



WHY
YOU
SHOULD
CARE



ABOUT
SUICIDE
PREVENTION



A STUDY
GUIDE



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Chapter 1 A Brief History of Suicide Prevention

How long do you think suicide prevention has been considered a public health issue? Why has it taken so long for people to see suicide as preventable?

Your suggested task:

Educate yourself. Learn about the causes of suicide and who is at risk. Don't rely on what you already know – dig deeper. SPRC is a good place to do that.

Chapter 2 The Current State of Suicide Prevention in Schools

Do you think suicide prevention should be an issue that schools need to deal with? Why do you think that?

Your suggested tasks:

Part 1: Visit the AFSP website to learn about their advocacy programs.

Part 2: Read the Nebraska Handbook for Developing School Suicide Prevention Policies and Procedures. If you follow the guidance in that handbook, you will become an advocate for suicide prevention.

<https://www.education.ne.gov/safety/suicide-prevention/>



Chapter 3 Changing the Mindset

Why do you think school leaders do not want to talk out loud about suicide?

Your suggested task:

Find out about the suicide prevention plans at your school(s).

- Who is in charge?
- Do all staff members know what the plans are?
- Do they know who to go to?
- If there isn't a comprehensive plan in place, talk to administrators and volunteer to help develop one.
- If they don't listen, present your ideas to the school board.
- Be willing to talk about suicide prevention openly and with the confidence that you probably know more than most people and can help.



Chapter 4 Prevention

If you are a school counselor, do you have a role in suicide prevention? What is it?

Your suggested task:

If you are a counselor, meet with your school administrator/principal/vice principal and review your role as a counselor in suicide prevention. Share the recommendations from American School Counselor Assoc.

If you are not a school counselor, meet with the school counselor at your school and talk about the ASCA National Model.

[ASCA National Model; A Framework for School Counseling Programs](#)

Chapter 5 Intervention

Has a student ever said to you, “I want to kill myself”? How did you react, or how would you if that happened?

Your suggested task:

If you are a school psychologist, meet with your school administrator and review your role as a psychologist in suicide prevention. Share the recommendations from NASP.

If you are not a school psychologist, meet with your school psychologist to talk about the NASP recommendations.

[Practice Model Implementation Guide](#)
[Boston Public Schools Comprehensive Behavioral Health Model](#)



Chapter 6 Postvention

Has there ever been a suicide in your school community? How was it addressed? Do you agree with the way it was handled? What would you do differently?

Your suggested task:

Download *After a Suicide: A Toolkit for Schools*, read it, keep it in your crisis response binder, and refer to it while developing or revising your district suicide prevention policies and procedures.

<https://afsp.org/after-a-suicide-a-toolkit-for-schools>



Chapter 7 Engaging the School Community in Suicide Prevention

If you were in charge of putting together a suicide prevention plan for your school, how would you go about it and what would be in it? How would you implement it?

Your suggested task:

As a school mental health professional, you are involved in suicide prevention. List at least three things you plan to contribute to develop or improve your school(s) or district suicide prevention plans. Include a timeline.

School climate measurement:

<https://safesupportivelearning.ed.gov/scirp/about>

CDC: Youth Connectedness as a Protective Factor

Freedom High:

<https://www.youtube.com/watch?v=3CAUHMWzUk8>

Gizmo's Pawesome Guide to Mental Health

gizmo4mentalhealth.org

Fairfax County Public Schools:

[Student Wellness Tips](#)

[Mental Health and Resiliency](#)



Chapter 8 Success stories

Do you believe that suicide is preventable? Do you think one individual person has the power to cause change?

Your suggested task:

What have you already done to prevent youth suicide? List at least three accomplishments or successes.



Did You Know?

Youth and young adults have high rates of emergency department (ED) visits for self-harm. In 2020, ED visits for this age group were 354.4 per 100,000, compared with 128.9 per 100,000 among middle-aged adults ages 35-64 years.

Did You Know?

- In 2021, 9% of high school students reported attempting suicide during the previous 12 months.
- The rate of ED visits among girls in 2020 was approximately double compared to 2001 (244.3 per 100,000).



Chapter 9 What the Future Will Be

How will you affect the future?

Your suggested task:

Brainstorm to create a list of all of the terms related to youth suicide prevention. Pick one. Write down what action you will take today based on that word.

Chapter 10 Resources

Do you have some ideas about what you want to do next? Do you know where to look for resources that can help?

Your suggested task:

Make time to review resources. Pick one that resonates with you. Take a deeper dive into it and take steps to implement your new resource.

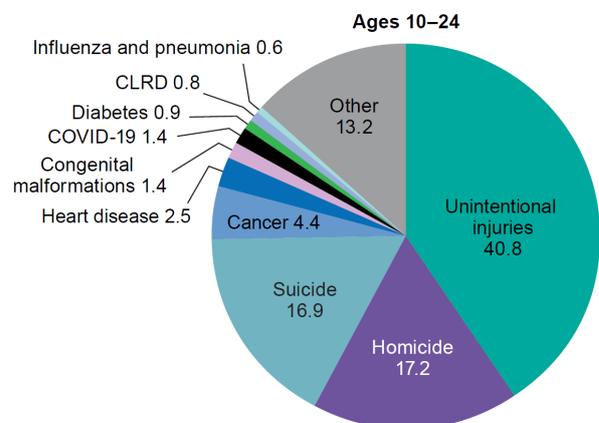


Did You Know?

Youth and young adults ages 10–24 years account for 15% of all suicides.

Suicide is the second leading cause of death for this age group, accounting for 7,126 deaths. Additionally, suicide rates for this age group increased 52.2% between 2000-2021.

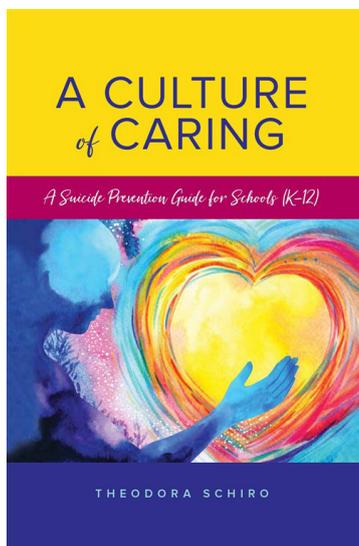
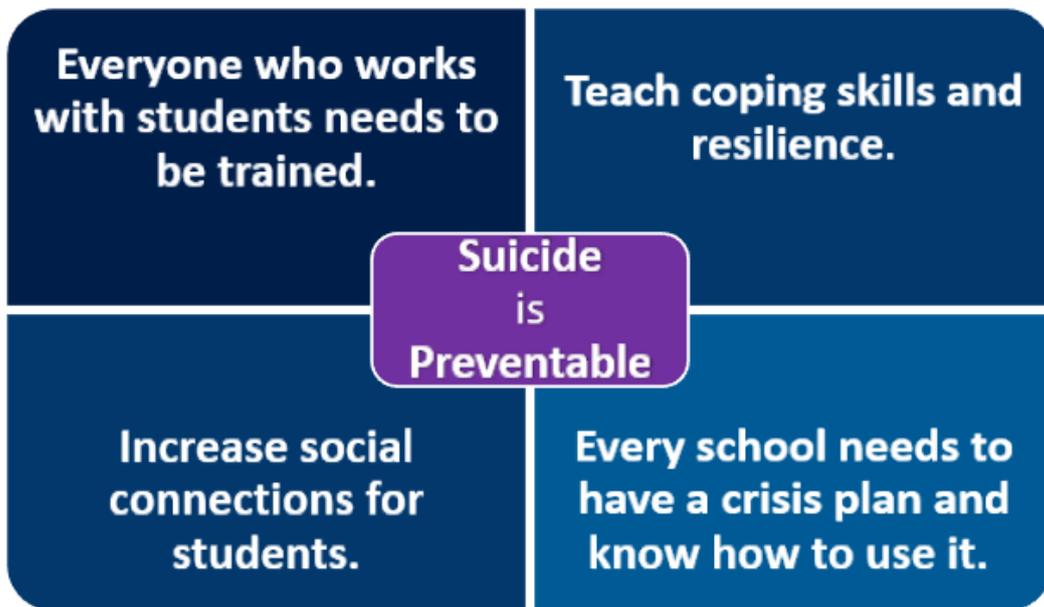
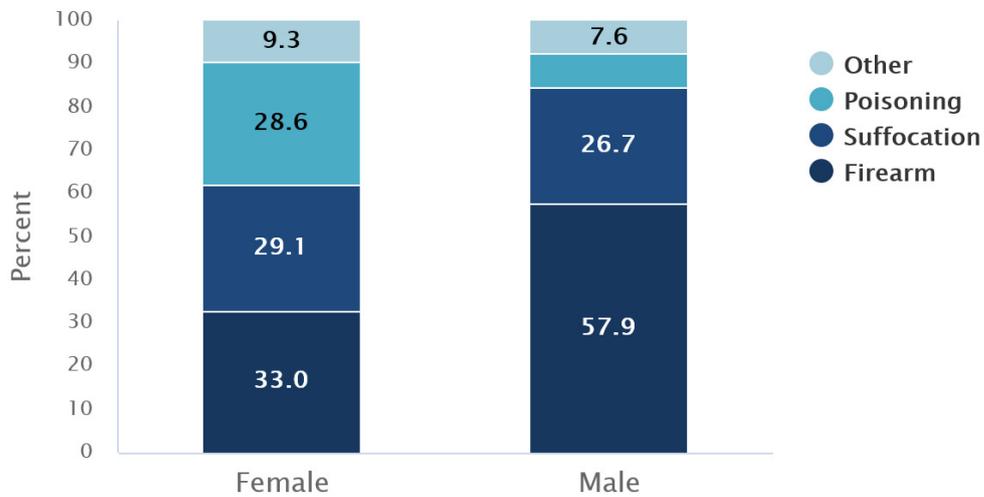
In 2021, 9% of high school students reported attempting suicide during the previous 12 months. Suicide attempts were reported most frequently among girls compared to boys (12.4% vs. 5.3%) and among non-Hispanic American Indian or Alaska Native students (20.1%).



Suicide is the third leading cause of death of youth ages 10-24 as of December 2023.

Percentage of Suicide Deaths by Method in the United States (2020)

Data Courtesy of CDC



We need to go beyond requiring an hour of suicide prevention training for certain staff members. We need to change from a culture that emphasizes training that is primarily focused on identifying those students that are already in crisis, to a culture that focuses on creating an educational environment that promotes and fosters tolerance, teaches coping and problem-solving skills, resilience, mental wellness, and life skills.

In a Culture of Caring, we prevent suicide by finding kids who are struggling before they are in crisis. We prepare for crisis by having suicide prevention policies, procedures, and plans in place. Everyone knows what to do and what to say if a crisis occurs.