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Suicide Prevention Efforts in High Schools

Ariana Whitmer

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Abstract

Suicide is the second highest cause of death among 15 to 24 year olds. Amongst high school students in particular, incidents of self-injury, suicidal ideation, and suicide are increasing. This senior capstone project uses data gathered from surveys given to both high school teachers and principals from the Monterey Bay area, along with the a review of the current literature, to examine the scope and form of efforts being made to combat this trend. Analysis of the data indicates that in high schools, the resources currently available to students, teachers, and administrators are woefully inadequate. Additionally, this document proposes some potential mechanisms to provide a better system of support for teachers, administrators, and the students who are at risk of participating in such harmful behaviors.

Keywords: Suicide, Self-Injury, Emotional Support, Mental Health

Introduction & Background

This year alone, as of April 1, 2019, 6,252 children ages 15 - 24 have successfully taken their lives through suicide. This makes it the second highest cause of death among this group for this year, having slightly lower occurrences than road traffic accidents (World Life Expectancy, 2019). This issue has steadily been rising which can be noted in Pisani et al. (2012) "Emotion Regulation Difficulties, Youth-Adult Relationships, and Suicide Attempts Among High School Students in Underserved Communities" which discusses how Suicide was only the third most cause of death for students ages 10 - 24 in 2012 (p.807). The authors then go on to show that in ages 14 - 20 the suicide statistic goes from 2.64 to 12.93 per 100,000 (p. 807). In schools all across the nation, high school aged students are thinking about, planning, attempting, and succeeding in taking their own lives.

High school students are said to be some of the most stressed out people. They go through so much stress that in some cases they cope with stress in the most unhealthy and potentially dangerous ways they can think of. The increasing incidence of psychosomatic illness, suicide, substance abuse, delinquent behavior, and juvenile crime in adolescents is symptomatic of stress and indicative of increasing stress within this population (Kouza & Kennedy, 2004 & Jones, 1993). Suicide has become a more pressing matter in school settings and schools are attempting to provide programs that can potentially lessen the appeal of ending one's own life. Students deserve to know they are not alone and there needs to be programs in place to help them deal with the presence of various forms of psychosocial adversity, such as stressful life events, lack of social support, and family dysfunction(Cohen-Sandler et al., 1982; Dubow et al., 1989; Kandel et al., 1991; Paykel, 1989; Pfeffer, 1989; Fergusson and Lynskey, 1995; Joffe et al., 1988). Whereas other studies show the associations between things such, as recklessness, sexual

activity, tobacco, drug and alcohol abuse as well as assaultive and aggressive behavior as well as running way which may lead to the ideation, attempts or completion of suicide (Shaffer et al., 1996A; Cohen-Sandler et al., 1982; Walter et al., 1995; Clark et al., 1990; Shaffer et al., 1996b; Orpinas et al., 1995; Woods et al., 1997; Patton et al., 1997; & Walter et al., 1995). In order to try and eradicate or lessen these thoughts, attempts and completions, schools have tried their best to help better equip students with healthy coping mechanisms and resources that can help in a time of need.

For the sake of this senior capstone research paper, I will be addressing self injury, causes of ideation, stressors that may affect the situation, suicide, and suicide prevention in schools, helpful programs, and the need for further help and or resources present in the local area for those in need of someone to talk to. I will conduct my own research by means of review of literature and anonymous surveys from both principals and teachers regarding the issues of suicide and self injury in their high school classrooms. I will then analyze and make a recommendation for the prevention and betterment of efforts in high schools for high school aged adolescents.

My primary question is (1) *what is being done in school settings to lessen the occurrence of Suicide and Self Injury?* As for the secondary questions, (1) *what does research say about the causes of suicide among high school students? What is the psychology behind this decision?* (2) *Are there programs that prevent high school students from taking their lives on the Monterey Bay area? If there are, how do they work? Do students know about and utilize them?* (3) *What do teachers do to prevent students from committing suicide?* (4) *What are the avenues for support and prevention that we can put in place at schools and at home to facilitate good conversation about this issue?* (5) *Assuming an incident occurs that ends in suicide, how would*

schools address it? (6) What could schools do to prevent and reduce the rate of suicide among high school students? and lastly, (7) Are there resources available for teachers and students to prevent future occurrences?

Literature Review

Being interested in the growing issue regarding suicide and self injury among high school students, the following is a synthesis of the literature surrounding this capstone research topic. In order to seek the answer to my first secondary question, (1) *what does research say about the causes of suicide among high school students? What is the psychology behind this decision?* I looked for relevant literature to act as a foundation to my research. The following is an amalgamation of my findings within the literature.

Self injury can be many different things in the world of teenage adolescents. Self injury is a very common coping mechanism for people with suicidal ideation. The most common form of self injury in suicidal teens is called cutting. Cutting is usually done with a razor or some sort of metal. The teens will cut themselves with different things on different parts of the body. Self injury can also be defined as risky behaviors that may threaten their own health. This can be seen in forms such as drug and alcohol abuse, reckless driving, self mutilation, precocious sexual activity that is unprotected, acts of delinquency, blatant disregard for authority, and the unsafe use of firearms. It can also be the purposeful sabotaging of certain aspects of their own lives due to low self esteem, bullying, unhealthy eating habits that can turn into an eating disorder, and fighting with others to either gain power or to create the loss of power (Shaffer et al., 1996b).

In most cases of suicidality, there are certain biological factors that may increase the ideation of suicide or self injury. As noted in “Youth Suicide Risk and Preventive Interventions: A Review of the Past 10 Years”, Gould et al. asserted that “Over the past 25 years, a substantial

body of knowledge has accrued, indicating abnormal serotonin function in suicidal and in impulsive, aggressive individuals, regardless of psychiatric diagnosis” (p. 390). This means the person could have the potential to become suicidal under certain pressure or stressors. Other biological factors that were mentioned in this article are the serotonin transporter (SERT) gene and the serotonin A receptor gene. Polymorphisms in these genes have been reported in completed and attempted suicide (Arango et al., 2001; Courtet et al., 2001; Du et al., 2001; Neumeister et al., 2002). While biological findings currently have little impact on clinical practice, Nordstrom and colleagues’ (1994) found that “suicide attempters with low levels of CSF 5-hydroxyindoleacetic acid have a significantly higher likelihood of making further suicide attempts and/or committing suicide, coupled with the promising research on candidate genes, may eventually take suicide prediction and prevention to new, more precise levels and/or may lead to specific interventions that will reduce the impact of the predisposing trait” (Gould et al, 2003, p. 390). Polymorphisms are DNA sequences that are common of a population. In this situation, it means a certain sequence that is common amongst those who are suicidal. In a study conducted by Grunbaum et al. (2001) “the Youth Risk Behavior Surveillance System (YRBSS)” reported that Whites were more likely to make a suicidal plan at 19.4% as compared to 19.2% and 13.3% of Latinos and Americans, respectively. Yet, Latinos were more likely to make an attempt of suicide at 12.1% when compared to the 8.8% of African Americans and 7.9% of Whites.

Adolescent women are more likely to attempt suicide as a result of bullying from other girls and boys as well as stress from other aspects of their lives. As noted in “The Relationship between Suicide Risk and Sexual Orientation: Results of a Population-Based Study,” Remafedi, French, Story, Resnick and Blum (1998) asserted that, “In general, teenage and young adult (13

through 24 years of age) females attempt suicide two to nine times more frequently than males” (p. 59).” They are going through drastic bodily changes from approximately the ages of eight to eighteen when they are going through puberty. Puberty for girls is very stressful because their bodies are changing rapidly with the growth and development of certain insecurities. It is easy for others to bully about it. Insecurities roam free in high school situations with body image and comparison to others. Social Media and the Internet have made it much more common for girls to feel inferior. Bearman et al. (2004) suggests that social networks play a significant role in female suicide. The market of today sexualizes young women for advertisements making it much more unrealistic to obtain the prescribed form of what a female body should look like. This, in turn, makes these young women insecure and makes them feel like they are not good enough. Those that do not look like typical women in today’s media are ostracized causing a flow of emotions such as self doubt, low self worth, hatred towards themselves and others, depression, sadness, isolation, regret, and other such emotions. This may lead to self injury, new eating habits, bodily pressure, self sabotage, and perhaps even suicide. As Bearman and Moody (2004) point out in “Suicide and Friendships among American Adolescents,” girls that are forced into sexual relations, have higher body mass, and got into lots of fights. They were more likely to increase the odds of suicidal thoughts.

Adolescent men on the other hand are more likely to succeed at suicide. Once again, as noted by Ramefedi et al (1998) “young males are approximately six times more likely than females to complete suicide” (p. 59). Like women, young men in the media are supposed to be thin, yet muscular, handsome, and have a way with the ladies. This image of what a “real man” should be is not realistic. When these young men compare themselves to what they see on social media and television, there is a distinct lack of realism. Going through puberty, just like the

young women, can be a time of awkward and uncomfortable changes. It takes time for these men to figure out their new bodies and new feelings that may arise during this time period when they are in high school. Media and comparisons, as well as bullying, make men feel worthless in some cases and without even considering suicide. In some cases, the men go directly to suicide attempts. It is more likely for these young adolescent men to commit suicide with the use of guns that they have at home or at a friend's house.

The suicidal tendencies and self injury become more common amongst teenagers that identify as anything but straight. It is fairly common for members of the Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning(LGBTQ+), community to have feelings of depression, suicidal ideation, commits acts of self injury, loss of some friends, feeling of isolation, self doubt, self hate, and can develop self sabotaging behavior. Being a member of the LGBTQ+ community is generally a path to being bullied both mentally and physically and can also be socially through the Internet or in a social context at school or at home. Remefedi et al. (1998) conducted research regarding homosexuals, bisexuals and heterosexuals with suicidal ideation and reported that:

Suicide attempts were reported by 28.1% of bisexual/homosexual males, 20.5% of bisexual/ homosexual females, 14.5% of heterosexual females, and 4.2% of heterosexual males. For males, but not females, bisexual/ homosexual orientation was associated with suicidal intent (p.57).

A lot of distress can be brought about as a result of the lack of acceptance from other members of a society that is not very open minded about differences and comparisons from one person to the next. Alongside all the insecurities LGBTQ+ teens are feeling individually and personally,

they are seen as taboo because they do not conform to the “regular” mold that society has put in place for them that must be filled.

Many studies, such as Knox et al.(2004), Bearman et al.(2004), Pisani et al.(2013), King et al.(2001), Grunbaum et al.(2004), Hallfors et al.(2006), and Gould et al.(2003), have touched on the topic of suicide and self injury with the conclusion that those who have committed, attempted or considered self injury and suicide have significant issues with emotional clarity, meaning they have problems identifying what they are feeling or why they are feeling in such a way. It is also quite common for those adolescents with self injuring tendencies to have complications when trying to recover from emotional distress. This may be due to lack of support from friends, family, and others, or bullying that can cause low self esteem and a low sense of self worth (Gratz & Roemer 2004; Neumann et al. 2010). Suicide and self injury are sometimes seen as ways of coping because they cannot find a healthy way to cope. Those who feel the need to self injure may have a terrible social life, or no one they can rely upon. Friendship or a person that cares makes all the difference in the world for someone who is experiencing self deprecating thoughts.

Social experiences, such as home interactions, friend interactions and bullying, can have a major impact on the ideas of suicidality among adolescents. In a study done by Bearman and Moody (2004), titled “Suicide and Friendships Among American Adolescents,” they suggest that when individuals have friends that are also friends with each other, there is a higher chance of not resorting to suicide or self injury as a coping mechanism. Interestingly, they also state “although 1 in 200 suicide attempts result in death, more than one third of all suicide attempts result in injuries serious enough to require professional treatment” (Bearman & Moody, 2004, p.

89). Bearman and Moody (2004) also contribute to this by affirming that adolescents with friends that are friends with each other are less likely to increase in suicidal ideation.

Aside from social interactions between friends and classmates, there is an important bond between parent and child that must be present in order to decrease the likelihood of suicidal ideation and self injury. The adolescents that have a better relationship with their parents and other family members are less likely to idealize suicide as a permanent solution to an impermanent issue. Suicidal thoughts are more common from those of who have parents that are divorced, friends and family that have attempted and or completed suicide, and those who do fewer activities with their parents. As made apparent by the Registry's study (Agerbo et al., 2002), they found youth suicide rates to be five times more likely in children whose mothers had completed suicide and twice as common for those whose fathers committed suicide. Parents have the most potential for keeping the mental health of their children in a zone that is safe and does not involve suicidal and self injurious thoughts or actions. Parents are not the only adults who can keep a young adult from keeping a strong sense of mental positivity. Any adult has the potential to save a life. One caring adult is all it can take to show these teens that life goes on and that it is okay to be worried or stressed out. It is important to show these young adults that life is hard sometimes, but they will always have someone to talk to.

Methods and Procedures

In order to determine what is being done at the school level for these young adults regarding suicide in high school, I decided to pursue the answers to my primary and secondary questions, as listed above, as well consulting with the relevant literature review. To do so, I sent out anonymous surveys for teachers, principals and high school students to answer regarding suicide, self injury and emotional support within the confines of a school setting. Because these

surveys were anonymous, I tried to keep them short and easy to leave feedback. Starting from the top down, I sent a principal survey to twenty-one principals in the local area (See Appendix A). Of those twenty-one principals that I sent my survey out to, one-third, or seven of them responded to my ten question survey. Of those twenty one principals that I sent the surveys out to, only one offered to send my teacher survey (See Appendix B) out to their faculty. Although I am not sure how many teachers they sent it out to, I received sixteen responses from teachers. Lastly, I made a student survey regarding suicidal ideation and self-injury (See Appendix C). The student survey had questions asking about if they had experienced suicidal thoughts and, if so, how often and how serious those thoughts were. Other questions asked about self injury and if they had tried it before. On all three surveys, the last question was asking for their own personal opinion on how to better accommodate those that are suffering from these types of thoughts, and what they would like to see implemented to further prevent these occurrences of self injury and suicide amongst their own high school population.

Results and Findings

Now with more background knowledge of suicide among adolescents, I went into my own research regarding the issue. Having conducted anonymous surveys from principals and teachers around the local area, this section lays out the questions, comments, and concerns of not only me but local principals and teachers as well. Their answers may potentially answer both my primary and secondary questions.

2) Are there programs that prevent high school students from taking their lives in the Monterey Bay area? If there are, how do they work? Do students know about and utilize them?

The second interview sub-question on the principal's survey was, *Are there any state laws or legislation that regard these issues (suicide and self injury)? If so what are they?* These responses were in agreement when compared to each other. Most responses had the key words mandated reporter in them. "I am not sure if there are any laws or legislation, but I do not think so, other than the mandated reporting laws and the new law in California that mandates that we put the suicide hotline number on our student ID cards" (Principal A, Personal Communication, March 2019). Another principal, Principal B. answered, "If they are being abused and share with us, we are mandated reporters. We would also report that they are harming themselves" (Principal B, Personal Communication, March 2019). Teachers are mandated reporters that must report when they see or have reason to believe that a child is being hurt or is hurting themselves. They are also supposed to report any mental health issues they think might be affecting the adolescent.

The second interview sub-question asked in order to determine the answer to secondary question number two, (2) *Are there programs that prevent high school students from taking their lives in the Monterey Bay area? If there are, how do they work? Do students know about and utilize them,* was question eight on the anonymous survey.

Sub-question eight was wondering, *do you think students know about and utilize the resources provided to them? If not, why do you think that is?* Some of the principals voiced their frustrations within their answers because students can be stubborn when asking for help, "No, students who are depressed do not seek help." (Principal F, Personal Communication, March 2019). In some cases this is true, but to make that statement so blunt, is making me wonder if that principal cares enough to try and seek out the students that are just too scared to ask for help. "I think some do, some don't. If they don't it's usually because they don't want to "get in trouble",

or have anyone "know their business", etc.” (Principal E, Personal Communication, March 2019). This comment is what I think most teenagers believe is true. They may feel like an outcast because they feel depressed but we need to create an environment that makes them feel safe enough to open up about their problems. Lastly, the longest and most thought out response was “Yes, students know about the resources at school and use them, but fail to follow through with outside resources for various reasons. Lack of transportation, trust with outside, parents in denial. Also, outside resources are horrible at follow through. They tell students, go to your school, they can help you. That is the most frustrating part, when I know a kid needs help, and they are turned away. It happens way too often and adds stress to our already stressed staff of counselors and school psych.” (Principal D, Personal Communication, March 2019). The principal that wrote this comment seems very concerned about the well being of their students and I am sure in most cases, principals feel the same way. It is hard to help someone when you have a lack of support and resources to back you up.

(2) Are there programs that prevent high school students from taking their lives in the Monterey Bay area? If there are, how do they work? Do students know about and utilize them?

This question was posed to both the principals and the teachers. The sub-question three asked about what sorts of programs their schools have discussing the topic of suicide and self injury. Most principals said their schools have health services and councilors for the young adults to talk to. Some have classes like Health that touch the issue superficially, but the answer that really caught my attention was “Yes, we have systematic interventions, a professional development session (Kenan video) that all staff are required to watch regarding suicide prevention. We have (unfortunately) become very familiar with a process for dealing students who are identified as "at risk" or show evidence of self injury. These include Gaggle alerts (student computer software that notifies us of concerning material. We also

have recommendation forms for counseling and mental health services. However, the demand is greater than the resources allocated” (Principal D, Personal Communication, March 2019).

Unfortunately, for some teachers, they were unaware of any classes, courses, or program facilities in their school to address this issue. Others were able to discuss programs that they knew about by mentioning “We have a social services filtering network called "The Nest" which creates a safe space for students to share their thoughts” (Teacher O, Personal Communication, March 2019). Another declared, “We have a new mental health center on campus for students to go to, to take a break or talk to someone. We also have a homeroom intervention where a therapist meets with students. Monterey County Behavior Health also supports some of our students” (Teacher F, Personal Communication, March 2019).

(3) What can teachers do to prevent students from committing suicide?

Both principals and teachers were asked to reflect on what they, as role models for these children, can do to better care for their struggling students. To start off the discussion I asked both parties, *How would you define self injury?* For the most part, I got similar responses among the principals that participated in the interview as well as the definition expressed throughout the literature about self injury and suicidal thoughts. One of the more alarming of the responses was “I would Google it” (Principal B, Personal Communication, March 2019). This response was a definite outlier in the data. This makes me nervous because without a working definition of self injury, how will they know the warning signs and how to address it if it were to come up as an issue. The two responses that are the most lengthy suggest that “I would define self injury as a person who injures themselves in any way including taking drugs, cutting, acting out for negative attention All behaviors that take away from the learning environment for the student are self-harming” (Principal A, Personal Communication, March 2019).and “My understanding is they

use it as a way of control. They feel they have no control over their lives or situations. They are being abused usually and feel that this is the only way to release the pain” (Principal G, Personal Communication, March 2019).

As expected, most teachers suggested it was intentional and purposeful physical harm done by one’s self as a way to “relieve emotional pain” (Teacher A, Personal Communication, March 2019). One person suggested, “I would define self injury as a person who harms themselves on purpose. When I say purpose I speak of for a reason they believe makes them feel 'better' or to no longer live” (Teacher I, Personal Communication, March 2019). Another said, “Apart from the obvious physical harm done to one's own body, I would also consider repeated behaviors that are detrimental to success, such as poor decision-making (not completing homework, not studying for a test, staying up too late on a school night, choosing the wrong friends, engaging in risky behavior, and the like) to be "self-injury" (Teacher L, Personal Communication, March 2019). Two teachers in particular gave a rationale as to why a student might intentionally hurt themselves by saying “this could be students cutting themselves for attention or to replace one pain for another. It can become addicting and very dangerous” (Teacher P, Personal Communication, March 2019) and “It typically is a sign of student looking for an adrenaline release from the pain and can be an indication of depression or suicidal tendencies” (Teacher K, Personal Communication, March 2019).

The next sub-question asked in order to determine the answer of the third secondary question, (3) *What can teachers do to prevent students from committing suicide?*, was *How would you go about helping a student that is showing signs of self injury?*

This question was only asked of the teachers. Of the sixteen responses I got from teachers, fifteen had responded positive that they had to deal with a child that was injuring or having suicidal thoughts. Many said they would report the behavior and contact a professional but others said “I would listen to them, hear them out. Let them know they are loved. I would not tell them what to do. They need someone who will listen and not judge” (Teacher J, Personal Communication, March 2019). Synonymous with this response, another answered “I usually try not to 'pry' but I may discreetly ask a student how he or she is feeling today and sometimes may invite them to come have lunch with me with the other students in my classroom. If however, I see more concrete evidence of self abuse I will defer to my administration and will write a mandated report” (Teacher C, Personal Communication, March 2019).

The third interview sub-question asked in regards to secondary question number three (3) *What can teachers do to prevent students from committing suicide?*, was *How would you go about helping a student that has made an attempt at suicide?*

Some individuals seemed a little uneasy when I asked this question and perhaps may have found powerless in that situation. “I actually have not had this experience and frankly I am not equipped to handle such a serious situation. I would naturally reach out to the people here on site that are able to access the right people with the right resources” (Teacher D, Personal Communication, March 2019). Another said “I don't know. How would I know that s/he has made this attempt? I am usually not privy to that kind of information, although it would be good to know so we can help keep watch” (Teacher M, Personal Communication, March 2019). This is worrying because even though these teachers have suicide prevention development days, many do not feel they are ready enough to tackle such a widespread issue. Others on the other hand have said “I would make sure that the proper channels are being followed through school, but I

would make sure that I would be there for the student themselves. I would hope the school and parents speak to us teachers to make us aware of the situation and the student's wishes" (Teacher N, Personal Communication, March 2019) and "Being really supportive in class, listening, checking in, and accommodating work to help them get through their challenges, preferential seating, and phone calls home" (Teacher G, Personal Communication, March 2019). The teachers in the last two quotes seem like they will be able to make a connection with students that may have issues coming forth and asking for help.

Jumping to sub-question ten on the teachers' anonymous survey, in order to determine secondary question number three, (3) *What can teachers do to prevent students from committing suicide?* I asked *How can teachers try to prevent students from committing acts of self injury and/or suicide?*

This was asked to get my participants thinking about different ways they could change to help better cater those that are idealizing suicide and self harm. This question received many thoughtful answers as followed: "Like I said, we need to be able to step outside the "script" of what our school districts tell us to teach. We no longer have that freedom to kind of "minister" to our students THROUGH the curricula, allowing them to see their own experiences within the text, within the content of the lessons and concepts we teach. As an English teacher, I train my students on how to dig beneath the obvious themes in literature, and teach them how to tease the secrets of the author's heart in any given story or novel. The gate is then swung wide open and students are able to walk through a plethora of ideas, questions, insights, and revelations unseen before which then lead to pathways of discussion on a variety of human matters of the heart" (Teacher J, Personal Communication, March 2019). "Make sure kids feel included, cared for and safe and that they are listened to. If kids feel that they "belong" to the school community, I firmly

believe that you can cut the rate of all violence in schools. If kids don't have a sense of belonging with their families, they will look for it elsewhere. It can be a gang or it can be the school.”

(Teacher L, Personal Communication, March 2019), and “Right now, health teachers do everything possible to teach students about self-worth and mental/emotional health. Health teachers provide all students with the National Suicide Hotline number and give students extra credit for saving the number on their phones. Students are taught to stay away from drugs, have good relationships, and to have hopes and dreams - all as an attempt to prevent students from committing suicide and self-harm” (Teacher P, Personal Communication, March 2019).

(4) What are the avenues for support and prevention that we can put in place at schools and at home to facilitate good conversation about this issue? and seven (7) Are there resources available for teachers and students to prevent future occurrences? Go hand in hand in that they both are about support.

I wanted to ask these research questions because they are crucial for there to be open communication for issues, such as self-injury and suicide between teacher and students. Most said they had some forms of counseling to open this communication and one in particular discussed their resources by saying “Yes, unfortunately we have had so many deaths that I already know what to do. Most have been from family members or students being murdered, not suicide or self harm. I would consider someone making choices that led to their murder self harm. We involve the community liaison, admin team, counselors and teachers to support families” (Teacher A, Personal Communication, March 2019). By creating their own sense of family within the school community, it could act as another form of family to fall back on in a time of need.

Of the sixteen participants that answered, nine teachers said they did not know about any such resources or that their schools had no resources as such. Those that did have resources shared that “Not that I know of. We focus more on "academic intervention" here than anything exclusively related to mental health. We have no therapists, child psychologists, or mental health experts here on campus. I think we have ONE psychologist in our district that has to cover ALL the schools in the district. Hardly effective and he/she is really used as an "expert" during IEPs for Special Ed students” (Teacher C, Personal Communication, March 2019).and “Teachers have mental health services through insurance, students have access to counselors on campus” (Teacher D, Personal Communication, March 2019). This is alarming to me because even those teachers that know of resources, still are unsure what services are provided within the programs that they are aware of. The lack of programs in schools is surely creating barriers for those young adults that are seeking help, as well as teachers that are feeling suicidal or they themselves are self harming.

(5) *Assuming an incident occurs that ends in suicide, how would schools address it?* both principals and teachers were asked to share their thoughts. The question on the survey was *In a severe case of self injury, or suicide how would you or the school address this issue?* The teachers responded as follows: “I have no idea. They have never gone over that with us and I haven't been across that yet, so not sure (Teacher E, Personal Communication, March 2019). Three anonymous participants said something similar to this quote, meaning there is not much communication regarding these prevalent issues in high schools. For many schools, I think they ignore it like it is not a problem which is only becoming a detriment for today's youth. Other participants have been helpful enough by answering “In a severe case, I'm not sure what they school would do. I may do a report to Child Protective Services just to make sure the child is not

being abused at home” (Teacher L, Personal Communication, March 2019).and “contact CPS and recommend a 5150 and referring them to our school "safety nest" and counselor for follow up” (Teacher F, Personal Communication, March 2019).

The principals’ responses for this question were interesting because only one principal decided to go into detail about what could be done to deal with matters of suicide. “Our school deals with attempted suicide by making a recommendation to Mental Health, meetings with school psychologist and follow up with families. We have a 9 page assessment that is used by the psychologist, counselor and admin to determine if the threat is viable” (Principal F, Personal Communication, March 2019). Once again we see the need for connection between school and family. With the use of trained professionals, all parties involved hope for a better future and a speedy recovery for those that attempt. Unfortunately, no one answered what the process was for someone that did successfully commit suicide so I can only imagine it would result in admin and staff creating workshops and offering mental health services for those who were affected by the loss.

Discussion

Having skipped the analysis of sub-question ten for principals as well as sub-question nine for teachers, I decided to discuss them here. The answers are in relation to secondary question number six, *(6) What could schools do to prevent and reduce the rate of suicide among high school students?* and my primary question, *What is being done in school settings to lessen the occurrence of Suicide and Self Injury?* The question I asked of each of my participants was, *Are there any changes or resources you would like to see implemented to further prevent these occurrences of self injury and suicide?* I will provide their answers and ideas. I will then provide

some commentary on them as well as make my own recommendation that is influenced by my own biases, ideas, and my knowledge about the issue that was provided by my experience whilst conducting my research.

When I asked the principals this question, only one participant was unsure of how they would make changes. Others suggested, “I feel that outside resources need to be consistent for students and families to trust, and that outside agencies need to build relationships with school communities to be effective. And resources need to be available outside the regular school day in our area” (Principal A, Personal Communication, March 2019). Another dictated “I think that we need to work on stress, resilience and coping skills at earlier ages (Principal D, Personal Communication, March 2019). Interestingly, a third participant argued “I think we need nurses and a mental health professional on every high school campus to help us deal with this rising epidemic” (Principal E, Personal Communication, March 2019). The fact that they describe this occurrence as a “rising epidemic” shows that they can see a significant problem amongst their own high school students and they do not believe that they as a school system are not giving this issue enough attention.

Teachers, when asked the same question, made intense arguments about their beliefs. One participant offered “We need to be more open about it because it's real. Incorporate into the curricula in more ways than just a "cursory" mention in a textbook in a Health Class. English classes for example can include literature which bears the theme of suicide and low self-esteem. History classes can discuss the "history" of suicide and the stigmas associated with it, especially how women and the poor were treated. Education should not be so LIMITED! There is SO much we can teach and we ought to be feeding our students' SOULS as well as their minds” (Teacher C, Personal Communication, March 2019). Another suggested “Yes. Onsite. Social Worker.

Licensed Professional Clinical Counselor. Licensed Mental Health Counselor. Certified Sexual Health Therapist. LGBTQ Resources. Immigration Resources. Legal Referral Services. Planned Parenthood Resource Services” (Teacher M, Personal Communication, March 2019). A different participant noted that “1 counselor per 500 students is not a system set up to address mental health issues. It's barely set up to deal with scheduling plans successfully. We need a lot more counselors if mental health is going to be made a priority. In general our country doesn't value this idea, so I don't see progress being made here. That would cost a lot of money. I teach in a trailer. There you go” (Teacher O, Personal Communication, March 2019) and lastly, “Schools should connect more with their current health teachers. Health teachers cover topics like grief, suicide, and depression in class. Schools could provide health teachers with curriculum and professional development regarding mental/emotional health” (Teacher I, Personal Communication, March 2019). These are all exquisite and well thought out recommendations for the betterment of resources for suicidal and self injurious issues among young adults. I agree with much of the comments that both the teachers and principals have suggested. I believe that there needs to be a tighter connection between staff members and that resources need to be more public to the students.

Problems and Limitations

This topic is seen as taboo by many of the school staff and administration which caused great limitation within the time frame of my studies. Of the six schools, I sought to do my anonymous student survey (See Appendix C), only one said that they would be willing to administer this survey. Unfortunately, a week after saying so, they reached out to me saying they cannot give out my survey anymore, but did not give me a reason. I replied back imploringly wondering why the sudden change of mind, but I have not received an answer and I do not

expect to get one any time soon. I offered to alter or take out any questions that may have been problematic when she first said she would give the survey, but she said they were all fine. So, I am a bit unsure why she changed her mind. Without the student surveys, I cannot give data regarding how many actually have felt suicidal or are/have participated in self injury at the time in high school, nor can I compare it to the average of previous years.

Recommendations

Given the data and the literature review, I would suggest we make it more heavily talked about in social context at home, at school, and the community so as to spark conversation about good mental health practices so no one feels alone or left out. There absolutely needs to be more professionals at school that are qualified to deal with the issue of self injury and suicide, as well as workshops that stress ways for the regular teachers to become super teachers that can properly facilitate communication to and for those that are having mental health issues. As mentioned before “1 counselor per 500 students is not a system set up to address mental health issues. It's barely set up to deal with scheduling plans successfully. We need a lot more counselors if mental health is going to be made a priority. In general our country doesn't value this idea, so I don't see progress being made here” (Teacher J, Personal Communication, March 2019)

We need to make our nation care about our youth and the struggles they have with suicide and self injury or else it is only going to get worse. How are we paying more for athletes and celebrity salaries instead of using most of that money to be put towards new and improved facilities for the youth? There needs to be a sense of awakening or else it is only going to get worse. Apart from facilities and resources at school, we also need teachers to be better prepared and knowledgeable about the different ways they alone can help a child that is considering self

harm or suicide. It takes one caring adult to make a difference. If not the teachers than the parents or the family, the church or even the local librarian can show them how much they are appreciated and admired. Anyone can show they care for that youth and wish the best for them. Support, love, and caring are three major aspects that children need to feel when growing up, regardless of who is giving it to them.

Conclusion

Suicide amongst teenage students is a rapidly growing issue in high schools across the nation. Through the use of literature review and self conducted research this senior capstone concludes that self-injury can be a result of many problems, some of which include low self esteem, bullying, lack of support, and stress. Suicidal behavior and ideation can occur for the same reasons and can start off as self injury or can be a direct way of poorly coping with their issues. Teens are more likely to experience suicidal thoughts if they are of low socioeconomic status, of Non-European descent, have known someone that has attempted or completed suicide, a member of the LGBTQ+ community, have a gun in the house, or have a poor relationship with friends and family. Girls are more likely to plan and attempt suicide whereas boys are more likely to commit suicide, usually without previous self injury.

After analyzing the surveys conducted, feedback from seven principals and sixteen teachers were received. There were a significant number of teacher participants that were unfamiliar with the resources at their schools regarding suicide and self-injury. Their lack of knowledge was alarming. According to the principals, there are many resources at their schools that accommodate this issue and yet, they also agree that there needs to be more of an emphasis on building up more resources and professionals to help the youth in their struggling times.

Recommendations were similar all across the board in that there needs to be more specialists at schools to help better get to the needs of every student and teacher that is experiencing suicidal ideation. A connection needs to be made between caring adults and youth, and lastly, mental health needs to be seen as a bigger issue for everyone.

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Appendix A

Suicide and Self Injury in High School

Principal Questionnaire

1. How would you define self injury among students?
2. How often do you deal with cases of Self Injury among students?
3. How often do you deal with cases of attempted or successful suicide?
4. Are there programs that discuss the topic of suicide and self harm in your school? if so please elaborate on what they are and how they work.
5. Are there any state laws or legislation that regards these issues? If so what are they?
6. Do you think students know about and utilize the resources provided to them? If not, why do you think that is?
7. How does your school deal with severe cases of Self Injury?
8. How does your school deal with attempted suicide or successful suicide?
9. Are there resources available for teachers and students to discuss this occurrence and if so how often are they utilized?
10. Are there any changes or resources you would like to see implemented to further prevent these occurrences of self injury and suicide?

Appendix B**Suicide and Self Injury in High School****Teacher Questionnaire**

1. How would you define self injury among students?
2. Have you personally had to deal with a student that was injuring themselves? or that you thought was having suicidal thoughts?

Mark only one oval.

Yes

No

3. How would you go about helping a student that is showing signs of self injury?
4. How would you go about helping a student that has made an attempt at suicide?
5. Are there any programs in your school to address suicide and self injury prevention? If so please explain the lack or presence of this program.
6. In the severe case of self injury, how would you or the school address this issue?
7. After a student successfully commits suicide, how would you as well as the school address this tragedy?
8. Are there resources available for teachers and students to discuss this occurrence and if so how often are they utilized?
9. Are there any changes or resources you would like to see implemented to further prevent these occurrences of self injury and suicide?
10. How can teachers try to prevent students from committing acts of self injury and/or suicide?

Appendix C

Suicide and Self Inflicted Injury

Student Questionnaire

1. Sex:

Mark only one oval.

Male

Female

Other

Prefer not to say

2. Racial/ ethnic/ Cultural Identity: (check all that apply)

Check all that apply.

African American/Black

American Indian

Asian American

European American/ White

Hispanic American

Citizen of a foreign country

Other

3. While in High School, did you intentionally hurt yourself?

Mark only one oval.

Yes

No

4. What grade did you consider self injury? Check all that apply.

Check all that apply.

8 (transitioning into high school)

9 (freshman)

10 (sophomore)

11 (junior)

12 (senior)

Fifth year

N/A

5. Was there a certain way you would self injure/ self mutilate?

Mark only one oval.

Knife

Finger Nails / Hands

Metal

Glass

Fire

Razors

Other

6. Which body part did you self injure? (Check all that apply)

Check all that apply.

Stomach

Feet

Thighs

Lower Legs

Chest

Wrists

Upper Arms

Genitals

Other

7. What were you trying to do by self injuring? (Check all that apply)

Check all that apply.

To have a sense of control

To draw attention to myself

Relief from depression

To numb emotional pain

To create a feeling of uniqueness

Prove to myself I can take pain

To make marks on my body

Change my emotions/ feelings

Relief from emotions

Create a sense of euphoria

Punish myself

Punish others

To fit in

To get my way/manipulate someone

Relieve anxiety

Relief from my thoughts

Other

8. Did you seek out resources for help? (Check all that apply)

Check all that apply.

Did not seek help

Did not know of any resources at the time

Went to a friend

Went to a teacher

Went to a school counselor

Went to school nurse

Went to family

Called the suicide hotline

Other

9. If you chose other please elaborate

10. Did you know anyone else that was self injuring at the time?

Mark only one oval.

Yes one person

Yes more than one person

No way

11. If you said yes to the previous question, did you suggest the seek help? And did they do so?

Mark only one oval.

Yes and they did seek help

Yes and they didn't seek help

No I didn't suggest they get help and they didn't get any

No I didn't suggest they get help but they got help anyways

12. Did you ever contemplate, or attempt suicide?

Mark only one oval.

I thought about it.

I attempted.

I attempted more than once.

N/A

13. Did anyone you know lose their life to suicide while they were in high school?

Mark only one oval.

Yes

No

14. Lastly, I invite you to give your thoughts on the following: "Do you have recommendations for what schools and/or parents can do to lessen suicidal thoughts or actions among high school students?"