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Examining Essential Elements Toward Suicide Prevention in Secondary Education

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Introduction on Suicide

Suicide is the 11th leading cause of death nationally (Williams & Jackson, 2005) and the third leading cause of adolescent mortality among youth ages 15 to 24 (Lubell & Vetter, 2006). Suicide attempts significantly increase during adolescence, reaching a peak between the ages of 16 and 18 (Miller, Rathus, & Linehan, 2007). A child, who expresses suicidal ideation or has attempted suicide, has a greater likelihood of becoming a first-time attempter or repeat attempter (Park, Mandell, & Lyons, 2009). When examining factors related to suicide in a six-year longitudinal study, Soloff and Chiappetta (2012) found increased prevalence (e.g., 16%) for suicide attempters within the first two years of their study; their two-year, follow-up assessment revealed a decline in suicide attempts for participants. Other factors beyond a previous attempt related to suicidal ideations and actions are impaired decision making (Bridge et al., 2012); feelings of high hopelessness and impulsiveness (Jacobs, Aseltine, Schilling, James, & Glanovsky, 2009). In addition, Chung and Joung (2012) found factors such as depression, gender (e.g., females having higher numbers of suicidal ideations and completions than males), grade level, the use of alcohol and illicit substances, involvement of sexual experiences, and insufficient sleep related to higher rates of suicidal attempts/completion. Of particular interest, non-suicidal self-harm in youth and recent negative life experiences can be strong predictors of suicidal thoughts and behaviors (Fedyszyn, Robinson, Harris, Paxton, & Francey, 2012). Given support to the fact that most suicidal people communicate their intent sometime during the week preceding their attempt (Quinnett,

2007) there is an increased need to provide multiple levels of collaborative systems (e.g., school, family, and community programs) towards adolescent life satisfaction.

Collaboration among Secondary Educators, Parents, and Counselor Education Programs

A multilevel intervention team that consists of secondary school teachers, postsecondary educators, and parents/caregivers may strengthen mental health service delivery and reduce suicide risk by examining intrapersonal (e.g., feelings of hopelessness), interpersonal (e.g., loss of a close relationship), and contextual factors (e.g., increase risk of substance abuse) related to adolescent suicide. Miers, Abbott, and Springer (2012) found that parents who had experienced the suicide of a teenager identified the need to give back to the community by educating individuals and supportive persons on their personal experiences and insights gained. By sharing personal narratives and educating others on the greater risk of suicidal behavior of relatives and friends of suicide victims, parents and family members of deceased suicidal completers may have an increased opportunity to support each other to prevent complicated grief and bereavement-related depression. However, parents who have limited awareness of child physical and mental health resources may benefit from a collaborative partnership between postsecondary institutions and K-12 schools. Such collaborative partnership can lead to increased psychosocial education (e.g., understanding anxiety, depression, and anger related to deliberate self-harm of adolescents; identifying myths and facts related to suicide) and intervention strategies (learning increased communication with youth, learning to effectively ask an adolescent's plan to harm self, and identifying resources and providing referrals to obtain help for the individual youth and family). Specifically, postsecondary institutions (e.g., college counseling centers) have a unique opportunity to conduct mental health research and share relevant empirical findings and clinical evaluation tools with parents and caregivers to help identify risk factors. Understanding suicidal-related factors such as family connectedness, care, and involvement may enable professionals and parents to consider the following:

1. Does the family have fun together?
2. Does the suicidal child/adolescent feel that members in the family understand him/her?
3. Does each member of the family feel cared for with thoughts and feelings validated and recognized?
4. Is there a family member or supportive person available for the teen to speak to about a serious problem?

Oftentimes, secondary educators and parents may lack effective communication skills, proper awareness of at-risk behaviors, and relevant training to provide basic techniques in crisis intervention. Accurate identification of target students by teachers and at-risk children by parents may stem from practical tools and techniques demonstrated through teacher-training workshops (Hahn, 2012) and by fostering a

partnership between community leaders, parent liaisons and the educational system (Adeolu, 2012). Such partnership may help the multilevel intervention team to effectively interact with youth who identify with negative thoughts and feelings associated with suicidal ideations or suicidal attempts.

The Development of a Crisis Response and Management Team

The development of a crisis response team and policy may generate in-depth implemented staff trainings and pre-arranged parent education workshops. Postsecondary therapeutic programs can provide crisis readiness through preparation, action, and education efforts. Postsecondary therapeutic programs can assist secondary schools in the preparation stage by the formulation of a crises emergency response plan that includes communication among postsecondary program faculty, school administrators, teachers, and other staff. In addition to preparing for a suicidal crisis, the collaborating team should critically examine the plan and test each strategy for effectiveness. Postsecondary educators can also provide annual evaluations of student performance and suicidal ideations/ incidences. Ongoing education and annual evaluations for secondary schools may be more useful through the various training approaches for educators, staff, and parents (e.g., Active simulated exercises in prevention, intervention, and treatment; safety drills; oral presentations with power point visuals/aids/videos; online Training, and email or mail reminders and tips). Service-related questions to secondary school personnel and parents may involve the following questions:

1. Have you experienced a crisis at your current school related to suicide?
2. Does the school you work for have a crisis communication plan related to suicide?
3. If your school provides a crisis communication plan, how comfortable do you feel in implementing learning strategies?
4. Were you given a copy of the crisis emergency response plan?
5. At your employed school, do you know where a hard copy of the crises emergency response plan is located?
6. Have you attended a meeting, seminar, or educational training in which the emergency response plan solely highlighted suicide prevention, intervention, and treatment strategies?
7. How confident are you in the ability to respond to a crisis suicide-related suicide?
8. I feel confident that other employees/parents are familiar with the suicide-related emergency response plan?
9. I am familiar with the suicide-related emergency response plan of how to react if I am approached by the media or a parent for comments about a current or past crisis at my school or in my community?

Training Mental Health Professionals in Suicide Prevention

Sadly, many parents may experience challenges or limitations when a loved one (e.g., child, close relative) reveals negative thoughts and acts of self-destruction. Through supportive services from mental health agencies and university counseling clinics, the communication between parents and children/adolescents can be enhanced towards optimum health when addressing the following statements:

1. When assessing children or adolescents with suicidal ideations, it is imperative to examine factors related to family functioning.
2. When assessing children or adolescents with suicidal ideations, it is imperative to examine factors related to other social contexts such as problems in school or with friends, relatives, etc.
3. When assessing children or adolescents with suicidal ideations, it is imperative to focus on child's personal psycho-emotional issues.
4. Are the therapist and my family in agreement about the goals of therapy related to my child's/adolescent's suicidal behavior?
5. Does the therapist lack the ability and skill to help my family with my child's/adolescent's suicidal behavior?
6. Is the therapist helping my child?
7. How often do I as a parent or child keep personal suicidal-related information to myself and do not share with the therapist?

Conclusion

To date, there is an increased need for collaboration between counselor education programs and secondary educators on adolescent suicide. Adolescents who contemplate suicide may feel more isolated, hopeless, and marginalized than adolescents who do not consider suicide. Thus, effective resources can educate and prepare secondary educators and parents in the prevention, intervention, and treatment of suicide threat. By creating a collaborative partnership among counselor educators, secondary teachers, and parents the treatment of suicide may be enhanced and suicidal risk reduced.

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