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What Does Your Plan Say?

Working to Develop a Model Suicide Prevention Program

by Dr. Brandie Oliver, Butler University School Counseling Program

As the school year begins, there are numerous checklists, trainings, and tasks that must be completed to prepare for the school year ahead. As you reflect on your policies, procedures, and various protocols, I ask you to consider your school's suicide prevention/intervention/postvention planning and procedures. While I recognize the immense discomfort this topic can have on individuals, it is critical that all schools recognize the importance of implementing a comprehensive suicide plan.

Within the U.S., suicide, along with other mental health topics, have recently come into the spotlight and are being discussed in all arenas. Schools have the unique opportunity to take the lead and provide comprehensive outreach and training specific to this topic. It comes at a time where research shows our students may be viewing suicide as a real option to escape pain. Data reveal suicide was the second leading cause of death of those ages 15-34 and third leading cause of death among those ages 10-14 years (www.suicidology.org). Indiana has had the highest rate of students who have thought about suicide and the second highest rate of suicide attempts (<http://www.IN.gov/isdh/19096.htm>). With these statistics, it is evident that measures need to be taken, especially within schools, to provide all students the support, interventions, and resources needed to ensure their safety.

Supportive and informed schools can do much to prevent youth suicide, to identify students at risk and to direct youth to prompt, effective treatment. Prevention, education, intervention, and postvention (i.e., response to suicide attempts and deaths) are the keys to reducing the number of young people who take their own lives. Our schools are clearly essential community settings for suicidal prevention programs as we have access to youth over seven hours each day. In schools, rather than in the home or community, students encounter a multitude of problems with academics, peers and other issues that may evoke (or trigger) suicidal signals. In addition, schools are also a place where students have the greatest exposure to multiple helpers such as teachers, school counselors, coaches, staff and classmates who have the potential to intervene. Research has found that schools provide an ideal and strategic setting for preventing adolescent suicide (King, 1997).

To better assist you in examining best practice programming specific to suicide, please consider the following components. The American Foundation for Suicide Prevention (AFSP) provides a model school policy and adaptable documents to help educators and school administrators implement comprehensive suicide prevention policies.

1. All school staff attend an *annual* training on suicide facts, including warning signs and risk factors as well as clear ways to intervene when concerned about a student. Within this training, protocol should be explained when referring a student. Is there a form to complete? Do they stay with the student? What follow up should occur? These are all important questions to answer for your staff so each person feels equipped to intervene.
2. Developmentally appropriate suicide education for students should be infused into instruction. Students need to be informed on this topic too. Working collaboratively to address the common stigma associated with mental health and suicide is important. In addition, giving youth knowledge and skills will help build capacity. Students often share their concerns, thoughts, and fears with peers, not adults. As you implement comprehensive programming, you are also building capacity in the number of school members who can recognize potential risky behaviors. Empowering youth to be advocates and peer helpers is another added protective layer ensuring a healthy school community.
3. In the event a student has expressed suicidal ideation or has been referred because of concern, it is imperative that the school has a consistent assessment and referral protocol. It is recommended that only trained staff (i.e. school counselor) conduct the assessment. Suicide policy/protocol should also state how to document all interactions and assessments with students and families after an assessment has been conducted. Another important component of a comprehensive school suicide plan includes procedures surrounding a re-entry plan. Re-entry plans are commonly utilized when a student is returning to school after receiving treatment. Both the school counselor and administrator should be involved in the development of the re-entry plan, but this plan also needs to be communicated to all staff who interacts with the student. Be sure to involve the family and any other medical and mental health providers involved in the student's treatment plan.

It is time to change the way we approach the topic of suicide. Keeping it a "taboo" subject means students will not have access to the support and information that is vital to saving lives. Research shows that talking about suicide decreases the actual risk. Approximately 75-80% percent of people who die by suicide tell someone about their plans in the week prior to their death. By equipping your students and staff with the correct information and permission to discuss this topic, you will be creating a culture of acceptance and support for all!

For the complete AFSP guide, please visit <https://www.afsp.org/preventing-suicide/our-education-and-prevention-programs/programs-for-teens-and-young-adults/a-model-school-policy-on-suicide-prevention>.

In addition, if you have any questions or need additional support, please feel free to contact me at bmoliver@butler.edu.