

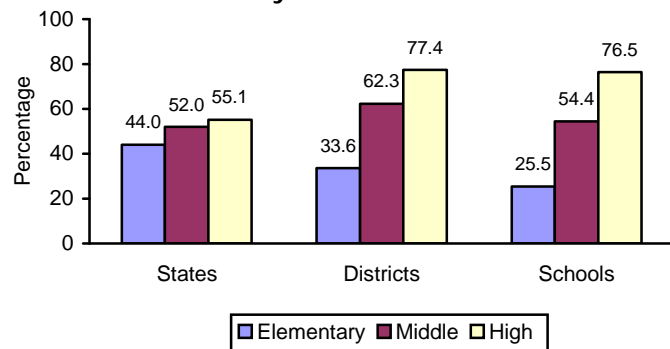
## Suicide Prevention

**About SHPPS:** SHPPS is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels. Comprehensive results from SHPPS 2006 are published in the *Journal of School Health*, Volume 77, Number 8, October 2007.

### Health Education

- The percentage of states that required elementary schools to teach about suicide prevention increased from 26.0% in 2000 to 44.0% in 2006.<sup>1</sup>
- The percentage of high schools in which teachers in at least 1 required health education course taught about suicide prevention increased from 66.4% in 2000 to 79.7% in 2006.
- Among courses in which suicide prevention was taught, the median number of hours of required instruction teachers provided on suicide prevention was 0.4 hours among middle school courses and 1.4 hours among high school courses.

**Percentage of States, Districts, and Schools That Required Teaching Suicide Prevention, by School Level**



During the 2 years preceding the study:

- The percentage of states that provided funding for staff development or offered staff development on suicide prevention to those who teach health education increased from 50.0% in 2000 to 66.7% in 2006.
- The percentage of districts that provided funding for staff development or offered staff development on suicide prevention to those who teach health education increased from 41.5% in 2000 to 56.1% in 2006.

**Percentage of Schools in Which Teachers Taught\* Suicide Prevention Topics as Part of Required Instruction, by School Level**

Topic	Elementary	Middle	High
How students can influence or support others to prevent suicidal behaviors	19.6	56.1	78.8
How to find valid health information or services to prevent suicidal behaviors	10.2	47.7	74.0
Influence of families on suicidal behaviors	10.2	40.0	68.3
Influence of the media on suicidal behaviors	8.2	37.5	60.5
Relationship between alcohol or other drug use and suicidal behaviors	16.3	59.1	83.3
Resisting peer pressure that would increase risk of suicidal behaviors	17.0	51.4	70.9
Social or cultural influences on suicidal behaviors	10.9	44.9	66.7

\*In at least 1 elementary school class or in at least 1 required health education course in middle schools or high schools.

<sup>1</sup>Selected changes between 2000 and 2006 are included if they met at least 2 of 3 criteria (p < .01 from a t-test, a difference greater than 10 percentage points, or an increase by at least a factor of 2 or decrease by at least half). Variables are not included if they did not meet these criteria or if no comparable variable existed in both survey years.

## Health Services and Mental Health and Social Services

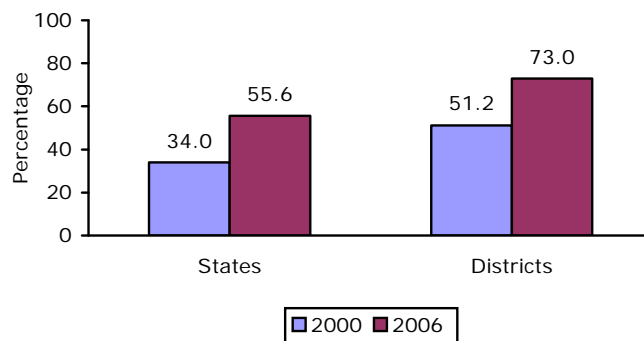
- The percentage of states that required districts or schools to provide suicide prevention services in one-on-one or small-group sessions increased from 16.0% in 2000 to 28.0% in 2006.
- 46.3% of districts required schools to provide suicide prevention services in one-on-one or small-group sessions.
- 57.4% of schools offered student assistance programs (SAPs) to students.

Percentage of Schools Providing Suicide Prevention Services in One-on-One or Small-Group Sessions	
Location	Schools
At school by health services or mental health and social services staff	89.4
Through arrangements with organizations or professionals outside the school	29.5

During the 2 years preceding the study:

- 91.5% of states provided funding for staff development or offered staff development on suicide prevention services to school mental health or social services staff.
- The percentage of districts that provided funding for staff development or offered staff development on suicide prevention services to school mental health or social services staff increased from 52.4% in 2000 to 65.7% in 2006.
- 59.2% of states and 41.5% of districts provided funding for staff development or offered staff development on suicide prevention services to school nurses.

**Percentage of States and Districts That Had Adopted a Policy Stating That Student Assistance Programs Will Be Offered to Students, 2000 and 2006**



- 65.4% of school mental health and social services coordinators who served as study respondents received staff development on suicide prevention services.
- 54.0% of school health services coordinators who served as study respondents received staff development on suicide prevention services.

## Healthy and Safe School Environment

- 88.1% of schools had a plan for the actions to be taken when a student at risk for suicide was identified. Among these schools:
  - 98.1% of the plans required the student's family be informed.
  - 81.6% of the plans required the student be referred to a mental health provider.
  - 52.4% of the plans required a visit with a mental health provider be documented before the student returned to school.

Where can I get more information? Visit [www.cdc.gov/shpps](http://www.cdc.gov/shpps) or call 800-CDC INFO (800-232-4636).