



# Suicide prevention in school settings: building on success

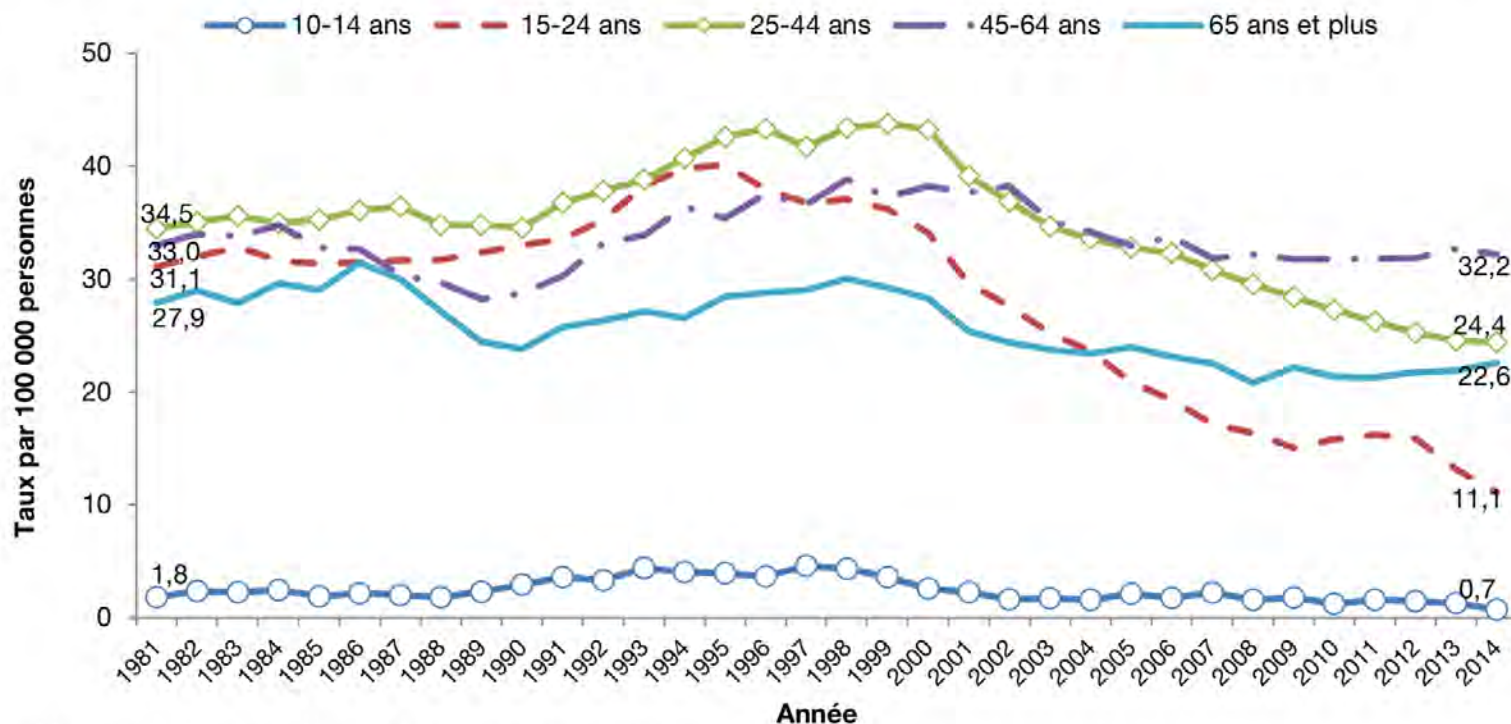
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# SUCCESSES

Institut National de Santé Publique du Québec

La mortalité par suicide au Québec : 1981 à 2014 – Mise à jour 2017

**Figure 10** Taux de mortalité<sup>1</sup> par suicide selon les groupes d'âge, hommes, ensemble du Québec, 1981 à 2014<sup>2</sup>



<sup>1</sup> Moyennes mobiles calculées sur des périodes de trois ans.

<sup>2</sup> Données provisoires pour les années 2013 et 2014.

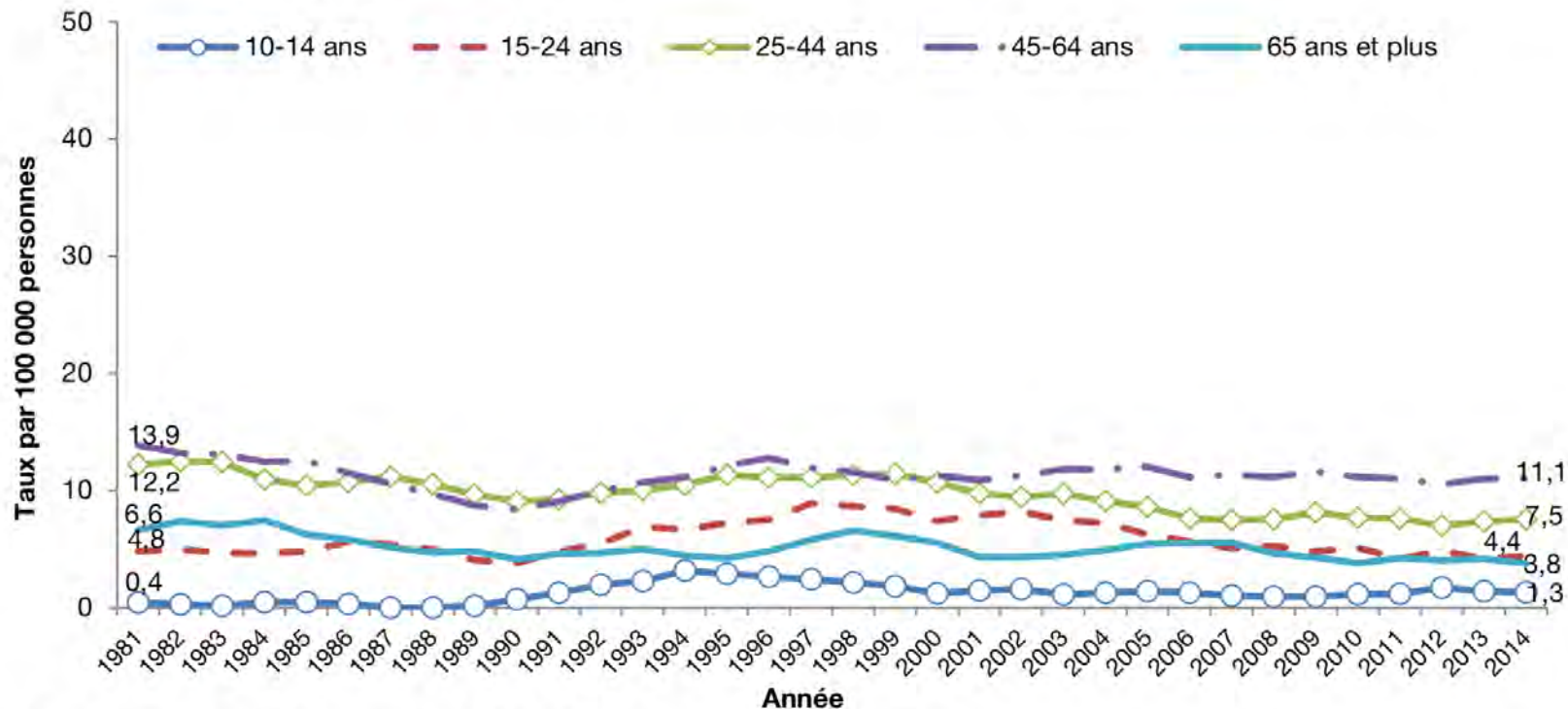
Sources : MSSS, Fichier des décès de 1981 à 2012 et Bureau du coronier du Québec pour 2013 et 2014.

MSSS. Perspectives démographiques basées sur le recensement de 2006.

# SUCCESSES

Institut National de Santé Publique du Québec

Figure 11 Taux de mortalité<sup>1</sup> par suicide selon les groupes d'âge, femmes, ensemble du Québec, 1981 à 2014<sup>2</sup>



<sup>1</sup> Moyennes mobiles calculées sur des périodes de trois ans.

<sup>2</sup> Données provisoires pour les années 2013 et 2014.

Sources : MSSS, Fichier des décès de 1981 à 2012 et Bureau du coroner du Québec pour 2013 et 2014.

MSSS. Perspectives démographiques basées sur le recensement de 2006.

# PRESENTATION OUTLINE



**NOTE:** This presentation focuses on high school populations. References for elementary schools are included at the end of this document.

# GUIDING PRINCIPLES

- Whenever possible, decisions must be rooted in evidence-based practice
- However, research on school based suicide prevention initiatives is sparse and often poorly designed<sup>1,14</sup>
- Research is not the only way to inform our practice
- In the absence of clear, well designed research:

***Primum non nocere: First, do no harm***



## PROMOTION

### Foster a healthy school climate<sup>2</sup>

- Strive for connectedness and sense of community
- Help students to connect face-to-face
- Focus on social and academic growth
- Emphasize respect: students **and** staff

## PROMOTION

### Promote services

- Increase awareness of services available in the school: students, parents
  - Posters
  - Classroom introductions
  - Email newsletters for parents
  - School web page (prominently displayed)

## PROMOTION

- Reach out rather than waiting for students to come in for help:
  - Facilitate peer referrals
  - Respond to social media posts
  - Consider potential problems with email and text-message contacts
  - Facilitate teacher referrals
  - Facilitate parent referrals
  - Increase visibility of counselling staff



## PROMOTION

**Use a whole school approach: Integrate suicide prevention in regular programs rather than launching one-time and stand-alone programs<sup>1,2,13,14</sup>**

- Integrated in curriculum (health, social skills/emotional health programs, PE, etc.)
- Focus on skills building: emotional and social skills, problem-solving, communication
- Implemented by regular school staff whose role is relevant to the content
- Adjust for age following the "do no harm" principle

## PREVENTION

### Choose mental health vs suicide prevention awareness

- Research about the impact of specific awareness programs for suicide prevention is mixed (quality and results)<sup>13</sup>
- One RTC study of the SOS program demonstrated lower suicide attempts (self-reported) but no impact on suicidal ideation or help-seeking behaviour. Potential adverse effects were not studied<sup>3</sup>.
- Research that explored possible negative effects found **increased levels of distress and other adverse effects** for students vulnerable to suicide<sup>4,5,6,7,8, 13</sup>

## PREVENTION

### Choose mental health vs suicide prevention awareness

- We recommend avoiding suicide prevention awareness presentation to groups of youth<sup>13</sup>
- General mental health awareness programs are considered safer<sup>13</sup>

## PREVENTION

### Follow guidelines for videos and other media<sup>9</sup>

- Teach and demonstrate **help-seeking**
- Clearly indicate **resources** and explain **how to contact them**
- Teach that suicide can be **prevented**
- Emphasize that **students can take action** to protect themselves and friends
- Feature **helpers (counselling staff) as central characters, heroes**
- Show that mental health problems associated with suicide **can be treated** and that this is an important part of suicide prevention
- Must be short enough to allow a **discussion** supervised by appropriate support staff.

## PREVENTION

- **This eliminates just about all popular media** that has not been specially designed as part of suicide prevention curriculum:
  - Movies
  - Novels
  - Plays
  - Even some suicide awareness campaigns (e.g. YouTube videos)
- **We strongly recommend guidelines for teachers that prevent activities around the theme of suicide** (movies, plays, novels, debates, writing assignments, spontaneous awareness activities not part of a larger school program, etc.)

## PREVENTION

Students are exposed to suicide outside classrooms (news, social media, television, movies, books, etc.)

**We do not suggest censoring material in general** (e.g. Trying to ban movies, removing young adult novels from libraries). Our recommendations are for **group** activities.

## PREVENTION

### Implement gatekeeper networks for staff

- Research indicates increased awareness and self-efficacy among gatekeepers but results are mixed on whether gatekeeper networks have a concrete impact on help-seeking or suicidal behaviour among youth<sup>5,11,12,13</sup>
- Training seems most helpful for adults already likely to reach out to help youth<sup>5</sup>
- **Seems to have no adverse affects**
- We recommend **careful selection and training of gatekeepers**: natural helpers, adults that youth turn to
- We recommend **follow-up training** to maintain motivation and confidence over time
- We recommend **formal referral protocols** with counselling staff

## PREVENTION

### Be cautious with gatekeeper networks for youth

- Research on peer helpers as gatekeepers is scarce and inconclusive
- Some studies show adverse effects<sup>13</sup>
- Peer helper networks in general require close supervision/support
- Specific training and attention for suicide would increase the intensity of support required: general messages are probably safer
- Dealing with a peer who has suicidal ideation or behaviour is very stressful for teens
- **We do not recommend formalizing this role** in gatekeeper programs
- We recommend promoting services, **facilitating peer referrals**, and providing **counselling support for friends** who are worried about a peer



## **INCREASE COUNSELING STAFF**

**Train counselling staff in suicide intervention**

**Create and regularly review protocols:**

- For referrals by teachers and other staff
- For communicating with parents that balance safety and confidentiality (14 yrs and older)
- For communicating with other mental health agencies
- For emergency calls (911)
- With hospitals for the return to school after a suicide attempt or hospitalization

## INTERVENTION

### **Implement close monitoring for youth in serious short-term danger for suicide**

- Proactive
- Rapid
- Intensive
- In partnership with parents
- In partnership with youth protection and mental health agencies

**Work as a team** (counselling staff, teachers, educational technicians, administration, other agencies, parents, etc.) **with clearly defined roles for each member**

## Research on postvention

- Since suicide among youth is comparatively rare, it is difficult to do controlled studies on the impact of postvention on contagion
- The studies we do have do **not** show that postvention is effective in reducing the contagion effect after a suicide<sup>2</sup>
- However, **there are no concerns about adverse effects**
- **Experts in suicide prevention and clinicians working in school settings recommend postvention** because it helps staff and students deal with the emotional aftermath of a suicide

## Create a protocol, train a response team, and review yearly

- Gather information
- Plan response: (1<sup>st</sup> 24 hours, 1<sup>st</sup> week, 1<sup>st</sup> month, long term)
- Inform staff
- Inform parents (letter)
- Inform students in **small groups**
- Manage the media
- Identify students who are most vulnerable and offer services tailored to their needs
- Maintain school routine
- Plan for funeral while keeping the school open
- Manage memorials and social media messages among students
- Work with other schools or organizations that may be affected

## Complete postvention programs available online:

AQPS. (2004) [\*Programme de postvention en milieu scolaire\*](#)

American Foundation for Suicide Prevention. (2011). [\*After a suicide: a toolkit for schools\*](#)

Headspace. (2012). [\*Suicide postvention toolkit: a guide for secondary schools\*](#)

# TL;DR

PROMOTION	PREVENTION	INTERVENTION	POSTVENTION
Foster a healthy school climate	Choose mental health awareness	Increase counselling staff	Create a protocol
Promote services	Follow guidelines for classroom activities	Train counselling staff	Train a team
Use a whole-school approach	Implement gatekeeper networks	Create protocols	Review yearly

## Resources for elementary schools

Gallagher, R. (2005). *Comprendre et agir à l'école primaire: guide de repérage et de référence à l'intention du personnel scolaire*. Agence de développement locaux de services de santé et de services sociaux Gaspésie-Îles-de-la-Madeleine.

<http://collections.banq.qc.ca/ark:/52327/bs1561168>  
<http://collections.banq.qc.ca/ark:/52327/bs1561168>

Zippy's Friends (Les amis de Zippy)

<http://www.partnershipforchildren.org.uk/teachers/zippy-s-friends-teachers.html>

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2. Manitoba Youth Suicide Prevention Strategy-Education Initiatives Team. (2104). *Best Practices in suicide prevention: a comprehensive approach*.
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10. American association of suicidology. (2016). *Recommended video*. [HTTP] <http://www.suicidology.org/resources/recommended-videos>
11. Chan C.S., Rhodes J.E., Howard W.J., Lowe S.R., Schwartz S.E., Herrera C. (2013). Pathways of influence in school-based mentoring: the mediating role of parent and teacher relationships. *J Sch Psychol.*;51(1):129–42.



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12. Wasserman D, Hoven CW, Wasserman C, et al. School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial. (2015). *Lancet*, 385: 1536–44
13. Julien, M., & Laverdure, J. (2004). *Avis scientifique sur la prévention du suicide chez les jeunes*. Institut National de Santé Publique du Québec.
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# For information or support:

**Sharon Casey**

**For non-emergencies:**

514-723-3594, extension 265

[scasey@suicideactionmontreal.qc.ca](mailto:scasey@suicideactionmontreal.qc.ca)

**For immediate help: 1-866-appelle**



# SCHOOL-BASED SUICIDE PREVENTION CHECKLIST : ADMINISTRATORS

PROMOTION	YES	NO	NEEDS WORK	NOTES
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**Foster a healthy school climate**

- Students and staff feel connected, sense of community
- Academic and social growth are fostered
- Atmosphere of respect: students and staff


**Promote services**

- Students know who can help and how to get help
- Parents know who can help and how to get help
- Counselling staff accept peer referrals
- Counselling staff accept teacher referrals


PREVENTION	YES	NO	NEEDS WORK	NOTES
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**Use whole-school approach**

- Suicide prevention is integrated in the curriculum
- Focus on skills-building
- Taught by relevant school staff
- Guaranteed to do no harm


**Choose mental health awareness**

- Suicide is not discussed in groups

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**Follow guidelines for media and classroom activities**

- Videos follow guidelines
- Teachers are not using suicide as a teaching subject


**Implement gatekeeper networks**

- Gatekeeper are carefully chosen and trained adults
- Gatekeepers have follow-up training
- Gatekeepers have a formal referral protocol


# SCHOOL-BASED SUICIDE PREVENTION CHECKLIST : ADMINISTRATORS

INTERVENTION	YES	NO	NEEDS WORK	NOTES
<b>Counselling staff are prepared and equipped</b>				
Counseling staff are trained in suicide intervention				
<b>Protocols are in place</b>				
For referrals from teachers and other staff				
For communicating with parents				
For communicating with other agencies				
For emergency calls				
For returns from the hospital				
Policies balance confidentiality and safety				
<b>Close-monitoring has been implemented</b>				
Services are proactive				
Services are rapid				
Counselors work with parents				
Counselors work with other agencies				
School staff works as a team with clearly-defined roles				
<b>POSTVENTION</b>				
<b>Postvention plan provides clear guidelines and tools for:</b>				
Response in 1 <sup>st</sup> 2h hours, 1 <sup>st</sup> week, 1 <sup>st</sup> month, long term				
Communication with staff and students				
Communication with parents and media				
Tailored response for students most at risk				
Maintaining school routine				
Memorials and social media use				
Working with other schools and organizations				

# SCHOOL-BASE SUICIDE PREVENTION CHECKLIST : TEACHERS

PROMOTION	YES	NO	DON'T KNOW	NOTES
<b>Foster a healthy school climate</b>				
Students and staff feel connected, sense of community				
Academic and social growth are fostered				
Atmosphere of respect: students and staff				
<b>Promote services</b>				
Students know who can help and how to get help				
Parents know who can help and how to get help				
Referrals are made to counselling staff				
<b>Use a whole-school approach</b>				
Suicide prevention is integrated in curriculum				
Focus is on skills building				
Taught by relevant staff				
Actions are guaranteed to do no harm				
PREVENTION				
<b>Choose mental health awareness</b>				
Suicide is not discussed in groups				
<b>Follow guidelines for media and activities</b>				
Videos respect guidelines				
Teachers are not using suicide as a teaching subject				



# SCHOOL-BASE SUICIDE PREVENTION CHECKLIST : TEACHERS

INTERVENTION	YES	NO	DON'T KNOW	NOTES
<b>Counselling staff are prepared and equipped</b>				
Protocols are in place for referral from teachers, staff				
<b>Close-monitoring has been implemented</b>				
Services are proactive				
Services are rapid				
Counselors work with parents				
Counselors work with other agencies				
School staff works as a team with clearly-defined roles				
POSTVENTION				
<b>Postvention plan provides clear guidelines and tools for:</b>				
Response in 1 <sup>st</sup> 2h hours, 1 <sup>st</sup> week, 1 <sup>st</sup> month, long term				
Communication with students				
Communication with parents and media				
Tailored response for students most at risk				
Maintaining school routine				
Memorials and social media use				
Working with other schools and organizations				



# SCHOOL-BASED SUICIDE PREVENTION CHECKLIST : PARENTS

PROMOTION	YES	NO	DON'T KNOW	NOTES
<b>Foster a healthy school climate</b>				
Students and staff feel connected, sense of community				
Academic and social growth are fostered				
Atmosphere of respect: students and staff				
<b>Promote services</b>				
Students know who can help and how to get help				
Parents know who can help and how to get help				
Counselling staff accept peer referrals				
Counselling staff accept teacher referrals				
PREVENTION				
<b>Choose mental health awareness</b>				
Suicide is not discussed in groups				
<b>Follow guidelines for media and activities</b>				
Videos respect guidelines				
Teachers are not using suicide as a teaching subject				
INTERVENTION				
<b>Counselling staff are prepared and equipped</b>				
Policies balance confidentiality and safety				
<b>Close-monitoring has been implemented</b>				
Services are proactive				
Services are rapid				
Counselors work with parents				
Counselors work with other agencies				