

Evidence Based Practices in School Mental Health: Suicide Prevention

Background Information

Suicide represents the second-leading cause of death in youth. An alarmingly large number of young people in Colorado and throughout the country report having made serious plans for suicide attempts. Common factors that appear to lead to suicide among youth are a variety of stressful life events such as: disciplinary crises, interpersonal loss or conflict, humiliation and shame. Suicidal youth are more likely to be depressed, abuse alcohol and have a history of aggressive and antisocial behavior (Maris, Berman, Silverman, 2000). Predicting the seriousness of suicide intent among youth is difficult. Adolescent boys are more likely to complete suicide; whereas adolescent girls think about suicide and make plans more often. Girls are also more likely to be hospitalized for a suicide attempt. Some reasons for these gender differences in relation to suicide behavior are that while girls are much more likely to suffer from depression and to internalize their emotions, they are more apt to find support through relationships and use less lethal methods in suicide attempts. Young boys are more likely to be outwardly aggressive, abuse alcohol and use more lethal methods such as firearms, leading to a higher rate of fatal suicide attempts. National evidence suggests that suicidal behavior may be a particular problem with the following groups of young people: Hispanic girls (Roberts, Chen & Roberts, 1997); African-American males aged 15-19 (U.S. Department of Health & Human Services, 2001); Gay, Lesbian and bisexual youth (U.S. Department of Health & Human Services, 2001); and Native American youth (Goldman & Beardslee, 1999). Research demonstrates that suicidal youth are not likely to seek help for their suicide issues. Innovative approaches to screening and assessing youth and to help youth workers recognize suicide warning signs are being promoted as ways to reach those youth who are most at risk for both suicide attempts and deaths.

Common Warning Signs

(U.S. Dept. of Health and Human Services, 2001)

- ◆ Giving away favorite possessions
- ◆ A marked or noticeable change in an individual's behavior

- ◆ Previous suicide attempts and statements revealing a desire to die
- ◆ Symptoms of depression: crying, insomnia, excessive sleep, appetite loss and inability to think or function
- ◆ Inappropriate good-byes
- ◆ Purchase of a gun or pills
- ◆ Alcohol or drug abuse
- ◆ Sudden happiness after long depression
- ◆ Obsession about death and talk about suicide
- ◆ Decline in performance at school or other activities
- ◆ Deteriorating physical appearance or reckless actions
- ◆ Verbal behavior that is ambiguous or indirect: "I'm going away on a real long trip", "You won't have to worry about me anymore", "I want to go to sleep and never wake up".

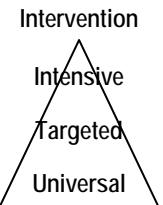
Suicide Prevention Strategies

(Colorado Trust: Suicide in Colorado, 2002)

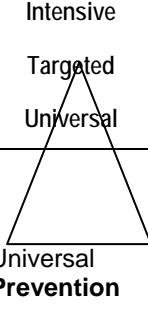
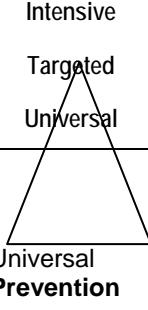
- ◆ Provide outreach to individuals at risk of committing suicide through screening and referral programs
- ◆ Educate those in gatekeeper positions to recognize individuals exhibiting suicidal behaviors
- ◆ Provide professional services to suicide survivors
- ◆ Offer support to the families and loved ones of suicide victims.
- ◆ Respond effectively to those in suicide crisis and those who have made a previous suicide attempt
- ◆ Educate the community about suicide prevention
- ◆ Encourage culturally competent approaches to suicide prevention
- ◆ If school staff believes a child might be depressed, they should inform parents and not hesitate to ask a child if he or she has thought about, intends, or has plans to commit suicide. The student is often relieved to be asked, and this does not give him new ideas

Disclaimer

The information gathered for this evidence-based practice sheet is a summary of common practices and/or programs with a strong research base and definitions found in recent literature. This summary is by no means a comprehensive representation of all information, definitions, programs, and standards to be found. In addition this information is not intended to provide any type of professional advice nor diagnostic service. The listing of a specific program within this sheet does not constitute as an endorsement from CDE for the program.

Program/Intervention	Publisher/Resources	 <p>Level of Intervention Intensive Targeted Universal</p>	Target Population	Type of research conducted (Stringent research-research design, random assignment; Research – mixed method, random sampling; Applied with Fidelity – outcome measures, case studies*)	Research Sample
Signs of Suicide Prevention Program (SOS) Summary: A school based prevention program that combines the following two components: 1) educational portion that increases students' understanding of depressive symptoms in themselves and others and 2) a self-screening portion to assess and evaluate depressive symptoms.	Mental Health Screening Website: www.mentalhealthscreening.org	Universal Prevention	Adolescents	Stringent Research	2100 adolescents at 5 different high schools from grades 9 th -12 th ; sample was equal between males and females; sample was culturally diverse.
C-Care/ Coping and Support Training (CAST) Summary: A small group skills training intervention. Sessions target mood management, drug use control, school performance. This program combines one-on-one counseling with a series of small group training sessions.	Beth McNamara, MSW Information & Training PO Box 20343 Seattle, WA 98102 (425) 861-1177 Ry.info@comcast.net	Targeted Intensive	Adolescents Ages 14-18	Stringent Research	Randomized design and multiple follow-ups (4 weeks, 10 weeks & 9 months) sample representative of gender and cultural diversity.
Reconnecting Youth Class Summary: school-based prevention program that targets young people who show signs of poor school achievement, potential school dropout, and suicide risk behaviors. Teaches skills to build resiliency with respect to risk factors and to moderate early signs of substance abuse and depression.	Solution Tree 304 West Kirkwood Suite 2 Bloomington, IN (800) 733-6768 www.solution-tree.com	Targeted Intensive	Adolescents Ages 14-18	Stringent Research	106 students in grades 9-12 were randomly assigned to a three group, repeated measures design; sample was representative of gender and cultural diversity

* See Fast Facts: Introduction to Evidence Based Practice

Program/Intervention	Publisher/Resources	Level of Intervention 	Target Population	Type of research conducted (Stringent research-research design, random assignment; Research – mixed method, random sampling; Applied with Fidelity – outcome measures, case studies*)	Research Sample
Columbia University TeenScreen Program Summary: to identify youth who are at-risk for suicide and potentially suffering from mental illness and ensure that they then receive a complete evaluation. A school-wide screening tool for high school students.	Columbia University TeenScreenProgram 1775 Broadway Suite 715 New York, NY 10019 (866) 833-6727 www.teenscreen.org	 Universal Prevention	Adolescents Ages 11-18	Research	2,004 high school students from 8 high schools in NY metro area; sample was representative of gender and cultural diversity
Lifelines Summary: This program provides guidelines for training school personnel as well as a curriculum for students regarding suicide prevention.	John Kalafat, PhD Rutgers University Graduate school of Applied and Professional Psychology 152 Frelinghuysen Piscataway, NJ (732) 445-2000 kalafat@rci.rutgers.edu	Universal Prevention	Adolescents Ages 12-17	Research	253 10 th graders no random assignment; sample was representative of gender and cultural diversity
Zuni Life Skills Development Summary: A culturally tailored intervention that targets high school students. This program builds self-esteem, identifies emotions, increases communication and problem-solving skills, receiving information regarding suicide and setting goals.	Program Publisher University of Wisconsin Press (800) 621-2736 www.wisc.edu/wisconsin_press/	Targeted	Native American Adolescents Ages 14-18	Research	Quasi-experimental design This program was specifically designed for the Zuni culture; however the cultural adaptation incorporated in this program is applicable to other populations.

* See Fast Facts: Introduction to Evidence Based Practice

Resources

Promising Practices Network:
<http://www.promisingpractices.net/>

What Works Clearinghouse: <http://www.w-w-c.org/>

American Foundation for Suicide Prevention
www.afsp.org

Colorado Office of Suicide Prevention
<http://www.cdphe.state.co.us/pp/suicide/suicidehom.asp>

Suicide Prevention Resource Center
www.sprc.org

Yellow Ribbon Suicide Prevention Program
(303) 429-3530
Ask4help@yellowribbon.org
Web: www.yellowribbon.org

References

The Colorado Trust (2002). Suicide in Colorado. www.coloradotrust.org; Colorado Office of Suicide Prevention.

Goldman, S. & Beardslee, W. (1999). Suicide in Children and Adolescents. *The Harvard Medical School Guide to Suicide Assessment and Intervention*. San Francisco, CA: Jossey-Bass.

LaFromboise, T. & Howard-Pitney, B. (1995). The Zuni Life Skills Development Curriculum: Description and Evaluation of a Suicide Prevention Program. *Journal of Counseling Psychology*, 42, 4, pp. 479-486.

Maris, R., Berman, A. & Silverman, M. (2000). Comprehensive textbook of Suicidology. New York, NY: Guildford Press.

Roberts, R., Chen, Y. & Roberts, C. (1997). Ethnocultural differences in prevalence of adolescent suicidal behaviors. *Suicide and Life Threatening Behavior*, 27(2), 208-217.

U.S. Department of Health and Human Services. (2001). National Strategy for suicide prevention: goals and objectives for action. Rockville, MD: Author.
