

Risk Factors

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

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 that 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. Research has focused primarily on three ways for identifying an at risk adolescent:

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.

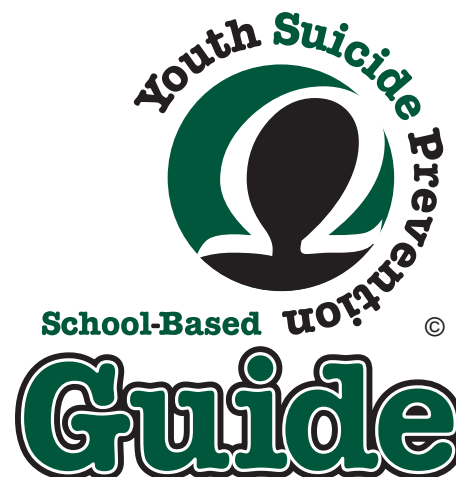
Research has shown that a curriculum approach intended to raise awareness about suicide can lead to a significant improvement in students' knowledge gain (2,6,5,12,9,10,55,62), particularly about how to seek help for oneself and for others (9,10). Studies have also shown

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Issue Brief



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

continued

that students exposed to suicide curriculum improve in their attitudes about suicide (9,10,56,13,2,62), 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 have also shown a reduction in suicidal feelings (40,2,10,12).

Importance of Curriculum Length

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 (9,57,14). 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 males 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 later state that 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 (15,10,4,24,26).

Third, these studies that have found harmful effects utilized brief (2-4 hour), one-shot sessions that emphasized a stress model for suicide, which states that suicide is a reaction to an extreme amount of stress. It must also be noted that brief one-shot sessions have 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 one-shot approach that focuses on suicide as a reaction to extreme stresses. Also, they must address suicide in a more prolonged approach, refraining from saturating students with a one-shot, 2-4 hour class, which may overwhelm students and which studies have found to be potentially harmful for students who have previously attempted suicide.

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. 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).

Exemplary Programs

Exemplary 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).

These exemplary 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,

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

continued

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 diseases.

Exemplary programs that have utilized this approach in conjunction with other approaches (gatekeeper training) and have been evaluated and disseminated include Adolescent Suicide Awareness Programs (22) and Lifelines (2,30), which have recently been combined into Lifelines/ASAP (30). Other programs that have utilized a similar approach for preventing adolescent suicide include programs in Miami, Florida (35) 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 (10,58,59,24,15,26,48). 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 (10,63,22).

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.

Conclusions about suicide awareness curriculum.

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) one-shot 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
- 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

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

continued

- Have established community links that may provide assistance in a suicidal crisis
- Have 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 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 (27,28,29,30,26,4,33,34,36,24,35). Research suggests that gatekeeper training can produce positive effects on an educator's knowledge, attitude, and referral practices (24,36,37,38,39).

Gatekeeper training has also been found to increase an educators 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 (27,37,25,38).

Research suggests that a one, 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) one-shot class may be harmful, providing a brief two-hour program to staff does not result in the same potentialities (43,30,65).

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 also expressed that in-service training programs are an acceptable method for educating staff (42,33).

A caveat to school staff gatekeeper training is that it should also include parent training. Parent gatekeeper training should be similar in content to 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 (40,32,30).

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 (45,33,15,27,28,25,24,30). Restricting access to means of suicide, especially firearms, has been shown to be an effective method for decreasing the likelihood of adolescent suicide (33,41,15,24,45).

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, and
- Washington's Youth Suicide Prevention Program (YSPP).

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

continued

Other programs that utilize gatekeeper training but have yet to be evaluated are:

- Bridges Program (New Jersey),
- New Mexico School Mental Health Initiative,
- Project SOAR (Texas), SAVE (Minnesota),
- Suicide Prevention Unit-Los Angeles Unified School District,
- Team-up to Save Lives-CD ROM (Illinois),
- Adolescent Suicide Awareness Program (ASAP), and
- Yellow Ribbon Suicide Prevention Program (Minnesota).

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

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

- Provide 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 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

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).

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 (46,47,48,49,50). 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

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

continued

as being at-risk, creating a costly need to follow-up those identified as at-risk for suicide (26).

In order for schools to initiate a screening session they must have cooperation and consent from parents and research shows that active parental consent runs about 50% (29).

Currently there are numerous 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 approximately 600 schools during the 2001–2002 school year.

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 article 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).

Conclusions about screening. 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 three presented above
- Get parents consent before presenting students with the screening instrument
- 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

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

- Staff and practitioners should be made aware that screening is not perfectly precise for determining whether a student will express suicidal thoughts or behaviors
- 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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Risk Factors: How Can a School Identify a Student at-Risk for Suicide?

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

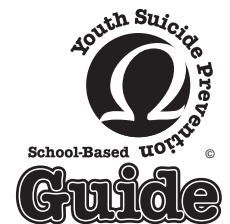
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Risk Factors: How Can a School Identify a Student at-Risk for Suicide?

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Notes



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