

The Role and Toll of Educators' Involvement in Suicide Prevention, Treatment and Postvention

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Front Matter

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Our Goals

Following this presentation, we hope you will be able to:

1. Explain the historical perspective on educators' involvement in suicide-related work;
2. Articulate what researchers have found about educators' knowledge, roles, attitudes, and beliefs as related to suicidal youth; and
3. Identify preferred approaches for professional development, continuing education, and collaboration in mental health-education partnerships.

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PART 1: AN HISTORICAL PERSPECTIVE ON EDUCATORS' INVOLVEMENT IN SUICIDE-RELATED WORK

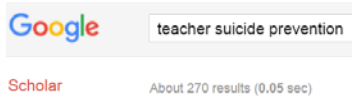
Gaining an Historical Perspective

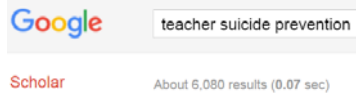
Once overlooked in the delivery of suicide-related services, K-12 educators now assume a more prominent role.

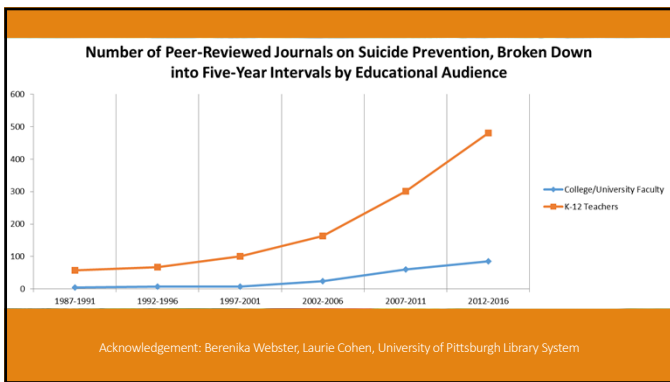


The Shift in Involvement: K-12 Educators

<p>THEN</p> <ul style="list-style-type: none"> Teachers were often excluded from professional development. Suicidal students were referred to other school personnel. SAP teams focused primarily on drug and alcohol issues. Teachers were rarely included in postventions or research endeavors. A teacher's role in treatment was limited to a few teacher behavior checklists. 	<p>NOW</p> <ul style="list-style-type: none"> Twenty-four US states require suicide training for teachers. Teachers are expected to play a role in prevention, which is sometimes linked to school safety. Teachers may be petitioners in a 302 process and may work on an SAP team that includes mental health concerns. Teachers are now included in research, some of which focuses on them specifically. A teacher's role in treatment may still be limited due to system and insurance constraints.
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Today's teachers *do* encounter suicidal students.

Study	Participants	Encounters
Ross, Kolves, De Leo (2016)	229 Queensland, AU teachers, primary and secondary level	33.3 % exposed to a student suicide
Freedenthal & Breslin (2010)	120 US high school teachers	(58.8%) reported having a conversation with a student who disclosed suicidal ideation or attempt
Kolves, Ross, Hawgood, Spence, & De Leo (2017).	299 teachers in Australia	35.9% had been exposed to at least one student's suicide.

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PART 2: RESEARCH ABOUT EDUCATORS' KNOWLEDGE, ROLES, ATTITUDES, AND BELIEFS AS RELATED TO SUICIDAL YOUTH

The Role of K-12 Educators

What is the current role of teachers in suicide prevention, intervention, and postvention? How does research describe this involvement?



How Do Teachers View Their Involvement?

- Teachers feel a sense of responsibility to engage in prevention (Gould et al., 2003; Hatton et al., 2017).
- Teachers believe they can help children with their feelings and behavior but lack adequate training. (Sisask et al., 2014).
- Satisfaction with one's school predicts a positive belief about one's ability to help students with mental health problems. (Sisask et al., 2014).
- Teachers' psychological well-being contributes to their belief that they can help (Sisask et al., 2014).
- Experience does not seem to influence self-efficacy.(Hatton et al., 2017).

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Christina Scanlon, 5/1/2017



What do K-12 teachers know about suicide and suicide risk?

Knowledge of Suicide and Suicide Risk

- Scouller and Smith (2002) conducted an Australian study to examine whether physicians and teachers were knowledgeable about suicide by sampling 481 secondary school teachers from public, Catholic, and independent schools.
- At the time of this study, suicide training was not commonly available for teachers.

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Knowledge of Suicide and Suicide Risk: TEACHERS DID NOT KNOW WHEN OR HOW TO INTERVENE

Scouller and Smith (2002) found that teachers were poorly informed about risk factors for adolescent suicide; yet, 99% had interacted with one student they deemed at risk for suicide.

- Fewer than half identified correctly that a suicide attempt of high lethality increases the risk for suicide.
- Only 47% of teachers identified specific behavioral warning signs.
- Only 11% understood the link between psychiatric disorders and suicide; 73% *discounted* this connection.
- Only 20% were informed about the contribution of family history to increased suicide risk.

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Knowledge of Suicide and Suicide Risks: TEACHERS *STILL* DO NOT KNOW WHEN OR HOW TO INTERVENE

- Teachers are not always sure they can identify children who need help (Sisask et al., 2014; Reinke et al., 2011).
- Only 9% of high school health teachers thought they could identify a student at risk for suicide (King et al., 1999).
- Teachers don't feel they know enough to help and want to know more (Sisask et al., 2014).
- Teachers are unaware of crisis procedures for suicidal students (Konopinski, 2011; Westefeld, 2007).

The Role of Teacher Training

What do we know about teacher training on the topic of suicidal youth? What does the research tell us about the effectiveness of these trainings?



Teacher Perspectives on Training: What Does Research Say?

- Teachers learn the *content* of suicide prevention training and can correctly answer knowledge questions (Hatton et al., 2017; Reis & Cornell, 2008).
- Their knowledge may diminish within three months (Cross et al., 2011; Ubido & Scott-Samuel, 2014).
- Teachers who had prior training are more likely to get involved (Freedenthal & Breslin, 2010).
- Teachers are generally satisfied with suicide training (Gould et al., 2003).
- Training sometimes comes in the context of *postvention* (Freedenthal & Breslin, 2010).

Teacher Perspectives on Training: What do Teachers Want?

According to Ross, Kolves, & De Leo (2016), teachers want suicide prevention efforts to:

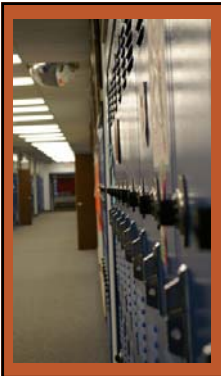
- Offer awareness and stigma reduction (about mental illness and suicide) education for pre-service and practicing teachers;
- Teach students about help-seeking and mental health;
- Give educators a protocol to follow when they are concerned;
- Help educators understand that suicidal behavior is not merely attention-seeking; and
- Give teachers time to get to know their students.



What is the emotional toll of working with at-risk students?



"It is not limited to occasional critical events, but occurs every day. Further compounding their emotional demands, teachers reported emotional stress from interactions not only with students but also with colleagues, supervisors, and parents. . . supports for teachers should address such moment-to-moment exchanges not only with their pupils but also with colleagues. . . To survive, teachers, particularly special educators, need stress management strategies they can implement every day, in interactions with adults as well as children and youth" (Kerr & Brown, 2016, p. 4).



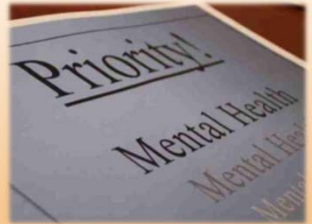
"Very little attention has been paid to problems within a school, descriptions of what these problems mean to teachers on a day-to-day basis, or how certain problems and issues contribute to decisions to leave over time. Future studies should address teachers' perspectives, observations of their work lives, and revelations in teacher journals, to provide a better understanding of important contributors to job satisfaction, commitment, stress, and career decisions"
(Billingsley, 2004, p. 52).

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PART 3: PREFERRED APPROACHES FOR PROFESSIONAL DEVELOPMENT, CONTINUING EDUCATION, AND COLLABORATION IN MENTAL HEALTH-EDUCATION PARTNERSHIPS

Forging Mental Health-Education Partnerships

What approaches can we recommend for professional development, collaboration, and evaluation in mental health-education partnerships?



Suggestions for Professional Development

- Assess what school employees know.
- Correct misinformation; Provide the most current information on risk factors, warning signs, and school procedures for prevention, identification and referral, crisis, and postvention training.
- Require and standardize suicide prevention training for all certified professionals.
- Alert employees who interact directly with students to those at highest risk (e.g., males 16-19, teens with mental health or drug and alcohol problems, LGBTQ teens, those who have previously attempted suicide, victims of bullying, and those with a pending disciplinary incident who have other risk factors).

Suggestions for Continuing Education

- Practice, practice, practice: behavioral rehearsals and role plays, refreshers, phones or web-based interactive practice (Cross et al., 2011; Hanauer et al., 2009).
- Teach the school's crisis procedures and practice them in drills (Kerr, 2016).
- Provide step-by-step training that makes teachers more comfortable asking about suicide – and remember that starting the conversation may be the biggest hurdle (Kerr & Nelson, 2010).

Suggestions for Collaborations

DO

- Adopt whole-school approaches that promote employee and student health (Kidger et al., 2009), such as those outlined in the School Health Index (www.cdc.gov/healthyschools/shi/index.htm)
- Do provide mental health back-up for teachers and other gatekeepers, 24/7.
- Provide on-site or readily accessible support after a suicide.

DO NOT

- Neglect teachers' own well-being and psychological supports. (1)
- Rely on teachers to write suicide-related curriculum
- Ask teachers to share their own suicide or mental health experiences with students

Listen to Teacher Voices!

- School leaders often adopt programs, contract with service providers, and hold professional development programs without really understanding teachers' perspectives and experiences.
- Overlooking teachers' views contributes to their sense of dissatisfaction with their school, which has been shown to undermine suicide prevention efforts.
- Incorporate teachers' views in assessing the prevention, intervention (crisis), and postvention processes in place at a school.

Final Thoughts

I'd like to provide some final thoughts as we reflect on the goals set forth at the beginning of the presentation. I hope you are now able to:

1. Explain the historical perspective on educators' involvement in suicide-related work;
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3. Identify preferred approaches for professional development, continuing education, and collaboration in mental health-education partnerships.

Thank you for your time and attention!

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