



# Teachers' Knowledge of Suicide Warning Signs and Risk Factors

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## Abstract

Recognizing the warning signs and risk factors for suicide is key in prevention efforts. This study examined teachers' knowledge of suicide risk factors and warning signs. Results indicated that teachers have limited knowledge of the risk factors and warning signs for suicide. Furthermore, results yielded small correlations between the grade level taught, number of years teaching, training experiences, and the number of professional development hours and the number of risk factors and warning signs identified accurately.

## Literature Review

- Suicide is the 2<sup>nd</sup> leading cause of death for 15-24 year olds and the 3<sup>rd</sup> leading cause of death for 10-14 year olds (WHO, 2014; WISQARS, 2017).
- In a survey by Moon, Williford, & Mendenhall, 2017, 94% of teachers surveyed agree that they should be included in suicide prevention in the school; however most do not feel adequately trained on mental health problems.
- Hatton et al (2017) found that 80% of teachers surveyed were uncomfortable identifying students who may be suicidal because of a lack of training.

## Methods

**Sample:**  $n = 78$  primary and secondary general and special education teachers in Ohio.

**Research Design:** Quantitative survey

**Research Question #1:** What do teachers know about the warning signs and risk factors of suicide?

**Research Question #2:** How do factors such as the number of years teaching, previous training experiences, and grade level taught influence teachers' knowledge of warning signs and risk factors of suicide?

## Results

### RQ 1 Descriptive Analytic Findings:

- Teachers listed an average of 1.76 accurate warning signs that were identified in the literature.
- The most common responses were:
  - Isolation/withdrawal ( $n=36$ ),
  - Threatening/talking about committing suicide ( $n=28$ ),
  - Depression ( $n=16$ ), and
  - Giving away possessions ( $n=14$ ).
- Teachers listed an average of 1.62 accurate risk factors that were identified in the literature.
- The most common responses were:
  - Mental health diagnosis ( $n=30$ ),
  - Family history of suicide/mental health dx ( $n=18$ ),
  - Alcohol and drug abuse ( $n=16$ ), and
  - Being abused/victim of violence ( $n=16$ ).

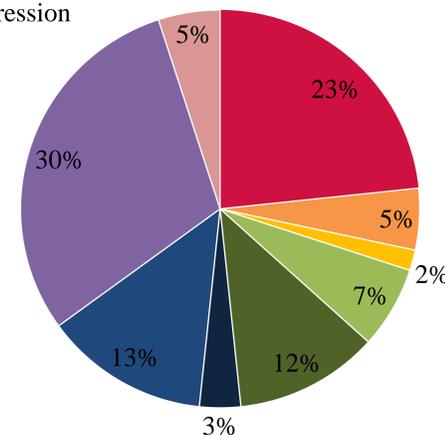
### RQ 2 Correlational Analytic Findings:

|                 | Grade level taught | Training experiences | PD hours on suicide prevention | Number of years teaching |
|-----------------|--------------------|----------------------|--------------------------------|--------------------------|
| Knowledge Level | $r = .24$          | $r = .18$            | $r = .19$                      | $r = -.13$               |

## Figures

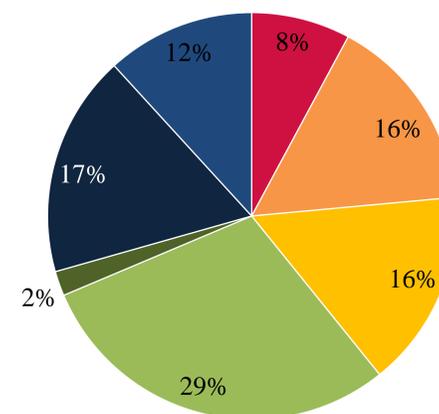
### Identified Warning Signs

- Threatening/Talking About Committing Suicide
- Writing About Death
- Feelings of Hopelessness
- Changes in Sleep Patterns
- Giving Away Possessions
- Substance Abuse
- Depression
- Isolation/Withdrawal
- Aggression



### Identified Risk Factors

- Prior Suicide Attempt
- Alcohol and Drug Use
- Abuse
- Mental Health Diagnoses
- Sexuality
- Family History
- Bullying



## Implications

- School psychologists play a critical role in tier one prevention programming aimed at improving student mental health.
- One important aspect of this role is the implementation and evaluation of suicide prevention programs.
- Prevention programs are an important first step, but accurate identification of students in need of services will require knowledgeable and astute teachers to observe those students who may react to the content shared through the programming.
- School psychologists can facilitate staff trainings to improve teachers' knowledge of suicide risk factors and warning signs within a multi-tiered system of support (MTSS).

## References

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