National Alliance on Mental Illness NH (NAMI NH)/Connect Suicide Prevention Project

**Position Paper Regarding Provision of Youth or School Based Suicide Prevention Programs**

Research supports that training youth in suicide prevention is generally helpful. However, it is possible that for those individuals already contemplating suicide, such trainings/presentations/exhibits may heighten these existing feelings. Therefore, considerations as to how a suicide prevention program is delivered to youth and the adults in their life is very important. NAMI NH/Connect has developed a Youth training program that takes this into consideration and has adopted the following practices and recommendations for training youth under the age of 18 based on national standards and expert advice:

- Any suicide prevention programs intended for youth should be comprehensive in nature i.e. built into a health curriculum, or part of an overall program Youth suicide prevention training should emphasize seeking help from an adult.
- Youth educational programs should take place in a setting where adults would be aware that the students are going through a suicide prevention program and be trained .to prepare them to be attentive to any youth who may be at risk At this time, Connect would only offer these to youth in the 9th grade and older, with the additional supports built in, as per above.
- Brief, isolated suicide prevention programs that are not linked with more comprehensive programs and/or take a "scared straight" approach are not considered effective. Therefore, NAMI NH will not offer brief suicide prevention programs to youth, such as assemblies that are an hour or less.
- Brief awareness programs or assemblies that focus on stigma around mental health problems, such as In Our Own Voice, and encourage help seeking behavior can serve as an effective alternative in response to requests for suicide prevention awareness programs.
- Any time suicide prevention or mental health awareness programs are offered, local mental health resources and 24/7 crisis numbers should be made available.
- "Safe" implementation of youth suicide prevention trainings are offered within a structured setting where youth will have continued contact with adults, such as a school or ongoing youth program. Ideally, the adults mentoring these youth (such as teachers, parents, and other consistent adult leaders) will be trained in advance of the youth to: understand the curriculum and how to convey messages at a developmentally appropriate level as well as to incorporate safe messaging and other best practices; to be aware of the potential risks and how to respond to youth

in need, and to be present at the subsequent youth training session for continuity and support.,

- Connect recommends not offering training for youth which focuses solely on suicide prevention warning signs in schools in the same school year when a tragedy, particularly a suicide, has occurred. This has the potential to increase feelings of guilt, or blame or regret. A comprehensive postvention plan for schools and communities can be implemented in the aftermath that helps schools and communities to heal, build towards resiliency and take appropriate action towards any continued risk utilizing best practices.
- Making general help-seeking literature available, such as the National Suicide Prevention Lifeline brochures and other mental health or suicide prevention brochures or resource information at unstructured events such as health fairs is an option for age appropriate audiences
- Suicide prevention programs for elementary and middle school youth, as well as older students, should have a primary focus on help seeking, coping skils, and identifying and building on strengths and resources.
- Requests to have the Lifekeeper Quilt on display for youth-specific audiences (i.e. schools) or speakers who are attempt survivors or survivors of suicide loss will generally be discouraged so as not to "normalize" suicide or present only images of suicide victims rather than a comprehensive program that promotes help-seeking.

For more information on Connect suicide prevention programs, please contact:

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Sources:

- Journal of the American Academy of Child and Adolescent Psychiatry, 46:10, Oct '07, p.1341. Author is Kataoka et al. They write that several models of school-based prevention have been described. Those that seek to increase awareness of suicidal behavior have been shown to have detrimental effects. They refer to Schaffer et al 1988 (same journal, 27:675-687). More promising programs include skills training and screening.

- David Shaffer et al (1991) in Journal of American Academy of Child and Adolescent Psychiatry, 27, 675-687, in "The Impact of a curriculum-based prevention program for teenagers" found that *scare* practice approaches and health awareness programs that focus *exclusively* on suicide prevention are not effective. Another report by David Shaffer

(with Garland and Whittle, 1988) evaluated 3 programs in NJ high schools and found they did *not* cause harm and boosted student confidence re helping other students.

- John Kalafat (2003, School approaches to youth suicide prevention. Amer Behavrl Scientist, 46,1211-1223) found that there were no documented cases of stimulating suicidal behavior by talking about it.

- A section in the book, *Adolescent Suicide* by Berman, Jobes, and Silverman starting page 312 is on school-based prevention programs and has many references. There is an extensive discussion about programs that aim to build protective factors and do not address suicide specifically, but are associated with reduced suicidal ideation and planning.

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