# Administrative Issues

Why a School-Based Suicide Prevention Program?

As the third leading cause of death among 15–19 year olds in the United States in 2009 (1), adolescent suicide is a serious and preventable tragedy, which has the potential to affect a large number of families and communities across the country. In 1999, the United States Surgeon General declared suicide, particularly adolescent suicide, a serious public health concern and initiated a call to action for every state to address the issue of adolescent suicide (3). Research has found that schools provide an ideal and strategic setting for preventing adolescent suicide (4). Because law and school education codes include the mandate to not only educate, but to protect students (7, 78, 79), it seems only reasonable and prudent to implement, maintain, and evaluate prevention programs in schools, the places where adolescents spend more than one-third of their day.

Research has found that teachers and staff view identifying a potentially suicidal student as one of the most important things they can do as a teacher and feel that addressing students' mental health is part of their role as an educator (8). Not only do educators feel some responsibility towards preventing adolescent suicide, but they also have shown increased confidence with training addressing adolescent suicide (9, 10). Schools must avoid neglecting the issue of adolescent suicide for a fear of indifference by faculty. Research suggests that while teachers are being asked to teach a number of educational programs dealing with a number of social issues (safe sex, substance abuse, and family violence), they often find themselves ill equipped to deal with such issues (42). In fact, teachers' resistance to suicide prevention programs may have more to do with a sense of fear and helplessness from not having enough information than unwillingness or indifference (51). In order to effectively combat adolescent suicide, schools, administrators, and policy makers must understand that adolescent suicide is a real and serious threat and that this threat is not isolated to "other schools and/or districts." No school is immune to adolescent suicide; by implementing and maintaining an effective, comprehensive school-based prevention program, a community may be able to make a positive and efficient impact on adolescent suicide.
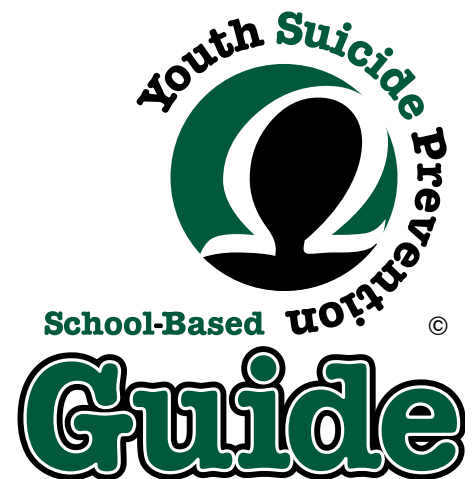
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Implementation

Research on school districts has found that one of the major questions about implementing prevention/intervention programs was on how to begin a school-based suicide prevention program (16). Although each school and school district should initiate a suicide prevention program that will "fit" well within the culture of their school and will be dictated by the resources available, research suggests that meetings with district leaders, school principals, educators, and potentially a parent group could help facilitate "reconnaissance and relationship development" (11). The meeting may involve a discussion about the prevention program ahead of time with various members of the group in order to determine what resources, barriers, and concerns each may have about implementing a prevention program (12).

By allowing meeting members to express their concerns, suggestions, and voice any foreseeable barriers, a school will be in a better position to resolve potential barriers, identify strengths and resources available in the school to build on, and recognize potentially helpful community resources, all of which can be done before program development, thereby making the program more effective and less difficult to implement and maintain (15). Another reason for such a meeting is to assess what suicide prevention strategies are currently being utilized to address the issue of adolescent suicide in order to avoid inadvertently duplicating resources (2).

Given the numerous programs suggested for schools to implement and the various responsibilities frequently placed on the shoulders of schools, suicide prevention strategies already in place may simply be overlooked. Research has suggested that superintendents and administrators for schools with some type of prevention program in place were not aware that there were such programs in place, suggesting a lack of knowledge about programs as opposed to a true lack of programs, which could advocate for periodic updates for staff, faculty, and administrators about school policies (12, 16). By involving various members of the educational system, schools and school districts may avoid squandering necessary resources by duplicating services already provided. If a school does currently have a suicide prevention program, then it is essential that the program is re-evaluated to ensure that it reflects current, research-based, suggestions for what constitutes an effective prevention program (13, 17). Research has found that when policymakers and program planners act hastily, without evidence-based knowledge, regardless of how well intentioned the program may be, it may lead to ineffective, inefficient, and potentially dangerous results (14).

Developing Policies and Procedures

Once a school/school district has held such a meeting (if they choose to do so), developing policies and procedures is the next likely and appropriate step. Establishing policies and procedures focused on issues, such as how to respond effectively to a student who may be expressing suicidal behaviors or threats, how to respond to the aftermath of a suicidal attempt or a death by suicide, and the various roles school personnel may play in preventing, intervening, and coping with a student who may be suicidal are essential components of any effective suicide prevention program (12, 13, 16-25).

Such policies form the heart of a school crisis response plan, an essential component of any effective school-based suicide prevention program. School policies formally recognize the school's commitment to preventing adolescent suicide and increase the likelihood that a program will be implemented, maintained, and proactive in scope (4, 26, 27).

Although each school should adopt a policy that "fits" appropriately with the culture and emotion of their school, research (6, 12, 18, 25, 30) has suggested that schools may want to be aware of the following propositions for what policies may wish to address:

- Formally state that the school considers suicide prevention a priority.

- Formally state and express to others what prevention efforts a school will utilize to address adolescent suicide (curriculum, gatekeeper training, screening, peer groups). See *Issue Brief 5: Suicide Prevention Guidelines* for more information.

- Maintain a crisis management handbook, which should provide information about suicidal behavior, risk factors, protective factors, suicide contagion (imitation), and prevention guidelines.

- Describe what staff, faculty, or students should do if they suspect that a student may be potentially at risk for suicidal ideations and/or behavior (this will entail education on referral practices).

- Describe how to respond to a student overtly expressing suicidal ideations and/or behaviors.

- Describe and recognize a school crisis response team.

- Detail the roles and responsibilities of each crisis response team member.

- Describe criteria for assessing the lethality of a student potentially at risk for suicidal behavior.

- Describe how a school and its staff members will respond to a suicidal crisis (attempt at school or death by suicide).

- Describe how a school will evaluate the program.

- Should be clear and detailed.

- Should be consistently defined at the school, district, and county level.

Policies are only effective if they are disseminated and recognized as important (2, 8, 12, 14, 41, 74). It is essential that once policies are established and are agreed upon by administrators, staff, and community professionals (counselors, psychiatrists) as comprehensive and empirically sound methods for addressing the issue of suicide, that these policies are provided to all faculty and staff, preferably through a mandatory in-service suicide awareness and prevention training (5, 71, 77). It is also recommended that policies regarding any action taken when confronted with a potentially suicidal student should be written in conjunction with and reviewed by an attorney (66, 71). It is also important that school staff be explicitly informed about who in the school and/or the community they may contact when dealing with a potentially suicidal student.

For more information on types of prevention methods (such as gatekeeper training and screening) please refer to *Issue Brief 5: Prevention Guidelines*. For information about how to refer a potentially suicidal student please refer to *Issue Brief 6a: Establishing a Community Response*.

A caveat to the issue of establishing and implementing policies concerning adolescent suicidal behavior is that these policies should define the goals and objectives for their prevention program. Defining goals and objectives of a prevention is one of the first issues to address when designing or re-defining a suicide prevention program.

What is it that you hope to accomplish? Will the program increase the number of referrals? Will it decrease the incidence of suicidal behaviors? Will it increase the number of calls to area crisis centers? (41). These are just some of the goals and objectives a school may wish to address when developing a suicide prevention program. By setting goals and objectives, it makes it easier to evaluate the effectiveness of a prevention program and any results from evaluation will be more believable to others (42).

Program Support and Maintenance

Research has found that three of the most important factors that determine if a prevention program is maintained are having support from administrators, teachers, and parents (16, 28, 29). Research has also found that support from superintendents in particular may be essential for effective programs (16). Eliciting endorsements from school principals has also been found to be an indication that a prevention program will be adopted (12). Without administrative support, prevention policies and their corresponding programs will lack institutionalization and efforts to prevent adolescent suicide will therefore be formally ignored. Research suggests that supportive administrators ensure a good program fit into the school and the community, provide ongoing support, and help to ensure that the program is incorporated appropriately into existing budgetary, policy, and schedule structures (12).

Supportive and informed teachers have been found to make good informants concerning student mental health, provide support for one another, are able to reach a high level of mastery of a complex prevention program, and are likely to obtain skills and materials from suicide prevention programs that are transferable to other elements of their repertoires (12, 31–33). Research has found that when schools communicate and involve parents with school activities and programs, parents are more likely to cooperate with the school and help the school maintain these programs (34, 35, 50). When schools involve and gain support from parents, students feel more competent and less confused because by working with parents, schools ensure that students receive consistent messages (36).

In order to gain support from administrators, educators, and parents some suggest educating these individuals about the severity of adolescent suicide, warning signs and risk factors for adolescent suicide, and about the ability to prevent adolescent suicide (29). Research shows that one of the main barriers for effectively implementing and institutionalizing a suicide prevention program is that the issue of suicide is often met with fear, resistance, and anxiety by members of a community, who more likely than not ascribe to and maintain false ideas concerning suicide (40, 42).

Myths such as "talking about suicide may cause it to occur" or outright denial of adolescent suicide ("suicide does not happen in my school" or "suicide is not a problem here") act as barriers for program implementation and may also increase the likelihood that a school and community will fail to recognize a student who may need help (30, 40–42). Research has found talking about suicide with students will not "plant the idea of suicide" in their head and that by talking about suicide, schools give students the opportunity to express their feelings and concerns, which may help a student get help or refer another student for help (30, 43, 44). The Centers for Disease Control and Prevention emphasize that there is no evidence of increased suicidal ideation or behavior among those who participate in a school-based suicide prevention program (45). Research has also found that persons who are educated about adolescent suicide are more likely to have a positive impact on students with suicidal ideation than those not educated (37–39).

In order for a school and/or school district to ensure that a school-based prevention program will be effectively adopted and maintained, research suggests that schools gain support from parents, administrators, educators, and various community members and that these persons are aware of the prevalence and risk of suicide in their community (12, 14, 16, 18, 25, 27, 29, 30, 34, 35, 52, 54, 74). These persons should also understand how myths, or fictitious beliefs lacking scientific merit, might undermine a community's ability to help a troubled adolescent. For more information on myths behind suicide please refer to *Issue Brief 1: Information Dissemination.* Also included in the Guide is a True and False Test for Myths and Evidence-based Facts about adolescent suicide.

Research has found that if someone (a parent, educator, administrator, school counselor, or superintendent) chooses to "take control" and "champion" a suicide prevention effort, this effort is more likely to become institutionalized and maintained; what may be significantly important is for someone just to get the ball rolling (52, 53). Once a dedicated, informed, and motivated person (particularly a school administrator) champions a suicide prevention program, it seems that other persons in the community and in the school, if properly educated, will be likely to assume some responsibility for preventing adolescent suicide.

It is also essential that schools, regardless of what prevention methods they choose to utilize, openly and periodically communicate with community agencies and professionals in order to help ensure that a potentially suicidal adolescent gets the help that he or she may desperately need. Community partnerships are discussed in greater detail in *Issue Brief 8: Family Partnerships* and in *Issue Brief 5: Suicide Prevention Guidelines*. What must be mentioned here is that a comprehensive and effective program cannot function without support from the community and that established agreements between a school and various community agencies such as the police and mental health agencies are critical (10, 17-19, 25, 30, 47). Establishing working links to the community also provides the school with additional help and expertise. Research has found that mental health professionals are willing to help schools at little or no cost and may provide other valuable services such as training and educating staff and faculty about how to recognize, intervene, and refer a student potentially at risk for suicidal behaviors (46).

Crisis Response Team

In order for a school to effectively intervene with a student potentially at risk for suicidal behavior, schools must develop, train, and support a school crisis response team long before a crisis occurs (6, 10, 13, 15, 19, 25, 49, 75, 76). It is critical that schools respond to potentially suicidal students and crisis situations carefully and thoughtfully in order to diminish the threat of the immediate situation, and also to create a quick recovery and return to normalcy for the school community (2).

A school's crisis response plan should detail the roles and responsibilities of each member of the team, such as mobilizing the team when needed, controlling rumors, responding to the media, contacting community links, providing first aid if necessary, contacting parents of a student experiencing a suicidal crisis, scheduling response team meetings, and providing training to school staff and faculty (48, 49).

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The crisis response plan should also designate a crisis team leader and backup leader, who should have support from the administration and should be given the authority to coordinate team member assignments while keeping an open channel with school administrators (6, 49, 50). Should a crisis overwhelm a school's ability to intervene, the crisis team leader may find it necessary to recommend the use of a school-district team.

For more on crisis response teams please refer to *Issue Brief 6b: Crisis Intervention and Crisis Response Teams*.

Evaluating Programs

An important element of suicide prevention efforts, that current research is desperately lacking information on and one that may be extremely helpful to schools, is how a school will evaluate suicide prevention efforts.

Resources, time, and efforts to implement and maintain suicide prevention activities should be praised and those who take the initiative to support such programs should be lauded for their efforts, but strategies meant to evaluate the effectiveness of suicide prevention efforts must not be overlooked for many reasons, one of which is replication.

If a school's efforts have been demonstrated to be effective at preventing adolescent suicide then without explicit documented strategies of their specific prevention strategies and policies, there is no way to replicate effective designs. Although many suggest that evaluating the impact of suicide prevention strategies is essential and such methods may be appropriately placed in the crisis response plan, little empirical research has been done to critically evaluate the impact of such strategies (2, 12, 18, 25, 42, 51, 54). That is not to say that such evaluations have not been done. Some examples, which only represent evaluations that have been published, disseminated to enough persons to validate results, and have been maintained over an extended period of time to reduce effects of time trends, have all demonstrated positive effects such as a reduction in youth suicide rates (12, 18, 55) or a reduction in suicidal ideation and less favorable attitudes towards suicide (56–59).

Other research, which focused evaluation on a single-session, 3–4 hour curriculum showed that a small restricted group of students, those who had attempted suicide, expressed more maladaptive coping skills and increased levels of hopelessness following the classes (60, 61). The authors of these studies, however subsequently stated that such single session, limited in duration, classes should be avoided. This idea is consistent with other research that classes can have a positive effect on attitudes, knowledge, and referral practices, but only when offered for multiple sessions rather than one, 3–4 hour session. Additionally, such a long period of time, (3–4 hours) could have influenced how well received these classes were in this small group. For more information on these studies, and on curriculum in general please refer to *Issue Brief 5: Prevention Guidelines*.

What schools should seek to achieve is long-term maintenance of suicide prevention efforts as opposed to a quick-remedy. Although short-term efficacy in the form of increased awareness, ability to make a referral, and more appropriate attitudes towards suicide is expected in properly instituted programs, long-term follow-up, retraining, and evaluation is recommended by many researchers in order to determine the long-term effects on students and to recognize students that may fluctuate between being non-suicidal and suicidal (2, 25, 30, 41, 62–64).

Additionally, most research suggests that an effective prevention program should include an evaluation component and that this program may wish to address the issue of evaluation in a formal document, possibly in the initial prevention program policy or crisis plan in order to make sure that the prevention, intervention, and postvention strategies are effective at reaching their goals (2, 25, 42, 62–64). A method to evaluate the prevention program done before implementation, based on the goals of the program, will increase the school's prevention program credibility and will increase the likelihood that such a program if shown to attain its goals as dictated in policy will serve as a model for other schools.

Schools may wish to evaluate the effectiveness of their suicide prevention efforts by monitoring morbidity (number of suicidal behaviors) or mortality (number of deaths by suicide) before and after suicide prevention efforts, the number of crisis center hotline calls received before and after prevention efforts, the number of Internet help site hits before and after prevention efforts, the number of students screened, the number of students provided suicide curriculum, or the number of gatekeepers trained.

Due to the low incidence rates of deaths by suicide, if a school chooses to use death by suicide as a means for evaluating their program, then results from the effectiveness of prevention efforts may not be evident for many years because there will be so few number of "cases" to make any appropriate comparisons from before implementing the prevention program to after implementing the program. Even then, schools may not be able to attribute the success of the program to the program itself with certainty.

Other factors may have had an impact on rates of suicidal behavior or indicators of suicidal behavior, such as a decreasing number of students engaging in substance abuse or more students with mental illness getting effective outside therapy after program implementation than before implementation. These trends could hide the true effect of the program. In order to evaluate the effectiveness of suicide prevention efforts it is important to keep in mind what the goals of the program are: if the school intends to reduce the number of suicide deaths then morbidity and mortality statistics may be appropriate but if the goal of prevention efforts is to increase the number of students getting help for crisis situations then the number of crisis calls or the number of community referrals may be appropriate.

Usually schools will have more than one objective and will differ in their ability to evaluate the effect of any prevention efforts. However, without some method to measure the effect of these efforts, schools may unknowingly contribute to suicidal behavior in those students potentially at risk for suicidal behavior or may have little or no impact on students' suicidal ideations or behaviors, in which case prevention resources may be better suited for other activities.

Duty, Responsibility, and Liability

An important issue for schools and one that many administrators, teachers, and school board members consider to be of paramount importance is the issue of liability. Whether a school district will be held liable and/or responsible for a student's death will depend on whether the legal claim is based on negligence or a constitutional claim based on due process (65, 79). Negligence is defined by courts as the failure to use such care as a reasonable person would use under similar circumstances, and can consist of either doing something or failing to do something, that a reasonably prudent person would do or not do (66, 79). Legal duty is a responsibility to follow legal standards of reasonable conduct where there is apparent risk (79). Negligence in schools is established when a legal duty is owed to the student (by teacher or school), the duty was breached, that an actual loss or damage was suffered by the student as a result, and there was a sufficient causal connection between the breach and the student's injury or death (65, 67). Usually the first two elements are vital and the first step is proving that a legal duty existed, in which case proving if the teacher or school had a duty to protect the student from suicidal behavior. If duty can be proven, then the case proceeds to prove the remaining elements.

Courts generally recognize that school administrators, educators, and board members have a duty to exercise reasonable care when students are at school and have an obligation to ensure safety while at school. Courts have also held that "a school owes to its charges to exercise such care of them (students) as a parent of ordinary prudence would observe in comparable circumstances" (68). Although it is difficult, if not impossible, to predict how a jury and/or judge will rule on a case involving school liability, some points should be mentioned:

- The school must provide supervisory care to students at the same level as a concerned parent (68, 79). That is, when children are in school, the school stands in loco parentis, or in the place of a parent (68, 79).

- Failure to prevent suicide because of a lack of action when a school administrator, educator, or faculty member has knowledge that a student is a potential risk for suicide may be found liable (77).

- Failure to notify a parent when faculty or staff have reason to believe that a student is at an increased risk for suicidal behavior has led to a school district being found liable in the states of Florida and Maryland (69, 79).

- Educators may be found liable if they violate a statute that is intended to protect a student potentially at risk for suicide. An example of this violation would be releasing confidential information about a student, which may contribute to that student engaging in suicidal behavior. Under the Family Educational and Privacy Rights Act of 1974 (FERPA), educators must protect the privacy

of student records such as grades, health information, counselor's reports, teacher observations, and disciplinary actions to name a few (80). There are however, exceptions to maintaining confidentiality including if a student is believed to be experiencing a suicidal crisis or has expressed suicidal thoughts, then confidentiality should be breached in order to protect the student (80). Students should be told that in order to ensure that they get the appropriate care it is essential that someone who may be in a better position to help should be contacted (77, 80).

Overall, school districts, administrators, educators, and staff may be held liable for a student's suicidal behavior when there is knowledge that a student could potentially harm himself and when action is not taken to prevent such a tragedy (79). Research evaluating information on school liability suggests that it is wise for districts to develop programs to train (or retrain) their personnel at a minimum and may wish to train students to detect suicidal behavior and provide them with information on where to get help (66). Some also suggest that involving parents, developing prevention policies, and disseminating this information to staff and parents are also necessary components to any effective program (66, 70).

It is critical that school faculty and staff are not only aware of their policy regarding students who express suicidal thoughts and/or behaviors, but also that such school policies are followed. Legal experts recommend that in-service policy training for school staff and faculty regarding suicide prevention and warning signs, confidentiality, intervention, and postvention be mandatory (5, 71, 77). It is also recommended that this policy should be written in conjunction with and reviewed by an attorney (66, 71).

Another important way that a school district, administrator, or staff member may protect themselves from liability is to keep accurate and up to date records about students potentially at risk for suicidal behavior and explicitly indicating any actions that were taken by the school or educator (66, 71, 72).

Faculty and staff of Florida's schools should be aware of Florida's Mental Health Act, commonly known as the Baker Act, which was enacted in 1971 and that allows for involuntary examination based on evidence of mental illness AND harm to self, harm to others and/or self neglect (73). Put simply, this act recognizes that some persons with mental illness, including children and adolescents, may need to be voluntarily admitted to a mental health facility for evaluation and short-term treatment. Under the emergency statute, an adolescent may be admitted involuntarily "if there is reason to believe he is mentally ill and that without care and treatment, he is likely to suffer from substantial harm" (73).

According to Florida Statute 394.455, mentally ill means: "an impairment of the emotional processes of the ability to exercise conscious control of one's actions, or of the ability to perceive reality or to understand, which impairment substantially interferes with a person's ability to meet the ordinary demands of living, regardless of etiology; except that for the purpose of this act, the term does not include retardation or developmental disability as defined in Chapter 393, simple intoxication, or conditions manifested only by anti-social behavior of drug addiction." The adolescent must have:

1. Refused voluntary admission or is unable to determine for him/herself whether such admission is necessary.
2. Without care he or she is likely to suffer neglect or refuse to care for him/herself; such that this neglect poses a real and present threat of substantial harm to his/her well being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services.

The adolescent may also be taken involuntarily if it is more likely than not that in the future he/she will inflict serious, unjustified bodily harm on another person, as evidenced by behavior causing, attempting, or threatening such harm, including at least one incident thereof within 20 days prior to the examination (73). Involuntary exams may be initiated by mental health professionals, law enforcement officials, and judges, and may last up to 72 hours. The exams may occur in the 105 Department of Children and Families designated Baker Act receiving facilities (locations can be found at http://www.dcf.state.fl.us/programs/samh/MentalHealth/laws/index.shtml).

Every state will differ in its rules, regulations, policies, and procedures for responding to an individual potentially at risk for harming him- or herself, harming another, or not having the ability or the capability to care for him- or herself. Regardless of how a state chooses to define and respond to people who may be at risk for harming themselves or others, it is important that your school and its staff have

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some knowledge about legislation in order to make school personnel feel more secure about issues, such as liability and for the important reason that by being aware of such legislation may help educators more effectively respond to an adolescent at risk for suicidal behavior.

It is essential that administrators implement prevention strategies that "fit" well within their school's culture, that policies and procedures explicitly state how and when to intervene with a student that is potentially at risk for suicidal behavior, that these policies and procedures are disseminated to all staff members, that administrators consult a lawyer when establishing a prevention program, who should inform administrators and educators about state and federal laws related to issue of liability, and that parents and community members (organizations) all are involved in any suicide prevention efforts.

Your school may wish to establish a crisis response team and facilitate the "championing" of the program by these concerned individuals, all of whom should have the support of administration and who should be recognized for their courageous efforts.

Adolescent suicide is a real and preventable public health issue, which has the tragic ability to destroy the lives of many in our communities. The death of an adolescent permeates the entire community with a sense of loss and anguish; friends, family, educators, and even strangers feel the loss of a life truncated by suicide. Our schools are at the forefront of the battle to prevent the loss of an adolescent and should therefore recognize what resources they have to enlist in their efforts.

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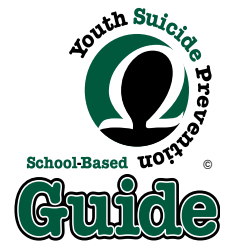
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