Moving Forward: Examining Comprehensive Youth Suicide Prevention, Intervention, and Postvention

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Quicide continues to plague our society. In 2011, suicide finally overtook homicide for the second leading cause of death for youth ages 15-24 and continued as the second leading cause of death for this age range through the most recent Centers for Disease Control and Prevention (CDC) data in 2013.^{1,2,3,4} Schools often choose to address the problem of student suicide through faculty and staff in-service models that often focus on teaching school personnel how to recognize the warning signs of suicide and make appropriate referrals.^{5,6} Unfortunately, the suicide warning signs have not been validated for youth.⁷ This lead to a limited amount of school-based

youth suicide prevention programs showing legitimate and sustained reductions in youth suicidal thoughts and behaviors. Even more frightening, researchers continue to use knowledge and self-efficacy measures to assess the effectiveness of school-based suicide prevention programs in place of the reduction of suicidal ideation, behaviors, and deaths.

However, a few studies examined variables beyond gatekeeper knowledge of suicide warning signs and their efficacy to recognize and refer students for exhibiting them.

Notably, Miami-Dade County Public Schools showed sustained reductions in student suicide deaths after initiating a comprehensive youth suicide prevention program that provided multiple levels of support for students such as a crisis hotline and curriculum-based training.⁸ Additionally, researchers found that following a randomized control trial of the school-based youth suicide prevention program, Question, Persuade, and Respond (QPR), only teachers who previously communicated to students about mental health issues increased their referrals for student suicidal ideation and behaviors after training.9

These types of results may indicate things that we could do to make our current suicide prevention programs more comprehensive.

In this poster, we contend that youth suicide prevention, which many experts define as identifying students exhibiting suicide warning signs and referring them appropriately,^{10,11} is really suicide intervention not prevention. We redefine suicide prevention as the initiatives undertaken to reduce the number of individuals who develop suicidal thoughts and behaviors. We then reserve the term suicide intervention for the process of recognizing warning signs for suicide and referring the student to the appropriate professional which includes training gatekeepers in suicide warning signs. Postvention then retains the traditional definition of preventing additional suicides following the suicide of a student who attended the school and returning the school to its regular routine as quickly as possible. This literature review makes a clear delineation about how the field could move forward to think about suicide prevention, intervention, and postvention in these ways. It further uses the public health model triangle to describe potential universal, indicated, and targeted initiatives for youth suicide prevention, intervention, and postvention.

Suicide Prevention

Provide intensive treatment for moderate to severe mental health disorders including inpatient treatment for substance dependence, depression, conduct disorder, and anorexia. 11,14

thoughts and behaviors including depression, anxiety, aggression, microaggressions, impulsivity, substance dependence, conduct disorder, and social conflict through outpatient individual and/or group treat-Indicated Suicide Prevention ment. 11,14,15,16,17,18 About 90% of those who die by suicide suffer

from a mental illness. By treating these mental illnesses we may be able to decrease the development of suicidal thoughts and behaviors. 19

Decrease phenomenon directly related to the development of suicidal

Universal Suicide Prevention

Increase adaptive behaviors such as increasing personal control, 12 recognizing mental illnesses such as depression as major general health problems, 13 reducing stigma associated with accessing care for mental illness, 13 and training teachers to discuss mental health and illness with students.9

Youth Suicide Prevention

{initiatives targeted at preventing the development of youth suicidal behavior}

Suicide Intervention

All interventions aimed at reducing suicidal thoughts and behaviors in a student after they have made an in- or out-of-school, nonfatal suicide attempt and/or inpatient treatment including re-entry plan, coordination of care between school and mental health professionals, and identification of a staff member who will periodically check with student to facilitate smooth reintergration within school community.²¹

Indicated Suicide Intervention supervision of student, suicide-risk assessment to determine level of risk, coordination of care with outside mental health services, noti-

Identification of students experiencing suicidal thoughts and behaviors through self-referral, gatekeeper referral, and/or indicated data from School-Wide Screening Program. Interventions at this level include fication of parent/guardian, and restriction of means.²¹

Universal Suicide Intervention

Prepare gatekeepers to identify, refer, evaluate, and make decisions on students with suicidal thoughts and behaviors prior to contact with such students. 11,21 This includes the development of an array of policies and procedures, the designation of a district suicide prevention coordinator, the appointment of a school-level designated reporter, development of forms such as Parental Notification of Student Suicidal Behaviors, and specific youth suicide training such as Gatekeeper,9,22 Curriculum-Based, 23,24,25 and School-Wide Screening Programs.²⁶

Youth Suicide Intervention

{initiatives targeted at identifying students actively experiencing suicidal thoughts and/or engaging in suicidal behaviors}

Suicide Postvention

Individuals identified as needing additional support through triage or self-report will be assessed by a school mental health professional to indicate level of suicide-risk. Then levels of supports are provided based on the results of the risk assessment as explained in the Suicide Intervention Pyramid.

Provide assistance to individuals needing additional support as identified through triage of school personnel, the crisis response team, or self-referral.²¹ Treatment at this level generally includes group counseling, a school mental health professional following the schedule of the student who died by suicide to assist teacher with student response Indicated Suicide Postvention and triage, and identifying students close to the student who died by suicide.

Universal Suicide Postvention

The postvention policies and procedures developed well in advance of a student death by suicide, activation of the crisis response team, and preparation of school personnel to respond to and triage students. Example clude the holding a crisis response postvention response meeting, informing the school personnel of the student death in a staff meeting prior to the school day, developing a statement for school personi to share with students about the student death, discussing prevention with students, developing a statement for school personnel to share with students about the student death, sending a letter home for students and their parents about the student death, and distributing best practices for media coverage of a suicide to any media outlets wishing to cover the student death by suicide. 21, 27, 28

Youth Suicide Postvention

{initiatives aimed at preventing suicidal contagion following a death by suicide in a school and returning the school environment back to its normal routine}



Where Do We Go From Here?

Although we believe a comprehensive paradigm is the best approach to youth suicide prevention, just developing such a paradigm is insufficient to enact change. In order for real change to occur, we need to aim for real prevention. We need to make sure that suicide warning signs adequately reflect warning signs for youth.⁷ We need to ensure that school faculty understand the importance of suicide prevention, intervention, and postvention. Rather than only train school faculty on how to identify warning signs and refer appropriately, we should teach them how to discuss mental illness in a way that reduces stigma and encourages students to seek treatment.9 We also, could find innovative ways to increase access to evidence-based treatments through using already existing school infrastructure such as school psychologists and counselors, newer internet-based therapy shown to reduce suicidal thoughts, suicide prevention hotlines, and partnerships with community mental health facilities.

Suicide WARNING Signs-

deation

Substance Abuse

Withdrawal

Irapped

Anger Recklessness

Lopelessness

Mood Changes²⁰

Resources



Model School District Policy on Suicide Prevention:

Model Language, Commentary, and Resources http://afsp.org/wp-content/uploads/2016/01/Model-Policy_FINAL.pdf



Suicide Prevention Toolkit from Samhsa http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf

> **National Suicide Prevention Lifeline** 1-800-273-8255

References



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