Developing a Comprehensive School Suicide Prevention Program
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ABSTRACT: Since the 1950s, the suicide rate for adolescents more than tripled, and suicide currently ranks as the third-leading cause of death among 15-to-24 year-olds. Comprehensive school suicide prevention programs should include primary, secondary, and tertiary prevention components. This paper discusses these components as they relate to suicide prevention, and provides practical steps for incorporating each component within a school system. All steps are based on a review of the professional literature. Three questions are explored: What can school professionals do to help in preventing adolescent suicide? What should school professionals do when a student threatens suicide? What should school professionals do after a student commits suicide? (J Sch Health. 2001;71(4):132-137)

Suicide currently ranks as the third-leading cause of death among 15-to-24 year-olds, exceeded only by injuries and homicides. In 1997, the year with the most current mortality statistics, the suicide rate among this age group was 11.4 per 100,000. The suicide rate for adolescents more than tripled since the 1950s, while rates for the overall population remained virtually unchanged. A typical US high school classroom includes one boy and two girls who attempted suicide in the past year. The US Department of Health and Human Services designated the reduction of adolescent suicides to less than 8.2 per 100,000 and the reduction of injuries related to suicide attempts by 15% as goals to be achieved by the year 2000. Last year, the Surgeon General’s Call to Action to Prevent Suicide reiterated the urgency to treat suicide as a serious public health problem.

Schools, where adolescents spend one-third of their day, present an ideal setting for suicide prevention. Schools offer consistent, direct contact time with large populations of adolescents, and are found in almost every community. Therefore, schools represent strategic suicide prevention sites. High school teachers work with a population with the largest ratio of suicide attempts-to-completions, and these teachers typically express a desire to assist depressed or suicidal youth. Not surprisingly, teachers often request assistance in dealing with the issue of suicide and preventing its occurrence. The Centers for Disease Control and Prevention encouraged schools to educate students and school professionals regarding the warning signs of and risk factors for student suicide. Despite such recommendations, only one in three states requires suicide prevention to be taught, and just slightly more than one-half of schools actually teach about suicide prevention.

A comprehensive school suicide prevention program should include three components: primary prevention, secondary prevention, and tertiary prevention. All three components must exist to create a comprehensive school suicide program. This paper provides an overview of these specific components and provides practical steps to ensure that each component is adequately addressed by a school system. All steps are based on a review of the professional literature. Three questions are explored: 1) What can school professionals do to help in preventing adolescent suicide? 2) What should school professionals do when a student threatens suicide? 3) What should school professionals do after a student commits suicide?

PRIMARY PREVENTION

School suicide prevention refers to all school programs and activities aimed at decreasing student suicide thoughts, attempts, and completions. These activities should focus on raising staff and student awareness of suicide warning signs, risk factors, and referral steps. Prevention offers the most direct method for saving student lives from suicide and therefore should receive much attention. All school staff should share responsibility for identifying and helping students in need. Steps to establishing primary prevention are listed.

1. Develop a districtwide school policy concerning student suicide. A school policy formally recognizes the school’s commitment to student suicide prevention. A districtwide policy increases the likelihood that school suicide prevention programs will be effectively and consistently implemented throughout the entire school system. Without a school board policy and support from district-level leaders, school programs likely will not survive for the long-term. Rowling and Holland assessed 345 schools and concluded that a proactive approach to suicide prevention will be achieved only when a district-level policy is in place.

Malley et al surveyed 325 school counselors and found that school-based suicide prevention and intervention programs increased significantly when schools develop a written suicide policy. Suicide policies should: 1) formally state that the school considers suicide prevention a priority, 2) describe the procedures faculty/staff should take when a student at risk for suicide is identified, 3) describe the procedures faculty/staff should take when a student threatens or attempts suicide on school grounds, 4) describe the specific criteria for counselors to assess the lethality of a potential suicide, 5) describe the procedures faculty/staff should take the day after a suicide, and 6) detail how the suicide prevention program will be evaluated. For optimal success, school programs and policies should exist concurrently at the school level and district level.

2. Educate school professionals about suicide warning signs and risk factors. Effective school-based suicide prevention programs identify students at risk for suicide. Therefore, school professionals such as teachers, principals, nurses, counselors, and staff should feel confident in their abilities to recognize suicide warning signs and risk factors (Figure 1). Most teachers view addressing students’ mental
health needs as part of their role as an educator, and most health teachers consider identifying students at risk for suicide as one of the most important things they can do as a health teacher. Nevertheless, one study found that only about one in 10 (9%) health teachers felt confident in identifying a student at risk. Teachers at schools that offered a suicide prevention in-service were four times more likely to feel confident in identifying an at-risk student. Ongoing teacher/staff in-service addressing suicide warning signs and risk factors should be delivered. In this manner, at-risk students can be more quickly identified and receive the help they need.

3. Encourage collaboration among teachers, nurses, and counselors. While teachers do not diagnose and treat suicidal adolescents, all school professionals should assist in recognizing students at risk and conveying that information to school counselors and school psychologists. Teachers make effective informants concerning student mental health issues. Therefore, researchers encourage teachers to collaborate with school nurses, school counselors, and school psychologists in preventing student suicide. Examples of collaboration include teachers and nurses referring at-risk students to counselors, counselors visiting classrooms to talk about mental health issues, and psychologists facilitating staff training programs regarding the warning signs and risk factors for adolescent suicide and the appropriate staff intervention steps. Suicide prevention training programs for school professionals produce increased participant awareness of suicide warning signs, knowledge of treatment resources, and willingness to make referrals.

4. Include suicide prevention education in the teaching curriculum. Within the past 12 months, one in five adolescents seriously considered attempting suicide, one in six made a specific suicide plan, and one in 12 attempted suicide. Nevertheless, one in every three school districts nationwide does not require teaching about suicide and almost one-half of all schools do not teach about suicide prevention. Many school professionals fear that teaching about suicide prevention provides students with ideas and methods about killing themselves and, therefore, leads to increased suicide attempts. However, research shows that, when issues concerning suicide are taught in a sensitive and educational manner, students show significant gains in knowledge about suicidal warning signs and more positive attitudes toward help-seeking behaviors with troubled peers.

5. Develop a peer assistance program. More than one-half of high school students report they would not feel comfortable talking to a school professional about a personal problem, and only one in three would feel comfortable talking to a counselor if they had problems. Three of four adolescents would first turn to a friend for help if they were contemplating suicide. Therefore, schools should be proactive in implementing peer assistance programs. These programs educate students about the warning signs of suicide and how to refer troubled friends to school counselors. Results of peer assistance programs produce increases in student knowledge about warning signs and help resources, as well as greater likelihood to refer at-risk peers to school counselors.

6. Implement activities aimed at increasing school connectedness. The National Longitudinal Study on Adolescent Health, which surveyed more than 90,000 students in grades 7 through 12, found that adolescents' perceived school connectedness was the leading protective factor against student suicidal behavior. Students who felt connected to their school (e.g., felt teachers treated them fairly, felt close to people at school, felt a part of their school) were significantly less likely than students who did not feel connected to their school to have seriously considered or attempted suicide in the past year. School professionals should strive to provide an emotionally supportive environment in which students feel that they fit in, are cared for, and are encouraged to approach staff members for help when problems arise.

Figure 1
Warning Signs of Student Suicide

<table>
<thead>
<tr>
<th>Behavioral Warning Signs</th>
<th>Verbal Warning Signs</th>
<th>Stressful Life Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Being depressed</td>
<td>- &quot;I am going to kill myself.&quot;</td>
<td></td>
</tr>
<tr>
<td>- Change in appetite/weight</td>
<td>- &quot;I want to die.&quot;</td>
<td></td>
</tr>
<tr>
<td>- Change in behavior</td>
<td>- &quot;I can't stand living anymore.&quot;</td>
<td></td>
</tr>
<tr>
<td>- Change in school performance</td>
<td>- &quot;Don't worry about me, I won't be around much longer.&quot;</td>
<td></td>
</tr>
<tr>
<td>- Helplessness/hopelessness</td>
<td>- &quot;I don't want to be a burden anymore.&quot;</td>
<td></td>
</tr>
<tr>
<td>- Loss of energy</td>
<td>- &quot;I've had it; I don't want to bother anyone with my troubles anymore.&quot;</td>
<td></td>
</tr>
<tr>
<td>- Loss of interest in once-pleasurable activities</td>
<td>- &quot;My family would be better without me.&quot;</td>
<td></td>
</tr>
<tr>
<td>- Giving away cherished possessions</td>
<td>- &quot;I've had enough; I am ending it all.&quot;</td>
<td></td>
</tr>
<tr>
<td>- Morbid ideation</td>
<td>- Changes in close relationships</td>
<td></td>
</tr>
<tr>
<td>- Substance abuse</td>
<td>- History of attempted suicide</td>
<td></td>
</tr>
<tr>
<td>- Withdrawn/Isolated</td>
<td>- Previous suicides in the family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Ready accessibility of firearms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Recent disappointments (loss of job)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Recent losses (death of a loved one)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Serious illness or believe one is seriously ill</td>
<td></td>
</tr>
</tbody>
</table>
to achieve an emotionally supportive environment, schools could provide inservice to faculty and staff underscoring the importance of acting in a caring and nurturing manner to students, remaining attentive to students' needs and wishes, involving students in school decisions, developing peer mentoring programs, offering after-school student clubs, organizations, and activities, and creating small-sized student learning groups. Creating small-sized learning groups allows for stronger connections among students. In addition, the relationship between a school's physical appearance and its emotional climate should not be ignored. Flaky ceilings, graffiti-tainted walls, scuffed-up floors, dirty bathrooms, and crumbling sidewalks promote a "Why bother, no one cares" attitude among students. In turn, students feel disconnected and isolated from their school. School professionals can address these issues by 1) acknowledging the message a school's physical appearance sends to students, faculty, and staff, and 2) taking steps to clean up the physical appearance of the building, thus creating a positive environment conducive to student learning, growth, and development.

7. Develop supportive school-family partnerships. Most parents want to be involved in their children's education and their adoption of healthy behaviors. Schools should ensure opportunities for parents to become involved. When schools promote good relationships with parents, parents are more likely to support and cooperate with school health programs. Students feel most competent when their schools involve families and when schools, families, and communities deliver clear, consistent messages. Therefore, schools should inform parents of all suicide prevention programs and seek their assistance in determining prevention activities. Parents also can help by distributing program notices and handouts at grocery stores, community centers, and religious institutions informing families about suicide prevention. In so doing, broader community support for school suicide prevention may be gained.

8. Develop supportive school-community partnerships. Schools also should work at building and maintaining positive relationships with other community agencies. A complete suicide program cannot fully function without outside support. Schools should be aware of existing agencies and services they will contact following a student suicide threat or attempt. By establishing positive relations with community agencies (e.g., law enforcement, hospital emergency department, youth health services, psychiatric facilities) well in advance, schools can most effectively respond to a student suicide threat or attempt.

In addition, community agencies can assist in school suicide prevention by providing representatives to present on the warning signs, prevention steps, and available help resources regarding adolescent suicide.

9. Establish a school crisis intervention team. School crisis intervention teams should include a diverse group of school professionals such as the principal, counselor, teacher, school nurse. Each team should designate a leader as well as a backup leader to ensure the presence of at least one team leader in the building at all times. This team should develop a formal school suicide intervention plan that specifically identifies the steps to follow when a student threatens or attempts suicide. The crisis intervention team should conduct an annual suicide intervention training. While every school routinely practices fire drills, few practice suicide intervention rehearsals, though significantly more adolescents die each year from suicide than from fire.

SECONDARY PREVENTION (INTERVENTION)

School suicide intervention refers to the appropriate steps school professionals should take when a student threatens or attempts suicide. When an adolescent student makes a suicidal threat to a school professional, the school professional must follow the steps outlined in the school suicide intervention plan. The crisis intervention team leader should oversee the situation and ensure that appropriate actions are taken. Intervention steps should focus on securing the surrounding area, maintaining student safety, and referring the suicidal student to mental health professionals. All school staff should become familiar with the following crisis intervention steps to take when a student threatens suicide.

1. Ensure student safety. When a school professional encounters an adolescent who has expressed suicidal thoughts, the main objective is to prevent the act. A school professional always should remain with the suicidal youth. At this time the school professional should actively listen, ask questions for clarity, encourage the open expression of feelings, remain calm, be positive about life in general, help the youth gradually accept reality, and refrain from promising confidentiality or secrecy (Figure 2). The school professional should escort the youth to a prearranged, nonthreatening place away from other students, and equipped with a telephone. Another adult should be informed about the situation through use of a prearranged signal (i.e., "Mrs. Smith, there is some paperwork for you on my desk") and in turn, alert the crisis intervention team. The school professional with the youth should ask the student if he or she has a specific suicidal plan, when the plan is to take place, and if he or she has access to lethal means to complete the plan (i.e., gun, pills).

2. Assess the student's suicidal risk. During this step, the crisis intervention team leader takes the lead in accurately assessing the student's risk. The school's suicide intervention program should anticipate three levels of risk: extreme risk situation, severe risk situation, and moderate risk situation. In the extreme risk situation, the student has a specific suicidal plan, presently has a dangerous instru-

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**Figure 2**
Steps School Professionals Should and Should Not Take When a Student Threatens Suicide

<table>
<thead>
<tr>
<th>What School Professionals Should Do</th>
<th>What School Professionals Should Not Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively listen</td>
<td>Deny the student's feelings</td>
</tr>
<tr>
<td>Ask direct questions</td>
<td>Beat around the bush</td>
</tr>
<tr>
<td>Stay with the student</td>
<td>Leave the student alone</td>
</tr>
<tr>
<td>Focus on the present</td>
<td>Promise to keep secrets</td>
</tr>
<tr>
<td>Alert crisis</td>
<td>Try to be a hero</td>
</tr>
<tr>
<td>intervention team</td>
<td>Handle the situation alone</td>
</tr>
<tr>
<td>Refer student to a mental health professional</td>
<td></td>
</tr>
</tbody>
</table>

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ment to carry out the plan, and will not relinquish the dangerous instrument. In the severe risk situation, the student has a specific suicidal plan but has no dangerous instrument at hand. However, the youth may have access to lethal means at home. In the moderate risk situation, the student has verbalized suicidal thoughts but has no specific suicidal plan and no dangerous instrument. Appropriate assessment of risk is crucial since it determines the specific services needed. 3

3. Determine the mental health services needed. During the extreme risk situation, the school professional with the youth should remain with the youth, stay calm, and encourage the student to talk and express his or her feelings. The school professional should not attempt to take the lethal means away by force but should ask the student to relinquish it. There are two basic goals during an extreme risk situation: to prevent the student from completing suicide, and moving others to safety. After the student relinquishes the dangerous instrument to the school professional, the situation becomes a severe risk situation.

During the severe risk situation, the school professional should remain calm and probe for reasons behind the suicidal thoughts. An appropriate community mental health agency should be contacted and asked to assist in intervening. If the agency will not intervene, the student should be transported by the crisis intervention team to the nearest hospital emergency room. The parents should be contacted and informed of the actions taken.

During a moderate risk situation, the school professional should follow the same procedures as outlined previously for the severe risk situation, with one exception. If a community mental health agency will not intervene, the students’ parents should be contacted and provided available resources for help.

4. Ensure the student receives appropriate care. The school should determine whether emergency or short-term procedures were followed and whether long-term services were arranged. If not, the school should contact a child-protection agency or a community mental health agency for assistance. Concern for the student should be consistently demonstrated.

5. Debrief school staff. Intervention steps should be followed by a “debriefing” of all staff involved. This procedure will allow participants an opportunity to process their
feelings, concerns, and suggestions. At this time, the crisis intervention team should assess whether any of the strategies actually exacerbated the situation. Strategies can be maintained or modified based on their perceived effectiveness.

**TERTIARY PREVENTION (POSTVENTION)**

School suicide postvention refers to school activities occurring after a student has threatened, attempted, or completed suicide. When suicide occurs, it is a traumatic event for many survivors. Suicide clusters are well established among adolescents, so the school response to an actual suicide is crucial. The goal of postvention is to minimize the trauma to students and reduce the likelihood of copycat or further suicides. Postvention activities are most effective and smoothly carried out when planned well in advance of any actual emergency.

School suicide postvention steps should include responding promptly after the event (within 24 hours of the suicide), acting in a concerned and conservative manner, informing all staff and school board members of the event and action steps, having teachers announce the death of the student to their first class of the day, making counseling sites available throughout the school, avoiding any glorification of the suicide, assigning a school liaison to handle media inquiries, monitoring the school’s ongoing emotional climate, and evaluating all postvention activities. For a thorough discussion of the components of effective school suicide postvention programs, read are encouraged to see King’s comprehensive review of postvention steps. Again, all school professionals should be aware of the school’s plan in handling the days following a student suicide or attempt.

**CONCLUSION**

Comprehensive school suicide prevention programs should include primary, secondary, and tertiary prevention components. This paper outlined practical steps for incorporating each component within a school system. School professionals should know the specific components, benefits, and projected outcomes associated with a comprehensive school suicide prevention program (Figure 3). However, effective school suicide prevention programs should be structured enough to provide school professionals with guidelines to follow when dealing with this issue but flexible enough to allow for the proper handling of unique situations. Ongoing training and evaluation of the suicide prevention plan are strongly recommended. In doing so, school professionals can remain aware of suicide prevention efforts, and crisis intervention team members can accurately assess the effectiveness of the school’s overall program.

**References**


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