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**SCHOOL DIVISION POLICIES
RELATED TO SUICIDE
PREVENTION AND RESPONSE**

a MERC research and policy brief

SCHOOL DIVISION POLICIES RELATED TO SUICIDE PREVENTION AND RESPONSE A MERC RESEARCH AND POLICY BRIEF

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Growing [challenges with youth mental health](#) in the wake of the COVID-19 pandemic has included [increases in suicidal ideation and behaviors](#), adding to the recent urgency in PK-12 school systems to ensure that students receive the mental and emotional support that they need. This research and policy brief focuses on what can be done at a policy level to help prevent youth suicide, along with school and division-level practices and interventions that may prove effective. It pulls from publicly available trend data, peer reviewed literature, and policies at the state and school division level in the [MERC region](#) to answer three questions: 1) [What are recent trends in youth suicide?](#) 2) [What does research show about school division policies that are effective in suicide prevention and response?](#) and 3) [What policies in Virginia and the MERC region guide the prevention of suicide in school divisions?](#) It concludes with a series of takeaways and recommendations for preventing youth suicide through education policy.

What are recent trends in youth suicide?

According to the [Center for Disease Control and Prevention \(CDC\)](#), suicide rates increased by 36% between 2000 and 2021 when it accounted for 48,183 deaths (one every 11 minutes). That same year, an estimated 12.3 million Americans “seriously thought” about committing suicide, and 1.7 million made an attempt. It is the second leading cause of death for youth aged 10-14 and the third leading cause of death for youth aged 15-19. Youth suicide is a serious public health problem and the urgency to prevent it has increased since the onset of COVID-19.

- The [American Academy of Pediatrics \(AAP\)](#) reports that there were **5,568 youth suicides during the 2020 pandemic**, which was a statistically significant increase.
- A report by [CDC Youth Risk Behavior Surveillance System](#) stated that **in 2021, 22% of high school students seriously considered attempting suicide, 10% attempted suicide and 18% made a suicide plan.**
- The [National Institute of Health \(NIH\)](#) compared youth suicide data from before and after the COVID-19 pandemic from 14 states, including Virginia. **Virginia’s youth suicide rates (10-19 years) increased from 5.9% to 7.4%**, one of five states in the sample to experience an increase during that time.

Which student groups are particularly vulnerable?

- Data from the [Trevor Project](#) indicates that the **LGBTQ youth population is at a higher risk for suicide**, with at least one attempt every 45 seconds. In 2022, 45% of LGBTQ youth reported that they seriously considered attempting suicide that year.
- The [Action Alliance](#) reported that **Black males 5-11 are more likely to die by suicide** compared to their White male peers.
- [CDC data from 2019](#) indicated that **Females were disproportionately represented in students who seriously considered suicide (30%)**. According to the [Virginia Department of Health](#), from 2016-2021 **68% of the self-harm emergency department visits were females ages 9-18 years old**.
- Additionally, [CDC data](#) showed that in 2019, **American Indian/Alaska Native students reported significantly higher rates than their peers** in considering a suicide attempt (27%), making a suicide plan (22%), and attempting suicide (16%).

What does research show about school division policies that are effective in suicide prevention and response?

Despite the need for evidence-based prevention at the school policy-level, **it is difficult to draw a causal link from policies to the reduction of completed suicide attempts in youth.**¹ Additionally, it can be **difficult for school divisions to navigate public discourse surrounding suicide**, making it challenging to craft policies that help to prevent and respond to it.² Still, **schools are an “essential environment” for preventing suicidal ideation in youth** given the proximity to students and availability of school-based mental health supports like school counselors, school social workers, and school psychologists.³ This section details several prominent categories of school division policies that research suggests are effective in suicide prevention and response, including [social and emotional learning](#), [faculty and staff training](#), [gatekeeper training](#), [screening policies](#), [crisis response policies](#), and [policies targeted towards particularly vulnerable student groups](#).

¹ Brann et al. (2021)

² Marraccini et al. (2021)

³ Naff et al. (2020)

Social and Emotional Learning

- One of the foundational components of effective suicide prevention in schools is the **inclusion of an evidence-based social and emotional learning (SEL) program for students.**⁴ In addition to supporting suicide prevention efforts in schools, research shows that SEL programs have proven to be effective in improving student attitudes, behaviors, social skills, and sense of belonging in school while decreasing suspensions and increasing academic achievement.⁵
- Research shows that **SEL curriculum can incorporate a focus on helping students increase their knowledge about suicide prevention**, including how to detect potential suicidal thoughts and behaviors in their peers.⁶
- Two clear benefits of leveraging SEL programs is that they often begin in early elementary school and that schools often already have them in place, **allowing school districts to set policies that leverage existing curricula and resources rather than having to identify new strategies for suicide prevention.**⁷
- One well-established framework that schools can use is the **Collaborative for Academic, Social, and Emotional Learning (CASEL)**, with a curriculum promoting student **competencies** in self-awareness, self-management, social-awareness, relationship skills, and responsible decision-making. This framework includes resources for promoting these competencies at the **classroom, school, family, and community** levels.
- SEL programs can also be effective in **helping students process their feelings after one of their peers has committed suicide**, offering faculty and staff the tools they need to support students while they are most vulnerable.⁸

Faculty and Staff Training and Professional Development

- Division-level training requirement policies for faculty and staff related to suicide prevention may focus on a number of areas, including **enhancing knowledge about the warning signs of suicide (including self-harming behavior), learning how to promote adaptive attitudes in students, and increasing comfort levels with directly intervening with a student who is potentially suicidal.**⁹
- Faculty and staff training should focus on **creating warm and supportive environments for all students,**¹⁰ but can also **address behaviors that may lead to youth suicide** like substance abuse¹¹ and bullying prevention.¹²

⁴ Posamentier et al. (2023); Singer et al. (2019)

⁵ Knight (2021)

⁶ Brann et al. (2021)

⁷ Ayer et al. (2023)

⁸ Posamentier et al. (2023)

⁹ Breet et al. (2021)

¹⁰ Poland & Ferguson (2022)

¹¹ Ayer et al. (2023)

¹² Wasserman et al. (2020)

- One evidence-based training program is called the **Helping Students at Risk for Suicide (HSAR) Workshop**, which research shows is effective in helping school faculty and staff to assess youth at risk for suicide, intervene with students showing suicidal thoughts or behaviors, learn how to make referrals to outside providers, and ensuring that students and families receive follow up supports.¹³
- The National Association of School Psychologists recommends the **PREPaRE Training program**, which helps establish multidisciplinary teams in schools that are tasked with crisis prevention and response, mitigation, and recovery. The evidence-based program is featured in the **Best Practices Registry of the Suicide Prevention Resource Center**.
- While faculty and staff training should include tier one interventions related to preventing suicidal thoughts and behaviors in all students, **it should also emphasize that some student groups are particularly vulnerable**.¹⁴

Gatekeeper Training

- Gatekeeper training programs are intended to **help adults and students alike to recognize and intervene when they see warning signs of potential suicide**.¹⁵ These programs include a focus on helping faculty and staff learn how to engage in preventative interventions for students with potential risks of suicide,¹⁶ as well as helping them understand the resources and referral processes that are available if needed.¹⁷
- Gatekeeping programs that focus on **peer-to-peer support can allow non-mental health professionals to intervene in a suicidal crisis**, providing a prevention strategy where the availability of mental health professionals is limited. They can also leverage student tendencies to sometimes respond more favorably to peers rather than adults. **It is imperative that these programs are closely supervised by school-based mental health providers and that participating students immediately report any potential concerns** they have about their peers so they can receive the help they need.¹⁸
- Research suggests that **Question, Persuade, Refer** is one of the most prominently used and effective gatekeeping programs. It offers **online training modules** that only take 60 minutes to complete and has been shown to increase the confidence of participants in addressing mental health issues and potential suicidal behavior in students.¹⁹

¹³ Espelage et al. (2022)

¹⁴ Marraccini et al. (2021), Singer et al. (2019)

¹⁵ Posamentier et al. (2023)

¹⁶ Brann et al. (2021)

¹⁷ Breet et al. (2021)

¹⁸ Breet et al. (2021)

¹⁹ Brann et al. (2021)

Screening Policies

- Screening policies strive to increase the identification of students experiencing suicidal thoughts by having students complete a brief suicide assessment.²⁰ Additional components may include campaigns to change social norms, or postvention after a suicide occurs in efforts to prevent future suicidal behavior. **Screening programs are most effective when operating synchronously with gatekeeper training**, such that students who are identified as at-risk can be efficiently referred to trained gatekeepers for help.²¹
- **Applied Suicide Intervention Skills Training (ASIST)** is an empirically supported suicide intervention program that may offer a standardized and measurable means of enhancing the ability of K-12 school personnel to respond to youth risk of suicide.²²
- **SAFETY-A**, formerly known as the Family Intervention for Suicide Prevention or FISP, is an example of a trauma-informed approach that serves as a brief behavioral risk assessment and family-focused intervention for youth at risk of suicide.²³
- **Coping and Support Training (CAST)** is an individual assessment/crisis-intervention approach that includes a 12 session coping and training skills programs for students. It helps identify high-risk youth through an in-depth, computer-assisted suicide assessment and a subsequent motivational counseling intervention.

Crisis Response Policies

- Research highlights that the **response to suicide crisis communication, especially during the reentry process between all parts of the community (school professionals, family, community providers, and hospital employees) is crucial**. Limited communication with students and their family creates a barrier to youths' effective utilization of services upon returning to normal routines. This should include helping families know how to advocate for their children to receive the support that they need.²⁴
- Schools should **implement comprehensive crisis plans and teams** to intervene with students showing suicidal thoughts or behaviors.²⁵
- Hospitals might need to **understand students' accommodations articulated in their IEP or 504** when being evaluated for potential suicide risk.²⁶
- It is important that schools ensure that **there are systems in place for students who have engaged in self-harm or a suicide attempt are able to have a smooth transition back to school** from hospitalization.²⁷

²⁰ Singer et al. (2019)

²¹ Brann et al. (2021)

²² Shannonhouse et al. (2017)

²³ O'Neill et al. (2021)

²⁴ Marraccini et al. (2021)

²⁵ Brann et al. (2021)

²⁶ Marraccini et al. (2021)

²⁷ Marraccini et al. (2022)

- The **Youth Risk Behavior Surveillance System (YRBSS)**, created by the CDC, offers information in relation to non-fatal suicidal thoughts and behaviors (such as self-harm) among youth that could prove useful to school-based crisis response teams.
- The **Social Ecological Model Risk and Protective Factors of Youth Suicide** is a tool that schools can utilize to identify the risk factors and prevention strategies.

Policies Targeted Towards Vulnerable Student Groups

- Research shows that **excessive use of exclusionary school discipline is a risk factor for suicidal ideation, and that students from Black, Latina/o/x, and low-income backgrounds are more likely to be suspended or expelled out of school.** Furthermore, while they are suspended outside of school they may have disrupted access to psychoeducational and other preventative programs in school as well as school-based mental health providers that can help to curb potential suicidal thoughts and behaviors. This suggests the need for school divisions to revisit discipline policies and codes of conduct to explore how they might be adversely contributing to students from these minoritized groups.²⁸
- Using a trauma-informed approach when intervening with students who are particularly at-risk for suicide may include **screening for a history of traumatic experiences and connection (as appropriate) to trauma-focused resources in schools.**²⁹
- The CDC recommends **promoting a sense of school connectedness to help address higher rates of suicidal ideation among female students** by creating an environment where there are caring adults who are available to help. Similarly, research suggests that **creating a school culture that is warm and accepting of students from LGBTQ backgrounds can serve as an effective prevention measure against suicidal ideation.**³⁰

What policies in Virginia and the MERC region guide the prevention of suicide in school divisions?

The Virginia Department of Education released **Suicide Prevention Guidelines for Virginia Public Schools** in 2020 that advises on school trainings, awareness of best practices, risk assessment and intervention, and how to respond in schools after the death of a student and/or staff member by suicide. In addition to this resource, there are state policies directly related to suicide prevention in schools:

- **§ 22.1-298.1** requires anyone seeking licensure with endorsement as a school counselor to complete training in “the recognition of mental health disorder and behavioral distress,

²⁸ Alvarez et al. (2023); Kodish (2020)

²⁹ O’Neill et al. (2021)

³⁰ Marraccini et al. (2021); Wasserman et al. (2020)

including depression, trauma, violence, youth suicide, and substance abuse,” including each time the license is renewed.

- § 22.1-207.2:1 requires school boards to develop policies that ensure parents have the ability to review any school materials related to suicide prevention and restrict their child from participating in programs with those materials.
- § 22.1-272.1 requires any licensed and employed educator who believes a student is at imminent risk of suicide to contact the parent to inform them of the risk. If the student shares that abuse and/or neglect from the parent is a factor in their suicidal ideation, the educator is required to notify social services.

MERC school divisions have integrated some of these guidelines into their policies. Below is a summary of local school board policies regarding suicide prevention and response.

All MERC Divisions

- Share a consistent threat/suicide assessment policy based on § 22.1-272.1 stating that **any licensed and employed educator who believes a student is at imminent risk of suicide shall contact the parent of the student to inform them of the suspicions:** Consistent with state law, if the student shares that abuse and/or neglect from the parent is a factor in their suicidal ideation, the educator is required to notify social services instead.
- Share the same character education policy consistent with § 22.1-207.2:1 stating that **parents have the right to review any audio-visual materials used in any anti-bullying or suicide prevention program:** Prior to the use of any such material, the parent of a child participating in such a program is provided written notice of the parent’s right to review and to excuse the child from participating.
- Include a professional development policy that states that **each teacher and other relevant personnel (as determined by the Superintendent or the Superintendent’s designee), employed on a full-time basis, is required to complete a mental health awareness training or similar program at least once:** However, no school division policy mentions suicide prevention professional development specifically.

Some or Most MERC Divisions

- Most MERC divisions reference **crisis response plans regarding death by suicide that states the essential procedures, operations, and assignments required to prevent, manage, and respond to an emergency, including the loss, disappearance or kidnapping of a student.** This includes a provision that the Department of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund shall be contacted immediately to deploy assistance in the event of an emergency as defined in the emergency response plan when there are victims as defined in § 19.2-11.01, as well as current contact information.
- Some of the MERC school divisions **use a reporting system that provides an anonymous way for students, parents, school staff, and community members to report concerns** regarding their safety or the safety of others.

What are the key takeaways and recommendations for preventing youth suicide through education policy?

1. It is difficult to establish a causal link between policies and the reduction of completed suicides.

Therefore the goal of prevention policies should consider how they can target social and emotional outcomes for students that may reduce the likelihood of suicidal thoughts or behaviors.

2. School divisions should take inventory of, and evaluate, existing policies and programs that they have in place that could prevent youth suicide, including social and emotional learning curricula, screening programs, and crisis response programs.

3. While school division policies require professional development for faculty and staff related to student mental health at least once during their employment, this training should include an explicit focus on suicide detection and prevention and should be required on an ongoing basis.

4. While state law and school division policies dictate that adults employed in schools have a duty to report concerns about youth who are at risk for self-harm and suicide, research suggests that peers can be an invaluable source of gatekeeping as well. Any gatekeeping efforts that involve students need to be closely supervised by school-based mental health providers.

5. With increases in student mental health challenges in the wake of COVID-19, teachers will likely be increasingly tasked with supporting student mental health needs but may feel less prepared to do so than school counselors, social workers, and psychologists. **State policies related to teacher licensure and accreditation should consider making this a requirement of all pre-service teacher prep programs as well as ongoing professional development in-service.**

6. If school divisions do not have an explicit system in place for anonymous reporting of safety concerns by students, families, faculty, and staff, they should consider creating one and ensuring that it is well-advertised and made highly accessible. Such a system could help create a layer of detection and intervention for students exhibiting suicidal thoughts and behaviors.



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