Suicide Prevention

the school setting. Identifying individuals with these often-invisible risks requires a multi-method approach. Individual screening for suicide risks is like checking vital signs during a routine check-up, the results tell you about the general overall function of the system. An unusual result may occur for an understandable and temporary reason and pose little, if any, threat. Conversely, anomalies discovered during routine check-ups often save lives. Screening whole school communities provides a view into the health of the system as a whole and more importantly into the health of the individuals within the system.

Students identified as at-risk through clinical assessment should receive evidence-based services to promote improved mental health and reduce the risk of suicide. School mental health personnel, parents, and community mental health providers use Tier II clinical assessment data to determine the level (group/individual) and intensity of service delivery (school-based/out-patient, clinical/in-patient hospitalization) recommended for the student.

If the school cannot meet a student's needs through school-based group supports, the student should receive prevention supports through Tier III services. Targeted/Indicated prevention services for suicide are rarely available within school settings. Memoranda of Understanding between schools and community mental health providers typically describe how to provide these services when required.

Resources

Welch, M. D., Jones, K. M., Wickstrom, K. F., & Crosby, M. (2012). *Suicide prevention and response in K-12 school populations* (Report No. 703625 D9-2). Report submitted to the Louisiana Department of Education.

Substance Abuse and Mental Health Services Administration. (2012). *Preventing suicide: A toolkit for high schools.* HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
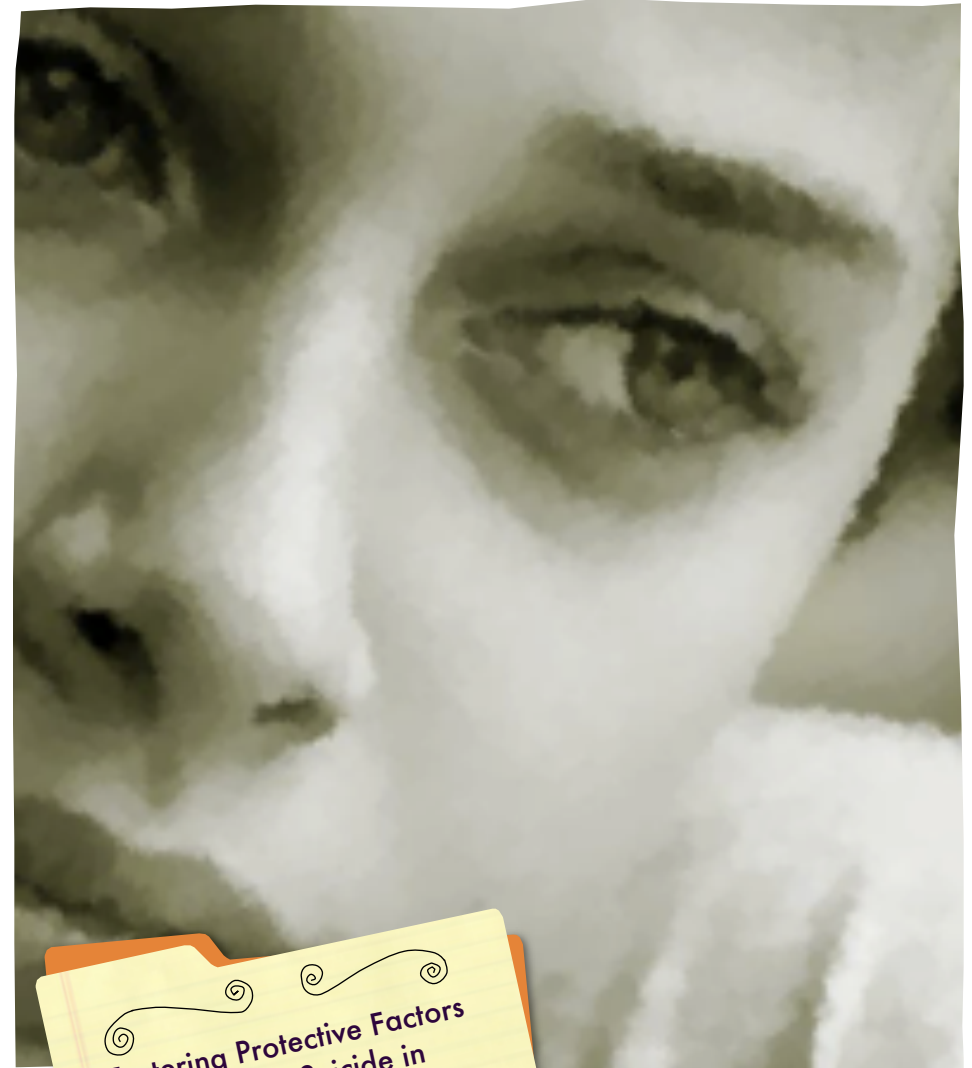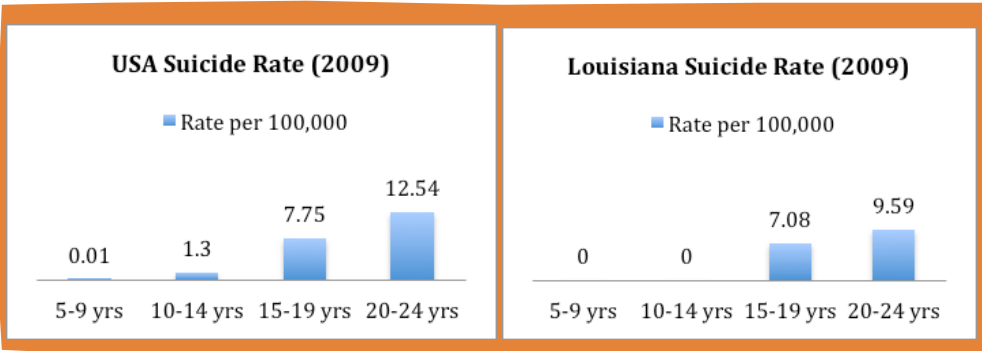
Fostering Protective Factors to Prevent Suicide in K-12 School Settings

7-3625-D17-3

Suicide Prevention

The PROBLEM

Suicide is a public health problem with strong connections to environmental and individual factors. Suicide is the the third leading cause of death in children (10-14), adolescents (15-19), and young adults (20-24) (WISQARS, 2009). While suicide is uncommon in young children, it increases through adolescence and young adulthood.

USA Suicide Rate (2009)

■ Rate per 100,000

5-9 yrs	10-14 yrs	15-19 yrs	20-24 yrs
0.01	1.3	7.75	12.54

Louisiana Suicide Rate (2009)

■ Rate per 100,000

5-9 yrs	10-14 yrs	15-19 yrs	20-24 yrs
0	0	7.08	9.59

The SOLUTION

School environments can create and foster risks (peer related conflicts, bullying, academic failure, social isolation) or protective factors (personal connectedness, education, opportunities to succeed) that are associated with suicide. We often refer to the balance of these positive and negative factors within a school community as the school climate. Identifying school climate variables that could mediate individual behaviors in at-risk students is a primary prevention method for reducing the potential for a suicide in a school community.

Individuals within the school community bring risk factors (previous suicide attempts, mood disorders, family conflict/loss, and substance abuse) into

Universal

Enhance School Climate

- Physically & Emotionally Safe
- Academically Successful
- Suicide Awareness
- Universal Screening

Selected

Enhance Personal Competencies

- Multi-Gated Assessment of Risks
- Teach Adaptive Skills
  - Coping, Social, Conflict Resolution Skills
- Mitigate Risk Factors

Targeted/Indicated

Enhance Individual Supports

- Consultation
- Therapy (ACT)
- Hospitalization

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

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