School As a Suicide Support System: Preventing Adolescent Suicide and Suicidal-Behavior

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The Adolescent Suicide Research Gap

Suicide and suicidal behavior among adolescents is a public health concern in the United States that must be widely acknowledged and addressed. Though people of all ages commit suicide, research and prevention programs have, thus far, predominantly focused on adult suicide and adult suicidal behavior. However, it has been purported that suicide among teens, ages 14-19, is the third leading cause of adolescent deaths in the United States (Cooper, Clements & Holt, 2011, p. 696). There are more deaths by suicide among adolescents than the combined number of adolescent deaths due to birth defects, influenza, heart disease, cancer, AIDS, stroke, pneumonia, and chronic lung disease (Youth Suicide Statistics, n.d.). Despite these findings, there are currently no treatments specific to addressing adolescent suicidal behavior that qualify as empirically substantiated (Neece, Berk & Combs-Ronto, 2013, p. 257). In other words, because there has not been extensive research of adolescent suicide prevention programs, there are no data available to determine and validate what elements of preventative programs are most effective. Efficacious research is needed in order to develop suicide prevention programs that are scientifically proven to effectively address adolescent suicide and suicidal behavior.

Notably, research has suggested that 90% of adolescents who have committed suicide had a treatable mental disorder (King et al., 2011, p. 581). This is an unfortunate and appalling statistic given the knowledge that, if the adolescent suicide epidemic were given the attention and funding needed to address this issue in a significant way, many adolescents may have received the support they needed to stay alive. Unfortunately, the opportunity to get a firm grasp on this issue has not yet been sufficiently embraced. Cooper et al. (2011) purported that over 77% of public schools in the United States have

implemented an adolescent suicide prevention program (p. 700). However, school-based suicide prevention programs that have been put into use have been designed without the scaffolding of substantiated research. Thus far, suicide prevention programs have not been developed to address adolescent suicide to their greatest operative potential. There exists no published evidence of attempts aimed at establishing which elements seem to be most effective among existing prevention strategies; with the end goal of developing a program that incorporates all of the elements determined to have the greatest impact (Cooper et al., 2011, p. 700). Here is yet another observation underscoring the exigent need for further research in this area. Collecting empirical data is critical to garner support, both social and economical, so that the issue of adolescent suicide and suicidal behavior is tackled in full-force.

School As a Suicide Support System

Adolescent participants in The National Longitudinal Study on Adolescent Health reported that, in their opinion, the principal protective factor against adolescent suicidal behavior is their personal association with school (King et al., 2011, p. 586). Due to this and other findings, which will be further discussed, I believe that administering prevention programs in the school environment has the greatest potential to counter the adolescent suicide and suicidal behavior epidemic. There are three key reasons why I believe school to be the prime milieu in which suicide prevention programs are to be administered.

Adolescents spend the majority of their time at school, where they develop relationships and regularly interact with peers and adults; people who could intervene and provide support to students who exhibit self-harming or suicidal behavior. Prevention programs

would include a training module for students and adults aimed at teaching them how to recognize signs of suicidal behavior, as well as arm them with intervention skills and information needed to connect students with mental health resources.

Secondly, addressing suicide with adolescents is an opportune time in terms of their developmental age, when cognitive function and the importance of social activities increase and the processes of gaining independence and acquiring a sense of self begin. Neece et al. (2013) purported that adolescents develop from their childhood years, when they rely on and learn how to regulate emotions from their caregivers; during adolescence, the process of learning self-care and developing an internalized and more independent approach to managing emotions begins (p. 259). It has been suggested that parents and caregivers remain key role models for adolescents as they continue to develop more autonomy in how they conduct themselves and when making decisions (Wikipedia, n.d).

Likewise, the people in an adolescent's social arena, peers, teachers, and other adults employed at school, are of predominant importance during this phase of social development. Research has suggested that the greatest influence on social development is relationships (Wikipedia, n.d.). To this end, the type and amount of support adolescents receive at school is critical to their development, particularly regarding emotional regulation.

The third key reason suicide prevention programs would be most effective in the school environment, the program would include a component to assist adolescents with acquiring the critical practice of managing their emotions in a healthy and positive way. According to biosocial theory, the prime risk factor of suicidal and self-harming behavior among adolescents is the incessant and intense difficulty to regulate emotions. It as been put forth

that when an adolescent lives in an unsupportive and invalidating home environment, his or her vulnerability to suicidal and self-harming behavior increases, and relationships developed at school become doubly important (Neece et al., 2013, p.258).

It Would Have Changed My Life

As someone who has dealt with depression and suicidal and self-harming behavior during adolescence, I would have benefited tremendously from participating in a school-based suicide prevention program. My depression would have been caught and treated earlier in my life, which would have made a significant impact on my ability to recognize my behavior as symptomatic, seek support, and know that I was not alone in my experience. Receiving counseling and learning healthy coping skills at an earlier age would have had a significant impact on my life in general – developing healthy relationships, building self-esteem, and participating more in the world, to name a few core developmental activities. I have experienced suicidal thinking and have made attempts to kill myself since my adolescent years. It wasn't until my early adulthood when I sought help, and it has taken many years of taking prescriptive medication and doing difficult work in order to develop those skills and experience activities that I feel I missed out on during my adolescent years. It is important to me that this kind of support is provided to adolescents who are in a similar situation as I was at that age. I have experienced the detriment and difficulty that a lack of support and guidance during the adolescent years can cause.

Caregivers and gatekeepers

Developmental theory describes an unsupportive and invalidating home environment as one in which, when an adolescent expresses emotional difficulty, his or her caregivers respond with irregular or malapropos responses or minimize the adolescent's emotional reality (Neece et al., 2013, p. 258). In this way, caregivers play a pivotal role in shaping a child or adolescent's ability to regulate his or her emotions. Cooper (2011) reported that substandard parental relationships seem to be a key risk factor of emotional dysregulation and adolescent suicide and suicidal behavior (p. 697). According to Neece et al. (2013), the adolescent years appear to be a time of increased vulnerability to emotional dysregulation. Furthermore, it has been suggested that adolescents, whose childhood was spent in an invalidating environment, tend to turn to suicide or self-harming behavior as a way to deal with the intensity of emotional fluctuations in lieu of practicing healthy coping strategies (Neece et al., 2013, p. 259). On the other hand, King and Vidourek (2012) purported that suicide can be prevented among adolescents with strong family connections, regardless of their social situation with peers (p. 15). Considering that not all adolescents live in a home with close and bonded family members, a suicide and self-harm prevention program would be serve as an alternate source of support and guidance.

As mentioned earlier, school-based prevention program curricula isn't solely targeted to inform and educate teenagers, but also includes information and skills for teachers, school counselors, and other adult school employees who interact with students regularly. Cooper (2011) referred to adults who have the ability to take notice and approach adolescents exhibiting self-harming behavior as gatekeepers (p. 698). Among those who had not received gatekeeper training, King and Vidourek (2012) reported that for every ten teachers, only one responded as feeling certain about his or her capability to detect suicidal

warning signs and effectively approach a student who is suicidal (p. 16). These findings support the need for including an educational module specifically aimed at training gatekeepers in a suicide prevention program.

I was raised an invalidating home environment and my family was very non-communicative, which compounded my experience with depression. A school prevention program would have changed my perspective of the adults in my school as being a support system that I could go to with my problem of depression and suicidal thinking. Gatekeeper training would have enhanced the possibility that an adult would recognize that I needed help. Perhaps, if such a program existed, my depression would have been addressed before the onset of suicidal behavior.

Peer-to-Peer Suicide Support

The American Foundation for Suicide Prevention estimated that, of 4 suicidal teenagers, 3 exhibited warning signs to a peer or someone in his or her family (King & Vidourek, 2012, pp. 15-16). This does not necessarily mean that friends or family members, people who tend to be closest to and most familiar with an adolescent's regular behavior, pick up on signs of suicidal behavior. It is not enough to talk with adolescents about suicide and encourage them to seek help if they are feeling like hurting or killing themselves. This is another reason why training school officials to be gatekeepers is a crucial aspect of school-based suicide prevention programs. Peers at school can also be a part of the school suicide support system.

Due to the fact that socializing with peers is of great value to adolescents, students are

key people at school who can observe and intervene when a friend is exhibiting suicidal behavior. A school-based suicide prevention program allows for the incorporation of student-focused training so that peers are involved in the prevention effort. It has been purported that peer-to-peer support can make a significant impact because of adolescents are at the developmental age when their peer group is paramount. An adolescent suicide prevention program that included a module for training peer leaders, Source of Strength, displayed a culture shift regarding suicide prevention at the school in which the program was administered (Cooper, 2011, p. 698).

What's been done so far?

Findings from a number of suicide prevention programs administered at various schools provide insight into what elements a successful school-based prevention program would include. For instance, results from pre- and post-surveys completed by adolescents who participated in a school training program, Surviving the Teens Suicide Prevention and Depression Awareness Program, suggested the positive potential that peer-to-peer school-based suicide programs can have in the prevention effort (King & Vidourek, 2012, p. 16). This program is aimed at teaching adolescents positive coping strategies for everyday stressors and how to help themselves and peers who are exhibiting suicidal behavior. The intervention training included real-life stories of teens who have experienced depressive or suicidal behavior, role playing of peer-to-peer conversations about suicide, and access to the program website containing information about suicide that they can reference at any time. Three months after receiving the training, student participants completed a post-test in which students reported an increased self-efficacy in recognizing suicidal warning signs, intervening when someone appears to display suicidal behavior, and assisting peers with

seeking counseling. This is significant to note as adolescents tend to exhibit warning signs to peers first, and over half of students surveyed reported that they do not feel comfortable approaching counselors when experiencing problems (King et al., 2012, p. 17). These findings further support the apparent need to include students in a suicide prevention program.

Another program that incorporated student pre- and post-surveys, Preliminary Effectiveness of Surviving the Teens Suicide Prevention and Depression Awareness Program on Adolescents' Suicidality and Self-Efficacy in Performing Help-Seeking Behaviors, displayed similar results. The 1,030 student participants in this program went through a similar student-focused prevention training which comprised of education of myths and facts about suicide, including discussion of various factors that can contribute to suicidal feelings, for instance, clinical illness, family dysfunction, school and social stressors, and loss (King et al., 2011, p. 582). It is important to talk with adolescents about suicide in a way that they can relate and understand that having suicidal thoughts and feelings are a common coping strategy depending on one's circumstances. However, it is crucial to also clarify that suicide is not normal in should be taken seriously; it is an emergent and clinical problem that must be acknowledged and addressed as such (Cooper, 2011, p. 698).

Prior to the suicide prevention training, 1 in 5 students reported they had considered killing themselves, and 3 months post-training, 1 in 9 students reported that they were seriously considering attempting suicide (King, 2011, p. 584). King (2011) found that results from the post-test data suggested that students who completed the training felt better able to cope with stress, regulate their emotions in a healthy way, and reach out to caregivers and peers experiencing problems; further, 9 in 10 student participants reported

that they think the program should be offered at all schools (p. 585). Including student participation in suicide-prevention programs empowers adolescents to take action in caring for their own and their peers' mental health and well-being.

Prevention requires community support

Outcomes from a number of school-based adolescent suicide programs have suggested hopeful findings of powerful prevention training, however, Cooper (2011) proposes that a program cannot be adapted into school curriculum without the support of the school administration (p. 698). As with any program aimed at spurring a culture shift, effective and lasting change is not possible without first rousing widespread support. In order for adolescent suicide to be a priority health concern, state and local governing bodies need to be proactive in calling attention to the problem. As a result, adolescent suicide would become a higher priority concern among smaller governing bodies, such as school districts, school boards, and community leaders; eventually individual schools will receive the support and resources needed to incorporate suicide-prevention programs in to their mandatory curriculum (Cooper, 2011, pp. 700 & 701)

The suicide prevention effort will not make a lasting impact if preventative measures are solely contained within schools; it is an effort that requires community involvement. However, the school environment is a vital venue in that it provides the unique opportunity for interaction between adolescents and family and community members. The connection between teachers and parents could step out of the academic realm to form an alliance in caring for a student's mental health. Additionally, the school environment has faculty to

elevate teenagers' access to mental health care (Cooper et al., 2011, p. 696). As Cooper et al. (2011) purport, one of the main goals of prevention programs is to increase adolescents' ability and proclivity toward seeking help (p. 698). In this way, basing the suicide prevention training at schools has the greatest potential to decrease suicidal behavior and elevate adolescents' practice of using positive coping skills and proactively seek help for themselves or friends.

Overcoming Barriers

Addressing adolescent suicide is a sensitive and hefty undertaking, and one that some may be uncomfortable addressing openly. Typical arguments against support of a school-based suicide prevention program include the necessary amount resources, financial and logistical, that would be required, potential legal issues that parents may pitch at school administration, and the mythic concern that talking about suicide with adolescents will encourage or instigate killing themselves.

I believe that adolescent suicide is an important enough issue that it is imperative our government and communities work together and find a way to fund and incorporate prevention programs as a mandatory program in schools. The CDC acknowledges that mental health among adolescents is strengthened via preventative training include teaching skills to cope with stress, communicate and problem solve, as well as nurture social connectedness (Cooper et al., 2011, p. 701). Additionally, findings from a variety of school-based suicide prevention programs administered across the country have suggested that there is potential to significantly decrease adolescent suicide and self-harming behavior (King et al., 2011, p. 582). The preliminary information to tackle this issue is there, however, establishing a cadre of sound research data is necessary to garner the

support needed to fund and implement effective adolescent suicide and self-harm school-based prevention programs.

Looking Back, Looking Forward

In 1981, the United States government named adolescent suicide a public health concern, and it wasn't until The Youth Suicide and Prevention Act of 1985 when there was evidence of federal funding for school-based prevention programs. However, little of this funding went toward thorough planning and evaluation of prevention programs (Cooper, 2011, p. 697 - 698). Since then, ample research data that has been collected have focused primarily on determining risk factors, measuring adolescents' knowledge of suicide risk factors, their attitudes about suicide. This is important information to know, but this type of data is not enough to instigate a call to action. There is a deficit of research evaluating the impact of school-based prevention efforts on adolescents' suicidal behavior, and there has not been proper research conducted aimed at testing prevention program methodologies (King, 2011, p. 584).

Though administration at many schools in the United States have shown interest in incorporating suicide prevention programs as part of adolescent education, the strength of this effort is limited by the lack of public and governmental support, which could be attained with statistically validated evidence and sound research data displaying the impact that prevention programs can have. There is a need for research aimed at measuring the effectiveness of various teen suicide prevention programs. This data is necessary to validate the impact of school-based suicide prevention programs and improve the utility of existing teen prevention programs. After examining the literature on this topic, Cooper (2011)

enumerated that there has been no effort to piece together a cohesive prevention program comprised of elements from existing programs that seem to be most impactful (p. 700). As Brent (2011) espouses, "we need to start to think more like prevention scientists."

Say Something About Suicide, Anything

The act of acknowledging a scary and common, yet typically silent and avoided issue such as suicide is, in itself, a powerful step toward addressing the issue of adolescent suicide. I believe that a fundamental aspect of the suicide prevention effort is to talk about it. Open dialogue and meaningful conversation about adolescent suicide as an existing public health concern is needed to create a culture of understanding and support for those experiencing suicidal symptoms.

A dangerous tendency of those who are suicidal is to hide their internal pain, which omits the opportunity for others to provide support. For this reason alone, I believe that suicide prevention programs should be mandated in schools. School-based prevention programs have the potential to create a safe and supportive space in which adolescents may feel comfortable to acknowledge and discuss a personal, painful, typically misunderstood, and stigmatized health concern. In the meantime, I will do what I can in this prevention effort, and what wasn't able to when I was an adolescent struggling with suicidal thoughts. I will talk about it.

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