

December 1, 2006

DIRECTIVE: JOB CORPS PROGRAM INSTRUCTION NO. 06-16
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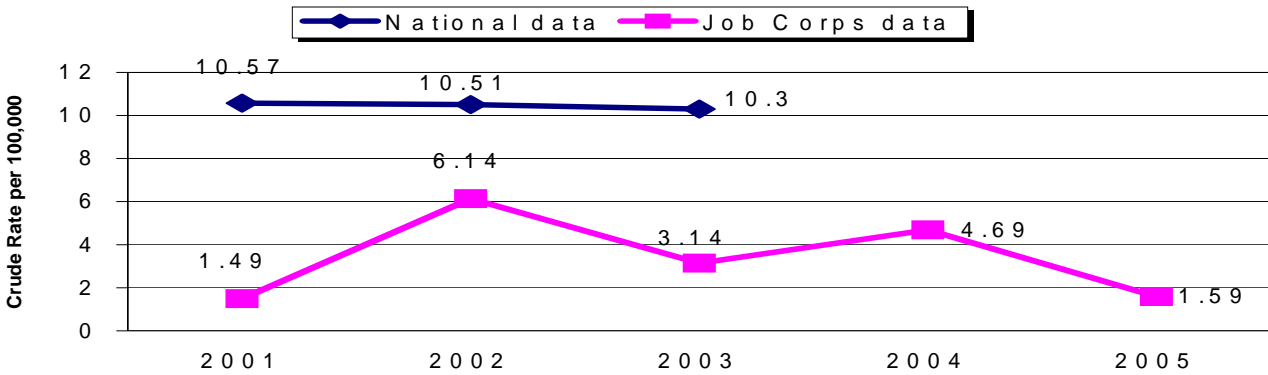
TO: ALL JOB CORPS NATIONAL OFFICE STAFF
 ALL JOB CORPS REGIONAL DIRECTORS
 ALL JOB CORPS CENTER DIRECTORS
 ALL JOB CORPS CENTER OPERATORS
 ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS
 ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS

FROM: ESTHER R. JOHNSON, Ed.D.
 National Director
 Office of Job Corps

SUBJECT: Suggestions for Increasing Student Safety and Suicide Prevention

1. Purpose. To increase student safety through the awareness and prevention of suicide among Job Corps students.
2. Background. In the last 5 Program Years (7/1/2001 through 6/30/2006), there have been 11 suicides involving Job Corps students. Of the 11 suicides that occurred, 4 of the students died by hangings, 3 were hit by trains, 2 jumped off buildings, and 2 died by gunshot wound. The average age of the Job Corps students committing suicide between PY 01 and PY 05 was 19 years old with a range from 17 to 22. In terms of gender and race, 70% were males, 30% were females, 50% were Caucasian males, and the other 50% were female and/or minority (Hispanic or African-American). The majority of suicides occurred off center.

When the above Job Corps data for suicides is compared to national suicide data for persons ages 16-24, Job Corps is well below the national average and seems to be doing a great job at preventing suicides. The national average per year is near 10 per 100,000, and Job Corps last calculated rate for PY 2005 is 1.59 per 100,000.



Source: National Center for Injury Prevention and Control-WISQARS™ (Web-based Injury Statistics Query and Reporting System): <http://www.cdc.gov/ncipc/wisqars/>.

However, even with this low rate, Job Corps centers must continue to identify ways to strengthen our suicide prevention efforts. The Regional Mental Health Consultants reviewed the records of the 11 students who died from suicide between PY 01 and PY 05 to identify trends and make suggestions to help strengthen suicide prevention activities on center. Below is a summary of the findings:

- Students are using more lethal methods for suicide, compared to non-Job Corps youth.
- The majority of suicides occurred with students who had been on center 4 months or less.
- White males continue to be the primary victims of suicide, but suicide rates for minority students are on the rise.
- While the majority of suicides do occur off center, suicides often occur close to the center’s location.
- 8 of the 11 students had recent histories positive for alcohol and/or drugs as well as mental health disorders.
- 7 of the 11 students reported recent or past difficulty with sleeping, depression, and/or suicidal ideations.
- 5 out of the 11 folders reviewed indicated possible bullying or harassment due to mental health issues, sexual orientation, or being a loner.

3. Action. Job Corps has been active in addressing and preventing suicidal behavior through the development of Information Notices, Web site resources, technical assistance guides (TAGs), presentations, center staff trainings, and a requirement that centers develop center operating procedures (COPs) for responding to suicidal behaviors. However, listed below are suggestions to increase suicide prevention efforts based on the folder review of the 11 students who committed suicide between PY 01 and PY 05. This Program Instruction should be shared with all center staff, particularly the Center Mental Health Consultants (CMHCs), Trainee Employment Assistance Program (TEAP) Specialists, Disability Coordinators (DCs), and Health and Wellness Managers (HWMs).

What Centers Can Do to Prevent Suicide

- There are several forms in a new student’s folder that can alert health and wellness staff to a high-risk student or a student with a disability that may need an evaluation or accommodations in place *prior* to entry. These forms are the ETA 6-53, SF-93, and the Social Intake Form. Please make sure the above forms are reviewed consistently and referrals are made *as soon as possible* to the Disability Coordinator, CMHC, and/or TEAP Specialist if further assessment is needed. If the following areas are indicated on any of the forms, a referral should be initiated:
 - Alcohol and drug use
 - Mental health history
 - Past suicidal behavior (self, family, or friends)
 - Sleeping difficulties
- The first 30 days on center is very critical for **all** students, but especially students with co-occurring disorders (i.e., mental health and substance abuse). Develop a “Transition to Job Corps” group for new students during the Career Preparation Period (CPP) that provides an opportunity to talk about issues or challenges of adjusting to center life. Give practical suggestions to students on how to adapt to a new environment and where to go for help, if needed.
- Include bullying and harassment prevention training for staff and students.
- Include signs of suicide and how to respond training for staff and students.
- Encourage students to report unusual behavior of other students to staff immediately.
- Students who are positive for drugs on entry and are trying to clean up may begin to experience more depression or anxiety not being masked by the use of drugs. TEAP Specialists should be aware of these students and provide support.

- Utilize weekly case management meetings to identify students at risk and make appropriate referrals and plans.
- If off-center mental health or substance abuse services are being provided, it is critical to have the student sign a release of information so there is consistent communication between the off-center provider and the CMHC and/or TEAP Specialist.
- Conduct environmental risk assessments to ensure that remote areas on center have limited access, adequate lighting, and are monitored consistently.

Special Consideration—Bullying and Harassment

Bullying is abusive behavior by one or more students against a victim or victims. (*Note: In some instances, staff can become involved in bullying, too, and need to be warned against such behavior.*) Bullying can be a direct attack—teasing, taunting, threatening, stalking, name-calling, hitting, making threats, coercion, and stealing—or more subtle through malicious gossiping, spreading rumors, and intentional exclusion. Both result in victims becoming socially rejected and isolated. Some victims of bullying have attempted **suicide** rather than continue to endure such harassment and abuse.

The reason most commonly cited for being harassed frequently is a student’s appearance, the way they look or their body size. The next most common reason for frequent harassment is sexual orientation. About one-third (33%) of teens report that students are frequently harassed because they are, or are perceived to be, lesbian, gay, or bisexual. In addition, the harassment does not just affect gay, lesbian, and transgender students. Males who are not considered “manly” or females who are not “ladylike” also face bullying from their peers.

In Job Corps, students affected by bullying or harassment may have increased visits to the health and wellness center, poor performance, and disciplinary issues, and even absences without leave (AWOLs) may be a sign of bullying and/or harassment on center. Unfortunately, much of bullying and harassment behavior goes unreported by students. Staff may not be aware of or may overlook isolated instances of bullying, rather than intervening.

What Centers Can Do about Bullying

- Acknowledge the existence of bullying.
- Develop an anti-bullying policy and consequences for students and staff.
- Openly discuss the issue of bullying.
- Create a positive, inclusive culture on center and utilize resources currently available. The Career Success Standards has the following trainings:

Multicultural Awareness, and Workplace Relationships and Ethics; and the Social Skills Training has a relevant training as well, Respecting Diversity. All students should attend these trainings on center.

- Staff witnessing bullying should take it seriously and intervene immediately. Refer victims of bullying to counseling for support. Refer perpetrators of bullying to appropriate disciplinary processes.

4. Expiration Date. Until superseded.

5. Inquiries. Inquiries should be directed to Barbara Grove, RN, at (202) 693-3116 or grove.barbara@dol.gov.