



School Social Work Association of America Position Paper

Youth Suicide Prevention in Schools

Introduction

Suicide is the third leading cause of death among adolescents ages 14-18 years old in the United States. Female students report suicidal behaviors at approximately twice the rate of male students, including seriously considering suicide (30% to 14.3%), making a suicide plan (23.6 % to 11.6%), and making a suicide attempt (13.3% to 6.6%) (Gaylor, Krause, & Welder, et al., 2023). However, adolescent males complete suicides at a rate three times higher than adolescent females (Ruch, Shefthall, Schlagbaum, Rausch, Campo & Bridge, 2019). In addition, students who identify as LGBTQ+ and American Indian-Alaskan Native students report significantly higher risk for suicide (Gaylor, Krause, & Welder, et al., 2023).

Schools have an important role to play in youth suicide prevention due to equitable access for students and school-based youth suicide prevention should be supported (Ayer & Colpe, 2023). Multi-tiered systems of support (MTSS) can be used to provide all students with mental health support (Marsh & Matur, 2020; Palmon, Olson, Kane, & Peterson, 2016).

A comprehensive, 3-tier approach to school-based youth suicide prevention includes 1) universal strategies for all students, 2) selected strategies for students who demonstrate one or more high-risk characteristics (e.g., depression, anxiety, eating disorder, LGBTQ+), and 3) intensive supports for students who individually demonstrate suicide risk (e.g., overt statements or behaviors, previous attempt).

Universal strategies for all students include:

1. A safe school environment with special attention to limit bullying,
2. Classroom instruction specific to suicide risk and prevention offered at least once in grades 8-10 with an emphasis on helping friends in crisis or emotional need,
3. Gatekeeper training for all adults in the school who interact with students to teach the warning signs of suicide and how to respond to someone in crisis,
4. Easily accessible information on suicide prevention resources in areas of the school environment frequented by students and family members,
5. A crisis response plan, including specific protocols to follow (e.g., suicide attempt, threat assessment, postvention following completed suicide) and necessary collaborative agreements with community mental health and law enforcement partners to receive emergency referrals, and
6. Suicide risk screening (e.g., all 10th grade students, all students during classroom instruction on suicide) to identify students who may be contemplating suicide.

Selected strategies for students in high-risk groups include:

1. Suicide risk screening for all students in high-risk groups (e.g., Gay-Straight Alliance, students with emotional/behavioral disabilities, students in alternative programs, students with a diagnosed mental illness), and
2. More intensive instruction focused on suicide risk and prevention targeted to small groups of students in high-risk groups.

Intensive supports for students who have individually demonstrated risk for suicide include:

1. Case management,
2. Individual counseling,
3. Crisis response, including threat assessment, when suicide risk is reported or detected,
4. Community referrals to mental health agencies for assessment and treatment,
5. Family support, including means restriction, when there is a suicide attempt or when suicide risk is reported or detected,
6. Law enforcement referrals if a student needs to be taken into custody for safety reasons, and
7. Postvention following completed suicide.

School social workers have important roles in all three tiers of school-based suicide prevention. For instance, at Tier 1, they may provide classroom instruction and gatekeeper training; identify or help establish the protocols in the crisis response plan; establish formal, collaborative relationships for community referrals; and follow up with students who screen positive on a suicide risk screen to determine the level of risk and what, if any, next steps are warranted.

Similarly, at Tier 2, school social workers may follow up with students who screen positive on a suicide risk screen and provide suicide prevention instruction and support to students in high-risk groups.

Tier 3 is where school districts may choose to heavily assign limited school social work services. Case management and counseling are staples of social work, as well as interactions with community services and families. School social workers may lead or be a member of a crisis response team.

Resources

Multi-Tiered School Suicide Prevention

<https://solutions.edc.org/solutions/education-wellbeing/services/consultations/multi-tiered-school-suicide-prevention>

Alignment of the PBIS Framework and School-Based Suicide Prevention

<https://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Archives/ASMH-2019/Handouts/CS-2.04-AlignmentPBISuicidePrevention.pdf>

Suicide Prevention: Tier 1, 2 and 3

<https://k12engagement.unl.edu/strategy-briefs/Suicide%20Prevention%202-23-16.pdf>

School-based Suicide Prevention: Promising Approaches and Opportunities for Research, National Institute of Mental Health

<https://www.nimh.nih.gov/news/events/2022/school-based-suicide-prevention-promising-approaches-and-opportunities-for-research>

Youth Suicide Prevention School-Based Guide, University of Southern Florida
<http://theguide.fmhi.usf.edu/>

Suicide Prevention Resource Center <https://sprc.org/settings/schools/>

Youth Suicide Prevention – Wisconsin Department of Public Instruction
<https://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention>

Prevention Suicide: A Toolkit for High Schools
<https://youth.gov/feature-article/preventing-suicide-toolkit-high-schools>

Illinois Youth Suicide Prevention Toolkit, Illinois State Board of Education
<https://www.isbe.net/Documents/Suicide-Prevention-Procedures.pdf>

Preventing Suicide: Guidelines for Administrators and Crisis Teams – National Association of School Psychologists
<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-suicide-guidelines-for-administrators-and-crisis-teams>.

Comprehensive School Threat Assessment Guidelines- Florida Department of Education
<https://www.fldoe.org/core/fileparse.php/19958/urlt/8-3.pdf>

References

1. Gaylor EM, Krause KH, Welder LE, et al. Suicidal Thoughts and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2021. *MMWR Suppl* 2023;72(Suppl-1):45–54. <https://www.cdc.gov/mmwr/volumes/72/su/pdfs/su7201a6-H.pdf>
2. Ruch DA, Shefthall AH, Schlagbaum P, Rausch J, Campo JV, & Bridge JA (2019). Trends in Suicide Among Youth Aged 10 to 19 Years in the United States, 1975 to 2016. *Journal of the American Medical Association Network Open*, 2(5), 1-9.
file:///C:/Users/Current%20User/Downloads/ruch_2019_oi_190171.pdf
3. Ayer L and Colpe LJ (2023). The Key Role of Schools in Youth Suicide Prevention. *Journal of the American Academy of Child and Adolescent Psychiatry* 62(1), 19-21.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9384325/>
4. Marsh, R.J & Mathur, SR (2020). Mental Health in Schools: An Overview of Multitiered Systems of Support. *Intervention in School and Clinic*, 56(2), 67–73. <https://doi.org/10.1177/1053451220914896>
5. Palmon S, Olson A, Kane E, & Peterson RL (2016). *Suicide Prevention. Strategy Brief*. Lincoln, NE: Student Engagement Project, University of Nebraska-Lincoln and the Nebraska Department of Education. <http://k12engagement.unl.edu/suicide-prevention>

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