



Research in Brief: Effective elements of suicide prevention programs in schools

Suicide is the leading cause of non-accidental death in Canadian youth ages 16-24. Suicide attempts are roughly 20 times more common than completed suicides.

Because children and adolescents spend the majority of their time in an education setting, schools are an ideal location for the delivery of suicide prevention interventions. School-based suicide prevention programs may be aimed at all students, or they may be targeted towards specific high-risk groups.

Are suicide prevention programs in schools effective?

Suicide prevention programs tend to be difficult to evaluate, both because there is so much variation across prevention programs and also because of difficulties in consistent reporting of deaths by suicide. At present, evidence does not support the use of any one specific type of intervention. A recent realist review examined characteristics of interventions that are linked to a reduction in suicide attempts.

What is a realist review?

A realist review is a method of analyzing research findings, whereby researchers focus on explaining research findings rather than critiquing them. A realist review seeks to understand the theories behind the studies it reviews, and takes a qualitative approach to examining the context and mechanisms by which interventions work or do not work. In other words it seeks to determine what works, for whom, and in what circumstances?

Theories on why some school-based suicide prevention programs may work:

- They target underlying mental health problems
- They address drug and alcohol use, which is a risk factor for suicide
- They teach problem-solving and coping skills
- They address cultural barriers and taboos around suicide

Programs that have a clear connection between the theory of effects and the activities of the program may be more likely to work. In other words, if the theoretical framework for the program is to increase problem-solving and coping skills, then the program should actively teach those skills, and provide opportunities to practice and improve those skills.

Why does this matter?

- ⇒ *Suicide is the leading cause of non-accidental death in young people 16-24 years of age in Canada*
- ⇒ *While schools may be an ideal setting to deliver a suicide prevention program, many questions remain about the effectiveness of these programs.*
- ⇒ *Some characteristics of these programs may increase their likelihood of success, while others may decrease their likelihood of success.*
- ⇒ *The way in which a program is implemented can also affect the success of the program.*



Effective elements of suicide prevention programs in schools

Theories on why some suicide prevention programs may not work:

- They strictly provide information and education about suicide and depression
- They do not engage or involve parents
- They do not foster peer support
- They do not address concerns about confidentiality
- They are not long enough
- They do not have ongoing support from mental health services
- They do not incorporate resources outside of school
- They do not address previous suicide attempters

Programs that plan to avoid these problems may be more likely to work than programs that do not address the problems.

As well, the authors identified some program elements that were linked to effectiveness:

- Staff buy-in
- Recent incident of suicide in school
- Use of multiple presentation methods
- Tailoring interventions for target groups
- Interventions that have been piloted and have a longer implementation history

These elements reflect the complex challenges of implementing programs in a variety of schools and settings.

What did they do?

The researchers examined studies from a recently published systematic review on suicide prevention programs, and also conducted a search of 14 electronic databases. They restricted their search to interventions that were designed for suicide prevention and delivered in a school setting.

The authors identified 9 primary studies that fit their criteria; follow-ups of primary studies were also included. For each study, the authors identified aspects of the intervention that were linked to either positive or negative outcomes.

What did they learn?

The authors were able to identify some “key ingredients of success” in the studies they reviewed. Programs that have a clear connection between the theory of effects and the activities of the program may be more likely to work. As well, programs may be more successful if they include program features such as peer and parental involvement/support, clear messages about confidentiality, on-going partnerships with mental health providers already in the community, and different strategies for individuals who have already attempted suicide.

For schools in rural areas where knowledge about suicide is poor, or in areas with cultural taboos around suicide, education and awareness programs can be helpful. In urban areas, these types of interventions may not be as helpful due to an increased awareness about suicide. In any case, interventions should always include a component about how and where to access confidential support outside of school.

The researchers also determined that targeted interventions may benefit the following at-risk populations: students with poor attendance, poor academic performance, substance abuse and behaviour problems.

Parent engagement was found to be a common factor linked to effectiveness. Providing parents with tools to understand suicide risk and to assist them in talking with their children. Suicide prevention programs should also create partnerships with crisis services.

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