The Role of School Health and Mental Health Providers in Preventing Suicide

If you are thinking of hurting yourself, or if you are concerned that someone else may be suicidal, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Jocelyn was a high school student referred to the school counselor by her math teacher. Her teacher was concerned because Jocelyn’s grades had recently taken a rapid decline, and her behavior in class had changed from quiet and reserved to sarcastic and outspoken.

The school counselor, Mr. Cooper, told Jocelyn why she was referred to him. He asked her if there was anything she could think of that may have caused such a change in her grades and behavior. Jocelyn said that she had not been feeling very well recently and was finding it difficult to concentrate in class. She was also having trouble sleeping. Further probing revealed that Jocelyn’s grandmother had recently died and that her mother and her mother’s boyfriend were constantly arguing about the disposition of the grandmother’s possessions and money. Jocelyn also said that she had an older sister who spent much of her time out of the house.

Mr. Cooper decided to ask Jocelyn if she had ever thought about suicide. Jocelyn emphatically denied ever thinking about harming herself. Mr. Cooper believed Jocelyn and told her so, but he asked her to come see him if she ever did have self-destructive thoughts. He asked Jocelyn if she would like to join a support group for students who are living in homes where there is a lot of conflict. He also suggested that she sign up for the after-school math tutoring program, as it provided the type of one-on-one instruction that might help her concentrate during this difficult period. Jocelyn agreed to try both the support group and the tutoring program and to talk with Mr. Cooper after two weeks to let him know how she was doing. He encouraged her to contact him at any time if she wanted to talk.

After the appointment, Mr. Cooper called the math teacher and, without revealing the exact nature of Jocelyn’s difficulties, told her that Jocelyn did not appear to be in any imminent danger and was accepting help to improve her situation.

Not every student with behavioral problems or in emotional distress is at risk of suicide—but some are. And students who have problems but are not in danger of harming themselves also deserve help. Emotional and behavioral problems that affect a student’s education can have life-long consequences. School-based clinic staff, school nurses, school psychologists and counselors, and other providers of health care and mental health care in a school setting are especially well placed to help students with emotional problems that can present an imminent risk to their safety or a longer-range risk to their chances of becoming healthy and happy adults.
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*The Role of School Health and Mental Health Providers in Preventing Suicide*
Introduction
Suicide is the third leading cause of death among children, teens, and young adults ages 10–24. About 4,300 young people in this age range die by suicide each year (CDC, 2007).

But this is only the tip of the iceberg.

Emergency department staff treat about 118,000 young people ages 15–24 for self-inflicted injuries annually (CDC, 2009a).

In 2007, the CDC reported the following (CDC, 2007):
- The age-adjusted suicide death rate was 9.68/100,000 for young people ages 15–24, and 0.52/100,000 for those under 15.
- The rate of “self-harm” injuries was 302.17/100,000 for the 15–24 age group, and 48.89/100,000 for those under 15.

A recent national survey (CDC, 2009b) revealed that in the 12 months preceding the survey:
- Almost 13.8 percent of high school students had seriously considered attempting suicide.
- 10.9 percent of high school students had made a plan for how they would attempt suicide.
- 6.3 percent of high school students had attempted suicide one or more times.

Very few of these suicides or suicide attempts take place in schools. But many young people who are at risk of suicide exhibit warning signs in school, and recognizing and acting on these warning signs could prevent death or injury and reduce emotional suffering. As someone who provides health care or mental health care to young people in schools, you are in a key role to observe students’ behavior and to act when you suspect that a student may be at risk of self-harm. You can provide needed expertise, support, and information to school staff, students, and parents who may notice that something is wrong with one of their students, peers, or children, but may not know what to do about it.

Another important role for you and your school is developing a protocol for how the school should deal with students at risk for suicide. It is critical that a protocol be in place for helping these students and that all staff are aware of it and follow it when appropriate.

The protocol should include provisions for the following steps (SAMHSA, Draft):
- **Assessing suicide risk.** School staff should make sure that all students who are identified as potentially at risk for suicide are assessed for suicide risk. This assessment is critical to developing an individualized plan for ensuring the safety of the student and providing support and treatment. It should only be done by mental health professionals who have been trained to assess risk using a scientifically validated process.
- **Notifying parents.** Parents or guardians must always be notified as soon as possible after a student has been identified as being at risk of suicide, unless doing so would exacerbate the situation. The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family. Staff need to be sensitive toward the family’s culture, including attitudes towards suicide, mental health, privacy, and help-seeking. Be sure to document all contacts with parents.
- **Referring the student to a community provider.** Students who are at risk for suicide may need to be referred to community resources. If your school already has a policy for referrals to health and mental health service providers, your referral procedure for suicide risk should be consistent with this policy, as well as any district, state, tribal, Bureau of Indian Education, or federal policies and laws.
- **Documenting the process.** It is essential to document each step in the process by which a student is identified as possibly being at risk for suicide and assessed for suicide risk. This will help preserve the safety of the student and ensure communication among school staff, parents, and service providers.

**Recognizing the Warning Signs**

Suicide and other self-destructive behaviors rarely occur without some warning signs. As a school health or mental health provider, you have an understanding of what is typical adolescent behavior and can assess what may be an indication that something is wrong.

Students may describe their emotional problems in terms of physical symptoms, especially to health care professionals. Insomnia, stomachaches, and headaches can be signs of emotional distress. Unexplained injuries can be indications of physical or sexual abuse or self-mutilation.

**Signs that a Young Person May Be at Risk for Suicide**

A sudden deterioration in academic performance. Teens who were typically conscientious about their school work and who are now neglecting assignments, cutting classes, or missing school may be experiencing problems that can affect their academic success, behavior, and health and put them at risk of suicide.

- **Self-mutilation.** Some young people resort to cutting their arms or legs with razor blades and other sharp objects to cope with emotional pain. Self-mutilation of this type is an unmistakable sign that something is wrong.
- **A fixation with death or violence.** Teens may express this fixation through:
  - Poetry, essays, doodling, or other artwork
  - An obsession with violent movies, video games, and music
  - A fascination with weapons
- **Unhealthy peer relationships.** Teens whose circle of friends dramatically changes for no apparent reason, who don't have friends, or who begin associating with other young people known for substance abuse or other risk behaviors may be signaling a change in their emotional lives. Their destructive behaviors may discourage more stable friends from associating with them, or they themselves may reject former friends who “don’t understand [them] anymore.”
- **Volatile mood swings or a sudden change in personality.** Students who become sullen, silent, and withdrawn, or angry and acting out, may have problems that can lead to suicide.
- **Indications that the student is in an unhealthy, destructive, or abusive relationship.** This can include abusive relationships with peers or family members. Signs of an abusive relationship include unexplained bruises, a swollen face, or other injuries, particularly if the student refuses to discuss them.
- **Risk-taking behaviors.** Risk-taking behaviors often co-occur and are symptomatic of underlying emotional or social problems, especially when done by young people who formerly did not engage in these activities. Such behaviors include:
  - Unprotected or promiscuous sex
  - Alcohol or other drug use
  - Reckless driving, with or without a license
  - Petty theft or vandalism
- **Signs of an eating disorder.** An eating disorder is an unmistakable sign that a student needs help. A dramatic change in weight that is not associated with a medically supervised diet may also indicate that something is wrong.
■ Difficulty in adjusting to gender identity. Gay, lesbian, bisexual, and transgender teens have higher suicide attempt rates than their heterosexual peers. While coming to terms with gender identity can be challenging for many young people, gay and lesbian youth face social pressures that can make this adjustment especially difficult.

■ Bullying. Children and adolescents who are bullied, as well as those who bully, are at increased risk of depression and suicidal ideation (Kaltiala-Heino, Rimpela, Marttunen, Rimpela, & Rantanen, 1999).

■ Depression. Although most people who are clinically depressed do not attempt suicide, depression significantly increases the risk of suicide or suicide attempts. Symptoms of depression include the following:
  □ Sudden worsening in academic performance
  □ Withdrawal from friends and extracurricular activities
  □ Expressions of sadness and hopelessness, or anger and rage
  □ Sudden decline in enthusiasm and energy
  □ Overreaction to criticism
  □ Lowered self-esteem or feelings of guilt
  □ Indecision, lack of concentration, and forgetfulness
  □ Restlessness and agitation
  □ Changes in eating or sleeping patterns
  □ Unprovoked episodes of crying
  □ Sudden neglect of appearance and hygiene
  □ Fatigue
  □ The abuse of alcohol or other drugs as young people try to “self-medicate” their emotional pain

Signs that a Young Person May Be at High Risk for Suicide

The risk for suicide is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

■ Talking about wanting to die or kill oneself
■ Looking for a way to kill oneself, such as searching online or buying a gun
■ Talking about feeling hopeless or having no reason to live
■ Talking about feeling trapped or in unbearable pain
■ Talking about being a burden to others
■ Increasing the use of alcohol or drugs
■ Acting anxious or agitated; behaving recklessly
■ Sleeping too little or too much
■ Withdrawing or feeling isolated
■ Showing rage or talking about seeking revenge
■ Displaying extreme mood swings

These signs are especially critical if the individual has attempted suicide in the past or has a history of or a current problem with depression, alcohol, or post-traumatic stress disorder (PTSD).

Responding to the Warning Signs

As someone whose concern and responsibilities lay with the health and welfare of students, you have the opportunity to intervene when students are in danger of suicide or other health risks. You also have a responsibility to provide support to teachers who come to you with concerns about students, and to students who come to you with concerns

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about themselves and their peers. There are a number of steps you can take when you have a concern that a student may be at risk of suicide.

Ask the Tough Questions
Do not be afraid to ask a student if he or she has considered suicide or other self-destructive acts. Research has shown that asking someone if he or she has contemplated self-harm or suicide will not increase that person's risk. Rather, studies have shown that a person in mental distress is often relieved that someone cares enough to inquire about the person’s well-being. Your concern can counter the person’s sense of hopelessness and helplessness.

However, you need to be prepared to ask specific and difficult questions in a manner that doesn’t judge or threaten the young person you are attempting to help. For example:

- I’ve noticed that you are going through some rough times. Do you ever wish you could go to sleep and never wake up?
- Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?
- Are you thinking about killing yourself?

Be Persistent
A student may feel threatened by your concern. The student may become upset or deny that he or she is having problems. Be consistent and firm, and make sure that the student gets the help that he or she may need.

Be Prepared to Act
You need to know what to do if you believe that a student is in danger of harming himself or herself. Many schools have procedures for this situation. Note that the student’s well-being supersedes any promises of confidentiality you may have made to the student.

Do Not Leave a Student at Imminent Risk of Suicide Alone
If you have any reason to suspect that a student may attempt suicide or otherwise engage in self-harm, you need to remain with the student (or see that the student is in a secure environment, supervised by caring adults) until professional help can be obtained. Let the student know that you care, that he or she is not alone, and that you are there to help.

Get Help When Needed
If you believe that the student is in imminent danger, you, or another member of the school staff, should call 911 or 1-800-273-TALK (800-273-8255). Tell the dispatcher that you are concerned that the person with you “is a danger to [himself or herself]” or “cannot take care of [himself or herself].” These key phrases will alert the dispatcher to locate immediate care for this person with the help of police. Do not hesitate to make this call if you suspect that a student may be a danger to himself or herself. You could save a life.

Use Your School’s Support System
School districts typically have crisis policies for responding to any emergency, from a natural disaster to violence in the school community. This policy should include procedures for addressing students who try to harm themselves as well as those who are only contemplating it. Students who are not in an acute state of crisis will still need support to stay in school and stay healthy. The plan should also provide some guidance for the role of individual teachers in identifying and responding to potential suicidal or violent behavior in students, as well as how to respond when
actual violence takes place.

If your school does not have procedures for responding to a crisis, organize a team to draft some now. Don’t wait for a crisis situation!

**Connect with Parents or Guardians**
If a troubled student opens up to you about self-destructive thoughts or actions, contact that student’s parents or legal guardian. Do not promise confidentiality to a child when it comes to issues regarding the child’s safety, but always talk privately with a student before letting others know of your concerns for the student’s safety.

If you believe that contacting the parents or guardian may further endanger the child (e.g., you suspect physical or sexual abuse), contact the proper authorities. In most states, school staff are “mandated reporters” and so are required to report suspected child abuse.

**Postvention**
The suicide, or violent or unexpected death, of a student, teacher, or even a celebrity can result in an increased risk of suicide for vulnerable young people. Although rare, a suicide in the community (or even a remote suicide that receives substantial press coverage) can also contribute to an increased risk of suicide. Therefore, responding appropriately to a tragedy that may put students at risk for suicide is an essential part of any crisis or suicide prevention plan.

Postvention describes the prevention measures implemented after a crisis or traumatic event to reduce the risk for suicide to those who have witnessed or been affected by the tragedy. These measures include:

- Grief counseling for students and staff
- Identification of students who may be put at risk by a traumatic incident
- Support for students at risk
- Support for families
- Communication with the media to ensure that news coverage of such an event does not lead to additional suicides or emotional trauma
References


Resources for School Health and Mental Health Providers
Publications

A review of the research on youth suicide, its dramatic decrease over the last 10 years, risk factors for suicide, and promising prevention strategies, including school-based skills training, screening, education of primary care physicians, media education, and lethal-means restriction.


Chapters of interest to school staff include Chapter 15, “Suicide Behavior in Children;” Chapter 16 “Adolescent Suicide Behavior;” and Chapter 37, “Suicide Prevention in Schools.”


A guide to help clinicians in their assessment and care of suicidal patients.


Literature review, discussion, and recommendations on the types and effectiveness of school-based youth suicide prevention programs.


An overview of school-based prevention and an outline of a comprehensive school-based suicide prevention program.


Chapters of interest to school staff include “Suicide, Gender, and Sexuality,” “Indirect Self-Destructive Behavior,” and “In the Wake of Suicide: Survivorship and Postvention.”

The Role of School Health and Mental Health Providers in Preventing Suicide

Information on implementing suicide prevention, postvention, and crisis preparation activities in the context of a comprehensive school injury prevention program.


This book was written for therapists, mental health workers, physicians, nurses, and others who are not clinical suicide counselors, but who might find themselves counseling people at risk of suicide. It provides a practical set of tools and strategies for risk assessment and intervention. Much of the information on how to talk to a person at risk of suicide will be valuable to a broad range of professionals and paraprofessionals.


Literature review on suicide contagion and the influence of media portrayals of suicide.

School-Based Suicide Prevention Programs and Materials

Columbia University TeenScreen Program
(http://www.teenscreen.org/) TeenScreen helps schools and communities implement screening programs to identify at-risk teens and preteens. It uses simple screening tools that can detect depression, the risk of suicide, and other mental disorders in teens to help schools identify and arrange treatment for youth who are suffering from depression and other undiagnosed mental illness and those who are at risk of suicide.

Guidelines for School-based Suicide Prevention Programs
(http://www.sprc.org/library/aasguide_school.pdf) This 14-page report, written by the Prevention Division of the American Association of Suicidology in 1999, examines the basis of and requirements for school-based prevention programs in general, as well as for three variations of school-based suicide prevention programs: those for all students, those for groups of at-risk students as identified by research (i.e., incoming high school freshmen), and those for individual students identified through screening. It explores the essential components of and a sample curriculum for a comprehensive school-based suicide prevention program. The report also provides recommendations to ensure the longevity of programs once they are implemented.

Jason Foundation, Inc.

SOS Signs of Suicide*
(http://www.mentalhealthscreening.org/highschool/) The SOS Signs of Suicide program provides school health professionals with the screening and educational materials to teach high school students to recognize the signs and symptoms of suicide and depression in themselves and others and to follow specific action steps to respond to those signs. The program can be incorporated into an existing health curriculum or can be used as a standalone program. The program includes educational materials, a training video, screening forms in both English and Spanish languages, and an implementation manual. It can be completed in one or two class periods.

Yellow Ribbon Suicide Prevention Program
(http://www.yellowribbon.org/) This organization provides training and resources for school- and community-based suicide prevention programs (including gatekeeping programs). Chapters in a number of states can provide suicide prevention speakers, materials, and training to schools and other organizations.
Youth Suicide Prevention Intervention and Postvention Guidelines: A Resource For School Personnel
(http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf) These guidelines were developed by the Maine Youth Suicide Prevention Program and designed for schools to use within existing protocols to assist at-risk students and to intervene appropriately in a suicide-related crisis.

Youth Suicide Prevention School-Based Guide
(http://theguide.fmhi.usf.edu/) This online resource was developed by the Florida Mental Health Institute at the University of South Florida. It provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program. Information is offered in a series of issue briefs corresponding to a specific checklist. Each brief offers a rationale for the importance of the specific topic together with a brief overview of the key points. The briefs also offer specific strategies that have proven to work in reducing the incidence of suicide, with references that schools can use to explore these issues in greater detail.

Suicide Gatekeeping Programs

Livingworks Education, Inc. (http://www.livingworks.net/) Livingworks provides training and support for their Applied Suicide Intervention Skills Training (ASIST) program, a suicide gatekeeping program. Livingworks also offers shorter presentations on suicide awareness and prevention.

Preventing Youth Suicide Through Gatekeeper Training: A Resource Book for Gatekeepers (http://www.maine.gov/suicide/docs/gkeepbook.pdf) This book was designed for use in youth suicide prevention gatekeeper trainings and to provide basic information about suicide prevention, crisis intervention, support for survivors of suicide, and suicide prevention resources. It was created for the Maine Youth Suicide Prevention Program.

QPR Institute (http://www.qprinstitute.com) The QPR Institute offers gatekeeper training programs to the general public and professionals, including teachers.

Crisis Response and Postvention


National Association of School Psychologists Publications

The National Association of School Psychologists website contains valuable information on suicide prevention and crisis response. Much of this material is available online at no cost, for example:

- Suicide resources (http://www.nasponline.org/resources/listings.aspx), including the online publications Recognizing the Signs: What School Mental Health Professionals Can Do About Suicide and Self-Injury and Suicide Prevention Programs in the Schools: A Review and Public Health Perspective.

- Crisis intervention and management resources ([http://www.nasponline.org/resources/listingc.aspx](http://www.nasponline.org/resources/listingc.aspx)), including Interview with the Co-authors of School Crisis Prevention and Intervention: The PREPare Model and Managing School Crises: More Than Just Response.

**Bullying Prevention Websites**


For national organizations and federal agencies with general resources on suicide prevention, go to [http://www.sprc.org/basics/national-organizations](http://www.sprc.org/basics/national-organizations).

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