august schools

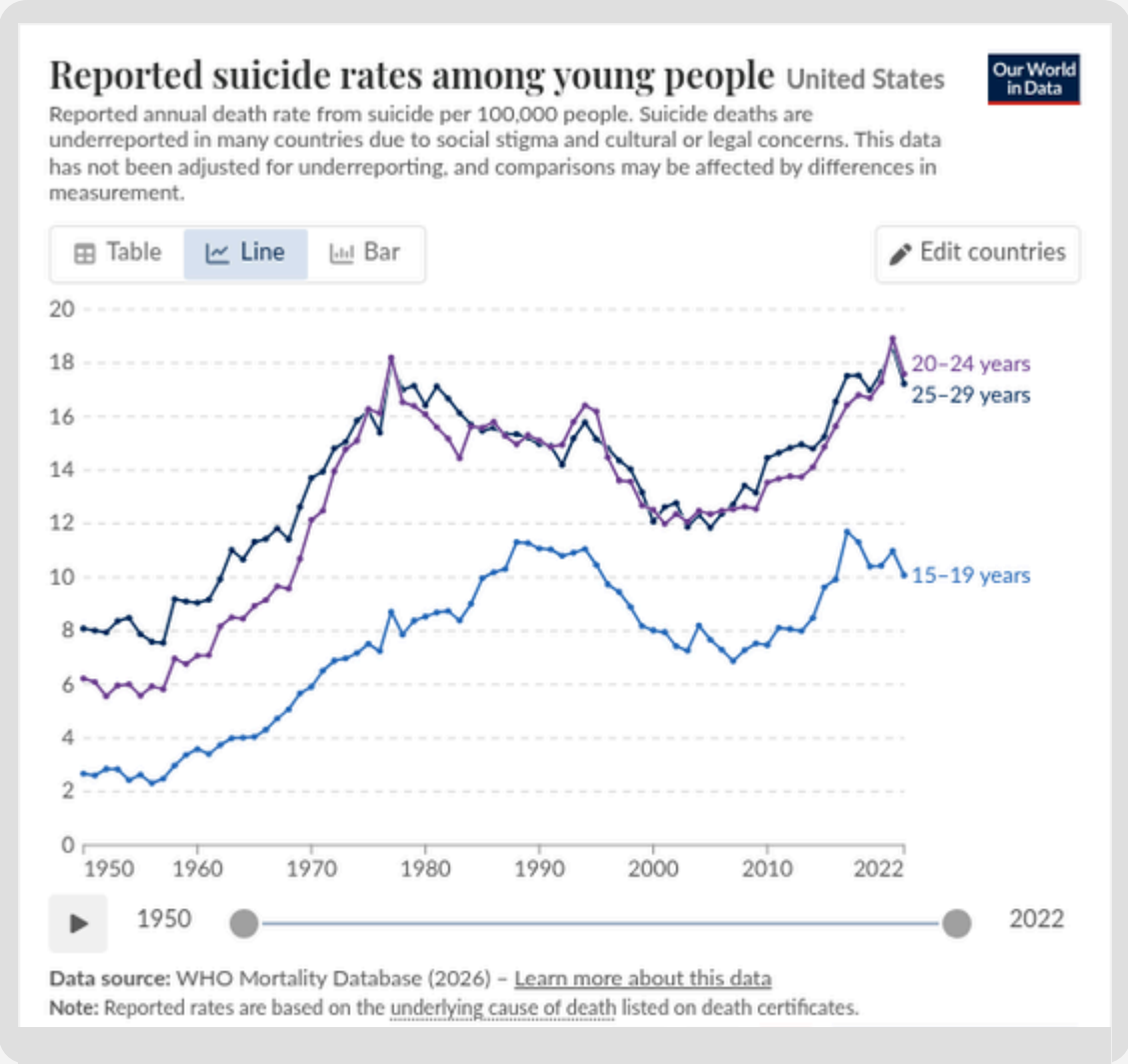


NAVIGATING SHIFTS IN SCHOOL SUICIDE INFORMATION-GATHERING PRACTICES

INTRODUCTION

Youth suicide has been a documented concern in the United States for decades. The data shown here provides context for the responsibility schools carry when students show signs of suicidal thinking. This whitepaper examines how suicide concern practices in schools have evolved in response to emerging research.

Large studies show that one-time risk scores have limited predictive value. Individuals may deny suicidal ideation even during serious crises. These findings do not suggest abandoning protocols. Instead, they point toward approaches that prioritize careful information gathering, context, and ongoing monitoring, including conversation-based tools such as ASCA's Information-Gathering Tool for Suicide Concern.



THE EARLY HISTORY OF SUICIDE CONCERN WORK IN SCHOOLS

A national issue emerges

Suicidal behavior among school-aged youth began receiving formal attention in the mid 1950s, when researchers and public health agencies recognized a sharp rise in self-directed harm among young people.[1] This period marks the first documented recognition of youth suicide as a national concern.

By the early 1980s, suicide had become one of the leading causes of death for adolescents in the United States.[2] Surveillance reports from the Centers for Disease Control and Prevention documented considerable rates of suicide among children, adolescents, and young adults.

Schools take on a larger role

Public health attention in the 1980s led to a rapid expansion of school-based programs. A national survey found that between the 1984–1985 and 1986–1987 school years, the number of school programs more than doubled.[3] These early efforts focused mainly on warning signs, awareness, and access to mental health support.

Schools became primary settings for early identification and prevention because they had daily contact with students and could reach youth who might not receive clinical care.

FORMALIZATION OF SCHOOL-BASED SUICIDE PREVENTION

1990s to early 2000s: Structured roles and national strategies

Throughout the 1990s and early 2000s, suicide prevention models increasingly included schools. National initiatives began encouraging:

- universal suicide prevention education
- more training for school personnel
- screening and assessment in schools and primary care settings

The U.S. Surgeon General's early 2000s campaign called for expanded school-based suicide prevention programs as part of a coordinated national effort.[4]

During this time, researchers described a multi-tiered system. The system included universal awareness programs, targeted efforts for students with elevated risk, and specialized interventions for students showing warning signs.

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[1] Beautrais, 2000-2001; Groholt, 1998-2001.
[2] CDC Leading Causes of Death Reports, 1981-1988; CDC youth suicide trends
[3] Mazza, 1984-1987; National Survey of School-Based Programs.
[4] National Strategy for Suicide Prevention. Office of the Surgeon General, early 2000s.

2010s: District policies and formal protocols

By the 2010s, multiple national organizations collaborated to publish the **Model School District Policy on Suicide Prevention.**[5]

This model provided districts with clear expectations in three areas:

- Prevention
- Intervention, including risk assessment and safety planning
- Postvention

As a result, structured suicide risk assessments and risk categories became common features of school protocols.

THE RISE OF STRUCTURED SUICIDE RISK SCALES AND SCREENERS IN SCHOOLS

As districts formalized suicide concern protocols, many adopted structured tools that originated in clinical or research settings. In schools, these tools were typically used to guide crisis conversations, document student responses, and support decisions about next steps.

Commonly used instruments included the Columbia Suicide Severity Rating Scale (C-SSRS), which was developed in the late 2000s and later adapted for school settings, and brief screeners such as the Ask Suicide Screening Questions (ASQ).[6]

Other youth-focused tools and programs also shaped school practice, including the Suicide Risk Screen (SRS), DISC-IV screening components, and the Signs of Suicide (SOS) program. In SOS programs, students may self-screen using measures like the Columbia Depression Screening (CDS) and seek help independently based on results.

By the mid-2010s, many school protocols followed a shared sequence:

- A concern was identified
- A structured tool was used to gather responses
- Staff documented results
- A risk level was assigned
- Actions were tied to that category

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[5] AFSP, ASCA, NASP, Trevor Project. Model School District Policy on Suicide Prevention

[6] Posner, Brown et al., 2007. Development of the C-SSRS; Columbia Lighthouse Project

EMERGING RESEARCH CHALLENGES LONG-STANDING ASSUMPTIONS

Over the past decade, large research reviews have questioned the reliability of suicide risk prediction methods used in both clinical and school settings.

Meta analyses show limited predictive accuracy

A 2016 meta-analysis of 365 studies spanning 50 years found that suicide prediction methods performed only slightly better than chance. The American Psychological Association summarized this finding by noting that predictions were similar to guessing with a coin flip.[7]

A 2017 review of 40 years of research found that:

- Ninety five percent of people labeled as high risk did not die by suicide
- Half of those classified as lower risk did die by suicide[8]

These findings raise significant concerns about using categories like low, moderate, or high risk as reliable indicators.

Denial of suicidal ideation is common

Research shows that denying suicidal thoughts is frequent, even shortly before a suicide. Reviews from 2000 to 2021 document high rates of denial among people who later attempted or died by suicide and 67% of individuals who died by suicide had denied suicidal ideation during an assessment conducted within two days of their death.[9]

Students may deny ideation for many reasons including: fear of hospitalization, stigma, or concern about how adults will react.

Professional organizations acknowledge these limits

ASCA's position statement on school counselors and suicide risk assessment recognizes that suicide risk assessments should be considered information gathering tools, not predictive tools. This acknowledgement reflects a growing awareness that structured scales have significant limits in school environments.

Taken together, this research suggests that a one-time score cannot tell schools what will happen next. Schools

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[7] Franklin, J. et al. (2016). Meta-analysis of 365 suicide prediction studies spanning 50 years; American Psychological Association (2016) press release.

[8] Large, M., Ryan, C. et al. (2017). Study of 40 years of suicide risk assessment research.

[9] Berman, A. (2018); Nibber, A. et al. (2021). Studies of suicidal ideation denial among individuals who attempted or died by suicide.

still need protocols, but they need protocols built for understanding, not forecasting.

WHAT THESE FINDINGS MEAN FOR SCHOOLS

Current research does not suggest that schools abandon suicide response protocols. Instead, it encourages schools to adjust their expectations and design protocols that support more accurate, contextual understanding.

Prediction should not be the goal
Meta analyses show that suicide prediction with traditional tools is unreliable. Protocols that rely heavily on risk levels to guide decisions may create a false sense of certainty.

Self report is not always reliable
High rates of ideation denial mean that one-time verbal responses on structured scales are not enough to understand a student's risk.

Context matters
Changes in behavior, recent stressors, access to lethal means and family context provide essential insights that structured scales often cannot capture.

Ongoing monitoring is necessary
Research describes ongoing monitoring as an essential part of suicide risk management, yet many school protocols rely on a single assessment.

Schools need approaches that work in real settings
ASCA notes that district-required assessments can be paperwork centered and hard to complete faithfully in a busy school environment. Students may also minimize feelings due to fear or discomfort.

These insights support a shift toward protocols that prioritize conversation, understanding, and support.

A SHIFT TOWARD INFORMATION GATHERING, NOT RISK SCORING

The ASCA Information-Gathering Tool: Suicide Concern is one example of how schools are adjusting their practices based on emerging research. It is not presented as a predictive tool. Instead, it supports a different set of priorities.

Conversation first
The tool guides staff to engage in an open conversation rather than follow a rigid script.

Direct, clear questions
It encourages staff to ask directly about suicidal thoughts, access to means and any planning. These questions offer essential information.

Attention to context
The tool prompts staff to document stressors, changes, sources of support, and protective factors.

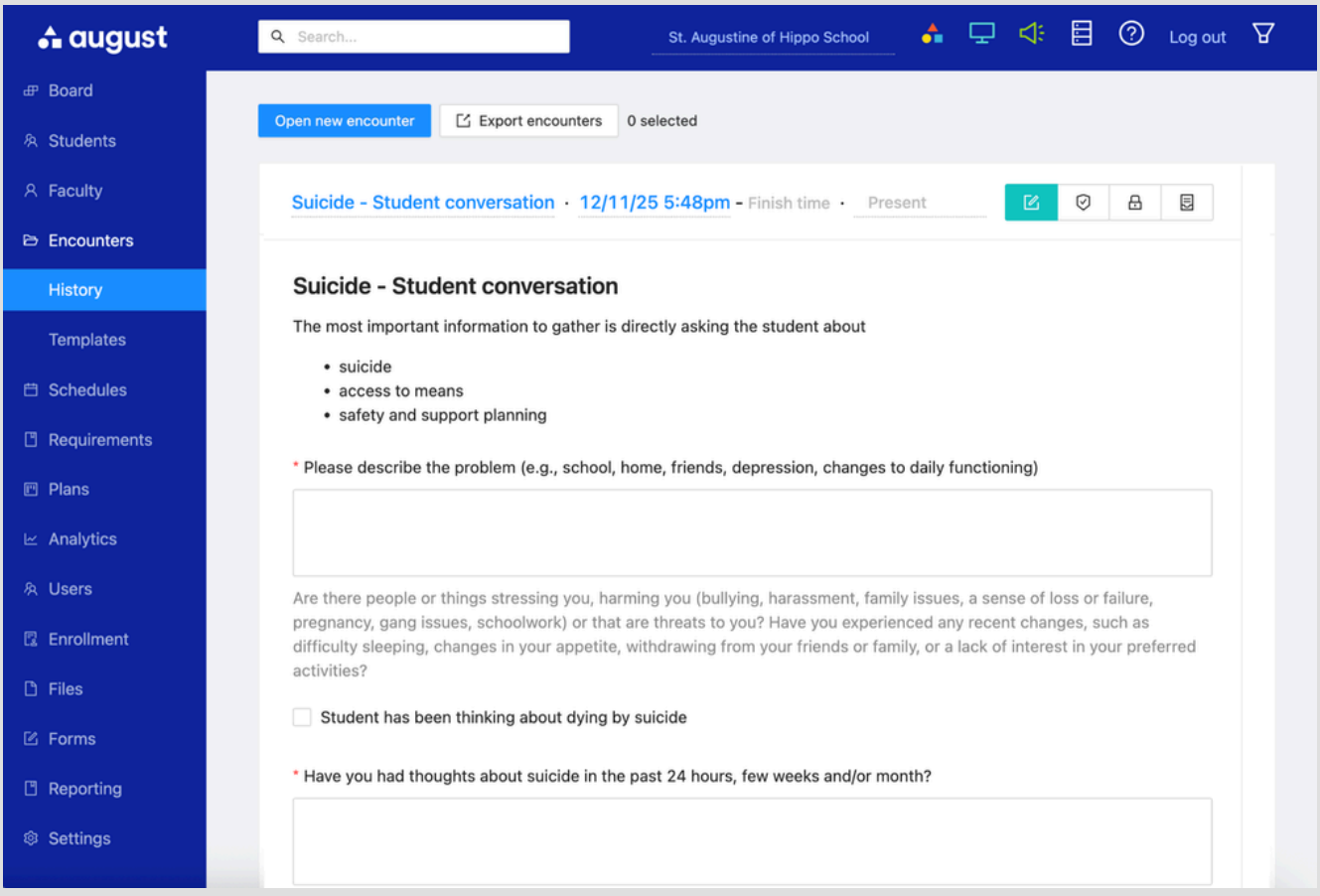
Collaborative safety planning
The tool focuses on partnering with the student to plan for safety rather than assigning risk categories.

Use of existing school systems
It recommends documenting information in district platforms that meet confidentiality standards.

Thoughtful family engagement
The tool includes sample questions and considerations that help staff navigate conversations with parents and guardians in supportive and culturally aware ways.

What schools need as practices shift
Taken together, these shifts change what schools need from their protocols. If risk gathering is moving away from prediction and toward structured understanding, then the tools schools use must support that reality. Counselors need a way to capture sensitive information quickly, in a consistent format, and within systems that protect confidentiality while enabling collaboration. The design of the information system becomes part of the protocol itself.

Feature spotlight: ASCA Information-Gathering Tool in the August Schools platform



NOT REAL STUDENT DATA

HOW TO SUPPORT SUICIDE INFORMATION GATHERING WITHIN AUGUST SCHOOLS

The ASCA Suicide Information-Gathering Tool outlines a clear, conversation-based way to document suicide concerns.

August brings that structure into a single, guided workflow so counselors can capture student and family information quickly, in the moment, without juggling paper forms or scattered notes.

As protocols shift toward contextual, conversation-based information gathering, counselors need systems that protect sensitive records and reduce documentation burden. August provides a pre-built template aligned to the ASCA tool, so teams can capture student and family information quickly without double entry or scattered notes. Records stay secure with role-based access, and time-stamped documentation supports continuity of care and consistent follow-through. Together, these pieces help school teams respond to suicide concerns in a way that is research informed, student centered, and sustainable for the adults who support them.

Scan to watch the companion webinar on conversation-based suicide information gathering in schools.

REFERENCES

Centers for Disease Control and Prevention. Leading Causes of Death Reports, 1981–1988
Centers for Disease Control and Prevention. Youth suicide trends among adolescents and young adults
Beautrais, A. (2000–2001). Trends and issues in youth suicide prevention
Groholt, B. (1998–2001). Youth suicide prevention and epidemiology
Mazza, J. (1984–1987). National survey of school-based adolescent suicide prevention programs
National Strategy for Suicide Prevention. Office of the Surgeon General, early 2000s
Schmidt, R. et al. (2004). School-based suicide prevention within a tiered model
Wyman, P. (2010). Gatekeeper training and universal school-based prevention
American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists, and The Trevor Project. Model School District Policy on Suicide Prevention
Posner, K., Brown, G. et al. (2007). Development of the Columbia Suicide Severity Rating Scale
Columbia Lighthouse Project (C-SSRS). School and community versions
National Institute of Mental Health. Ask Suicide Screening Questions (ASQ) Toolkit
Mayne, S. et al. (2010s). Use of standardized suicide screening tools in youth settings
Large, M., Ryan, C. et al. (2017). Study of 40 years of suicide risk assessment research
Franklin, J. et al. (2016). Meta-analysis of 365 suicide prediction studies spanning 50 years
Berman, A. (2018). Study of suicidal ideation denial among individuals who died by suicide
Nibber, A. et al. (2021). Review of ideation denial among people who attempt or die by suicide
American Psychological Association (2016). Press release summarizing Franklin et al.'s meta-analysis
American School Counselor Association. The School Counselor and Suicide Risk Assessment (Position Statement)
American School Counselor Association. Information-Gathering Tool: Suicide Concern (2023)