



Foreword

David A. Jobes¹

Received: 15 November 2025 / Accepted: 29 November 2025

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2025

Keywords Suicide Prevention · Clinical Suicidology · Schools · Postvention

Some years ago, I received a call in which I learned that a child in our neighborhood died by suicide in a very public place late on New Year’s Eve. The 14-year-old teen was well known to my family, and so began a foray into the challenges of school-based suicide “postvention.” As an expert in suicide prevention, I had long ago previously written about school-based suicide prevention and postvention (Jobes et al., 2000). But this was no longer an abstract scholarly discourse on the topic; this death happened close to my home and it profoundly impacted our community and I readily offered to serve as a consultant to the high school. As I now reflect on this tragedy, I can say there were many things we got “right” in terms of postvention (and prospective suicide prevention therein). I can attest that we skillfully did not over or under react—we threaded the postvention needle in certain ways. However, despite my expertise, some things were missed. By the end of the semester, there were many clinical referrals, several hospitalizations of classmates, and at least two suicide attempts, but no further suicide deaths.

I share this anecdote as a poignant example of the promise, and the peril, of school-based suicide prevention which is the focus of this special issue of *School Mental Health*. I welcome this special issue for several reasons. First, school settings are uniquely positioned to play a key role in youth suicide prevention. In terms of the epidemiological base rates, we know from U.S. government survey research in 2024 that 2,600,000 American adolescents harbored “serious thoughts” of suicide and 700,000 also attempted suicide (SAMHSA, 2025). And where do these markedly large populations of young people at risk spend the majority of their waking hours? In schools. Which clearly places school-based settings at the front line of youth

suicide prevention. This reality is particularly true in areas of the country where mental health resources and access to mental health care services may be limited (e.g., rural and remote geographic regions). Moreover, and as elaborated by experts in this special issue, we know that evidence-based suicide-focused mental health care interventions and treatments can be effectively rendered within school-based settings. For example, safety-planning type interventions, lethal means safety, and the use of the 988 Suicide & Crisis Lifeline along with national Crisis Textline can be broadly and effectively promoted within school settings. But beyond these important stabilizing acute interventions for suicidal risk, actual *treatment* of suicidal risk can also be rendered as well, such as CAMS and DBT (Jobes & Rizvi, 2024). However, for effective suicide-focused treatment to occur, key policy initiatives must be put in place and infrastructure must be created.

While the potential clearly exists to effectively reduce teens’ suffering and suicidal behaviors in school-based settings, much work is still needed which makes this special issue so valuable. To this end, the two editors of the special issue are preeminent experts in school-based suicide prevention. Indeed, Drs. Kurt Michael and Amy Brausch have spent their entire careers tirelessly studying youth suicide prevention and exploring the potential use and utility of suicide prevention interventions that are used within educational institutions. Within this special issue, they have assembled the “cream of the crop” of international experts on the topic of suicide prevention in school-based settings who skillfully guide us around the barriers and challenges to help us more fully realize the life-saving promise of school-based prevention. I cannot imagine a more compelling group of assembled experts who are uniquely able help us navigate the pitfalls and realize the very real potential of school-based suicide prevention.

In April of 2024 I sat in the audience of the Executive Office Building of the White House as the Surgeon General

✉ David A. Jobes
jobes@cua.edu

¹ The Catholic University of America, Washington DC, USA

of the United States presented the 3rd National Strategy for Suicide Prevention which is nation's road map for suicide prevention over the next decade (U.S. Department of Health and Human Services, 2024). The four major strategic goals of the new strategy focus on: (1) Community-based suicide prevention, (2) Treatment and crisis services, (3) Surveillance, research, and quality assurance, and (4) Health equity. Given this charge, I cannot imagine a more compelling focus for youth suicide prevention in our nation than to bring to school communities evidence-based treatment and crisis services with high fidelity, particularly to underserved populations thereby creating more health equity in our country. Both personal experience and national policy level expertise tell me that concerted efforts along these lines is the *single best way* to impact youth suicide prevention. All these various considerations thus make this special issue of *School Mental Health* both timely and essential to help decrease suicidal suffering and to save more lives of our precious young people.

References

- Jobes, D. A., Luoma, J. B., Hustead, L. A. T., & Mann, R. (2000). In the wake of suicide: Survivorship and postvention. In R. Maris (Ed.), *Textbook of suicidology and suicide prevention* (pp. 536–561). Guilford Press.
- Jobes, D. A., & Rizvi, S. L. (2024). The use of CAMS and DBT to effectively treat patients who are suicidal. *Frontiers in Psychiatry*. <https://doi.org/10.3389/fpsy.2024.1354430>
- Substance Abuse and Mental Health Services Administration. (2025). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health* (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases>
- U.S. Department of Health and Human Services (HHS). (April 2024). National Strategy for Suicide Prevention. Washington, DC: HHS.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.