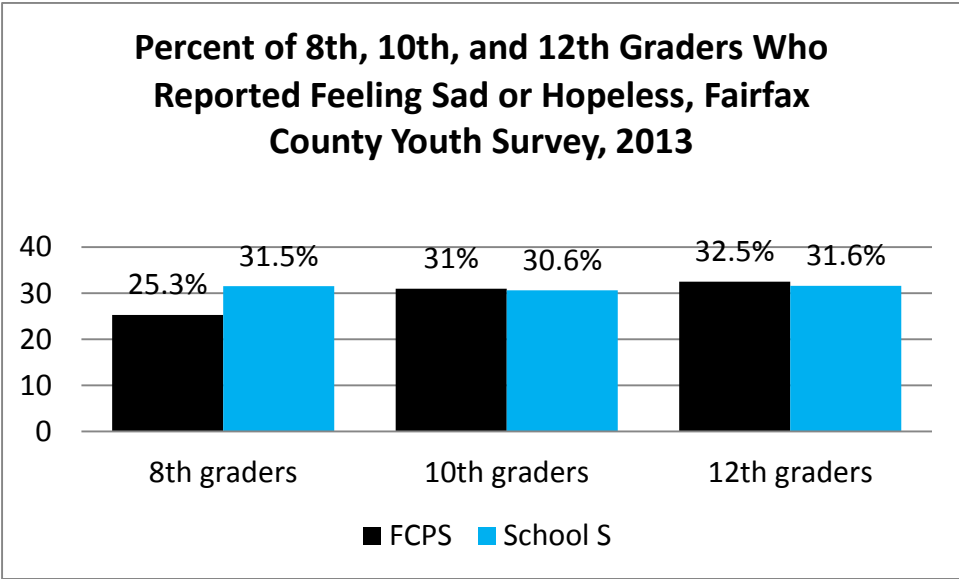


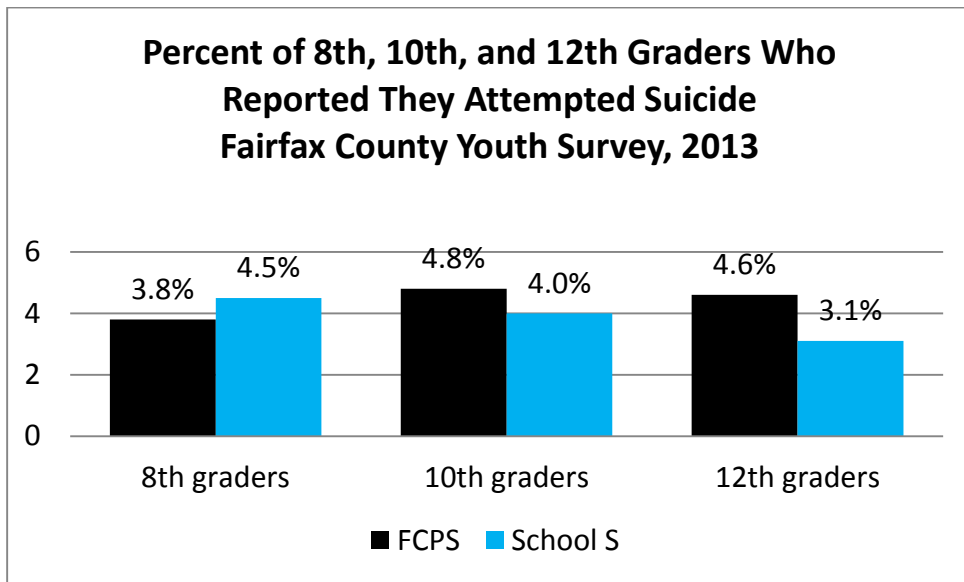
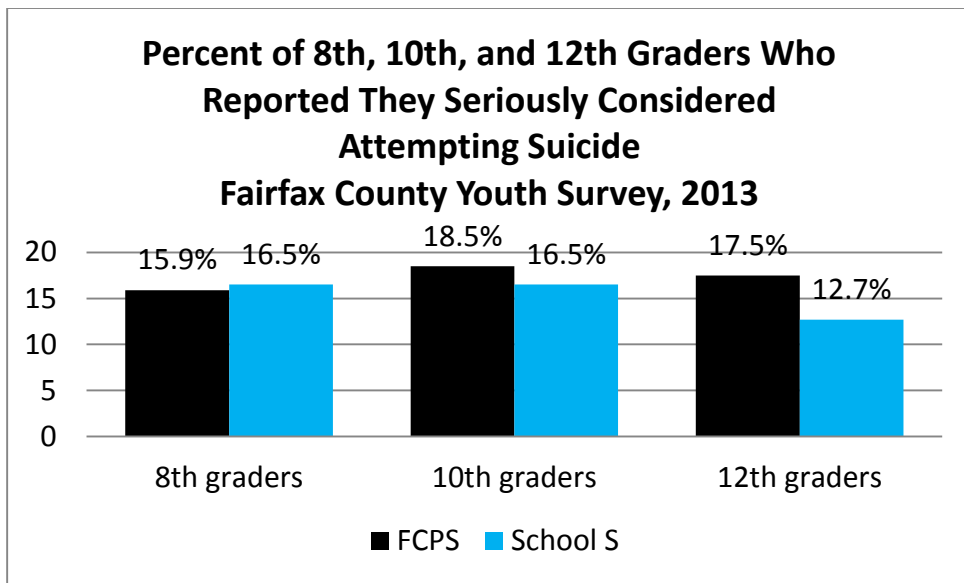
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School S compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School S and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

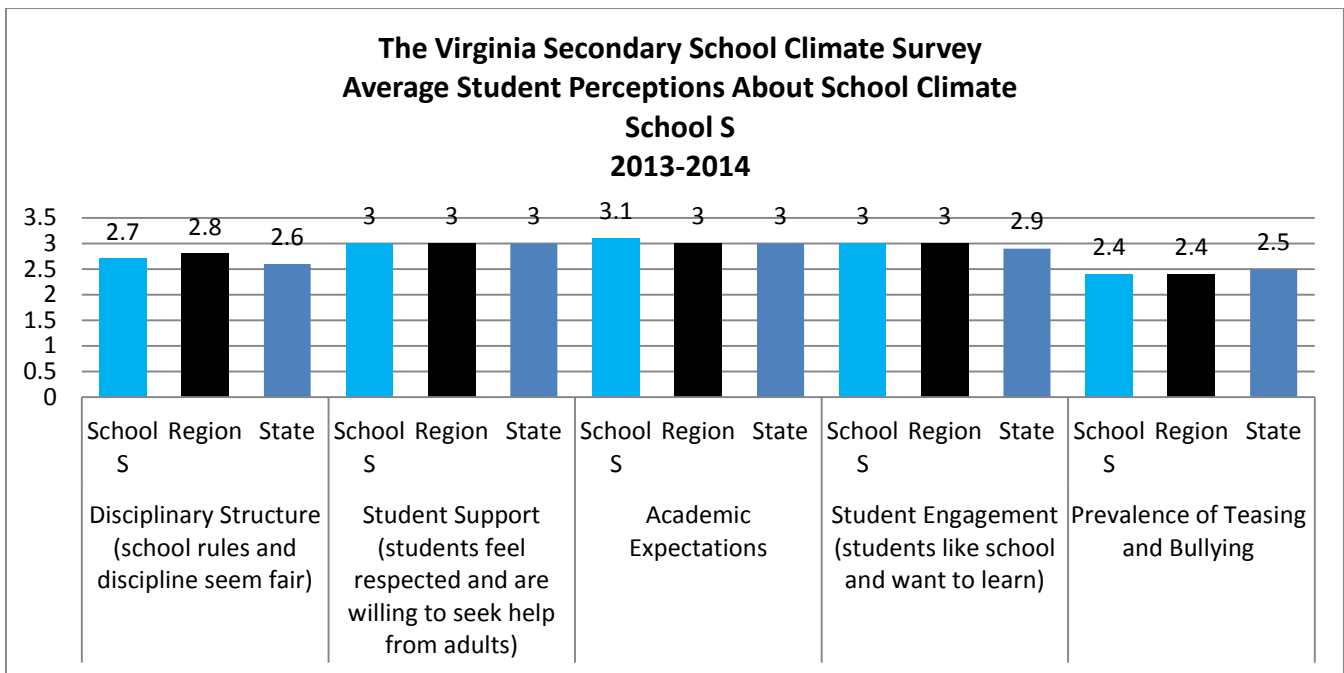
Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School S
Individual level factors		
Felt sad or hopeless	17.0	18.2
Lifetime drug use	3.0	2.6
Resilient - solves problems	0.3	0.4
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.4
Was ever suspended	1.7	1.9
Victim of bullying	3.3	3.2
Victim of cyber bullying	4.4	4.6
<i>Intimate partner violence</i>		
Physical IPV	3.7	4.0
Control IPV	2.6	2.3
Emotional IPV	4.6	4.7
Sexual IPV	4.1	5.3
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.4
Family conflict - arguing	3.3	3.6
Family conflict - serious arguing	3.4	4.1
Family conflict - violence	3.8	3.1
<i>General violence</i>		
Attacked (general)	3.8	4.2
Threatened with a weapon	4.2	5.4
Sexually harassed	4.2	3.7
Forced sex	4.6	2.6

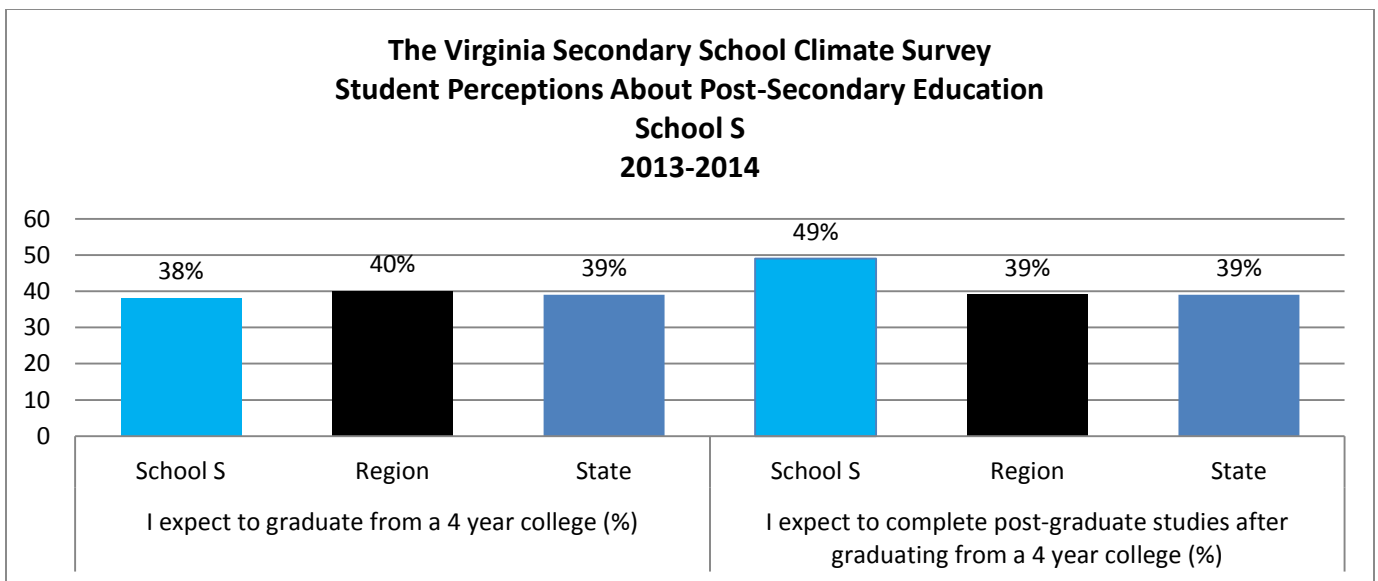
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

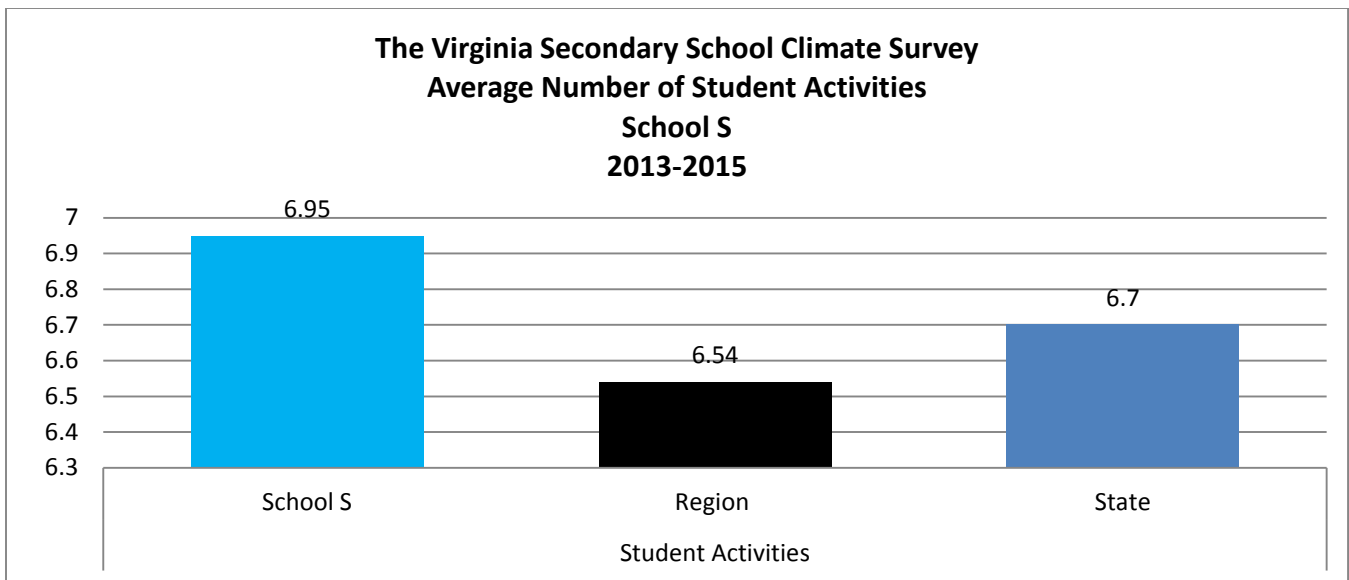
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School S's average for each scale and provides a comparison to regional and state averages.



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School S's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School S who expect to complete post-graduate studies after graduating from a four year college is 23% higher than students in the region or state.



Reporting on Suicide

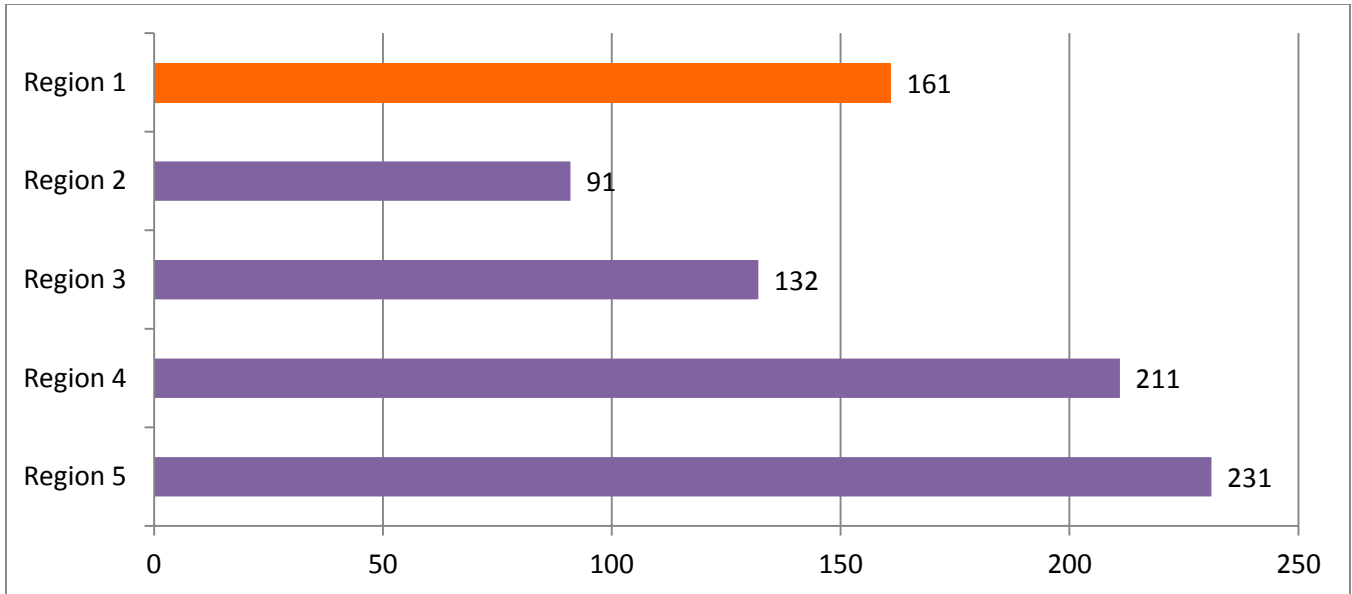
School S was not was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School T

ESSENCE Data

Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) also examined by school regions. School T is in Region 1. The distribution of suicide-related emergency departments by school region is shown below. Region 1 had 161 suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

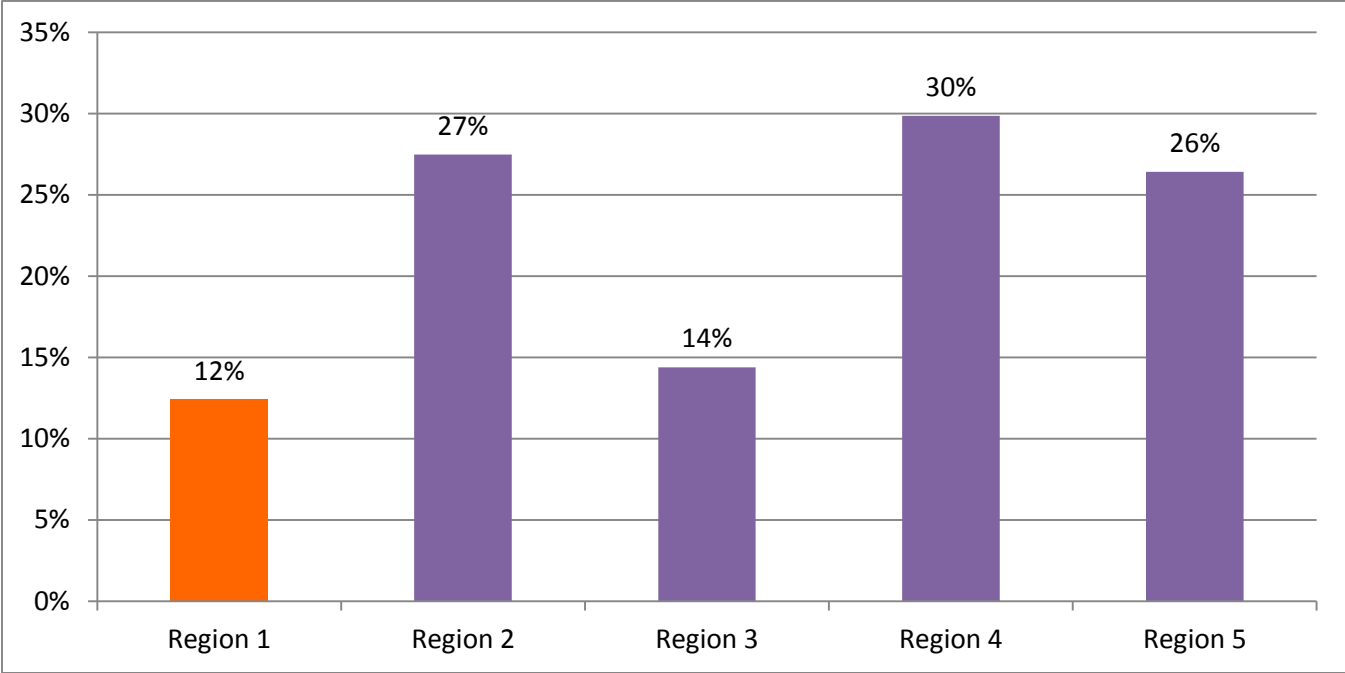


Region 1 had the lowest percentage of non-fatal behaviors (18%) and the lowest percent of substance use reported in ED chief complaints (12%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

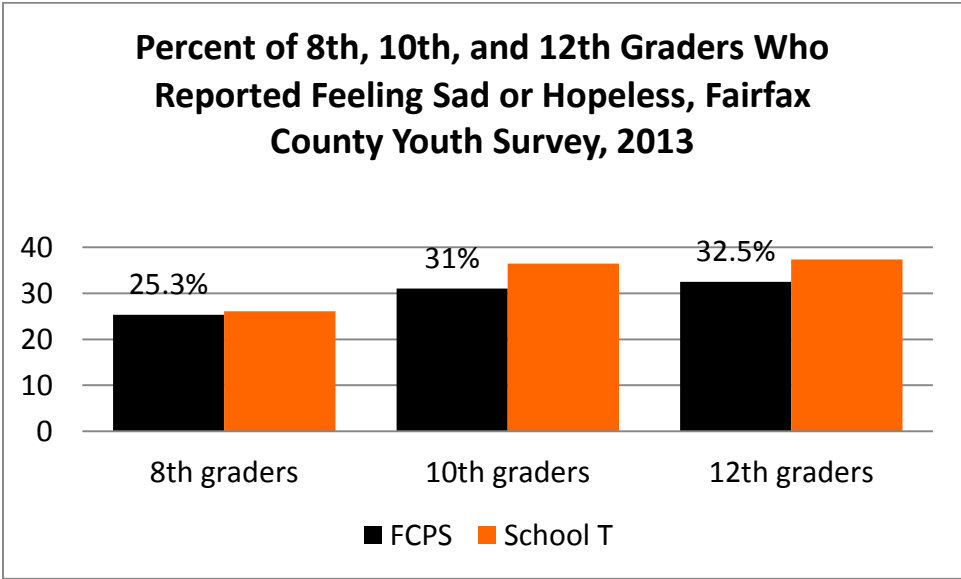


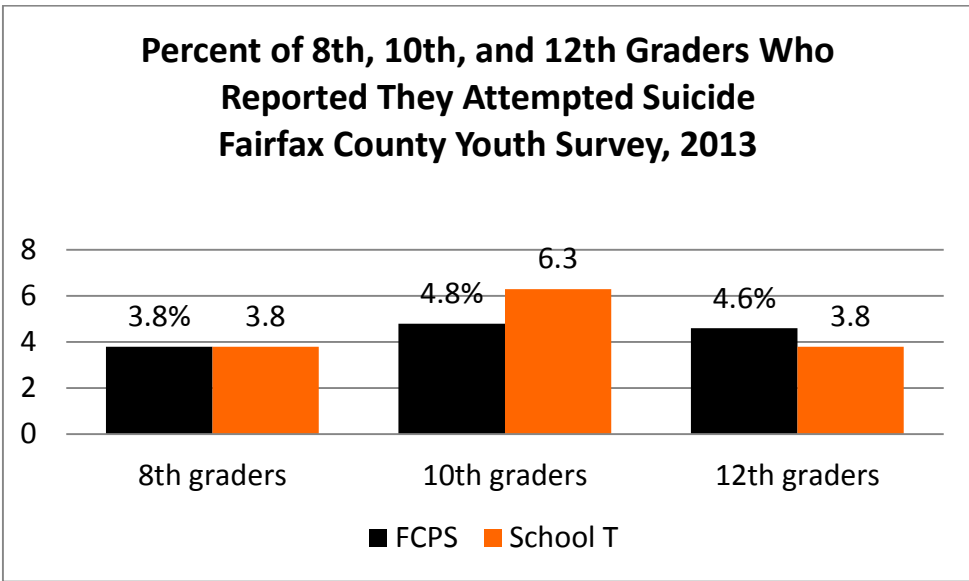
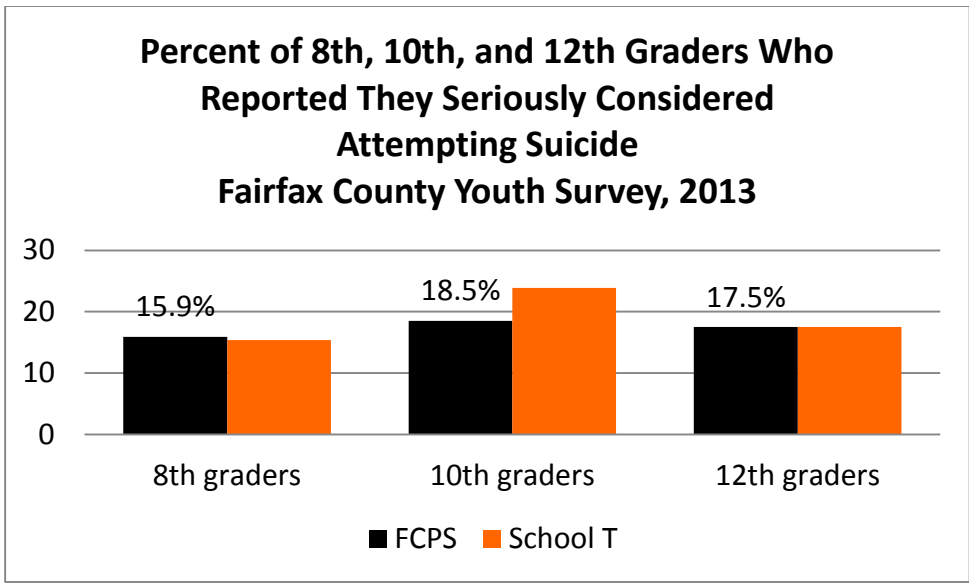
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School T compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School T and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School T
Individual level factors		
Felt sad or hopeless	17.0	17.2
Lifetime drug use	3.0	2.9
Resilient - solves problems	0.3	0.4
Resilient - makes better	0.4	0.5
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.2
Was ever suspended	1.7	1.5
Victim of bullying	3.3	3.2
Victim of cyber bullying	4.4	4.6
<i>Intimate partner violence</i>		
Physical IPV	3.7	3.0
Control IPV	2.6	2.9
Emotional IPV	4.6	3.0
Sexual IPV	4.1	3.8
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.4
Family conflict - arguing	3.3	3.6
Family conflict - serious arguing	3.4	3.3
Family conflict - violence	3.8	4.2
<i>General violence</i>		
Attacked (general)	3.8	3.3
Threatened with a weapon	4.2	3.0
Sexually harassed	4.2	4.3
Forced sex	4.6	4.6

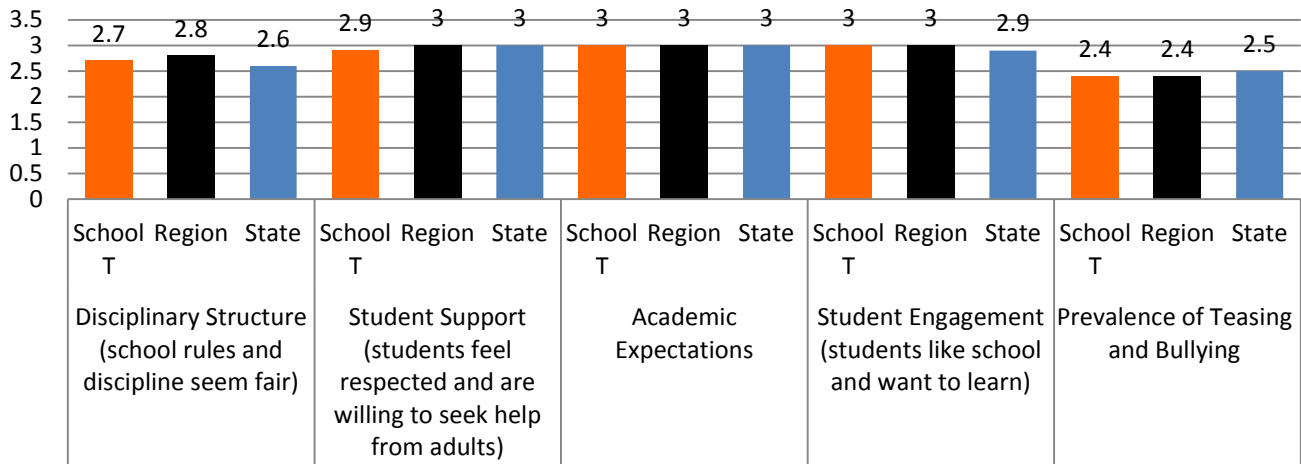
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School T's average for each scale and provides a comparison to regional and state averages.

**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate**

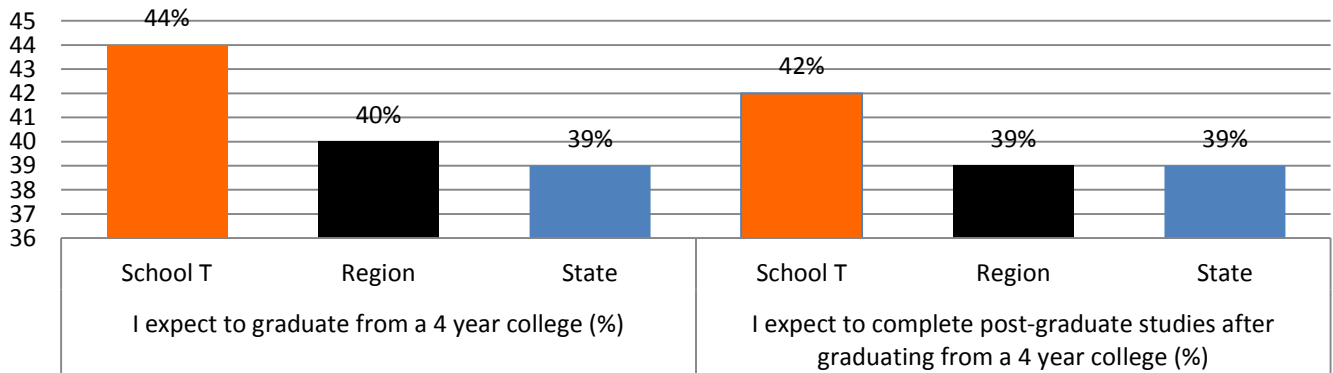
**School T
2013-2014**

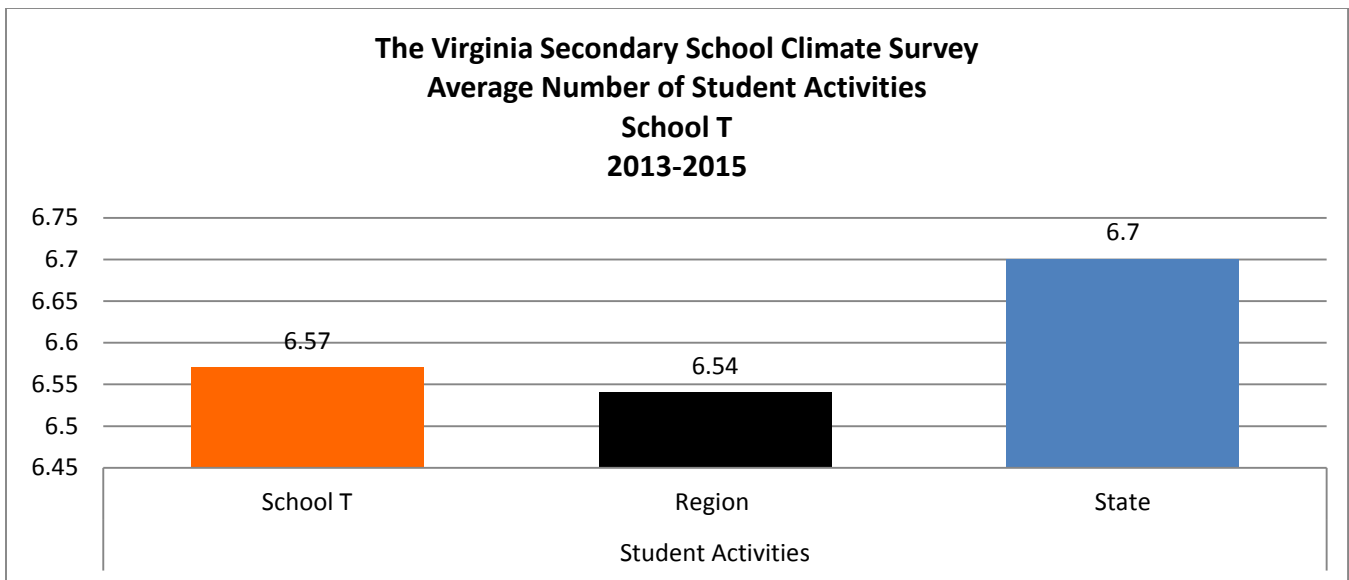


Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School T's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education**

**School T
2013-2014**





Reporting on Suicide

A scan of media related to youth suicide identified 13 news stories. School T was referenced in 1 news story. News stories were reviewed and evaluated based on strategies to avoid in the “Recommendations for Reporting on Suicide” that have been developed through a collaboration between the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies (www.ReportingOnSuicide.org). The table below summarizes the strategies to avoid that were used in articles referencing School T.

Recommendation	Article(s) Reference School T
Avoid...	
Big or sensationalistic headlines	
Describing the suicide method	
Including photos/videos of the location or method of death, grieving family, friends, memorials, or funerals	
Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms	X
Describing a suicide as inexplicable or “without warning”	X
“John Doe left a suicide note saying...”	
Investigating or reporting on suicide similar to reporting on crimes	
Referring to suicide as “successful,” “unsuccessful,” or a “failed attempt”	

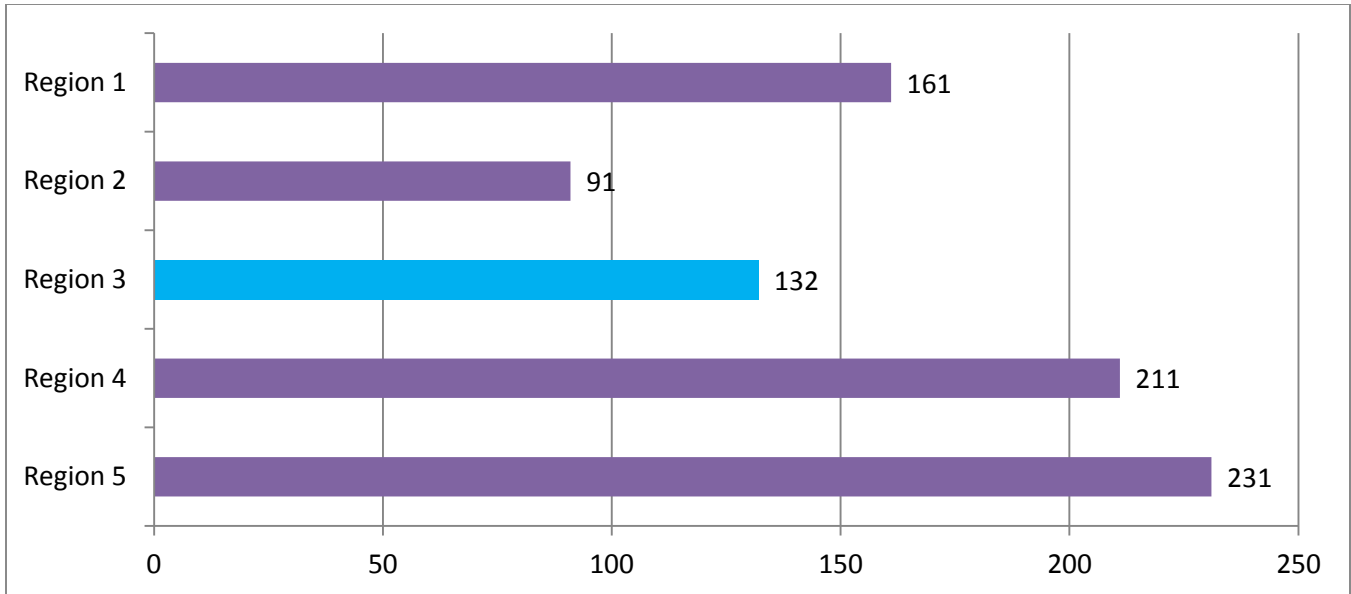
Public information officials and media relations staff at the school, FCPS, and FCHD should review the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School U

ESSENCE Data

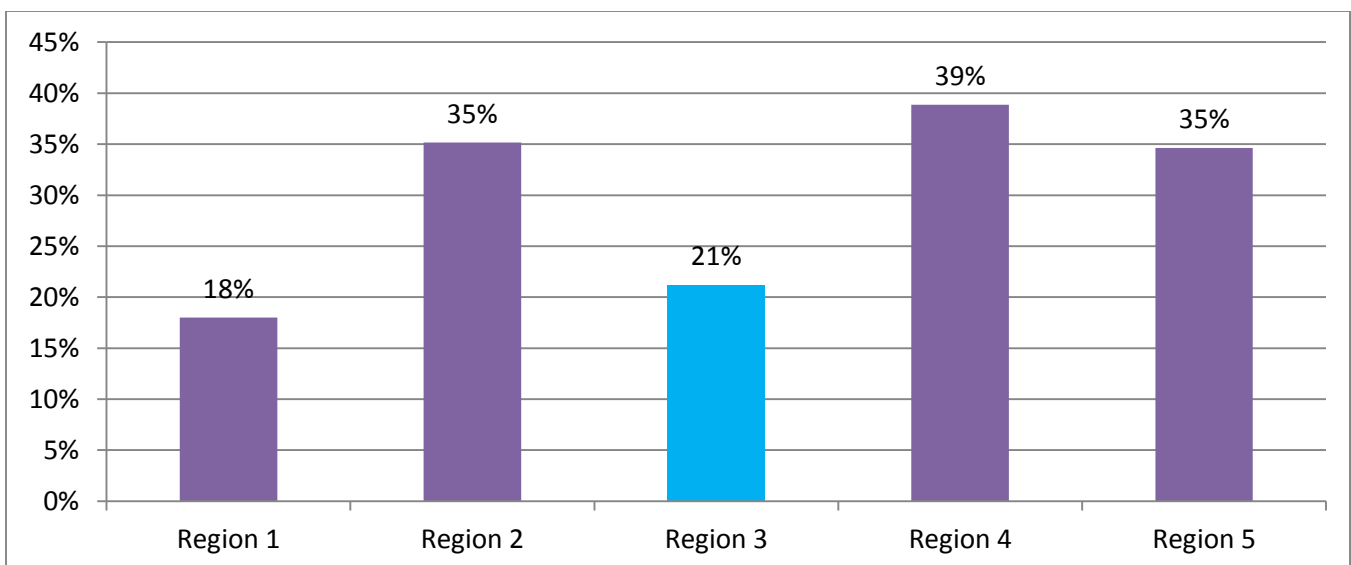
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School U is Region 3. The distribution of suicide-related emergency departments by school region is shown below. Region 3 had 132 suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

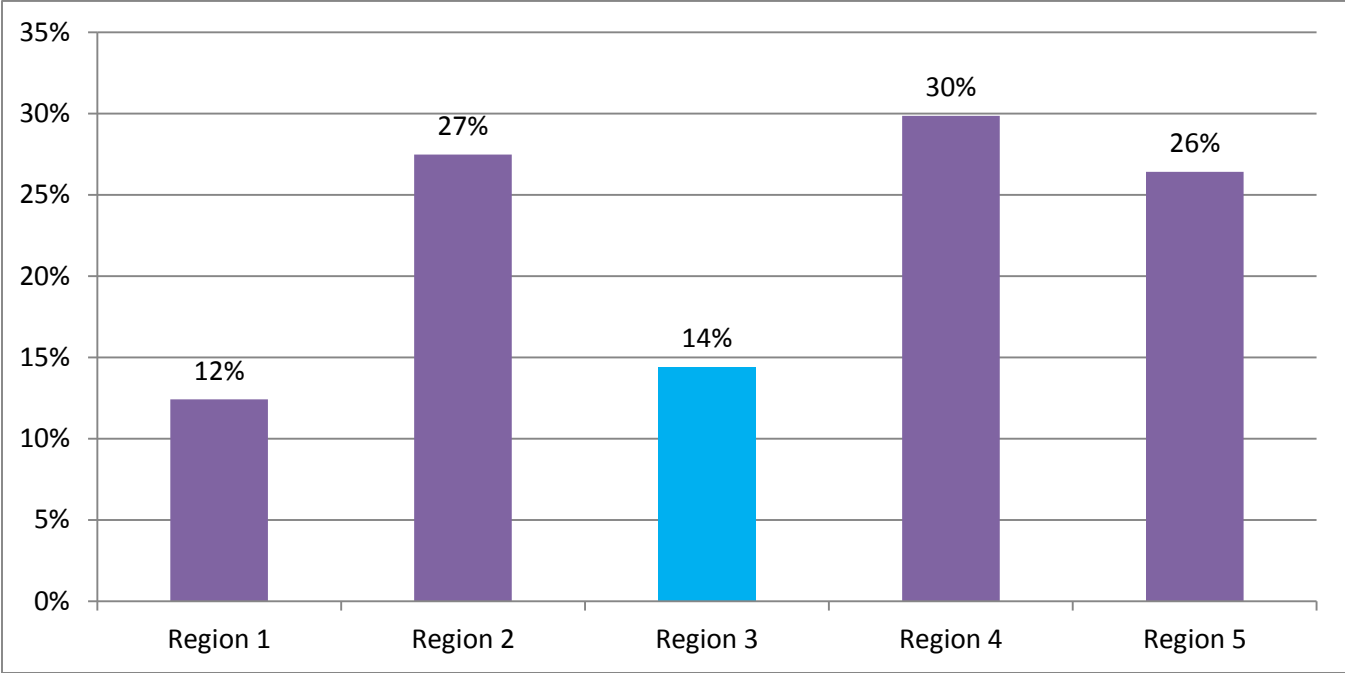


Region 3 had the second lowest percentage of non-fatal behaviors (21%) and the second lowest percent of substance use reported in ED chief complaints (14%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

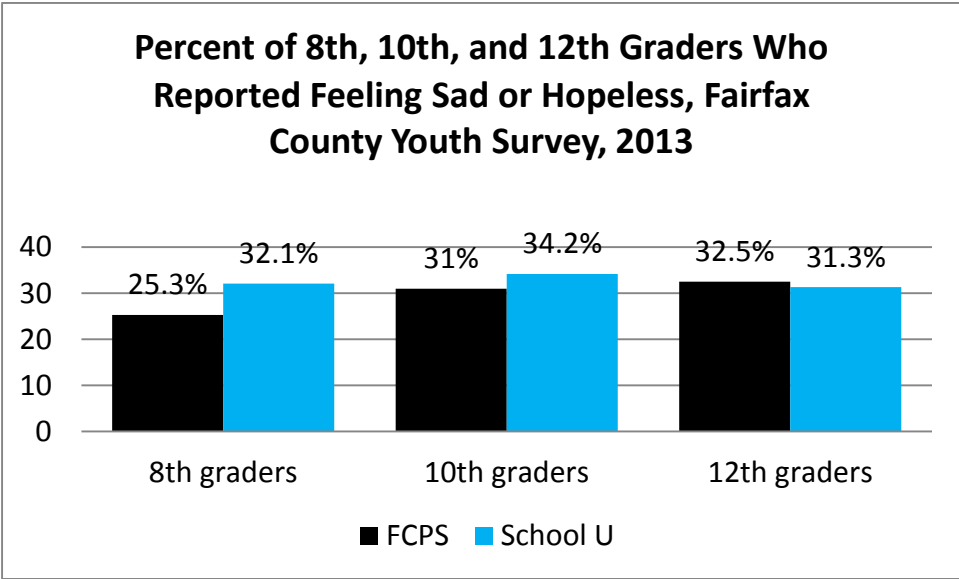


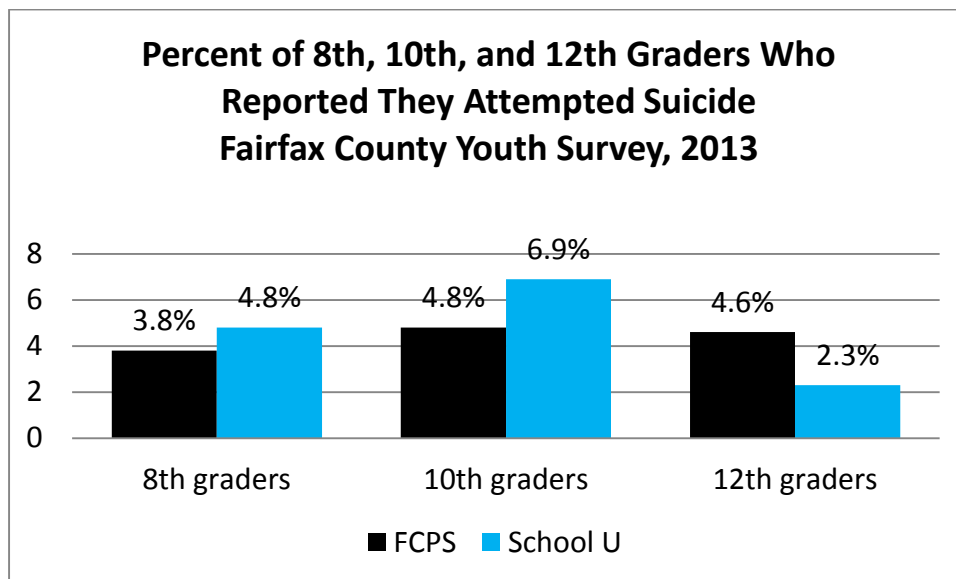
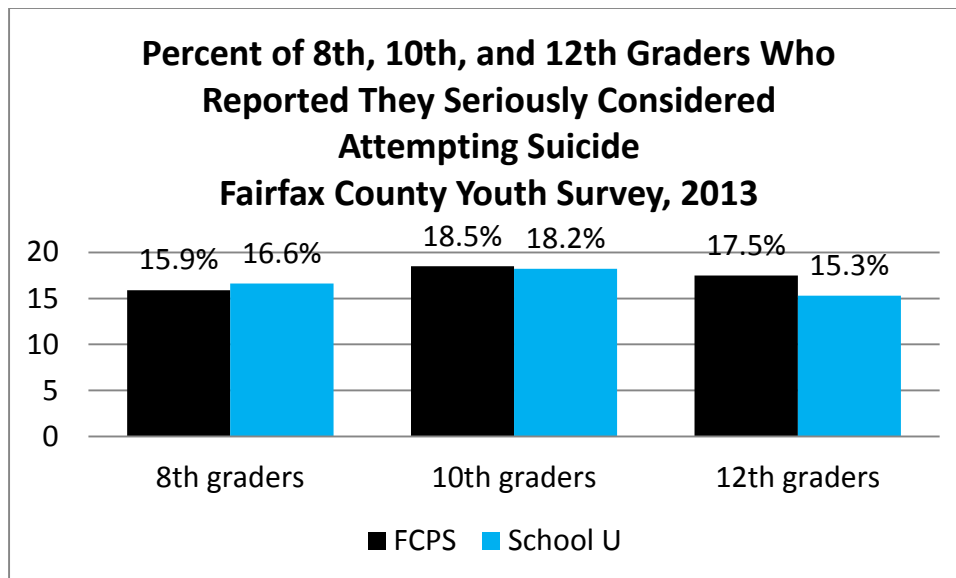
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School U compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School U and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School U
Individual level factors		
Felt sad or hopeless	17.0	23.7
Lifetime drug use	3.0	3.1
Resilient - solves problems	0.3	0.2
Resilient - makes better	0.4	0.3
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.4
Was ever suspended	1.7	1.3
Victim of bullying	3.3	4.0
Victim of cyber bullying	4.4	6.2
<i>Intimate partner violence</i>		
Physical IPV	3.7	4.1
Control IPV	2.6	2.9
Emotional IPV	4.6	6.4
Sexual IPV	4.1	3.1
<i>Family conflict</i>		
Family conflict - yelling	3.3	4.4
Family conflict - arguing	3.3	6.1
Family conflict - serious arguing	3.4	3.4
Family conflict - violence	3.8	4.1
<i>General violence</i>		
Attacked (general)	3.8	3.7
Threatened with a weapon	4.2	3.5
Sexually harassed	4.2	3.3
Forced sex	4.6	3.5

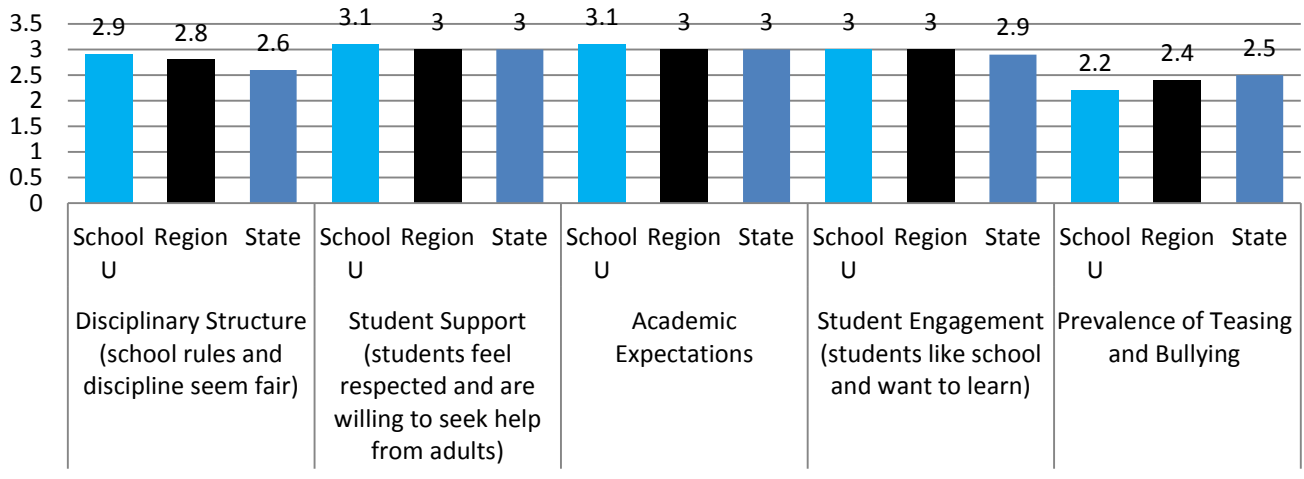
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School U's average for each scale and provides a comparison to regional and state averages.

**The Virginia Secondary School Climate Survey
Average Student Perceptions About School Climate**

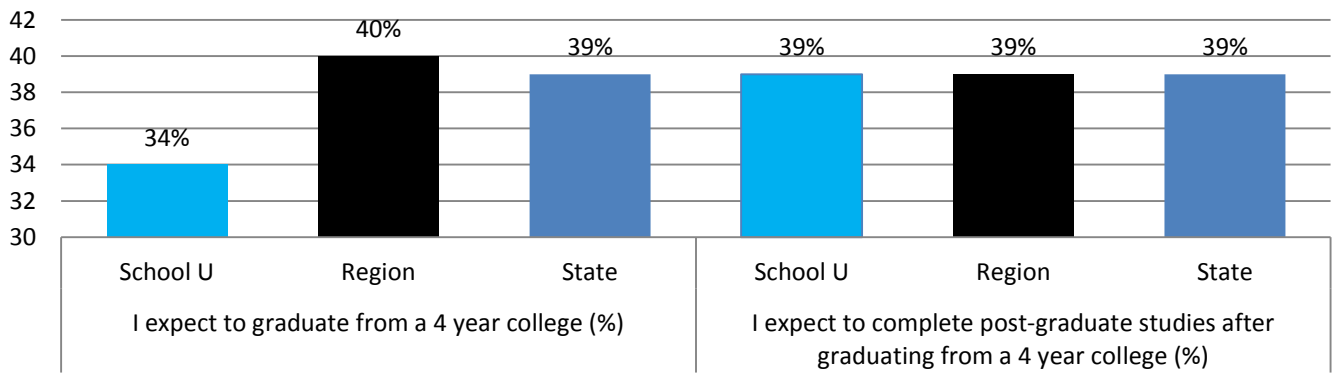
**School U
2013-2014**

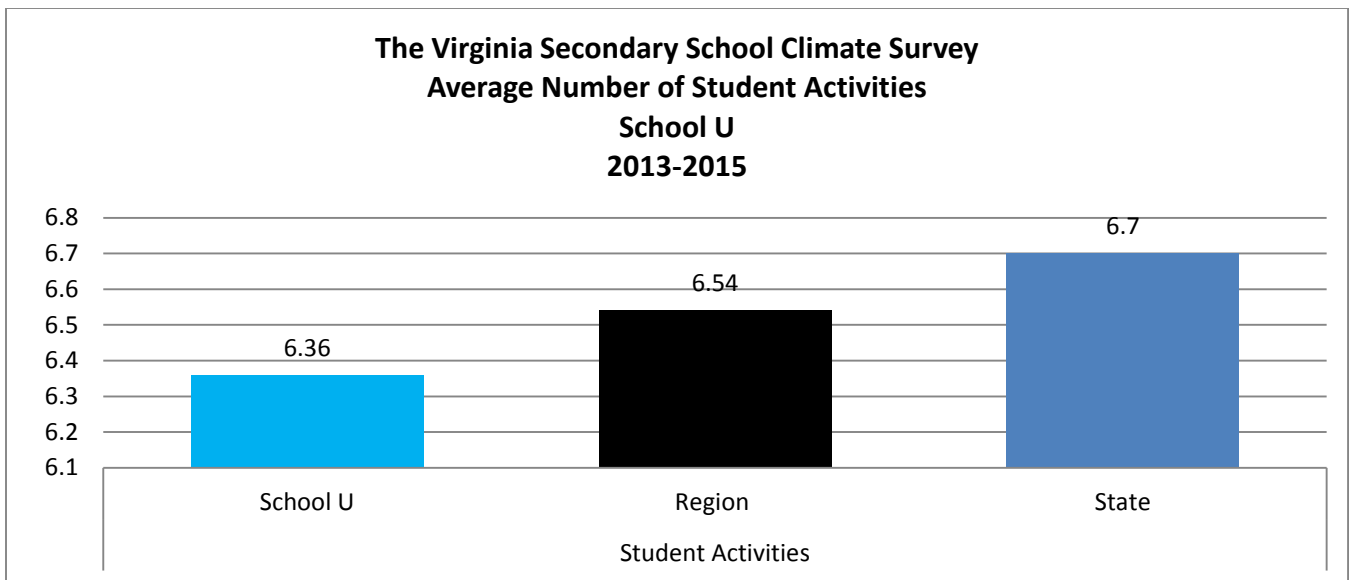


Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School U's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.

**The Virginia Secondary School Climate Survey
Student Perceptions About Post-Secondary Education**

**School U
2013-2014**





Reporting on Suicide

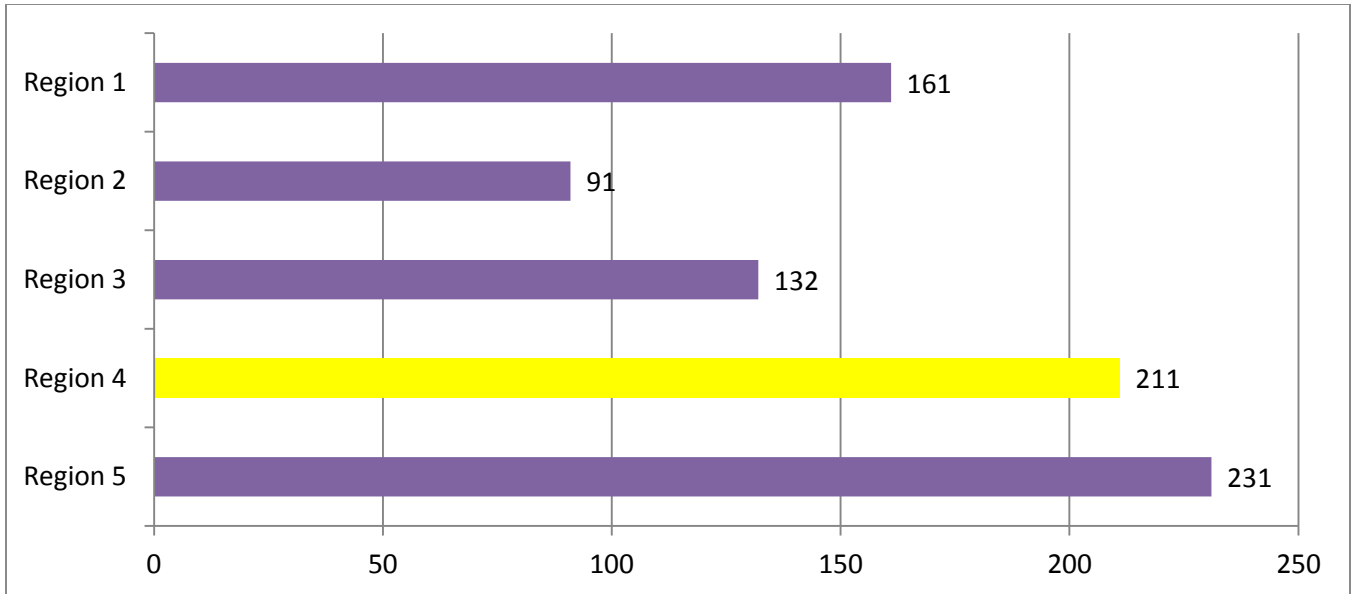
School U was not was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School V

ESSENCE Data

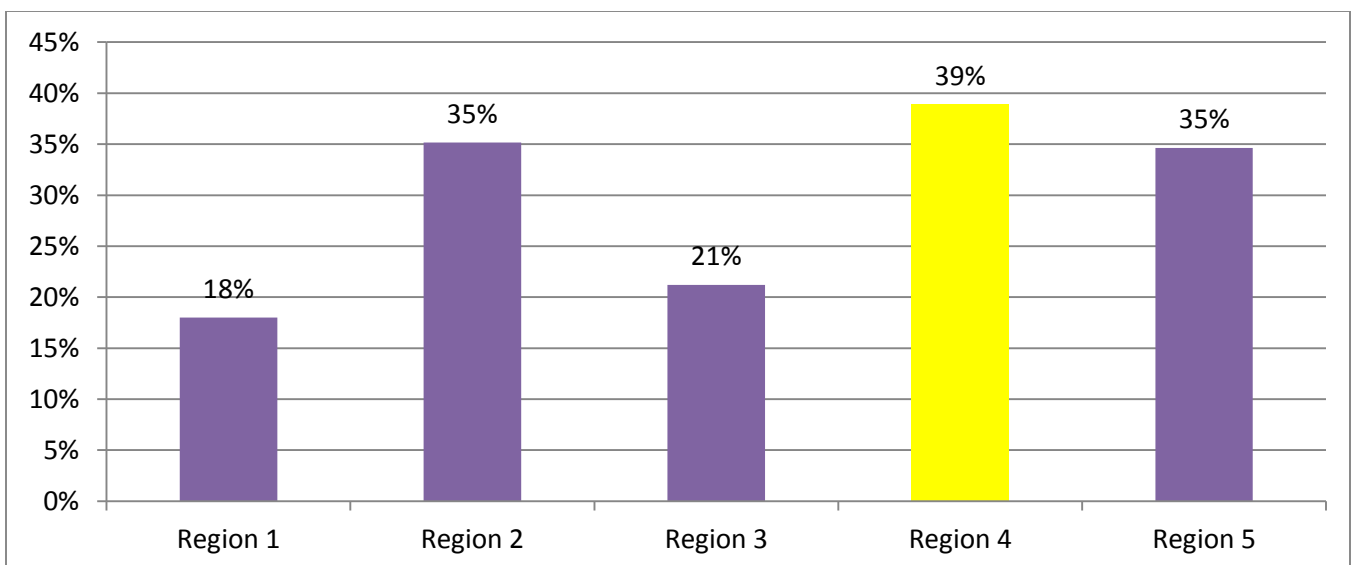
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School V is in Region 4. The distribution of suicide-related emergency departments by school region is shown below. Region 4 had the second highest number of visits (n = 211).

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

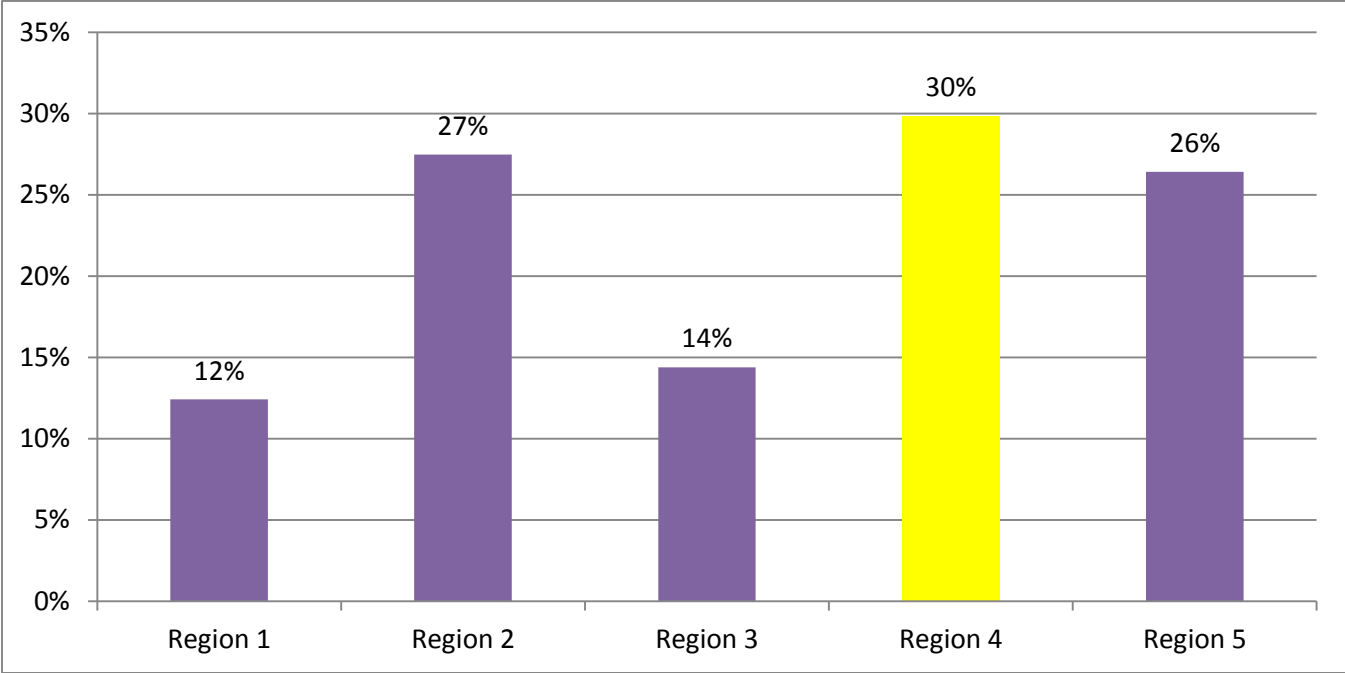


Region 4 had the highest percentage of non-fatal behaviors (39%) and the highest percent of substance use reported in ED chief complaints (30%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

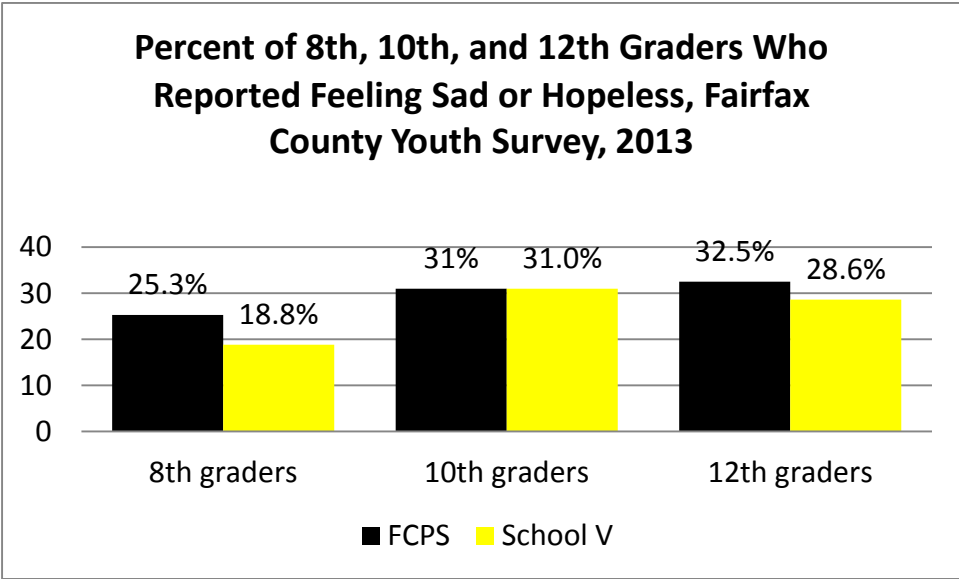


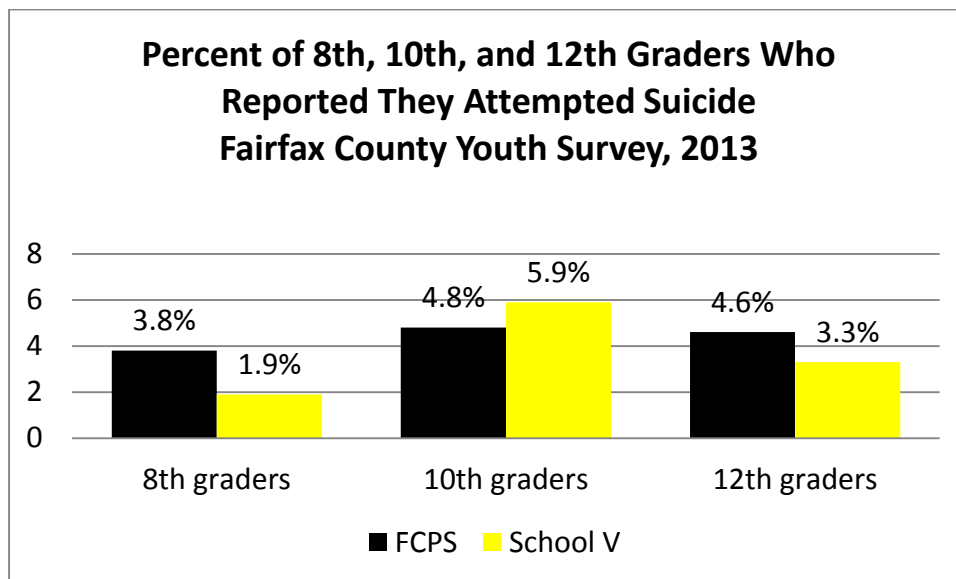
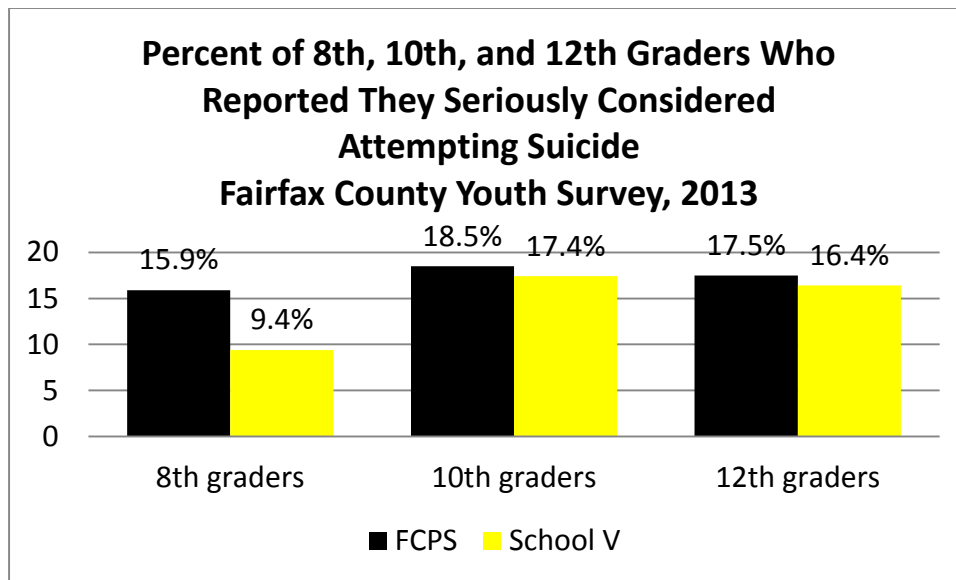
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School V compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School V and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

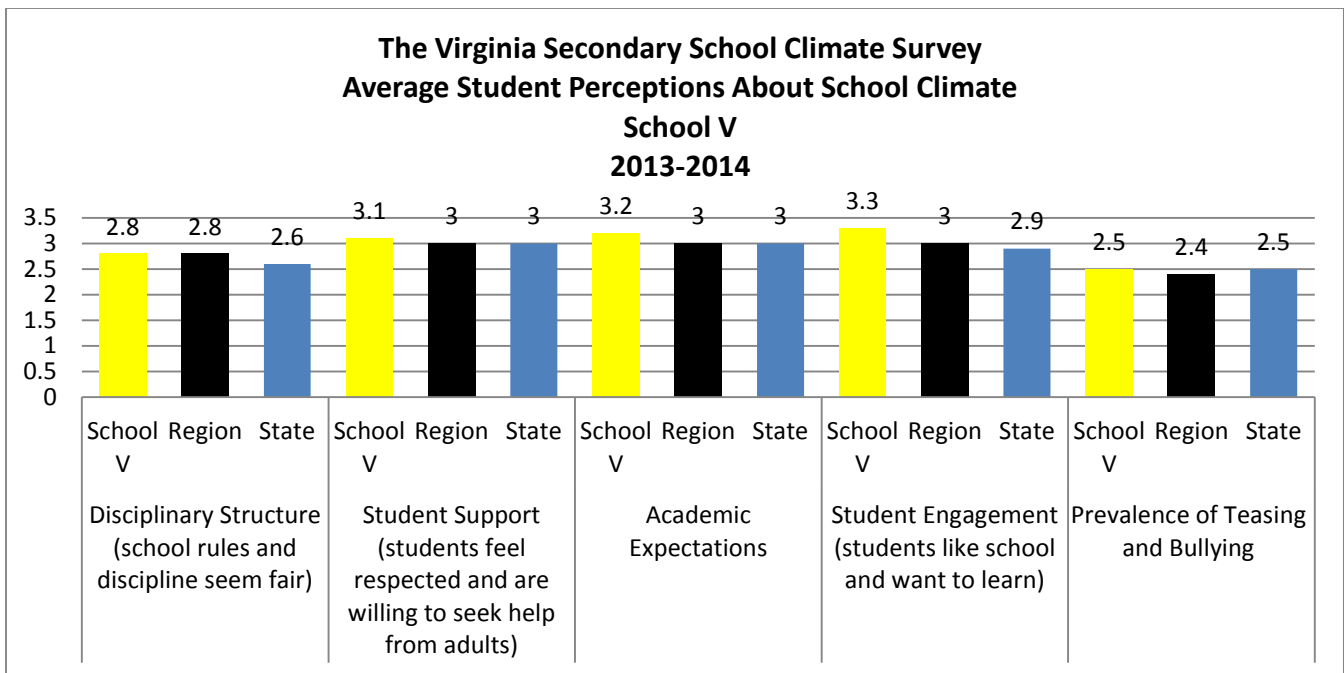
Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School V
Individual level factors		
Felt sad or hopeless	17.0	20.2
Lifetime drug use	3.0	3.0
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.3
Feels safe at school	0.3	0.3
Was ever suspended	1.7	2.0
Victim of bullying	3.3	4.2
Victim of cyber bullying	4.4	4.9
<i>Intimate partner violence</i>		
Physical IPV	3.7	2.2
Control IPV	2.6	2.5
Emotional IPV	4.6	4.6
Sexual IPV	4.1	3.8
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.5
Family conflict - arguing	3.3	4.2
Family conflict - serious arguing	3.4	3.9
Family conflict - violence	3.8	6.8
<i>General violence</i>		
Attacked (general)	3.8	4.6
Threatened with a weapon	4.2	4.7
Sexually harassed	4.2	5.6
Forced sex	4.6	8.0

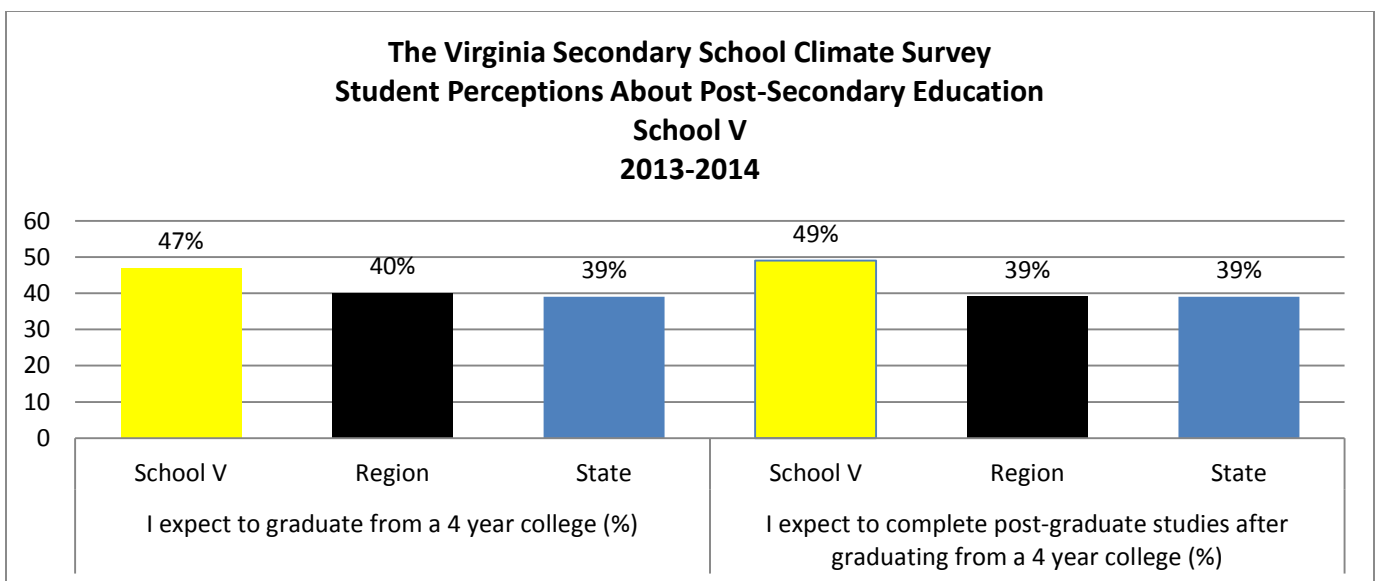
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

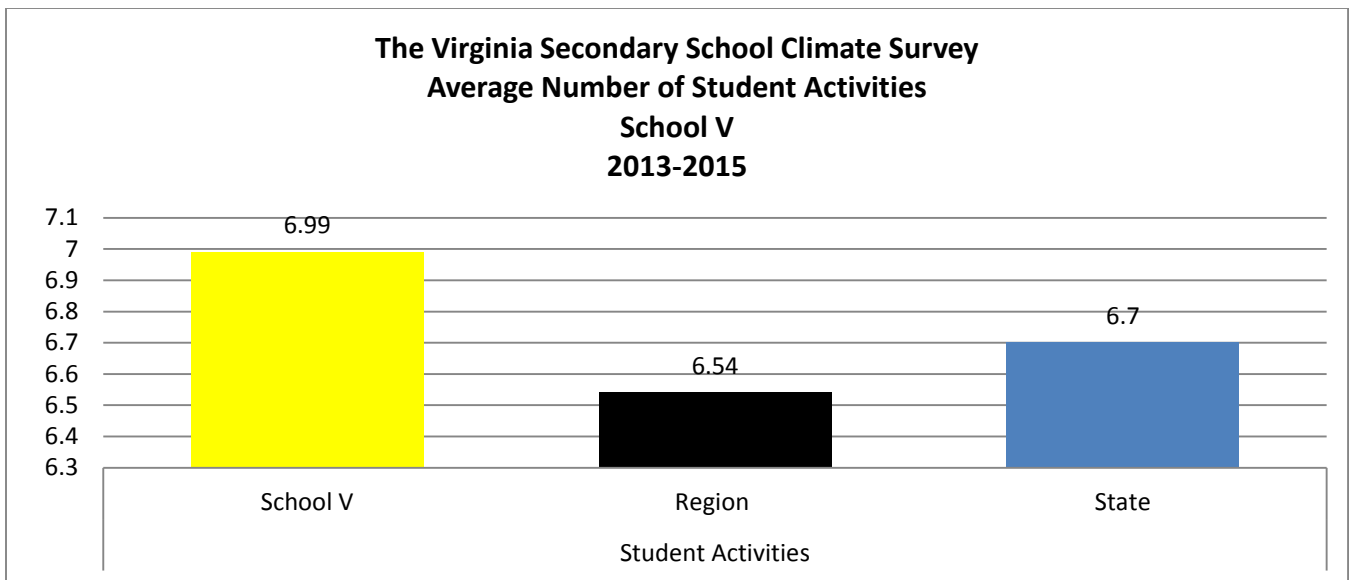
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School V's average for each scale and provides a comparison to regional and state averages.



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School V's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School V who expect to complete post-graduate studies after graduating from a four year college is 26% higher than students in the region or state.



Reporting on Suicide

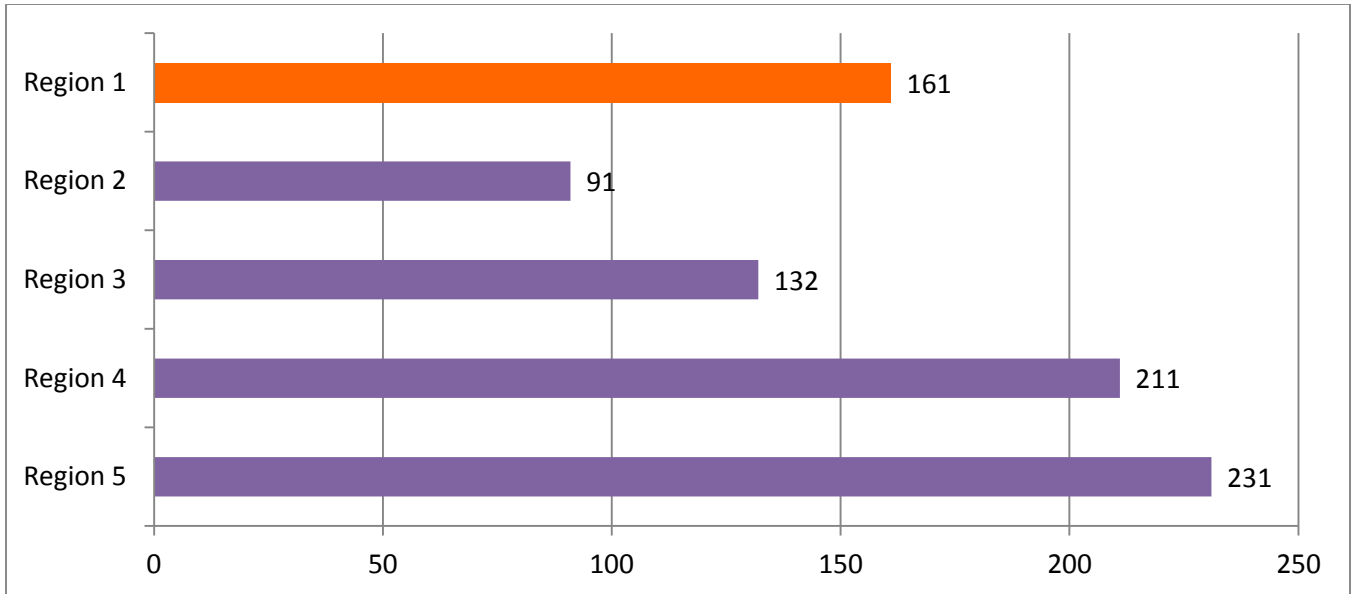
School V was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School W

ESSENCE Data

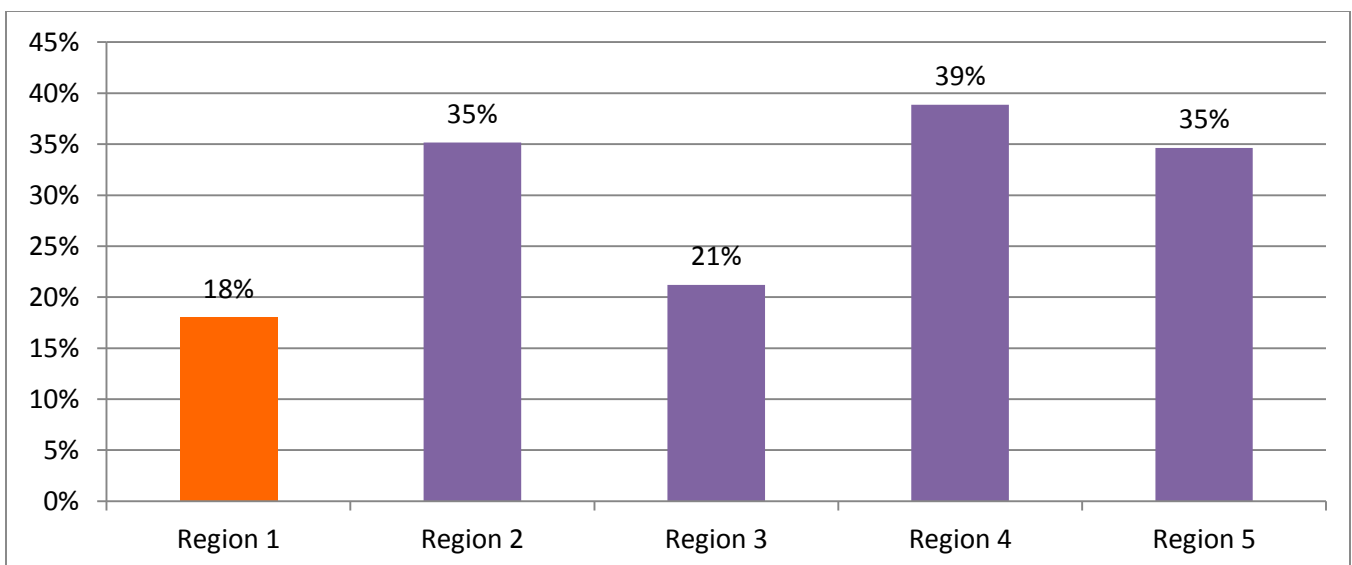
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) also examined by school regions. School W is in Region 1. The distribution of suicide-related emergency departments by school region is shown below. Region 1 had 161 suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

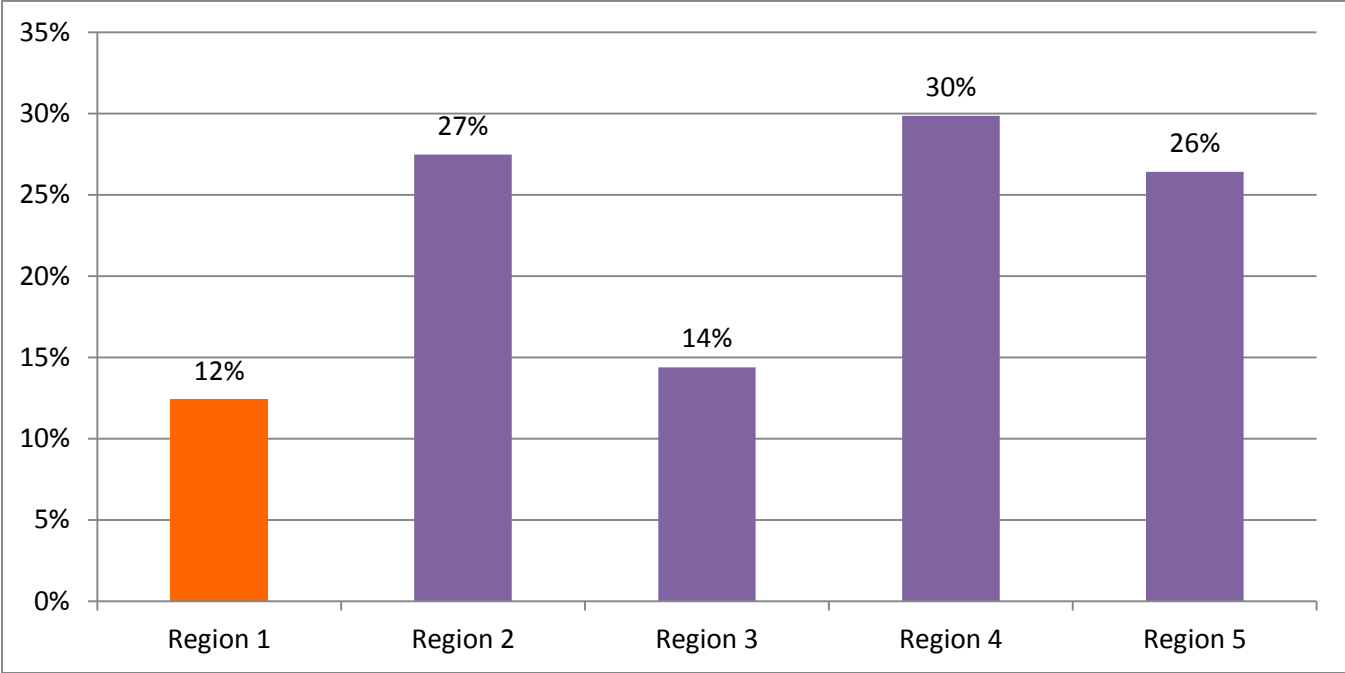


Region 1 had the lowest percentage of non-fatal behaviors (18%) and the lowest percent of substance use reported in ED chief complaints (12%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

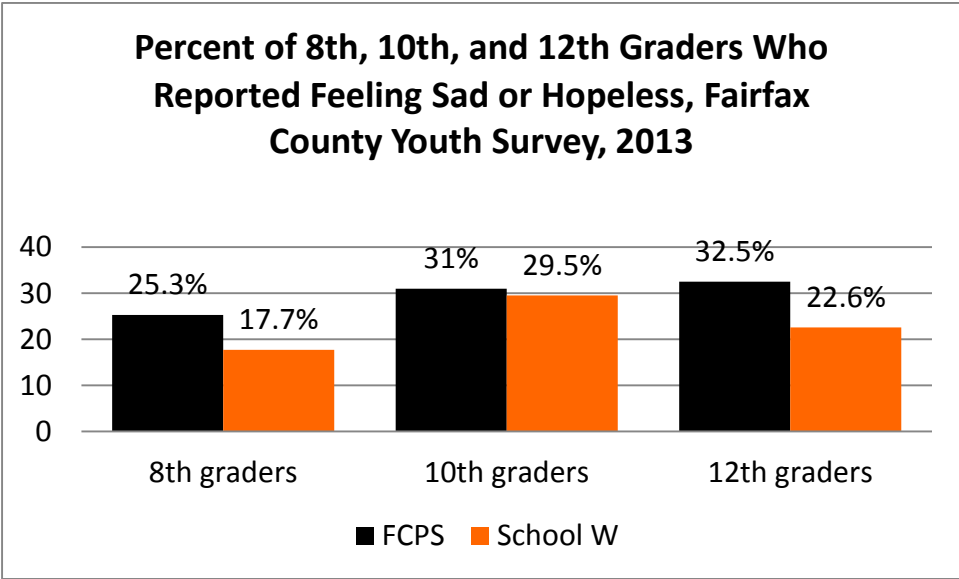


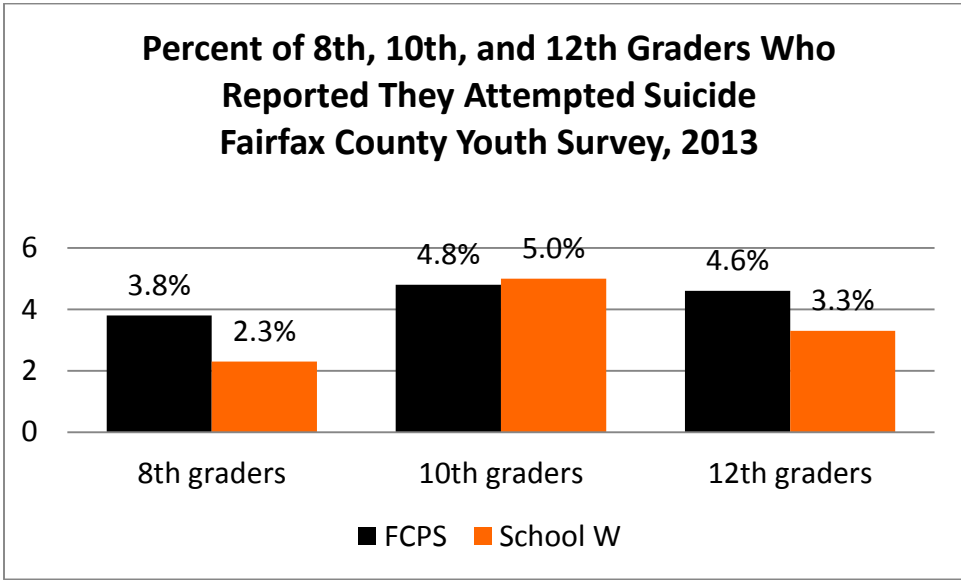
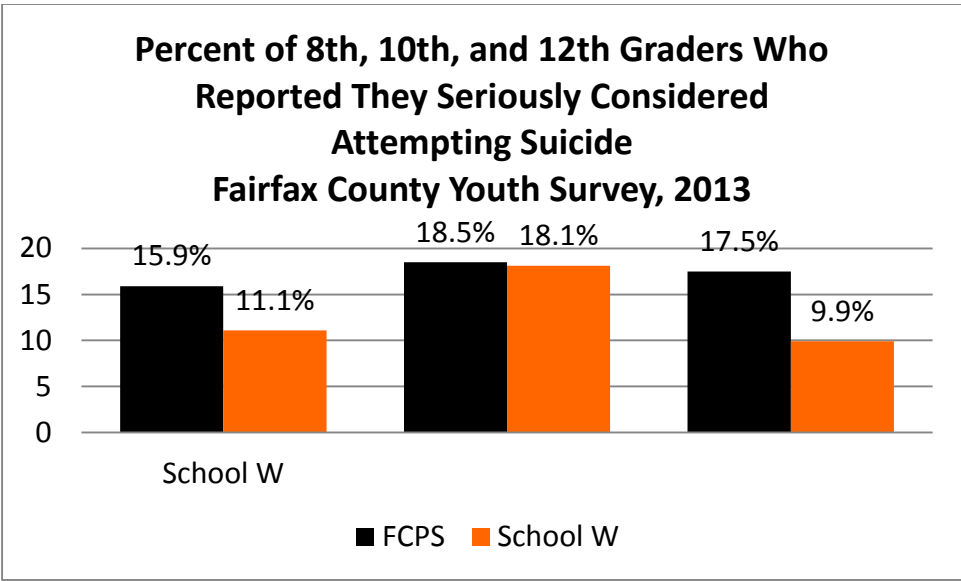
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School W compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School W and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

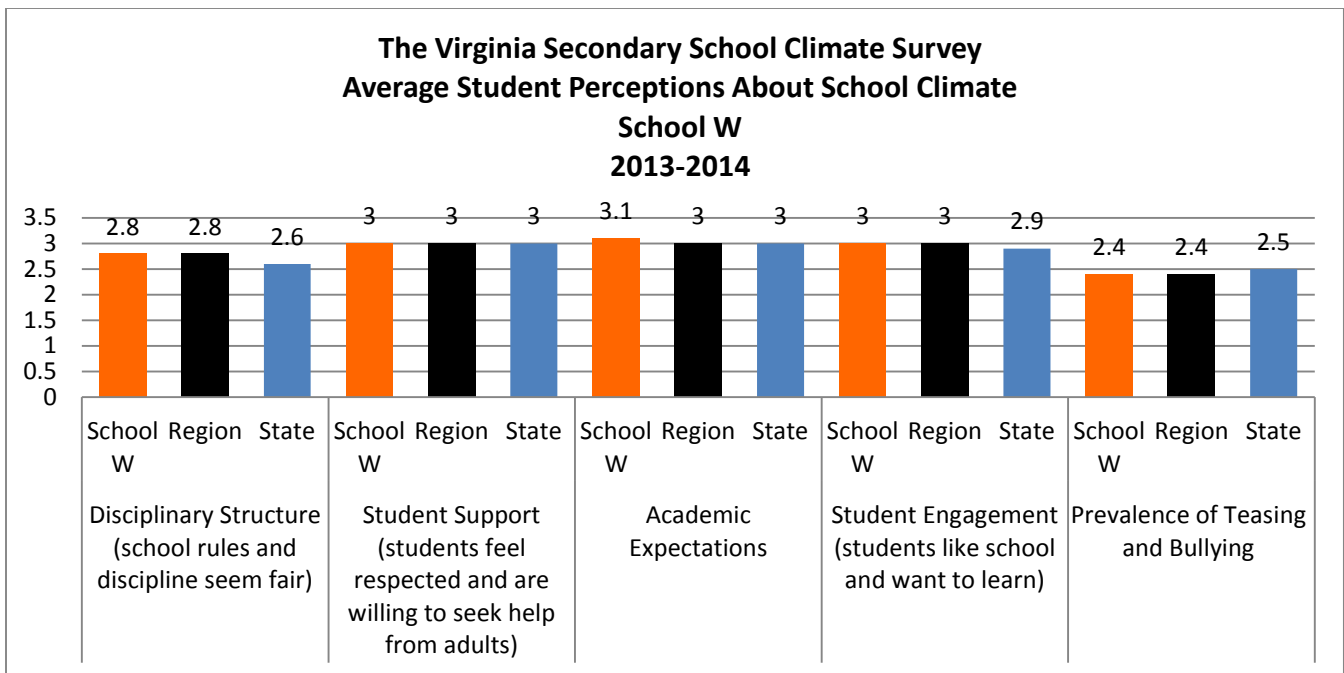
Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School W
Individual level factors		
Felt sad or hopeless	17.0	23.1
Lifetime drug use	3.0	4.0
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.2
Was ever suspended	1.7	2.0
Victim of bullying	3.3	3.7
Victim of cyber bullying	4.4	4.5
<i>Intimate partner violence</i>		
Physical IPV	3.7	4.6
Control IPV	2.6	3.2
Emotional IPV	4.6	5.7
Sexual IPV	4.1	6.8
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.0
Family conflict - arguing	3.3	3.1
Family conflict - serious arguing	3.4	3.0
Family conflict - violence	3.8	3.9
<i>General violence</i>		
Attacked (general)	3.8	4.2
Threatened with a weapon	4.2	3.2
Sexually harassed	4.2	5.4
Forced sex	4.6	5.8

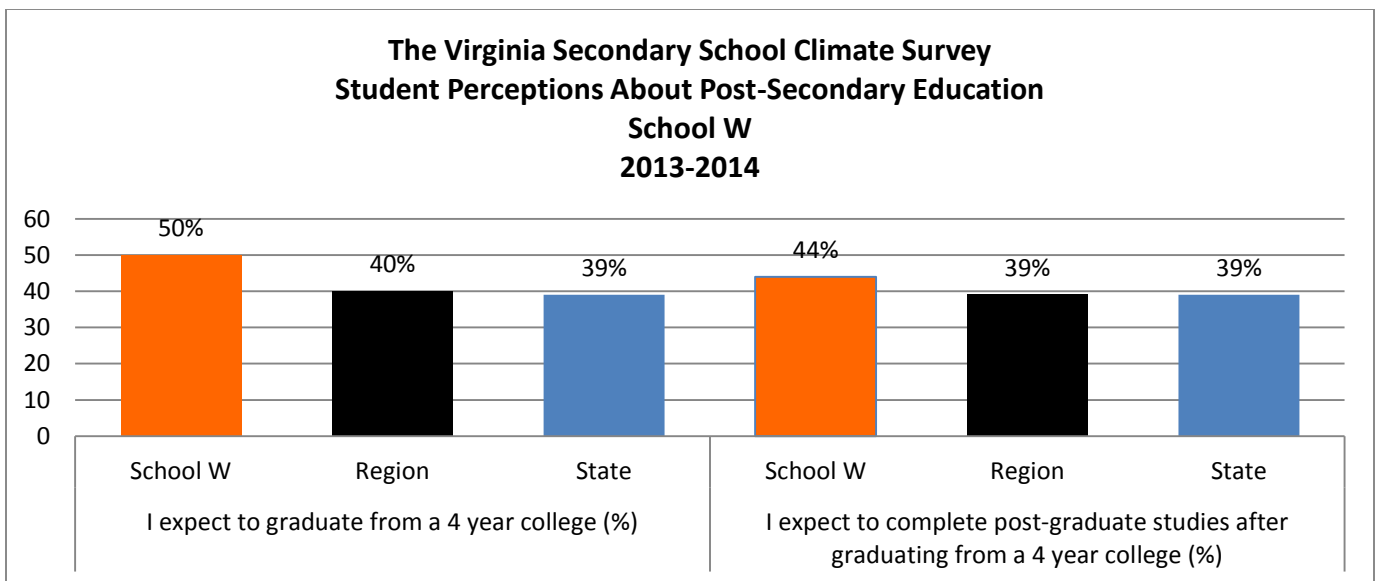
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

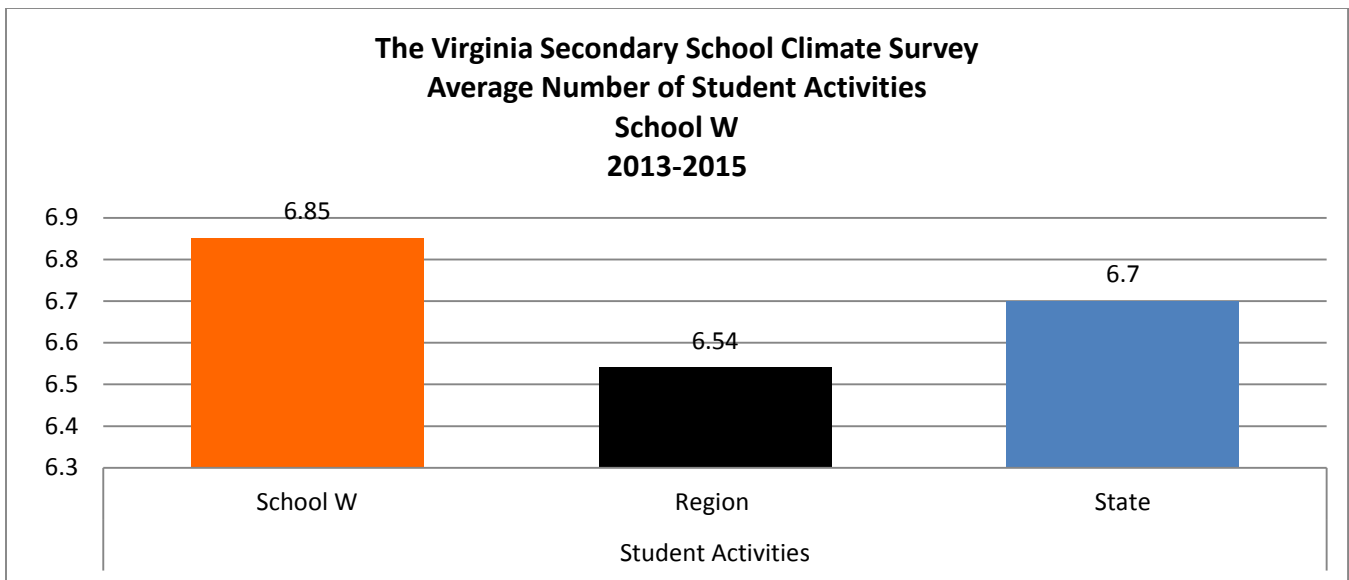
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School W's average for each scale and provides a comparison to regional and state averages.



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School W's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School W who expect to graduate from a 4 year college is 25% higher than students in the region or state.



Reporting on Suicide

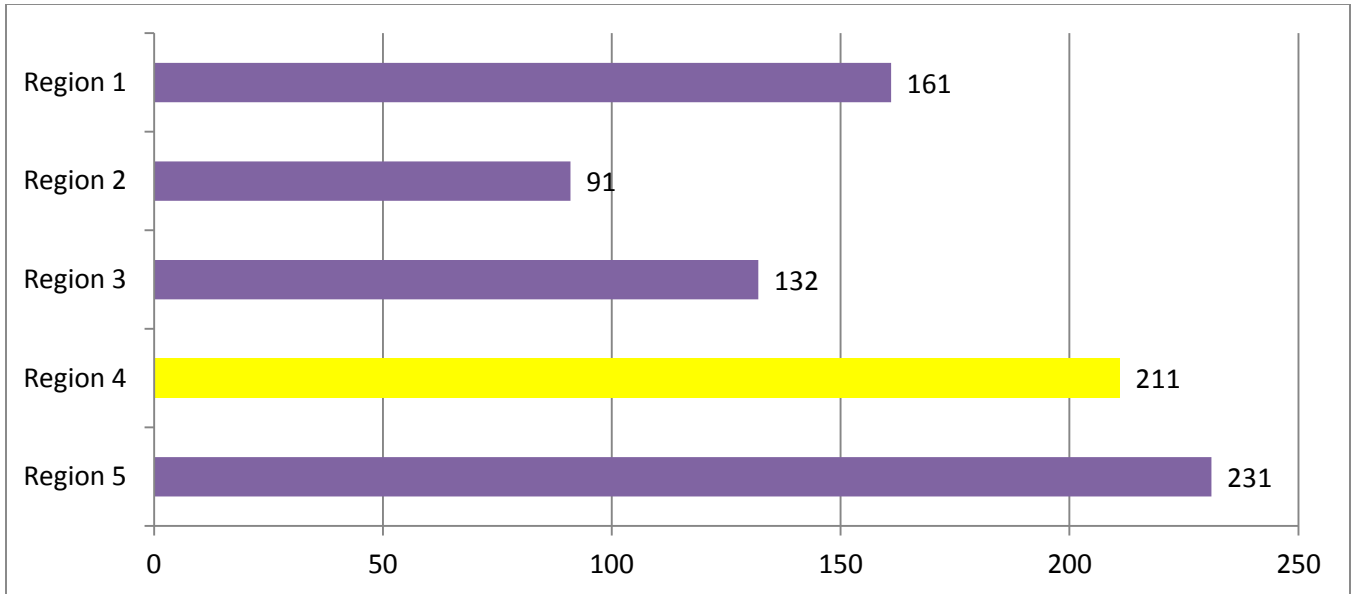
School W was not referenced in any of the news stories about youth suicide in Fairfax County, Virginia reviewed for this report. However, it is important public information officials and media relations staff at the school, FCPS, and FCHD are knowledgeable about the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School X

ESSENCE Data

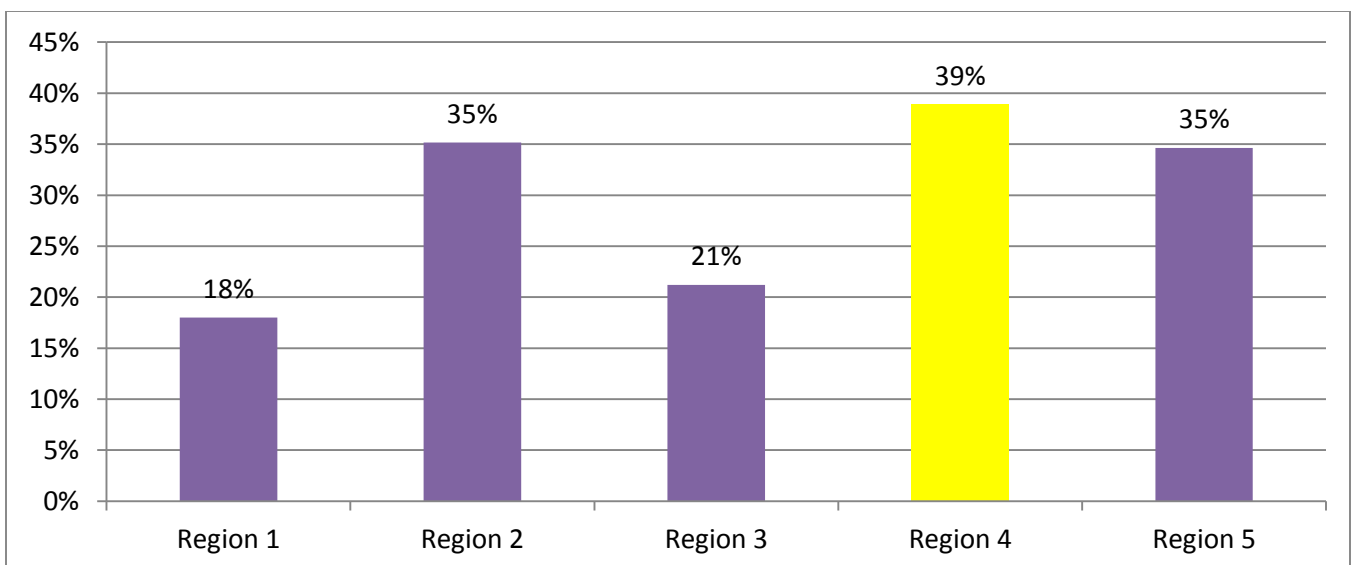
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School X is in Region 4. The distribution of suicide-related emergency departments by school region is shown below. Region 4 had the second highest number of visits (n = 211).

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

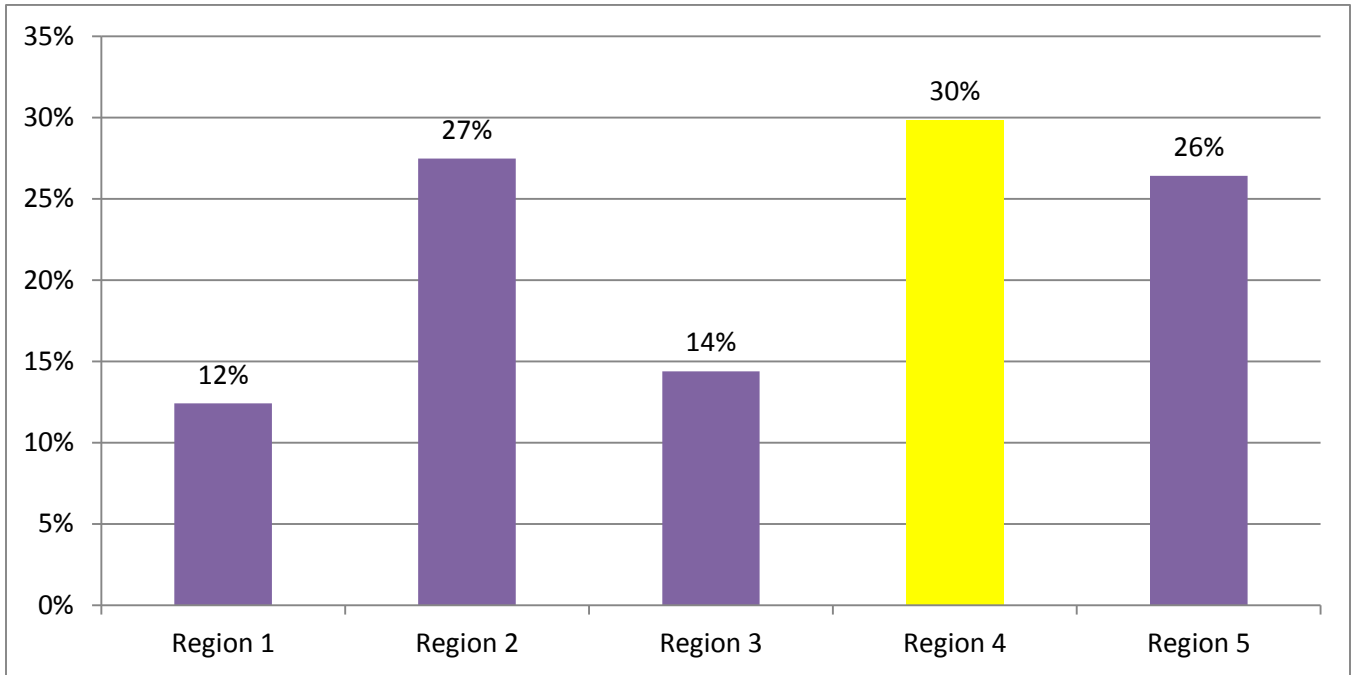


Region 4 had the highest percentage of non-fatal behaviors (39%) and the highest percent of substance use reported in ED chief complaints (30%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

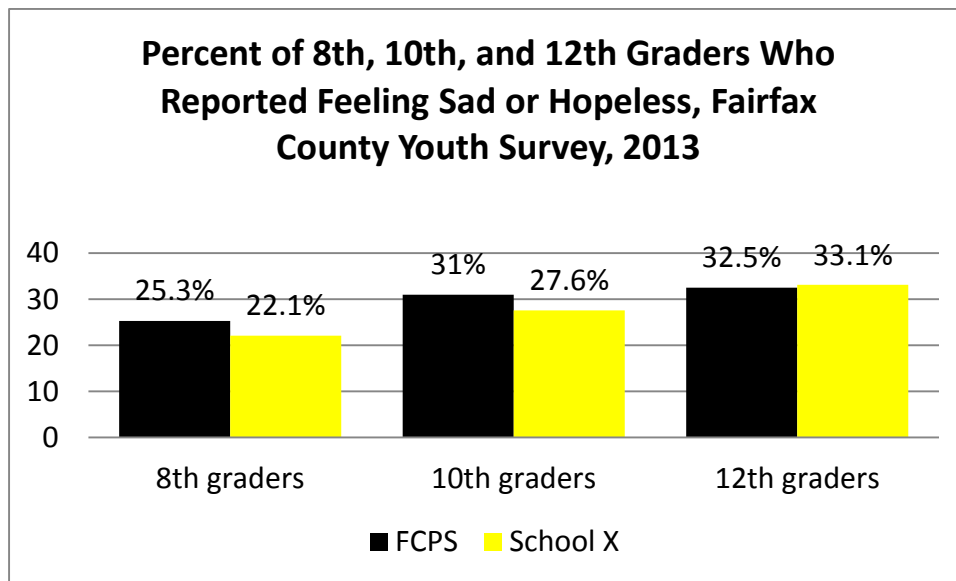


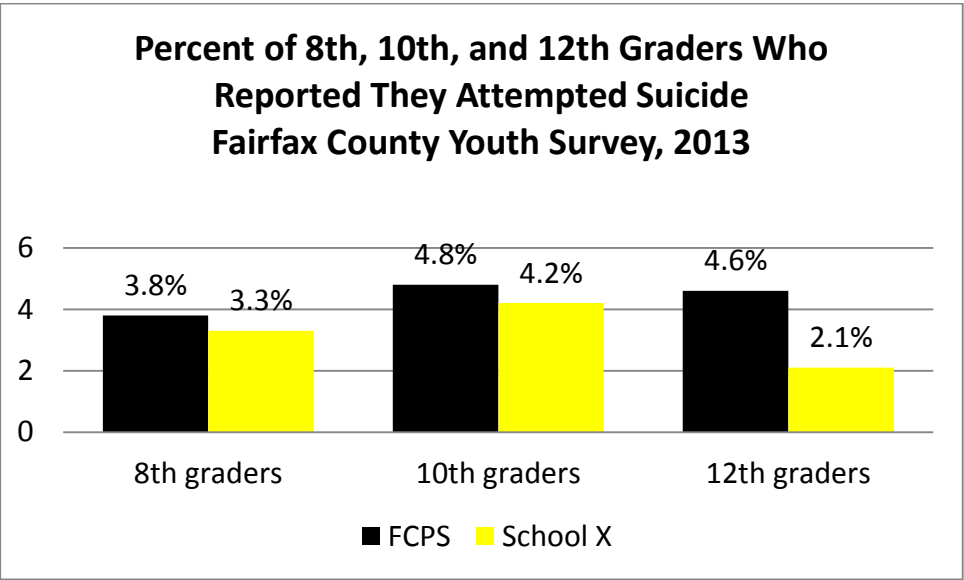
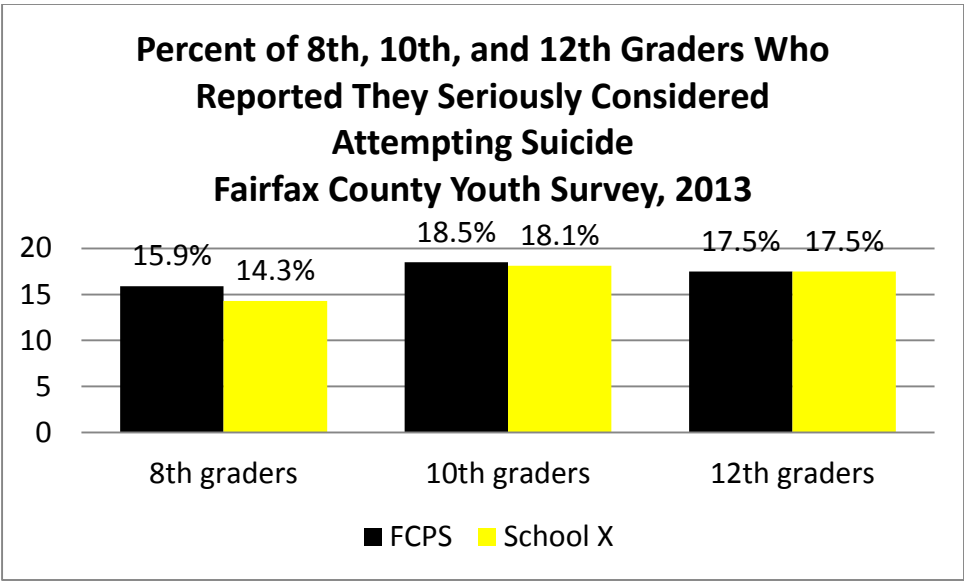
Percent of 15-19 Year Olds Admitted to the ED with Chief Complaint as "Suicidal/Suicidal Ideation" and Substance Use by Fairfax County Public Schools Regions, January 2014 - November 2014



Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School X compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School X and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

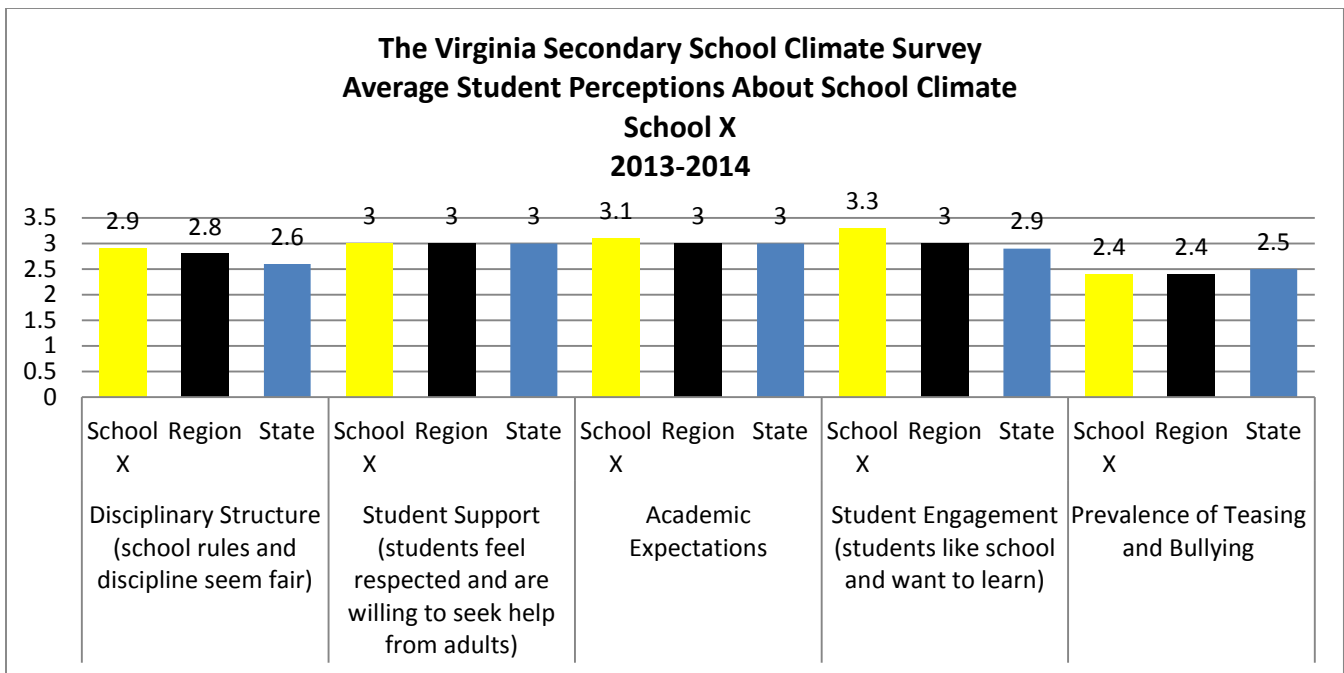
	Overall	School X
Individual level factors		
Felt sad or hopeless	17.0	17.9
Lifetime drug use	3.0	3.3
Resilient - solves problems	0.3	0.3
Resilient - makes better	0.4	0.4
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.3
Was ever suspended	1.7	#
Victim of bullying	3.3	3.4
Victim of cyber bullying	4.4	4.2
<i>Intimate partner violence</i>		
Physical IPV	3.7	2.1
Control IPV	2.6	2.1
Emotional IPV	4.6	2.5
Sexual IPV	4.1	2.9
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.7
Family conflict - arguing	3.3	4.1
Family conflict - serious arguing	3.4	3.6
Family conflict - violence	3.8	2.5
<i>General violence</i>		
Attacked (general)	3.8	3.4
Threatened with a weapon	4.2	3.4
Sexually harassed	4.2	4.4
Forced sex	4.6	3.4

Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

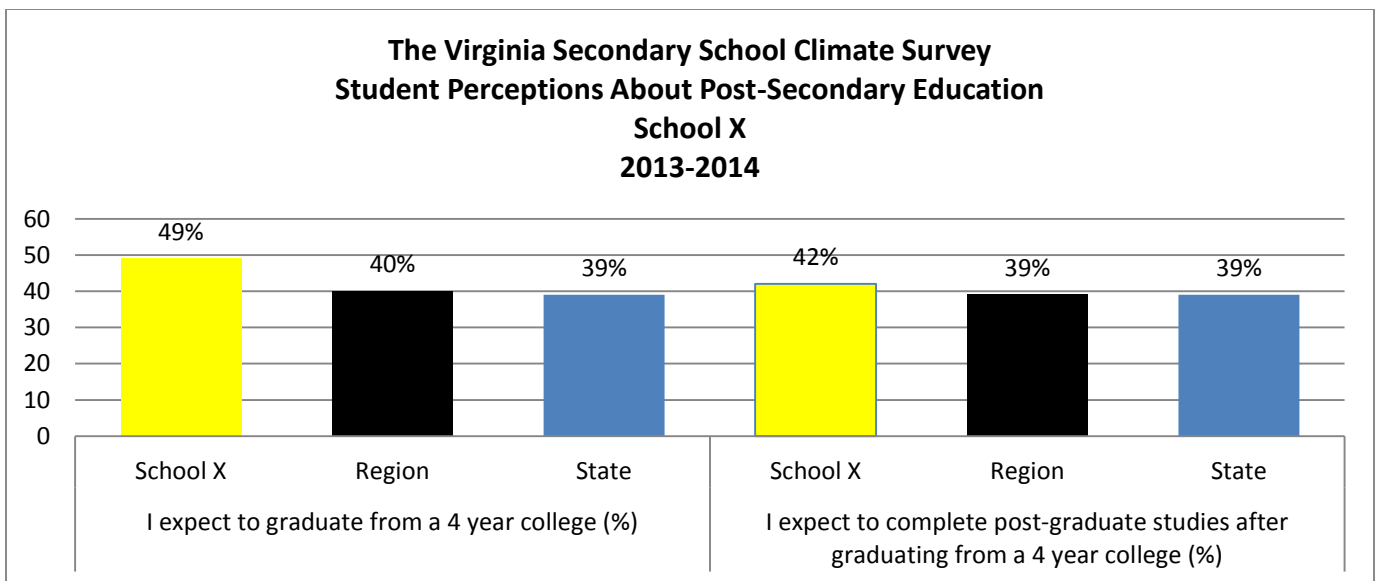
Not Statistically Significant

School Climate Data

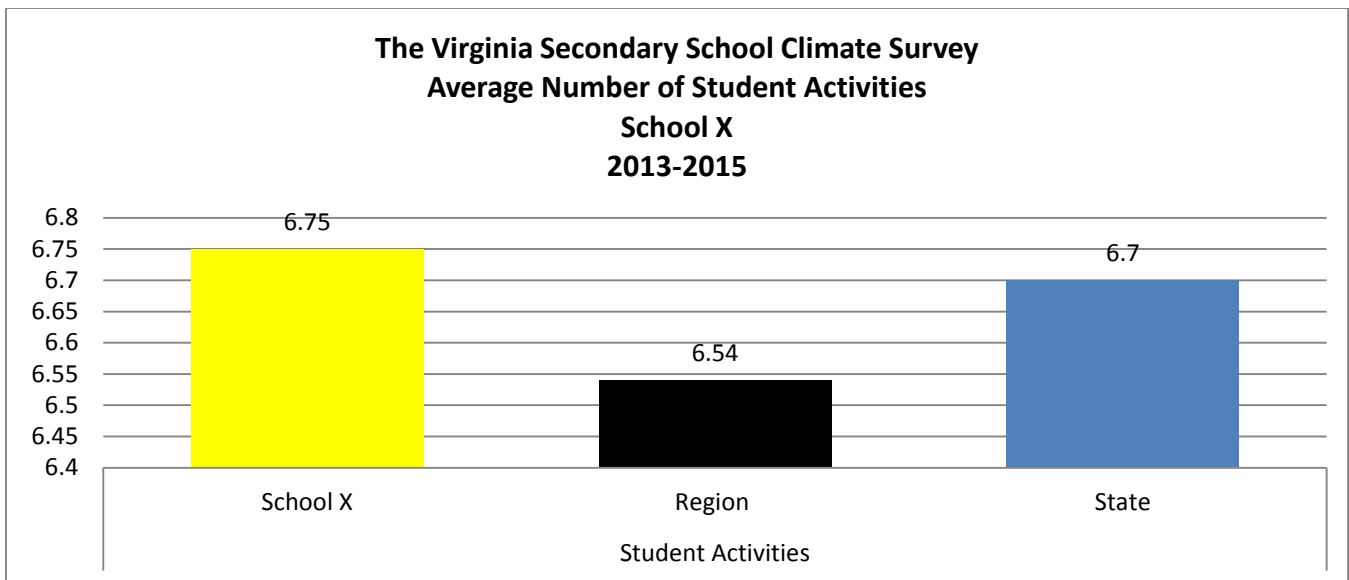
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strong disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School X's average for each scale and provides a comparison to regional and state averages.



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School X's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School X who expect to graduate from a 4 year college is 26% higher than students in the region or state.



Reporting on Suicide

A scan of media related to youth suicide identified 13 news stories. School X was referenced in 1 news story. News stories were reviewed and evaluated based on strategies to avoid in the “Recommendations for Reporting on Suicide” that have been developed through a collaboration between the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies (www.ReportingOnSuicide.org). The table below summarizes the strategies to avoid that were used in articles referencing School X.

Recommendation	Article(s) Reference School X
Avoid...	
Big or sensationalistic headlines	
Describing the suicide method	
Including photos/videos of the location or method of death, grieving family, friends, memorials, or funerals	
Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms	X
Describing a suicide as inexplicable or “without warning”	X
“John Doe left a suicide note saying...”	
Investigating or reporting on suicide similar to reporting on crimes	
Referring to suicide as “successful,” “unsuccessful,” or a “failed attempt”	

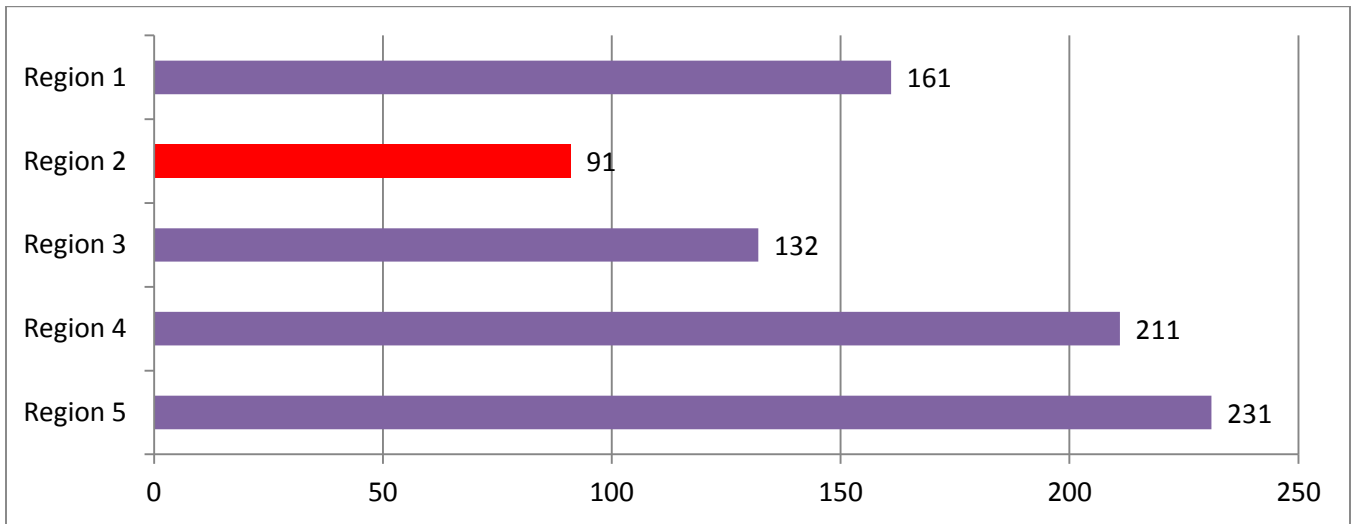
Public information officials and media relations staff at the school, FCPS, and FCHD should review the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School Y

ESSENCE Data

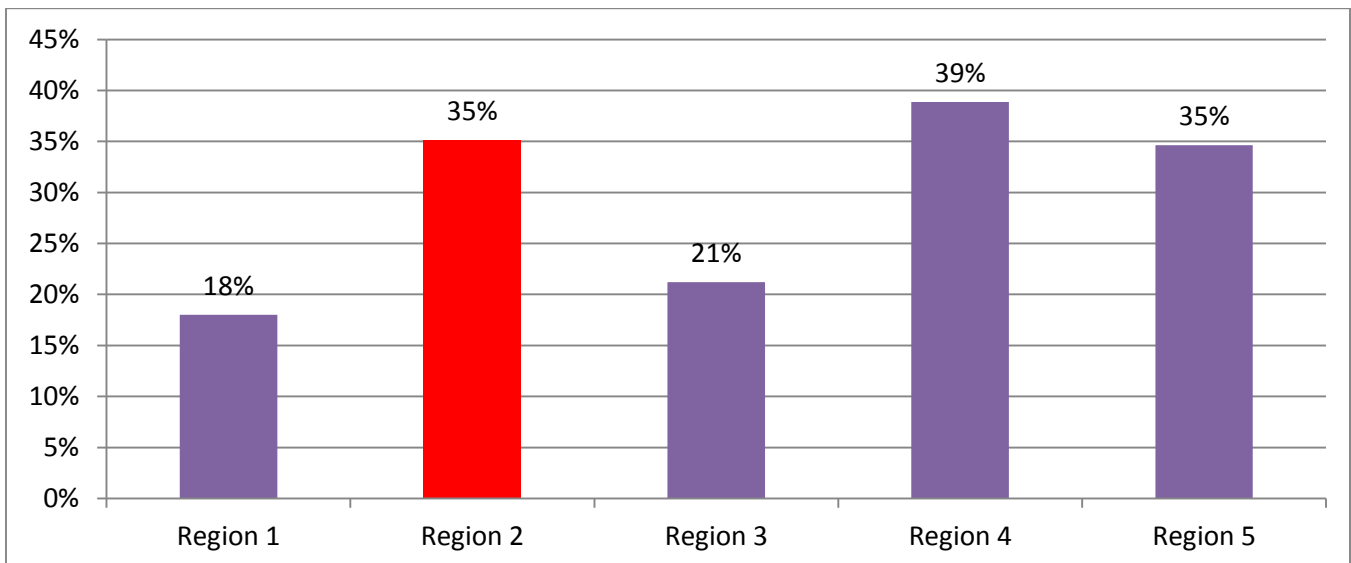
Suicide-related emergency department (ED) visits among 15 to 19 year olds (N = 826) were examined by school regions. School Y is in Region 2. The distribution of suicide-related emergency departments by school region is shown below. Region 2 had the fewest (n = 91) suicide-related emergency department visits.

Number of Suicide-Related ED Visits Among those Ages 15-19 by Fairfax County Public Schools Regions, January 2010 - November 2014

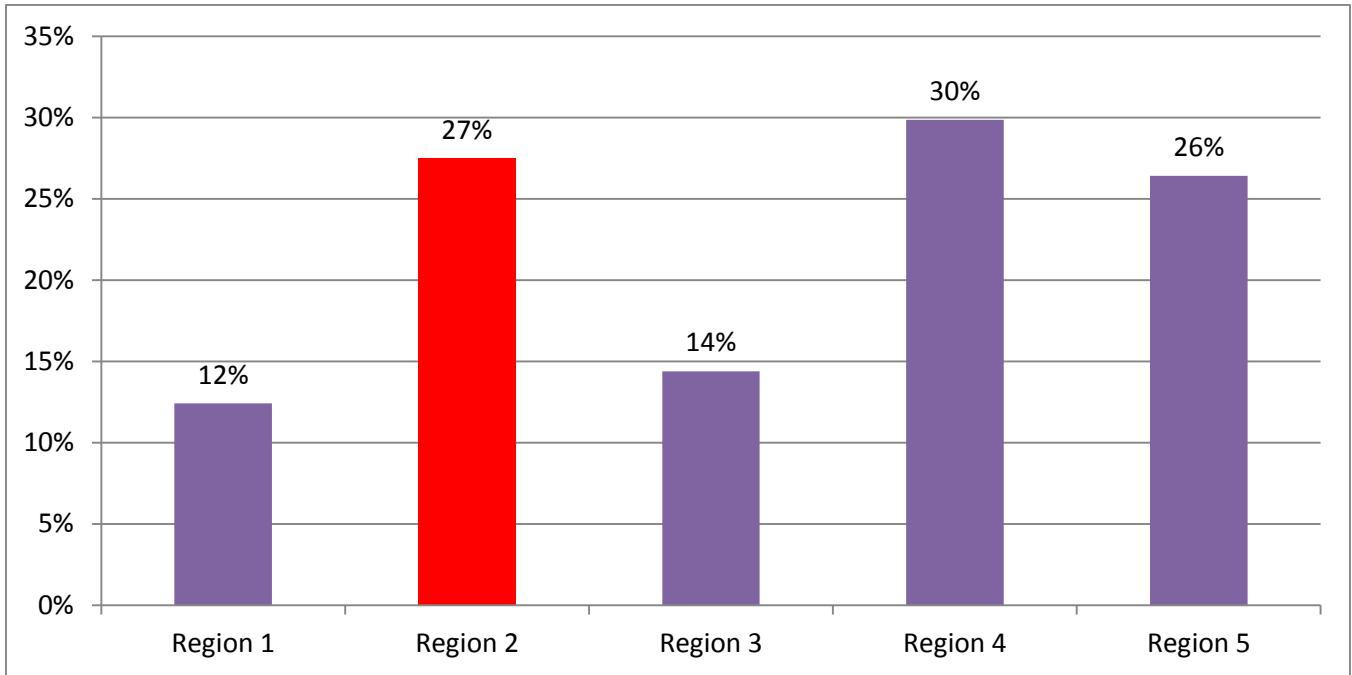


Region 2 had the second highest percentage of non-fatal behaviors (35%). Additionally, Region 2 had the second highest percent of substance use reported in ED chief complaints (27%).

Percent of 15-19 Year Olds Admitted with Non-Fatal Suicide Behavior to the ED by Fairfax County Public Schools Regions, January 2014 - November 2014

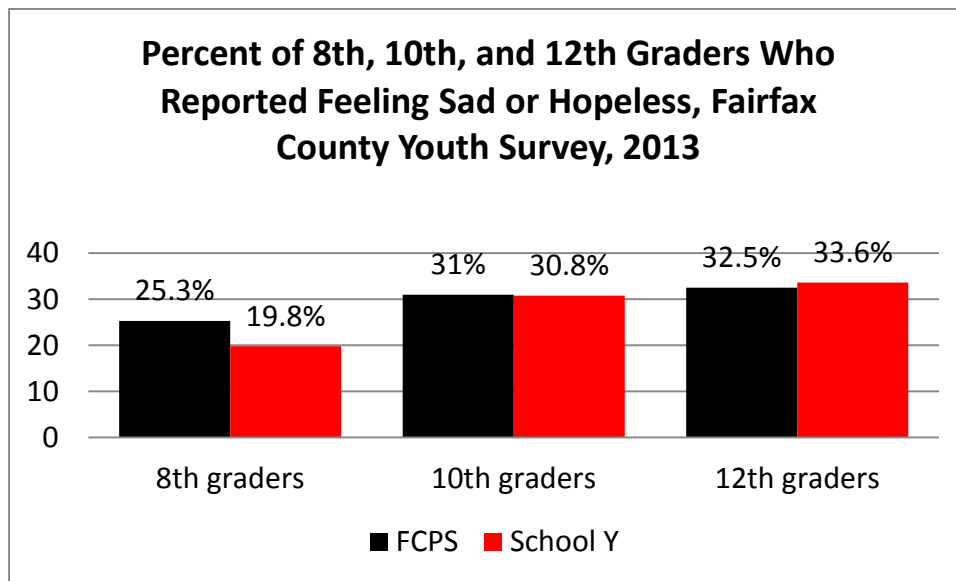


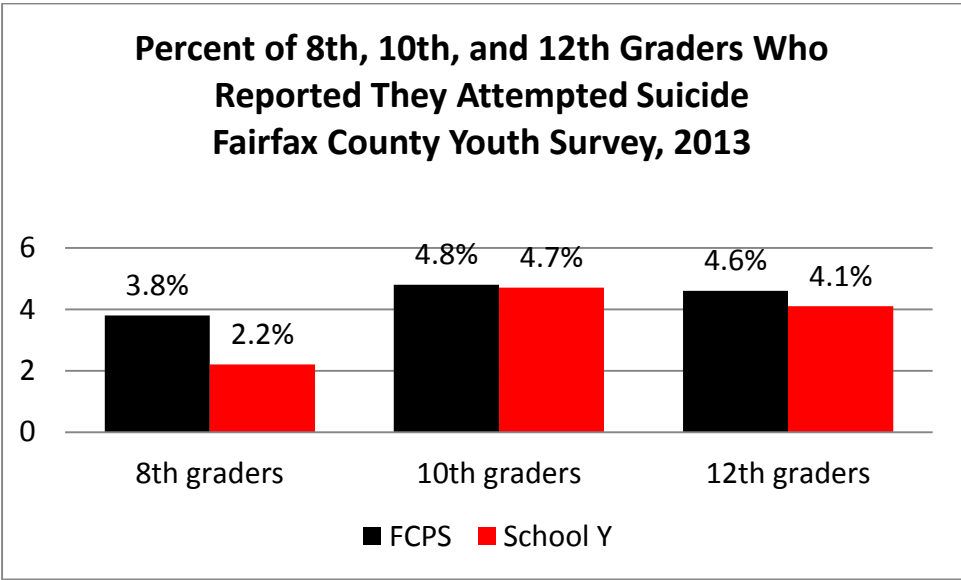
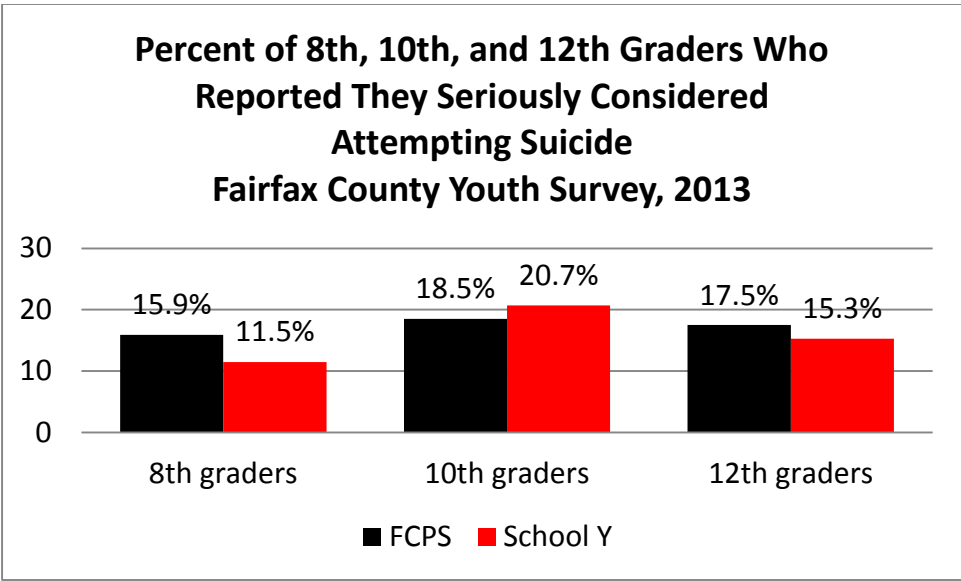
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Fairfax County Youth Survey Data

The graphs below illustrate how 10th and 12th graders in School Y compare to Fairfax County Public Schools (FCPS) on three self-report variables in the 2013 Fairfax County Youth Survey: (1) feeling sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities, (2) seriously considered attempting suicide during the past 12 months, and (3) attempted suicide at least one or more times during the past 12 months.





The table below compares the unadjusted odds ratios for risk and protective factors for School Y and FCPS overall. Unadjusted odds ratios for risk and protective factors related to “attempted” suicide could not be provided because the estimates were unstable due to sample size.

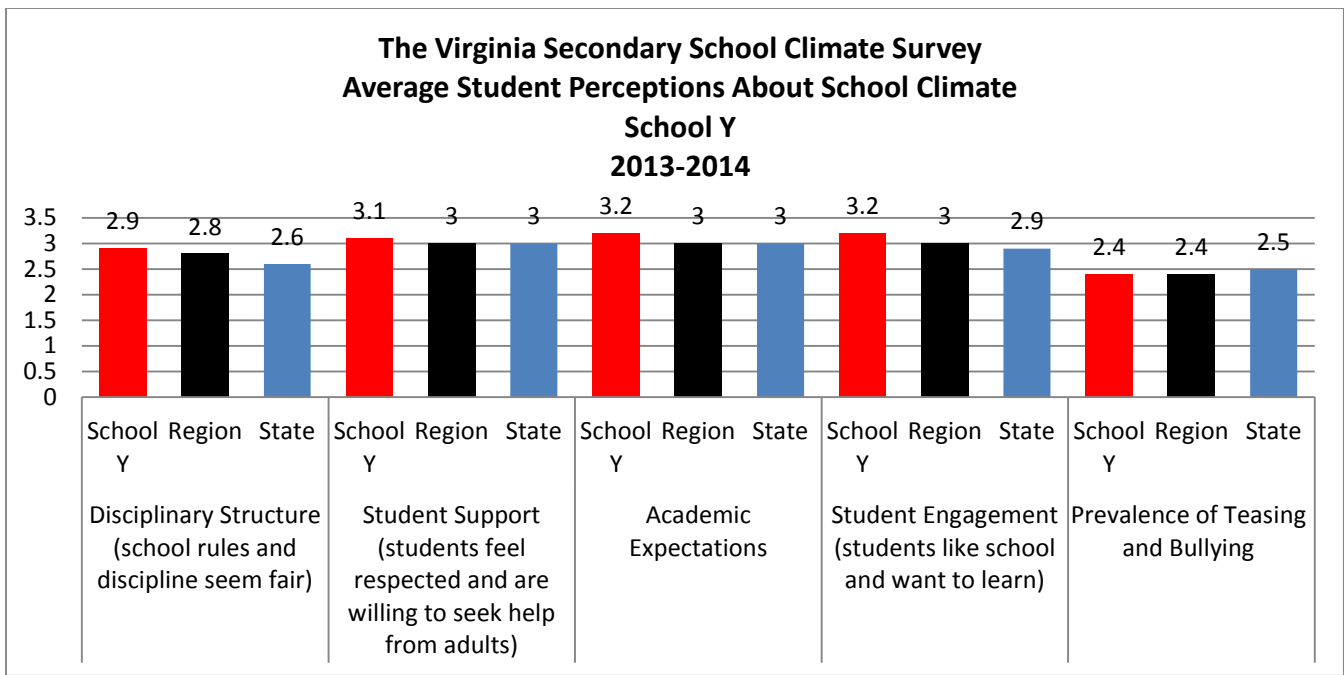
Unadjusted Odds Ratio Estimates for Risk and Protective Factors Related to Having Seriously Considered Attempting Suicide

	Overall	School Y
Individual level factors		
Felt sad or hopeless	17.0	19.3
Lifetime drug use	3.0	3.7
Resilient - solves problems	0.3	0.2
Resilient - makes better	0.4	0.3
Interpersonal level factors		
Parent help available	0.2	0.2
Feels safe at school	0.3	0.3
Was ever suspended	1.7	2.5
Victim of bullying	3.3	3.4
Victim of cyber bullying	4.4	3.4
<i>Intimate partner violence</i>		
Physical IPV	3.7	3.4
Control IPV	2.6	3.6
Emotional IPV	4.6	3.7
Sexual IPV	4.1	4.3
<i>Family conflict</i>		
Family conflict - yelling	3.3	3.3
Family conflict - arguing	3.3	3.5
Family conflict - serious arguing	3.4	3.2
Family conflict - violence	3.8	5.6
<i>General violence</i>		
Attacked (general)	3.8	4.0
Threatened with a weapon	4.2	7.7
Sexually harassed	4.2	5.6
Forced sex	4.6	3.8

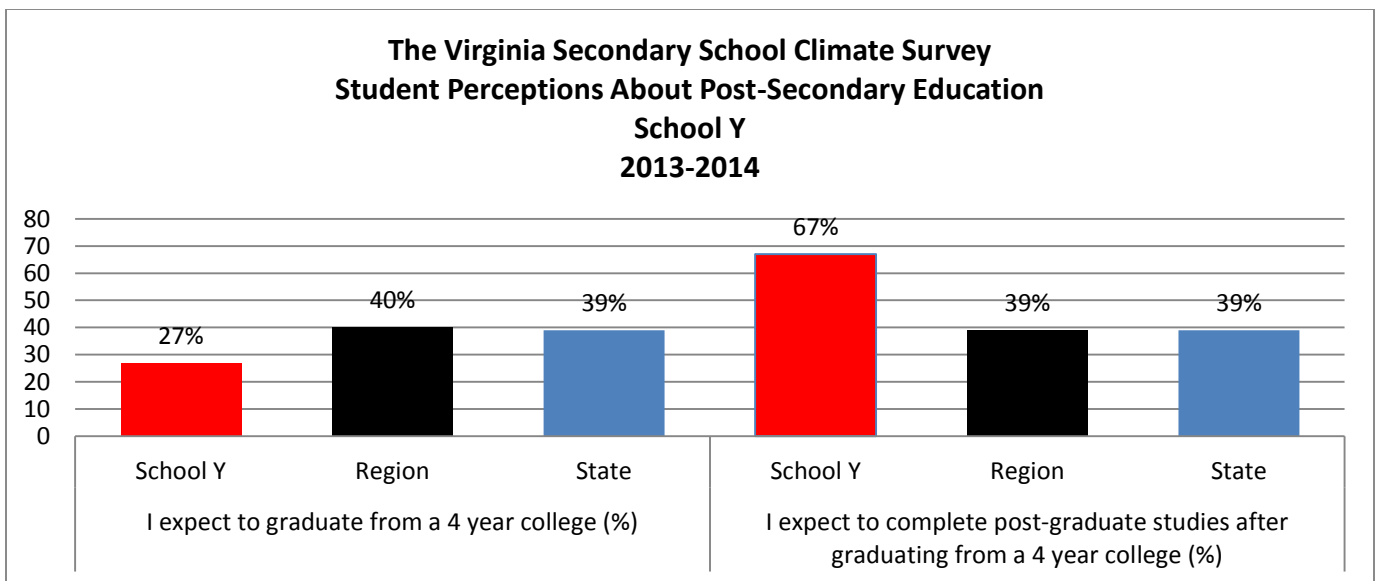
Unadjusted Odds Ratio is $\pm 20\%$ of FCPS overall

School Climate Data

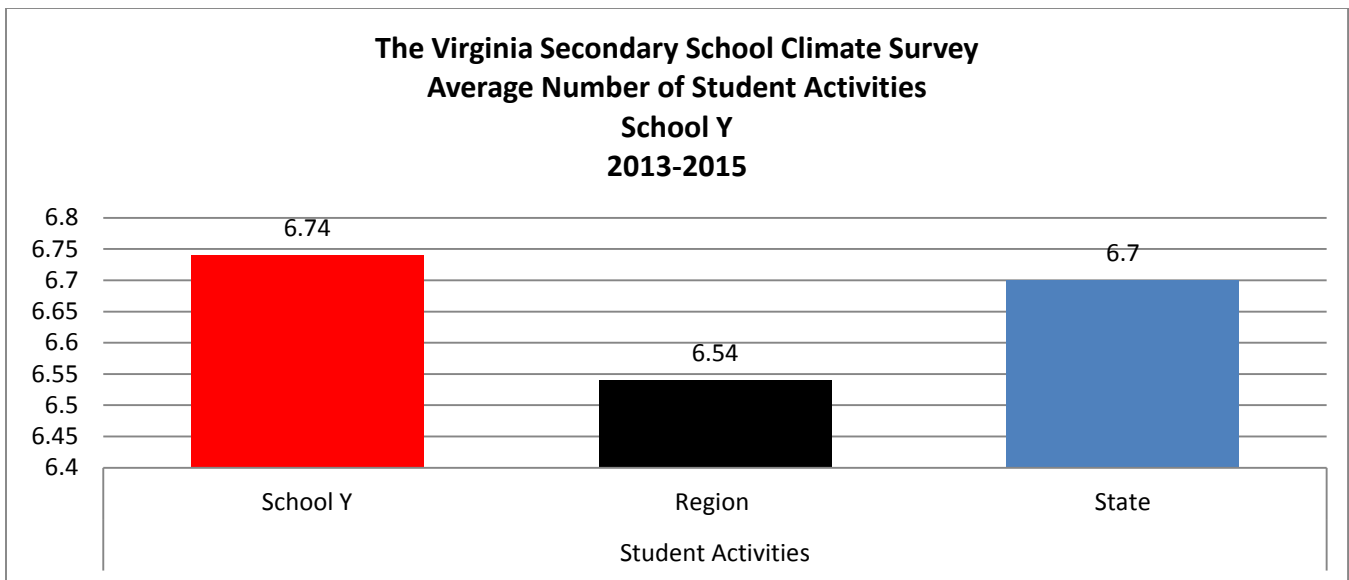
The Virginia Secondary School Climate Survey is a component of the annual school audit in the State of Virginia that is required by law (§22.1-279.8.B) and overseen by the Virginia Center for School Safety (Virginia Department of Criminal Justice, 2014). Five scales are used to summarize key aspects of school climate (1) Disciplinary Structure, (2) Student Support, (3) Academic Expectations, (4) Student Engagement, and (5) Prevalence of Teasing and Bullying. The items included in each scale are summarized below. Each item is answered on a 4-point scale: 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree. The graph below summarizes School Y's average for each scale and provides a comparison to regional and state averages.



Items in the Virginia Secondary School Climate Survey also assess students' expectations about pursuing post-secondary education and involvement in extracurricular activities. School Y's student expectations about post-secondary education and involvement in extracurricular activities are presented and compared to student's expectations across the region and state in the graphs below.



The percent of students at School Y who expect to complete post-graduate studies after graduating from a four year college is 72% higher than students in the region or state.



Reporting on Suicide

A scan of media related to youth suicide identified 13 news stories. School Y was referenced in one news story. News stories were reviewed and evaluated based on strategies to avoid in the “Recommendations for Reporting on Suicide” that have been developed through a collaboration between the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies (www.ReportingOnSuicide.org). The table below summarizes the strategies to avoid that were used in articles referencing School Y.

Recommendation	Article(s) Reference School Y
Avoid...	
Big or sensationalistic headlines	
Describing the suicide method	
Including photos/videos of the location or method of death, grieving family, friends, memorials, or funerals	X
Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms	
Describing a suicide as inexplicable or “without warning”	
“John Doe left a suicide note saying...”	X
Investigating or reporting on suicide similar to reporting on crimes	
Referring to suicide as “successful,” “unsuccessful,” or a “failed attempt”	

Public information officials and media relations staff at the school, FCPS, and FCHD should review the [“Recommendations for Reporting on Suicide”](#) developed through a collaboration of the American Association of Suicidology, American Foundation for Suicide Prevention, and other agencies. While these recommendations are intended to assist local media outlets on reporting on death by suicide, they can also be used by FCHD, FCPS, and other community groups when creating any communication about death by suicide for parents or the larger community.

School-Specific Risk Factors With Unadjusted Odds Ratios 20% Higher than FCPS Overall in the Fairfax County Youth Survey

	Felt sad or hopeless	Lifetime drug use	Was ever suspended	Victim of bullying	Victim of cyber bullying	Physical IPV	Control IPV	Emotional IPV	Sexual IPV	Family conflict - yelling	Family conflict - arguing	Family conflict - serious arguing	Family conflict - violence	Attacked	Threatened with a weapon	Sexually harassed	Forced sex
School A			X			X											
School B			#													X	
School C																	X
School D						X											
School E			#		X			X	X								
School F		X	#	X	X	X	X		X	X					X		
School G			X			X	X		X				X	X	X	X	X
School H																	X
School I						X		X									X
School J													X				
School K						X							X				X
School L			X				X		X	X		X	X		X		X
School M																	
School N			X						X				X				
School O	X		X				X										
School P	X		X			X		X				X					
School Q			X			#	X	X		X	X	X	X	X	X	X	
School R						#											
School S								X				X			X		
School T																	
School U	X			X	X			X		X	X						
School V				X							X		X	X		X	X
School W	X	X				X	X	X	X							X	X
School X											X						
School Y		X	X				X						X		X	X	

“X” indicates risk factors that have 20% higher unadjusted odds ratios for specific schools compared to FCPS overall. However, all risk factors were statistically significant at p <.05 unless otherwise noted by “#.”

*IPV – Intimate partner violence

School-Specific Protective Factors With Unadjusted Odds Ratios 20% Lower than FCPS Overall in the Fairfax County Youth Survey

	Resilient – solves problems	Resilient – makes better	Parent help available	Feels safe at school
School A			X	
School B				
School C	X		X	
School D	X	X	X	
School E	X		X	X
School F				
School G				
School H				
School I		X	X	X
School J		X		
School K	X	X		X
School L				
School M				X
School N		X		X
School O				
School P	X			
School Q				
School R	X	X	X	
School S	X			X
School T	X	X		
School U				X
School V			X	
School W				
School X				
School Y				

“X” indicates risk factors that have 20% lower unadjusted odds ratios for specific schools compared to FCPS overall. However, all risk factors were statistically significant at $p < .05$ unless otherwise noted by “#.”

*IPV – Intimate partner violence

Appendix C

School Administrator and Directors of Student Services Interview Guide

1. I'd like to start by getting a sense for your role at the school.
Probe for:
 - Length of time associated with school
 - Role in school
 - How would you describe your school's community? What is it like for students? What is student's class load, extracurricular activities, etc.? Teachers? Staff? How are parents involved?
 - What challenges are present for school administration? Teachers? Students?
 - What assets are present for school administration? Teachers? Students?
2. How large of a problem is suicide in your school? How about your community? Do you think this problem is larger, smaller, or similar to other schools and communities?
3. Has your school been affected by the recent suicides in the community? How?
4. How do people in the community respond when a young person dies by suicide?
 - a. How does the media respond?
 - b. How does the community respond?
 - c. How do schools respond?
 - d. How do parents respond?
 - e. How do you young people respond?
5. What are issues in the school that you think increases the risk for youth suicide?
6. What are issues in the school that you think decrease the risk for youth suicide?
7. What are issues in the community that you think increases the risk for youth suicide?
8. What are issues in the community that you think decrease the risk for youth suicide?
9. Is there something about this community that affects the way people think about or respond to suicide?
10. What resources are available for helping youth who might be depressed, anxious, or thinking about suicide?
 - a. At school?
 - b. In the larger community?

11. What kind of resources or people do you think might help prevent youth suicide?
 - a. At school?
 - b. In the larger community?

 12. What are the barriers to seeking and accessing mental health care and other resources? Anything particular to youth?
 - a. At school?
 - b. In the larger community?

 13. What role, if any, has social media played in the recent suicides in the community?

 14. What role, if any, had traditional media (newspapers, TV, radio) played in the recent suicides in the community?

 15. Has your district or school implement activities or policies in response to suicide/suicide-related behaviors among youth in the community? Tell me about the activities and policies and how that process unfolded.
 - a. What activities/policies do you believe has been most effective for your school in working to prevent youth suicide?

 16. What resources have you received to implement suicide prevention activities? [probe about financial, personnel, and material. Probe about source...who provided this resource? How did you access this resource? What partnerships/other community organizations are involved?]

 17. Are activities in your school similar to others across the district? Have tailored any activities to respond to the needs of your school?

 18. What suicide prevention activities that are being implemented do you think are the most effective? Why?

 19. Are suicide prevention approaches unique or the same relative to other affected schools or the district as a whole?

 20. What barriers have you encountered in carrying out these suicide prevention activities? How has the school worked to resolve the barriers?

 21. What do you see as the next step in your school/district's implementation of suicide prevention strategies?

 22. What additional information do you need in order to integrate suicide prevention strategies into your school(s)?
- Finally, my last question is, do you have anything else you'd like to add or is there anything else you think is important for us to know?

Appendix D

Parent Focus Group Guide

1. Number of participants:
2. Parent organizations participants represent:
3. How long have you all lived in the area?
4. How large of a problem is suicide in your school? How about your community? Do you think this problem is larger, smaller, or similar to other schools and communities?
5. How has your community been affected by the recent suicides in the community? How have you personally been affected by the recent suicides in the community?
6. How do people in the community respond when a young person dies by suicide?
 - a. How does the media respond?
 - b. How does the town respond?
 - c. How do schools respond?
 - d. How do parents respond?
 - e. How do young people respond?
7. What are issues in the community that affect the way people think about or respond to suicide?
8. What are issues in the community that you think increases the risk for youth suicide?
9. What are issues in the community that you think decrease the risk for youth suicide?
10. What resources are available in the community to help young people who might be depressed, anxious, or thinking about suicide?
 - a. Are resources accessed by young people? Why or why not?
11. What resources are available in the community to help families? Are these resources being accessed? Why or why not?
12. When it comes to addressing the needs and problems of young people, what do you think the community needs most?
13. What additional activities or resources should the community be using to prevent suicide among youth? Who should be responsible for these activities/resources?

a. What do parents need in order to help prevent suicides among youth?

14. What are barriers to seeking and accessing mental health care/resources? Any particular barriers for youth? Any barriers to accessing family services?
15. What role, if any, has social media played in the recent suicides in the community?
16. What role, if any, had traditional media (newspapers, TV, radio) played in the recent suicides in the community?
17. Is there anything else you think we should know?

Appendix E

Recommendations for Reporting on Suicide

Instead of this:	Do this:
Big or sensationalistic headlines or prominent placement	Inform the audience without sensationalizing the suicide or minimize prominence
Including photos/videos of the location or method of death, grieving family, friends, or memorials or funerals	Use school/work or family photo; include hotline logo or local crisis phone numbers
Describe recent suicides as an “epidemic,” “skyrocketing,” or other strong terms	Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher”
Describe the suicide as inexplicable or “without warning”	Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning Signs” or “What People Do”
“John Doe left a suicide note saying...”	“A note from the deceased was found and is being reviewed by the medical examiner.”
Investigating and reporting on suicide similar to reporting on crimes	Report on suicide as a public health issue
Quoting/interviewing police or first responders about the causes of suicide	Seek advice from suicide prevention experts
Referring to a suicide as “successful,” “unsuccessful” or a “failed attempt”	Describe as “died by suicide” or “completed” or “killed him/herself”

www.ReportingOnSuicide.org