# Suicide Prevention Guidelines

Issue Brief 5

Suicide was the third leading cause of death among 15–19 year olds in the United States in 2009 (1). A typical US high school classroom includes one boy and two girls who have attempted suicide in the past year (2). Adolescents spend one-third of their day in school, the institution that has the largest responsibility for educating and socializing youth (3). For this reason, schools provide an ideal setting for suicide prevention strategies for adolescents (4). School education codes include the mandate not only to educate but to protect students (5). It seems that schools not only have a moral obligation to address adolescent suicide, but a potentially legal one as well. School districts have and can be sued for inadequate suicide-prevention programs (5, 6, 7).

School practitioners may also face liability in some situations by being held personally responsible (7). It is incumbent upon school administrators to make sure that the issue of adolescent suicide is addressed and given adequate time and resources in order to protect students and avoid tragedy for the community.

## Policies and Procedures

One of the first steps when implementing any suicide prevention program is establishing policies and procedures focused on such issues 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 (8-18, 29). Such policies not only demonstrate that a school places a priority on protecting its students, but increases the likelihood that a school suicide prevention program will be effectively implemented and maintained (13, 14, 15, 19). Only after policies and procedures are in place can schools expect to effectively address adolescent suicide.

Every school should create suicide prevention policies that fit appropriately with the culture of the school community, but research has suggested that school-based suicide prevention policies and procedures include: formally stating that suicide prevention is a school priority, describe the steps that should be taken if staff or faculty suspect a student is at risk for suicidal behavior, and describe a school crisis response team (9, 14, 19).

In order to send the message that suicide prevention policies are a school priority, once they are agreed upon by administrators, staff, and community professionals as comprehensive and evidence-based, the policy should then be provided to all school faculty and staff, possibly through a mandatory in-service training (14, 20, 23).

Youth Suicide Prevention School-Based Guide ©


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## Gatekeeper Training

Once policies have been established, schools should consider training staff and faculty about adolescent suicide. Staff and faculty training, sometimes referred to as gatekeeper training, has been found to be an essential component for any suicide prevention program and is universally advocated as a necessary element of a school-based prevention program (3, 7, 10, 12-14, 17, 20-27, 29). Gatekeeper training usually consists of training any adult that interacts or observes students to identify who may be at-risk for suicide, determine the level of risk, know where to refer a potentially at-risk student, and how to contact these referral sources (17, 22, 25, 28). In addition, gatekeeper training should include information on school policy as it relates to faculty and staff's role in its implementation. Although teachers are expected to act as gatekeepers and know how to identify a student potentially at risk for suicidal actions, they should be informed that they are not meant to take on an additional role as a mental health counselor, but are simply meant to act as a watchful eye and "sound the alarm" (28).

Research has found that while teachers are in ideal positions to identify and refer students potentially at risk for suicide (4), only approximately 9% of health teachers (teacher with some experience with suicide curriculum) felt confident that they could identify a student at-risk (31). This is somewhat disturbing when one considers that research has found that more than 25% of all teachers sampled in a study reported that they had been approached by suicidal teens (32). What this means is that despite the fact that teachers are the most likely adults to come into contact with a potentially suicidal student, they do not feel very confident about being able to recognize a troubled teen. Research findings suggest that this lack of confidence could be the result of lack of education and training (33, 34).

It is essential that schools that wish to provide a comprehensive suicide prevention program include gatekeeper training as one component of their program. Gatekeeper training has been found to produce positive effects on staff members' knowledge, referral practices, attitudes, and confidence about identifying a potentially suicidal student (14, 21, 23, 27). Research has found that teachers who are trained are more likely to implement programs and are more likely to have a positive impact on students than are teachers who are not trained (42-44). Gatekeeper training has also been shown to be well received by staff and accepted by administrators as an efficient method for preventing suicidal behavior in students (28).

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 (30). Not only do teachers feel some responsibility towards preventing adolescent suicide, but they also have shown satisfaction with training (22, 28). How a school chooses to structure such a training program will vary, however, research has found that one, 2-hour presentation to educators resulted in significant increases in knowledge of treatment resources, awareness of the risk factors and warning signs for suicidal behaviors, and a heightened willingness to make referrals to mental health professionals (23, 34). In-service training programs have also been found to be an acceptable method by administrators and staff for training staff about adolescent suicide (35). Research has suggested that "booster" gatekeeper training be provided to staff approximately every 2–3 years in order to maintain competence (3, 36).

Although the school, and teachers in particular, are continually inundated with new programs to implement, one, two-hour presentation by a mental health professional within the community should be considered an efficient method for helping to protect students, families, and community members from the pain and tragedy of adolescent suicide.

For more information on specific methods for conducting gatekeeper training, please refer to the following sources: Suicide Information and Education Center (SIEC), the Suicide Prevention Training Program (SPTP), Keep Yourself Alive (Australia), Adolescent Suicide Prevention Program (Virginia), STAR (Pittsburgh, PA), and BRIDGES (Piscataway, NJ). Although The Guide does not endorse any of these programs, these have been heavily cited and represent just a sample of effective programs.

## Educating Parents and Community Members

An interrelated prevention guideline and technique is training parents and community members about suicide prevention. Developing partnerships with family-run and youth-run organizations can be an effective strategy to reaching and engaging families and youth in suicide prevention activities. Additionally, 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 (37, 38). Parents are sometimes not sure how to be involved in their children's school, so it is often up to school personnel to facilitate and foster a positive home/school relationship (108). Some suggestions for how to better involve families in school-based suicide prevention efforts include: placing suicide awareness issues on PTA agendas, use terms such as "partnership" and "teaming" to empower families about suicide prevention, disseminate literature and notices in families' first languages, and schedule meetings and conferences around families' busy schedules (102-104).

Although it may be beyond the scope of responsibility for schools to actually train parents and community members in the same way school staff members are trained (3), schools should make sure that there are established relationships between the school and crisis service providers such as the police, clergy, mental health agencies, and outpatient agencies (3, 8, 10, 14, 28). These links will help school staff make effective referrals for at-risk students. Schools should also provide information to parents and collaborating community organizations about warning signs, risk factors, protective factors, community resources, and what to do during and following a suicidal crisis (3, 10). Research has found that parents who attended a brief educational session about youth suicidal issues increased their intention to assist children and teens that may be facing a suicidal crisis, were able to choose more appropriate responses to suicide statements, and had more rejecting attitudes of suicide compared to a control group (109). An important point to make concerning parent education is that research suggests that an essential aspect of any prevention strategy and one that is often overlooked is restricting access to potentially lethal weapons (3, 7, 20, 24, 25, 28, 40, 49). Restricting access to means of suicide, especially firearms, has been shown to be an effective method for decreasing the likelihood of adolescent suicide (7, 15, 22, 23, 41). Despite evidence from numerous studies that suggest that restriction of access to lethal means is an effective prevention component for suicide, as well as interpersonal violence among youth, when the Department of Health and Human Services reviewed suicide prevention programs in the United States, there were none that included a component for addressing restricting access to means for suicide (28). Means restriction could possibly be the most under-appreciated method for preventing suicide.

If a school staff member suspects that a child is at high risk for self harm or suicidal behavior, the school mental health professional and the student's parents or guardians should be notified immediately (105, 106, 107). If there is disagreement between school staff and the parents about the child's risk for suicide or self-injury, the school should confer with administration and legal counsel in order to make sure that best practices are implemented when navigating legal and ethical considerations (107).

## Student Curriculum Addressing Suicide

Another prevention method for adolescent suicide that has received a great deal of attention is suicide curriculum and education. Suicide curriculum is generally focused on dispelling myths and increasing correct knowledge about adolescent suicide, increasing the ability of students to recognize another student potentially at risk for suicidal behaviors, encouraging students to seek help, and providing students with the knowledge concerning school and community resources that are available should they need help or should they encounter a peer who needs help (28, 34, 50). One study found that subjects high at risk (previous suicide attempters) who were given a "green card" with explicit instructions about who to contact should they feel suicidal again demonstrated fewer suicide attempts than previous attempters who were not given a resource card (100). Research on curriculum approaches to suicide prevention has provided cloudy and at times inconsistent results.

# Suicide Prevention Guidelines continued

Several studies have found that curriculum approaches may have no effect on students or may be potentially dangerous for certain students (51– 53). These studies found that certain students showed less desirable attitudes about suicide after class, were less likely to seek help, were less likely to refer a friend or recommend the class to other students, and were more likely after the class to view suicide as a reasonable response to intense stress (52, 53). Although these results are alarming, some important comments must be made in reference to these studies. First, the studies were conducted by the same researchers. Second, the authors stated that their curriculum approach focused on destigmatizing suicide, which is most commonly done by expressing to adolescents that suicide is commonly a reaction to extreme stress (53, 54). Research has shown, and the authors of these previously mentioned studies also acknowledge, that curriculum which presents suicide as a reaction to the common stressors of adolescence is not only ineffective, but may be harmful because it normalizes the behavior and reduces protective taboos, thereby making suicide more acceptable (7, 20, 23, 55, 56). Third, these studies primarily used one-time curriculum approaches: the classes were given only one time and lasted anywhere from 2–4 hours. Research has suggested that such single-session approaches not be used and could be potentially harmful to students (3, 23, 57). Fourth, these results were found primarily in isolated groups, such as students who had previously attempted, who as a group we would expect to express such negative reactions. These results were further restricted to males (primarily black males). For a more critical review of some of the problems associated with these studies please see Tierney and Lang (99).

For schools that wish to utilize a curriculum approach to address adolescent suicide, it is recommended that they utilize a model that identifies suicide as a complicated, abnormal reaction to a number of overwhelming factors. These programs should also emphasize the association between suicide and mental illness. Research has shown that over 90% of suicides are associated with mental illness including alcohol and substance abuse disorders (58, 59).

It is also recommended that schools avoid a single-session approach with students, which focuses only on suicide and may saturate students. It is more beneficial, and does not carry the potential to harm, if schools use a more prolonged method for addressing adolescent suicide, such as incorporating suicide lessons into already existing semester or year long classes (health classes, English classes, gym classes, etc.).

Research has found that when curriculum addresses suicide in a manner consistent with empirical evidence and is taught in a sensitive and educational manner, students show improvements in attitudes concerning suicide (40, 50, 51, 55, 60, 61). Students expressed more accurate and positive attitudes concerning suicide following curriculum (suicide as not a normal reaction to an overwhelming amount of stress but rather the result of a number of complicated and interwoven factors including mental illness) than they did before curriculum. Research has also found that students show an increase in knowledge about suicide (warning signs and risk factors), particularly about where and how to get help for themselves or a peer (40, 50, 53, 55, 60, 62-64).

These results have important implications when one considers that adolescents who are considering suicide and other violent actions first confide in peers (20, 24, 50, 65, 66). Students that learn how to recognize peers potentially at-risk for hurting themselves or others and know who to contact in such circumstances may be extremely helpful in preventing a tragedy at school. The potential direct impact of suicide curriculum on suicide rates has also been shown. A 10-year follow-up study on a prevention program that utilized educating students documented a reduction of suicide rates (16).

Similar findings have been published for programs that used a mental health model instead of a stress model (55). One recent study that provided gatekeeper training for high school peers in suicide risk assessment found that peer helpers showed significant gains in knowledge about suicide and skills for responding to suicidal peers immediately after training (101). There were also significant improvements in positive attitudes towards intervening with students potentially at risk for suicidal behavior.

Schools that wish to use suicide curriculum as a preventive method should utilize a method that has been shown to be effective and should utilize this approach, not in isolation, but in conjunction with other preventative strategies such as gatekeeper training, screening, establishing community links, and skills training. Schools, however, should not avoid using this approach due to a fear that talking about suicide and

teaching students about suicide will only provide students with ideas and methods for suicidal behaviors, because this is simply not true (Please refer to *Issue Brief 1: Information Dissemination*, and for the True and False Myth Test for more information).

Although there are numerous suicide education programs that have been used and used effectively, this guide will provide only five: Washington's Youth Suicide Prevention Program (YSPP), Safe: Teen (Suicide Awareness for Everyone) (formerly known as the Adolescent Suicide Awareness Program [ASAP]), (22) Lifelines (2, 30, 120), Miami, Florida (35), Adolescent Suicide Awareness Program (ASAP), and Reconnecting Youth (64).

## Teaching Adaptive Skills to Students

A safe school is one that helps students develop appropriate problem-solving and conflict resolution strategies. It is critical that suicide prevention curriculum focus on helping students develop proper social, coping, and help-seeking skills, as well as problem-solving strategies, because research has shown that students who are potentially at risk for suicidal thoughts and behaviors have deficits in these areas (67, 68). Research has found that when students are taught such skills it may provide a sort of protective factor against suicidal behavior (22). Evaluation studies that have examined the effectiveness of skills training programs seem to indicate reductions in deaths by suicide and attempted suicide (9) and improvements in attitudes and emotions (62, 69). Empirical evaluations of programs that have focused on skills training strategies have also found an increase or enhancement of factors that protect adolescents from suicide while reducing the risk factors for suicide in these adolescents (64, 70-72).

Helping youth develop healthy adaptive skills is an important step in preventing and mitigating the effects of bullying as well. Approximately 20 percent of adolescents report that they had been bullied, had bullied others, or both, within the previous two months (39). Research has shown that students who feel victimized by other students, whether face-to-face or over the Internet or telephone, have an elevated risk of suicidal ideations and behaviors (45, 111, 112, 114).

Pro-social behavioral skills training should focus on problem solving, coping, and conflict resolution strategies (48). Students should be taught about how to interact with peers and adults, particularly about how to solve interpersonal conflicts in a nonviolent fashion (73). Additionally, staff and teacher training should contain specific bullying prevention and cultural competence components (74). These training programs have also been shown to reduce depression, hopelessness, substance abuse, attempted suicides, and death by suicide in adolescents (9, 22, 67).

Strengthening social skills has also been found to have a positive effect on cognitive development and learning in adolescents (74). Suicide prevention programs that attempt to teach problem solving skills, coping skills, social skills, and help-seeking skills may not only potentially prevent suicidal behaviors from occurring, but may also help prevent unintentional injuries and violence in schools (75-80). These skills are necessary, not just to prevent adverse events in adolescents, but also to promote the development of a well-balanced and productive adult. These skills can be taught by focusing on social skills and problem-solving skills directly through lessons or indirectly by incorporating these skills into existing classes such as a health class, driver's education class, physical education class, or reading class (73).

Programs that have utilized social skills training include the Resolving Conflict Creatively Program (RCCP) (121), which is one of the longest and largest-running programs for conflict resolution in the country, and the Promoting Alternative Thinking Strategies (PATH) curriculum (122). Both of these programs are evidence-based programs and have been found to have a positive impact on students, however, these are only two of the many that are available for use in schools. Collaborative for Academic, Social, and Emotional Learning (CASEL) is an organization that has found a positive effect on decision-making abilities and coping skills through education to improve social and emotional competence. For more information about this program please refer to www.casel.org. Although The Guide does provide examples of programs that schools may wish to use as a reference for their own program, The Guide does not endorse any one program over another. A school should adopt a problem-solving program that fits their school culture and their resource availability.

# Suicide Prevention Guidelines continued

## Peer Support Groups

Research suggests that students who are potentially at risk for suicidal behaviors are more likely to confide in and feel comfortable with peers rather than adults (20, 24, 50, 65, 66). Some suggest that not only should the school train students to recognize potentially suicidal peers, but should also provide an opportunity for vulnerable students to meet with other students in a comfortable group climate (12, 28, 49, 81). The rationale behind these support groups is that they help youths at risk develop peer relationships and more appropriate coping skills, thereby reducing feelings of isolation, antisocial behavior, substance abuse, and other early risk factors while enhancing important protective factors (49, 82). Research has found results that suggest that these programs can increase a student's knowledge about suicide and increase the likelihood that students at risk will get help from school counselors (83, 84). Although research does suggest that these programs can be effective at preventing suicide, schools may wish to use these programs in conjunction with screening programs in order to identify students at risk. They should not be used as a substitute for professional counseling or therapy (12, 28, 82).

## Screening

Screening is a prevention strategy that is intended to identify students who are potentially at risk for suicide through interviews and self-reports on questionnaires (54, 85-87).

Screening tools typically consist 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 (54). Research demonstrates that asking about suicide will not plant the idea (123).

Screening can be done in two ways. The first way is a broad approach, which seeks to identify students potentially at risk for suicide by screening all students in the school. Although this could provide valuable information about large numbers of students and could identify those students "quietly disturbed" (29), such a large undertaking would take a great deal of time, effort, and coordination (7). The relatively scant amount of research evaluating screening studies, which have shown effective results through screening (54, 85), have utilized mass screening as a first step in identifying students. Schools could conduct screening in waves (e.g., grade level, class) to reduce the burden.

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 (86). Second, focused screening on the other hand would utilize screening in combination with other methods for identifying students at risk for suicidal actions, such as using gatekeepers or peers. Once identified and referred by gatekeepers or peers, these students potentially at risk would be screened and subsequently evaluated by a mental health professional. The underlying rationale behind these programs is that since suicide is a low incidence event, prevention may be more effective and efficient if only those students that are potentially at risk for suicide are identified and referred (28).

Research has shown that adolescents will honestly state if they are suicidal when directly asked (7). What must be noted about these screening approaches is that a broad approach will identify more students than a focused approach (the quietly disturbed), but will take more resources to implement and maintain. Focused approaches will not be as "costly," but may miss some students potentially at risk.

While many researchers contend that screening is an essential component of any effective suicide prevention program (7, 25, 49, 56, 88), many school programs fail to use them (17, 20) despite moderate support from teachers and administrators (89). This lack of utilization could arise from three concerns. First, since suicidality fluctuates in adolescents (26), 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 (21, 25, 26). Second, screening may identify as much as 10% of the adolescents at school as being at-risk, creating a costly need to follow-up those identified as at-risk for suicide (17). Third, in order for schools to initiate a screening session, they must have cooperation and consent from parents.

Research has found that active parental consent runs close to 50% (26), which means that schools may only be able to screen half of the students, thereby possibly missing students potentially at risk before screening even begins.

# Suicide Prevention Guidelines continued

Although there are numerous screening tools available for use in schools, the following five have been widely utilized and have been suggested as effective components of a suicide prevention program. If a school chooses to use one of these methods, please refer to the appropriate citation for more information. If a school would like to utilize a method other than one of these five, please refer to Goldston (90), who 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.

**Five Examples of Widely Used Screening Tools:**

1. The Suicidal Ideation Questionnaire, followed by the Suicidal Behavioral Interview (85).
2. The Suicidal Risk Screen (86).
3. The Columbia Teen Screen (54, 91).
4. Signs of Suicide (92).
5. Measure of Adolescent Potential for Suicide (64).

While there are many screening tools available that a school may choose to implement and maintain, it is important that schools use screening tools that have been evaluated as effective methods for identifying students potentially at risk for suicide. Screening is just one component of a suicide prevention program. Schools should not rely solely on screening in order to effectively address adolescent suicide. An effective program is a comprehensive program.

## Postvention (Strategies for Responding to a Suicidal Crisis)

A comprehensive program will include postvention guidelines and procedures (9, 13, 22, 24, 25, 28, 49, 83). Postvention guidelines are intended to provide a timely and proper response to a suicidal crisis (suicidal threat, attempt, or death by suicide). Appropriate postvention programs can be viewed as a form of prevention since, if carried out correctly and successfully, they can reduce potential cluster (copycat) suicides (93).

By not having an adequate postvention program in place, schools may unknowingly contribute to further suicidal behaviors or copycat suicides. Postvention programs in schools not only reduce subsequent morbidity and mortality of suicide in fellow students, but also reduce the onset and degree of debilitation of psychiatric disorders, such as posttraumatic stress disorder (22). It is not enough for a suicide prevention program to implement and maintain "before the fact" prevention elements, designed at preventing a suicidal event from occurring, but a program must have an established method of responding to a suicidal crisis.

One such method, necessary for any adequate response, is utilizing an established response team, made up of school staff members and various members of the community (10, 13, 14, 49). Research suggests that many schools lack a preplanned postvention program and tend to respond to a suicidal crisis in an unorganized fashion (13). By having postvention guidelines in place, schools can provide a more timely, effective, and appropriate response to a suicidal crisis.

For more information on postvention guidelines and steps to follow after a suicidal crisis, please refer to *Issue Brief 7a: Preparing and Responding to a Death by Suicide.*

## Crisis Centers and Hotlines

All of the aforementioned components of an effective prevention program place the primary responsibility on the schools. One such method that does not place the burden of responsibility solely on the shoulders of school staff and personnel is the crisis hotline. The main benefit crisis hotlines offer is that since suicidal behavior is most often associated with a crisis (94, 95), and since hotlines provide immediate, accessible, and confidential support, they may be an ideal resource for the prevention of adolescent suicidal behavior (22). Although research on the effectiveness of hotlines for decreasing suicide is inconsistent (96), what research suggests is that hotlines:

1. Reach an important and usually under served population (28).
2. Help those students that use them (94).
3. Have been associated with decreases in suicide rates among white females under 25, the most frequent users of hotlines (49).
4. Are endorsed by youth as a more acceptable resource than mental health centers (50).

5. Can serve as "drop in" centers, providing immediate intervention as well as acting as referral agents to mental health services in the community (25).

Despite recommendations from some researchers that a comprehensive suicide prevention program will utilize crisis centers and hotlines (25, 49), research has also suggest that hotlines are only minimally effective (88) at preventing suicide. What research seems to state is that although schools are not directly responsible for crisis center and hotline procedures, schools are encouraged to inform students about such services in their community and should make sure that students potentially at risk are aware of these resources.

Additionally, emerging technologies such as email, Skype, social networks, and text messaging are sites where public health needs are beginning to be met, including suicide prevention. With over 75% of adolescents using text messaging as a main method of communication (115), several states are implementing text services into existing suicide and crisis hotlines (116). While there is currently little research on the effectiveness of text-based suicide prevention hotlines, the use of texting has been shown to be successful with smoking cessation and weight loss (117, 118).

## School Climate

Schools should ensure that they maintain a positive and safe school climate. School climate refers to both the physical and aesthetic aspects of the school, as well as the emotional and psychological qualities of the school.

Fostering a feeling of connectedness between the students and the school, providing an opportunity for students to become involved in school activities, and ensuring an overall safe environment for students are just some of the essential components of a safe and positive school climate, which has the potential to have a dramatic impact on adolescent suicide (10, 11, 14, 62, 73, 81, 97, 98). Some ways that school staff can help students become and remain connected to the school is to allow them to play important roles in the school. For example, they could be given roles such as office helpers, classroom helpers, hallway monitors, school council members, or play a primary role in any number of student school committees such as a safe school planning committee (10, 14). Students should also be encouraged to contribute to the creation or revision of their school's code of conduct, as well as policies regarding the reporting of bullying (113). All students should be able to be involved in these activities, not just those with the best grades or who participate in other school activities. Research suggest that those students who do not get the best grades or other achievements should be actively involved in these activities because they may be the most at-risk for suicidal or violent behavior and their involvement with the school may make them feel more connected, which has been found to be an important protective factor for suicidal behaviors and ideations (11, 14).

It is crucial that both students and school personnel feel safe while on the school campus. Schools should set high expectations on all staff and students to behave respectfully and kindly to other and teachers should create classroom environments where students feel respected, supported, and feel comfortable approaching an adult when confronted with problems (11, 14, 48). Importantly, bullying among students should be taken very seriously, as research has shown that students who feel victimized by other students or staff have an elevated risk of suicidal ideations and behaviors (46, 47, 110).

When choosing curriculum regarding school safety and pro-social skills, ensure that the program is based in research and is consistent with national and state standards for health education (11). Utilize a variety of teaching techniques, such as interactive learning and student involvement when teaching about violence prevention, and be sure to include all students in the curriculum (as opposed to just "troubled youth") (11). Examples of school-based safety curricula include Resolving Conflict Creatively Program (RCCP) and Promoting Alternative Thinking Strategies (PATH) (121, 122).

For more information on the impact of a school's climate as well as what constitutes a positive and safe school climate, please refer to *Issue Brief 2: School Climate*.

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.

# Suicide Prevention Guideline TIPS

- Establish written policies and procedures for responding to students who may be at risk for suicide.
- Establish written policies and procedures that explicitly detail how to appropriately respond to a suicidal crisis (postvention strategies).
- Establish in-school response teams that are qualified to respond to students potentially suicidal.
- Establish collaborative relationships with community agencies such as mental health centers, crisis centers, the police department, and the clergy.
- Provide parents with opportunities to become involved in suicide prevention strategies offered by the school.
  - » Provide training to school staff and faculty about suicide.
  - » Provide staff with the most current information about adolescent suicide.
  - » Encourage all staff to collaborate with one another to increase assistance among teachers in recognizing at-risk students.
  - » Educate all staff about the risk factors for adolescent suicide.
  - » Educate all staff about the warning signs for adolescent suicide.
  - » Educate all staff on how to make referrals for a potentially suicidal student.
  - » Educate all staff about to whom they should refer a potentially suicidal student.
  - » Utilize a brief in-service training program for staff and faculty. 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.
- Provide curriculum to students that addresses adolescent suicide (myths, facts, risk factors, and warning signs).
  - » Avoid using a brief (2-4 hour), single session approach in assembly presentations or classes.
  - » Use a more prolonged approach when using curriculum delivered to students.
  - » Avoid a curriculum approach that emphasizes suicide as a reaction to stress.
  - » Avoid curriculum which 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 suicidal behavior.
  - » Consider implementing suicide awareness curriculum within the context of established classes such as a health class or a life-management skills class.
- Provide students with information about proper coping skills, problem-solving skills, social skills, and where and when to seek help for themselves or for a peer.
  - » Focus on social skills and problem-solving skills directly through lessons.
  - » Teach indirectly by incorporating these skills into existing classes, such as a health class, drivers education class, physical education class, or a reading class.
- Provide screening programs in order to identify students potentially at risk for suicidal behavior.
  - » Use a questionnaire or other screening instrument that research has shown to be effective and valid.
  - » Get parents consent before presenting students with the screening instrument (if using 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 that are not suicidal. Screening will not plant suicidal thought in those non-suicidal before exposure to the screening.
  - » Make staff and practitioners aware that screening is not perfectly precise for determining whether a student will express suicidal thoughts or behaviors.
  - » The school psychologist and counselor should be aware of valid suicidal screening tools.
  - » Conduct repeated screenings, possibly once or twice every school year.
- Provide peer assistance programs to students potentially at risk.
  - » Ensure that these programs are not used as a substitute for professional counseling or therapy.
- Provide students with information about community agencies, such as crisis centers and hotlines that they may use.
- Ensure that your school maintains a positive and safe school climate (refer to Issue Brief 2 for more information).
- Inform parents on the importance of restricting access to potentially lethal weapons.
- Ensure that your staff and personnel are supportive and feel comfortable with the prevention strategies in place at your school.

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## Suicide Prevention Guidelines


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# Notes

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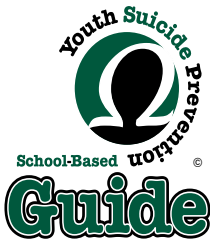



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