

A Proof-of-Concept Study for Assessing the School District Suicide Policy Evaluation Tool (SDSPET)

Zeke Richards¹, Douglas Wirthlin¹, Cody Crandall¹, Shad P. Mortensen¹, Jackson R. Richards², and Amanda V. Bakian³

¹Rocky Vista University College of Osteopathic Medicine

²The University of Iowa Department of Psychiatry

³The University of Utah Department of Psychiatry

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Abstract

Background: As adolescent suicide rates have increased, there has been a nationwide focus on legislation requiring school districts to create suicide prevention policies. There is a lack of tools to make a quantitative assessment of the quality and breadth of school-district suicide prevention policies. Thus, we developed a proof-of-concept instrument, the School District Suicide Policy Evaluation Tool (SDSPET). **Methods:** The SDSPET is derived from the “Model School District Policy on Suicide Prevention,” a document compiled by four nationally recognized suicide organizations. As a preliminary validation of the SDSPET, four independent raters used the SDSPET in a systematic analysis of suicide prevention policies for all school districts in Utah. **Results:** Inter-rater reliability was calculated to be 98.8% with intraclass correlation analysis. Analysis revealed a right-skewed distribution of policy scores, and a median total score was 2.25 out of 36 possible criteria. **Conclusion:** This proof-of-concept study demonstrates the utility of the SDSPET in quantifying the shortcomings of school-district policies on suicide while generating specific recommendations for improvement. With further validity testing, we expect this tool to be beneficial to school district administrators, education policymakers, and those studying suicide interventions and outcomes in school-aged children and adolescents.

INTRODUCTION

Suicide rates in individuals aged 10-24 years increased by 57.4% from 2008 to 2017.¹ Among American adolescents aged 10-14 years, suicide is the second leading cause of death and among people aged 15-24 years, suicide is the third leading cause of death.² Recent work using a nationally representative sample of nearly 200,000 high school students found that one in five endorsed suicidal ideation, and 14.7% had a suicide plan.³ This issue is especially pertinent in Utah, where the incidence of suicide is 16.6/100,000 in people aged 10-24 years, well above the national average of 10.3/100,000.¹ There is a substantial amount of research underway to understand the increasing incidence of suicidal ideation and behaviors in the youth, adolescent and young adult populations, and its connection to school-based behavioral health interventions. However, the factors contributing to increased suicide rates and their relationship with best practices in the school setting are still being studied.^{3, 4, 5, 6, 7, 8, 9}

The school setting is an essential location for implementing suicide prevention programs. Many risk factors for suicide are experienced in the school setting including bullying, school connectedness, academics, and in-school behavior.¹⁰ School-based suicide prevention programs are widely used for addressing school-based behavioral interventions.¹¹

As awareness around youth and adolescent suicide increases, elected representatives nationwide are passing legislation aimed at reducing suicidal thoughts and behaviors in these age groups.^{12, 13, 14} One area of

legislative emphasis is improving school district suicide prevention policies. Several states across the nation now require school districts to have suicide prevention policies in place.¹⁵ In Utah, school districts have been required to allocate funds for suicide prevention programs since 2018, however, there is no specific requirement regarding the codification of these programs into district policy.¹⁶ A key point of distinction for the current study is the difference between school-level suicide prevention programs and school-district suicide policies. The former are measures carried about by the staff and faculty of a school and the latter are guidelines determined by school districts by which school-based suicide prevention programs are created for each individual school. For example, a district-level policy may require all faculty and staff to complete a training in suicide prevention. Whereas a school-level program would be the specific training that the school staff and faculty complete.

To our knowledge no research has been conducted on the connection between school-district-level suicide-prevention policy and suicide outcomes among school-aged adolescents. However, recent work has concluded that the implementation of school-level suicide-prevention programs may lead to a modest but significant reduction in suicidal ideation and behaviors in youth and adolescents.^{17, 18, 19} These studies include meta-analyses that assessed the effects of various suicide prevention programs such as Signs of Suicide, HeadStrong, and Question Persuade Refer. Consequently, a critical question is whether the implementation of more generalized principles and practices as outlined in school-district-level suicide-prevention policies might also be effective in reducing suicidal ideation and behaviors among youth and adolescents.^{20, 21, 22} For example, would a district-level policy outlining a standardized protocol for addressing students with suicide risk reduce suicidal ideation and behaviors in the students at that school district?

Before district-level policy implementation and outcomes can be assessed, the content of the policies themselves should be scrutinized.²³ To systematically conduct such an assessment, a robust evaluation tool is needed. Ideally, it would be easy to use, applicable throughout the country, and examine the various facets of district-level policy pertaining to the prevention of and response to student suicide. To our knowledge, this type of tool for assessing school-district-level suicide prevention policies has not been previously published.

There is, however, precedent for such a policy evaluation tool in school health and wellness. Koriakin et al.²⁴ used the CDC's Whole School, Whole Community, Whole Child (WSCC) model to create an assessment tool called the Wellness School Assessment Tool (WellSAT). This tool aids school districts in evaluating alignment of the WSCC model and their district policies regarding nutrition and physical education. We took a similar approach and developed a tool for the evaluation of school-based policies on suicide prevention based on consensus recommendations found in the *Model School District Policy on Suicide Prevention* (MSDP). This document was created in collaboration by the American Foundation for Suicide Prevention (AFSP), the American School Counselor Association (ASCA), the National Association of School Psychologists (NASP), and The Trevor Project.²⁵ The MSDP "outlines model policies and best practices for school districts to follow"²⁵ regarding suicide prevention, intervention, re-entry, and postvention. MSDP was authored by six experts from the four organizations. The MSDP was created by reviewing K-12 school district policies already in place in various states across the country including, Connecticut, Pennsylvania, Rhode Island, and Wisconsin. Additionally, broader reference documents on suicide prevention in the school setting were utilized in the development of the MSDP, including guidelines from the Center for Disease Control (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and the American Association of Suicidology. The scope of the MSDP covers suicide intervention at school and school-related functions for students, parents, and school faculty. At the core of the policy, its stated purpose is to "protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide".²⁵ Content validity was achieved by review from 9 independent experts and 2 experts affiliated with AFSP and the Trevor Project. Many states' Boards of Education, including Utah's, provide the MSDP as a resource for districts to develop suicide prevention policies. Given its comprehensive yet modular design, the MSDP provides a strong basis for developing a tool to evaluate the content of school district suicide prevention policies. Indeed, experts in school psychology and policy regard the MSDP as a primary resource for guidelines on making suicide prevention school district policies.²⁶

Present Study

The objectives of the present study are 1) to create an instrument, the School District Suicide Policy Evaluation Tool (SDSPET), for the quantitative evaluation of school district policies on suicide prevention, intervention, re-entry, and postvention, and 2) to deploy this tool in an analysis of suicide prevention intervention, re-entry, and postvention policies for all school districts in the state of Utah.

METHODS

SDSPET measurement, and so a secondary editor of the MSDP reviewed the SDSPET and confirmed the face validity of the tool, affirming that it identifies best practices described in the model policy. SDSPET utilizes a binary scoring system to generate scores, a policy is evaluated for the presence (one point) or absence (zero points) of each criterion. The total policy score is the sum of individual scores from each subsection for a maximum possible score of 36. All criteria in SDSPET are equally weighted.

Policy Collection

Utah state law requires that all school districts make school board-approved policies publicly available on their school district website.²⁷ School board-approved district policies regarding suicide prevention were obtained from district websites for all school districts in the state of Utah. A list of URLs of district policies is provided in Table S1.

Policy Evaluation

Four graduate-level students with minimal training in behavioral health used the SDSPET to independently score the policies of all forty-one school districts in Utah. Three of the four raters were not involved in the creation of the SDSPET and had no experience with the MSDP before its use. Each of the four raters independently submitted their scores for each criterion for subsequent analysis.

Data Analysis

The program R Studio (version 1.4.1717) was used to evaluate inter-rater reliability using intraclass correlation analysis with a two-way random-effects model (irr package). Subsection and total scores for each district were calculated as the mean of the scores from the four raters. Total score distribution for district policies was assessed by a histogram generated in R. For each subsection and for total scores, median values with 1st-3rd quartile ranges were calculated and plotted using Prism (version 9). For individual criterion analyses, the percentage of policies that included a particular criterion was calculated for each rater. The mean and standard error for each criterion were calculated and plotted using Prism.

RESULTS

Inter-rater Reliability

The complete SDSPET is displayed in Table 1. Inter-rater reliability was 98.8% (95% CI 98.1%-99.3%).

Distribution of Total Scores

SDSPET total scores were plotted in a histogram as shown in Figure 1. A right-skewed distribution was observed, with over 80% of districts receiving a total score of 4 or less out of 36. There were four districts that scored substantially higher, with total scores between 24 and 30. A higher score denotes a more complete policy. The median total score was 2.25 (1st to 3rd quartile range 1.25-3.375).

Distribution of Subsection Scores

To further characterize district policy performance, we analyzed scores for the four subsections of prevention, intervention, re-entry, and postvention (Figure 2). Plotting revealed a similar trend to what was observed for total scores. Most districts received low scores, but there were several outliers with much higher subsection scores. Scores for re-entry and postvention were low across districts, with a median score of zero in each of these subsections. Median scores out of the total possible (1st to 3rd quartile ranges) were as follows for the four subsections: prevention 1.0/9.0 (0.125-2.75), intervention 1.0/14.0 (0-1.375), re-entry 0.0/4.0 (0.0-0.0), and postvention 0.0/9.0 (0.0-0.25).

Individual Criterion Analysis

To obtain an even more granular assessment of policy content, the percentage of policies including each criterion was calculated (Figure 3). The mean percentage of inclusion in policies was less than 20% for most criteria. Percentages were even lower for re-entry and postvention. The plot revealed two outlier criteria, one in the prevention and one in the intervention subsections. Most district policies indicate how often professional development courses on suicide prevention are required (Pr-4) and include a protocol for parental notification in the event of a suicide (I-6).

DISCUSSION

Findings from Analysis of Policies in the State of Utah

Here we present the School District Suicide Policy Evaluation Tool (SDSPET), a proof-of-concept instrument for comprehensively evaluating school-based policy content pertaining to suicide prevention, intervention, re-entry, and postvention. It has high inter-rater reliability (98.8%), even among raters with no prior experience in suicide prevention research. The use of the SDSPET in an analysis of the policies of all school districts in the state of Utah resulted in several important findings. Overall performance was poor, with over three-quarters of districts receiving a total score of less than 4 out of a possible 36. There were, however, several outlier districts that had much more comprehensive policies and therefore higher scores. Use of the SDSPET also highlighted re-entry and postvention as areas of especially poor performance. Lastly, the following two criteria, “the policy indicates how often professional development courses on suicide prevention are required for all staff” and “the policy includes a protocol for parental notification” were more consistently included in district policies.

Several factors could be contributing to overall low scores, including state laws with potentially vague or unenforced standards, growing opposition toward social and emotional learning modalities in schools, or insufficient personnel knowledge in policy creation.^{28, 29, 30} The low scores may be at least partially explained by the fact that Utah state law requires school districts to have suicide prevention programs but does not stipulate that these be reflected in school board-approved policies.¹⁶ Four districts scored substantially higher than the rest, though the reason for this is not readily apparent. It is possible that the leaders of these districts were aware of the MSDP; communication with them might shed light on their higher performance and yield valuable insights for other districts.

Implications for School Health Policy, Practice, and Equity

One advantage of the SDSPET is its ability to highlight specific areas of policy deficiency and strength. In our analysis of Utah school district policies, subsection scores for re-entry and postvention were particularly low. This is troubling because the period following a psychiatric hospitalization is critical, as the student is at heightened risk for subsequent hospitalizations.³¹ Clearly specifying re-entry procedures is necessary for coordinating the efforts of all teachers and faculty involved at the time of re-entry.^{32, 33, 34} Likewise, specific protocols for postvention protect the mental health of all students and may prevent further suicides, including suicide contagion.^{35, 36, 37} Districts may utilize the SDSPET and principles of the MSDP to strengthen policies regarding these critical processes.

In addition to subsection scores, the SDSPET provides useful information on individual criteria. For instance, none of the school districts mention procedures for responding to written threats of suicide (criterion I-2). This could indicate poor preparedness to respond to such a scenario. On the other hand, the analysis

identified two criteria with unusually high inclusion rates. Most policies included guidelines regarding professional development training (Pr-4) and parental notification (I-6). One explanation for this is that these principles are discussed in a template for bullying policy presented by the Utah State Board of Education.³⁸ This may suggest that resources provided by state agencies influence the comprehensiveness of localized district policies and highlights the importance of coordination between state and district-level entities.³⁰

Limitations

We recognize some important limitations in our development and use of the SDSPET. The inter-rater reliability of the tool was determined from a small number of users on a relatively modest number of total districts in a single state. Further evaluation of the tool by more diverse users across a sample set with broader geographic variability is needed. The current version of the SDSPET has not been tested for content or criterion validity. After this study was underway, a second edition of the MSDP was published and contains some changes not reflected in the current version of the SDSPET. Criteria weighting may also be considered in a future iteration of SDSPET. Further analysis by experts in suicide, school district policy, or contributors to the model policy itself would help determine the validity of the tool. Factor analysis may also be beneficial in identifying potentially interdependent criteria and result in the simplification of the SDSPET.

Additionally, the SDSPET is only designed to assess school-district-level policies, not school-level programs, pertaining to suicide prevention. This is an important distinction both generally and in our statewide analysis. Much of the evidence for suicide prevention in schools focuses on specific interventions, including universal, selected, and targeted programs.²² Further work will be necessary to determine whether there is correlation between the comprehensiveness of school-district-level suicide prevention policies and both the adoption of evidence-based prevention programs and suicide outcomes among adolescents.

Considering these limitations and the alarming trends in adolescent suicide, we see the SDSPET being utilized by policymakers and researchers alike once more rigorous validity and reliability testing is complete. The tool may assist school district leadership in evaluating and revising their policies to reflect best practices. Effective suicide prevention requires an immense amount of coordination that involves prevention and intervention strategies during all the years students are in the education system.²² School districts are in a unique position to coordinate suicide prevention efforts across schools. This makes comprehensive and effective school district policies on suicide vital to preventing suicide. Additionally, cultural considerations play a vital role in suicide prevention.¹⁰ The SDSPET does not provide rigid guidelines that ignore these factors; instead, it provides a framework for suicide prevention programs to be implemented in culturally competent ways. Prevention question 5 (PR-5) discusses professional trainings for staff regarding students at an elevated risk for suicide and intervention questions 4-14 (I-4-14) discuss guidelines specifically for at-risk youth. These cultural considerations, that may otherwise be overlooked, are necessary for developing a comprehensive and effective policy.

From a public health perspective, the quantitative nature of the SDSPET allows for a nuanced analysis of an individual district's policy and the discovery of policy trends across different districts. One challenge in studying school-based suicide prevention efforts at the school-level and district-level is the heterogeneity of programs and organizations involved; the SDSPET provides a uniform metric for assessing district-level policy content addressing this complex issue. Further work may help elucidate the potential relationship between district-level policy content as assessed via the SDSPET with policy implementation at the school-level, and outcomes of suicidal thoughts and behaviors among school-aged adolescents.

CONCLUSIONS

This study describes the creation of the School District Suicide Policy Evaluation Tool (SDSPET), an instrument designed to quantitatively assess school-based suicide prevention policies based on the Model School District Policy. By analyzing districts in Utah, the SDSPET was able to identify policy strengths and weaknesses as well as statewide trends. Upon completion of further testing to establish its reliability and validity across a wider geographical region and larger sample, the SDSPET could be a valuable resource for

schools nationwide as they strive to improve their suicide prevention efforts and become more comprehensive in their policies.

CONFLICT OF INTEREST DISCLOSURE STATEMENT

This publication's content is solely the responsibility of the authors and does not necessarily represent the official view of funding agencies or organizations involved in developing the Model School District Policy. The authors have no financial or other conflicts of interest to disclose.

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TABLES AND FIGURES

Table 1: The School District Suicide Policy Evaluation Tool (SDSPET)

The evaluation instrument is divided into four subsections – Prevention (Pr), Intervention (I), Re-entry (R), and Postvention (Po). Each item is worth one point. The sum of the four subsections is the total score (the maximum possible score is 36).

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Figure 1: Total scores for suicide policies in Utah school districts

Histogram of total scores for school districts in the state of Utah. N = 41 districts.

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Figure 2: Subsection and total score distribution

Scatter plot of subsection and total scores for evaluation of suicide policies of Utah school districts. The median scores with interquartile ranges are displayed in gray. N = 41 districts.

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Figure 3: Individual criteria analysis

Scatter plots demonstrating the percentage of Utah school district policies (N = 41) that included individual criteria for each of the four subsections. The mean and SEM are displayed in gray. N = 4 raters.

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