Components of a Successful
School Based Suicide
Prevention Program
Abstract

Adolescent suicide is an increasingly growing national health problem (Aseltine & DeMartino, 2004). Reports indicate that suicide ranks as the third leading cause of death for adolescents and young adults, ages 15-24, and is only surpassed by accidents and homicides. (American Association of Suicidology, 2004). The problem of suicide and suicidal behavior has been a serious national concern since 1980 (Mazza, 1997). Due to increased awareness of this growing concern, there has been a significant increase in the number of suicide prevention programs in schools.

The Garrett Lee Smith Memorial Act (2003), the nation’s first edict on suicide prevention, has paved the way for the implementation of suicide prevention programs that receive support with governmental funding. Many states recognizing the growing need for prevention, intervention and postvention venues, have created programs in schools to address this serious problem.

An examination of the literature indicates that although schools are developing and implementing suicide prevention programs, there seems to be some variance in the goals and theoretical application of these programs. Furthermore, the efficacy of such programs has been seriously questioned (Mazza, 1997).

The goal here is to compile suicide prevention program guidelines that parallel the most highly recommended and effective strategies for reducing suicide and suicidal behavior in adolescents.

Thus, it is the focus of this presentation to offer comprehensive guidelines that are structured from the leading research and literature. The program components that have been suggested and outlined are: 1) Policies and procedures, 2) Staff in-service training,
3) Parent education and awareness, 4) curriculum based student education, 5) specialized skill groups for teaching students coping skills, 6) Peer support groups, 7) Screening and postvention policies and procedures (Doan, Roggenbaum & Lazear, 2003).