## The World Needs Me: A Suicide Prevention Teaching Technique

Caitlin Holden, Elisa Beth McNeill, Meagan Shipley, and Skye McDonald

### Abstract

Suicide is the second leading cause of death for school age youth, with 1 in 12 high school students reporting seriously contemplating suicide over the past year (Centers for Disease Control and Prevention [CDC], 2014). The majority of students and teachers have not received adequate mental health training (Jacobs, 2006); thus, there is a need to incorporate mental health activities, particularly focusing on suicide prevention, into the school setting in order to raise awareness and decrease stigma surrounding mental health. The purpose of this activity is to establish the impact of a comprehensive, interdisciplinary approach to suicide prevention by recognizing the diverse qualities and characteristics participants have to offer. The integration of this activity plays a role in starting vital conversations, establishing feelings of acceptance, and fostering a sense of community among individuals. Ultimately, this sense of community produces a safe learning environment where all participants can learn, thrive, and feel supported.

#### Introduction

Suicide is the second leading cause of death among school age youth (CDC, 2015a). According to the Youth Risk Behavioral Survey (YRBS), 1 in 12 high school students reported seriously contemplating suicide in the past year (CDC, 2014) and since 2009, rates of seriously contemplating suicide, making a suicide plan, and attempting suicide have steadily increased (CDC, 2015b). Nationwide, approximately 8% of 9-12th grade students have attempted suicide with 2.7% of those attempts resulting in serious injury, poisoning, or overdose requiring medical attention (CDC, 2014). Childhood and adolescent suicide attempts are associated with increased risk of multiple suicide attempts, psychiatric disorders, and

- \*Caitlin Holden, MS, CHES, Graduate Assistant, Texas A&M University, Department of Health and Kinesiology, TAMU 4243 College Station, Texas 77843; Email: caitlin. holden@tamu.edu
- Elisa Beth McNeill, PhD, CHES, Clinical Associate Professor Texas A&M University, Department of Health and Kinesiology, TAMU 4243 College Station, Texas 77843; Email: b-mcneill@tamu.edu
- Meagan Shipley, PhD, CHES, Clinical Assistant Professor, Texas A&M University, Department of Health and Kinesiology, TAMU 4243 College Station, Texas 77843; Email: meagan.shipley@tamu.edu
- Skye McDonald, MS, CHES, Graduate Assistant, University of Cincinnati, Department of Health Promotion and Education, Teachers Dyer Complex 460E Cincinnati, Ohio 45220; Email: mcdonask@mail.uc.edu

\* Corresponding Author

poor social functioning in adulthood (Peyre et al., 2017).

Both risk and protective factors exist for suicide. Risk factors include feelings of anxiety, depression, hopelessness, lack of coping and problem-solving skills, stress, and identifying as lesbian, gay, bisexual, transgender, or queer (LGBTQ) (Jacobs, 2006). Depression, anxiety, and hopelessness are correlated with difficulty concentrating, social isolation, decreased academic performance as well as sleeping and eating disturbances (John Hopkins University, 2013). Protective factors contribute to a decreased risk of suicide and include effective mental health resources, feelings of connectedness to individuals, family, community, and networks, quality problem-solving skills, and open communication with parents/caregivers (Suicide Prevention Resource Center [SPRC], & Rodgers, 2011).

School settings provide a unique platform to increase protective factors by advocating for students' mental and emotional health, specifically suicide awareness. However, the majority of students and teachers have not received adequate mental health training (Jacobs, 2006); thus, there is a need to incorporate mental health activities, particularly focusing on suicide prevention, into the school setting. This activity encompasses several components of the Whole School, Whole Community, Whole Child model, including health education, counseling, psychological, & social services, and social & emotional climate (CDC, 2016b). Inclusion of suicide prevention as interdisciplinary content in the curriculum functions to raise awareness, decrease stigma, demonstrate connections between subject matters, and create a safer learning environment. The purpose of this activity is to examine the impact of a holistic approach to suicide prevention by recognizing the diverse qualities and characteristics every individual has to offer.

#### **Primary Audience**

This lesson was designed to increase protective factors and suicide prevention strategies among 9th-12th grade students but could easily be adapted for college students or community organizations to support populations they serve.

#### Objectives

Following the activity, participants will:

- Identify warning signs of suicide in various scenarios
- Discuss why every role is important in the suicidal person's life
- Create a visual representation of a holistic support system

## **National Health Education Standards**

The National Health Education Standards (NHES) establish guidelines for designing and implementing curriculum that promotes health enhancing behaviors (CDC, 2016a). *The World Needs Me: A Suicide Prevention Teaching Technique* aligns with the following NHES (Figure 1):

## National Health Education Standards (9-12)

2.12.1	2.12.1: Analyze how the family influences the health of individuals	
2.12.3	2.12.3: Analyze how peers influence healthy and unhealthy behaviors	
2.12.4	2.12.4: Evaluate how the school and community can affect personal health practice and behaviors	
4.12.3	4.12.3: Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others	

*Figure 1: National Health Education Standards (9-12).* The figure outlines which specific Health Education standards are addressed throughout the activity.

#### **Materials & Resources**

## Materials for World Map:

- Human figure template (Appendix 1)
- Continent template (Appendix 2)
- 1 (20 x 30) blue foam board
- 1 (18 x 24) blue poster board
- $10 (8\frac{1}{2} \times 11)$  sheets of different colored card stock
- 12 Velcro<sup>TM</sup> squares  $(1 \times 1)$
- Tape

## Materials for participant grouping:

- 1 class set for each participant to indicate placement in inner/outer circle with self-sticking notes
- Labeled name tags for each participant to indicate their continent/role (Table 2)

## Resources

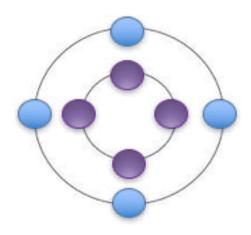
- Inner/outer circle formation (Appendix 3)
- 1 handout "Creating the World Instructions" for facilitator (Table 1)
- 1 handout "Corresponding Roles of Continent/Water Map Piece" (Table 2)
- 1 scenario (Table 3)
- Technology to play a video: https://www.youtube.com watch?v=ajD7HpOqdi8
- 1 set of markers



Appendix 1: Person template: The template will be utilized to create the world map. Having 11 in one color and one in another color represents the 1 in 12 students who seriously contemplate suicide each year. The template should be enlarged for cutting purposes.



Appendix 2: Continent template: This template will help facilitators create the world board. The template should be enlarged to fit the size of the foamboard. The template can be accessed at http://leosdunord.info/maps/world-map-outline-labeled



*Appendix 3: Inner/outer ciricle formation:* This graphic depicts the formation for arranging the inner/outer circle activity. A circle formation will have one representative for each continent/water map piece with no duplications of continent or water pieces. Note: participants in the outer circle will rotate clockwise to discuss their responses with a new partner.

Table 1: Creating the World Instructions. This handout provides a step-by-step process to assist facilitators in creating the world map.

Creating the World Instructions		
<ol> <li>Using the "Person template" (Appendix 1) and cardstock, make 12 copies (11 in one color and 1 in another color). Cut them out and place them around the border of the foam board using tape.</li> <li>Place a Velcro<sup>™</sup> square in each corner of the foam board as well as each corner of the blue poster board. Ensure the placement of the Velcro<sup>™</sup> squares match up.</li> </ol>		
3. Using the "Continent template" (Appendix 2), trace each continent on a different piece of cardstock, and cut them out. Once all 7 continents have been cut, attach one side of a piece of Velcro <sup>™</sup> to the back of each continent.		
4. The corresponding other half of Velcro <sup>™</sup> should be attached to the water foam board in a position approximate to the location of the continent represented by the cutout.		
5. Once all continents and poster board have a piece of Velcro <sup>™</sup> , place the continents in their designated space. The end product should look similar to the example.		

*Table 2: Corresponding Roles of Continent/Water Map Piece.* This table provides corresponding roles assigned to each continent/water piece of the map.

Continent/Water	Role
Water	Partner/Significant Other
North America	Guardian
South America	Siblings
Europe	Best Friends
Asia	Teacher
Africa	Coach
Australia	Administrator
Antarctica	Classmate

*Table 3: Scenarios.* This table provides example scenarios to encourage participants to think through specific situations and how they would respond based upon their assigned role. The bolded text represents warning signs Taylor, Alex and Jamie display. If time permits, all scenarios can be utilized.

## Scenario 1:

Taylor was a 15-year-old student who lived in a small east coast city with a population of less than 2,000 people. **Recently Taylor's parents got a divorce** and she moved with her mom to Houston, Texas which has a population of 2+ million people. She started a new school and **has made no friends**; her only friend was her **brother who was getting married and moving away** with his partner. She felt **lost and alone**. Taylor was having **trouble sleeping**, her grades were falling, and she found herself crying almost every day. She tried talking to her mom about how low she was feeling, but her mom assured her that it was just a phase and it would get better with time. Taylor gave her favorite necklace and books to her brother and said she wouldn't need them anymore.

## Scenario 2:

Alex was a 17-year-old student who seemed to "have it all." Alex was smart, athletic, and had lots of friends. Since his father died, Alex strived to be the very best role model for his younger siblings. Recently, Alex has been filling out applications to attend college but because of a poor test score, Alex could not get accepted into any college he applied to. Alex started to feel very defeated, sad, and depressed. He told his brother and sisters it just isn't worth it anymore and they didn't need him in their lives. He told his brothers and sisters they could have all his belongings and that they should go stay with their aunt and uncle for a few days.

#### Scenario 3:

Jamie was an 18-year-old student who had been dating Ryan for four years. Jamie was in love with Ryan and believed they would be together forever. One day **Ryan tells Jamie he no longer wants to be in a relationship**. Jamie spent so much time with Ryan that after they break up **she feels like she has nowhere to turn**. Jamie **feels alone**, **isolated**, **and helpless**. Jamie feels that without Ryan in her life there is no reason for living. At school, Jamie **ignores her friends**, **skips class**, **and has stopped participating in all of her after school activities**. Jamie **gave her belongings to her younger sister** and said **she wouldn't need them anymore**.

## Procedures

#### Part I: Before the lesson

- A. The facilitator should review the most current YRBS data on suicide using the link provided in the references and identify local resources that can provide additional support.
- B. The facilitator should set up the instructional space, which must be large enough to accommodate at least 1 inner/outer circle with a total of 8 participants per circle (Appendix 3).
- C. The facilitator should create the world map visual (Table 1) and display the following materials before participants arrive:
  - Place nametags on desks labeled as one of the seven continents and water (Table 2)

• Using self-sticking notes, outline the inner/outer circle formation on the floor (Appendix 3) to help participants understand the formation of the activity. Create enough inner/outer circles to accommodate the total number of participants.

• Display the "Corresponding Role and Continents/Water Map Piece" (Table 2) handout for participants to use during the activity.

• Display the "Activity Questions" (Table 3) handout for participants to refer to during the activity.

#### Part II: Activity

- A. The facilitator will introduce the activity with a brief video which allows participants to visualize the role of a bystander. The video succinctly introduces the topic and sets the stage for the activity.
  - Before starting the video, ask participants to think about what they would do if they were to witness the situation as a bystander?

• Play the video link and stop at 0.55 seconds (Chesire, 2015):

https://www.youtube.com/watch?v=ajD7HpOqdi8

• Note: The facilitator should follow YouTubes' instructions for downloading the video to ensure the video is accessible for future demonstrations.

• After the video, ask participants what they would do as a bystander within the given situation. Allow three to four participants to share responses.

• *Potential responses:* I have no idea; I would call 911; or I would try to talk to them, but I would not know what to say.

B. Next, the facilitator will explain that each map piece represents unique individuals who play an important role in preventing suicide. The nametag on their desk will have their assigned continent/water (i.e., corresponding role) (Table 2). Instruct participants to listen to the scenario and then respond to the four displayed questions as if they were answering the question from their assigned role's perspective. The following questions should be displayed on a screen/board for the duration of the activity.

1. Describe three suicidal risk factors or signs in the scenario?

2. Identify two resources you could refer them to?

3. Do you feel confident in your role to handle this situation, why or why not?

4. What would you need in this role to increase your confidence to intervene?

Spring 2018, Vol. 50, No. 1

C. Instruct participants to move into the inner/outer circle formation outlined on the floor (Appendix 3). Each continent/ water map piece should be represented in the circle without having duplicates. Once all participants are in a circle, the facilitator will use the directions below to guide the activity:

1. I am going to read a scenario aloud. When I am finished, you and the person in front of you will discuss the four questions displayed on screen/board. Keep in mind, you are responding to these questions from the perspective of your assigned role (Table 2).

2. The facilitator will read the scenario aloud and allow partners two to three minutes for discussion. The facilitator should walk around the space to ensure participants are on task.

3. After discussing the questions, participants on the outer circle will rotate one space clockwise (Appendix 3).

4. Steps 2 and 3 are repeated three additional times until the person on the outer circle is paired with their original partner.

5. If time permits, additional scenarios may be utilized.

### Part III: Activity Debrief

A. Upon completion of the four rotations, the facilitator will direct participants to their seats and conduct a large group discussion. The facilitator will call on participants representing different roles to share their responses to the four questions displayed. It is crucial to hear responses from each of the represented roles, because it allows participants to understand how they contribute to reducing suicidal risk factors. The facilitator will use the following prompts:

1. What are examples of warning signs we might see in a suicidal person?

• *Potential response*: They begin to discuss why they are a burden to others, starts withdrawing, and talks about why there is no reason to live.

- What resources could you recommend to them?
   Potential responses: School counselor; teacher/ administrator/coach; National Suicide Prevention Hotline; 911 in an emergency; parents and/or family member
- Which role would you feel most confident in and why?
   *Potential response:* I would feel most confident in the role of a friend, because I would know the person well and feel comfortable enough referring them to available resources.

4. How can you increase your confidence, or ability to succeed, in helping a suicidal person?

• *Potential response:* Continue to participate in trainings and educational seminars that discuss specifically what to do in emergency situations.

B. After the debrief, participants will fill in the blanks of the following sentence with relevant descriptions. Participants, who feel comfortable, will come to the map, place their continent (i.e., corresponding role) onto the map, and share their sentence. To bring the activity full circle, each continent needs to be placed back on the world map. Allow participants three to five minutes to brainstorm responses.

a. Prompt: "My name is \_\_\_\_\_

& the world needs me because \_

43

• *Potential response:* Hello, my name is Alex and the world needs me, because I am a friend with the potential to step in and support someone in need.

#### Part IV: Lesson Closure

The lesson should culminate with the facilitator challenging participants to think about the symbolism represented by the map and how they might serve as a positive source for reducing suicidal risk factors by asking the following questions:

1. What does the world in its entirety (i.e., completed) represent to you and why?

• *Potential response:* It represents the complete support system each individual needs and how each role is vital in supporting an individual.

2. How might you respond if a person, exhibiting suicidal behaviors, confided in you?

• *Potential responses*: Discuss my concerns with them directly; Encourage them to talk to a trusted adult (e.g., friend, parent, guardian, teacher, guidance counselor, or other professional); Direct them to school or community resources (e.g., school nurse, guidance counselor, National Suicide Prevention Hotline, etc.); Call 911 in an emergency.

### **Assessment Technique**

To assess knowledge and skill acquisition, the facilitator should ask participants to write down two warning signs of suicide and one way they could help a peer who is displaying suicidal behaviors. Before leaving, participants will turn in this slip of paper, constituting as an exit slip.

The objectives were assessed in the following ways:

• Identify warning signs of suicide in various scenarios: this objective was met during the debrief and on the exit slip when participants were asked to write two warning signs of suicide on a sheet of paper.

• Discuss why every role is important in the suicidal person's life: this objective was covered when participants rotated around the circle listening to different perspectives based on assigned roles. Additionally, this objective was met during the debrief when participants explained which role they feel most confident in and why.

• *Create a visual representation of a holistic support system:* this objective was addressed at the end of the activity when participants took their designated continent (i.e., corresponding role) and placed it on the map. The impact of each participant's contribution becomes evident when they complete the map and state how they can play a role in suicide prevention.

## **Activity Adaptions**

Although this lesson is recommended for high school students, it can be adapted for college-aged students. Modifications include creating age- and developmentally-appropriate scenarios and discussion questions. Additionally, the facilitator must ensure the scenarios are culturally relevant and LGBTQ inclusive.

## Lessons Learned

This teaching technique was pilot tested in an undergraduate health education methodology course. Based on this experience, the following recommendations were made:

• Using cardstock and Velcro<sup>™</sup> allows for this activity to be completed multiple times without having to recreate the world map.

• The facilitator should research local and national resources and confirm they are available to participants struggling with suicidal behaviors.

• The facilitator should be prepared to comply with mandatory reporting requirements for behaviors where a student is a danger to self or others.

• The facilitator should be aware of the stigma surrounding suicide and provide adequate time before asking participants to respond.

• Some participants might not feel comfortable sharing their thoughts and discussions with the large group. If class size allows for duplicate continents (i.e., corresponding roles), have participants pair up to discuss their ideas with partners and/or small groups.

• The facilitator should allot three to five minutes for participants to brainstorm what they would say during the "My name is \_\_\_\_\_\_\_ & the world needs me because \_\_\_\_\_\_\_ activity. Giving participants time to process and reflect on their responses encourages them to provide richer, more meaningful responses.

#### References

- Centers for Disease Control and Prevention. (2014). Youth Risk Behavior Surveillance – United States 2013. *Morbidity and Mortality Weekly Report, 63*(4). Retrieved from https://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf
- Centers for Disease Control and Prevention. (2015a). Suicide prevention. Retrieved from https://www.cdc.gov/ ViolencePrevention/suicide/youth suicide.html
- Centers for Disease Control and Prevention. (2015b). Trends in the prevention of suicide – Related behavior national YRBS: 1991-2015. Retrieved from https://www.cdc.gov/ healthyyouth/data/yrbs/pdf/trends/2015\_us\_suicide\_ trend yrbs.pdf
- Centers for Disease Control and Prevention (2016a). *National health education standards*. Retrieved from: https://www. cdc.gov/healthyschools/sher/standards/index.htm
- Centers for Disease Control and Prevention (2016b). *Whole* school, whole community, whole child. Retrieved from: https://www.cdc.gov/healthyschools/sher/standards/index. htm
- Chesire, C. (2015). Suicide scenes from movies and TV (part 1). Retrieved from

https://www.youtube.com/watch?v=ajD7HpOqdi8

Jacobs, B. (2006). Suicide prevention and intervention in schools. Retrieved from https://www.schoolcounselor. org/asca/media/asca/Resource%20Center/Suicide-Suicide%20Prevention/Sample%20Documents/suicideprevention.pdf

- John Hopkins University. (2013). *Depression, anxiety, and emotional distress*. Retrieved from http://jhsap.org/self\_ help resources/depression anxiety emotional distress/
- Peyre, H., Hoertel, N., Stordeur, C., Lebeau, G., Blanco, C., McMahon, K., Basmaci, R., Lemogne, C., Limosin, F., & Delorme, R. (2017). Contributing factors and mental health outcomes of first suicide attempt during childhood and adolescents: Results from a nationally representative study. *The Journal of Clinical Psychiatry*. doi: 10.4088/ JCP.16m10876
- Suicide Prevention Resource Center, & Rodgers, P. (2011). Understanding risk and protective factors for suicide: A primer for preventing suicide. Retrieved from http:// www.sprc.org/sites/default/files/migrate/library/ RiskProtectiveFactorsPrimer.pdf

## Eta Sigma Gamma's Mission

The mission of Eta Sigma Gamma is promotion of the discipline by elevating the standards, ideals, competence and ethics of professionally prepared men and women in Health Education.

The goals of the honorary include:

Supporting the planning, implementation and evaluation of health education programs and resources

Stimulating and disseminating scientific research;

Motivating and providing health education services

Recognizing academic achievement

Supporting health education advocacy initiatives

Promoting professional standards and ethics

Promoting networking activities among health educators and related professionals

# **Call for Applications for Editorial Associates for**

# The Health Educator, The Journal of Eta Sigma Gamma

The Health Educator anticipates 3-4 editorial associate openings to serve a three-year term from January 2019 through December 2021. The Editorial Associates perform a vital service role in serving as peer reviewers for manuscript submissions and advising the editor on editorial policies and practices. These are voluntary positions with no renumeration provided for services rendered. Practitioners with advanced degrees are encouraged to apply. All applicants are expected to hold ESG membership or be willing and eligible to join Eta Sigma Gamma through the At-Large Chapter as described on the ESG website (www.etasigmagamma.org).

If you would like to be considered, please send a letter of application and a current resume or curriculum vitae no later than December 1st, 2018 to

Dr. Sheila M. Patterson, Editor

s.m.patterson@csuohio.edu

Spring 2018, Vol. 50, No. 1

The Health Educator