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Suicide Prevention With School Age Students

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DESCRIPTION OF TOPIC

Suicide is a significant public health problem for school age children and adolescents (Granello & Granello, 2007). For youth ages 10 to 14 years old, suicide is the third leading cause of death and the second leading cause of death for persons 15 to 34 years of age (CDC, 2015). Of youth ages 10 to 24 who died in 2013, nearly 17 percent died as a result of suicide (Heron, 2016). Hispanic youth appear to experience greater suicide risk than their Black or Caucasian counterparts. For example, more than 11 percent of Hispanic 9th through 12th graders reported attempting suicide at least one time in 2015; 4 percent of these Hispanic youth suicide attempters required medical attention (CDC, 2015). Schools are a natural place for suicide prevention programming to occur (Granello & Granello, 2015). Concomitantly, for youth with immediate suicidal intent or for those returning to school after serious suicidal intent or attempt suicide risk assessment and postvention programs within schools can provide prosocial help seeking skills to students (Granello & Granello, 2015).

ASSESSMENT & INTERVENTION STRATEGIES

Elementary Age Students: While suicide specific programs may not be appropriate for very young children, positive mental health programming should begin as early as possible with young children. Examples may include exercises in identification of emotions, expressing emotions, working with safely expressing negative emotions, loneliness prevention, and communication skills. Identification of early onset risk factors for suicide such as learning disabilities, cognitive problems, impulse control difficulties, ADHD, mood disorders, and family violence are important so that children may be referred to appropriate services both within the school and also the community.

Middle School Students: In addition to the preventative types of mental health programing that a counselor can provide elementary age students, middle school students are old enough for direct suicide specific prevention programs. Such programs should focus on de-stigmatizing help seeking behaviors. A central theme of how to "get help for oneself or get help for a friend" can prove useful. It is important to provide local and national suicide hotline information to middle school children. The National Suicide Prevention Lifeline is available 24/7 at 1-800-273-TALK (8255).

Children should learn the difference between normal feelings of sadness that we all experience from time to time and clinical depression which is a diagnosable illness for which they should seek help. Lastly, it may be useful to identify "safe" adults who are open to having conversations about mental health in the school. Some research has indicated that "one shot" programs (school assem-

blies) are not effective but rather a several lesson intervention delivered to a small group such as a health class is more desirable.

High School Students: High school aged students should all receive mandatory suicide prevention education as suicide is now the second leading cause of death for young people. The loss of a high school student by suicide can affect an entire school. Assessment can include mental health screenings in the school for depression and anxiety disorders which underlie many suicides.

Proper training of all school personnel concerning how to talk to a suicidal student and how to refer that student for further help is essential. All school personnel should be trained as suicide gate keepers. Further, student leaders and peers may also be trained as gate keepers. Gate keeper training entails having the individual learn to engage with an individual that they may suspect is suicidal in an empathic manner, and knowing how to get that person help if needed. The national Suicide Prevention Resource Center (SPRC) has a best practices resource list available to see what commercial and/or free programs have been vetted for use with differing age groups (http://www.sprc.org).

A special note is important concerning postvention programming (i.e., what to do in the school following a suicide) because it is very important to try and prevent subsequent related suicides or contagion. Much of the proper programming for postvention is counter intuitive such as not having locker memorials at school. Rather it is better to make increased counseling services available for those in need. The American Foundation for Suicide Prevention (http://www.afsp.org) has created a video program with educational guide that may be used with high school students.

INTERNET RESOURCES

- School-based Prevention Guide – http://theguide.fmhi.usf.edu/: This is a fantastic resource, with FREE checklists, programs, and resources for schools!
- American Association of Suicidology – http://www.suicidology.org: For up-to-date information, professional conferences, and suicide research
- Suicide Prevention Resource Center – http://www.sprc.org: For resources, magnets, posters, fact sheets, and other information
- American Foundation for Suicide Prevention – http://www.afsp.org: Research, education about suicide and mood disorders, policy promotion
- Suicide Prevention Advocacy Network – http://www.spanusa.org: National hotline, public policy

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