Suicide prevention is a highly emotional topic and pressure may come from parents, communities, and the media to “do something” when such a tragic incident occurs. Suicide prevention programs are not a part of usual pedagogy and when a suicide event occurs it is important that school leaders, policy makers and politicians:

- Understand the lack of available evidence on suicide prevention strategies;
- Recognize the importance for districts/schools not to rush into purchasing and applying the latest shiny new suicide prevention program;
- Support students and teachers to develop good mental health literacy while ensuring an inviting, welcoming, and suitably challenging environment for all students;
- Continue to develop school staff’s capacities to identify, triage, refer, and support students who have a mental illness, as most youth who die by suicide have a mental illness.

These four approaches have stronger potential to prevent student suicide than those currently offered by slickly marketed suicide prevention programs.

Important questions to ask when implementing a school-based suicide prevention program include:

1. Is the program being sold? Are there training costs, licence fees, or renewals? If so – buyer beware. If not – user be careful.

2. Is there independent evidence (not evidence created or funded by the program developer or purveyor) that the program decreases suicide rates in young people? Do not accept “evidence-based” self-reported measures of knowledge about suicide, confidence in talking about suicide, intent to seek help, confidence in supporting those who may be having suicidal thoughts, willingness to talk to someone if suicidal, suicidal ideation, and suicide attempts – none of these are valid measures of suicide prevention. Because a program is listed on a “mental health registry” does not mean that it is effective or safe.

3. Does the school have a well-established and clearly defined protocol for identification and in-school assessment of students who are exhibiting suicide-related behaviours/cognition?

4. Is there a well-established link to local expert mental healthcare providers who are willing and able to immediately assess a student that the intervention has identified as needing follow-up?

5. What are other available programs in the marketplace? Are they better, safer or less expensive than the one under consideration? (See item #1 above)

6. What will implementation of the program cost – direct, indirect and opportunity cost? What will you not be able to deliver if you choose to apply this program?

School leaders need to do things that they know can prevent suicide, while avoiding those that we know do not prevent suicide, are unsure of, or could even cause more harm than good. “Doing something” and “doing the right thing” are not always the same thing.