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# Suicide Prevention in Schools

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## Abstract

Studies have shown that a school environment is the most effective place to administer suicide prevention programs to reduce suicide rates among adolescents. This literature review evaluates different prevention programs and implementation strategies in order to determine the most effective suicide prevention method utilized at a high school level. Out of all the prevention programs examined in this literature review, the Promoting CARE program appeared to yield the best results, as it saw a decline in suicidal ideation and behaviors in the participants over the course of six years following the program. This type of program along with certain screening and gatekeeper trainings and methods have produced positive results among at-risk adolescents. Due to the limited research studies done on different prevention programs and interventions, future research is still needed in order to find the best way to lower suicide rates.

*Keywords:* suicide, suicide prevention, school-based intervention

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*Suicide Prevention in Schools*

Studies reveal suicide as the leading cause of death among adolescents (Cusimano & Sameem, 2010). Suicidal ideation as well as suicide rates are rising among teenagers from the ages of 12-18. Suicide rates in adolescents have tripled since the 1940s. In a survey of high school students, 16% seriously considered suicide, 13% created a suicide plan, and 8% reported attempting to take their own life within the past 12 months according to the Centers for Disease Control (2018). Because adolescents spend most of their childhood years in school, it has been found to be one of the best environments to implement suicide prevention strategies. Many reviews and studies have evaluated the effectiveness of different suicide prevention programs and the roles of schools and their staff in suicide prevention in order to find which strategies should be implemented in all schools.

In this literature review, research on school-based suicide prevention strategies including their implementation and effectiveness will be examined. This information will help determine 1) which suicide prevention strategies yield the best results and 2) the best ways to implement those programs in schools.

### **Prevention Programs**

Through researching and analyzing suicide prevention programs, there were several that appeared to be the most used and tested within school settings. These programs seemed to be the only programs that have been tested widely enough and have garnished enough results to be considered significant.

### **Sources of Strength**

The Sources of Strength prevention program focuses on involving the entire student body in suicide prevention and changing social norms through peer groups (groups students associate with due to similar age or interests). These peer groups change perceptions of typical behaviors regarding suicide and coping strategies, and the peer leaders are models to encourage friends to name and engage with trusted adults, increase their communication with these adults, reinforce the expectancy for



friends to ask for help, and to use the proper coping resources (Wyman et al., 2010). The researchers reported the results that measured the short-term impact of implementing the Sources of Strength program (Wyman et al., 2010). This program was tested in 18 high schools to see the impact of this intervention program on peer leaders and the subsequent effect those peer leaders had on the student population. After the program was implemented for four months, a survey was used to measure the results from the chosen 453 peer leaders and 2675 general student population.

The researchers found that there was not a significant difference in percentage of suicidal ideation among students within the intervention schools and the control schools (Wyman et al., 2010). They did, however, find evidence of the intervention program having a positive impact on the student peer leaders. Some of the positive results included more genuine expectations that the adults at their schools would help suicidal students, a decrease in maladaptive coping attitudes, and the average number of students asking adults for help increased. The training that these peer leaders participated in increased the number of referrals for at-risk students to the proper resources, such as psychologists, made in large schools, but not small schools. The impact of this intervention program on the student population was positive, showing increases in perceptions of adult help and help-seeking behaviors.

The training of peer leaders using the Sources of Strength program led to changes in the norms, such as avoiding the topic due to stigma, of the student population in high schools after three months. The main change in norms during this study (Wyman et al., 2010) was the perception of adults and their willingness to help suicidal students. Researchers seemed to have achieved the goal of changing social norms within schools, with the hope that this would have a positive impact on suicide prevention. However, this study only examined the short-term effects of this program so there is no evidence to support that this program changed attitudes long-term. Although this had positive results on both the peer leaders and the school's population, this study did not show that it was successful in suicide prevention over time.



## SafeTALK

*SafeTALK* was another universal suicide prevention program, which was delivered to Australian schools, (Bailey, Spittal, Pirkis, Gould, & Robinson, 2017) that was evaluated focusing on the potential positive and negative effects of the program. The *safeTALK* program consisted of one three-hour workshop delivered in secondary schools throughout Australia. The authors evaluated the efficacy, acceptability, and safety of delivering this program to high school students. They also looked to identify students that were potentially at risk for suicide and connect them to the appropriate support. These three hypotheses were evaluated: 1) that *safeTALK* was associated with increased knowledge about suicide and willingness to seek help for suicidal thoughts 2) that this program would not cause an increase in suicidal ideation or further psychological distress and 3) that the *safeTALK* program was acceptable to present to students. The *safeTALK* program was administered to all students in grades 11 and 12, whose ages varied from 16-18. Their measures included aspects such as demographic information, knowledge of suicide, confidence in discussing suicide, willingness to talk about and help others with suicidal thoughts, and help-seeking behaviors.

Bailey et al. (2017) surveyed the 129 participants before and after the program implementation, then administered another follow-up survey online four weeks after the program. There was an increase in participants' knowledge, confidence, and willingness (to talk about issues regarding suicidal thoughts and ideation) scores as well as a significant increase in help-seeking behaviors. Analyses demonstrated that the chances of suicidal thoughts for the 129 participants decreased over time. Instead of seeing negative effects on the students' mental health, researchers found that the program positively impacted the students' readiness to help others. During the program student reports showed there was a decrease in suicidal ideation and distress. Overall this program seemed to have positive effects on the students involved by increasing their knowledge and attitude towards the topic and was able to identify at-risk students.

## **Samaritans of New York Suicide Awareness and Prevention Programme**

The Samaritans of New York Public Education Suicide Awareness and Prevention Programme was designed to train staff on effective suicide prevention practices and how to effectively assist a person who may be in crisis (Clark, Matthieu, Ross, & Knox, 2010). This program trains individuals to communicate with at-risk individuals through sensitivity training so they would be better equipped to handle at-risk students. The New York Suicide Awareness program consists of a three-hour training during which they inform the participants of factors such as warning signs, intervention techniques, and how to develop a site-specific prevention plan. This study expressed positive results concerning the participants' knowledge about suicide and self-efficacy concerning helping suicidal individuals. One limitation of this study is that this program is taught to different types of professionals, not just those in a school setting. Consequently, there is no evidence showing that this program would be effective with school staff, but it shows promising results that could be further studied by implementing the program for those who work in school settings.

### **Promoting CARE**

A study on the Promoting CARE program (Hooven, Herting, & Snedker, 2010) was one of few studies that analyzed the long-term effects of a suicide prevention program. The focus of this study was to analyze the extent of positive behavior change in the participants over time and focused its efforts on adolescents who were specifically identified as being at risk of suicide. This program is heavily based on change within the individual and how learning skills such as stress management and emotion control can cause a change in behavior, which can positively affect those who are at risk of suicide. This program was presented to 615 high school students and their parents and focused on the long-term maintenance of short-term behavioral changes initiated by the program.

*Suicide Prevention in Schools*

Hooven et al. (2010) analyzed both the short-term and long-term effects of this program. Results show that directly after the conclusion of the program and three months after, this program was effective in reducing risk of suicide, suicidal ideation, depression, and anxiety. Participants experienced increases in positive coping, self-efficacy, and family support. After nine months, these significant differences were sustained. After six years, they found similar findings concerning suicidal behavior, suicidal ideation, depression, anxiety and anger. This program seemed to be highly effective in both the short-term and the long-term, exhibiting trends of lowered risk of suicide after the program.

Another study showed the same results but emphasized the importance of youth intervention and a combination of youth and parent intervention (Hooven, Walsh, Pike, & Herting, 2012). This study showed a significant decline in suicide risk factors after 15 months. This article helps to emphasize the success of the Promoting CARE program and also the promising effects of school-based intervention combined with family intervention.

**SOS Suicide Prevention Program**

The Signs of Suicide (SOS) prevention program is a universal prevention program with the goal of promoting understanding that suicidal behavior is connected to other mental health issues. Within this program the students are taught about different warning signs and the importance of seeking help from an adult when they see these signs in themselves or others. The authors (Schilling, Aseltine, & James, 2016) hypothesized that implementing the SOS program would result in fewer suicide attempts after the test, greater knowledge about suicide and attitudes towards getting help, and less reports of suicidal planning, ideation, and attempts.

Participating in the SOS suicide prevention program was associated with lower rates of suicide attempts in the three months following the program, but it was not tied to changes in suicidal ideations. Researchers (Schilling et al., 2016) also found this program was linked with an increase in students' knowledge and

positive attitudes towards seeking help for themselves and others concerning depression or suicidal thoughts. Additionally, this program was more effective towards those who were at higher risk of suicide.

### **Teen Screen**

Teen Screen is a suicide risk and mental health screening tool that was developed by Columbia University (Torcasso & Hilt, 2017). Through this program, students participate in a 10-minute screening followed by an interview, in order to reduce stigma the interview is given to all students, regardless of screening results. Those who screened negatively (being identified as at-risk) are sent to a debriefing interview in which they are given the option to see a clinician; this helps to reduce the occurrence of a false negative result. If a student screens positively (being identified as not at-risk), they move on to meet with a clinician in order to assess any further action required. If a student is assessed to be at risk or needs professional help, their parents are contacted and assigned a caseworker to help them through the next steps.

Researchers (Torcasso & Hilt, 2017) evaluated the overall effects of the program to see if there was an increase in help-seeking behaviors and a decrease in suicidal ideation and attempts within the participating school. They found evidence to suggest both an increase in students seeking mental health related help and a decrease in suicidal ideation. They also emphasized the importance of multi-staged screening programs in order to more accurately determine those students in need of mental health treatment by being able to avoid false positive and negative screening outcomes.

### **Youth Aware of Mental Health (YAM)**

The Youth Aware of Mental Health (YAM) prevention program looked at the effects of its program by interviewing the teens after they took part in the program (Wasserman et al., 2018). The YAM is a program presented to adolescents between the ages of 14-16 to increase knowledge about mental health and to reduce stigma associated with it through the use of role-play and discussions.

*Suicide Prevention in Schools*

Topics covered in these sessions include peer support, stress, crisis, depression, suicide, and help-seeking. The program aims to reduce mental health stigma and increase participants' knowledge and willingness to discuss topics associated with mental health.

The researchers (Wasserman et al., 2018) hosted interviews with 32 individuals who participated in the YAM program through their school. There was no data showing any positive or negative change in attitudes, rather, the results showed how different groups of students reacted to the program. Those students who are always actively engaged in school viewed the program as a positive experience, while those who had a negative attitude toward school or mental health topics viewed the program with indifference. These results are still relevant and important, as they show how even universal programs can have different impacts on different students and that no program will have the same effect. Though there were some who didn't view the program with as much enthusiasm as others, most students agreed that there were skills they learned through the program that they didn't know before. This shows the importance of having prevention programs in schools even though there is no way to guarantee the same results from all students.

### **Important Implementation Strategies**

Throughout researching this topic, there were many articles discussing not only the types of intervention programs, but the efficacy of implementation strategies as well. In this section, important findings throughout these articles concerning any implementation strategies that may decrease rates of suicidal ideation, attempts, and suicide will be discussed.

One study (Singer, 2017) evaluates the importance of having school-based prevention, intervention, and post intervention plans within a school and a plan to respond to suicides that occur. It also stresses how important having proper communication between school professionals and community providers is to the success of a proper suicide prevention program. These strategies help to increase the likelihood of positive results in school-based interventions.

A lit review by Surgenor, Quinn, and Hughes (2016) looked at many different papers that studied different school-based programs to help come up with ten recommendations for school-based prevention programs and their implementation. Those ten recommendations included employing longer-term strategies (as short duration programs were ineffective), awareness of contextual factors and how they will affect outcomes, clearly defining learning outcomes to better measure efficacy, the importance of a preparatory phase between facilitators and schools, flexible design and delivery, use of external facilitators instead of school staff, not being restrictive to single issues, not overemphasizing risk factors; varied delivery, and the need to reevaluate the program regularly. Each of these recommendations were found to have a positive impact on the efficacy of suicide prevention programs. The study addressed that further research was needed to test these recommendations and their effect on suicide prevention programs.

A literature review by Robinson et al. (2013) looked at 43 different studies concerning suicide prevention in schools and was able to identify the most successful aspects of suicide prevention programs were gatekeeper training (training of school staff for identifying at-risk students) and screening programs. In another review by Mo, Ko, and Xin (2018), they systematically looked through sources describing the successes of school-based gatekeeper programs. They found the results to be mixed and concluded that gatekeeper programs have the best potential of helping those at-risk students find the help they need. More research needs to be done on whether the gatekeepers being trained experienced a change in attitude.

In the research completed about different intervention strategies, there was a consensus that the most important factor to a school's intervention program is the school staff. The teachers, principals, and any staff who are around students every day play a very important role in the lives of the students and therefore the suicide intervention program. Some research (Walsh, Hooven, & Kronick, 2013) looked at staff responses before and after they took part in a gatekeeper training. After the training they found

that most of the participants felt better about knowing what to do and how to help their students; they also reported that after the training they were more willing to help those students they may identify as being at-risk. These studies show the importance of not only having a successful prevention program, but also to have the proper implementation strategies.

### Conclusion

This review examines different prevention programs and implementation strategies to determine the program that yielded the best results. From the programs evaluated in this paper, it was concluded that the Promoting CARE suicide prevention program had the most positive results, showing a decrease in suicidal ideation and behavior after six years. Taking the positive results of this study and utilizing its methods, in addition to screenings such as Teen Screen and gatekeeper trainings, could potentially yield very positive results among at-risk adolescents.

There were limitations with many of the studies evaluated because of how difficult it is to measure suicidal thoughts, ideation, and behavior. Most studies had to rely on self-reports, which can be potentially biased. Most of the studies in this paper were also limited in the fact that they were the first and only studies to examine the efficacy of the specific program implemented. In order to conclude the best aspects from each study for suicide prevention, more studies should be conducted examining the efficacy of implementing each of the programs examined; namely, Sources of Strength, *safeTALK*, New York Suicide Awareness, Promoting CARE, and SOS Suicide Prevention Program. Taking the positive results from each program and utilizing them could be beneficial to finding the best combination that will make a difference concerning suicide prevention. The research conducted is pertinent to the psychology field because of the rising suicide rates among adolescents over the past years. In order to lower these rates and possibly save lives, there needs to be a focus on conducting future research on improving suicide prevention programs and make their implementation mandatory in all school systems.

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*Suicide Prevention in Schools*

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