YOUTH SUICIDE PREVENTION: A SCHOOL PERSONNEL TRAINING APPROACH

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YOUTH SUICIDE IS RECOGNISED AS A GROWING HEALTH PROBLEM DESERVING OF attention and efforts to reduce its incidence and impact. Responsibility for acting in this regard has been considered to include a wide range of professionals and others who work or come into regular contact with teenagers. Amongst those seen as having an obvious role are the groups such as psychologists, social workers and medical personnel. However, youth workers, general practitioners, police officers and personnel working in schools are also perceived as having vital roles to play.

Youth Suicide and Schools

School involvement with prevention of and intervention in adolescent depression and suicide has been a topic extensively discussed in the 1980s. While nobody is attributing the blame for a rising youth suicide rate on schools, questions are being asked about how schools can take a constructive and positive stance on the issue so as to assume a responsible and legitimate role in identification, intervention and prevention.

Frequent comments can be found in the literature outlining why schools have a part to play in assisting depressed and suicidal students. When referring to depressed adolescents Maag & Rutherford (1988) say:

> School personnel can play a strategic role in early identification of depression. Children spend more time in school than in most other structured environments outside the home, and often have their most consistent and extensive contact with trained professionals in school. Schools represent an ideal milieu for assessing depression because students' behaviours, interpersonal relationships, and academic performance—all important indicators of mood and ability to cope—are subject to ongoing scrutiny.

> School personnel are often in a position to be the first to notice developing depression (Maag & Rutherford 1988, p. 206).

Schools have become unavoidably and inextricably bound up with the issue of youth suicide. Although many schools prefer not to consider the issue of suicide and instead avoid the topic in the hope that it will never be a problem for them, this stance is no longer justifiable or acceptable.

Responsibility Regarding Suicide

Practical efficiency reasons

- School personnel are currently coming into contact with suicidal students in the course of their work (Gostelow 1990a). Suicide is thus a very real issue for schools and student services personnel particularly;
- school personnel are in a situation where the students they relate to have trust in them, look up to them as knowledgeable adults and are therefore likely to approach them or make them aware of suicidal intentions;
- prolonged contact with students over a period of time coupled with their knowledge of normal behaviour in young people, enables school personnel to be at the forefront in identifying students at risk of suicide;
- schools, by virtue of the regular and ongoing contact with students in a controlled environment, occupy a strategic and unique position to involve themselves in postvention (activities centred on counselling those staff and students suffering grief due to a loss through suicide).

Educational reasons

- Depression, a major predictor of suicidal behaviour, is associated with reduced academic performance and learning problems. By addressing the depression, academic outcomes can be enhanced;
- suicide, while still being a 'delicate' and 'uncomfortable' topic for many, is a more acceptable topic for schools to include in the curriculum providing it is sensitively and appropriately handled. Teaching about suicide is defendable on a preventive level;
- crises such as suicidal behaviour in students (or staff) provide an ideal opportunity for schools to approach mental health issues like coping skills, problem solving and stress management. Schools and school personnel can model resolution of these issues for students in the way they deal with crises and involve students in their resolutions.

Social and moral reasons

- Schools need to acknowledge that death of a student (or staff member) by suicide has a profound impact on the total school community—students, staff and parents. Schools need to be prepared for such eventualities as suicide and sudden death, and plan ahead to ensure they reduce the negative impact and

appropriately address all issues involved in helping those affected by death. By so doing they will also reduce the risk of suicide clusters occurring;

- schools have duty of care obligations. Professional responsibilities of school personnel go beyond simply teaching a specific subject area and include the general welfare of students in their care;

- the community now expects schools to assume a role in identifying and effectively dealing with suicidal students. Schools are expected to refer identified students on for help from the most appropriate agencies, but not to provide treatment themselves;

- schools and the Ministry of Education have an obligation to their staff to provide them with some training in the area. Given the fact that school personnel are in a position where they may face the warning signs of impending suicide and the effects of suicidal behaviour in the course of their work, they need training in how to recognise and deal with such students.

Schools are seen as being able to respond to the issue of suicide at three levels—prevention, intervention and postvention.

Prevention

At the prevention level schools undertake activities designed to reduce the likelihood of suicidal behaviour amongst students. Such endeavours have been utilised extensively in the United States (Shaffer et al. 1988) and Canada (Alberta 1987). Preventive efforts have included:

- training staff to be able to identify, intervene with and refer students who need help;
- incorporating and/or coordinating educational programs which teach conflict resolution, decision making, stress management and other skills;
- including the issues of death, grief and suicide into school curricula:
- conducting parent awareness groups;
- liaison and developing links with community resource agencies;
- development of school policy and procedure documents on youth suicide.

Intervention

Intervention level responses have involved school personnel identifying students at risk of suicide, taking appropriate action to assist and referring such students for professional help either within or outside of the school.

Postvention

Postvention level responses are instigated in the event of a school experiencing a completed suicide or a number of suicide attempts. The aim of postvention is to recognise and deal with the needs of the school community—reduce anxiety, scapegoating and glorification and to reduce the likelihood of a contagion effect. At the same time efforts should enhance stability and a return to normal school routine. Naturally, postvention is often most efficient

and effective when it is conducted in an organised and considered manner. Thus many schools devise postvention procedures prior to crises occurring.

The phenomenon of suicide clustering in which awareness of one suicide creates an environment in which the probability of further suicides is increased has been described (Gould et al. 1989). It seems that one completed suicide provides the model for subsequent suicides by means of imitation or identification. It has also been argued that reporting of suicides may create a situation whereby suicide is seen as a normal and available means of solving life's problems.

The contagion process which leads to suicide clusters is something all schools need to be aware of and makes appropriate postvention efforts all the more important.

Roles of School Personnel

The roles school personnel assume with regard to youth suicide vary between schools. However, the roles tend to be essentially based on professional position. The literature describes the tasks carried out by four main categories of personnel: administrators, teachers, school psychologists, counsellors and school nurses.

Administrators

Administrators hold a key role in regard to depressed and suicidal students. They have the power to decide if a school system will address the issues. Without their support and commitment, a systematic approach is virtually impossible, regardless of the enthusiasm of other staff. They typically lead postvention initiatives and model appropriate staff and student response behaviour in the aftermath of a suicide. Their role can also involve liaising with student services personnel, parent groups and community resources and they would usually be the media spokesperson in the event of a suicide. They are in a position to be able to oversee suicide prevention, intervention and postvention activities within the school. Resource deficiencies and school needs are something they are able to monitor and consider in conjunction with other staff. Details of administrator responsibilities have been provided by Franson (1988), Johnson & Maile (1987), McQuinn & O'Reilly (1989), Stevenson (1986), Thompson (1990) and Toepfer (1986).

Teachers

Teachers roles are described in the literature by Allen (1987), Bernhardt et al. (1988-89), Bogdaniak & Coronado (1987), Hunter (1988), Johnson (1985), Johnson & Maile (1987), McKenry et al. (1980), Osborne (1985), Pfeffer (1986), Powers (1979), Schuyler (1973), Smith (1976) and Strother (1986). Their role is considered to have four aspects:

- identifying students. Using a knowledge of warning signs they can identify students through classwork, classroom observation or playground observation;
- intervention with high risk students. Confronting students in a caring and open manner and initial action planning may be expected of teachers;
- referring students for professional assistance;
- classroom discussion or teaching on suicide is a required task of teachers in some situations.

School psychologists and counsellors

School psychologists and counsellors are key personnel for dealing with adolescent depression and suicide. Authors like Andreozzi (1988), Clarizio (1985), Fujimura et al.

(1985), Greuling & De Blassie (1980), Johnson & Maile (1987), Ray & Johnson (1983) and Reynolds (1986) detail how their role can include the following:

- consulting to and advising schools on suicide prevention, intervention or postvention in general;
- establishing, maintaining and monitoring the effectiveness of a system-wide program;
- working as a part of a response group or team of professionals in the school with the administration and other specialist staff;
- staff training and development;
- identifying of high risk students;
- intervening with and managing of high risk students;
- providing treatment for individual or small groups of students; and
- liaising with and referring students on to community resources.

School nurses

School nurses have been described as having the capacity to perform a role similar to that of psychologists/counsellors. Valente & Saunders (1987) and Johnson & Maile (1987) consider nurses as people with a range of skills which help them in identification of students, consulting with schools, establishing and evaluating policy and procedure documents. They are less likely to have the counselling skills to engage suicidal students that psychologists and counsellors have. However, two features of their position enhance the role they can occupy.

First, they have an identified health function which makes it easier for students to approach them on the pretext of having a physical ailment. Secondly, they can make a physical assessment of a student who has just made an attempt so as to facilitate fast decision-making about treatment required.

In order for school personnel to perform the sorts of tasks outlined, they need input and training. This training will vary according to professional position, but is important to ensure people are able to perform what is required of them.

Western Australia

The 1988 report on youth suicide prepared by the Youth Suicide Working Party for the Minister for Health listed a series of recommended changes in order to address the issue. Recommendation 3.3.8 relates to schools. It reads, 'that guidelines and inservice education be developed as a matter of urgency in conjunction with the Ministry of Education to facilitate the early identification and referral of students who may be suicidal' (1988, p. 24). Teachers, nurses and guidance officers (school psychologists) are all identified as those who have contact with, and may be the first to find out about, suicidal intent.

This recommendation has been followed up with the appointment of a Coordinator of Suicide Prevention in Education whose job it is to carry out training of key school personnel in the area of youth suicide.

The bridge between the recommendation and the work of the Coordinator was provided by some local research carried out by Gostelow (1990a). The study investigated secondary school professionals' understanding, perceptions and experience of adolescent depression and suicide. A sample consisting of 345 administrators, teachers, guidance officers and school nurses from across the state was used. The data provided a unique insight into their thoughts, actions, personal experience and desire for further training. In summary, the major findings showed that:

- most personnel reported contact with depressed and suicidal students in the past year;

- depression was considered to affect 10.4 to 20.1 per cent of students at any particular time. Between 1.7 per cent and 5.5 per cent of students were considered to have made a suicide attempt;
- a range of functionally effective beliefs about warning signs of depression and suicide were held. However, certain deficiencies and inconsistencies in knowledge were evident in all groups;
- personnel considered that they as individuals, their peers and other school personnel had roles to play in assisting depressed and suicidal students;
- guidance officers and nurses were perceived as the most important personnel in regard to developing competence in identifying students. They were also the people to whom referrals would be made;
- personnel considered a range of actions, like building trust, providing emotional support and referring students on for help, to be appropriate. However, inconsistencies within groups, confusion amongst individuals and uncertainties over role boundaries were evident;
- personnel rated their knowledge of proficiency levels in both depression and suicide as minimal;
- understanding in the areas had been acquired from incidental, informal and self-motivated means as distinct from formal or compulsory training;
- the vast majority of personnel expressed a need for inservice training in youth depression and suicide.

These findings provide a needs survey which indicated both direction and focus of training required and also baseline information against which training outcomes can be evaluated.

School personnel in different professional positions clearly see the issue of youth suicide as one which impacts on them; it is thus a real issue and one they feel under-prepared for. Acquiring more of an understanding is perceived as a need by the vast majority and they are willing to spend time obtaining this. Of note too, is the trust placed in guidance officers and nurses as people within the school system who have a lot to offer in regard to assisting suicidal students and supporting other staff by accepting referrals. Guidance officers and nurses also consider themselves to be the key people for dealing with suicidal students, defining a wide range of actions appropriate for themselves to take in their roles.

Training School Personnel: The Strategic Plan

The position, Coordinator of Suicide Prevention in Education, was created at the end of January 1990. The appointment was made to address recommendation 3.3.8 of the Report to the Hon Keith Wilson, Minister for Health. Specifically it was intended that inservice training be developed and conducted by the Coordinator for school personnel in the area of youth suicide.

A decision was made that it would be most appropriate to devise a systematic training approach which facilitated dissemination of information and training input across the Ministry on a regulated and coordinated manner. Under this model, the training would be incorporated into the existing education district office structure with each district having its own clearly identified resource people to conduct training and raise awareness of youth suicide. In this way, two guidance officers per district (one of whom would preferably be the District Students Services Coordinator) would participate in workshop training aimed at enhancing their knowledge and proficiency levels.

They would then have the necessary expertise and materials required to train fellow guidance officers and ensure a level of competency in all guidance personnel. Once this

platform was established it would then be expected that these people would undertake staff training for all other levels of school personnel. The two initial workshop participants would maintain an ongoing consultancy and resource role for other guidance officers and all schools in the district. They would also train new guidance staff entering the district in the future. The model is shown in the Appendix to the Report.

A similar system was devised for training school nurses. Under this model, one school nurse per Health Department region would be involved in a two-day workshop training conducted by the Coordinator. It would be the task of these nurses to carry out further training of other school nursing personnel in their region. This model would ensure a nursing resource person was available to support nurses operating in schools and ensure training for new nurses starting in the system.

The Strategic Training Plan

The strategic training plan involves the following steps:

Development of a resource package for student services personnel

This package needs to be comprehensive, locally relevant, provide a thorough background in the area and be practically useful. The content needs to be at a more sophisticated level and as such it will need to have sections on:

- facts and figures;
- myths and facts;
- warning signs, risk factors;
- models of cause;
- depression;
- intervention;
- postvention;
- prevention;
- legal considerations;
- training the school community;
- resource agencies;
- resource materials.

The package needs to be in a form which allows for easy use and updating as new information becomes available and to be sufficiently durable. A three-ring file would be most satisfactory.

This package will only be made available to guidance officers and nurses who undertake workshop training led by the Coordinator.

(Note: This document has just been completed and printing is underway. It is entitled *Youth Suicide Prevention: A Resource Package for Student Services Personnel* (Gostelow 1990b)).

Development of a workshop

This workshop will be specifically oriented around the Resource Package and the issue of youth suicide as it pertains to schools. It will be active and participatory, allowing participants to learn from each other and experiential exercises. The two-day format will provide a grounding in both knowledge and proficiency as well as suggestions on how to train others.

The workshop will be supplemented by video material. One of the tapes to be shown will be produced by the Coordinator and will show a discussion by a group of local experts on some of the more contentious youth suicide prevention issues.

Training of key student services personnel from each Ministry of Education District and Health Department Region

The two-day workshop will be used with a select group of two guidance officers per district and one nurse per region. Mixed groups will be used. While most training will take place in the city, there will also be a series of workshops in the country. A total of sixty guidance officers and eleven nurses will be trained. Each of them will receive a resource package and have access to the discussion group video for training others.

A small group of non-government guidance officers will also be trained. They will then be expected to use their expertise systematically with peers in Catholic and Independent schools.

Training of other student services personnel

This training will involve the key guidance officers and nurses conducting training for peers from their own profession. It will be done using the resource package and video. Formats will vary from district to district and may involve workshops, information sharing or discussion groups. This process will ensure a level of competence in all such personnel. The Coordinator will provide back-up and support at this stage.

Development of a teacher training video

A video for training school administrators and teachers will be developed. The video will include some factual information together with depictions of scenarios involving suicidal students and school staff. Role boundaries and referral procedures will also be outlined. It will be no more than thirty minutes long so that it fits neatly into staff meeting and professional development time allocations. The video will only be used by trained guidance officers as one facet of staff training endeavours and will not be used on a 'stand alone' basis. Access to the video will be controlled by the Coordinator.

Training of other levels of school personnel

This will be done within schools by the resident guidance officer, possibly in conjunction with the key district people. The nature of such input will vary according to situational and other variables. In most cases the teacher training video will be used as part of the input.

Overseeing, supporting, monitoring and evaluating the training and information dissemination process

This is an ongoing task essential to guaranteeing quality control and effective system-wide change. As this process takes place, modifications and improvements in the training procedure and resource package will be made.

Formal evaluation will include:

- pre and post testing of workshop participant knowledge and proficiency levels;
- surveying participants on how they have used their training in their work and in doing training of other staff;
- surveying participants regarding the Resource Package.

Informal evaluation will include:

- information gathered from other sources on every aspect of the process and Resource Package;
- observations made by the Coordinator.

Sharing the resource package with other departments and agencies

Since much of the material in the package relates to youth suicide in general and how organisations can respond to the issue, it thus has applications in other settings. With adaptation, it could be made to fit the requirements for staff training and development in other government departments or non-government agencies. For this reason, a half-day seminar for appropriate people from a diverse range of settings (for example police, corrections, youth agencies, community services) will be conducted to raise their awareness of the package. Considerable interest has already been expressed in this idea.

Workshop training will be instigated for key people from these departments and agencies if there is sufficient interest. These people will receive a copy of the resource package.

Liaison and communication with the Youth Suicide Steering Committee

The Suicide Prevention in Education project is one facet of a state-wide, integrated and coordinated approach to youth suicide prevention. As such, it is vital that progress updates be given to the committee and that the committee assess the effectiveness and direction of the Coordinator's work. This will happen at regular intervals.

Timeline

The Suicide Prevention in Education project is such that a considerable amount of time and effort needs to be expended in the first few steps in order that the later steps operate effectively. If the resource package is of a high quality and extremely useful, it is likely to be used. If the workshop is informative and provides a good model for subsequent training by the participants, all parties will benefit. If the key guidance officers and nurses are well trained and enthusiastic about conducting further staff training, then they will follow through in their districts.

At the other end, it is vital that the Coordinator properly oversee, support, monitor and evaluate the training and information to personnel at all levels in the school system. Without this, the project may well lose direction and become piecemeal and uncoordinated, resulting in inconsistency across districts and school personnel missing out on training.

The Coordinator position should ultimately become obsolete and the system of spreading knowledge and proficiency self-sustaining. There will, however, have to be provision made for the task of updating the resource package as time passes and as new information in the area of youth suicide becomes available. In this way, it will remain a dynamic document fulfilling its purpose on an ongoing basis.

The timeline established is as follows:

Step 1	Development of Resource Package	Complete
Step 2	Development of Workshop and Discussion Video	June-July 1990
Step 3	Training of Key Personnel	August-September 1990

Step 4	Training of other Student Services Personnel	October 1990-June 1991
Step 5	Development of Teacher Training Video	July-December 1990
Step 6	Training of Other School Personnel	October 1990-June 1992
Step 7	Overseeing, Supporting, Monitoring and Evaluating	August 1990-June 1991
Step 8	Sharing Resource Package	November 1990-March '91
Step 9	Liaison and Communication with YSSC	Ongoing

Summary

In recognition of the important role school personnel can play in identifying and dealing with youth suicide issues, a systematic approach is underway to train secondary staff in Western Australia. The approach involves a Coordinator developing a resource package and conducting workshop training for key student services people. These people will then be equipped to do subsequent training work with peers and regular staff. In this way, each school district will then have well-trained resource people and a systematic method by which awareness raising and appropriate level training can be carried out with teaching staff and other levels of school personnel.

The model holds great promise for enabling the identification of troubled students and referral of such students for appropriate assistance. The potential for preventing youth suicide is enormous.

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