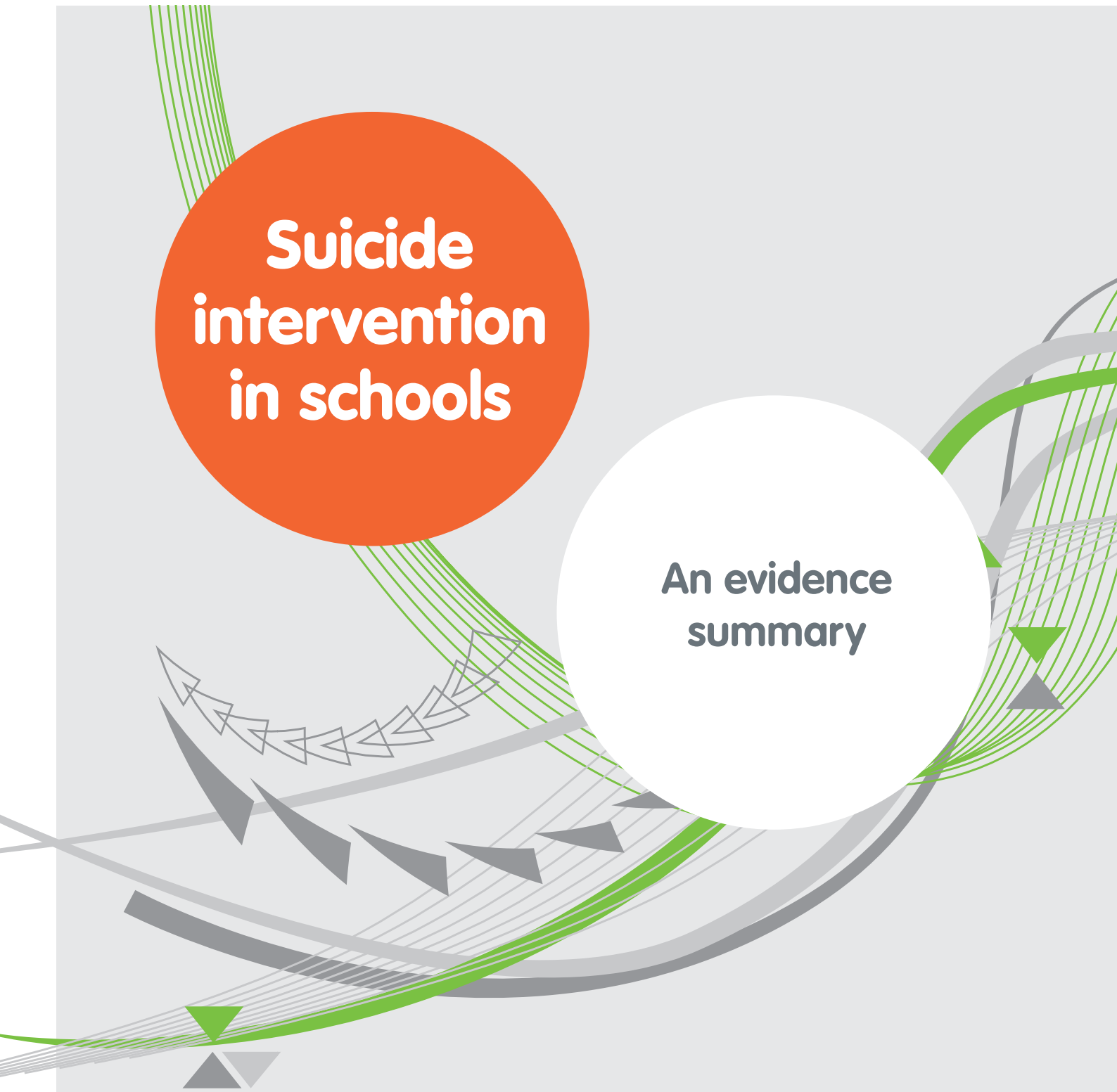
headspace
School Support

Suicide intervention in schools

An evidence summary



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Suicide and suicidal thoughts are common among young Australians.

The most recent data shows us that suicide is the leading cause of death for 15-24 year olds.[1] Other data tells us that many more young people attempt suicide or consider taking their own lives.[2,3] Suicide-related behaviour is associated with a range of negative outcomes, the most obvious, and severe, being death. Further, risk remains high throughout adulthood.

Whilst schools are an obvious and accepted place to run suicide prevention initiatives, there is little evidence to show how effective these programs are. Using funding provided by the Australian Government to develop headspace School Support, our national suicide prevention and postvention support service for secondary schools, we undertook a systematic literature review of the current evidence for suicide interventions in schools. We classified interventions into five categories: universal awareness programs, gatekeeper training, screening programs, indicated interventions and postvention programs.

Universal awareness programs commonly use the school curriculum to deliver interventions and raise awareness to the student body. We identified 15 studies which evaluated universal awareness programs.[4–18] Their evidence suggests these programs can increase student knowledge of suicide risk factors and warning signs. They can also encourage students to seek help. However, there are on-going concerns about the negative effects of such programs; some fear that talking with young people about suicide could have an adverse effect on already vulnerable students. To date, no studies have examined the potentially negative effects of such interventions.

Gatekeeper training helps school welfare staff better identify people at risk. It also enables them to provide front-line support and help the at-risk student find further support, such as assessment and treatment. Our review identified 14 studies conducted in school settings;[19–30] one of them based in Australia.[25] While gatekeeper training programs generally target school welfare staff, two studies aimed to train student peer leaders.[23,30] Overall, gatekeeper training was shown to be effective at increasing levels of knowledge among participants, as well as improving their attitudes and confidence. Some programs led to self-reported improvements in practice.

Screening programs focus on the early identification of at-risk people who have not sought help or been identified as needing support. Screening is usually conducted by external professionals and typically involves a two-stage process. In stage one, students are given a brief screening instrument in order to detect who may be at risk. Those deemed to be potentially at risk then proceed to stage two, where an in-depth, face-to-face clinical interview is held. Of the 11 studies into school screening programs which were reviewed,[31–41] all but one[40] were conducted in the US. Overall, screening programs successfully identified students at risk who wouldn't otherwise have come forward for help. The studies found that between 4 and 45 percent of screened students were identified as needing further support, with many of them then successfully linked in with either school or community-based services. One study found no evidence that screening students for suicide risk causes undue distress among participants.[34]

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Indicated interventions target people who are already displaying suicidal behaviour (such as expressing suicidal thoughts or attempting suicide). Three studies evaluating a clinical intervention administered in a school setting to at-risk youth were identified in the review.[42–44] Although all three studies reported a reduction in suicide-risk behaviour over time, this occurred in both the treatment and comparison groups, with limited effects of intervention. Intervention studies in the field of suicide prevention are lacking, even in clinical settings, and it could be argued that schools are not necessarily the most appropriate setting for delivering and testing indicated interventions to at-risk youth.

Postvention programs are implemented in schools following a student suicide, with the aim of responding to and managing the crisis. They are designed to minimise student distress and reduce the likelihood of further suicides occurring. However, the current review identified only two studies that reported on school-based postvention programs,[45–46] offering limited evidence to guide what models of postvention may be most effective.

Conclusions

Overall, the evidence for school-based interventions for suicide prevention and postvention is limited. Research has been hampered by methodological concerns, including a lack of well-designed, controlled studies, and difficulties in accurately and consistently measuring suicide-related outcomes. That said, the evidence does suggest some best bets which, if conducted and evaluated rigorously, could build capacity in the field of suicide prevention and add to the evidence base.

In the absence of robust evidence indicating that suicide awareness programs cause no harm, it is recommended that **universal approaches** to suicide prevention remain grounded within mental health promotion activities. Reasonable evidence exists to support the implementation of **gatekeeper training** to school staff and the use of routine **mental health screening** or check-ups for high school students. These should be done sensitively and include a suicide screen.

There is limited evidence regarding **indicated approaches** to school-based suicide prevention, and indeed questions exist regarding the appropriateness of such interventions. In the absence of appropriate interventions, schools could continue to offer guidance and support to students at-risk, but individual therapeutic interventions should be delivered in a clinical setting.

To date, there is no evidence regarding the effectiveness of **postvention** activities in schools. While the literature search did identify a number of case studies which described the processes employed following a school suicide, these were not evaluated statistically. Common practices considered to be helpful included: the provision of information and/or support sessions for students, staff and parents; the provision of individual (as opposed to group) support or counselling; scheduled counselling appointments either with school staff or external professionals; consultation with immediate family of the deceased student; and liaising with the media. Because no rigorous evaluation was conducted, the potential effects of these responses, either positive or negative, remain unknown. In the absence of research evidence, schools could look to published toolkits[47] to guide postvention activity in schools.

The most recent data shows us that suicide is the leading cause of death for 15-24 year olds.

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