Albright, G., Adam, C., Serri, D., Bleeker, S., & Goldman, R. (2016). Harnessing the power of conversations with virtual humans to change health behaviors. *mHealth, 2*. https://doi.org/10.21037/mhealth.2016.11.02

Skillful, collaborative conversations are powerful tools to improve physical and mental health. Whether you are a parent talking with your child about the dangers of substance abuse, an educator concerned about a student’s signs of psychological distress, a veteran worried about a buddy who is contemplating suicide, or a healthcare professional wanting to better engage patients to increase treatment compliance, having the skill, confidence and motivation to engage in conversations can truly transform the health and well-being of those you interact with. Kognito develops role-play simulations that prepare individuals to effectively lead real-life conversations that measurably improve social, emotional, and physical health. The behavior change model that drives the simulations draws upon components of game mechanics, virtual human simulation technology and integrates evidence-based instructional design components as well as principles of social-cognitive theory and neuroscience such as motivational interviewing, emotional regulation, empathy and mindfulness. In the simulations, users or enter a risk-free practice environment and engage in a conversation with intelligent, fully animated, and emotionally responsive virtual characters that model human behavior. It is in practicing these conversations, and receiving feedback from a virtual coach, that users learn to better lead conversations in real life. Numerous longitudinal studies have shown that users who complete Kognito simulations demonstrate statistically significant and sustained increases in attitudinal variables that predict behavior change including preparedness, likelihood, and self-efficacy to better manage conversations. Pending the target population, each online or mobile simulation resulted in desired behavior changes ranging from increased referrals of students, patients or veterans in psychological distress to mental health support services, or increasing physician patient-centered communication or patient self-confidence and active involved in the decision-making processes. These simulations have demonstrated a capability to address major health and public health concerns where effective conversations are necessary to bring about changes in attitudes and behaviors.


PURPOSE: The present review summarizes the updated literature on the social aspects of suicidal behavior and prevention in adolescents.RECENT FINDINGS: The predictive role of psychiatric disorders and past history are well recognized in adolescent suicide, but the role of social and cultural factors is less clear. Studies have focused on the importance of ethnicity, gender, family characteristics, and socioeconomic status. More recently, attention has been addressed to broader social risk factors, such as bullying in adolescents, suicide contagion, sexual orientation, and the popular media. Further empirical evidence is needed to advance our understanding of suicidal youth, develop better assessment tools, and formulate effective prevention and treatment programs.SUMMARY: Suicidal behavior remains an important clinical problem and major cause of death in youth. Social factors may be at least as important as genetics. Advancing our understanding of underlying cultural and sociological issues in youth suicide will help clinicians achieve more efficient prediction, prevention and treatment.


OBJECTIVES: To examine the extent to which 4 laws regulating handgun ownership were associated with statewide suicide rate changes.METHODS: To test between-group differences in statewide suicide rate changes between 2013 and 2014 in all 50 states and the District of Columbia with and without specific laws, we ran analyses of covariance.RESULTS: We found significant differences in suicide rate changes from 2013 to 2014 in states with mandatory waiting periods and universal background checks relative to states without such laws. States with both laws differed significantly from those with neither. No significant
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differences in rate changes were noted for open carry restrictions or gun lock requirements. CONCLUSIONS: Some state laws regulating aspects of handgun acquisition may be associated with lower statewide suicide rates. Laws regulating handgun storage and carrying practices may have a smaller effect, highlighting that legislation is likely most useful when its focus is on preventing gun ownership rather than regulating use and storage of guns already acquired. Public Health Implications. The findings add to the increasing evidence in support of a public health approach to the prevention of suicide via firearms, focusing on waiting periods and background checks.


Objective: Media reporting guidelines exist for suicide-related content; however, no experimental studies have examined the impact of guideline violations. As such, we utilized an experimental design to determine whether reading an article about suicide that violated guidelines would impact mood and suicidality relative to the same article without violations and to an article detailing death by cancer, both immediately and during 1-month follow-up. Method: 273 students were randomly assigned to read one of three articles (1) an article that violated suicide reporting guidelines, (2) the same article with violations removed, or (3) an article that details death by cancer. Results: Individuals assigned to read the original suicide article were no more upset immediately afterwards or during 1-month follow-up. Amongst participants with prior ideation, those who read the original article reported a lower likelihood of future attempt relative to either other condition. Conclusion: Results indicate some reporting guidelines may be unnecessary. Amongst individuals at risk for suicide, some guideline violations may be associated with a decreased likelihood of future attempt and result in a decrease in negative affect. Clinically, these results highlight the potential utility of exposing clients to in depth educational materials about suicide while mitigating concerns regarding certain aspects of the content.


Suicide attempts and suicidal ideation are common problems among youths seen in clinical practice. Despite the high risk of repeated suicidal behavior in these patients, clinicians are faced with a lack of empirically supported treatments for these youths. This article describes the Family Intervention for Suicide Prevention (FISP), a second-generation adaptation of the Specialized Emergency Room Intervention, an evidence-based practice. Although designed for use in emergency settings, the FISP can be used by practitioners working in a wide range of settings where youths present with suicidal emergencies. Rooted in cognitive-behavioral and family systems theory, the FISP is designed to mobilize family support and problem solving, reframe the suicide attempt as a critical event that requires treatment, reinforce more adaptive coping, motivate patients and families to initiate and adhere to follow-up treatment, and promote linkage to follow-up care. This approach can be used with a wide range of patients and offers an evidence-informed tool for practicing clinicians.


OBJECTIVE: To advance knowledge regarding strategies for treating selective serotonin reuptake inhibitor (SSRI)-resistant depression in adolescents, we conducted a randomized controlled trial evaluating alternative treatment strategies. In primary analyses, cognitive-behavioral therapy (CBT) combined with medication change was associated with higher rates of positive response to short-term (12-week) treatment than medication alone. This study examines predictors and moderators of treatment response, with the goal of informing efforts to match youths to optimal treatment strategies. METHOD: Youths who had not improved during an adequate SSRI trial (N = 334) were randomized to an alternative SSRI, an alternative SSRI plus CBT, venlafaxine, or venlafaxine plus CBT. Analyses examined predictors and
moderators of treatment response. RESULTS: Less severe depression, less family conflict, and absence of nonsuicidal self-injurious behavior predicted better treatment response status. Significant moderators of response to CBT + medication (combined) treatment were number of comorbid disorders and abuse history; hopelessness was marginally significant. The CBT/combined treatment superiority over medication alone was more evident among youths who had more comorbid disorders (particularly attention-deficit/hyperactivity disorder and anxiety disorders), no abuse history, and lower hopelessness. Further analyses revealed a stronger effect of combined CBT + medication treatment among youths who were older and white and had no nonsuicidal self-injurious behavior and longer prestudy pharmacotherapy. CONCLUSIONS: Combined treatment with CBT and antidepressant medication may be more advantageous for adolescents whose depression is comorbid with other disorders. Given the additional costs of adding CBT to medication, consideration of moderators in clinical decision making can contribute to a more personalized and effective approach to treatment.

This article reviews the literature on interventions and services for depression and suicide prevention among adolescents, with the goals of placing this science within the context of currently changing health care environments and highlighting innovative models for improving health and mental health. We examine the challenges and opportunities offered by new initiatives and legislation designed to transform the US health and mental health care systems; summarize knowledge regarding the treatment of depression and suicidality/self-harm in adolescents; and describe innovative models for partnering with health systems and communities. This review demonstrates that treatment models and service delivery strategies are currently available for increasing evidence-based care, particularly for depression, and concludes with recommendations for future research and quality improvement initiatives aimed at inspiring additional efforts to put science to work, bridge science and community practice, and develop strategies for partnering with communities to improve care, mental health, and well-being among adolescents.


Objectives. We examined the effectiveness of the Signs of Suicide (SOS) prevention program in reducing suicidal behavior. Methods. Twenty-one hundred students in 5 high schools in Columbus, Ga, and Hartford, Conn, were randomly assigned to intervention and control groups. Self-administered questionnaires were completed by students in both groups approximately 3 months after program implementation. Results. Significantly lower rates of suicide attempts and greater knowledge and more adaptive attitudes about depression and suicide were observed among students in the intervention group. The modest changes in knowledge and attitudes partially explained the beneficial effects of the program. Conclusions. SOS is the first school-based suicide prevention program to demonstrate significant reductions in self-reported suicide attempts.

BACKGROUND: Suicide is a leading cause of death for children and youth in the United States. Although school based programs have been the principal vehicle for youth suicide prevention efforts for over two decades, few have been systematically evaluated. This study examined the effectiveness of the Signs of Suicide (SOS) prevention program in reducing suicidal behavior. METHODS: 4133 students in 9 high schools in Columbus, Georgia, western Massachusetts, and Hartford, Connecticut were randomly assigned to intervention and control groups during the 2001-02 and 2002-03 school years. Self-administered
questionnaires were completed by students in both groups approximately 3 months after program implementation. RESULTS: Significantly lower rates of suicide attempts and greater knowledge and more adaptive attitudes about depression and suicide were observed among students in the intervention group. Students’ race/ethnicity, grade, and gender did not alter the impact of the intervention on any of the outcomes assessed in this analysis. CONCLUSION: This study has confirmed preliminary analysis of Year 1 data with a larger and more racially and socio-economically diverse sample. SOS continues to be the only universal school-based suicide prevention program to demonstrate significant effects of self-reported suicide attempts in a study utilizing a randomized experimental design. Moreover, the beneficial effects of SOS were observed among high school-aged youth from diverse racial/ethnic backgrounds, highlighting the program’s utility as a universal prevention program. TRIAL REGISTRATION: clinicaltrials.gov NCT000387855.


When Clay Jenkins receives a box containing thirteen cassette tapes recorded by his classmate Hannah, who committed suicide, he spends the night crisscrossing their town, listening to Hannah’s voice recounting the events leading up to her death.


The present article provides a conceptual framework of the relation between alcohol involvement (A) and suicide attempts (S). This framework can be broadly construed to reflect two dimensions: directionality (direction of causality; A→S, S→A, or a spurious relation) and temporality (distinguishing between proximal and distal effects of both behaviors). We review and evaluate the evidence on the association between A and S among adolescents using this conceptual framework as a guide. The extant data suggest that this relation is complex and not fully understood. Further, it seems unlikely that a single approach will be found to determine direction of causality, and the specification and validation of hypothesized mechanisms will involve a variety of different types of evidence. Suggestions for additional research using informative designs are discussed.


OBJECTIVE: To investigate the impact of sexual abuse on clinical presentation and treatment outcome in depressed adolescents. METHOD: 107 adolescent outpatients, 13 to 18 years old, with DSM-III-R major depression were randomly assigned to cognitive-behavioral therapy (CBT), systemic behavioral family therapy (SBFT), or nondirective supportive therapy (NST) from Oct. 1, 1991 through May 31, 1995. Subjects were classified on the basis of the presence or absence of lifetime history of sexual abuse. Since only 1 subject assigned to SBFT had a history of sexual abuse, we restricted our analyses to those 72 subjects assigned to either CBT or NST. The impact of lifetime history of sexual abuse on service use, depression, and treatment outcome was examined. RESULTS: Depressed adolescents with a past history of sexual abuse were more likely, at 2-year follow-up, to have had a psychiatric hospitalization and have a depressive relapse, even controlling for maternal depression, source of referral, race, and treatment assignment. CBT was more efficacious than NST in absence of sexual abuse but was not better than NST in those with a history of sexual abuse. CONCLUSION: Sexual abuse is a negative predictor of long-term outcome in adolescent depression. CBT for depression may not be as efficacious for those depressed adolescents with a history of sexual abuse. These findings suggest that a history of sexual abuse should be assessed not only in clinical practice, but also in research studies of depressive outcome. Further work is indicated to understand the relationship between sexual abuse and poor outcome in order to help restore these high-risk youths to an optimal developmental trajectory.

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participated in a clinical trial, and received either cognitive-behavioral (CBT), systemic-behavioral-family (SBFT), or non-directive-supportive therapy (NST). Suicidal depressed adolescents had a higher dropout rate and were more likely to be depressed at the end of treatment, in large part due to the particularly poor response of suicidal patients to NST. The relationship between suicidality and treatment response was mediated by severity of depression and hopelessness at intake. Hopelessness should be specifically targeted early in treatment. Suicidal depressed adolescents should not receive NST but a specific treatment like CBT.


OBJECTIVE: We conducted an expedited knowledge synthesis (EKS) to facilitate evidence-informed decision making concerning youth suicide prevention, specifically school-based strategies and nonschool-based interventions designed to prevent repeat attempts.

METHODS: Systematic review of review methods were applied. Inclusion criteria were as follows: systematic review or meta-analysis; prevention in youth 0 to 24 years; peer-reviewed English literature. Review quality was determined with AMSTAR (a measurement tool to assess systematic reviews). Nominal group methods quantified consensus on recommendations derived from the findings.

RESULTS: No included review addressing school-based prevention (n = 7) reported decreased suicide death rates based on randomized controlled trials (RCTs) or controlled cohort studies (CCSs), but reduced suicide attempts, suicidal ideation, and proxy measures of suicide risk were reported (based on RCTs and CCSs). Included reviews addressing prevention of repeat suicide attempts (n = 14) found the following: emergency department transition programs may reduce suicide deaths, hospitalizations, and treatment nonadherence (based on RCTs and CCSs); training primary care providers in depression treatment may reduce repeated attempts (based on one RCT); antidepressants may increase short-term suicide risk in some patients (based on RCTs and meta-analyses); this increase is offset by overall population-based reductions in suicide associated with antidepressant treatment of youth depression (based on observational studies); and prevention with psychosocial interventions requires further evaluation. No review addressed sex or gender differences systematically, Aboriginal youth as a special population, harm, or cost-effectiveness. Consensus on 6 recommendations ranged from 73% to 100%.

CONCLUSIONS: Our EKS facilitates decision maker access to what is known about effective youth suicide prevention interventions. A national research-to-practice network that links researchers and decision makers is recommended to implement and evaluate promising interventions; to eliminate the use of ineffective or harmful interventions; and to clarify prevention intervention effects on death by suicide, suicide attempts, and suicidal ideation. Such a network could position Canada as a leader in youth suicide prevention.


Introduction Nurse practitioners have the power to assess psychosocial risk and detect and prevent suicide, a problem plaguing rural areas of the United States. Suicide risk assessment can be completed using the Home, Education, Activities, Drug use and abuse, Sexual behavior, and Suicidality and depression (HEADSS) interview instrument. The purpose of this study was to determine if HEADSS is appropriate for guiding suicide risk assessment of rural adolescents.

Method High school students in Southwestern Pennsylvania completed qualitative questions from the Child Behavior Checklist and Coping Response Inventory as part of the Intervention to Promote Mental Health in Rural Youth. Qualitative content analysis was performed. Results Prominent themes identified by participants included academic performance, relationships, dislikes about school, friends, death, mental health, and the future. Several minor themes concerned safety. Most known risk factors for suicide were concerns of participants.

Discussion The expansion of HEADSS to include death and safety should be considered. The modified version—HEADDSSS—can be used to guide suicide risk assessment of youth in rural Pennsylvania, ensuring both thoroughness of assessment and safety.
Major depressive disorder (MDD) is a familial recurrent illness that significantly interferes with the child’s normal development and is associated with increased risk for suicidal behaviors and psychiatric and psychosocial morbidity. Although most children and adolescents recover from their first depressive episode, 30–70%, in particular those with familial history of MDD, comorbid psychiatric disorders, dysthymia, subsyndromal symptoms of depression, anxiety, negative cognitive style, and exposure to negative life events (e.g., family conflicts and abuse) will experience one or more depressive recurrences during their childhood, adolescence, and adulthood. Depressed youth who present with psychosis, psychomotor retardation, pharmacological induced hypomania/mania, and/or family history of bipolar disorder are at high risk to develop bipolar disorder.

Although studies have established associations between parenting characteristics and adolescent suicidality, the strength of the evidence for these links remains unclear, largely because of methodological limitations, including lack of accounting for possible child effects on parenting. This study addresses these issues by using autoregressive cross-lag models with data on 802 adolescents and their parents across 5 years. Observed parenting behaviors predicted change in adolescent suicidal problems across one-year intervals even after controlling for adolescents’ effects on parenting. Nurturant-involved parenting continued to demonstrate salutary effects after controlling for adolescent and parent internalizing psychopathology: over time, observed nurturant-involved parenting reduced the likelihood of adolescent suicidal problems. This study increases the empirical support implicating parenting behaviors in the developmental course of adolescent suicidality.

As suicide attempts and self-injury remain predominant health risks among adolescents, it is increasingly important to be able to distinguish features of self-harming adolescents from those who are at risk for suicidal behaviors. The current study examined differences between groups of adolescents with varying levels of self-harmful behavior in a sample of 373 high school students with a mean age of 15.04 (SD = 1.05). The sample was 48% female and the distribution of ethnicity was as follows: 35% Caucasian, 37.2% African-American, 16% Multi-ethnic, 9.2% Hispanic, and 2.3% Asian. The sample was divided into three groups: no history of self-harm, non-suicidal self-injury (NSSI) only, and NSSI in addition to a suicide attempt. Differences in depressive symptoms, suicidal ideation, social support, self-esteem, body satisfaction, and disordered eating were explored. Results indicated significant differences between the three groups on all variables, with the no self-harm group reporting the lowest levels of risk factors and highest levels of protective factors. Further analyses were conducted to examine specific differences between the two self-harm groups. Adolescents in the NSSI group were found to have fewer depressive symptoms, lower suicidal ideation, and greater self-esteem and parental support than the group that also had attempted suicide. The clinical implications of assessing these specific psychosocial correlates for at-risk adolescents are discussed.

Background: Previous studies in nonclinical samples have shown psychosocial treatments to be efficacious in the treatment of adolescent depression, but few psychotherapy treatment studies have been conducted in clinically referred, depressed adolescents. Methods: One hundred seven adolescent patients with DSM-III-R major depressive disorder (MDD) were randomly assigned to 1 of 3 treatments: individual cognitive behavior therapy, systemic behavior family therapy (SBFT), or individual nondirective supportive therapy (NST). Treatments were 12 to 16 sessions provided in as many weeks. Intent-to-treat analyses
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were conducted using all follow-up data. Results: Of the 107 patients enrolled in the study, 78 (72.9%) completed the study, 4 (3.7%) never initiated treatment, 10 (9.3%) had exclusionary criteria that were undetected at entry, 8 (7.5%) dropped out, and 7 (6.5%) were removed for clinical reasons. Cognitive behavior therapy showed a lower rate of MDD at the end of treatment compared with NST (17.1% vs 42.4%; P=.02), and resulted in a higher rate of remission (64.7%, defined as absence of MDD and at least 3 consecutive Beck Depression Inventory scores <9) than SBFT (37.9%; P=.03) or NST (39.4%; P=.04). Cognitive behavior therapy resulted in more rapid relief in interviewer-rated (vs both treatments, P=.03) and self-reported depression (vs SBFT, P=.02). All 3 treatments showed significant and similar reductions in suicidality and functional impairment. Parents’ views of the credibility of cognitive behavior therapy improved compared with parents’ views of both SBFT (P=.01) and NST (P=.05). Conclusion: Cognitive behavior therapy is more efficacious than SBFT or NST for adolescent MDD in clinical settings, resulting in more rapid and complete treatment response.


Objective: To identify the predictors of suicidal events and attempts in adolescent suicide attempters with depression treated in an open treatment trial. Method: Adolescents who had made a recent suicide attempt and had unipolar depression (n = 124) were either randomized (n = 22) or given a choice (n = 102) among three conditions. Two participants withdrew before treatment assignment. The remaining 124 youths received a specialized psychotherapy for suicide attempting adolescents (n = 17), a medication algorithm (n = 14), or the combination (n = 93). The participants were followed up 6 months after intake with respect to rate, timing, and predictors of a suicidal event (attempt or acute suicidal ideation necessitating emergency referral). Results: The morbid risks of suicidal events and attempts on 6-month follow-up were 0.19 and 0.12, respectively, with a median time to event of 44 days. Higher self-rated depression, suicidal ideation, family income, greater number of previous suicide attempts, lower maximum lethality of previous attempt, history of sexual abuse, and lower family cohesion predicted the occurrence, and earlier time to event, with similar findings for the outcome of attempts. A slower decline in suicidal ideation was associated with the occurrence of a suicidal event. Conclusions: In this open trial, the 6-month morbid risks for suicidal events and for reattempts were lower than those in other comparable samples, suggesting that this intervention should be studied further. Important treatment targets include suicidal ideation, family cohesion, and sequelae of previous abuse. Because 40% of events occurred with 4 weeks of intake, an emphasis on safety planning and increased therapeutic contact early in treatment may be warranted.


In a high school of 1,496 students, two students committed suicide within 4 days. During an 18-day period that included the two suicides, seven students attempted suicide and an additional 23 manifested suicidal ideation. Compared to expected rates, the rates of both completed and attempted suicide were markedly elevated. Seventy-five percent of the members of the cluster had at least one major psychiatric disorder antedating their exposure. One hundred ten students thought to be at high risk were psychiatrically screened on site. Within this group, students who became suicidal after exposure were more likely than their nonsuicidal counterparts to be currently depressed and to have had past episodes of depression and suicidality. Close friends of the victims manifested suicidality at a lower psychopathological threshold than those who were less close to the victims. Students who are friends of a victim or who have a history of affective disorder and/or previous suicidality should be screened for suicidality after exposure.

OBJECTIVE: To review the studies that test treatments targeting adolescent suicidal ideation, suicide attempts, or self-harm, and to make recommendations for future intervention development. METHOD: The extant randomized clinical trials that aim to reduce the intensity of suicidal ideation or the recurrence of suicide attempts or self-harm were reviewed with respect to treatment components, comparison treatments, sample composition, and outcomes. RESULTS: The majority of studies that showed any effect on suicidal ideation, attempts, or self-harm had some focus on family interactions or nonfamilial sources of support. Two of the most efficacious interventions also provided the greatest number of sessions. Some other treatment elements associated with positive effects include addressing motivation for treatment and having explicit plans for integrating the experimental treatment with treatment as usual. In many studies, suicidal events tend to occur very early in the course of treatment prior to when an effective “dose” of treatment could be delivered. Important factors that might mitigate suicidal risk, such as sobriety, healthy sleep, and promotion of positive affect, were not addressed in most studies. CONCLUSION: Interventions that can front-load treatment shortly after the suicidal crisis, for example, while adolescent suicide attempters are hospitalized, may avert early suicidal events. Treatments that focus on the augmentation of protective factors, such as parent support and positive affect, as well as the promotion of sobriety and healthy sleep, may be beneficial with regard to the prevention of recurrent suicidal ideation, attempts, or self-harm in adolescents.


Adoption and twin studies show that familial transmission of suicidal behavior is partly attributable to genetic factors. Transmission of suicidal behavior is mediated by transmission of impulsive aggression or neuroticism and neurocognitive deficits. The most plausible explanations for nongenetic familial transmission are the intergenerational transmission of abuse and adverse familial environments. Bereavement and relationship disruption contribute to suicidal risk via the development of complicated grief, although long-term effects may be mediated by a complex chain of interrelated events. Imitation may contribute to suicidal risk, at least in attempted suicide. However, so-called family environmental factors often are related to risk factors that are heritable. Conversely, genetic factors exert their impact on depression and suicidal behavior via interaction with a stressful environment.


The death certificates and coroners’ reports for all suicides, undetermined causes of death, and questionable accidents were obtained from the Pennsylvania Department of Vital Statistics for 10- to 19-year-old residents of Allegheny County, Pennsylvania, from 1960 to 1983. During the 24-year study period, 159 cases of definite suicide and 38 cases of likely suicide were noted. The suicide rate increased markedly among youth during the study period, particularly among white males aged 15 to 19 years, and was not due to changes in classification procedures over time. The suicide rate by firearms increased much faster than the suicide rate by other methods (2.5 vs 1.7-fold). The proportion of suicide victims who had detectable blood alcohol levels rose 3.6-fold from 12.9% in 1968 to 1972 to 46.0% in 1978 to 1983. Suicide victims who used firearms were 4.9 times more likely to have been drinking than were those who used other methods of suicide. The availability of firearms and the increased use of alcohol among youth may have made a significant contribution to the increase in the suicide rate among the young.


OBJECTIVE: To assess the association between firearms in the home and adolescent suicide. RESEARCH DESIGN: Matched, case-control. SETTING: Population-based community sample. SUBJECTS: Sixty-seven
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adolescent suicide victims and a demographically matched group of 67 living community controls. SELECTION PROCEDURE: The series of adolescent suicide victims was consecutive, with an overall participation rate of 74% (67/91). MEASUREMENTS AND RESULTS: The presence, type (hand-gun vs long-gun), number, and method of storage (locked vs unlocked, loaded vs unloaded) of firearms in the home were compared between the suicide victims and controls. Even after adjusting for differences in rates of psychiatric disorders between suicide victims and controls, the association between suicide and both any gun (odds ratio [OR] = 4.4, 95% confidence interval [CI] = 1.1 to 17.5) and handguns (OR = 9.4, 95% CI = 1.7 to 53.9) in the home were both highly significant. Long-guns in the home were associated with suicide only in rural areas, whereas handguns were more closely associated with suicide in urban areas. Handguns (OR = 12.9, 95% CI = 1.5 to 110.9) and loaded guns (OR = 32.3, 95% CI = 2.5 to 413.4) in the home were particularly significant risk factors for suicide in those with no apparent psychiatric disorder. CONCLUSIONS: When pediatricians are faced with a suicidal adolescent, they should insist on the removal of firearms from the home. Pediatricians should also inform parents that the presence of firearms may be associated with adolescent suicide even in the absence of clear psychiatric illness.

Brent, D. A., Poling, K. D., & Goldstein, T. R. (2011). Treating depressed and suicidal adolescents: A clinician’s guide. New York: Guilford Press. Grounded in decades of research and the clinical care of thousands of depressed and suicidal teens, this highly accessible book will enhance the skills of any therapist who works with this challenging population. The authors describe the nuts and bolts of assessing clients and crafting individualized treatment plans that combine cognitive and behavioral techniques, emotion regulation interventions, family involvement, and antidepressant medication. Illustrated with many clinical examples, each chapter includes a concise overview and key points. Reproducible treatment planning forms and client handouts can also be downloaded and printed by purchasers in a convenient full-page size.

Bridge, J. A., Asti, L., Horowitz, L. M., Greenhouse, J. B., Fontanella, C. A., Sheftall, A. H., ... Campo, J. V. (2015). Suicide Trends Among Elementary School-Aged Children in the United States From 1993 to 2012. JAMA Pediatrics, 169(7), 673–677. https://doi.org/10.1001/jamapediatrics.2015.0465 IMPORTANCE: Suicide is a leading cause of death among school-aged children younger than 12 years but little is known about the epidemiology of suicide in this age group. OBJECTIVE: To describe trends in suicide among US children younger than 12 years by sociodemographic group and method of death. DESIGN, SETTING, AND PARTICIPANTS: Period trend analysis of national mortality data on suicide in children aged 5 to 11 years in the United States from January 1, 1993, to December 31, 2012. Data were analyzed per 5-year periods, between 1993 to 1997 and 2008 to 2012. MAIN OUTCOMES AND MEASURES: Number of suicide deaths and crude suicide rates. Period trends in rates of suicide were estimated using negative binomial regression incidence rate ratios (IRRs). RESULTS: The overall suicide rate among children aged 5 to 11 years remained stable between 1993 to 1997 and 2008 to 2012 (from 1.18 to 1.09 per 1 million; IRR = 0.96; 95% CI, 0.90–1.03). However, the suicide rate increased significantly in black children (from 1.36 to 2.54 per 1 million; IRR = 1.27; 95% CI, 1.11–1.45) and decreased in white children (from 1.14 to 0.77 per 1 million; IRR = 0.86; 95% CI, 0.79–0.94). The overall firearm suicide rate (IRR = 0.69; 95% CI, 0.57–0.85) and firearm suicide rate among white boys (IRR = 0.72; 95% CI, 0.59–0.88) decreased significantly during the study. The rate of suicide by hanging/suffocation increased significantly in black boys (IRR = 1.35; 95% CI, 1.14–1.61), although the overall change in suicide rates by hanging/suffocation or other suicide methods did not change during the study. CONCLUSIONS AND RELEVANCE: The stable overall suicide rate in school-aged children in the United States during 20 years of study obscured a significant increase in suicide incidence in black children and a significant decrease in suicide incidence among white children. Findings highlight a potential racial disparity that warrants attention. Further studies are needed to monitor these emerging trends and identify risk, protective, and precipitating factors relevant to suicide prevention efforts in children younger than 12 years.

This review examines the descriptive epidemiology, and risk and protective factors for youth suicide and suicidal behavior. A model of youth suicidal behavior is articulated, whereby suicidal behavior ensues as a result of an interaction of socio-cultural, developmental, psychiatric, psychological, and family-environmental factors. On the basis of this review, clinical and public health approaches to the reduction in youth suicide and recommendations for further research will be discussed.


BACKGROUND: Self-reported childhood sexual abuse is associated with major depression and with suicidal behavior. The current study investigates the relationship between reported childhood abuse and the familial transmission of suicidal behavior and other related risk factors. METHOD: 507 offspring of 271 parent probands with DSM-IV major depressive disorder were compared according to the reported childhood abuse history on demographic, diagnostic, and clinical variables related to risk for suicidal behavior. Both self-report and clinical interview measures assessed history of childhood physical and sexual abuse. The study was conducted from May 1997 to February 2004. RESULTS: Reported childhood sexual abuse, but not physical abuse, in the proband correlated with suicide attempts, posttraumatic stress disorder, earlier onset of major depressive disorder, higher levels of impulsivity, and greater likelihood of childhood sexual abuse in the offspring and was rarely perpetrated by the affected parent. A reported history of childhood physical abuse was related to more lifetime aggression in the offspring. CONCLUSIONS: Reported childhood sexual abuse is a risk factor for suicidal behavior in parent and offspring. Transmission of suicide risk across generations is related to the familial transmission of sexual abuse and impulsivity. Sexual abuse is not directly transmitted by the victim to the next generation and may be related to family dynamics related to sexual abuse.


In recent years, the rising rate of suicides by military personnel has generated concern among policymakers, military leaders, and the public at large. Based on a recommendation from an earlier RAND report on preventing suicide among military personnel, this study reviews the literature on gatekeeper models of suicide prevention to better understand what is known about the effectiveness of gatekeepers and gatekeeper training. The study presents a theoretical model describing how gatekeeper training may influence individual knowledge, beliefs, and attitudes that may, in turn, result in intervention behaviors. It then reviews the evidence supporting each of the relationships presented in this model, and concludes with recommendations for advancing research in this field.


Youth suicide is a significant public health problem. A systematic review was conducted to examine the effectiveness of school, community, and healthcare-based interventions in reducing and preventing suicidal ideation, suicide attempts, and deliberate self-harm in young people aged 12-25 years. PsycInfo, PubMed and Cochrane databases were searched to the end of December 2014 to identify randomised controlled trials evaluating the effectiveness of psychosocial interventions for youth suicide. In total, 13,747 abstracts were identified and screened for inclusion in a larger database. Of these, 29 papers describing 28 trials fulfilled the inclusion criteria for the current review. The results of the review indicated that just over half of the programs identified had a significant effect on suicidal ideation (Cohen’s d = 0.16-3.01), suicide attempts (phi = 0.04-0.38) or deliberate self-harm (phi = 0.29-0.33; d = 0.42). The current review provides preliminary support for the implementation of universal and targeted interventions in all settings, using a diverse range of psychosocial approaches. Further quality research is needed to strengthen the evidence-base for suicide prevention programs in this population. In particular, the development of universal school-based interventions is promising given the potential reach of such an approach.

Specific research-informed models of family therapy have been developed for a range of adolescent problems. These include Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), Multisystemic Therapy (MST), Multidimensional Family Therapy (MDFT), and Multidimensional Treatment Foster care (MTFC) for conduct disorder and drug misuse; family-focused cognitive behaviour therapy for anxiety disorders and depression; Attachment-based Family Therapy (ABFT) for depression; family-focused therapy as an adjunct to pharmacological therapy for bipolar disorder; ABFT, youth-nominated support team, and Dialectical Behaviour Therapy (DBT) combined with Multifamily Therapy for self-harm; the Maudsley model of family therapy for eating disorders; and psychoeducational family therapy for psychosis. All of these approaches aim to reduce individual and familial risk factors which exacerbate adolescent problems, and enhance protective factors which promote resilience and recovery from psychological difficulties.


**OBJECTIVE:** To assess the association and magnitude of the effect of early exposure to different types of interpersonal violence (IPV) with suicide attempt and suicide death in youths and young adults.

**METHOD:** We searched six databases until June 2015. Inclusion criteria were as follows: (1) assessment of any type of IPV as risk factor of suicide attempt or suicide; (i) child maltreatment [childhood physical, sexual, emotional abuse, neglect], (ii) bullying, (iii) dating violence, and (iv) community violence; (2) population-based case-control or cohort studies; and (3) subjects aged 12-26 years. Random models were used for meta-analyses (Reg: CRD42013005775).**RESULTS:** From 23 682 articles, 29 articles with 143 730 subjects for meta-analyses were included. For victims of any IPV, OR of subsequent suicide attempt was 1.99 (95% CI: 1.73-2.28); for child maltreatment, 2.25 (95% CI: 1.85-2.73); for bullying, 2.39 (95% CI: 1.89-3.01); for dating violence, 1.65 (95% CI: 1.40-1.94); and for community violence, 1.48 (95% CI: 1.16-1.87). Young victims of IPV had an OR of suicide death of 10.57 (95% CI: 4.46-25.07).**CONCLUSION:** Early exposure to IPV confers a risk of suicide attempts and particularly suicide death in youths and young adults. Future research should address the effectiveness of preventing and detecting early any type of IPV exposure in early ages.


To the Editor: Social networking applications have revolutionized the way our patients communicate. “E-suicide notes” have been reported with increasing frequency in other countries. Astute emergency providers can use this phenomenon to dictate and improve the care their patients receive. Review of patients’ text messages and a MySpace social networking account have been used by providers in the past to confirm history and a patient’s identity, respectively. We observed a situation in which a mobile social networking application (Snapchat) was used to identify, provide context, and affect treatment for a toxic ingestion. A male adolescent was brought to the emergency department (ED) by his parents after a suspected medication ingestion. He had a medical history of a previous suicide attempt, and subsequently all medications in the home were kept under lock and key. Before his arrival, he had sent an ex-girlfriend a Snapchat photograph of himself holding a bottle of acetaminophen, which was forwarded to the patient’s parents. This photograph was used by the clinician to establish a time of his ingestion, and a confirmatory 4-hour postphotograph acetaminophen serum concentration was 162 mg/dL. Oral N-acetylcysteine was initiated and he was transferred to a pediatric care facility, where he had an uneventful recovery and psychiatric evaluation. Emergency physicians should be aware of the tools our patients use to communicate. Handwritten correspondence and even telephone conversations often seem to be tools of generations past. As ED providers, we are tasked with making potentially life-altering decisions in a setting of limited information. The handwritten suicide note seems to be on its deathbed, and it is important to use all the information at our disposal to make informed decisions on the care we provide, including that contained in social networking applications.
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Gatekeeper training is a core strategy of the Garrett Lee Smith Memorial Suicide Prevention Act of 2004. Using data gathered from school-based gatekeeper trainings implemented by GLS grantees, this analysis examines training and gatekeeper factors associated with (1) identification and referral patterns and (2) services at-risk youths receive. Time spent interacting with youths was positively correlated with the number of gatekeeper identifications and knowledge about service receipt. Gatekeepers who participated in longer trainings identified proportionately more at-risk youths than participants in shorter trainings. Most gatekeeper trainees referred the identified youths to services regardless of training type.

Suicide is the third leading cause of death among 10–24-year-olds and the target of school-based prevention efforts. Gatekeeper training, a broadly disseminated prevention strategy, has been found to enhance participant knowledge and attitudes about intervening with distressed youth. Although the goal of training is the development of gatekeeper skills to intervene with at-risk youth, the impact on skills and use of training is less known. Brief gatekeeper training programs are largely educational and do not employ active learning strategies such as behavioral rehearsal through role play practice to assist skill development. In this study, we compare gatekeeper training as usual with training plus brief behavioral rehearsal (i.e., role play practice) on a variety of learning outcomes after training and at follow-up for 91 school staff and 56 parents in a school community. We found few differences between school staff and parent participants. Both training conditions resulted in enhanced knowledge and attitudes, and almost all participants spread gatekeeper training information to others in their network. Rigorous standardized patient and observational methods showed behavioral rehearsal with role play practice resulted in higher total gatekeeper skill scores immediately after training and at follow-up. Both conditions, however, showed decrements at follow-up. Strategies to strengthen and maintain gatekeeper skills over time are discussed.

This study examined the extent to which posthospitalization change in connectedness with family, peers, and nonfamily adults predicted suicide attempts, severity of suicidal ideation, and depressive symptoms across a 12-month follow-up period among inpatient suicidal adolescents. Participants were 338 inpatient suicidal adolescents, ages 13 to 17, who were assessed at 3, 6, and 12 months posthospitalization. General linear models were fitted for depressive symptoms and suicidal ideation outcomes, and logistic regression was used for the dichotomous suicide attempt outcome. The moderating effects of gender and multiple attempt history were examined. Adolescents who reported greater improvements in peer connectedness were half as likely to attempt suicide during the 12-month period. Improved peer connectedness was also associated with less severe depressive symptoms for all adolescents and with less severe suicidal ideation for female individuals, but only at the 3-month assessment time point. Improved family connectedness was related to less severe depressive symptoms and suicidal ideation across the entire year; for suicidal ideation, this protective effect was limited to nonmultiple suicide attempters. Change in connectedness with nonfamily adults was not a significant predictor of any outcome when changes in family and peer connectedness were taken into account. These results pointing to improved posthospitalization connectedness being linked to improved outcomes following hospitalization have important treatment and prevention implications given inpatient suicidal adolescents’ vulnerability to suicidal behavior.


Suicidal behavior is developmentally mediated, but the degree to which interventions for suicidal behaviors have been developmentally tailored has varied widely. Published controlled studies of psychosocial treatment interventions for reducing adolescent suicidal behavior are reviewed, with a particular emphasis on the developmental nuances of these interventions. In addition, developmental considerations important in the treatment of suicidal adolescents are discussed. There are insufficient data available from controlled trials to recommend one intervention over another for the treatment of suicidal youth, but interventions that are sensitive to the multiple developmental contexts have potential for greater effectiveness in reducing adolescent suicidal behavior.


Associations between suicidal behavior and social-ecological variables were examined among 1,618 Latina high school students (mean age = 15) from the nationally representative Add Health sample (68% were U.S.-born). Ideations were associated with having a suicidal friend, lower perceived father support, and overall parental caring. Attempts were associated with having a suicidal friend, and lower perceived teacher and parental support. Peer and mother relationship variables were not predictors of ideations or attempts. The protective role of father and teacher support has not previously been emphasized in the literature. Strengthening connections to parents and teachers may reduce suicidal behavior in adolescent Latinas.


Practitioner-members of the National Association of School Psychologists (N = 162) completed questionnaires regarding their suicide prevention and postvention roles, training, preparedness, and knowledge. Most were crisis team members, yet less than one-half reported graduate training in suicide risk assessment and less than one-fourth in postvention. Compared to nondoctoral-level practitioners, doctoral-trained practitioners felt better prepared to handle suicidal students. Most respondents had participated in a suicide risk assessment in the past 2 years, with few using standardized measures. Performance was moderately strong on questions about knowledge of risk factors, warning signs, and appropriate steps to respond to a suicidal student, but respondents showed less familiarity with
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Postvention recommendations intended to discourage contagion. Training suggestions were identified.


Increasing interest has been shown in brief interventions for troubled persons, including those with substance abuse problems. Most of the published literature on this topic has focused on adults, and on the efficacy of these interventions. Few of these studies have examined the critical issues of enrollment and engagement in brief intervention services. The present article seeks to address the shortcomings in the current literature by reporting on our experiences implementing National Institute on Drug Abuse (NIDA)-funded brief intervention projects involving truant and diversion program youths.


Despite the well-documented association between history of sexual trauma (HSA) and suicide ideation, HSA is largely overlooked in suicide treatment studies. Existing studies showed that patients with a HSA have a weaker treatment response. In this randomized clinical trial for suicide ideation, HSA did not moderate treatment outcome for Attachment-Based Family Therapy (ABFT). Adolescents responded better to ABFT than a control condition, regardless of HSA status. At baseline, adolescents with HSA were also more likely to report past suicide attempts than those without HSA, indicating that they are a particularly important subgroup to consider when developing and evaluating interventions that target suicide ideation. Findings suggest that ABFT is a robust intervention for suicide ideation regardless of HSA.


**OBJECTIVE:** To evaluate whether Attachment-Based Family Therapy (ABFT) is more effective than Enhanced Usual Care (EUC) for reducing suicidal ideation and depressive symptoms in adolescents. **METHOD:** This was a randomized controlled trial of suicidal adolescents between the ages of 12 and 17, identified in primary care and emergency departments. Of 341 adolescents screened, 66 (70% African American) entered the study for 3 months of treatment. Assessment occurred at baseline, 6 weeks, 12 weeks, and 24 weeks. ABFT consisted of individual and family meetings, and EUC consisted of a facilitated referral to other providers. All participants received weekly monitoring and access to a 24-hour crisis phone. Trajectory of change and clinical recovery were measured for suicidal ideation and depressive symptoms. **RESULTS:** Using intent to treat, patients in ABFT demonstrated significantly greater rates of change on self-reported suicidal ideation at post-treatment evaluation, and benefits were maintained at follow-up, with a strong overall effect size (ES = 0.97). Between-group differences were similar on clinician ratings. Significantly more patients in ABFT met criteria for clinical recovery on suicidal ideation post-treatment (87%; 95% confidence interval [CI] = 74.6–99.6) than patients in EUC (51.7%; 95% CI = 32.4–54.32). Benefits were maintained at follow-up (ABFT, 70%; 95% CI = 52.6–87.4; EUC 34.6%; 95% CI = 15.6–54.2; odds ratio = 4.41). Patterns of depressive symptoms over time were similar, as were results for a subsample of adolescents with diagnosed depression. Retention in ABFT was higher than in EUC (mean = 9.7 versus 2.9). **CONCLUSIONS:** ABFT is more efficacious than EUC in reducing suicidal ideation and depressive symptoms in adolescents. Additional research is warranted to confirm treatment efficacy and to test the proposed mechanism of change (the Family Safety Net Study). Clinical Trial Registry Information: Preventing Youth Suicide in Primary Care: A Family Model, URL: [http://www.clinicaltrials.gov](http://www.clinicaltrials.gov), unique identifier: NCT00604097.


School-based prevention programs can positively impact a range of social, emotional, and behavioral outcomes. Yet the current climate of accountability pressures schools to restrict activities that are not
perceived as part of the core curriculum. Building on models from public health and prevention science, we describe an integrated approach to school-based prevention. These models leverage the most effective structural and content components of social–emotional and behavioral health prevention interventions. Integrated interventions are expected to have additive and synergistic effects that result in greater impacts on multiple student outcomes. Integrated programs are also expected to be more efficient to deliver, easier to implement with high quality and integrity, and more sustainable. We provide a detailed example of the process through which the PAX-Good Behavior Game and the Promoting Alternative Thinking Strategies (PATHS) curriculum were integrated into the PATHS to PAX model. Implications for future research are proposed. © 2009 Wiley Periodicals, Inc.


OBJECTIVE: To compare the efficacy of a skills-based treatment protocol to a supportive relationship therapy for adolescents after a suicide attempt.METHOD: Thirty-nine adolescents (12–17 years old) and parents who presented to a general pediatric emergency department or inpatient unit of a child psychiatric hospital after a suicide attempt were randomized to either a skills-based or a supportive relationship treatment condition. Follow-up assessments were conducted at intake and 3 and 6 months post-attempt.RESULTS: In contrast to the low rates of treatment received by adolescent suicide attempters in the community, approximately 60% of this sample completed the entire treatment protocol. Significant decreases in suicidal ideation and depressed mood at 3- and 6-month follow-ups were obtained, but there were no differences between treatment groups. There were six reattempts in the follow-up period.CONCLUSIONS: When adolescents who attempt suicide are maintained in treatment, significant improvements in functioning can be realized for the majority of patients.


This research examined the preliminary effects of Cognitive Enhancement Therapy (CET) on social cognition in early course schizophrenia, using an objective, performance-based measure of emotional intelligence. Individuals in the early course of schizophrenia were randomly assigned to either CET (n=18) or Enriched Supportive Therapy (n=20), and assessed at baseline and after 1 year of treatment with the Mayer-Salovey-Caruso Emotional Intelligence Test. A series of analyses of covariance showed highly significant (p=.005) and large (Cohen’s d=.96) effects favoring CET for improving emotional intelligence, with the most pronounced improvements occurring in patients’ ability to understand and manage their own and others’ emotions. These findings lend preliminary support to the previously documented benefits of CET on social cognition in schizophrenia, and suggest that such benefits can be extended to patients in the early course of the illness.


Social cognition in young relatives of schizophrenia probands (N=70) and healthy controls (N=63) was assessed using the Penn Emotion Recognition Test-40 to examine the presence of social cognitive deficits in individuals at risk for the disorder. Measures of neurocognitive function and prodromal psychopathology were collected to assess the cognitive and clinical correlates of social cognitive impairments in at-risk relatives. Results indicated that when compared with healthy controls, individuals at familial high risk for schizophrenia were significantly more likely to overattribute emotions to neutral faces, with such individuals frequently misinterpreting neutral faces as negative. In addition, at-risk individuals had significantly greater reaction times when completing emotion recognition tasks, regardless of valence. Impairments in neurocognition were largely independent of social cognitive performance, and emotion recognition impairments persisted after adjusting for deficits in neurocognitive function. Further, social cognitive impairments in the interpretation of neutral faces were significantly associated with greater
positive and general prodromal psychopathology, whereas neurocognitive impairments were only associated with disorganization. These results suggest that impairments in social cognition may be unique endophenotypes for schizophrenia.


Accurate diagnosis is key to providing quality services in community mental health. This research examined the ability of the Beck Anxiety and Depression Inventories to identify anxiety and depression in community settings. The diagnostic accuracy of these instruments was compared with the Structured Clinical Interview for DSM-IV in a sample of 288 distressed women seeking treatment for their children. Operating characteristic curves indicated the Beck Anxiety and Depression Inventories hold utility as screens for panic and major depressive disorder, respectively. Deploying these instruments as initial screens in a tiered diagnostic system may improve diagnostic accuracy in community settings.


A sample of 124 high school students considered at risk for failure and continued drug use was enrolled in a program intended to determine the effect of teacher and peer social support. It was found that teacher support had a significant effect in decreasing drug use, but peer support had none. (DM)


This study tested the efficacy of a school-based prevention program for reducing suicide potential among high-risk youth. A sample of 105 youth at suicide risk participated in a three-group, repeated-measures, intervention study. Participants in (1) an assessment plus 1-semester experimental program, (2) an assessment plus 2-semester experimental program, and (3) an assessment-only group were compared, using data from preintervention, 5-month, and 10-month follow-up assessments. All groups showed decreased suicide risk behaviors, depression, hopelessness, stress, and anger; all groups also reported increased self-esteem and network social support. Increased personal control was observed only in the experimental groups, and not in the assessment-only control group. The potential efficacy of the experimental school-based prevention program was demonstrated. The necessary and sufficient strategies for suicide prevention, however, need further study as the assessment-only group, who received limited prevention elements, showed improvements similar to those of the experimental groups.


Background

Many childhood psychiatric problems are transient. Consequently, screening procedures to accurately identify children with problems unlikely to remit and thus, in need of intervention, are of major public health concern. This study aimed to develop a universal school-based screening procedure based on the answers to three questions: (1) What are the broad patterns of mental health problems from kindergarten to grade 5? (2) What are the grade 5 outcomes of these patterns? (3) How early in school can children likely to develop the most impairing patterns be identified accurately? Methods

Mothers and teachers reported on a community sample (N=328) of children’s internalizing and externalizing symptoms in kindergarten and grades 1, 3, and 5. In grade 5, teachers reported on children’s school-based functional impairments, physical health problems, and service use; mothers reported on children’s specialty mental health care. Results

Four patterns distinguished children who (1) never evidenced symptoms; (2) evidenced only isolated symptoms; or evidenced recurrent symptoms, either (3) without or (4) with comorbid
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internalizing and externalizing. By grade 5, children with recurrent comorbid symptoms had the greatest impairments, physical health problems, and service use. These children can be identified quite accurately by grade 1. Conclusions Universal screening at school entry can effectively identify children likely to develop recurrent comorbid symptoms, and would provide a basis for developing optimal targeted intervention programs.


Background Evidence reports that schools influence children and young people’s health behaviours across a range of outcomes. However there remains limited understanding of the mechanisms through which institutional features may structure self-harm and suicide. This paper reports on a systematic review and meta-ethnography of qualitative research exploring how schools influence self-harm and suicide in students. Methods Systematic searches were conducted of nineteen databases from inception to June 2015. English language, primary research studies, utilising any qualitative research design to report on the influence of primary or secondary educational settings (or international equivalents) on children and young people’s self-harm and suicide were included. Two reviewers independently appraised studies against the inclusion criteria, assessed quality, and abstracted data. Data synthesis was conducted in adherence with Noblit and Hare’s meta-ethnographic approach. Of 6744 unique articles identified, six articles reporting on five studies were included in the meta-ethnography. Results Five meta-themes emerged from the studies. First, self-harm is often rendered invisible within educational settings, meaning it is not prioritised within the curriculum despite students’ expressed need. Second, where self-harm transgresses institutional rules it may be treated as “bad behaviour”, meaning adequate support is denied. Third, schools’ informal management strategy of escalating incidents of self-harm to external “experts” serves to contribute to non-help seeking behaviour amongst students who desire confidential support from teachers. Fourth, anxiety and stress associated with school performance may escalate self-harm and suicide. Fifth, bullying within the school context can contribute to self-harm, whilst some young people may engage in these practices as initiation into a social group. Conclusions Schools may influence children and young people’s self-harm, although evidence of their impact on suicide remains limited. Prevention and intervention needs to acknowledge and accommodate these institutional-level factors. Studies included in this review are limited by their lack of conceptual richness, restricting the process of interpretative synthesis. Further qualitative research should focus on the continued development of theoretical and empirical insight into the relationship between institutional features and students’ self-harm and suicide.


BACKGROUND: To date, there are no empirically validated treatments of good quality for adolescents showing suicidality and non-suicidal self-injurious behavior. Risk factors for suicide are impulsive and non-suicidal self-injurious behavior, depression, conduct disorders and child abuse. Behind this background, we tested the main hypothesis of our study; that Dialectical Behavioral Therapy for Adolescents is an effective treatment for these patients. METHODS: Dialectical Behavioral Therapy (DBT) has been developed by Marsha Linehan - especially for the outpatient treatment of chronically non-suicidal patients diagnosed with borderline personality disorder. The modified version of DBT for Adolescents (DBT-A) from Rathus & Miller has been adapted for a 16-24 week outpatient treatment in the German-speaking area by our group. The efficacy of treatment was measured by a pre-/post- comparison and a one-year follow-up with the aid of standardized instruments (SCL-90-R, CBCL, YSR, ILC, CGI). RESULTS: In the pilot study, 12 adolescents were treated. At the beginning of therapy, 83% of patients fulfilled five or more DSM-IV criteria for borderline personality disorder. From the beginning of therapy to one year after its end, the mean value of these diagnostic criteria decreased significantly from 5.8 to 2.75. 75% of patients were kept in therapy. For the behavioral domains according to the SCL-90-R and YSR, we have found effect sizes between 0.54 and 2.14. During treatment, non-suicidal self-injurious behavior reduced significantly.
Before the start of therapy, 8 of 12 patients had attempted suicide at least once. There were neither suicidal attempts during treatment with DBT-A nor at the one-year follow-up. CONCLUSIONS: The promising results suggest that the interventions were well accepted by the patients and their families, and were associated with improvement in multiple domains including suicidality, non-suicidal self-injurious behavior, emotion dysregulation and depression from the beginning of therapy to the one-year follow-up.


The Yellow Ribbon Suicide Prevention Program has gained national and international recognition for its school- and community-based activities. After the introduction of Yellow Ribbon to a Denver-area high school, staff and adolescents were surveyed to determine if help-seeking behavior had increased. Using a pre-post intervention design, staff at an experimental school and comparison school were surveyed about their experiences with student help-seeking. Additionally, 146 students at the experimental high school were surveyed. Staff did not report any increase in student help-seeking, and students’ reports of help-seeking from 11 of 12 different types of helpers did not increase; the exception was help-seeking from a crisis hotline, which increased from 2.1% to 6.9%. Further research with larger, more inclusive samples is needed to determine whether Yellow Ribbon is effective in other locations.


IMPORTANCE: Youth suicide prevention is a major public health priority. Studies documenting the effectiveness of community-based suicide prevention programs in reducing the number of nonlethal suicide attempts have been sparse. OBJECTIVE: To determine whether a reduction in suicide attempts among youths occurs following the implementation of the Garrett Lee Smith Memorial Suicide Prevention Program (hereafter referred to as the GLS program), consistent with the reduction in mortality documented previously. DESIGN, SETTING, AND PARTICIPANTS: We conducted an observational study of community-based suicide prevention programs for youths across 46 states and 12 tribal communities. The study compared 466 counties implementing the GLS program between 2006 and 2009 with 1161 counties that shared key preintervention characteristics but were not exposed to the GLS program. The unweighted rounded numbers of respondents used in this analysis were 84,000 in the control group and 57,000 in the intervention group. We used propensity score-based techniques to increase comparability (on background characteristics) between counties that implemented the GLS program and counties that did not. We combined information on program activities collected by the GLS national evaluation with information on county characteristics from several secondary sources. The data analysis was performed between April and August 2014. P < .05 was considered statistically significant. EXPOSURES: Comprehensive, multifaceted suicide prevention programs, including gatekeeper training, education and mental health awareness programs, screening activities, improved community partnerships and linkages to service, programs for suicide survivors, and crisis hotlines. MAIN OUTCOMES AND MEASURES: Suicide attempt rates for each county following implementation of the GLS program for youths 16 to 23 years of age at the time the program activities were implemented. We obtained this information from the National Survey on Drug Use and Health administered to a large national probabilistic sample between 2008 and 2011. RESULTS: Counties implementing GLS program activities had significantly lower suicide attempt rates among youths 16 to 23 years of age in the year following implementation of the GLS program than did similar counties that did not implement GLS program activities (4.9 fewer attempts per 1000 youths [95% CI, 1.8-8.0 fewer attempts per 1000 youths]; P = .003). More than 79,000 suicide attempts may have been averted during the period studied following implementation of the GLS program. There was no significant difference in suicide attempt rates among individuals older than 23 years during that same period. There was no evidence of longer-term differences in suicide attempt rates. CONCLUSIONS AND RELEVANCE: Comprehensive GLS program activities were associated with a reduction in suicide attempt rates. Sustained suicide prevention programming efforts may be needed to maintain the reduction in suicide attempt rates.


Background Face-to-face gatekeeper training can be an effective strategy in the enhancement of gatekeepers’ knowledge and self-efficacy in adolescent suicide prevention. However, barriers related to access (e.g., time, resources) may hamper participation in face-to-face training sessions. The transition to a Web-based setting could address obstacles associated with face-to-face gatekeeper training. Although Web-based suicide prevention training targeting adolescents exists, so far no randomized controlled trials (RCTs) have been conducted to investigate their efficacy. Objective This RCT study investigated the efficacy of a Web-based adolescent suicide prevention program entitled Mental Health Online, which aimed to improve the knowledge and self-confidence of gatekeepers working with adolescents (12-20 years old). The program consisted of 8 short e-learning modules each capturing an important aspect of the process of early recognition, guidance, and referral of suicidal adolescents, alongside additional information on the topic of adolescent suicide prevention. Methods A total of 190 gatekeepers (ages 21 to 62 years) participated in this study and were randomized to either the experimental group or waitlist control group. The intervention was not masked. Participants from both groups completed 3 Web-based assessments (pretest, posttest, and 3-month follow-up). The outcome measures of this study were actual knowledge, and participants’ ratings of perceived knowledge and perceived self-confidence using questionnaires developed specifically for this study. Results The actual knowledge, perceived knowledge, and perceived self-confidence of gatekeepers in the experimental group improved significantly compared to those in the waitlist control group at posttest, and the effects remained significant at 3-month follow-up. The overall effect sizes were 0.76, 1.20, and 1.02, respectively, across assessments. Conclusions The findings of this study indicate that Web-based suicide prevention e-learning modules can be an effective educational method to enhance knowledge and self-confidence of gatekeepers with regard to adolescent suicide prevention. Gatekeepers with limited time and resources can benefit from the accessibility, simplicity, and flexibility of Web-based training. Trial Registration Netherlands Trial Register NTR3625; http://www.trialregister.nl/trialreg/admin/rctview.asp?TC=3625 (Archived by WebCite at http://www.webcitation.org/6eHvyRh6M)


Background Providing e-learning modules can be an effective strategy for enhancing gatekeepers’ knowledge, self-confidence and skills in adolescent suicide prevention. The aim of this study was to test the effectiveness of an online training program called Mental Health Online which consists of eight short e-learning modules, each capturing an important aspect of the process of recognition, guidance and referral of suicidal adolescents (12–20 years). The primary outcomes of this study are participant’s ratings on perceived knowledge, perceived self-confidence, and actual knowledge regarding adolescent suicidality. Methods/Design A randomized controlled trial will be carried out among 154 gatekeepers. After completing the first assessment (pre-test), participants will be randomly assigned to either the experimental group or the waitlist control group. One week after completing the first assessment the experimental group will have access to the website Mental Health Online containing the eight e-learning modules and additional information on adolescent suicide prevention. Participants in both conditions will be assessed 4 weeks after completing the first assessment (post-test), and 12 weeks after completing the post-test (follow-up). At post-test, participants from the experimental group are asked to complete an evaluation questionnaire on the modules. The waitlist control group will have access to the modules and additional information on the website after completing the follow-up assessment. Discussion Gatekeepers can benefit from e-learning modules on adolescent suicide prevention. This approach allows them to learn about this sensitive subject at their own pace and from any given location, as long as they have access to the Internet. Given the flexible nature of the program, each participant can compose his/her own training creating an instant customized course with the required steps in adolescent suicide prevention. Trial Registration Netherlands Trial Register NTR3625

**Objective**

To review the current evidence base of psychosocial treatments for suicidal and nonsuicidal self-injurious thoughts and behaviors (SITBs) in youth.

**Method**

We reviewed major scientific databases (HealthSTAR, MEDLine, PsycInfo, PubMed) for relevant studies published prior to June 2013.

**Results**

The search identified 29 studies examining interventions for suicidal or nonsuicidal SITBs in children or adolescents. No interventions currently meet the JCCAP standards for Level 1: well-established treatments. Six treatment categories were classified as Level 2: probably efficacious or Level 3: possibly efficacious for reducing SITBs in youth. These treatments came from a variety of theoretical orientations, including cognitive-behavioral, family, interpersonal, and psychodynamic theories. Common elements across efficacious treatments included family skills training (e.g., family communication and problem-solving), parent education and training (e.g., monitoring and contingency management), and individual skills training (e.g., emotion regulation and problem-solving).

**Conclusions**

Several treatments have shown potential promise for reducing SITBs in children and adolescents. However, the probably/possibly efficacious treatments identified each have evidence from only a single randomized controlled trial. Future research should focus on: replicating studies of promising treatments; identifying active treatment ingredients; examining mediators and moderators of treatment effects; and developing brief interventions for high-risk periods (e.g., following hospital discharge).

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We examined sleep difficulties preceding death in a sample of adolescent suicide completers as compared with a matched sample of community control adolescents. Sleep disturbances were assessed in 140 adolescent suicide victims with a psychological autopsy protocol and in 131 controls with a semistructured psychiatric interview. Rates of sleep disturbances were compared between groups. Findings indicate suicide completers had higher rates of overall sleep disturbance, insomnia, and hypersomnia as compared with controls within both the last week and the current affective episode. Group differences in overall sleep disturbance (both within the last week and present episode), insomnia (last week), and hypersomnia (last week) remained significant after controlling for the differential rate of affective disorder between groups. Similarly, overall sleep disturbance (last week and present episode) and insomnia (last week) distinguished completers in analyses accounting for severity of depressive symptoms. Only a small percentage of the sample exhibited changes in sleep symptom severity in the week preceding completed suicide, but of these, a higher proportion were completers. These findings support a significant and temporal relationship between sleep problems and completed suicide in adolescents. Sleep difficulties should therefore be carefully considered in prevention and intervention efforts for adolescents at risk for suicide.

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We examined the impact of the implementation of Applied Suicide Intervention Skills Training (ASIST) across the National Suicide Prevention Lifeline’s national network of crisis hotlines. Data were derived from 1,507 monitored calls from 1,410 suicidal individuals to 17 Lifeline centers in 2008–2009. Callers were significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful by the end of calls handled by ASIST-trained counselors. Few significant changes in ASIST-trained counselors’ interventions emerged; however, improvements in callers’ outcomes were linked to ASIST-related counselor interventions, including exploring reasons for living and informal support contacts. ASIST training did not yield more comprehensive suicide risk assessments.
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**OBJECTIVE:** We sought to examine follow-up service use by students identified at risk for suicidal behavior in a school-based screening program and assess barriers to seeking services as perceived by youths and parents.

**METHOD:** We conducted a longitudinal study of 317 at-risk youths identified by a school-based suicide screening in six high schools in New York State. The at-risk teenagers and their parents were interviewed approximately 2 years after the initial screen to assess service use during the intervening period and identify barriers that may have interfered with seeking treatment.

**RESULTS:** At the time of the screening, 72% of the at-risk students were not receiving any type of mental health service. Of these students, 51% were deemed in need of services and subsequently referred by us to a mental health professional. Nearly 70% followed through with the screening’s referral recommendations. The youths and their parents reported perceptions about mental health problems, specifically relating to the need for treatment, as the primary reasons for not seeking service.

**CONCLUSIONS:** Screening seems to be effective in enhancing the likelihood that students at risk for suicidal behavior will get into treatment. Well-developed and systematic planning is needed to ensure that screening and referral services are coordinated so as to facilitate access for youths into timely treatment.


**CONTEXT:** Universal screening for mental health problems and suicide risk is at the forefront of the national agenda for youth suicide prevention, yet no study has directly addressed the potential harm of suicide screening.

**OBJECTIVE:** To examine whether asking about suicidal ideation or behavior during a screening program creates distress or increases suicidal ideation among high school students generally or among high-risk students reporting depressive symptoms, substance use problems, or suicide attempts.

**DESIGN, SETTING, AND PARTICIPANTS:** A randomized controlled study conducted within the context of a 2-day screening strategy. Participants were 2342 students in 6 high schools in New York State in 2002-2004.

Classes were randomized to an experimental group (n = 1172), which received the first survey with suicide questions, or to a control group (n = 1170), which did not receive suicide questions.

**MAIN OUTCOME MEASURES:** Distress measured at the end of the first survey and at the beginning of the second survey 2 days after the first measured on the Profile of Mood States adolescent version (POMS-A) instrument. Suicidal ideation assessed in the second survey.

**RESULTS:** Experimental and control groups did not differ on distress levels immediately after the first survey (mean [SD] POMS-A score, 5.5 [9.7] in the experimental group and 5.1 [10.0] in the control group; P = .66) or 2 days later (mean [SD] POMS-A score, 4.3 [9.0] in the experimental group and 3.9 [9.4] in the control group; P = .41), nor did rates of depressive feelings differ (13.3% and 11.0%, respectively; P = .19). Students exposed to suicide questions were no more likely to report suicidal ideation after the survey than unexposed students (4.7% and 3.9%, respectively; P = .49).

High-risk students (defined as those with depression symptoms, substance use problems, or any previous suicide attempt) in the experimental group were neither more suicidal nor distressed than high-risk youth in the control group; on the contrary, depressed students and previous suicide attempters in the experimental group appeared less distressed (P = .01) and suicidal (P = .02), respectively, than high-risk control students.

**CONCLUSIONS:** No evidence of iatrogenic effects of suicide screening emerged. Screening in high schools is a safe component of youth suicide prevention efforts.


Suicide in adolescents is a global tragedy. Research-identified correlates of suicide in youth include depression, academic failure, loss of friends, social isolation, and substance abuse, among others. This review focuses on the potential link between chronic illness in adolescents and increased suicide risk.

Research suggests that chronic illness is a risk factor for depression in adolescents that may induce suicide ideation and attempts; however, this risk may be increased even more in young adulthood if the underlying
causes of depression are not resolved. This risk needs to be considered against the research data noting an increase in suicide attempts and completions, in each decade of life from adolescence into adulthood. Although more research is clearly needed, it can be concluded that suicide risks are seen in adolescents with chronic illness and all of these young people should be screened for depression and other risk factors for suicide on a regular basis.


Data from 64 adolescent inpatients admitted for serious suicidal ideation, 50 adolescent inpatients admitted following a suicide attempt, and 56 randomly selected high school control participants were used to evaluate the sensitivity, specificity, positive predictive value, and negative predictive value of the Suicidal Ideation Questionnaire (SIQ) and the Reynolds Adolescent Depression Scale-2nd Edition (RADS-2). The purpose of the study was to provide information necessary for selecting assessment tools to use in large-scale screenings of high school students for suicide risk. The hypothesis that a combination of mean scores on the two measures and critical item scores would provide the best clinical utility was partially supported. The SIQ was found to be very useful in discriminating between the study groups, whereas the RADS-2 did not perform as expected. The fewest false negatives would result from relying on RADS-2 scale scores ≤63 and SIQ scale scores ≤14. However, the parsimonious and hence most cost-effective approach would be to rely on SIQ scale scores ≤14 in combination with SIQ critical Items 2, 3, and 4 for screening purposes.


Despite strong indications of elevated risk of suicidal behavior in lesbian, gay, bisexual, and transgender people, limited attention has been given to research, interventions or suicide prevention programs targeting these populations, and stimulate the development of needed prevention strategies, interventions and policy changes. This article summarizes existing research findings, and makes recommendations for addressing knowledge gaps and applying current knowledge to relevant areas of suicide prevention practice.


OBJECTIVE: To establish whether an intervention given by child psychiatric social workers to the families of children and adolescents who had attempted suicide by taking an overdose reduced the patients’ suicidal feelings and improved family functioning.METHOD: One hundred sixty-two patients, aged 16 or younger, who had deliberately poisoned themselves were randomly allocated to routine care (n = 77) or routine care plus the intervention (n = 85). The intervention consisted of an assessment session and four home visits by the social workers to conduct family problem-solving sessions. The control group received no visits. Both groups were assessed at the time of recruitment and 2 and 6 months later. The primary outcome measures were the Suicidal Ideation Questionnaire, the Hopelessness Scale, and the Family Assessment Device.RESULTS: There were no significant differences in the primary outcomes between the intervention and control groups at either of the outcome assessments. Parents in the intervention group were more satisfied with treatment (mean difference 1.4 [95% confidence interval 0.6 to 2.1]). A subgroup without major depression had much less suicidal ideation at both outcome assessments (analysis of covariance p < .01) compared with controls.CONCLUSIONS: The home-based family intervention resulted in reduced suicidal ideation only for patients without major depression.

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Background: Numerous suicide risk factors have been proposed but not adequately validated for epidemiology, treatment and prevention efforts. Aims: Exposures to suicidal behaviors (ESB), from family and friend suicide attempts and completions, were tested for validity as a suicidal risk factor and also for measurement and construct adequacy. Methods: An anonymous online survey yielded 713 participants (aged 18–71), who reported ESB, completed the Suicidal Affect-Behavior-Cognition Scale (SABCS), and comprised a broad spectrum on those variables. Results: Tests of dimensionality and internal consistency showed the four ESB variables (attempts/completions through family/friends) were independent and did not form a common factor or an identifiable ESB latent trait. ESB variables were, however, associated with demographic and psychiatric histories. A battery of tests revealed no meaningful associations between ESB and total suicidality or suicide risk factors (social support, depression, anxiety, stress, satisfaction with life and emotional stability). In addition, in contrast to previous reports, young adults (n = 200; aged 18–20) showed no increased suicidality due to ESB. Conclusion: Results showed no validity for ESB as a common risk factor for suicidality or other psychopathology, or as a latent trait. ESB showed evidence as a personal negative life event with individual effects and interpretations.


This study examined suicide assessment validity by comparing methods of measuring current risk associated with past suicidal behaviors. Three independent samples (Ns = 359, 1007, and 713; aged 18–76 years) all included participants covering a broad spectrum of suicidality. Information theory, item response theory, general linear modeling, and linear regression modeling tested seven competing methods/models of assessing past suicidal behaviors in relation to current suicidality. In contrast to contemporary theories, ANOVA results showed suicide plans can indicate higher risk than suicide attempts when intent to die is higher. Contrary to popular practice, evidence demonstrated that defining risk by suicide ideation (yes/no), attempts or serious attempts (yes/no), are false dichotomies, were the least valid models tested, and failed to explain substantial explainable variance in suicidality/risk. A newly proposed model, differentiating behaviors with or without intent to die, was the most efficacious dichotomous method. However, as predicted, continuous variables were superior to dichotomous. The proposed suicidal barometer model (SBM) exhibited robust evidence as the best available model for evaluating suicidal behaviors in all samples (100 % probability), explaining 47–61 % of suicidality variance and provided incremental improvement in risk evaluations. Findings were consistent by sample, sex, age-group, ethnicity, and psychiatric history. This study, and related evidence, demonstrate that there is a clear and present need for updating measures, clinical training and core competencies, for valid assessment and risk formulation.


There is considerable need for accurate suicide risk assessment for clinical, screening, and research purposes. This study applied the tripartite affect-behavior-cognition theory, the suicidal barometer model, classical test theory, and item response theory (IRT), to develop a brief self-report measure of suicide risk that is theoretically-grounded, reliable and valid. An initial survey (n = 359) employed an iterative process to an item pool, resulting in the six-item Suicidal Affect-Behavior-Cognition Scale (SABCS). Three additional studies tested the SABCS and a highly endorsed comparison measure. Studies included two online surveys (Ns = 1007, and 713), and one prospective clinical survey (n = 72; Time 2, n = 54). Factor analyses demonstrated SABCS construct validity through unidimensionality. Internal reliability was high (α = .86-.93, split-half = .90-.94). The scale was predictive of future suicidal behaviors and suicidality (r = .68, .73, respectively), showed convergent validity, and the SABCS-4 demonstrated clinically relevant sensitivity to change. IRT analyses revealed the SABCS captured more information than the comparison measure, and better defined participants at low, moderate, and high risk. The SABCS is the first suicide risk measure to demonstrate no differential item functioning by sex, age, or ethnicity. In all comparisons, the SABCS showed incremental improvements over a highly endorsed scale through stronger predictive ability,
reliability, and other properties. The SABCS is in the public domain, with this publication, and is suitable for clinical evaluations, public screening, and research.


**OBJECTIVE:** The primary purpose of this study was to determine whether multisystemic therapy (MST), modified for use with youths presenting psychiatric emergencies, can serve as a clinically viable alternative to inpatient psychiatric hospitalization. **METHOD:** One hundred sixteen children and adolescents approved for emergency psychiatric hospitalization were randomly assigned to home-based MST or inpatient hospitalization. Assessments examining symptomatology, antisocial behavior, self-esteem, family relations, peer relations, school attendance, and consumer satisfaction were conducted at 3 times: within 24 hours of recruitment into the project, shortly after the hospitalized youth was released from the hospital (1-2 weeks after recruitment), and at the completion of MST home-based services (average of 4 months postrecruitment). **RESULTS:** MST was more effective than emergency hospitalization at decreasing youths’ externalizing symptoms and improving their family functioning and school attendance. Hospitalization was more effective than MST at improving youths’ self-esteem. Consumer satisfaction scores were higher in the MST condition. **CONCLUSIONS:** The findings support the view that an intensive, well-specified, and empirically supported treatment model, with judicious access to placement, can effectively serve as a family- and community-based alternative to the emergency psychiatric hospitalization of children and adolescents.


**Purpose:** To determine whether involvement in bullying as a perpetrator, victim, or both victim and perpetrator (victim-perpetrator) was associated with a higher risk of suicidal ideation or suicide attempts among a multiethnic urban high school population in the United States. **Methods:** In 2008, a total of 1,838 youth in 9th–12th grades attending public high school in Boston, MA, completed an in-school, self-reported survey of health-related behaviors. Logistic regression was used to evaluate the relationship between bullying behaviors and self-reported suicidal ideation and suicide attempts within the 12 months preceding the survey. **Results:** Students who reported having been involved in bullying as a perpetrator, victim, or victim-perpetrator were more likely than those who had not been involved in bullying to report having seriously considered or attempted suicide within the past year. When age, race/ethnicity, and gender were controlled, students who were victim-perpetrators of bullying were at highest risk for both suicidal ideation and suicide attempt. **Conclusions:** Urban youth who have been bullied as well as those who have bullied others are at increased risk of suicidal ideation and suicide attempts.


**Topic:** Families play an important role in youth suicide prevention, as both a source of protection and a source of risk, and thus are an important target for adolescent suicide prevention programs. **Purpose:** This article describes in detail Parents-CARE, a brief youth suicide prevention program for parents, for which effectiveness has been demonstrated. Engaging parents in preventive intervention can be challenging; therefore, the feasibility, acceptability, and relevance of the program to parents are examined. **Sources Used:** A total of 289 households participated in Parents-CARE. Parent attendance data and parent and interventionist process data are utilized to demonstrate the positive response by parents to the program. **Conclusion:** The Parents-CARE program was highly attended, and ratings demonstrate that parents were engaged in the program. Ratings show parents found the program both acceptable and relevant. Hence, the program described is promising for clinicians working with at-risk youth as they seek brief, accessible, and effective interventions that include parents in order to amplify the effects of an individual intervention approach.
Isaac, M., Elias, B., Katz, L. Y., Belik, S., Hughes, J. L., & Asarnow, J. R. (2013). Enhanced mental health interventions in the emergency department: suicide prevention, and gatekeeper. In addition, a scale cohort studies in military personnel and physicians have reported promising results with a significant reduction in suicidal ideation, suicide attempts, and deaths by suicide. CONCLUSIONS: Gatekeeper training is successful at imparting knowledge, building skills, and molding the attitudes of trainees; however, more work needs to be done on longevity of these traits and referral patterns of gatekeepers. There is a need for randomized controlled trials. In addition, the unique effect of gatekeeper training on suicide rates needs to be fully assessed.


Suicide is the third leading cause of death in adolescents, and often, youths with suicidal behavior or ideation present to the emergency department (ED) for care. Many suicidal youths do not receive mental health care after discharge from the ED, and interventions are needed to enhance linkage to outpatient intervention. This article describes the Family Intervention for Suicide Prevention (FISP). Designed for use in emergency settings, the FISP is a family-based cognitive behavior therapy session designed to increase motivation for follow-up treatment, support, coping, and safety, augmented by care linkage telephone contacts after discharge. In a randomized trial of the intervention, the FISP was shown to significantly increase the likelihood of youths receiving outpatient treatment, including psychotherapy and combined medication and psychotherapy. The FISP is a brief, focused, efficacious treatment that can be delivered in the ED to improve the probability of follow-up treatment for suicidal youths.


OBJECTIVE: Suicide prevention remains a challenge across communities in North America and abroad. We examine a suicide prevention effort that is widely used, termed gatekeeper training. There are 2 aims: review the state of the evidence on gatekeeper training for suicide prevention, and propose directions for further research. METHOD: Studies were identified by searching MEDLINE (PubMed) and PsycINFO from inception to the present for the key words suicide, suicide prevention, and gatekeeper. In addition, a manual scan of relevant articles’ bibliographies was undertaken. RESULTS: Gatekeeper training has been implemented and studied in many populations, including military personnel, public school staff, peer helpers, clinicians, and Aboriginal people. This type of training has been shown to positively affect the knowledge, skills, and attitudes of trainees regarding suicide prevention. Large-scale cohort studies in military personnel and physicians have reported promising results with a significant reduction in suicidal ideation, suicide attempts, and deaths by suicide. CONCLUSIONS: Gatekeeper training is successful at imparting knowledge, building skills, and molding the attitudes of trainees; however, more work needs to be done on longevity of these traits and referral patterns of gatekeepers. There is a need for randomized controlled trials. In addition, the unique effect of gatekeeper training on suicide rates needs to be fully assessed.


PURPOSE OF REVIEW: Every year, suicide claims the lives of tens of thousands of young people worldwide. Despite its high prevalence and known risk factors, suicidality is often undetected. Early identification of suicide risk may be an important method of mitigating this public health crisis. Screening youth for suicide may be a critical step in suicide prevention. This paper reviews suicide screening in three different settings: schools, primary care clinics and emergency departments (EDs). RECENT FINDINGS: Unrecognized and thus untreated suicidality leads to substantial morbidity and mortality. With the onus of detection falling on nonmental health professionals, brief screening tools can be used to initiate more in-depth evaluations. Nonetheless, there are serious complexities and implications of screening all children and adolescents for suicide. Recent studies show that managing positive screens is a monumental challenge, including the problem of false positives and the burden subsequently posed on systems of care. Furthermore, nearly 60% of youth in need of mental health services do not receive the care they need, even after suicide attempt. Schools, primary care clinics and EDs are logical settings where screening that leads to intervention can be initiated. SUMMARY: Valid, brief and easy-to-administer screening tools can be utilized to detect risk of suicide in children and adolescents. Targeted suicide screening in schools, and universal suicide screening in primary care clinics and EDs may be the most effective way to recognize and prevent self-harm. These settings must be equipped to manage youth who screen positive with effective and timely interventions. Most importantly, the impact of suicide screening in various settings needs to be further assessed.
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elucidated.


The motives of suicide attempts among a community sample of 99 U.S. high school students were explored. Participants completed an in-depth computer-assisted self interview about their most recent attempts as well as additional psychosocial measures. Results indicated that nearly 75% of the adolescents engaged in suicide attempts for reasons other than killing themselves and that depressive symptoms and premeditation prior to the attempt were significantly associated with increased risk for engaging in the attempts with death as a clear motive. Linking motive for an attempt (death, interpersonal communication, emotion regulation) and treatment approach may improve prevention of subsequent attempts and completed suicides.


Non-suicidal self-injury (NSSI), the intentional destruction of one’s own body tissue without the conscious intent to die, is a significant health concern among adolescents, however, there are few psychosocial interventions designed to treat NSSI. The current paper describes an adaptation of Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) to be used with adolescents who have symptoms of depression and are engaging in NSSI. Specifically, we describe the rationale for the adaptations made to IPT-A for self-injury (IPT-ASI), and a case vignette to illustrate the implementation of IPT-ASI. Non-suicidal self-injury is often triggered by interpersonal stressors, and IPT-ASI directly aims to help clients to improve their interpersonal relationships by increasing emotional awareness and understanding, and teaching communication and problem solving skills via supportive and didactic techniques. The case vignette demonstrates the successes and challenges of using IPT-ASI for an adolescent with moderate depression and NSSI behaviors who began treatment with much difficulty expressing her emotions.


One in five adolescents in the United States has engaged in nonsuicidal self-injury (NSSI), one in eight have had serious thoughts of suicide, and one in 25 have attempted suicide. Research suggests that NSSI may increase risk for suicide attempt, yet little is known about the relationship between NSSI and suicidal ideation or attempts. In a primary care setting, 1,561 youth aged 14–24 years completed a brief, comprehensive, mental health screen as part of a routine well visit to determine which factors were most likely to predict suicidal ideation and attempt among youth engaging in NSSI. Results of recursive partitioning revealed that current depression and history of alcohol use best differentiated youth engaging in NSSI with low versus high risk for suicidal ideation and attempts. This simple algorithm is presented as a clinical screening tool that might aid medical providers in determining which youth would benefit from more intensive assessment and intervention.


Racial differences in familial factors, psychopathology, perceptions of social support, and socioeconomic status were examined in a matched sample of African American and White suicidal adolescents (N = 90) during a psychiatric hospitalization. Exploratory analyses suggest that significant differences were found in family support and its association with psychopathology, but most noteworthy were the many similarities between the two adolescent groups. The results presented in this study represent new knowledge on the characteristics of African-American adolescents at high risk of suicidal behavior, and replace conventional wisdom with empirical knowledge about an aspect of human behavior for this population. Implications for social work practice, suicide prevention, and future research are discussed.

PROBLEM: Priority health-risk behaviors contribute to the leading causes of morbidity and mortality among youth and adults. Population-based data on these behaviors at the national, state, and local levels can help monitor the effectiveness of public health interventions designed to protect and promote the health of youth nationwide.

REPORTING PERIOD COVERED: September 2014-December 2015.

DESCRIPTION OF THE SYSTEM: The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health behaviors among youth and young adults: 1) behaviors that contribute to unintentional injuries and violence; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors related to unintended pregnancy and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) infection; 5) unhealthy dietary behaviors; and 6) physical inactivity. In addition, YRBSS monitors the prevalence of obesity and asthma and other priority health behaviors. YRBSS includes a national school-based Youth Risk Behavior Survey (YRBS) conducted by CDC and state and large urban school district school-based YRBSS conducted by state and local education and health agencies. This report summarizes results for 118 health behaviors plus obesity, overweight, and asthma from the 2015 national survey, 37 state surveys, and 19 large urban school district surveys conducted among students in grades 9-12.

RESULTS: Results from the 2015 national YRBS indicated that many high school students are engaged in priority health-risk behaviors associated with the leading causes of death among persons aged 10-24 years in the United States. During the 30 days before the survey, 41.5% of high school students nationwide among the 61.3% who drove a car or other vehicle during the 30 days before the survey had texted or e-mailed while driving, 32.8% had drunk alcohol, and 21.7% had used marijuana. During the 12 months before the survey, 15.5% had been electronically bullied, 20.2% had been bullied on school property, and 8.6% had attempted suicide. Many high school students are engaged in sexual risk behaviors that relate to unintended pregnancies and STIs, including HIV infection. Nationwide, 41.2% of students had ever had sexual intercourse, 30.1% had had sexual intercourse during the 3 months before the survey (i.e., currently sexually active), and 11.5% had had sexual intercourse with four or more persons during their life. Among currently sexually active students, 56.9% had used a condom during their last sexual intercourse. Results from the 2015 national YRBS also indicated many high school students are engaged in behaviors associated with chronic diseases, such as cardiovascular disease, cancer, and diabetes. During the 30 days before the survey, 10.8% of high school students had smoked cigarettes and 7.3% had used smokeless tobacco. During the 7 days before the survey, 5.2% of high school students had not eaten fruit or drunk 100% fruit juices and 6.7% had not eaten vegetables. More than one third (41.7%) had played video or computer games or used a computer for something that was not school work for 3 or more hours per day on an average school day and 14.3% had not participated in at least 60 minutes of any kind of physical activity that increased their heart rate and made them breathe hard on at least 1 day during the 7 days before the survey. Further, 13.9% had obesity and 16.0% were overweight.

INTERPRETATION: Many high school students engage in behaviors that place them at risk for the leading causes of morbidity and mortality. The prevalence of most health behaviors varies by sex, race/ethnicity, and grade and across states and large urban school districts. Long-term temporal changes also have occurred. Since the earliest year of data collection, the prevalence of most health-risk behaviors has decreased (e.g., riding with a driver who had been drinking alcohol, physical fighting, current cigarette use, current alcohol use, and current sexual activity), but the prevalence of other behaviors and health outcomes has not changed (e.g., suicide attempts treated by a doctor or nurse, smokeless tobacco use, having ever used marijuana, and attending physical education classes) or has increased (e.g., having not gone to school because of safety concerns, obesity, overweight, not eating vegetables, and not drinking milk). Monitoring emerging risk behaviors (e.g., texting and driving, bullying, and electronic vapor product use) is important to understand how they might vary over time.

PUBLIC HEALTH ACTION: YRBSS data are used widely to compare the prevalence of health behaviors among subpopulations of students; assess trends in health behaviors over time; monitor progress toward achieving 21 national health objectives for Healthy People 2020 and one of the 26 leading health indicators; provide comparable state and large urban school district data; and help develop and evaluate school and community policies, programs, and practices designed to decrease health-risk behaviors among youth and young adults.
behaviors and improve health outcomes among youth.


OBJECTIVE: Suicide is one of the leading causes of death among youth today. Schools are a cost-effective way to reach youth, yet there is no conclusive evidence regarding the most effective prevention strategy. We conducted a systematic review of the empirical literature on school-based suicide prevention programs.METHOD: Studies were identified through MEDLINE and Scopus searches, using keywords such as “suicide, education, prevention and program evaluation.” Additional studies were identified with a manual search of relevant reference lists. Individual studies were rated for level of evidence, and the programs were given a grade of recommendation. Five reviewers rated all studies independently and disagreements were resolved through discussion.RESULTS: Sixteen programs were identified. Few programs have been evaluated for their effectiveness in reducing suicide attempts. Most studies evaluated the programs’ abilities to improve students’ and school staffs’ knowledge and attitudes toward suicide. Signs of Suicide and the Good Behavior Game were the only programs found to reduce suicide attempts. Several other programs were found to reduce suicidal ideation, improve general life skills, and change gatekeeper behaviors.CONCLUSIONS: There are few evidence-based, school-based suicide prevention programs, a combination of which may be effective. It would be useful to evaluate the effectiveness of general mental health promotion programs on the outcome of suicide. The grades assigned in this review are reflective of the available literature, demonstrating a lack of randomized controlled trials. Further evaluation of programs examining suicidal behavior outcomes in randomized controlled trials is warranted.


BackgroundThe Good Behavior Game (GBG), a method of classroom behavior management used by teachers, was tested in first- and second-grade classrooms in 19 Baltimore City Public Schools beginning in the 1985–1986 school year. The intervention was directed at the classroom as a whole to socialize children to the student role and reduce aggressive, disruptive behaviors, confirmed antecedents of later substance abuse and dependence disorders, smoking, and antisocial personality disorder. This article reports on impact to ages 19–21.MethodsIn five poor to lower-middle class, mainly African American urban areas, three or four schools were matched and within each set randomly assigned to one of three conditions: (1) GBG, (2) a curriculum-and-instruction program directed at reading achievement, or (3) the standard program. Balanced assignment of children to classrooms was made, and then, within intervention schools, classrooms and teachers were randomly assigned to intervention or control. ResultsBy young adulthood significant impact was found among males, particularly those in first grade who were more aggressive, disruptive, in reduced drug and alcohol abuse/dependence disorders, regular smoking, and antisocial personality disorder. These results underline the value of a first-grade universal prevention intervention. ReplicationA replication was implemented with the next cohort of first-grade children with the same teachers during the following school year, but with diminished mentoring and monitoring of teachers. The results showed significant GBG impact for males on drug abuse/dependence disorders with some variation. For other outcomes the effects were generally smaller but in the predicted direction.


The Second National School Social Work Survey in 2014 aimed to update knowledge of school social work practice by examining how practitioner characteristics, practice context, and practice choices have evolved since the last national survey in 2008. This second survey was also developed to assess how the new national school social work practice model created by the School Social Work Association of America aligns with early 21st century school social work practice realities. The second survey was conducted from
February through April 2014 (3,769 total responses were collected) and represents the largest sample of American school social workers surveyed in two decades. Data from the Second National School Social Work Survey showed a field that still has not fully responded to calls to implement evidence-informed and data-driven practices. This article notes the need to better integrate pre- and postservice training in data-driven practices and provides recommendations for ways to overcome barriers that school social workers report facing.


This longitudinal study of recently hospitalized suicidal youth examined parental mental health history in addition to several indices of adolescent functioning as risk factors for time-to-suicide attempt over a 1-year period. Participants were 352 adolescents (253 girls, 99 boys; ages 13-17 years) who participated in self-report and interview assessments within 1 week of hospitalization and 6 weeks, 3, 6, and 12 months post-hospitalization. Multivariable proportional hazards regression modeled time-to-suicide attempt. Results indicate that adolescents were almost twice as likely to make a suicide attempt if they had at least one biological parent with mental health problems. Risk was also increased for adolescents with baseline histories of multiple previous suicide attempts, more severe suicidal ideation and more severe functional impairment. Findings suggest the need to consider the family system when intervening with suicidal youth.


The purpose of this study was to examine the efficacy of the Youth-Nominated Support Team-Version II (YST-II) for suicidal adolescents, an intervention based on social support and health behavior models, which was designed to supplement standard treatments. Psychiatrically hospitalized and suicidal adolescents, 13-17 years of age, were randomly assigned to treatment-as-usual (TAU) + YST-II (n = 223) or TAU only (n = 225). YST-II provided tailored psychoeducation to youth-nominated adults in addition to weekly check-ins for 3 months following hospitalization. In turn, these adults had regular supportive contact with adolescents. Adolescents assigned to TAU + YST-II had an average of 3.43 (SD = 0.83) nominated adults. Measures included the Suicidal Ideation Questionnaire-Junior (SIQ-JR; W. M. Reynolds, 1988), Children’s Depression Rating Scale-Revised (E. O. Poznanski & H. B. Mokros, 1996), Beck Hopelessness Scale (A. T. Beck & R. A. Steer, 1993), and Child and Adolescent Functional Assessment Scale (CAFAS; K. Hodges, 1996). YST-II had very limited positive effects, which were moderated by history of multiple suicide attempts, and no negative effects. It resulted in more rapid decreases in suicidal ideation (SIQ-JR) for multiple suicide attempters during the initial 6 weeks after hospitalization (small-to-moderate effect size). For nonmultiple attempters, it was associated with greater declines in functional impairment (CAFAS) at 3 and 12 months (small effect sizes). YST-II had no effects on suicide attempts and no enduring effects on SIQ-JR scores.


In this study, the authors investigated the efficacy of the Youth-Nominated Support Team-Version 1 (YST-1), a psychoeducational social network intervention, with 289 suicidal, psychiatrically hospitalized adolescents (197 girls, 92 boys). Adolescents were randomly assigned to treatment-as-usual plus YST-1 or treatment-as-usual only. Assessments were completed pre- and postintervention (6 months). There were no main effects for YST-1 on suicide ideation or attempts, internalizing symptoms, or related functional impairment. Relative to other girls, however, those who received YST-1 reported greater decreases in self-reported suicidal ideation (actually treated analytic strategy) and significantly greater decreases in mood-related functional impairment reported by their parents (intent to treat and actually treated analytic strategies). This is the first randomized controlled clinical trial to investigate the efficacy of a social network intervention with suicidal youths.
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This article reviews the empirical literature concerning social and interpersonal variables as risk factors for adolescent suicidality (suicidal ideation, suicidal behavior, death by suicide). It also describes major social constructs in theories of suicide and the extent to which studies support their importance to adolescent suicidality. PsychINFO and PubMed searches were conducted for empirical studies focused on family and friend support, social isolation, peer victimization, physical/sexual abuse, or emotional neglect as these relate to adolescent suicidality. Empirical findings converge in documenting the importance of multiple social and interpersonal factors to adolescent suicidality. Research support for the social constructs in several major theories of suicide is summarized and research challenges are discussed.

BACKGROUND: Suicide ranks as the third leading cause of death among youth aged 15-24 years. Schools provide ideal opportunities for suicide prevention efforts. However, research is needed to identify programs that effectively impact youth suicidal ideation and behavior. This study examined the immediate and 3-month effect of Surviving the Teens® Suicide Prevention and Depression Awareness Program on students’ suicidality and perceived self-efficacy in performing help-seeking behaviors.METHODS: High school students in Greater Cincinnati schools were administered a 3-page survey at pretest, immediate posttest, and 3-month follow-up. A total of 1030 students participated in the program, with 919 completing matched pretests and posttests (89.2%) and 416 completing matched pretests and 3-month follow-ups (40.4%).RESULTS: Students were significantly less likely at 3-month follow-up than at pretest to be currently considering suicide, to have made a suicidal plan or attempted suicide during the past 3 months, and to have stopped performing usual activities due to feeling sad and hopeless. Students’ self-efficacy and behavioral intentions toward help-seeking behaviors increased from pretest to posttest and were maintained at 3-month follow-up. Students were also more likely at 3-month follow-up than at pretest to know an adult in school with whom they felt comfortable discussing their problems. Nine in 10 (87.3%) felt the program should be offered to all high school students.CONCLUSIONS: The findings of this study lend support for suicide prevention education in schools. The results may be useful to school professionals interested in implementing effective suicide prevention programming to their students.

Two studies examined 2 important but previously unanswered questions about the experience of suicidal ideation: (a) How does suicidal ideation vary over short periods of time?, and (b) To what degree do risk factors for suicidal ideation vary over short periods and are such changes associated with changes in suicidal ideation? Participants in Study 1 were 54 adults who had attempted suicide in the previous year and completed 28 days of ecological momentary assessment (EMA; average of 2.51 assessments per day; 2,891 unique assessments). Participants in Study 2 were 36 adult psychiatric inpatients admitted for suicide risk who completed EMA throughout their time in the hospital (average stay of 10.32 days; average 2.48 assessments per day; 649 unique assessments). These studies revealed 2 key findings: (a) For nearly all participants, suicidal ideation varied dramatically over the course of most days: more than 1-quarter (Study 1 = 29%; Study 2 = 28%) of all ratings of suicidal ideation were a standard deviation above or below the previous response from a few hours earlier and nearly all (Study 1 = 94.1%; Study 2 = 100%) participants had at least 1 instance of intensity of suicidal ideation changing by a standard deviation or more from 1 response to the next. (b) Across both studies, well-known risk factors for suicidal ideation such as hopelessness, burdensomeness, and loneliness also varied considerably over just a few hours and correlated with suicidal ideation, but were limited in predicting short-term change in suicidal ideation. These studies represent the most fine-grained examination of suicidal ideation ever conducted. The results
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advance the understanding of how suicidal ideation changes over short periods and provide a novel method of improving the short-term prediction of suicidal ideation.


BACKGROUND: While the ultimate goal of adolescent suicide-prevention efforts is to decrease the incidence of death by suicide, a critical intermediary goal is directing youths toward effective sources of assistance.AIM: To comprehensively review the universal prevention literature and examine the effects of universal prevention programs on student’s attitudes and behaviors related to help-seeking.METHOD: We systematically reviewed studies that assessed help-seeking outcomes including prevention efforts utilizing (1) psychoeducational curricula, (2) gatekeeper training, and (3) public service messaging directed at youths. Of the studies reviewed, 17 studies evaluated the help-seeking outcomes. These studies were identified through a range of sources (e.g., searching online databases, examining references of published articles on suicide prevention).RESULTS: The results of this review suggest that suicide-prevention programming has a limited impact on help-seeking behavior. Although there was some evidence that suicide-prevention programs had a positive impact on students’ help-seeking attitudes and behaviors, there was also evidence of no effects or iatrogenic effects. Sex and risk status were moderators of program effects on students help-seeking.CONCLUSIONS: Caution is warranted when considering which suicidal prevention interventions best optimize the intended goals. The impact on adolescents’ help-seeking behavior is a key concern for educators and mental-health professionals.


The association between specific types of peer victimization with depression, suicidal ideation, and suicide attempts among adolescents was examined. A self-report survey was completed by 2,342 high-school students. Regression analyses indicated that frequent exposure to all types of peer victimization was related to high risk of depression, ideation, and attempts compared to students not victimized. Infrequent victimization was also related to increased risk, particularly among females. The more types of victimization the higher the risk for depression and suicidality among both genders. Specific types of peer victimization are a potential risk factor for adolescent depression and suicidality. It is important to assess depression and suicidality among victimized students in order to develop appropriate intervention methods.


Elevated impulsivity is thought to facilitate the transition from suicidal thoughts to suicidal behavior. Therefore, impulsivity should distinguish those who have attempted suicide (attempters) from those who have only considered suicide (ideators-only). This hypothesis was examined in three large nonclinical samples: (1) 2,011 military recruits, (2) 1,296 college students, and (3) 399 high school students. In sample 1, contrary to traditional models of suicide risk, a unidimensional measure of impulsivity failed to distinguish attempters from ideators-only. In samples 2 and 3, which were administered a multidimensional measure of impulsivity (i.e., the UPPS impulsive behavior scale; Whiteside & Lynam, 2001), different impulsivity-related traits characterized attempters and ideators-only. Whereas both attempters and ideators-only exhibited high urgency (the tendency to act impulsive in the face of negative emotions), only attempters exhibited poor premeditation (a diminished ability to think through the consequences of one’s actions). Neither attempters nor ideators-only exhibited high sensation seeking or lack of perseverance. Future research should continue to distinguish impulsivity-related traits that predict suicide ideation from those that predict suicide attempts, and models of suicide risk should be revised accordingly.


PURPOSE OF REVIEW: This article summarizes findings from recent studies (published since 2015)
examining differences between suicide attempters and suicide ideators. RECENT FINDINGS: Converging evidence suggests that the capability to attempt suicide (e.g., acquired capability, painful and provocative experiences, high tolerance for pain and distress) is higher in suicide attempters than suicide ideators. Other psychosocial and biological differences have also been identified but require replication. SUMMARY: Recent literature reviews find that traditional risk factors for suicide - such as depression, hopelessness, most psychiatric disorders, and even impulsivity - robustly predict suicide ideation but poorly predict suicide attempts among ideators. To address this knowledge gap, studies are increasingly employing an ideation-to-action framework. This framework views the development of suicide ideation and the progression from ideation to potentially lethal attempts as distinct processes with distinct explanations and predictors. Converging evidence suggests that factors associated with diminished fear of pain, injury, and death can increase one’s capability to attempt suicide and facilitate the progression from suicidal thoughts to suicidal acts. Recent studies have also identified other variables that may differentiate attempters from ideators, but these require replication. Theories of suicide positioned within the ideation-to-action framework provide testable and promising hypotheses about the progression from ideation to attempts. These include the Interpersonal Theory, Integrated Motivational-Volitional Model, and Three-Step Theory.


It Gets Better is premised on a dubious narrative of progress and an imagined future of unending possibilities and expanding freedoms where hope is achieved through assimilation. The prescription for a “better” life suggested by It Gets Better ignores power differentials across race, gender, and religion, implying that all queers have the same opportunities as white gay men from American liberal, Protestant families.


Suicide in young people is a significant health concern, with numerous community- and school-based interventions promising to prevent suicide currently being applied across Canada. Before widespread application of any one of these, it is essential to determine its effectiveness and safety. We systematically reviewed the global literature on one of the most common community suicide prevention interventions in Canada and summarized data on 2 commonly applied school-based suicide prevention programmes. None of these has demonstrated effectiveness in preventing youth suicide or safety in application. Concurrently with their widespread distribution in Canada, the suicide rate in young women has increased—the first time in over 3 decades. Policy and regulatory implications of these findings are discussed.


The Zuni Life Skills Development Program, an effective community-initiated and high-school-based suicide prevention intervention, is featured. Development and evaluation of this intervention are followed by note of the specific challenges associated with stabilizing the program. A more tribally diverse, culturally-informed model entitled the American Indian Life Skills Development Curriculum is then presented to illustrate a hybrid approach to the cultural tailoring of interventions. This curriculum is broad enough to address concerns across diverse American Indian tribal groups yet respectful of distinctive and heterogeneous cultural beliefs and practices. Finally, we reflect upon issues in community-based research that emerged during this collaboration.


Web-based training programs have advantages such as increased scheduling flexibility and decreased training costs. Yet the feasibility of applying them to injury prevention programs such as suicide prevention gatekeeper training has not been empirically verified. Two studies were conducted to assess the feasibility and effectiveness of a web-based version of the Question, Persuade, and Refer (QPR) gatekeeper training program. Results of Study 1 revealed that participants in a web-based training demonstrated significant gains in knowledge of suicide prevention, self-efficacy for suicide prevention, and behavioral intentions to engage in suicide prevention, as compared to those in a control group. Results of Study 2 further showed that the web-based training may be as effective as the face-to-face QPR training across pre- (T1) and post training (T2); however, knowledge, self-efficacy, and behavioral intentions in both groups generally declined from T2 to 6-months after the training. Overall, these results provide initial evidence to support the feasibility of adopting web-based media to deliver gatekeeper training. Moreover, the present findings suggest the need to understand how to maintain gatekeepers’ knowledge, confidence, motivation, and skills after training.


OBJECTIVE: Previous studies have not examined associations of school connectedness with adolescent suicidal behaviours stratified by gender, while including a measure of depression. We analyzed survey data to determine whether there are independent protective associations of higher school connectedness with suicidal behaviours in Canadian adolescents, while controlling for potential confounders, including risk of depression; and whether such associations differ by gender.METHOD: Using data from a stratified cluster sample of randomly selected classes of students in schools in 3 of Canada’s Atlantic provinces, we used multiple logistic regression to examine whether associations of risk of depression, measured using the 12-item Center for Epidemiologic Studies-Depression scale, lessened protective associations of higher school connectedness with suicidal behaviours in grades 10 and 12 students, while stratifying by gender.RESULTS: After adjusting for risk of depression, higher school connectedness was independently associated with decreased suicidal ideation in both genders and with suicidal attempt in females. In males, higher connectedness was no longer protective for suicide attempt when risk of depression was included in the model.CONCLUSIONS: School connectedness, which is felt to have positive influences on many types of adolescent behaviour, appears to also be both directly and indirectly protective for suicidality. These effects may occur through different pathways in females and males. Given the protection it offers both genders, including those at risk and not at risk of depression, increasing school connectedness should be considered as a universal adolescent mental health strategy. Studies that examine school connectedness should include analyses that examine potential differences between males and females.


Directors and coordinators (n = 75) of graduate programs in school psychology approved by the National Association of School Psychologists (NASP) were surveyed regarding their training practices in suicide risk assessment. Respondents viewed the assessment of suicide risk as an important part of graduate instruction, and most believed that students completing training at their institutions would be adequately prepared to perform this task. Almost all directors indicated that a portion of class lectures was dedicated to addressing child/adolescent suicide risk assessment, and students were reportedly exposed to this topic in multiple courses, particularly those associated with practicum and internship. Students in doctoral and nondoctoral programs received comparable training and were judged to be equally prepared to perform suicide-related professional activities in the schools. Gaps in training were revealed involving instruction in the use of quantitative measures of risk, large-scale suicide prevention efforts, interventions with suicidal youth, and postvention activities.

Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth.
BACKGROUND: Suicide is the third-leading cause of death among adolescents and nonsuicidal self-harm occurs in 13%-45% of individuals within this age group, making these phenomena major public health concerns. Lesbian, gay, bisexual, and transgender (LGBT) youth particularly are at risk for engaging in these behaviors. Nevertheless, relatively little is known about the specific risk factors associated with suicidal ideation and self-harm behaviors in the population. PURPOSE: This study provides a longitudinal evaluation of the relative contributions of general and LGBT-specific risk factors as well as protective factors to the occurrence of suicidal ideation and self-harm in an ethnically diverse sample of LGBT youth. METHODS: A community sample of 246 LGBT youth (aged 16-20 years) was followed prospectively over five time points at regular 6-month intervals. Participants completed a baseline structured interview assessing suicide attempt history and questionnaires measuring gender nonconformity, impulsivity, and sensation-seeking. At follow-up assessments, participants completed a structured interview assessing self-harm and questionnaires for suicidal ideation, hopelessness, social support, and LGBT victimization. Data were collected from 2007 to 2011, and HLM analyses were conducted in 2011. RESULTS: A history of attempted suicide (p=0.05); impulsivity (p=0.01); and prospective LGBT victimization (p=0.03) and low social support (p=0.02) were associated with increased risk for suicidal ideation. Suicide attempt history (p<0.01); sensation-seeking (p=0.04); female gender (p<0.01); childhood gender nonconformity (p<0.01); and prospective hopelessness (p<0.01) and victimization (p<0.01) were associated with greater self-harm. CONCLUSIONS: General and LGBT-specific risk factors both uniquely contribute to likelihood of suicidal ideation and self-harm in LGBT youth, which may, in part, account for the higher risk of these phenomena observed in this population.


This review reports on current and emerging technologies for suicide prevention. Technology-based programs discussed include interactive educational and social networking Web sites, e-mail outreach, and programs that use mobile devices and texting. We describe innovative applications such as virtual worlds, gaming, and text analysis that are currently being developed and applied to suicide prevention and outreach programs. We also discuss the benefits and limitations of technology-based applications and discuss future directions for their use.


This is the protocol for a review and there is no abstract. The objectives are as follows: To assess the effects of the range of school-based psychological or educational prevention programmes that are available to prevent suicide and suicidal behaviour in adolescents.


Dialectical behavior therapy (DBT) was originally developed for chronically suicidal adults with borderline personality disorder (BPD) and emotion dysregulation. Randomized controlled trials (RCTs) indicate DBT is associated with improvements in problem behaviors, including suicide ideation and behavior, non-suicidal self-injury (NSSI), attrition, and hospitalization. Positive outcomes with adults have prompted researchers to adapt DBT for adolescents. Given this interest in DBT for adolescents, it is important to review the theoretical rationale and the evidence base for this treatment and its adaptations. A solid theoretical foundation allows for adequate evaluation of content, structural, and developmental adaptations and provides a framework for understanding which symptoms or behaviors are expected to improve with treatment and why. We first summarize the adult DBT literature, including theory, treatment structure and content, and outcome research. Then, we review theoretical underpinnings, adaptations, and outcomes of DBT for adolescents. DBT has been adapted for adolescents with various psychiatric disorders (i.e., BPD, mood disorders, externalizing disorders, eating disorders, trichotillomania) and problem behaviors (i.e.,
suicide ideation and behavior, NSSI) across several settings (i.e., outpatient, day program, inpatient, residential, correctional facility). The rationale for using DBT with these adolescents rests in the common underlying dysfunction in emotion regulation among the aforementioned disorders and problem behaviors. Thus, the theoretical underpinnings of DBT suggest that this treatment is likely to be beneficial for adolescents with a broad array of emotion regulation difficulties, particularly underregulation of emotion resulting in behavioral excess. Results from open and quasi-experimental adolescent studies are promising; however, RCTs are sorely needed.


Among the protective factors associated with reduced risk for suicide, scientific inquiries into school connectedness are especially important considering that schools are ideally situated to provide interventions reaching the vast majority of youth. Although there is a wealth of research that supports the association between school connectedness and reduced self-report of adolescents having a suicidal thought or making a suicide attempt, inconsistencies in the way studies have measured and operationalized school connectedness limit synthesis across findings. This meta-analytic study investigates the literature exploring associations between school connectedness and suicidal thoughts and behaviors across general and subpopulations (high risk and sexual minority youth) using a random effects model. Eligible studies examined a measure of school connectedness explicitly referred to as “school connectedness” or “connections at school” in relation to suicidal ideation or suicide attempts among youth enrolled in school (Grades 6-12). Multiple metaregression analyses were conducted to explore the influence of school connectedness measurement variation, as well as participant characteristics. Results, including 16 samples, support that higher school connectedness is associated with reduced reports of suicidal thoughts and behaviors across general (odds ratio [OR] = 0.536), high-risk (OR = 0.603), and sexual minority (OR = 0.608) adolescents. Findings are consistent when analyzed separately for suicidal ideation (OR = 0.529) and suicide attempts (OR = 0.589) and remain stable when accounting for measurement variability. Although limited by its cross-sectional nature, findings support recent calls to increase school connectedness and proffer important implications for screening and intervention efforts conducted in schools. (PsycINFO Database Record


PURPOSE: To examine disparities between sexual minority youth (SMY) and heterosexual youth in rates of suicidality and depression symptoms. METHODS: Separate meta-analyses were conducted to examine suicidality and depression disparities. Studies were included if the average age of the participants was <18 years, and if suicidality or depression symptoms were compared across SMY and heterosexual youth. RESULTS: SMY reported significantly higher rates of suicidality (odds ratio [OR] = 2.92) and depression symptoms (standardized mean difference, d = .33) as compared with the heterosexual youth. Disparities increased with the increase in the severity of suicidality (ideation [OR = 1.96], intent/plans [OR = 2.20], suicide attempts [OR = 3.18], suicide attempts requiring medical attention [OR = 4.17]). Effects did not vary across gender, recruitment source, and sexual orientation definition. CONCLUSIONS: Disparities in suicidality and depression may be influenced by negative experiences including discrimination and victimization. Clinicians should assess sexual orientation, analyze psychosocial histories to identify associated risk factors, and promote prevention and intervention opportunities for SMY and their families.


Suicidal and non-suicidal self-injurious behaviors are pernicious and highly prevalent among youth worldwide. Studies confirm that engaging suicidal youth in outpatient treatment is a challenge for most therapists and that a substantial number of suicidal youth never follow through with treatment referrals.
received in emergency departments and eventually re-attempt suicide. The treatment engagement literature for suicidal youth has largely focused on identifying empirical correlates of attendance and testing interventions to increase compliance. In an effort to promote the use of theory in this field, this article employs Staudt’s (2007) conceptual model of the treatment engagement process to both organize the empirical literature and to explain specific treatment engagement and retention strategies used in dialectical behavior therapy for suicidal adolescents. Recommendations for future research are offered.


The report from President George W. Bush’s New Freedom Commission on Mental Health (NFC), Achieving the Promise: Transforming Mental Health Care in America (2003), proposes goals and recommendations for improving mental health services. This report has significant implications for the delivery of mental health services through the schools. A focused discussion of the potential opportunities and challenges of implementing NFC recommendations related to school-based mental health is presented. Strategies for addressing five key areas at the intersection of school mental health and the Commission’s recommendations include: stigma reduction, suicide prevention, expansion and improvement of school mental health, and screening and treatment of co-occurring mental health and substance abuse disorders.


This longitudinal study investigated the prevalence and antecedents of burnout in a large sample of school psychologists from a Southeastern state. Approximately 40% of the school psychologists reported high levels of emotional exhaustion, 10% reported depersonalization reactions, and 19% reported a reduced sense of personal accomplishment at Time 1. Cross-sectional regression analyses suggested that personality variables (e.g., extraversion, agreeableness) related to burnout reports over and above stressful occupational events and demographic variables. Furthermore, a multidimensional model of burnout was supported in that there were differential correlates of the burnout dimensions. For example, Emotional Exhaustion scores and Depersonalization scores were more strongly associated with stressful occupational experiences than Reduced Personal Accomplishment scores. The longitudinal data demonstrated the transactional nature of the relationship between burnout and stressful occupational experiences suggesting that not only may stressful occupational experiences predispose individuals to experience burnout, but also that high burnout levels may predispose individuals to experience additional occupational stress. Finally, moderate to high levels of stability were demonstrated for burnout reports over the 7-month time interval, indicating that many school psychologists are chronically stressed on the job.


Objective: To examine the features and emotional impact of peer harassment incidents based on degree of technology involvement. Method: Telephone interviews with a national sample of 791 youth in the United States, ages 10–20. Results: 34% of youth reported 311 harassment incidents in the past year: 54% of incidents involved no technology (in-person only), 15% involved only technology (technology-only), and 31% involved both technology and in-person elements (mixed incidents). Boys ages 10–12 were most likely to report in-person-only incidents; technology-only incidents were reported equally by boys and girls and more so among older teens; mixed incidents were more common among girls. Concern that technology involvement inherently amplifies harm to victims was not supported. Compared with in-person incidents, technology-only incidents were less likely to involve multiple episodes and power imbalances. They were seen by victims as easier to stop and had significantly less emotional impact. Mixed incidents had the most emotional impact, possibly because they occurred across multiple environments and because perpetrators
tended to be more socially connected to victims. Conclusions: Youth experiencing “mixed” incidents of peer harassment should be a priority for educators trying to identify the most serious and harmful experiences.


Suicide is a preventable public health problem and a leading cause of death in the United States. Despite recognized need for community-based strategies for suicide prevention, most suicide prevention programs focus on individual-level change. This article presents seven first person accounts of Finding the Light Within, a community mobilization initiative to reduce the stigma associated with suicide through public arts participation that took place in Philadelphia, Pennsylvania from 2011 through 2012. The stigma associated with suicide is a major challenge to suicide prevention, erecting social barriers to effective prevention and treatment and enhancing risk factors for people struggling with suicidal ideation and recovery after losing a loved one to suicide. This project engaged a large and diverse audience and built a new community around suicide prevention through participatory public art, including community design and production of a large public mural about suicide, storytelling and art workshops, and a storytelling website. We present this project as a model for how arts participation can address suicide on multiple fronts—from raising awareness and reducing stigma, to promoting community recovery, to providing healing for people and communities in need.


The current study examined whether common indicators of suicide risk differ between adolescents engaging in non-suicidal self-injury (NSSI) who have and have not attempted suicide in an effort to enhance clinicians’ ability to evaluate risk for suicide within this group. Data were collected from 540 high school students in the Midwest who completed the RADS, RFL-A, SIQ, and SHBQ as part of a larger adolescent risk project. Results suggest that adolescents engaging in NSSI who also attempt suicide can be differentiated from adolescents who only engage in NSSI on measures of suicidal ideation, reasons for living, and depression. Clinical implications of the findings are discussed.


The trajectory of suicidal ideation across early adolescence may inform the timing of suicide prevention program implementation. This study aimed to identify developmental trajectories of suicidal ideation among an urban cohort of community-residing African Americans (AA) longitudinally followed from middle school through early adulthood (ages 11–19 years). Subtypes based on the developmental course of suicidal ideation from late childhood through mid-adolescence were identified using longitudinal latent class analysis (LLCA) with 581 AA adolescents (52.7% male; 71.1% free or reduced school meals). The developmental trajectories of suicidal ideation were then used to predict suicide attempts in young adulthood. Our LLCA indicated two subtypes (i.e., ideators and nonideators), with 8% of the sample in the ideator class. This trajectory class shows a peak of suicidal ideation in seventh grade and a steady decline in ideation in subsequent grades. Additionally, suicidal ideation trajectories significantly predicted suicide attempt. Results of these analyses suggest the need for suicide prevention approaches prior to high school for AA youth.


The goals of this study were to evaluate the effects of emotional support from friends and parents at two
time points (adolescence and adulthood) on adult depression in a nationally representative sample of survivors of childhood sexual abuse (CSA), and examine whether the associations were moderated by the identity of the perpetrator (parent/caregiver vs. not). Data were taken from Waves I and IV of the National Longitudinal Study of Adolescent Health (Add Health). The study sample included 1,238 Add Health participants with a history of CSA and an equivalently sized comparison group of individuals with no history of CSA. Parental support was measured using four items from each wave that assessed the warmth of participants’ relationships with their parents and their satisfaction with those relationships. Friend support in adolescence was measured using participants’ perceptions of how much their friends cared about them and in adulthood using participants’ self-reported number of close friends. Depression was measured using a 10-item subscale of the CES-D. Logistic regressions showed that support from friends and parents in adulthood were significantly associated with lower odds of adult depression in CSA survivors who reported non-parent/caregiver abuse. Among survivors of parent/caregiver abuse, emotional support was not significantly associated with adult depression regardless of when or by whom it was provided. In conclusion, emotional support in adulthood from friends and parents is associated with reduced odds of adult depression in CSA survivors, but only in cases where the abuse was perpetrated by someone other than a parent or caregiver.


The Good Behavior Game (GBG) is a universal classroom-based preventive intervention directed at reducing early aggressive, disruptive behavior and improving children's social adaptation into the classroom. GBG is one of the few universal preventive interventions delivered in early elementary school that has been shown to reduce the risk for future suicide attempts. This paper addresses one potential mechanism by which the GBG lowers the risk of later suicide attempt. In this study we tested whether the GBG, by facilitating social adaptation into the classroom early on, including the level of social preference by classmates, thereby lowers future risk of suicide attempts. The measure of social adaptation is based on first and second grade peer reports of social preference (“which children do you like best?”; “which children don’t you like?”). As part of the hypothesized meditational model, we examined the longitudinal association between childhood peer social preference and the risk of future suicide attempt, which has not previously been examined. Data were from an epidemiologically-based randomized prevention trial, which tested the GBG among two consecutive cohorts of first grade children in 19 public schools and 41 classrooms. Results indicated that peer social preference partially mediated the relationship between the GBG and the associated reduction of risk for later suicide attempts by adulthood, specifically among children characterized by their first grade teacher as highly aggressive, disruptive. These results suggest that positive childhood peer relations may partially explain the GBG-associated reduction of risk for suicide attempts and may be an important and malleable protective factor for future suicide attempt.


CONTEXT: Although suicide is the third leading cause of death among US adolescents, little is known about the prevalence, correlates, or treatment of its immediate precursors, adolescent suicidal behaviors (ie, suicide ideation, plans, and attempts). OBJECTIVES: To estimate the lifetime prevalence of suicidal behaviors among US adolescents and the associations of retrospectively reported, temporally primary DSM-IV disorders with the subsequent onset of suicidal behaviors. DESIGN: Dual-frame national sample of adolescents from the National Comorbidity Survey Replication Adolescent Supplement. SETTING: Face-to-face household interviews with adolescents and questionnaires for parents. PARTICIPANTS: A total of 6483 adolescents 13 to 18 years of age and their parents. MAIN OUTCOME MEASURES: Lifetime suicide ideation, plans, and attempts. RESULTS: The estimated lifetime prevalences of suicide ideation, plans, and attempts among the respondents are 12.1%, 4.0%, and 4.1%, respectively. The vast majority of adolescents...
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with these behaviors meet lifetime criteria for at least one DSM-IV mental disorder assessed in the survey. Most temporally primary (based on retrospective age-of-onset reports) fear/anger, distress, disruptive behavior, and substance disorders significantly predict elevated odds of subsequent suicidal behaviors in bivariate models. The most consistently significant associations of these disorders are with suicide ideation, although a number of disorders are also predictors of plans and both planned and unplanned attempts among ideators. Most suicidal adolescents (>80%) receive some form of mental health treatment. In most cases (>55%), treatment starts prior to onset of suicidal behaviors but fails to prevent these behaviors from occurring. CONCLUSIONS: Suicidal behaviors are common among US adolescents, with rates that approach those of adults. The vast majority of youth with suicidal behaviors have preexisting mental disorders. The disorders most powerfully predicting ideation, though, are different from those most powerfully predicting conditional transitions from ideation to plans and attempts. These differences suggest that distinct prediction and prevention strategies are needed for ideation, plans among ideators, planned attempts, and unplanned attempts.

Depressed mood, frequency of alcohol use, and their combination were examined to see if they differentiated nonsuicidal adolescents from those with suicidal ideation and adolescents with suicidal ideation from those who have made a suicide attempt. Hierarchical logistic regressions indicated that frequency of alcohol use did not differentiate nonsuicidal adolescents from those with current suicidal ideation, but severity of depressed mood did so. In contrast, alcohol use was a significant differentiating factor between adolescents who had attempted suicide compared to those with suicidal ideation only, with severity of depressed mood not being significant. However, there was also a significant interaction effect such that for adolescents with suicidal ideation and low levels of depression, increased frequency of alcohol use was associated with increased odds of a suicide attempt. These findings suggest that alcohol use may hasten the transition from suicidal ideation to suicide attempt in adolescents with low levels of depressed mood.

BACKGROUND: Repeated self-harm in adolescents is common and associated with elevated psychopathology, risk of suicide, and demand for clinical services. Despite recent advances in the understanding and treatment of self-harm there have been few systematic reviews of the topic. AIMS: The main aim of this article is to review randomised controlled trials (RCTs) reporting efficacy of specific pharmacological, social or psychological therapeutic interventions (TIs) in reducing self-harm repetition in adolescents presenting with self-harm. METHOD: Data sources were identified by searching Medline, PsychINFO, EMBASE, and PubMed from the first available year to December 2010. RCTs comparing specific TIs versus treatment as usual or placebo in adolescents presenting with self-harm were included. RESULTS: Fourteen RCTs reported efficacy of psychological and social TIs in adolescents presenting with self-harm. No independently replicated RCTs have been identified reporting efficacy of TIs in self-harm reduction. Developmental Group Psychotherapy versus treatment as usual was associated with a reduction in repeated self-harm, however, this was not replicated in subsequent studies. Multisystemic Therapy (MST) versus psychiatric hospitalisation was associated with a reduction of suicidal attempts in a sample of adolescents with a range of psychiatric emergencies. However, analyses focusing only on the smaller subgroup of adolescents presenting with deliberate self-harm at the initial psychiatric emergency, did not indicate significant benefits of MST versus hospitalisation. CONCLUSIONS: Further research is urgently needed to develop TIs for treating self-harm in adolescents. MST has shown promise but needs to be evaluated in a sample of adolescents with self-harm; dialectical behavioural therapy and cognitive behavioural therapy for self-harm require RCTs to evaluate efficacy and effectiveness.

(PTSD) in adolescents: a systematic review and meta-analysis. Social Psychiatry and Psychiatric Epidemiology, 50(4), 525–537. https://doi.org/10.1007/s00127-014-0978-x

PURPOSE: There is growing evidence in the literature that a diagnosis of Posttraumatic Stress Disorder (PTSD) is an important contributory factor to suicidality in adolescents. However, there is no existing review of the literature examining the relationship between PTSD and suicidality in adolescents. This study aims to provide the first systematic review and meta-analysis of the association between PTSD and suicidality in adolescents.

METHODS: Five bibliographic databases (Medline, EMBASE, PsycINFO, Web of Science and PILOT) were screened for suitable articles. Twenty-eight studies (which provided 28 independent samples) were included in the review. The overall meta-analyses of the association between PTSD and suicidality were followed by subgroup and meta-regression analyses.

RESULTS: A highly significant positive association was found between PTSD and suicidality ($d = 0.701, 95\% CI 0.555-0.848$). The subgroup and meta-regression analyses showed that the association between PTSD and suicidality persisted whilst adjusting for various sources of between-study heterogeneity, such as, different levels of severity of suicidality, target groups, and methodological quality of the studies.

CONCLUSIONS: Suicidality in adolescents with PTSD is a major problem which requires further research effort. The implications of these results are discussed.


About 30,000 persons die by suicide each year in the United States alone (Botsis et al., 1997). It is the second or third (depending on the age group and sex) most frequent cause of death for teenagers in the United States (CDC, 2011; Lowy et al., 1984; Moscicki et al., 1988). In 2006, the age-adjusted suicide rate among youth aged 10–19 years in the United States was 4.16 per 100,000. Among this population, the rate of suicide increases with age, and the suicide rate is substantially higher in boys than in girls—in boys between ages 18 and 19 years, the suicide rate is 15–20 per 100,000, and in girls, the rate is 3–4 per 100,000 (Bridge et al., 2006; CDC, 2011). In adults, suicidal behavior is a major symptom of depression and other psychiatric disorders, such as schizophrenia, alcoholism, and personality disorders. Besides psychiatric illnesses, other risk factors include a family history of suicide and a family history of psychiatric disorders and alcoholism, psychosocial stressors, impulsivity, and aggression (Joiner et al., 2005).

Abnormalities in neurobiological mechanisms may also be a predisposing or risk factor (Mann et al., 1999; Underwood et al., 2004). Studies conducted on patients with suicidal behavior (Pandey et al., 1995) and on postmortem brain samples from suicide victims (Pandey et al., 2002a) strongly suggest that suicide is associated with neurobiological abnormalities. Although some progress has been made in elucidating the role of serotonin (5-hydroxytryptamine, 5HT) and other neurobiological mechanisms in adult suicide, the neurobiology of adolescent suicide is understudied. There is evidence to suggest that some factors associated with adolescent suicide may be different from adult suicide (Brent et al., 1999; Zalsman et al., 2008). Although the impulsive-aggressive behavior is a common risk factor for both adult and teenage suicide, aggression and impulsivity are traits highly related to suicidal behavior in adolescents (Apter et al., 1995). Higher levels of impulsive aggressiveness play a greater role in suicide among younger individuals with decreasing importance with increasing age (Brent et al., 1993). Brent et al. have also shown that adolescents with aggression and conduct disorders may be suicidal even in the absence of depression. Psychosocial factors associated with adolescent suicide, such as stress and contagion, bullying, and peer victimization (Brunstein et al., 2008; Bursztein and Apter, 2009; Klomek et al., 2008), may also be different.

Alcohol and drug abuse contribute significantly to the risk of suicide in teenagers (Apter et al., 1990, 1995). Additional potential contributors to suicidal behavior in depressed adolescents are other early defined traits, such as temperament and emotional regulation. One study (Tamas et al., 2007) suggests that suicidal youths are characterized by high maladaptive regulatory responses and low adaptive emotional regulation responses to dysphoria. Since there are both similarities and differences in the risk factors for teenage and adult suicides, it is quite likely that the neurobiology of teenage suicide may be similar in some respects to adult suicide and different in others. The neurobiology of teenage suicide has been primarily studied by the group of Pandey and colleagues. In this chapter, we summarize these studies and have also discussed the similarities and differences in the findings between teenage and adult suicide victims. Since we also study the neurobiology of adult suicide, we compare these neurobiological findings with particular reference to
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our own findings and briefly to those reported in the literature.


A systematic search of popular and scholarly databases identified workshops that addressed general clinical competence in the assessment or management of suicide risk, targeted mental health professionals, and had at least one peer-reviewed publication. We surveyed workshop developers and examined empirical articles associated with each workshop. The state of workshop education is characterized by presenting the learning objectives, educational formats, instructor factors, and evaluation studies. Workshops are efficacious for transferring knowledge and shifting attitudes; however, their role in improving clinical care and outcomes of suicidal patients has yet to be determined.


Psychiatrists-in-training typically learn that assessments of suicide risk should culminate in a probability judgment expressed as “low,” “moderate,” or “high.” This way of formulating risk has predominated in psychiatric education and practice, despite little evidence for its validity, reliability, or utility. We present a model for teaching and communicating suicide risk assessments without categorical predictions. Instead, we propose risk formulations which synthesize data into four distinct judgments to directly inform intervention plans: (1) risk status (the patient’s risk relative to a specified subpopulation), (2) risk state (the patient’s risk compared to baseline or other specified time points), (3) available resources from which the patient can draw in crisis, and (4) foreseeable changes that may exacerbate risk. An example case illustrates the conceptual shift from a predictive to a preventive formulation, and we outline steps taken to implement the model in an academic psychiatry setting. Our goal is to inform educational leaders, as well as individual educators, who can together cast a prevention-oriented vision in their academic programs.


To develop and refine interventions to prevent youth suicide, knowledge is needed about specific processes that reduce risk at a population level. Using a cross-sectional design, the present study tested hypotheses regarding associations between self-reported suicide attempts, emotion regulation difficulties, and positive youth-adult relationships among 7,978 high-school students (48.6% male, 49.9% female) in 30 high schools from predominantly rural, low-income communities. 683 students (8.6%) reported a past-year suicide attempt. Emotion regulation difficulties and a lack of trusted adults at home and school were associated with increased risk for making a past-year suicide attempt, above and beyond the effects of depressive symptoms and demographic factors. The association between emotion regulation difficulties and suicide attempts was modestly lower among students who perceived themselves as having higher levels of trusted adults in the family, consistent with a protective effect. Having a trusted adult in the community (outside of school and family) was associated with fewer suicide attempts in models that controlled only for demographic covariates, but not when taking symptoms of depression into account. These findings point to adolescent emotion regulation and relationships with trusted adults as complementary targets for suicide prevention that merit further intervention studies. Reaching these targets in a broad population of adolescents will require new delivery systems and “option rich” (OR) intervention designs.


OBJECTIVE: Research on suicide prevention and interventions requires a standard method for assessing
both suicidal ideation and behavior to identify those at risk and to track treatment response. The Columbia-Suicide Severity Rating Scale (C-SSRS) was designed to quantify the severity of suicidal ideation and behavior. The authors examined the psychometric properties of the scale. METHOD: The C-SSRS’s validity relative to other measures of suicidal ideation and behavior and the internal consistency of its intensity of ideation subscale were analyzed in three multisite studies: a treatment study of adolescent suicide attempters (N=124); a medication efficacy trial with depressed adolescents (N=312); and a study of adults presenting to an emergency department for psychiatric reasons (N=237). RESULTS: The C-SSRS demonstrated good convergent and divergent validity with other multi-informant suicidal ideation and behavior scales and had high sensitivity and specificity for suicidal behavior classifications compared with another behavior scale and an independent suicide evaluation board. Both the ideation and behavior subscales were sensitive to change over time. The intensity of ideation subscale demonstrated moderate to strong internal consistency. In the adolescent suicide attempters study, worst-point lifetime suicidal ideation on the C-SSRS predicted suicide attempts during the study, whereas the Scale for Suicide Ideation did not. Participants with the two highest levels of ideation severity (intent or intent with plan) at baseline had higher odds for attempting suicide during the study. CONCLUSIONS: These findings suggest that the C-SSRS is suitable for assessment of suicidal ideation and behavior in clinical and research settings.


Child and youth care (CYC) professionals often provide care to children, youth and families in conjunction with professionals from other disciplines. How CYC professionals engage other service providers in the provision of care for suicidal adolescents requires examination. The purpose of the overall study was to understand and explain the process of CYC professionals’ mental health literacy practices with suicidal adolescents. Findings presented here provide insight into the process of CYC professionals’ practice with other service providers in the context of their encounters with suicidal adolescents. Using a constructivist grounded theory method, data were collected and analysed from interviews with CYC professionals, supervisors within youth-serving community agencies, educators within Schools of Child and Youth Care, and extant texts of relevance to suicide, such as organisational policies, assessment tools, and suicide education curricula. One practice identified during analysis, flooding the zone, is the focus of the present paper. Flooding refers to the process of contacting and informing a myriad of professionals or services of the adolescent’s suicidality, and was comprised of making decisions as to whom to contact, informing the adolescent, and negotiating with services. Professionals’ perceptions of their role and the availability and accessibility of mental health services influenced the practice of flooding. Based on analysis of the data, flooding the zone has the potential to disrupt CYC professionals’ relational proximity to the adolescent and may reinforce a devalued role for CYC professionals in suicide intervention within the larger mental health system of care.


We report a quasi-experimental investigation of an adaptation of Dialectical Behavior Therapy (DBT) with a group of suicidal adolescents with borderline personality features. The DBT group (n = 29) received 12 weeks of twice weekly therapy consisting of individual therapy and a multifamily skills training group. The treatment as usual (TAU) group (n = 82) received 12 weeks of twice weekly supportive-psychodynamic individual therapy plus weekly family therapy. Despite more severe pre-treatment symptomatology in the DBT group, at post-treatment this group had significantly fewer psychiatric hospitalizations during treatment, and a significantly higher rate of treatment completion than the TAU group. There were no significant differences in the number of suicide attempts made during treatment. Examining pre-post change within the DBT group, there were significant reductions in suicidal ideation, general psychiatric symptoms, and symptoms of borderline personality. DBT appears to be a promising treatment for suicidal adolescents with borderline personality characteristics.


Accurate assessment and management of risk is crucial to the prevention of suicidal behavior. In the present article, the interpersonal theory of suicide (T. E. Joiner, 2005, *Why people die by suicide*, Cambridge, MA: Harvard University Press; K. A. Van Orden, et al., 2010, *The interpersonal theory of suicide*, *Psychological Review*, 117, 575–600) is used as the main backdrop for conceptualizing targets for suicide risk assessment and attendant management strategies. In addition to providing an overview of the theory and its corroborating empirical evidence, we discuss its tenets in relation to three other leading theories of suicidal behavior. The shared features and unique strengths of the empirical approaches are noted. Following this, leading risk factors for imminent suicidal behavior are discussed and possible links to existing empirical perspectives are highlighted. In particular, evidence is reviewed for marked social withdrawal and key indicators of overarousal (namely, agitation, nightmares, and insomnia). We offer recommendations for appropriate empirically based assessment and intervention strategies and close with a discussion of future directions for research. (PsycINFO Database Record (c) 2013 APA, all rights reserved). (journal abstract)


AimSocial media platforms are commonly used for the expression of suicidal thoughts and feelings, particularly by young people. Despite this, little is known about the ways in which social media can be used for suicide prevention. The aim of this study was to conduct a systematic review to identify current evidence pertaining to the ways in which social media are currently used as a tool for suicide prevention. MethodsMedline, PsycInfo, Embase, CINHAL and the Cochrane Library were searched for articles published between 1991 and April 2014. English language articles with a focus on suicide-related behaviour and social media were included. No exclusion was placed on study design. ResultsThirty studies were included; 4 described the development of social media sites designed for suicide prevention, 6 examined the potential of social media in terms of its ability to reach or identify people at risk of suicide, 15 examined the ways in which people used social media for suicide prevention-related purposes, and 5 examined the experiences of people who had used social media sites for suicide prevention purposes. No
intervention studies were identified. Conclusion Social media platforms can reach large numbers of otherwise hard-to-engage individuals, may allow others to intervene following an expression of suicidal ideation online, and provide an anonymous, accessible and non-judgmental forum for sharing experiences. Challenges include difficulties controlling user behaviour and accurately assessing risk, issues relating to privacy and confidentiality and the possibility of contagion. Social media appears to hold significant potential for suicide prevention; however, additional research into its safety and efficacy is required.


**BACKGROUND:** Suicide, in particular among young people, is a major public health problem, although little is known regarding effective interventions for managing and preventing suicide-related behavior. Aims: To review the empirical literature pertaining to suicide postvention, prevention, and early intervention, specifically in school settings.**METHOD:** MEDLINE, PsycINFO, and the Cochrane Central Register of Controlled Trials (CCRCT) as well as citation lists of relevant articles using terms related to suicide and schools were searched in July 2011. School-based programs targeting suicide, attempted suicide, suicidal ideation, and self-harm where intent is not specified were included. No exclusion was placed on trial design. All studies had to include a suicide-related outcome.**RESULTS:** A total of 412 potentially relevant studies were identified, 43 of which met the inclusion criteria, as well as three secondary publications: 15 universal awareness programs, 23 selective interventions, 3 targeted interventions, and 2 postvention trials.**LIMITATIONS:** Overall, the evidence was limited and hampered by methodological concerns, particularly a lack of RCTs. Conclusions: The most promising interventions for schools appear to be gatekeeper training and screening programs. However, more research is needed.


**Aim/Little evidence exists regarding the efficacy of suicide prevention programmes among the youth. This pilot study aimed to test the effects of a specifically designed, eight-module Internet-based programme on suicidal ideation among secondary school students.**Methods The study employed a pre-test/post-test design. Outcomes of interest were suicidal ideation, depression and hopelessness. Participants were recruited via the school well-being team, were assessed at baseline and immediately post-intervention. The intervention was delivered weekly at the young persons’ school. Results Twenty-one samples completed all eight modules and a post-intervention assessment, and constitute the observed case sample used for the analysis. Overall levels of suicidal ideation, depressive symptoms and hopelessness decreased significantly over the course of the study. Conclusions This was a small pilot study with no control group. However, significant reductions were seen in suicidal ideation, depressive symptoms and hopelessness, indicating that Internet-based interventions may hold promise when it comes to reducing suicide risk among youth. Further investigation is warranted.


**BACKGROUND:** Suicide is the third leading cause of death in the United States for youth 12–17 years or age. Acute psychiatric hospitalization represents a clear worst point clinically and acute suicide risk is the most common reason for psychiatric admission. We sought to determine factors associated with differences in individual suicide risk assessment for children and adolescents during acute psychiatric admission.**METHODS:** Study participants were 1153 youth consecutively admitted to an inpatient psychiatry unit who completed a self-administered Suicide Status Form (SSF) within 24h of admission. Additional information on suicide risk factors was obtained through medical chart abstraction.**RESULTS:** Females reported significantly greater psychological pain, stress, hopelessness, and self-hate on the SSF and were significantly more likely to have made a suicide attempt just prior to the index hospital admission (OR=1.59, SE=0.29; CI=1.12-2.26), report a family history of suicide (OR=2.02, SE=0.33; CI=1.47-2.78), and
had experienced a greater number of inpatient psychiatry admissions related to suicidal ideation (RR=1.33, SE=0.13; CI=1.10-1.61). High school aged youth and those with a primary diagnosis of depression displayed consistently elevated SSF scores and risk factors for suicide compared to comparison groups.LIMITATIONS: Diagnosis was determined through chart abstraction. Responses to access to firearm question had missing data for 46% of the total sample.CONCLUSIONS: Systematic administration of a suicide-specific measure at admission may help clinicians improve identification of suicide risk factors in youth in inpatient psychiatry settings.


OBJECTIVE: We examined whether mentalization-based treatment for adolescents (MBT-A) is more effective than treatment as usual (TAU) for adolescents who self-harm. METHOD: A total of 80 adolescents (85% female) consecutively presenting to mental health services with self-harm and comorbid depression were randomly allocated to either MBT-A or TAU. Adolescents were assessed for self-harm, risk-taking and mood at baseline and at 3-monthly intervals until 12 months. Their attachment style, mentalization ability and borderline personality disorder (BPD) features were also assessed at baseline and at the end of the 12-month treatment. RESULTS: MBT-A was more effective than TAU in reducing self-harm and depression. This superiority was explained by improved mentalization and reduced attachment avoidance and reflected improvement in emergent BPD symptoms and traits. CONCLUSIONS: MBT-A may be an effective intervention to reduce self-harm in adolescents.


OBJECTIVE: We examined specific family rejecting reactions to sexual orientation and gender expression during adolescence as predictors of current health problems in a sample of lesbian, gay, and bisexual young adults. METHODS: On the basis of previously collected in-depth interviews, we developed quantitative scales to assess retrospectively in young adults the frequency of parental and caregiver reactions to a lesbian, gay, or bisexual sexual orientation during adolescence. Our survey instrument also included measures of 9 negative health indicators, including mental health, substance abuse, and sexual risk. The survey was administered to a sample of 224 white and Latino self-identified lesbian, gay, and bisexual young adults, aged 21 to 25, recruited through diverse venues and organizations. Participants completed self-report questionnaires by using either computer-assisted or pencil-and-paper surveys. RESULTS: Higher rates of family rejection were significantly associated with poorer health outcomes. On the basis of odds ratios, lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection. Latino men reported the highest number of negative family reactions to their sexual orientation in adolescence. CONCLUSIONS: This study establishes a clear link between specific parental and caregiver rejecting behaviors and negative health problems in young lesbian, gay, and bisexual adults. Providers who serve this population should assess and help educate families about the impact of rejecting behaviors. Counseling families, providing anticipatory guidance, and referring families for counseling and support can help make a critical difference in helping decrease risk and increasing well-being for lesbian, gay, and bisexual youth.


Although the Signs of Suicide (SOS) suicide prevention program has been implemented at both the middle and high school levels, its efficacy has been demonstrated previously only among high school students. The current study evaluated SOS implemented in high military impact middle schools. Compared to controls, SOS participants demonstrated improved knowledge about suicide and suicide prevention, and participants with pretest ideation reported fewer suicidal behaviors at posttest than controls with pretest ideation. These results provide preliminary evidence for SOS’s efficacy as a suicide prevention program for middle school students.


Youth suicide is a growing public health concern. As schools are becoming a key entry point for preventing and addressing youth suicide, the integration of suicide prevention efforts into existing school mental health (SMH) systems is becoming even more important. Unfortunately, as schools expand and adapt their existing SMH systems to meet this need, little guidance is available to them regarding how to do this. This article shares a case study documenting one rural school district’s efforts to initiate, implement, and evaluate a suicide prevention program (Yellow Ribbon Ask 4 Help) through integration into the district’s existing SMH system. Data were collected from 5,949 sixth- to 12th-grade students over four academic years, and changes were tracked in relationship to students’ knowledge and help-seeking behaviors to support peers with suicidal thoughts. Data also capture the reasons students gave for experiencing suicidal thoughts, and the prevalence of these reasons. This case study suggests the feasibility of integrating a suicide prevention program into an existing SMH system and offers strategies for other schools to consider in their efforts. Implications for school social workers developing programs to prevent and address suicide among students through connections to SMH systems also are discussed.


Yeshiva University established a counseling center during the 2004–2005 academic year. As a religiously based institution, the administration recognized that there would likely be significant impediments to utilization of on-campus mental health services as a result of negative attitudes about mental illness and its treatment—stigma. To combat these anticipated attitudes, the university put in place a number of assertive programs. Subsequently, rates of utilization increased to national norms within a relatively brief
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time, suggesting that a multifaceted outreach and referral campaign was as effective on this campus as at a secular institution. Of note, however, although utilization increased to national norms, levels of reported stigma remained significantly above national college norms, raising the intriguing possibility that stigma may not represent an absolute impediment to help-seeking.


OBJECTIVES: We examined the effects of a scoring algorithm change on the burden and sensitivity of a screen for adolescent suicide risk. METHODS: The Columbia Suicide Screen was used to screen 641 high school students for high suicide risk (recent ideation or lifetime attempt and depression, or anxiety, or substance use), determined by subsequent blind assessment with the Diagnostic Interview Schedule for Children. We compared the accuracy of different screen algorithms in identifying high-risk cases. RESULTS: A screen algorithm comprising recent ideation or lifetime attempt or depression, anxiety, or substance-use problems set at moderate-severity level classed 35% of students as positive and identified 96% of high-risk students. Increasing the algorithm’s threshold reduced the proportion identified to 24% and identified 92% of high-risk cases. Asking only about recent suicidal ideation or lifetime suicide attempt identified 17% of the students and 89% of high-risk cases. The proportion of nonsuicidal diagnosis-bearing students found with the 3 algorithms was 62%, 34%, and 12%, respectively. CONCLUSIONS: The Columbia Suicide Screen threshold can be altered to reduce the screen-positive population, saving costs and time while identifying almost all students at high risk for suicide.


Objective Suicidal individuals are among the most reluctant help-seekers, which limits opportunities for treating and preventing unnecessary suffering and self-inflicted deaths. This study aimed to assist outreach, prevention, and treatment efforts by elucidating relationships between suicidality and both online and offline help seeking. Method An anonymous online survey provided data on 713 participants, aged 18–71 years. Measures included an expanded General Help-Seeking Questionnaire and the Suicidal Affect-Behavior-Cognition Scale. Results General linear modeling results showed that, as predicted, face-to-face help-seeking willingness decreased as risk level increased. However, for emerging adults help-seeking likelihood increased with informal online sources as risk increased, while other online help-seeking attitudes differed little by risk level. Linear regression modeling determined that, for suicidal individuals, willingness to seek help from online mental health professionals and online professional support sites was strongly related (ps < .001). Help seeking from social networking sites and anonymous online forums was also interrelated, but more complex, demonstrating the importance of age and social support factors (ps < .001). Conclusion These findings show that the Internet has altered the suicide-related help-seeking paradigm. Online help seeking for suicidality was not more popular than face-to-face help seeking, even for emerging adults. However, treatment and prevention professionals have good reasons to increase their online efforts, because that is where some of the highest risk individuals are going for help with their most severe personal problems.


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This study examined whether Attachment-Based Family Therapy (ABFT) was associated with decreases in maternal psychological control and increases in maternal psychological autonomy granting, and whether such changes were associated with changes in adolescents’ attachment schema and psychological symptoms. Eighteen suicidal adolescents and their mothers received 12 weeks of ABFT. Maternal psychological control and autonomy granting behaviors were observationally coded at sessions 1 and 4. Adolescents’ reports of perceived maternal care and control, attachment-related anxiety and avoidance, and depressive symptoms and suicidal ideation were collected at baseline, 6, 12 weeks (posttreatment),
and 36 weeks. Results indicated that from session 1 to session 4, maternal psychological control decreased and maternal psychological autonomy granting increased. Increases in maternal autonomy granting were associated with increases in adolescents’ perceived parental care from pre to mid-treatment and decreases in attachment-related anxiety and avoidance from pre to 3 months posttreatment. Finally, decreases in adolescents’ perceived parental control during the treatment were associated with reductions in adolescents’ depressive symptoms from pretreatment to 12 weeks posttreatment. This is the first study examining the putative change mechanisms in ABFT.


Background: Gatekeeper training is a promising suicide prevention strategy that is growing in popularity. Although gatekeeper training programs have been found to improve trainee knowledge, self-efficacy, and perceived skills, researchers have found that the benefit of gatekeeper training may not last over time. Aims: The purpose of this study was to identify strategies for strengthening the long-term effects of suicide prevention gatekeeper training. Method: In-depth interviews and focus groups were conducted with gatekeepers (N = 44) and data were analyzed using a qualitative research approach. Results: The results of this study suggest that posttraining interventions may be more effective if they include the following seven themes: (a) social network - connecting with other gatekeepers; (b) continued learning - further education; (c) community outreach - building awareness; (d) accessibility - convenience; (e) reminders - ongoing communication; (f) program improvement -- enhancing previous training; and (g) certification - accreditation. Conclusion: Posttraining interventions that incorporate the themes from this study offer a promising direction in which to sustain the effects of gatekeeper suicide prevention training.


The objective of this study was to test the factor structure of the parent version of the Columbia Impairment Scale (CIS) in a sample of mothers who brought their children for community mental health (CMH) services (n = 280). Method: Confirmatory factor analysis (CFA) was used to test the fit of the hypothesized four-factor structure and the empirically validated one-factor structure. Exploratory factor analysis (EFA) was used to identify what factor structure best fit our sample of distressed mothers. Results: Neither the one- nor the four-factor model fit our sample. The EFA suggested that the CIS was best understood as a 12-item, three-factor model that identified functional impairment: (a) at school/work; (b) in socializing; and (c) at home/family. Conclusion: These findings call into question the construct validity of the parent version of the CIS in a CMH sample of mothers and provide support for multidimensional measures of functional impairment.


Crisis intervention for suicidal youth with comorbid attention-deficit/hyperactivity disorder (ADHD)/major depressive disorder (MDD) presents special challenges for evidence-based practitioners. This article reviews the treatment literature on suicide and comorbid ADHD/MDD. The findings are applied to a clinical case vignette. A 2-phase intervention based on expert consensus guidelines is introduced as a way of addressing both the suicidal crisis and the underlying comorbid diagnosis. Implications for practice and research are discussed.

Singer, Jonathan B. (2009). The role and regulations for technology in social work practice and e-therapy: Social

Following in the groundbreaking path of its predecessor, the second edition of the “Social Workers” Desk Reference’ provides reliable and highly accessible information about effective services and treatment approaches across the full spectrum of social work practice.


The profession of social work has codified the use of research-informed or evidence-based practice as both a basic educational competency and an expectation of ethical practice. Although there is debate as to what constitutes evidence, manualized treatments that have undergone rigorous empirical scrutiny are considered by many to be the gold standard for evidence-based or empirically supported treatment (EST). Disseminating ESTs into the real world requires that clinicians learn and use the treatment manual. Although the challenges of implementing ESTs across systems or agencies are well documented, little is known about the experiences of individual clinicians who attempt to learn and implement a manualized treatment in a community mental health setting. The purpose of this article is to discuss one clinician’s experience using a treatment manual, to identify benefits and challenges, and to provide recommendations to practitioners and treatment development researchers about developing and using treatment manuals in the real world.


The purpose of this chapter is to review existing literature on technology and social services; identify and define key terms and concepts; and describe uses, benefits, and limitations of technology and social service delivery at the micro (clinical practice), mezzo (community practice), and macro (policy) levels. The goal is to promote dialogue and discussion about the role of current and emerging technology in social service delivery.


Although cyberbullying is a growing concern among students, parents, and school personnel, there has been little research exploring school social workers (SSWs) at the elementary, middle, and high school levels about their perceptions of the seriousness and pervasiveness of this issue as well as their responses to it. Data for this study came from a survey of SSWs (N = 399) who were members of the 11-state Midwest
School Social Work Council at the elementary, middle, and high school levels. Results indicate that SSWs at all levels believed that cyberbullying can cause psychological harm, including suicide, and should be addressed by SSWs. However, nearly half of respondents believed they were not equipped to deal with cyberbullying. Multivariate analysis of variance with post-hoc comparisons suggested significant differences at the school level in reports of seriousness and pervasiveness of cyberbullying. Middle school SSWs’ reports of seriousness were significantly higher than those of elementary SSWs. Pervasiveness of cyberbullying was reported to be significantly lower at the elementary level than at middle and high school levels. Among SSWs at all three levels, there were no significant differences in perceptions of responses to this issue. Implications for school social work are discussed.


Engaging caregivers is an essential component of service for at-risk youth. Engagement has been described as specific behaviours (e.g. treatment participation) and attitudes (e.g. therapeutic alliance). Although best practices for working with suicidal youth includes involving parents in the assessment and crisis plan, there has been almost no research on the process that clinicians in outpatient settings use to engage parents of youth who exhibit risk for suicide. The purpose of this study was to document how clinicians in outpatient mental-health settings engaged parents following a youth suicide assessment. Twenty-four clinicians from the rural Midwestern USA took part in two focus groups to discuss typical interactions with parents following a suicide assessment. Analyses suggested that clinicians’ engagement with parents included five major elements: (i) presenting difficult information; (ii) responding to parents’ reactions; (iii) joining with parents; (iv) moving the parents towards concrete actions; and (v) addressing rural gun culture. The results are discussed within the context of Staudt’s conceptual framework of engagement with caregivers of at-risk children. Implications for practice and research are discussed.


Previous research and popular conceptualizations of suicide have posited that many suicides are the result of impulsive, “on a whim” decisions. However, recent research demonstrates that most suicides are not attempted impulsively, and in fact involve a plan. Legally, suicide has historically been considered to be a superseding intervening cause of death that exonerates other parties from liability, but currently there are two general exceptions to this view. Specifically, another party may be found responsible for a suicide if that party either caused the suicide or failed in its duty to prevent the suicide from occurring. Both of these exceptions assume that the resulting suicide was foreseeable. Given that recent research has indicated that most suicides are planned, and thereby foreseeable to a certain extent under many circumstances, this article discusses issues of foreseeability as they pertain to litigation involving third party liability for the suicide of university students, prison inmates, and mental health patients. The authors contend that the surest way for universities, prison staff, and mental health practitioners to avoid being held liable for a suicide is to appropriately assess for suicidal intent.


Cognitive-behavioral therapy (CBT) is a well-established treatment of depression in children and adolescents but treatment trials for adolescents with suicidality are few in number, and their efficacy to date is limited. This article reviews the rationale underlying the use of CBT for the treatment of depression and suicidality in adolescents, the literature supporting the efficacy of CBT for depressed adolescents, and whether CBT for depression reduces suicidal thoughts and behavior. A description of some of the core cognitive, affective, and behavioral techniques used in CBT treatments of suicidal ideation and behavior in depressed adolescents is included.

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OBJECTIVE: To describe the elements of a manual-based cognitive-behavioral therapy for suicide prevention (CBT-SP) and to report its feasibility in preventing the recurrence of suicidal behavior in adolescents who have recently attempted suicide. METHOD: The CBT-SP was developed using a risk reduction and relapse prevention approach and theoretically grounded in principles of cognitive-behavioral therapy, dialectical behavioral therapy, and targeted therapies for suicidal youths with depression. The CBT-SP consists of acute and continuation phases, each lasting about 12 sessions, and includes a chain analysis of the suicidal event, safety plan development, skill building, psychoeducation, family intervention, and relapse prevention. RESULTS: The CBT-SP was administered to 110 recent suicide attempters with depression aged 13 to 19 years (mean 15.8 years, SD 1.6) across five academic sites. Twelve or more sessions were completed by 72.4% of the sample. CONCLUSIONS: A specific intervention for adolescents at high risk for repeated suicide attempts has been developed and manual based, and further testing of its efficacy seems feasible.


The usual care for suicidal patients who are seen in the emergency department (ED) and other emergency settings is to assess level of risk and refer to the appropriate level of care. Brief psychosocial interventions such as those administered to promote lower alcohol intake or to reduce domestic violence in the ED are not typically employed for suicidal individuals to reduce their risk. Given that suicidal patients who are seen in the ED do not consistently follow up with recommended outpatient mental health treatment, brief ED interventions to reduce suicide risk may be especially useful. We describe an innovative and brief intervention, the Safety Planning Intervention (SPI), identified as a best practice by the Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry for Suicide Prevention (www.sprc.org), which can be administered as a stand-alone intervention. The SPI consists of a written, prioritized list of coping strategies and sources of support that patients can use to alleviate a suicidal crisis. The basic components of the SPI include (a) recognizing warning signs of an impending suicidal crisis; (b) employing internal coping strategies; (c) utilizing social contacts and social settings as a means of distraction from suicidal thoughts; (d) utilizing family members or friends to help resolve the crisis; (e) contacting mental health professionals or agencies; and (f) restricting access to lethal means. A detailed description of SPI is described and a case example is provided to illustrate how the SPI may be implemented.


The goal of this study was to describe the relative utility of the terms “means safety” versus “means restriction” in counseling individuals to limit their access to firearms in the context of a mock suicide risk assessment. Overall, 370 participants were randomized to read a vignette depicting a clinical scenario in which managing firearm ownership and access was discussed either using the term “means safety” or “means restriction.” Participants rated the term “means safety” as significantly more acceptable and preferable than “means restriction.” Participants randomized to the “means safety” condition reported greater intentions to adhere to clinicians’ recommendations to limit access to a firearm for safety purposes ($F[1,367] = 7.393, p = .007, [Formula: see text]). The term “means safety” may be more advantageous than “means restriction” when discussing firearm ownership and access in clinical settings and public health-oriented suicide prevention efforts.
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Youth suicide is a serious public health issue in the United States. It is currently the third leading cause of death for youth aged 10 to 19. School-based prevention programs may be an effective method of educating youth and enhancing their help-seeking. Most school-based suicide prevention programs have not been rigorously evaluated for their effectiveness. This evaluation employs a comparison group to measure whether program group participants differed significantly from comparison group participants on pretest–posttest measures while assessing the immediate impact of the Surviving the Teens® Suicide Prevention and Depression Awareness Program. Findings indicate several positive outcomes in program group students’ suicide, depression knowledge, attitudes, confidence, and behavioral intentions compared with the comparison group. Suicide prevention specialists and prevention planners may benefit from study findings.


Commentary: During its 2012 legislative session, Washington State passed ESHB 2366, otherwise known as the Matt Adler Suicide Assessment, Treatment, and Management Act of 2012. ESHB 2366 is a significant legislative achievement as it is the first law in the country to require certain health professionals to obtain continuing education in the assessment, treatment, and management of suicide risk as a requirement to obtain and maintain licensure. However, ESHB 2366 does not apply to primary care providers, an important next step for legislation that has as its goal “to help lower the suicide rate in Washington.” This commentary addresses objections raised against the law and potential responses as Washington considers strengthening its own law to include primary care providers and as other states consider similar legislation.


Assists high schools and school districts in designing and implementing strategies to prevent suicide and promote behavioral health. Includes tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of students.


School-based suicide prevention programs are one of the key strategies to address suicide in adolescence. The number of programs increased rapidly during the 1980s and was largely designed for high school- or middle school-aged students (11–18 years old), due to the vulnerable time and predictive risk of future suicidal ideation or health problems in later life. However, key recommendations from these studies are often obscured by the volume of such programs, resulting in significant challenges for program designers. This study aimed to undertake a review of the numerous suicide prevention programs implemented globally in recent years to provide informed recommendations for the development of effective school-based programs for adolescents. The study employed a scoping review process to enable the deconstruction of large or complex issues to promote comprehension and ease of interpretation. A search of online international databases using combinations of key words (variations in “suicide,” “school,” “program,” and “prevention”) within a specified time frame (January 2010 to June 2015) identified 397 articles. Preferred reporting items for systematic reviews and meta-analyses were used to identify relevant articles at each stage of the review process, resulting in a total of 20 studies addressing 13 different school programs. Results were presented using established program categories (as education/awareness, gatekeeper, peer leadership, skills, screening/assessment) and informed ten recommendations that address the design, content, delivery, and review of school-based suicide prevention programs for adolescents.

**BACKGROUND:** Suicide is a critical public health problem around the globe. Asian populations are characterized by elevated suicide rates and a tendency to seek social support from family and friends over mental health professionals. Gatekeeper training programs have been developed to train frontline individuals in behaviors that assist at-risk individuals in obtaining mental health treatment. The purpose of this study is to assess the efficacy of a brief, multi-component gatekeeper intervention in promoting suicide prevention in a high-risk Asian community in the United States.

**METHODS:** We adapted an evidence-based gatekeeper training into a two-hour, multi-modal and interactive event for Japanese-Americans and related stakeholders. Then we evaluated the intervention compared to an attention control using mixed methods.

**RESULTS:** A sample of 106 community members participated in the study. Intervention participants (n = 85) showed significant increases in all three types of intended gatekeeper behavior, all four measures of self-efficacy, and both measures of social norms relevant to suicide prevention, while the control group (n = 48) showed no significant improvements. Additional results showed significantly higher satisfaction and no adverse experiences associated with the gatekeeper training. The separate collection of qualitative data, and integration with the quantitative survey constructs confirmed and expanded understanding about the benefits of the intervention.

**CONCLUSIONS:** A brief, multi-modal gatekeeper training is efficacious in promoting positive gatekeeper behaviors and self-efficacy for suicide prevention in an at-risk ethnic minority population of Japanese Americans.


This free resource was developed by The Jed Foundation and Education Development Center, Inc. (EDC) to help college and university professionals develop a comprehensive plan to promote the mental health of their campus communities and support students who are struggling emotionally or are distressed. The development of CampusMHAP: A Guide to Campus Mental Health Action Planning was guided by leading experts in mental health and higher education, with input from college and university campus professionals working on-the-ground with programs and services related to mental health and suicide prevention. It is part of the CampusMHAP series that includes four free webinars.


**PROBLEM:** Effective prevention requires understanding vulnerable populations, early signs of health risks, and the impact of social contexts. We tested a model of co-occurring mental health risks among at-risk youth experiencing school difficulties.

**METHODS:** We analyzed data from a random sample of 336 at-risk youth, grades 9-12, who completed a comprehensive risk/protective factors assessment.

**FINDINGS:** Simultaneously controlling for correlations among health risks, we observed systematic associations among risk factors, with generally consistent patterns for males and females.

**CONCLUSIONS:** The findings underscore the importance of developing interventions that incorporate contextual influences and of identifying common adaptable strategies for attenuating co-occurring health risks for at-risk youth.


Research is reviewed on family risk factors for youth suicidal behaviors. Both fatal and nonfatal suicidal
behaviors have been linked consistently to negative parent-child relationships (e.g., high conflict, low closeness), child maltreatment, residing with less than two biological parents, and family history of affective and antisocial disorders. Parental separation/divorces and family history of suicidal behavior and alcohol/substance abuse are more strongly associated with completed suicide than with other suicidal symptoms, but family systems problems (such as low cohesion and adaptability) and insecure parent-child attachments are more consistently associated with nonfatal suicidal symptoms than completed suicide. Future research will benefit from attending to the temporal sequencing of putative risk factors and suicidal symptoms and from greater use of observational methods and parental reports.


OBJECTIVES: We examined whether a reduction in youth suicide mortality occurred between 2007 and 2010 that could reasonably be attributed to Garrett Lee Smith (GLS) program efforts. METHODS: We compared youth mortality rates across time between counties that implemented GLS-funded gatekeeper training sessions (the most frequently implemented suicide prevention strategy among grantees) and a set of matched counties in which no GLS-funded training occurred. A rich set of background characteristics, including preintervention mortality rates, was accounted for with a combination of propensity score-based techniques. We also analyzed closely related outcomes that we did not expect to be affected by GLS as control outcomes. RESULTS: Counties implementing GLS training had significantly lower suicide rates among the population aged 10 to 24 years the year after GLS training than similar counties that did not implement GLS training (1.33 fewer deaths per 100,000; P = .02). Simultaneously, we found no significant difference in terms of adult suicide mortality rates or nonsuicide youth mortality the year after the implementation. CONCLUSIONS: These results support the existence of an important reduction in youth suicide rates resulting from the implementation of GLS suicide prevention programming.


Problem Rates of youth suicide and suicidal behavior remain high despite prevention efforts. Training high school personnel as gatekeepers is an important strategy. Methods Training was implemented in a school district’s five comprehensive high schools. Surveys were conducted before and after training sessions, which targeted all adults working at the high school. Two hundred thirty-seven individuals completed the pretest and/or posttest. Findings Participants reported gains in knowledge, confidence, and feelings of competence in recognizing, approaching, and connecting distressed youth to school-based resources. Training was well received. Conclusion Training is acceptable and appropriate for school personnel. Increasing the number of school personnel who participate in the training is challenging.


<h2>Summary</h2><h3>Background</h3><p>Suicidal behaviours in adolescents are a major public health problem and evidence-based prevention programmes are greatly needed. We aimed to investigate the efficacy of school-based preventive interventions of suicidal behaviours.</p><h3>Methods</h3><p>The Saving and Empowering Young Lives in Europe (SEYLE) study is a multicentre, cluster-randomised controlled trial. The SEYLE sample consisted of 11 110 adolescent pupils, median age 15 years (IQR 14–15), recruited from 168 schools in ten European Union countries. We randomly assigned the schools to one of three interventions or a control group. The interventions were: (1) Question, Persuade, and Refer (QPR) a gatekeeper training module targeting teachers and other school personnel, (2) the Youth Aware of Mental Health Programme (YAM) targeting pupils, and (3) screening by professionals (ProfScreen) with referral of at-risk pupils. Each school was randomly assigned by random number generator to participate in one intervention (or control) group only and was unaware of the interventions undertaken in the other three trial groups. The primary outcome measure was the number of suicide attempt(s) made by 3 month and 12
month follow-up. Analysis included all pupils with data available at each timepoint, excluding those who had ever attempted suicide or who had shown severe suicidal ideation during the 2 weeks before baseline. This study is registered with the German Clinical Trials Registry, number DRKS00000214. Between Nov 1, 2009, and Dec 14, 2010, 168 schools (11 110 pupils) were randomly assigned to interventions (40 schools [2692 pupils] to QPR, 45 [2721] YAM, 43 [2764] ProfScreen, and 40 [2933] control). No significant differences between intervention groups and the control group were recorded at the 3 month follow-up. At the 12 month follow-up, YAM was associated with a significant reduction of incident suicide attempts (odds ratios [OR] 0·45, 95% CI 0·24–0·85; p=0·014) and severe suicidal ideation (0·50, 0·27–0·92; p=0·025), compared with the control group. 14 pupils (0·70%) reported incident suicide attempts at the 12 month follow-up in the YAM versus 34 (1·51%) in the control group, and 15 pupils (0·75%) reported incident severe suicidal ideation in the YAM group versus 31 (1·37%) in the control group. No participants completed suicide during the study period.

**Interpretation**

YAM was effective in reducing the number of suicide attempts and severe suicidal ideation in school-based adolescents. These findings underline the benefit of this universal suicide preventive intervention in schools.

**Funding**

Coordination Theme 1 (Health) of the European Union Seventh Framework Programme.


Objective

Despite research documenting the existence of depression and other psychiatric disorders in early childhood, little is known about the nature and consequences of suicidal cognitions and behaviors (SI) in young children ages 3–7. The identification of trajectories of SI across childhood is a critical step towards preventing childhood suicide.

Method

Participants were 306 children enrolled in a prospective longitudinal investigation of young children and their families. Children and their families completed a baseline assessment between ages 3–7, and ≥ 1 follow-up assessment (ages 7–12). Child psychopathology, suicidal thoughts, plans, and behaviors were assessed via parent and trained interviewer report before age 9, and also with self-report after age 9. Data on maternal history of psychopathology, as well as maternal and family history of suicide attempts were also obtained through parent report.

Results

Controlling for a range of clinical and demographic variables, early childhood SI (as defined as suicidal thoughts, behavior or any expression of plans/attempts occurring prior to age 7) and suicidal themes in play were concurrently associated with childhood attention-deficit/hyperactivity (ADHD) and oppositional defiant/conduct disorders (ODD/CD). Early-childhood SI also predicted school-age depression and ODD/CD; however, these findings were no longer significant after controlling for the same diagnoses at the childhood baseline. Longitudinal analysis indicated that early-childhood SI was a robust predictor of school-age SI, even after accounting for psychiatric disorders at both time points.

Conclusion

Extending current research, these findings demonstrate that early-childhood SI confers significant risk for continuation into school-age and is concurrently associated with ADHD and ODD/CD. While the meaning of early-childhood SI remains unclear, results suggest that it is a clinically important phenomenon that should be carefully assessed and taken seriously as a marker of risk for ongoing suicidal ideation/behavior. These findings suggest that early screening for SI in childhood is indicated in clinical settings, particularly in children under age 7 with depression and externalizing disorders.


The prevailing model of care for psychiatric patients in the emergency room (ER) is evaluation and disposition, with little or no treatment provided. This article describes the results of a pilot study of a family-based crisis intervention (FBCI) for suicidal adolescents and their families in a large, urban pediatric ER. FBCI is an intervention designed to sufficiently stabilize patients within a single ER visit so that they can return home safely with their families. Of the 100 suicidal adolescents and their families in the sample, 67 met eligibility criteria for FBCI. Demographic and clinical characteristics and disposition outcomes from the sample were compared with those obtained retrospectively from a matched comparison group (N = 150). Statistical analyses compared group inpatient admission rates and disposition outcomes. Patients in the
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Adolescents transitioning to high school may be at greater risk of depression and suicide if they are victims of bullying behavior. This study explored sex differences in bullying victimization (physical, verbal/social, and cyberbullying) and the impact on depressive symptoms and suicidal behaviors in ninth-grade students (N = 233). Females reported significantly more verbal/social and cyberbullying than male students. There were no significant sex differences in physical bullying; male students who reported physical bullying victimization were more likely to experience depressive symptoms. Verbal/social bullying predicted depressive symptoms in males and females. Females who reported being victims of cyberbullying were more likely to report depressive symptoms, suicide ideation, and suicide attempts. Eighteen students reported suicide attempts, and each also experienced verbal/social bullying. School nurses are positioned to reach out to transitioning students, screen for mental health issues, provide a safe place to talk about bullying experiences, and promote positive mental health.


**BACKGROUND:** Child and adolescent psychiatry services have historically been neglected in Ireland, in terms of resource provision and research. **AIM:** To describe referral and admission patterns to an adolescent inpatient unit in Ireland. **METHODS:** We studied reasons for referral and admission decisions relating to all adolescents referred to St. Joseph’s Adolescent Inpatient Unit (AIPU), Dublin in the first 6 months following its establishment in 2009. **RESULTS:** Forty-one adolescents were referred during the study period; 46% were admitted. There was no difference between those admitted and not admitted in terms of gender (two-thirds were female), age (mean age 16.2 years), most common reason for referral (depression, in almost one-in-two) and suicidality (present in one-in-two). Amongst those referred, 46% were resident in the primary catchment area. While a majority of admissions occurred within 5 days of referral (53%), a significant minority were not admitted until over 20 days after referral (16%). **CONCLUSIONS:** The demographic and clinical characteristics of adolescents referred and admitted to St. Joseph’s AIPU are consistent with national and international patterns. At national level, the opening of additional beds for adolescents (such as St. Joseph’s AIPU) has had positive effects on admission patterns; our findings indicate a need to further educate referrers about referral criteria, to optimise benefits derived from these new resources. Future studies could examine the potential roles of intensive support services in the community to further maximise use of scarce resources for this patient group.


**OBJECTIVE:** Previous research has found an association between sleep problems and suicidal behavior. However, it is still unclear whether the association can be largely explained by depression. In this study, we prospectively examined relationships between sleep problems when participants were 12-14 years old and subsequent suicidal thoughts and self-harm behaviors--including suicide attempts--at ages 15-17 while controlling for depressive symptoms at baseline. **METHODS:** Study participants were 280 boys and 112 girls from a community sample of high-risk alcoholic families and controls in an ongoing longitudinal study. **RESULTS:** Controlling for gender, parental alcoholism and parental suicidal thoughts, and prior suicidal thoughts or self-harm behaviors when participants were 12-14 years old, having trouble sleeping at 12-14 significantly predicted suicidal thoughts and self-harm behaviors at ages 15-17. Depressive symptoms, nightmares, aggressive behavior, and substance-related problems at ages 12-14 were not significant predictors when other variables were in the model. **CONCLUSIONS:** Having trouble sleeping was a strong predictor of subsequent suicidal thoughts and self-harm behaviors in adolescence. Sleep problems may be an early and important marker for suicidal behavior in adolescence. Parents and primary care
physicians are encouraged to be vigilant and screen for sleep problems in young adolescents. Future research should determine if early intervention with sleep disturbances reduces the risk for suicidality in adolescents.

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While the practice of psychiatry involves many challenges, few scenarios are as clinically and emotionally demanding as managing the patient who is at high risk for suicide. Risk management is a reality of psychiatric practice, and this necessitates practicing and documenting thoughtful suicide risk assessment and management. Therapeutic risk management is based on clinical risk management that is patient-centered, supportive of the treatment process, and maintains the therapeutic alliance. In this article, the authors present a broad overview of a model for achieving therapeutic risk management of the suicidal patient that involves augmenting clinical risk assessment with structured instruments, stratifying risk in terms of both severity and temporality, and developing and documenting a safety plan. These elements are readily accessible to and deployable by mental health clinicians in most disciplines and treatment settings, and they collectively yield a suicide risk assessment and management process (and attendant documentation) that should withstand the scrutiny that often occurs in the wake of a patient suicide or suicide attempt. (Journal of Psychiatric Practice 2013;19:323-326).

https://doi.org/10.1016/j.amepre.2014.05.039

The 2012 National Strategy for Suicide Prevention expands the current suicide prevention paradigm by including a strategic direction aimed at promoting healthy populations. Childhood and adolescence are key suicide prevention window periods, yet knowledge of suicide prevention pathways through universal interventions is limited (Aspirational Goal 11). Epidemiologic evidence suggests that prevention programs in normative social systems such as schools are needed for broad suicide prevention impact. Prevention trial results show that current universal prevention programs for children and young adolescents are effective in reducing adolescent emotional and behavioral problems that are risk factors for suicidal behavior, and in the case of the Good Behavior Game, suicide attempts. A developmentally sequenced upstream suicide prevention approach is proposed: (a) childhood programs to strengthen a broad set of self-regulation skills through family and school-based programs, followed by (b) adolescent programs that leverage social influences to prevent emerging risk behaviors such as substance abuse and strengthen relationships and skills. Key knowledge breakthroughs needed are evidence linking specific intervention strategies to reduced suicidal behaviors and mortality and their mechanisms of action. Short- and long-term objectives to achieve these breakthroughs include combining evidence from completed prevention trials, increasing motivators for prevention researchers to assess suicide-related outcome, and conducting new trials of upstream interventions in populations using efficient designs acceptable to communities. In conclusion, effective upstream prevention programs have been identified that modify risk and protective factors for adolescent suicide, and key knowledge breakthroughs can jump-start progress in realizing the suicide prevention potential of specific strategies.

https://doi.org/10.2105/AJPH.2009.190025

OBJECTIVES: We examined the effectiveness of the Sources of Strength suicide prevention program in enhancing protective factors among peer leaders trained to conduct schoolwide messaging and among the full population of high school students.METHODS: Eighteen high schools—6 metropolitan and 12 rural—were randomly assigned to immediate intervention or the wait-list control. Surveys were administered at baseline and 4 months after program implementation to 453 peer leaders in all schools and to 2675 students selected as representative of the 12 rural schools.RESULTS: Training improved the peer leaders’ adaptive norms regarding suicide, their connectedness to adults, and their school
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engagement, with the largest gains for those entering with the least adaptive norms. Trained peer leaders in larger schools were 4 times as likely as were untrained peer leaders to refer a suicidal friend to an adult. Among students, the intervention increased perceptions of adult support for suicidal youths and the acceptability of seeking help. Perception of adult support increased most in students with a history of suicidal ideation. CONCLUSIONS: Sources of Strength is the first suicide prevention program involving peer leaders to enhance protective factors associated with reducing suicide at the school population level.


The Guide to Community Preventive Services (Guide), one of the most rigorous methods of systematic reviews, was adopted to evaluate the effectiveness of 16 community, primarily youth, suicide prevention interventions, through a multisectoral collaboration. The Guide steps for obtaining and evaluating evidence on effectiveness include: forming a multidisciplinary team; developing a conceptual approach to organizing, grouping, selecting, and evaluating the interventions; selecting the interventions; searching for and retrieving evidence; assessing the quality of and summarizing the body of evidence; translating the evidence of effectiveness into recommendations; considering additional evidence; and identifying and summarizing research gaps. The intervention effects were calculated using Hedges’s g-type (standardized mean differences) effect sizes. The strength of the body of evidence was characterized on the basis of suitability of the study design for assessing effectiveness and quality of study execution. Results indicated that student curriculum, combined curriculum and gatekeeper training, and competence programs have a positive effect on adolescent’s knowledge and attitudes about suicide, but only a negligible effect on suicidal behaviors. Five of 7 studies with moderate to large effect sizes on outcomes were also those with both good quality of execution and the greatest suitability of the design. Policy recommendations are offered for the improved evaluation of the effectiveness of suicide prevention programs in youth.


BACKGROUND: Rates of suicide and poor mental health are high in environments (neighbourhoods and institutions) where individuals have only weak social ties, feel socially disconnected and experience anomie - a mismatch between individual and community norms and values. Young people spend much of their time within the school environment, but the influence of school context (school connectedness, ethos and contextual factors such as school size or denomination) on suicide-risk is understudied. Our aim is to explore if school context is associated with rates of attempted suicide and suicide-risk at age 15 and self-harm at age 19, adjusting for confounders. METHODS: A longitudinal school-based survey of 1698 young people surveyed when aged 11, (primary school), 15 (secondary school) and in early adulthood (age 19). Participants provided data about attempted suicide and suicide-risk at age 15 and deliberate self-harm at 19. In addition, data were collected about mental health at age 11, social background (gender, religion, etc.), and at age 15, perception of local area (e.g. neighbourhood cohesion, safety/civility and facilities), school connectedness (school engagement, involvement, etc.) and school context (size, denomination, etc.). A dummy variable was created indicating a religious “mismatch”, where pupils held a different faith from their school denomination. Data were analysed using multilevel logistic regression. RESULTS: After adjustment for confounders, pupils attempted suicide, suicide-risk and self-harm were all more likely among pupils with low school engagement (15-18% increase in odds for each SD change in engagement). While holding Catholic religious beliefs was protective, attending a Catholic school was a risk factor for suicidal behaviours. This pattern was explained by religious “mismatch”: pupils of a different religion from their school were approximately 2-4 times more likely to attempt suicide, be a suicide-risk or self-harm. CONCLUSIONS: With several caveats, we found support for the importance of school context for suicidality and self-harm. School policies promoting school connectedness are uncontroversial. Devising a policy to reduce risks to pupils holding a different faith from that of their school may be more problematic.

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Summary

Many countries are developing suicide prevention strategies for which up-to-date, high-quality evidence is required. We present updated evidence for the effectiveness of suicide prevention interventions since 2005. We searched PubMed and the Cochrane Library using multiple terms related to suicide prevention for studies published between Jan 1, 2005, and Dec 31, 2014. We assessed seven interventions: public and physician education, media strategies, screening, restricting access to suicide means, treatments, and internet or hotline support. Data were extracted on primary outcomes of interest, namely suicidal behaviour (suicide, attempt, or ideation), and intermediate or secondary outcomes (treatment-seeking, identification of at-risk individuals, antidepressant prescription or use rates, or referrals). 18 suicide prevention experts from 13 European countries reviewed all articles and rated the strength of evidence using the Oxford criteria. Because the heterogeneity of populations and methodology did not permit formal meta-analysis, we present a narrative analysis.

Methods

We identified 1797 studies, including 23 systematic reviews, 12 meta-analyses, 40 randomised controlled trials (RCTs), 67 cohort trials, and 22 ecological or population-based investigations. Evidence for restricting access to lethal means in prevention of suicide has strengthened since 2005, especially with regard to control of analgesics (overall decrease of 43% since 2005) and hot-spots for suicide by jumping (reduction of 86% since 2005, 79% to 91%). School-based awareness programmes have been shown to reduce suicide attempts (odds ratio [OR] 0·45, 95% CI 0·24–0·85; p=0·014) and suicidal ideation (0·5, 0·27–0·92; p=0·025). The anti-suicidal effects of clozapine and lithium have been substantiated, but might be less specific than previously thought. Effective pharmacological and psychological treatments of depression are important in prevention. Insufficient evidence exists to assess the possible benefits for suicide prevention of screening in primary care, in general public education and media guidelines. Other approaches that need further investigation include gatekeeper training, education of physicians, and internet and helpline support. The paucity of RCTs is a major limitation in the evaluation of preventive interventions.

Interpretation

In the quest for effective suicide prevention initiatives, no single strategy clearly stands above the others. Combinations of evidence-based strategies at the individual level and the population level should be assessed with robust research designs.

Funding

The Expert Platform on Mental Health, Focus on Depression, and the European College of Neuropsychopharmacology.


Suicide is a leading cause of death among youth. In the wake of peer suicide, youth are vulnerable to suicide contagion. But, questions remain about the mechanisms through which suicide spreads and the accuracy of youths’ estimates of friends’ suicidal behaviors. This study addresses these questions within school-aged youths’ friendship networks. Social network data were drawn from two schools in the National Longitudinal Study of Adolescent to Adult Health, from which 2180 youth in grades 7-12 nominated up to ten friends. A measure of “perceived” friends’ attempted suicide was constructed based on respondents’ reports of their friends’ attempted suicide. This measure was broader than a “true” measure of friends’ attempted suicide, constructed from self-reports of nominated friends who attended respondents’ schools. Sociograms graphically represented the accuracy with which suicide attempters estimated friends’ suicide attempts. Results from cross-tabulation with Chi-square analysis indicated that approximately 4% of youth (88/2180) attempted suicide, and these youth disproportionately misperceived (predominantly overestimated) friends’ suicidal behaviors, compared to non-suicide-attempters. Penalized logistic regression models indicated that friends’ self-reported attempted suicide was unrelated to respondent attempted suicide. But, the odds of respondent attempted suicide were 2.54 times higher (95% CI, 1.06-6.10) among youth who accurately perceived friends’ attempted suicide, and 5.40 times higher (95% CI, 3.34-8.77) among youth who overestimated friends’ attempted suicide. The results suggest that at-risk youth overestimate their friends’ suicidal behaviors, which exacerbates their own risk of suicidal behavior. Methodologically, this suggests that a continued collaboration among network scientists, suicide researchers, and medical providers is necessary to further examine the mechanisms surrounding this
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phenomenon. Practically, it is important to screen at-risk youth for exposure to peer suicide and to use the social environment created by adolescent friendship networks to empower and support youth who are susceptible to suicidal thoughts and behaviors.