Chapter 5

PREVENTING SUICIDE IN SCHOOLS THROUGH
MULTI-TIERED SYSTEMS OF SUPPORT

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ABSTRACT

It is a school’s responsibility to engage in suicide prevention given that suicide is the second leading cause of death for 10-24 year-olds and school is where they spend most of their day. Suicide prevention will be most effective when implemented within the public health model in schools, or what literature within education refers to as Multi-Tiered Systems of Support (MTSS). In addition, schools should be prepared to implement postintervention, which involves promoting healing and preventing further trauma and suicide after a suicide. This chapter will discuss implementing suicide prevention within MTSS and postintervention in schools.

INTRODUCTION

Suicide is the second leading cause of death for 10-24 year-olds (1-5), making it a significant public health concern for this age group (6). According to the 2011 national school-based Youth Risk Behavior Survey (YBRS) conducted by the Centers for Disease Control (CDC), 15.8% of students indicated they had seriously considered suicide, 12.8% of students indicated they made a plan about how they would attempt suicide, 7.8% of students indicated they had attempted suicide, and 2.4% of students indicated they had made a suicide attempt that required medical attention within the past year (7). Thus, in a high school with 1,000

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students, it is possible that within one year around 25 students will make a suicide attempt that requires medical attention. Moreover, a survey of members of the National Association of School Psychologists (NASP) in 2008 found that a third of school psychologists reported that a student in their school died by suicide (8).

These data call schools to action to prevent suicide and suicidal behavior (i.e., ideation and attempts). Schools are a natural location for suicide prevention, given that they are accessible to all, and where the majority of youth spend the majority of their time. In addition, schools are implicitly contracted to protect the safety of their students (9). In accordance with best practice, prevention in schools should be approached through the public health model (2-5), which distinguishes between primary (tier one), secondary (tier two), and tertiary (tier 3) prevention (10, 11). Literature within education often refers to the public health model as Multi-tiered Systems of Support (MTSS) because implementation of the public health model requires coordination amongst school stakeholders to identify needs of varying intensity, develop interventions to meet those needs, and implement interventions at multiple tiers. At tier one, all students would receive an intervention designed to prevent suicide. At tier two, students who are at higher risk for suicide would receive more intensive interventions. Tier three, students at the greatest risk for suicide would receive individualized interventions. Research-based prevention and intervention strategies are used at each tier and systems of data collection and analysis are employed to determine needs (4). Tiers are overlapping, and thus students at tier three still receive interventions at tier one and can also receive interventions at tier two.

There are many resources on suicide prevention in schools. The purpose of this chapter is to highlight these resources, direct readers to them for more in-depth information, and outline school-based suicide prevention at each tier. While the hope is to prevent suicide, the unfortunate truth is that sometimes, despite best efforts, they occur. Thus, a comprehensive approach should also include postintervention, which will also be discussed.

**Supports for Prevention within MTSS**

Schools are often bombarded with different initiatives (12). Asking a school to implement MTSS to prevent suicide could be overwhelming (13). In order to support implementation, suicide prevention efforts should be integrated into existing initiatives and should flow from collaboration and teaming (9). A team of key players should get together, review existing systems and initiatives that can support suicide prevention, identify gaps, and develop a plan for implementation. The Preventing Suicide: A Toolkit for High Schools (9), available for free online by the Substance Abuse and Mental Health Services Administration (SAMHSA) at http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669, provides detailed guidance for these steps.

The team of key players should, at a minimum, include someone from the school with mental health expertise and a school administrator. The team may also include various representatives of school stakeholders, such as teachers, parents, community members, students, and support staff. All stakeholders should have a voice and cultural groups should be represented so that prevention and intervention efforts respect the diversity of the school (9, 14). Different groups may have very different beliefs regarding mental health and suicide.
The team may wish to work closely with a school crisis team or suicide prevention activities may be assigned to the school crisis team (9). In fact, it may be best to use or adapt an existing team rather than stretching resources to create another team. Once the team is assembled, they should identify their responsibilities and the responsibilities of school staff members in planning and implementing suicide prevention (9).

In order to keep from stretching resources thin and thus threatening implementation, the team charged with suicide prevention activities should review existing resources and initiatives that can support suicide prevention at each tier. The Preventing Suicide: A Toolkit for High Schools (9), provides suggestions for how to proceed with this step on pages 20-21, and links to further resources and tools. Activities in place to promote a positive school climate, prevent bullying and violence, prevent substance abuse, and enhance school engagement fall under the umbrella of suicide prevention because they address risk factors and promote protective factors (9). These can be organized under MTSS to address suicide prevention and the team charged with suicide prevention can support or collaborate in their implementation.

Once existing resources are identified, it will be easier for the team to identify gaps and priorities and then develop a plan for the implementation of suicide prevention within a MTSS. However, before the team moves on to developing the plan, policies to which the school must conform should be reviewed (9). The Preventing Suicide: A Toolkit for High Schools (9), provides guidance for identifying such policies on pages 20-21. When identifying gaps, if the team finds that the school does not have a protocol for responding to students at risk of suicide, one must be developed before anything else. The school must be prepared to respond because, based on the YBRS, it is likely that around 150 students in a high school of 1,000 students have been at risk of suicide at some point in time over the course of the school year (7). Chapter 2 of the toolkit provides guidance for developing a protocol to respond to students at risk of suicide (9).

In identifying specific suicide prevention programs to implement, the team should review evidence-based programs on the National Registry of Evidence-Based Programs and Practices (NREPP, see http://www.nrepp.samhsa.gov/) or the Best Practices Registry (BPR, see http://www.sprc.org/bpr) (9). The team should also keep in mind that research on such programs is relatively new and that there is disagreement on their efficacy. A team member versed in reading primary literature on interventions, such as the school psychologist, should critically review the research in addition to identifying programs on the registries. For example, the Signs of Suicide (SOS) program is on the registries and widely marketed, yet there is debate regarding the strength of the evidence base for its effectiveness in preventing suicide. A review of the program concluded that there is no evidence that its implementation prevents suicide (15).

**PRIMARY PREVENTION**

Prevention at tier one targets all students and can involve everyone on the school community, but at a minimum involves all students. Typically, direct approaches to prevention at this level include education regarding statistics, risk factors, and warning signs (2). Education also aims to dispel myths and teach how to respond to someone who may be suicidal (2). Indirect
approaches to prevention at this level include efforts to reduce risk factors and promote protective factors. Unfortunately, there are few evidence-based prevention programs that can be implemented at this tier. The Signs of Suicide (SOS) and Good Behavior Game have been found to reduce suicide attempts (16), but a critical review of SOS debates its effectiveness (15). Other programs have not been found to impact suicidal behavior directly, but support protective factors (16). Katz et al. (16) provide a detailed review of primary prevention programs.

SECONDARY PREVENTION

Prevention at tier two targets students who are at higher risk for suicidal behavior than the general population of students, but who are not at immediate risk of suicide. The population of students at this tier can include students with depression, anxiety, a substance abuse disorder, or other mental health problem (2). Students at this tier may also include Hispanic females (7), Native American males, students who demonstrate risk for dropping out of high school or being expelled (2,8), runaway or homeless youth (8), students who identify as lesbian, gay, bisexual, and/or transgender (LGBT), students who are victims of bullying, and students who have experienced trauma (3). A social justice lens highlights that many groups of students at increased risk for suicide are students who experience oppression and victimization. Thus, in layering secondary prevention on primary prevention, primary prevention efforts should aim to reduce the impact of “isms,” like racism, sexism, ableism, and heterosexism on students’ lives within the school environment.

Screening measures may need to be identified or developed in order to identify populations at increased risk. Once students are identified, the team should review existing data to determine the best course of action for each student. It may even be prudent for a team member to meet with students individually to further assess their needs, as students who appear to be at higher risk for suicidal behavior may actually be at greater risk than screening measures indicated or may already be receiving support in the community.

The specific prevention efforts at this tier depend upon the population of students targeted, but will typically be delivered to selected groups. Thus, there may be multiple prevention efforts at tier two given that students may be at risk of suicide for varied reasons. Just like at tier one, prevention efforts should include evidence-based interventions (e.g., cognitive behavioral therapy or a social-emotional curriculum). They could be delivered through group or individual counseling by a school or community based mental health professional.

TERTIARY PREVENTION

Prevention at tier three targets students who have engaged in suicidal behavior (e.g., expressed desire to end their life, made a previous attempt). The focus at tier three is to resolve any immediate crisis and address risk for future suicidal behavior (2). Because of the intensity of need at this level, prevention efforts are delivered to individual students and include conducting thorough risk assessments, working with families to link students with the
Preventing suicide in schools through multi-tiered systems of support

... appropriate level of care, and delivering evidence-based mental health interventions. If the appropriate level of care is hospitalization, or if a student was hospitalized for any psychiatric disorder, there should be a plan in place for the student when they return to school in order to support the student in reentering the school environment and from relapsing into suicidal behavior (17). Indeed, an individual is at the greatest risk for suicide in the week after a psychiatric hospitalization for suicidal behavior (18).

From a social justice perspective, this has the potential to be a disempowering process for the student, as their level of risk likely necessitates a breach of confidentiality to a caretaker and perhaps a loss of freedom due to hospitalization. Efforts should be made to respect and empower the student throughout the process by clearly explaining the limits of confidentiality, giving him or her the choice to be a part of the conversation in which the caretaker is informed, helping him or her develop a clear picture of what to expect next, and involving him or her in planning supports for his or her return to school. For example, prior to informing a caretaker, rehearse what will be said with the student. Be prepared to explain various treatment scenarios and answer student questions about them. Have a document describing various supports and accommodations upon a student’s return to school that a student can review and select.

**POSTINTERVENTION**

Hopefully prevention at all three tiers is effective in preventing suicide, but they occur despite our best efforts to prevent them. In order to help school community members cope effectively and prevent a suicide contagion in which at risk students are triggered to commit suicide, protocols must be in place for responding to a suicide (i.e., postintervention) (3). Like prevention efforts, postintervention encapsulates all three tiers as it seeks to support the school community and prevent contagion (tier 1), provide mental health interventions for groups at increased risk or who were close to the person who committed suicide (tier 2), and identify and respond to individuals who are having particular difficulty coping or who are at high risk (tier 3). The American Foundation for Suicide Prevention and the Suicide Prevention Resource Center published a toolkit, After a Suicide: A Toolkit for Schools, which provides detailed guidance and resources for a school team to follow in implementing postintervention (19), and can be found here http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf.

**CONCLUSION**

Utilizing MTSS of support to prevent suicide has the potential to have a significant impact suicidal behavior. The Miami-Dade County Public Schools serves as a model for implementing suicide prevention in alignment with MTSS and demonstrates that doing so can relate to significant reductions in suicides (from 5.5 per 100,000 to 1.4 per 100,000) and suicide attempts (from 45.5 per 100,000 to 9 per 100,000) over an eighteen year period (17). However, implementing MTSS is complex process and takes more time and resources than simply implementing a packaged prevention program, which may be only one piece of the
puzzle. Thus, schools must accept that while implementing suicide prevention within this model takes time and effective teaming, doing so is the socially just thing to do because all students have access schools and many, especially marginalized populations, struggle with suicidal behavior.

In order to make the investment in the process more palatable, schools should identify priorities for implementation rather than becoming overwhelmed with the whole system at once. While MTSS is organized around numbered tiers, this does not mean that tier one should be implemented first when implementing suicide prevention in schools (5). In fact, gathering a team and developing or reviewing and revising protocols for addressing a student at risk of suicide and responding to a student suicide are critical, as the school must be prepared to respond effectively should a crisis arise (9). Moreover, screening should not take place until a school is ready to effectively respond to a student in crisis (9). Once the school is ready to respond to a crisis, then the school can consider implementing prevention efforts to the school population in general at tier one or specific groups of students at higher risk at tier two. Preventing Suicide: A Toolkit for High Schools (9) and After a Suicide: A Toolkit for Schools (19) provide resources, tools, templates, and detailed guidance to school teams and should be referenced throughout the process.

REFERENCES


