Health

Suicide Prevention

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Survey of State Approaches to Suicide Prevention in Schools

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Introduction

Suicide is the third leading cause of death among youth in the United States according to the Center for Disease Control and Prevention, with some states reporting it as their second leading cause. The number of unsuccessful attempts and suicidal thoughts is even greater.[1] While suicide is present at alarming rates even in the younger ages, a nationwide survey of high school students found that 15% of respondents reported seriously considering suicide, 11% reported creating a plan and 7% reported trying to take their own life in the 12 months preceding the survey. At emergency departments across the United States, approximately 149,000 youth between the ages of 10 and 24 receive medical care each year for self-inflicted injuries.[2] Research and practice demonstrate, however, that suicide is preventable. Accordingly, if the states commit to proven suicide reduction programs, the number of unnecessary suicide attempts and deaths can be reduced significantly.

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For various reasons, most states have not been aggressive in enacting school specific suicide legislation, though the issue of suicide among youth and schools can be part of broader state-sponsored programs. When states do specifically address suicide in schools, often times those efforts are limited to mandating some sort of teacher training or authorizing pilot suicide prevention programs where funding is available. There is room for more rigorous action.

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For one, suicide prevention programs typically are not mandated, but only encouraged. Moreover, one of the more common approaches to youth suicide prevention is to utilize what are called "gatekeeper" programs where adults are trained to be a safety net for vulnerable youth and for students seeking help for their friends. Research shows these gatekeeper programs, which are aimed at identifying and referring suicidal individuals, may not be enough.[3] Research also has shown that suicidal youth are usually reticent to seek adult help and that adolescents typically seek help through their peer friendships.[4]

This paper briefly identifies the main policy approaches used by states. It then offers examples of some of the more rigorous state approaches, programs developed by nonprofits, and approaches evaluated as successful through research or practice.

What States Are Doing

Typical approaches legislated at state level

Training:

- "State Department of Education *shall require that local school districts conduct in-service training on suicide* prevention education for all licensed teachers and principals. The Mississippi Department of Health will be responsible for development of the content of the training and determining the appropriate amount of time that should be allotted for the training." (MISS. CODE ANN. §37-3-101)
- "Any candidate in a program of teacher preparation … shall complete a school violence, bullying, and suicide prevention program." (Conn. Gen. Stat. Ann. §10-145a)
- "Beginning teachers … shall satisfactorily complete instructional modules … [on] the prevention of and response to youth suicide." (CONN. GEN STAT. ANN. §10-145o)
- In-service training must be provided for all teachers on prevention of and response to youth suicide. (CONN. GEN. STAT. ANN. §10-220a)
- Two hours of in-service suicide awareness and prevention training is required. (ARK. CODE ANN. §6-17-708)
- Training is required with no time limits prescribed. (122 ILL. COMP. STAT. §34-18.7)
- School district *may* provide training to teachers on suicide prevention, not to exceed two hours. (CAL. EDUC. CODE §41533)
- Schools *are encouraged* to provide suicide prevention training to each school counselor at least one time while employed as a counselor. (CAL. EDUC. CODE §49604.)

Informing Parents:

- *School staff must inform parents* where staff member has reason to believe a student is at risk of suicide. (VA. CODE ANN. §22.1-272.1)

Task Force:

- *Task force of students, teachers and other staff is created* to address suicide related issues. (ARK. CODE ANN. §6-17-708)

Programs, Projects and Plans:

- Department of Education *must develop and prescribe a suicide awareness and prevention program*. (R.I. Stat. Ann. §16-22-14, ME. REV. STAT. ANN. §3007, N.J. STAT. ANN §30:9A-13)

  Office of Superintendent of Public Instruction "*shall*" work with state agency and community partners to develop pilot projects to assist schools in implementing suicide prevention activities. (WASH REV. CODE §28A.300.288)
- Grant program authorized to fund establishment or expansion of student suicide prevention programs *based upon legislative appropriation*. (MO. CODE REGS. ANN. tit. 5 § 20-200.270)
- Department of Public Health, in coordination with the state education agency, shall provide list of programs that schools *may* choose to implement to train adults on suicide prevention and response. The programs must include certain statutorily enumerated elements pertaining to recognition and intervention. The board of trustees of each school district also is *authorized* to adopt a suicide policy that addresses recognition, prevention, reporting and counseling provisions. (TEX. HEALTH & SAFETY CODE ANN. §161.325)
- Board of Education *must prescribe rules and regulations necessary for a statewide youth suicide prevention plan*. (LA. REV. STAT. ANN. §282.4)

Anti-Bullying and Harassment:

- Suicide prevention and response is addressed in a number of states' anti-bullying and school harassment related laws. In addition to linking harassment and bullying to suicide, the suicide related provisions of these statutes may include elements similar to ones identified above. (ALA. CODE §12.28B-1 et seq.; CONN. GEN. STAT. ANN. §10-222j; N.J.STAT. ANN. §18A:37-13.1)

As noted, states might have suicide prevention and awareness policies or programs in place that were developed by their health and welfare agencies. These typically do not, however, provide the rigor in school settings that school-specific programs can offer. Wisconsin and Maryland are illustrative of states that have gone farther than most others in their commitment to school-based suicide prevention. The following is a description of the Wisconsin Department of Public Instruction's and Maryland State Department of Education's approaches to suicide prevention.

The traditional model of identifying students who are already suicidal does not change school culture in ways that can be proactive in preventing suicidal problems.

Wisconsin

Wisconsin state law establishes that schools must address suicide prevention with students, not just teachers and other adults. Prevention efforts must focus on causation, signs and services available in local communities. Specifically:

- WIS. STAT. §118.01 requires each school board to provide an instructional program designed *to give pupils*: *"the skills needed to make sound decisions, knowledge of the conditions which may cause and the signs of suicidal tendencies, knowledge of the relationship between youth suicide and the use of alcohol and controlled substances … and knowledge of the available community youth suicide prevention and intervention services. Instruction shall be designed to help prevent suicides by pupils by promoting the positive emotional development of pupils."*
- Suicide prevention instruction must take place in the health curriculum.
- WIS. STAT. 115.365 requires the Department of Public Instruction (DPI) to develop and conduct training programs in suicide prevention for the professional staff of public and private schools and county departments. The programs must include information on:

  "…how to assist minors in the positive emotional development which will help prevent suicidal tendencies; the detection, by minors, school staff and parents, of conditions which indicate suicidal tendencies; the proper action to take when there is reason to believe that a minor has suicidal tendencies or is contemplating suicide; and the coordination of school suicide prevention programs and activities with the suicide prevention and intervention programs and activities of other state and local agencies."
- DPI must also provide consultation and technical assistance to public and private schools for the development and implementation of suicide prevention programs and the coordination of those programs with the suicide prevention and intervention programs of other state and local agencies.
- Staff of each school board and private school must be informed annually by their board or governing body of the resources available from DPI and other agencies and organizations. DPI must provide the school boards annually with a model notice, describing the suicide prevention services it has developed and how staff may access those services.
- State law exempts from civil liability any staff who in good faith attempts to prevent a suicide.[5]
- Help hotlines, guides and "toolkits are provided."[6]

Maryland

Maryland also has committed to reaching out to all students in a proactive manner. This approach of working directly with students is more aggressive than only training adults or responding to suicidal issues and signs as they arise. The Maryland program establishes a shared responsibility between educational programs at the state and local levels, and community suicide prevention and crisis center agencies.[7] The statewide program includes: [8]

- Education *of the students* about warning signs and suicide prevention strategies
- Maryland Youth Crisis Hotline and local suicide and crisis hotlines
- Suicide intervention and postvention:
  - Intervention includes detection, supervision of at-risk students, notification of at-risk students' parents, assessment of severity of risk, referral to appropriate assistance and follow-up evaluations and monitoring.

- Postvention is post-suicide support for all affected by a completed suicide. Recommended postvention for Wisconsin schools includes planning in advance, training crisis teams, verifying suicide, school procedures, communication with students, staff and parents, counseling, not formally memorializing the event, honesty and stepping up prevention.

- Data collection of information relating to suicide, mental health, prevention and postvention
- Teacher training.

Promising Suicide Prevention Approaches

For states and education agencies struggling with how to develop effective suicide prevention programs, there are a number of resources to refer to beyond what other states are doing.

Suicide prevention approaches with promising results

Non-Profit Programs:

1. *Sources of Strength* has been utilized in schools in New York, North Dakota, Georgia and other states. Unlike most existing school-based approaches that are oriented by a medical model of identifying and treating students who are already suicidal, this program strives to create an environment, culture and communication network that is more proactive in preventing suicide. It aims to break down walls between students and adults so that students are more likely to communicate issues with adults and report suicidal tendencies. Using students called peer leaders, the program seeks to change norms around codes of silence and seeking help. Peer leaders are trained to identify "trusted adults" and encourage other students to also identify, trust and open up to these adults. Peer leaders reinforce the benefits of communication and reduce the stigma of reaching out for help. In short, the program aims to increase help-seeking behaviors and connections between peers and caring adults by making all individuals involved more comfortable communicating with each other.[9]

   The hope is that by decreasing isolation of youth, risk factors such as the opportunity to dwell on suicide or plan for it are lowered. Study results have shown that trained peer leaders in larger schools were four times as likely as were untrained peer leaders to refer a suicidal friend to an adult. The training and intervention increased perceptions among students of adult support for suicidal youths and the acceptability of seeking help. Perception of adult support increased most in students with a history of suicidal ideation — the process of thinking about ending one's life. Research indicates significant reductions in suicide attempts and ideation as a result of implementation of this program.[10]
2. *Signs of Suicide* is a suicide prevention program offered through the nonprofit Screening for Mental Health organization. It has been utilized by schools in Ohio, Hawaii, Kentucky and other states. The program incorporates peer intervention concepts as part of its implementation strategy based on research indicating adolescents are more likely to turn to peers than adults when facing a suicidal crisis. The hallmarks of the program include training of the students, in addition to staff, and maintaining constant awareness among students. The program trains students to recognize the signs of depression, self-injury and suicide, and empowers them to intervene when confronted with a friend who is exhibiting these symptoms. There is some empirical evidence that this program is effective in decreasing suicide and suicide ideation.[11]
3. *Coping and Support Training (CAST)* is a high school-based suicide prevention program that targets young people ages 14-18 in grades 9-12. It is for students who evidence multiple risk factors and few protective factors for suicide and depression. Accordingly, it is not a school-wide program that would affect all students. CAST is a small group skills training intervention designed to enhance personal competencies and social support resources. The CAST program goals are to decrease suicide risk and emotional distress, drug involvement and school problems. CAST members must choose to participate.

   The CAST groups meet twice a week for six weeks on a rotating basis through the students' school schedule. The 55-minute sessions incorporate skills-training activities within the context of adult and peer support. The CAST curriculum has been aligned with the CDC's School Heath Education Resources national Health Standards. The CAST program participants have shown significantly greater declines relative to usual care youth (those receiving one 30-minute one-on-one session with a school counselor) in two of the four suicide risk factors: declines in positive attitudes toward suicide and in suicidal ideation.[12]

University Resources:

The University of South Florida Youth Suicide Prevention School Based Guide[13] provides a framework for schools to assess their existing or proposed suicide prevention efforts through a series of checklists. The guide provides resources and information to build and enhance suicide awareness and prevention programs.

Federal Resources & Programs:

The U.S. Surgeon General's National Strategy for Suicide Prevention (NSSP)[14] presents a framework to guide nationwide suicide prevention strategies and services and to transform social attitudes toward suicide and policies. This framework includes specific guidelines for how schools should be involved in this national effort.

In conjunction with the NSSP, Facebook recently implemented a program with a designated link people can use to report a suicidal comment they see posted by a friend to Facebook. The person who posted the suicidal link will then immediately receive an email from Facebook encouraging them to call the National Suicide Prevention Lifeline or to click on a link to begin a confidential chat session with a crisis worker.

Military Approach:

United States Air Force Program: Florida's legislatively created Statewide Office for Suicide Prevention has utilized an approach based on the U.S. Air Force's program that saw a significant reduction in suicide within the force after its implementation.[15] The 11-element program uses policy and education focused on reducing suicide through early identification and treatment. As with other successful programs, leaders are used as role models and informal advisors.[16]

Conclusion

To date, many of the states' approaches to suicide in schools has been to recommend or require some statutory minimum amount of hours of training for staff and, in some cases, to make provisions for securing funding for pilot suicide awareness and prevention programs in the schools. The evidence indicates, however, that stronger intervention and more proactive, community and behavioral health-based programs can help reduce suicide and suicide ideation. Accordingly, stronger mandates and commitments to suicide prevention programs are needed to limit youth suicide in school communities.

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Equipping Education Leaders, Advancing Ideas

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