SUICIDE

Suicide is the second leading cause of death among teenagers in the United States.

What is Suicide?

Often suicide occurs as a result of multiple stressors and health issues paired with feelings of hopelessness and despair. Mental health conditions, specifically anxiety, depression and substance use problems, increase an individual's risk for suicide, especially when such conditions go undiagnosed and untreated.

In an effort to prevent suicide, it is important to understand that students can experience suicidality in different ways. Suicidality can increase when a student experiences a painful loss, life event, or change that makes it difficult to cope. Suicidality is comprised of some or all of the following:

1. **Suicidal Ideation:** Thinking about, considering, or planning to take one's own life.

2. **Suicidal Behaviors:** Any action indicating intent to end one's own life; intentional injury or self-harm; developing a way or plan for suicide; acquiring items to execute a suicide plan.

3. **Suicidal Attempt:** Engaging in self-harm behavior with the intent to die. An attempt may not result in harm, injuries, or death.

Although not everyone who dies by suicide exhibits observable warning signs, the majority of people do express some sign of suicidal ideation to someone else. Learning how to identify warning signs can help prevent suicide attempts.

Colorado's 2019 teen suicide rate is nearly double the nationwide rate.

⚠ Signs a Student Needs Support From a Mental Health Professional

Engaging a mental health professional is an appropriate action if you are at all concerned about a student's well-being:

☹

Expressions of feeling trapped, hopeless, or having no reason to live.

Exhibiting rage, anger, revenge-seeking, sudden recklessness, risky behavior, or substance use.

Mood shifts including: anxiety, agitation, inability to sleep, or constant sleep.

Teenage girls are twice as likely to attempt suicide than teenage boys. Conversely, teenage boys are more likely to die by suicide than teenage girls.

What Are The Risk Factors?

Both health and environmental factors increase the risk of suicide. Health factors include a person's characteristics, attributes and their unique experiences. Environmental factors include characteristics and attributes of a person's home, school, and community. Risk factors can help identify students who may be vulnerable to suicide.

Some of the risk factors that increase the likelihood of suicidality include:

Health Factors

- An existing chronic health condition, such as depression, anxiety, physical illness or disability.
- Risk-taking or impulsive behavior.
- Self-injury, substance use, engaging in impulsive, risk-taking, risky sexual behavior, violence, or delinquency.
- Feelings of hopelessness, social isolation, or of being a burden to others.
- Self-injury or previous suicide attempts.

Environmental Factors

- Physically unsafe environments, including: easy access to weapons and substances, inadequate access to mental healthcare, or abuse.
- Hostile or harsh environments, including: those characterized as disrespectful, unfair, stigmatizing, discriminatory, and unaccepting of cultural and individual differences.
- Someone you know attempting or dying by suicide.
- Family stress: parental divorce or separation, death of a family member, or scarcity of resources.

Transgender teens have higher rates of suicidal ideation, plans, attempts and attempts requiring medical care compared to their cisgender peers.

What Can Schools Do To Prevent Suicide?

Students spend a significant amount of time at school, which makes the school environment a key factor in suicide prevention efforts. Schools should emphasize protective factors, such as problem-solving skills, physical activity, effective communication, and identifying/utilizing a trusted adult. (See specific strategies on Page 3 in the WSCC Model.)

- Build the skills and confidence of staff members to identify the signs of suicidal ideation with their students and colleagues.
- Promote a safe school environment with prevention efforts to address violence, discrimination, bullying, and substance use.
- Provide behavioral health support to all students, with an emphasis on students with elevated risk factors.
- Implement evidence-based response protocols with specific and delineated roles, responsibilities and procedures after a student attempts or completes suicide.

For access to free and confidential support, contact the National Suicide Prevention Hotline at 1-800-273-8255.

BY THE NUMBERS
The Disproportionate Effects of Suicide

When selecting a program or approach to suicide prevention efforts in your school community, use an equity framework that considers the diversity of experiences and risk factors. The statistics highlighted below are to encourage you to examine your own data to understand how diverse identities are impacted by suicide in your school.

2X

The rate of suicide among **American Indian/Alaska Native youth ages 15-19** is more than twice that of their peers.

3.6X

Youth with **disabilities** are 3.6 times more likely to report a suicide attempt in the past year than their peers without disabilities.

4X

Lesbian, gay, bisexual youth are four times more likely to attempt suicide than their sexual orientation majority peers.

Suicide Prevention and the Whole School, Whole Community, Whole Child Model

The Whole School, Whole Community, Whole Child (WSCC) model is designed to guide all school community stakeholders to collaboratively address health behaviors and create environments that promote health and wellness for students by integrating the ten component areas. Through this interconnected and collaborative approach, the WSCC model aims to support the whole child to be healthy, safe, engaged, supported, and challenged. For any given health issue at any given school, the resources and involvement of each component area may vary. In regard to suicide, the counseling, psychological & social services and social & emotional climate component areas may be more involved in prevention efforts.

Example strategies for aligning and coordinating suicide prevention practices across the 10 WSCC component areas:

Community Involvement

- Coordinate referral systems with community mental health providers and crisis response units.
- Align suicide prevention policies and practices between school and afterschool providers.
- Partner with state agencies, hospitals, and regional coalitions to build capacity for suicide prevention efforts.

Family Engagement

- Utilize different communication channels to share suicide prevention resources and strategies with families (e.g. email, website, newsletters, social media).
- Educate families about early warning signs of suicidal ideation.
- Inform families about safe storage practices of possible harmful items (e.g. weapons and drugs).

Employee Wellness

- Train all staff to recognize and respond to suicidal ideation in alignment with school policies.
- Encourage staff to model healthy reactions to crises and appropriate coping skills.

Physical Environment

- Provide information on hotlines and support services in discreet places in your school (e.g. bathroom stalls).
- Promote compliance with weapon-free and drug-free school policies.

Health Education

- Integrate curriculum on suicide prevention and help-seeking for self and others.
- Provide students opportunities to practice self-advocacy skills.

Social & Emotional Climate

- Promote a caring, competent school community in which help-seeking is encouraged.
- Implement a comprehensive suicide prevention program as a part of social and emotional climate initiatives.
- Develop a comprehensive school crisis preparation and response plan.

Physical Education & Physical Activity

- Teach students to write physical activity goals to support their health and well-being.
- Educate students on the positive mental health benefits of physical activity.
- Integrate physical activity into classroom and school routines.

Nutrition Environment & Services

- Offer healthy meals for students with nourishment for optimal health and well-being.
- Invite a health professional from the community to speak with students and staff about the connection between nutrition and mental health (e.g. depression and eating disorders).
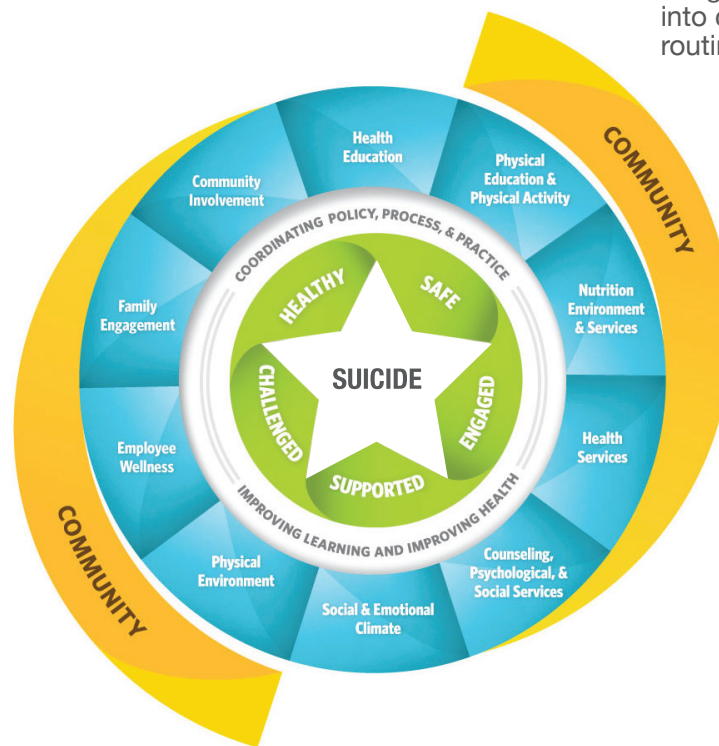
Health Services

- Screen for depression and suicide risk factors as part of routine health services.
- Establish systems that promote students asking for help when they or someone they know is having suicidal thoughts.

Counseling, Psychological, & Social Services

- Establish a system to identify, track, and refer students to appropriate services when they exhibit suicidality.
- Provide culturally responsive school-based mental health services.
- Provide group or individual interventions to build student coping skills to regulate emotions, thoughts, and behaviors.

Next Steps

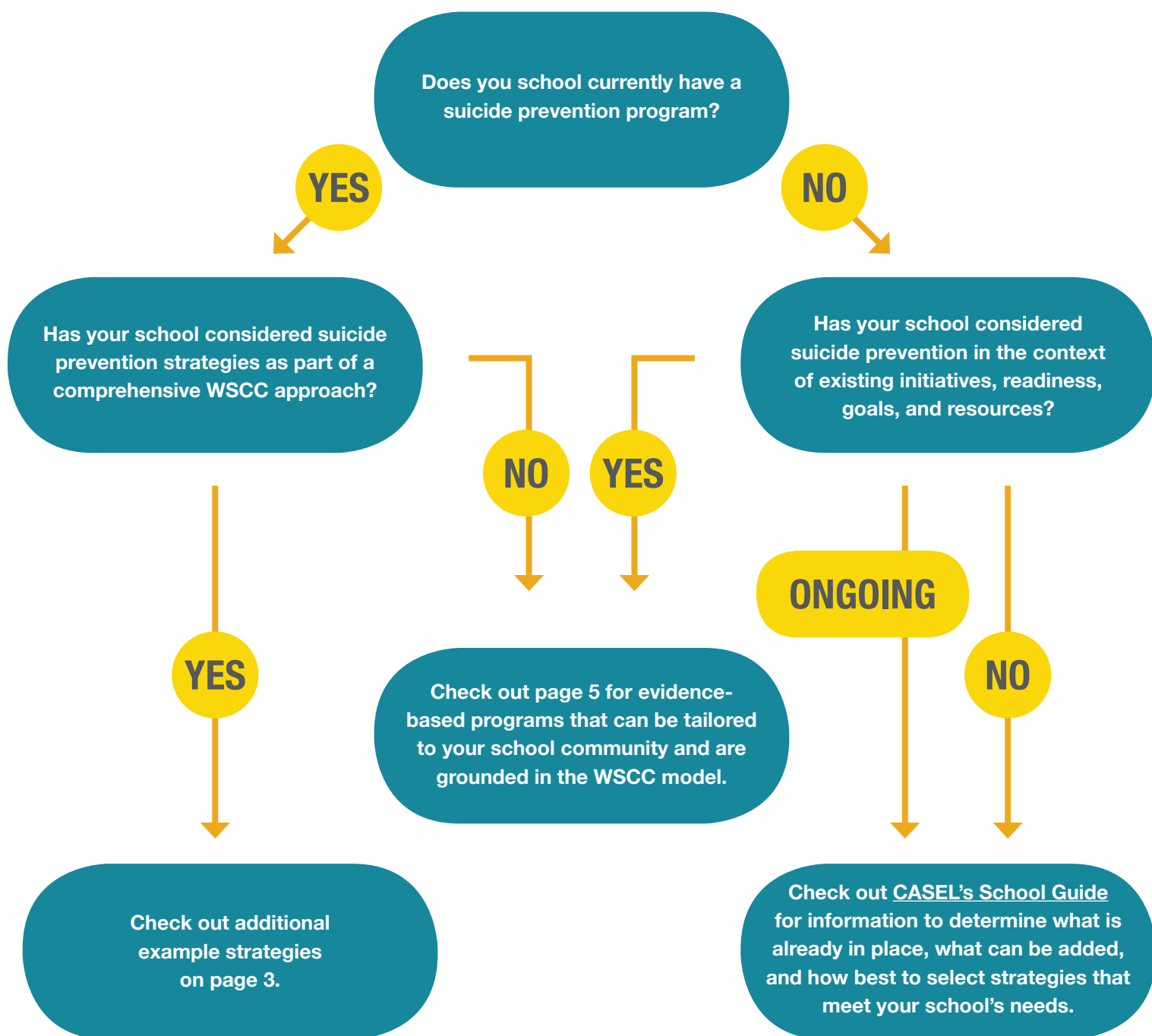One of the most effective ways to promote mental health and to prevent suicide at your school is to implement a comprehensive mental health or social and emotional program that includes suicide prevention. When selecting programs for your school, a comprehensive analysis of existing initiatives, readiness, aims and goals, is important for embedding effective and sustainable suicide prevention initiatives in your school community. This flow chart will help you get started in selecting the best approach for your school.

Does you school currently have a suicide prevention program?

YES

NO

Has your school considered suicide prevention strategies as part of a comprehensive WSCC approach?

Has your school considered suicide prevention in the context of existing initiatives, readiness, goals, and resources?

NO

YES

Check out page 5 for evidence-based programs that can be tailored to your school community and are grounded in the WSCC model.

ONGOING

NO

YES

Check out additional example strategies on page 3.

Check out CASEL's School Guide for information to determine what is already in place, what can be added, and how best to select strategies that meet your school's needs.

For additional information, including the Menus of Best Practice, visit HealthySchoolsHub.org.

When considering prevention and intervention strategies, it is important to implement policies and programs that are proven to be effective in school settings. The programs highlighted below are comprehensive, operate at the universal prevention and intervention levels, and are aligned with the WSCC model. All of the programs are customizable to meet the needs of your school and community.

Lifelines:

GRADES 6-12

Lifelines is a comprehensive, schoolwide suicide prevention program for middle and high schools. The goal of the program is to promote a caring, competent school community in which help-seeking is encouraged, modeled and de-stigmatized. Lifelines includes a set of sequential components designed to establish guidelines and procedures for responding to students at risk, training staff, and educating students and families about their role in suicide prevention.

RESPONSE:

GRADES 9-12

RESPONSE is a comprehensive high school-based program that increases awareness about suicide among high school staff, students and parents. All program components are designed to heighten sensitivity to depression and suicidal ideation, increase identification, and facilitate referral. RESPONSE emphasizes protocols for supporting students who experience suicide risk. The program aims to increase knowledge and skills around help-seeking and school crisis support.

SOS Signs of Suicide:

GRADES 6-12

The SOS Signs of Suicide Prevention Program is a universal, school-based depression awareness and suicide prevention program designed for middle and high schools. The program encourages help-seeking by youth and provides training and education to families and staff who have routine contact with youth. This program also encourages schools to develop more relationships with community organizations to support mental health.

The following behaviors require an immediate response, as well as ongoing follow up.

- Student actively looking for ways to kill themselves: seeking access to pills, weapons, or other means.
- Student talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the student.

The example WSCC aligned strategies (pg. 3), flow chart (pg. 4), and suggested evidence-based programs (pg. 5) are distilled from a comprehensive, systematic, and rigorous review of relevant research. This research compilation and supporting tools are available on HealthySchoolsHub.org.

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