



Original article

Role of Social Support in Adolescent Suicidal Ideation and Suicide Attempts

 Adam Bryant Miller, M.A.^{a,b,*}, Christianne Esposito-Smythers, Ph.D.^a,
 and Richard N. Leichtweis, Ph.D.^b
^a Department of Psychology, George Mason University, Fairfax, Virginia^b Inova Kellar Center, Inova Health Systems, Behavioral Health Services, Fairfax, Virginia

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 A B S T R A C T

Purpose: The present study examined the relative contributions of perceptions of social support from parents, close friends, and school on current suicidal ideation (SI) and suicide attempt (SA) history in a clinical sample of adolescents.

Methods: Participants were 143 adolescents (64% female; 81% white; range, 12–18 years; $M = 15.38$; standard deviation = 1.43) admitted to a partial hospitalization program. Data were collected with well-validated assessments and a structured clinical interview. Main and interactive effects of perceptions of social support on SI were tested with linear regression. Main and interactive effects of social support on the odds of SA were tested with logistic regression.

Results: Results from the linear regression analysis revealed that perceptions of lower school support independently predicted greater severity of SI, accounting for parent and close friend support. Further, the relationship between lower perceived school support and SI was the strongest among those who perceived lower versus higher parental support. Results from the logistic regression analysis revealed that perceptions of lower parental support independently predicted SA history, accounting for school and close friend support. Further, those who perceived lower support from school and close friends reported the greatest odds of an SA history.

Conclusions: Results address a significant gap in the social support and suicide literature by demonstrating that perceptions of parent and school support are relatively more important than peer support in understanding suicidal thoughts and history of suicidal behavior. Results suggest that improving social support across these domains may be important in suicide prevention efforts.

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 IMPLICATIONS AND
 CONTRIBUTION

This study addresses a significant gap in the adolescent suicide literature by examining the relative contributions between perceptions of parent, friend, and school support and suicidal ideation and behavior among clinically referred adolescents. Results suggest that support across all three domains is important in understanding suicidal ideation and behavior.

Suicidal ideation (SI) and suicide attempts (SAs) are the most common mental health emergencies among adolescents [1]. Indeed, suicide is the third leading cause of death among individuals aged 10–24 years [2]. For each completed suicide, it is estimated that 100–200 adolescents make nonlethal SAs [3]. Data from the 2013 National Youth Risk Behavior Survey,

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* Address correspondence to: Adam Bryant Miller, M.A., 4400 University Drive, Fairfax, VA 22030.

E-mail address: amillec@gmu.edu (A.B. Miller).

administered to high school students across the United States, suggests that 17% of high school students seriously considered suicide in the prior 12 months, 13.6% made a suicide plan, and 8% attempted suicide [2]. Thus, research efforts aimed at addressing this significant public health concern are warranted. The present study examined the relative contributions of perceptions of parent, school, and close friend support in relation to SI and SAs in an adolescent clinical sample.

The importance of social support is consistent across multiple theories of suicidal behavior and developmental psychopathology research. The sociological theory of suicide [4], the psychache

theory of suicide [5], and the interpersonal–psychological theory of suicide (IPTs) [6] suggest that inadequate social support and strong interpersonal relationships increase risk for SI and SAs. The need to belong, in particular, is a central theme in Joiner's IPTs. These theories complement developmental research, which suggests that the maintenance of strong relationships with parents while concurrently establishing an independent network of close friends and close community connections (often within school settings) [7] is needed for normative socioemotional growth. When this key developmental task is not successfully navigated and youth perceive low social support, they are at heightened risk for depression [8], SI, and SAs [9].

Recent literature reviews conclude that perceived social support from parents and peers plays an important role in the development of adolescent SI and SAs [10]. In general, lower perceived support from parents and peers has been associated with higher SI and greater risk for SAs in cross-sectional [11,12] and longitudinal [9,13] research with community and clinical samples. Results of studies examining school support have been less consistent. In school-based samples drawn from the Longitudinal Study of Adolescent Health (Add Health), lower perceived teacher support has been associated with greater odds of an SA in one study [14], whereas others failed to find an association between perceptions of school connectedness and SI or SAs [13,15]. Inconsistency in results across these studies appear to be related to differences in covariates included in the models under investigation (e.g., depression, other support variables, school size, and so forth [13–15]) and the measure of social support used (i.e., teacher support vs. school connectedness).

The relative contributions of peer, family, and school support have been less well studied in the adolescent suicide literature. Some studies find that both peer and parental support maintain independent associations with adolescent SI when included in the same model in both community [16,17] and clinical [18] samples. Other studies with clinical samples find that perceptions of family support may be somewhat more important than peer support in understanding SI severity and SA risk [9,19]. In two school-based studies that included all three sources of support, parent support but not school or close friend support was independently associated with SI or an SA [13,15]. As is evident, the relative importance of various types of support to adolescent SI and SAs is not clear and warrants further investigation, particularly in clinical samples.

Given that the maintenance of healthy interpersonal relationships across social networks (parent, peer, and school) is important for healthy adolescent socioemotional development [20], the confluence of low support across multiple domains (i.e., low parent support and low peer support) may be associated with the greatest levels of SI and SAs. To our knowledge, only two studies have examined the interactive effects of perceptions of social support from various sources. Kidd et al. [15] examined the interactive effects of connectedness to parents, peers, and school in predicting the odds of SAs within the last year among 12,105 adolescents drawn from Add Health. Only greater school and parent connectedness were associated with lower odds of SAs among a subgroup of boys with a previous SAs history ($n = 96$) who reported lower connectedness. Kerr et al. [19] examined the relation between perceptions of support from three sources (parents, nonparent adults, and peers) and SI in a sample of 220 psychiatrically hospitalized adolescents. They found no interactions between these various sources of support. The present study will build on this literature to examine the relative

importance of adolescent perceptions of parent, close friend, and school support in relation to current SI and SA history, as well as whether lower support across two of these social domains increases this risk in a clinical sample of adolescents. Knowledge of the relative importance of various types of social support to SI and behavior may help inform suicide risk assessment and treatment strategies with clinically distressed adolescents.

Hypotheses

Drawing from interpersonal theories of suicide and prior empirical research, the following hypotheses were offered:

1. We hypothesized that lower perceived support across three separate domains—parent, close friend, and school—will each be independently associated with higher SI. Further, the relationship between lower perceived school support and SI would be stronger among youth who report lower (vs. higher) parent support. Similarly, the relationship between lower perceived school support and SI would be stronger among youth who report lower (vs. higher) perceived close friend support. Finally, the relationship between lower perceived close friend support and SI would be stronger among youth who report lower (vs. higher) perceived parent support.
2. We hypothesized that lower perceived support across three separate domains—parent, close friend, and school—will each be independently associated with higher odds of an SA history. The relationship between lower perceived school support and higher odds of an SA history would be stronger among youth reporting lower (vs. higher) perceived parent support. The relationship between lower perceived school support and higher odds of an SA history would be stronger among youth reporting lower (vs. higher) perceived close friend support. Finally, the relationship between lower perceived close friend support and higher odds of an SA history would be stronger among youth reporting higher (vs. lower) perceived parent support.

Methods

Participants

Participants were 143 adolescents (range, 12–18 years; $M = 15.38$; standard deviation [SD] = 1.43) consecutively admitted to a partial hospitalization program (PHP) in an outpatient behavioral health facility in the Mid-Atlantic area. The PHP is a short-term crisis stabilization program for adolescents. The behavioral health center is located in a large suburban area outside a major city and accepts patients who are uninsured, privately insured, or on Medicaid. Patients present to the PHP with a variety of severe symptomatology including SI and behavior, nonsuicidal self-injury, school refusal, severe depression and anxiety, and/or externalizing behavior.

As part of standard care, patients and caregivers complete a clinical assessment battery designed to inform the patients' treatment plan in the PHP. They are also asked for permission to include their responses to the assessment battery in a clinical research data bank maintained by the behavioral health facility. Data for the present study was drawn from this clinical research data bank. A total of 156 patients were assessed over an 11-month period, and 143 (92%) patients and caregivers provided informed assent/consent to include their information in

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