THE GOALS

The goals of suicide prevention education are for students to be more likely to:

1. Engage in healthy coping
2. Be able to identify trusted adults at school, at home, and in the community
3. Find help and support to stay safe when suicide is the issue.

Research suggests that positive themed messages that emphasize help-seeking and coping are effective at influencing social norms and perceptions about suicide.

Because identifying trusted adults is an emphasis, it is important that all faculty and staff receive, and parents are offered suicide prevention awareness information.

Another important consideration, in planning suicide prevention education, is to review the pathways to care for families. School suicide intervention and referral procedures should be reviewed for consistency with best practices and should be accessible and communicated to faculty and staff.

RESOURCES

A Guide for Suicide Prevention in New York Schools
https://www.preventsuicideny.org/wp-content/uploads/2019/08/SchoolsSuicidePreventionGuide.pdf

Model School District Policy for Suicide Prevention
https://afsp.org/our-work/education/model-school-policy-suicide-prevention/

Suicide Prevention Center of New York
https://www.preventsuicideny.org/schools-colleges-universities/

School Mental Health Resource & Training Center
https://www.mentalhealthednys.org/

Society for the Prevention of Teen Suicide
https://www.sptsusa.org/

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

SPC NY Suicide Prevention Center of New York State

SUICIDE PREVENTION IN THE CLASSROOM

FIRST, DO NO HARM

As hard as it is to hear, it is possible to do harm when facilitating discussions about suicide prevention in the classroom, and yet, the need for teens to have accurate and helpful information about suicide prevention is critical.

We can assume that the topic may bring suicide to the forefront for vulnerable students. The recommendations in this document are intended to assist you in your endeavor to provide thoughtful, helpful, and safe messages and programing to your students.

INTEGRATED, NOT STAND ALONE

Rather than one-time assembly presentations, it is recommended that educators use an evidence-based, developmentally appropriate curriculum or program that can be integrated into health curriculum with other topics.

DEVELOPMENTALLY APPROPRIATE

Use materials that are designed and evaluated for use with the student population that you serve. Students should not be made to feel that saving someone's life is their burden to bare alone. No one helps alone when suicide is the issue.

GUARD AGAINST SELF-DISCLOSURES

It is possible for students to perceive that they have permission to talk openly about their own or another student's experiences with suicide. This may leave them vulnerable. Be clear about keeping personal experience private. Explain that staff members can be approached for private conversations.

AVOID ASSEMBLIES

In order to maintain attention and engage students in a large group, speakers must be charismatic, and the presentation emotionally charged. Research has demonstrated that there is very little sustained impact from such presentations and that vulnerable students can be left with stronger feelings of isolation. A classroom format where content is delivered in a more matter-of-fact/emotionally neutral manner that allows for more attention to student reactions and needs is safer and more effective.

AVOID PREVALENCE STATISTICS

Teens often misinterpret statistical data and the data can make suicide seem like it is a larger part of teen culture and more acceptable to their peers than it is. Most students don't have suicidal thoughts. Awareness events and assignments should emphasize hope, help, and strength.

AVOID DEATH STORIES

Teen literature often attempts to address suicide prevention through cautionary stories of tragic student deaths. Often the theme is of wrongs committed by other students or adults who either contributed to, caused, or were oblivious to the suicide risk. These themes can feed into some common ideas that suicidal students have about suicide. Suicidal students often think their voice and their pain will be better heard, and they will get more compassion if they die.

Another common idea is that responsibility doesn't ultimately lie with the person who made the decision to end their own life, but with others. This idea undermines the sense of agency that students need to keep themselves safe against thoughts of suicide.

A third concern is that many students have experiences with traumatic loss. Grief and moral injury from such losses are complicated, and stories that blame can interfere with the healing process.