The Role of Schools in Suicide Prevention, Intervention, and Postvention

The Goal
To end suicide in children and youth in our school systems and bring support and protective factors to the community.

SCHOOL NEEDS ASSESSMENT TOOL
Definitions

POLICIES
• Express rules, expectations and requirements
• Explain what to do
• Are realistic and attainable
• Have an active voice (subject-verb-object)

PROCEDURES
• List steps to follow
• Tell “how” to perform a job
• Have an active voice and are imperative

Model Policy Developed

• Policy should include:
  – Statement on youth suicide awareness and prevention
  – Protocols for administering youth suicide awareness and prevention education to staff and students
  – Methods of prevention
  – Methods of intervention
  – Methods of responding to student or staff suicide or suicide attempt
  – Reporting procedures

Policy Implications

• Recent academic problems is 2nd most likely event to precede Suicidal Ideation (SI).
• “School Problems” ranked 4th in contributing to SI.
• Provide motivation to follow through on treatment in exchange for continuing/returning to school.
• Need to find a way to help students without punishing them academically.
S.C. Suicide Attempts Snapshot (Ages 10-24 from 2010-2014)

- Suicide attempts for 10-24 years-old in S.C. has gone up 43% in the last couple of years
- 15-19 has the highest prevalence of suicide attempts, but 10-14 years-old have the greatest gains in rates and in some high-risk counties, these have doubled
- They are most often white females, followed by white males, African-American females, African-American males
- Substance Abuse rates has risen 19% in this population over the last 5 years
- Psychiatric diagnoses in this age group has also risen

S.C. Suicide Death Snapshot (Ages 10-24 from 2010-2014)

- Suicide deaths are up 17.5% over the last 5 years for 10-24 years-old in S.C.
- The majority are white males ages 20-24
- The most common method used in deaths are firearms
- According to our stakeholder interviews, even though firearms are the primary cause of death, substance use can influence the decision to kill themselves
- These white males commonly have no prior attempts and have not been touched by the mental health care system
**What role do the schools play?**

*2012 NATIONAL STRATEGY FOR SUICIDE PREVENTION*

**Goal 7:** Provide training to community (including educators and school personnel) and clinical service providers on the prevention of suicide and related behaviors

Protecting the health and well-being of students is in line with school mandates

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**Can Suicide Be Predicted?**

- No
- That said, there are Practice Guideline standards for assessment that should be followed
- Be aware of the Impulsive nature of most suicides
- Responsibility for knowledge of risk factors for suicide
- Dangers of misusing risk assessment scales—may not account for today's danger

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**What Are My Responsibilities?**

- We should not be looking at student suicide primarily from a risk-management perspective
- Administrator responses to students become defined by the law and not through primary responsibility as educators
“As educators, we have to take some risks. That means working harder to keep students at risk of suicide enrolled, working with them, giving them the help they need, and not finding faster and more creative ways to remove them.”

(Gary Pavela, 2006, The Chronicle)

Truisms

- Schools are not therapeutic communities
  - therefore must acknowledge limits on services and resources
- You can’t treat a public health problem out of existence
  - therefore solution is not just to increase counseling center staff and support

What Are We Trying to Do?

- Disease Prevention
  - prevent self-injurious behaviors
- Health Promotion
  - promote resiliency
  - promote life-enhancing skills
  - promote health maintenance

DIFFERENT GOALS REQUIRE DIFFERENT APPROACHES
Major Barriers To Progress

1. Lack of awareness and support among senior administrators
2. Stigma (lack of help-seeking culture)
3. No single person in charge of wellness
4. Departmental and programmatic “silo effect”
5. Lack of urgency in dealing with highest risk students
6. Legal “blurs” - FERPA; HIPAA
7. Fears around liability

Issues to Consider Relevant to Effective Prevention

• Knowledge of Effective Prevention Programs

• Comprehensive Needs Assessment
  – Community Readiness and Support
  – Resources for implementation
  – Investment in current practice
  – Population needs and access issues

• Fear of Evaluation

• Sustainability

LOOK AT SCHOOL NEEDS ASSESSMENT TOOL
Comprehensive Prevention Approach

Another Truism...
Suicide Prevention is Violence Prevention

Jed Foundation/SPRC Comprehensive Approach
Promote Social Networks

Goal:
To promote relationship-building between students and a sense of community on campus

- Reduce student isolation and promote feeling of belonging
- Encourage the development of smaller groups within the larger campus community

Develop Life Skills

Goal: To promote the development of skills that will assist students as they face various challenges in both school and in life
Develop Life Skills

- Improve students’ management of the rigors of college life
- Equip students with tools to recognize and manage triggers and stressors

Increase Help-Seeking Behaviors

**Goal:** To educate students about mental health and wellness, encourage seeking appropriate treatment for emotional issues, and reduce the stigma surrounding mental illness and seeking help for suicidal thoughts and behaviors

- Stimulate campus-wide cultural change that de-stigmatizes mental health problems and removes barriers to getting help
- Enhance accessibility of mental health services
- Educate students about the signs and symptoms of suicide and mental illness and where to go to get help
- Provide online self-assessment tools
Identify Students At Risk

**Goal:** To identify those students who may be at risk for suicide through the use of outreach efforts, screening, and other means.

- Include questions about mental health on medical history form
- Provide gatekeeper training to recognize/refer distressed or distressing students
- Create interface between disciplinary process and mental health service
- Screen to identify high-risk or potentially high-risk students
- Establish cross-department case management committee

Transition Years

- Outreach project to high school seniors and their parents
- Promote the smooth, safe, and healthy transition from high school to college
- Key components will include a literature review, survey of parents, media campaign, parents resource guide, and student “survival” guide
Provide Mental Health Services

**Goal:** To accurately diagnose and appropriately treat students with emotional problems, including assessing and managing suicide risk

- Utilize internal university resources to complement existing services
- Engage in prevention/outreach
- Create linkages to community resources
- Train mental health providers to identify/treat suicidal risk
- Refer cases as appropriate
- Institute policies and procedures
- Train personnel on confidentiality, notification, and other legal issues

Crisis Management Procedures

**Goal:** To develop policies that promote the safety of distressed or suicidal students and respond to crises, including suicidal acts, using institutionalized processes.
Crisis Management Procedures

- Establish and follow policies (e.g., parental notification, medical leave/re-entry) and protocols that respond to suicide attempts and other high-risk behavior
- Respond with a comprehensive postvention program

Restrict Access to Lethal Means

- Limit access and/or erect fences on roofs of buildings
- Replace windows or restrict size of window openings
- Restrict access to chemicals
- Prohibit guns on campus
- Control access to alcohol and other drugs

Building an Effective Safety Net

- Create a new, senior-level administrative position to oversee student health and well-being
- Ensure coordination and communication across various departments and organizations on campus
- Prioritize mental health promotion and suicide prevention when allocating resources
Building an Effective Safety Net II

- Organize a cross-institutional mental health task force or committee, which includes students, to examine mental health issues and services
- Survey all students to understand the landscape of mental health issues on campus, including students’ knowledge and perception of campus mental health services (needs assessment)
- Ensure that policies and procedures emphasize the best interests of the students

Building an Effective Safety Net III

- Clarify and/or institute transparent policies regarding parental notification and leave of absence/re-entry
- Ensure appropriate training regarding exceptions to confidentiality
- Address perceived legal barriers that may affect how to approach students with emotional issues
- Encourage the creation and involvement of a student mental health advocacy group

Increase Evidence Base
Clinical Workshop

Strengthen Campus Services
Clinical Workshop

Raise Awareness & Decrease Stigma
Outreach

Promote Help-Seeking
Pre-Social Campaign

Decrease Emotional Distress
Reduce Suicidal Behavior
### Comprehensive Framework: Mental Health and Suicide Prevention

#### Program and Policy Levels (social ecological framework)

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<th>Areas of Strategic Intervention</th>
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<th>Group</th>
<th>Institution</th>
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<td>Identify students at risk</td>
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Adapted from Potter et al., 2004 and DeJong & Langford, 2002.

### Six Steps to Comprehensive Suicide Prevention in Schools

1. **Screening**
   - Student Education & Advocacy
   - Parent Education

2. **Identification & Response**
   - Staff Education
   - Identification & Response

3. **Postvention**
   - Staff Education
   - Parent Education

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**PREVENTION**
School climate and culture

Early identification and referral
Methods of Intervention

- The methods of intervention utilized by the district include, but are not limited to, responding to suicide threats, suicide attempts in school, suicide attempts outside of school, and completed suicide.
- Suicide intervention procedures shall address the development of an emotional or mental health safety plan for students identified as being at increased risk of suicide.

The school entity shall approve intervention and assessment procedures that contain:

1. Procedures for responding to various risk scenarios;
2. A suicide assessment instrument to be used by trained school and or mental health staff;
3. Guidelines for staff after conducting suicide assessment;
4. Guidelines for collaborating with community mental health agencies;
5. Guidelines for emergency evaluation referrals; and

SAMPLE DOCUMENTS – Seek legal counsel Every school and district is unique.
What about...

**HIPAA**

For patients who screen positive for suicide ideation and deny or minimize suicide risk or decline treatment, obtain corroborating information by requesting the patient’s permission to contact friends, family, or outpatient treatment providers. If the patient declines consent, HIPAA permits a clinician to make these contacts without the patient’s permission when the clinician believes the patient may be a danger to self or others.


**FERPA**

Under the Family Educational Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personally identifiable information from students’ education records. There are exceptions to FERPA’s general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose personally identifiable information to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal, the Department of Education’s Office for Civil Rights (OCR) has indicated that school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception (Department of Education, 2010).

Parental Notification

My role of an administrator

- Administrators have more latitude than mental-health professionals to notify parents.
- Err on the side of treating suicidal statements as a genuine suicide threat or gesture,
- Arrange for immediate evaluation of that student,
- Ask the student about needing to involve the parents immediately,
- Listen to arguments about why that wouldn’t work, and I would
- Talk to a mental-health professional.
- Once there is a suicide threat or gesture - notify parents, even when it isn’t a full-blown emergency

Empowering Students To Help Prevent Suicides Among Peers

- Often peers know about potentially suicidal and depressed behavior and comments
- Increase discussion with students about the responsibility of friendship
- A higher loyalty is to save a person’s life, not keep a person’s secret
- Friends don’t let depressed students handle their problem alone, and they get help for that student, even if they have to break confidentiality
- Teach when to get help and where to get it – this goes beyond the ability of friendship to manage
Help Faculty React Appropriately

- Training is needed so that faculty will not under-react to suicidal references
- Training to understand what depression is and how it can lead to suicide
- Realizing that relationship and support is not enough – we don’t simply offer kindness when someone is having a heart attack

Evidence-based Interventions

- Community education/awareness
  - Safety is an issue
- Community collaboration around suicide prevention
- Social marketing
  - Destigmatizing help-seeking for mental health problems
  - Increasing social support
  - Strengthening social networks
  - Honor and support responsible help-seeking

Evidence-based Interventions

- Gatekeeper training
- Peer helper programs
- Resiliency/coping/problem solving skill building programs
  - Juvenile justice
  - Homeless youth


Evidence-based Interventions

• Restricting availability of means
• Improved surveillance
• Postvention for the bereaved
• Training the media

Evidence-based Interventions

• Access to effective treatment of mental health problems
  – Training for primary care providers
  – Training for mental health providers
  – Increased availability of mental health treatment
  – Increased affordability of mental health treatment
  – Linking suicide prevention programs with treatment services
  – Appropriate follow-up after ED treatment
• Alcohol and substance abuse programs

Postvention
Overview of Key Postvention Activities

- Postvention is the array of services we offer following a tragedy.
- The goals of postvention are to:
  - support those grieving the loss of a classmate, teacher, or colleague
  - return the school to its normal routines
  - identify and assist those at risk for unhealthy behaviors, and reactions
  - refer those who may be at risk for psychiatric disorders
  - reduce the risk of contagion for those at risk for suicidal behavior

Key Components of Postvention Policy

- Identifying School Postvention Coordinator & Mental Health Consultant
- Communications
  - Internal – i.e. teachers, students, parents/guardians
  - External – i.e. law enforcement, clergy, coroner
  - Online
- Screening Students, Appropriate Referral, & Follow up
- Supporting Adults
  - School Staff
  - Responders
  - Caregivers
- Memorials

Suicide Reporting Guidelines for District Spokesperson

- Avoid focusing on the details of the death, difficulties of the deceased or their perceived lack of problems
- Focus on prevention and survivors getting support
- Emphasize that suicide is not a typical or healthy response to stress
- Advertise crisis and behavioral health resources in communications whenever possible
Memorials, Graduation, and Anniversary Dates

• Ideally, have a policy already in place to address the commemoration of any death
• Involve a representative committee of stakeholders for decision-making regarding requests (“take all options into consideration”)
• Encourage “living memorials”, i.e. scholarships, donations to suicide prevention organizations
• Include considerations for graduation, anniversary, and extracurricular activities
• Remember, schools live “their past precedents.”

Take Home Messages

• Suicidal ideation is not uncommon.
• Develop educational campaigns to encourage help-seeking for those with mental health issues and suicidal thinking.
• Educate peers in addition to others on campus about how to respond to those with mental disorders and suicidal ideation.
• Professional services must get word out that they are helpful and available and confidential.
• Focus on life skills and community responsibilities.

Resources for more information

• American Association of Suicidology
  http://www.suicidology.org/web/guest
• American Foundation for Suicide Prevention
  http://www.afsp.org/
• Centers for Disease Control
  http://www.cdc.gov/ViolencePrevention/suicide/index.html
• National Action Alliance for Suicide Prevention
  http://actionallianceforsuicideprevention.org/
  National Suicide Prevention Lifeline
  http://www.suicidepreventionlifeline.org/
• Substance Abuse and Mental Health Services Administration
  http://www.samhsa.gov/prevention/
• Suicide Prevention Resource Center
  http://www.sprc.org/