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ABSTRACT

In response to the increasing rate of adolescent suicide, many school and mental health professionals have implemented school-based suicide prevention programs to address the issue of adolescent suicide. Most suicide prevention programs cover similar topics. However, the perspectives from which they approach suicide may vary. The majority of programs used in schools today present suicide from the stress perspective, as an option that could be considered by almost anyone experiencing extreme stress. These programs do not strongly correlate suicide with mental illness. Professionals using the stress model choose it because they believe it provides a non-threatening intervention to a very threatening problem and more adolescents will disclose their suicidal thoughts if they are not linked to labels of mental illness. The suicide prevention programs presented from a mental illness perspective, used less frequently in schools, emphasize the link between adolescent suicide and such mental illnesses as depression, antisocial behavior, and substance abuse. Proponents of this model argue that this perspective is substantiated in empirical studies, and that failing to emphasize the correlates between suicide and mental illness misinforms adolescents about the causes of suicide. Before presenting suicide programs, professionals must become well informed about adolescent suicide and available materials, develop a level of comfort within themselves in dealing with the topic of suicide, and provide the appropriate support for those adolescents who may require further help in processing the information. (ABL)

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An Open Letter
to School Administrators and Mental Health Professionals about
School-Based Suicide Prevention Programs

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**An Open Letter to School Administrators and Mental Health
Professionals About School-Based Suicide Prevention Programs**

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Toronto, Canada March 1991**

Although adolescent suicide is still a statistically rare event - 12.3 per 100,000 adolescents - the rate of completed suicides has tripled since the 1960s. In response to this increase, many school and mental health professionals have implemented school-based suicide prevention programs to address the issue of adolescent suicide.

The purpose of this letter is to encourage school administrators and mental health professionals to become educated consumers. There is an abundance of suicide prevention material available; professionals selecting programs for use in their schools should be aware that not all programs approach suicide from the same perspective, and that arguments exist as to the effectiveness and impact of school-based suicide prevention programs in general.

Perspectives on Suicide

Most suicide prevention programs cover similar topics such as suicide statistics, warning signs, how to improve communication skills, how to solve problems and where to find help. However, the perspectives from which they approach suicide may vary.

The majority of programs used in schools today present suicide from the stress perspective--as an option that could be considered by almost anyone experiencing extreme stress. These programs do not strongly correlate suicide to mental illness.

Professionals using the stress model choose it because they believe it provides a non-threatening intervention to a very threatening problem and more adolescents will disclose their suicidal thoughts if they're not linked to labels of mental illness.

The suicide prevention programs presented from a mental illness perspective, used less frequently in schools, emphasize the link between adolescent suicide and such mental illnesses as depression, antisocial behavior and substance abuse. Proponents of this model argue that this perspective is substantiated in empirical studies, and that failing to emphasize the correlates between suicide and mental illness misinforms adolescents about the causes of suicide.

Effectiveness and Impact of Programs

Dr. David Shaffer, Director of Child and Adolescent Psychiatry at Columbia University, concludes that school-based suicide prevention programs have minimal effects on adolescents, citing that most students, prior to being exposed to such programs, had prior knowledge about suicide and how to get help. In addition, he found that adolescents who had previously attempted suicide had negative attitudinal reactions to these programs. For example, these adolescents thought talking about suicide would encourage some students to make an attempt, they still considered suicide as a solution to problems, and they did not think other students would benefit from participating in the program.

Supporting the effectiveness of school-based programs, Diane Ryerson, Chairperson of the School Program Committee of the American Association of Suicidology, states that these programs are not designed to alter negative attitudes or to provide psychotherapy, but to equip adolescents with the knowledge and skills to handle the reality of suicide more effectively. Despite their criticisms, she believes that school-based programs are well received, and should be integrated with longer-term efforts that work to improve the emotional well-being of adolescents.

This letter strives to encourage school and mental health professionals to understand the positive and negative aspects and limitations of these programs. Before presenting any of these suicide programs, professionals must become well informed about adolescent suicide and available materials, develop a level of comfort within themselves in dealing with the topic of suicide, and provide the appropriate support for those adolescents who may require further help in processing the information.

Suggested Readings

Clark, D.C., *Review of Shaffer's Recent Evaluation Study of School-Based Suicide Prevention Programs. Suicide Research Digest*, 1990. IV, 4: pp.1-3.

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