Risk Factors
How Can a School Identify a student at Risk for Suicide?

Issue Brief
3b

Every school will be faced with different challenges when attempting to implement suicide prevention programs. The resources available will vary between schools and the ability of a school to address suicide will depend upon resources such as time and funding. However, it is essential that every school provide some type of prevention program and students experiencing suicidal thoughts or behaviors are recognized in order to get them help. One of the most important and essential components of a program is how to identify students who are at risk for suicidal thoughts and behaviors. Although much research regarding interventions is limited by a number of challenges (e.g., non-randomization of interventions, substitute variables for outcome measures, small sample sizes, brief time periods of study) (67), promising programs do exist. Research has generally focused on three primary ways for identifying an adolescent potentially at-risk for suicide:

1. **Suicide Awareness Curriculum**
2. **Gatekeeper Training**
3. **Screening**

Suicide Awareness Curriculum

Suicide awareness curriculum refers to educating students about suicide. Curriculum generally focuses on the warning signs and risk factors for suicide, reviews statistics about suicide, and provides a list of community resources where students can turn to for help in a suicidal crisis. Curriculum approaches may also attempt to increase students' self-esteem and their likelihood that they will seek help if they are in need. The rationale behind programs that utilize the curriculum component is that by educating students on suicide, students should feel more comfortable about self-disclosing suicidal thoughts; students who know the risk factors for suicide may also be more likely to identify and refer at-risk peers to an appropriate adult. Research has shown that adolescents are more likely to turn to peers than adults when facing a suicidal crisis (1, 2, 3, 4, 27). By educating peers about risk factors, a school may more effectively reach those at risk.

Research has shown that a curriculum approach intended to raise awareness about suicide can lead to a significant improvement in students' knowledge gain (2, 5, 6, 9, 10, 12, 62, 68, 69, 70), particularly about how to seek help for oneself and for others, and that students exposed to suicide curriculum improve in their attitudes about suicide (2, 9, 10, 13, 56, 62, 68-71), that is, they hold more accurate and positive attitudes concerning suicide, such as suicide is not a normal reaction to an overwhelming amount of stress. When curriculum concerning suicide are taught in a gradual, sensitive, and educational manner, students have shown gains in knowledge, positive attitudes, and a reduction in suicidal feelings (2, 10, 12, 40, 69, 70).

Youth Suicide Prevention School-Based Guide ©

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Importance of Curriculum Length

Some literature suggests that a curriculum approach should not be recommended until more investigation regarding potential benefits and risks is conducted (72). Additionally, research shows that the exposure dose or length of time the curriculum is administered is extremely important. Studies have shown that a curriculum approach may potentially not have any impact on students or may even produce harmful effects on students (9, 14, 57). These studies found that a limited number of students who had previously attempted suicide and were exposed to a curriculum were more likely to view these programs as unsettling and may see suicide as a possible solution to overwhelming problems.

Three considerations must be noted with respect to the harmful effects found in such studies on suicide curriculum.

First, the harmful effects were only found in males and a large proportion of those were black males.

Second, these negative results were found primarily in students who had reported having made a previous suicide attempt. The authors of these three studies state that students who had attempted suicide previously would be expected to be the most concerned with suicide at the time of the programs and would be expected to see these classes in a negative way. They also state that the programs that they evaluated and found to be potentially harmful to a small number of students, focused on the stress model for suicide, a model that attempts to destigmatize suicide. The stress model for explaining suicide has recently been found to be ineffective and potentially dangerous because it "normalizes" suicidal behavior, making suicide more acceptable (4, 10, 15, 24, 26).

Third, these studies that have found harmful effects utilized a brief (2-4 hour), single session that emphasized a stress model for suicide, which states that suicide is a reaction to an extreme amount of stress. Research has shown that a brief, single session has been found to be ineffective (30, 60).

Therefore, if schools wish to use a curriculum approach in order to address suicide and identify students who may be at-risk for suicide, they must avoid using a single-session approach that focuses on suicide as a reaction to extreme stresses. Schools must address suicide in a more prolonged approach, refraining from saturating students with a single, 2-4 hour class, which may overwhelm students and which studies have found to be potentially harmful for students who have previously attempted suicide (9, 14, 57).

Studies have shown that a more appropriate method when utilizing a curriculum approach is one that presents suicide curriculum to students in a more prolonged fashion (e.g., multiple sessions). Research has shown that curriculum length of anywhere from three classes (40–45 minutes each) to a semester-long class are effective at significantly reducing suicidal ideations, hopelessness, and depression in adolescents (2).

These classes have also shown to significantly increase knowledge about peers at-risk for suicide, increasing positive attitudes toward help seeking, and increasing the likelihood of intervening with troubled peers (6).

Program Examples

Examples of school-based suicide prevention programs that have been found to be effective and have utilized a prolonged curriculum approach include Bergen County, New Jersey (2), and Dade County, Florida (35, 77).

These programs have also incorporated curriculum that focused suicide prevention awareness into existing programs that deal with issues such as substance abuse, tobacco restriction, problem solving, help seeking, and decision making. Because such programs have focused on risk factors, such as substance abuse and protective factors, such as help seeking, they may provide a more comprehensive approach to suicide awareness curriculum.

Suicide awareness curriculum that focuses on protective factors, such as social competence, problem-solving, coping strategies, decision making, and family connections (social support) dramatically decreases risk behaviors for adolescent suicide, such as substance abuse, school delinquency, violent behavior, and problem sexual behavior, e.g. teen pregnancy (16–19). These aforementioned programs have also been shown to reduce suicidal thoughts and plans (20, 21). These programs represent an efficient use of school resources because they lend themselves to incorporation into already existing curriculum that may focus on issues, such as substance abuse, tobacco use, and sexually transmitted disease/infections.

Programs that have utilized this approach in conjunction with other approaches (gatekeeper training) and have been evaluated and disseminated include SAFE: Teen (previously named Adolescent Suicide Awareness Program) (22, 78) and Lifelines (2, 30), which was combined into Lifelines/ASAP (30)

and recently produced as Lifelines by Hazelden Foundation (73). Other programs that have utilized a similar approach for preventing adolescent suicide include programs in Miami, Florida (35, 77) and Washington State (23).

Mental Health Approach

Curriculum that avoids using a stress model approach and instead utilizes a mental health approach may also be more appropriate (10, 15, 24, 26, 48, 58, 59). Such a program would discuss mental illness as it relates to suicide within the curriculum. Research has shown that when a suicide prevention awareness curriculum focuses on suicide as it relates to mental illness, there is a reduction in suicide rates and an increased awareness about mental illness, which may help some students to seek help (10, 22, 63).

Research suggests that school psychologists are some of the most highly trained mental health professionals in the school (64). It only seems logical that their evaluation of school-based prevention programs may provide important suggestions for the effectiveness of these programs. Recent research has found that school psychologists rated suicide awareness curriculum and staff in-service training as an acceptable method for a prevention program (43), which is reassuring since they are both considered to be important parts of a comprehensive suicide prevention program (2, 43, 62).

Student education and curriculum that addresses adolescent suicide should only be provided after protocols are established and school personnel have been educated.

Suicide Awareness Curriculum Conclusions

If a school chooses to use suicide awareness curriculum as a method for identifying suicidal youth they should:

- Avoid using a brief (2–4 hour) single-session, approach in assembly presentations or classes.
- Use a more prolonged approach (i.e., multiple sessions) when using curriculum delivered to students.
- Avoid a curriculum approach that emphasizes suicide as a reaction to stress.
- Avoid curriculum that includes media depictions of suicidal behavior.
- Avoid presentations by youth who have previously made a suicidal attempt because participants may identify with presenter and copycat his/her suicidal behavior.
- Consider implementing suicide awareness curriculum within the context of established classes such as a health class or a life-management skills class.
- Consider incorporating problem-solving skills, coping skills, and self-esteem building skills into the curriculum.
- Provide students with a list of crisis intervention services and resources that are available in the community.
- Have established policies and procedures on how to deal with a suicidal adolescent.
- Have established community links that may provide assistance in a suicidal crisis.
- Have faculty and staff who know what to do if a student expresses concern about a potentially suicidal peer or expresses suicidal thoughts themselves.

Gatekeeper Training

Gatekeeper training refers to training school faculty and staff about how to recognize a student potentially at-risk for suicide, how to appropriately intervene and communicate with a student potentially at-risk for suicide, how to determine the level of risk, and how to refer a student who is potentially suicidal (24, 25, 26, 27).

Gatekeeper training is universally advocated and supported by research as an essential and effective component to a suicide prevention program (4, 24, 26-29, 30, 33 - 36). Research suggests that gatekeeper training can produce positive effects on an educator's knowledge, attitude, and referral practices (11, 24, 36-39, 44, 75, 82).

Gatekeeper training has also been found to increase an educator's confidence that they have the ability to recognize a student potentially at risk for suicide by more than four times that of teachers who don't receive training (40). Research has found that more than 25% of all teachers sampled in a study reported that they had been approached by suicidal teens (61). In the past, gatekeeper training focused primarily on educators and administrators, however recent research suggests that it is more beneficial to train all school staff (e.g., coaches,

cafeteria workers, bus drivers, nurses) about adolescent suicide, particularly on how to identify, intervene, and refer students potentially at-risk for suicide (25, 27, 37, 38).

Research suggests that a single brief two-hour program should be sufficient in order to substantially increase an educator's knowledge about the warning signs, risk factors, and community resources available for adolescents at-risk for suicide (24, 31).

Research also suggests that while providing students with a brief (two hour) single-session class may be harmful, providing a brief two-hour program to faculty and staff does not result in the same potentialities (30, 43, 65).

In-service training programs have been shown to be an effective method of gatekeeper training and were a major component of a study that had a positive impact on student's suicidal behavior (35). Principals have expressed that in-service training programs are an acceptable method for educating faculty and staff (33, 42) as did school superintendents (8).

A caveat to school faculty and staff gatekeeper training is that it should also include parent training. Parent gatekeeper training should be similar in content to faculty and staff gatekeeper training, and should facilitate disseminating information about warning signs and risk factors, available school and community resources to help an adolescent potentially at-risk for suicide, and how to intervene with a youth potentially at-risk for suicide (30, 32, 40).

A one and one-half hour presentation coupled with other presentations, such as alcohol abuse and tobacco use in schools is probably the most efficient and effective method for disseminating information about adolescent suicide to parents (30). This presentation should also include a brief presentation on means restriction strategies, or how to limit access to methods and tools used for suicide (15, 24, 25, 27, 28, 30, 33, 45). Restricting access to means of suicide, especially firearms, has been shown to be an effective method for decreasing the likelihood of adolescent suicide (15, 24, 33, 41, 45).

Programs that have utilized gatekeeper training and consider the training an essential component include:

- Maine's Youth Suicide Prevention Program.
- Colorado's Safe Communities-Safe Schools Program.
- Washington's Youth Suicide Prevention Program (YSPP).
- Safe: Teen [previously known as Adolescent Suicide Awareness Program (ASAP)].
- Suicide Prevention Unit-Los Angeles Unified School District.

For more information about additional programs please refer to the Program section of The Guide, which specifically focuses on suicide prevention programs.

Gatekeeper Training Conclusions

If a school chooses to use gatekeeper training as a method for identifying suicidal youth they should:

- Provide faculty and staff with the most current information about adolescent suicide.
- Have policies and procedures in place for identifying and referring potentially suicidal students.
- Have established community links (police, ambulance service, hospitals, youth services, mental health facilities) in order to have a reliable referral service.
- Encourage all faculty and staff to collaborate with one another to increase assistance among teachers in recognizing at-risk students.
- Educate all faculty and staff about the risk factors for adolescent suicide.
- Educate all faculty and staff about the warning signs for adolescent suicide.
- Educate all faculty and staff on how to make referrals for a potentially suicidal student.
- Educate all faculty and staff about to whom they should refer a potentially suicidal student.
- Utilize a brief in-service training program for faculty and staff. A two-hour program should be sufficient.
- Provide in-service training materials to parents.
- A brief one and one-half hour presentation coupled with other presentations should be a sufficient amount of time to train parents.

How Can a School Identify a Student at Risk for Suicide?

Screening

Screening refers to a method of identifying adolescents potentially at-risk for suicide through the use of self-reports and individual interviews. Generally, screening consists of asking students directly about whether they are experiencing symptoms associated with depression, currently or previously had suicidal ideations or behaviors, and whether they possess risk factors for suicide (46).

Many researchers suggest that school-based suicide prevention programs can be quite effective when they are targeted to a particular high-risk group of students who have been identified through direct assessment (47, 48). Government reports support screening as an early mental health detection and intervention method (7) and at least one call was issued specifically encouraging social workers to become more involved in screening in schools to help reduce youth suicide attempts and deaths (81).

Studies have been conducted in order to assess the effectiveness of screening programs and have found them to be an effective and potentially efficient method for identifying students who are at-risk for suicide (46 - 50). The rationale behind screening programs is that research suggests that adolescents will honestly state if they are suicidal when asked (15). While many researchers advocate screening programs (45, 48, 51, 52) and consider screening to be a critical component of an effective approach for preventing suicide (4, 15, 48), many school programs fail to use them (4, 26) despite moderate support from teachers and administrators (53).

Although research seems to indicate that screening programs are effective ways of identifying students who may be at-risk for suicide, there are some concerns about using screening to identify students at risk. Since suicidality fluctuates in adolescents (29), repeated screening must be done to measure the changes in suicidality and to avoid missing a student who is not suicidal at one time but becomes suicidal over time (28, 29, 36). Screening may also identify as much as 10% of the adolescent at school as being at risk, creating a costly need to follow-up with those identified as at risk for suicide or needing additional help (26, 79). In order to reduce identifying all at-risk youth in the school at one time and perhaps challenging the school and local resources, schools may decide to screen in waves. Schools could decide to screen by grade level (e.g., 9th graders in October, 10th graders in November) or by some other mechanism to screen identified parts of the student body until the entire school is screened.

The US Preventive Services Task Force reviewed the research and currently recommends adolescent screening (12 to 18 years of age) for major depressive disorder (MDD), a risk factor for youth suicidal behavior, in a primary care setting provided adequate safeguard are in place. Safeguards include the ability to provide an accurate diagnosis, access to therapy (cognitive-behavioral or interpersonal), and follow-up (74).

In order for schools to initiate a screening session they must have cooperation and consent from parents. While both active and passive methods of permission are legal, your school should weigh the benefits and risks when determining how consent is obtained. Because of its higher participation rates, researchers commonly use passive consent methods (83-85) as active parental consent runs as low as 50% (29, 84). Disadvantages to passive permission include opposition from parents or groups who may object to the screening (83, 84). Some researchers, however, view the potential public health benefits of screening a larger population as outweighing the potential risks (84). Screening implementation research suggests it is important to have adequate school staff to respond to students identified as at risk (79), utilizing community linkages, and creating community partnerships for screening and youth support (80).

There are a number of screening methods available to schools that have been shown to be effective in identifying students who may be at-risk for suicide. Four of these include:

1. **The Suicidal Ideation Questionnaire**, which has been used in a two-stage screening and assessment process (47) and has thus far been shown to be efficacious (43). The questionnaire is then followed by the Suicidal Behavioral Interview, which should be done by an experienced professional.
2. **The Suicidal Risk Screen** (50), which has been used in a three-stage screening process for identifying, among high school dropouts, youths that require referral to prevention or treatment programs for potentially suicidal teens.
3. **The Columbia Teen Screen** (54), which has been used in a three-stage screening process for students at-risk of suicidal behavior.
4. **Signs of Suicide** (SOS), which has been implemented in numerous US schools and includes both an educational and screening component (76).

How Can a School Identify a Student at Risk for Suicide?

Although there are a number of other screening tools available for use in schools, these four methods have been shown to be relatively successful. If a school is interested in screening as a way to identify students at-risk for suicidal behavior these tools may be useful. For more information on screening tools please refer to Goldston (66), which provides an excellent, comprehensive list of approximately 50 screening tools that schools can use to identify students at-risk for suicidal behaviors or ideations, students at-risk for depression and psychiatric disorders, and instruments used for assessing intent and lethality of a student that is potentially suicidal.

Information on mass screening can be found in two reports: Eggert and colleagues (6) from Seattle, Washington and Reynolds (47) from Florida.

After a student has been screened, if he or she screens positive for suicidal potentiality then direct assessment by trained clinicians should be done within seven days (50). How a school chooses to assess a student will vary: some schools may simply contact and utilize a community mental health professional or others may choose to utilize the Measure of Adolescent Potential for Suicide (MAPS) instrument, which has been found to be an effective assessment tool for determining if a student is currently suicidal. MAPS has also been found to be an effective way of reducing a student's suicidality although how MAPS does this is unknown. For more information about MAPS please refer to Eggart and Thompson's article (50) for contact information. MAPS is just one assessment tool that a school may choose to utilize in determining if a student is suicidal, however when MAPS is given to students in isolation with no other intervention students do show reduced suicide-risk behaviors, increased self-esteem, and reduced related risk-factors for suicide (6).

Despite the method used to identify a student at-risk for suicidal behavior, schools should ensure that faculty and staff are aware of school policies and procedures so when a student is identified, school representatives are knowledgeable about next steps and who to notify. Policies should include timely parent or caregiver notification provided this does not exacerbate the situation (55). In these rare cases, child protective services would typically be alerted.

Screening Conclusions

If a school chooses to use screening as a method for identifying suicidal youth they should:

- Use a questionnaire or other screening instrument that research has shown to be effective and valid such as the four presented previously.
- Weigh the benefits vs. risk of both passive and active forms of parental consent.
- Get parent's consent before presenting students with the screening instrument (if active consent).
- Have established referral systems in place so that when a student screens positive for suicidal potential he or she can be given the help they need as soon as possible.
- Communicate to staff and parents that empirical research has found that screening will *not* create suicidal ideations and behaviors in teens who are not suicidal. Screening will not implant suicidal thought in those non-suicidal before exposure to the screening.
- Staff and practitioners should be made aware that screening is not perfectly precise for determining whether a student will express suicidal thoughts or behaviors.
- Ensure every school psychologist and counselor should be aware of valid suicidal screening tools.
- Conduct repeated screenings, possibly once or twice every school year.

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Risk Factors: How Can a School Identify a Student at Risk for Suicide?

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Notes

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