School-based Strategies in Preventing Youth Suicide
The Role of Schools in Preventing Youth Suicide
Background

• From case to cause: schools as the intersection of practice and policy
• Competent suicide risk assessments requires a competent workforce
  – Training programs lack formal curriculum
  – Poor training leads to over or under assessment of risk
  – Fear of liability leads to utilization of the most restrictive interventions
  – School policies are informed by this workforce
• Few evidence-based assessment procedures leading to reduction in suicide
• Difficulty in differentiating individuals who attempt suicide vs. those who die by suicide vs. those who never attempt suicide
We need innovations in research to:

- Improve our capacity to identify individuals at risk for suicide
- Improve our capacity to differentiate between individuals likely to attempt suicide and those unlikely to attempt suicide
- Improve our understanding of suicidal trajectories
- Improve help-seeking
The Scope

- Global emotional, economic, and societal costs are significant but difficult to quantify
- Estimated economic burden in the U.S. is between $44-93.5 billion annually
- ~800,000 losses to suicide each year globally
- ~9.8 million US adults think about suicide each year
- ~2.8 million US adults make a plan to end their life each year
- ~1.3 million US adults attempt suicide each year
- In 2018-2019 47,511 people died by suicide in the US
- In 2018-2019 14,547 youth and young adults 10-34 died by suicide; 30.6% of all deaths by suicide

### TABLE. Annual number and age-adjusted rate of suicide per 100,000, AGE Groupings

<table>
<thead>
<tr>
<th>Age group, yrs</th>
<th>Annual number</th>
<th>Age-adjusted rate</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>596 (2.9) [2.6-3.1]</td>
<td>-0.3</td>
<td>-10.3</td>
<td></td>
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</tr>
<tr>
<td>10-14</td>
<td>596 (2.9) [2.6-3.1]</td>
<td>-0.3</td>
<td>-10.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-24</td>
<td>6,211 (14.5) [14.1-14.8]</td>
<td>-0.5**</td>
<td>-3.4**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>8,020 (17.6) [17.2-17.9]</td>
<td>0.1</td>
<td>-0.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Suicidality in High School Students in the United States

<table>
<thead>
<tr>
<th></th>
<th>2007 Total</th>
<th>2009 Total</th>
<th>2011 Total</th>
<th>2013 Total</th>
<th>2015 Total</th>
<th>2017 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced persistent feelings of sadness or hopelessness</td>
<td>28.5</td>
<td>26.1</td>
<td>28.5</td>
<td>29.9</td>
<td>29.9</td>
<td>31.5</td>
</tr>
<tr>
<td>Seriously considered attempting suicide</td>
<td>14.5</td>
<td>13.8</td>
<td>15.8</td>
<td>17.0</td>
<td>17.7</td>
<td>17.2</td>
</tr>
<tr>
<td>Made a suicide plan</td>
<td>11.3</td>
<td>10.9</td>
<td>12.8</td>
<td>13.6</td>
<td>14.6</td>
<td>13.6</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>6.9</td>
<td>6.3</td>
<td>7.8</td>
<td>8.0</td>
<td>8.6</td>
<td>7.4</td>
</tr>
<tr>
<td>Were injured in a suicide attempt</td>
<td>2.0</td>
<td>1.9</td>
<td>2.4</td>
<td>2.7</td>
<td>2.8</td>
<td>2.4</td>
</tr>
</tbody>
</table>

For the complete wording of YRBS questions, refer to Appendix.  
Suicidal Thoughts and Attempts

- 25% of college students in Missouri had suicidal thoughts in the past year and 2.1% attempted suicide. (Missouri Department of Mental Health)

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![Bar chart showing suicidal thoughts and suicide attempts]

- Almost all transgender Missouri college students have thought about suicide in their lifetime (90%) or attempted suicide in the last year.
The Scope

- 2nd leading cause of death for youth and young adults
- 90% of those who die by suicide meet criteria for at least one mental disorder
- 20% of children and adolescents meet criteria for a mental disorder at any given time
- 60-70% of youth meeting criteria for any mental disorder do not access mental health service
- ~20% of youth who die by suicide accessed specialty mental healthcare in the previous year
- 7.5% of youth who die by suicide accessed specialty mental health care in the month prior to their death
- Most youth who meet criteria for any mental disorder do not know it

Schools Represent a Unique and Strategic Role In Preventing Suicide

School Response Systems Can Prevent Suicide

• Schools represent the nexus of youth experience
• Schools create natural access points for screening, identification, intervention, and services
• School responses can influence youth help-seeking and self-disclosure
• Schools, if prioritized, can be structurally organized to prevent suicide in youth

School-based mental health services have the potential to reduce disparities in access, quality, and mental health outcomes for youth
Hope Policy Academy
Suicide Prevention, Intervention, and Postvention Policy Workshops
COMPREHENSIVE SUICIDE PREVENTION IN SCHOOLS
Suicide is Absolutely Preventable
Comprehensive Suicide Prevention Model for Schools

- **Tier 1: Universal Strategies:** Targets entire school community
  - Programs designed to increase awareness, screening and referral (Gatekeeper trainings; QPR)
- **Tier 2: Selected Strategies:** Targets students at-risk of developing suicidal behavior
  - Programs to strengthen self-regulation of behavior and emotions (Good Behavior Game; Social & emotional learning curriculum)
- **Tier 3: Indicated Strategies:** Targets Students already identified as suicidal
  - Programs designed to address suicidality or emotional and behavioral disorders (school-based mental health services)
## School Response Systems Can Prevent Suicide

<table>
<thead>
<tr>
<th>School-based Suicide Prevention</th>
<th>School-based Risk Assessment, Intervention, and Management (AIMS)</th>
<th>School-based Postvention Support and Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Audience:</strong></td>
<td><strong>Target Audience:</strong></td>
<td><strong>Target Audience:</strong></td>
</tr>
<tr>
<td>Faculty, Staff, Administration, Students, Caregivers</td>
<td>Staff and Administration Students as partners</td>
<td>Faculty, Staff, Administration, Students, Caregivers, Community</td>
</tr>
<tr>
<td><strong>Functions:</strong></td>
<td><strong>Functions:</strong></td>
<td><strong>Functions:</strong></td>
</tr>
<tr>
<td>Awareness</td>
<td>Suicide Risk Assessment</td>
<td>Grief/loss supportive services</td>
</tr>
<tr>
<td>Screening</td>
<td>Intervention</td>
<td>Healing efforts</td>
</tr>
<tr>
<td>Referral</td>
<td>Management</td>
<td>Preventing contagion</td>
</tr>
<tr>
<td>Preventing Pathways to Suicide</td>
<td>Preventing Suicide</td>
<td></td>
</tr>
<tr>
<td><strong>Structural Strategies:</strong></td>
<td><strong>Structural Strategies:</strong></td>
<td><strong>Structural Strategies:</strong></td>
</tr>
<tr>
<td>Policies</td>
<td>Policies</td>
<td>Policies</td>
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<tr>
<td>Implementation Plan</td>
<td>Implementation Plan</td>
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<tr>
<td>Procedures</td>
<td>Procedures</td>
<td>Procedures</td>
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<tr>
<td>Protocols</td>
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<td>Protocols</td>
</tr>
</tbody>
</table>

Policy= the overarching rules or framework at the district level
Implementation Plan = the roadmap for getting to where they wish to be (we are at x and we need to get to y)
Procedure= School level enactment of the district policy which defines how the school implements prevention, AIMS, and postvention. The process level of who does what, when they do it, and under what criteria. The “what” includes the forms and steps.
Protocol= the practice level instructions for the school personnel to follow, which includes how and what to do when a student is identified at risk for suicide.
SUICIDE PREVENTION IN SCHOOLS
School-Based Suicide Prevention

“A comprehensive school-based suicide prevention program will utilize various approaches and should not rely on one prevention method. Rather programs should implement and maintain numerous prevention strategies in order to effectively prevent adolescent suicide.” (YSPG)

- Student education, gatekeeper training, screening, community connection, and skills training are strategies which should be used in conjunction with one another to inform an effective suicide prevention policy
General Best Practices for Suicide Prevention Programs

- Provide education
- Organize the right people to lead suicide prevention efforts
- Articulate clear scope of practice, roles, & responsibilities
- Train ALL faculty and staff in Gatekeeper training - frequently and repeatedly
- Provide information for parents and caregivers

- Train on Counseling on Access to Lethal Means
- Train students through Suicide Awareness Curriculum
- Express explicit prioritization by Administrators
- Take efforts to improve school climate through improving connectedness, diversity and inclusion, and an institutional commitment to equity
Elements of Suicide Prevention Policy

- Education and Fact Sheets about Risk, Protective Factors, and Warning Signs for Staff & Faculty
- Suicide Awareness Curriculum for Students
- Gatekeeper Training for Staff & Faculty
- Screening
- Establishment of a Crisis Response Team
- Evaluation of Suicide Prevention Efforts
- Educating and Collaborating with Parents and Community Members
- Teaching Adaptive Skills to Students
- Peer Support Groups
Gatekeeper Training for Staff

- All staff must receive gatekeeper training and be aware of all relevant protocols prior to students receiving prevention education or screening.
- Last approximately 2 hours and be provided at least every 2-3 years
  - Recognizing students at risk
  - Intervention & communication
  - Determining/Assessing level of risk
  - Referral practices
  - Should be universal and evidence-based
  - Clarify role: expected to act as gatekeeper, not meant to act as mental health provider tasked to recognize risk and “sound the alarm”

Research shows that teachers and school staff believe that suicide prevention is an important part of their role, but they lack the tools or confidence necessary to fill the role.

Effective training and clear expectations can fill this gap and empower teachers and other staff to actively prevent suicide in their schools.

Effective Models:
- Maine’s youth suicide prevention program
- Colorado’s safe communities - Safe schools’ program
- Washington’s youth suicide prevention program
- ASAP, Suicide prevention Unit- Los Angeles unified school district.
Prevention Education for Students

- Aids in identifying and supporting at-risk students
- Utilizes a mental health model
- Taught over multiple sessions
- Provides information about
  - Warning signs, risk and protective factors
  - Statistics and dispelling myths
  - Resources in the community
  - Help-seeking strategies

Enhance youth capacity to identify peers and teach them how to link peers to resources.

Student Suicide Prevention Education Parameters:
- Use a gradual approach
- Use a mental health model rather than a stress model to prevent destigmatizing suicidal behavior
- Use multiple sessions and link to education on substance use, bullying, racism and marginalization.
- Avoid single-session curriculum as been shown to be harmful

Potential Tool:
“Green Card” program- students receive card with instructions and contact information

Effective Models:
Washington Youth Suicide Prevention Program, Safe: Teen, Lifelines, Adolescent Suicide Awareness Program
Family and Community Involvement in School-Based Suicide Prevention

- Engagement with local organizations/agencies
- Counseling on access to lethal means
- Engage families in suicide prevention efforts through education
  - Engage early
  - Engage often
  - Engage prior to crisis
Additional Strategies for Prevention

- **Screening**
  - Direct assessment within 7 days if at risk
- **Positive school climate**
- **Peer support groups**
  - Can be used to provide additional support for at-risk students (not a replacement for therapy)
  - Increases likelihood of seeking help
- **Teaching problem-solving, coping, social, and help-seeking skills**
  - May prevent suicidal behavior and violence

Why Screening?
- It works to identify students at risk
- Does NOT “plant the idea” of suicide
- Adolescents are honest
- Repeated screening is highly recommended
- Requires consent from parents If a teen screens positive
- Must have direct assessment by trained clinician w/in 7 days
- Suggested to screen in waves (due to requirements for follow-up)

Evidence-based Screening Tools:
- The Suicidal Ideation Questionnaire
- The suicidal Risk Screen
- The Columbia Teen Screen
- Signs of Suicide (SOS)
- MAPS (suggested tool after screened positive)
SUICIDE INTERVENTION IN SCHOOLS
Definition of Intervention

A combination of communication, structural, and therapeutic strategies designed to reduce the form, frequency, intensity and duration of current suicidal thoughts, feelings, urges, or actions. Intervention includes:

• Assessment and formulation of suicide risk
• Safety Planning
• Crisis Intervention
• Management of crises and ongoing support and monitoring
Elements of Suicide Intervention Policy and Practices

- Procedures and Protocols on Responding to students identified at-risk for suicide
- Risk Assessment/Formulation Procedures and Protocol
  - Who, what, when, where?
  - Risk Assessment includes risk state and risk status
  - Collaborative Risk Assessment
  - Crisis Intervention

- Risk Formulation Safety Planning
  - Interventions match current risk state and status
  - Menu of interventions
  - Focuses on Coping
  - Provides Justification for intervention and referral
  - Community referral

- Monitoring and Follow-up Procedures
Intervention Teams

- Functions to improve preparedness, responsiveness, and experiences for youth and school community
- Must have a clearly-established definition of....
  - The crisis response team itself
  - It’s processes and plans in a crisis
  - What constitutes a crisis

In order to be effective...
- Must be highly valued by administration
- Must include interested members
- Include a team leader/coordinator w/
- Support from administration
- Authority to coordinate team (while communicating w/ administration)

Team/policy must ...
- Determine what constitutes a suicide crisis situation
- Determine a method for being alerted that there is a crisis
- Share policy and intervention resources/response with faculty and staff
Composition of Crisis Response Teams

- 5-10 staff members in various roles
- One leader who can coordinate the team with open communication with administration
- Must have significant support from administration in order to be effective
POSTVENTION IN SCHOOLS
Postvention Definition

“What is done after a suicide crisis is just as important as what is done before one” and “Appropriate postvention programs can be viewed as a form of prevention since, if carried out correctly and successfully, can reduce potential cluster (copycat) suicide”
Elements of Postvention Policy

- Planned and organized response protocol
- Designated individuals (crisis response team) responsible for implementing the postvention response protocols
- One approach for all deaths, regardless of reason
- Prevent contagion by controlling messaging

- Provide support and help for any student who may be struggling with mental health or suicidal feelings
- A clear policy related to memorializing the death of a student by suicide- emphasize contributions to suicide prevention organizations
Postvention: Key Considerations

• Treat all deaths in the same way – do not romanticize or simplify death by suicide
  – Maintain consistent policies in honoring student deaths
  – A link exists between memorialization and contagion
• Be aware of risk of contagion
• Make resources available for students
• Emphasize student’s likely struggle with mental health
Postvention: Example Steps for Responding

1. Principal verifies death
2. Superintendent informed
3. Prepare and active procedures for responding to media
4. Notify and activate crisis response team
5. Contact family
6. Schedule time and place to notify faculty and staff
7. Contact community support
8. Arranged meeting for caregivers
9. Meet with students in small groups
10. Provide additional supports
11. Crisis team follow student’s classes
12. Establish support stations/counseling rooms
13. Debrief staff daily for 1 week
14. Reschedule stressful academic exercises but don’t change school schedule
Postvention Tips

• Avoid glamorizing and memorialization (flag at half-mast example)
• Appropriate Memorialization – focused on coping and contributions to suicide prevention efforts
• Focus on prevention, education, and living
• Work w/ students to use social media to provide info about suicide prevention
• Inform local crisis telephone lines and mental health agencies about the death
• Provide information about visiting hours and funeral arrangements
• Family should be encouraged to schedule funeral after school hours
• Arrange for students, faculty, staff to be excused for funeral
• Follow up w/ students identified at risk
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