

Developmental Approach to Prevent Adolescent Suicides

Research Pathways to Effective Upstream Preventive Interventions

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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: (1) childhood programs to strengthen a broad set of self-regulation skills through family and school-based programs, followed by (2) 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.

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Introduction

This manuscript offers a developmentally informed approach to prevent the emergence of suicidal behavior during adolescence, and research pathways to identify effective interventions. By focusing “upstream”—on factors that influence the likelihood a young person will become suicidal—this manuscript addresses Aspirational Goal 11 of the Prioritized Research Agenda for Suicide Prevention,¹ namely, to identify clear targets and strategies for prevention programs that will reduce suicides by promoting resilience and health in broad-based populations.

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Importance of Initiating Suicide Prevention during Childhood and Adolescence

Childhood and adolescence are key suicide “prevention window” periods. Approximately one half of emotional and behavioral disorders that are well-defined risk factors for suicide have onset of symptoms by age 14 years.² Many effective programs for children and adolescents prevent or reduce the severity of these mental, emotional, and behavioral problems, according to a recent National Academy of Sciences review.² In addition to being a critical period for preventing disorders, childhood and early adolescence are important periods for preventing the onset of suicidal behaviors. Adolescence is the age period of the highest rates of attempted suicide, and each attempt increases risk for future attempts and death due to suicide.³

Need to Expand Suicide Prevention Focus Upstream Prior to Suicidal Behavior

The 2012 National Strategy for Suicide Prevention (NSSP) expands the paradigm for suicide prevention by

including a strategic direction aimed at promoting the general health of broad populations to reduce the risk for suicidal behaviors and related problems such as substance abuse and depression (Strategic Direction 1).⁴ This expanded focus on modifying “upstream” risk and protective processes—before the emergence of suicidal behavior—stands in contrast to current youth suicide prevention programming focused on identifying and treating individuals who are already suicidal or at high risk by training adult gatekeepers⁵ and screening.⁶

Although efforts to identify and address the needs of high-risk youth should continue and be improved, expanding the suicide prevention paradigm to modify upstream processes is essential to reduce suicide rates. The population impact of strategies that identify and treat high-risk youth is limited by the following: (1) a reliance on referrals to the mental health system that might not suit many communities’ ability to provide accessible, effective services; (2) limited ability to identify specific individuals who will die by suicide; and (3) even where treatment services are available, limited evidence that use of usual mental health treatment services will reduce suicide risk.⁷

Which Prevention Targets and Strategies Will Reduce Youth Suicides in the Population?

The following considerations, drawn from epidemiologic and prevention science perspectives, guided selection of the most promising prevention targets and research pathways.

Interventions delivered in social systems are needed for broad impact. Children develop through interactions within social systems (e.g., families, schools), and interventions in these systems can influence emotional and behavioral developmental processes of large youth populations essential to reduce suicide rates. *Normative* social systems—such as public schools, community youth organizations—are settings for universal interventions and serve the broadest populations. Interventions delivered universally have the greatest theoretic potential for reducing suicide mortality, if such interventions can address needs and priorities to make them attractive to social systems.

Reparative social systems—such as juvenile justice—are important settings to reach high-risk youth through selective and indicated interventions, which should be a part of a comprehensive, integrated suicide prevention strategy. However, programs in reparative social systems alone will not reach many youth who will die by suicide. For example, although youth in juvenile justice facilities have a suicide rate that is approximately three times higher than that of the general population, only 0.25% of youth are in justice facilities at any given time in the U.S.⁸

Interventions that reduce common, multiple risk factors will maximize impact. Scientific evidence suggests that the potential for large population reductions in suicide may be as great or greater for approaches that target more common, lower-risk conditions compared to rarer, high-risk conditions.^{9,10} For example, preventing new instances of substance abuse problems would have a substantial impact on reducing suicides because substance use problems are highly prevalent, even though the relative risk for suicide from substance problems is lower than that for depression. It is also the case that interventions that modify multiple, rather than single, risk factors have the potential for largest population impact on reducing suicide rates.

Leveraging system-level influences will maximize prevention impact. System-level interventions modify social-ecologic contexts, which have risk-protective effects above and beyond individual factors. The Good Behavior Game (GBG) program that reduces aggressive-antisocial behavior leverages the influence of teacher practices and students across the classroom to promote behavioral control and classroom norms.¹¹

Testing interventions to build more robust models for suicide prevention. Current models guiding suicide prevention are based primarily on observational studies linking suicidal behaviors to risk and protective factors, few of which have been established as “causal” factors.¹² Rigorous experimental designs involving randomization are the most potent methods for establishing causal pathways and building stronger conceptual models. Understandably, many communities are reluctant to participate in randomized trials in which they might get no intervention. Designs such as those that randomly assign groups (e.g., communities) to begin interventions at different time phases have been acceptable for communities to test suicide prevention programs.¹³

Proposed Prevention Targets and Intervention Strategies to Reduce Suicide Rates

Table 1 outlines a developmentally sequenced approach for preventing adolescent suicide:

(1) childhood programs to strengthen a broad set of self-regulation processes (i.e., behavioral and emotional self-control) through family and school-based programs, followed by (2) adolescent programs that leverage system-level influences (e.g., peer norms) to prevent emerging risk behaviors (e.g., substance abuse) and strengthen relationships and skills that are protective (e.g., coping).

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