Suicide Prevention and Intervention

With appropriate attention and thoughtful planning, the risk of student suicide can be minimized.

By Richard Lieberman, Scott Poland, and Katherine Cowan

The principal of a large suburban high school receives a phone call that Eric, the younger brother of Sam, a 10th-grade student, was found dead the night before of apparent suicide. Eric had been an 8th-grade student at the middle school situated across the playing field from the high school. Eric and Sam were both fairly well-known as popular athletes in the district. The boys' father had been killed the year before in an automobile accident. They had missed a few weeks of school and received some grief counseling at the time. Sam seemed to be adjusting to the new school year well, although he was involved in two minor fights. He was also cited for underage drinking when police broke up an unsupervised party. Eric had withdrawn some and had been having difficulty with his schoolwork. His mother had spoken with the school counselor about getting Eric extra support to help him focus. Eric's friends had noticed that he seemed a little edgy and occasionally "joked" that he would rather hang himself than sit through another math class. His attitude had also been affecting his participation in soccer, and the coach had recently benched him for not coming to practice.

The Hard Reality

Adolescents today face tremendous life pressures that put them at risk for myriad self-destructive behaviors, and suicide is the most devastating consequence of their inability to cope. Although youth suicide rates have declined slightly since 1992, it is still the third leading cause of death among 10–24 year olds (Hoyert, Heron, Murphy, & Kung, 2006), following automobile accidents and homicide. Alarmingly, the suicide rates for 10–14 year olds increased 196% between 1983–98 (U.S. Department of Health and Human Services, 1999). Equally concerning, suicide rates among certain subpopulations, such as Black males, White females, Asian youth, American Indian youth, and sexual minority youth have all increased. Recent data suggest that in 2003, Hispanic students had the highest rates of suicidal ideation and behavior and were more likely than other minority students to attempt suicide (Centers for Disease Control, 2004).

Completed suicides are only part of the picture. Other forms of suicidal ideation and behaviors are much more common. It is estimated that for every youth who dies by suicide, 100–200 youth attempt it. Within a typical high school classroom, it is likely that three students (one boy and two girls) have attempted suicide in the past year. For every three students who attempt suicide, only one receives medical attention. The other two get up and go to school the next day (Poland & Lieberman, 2002).

The Role of Schools

Given the stakes, suicide prevention and intervention is a key responsibility for school administrators. Educating and protecting students is aligned with school mandates (Kalafat & Lazarus, 2002) and should be an integral part of school-based mental health services. The learning environment lends itself to prevention and early intervention efforts of all types, and programs that are designed to reach students who are at risk of suicide can also help reach students who are struggling with other mental health issues, such as depression and anxiety. School-based programs should take into account the unique opportunities and limitations presented by the school context. Schools have extensive access

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Student Services is produced in collaboration with the National Association of School Psychologists (NASP). Articles and related handouts can be downloaded at www.naspcenter.org/principals.

Warning Signs and Triggers

Warning signs

- Verbal and written statements about death and dying
- Dramatic changes in behavior or personality
- Fascination with death and dying
- Giving away prized possessions or making out a will
- Interpersonal conflicts or loss

Triggers

- Getting into trouble with authorities
- Breakup with a boyfriend or a girlfriend
- Death of a loved one or significant person/loss
- Knowing someone who died by suicide
- Bullying or victimization
- Family conflict/dysfunction
- Academic crisis or school failure
- Disappointment or rejection
- Abuse
- Trauma exposure
- Serious illness or injury
- Anniversary of the death of a loved one
- Forced or extended separation from friends or family.

Source: Kalafat, J., & Lazarus, P. J. (2002). Suicide prevention in schools. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson, *Best practices in school crisis prevention and intervention.* Bethesda, MD: National Association of School Psychologists.

to and influence over students, allowing staff members to raise awareness of risk factors, bolster protective factors, and identify and intervene with students at risk. However, many of the forces contributing to suicide risk and the resources for intensive intervention fall outside school control. The challenge for principals is to establish procedures that both safeguard students and are appropriate to school resources and legal authority. The foundation of this process must be the recognition that *suicide is preventable* and that preventing it requires the conscious commitment of school administrators and staff members.

Suicidal Youth

Suicidal adolescents feel deep emotional pain and isolation. Feelings of hopelessness, sadness, worthlessness, anger, and loneliness are often compounded by the belief that no one else can understand—or help—their pain. Although some youth self-refer, most either attempt to keep their decision a secret (but usually give warning signs anyway) or cry for help indirectly by making reference to their plans, usually to peers. Adolescent girls have higher rates of depression and are twice as likely to carefully plan and attempt suicide. Boys, however, are more likely to act impulsively and almost five times as likely as females to die by suicide (Brock, Sandoval, & Hart, 2006). Adolescents can understand the concept of death cognitively. However, it is not clear that they internalize the end of their own lives, particularly younger adolescents. It would not be uncommon for students even as old as 16 to view death as magical, temporary, and reversible (Lieberman, Poland, & Cassel, in press). Typically, a combination of factors compels a youth to attempt suicide. This includes both individual (e.g., depression or substance abuse) and environmental (e.g., the presence of a firearm or poverty) risk factors as well as a lack of protective factors (e.g., family cohesion and connections to caring adults). Often, situational events (e.g., the death of a loved one or a romantic breakup) can trigger a suicide attempt.

Planning and Prevention

In addition to developing the capacity to identify and intervene with students at risk, a key underpinning of school prevention efforts is creating a culture of connectedness in which students, both those at risk and their peers who may know something, trust and seek the help of school staff members. Specifically, school suicide prevention programs should include awareness education and screening, crisis and mental health team coordination, collaboration with community services, reliance on evidence-based strategies, and clear intervention and "postvention" protocols.

Suicide task force. Every school should have a suicide task force to coordinate prevention and intervention activities. The task force should include school mental health professionals, a school administrator, and representatives from local mental health and suicide prevention crisis centers. The purpose of the task force is to develop policies and procedures, assess potential risk factors within the school environment (e.g., bullying), identify and implement appropriate prevention programs, train staff members, assess and provide interventions for students who are identified as being at risk, and coordinate with community providers. All concerns of suicide risk should be relayed to a member of the task force who acts as the designated reporter. Depending on

the size of the school, more than one designated reporter may be required.

Gatekeeper training. Teaching the warning signs of suicide to school personnel is referred to as *gatekeeper training.* The goal is to ensure that school personnel recognize suicidal behavior, take it seriously, and inform the appropriate staff member immediately. Gatekeeper training should be provided for paraprofessionals, coaches, bus drivers, and so forth, and should emphasize working as a part of a team, never keeping knowledge of suicidal behavior a secret, and knowing the warning signs.

Depression screening. The Centers for Disease Control has identified depression screening as a promising strategy for youth suicide prevention. The most widely recognized programs are Signs of Suicide (SOS) and Teen Screen, developed at Harvard and Columbia Universities. The SOS program combines a training video for gatekeepers with a brief screening for depression. Some very promising research shows that student participants increased their knowledge about depression and suicide; engaged in more adult-seeking behavior; and most important, decreased their suicide attempts. Teen Screen is designed to screen youth for depression and other mental disorders associated with suicidal behaviors. Unfortunately, secondary schools have been slow to implement screening. The reasons seem to be denial of the scope of the problem, reluctance to take time away from academics, and the cost. However, screening takes very little time and money.

Legal issues. A major concern for principals in prevention efforts is liability. Schools have been sued and found liable for failing to take proper action, particularly for failing to notify parents, when a student was thought to be suicidal. The key issues in court cases have been forseeability and negligence and have included cases in which schools did not warn parents about both verbal and written statements about suicide as well as cases in which the school failed to provide supervision and counseling for suicidal students. Schools have also been sued over more-complex issues, such as school climate and failure to reduce bullying, that were claimed to contribute to the suicide of a student. It is important to keep records of training given to school staff members and to strictly adhere to intervention and reporting protocols.

After the Fact

- Activate the school crisis team. Verify the death and assess the impact on the school community (including staff members and parents).
- Contact the victim's family to offer support and determine their preferences for student outreach, expressions of grief, and funeral arrangements/attendance.
- Determine what and how information is to be shared. Tell the truth.
- Inform students through discussion in classrooms and smaller venues, not assemblies or schoolwide announcements.
- Identify at-risk youth. Provide support and referral when appropriate. Those at particular risk to imitate suicidal behavior are those who might have facilitated the suicide, failed to recognize or ignored warning signs, or had a relationship or identify with the victim.
- Focus on survivor coping and efforts to prevent further suicides. This is a time for key prevention information. Emphasize that no one thing or person is to blame and that help is available.
- Advocate for appropriate expressions of memorialization. Do not dedicate a memorial (e.g., tree, plaque, or yearbook). Do contribute to a suicide prevention effort in the community or establish a living memorial (student assistance programs).
- Evaluate the crisis response.
- Media representatives should be encouraged to follow American Association of Suicidology guidelines. These guidelines recommend not making the suicide front page news or publishing a picture of the deceased, but instead emphasizing suicide prevention, recognition of warning signs, and where to go for help.

Intervention

When a student is identified as potentially suicidal, he or she needs to be seen by a school mental health professional immediately—no exceptions. If there is no mental health professional in the building, the designated school administrator will need to fill this role until a mental health professional can be brought in. The goals of intervention are to ensure student safety, assess and respond to the level of risk, determine the services needed, and ensure appropriate care (Brock et al., 2006).

Assessing risk. The designated reporter should be trained to determine the student's level of risk and empowered to seek administrative support as the designated reporter and the student work through the following steps. There are three key questions that must be included in any interview:

1. Have you ever thought of committing suicide? One in four students think about suicide at some time; this alone indicates low risk.

2. Have you ever attempted suicide before? This is an important question because the young person who has attempted before is at moderate risk to attempt again.

3. Do you have a plan to harm yourself now? The student who has a plan and the means at his or her disposal would be classified at highest risk. He or she must be supervised every moment until transferred to the care of his or her parents or a treatment facility.

When a student is assessed at any level of risk for suicide, the school has a duty to supervise the student, warn his or her parents, and provide appropriate referrals and follow-up.

Warning parents. The parents of the student must be notified, regardless of the information obtained in the interview. Information provided by the student's parents may be needed during to the assessment process. The only exception to contacting parents is when it appears that the student might be a victim of parental abuse, in which case an immediate referral should be made to protective services. School staff members should try to meet with the parents and the student together before releasing the student to parental care. The conference should focus on how everyone can work together to obtain the treatment and supervision needed. If the student has mentioned a specific suicide method, steps need to be taken to remove access to it.

Providing referrals. It is important to collaborate with community mental health resources and consider cultural, developmental, and sexuality issues when making referrals. Sometimes students are asked to sign a "no harm" agreement, although there is no research data to prove the effectiveness of such contracts. However, helping the student identify caring adults at home and at school, appropriate coping strategies, and community resources can be empowering. When used, no harm agreements should be viewed as only a small part of the treatment and safety plan and not as a substitute for supervision and treatment.

Documenting and following up. The staff member needs to document the conference and, ideally, have the parents sign a form indicating they have been notified of the suicidal emergency of their child and have received referral information. It is very important that follow-up services be provided at school, regardless of whether or not parents obtain community services. A re-entry planning meeting should be held whenever a student returns from mental health hospitalization.

Resources on the Web

- American Association of Suicidology www.suicidology.org
- American Foundation for Suicide Prevention www.afsp.org
- Signs of Suicide (SOS) www.mentalhealthscreening.org
- Teen Screen Program www.teenscreen.org
- Centers for Disease Control www.cdc.gov
- National Suicide Hotline: 800.SUICIDE

Aftermath

A suicide death is generally followed by a complicated grief process and has a powerful impact on a school community. It is absolutely essential that principals are prepared to cope with the aftermath. In the case scenario at the beginning of the article, students and staff members in both the middle and the high schools are likely to be affected by Eric's death, perhaps placing some other students at risk. Providing leadership in times of crisis is facilitated by having a plan in place.

Follow-up. The principal needs to be in close communication with counseling personnel to ensure that appropriate services are provided. There is often an anniversary date associated with youth suicide, and collaboration between schools, agencies, and parents is essential. It is also not unusual for students to want to memorialize the suicide victim with plaques or permanent markers at school. The literature and experts caution against such remembrances and in-

stead recommend projects and services for the living, such as scholarships in the student's memory.

Care for the Caregivers

There is nothing easy about suicide or suicide prevention. However, addressing the issue directly and openly through prevention and intervention efforts can greatly contribute to student safety. Safeguarding students is an integral part of an educator's role, but the complex and potentially tragic consequences of suicide can strain even the most seasoned professional. Principals should not underestimate the impact on staff members of either a rash of suicide referrals or an actual suicide. In addition to ensuring the necessary resources to support students, principals must be vigilant to the needs of staff members and create a school culture in which students and staff members alike recognize when they are struggling and feel comfortable seeking appropriate help. **PL**

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