



Preventing Tragedy: Best Practices for School Suicide Prevention

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“You know we’ve already had two suicides this school year,” the teacher who was hosting us told me. With depression and suicidal ideation taking hold in their school, I had a small team with me to speak to students about how they could be a part of the solution. Having spoken to more than a million students in 40 countries and 40 states, I have a pretty good idea of what works in communicating to students, and what is not all that effective. In my opinion the workshop wasn’t ideal. School was not even in session the day the workshop was scheduled. The 50 or so students that we were looking for to be influencers in their schools would need to come to an off-campus location on their day off. It seemed unlikely to me that this was going to work.



Even though the setting was less than ideal, I had some faith that the 50 students would show up that day and that we could give them the tools needed to influence and have a positive impact on the students at their school. I did not expect that over 100 students would show up. We ran out of food, space, and small group leaders, but we saw great things happen.

I once met with a fund-raising consultant for my nonprofit who told me that she was raising money for a California based suicide prevention hotline. The hotline was successful and got hundreds of calls per week. She told me that the subject matter was really difficult for her as a professional fundraiser. “People wanna give money to puppies and sunshine,” she told me, “No one wants to talk about depression and suicide.”

And that's part of the problem, school administrators, teachers and even parents, do not want to admit the struggles these teenagers in their care are really dealing with. But I found the teenagers who are actually dealing with this stuff are different. They want to help. They want to be part of the solution. They just don't know what to do.

Shows like *13 Reasons Why* that dramatize and glorify the tragedy of suicide, tell us something about what teenagers are going through. They do not, however really help this situation in any way. It is not that they are not conversation starters. It is that they start the wrong conversations.

There are a lot of reasons why teenagers deal with depression and suicidal ideations. The rush of hormones that comes with becoming a teenager can be very difficult to balance. Having an existential crisis at 13 doesn't make you Rene Descartes. It makes you depressed. Having someone to talk to isn't all that helpful if you don't have the right conversations. While speaking to students across the country,

we have been able to help them, their educators, their parents, and other caring adults, have healthy conversations.

In this article we are giving you our top 6 suicide prevention practices that schools can implement. These are some things that we have learned through thousands of conversations with counselors, parents and teenagers. We are not experts by any means, but we have done the research and have come up with these 6 things that we think will help you in your school setting to create a supportive environment around mental health issues.

1. Have Students Make a Safety-Plan

For number one of our prevention practice list, schools should implement the creation of student safety plans. This is where students work with a mental health worker (nurse, counselor, psychologist or other professional) to develop a plan for when the student is feeling suicidal. It outlines what the student is feeling, who they can contact when feeling this way, and steps that they can take based on their level of need.

Suicide-contracts were a standard practice just ten years ago. This contract held no legal authority but both clinician and patient signed this document establishing that the patient would not harm or kill themselves. This had no empirical evidence as to the effectiveness, as it did not provide clear case studies with actual patient data. The study only held claims as to the number of patients who made this agreement and did not harm themselves, but not actual data.

At this time there is not enough empirical evidence that has been collected on these safety plans. They have been implemented in care for veterans of war, but there is no data at the moment to prove or disprove the effectiveness of this new type of plan. A great example of how to create such a plan is the VA's guide: <https://www.mentalhealth.va.gov/docs/vasafetyplancolor.pdf>

<http://www.ccsme.org/wpcontent/uploads/2017/01/NoSuicideContracts.pdf>

2. Put on Prevention Programs

Schools should put into practice anti-bullying and suicide prevention programs. Utilizing students to be aware of their peers who may be experiencing these things can help the students affected earlier on. We do recognize that most anti-bullying programs increase bullying and the same can be said for suicide prevention programs. It does not mean that schools should not utilize these programs, it recognizes that there are many complicating factors to the increase of these problems.

One study "A Multilevel Examination of Peer Victimization and Bullying Preventions in Schools" was done by the University of Texas and Michigan State University. The researchers aimed to show the many complicating factors in a school that correlate to the effectiveness or ineffectiveness of a prevention program.

The findings "reveal that students attending schools in which bullying prevention programs are implemented are more likely to have experienced peer victimization, compared to those attending schools without bullying prevention". Though the numbers for this increase are small compared to the number of schools with successful programs

Many studies done in the past show that the school wide approach in prevention programs work. One such program is the Olweus Bullying Prevention Program. This is a program implemented across the country and is the most effective and researched program to date. "Olweus (1993) [11] found that a comprehensive approach is effective in decreasing bullying victimization and antisocial behavior through improving school climate."

<https://www.hindawi.com/journals/jcrim/2013/735397/>

StudentReach travels across the country putting on anti-bullying and suicide prevention programs. Studies have shown that magnifying subjects like suicide, depression and bullying can actually increase these problems, but StudentReach has very carefully crafted a message that addresses these subjects without dramatizing them. Our program makes sure everyone is a part of the solution, rather than specifically targeting individual victims. This approach comes from an empathetic view rather than a sympathetic view. We know that just telling students to not do something doesn't work; therefore, we give them resources like cognitive behavioral therapy techniques, and tell them that it will be difficult but that they can do it.

3. Assemble a Crisis Team

A crisis team involves various school staff as well as trained health professionals. The goal of this crisis team is to be able to identify suicidal students and intervene effectively. The team should include administrators, school mental health professionals- e.g. psychologist, counselor, nurse, etc., school



security personnel (if applicable), and/or other trained staff. When you have more than one school staff member responsible for helping students who may be in crisis, it allows for better care of the student as the one staff member is not trying to perform all the roles or act outside of their qualifications.

Every member on the team should receive training on warning signs, risk factors, and behaviors of suicidal thinking. One person should be the designated reporter. This means that they should work with local law enforcement for appropriate actions and next steps. When a student is exhibiting warning signs or behaviors, they should be escorted at all times to the appropriate crisis team member. Ensuring students have a welcoming, safe, and

positive school environment is also foundational. Students should be aware that there are trained adults who are able to help when they are in crisis.

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-suicide-guidelines-for-administrators-and-crisis-teams>

4. Involve Parents

Students often say how their parents do not understand them or what they are experiencing. One way to help bridge this divide between student and parent, is give the parents the same information the students receive. This way they are both getting the same information. If the student thinks their parent understands, it allows them to be more open about what they are going through.

One topic that has had both teenagers and parents alike talking is the show *Thirteen Reasons Why*. This show is a series on Netflix, an adaptation from a novel written by Jay Asher. The show, like the book, centers on the character, Hannah, a female high school student. Many things happen throughout the show, but she is a victim of bullying and ultimately takes her own life, in which the show clearly portrayed in one scene. Netflix has since taken this scene out as it has been said to cause more harm than good. Many have criticized the show for glamorizing suicide. Whether you agree or not, the show certainly had people talking about mental health. The conversation often needs a starting point, and if nothing else, this show is one.

It is also important to educate the entire family on mental health. If a family member is experiencing mental illness it inadvertently affects the whole family. Learning the ways in which this does shows support and aids in communicating with other family members through open dialogue.

It would be useful to provide resources for parents to take home to help them with their conversations. Hold an informal Q & A session where you provide information and allow parents to ask questions. Have mental health professionals lead the sessions and explain mental illness in teenagers and children.

Cognitive behavioral therapy or CBT is a therapy that is often used to treat mental health disorders. This therapy is not specifically for mental illness, it is just often used. CBT is used to correct negative thinking and thinking patterns and helps to identify the patterns that are harming you.

It is shown that anyone can be affected by mental health. There is a correlation between happiness and suicide. Anthony Bourdain and Kate Spade were celebrities who took their own lives in 2018. This rocked the world in that these seemingly happy people took their lives.

5. Talk to Children about Mental Health

While our first four points are more geared towards older students, it is also important for schools to begin talking about mental health at the elementary level. It is important to talk to children because they are beginning to experience mental illness at younger ages. The earlier students understand, the earlier they can recognize it and seek help. If they have family members, like a sibling or a parent, that has a mental illness this a great way for them to understand what is wrong.

Making it clear that being healthy mentally is just as important as being physically healthy. Giving kids coping skills and clear techniques to practice will help them as they develop. When they learn the skills young, they will already be putting them into practice later on.

This can be implemented in individual classrooms. A lesson plan that includes teaching the students about how to handle and express their emotions, how to deal with stress and how to relate to their peers who may be struggling. These are the types of lessons that StudentReach implements in the Connected Life Coaching/ mentoring Program. They teach students about the four areas of health-

social, mental, physical, and directional. Explaining what each of these looks like, and how and why it is important to have a balance of these four areas.

An important clarification to make is what classifies as mental health and what is mental illness. Kids often experience many emotions in one day. Explaining that it is ok to be sad is important, and that it is when this sadness persists for a longer than normal length of time, that it could be mental illness.

Taking questions from the students will be beneficial. Holding a Q & A session after will give bolder students the chance to ask questions. Teachers could also have students write down questions anonymously to allow students the chance to ask questions they wouldn't otherwise feel comfortable asking. Then reading the questions and answering the questions that same day in front of the class, or during another lesson might be beneficial.



Just as a cultural reference for older students was *13 Reasons Why*, for younger students the movie *Inside Out* is a great talking point. *Inside Out* has five main characters named for the emotions they portray. There are Anger, Sadness, Joy, Fear and Disgust. These emotion characters are inside the little girl Riley in the film. They are her emotions, and they each control that specific emotion within Riley. Throughout the film Joy is the central character. By the end of the film Joy learns why it is important for Riley to balance all of her emotions, and not just be happy all the time. This movie got the science right as they hired Dacher Keltner a Psychology professor from the University of California, Berkeley, who is an expert on the science of emotions.

https://greatergood.berkeley.edu/article/item/four_lessons_from_inside_out_to_discuss_with_kids

In this article we gave you our top 6 suicide prevention practices that schools can implement. These are some things that we have learned through thousands of conversations. We hope this will help you in your school setting to create a supportive environment around mental health issues.

One key takeaway is that schools, organizations and even families need to foster an environment where everyone is part of the solution. When peers, educators, parents and other caring adults see themselves as part of the solution, then those in crisis are more likely to find the right resources. Peers need to know what their role can be and what their role is not.

After a suicide prevention assembly in rural Kentucky I had a conversation with a young man I'll call 'Kent.' Kent came up to the front of the gymnasium after we were done speaking and waited in a short line to talk to me. When it was his turn, he simply looked at me and said, "It's been 1 year, 10 months and 3 days."

I looked at Kent and I said, "Since what?"

He looked back at me and said, "Since I did heroin. I've been clean for almost two years. Before that, I did heroin almost every day for four years."

I looked at Kent and I realized he had to be 15 or 16 years old. He had started doing heroin when he was 9, 10 or maybe 11. He told me about his life, about his drug addicted parents. He told me about living with his grandparents in a small RV with a leaky roof. And then he pulled up his sleeves. The scars on his arms were deep and there were dozens of them. He had cut deep and hard as an attempt to control his pain. As he was standing there, another kid looked up next to him and put his arm around him, and when he did, Kent began to cry.

"I wouldn't be here if it weren't for this guy," he said, "He reached out to me when I was miserable. He reached out to me when no one wanted to be around me. I don't even know why he cared." At this point these two teenagers both had tears rolling down their cheeks and the kid looked at Kent and said, "I just wanted you to know that you matter, that's why I've always reached out."

We had a longer conversation that day, but as we talked, I thought about all the kids like Kent who didn't have anyone. His friend wasn't a counselor or a licensed clinician, but he was somebody who knew how to have the right conversations and that's the key. Not just talking, talking about the right things.

StudentReach puts on school assemblies and suicide prevention workshops with gifted speakers that can help start the right conversations. These programs give student influencers the tools they need to help friends in crisis and, more importantly, get the additional help they need from non-peers. Contact us at studentreach@studentreach.org

If you or someone you know is suicidal, call 911 to get help immediately, or call the National Suicide Prevention Lifeline at 1-800-273-TALK or the Crisis Text Line (text "HOME" to 741741).