

School-Based Suicide Prevention



Content, Process, and the Role of Trusted Adults and Peers

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KEYWORDS

- Suicide prevention • School mental health • School-based suicide prevention
- Supporting alliance • Child/adolescent • Suicide/self-harm • High-risk behaviors

KEY POINTS

- Suicide accounts for more deaths among youth and young adults in the United States than do all natural causes combined.
- Most deaths by suicide occur in people who have had mental health conditions, such as depression or severe anxiety, for at least a year.
- Prevention efforts must focus on school-based mental health education and promotion.
- Currently available programs focus on varying areas, including (1) Awareness/Education Curricula; (2) Screening; (3) Gatekeeper Training; (4) Skills Training; and (5) Peer Leadership.
- *Behavior change* for either self or a friend with regard to help-seeking for suicidal behaviors is an important focus for research.
- Process considerations are paramount and guide the nurturing of relationships and the building (and maintenance) of trust with school staff and administrators in enacting school-based strategies that highlight not only suicide prevention, but also health/wellness promotion and structural changes where indicated.

BACKGROUND

Suicide accounts for more deaths among 10 to 24 year olds in the United States than do all natural causes combined.¹ At the time of this publication in the United States, 5% to 8% of all adolescents attempt suicide annually, and up to one-third of these

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Abbreviations

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| AFSP | American Foundation for Suicide Prevention |
| BFFD | Break Free from Depression |
| BPR | Best Practice Registry |
| CAP | Child and Adolescent Psychiatry |
| CARE | Care, Assess, Respond, Empower |
| CAST | Coping and Support Training |
| FAQs | Frequently asked questions |
| GBG | Good Behavior Game |
| LEADS | Linking Education and Awareness of Depression and Suicide |
| MTS | More than Sad |
| QPR | Question, Persuade, Refer |
| SOS | Signs of Suicide |
| SPRC | Suicide Prevention Resource Center |

attempts result in an injury requiring medical intervention.² Suicidal youths may be more attracted to death and less able to generate alternatives to suicide when faced with severe stress, feeling that suicide is their only option, also leaving communities at a loss.^{3,4} The risk of suicide contagion, a phenomenon defined by the Centers for Disease Control and Prevention as a process by which exposure to the suicide or suicidal behavior by one or more people influences others to commit or attempt suicide, is especially high in adolescents. Estimates are that more than 100 to 200 teens die in suicide clusters each year, accounting for about 1% to 5% of all teen suicides annually.^{5,6}

To address this public health problem, school-based suicide prevention and education programs have become more common as an efficient and cost-effective way to reach adolescents in the context of their daily lives, given that most youth spend most of their waking hours in school.⁷ Other investigators have conducted a detailed and thoughtful review of established prevention and education programs.⁸ In this paper, the authors focus on new and emerging school-based programs, with a focus on classroom curricula and peer leader programs. The authors also describe important steps to create buy-in from administrative personnel and build trust with school staff.

CONTENT: EDUCATIONAL CURRICULA AND PROGRAMS THAT AIM TO PREVENT COMPLETED SUICIDES

Prevention efforts must take into account the important link between suicide and mental health conditions, such as mood disorders and substance abuse, as 75% to 90% of deaths by suicide occur in people who have had such disorders for at least a year.⁹ Numerous depression education curricula and school-based suicide prevention programs have been developed over the past 10 years, and Katz and colleagues⁸ recently reviewed 16 of the most commonly used. Most of these programs focus on increasing students' and school staffs' knowledge about, and attitudes toward, depression and suicide. The investigators found that few of these programs were rigorously evaluated for their effectiveness in actually reducing suicide attempts. However, most were able to show a reduction in suicidal ideation overall, improve general life skills, and change gatekeeper behaviors. Any comprehensive suicide prevention plan should include the 4 components of health promotion, prevention/education, intervention, and postvention.¹⁰⁻¹² Several useful tool kits are readily available to address these components.¹¹⁻¹⁴ The report by Katz and colleagues⁸ comprehensively reviews the research and supporting evidence of many suicide prevention programs in

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