PRACTICE BRIEFS

Suicide Prevention with School-Age Students

Contributors: Darcy H. Granello, Gerald A. Juhnke, Paul F. Granello, & Malvika Behl

Suicide is a significant public health problem for school-age children and adolescents (Granello et al., 2023). For persons ages 10 to 24 years old, suicide is the second leading cause of death (CDC, 2024a). In 2023, two in 10 youths reported considering suicide and one in 10 youths reported a suicide attempt (CDC, 2024b). Non-Hispanic American Indian or Alaska Native youth experience the highest suicide risk, followed by non-Hispanic White youth (CDC, 2024a). Suicide risk is higher for individuals with lower socioeconomic statuses and education levels in areas where unemployment and deprivation are high (Qian et al., 2023).

Prevalence

The 2023 Youth Risk Behavior Survey (YRBS) reported 9% of youth (ages 13 to 17) attempted suicide. Two percent of these youth were injured in their suicide attempt. In the same survey, females were more likely than males to be injured in suicide attempts. The YRBS also found that LGBTQ+ young people are 14% more likely than cisgender and heterosexual students. Additionally, 16% of high school students reported having a suicide plan (CDC, 2024b). Females are more likely to have suicide plans than males, and LGBTQ+ students are 21% more likely to make such plans than cisgender and heterosexual students (CDC, 2024b).

Per the Trevor Project's (2024) U.S. National Survey on the Mental Health of LGBTQ+ Young People, 46% of LGBTQ+ young people between the ages of 13 and 17 seriously considered suicide in the past year; 16% attempted suicide. Young people who are transgender, nonbinary, and/or people of color reported higher suicide rates than their peers. Transgender men have the highest rates of suicide ideation (52%) and attempts (18%) among LGBTQ+ youth. Pansexual persons also have high rates of ideation (47%) and attempts (16%) (The Trevor Project, 2024). Transgender and nonbinary young people who "reported that all of the people they live with respected their pronouns" reported fewer suicide attempts those who lived with people who did not respect their pronouns (The Trevor Project, 2024).

Assessment Strategies

School-age children have a range of suicide risk factors, vulnerabilities, and predispositions. These factors can be negative life experiences (e.g., neglect, abuse, poverty, adversities, trauma), biological vulnerabilities (e.g., predisposition to mental health issues like depression and anxiety), unhealthy thinking patterns (e.g., cognitive distortions), and social problems (e.g., poor peer relationships, loneliness, isolation, bullying). Schools are a natural place for suicide prevention programming to occur (Granello et al., 2023). For youth with immediate suicidal intent or for those returning to school after serious suicidal intent or attempts, risk assessment and postvention programs within schools can provide prosocial help-seeking skills to students (Granello et al., 2023).

Intervention Approaches

Comprehensive School-Based Suicide Prevention Programming

At all three levels (elementary, middle, and high school), comprehensive suicide prevention programming is best offered through a multitiered system of support that allows for the provision of relevant services to students at all need levels (Granello et al, 2023). This comprehensive approach incorporates three tiers of prevention: universal, selected, and indicated (Ziomek-Daigle et al., 2016), recognizing the importance of a broad approach to suicide prevention. Universal (primary prevention) is for everyone in the school and includes outreach and education. Selected (secondary prevention) is for students with elevated needs who have been identified as having some risk for suicide-related behaviors. Indicated (tertiary prevention) is intended for those who have been identified as high-risk. Typically, these students already have outside providers and school personnel who work closely with parents or caregivers to provide for their safety.

It is important that all stakeholders (e.g., counselors, administrators, school nurses, teachers) within schools at all levels know and understand their roles in comprehensive suicide prevention programming. Universal programming (outreach and education) includes everyone in the school, not just students. Teachers and staff, including clerical and support staff, should be trained to recognize risk and know what to do, and who to tell, if they are concerned about a student. This training should occur *before* students are identified. This is important because students are often taught to talk to an adult if they need help or to tell an adult if they are concerned about a friend. Therefore, it is *essential* that *all adults* know what to do. Students may talk with a counselor, but they also may approach the person who serves them their lunch, cleans the building, or drives the bus. All adults must be trained (Granello et al., 2023).

Prevention in Elementary Students

School-based suicide prevention approaches for elementary-aged students typically use a different type of universal prevention programming than is used in middle or high schools. Suicide-specific programs may not be appropriate for very young children, but positive mental health programming should begin as early as possible (Posamentier et al., 2023). Social and emotional learning (SEL) programs do not explicitly focus on suicide prevention and intervention but can help prevent the development of emotional and behavioral disorders (Lemberger-Truelove et al., 2025). Examples may include exercises in identifying emotions, expressing emotions, working safely with negative emotions, loneliness prevention, shifting unhealthy thinking patterns, and improving communication skills. Schools can give parents or caregivers important skills and strategies to help teach their children how to identify and manage emotions. This reinforces the skills that the students are learning in class.

It is also important to identify students with early suicide onset risk factors, such as learning disabilities, cognitive problems, impulse control difficulties, attention-deficit/hyperactivity disorder (ADHD), mood disorders, and family violence, so they may be referred to appropriate services both within schools and the community. Whenever possible, strengthening relationships with parents or caregivers is important, as research demonstrates that strong parental relationships have significant potential to act as a protective factor for children's suicidal behavior, and family dissonance and instability is a common theme in suicide risk for children (DeVille et al., 2020). Further, helping parents understand the importance of means restriction is vital, as a large-scale national study of elementary-aged children who died by suicide found that all children who died by firearm obtained a gun that was stored unsafely in the home (Ruch et al., 2021).

Prevention in Middle School Students

Suicide is the second leading cause of death among middle school students ranging from 10 to 14 years old (CDC, 2023). A large-scale screening (N = 2,537) of middle school students found that nearly 20% were at risk for suicide (Clark et al., 2021). That same study found that sixth graders were at 1.5 times greater risk than eighth graders. There are many reasons for this elevated risk as children transition into adolescence. High rates of bullying victimization, including cyberbullying, have been linked to higher suicide

risk (Bhatta et al., 2014) This is particularly true for Black youth (Richardson et al., 2024). Racism and discrimination also elevate suicide risk for Black youth (Young et al., 2024). This underscores the need for culturally appropriate suicide prevention in middle schools as well as the importance of school-based efforts to create antiracist programming (Stickl Haugen et al., 2022).

In addition to the preventative types of mental health programming that a counselor can provide elementary-aged students, middle school students are old enough for direct suicide-specific universal prevention programs. Such programs should focus on destigmatizing help-seeking behaviors. Clark et al. (2021) discussed the Acknowledge, Care, Tell (ACT) program in middle schools that participated in their research. The ACT program focused on raising mental health awareness by educating students about suicide warning signs and actions in response to the warning signs. The program was considered effective and well-organized but put a lot of responsibility and stress on school mental health staff who must continually focus on psychoeducation in addition to their other charged tasks (Clark et al., 2021). The researchers suggested involving community mental health resources to assist school counselors in supporting middle school students (Clark et al., 2021). School-based screening during middle school is vital to support student mental health needs through skill-building interventions (Clark et al., 2021). Endorsing a central theme of how to "get help for oneself or get help for a friend" can prove helpful. It is important to provide local and national suicide hotline information to middle (and high) school youth. The national 988 Suicide & Crisis Lifeline is available 24/7 via talk, text, or chat.

Middle school students should learn the difference between normal feelings of sadness that all people experience and clinical depression, which is a diagnosable illness for which they should seek help. Lastly, it may be helpful for students to identify specific adults in the school who they would be willing to talk to about their mental health. Some research has reported "one shot" programs (school assemblies) are ineffective (Granello et al., 2023). Instead, a several-lesson intervention delivered to a small group, such as a health class, is more desirable.

Prevention in High School Students

High school-aged students should all receive universal suicide prevention education. Psychoeducation focused on meeting the cultural needs of youth both in schools and the community can be helpful for students. For example, helping Hispanic youth learn help-seeking behavior in culturally appropriate ways can greatly increase help-seeking behaviors. This is particularly important for these students who generally have low help-seeking behavior without this type of intervention (Shin et al., 2023).

High schools can include other types of outreach, engagement, and programming as part of comprehensive school-based approaches to suicide prevention (Granello et al., 2023). The comprehensive suicide prevention model in high schools should include some student leaders and peers trained as suicide prevention gatekeepers. Gatekeeper training entails having individuals learn to engage with people they suspect as suicidal in an empathic manner and knowing how to get that person help if needed.

A comprehensive approach may also use school-wide mental health screenings for depression and anxiety disorders, which are useful to detect mental health disorders that underlie many suicides. However, it is important to note racially minoritized youth often limit their disclosure of suicidal thoughts and behaviors on these types of screenings. They may fear adverse reactions from others or worry that they will be more likely to be put in treatment when compared to White youth (Shin et al., 2023). Hence, all suicide prevention models and mental health screening protocols must be culturally appropriate and recognize the disparities in disclosing suicidal ideations that exist for racially minoritized youth.

A special note is important concerning postvention programming (i.e., what to do in the school following a suicide). It is important to try and prevent subsequent related suicides or contagion. The loss of a high school student by suicide can affect an entire school. Much of the proper programming for postvention is counterintuitive, such as not having memorials at school. Instead, it is better to make increased counseling services available for those in need.

Resources

- School-based Prevention Guide – http://theguide.fmhi.usf.edu/: This guide provides free checklists, programs, and resources for schools.
- American Association of Suicidology – http://www.suicidology.org: For up-to-date information, professional conferences, and suicide research
- American Foundation for Suicide Prevention – http://www.afsp.org: Research, education about suicide and mood disorders, policy promotion. Video program with an educational guide that may be used with high school students.
- The National Suicide Prevention Resource Center (SPRC) – http://www.sprc.org: SPRC has a best practices resource list available to see what commercial and/or free programs have been vetted for use with differing age groups. Resources, fact sheets, and other information are also available.
- National Alliance on Mental Illness – https://www.nami.org/get-involved/awareness-events/suicide-prevention-month/: Suicide Prevention Month
- 988 Suicide & Crisis Lifeline – https://988lifeline.org/help-yourself/youth/
- The Trevor Project – https://www.thetrevorproject.org/get-help/

References

Bhatta, M. P., Shakya, S., & Jefferis, E. (2014). Association of being bullied in school with suicide ideation and planning among rural middle school adolescents. *Journal of School Health*, *84*(11), 731-738. https://doi.org/10.1111/josh.12205

Centers for Disease Control and Prevention. (2023). *Web-based Injury Statistics Query and Reporting System (WISQARS): Leading causes of death and injury reports*. https://wisqars.cdc.gov/lcd

Centers for Disease Control and Prevention. (2024a). *Suicide data and statistics*. https://www.cdc.gov/suicide/facts/data.html

Centers for Disease Control and Prevention. (2024b). *Youth risk behavior survey data summary & trends report: 2013–2023.* U.S. Department of Health and Human Services. https://www.cdc.gov/yrbs/dstr/pdf/YRBS-2023-Data-Summary-Trend-Report.pdf

Clark, K. N., Strissel, D., Malecki, C. K., Ogg, J., Demaray, M. K., & Eldridge, M. A. (2021). Evaluating the Signs of Suicide program: Middle school students at risk and staff acceptability. *School Psychology Review*, *51*(3), 354–369. https://doi.org/10.1080/2372966X.2021.1936166

DeVille, D. C., Whalen, D., Breslin, F.J., Morris, A.S., Khalsa, S.S., Paulus, M.P., & Barch, D.M. (2020). Prevalence and family-related factors associated with suicidal ideation, suicide attempts, and self-injury in children aged 9 to 10 years. *JAMA Network Open, 3*(2), e1920956. http://doi.org/10.1001/jamanetworkopen.2019.20956

Granello, D. H., Granello, P. F., & Juhnke, G. A. (2023). *Suicide and self-injury in schools: Interventions for school mental health specialists*. Oxford.

Lemberger-Truelove, M. E., Li, D., Kim, H., Wills, L., Thompson, K., & Lee, Y. Y. (2025). Meta-analysis of social and emotional learning interventions delivered by school counselors. *Journal of Counseling & Development*, *103*(1), 39-48. https://doi.org/10.1002/jcad.12537

Posamentier, J., Seibel, K., & DyTang, N. (2023). Preventing youth suicide: A review of school-based practices and how social–emotional learning fits into comprehensive efforts. *Trauma, Violence, & Abuse*, *24*(2), 746-759. https://www.doi.org/10.1177/15248380211039475

Qian, J., Zeritis, S., Larsen, M., & Torok, M. (2023). The application of spatial analysis to understanding the association between area-level socio-economic factors and suicide: a systematic review. *Social Psychiatry and Psychiatric Epidemiology, 58*(6), 843-859. https://www.doi.org/10.1007/s00127-023-02441-z

Richardson, S. C., Gunn, L. H., Phipps, M., & Azasu, E. (2024). Factors associated with suicide risk behavior outcomes among Black high school adolescents. *Journal of Community Health, 49*(3), 466-474. https://doi.org/10.1007/s10900-023-01312-7

Ruch, D. A., Heck, K. M., Sheftall, A. H., Fontanella, C. A., Stevens, J., Zhum, M., Horowitz, L. M., Campo, J. V., & Bridge, J.A. (2021). Characteristics and precipitating circumstances of suicide among children aged 5 to 11 years in the United States, 2013-2017. *JAMA Network Open, 5*(7), e2115683. https://doi.org/10.1016/j.jaac.2024.03.019

Shin, K. E., Spears, A. P., Zhang, R., & Cha, C. B. (2025). Suicide-related disclosure patterns among culturally minoritized youth: Examining differences across race, ethnicity, gender identity, and sexual orientation. *Suicide and Life-Threatening Behavior, 55*(1), e13026. https://www.doi.org/10.1111/sltb.13026

Stickl Haugen, J., Bledsoe, K. G., Burgess, M., & Rutledge, M. L. (2022). Framework of anti-racist school counseling competencies: A Delphi study. *Journal of Counseling & Development, 100*(3), 252-265. https://doi.org/10.1002/jcad.12422

The Trevor Project. (2024). *2043 U.S. national survey on the mental health of LGBTQ young people*. Retrieved from https://www.thetrevorproject.org/survey-2024/

Young, E., Szucs, L. E., Suarez, N. A., Wilkins, N. J., Hertz, M., & Ivey-Stephenson, A. (2024). Disparities and trends in middle school students' suicidal thoughts and behaviors: Results from the Youth Risk Behavior Survey, 2015-2019. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine, 74*(4), 720–728. https://doi.org/10.1016/j.jadohealth.2023.11.008

Ziomek-Daigle, J., Goodman-Scott, E., Cavin, J., & Donohue, P. (2016). Integrating a multi-tiered system of supports with comprehensive school counseling programs. *The Professional Counselor, 6*(3), 220-232. https://doi.org/10.15241/jzd.6.3.220

To Cite This Practice Brief:

Granello, D. H., Juhnke, G., Granello, P. F., & Behl, M. (2025, August). *Suicide prevention with school-age students* (Version 2) [Practice Brief]. Counseling Nexus. https://doi.org/10.63134/KPTZ1567