Suicide Prevention for Counselors Working with Youth in Secondary and Post-Secondary School

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Abstract

According to the latest statistics, suicide is the 3rd leading cause of death in those aged 15-24 (CDC, 2010), when many are enrolled in secondary and post-secondary institutions. Because of such alarming statistics, the need for prevention education is great. However, many counselors and educators feel ill-equipped in prevention and intervention techniques that directly address the frightening subject of suicide (Heath, Toast, & Beattam, 2006.). Because of increased legislative action requiring the implementation of school wide prevention programs, many counselors have been tasked with creating programs that address this growing mental health concern. Understanding the signs and risk factors associated with adolescent suicide along with possible implementation guidelines and helpful resources assist in creating a comprehensive program designed at incident prevention.

Background

The topic of suicide is a difficult one to broach with administrators, faculty, parents and students. Many are uncomfortable with the topic because of the mental health stigma long associated with suicide. Others believe that talking openly about suicide and prevention can actually lead to increased suicide ideation. There are still others who steer from the topic due to an uncertainty of what to say or do to provide substantive prevention and support. However, because suicide continues to be a leading cause of death for high school aged students (CDC, 2010), school wide programs are essential in helping create a community of awareness, education, prevention and support when dealing with youth suicide (Doan, Roggenbaum & Lazear, 2003).

The national statistics show an unsettling trend in suicide rates among youth in the 15-24 age range. Since the 1950's, the rate of youth suicide has doubled. It is estimated that there are 12 youth suicides every day and that approximately every 2 hours a youth completes suicide. ("Suicide in the U.S.A," n.d.). On a local level, since the 1990's, the youth suicide rate in Alabama has remained higher than that of the national average, peaking at a rate of 12.2 with the national average at 10.1 (Alabama Vital Statistics, 2009). Of those that die by suicide, 90% have a diagnosable mental disorder ("Facts and Figures," n.d.). Teen depression rates continue to rise, which is considered a contributing factor to suicide ("Facts and Figures," n.d.).. Yet, depression and suicide remain tenuous subjects in the school arena. School officials are concerned with parent pushback and liability. School staff remains undertrained in helping identify at risk students. We have seen the push toward academic success out shadow the need for much needed awareness and prevention training in the school systems.

In 1999, the U.S. Surgeon General's *Call to Action to Prevent Suicide* identified suicide as a "public health issue" noting that more youth die by suicide than by "cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease **combined**." (U.S. Public Health

Service, 1999). The emphasis was on creating a national strategy to promote suicide prevention through AIM – awareness, intervention, and methodology. These components are those that create substantive school and community programs that best address the growing concern of suicidal tendencies in youth.

In July of 2009, House Bill 216 (Alabama Student Harassment Prevention Act, 2009) was passed in the state of Alabama, requiring that all school districts have in place a written policy directed at harassment and suicide prevention. This bill required compliance of each district by July, 2010. The requirements included awareness, comprehensive training, prevention and intervention practices, as well as strategies to assist those in immediate crisis. However, most suicide training happens through postvention services, after a suicide has occurred. We must make every effort to be proactive in our efforts to reduce the rates of youth suicide by implementing programs that attempt to successfully identify at risk students, providing immediate and long-term assistance resources before a tragedy occurs.

As educators and professionals working with youth on a daily basis, we often misread true calls for help as adolescent drama, often overlooking those students in crisis. A school wide suicide prevention program can assist all faculty and staff in a greater awareness of this topic and offer more in depth training on identification which can lead to expediting therapeutic intervention. The fear of implementation has often stemmed from the idea that talking openly about suicide causes students to see it as a means to relief, possibly introducing an idea that was until then foreign. This is widely renounced as a myth. Professionals agree that education and prevention training actually assist in a better understanding of mental health issues and available resources. Most people do not want to die, but are unable to envision outcomes to alleviate the pervasive pain and suffering. Awareness training helps guide those suffering to immediate resources.

Suicide Awareness and Prevention Planning

Suicide prevention requires a unified team and should involve faculty, staff, parents, students, and community members. The emphasis should be on awareness and reducing the stigma associated with suicide and mental health issues. A comprehensive education program has better success when infused in an already established curriculum through health classes, advisory programs, or guidance lessons instead of a large group suicide assembly or one time prevention lesson (Doan, Roggenbaum & Lazear, 2003, p. 4). Most schools include information regarding the dangers of drugs, alcohol, teen driving, and risky behaviors in some area of the required curriculum. Depression awareness and suicide prevention should be included in this type of program of study on an age appropriate level.

Comprehensive suicide prevention starts with an overview of the population of the community. Several groups are at a higher risk for suicide. The rate of suicide for American Native/ Alaskan youth and young adults is 1.8 times higher than the national average of all youth in that age group, for example (CDC, 2009). Research also shows that GLBT teens have a much higher rate of suicide. GLBT youths are twice as likely to attempt suicide than their heterosexual peers (CDC, 2011). This may be attributed to increased harassment, exclusion, and level of parental rejection. Understanding the needs of the community population will assure that the comprehensive program is directed towards helping all in crisis. A look into the population and culture of the community can assist in designing a program suitable to the current demographic make-up of the school.

Suicide awareness, training, and prevention must be systemic in nature to create a proactive, supportive community in combating this public health issue. The components of a substantive program include a community partnership of faculty, staff, parents, and students in an effort to educate all stakeholders. It should also include a written plan with procedures to be followed for prevention education, assessment, identification, referral, intervention, and postvention. There should be some plan for gatekeeper training for all stakeholders, the implementation of an assessment tool, and a comprehensive curriculum for prevention education, along with immediate available resources for distribution to all.

Many students who suffer from depression and are experiencing suicide ideation are hesitant to discuss issues with adults or peers because of labels and the possibility of exclusion often associated with such mental health issues. While it is important to have all faculty and staff trained on suicide prevention with an emphasis on identification, it is also important to provide training for the student population in an effort to promote awareness, understanding, as well as peer referral. Students are much more likely to discuss their intentions with a peer than with an adult. In fact, the majority of youth considering suicide have told a peer of their intent.

Early Identification

Many screening programs and techniques discuss the warning signs and offer questionnaires to assist in identification. However, a student in crisis may not answer honestly when asked to complete a questionnaire. Alerting faculty, staff, parents, and students to the warning signs of possible suicidal behavior may be a more direct way of assessing imminent risk. Some of the possible warning signs include:

- Hopelessness, depression, desperation
- Sudden loss of interest in hobbies, sports, activities
- Drop in academic performance
- Increased anger or irritability
- Difficulty sleeping or sleeping too much
- Drug or alcohol abuse
- Previous suicide attempt
- Talking openly about dying
- Having a plan
- Sudden improvement of symptoms

Most students are in immediate crisis for 24–72 hours (Clayton, n.d.) so early identification and immediate action can save lives. Once the student has been identified and referred to a school professional, the professional can then make further determinations as to the suicidality of the student. One technique used by school professionals is a pneumonic device called IS *THE PATH WARM.* This tool assists in identifying ideation, substance abuse, purposefulness, anxiety, trapped,

hopelessness, withdrawal, anger, recklessness, and mood changes. ("Know the Warning Signs",n.d.). The counselor should ascertain through interviewing, the student's intent, plan, and availability of means. Parents should be alerted to the professional's assessment of risk and a list of resources, including those offering immediate assistance, should be made available. Another such device used for identification purposes is the Specific, Lethality, Availability, Proximity (*SLAP)* method (Opalewski, 2008, p.33). Through questioning, the counselor is able to determine the specificity of a plan, the lethality of method, the availability of the means and the proximity to crisis responders. The identification process can prove to be a frustrating one in that many students may or may not give pertinent information regarding possible intentions. While these methods may assist in identifying at-risk youth, they should not be considered the sole means of identification since many students will be reticent in providing information through questioning techniques.

Gatekeeper Training and Prevention Curriculum

Gatekeeper training has been at the forefront of most suicide prevention programs. One such training program that is widely used is that creation of Dr. Paul Quinnett, the QPR Training Method. This Question, Persuade, and Refer method trains those "first responders" to identify those who are potentially suicidal and move them to mental health services that can quickly intervene. The idea behind this program is to train many gatekeepers who "enhance the probability that a potentially suicidal person is identified and referred for assessment and care before an adverse event occurs." (Quinnett, 2007, p.2) More information can be found about this type of method and training at http://www.qprinstitute.com/. A complete list of possible gatekeeper training programs can be found at http://www.sprc.org/.

A more comprehensive approach to suicide prevention is through on-going school based prevention programs. Several organizations offer suicide prevention resources for the implementation of evidence-based practices to be implemented in schools. *The Youth Suicide Prevention School Based Guide* is a tool that assists schools in assessing their current prevention plan and offers methods to assist in identifying at risk students, provide information to students, faculty, and staff, as well as offering prevention, intervention, and postvention resources. This document is available by accessing the Florida Mental Health Institute website at http://theguide.fmhi.usf.edu/.

The American Foundation for Suicide Prevention (AFSP) offers a relatively inexpensive video program to be used in schools. The *More Than Sad* videos provide training for faculty and staff on the mental health warning signs of suicide in school aged children. While there is discussion about several mental health diagnoses, there is an in-depth discussion about depression and what it looks like in children and adolescents. Several real life scenarios are used as examples of what the suicidal student might exhibit in a school setting. The second video focuses on training for the students so that they might better identify depression in themselves or peers. The video is a set of vignettes with explanations of how the warning signs of suicide could easily be misinterpreted. The video discusses with students how and where to get help and reinforces the fact that depression is a treatable disease and that there is hope. More information concerning these video and other educational resources can be found at www.afsp.org.

Many evidenced-based programs can be accessed through the *SAMHSA National Registry of Evidence Based Programs & Practices.* These practices include assessment and evaluation, awareness education, and prevention techniques that have been implemented and reviewed for

efficacy. Statistics, warning signs, and prevention tools may also be found through the American Association of Suicidology (www.suicidology.org). Programs directed at prevention and intervention with American Indian and Alaskan Native students can be found at http://www.ihs.gov/nonmedicalprograms/nspn/.

Conclusion

The current statistics reveal that youth suicide is a prevalent issue in our communities; one that requires early identification and referral, as well a systemic change in education and awareness programs needed to help students better understand mental health issues and the potential tragic consequences of untreated depression. School counselors continue to be the key to program planning and implementation as well as the liaison between potential suicidal students and the mental health resources needed for intervention. Creating a school wide plan to include a prevention program, along with understanding the warning signs, and possible mental health influences can assist school communities in creating a proactive, yet supportive, environment aimed at reducing the stigma and incidence of youth suicide.

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