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Introduction

Hope is a necessity for normal life and the major weapon against the suicide impulse.

—Karl. A. Menninger

When you ask most people what they think about suicide or even suicide prevention, you will get a variety of responses—sad, scary, heartbreaking. While all of these thoughts and feelings are absolutely true, they all have a negative connotation associated with them. I have a different perspective that I would like to share related to the work we can do with suicide and suicide prevention.

I come from a place of hope. I am hopeful that we can make a difference. I am hopeful that we can save a life. I am hopeful that we can impact the stigma that is associated with suicide and mental health. As you read this book, I hope that you will keep this idea in mind. I, too, know that suicide is heartbreaking. I am only here after many of my own professional and personal experiences with suicide. But after all of the dust settles, I am still hopeful because I know that there are those who also care and who want to also keep others safe.

This book is designed to not only share the stigma and data associated with suicide, but also to provide you with an implementable plan to make your community safer. Therefore, I will provide you with specific language to use when speaking about suicide, strategies related to suicide prevention, strategies related to suicide intervention, and strategies related to suicide postvention. I will also provide you with strategies that can be used with your administration, with your teachers, and in a virtual environment. Finally, you will find a series of resources that you can modify and implement in your school setting.

This book is for you. The support person who worries if you have done enough. The support person who moves heaven and earth to support individuals with thoughts of suicide. The support person who keeps yourself composed all day and then breaks down at night because the work is so exhausting physically, emotionally, and spiritually. I see you. I have been you. Stay hopeful, my friend. You are not alone in the work that you do. And together we will make a difference.



1

The Stigma

***What mental health needs is more sunlight,
more candor, more unashamed conversation.***

—Glenn Close

Suicide and suicidal ideation can be a complicated and heavy topic. Many schools and school districts are hesitant to directly discuss suicide with students for fear of associated stigma. I present all around the country on the topic of suicide prevention. I usually survey participants at the beginning of our time together to better know their needs so that our time together is meaningful. And I'll ask the following questions:

Does your district/school offer a suicide prevention program?

Does your district/school offer a suicide intervention program?

Does your district/school offer a suicide postvention program?

The data that I receive back from them is consistent across the country:

- About 48 percent of the participants respond that they do not have a suicide prevention program in place.
- About 44 percent of the participants respond that they do not have a suicide intervention program in place.
- About 59 percent respond that they do not have a suicide postvention program in place.

These numbers are terrifying, especially when we know that suicide is the second leading cause of death for people between the ages of ten and thirty-four.¹ What are we missing? Upon knowing this data, why are school districts still hesitant to put suicide programs in place? Part of it is due to stigma.

Oftentimes, individuals avoid talking about suicide out of fear that even saying the word could trigger a person to act on suicidal thoughts. However, research shows that this is not the case. According to a study published in *Psychological Medicine*, it is very difficult to implant the thought of suicide into someone's head when they have not already been thinking about the topic.² Interestingly enough, we as support staff often believe that it is others who have a difficult time talking about suicide. As I travel around the country to present on the topic of suicide prevention, I am still surprised at the number of school counselors, school social workers, school psychologists, administrators, teachers, and other staff members who are nervous to talk about suicide. Even asking them to say the word *suicide* out loud makes them uncomfortable. I am continuously asked if another word or phrase can be used. "Could we talk about hurting yourself instead?" is a common question that I receive. But the research clearly shows that we must be clear and direct when we are talking about suicide. Researchers looked at the concerns of talking to individuals about suicide and the impact that it had on them. The research showed that there was no increase in suicidal ideation when the participants were directly asked about suicide. In fact, there was a decrease, showing that talking directly about suicide "may lead to improvements in mental health treatment seeking populations."³ Unfortunately, until we are willing and able to name it, say it, and discuss it, it will be challenging to remove the stigma.

Aside from the work that we need to do among our own support staff, there is a much broader level of reducing the stigma associated with suicide. According to research by The Center for Health Policy at the IU Richard M. Fairbanks School of Public Health, suicide has a high level of public stigma.

When addressing stigma at this level, the interventions must be intentionally focused on including public education campaigns that are “designed to provide the general public with evidence-based facts about the underlying causes of mental illness.”⁴ These types of campaigns would help to dispel misinformation and stereotypes about suicide or about individuals who suffer from thoughts of suicide, and they can be done at a district or a school-based level. They are appropriate for students, staff, families, and the greater community. There is evidence to support educational campaigns and the impact that they have on decreasing the stigma of suicide. One study conducted in Scotland that addressed the inaccurate portrayal of mental illness reported that educational campaigns are associated with a 17 percent decrease in the belief that individuals with mental illness are dangerous.⁵ These continued efforts to educate our communities are another way that we can help to reduce the stigma that is still negatively impacting our work with suicide prevention.

A Student’s Story

After experiencing a death by suicide that took place in our school community, I was meeting with a student who liked to speak with me about various aspects of his life. He was a very introspective young man who liked to ask questions about the world that surrounded him. On that particular day, the question that he posed to me was: “Do you think that students are really going to come and talk to adults if they are thinking about suicide?”

I was both a little hurt and shocked, but trying to show neither on my face. However, I was also intrigued, so I asked him what he meant by his question. He shared with me that if he were ever to think about suicide, he would not go talk to an adult but, instead, would more likely go to his peers. He found that, traditionally, teens trusted and confided in their peers more

than adults. Adults would be more judgmental and not really understand the situation.

After processing the conversation for multiple days, and beginning to do some research, I realized that this student was right. Even if we built beautiful relationships with our students, they would likely go to a peer first to share their true feelings.

The next day my student returned and thanked me for allowing him to have such an honest conversation about suicide. He gifted me with the book *Thirteen Reasons Why* by Jay Asher.⁶ At that time, it was just a book and not a popular series on Netflix. He encouraged me to read it and offered to talk about it. He shared that it was a book that many of the students were reading, and this was how they discussed suicide.

I did read the book, and we had many interesting conversations that followed this initial conversation. I will always be grateful to this young man for his bravery and his willingness to openly and honestly talk with me about suicide.

???

**QUESTIONS
to
CONSIDER** ???

1. Does your district/school offer a suicide prevention/intervention/postvention program? If so, what does it look like?

2. Why do you feel some school districts are hesitant to put suicide programs in place?

3. Why are teachers and school administrators hesitant to talk directly about suicide with students?

**KEY
POINTS**

- Many schools and school districts are hesitant to directly discuss suicide with students for fear that in just talking about it, students would act on suicidal thoughts.
- Suicide is the second leading cause of death for people between the ages of ten and thirty-four.⁷
- Research shows that there is no increase in suicidal ideation when participants are directly asked about suicide. In fact, there is a decrease.
- Educational campaigns that help dispel misinformation and stereotypes about mental illness can be done at a school or district level and can help reduce the stigma around suicide.