

Suicide Prevention:

Why and How Should Schools Get Involved



This **Quick Training Aid** was excerpted from a Technical Aid Sampler entitled: *School Interventions to Prevent Youth Suicide*. Center for Mental Health in Schools (2000).

Why should schools get involved?

“Children are...much more likely to come into contact with potential rescuers in the school than they are in other community settings. This is especially true for younger children, who cannot move freely in the community. In many instances, the child’s problems, particularly those related to academics or the peer group, are more evident in the school setting than they are in the home...Further, the characteristic problems of a broken home or dysfunctional family, while not necessarily a direct cause of suicidal behavior, reduce the possibility of rescue in that setting.” (Guetzloe, 1991, p. 11)

School and community prevention programs designed to address suicide and suicidal behavior as part of a broader focus on mental health, coping skills in response to stress, substance abuse, aggressive behaviors, are most likely to be successful in the long run.

-National Institute of Mental Health

ON PREVENTION

According to Shaffer, Garland, Gould, Fisher, and Trautman (1988), school-based suicide prevention programs tend to have the following goals in common:

1. Heighten awareness of the problem
2. Promote case finding (i.e., teaching teachers and especially other students to identify those who are at risk; increase disclosure of suicidal ideation by decreasing stereotypes that may cause stigma
3. Provide staff and students with information about mental health resources--specifically how they operate and how they can be accessed
4. Improve teenagers' coping abilities by training in stress management or coping strategies

The following excerpt is from Sandoval, Davis, & Wilson, 1987, pp. 105-106:

A distinction is usually drawn between primary prevention which is aimed at the entire population, and secondary prevention which is aimed at those individuals who are at risk.

Primary Prevention

School personnel may work with the entire student body on suicide prevention by routinely including units on this topic in the curriculum at various levels, particularly in secondary schools; or they may institute discussions or modules at a time when there is some currency to the topic. Examples of opportune times are when a child in the school has committed suicide or made an attempt and has come to the notice of the student body at large. Other opportunities for primary prevention may be stimulated by the airing of television programs or movies which become popular and are seen by large numbers of students in a school. Primary prevention is usually accomplished in group settings using pre-planned curriculum material...

Secondary Prevention

Working with students who are at risk of attempting suicide constitutes secondary prevention. The individual most at risk is one who has attempted suicide in the past, but other students experiencing loss or shame are also at risk. Secondary prevention is likely to occur in individual or small group sessions and takes place as needed when risk factors build.

The Pros and Cons of General Education Programs

There is a dearth of research evaluating youth suicide programs. Most of this research has focused on evaluating general education programs. In these programs, students are generally taught about suicide facts (and dispel myths), warning signs and risk factors, and provided information about mental health resources should they or one of their peers become suicidal. A small handful of general education programs focus on coping skills to deal with stressful situation. On average, these programs last 2 hours and have typically been integrated into the curricula of health classes. The research findings regarding the efficacy of these programs have been mixed. First, some researchers have found that students tend to already be fairly knowledgeable about warning signs and youth suicide (e.g., Garland, Shaffer, & Whittle, 1989; Kalafat & Elias, 1994). Nevertheless, many studies have found increases in knowledge about facts and warning signs of suicide after completing general education programs compared to control group students. Moreover, students who participated in these programs tend to know more about mental health referral sources than their control group counterparts. A few studies have found positive changes in self-reported attitudes about coping skills in reaction to stress, hopelessness, and depression.

Despite these potential benefits, research suggests that general education programs may not be as effective as school personnel and mental health professionals would hope. For instance, many studies have found that while general education programs may increase students' general knowledge about suicide and warning signs, they do little to change students' *attitudes* about suicide and help-seeking behaviors. This finding has held despite efforts such as using better trained instructors or more sensitive instruments. Furthermore, researchers have primarily examined suicide knowledge and attitudes and have not looked at actual behaviors.

While there is little evidence, in general, for increases in suicidal behavior or ideation in participants of general education programs, at least one large study found disconcerting iatrogenic effects of these programs on students who are at risk for suicide. More specifically, it found that those students who reported a previous suicide attempt tended to not find the program helpful. Moreover, a greater proportion of previous attempters who had completed the program, compared to attempters who had not experienced the program, reported that they would not want to reveal suicidal ideation to others, believed that they could not be helped by a mental health profession, and stated that suicide was a reasonable solution to their problems (Garland, Shaffer, & Whittle, 1988).

Thus, according to the CDC (1992), "Person's considering school-based general suicide education as a prevention strategy should also recognize that not all curricula are necessarily well-conceived. Some curricula are quite sensational, and thus may foster psyched contagion. Other curricula tend to 'normalize' suicide in a manner that some researchers fear will promote suicidal thinking by lessening whatever protective effects may derive from the social 'taboo' associated with suicide. Still other curricula inadvertently provide teens with clear 'how-to' instructions for committing suicide..."

Many suicide researchers believe that broad-based primary prevention programs focusing on health enhancement may be of greater value than programs that address only suicide.

-Center for Disease Control

Some Concerns About Suicide Prevention Programs

While there are many studies that review the positive aspects of suicide intervention programs, there is also literature which addresses ineffective or possibly harmful strategies. To provide a balance the following information is presented.

Hazell P, King R. Arguments for and against teaching suicide prevention in schools. *Aust N Z J Psychiatry* 1996; 30: 633-642.

- A major concern relates to the responsibility adolescents are made to feel for their peers in such programs. The programs may be asking vulnerable young people to take a huge responsibility for some adolescents who are very disturbed. Those who feel they are responsible to take care of their peers may worsen situations that call for professional help. Hazell P, King R. Arguments for and against teaching suicide prevention in schools. *Aust N Z J Psychiatry* 1996; 30: 633-642.
- Most programs use a video or vignette to introduce the students to the suicide topic. These educational videos tend to dramatize suicide and trivialize the precipitants to the suicide. Thus, these videos are thought to encourage imitation. Gould MS, Wallenstein S, Davidson L. Suicide clusters: a critical review. *Suicide and Life-Threatening Behavior* 1989; 19: 17-29.
- The suicide prevention programs also tend to minimize the contribution of mental illness to the problem of suicide. This is also thought to encourage imitation. Garland A, Shaffer D, Whittle B. A national survey of school-based, adolescent suicide prevention programs. *Journal of the American Academy of Child and Adolescent Psychiatry* 1989; 28: 932-934.
- Two previous studies showed that students who were exposed to a suicide prevention program were less likely to recommend mental health evaluation to a suicidal friend. Kalafat J, Elias M. Suicide prevention in an educational context: broad and narrow foci. *Suicide and Life-threatening Behavior* 1995; 25: 123-133.
- Males showed an increase in hopelessness and maladaptive behaviors after exposure to prevention programs. Even after taking part in the program, the majority of males and females said that they would rather talk with a friend about their suicide urges. Overholser JC, Hemstreet AH, Spirito A, Vyse S. Suicide awareness programs in the schools: effects of gender and personal experience. *Journal of the American Academy of Child and Adolescent Psychiatry* 1989; 28: 925-930.
- Some individuals exposed to programs will show a deterioration in attitudes. Overholser JC, Hemstreet AH, Spirito A, Vyse S. Suicide awareness programs in the schools: effects of gender and personal experience. *Journal of the American Academy of Child and Adolescent Psychiatry* 1989; 28: 925-930.

Ploeg J, Ciliska D, Dobbins M. A Systematic Overview of Adolescent Suicide Prevention Programs. *Canadian Journal of Public Health*. 1996; 319-324.

- One study found that the program resulted in more students, especially males, suggesting that suicide was a possible solution to their problems. Shaffer D, Garland A, Vieland V, et al. The impact of curriculum-based suicide prevention programs for teenagers. *Journal of the American Academy of Child Adolescent Psychiatry*. 1991; 30: 588-96.

- Another study showed that suicide attempters exposed to the program were more likely to indicate that talking about suicide makes some teens more likely to try and kill themselves. Shaffer D, Vieland V, Garland A, et al. Adolescent suicide attempters; Responses to suicide prevention programs. *Journal of the American Academy of Child Adolescent Psychiatry*. 1991; 30: 588-96.

Rosenman, Stephen J. Preventing suicide: what will work and what will not. *MJA* 1998; 169: 100-102.

- Activities focusing on the identification and intervention of people with “high risk” of suicide are possibly a waste. These activities are ineffective and some may even exacerbate certain situations. Rosenman, Stephen J. Preventing suicide: what will work and what will not. *MJA* 1998; 169: 100-102.

- High-risk individuals need effective advice and treatment that is both available and acceptable to them. If one looks at population suicide rates, agencies such as telephone suicide crisis services seem ineffective. Gunnell D, Frankel S. Prevention of suicide: aspirations and evidence. *BMJ* 1994; 308: 1227-1233.

- Intervention after suicide attempts has had little effect and it is also irregular in its availability. In addition, intervention programs are frequently ignored by those it is intended to benefit. Deykin, Chung-Chen H, Joshi N. Adolescent suicidal and self-destructive behaviors: results of an intervention study. *Journal of Adolescent Health Care* 1986; 7: 88-95.

For more from this Technical Aid Sampler see
<http://smhp.psych.ucla.edu/techpak.htm#suicide>