

Preventing adolescent suicide: What programs exist and do they work?

In short....

Some types of programs show promise in preventing adolescent suicide. Successful programs teach problem-solving skills to teenagers, especially those at risk for suicide; repeatedly screen teens about suicidal thinking; train teachers to identify potentially suicidal teens; and teach physicians to ask teens about suicidal thinking or risk factors for suicide.

School-based suicide awareness programs are not currently recommended because they may make teens less likely to seek help or to recommend that a suicidal friend do so. They might also provoke teens into imitating a recent suicide

The Issue: Suicide is a leading cause of death in adolescents. Youth psychiatric disorder, a family history of suicide and mental health problems, stressful life events, and access to firearms are all key risk factors for youth suicide.

Although adolescent suicide rates remain relatively high, there has been a decline over the past 10 years. The reasons for this are not well understood, but a likely factor may be the increase in antidepressants being prescribed for adolescents during this period.

It is very important that suicide prevention programs be rigorously evaluated to determine their effectiveness in targeting the personal, family, and/or social factors that lead to suicide.

The Research: This review looked at school-based, community-based, and health-care-based suicide prevention programs and evaluated their effectiveness to prevent suicide in teenagers.

The Results: The reviewers found a number of promising prevention strategies, those that have some evidence that they work but need further research and refinement to make them better at preventing adolescent suicide.

However, the evidence showed that focusing on suicide awareness as part of the school curriculum may cause more harm than good. Such programs may actually make teens feel more hopeless, more unlikely to recommend that a suicidal friend seek help, and possibly provoke teens into imitating a recent suicide.

It may be that programs that use multiple techniques are more likely to be successful. It is also likely that better recognition and treatment of depression in adolescents may reduce suicide rates.

It should be noted that the evidence for whether or not some suicide prevention programs worked was limited due to the poor quality of the program evaluations. Stronger research designs are needed to determine how and why the programs did or didn't work.

The following provides a brief synopsis of those programs that were shown to be effective in preventing teen suicide.

School-based programs

Skills training programs in which teens are taught problem-solving, coping, and thinking skills. Deficits in one or more of these areas are considered risk factors for suicide.

Screening programs in which adolescents are asked about risk factors and suicidal thinking. Because symptoms can change over time, ongoing screening is necessary. In addition, screening was more successful when help was available for the identified teens. It is important to be aware that screening may miss some suicidal students. It can also label students as being suicidal when they aren't.

Gatekeeper training instructs teachers on how to identify and intervene with suicidal teens. Such programs seem more acceptable to school systems than screening programs, which makes them more likely to be adopted.

Crisis intervention/postvention (response after a suicide): Suicide "contagion" is a well-known phenomenon in which the suicide of one teen may lead to others among their circle of friends. High quality counselling offered to students after a suicide may reduce the likelihood of subsequent suicides in the school or community.

Community-based programs

Restriction of firearms addresses the fact that guns are frequently used in suicide. Suicide is often an impulsive act and people are often ambivalent about wanting to kill themselves. Limiting the availability of a lethal weapon would reduce the likelihood of successful suicide attempts. In the U.S., having a gun in the house is a major risk factor for suicide in teens and young adults.

Media education involves providing television, newspaper, and magazine publishers with a set of guidelines designed to reduce suicide contagion. Some media coverage can glamorize or sensationalize suicide, making it more appealing to a suicidal teen. Limiting media coverage of suicides seems to reduce copycat suicides.

Health care-based programs

Education for pediatricians and family doctors has been shown to be effective in the identification of suicidal thoughts and intentions in young patients. Ongoing training of medical practitioners improves the likelihood of identification and treatment of young people at risk of suicide.

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The preceding is a summary of: Gould MS, Breenberg T, Velting DM, Shaffer D. *Youth Suicide Risk and Preventive Interventions: A Review of the Past 10 Years*. *Journal of the American Academy of Child and Adolescent Psychiatry* 2003, 42(4): 386-405.