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#### ORIGINAL ARTICLE

# Positive mental health moderates the association between depression and suicide ideation: A longitudinal study

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#### **KEYWORDS**

Suicide ideation; Depression; Mental health; Observational descriptive study Abstract Background/Objective: Depression and suicide ideation regularly occur together. Yet, little is known about factors that buffer individuals against the development of suicide ideation. The present study investigated, whether positive mental health buffers the association between depression and suicide ideation in a longitudinal study design. Methods: A total of 207 German students (70.3% female; age: M=26.04, SD=5.33) were assessed at a baseline evaluation and again twelve months later. Data were collected using self-report questionnaires. Linear hierarchical regression analysis was used to analyze the data. Positive mental health was considered to moderate the impact of depression on suicide ideation – controlling for age and gender. Results: Positive mental health was shown to moderate the impact of depression on suicide ideation: in those students who reported higher levels of positive mental health, depression severity showed no association with suicide ideation over time. Conclusion: Positive mental health seems to confer resilience and should be taken into account, when assessing individuals for suicide risk.

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T. Teismann et al.

#### PALABRAS CLAVE

Ideación suicida; depresión; salud mental; estudio observacional descriptivo

# La salud mental positiva modera la asociación entre depresión y ideación suicida: un estudio longitudinal

Resumen Antecedentes/Objetivo: La depresión y la ideación suicida ocurren regularmente juntos. Sin embargo, poco se sabe sobre los factores que protegen a las personas contra el desarrollo de la ideación suicida. El presente estudio investigó si la salud mental positiva amortigua la asociación entre la depresión y la ideación suicida en un diseño de estudio longitudinal. Método: Un total de 207 estudiantes alemanes (70,3% mujeres; edad: M=26.04, SD=5.33) fueron evaluados en una evaluación de línea base y nuevamente doce meses después. Los datos fueron recolectados usando cuestionarios de autoinforme. Se utilizó un análisis de regresión jerárquica lineal para analizar los datos. Se consideró que la salud mental positiva moderaría el impacto de la depresión en la ideación suicida, controlando la edad y el sexo. Resultados: Se demostró que la salud mental positiva modera el impacto de la depresión en la ideación suicida: en aquellos estudiantes que reportaron niveles más altos de salud mental positiva, la severidad de la depresión no mostró asociación con la ideación suicida con el paso del tiempo. Conclusión: La salud mental positiva parece conferir resistencia y debe tenerse en cuenta al evaluar a los individuos por riesgo de suicidio.

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Suicide is the second leading worldwide cause of death for individuals aged 15 to 29 years (World Health Organization, WHO, 2014). Furthermore, suicide ideation and suicidal behaviors are especially common in young adults (Nock, Borges, & Ono, 2014). Among various risk factors, suicide ideation is seen as one of the strongest predictors of subsequent suicidal behavior (Franklin et al., 2017): Severe or pervasive ideation has been shown to predict death by suicide (Brown, Beck, Steer, & Grisham, 2000) and even passive ideation, such as a wish to die, has been identified as a risk factor for death by suicide (Brown, Steer, Henriques, & Beck, 2005). Since there is a rapid transition from suicide ideation to plans and attempts, Borges et al. (2014) claim that intervention efforts need "to focus on prevention of ideation rather than prevention of the transition from ideation to more serious outcomes" (p. 73). Yet, little is known about factors that buffer individuals against the development of

In their work on the buffering hypothesis, Johnson, Wood, Gooding, Taylor and Tarrier (2011) suggest that to be viewed as conferring resilience, a psychological construct needs to demonstrate the following characteristics: (1) It needs to comprise a separate dimension to risk and moderate the association between risk and outcome. Therefore, to ascertain resilience an assessment of both, risk and suicide ideation or suicidal behavior is necessary; (2) It needs to be viewed as existing on a bipolar continuum, with its inverse amplifying the association between risk and outcome; (3) It needs to be a psychological construct, such as a set of positive beliefs. In the context of a comprehensive literature review, Johnson et al. (2011) identified various abilities and beliefs with buffering qualities concerning suicide ideation, such as positivity of attributional style, social support and self-agency.

In a recent test of the buffering hypothesis, Siegmann et al. (2017) examined the degree to which different resilience factors – namely positive mental health,

self-efficacy, satisfaction with life, social support and psychosocial stress resistance – buffer the effects of depression on suicide ideation. Only positive mental health was shown to moderate the association between depression and suicide ideation both in a sample of German (N=601) and Chinese (N = 2867) students: For those individuals who reported high levels of positive mental health, their levels of suicide ideation did not increase significantly even when they experienced a heightened level of depressive symptoms. Positive mental health may therefore be considered as conferring resilience in the sense of Johnson et al. (2011). Yet, due to the cross-sectional nature of the study, conclusions on causality cannot be drawn. Nonetheless, this finding complements a previous study, in which positive mental health was shown to predict the remission of suicide ideation in a large sample of young women (N = 1.396), whereas severity of psychopathology, life satisfaction and self-efficacy did not predict the course of suicide ideation (Teismann, Forkmann, Glaesmer, Egeri, & Margraf, 2016). In both studies, positive mental health was assessed with the Positive-Mental Health Scale (Lukat, Margraf, Lutz, van der Veld, & Becker, 2016), an instrument developed to measure emotional, psychological and social aspects of well-being.

Regarding positive mental health, it is important to acknowledge that mental health and mental illness are not opposite ends of a single continuum, rather they constitute distinct but correlated axes (e.g., Keyes, 2005; Westerhoff & Keyes, 2010). Thus, the absence of psychopathology does not equal the presence of mental health and the presence of psychopathology does not equal the absence of mental health. As such, it has regularly been found that about ten percent of a given sample suffer from high levels of psychopathology and still report high levels of subjective well-being (e.g., Lyons, Huebener, Hills, & Shinkareva, 2012; Suldo & Shaffer, 2008). Even, suicide ideation and positive mental health regularly co-occur in clinical samples (Teismann et al., 2017).

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