

### Social Work Strategies for Suicide Prevention among Teens

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#### Abstract

Suicide remains a leading cause of death among adolescents, making effective prevention strategies crucial. This research investigates social work strategies aimed at suicide prevention among teens, focusing on the multifaceted nature of this issue. The study highlights the role of social workers in identifying at-risk youth, fostering open communication, and implementing evidence-based interventions. Key strategies include developing supportive relationships, conducting mental health screenings, and facilitating access to counseling services. The research also emphasizes the importance of community awareness programs that educate peers, parents, and educators about the warning signs of suicidal behavior. By examining case studies and current trends, the study identifies barriers to seeking help, such as stigma and lack of resources, and proposes solutions to enhance outreach efforts. Moreover, it underscores the significance of culturally competent practices tailored to diverse populations, ensuring that interventions are relevant and effective. Overall, this research contributes to the understanding of adolescent mental health and provides actionable insights for social workers committed to reducing suicide rates among teens.

#### Keywords

suicide prevention, social work, adolescents, mental health, interventions, community awareness, at-risk youth, cultural competence

#### 1. Introduction

Suicide is a growing public health issue that affects people across development and throughout the world. Adolescents are an especially high-risk group for suicide, particularly low-income and minority youth. Between 2007 and 2015, rates of suicide among adolescents and young adults aged 10-24 increased annually by 5-7%. Leading federal agencies have called for an immediate reduction in the rates of youth suicide. Although mental health treatment can mitigate current suicidal ideation, it does not prevent an eventual recurrence of thoughts about death. A variety of other

interventions, such as post-hospitalization support treatment and hospitalization, are effective in preventing an adolescent's current ideation from turning into an actual attempt to kill oneself, yet they are reactive instead of proactive. A more systemic approach to suicide among adolescents is needed. (Meza et al., 2022)

Research is needed to develop effective suicide prevention strategies and to implement them with vulnerable populations. Social workers have frequent contact with adolescents and can be effective suicide prevention gatekeepers. This study aims to raise awareness about youth suicide and its link to their unique minority-based stigmatization and struggles. More research about this issue is needed to understand fully how to prevent adolescent suicide. This capstone study was developed based on grounded theory method of discovery. Grounded theory is based on an analysis of the lived experiences of subjects obtaining practical knowledge from systematic qualitative data collection and analysis focusing on a specific topic. This capstone project involved the use of such a method to use existing research on teenagers to formulate a theoretical understanding of suicidal thoughts within this population's cultural context. Postsuicidal subjects are usually reflective about their experiences and thus generally considered to have therapeutic rights when it comes to speaking about suicide. Because interviews were confidential and consent forms emphasized that subjects could withdraw from the study at any time, full consent was obtained from the subjects. The selection of minors as subjects was not designed to subvert research norms or exploit an already vulnerable group for further data collection.

### **1.1. Background and Significance**

Teens continue to face alarmingly high rates of suicide-related deaths, with young people making up a quarter of all suicide-related emergency department visits for children and young adults receiving care from pediatricians. Increasing rates of suicide-related deaths among girls have drawn more public attention and highlighted incomplete suicide-related statistics available from state to federal levels. Many of these deaths do not occur in isolation, and untreated mental health issues often factor in as a primary contributor to suicide-related deaths. Mixed media outlets and social networking make access to reports on suicide-related deaths easy to encounter, significantly increasing the ripple effect of trauma resulting from these stories within

communities. Substance use and impulsiveness are also at an all-time high among adolescents. A lack of negative portrayal of adolescent relational supports can further push adolescent emotional suffering, as fears of punishment or reasons for ambivalence about living swell in silence. (Renaud et al.2022)

Adolescent suicide is a complex behavior influenced by an interaction of societal and individual factors. This suggests the need for specialized expertise in its prevention. Many frameworks are available to direct school prevention platforms that include parental and community partnership and collaboration, which can be an important aspect in engaging everyone in the safety of adolescents. Adolescent-specific prevention strategies within this broad framework can also be implemented and evaluated for effectiveness. There are many underlying issues to the prevention of suicides showing themselves in statistics. Official attitudes are still experimental in allowing young people the respect and authority to pursue mental health care.

### **1.2. Purpose of the Study**

The purpose of this review is to synthesize the relevant literature for the identified focus and objectives. The study seeks to identify, analyze, and evaluate established or promising primary, secondary, and tertiary intervention strategies that may inform the practice of social workers and other important stakeholders involved in the overall goal of the prevention of suicide among adolescents. Primary interventions seek to identify prevention strategies that can effectively impact the risk factors. Secondary interventions are aimed at identifying and enhancing protective mechanisms for at-risk teens. Tertiary interventions are those activities mirroring the suicide risk assessment and treatment services provided by social workers and others functioning in the mental health field. To date, there is no consensus as to which risk assessment systems or intervention strategies are the most effective for the prevention of attempted or completed suicide. Many are implemented in the absence of any professional judgment support or empirical validation. Our review aims to address these deficits in the literature. (Mahumud et al.2022)

Social workers have the most contact with adolescents associated with directed care services and developing programs to enhance adolescent development and family

functioning. For these reasons, clinicians and a broader range of stakeholders require a comprehensive understanding of effective suicide prevention strategies and risk assessment techniques that are possible through a comprehensive integrated review of the existing literature. Such a review and subsequent practice guidelines can have the potential for developing a shared social work assessment-risk framework that provides the youth with the best protective and safety measures. It is only through a more evidence-based practice that social work with adolescents can have the potential to develop a more sustainable and credible crisis-intervention approach for widespread validation. The overall outcome implications include improved programs, integrated systems of care with adolescent-family stakeholders, and treatment services that, in combination, can lead to a reduction of morbidity or mortality related to suicidal behavior.

## **2. Understanding Teen Suicide**

Suicide is a complex human behavior typically examined within the realm of sociology, psychology, and epidemiology. When considering suicide among specific age groups, such as adolescents, the complexity becomes even more apparent. Biological, psychological, social, and developmental factors contribute to suicidal behaviors of special concern to teenagers. While biological and psychological factors inform our understanding of suicidal ideation and attempts, social and environmental factors inform our understanding of suicide. Protective factors and resiliency that buffer against the stressors that contribute to suicide is an area of key focus for professionals who work with teens. Adolescence is the period of time when individuals complete the transition from childhood to adulthood. As a result, the developmental tasks of the teenage years are the most highly underscored, and theories of development of teenagers are primarily theories of adaptation—what happens to adolescents as they adapt to the profound changes that occur in their bodies, minds, and lives. Both boys and girls face challenging emotional times in addition to specific and dramatic physical changes driven by newly flooded hormones. Without the mature coping skills and life experience required, anxiety and depressive symptoms become increasingly likely. Signs of mental disorders characterized by these features early in life are generally found to increase suicide risk. Mental health

and mental processes that are disturbed naturally affect both the thoughts of individuals as well as their decision-making capacities. Research identifies several risk and protective factors for mental health and illness. Multiple risk factors are associated with an increased likelihood of attempting and completing suicide. These include mental health problems, substance abuse, previous suicide attempts, trauma, and physical or sexual abuse, usually in the family of origin; having a friend who committed suicide; a family history of mental and/or substance abuse disorders; and unbearably conflictual or alienated feelings toward the LGBTQ+ population. (Marraccini et al.2022)

### **2.1. Risk Factors**

If, as a social worker, you are currently working with adolescents, you likely work with at least a few adolescents who have contemplated or attempted suicide. In that case, you aren't alone. Suicide is highlighted as the second leading cause of death for individuals aged 15-24 in the United States. Increasingly, adolescent suicides are surrounded by controversial and ambiguous media debates surrounding the precursors to adolescent suicide. What makes this issue controversial is that there is no single factor commonly linked to suicide, and it is difficult to predict adolescent suicide. Although a number of risk factors are associated with adolescent suicide, careful attention and direct prevention strategies should be built upon a number of these identified risk factors and multilevel systemic approaches. (Gentry et al.2022)

Adolescents who consider or have attempted suicide commonly manifest one or more mental health disorders. Depression and dysthymia are the most common diagnoses in adolescents who have attempted suicide. Sexual minorities are at increased risk for suicide due to familial, religious, or public stigmatization. Family dysfunctions, such as physical or sexual abuse by an adult or by a peer, often lead to self-harming or recurrent suicidal incidents in adolescents and have been stated as the most consistent risk factors for suicide attempts or ideation in a population of adolescents. Other mental health disorders feared to precipitate suicidal behavior include panic disorder, oppositional defiant disorder, and substance abuse. No matter the existence of other depressive and anxiety disorders, adolescents who have these diagnoses also often present with a co-occurring diagnosis of anxiety. External social influences have been

prevalent in the development of adolescent anxiety. Recent findings have reinforced the understanding of the etiology of peer and external environmental influence in adolescent anxiety. Conflicts such as socioeconomic status are external-influence risk factors that are not necessarily related to family dynamics or affect family dynamics alone. Socioeconomic status does not hold direct child protective service increased risk factors linked to suicide due to abuse or neglect; however, affected family dynamics will make an indirect risk for completed suicide or suicide attempts. Peers are furthermore one of the prime relaters of adolescent anxiety, and social competitiveness and the consequential increased levels of stress associated with this effect regarding interpersonal relationships with friends have also been correlated with ideas and attempts of suicide in adolescents. Considering the popularity of social media in today's times, online environments and pressure are both potential risk factors in today's youth. Cyberbullying has been shown to be directly related to symptoms of depression and social anxiety and can also be connected to suicide attempts. The administration of more than 5 hours per day of Internet use corresponds to an increase in depression over a period. As such, a large majority of teenagers are affectively or cognitively using the Internet in a manner strongly related to emotional distress. Given the strength of these factors in creating emotional distress, it is not surprising to find direct connections between these variables and emotional distress.

### **2.2. Protective Factors**

Minimally, protective factors have the potential to mitigate the risk confronted among youth. Strongly agreed upon potential protective factors from both a clinical and meta-analytic perspective include adaptive problem-solving abilities, sound conflict-resolution skills, and a strong ability to cope with stress. Few skills prove as durable for effective stress management as resilience. It is important to keep risk in context that about 824,000 of the 74 million persons aged 0-17 will attempt suicide each year. Those who do not attempt do not move from being non-suicidal one moment to suicidal the next. Risk for depression does not increase in a vacuum. Aspects of teen life create risk such as stigmatization, bullying, inaccessibility, school expulsion, or being forbidden to hang out with friends. If we take suicidal ideation seriously as a public health concern and not simply an individual mental health issue, then the

question is raised: what would help a youth survive the traumas faced? What can be done to support youth? Youth possess resources for resisting adversity that can be supported regarding the prevention of suicide. They can benefit from mental health support and can possess high levels of adaptive functioning and resilience in the face of risk. Protective factors are defined as either promotive or protective traits of the individual, buffering the impact of risk factors and enhancing protective factors. These protective traits can be distinguished as either:

1. Proactive promotive factors or behaviors that individuals exhibit that reduce the future impact of adversities. In other words, these factors protect or insulate the individual from the impact of traumatic events.
2. Resilience, which is the ability to achieve, maintain, or regain wellness in the face of adversity.

Enhancing protective factors present in the lives of teens is likely a more effective route to prevention than attempting to ameliorate the impact of the multiple and intersecting risk factors presented here. Protective or promotive factors are personal traits that reduce the future impact of risk factors for mental health problems. Youth have social networks from which they derive the emotional and financial support necessary for their psychological health and well-being. They feel connected, in daily contact, and construct and maintain friendships and mentorships in such a way as to derive maximal positive effect. Isolated behavior is interpreted as indicative of depression, confusion, trauma symptoms, and a risk for acting out behaviors. Young people who possess such relationships tend to demonstrate resilience, suggesting that a multi-systems informed support of resilience will also likely be more adequate than an appeal to individual behavior change. In other words, we can create an environment that supports such resilience. Resilience is exhibited when a youth demonstrates an ability to transform difficult situations, utilizing available resources, into life-enhancing opportunities. Longitudinally, these youth are more likely to have confided with an adult concerning trials and tribulations; have a helpful friend available to advise; have contributed to their family; and be connected in community organizations. Large naturalistic studies initially indicated that an eleven-year-old could use his or her friends or that a teen could use a comforting adult to enhance



resilience. Pooled data, however, demonstrated little evidence that having supportive relationships with any, including significant female family and/or peers, could redirect the association between home and community violence. Verification for different populations also indicates that family and connectedness to the community are most highly related to enhanced resilience among all populations. Individual resilience is, however, related to an increased likelihood of having a young person, and disrupted populations, utilizing any relationship(s) to support resilience.

### **3. Current Approaches to Suicide Prevention**

Many prevention strategies for addressing suicide among adolescents target schools. These strategies take the form of educational interventions for students, programs for schools to adjust their procedures and resources to ensure that students are able to access mental health resources, and postvention programs that ensure that the school environment is supportive in the aftermath of a death by suicide. Community-based interventions also seek to address suicide among adolescents through multilevel strategies that specifically engage diverse groups in the community. In addition to schools, community-based interventions often involve the collaboration between stakeholders, such as primary care providers and members of local organizations, to coordinate services and facilitate communication for those at risk of suicide. Awareness campaigns are also used in community-based interventions to reduce the stigma surrounding mental illness and improve help-seeking behavior.

An understanding of these strategies is important not only for explaining how social workers might be visible on the landscape of suicide prevention, but also for identifying knowledge gaps, opportunities for dissemination, and where the next critical focus of research will be. Analysis of these interventions reveals that many different programs are utilized that span multiple domains, including education, health/mental health, law, social welfare, and lifestyle. Efforts can be successful (although not always), but the complexities of these interventions call for concerted effort to carefully define what is meant by "success." Indeed, if the suicide rate has not dropped during the course of treatment and/or if it increases during the assessment of the intervention, can we still say that the intervention is an accomplishment? What if the local trend of increased attempts is still smaller than the national average



increase? What if the annual rate of increase is smaller during treatment than before treatment? Successful interventions in the area of suicide prevention are supported with evidence from objective measurements. Intervention trials must be designed to be evidence-based. If an intervention does not work, it should be discontinued. If it does, it should still be continued to be evaluated and improved.

### **3.1. School-Based Programs**

#### Subsection 3.1. School-Based Programs

School-based programs are one place where intervention and prevention services for attempted and completed teen suicide and suicidal behaviors have been concentrated. It makes logical sense for schools to be the setting for suicide prevention programming as we require the attendance of our children in public or private schools through adolescence. This accessibility has fostered a number of prevention programs that are based in the school out of necessity for access to the adolescents, but our schools have evolved into one of the primary supportive structures in the United States for adolescents. Many programs found in schools are more focused on mental health education and less on the education and empowerment of faculty to work with at-risk students. The programs that do exist in the school have also tried to operate on various levels to begin to address youth suicide.

Some have built mental health screenings for depression into the school physical and immunization process, enabling early identification and referral. Eventually, every teacher in the school will be involved. Suicide awareness programs go beyond simple discussions related to suicide to well-recognized effective techniques for suicide prevention in training parents and whole communities on how to recognize signs that represent a teen at an increased risk for suicidal activity. The more we educate parents and the community at large, the better chance we have at creating a safe environment for discussions regarding teen suicide. Programs in the research and development stage that show some effectiveness would have to be the all-inclusive, multi-leveled programs, often referred to as Comprehensive Health Education Programming. While the availability of concrete information is decreasing, these multi-component programs that appear to have included a thorough and intensive teacher training

program do seem to have an effect at decreasing the incidence of suicide, death, and/or suicidal behaviors.

### **3.2. Community-Based Interventions**

Community programs are often possessions of a local, non-profit mental health provider, but they are often funded as a collaborative effort between community stakeholders, mental health organizations, local governments, and various child- or youth-focused government or independent agencies. A primary goal of such programs is to educate the community about mental health and suicide and to familiarize them with the local resources so teens in need can be connected to the services that can help them. Furthermore, the persons directing the programs serve as a liaison between schools, parents, and the adolescent clients and deliver free or low-cost individual and family therapy that supplements the outpatient counseling services. Importantly, the community-based interventionists are often at events where individuals from the community may have contact and can ask questions about depression, mental health, or seek to arrange counseling, such as at health fairs, school-sponsored fairs, sporting or other public events, and school activities, or to present on mental health and suicide to schools, parent groups, faith-based groups, or community youth groups.

These programs, unlike most research projects, are not aimed at identification or prevention in small sample sizes. Indeed, whenever we have an outreach effort to find suicidal youths, many times we find no such youths in need. The greatest value of these programs may be to communicate to the community that it is economically efficient, value-saving, and life-affirming to connect these teens not only to the necessary services but to help them connect with the community. A community filled with healthy and supported youth certainly benefits, as it implies sustained investment in human, social, and economic resources. These programs evaluated with diverse statistical methods generally establish some efficacy in reversing emotional distress in adolescents, yielding fewer suicidal thoughts among at-risk youth. Nonetheless, all these works have reported that a large number of adolescents do not avail themselves of needed services or take a long period of time to connect, even when such services are offered for free. Several researchers report that especially young males from under-resourced communities are the least likely to turn up for service or require an

extremely proactive and assertive response to connect. Accordingly, each of these tends to be a kind of valuable alternative response to ensuring that all youth reports of depression have access to outreach, screening, and services.

#### **4. Role of Social Workers in Suicide Prevention**

There are many professionals who may be involved in the prevention of suicide among teens, and this construct is crucial given that suicide is the second leading cause of death among adolescents. The resurgence of suicidal ideation after a time of relief, changes in suicidal severity, warning signs, resiliency resources, determinants of suicidal ideation, and suicidal plans should be high on the minds of professionals as they provide mental health services.

**Social Workers in Mental Health Care Settings** The activities of social workers serving those in need of mental health services are varied and multi-dimensional. Social workers are likely to provide case management or care coordination, therapy, individual or group counseling, family or couples therapy, crisis intervention, and resource development, referral, and community education. Social workers might hold positions as executive directors, CEOs, and administrators of mental health agencies and residential programs, with a primary role in the application of evidence-based treatment practices and wrap-around services for suicidal youth. In services provided to those feeling suicidal, there is also likely to be a focus on the development of timely and integrated care.

**Assessment** Rather than introduce effective treatments in a uniform manner for all individuals feeling suicidal, the presentation of some youth in care means that a comprehensive assessment can result in tailoring treatment to the combination of determinants the adolescent is experiencing that leads to feelings of hopelessness and a reduction in newly emerging knowledge and skills in how to continue advancing. It is worth noting that social workers are also likely to advocate for more complete prevention strategies at the level of policy, practice, and continued education if they can be assured that effective interventions for suicidal ideation, anxiety, and depression have been mandated for the schools. Educational intervention in the schools is helpful if it leads to treatment in the mental health services it may introduce students to. A more developed role for social workers working alongside those who

treat suicidal teens (as well as other professionals) in an educational setting is as members of a multi-disciplinary team that develops intervention and monitoring as it is administered and standardized for students appearing at high risk. Ethical considerations are often taken into account, and we must always have the participation and be informed about full and open informed consent at the school from parents and those who substitute for parents if the suicidal teenager is to be identified and included in any follow-up design.

### **4.1. Assessment and Intervention**

**Assessment: Clinician's Role** The initial assessment is a critical component in the intervention of suicidal youth. The assessment is designed to identify factors contributing to the increased or decreased threat of suicide. Practitioners need to identify risk factors and concerns based on the presenting problem and circumstances related to the attempt or ideation, while also determining protective factors present in the lives of the adolescent. Assessment combined with the adolescent's unique needs or circumstances facilitates the development of an individualized safety plan and intervention. Assessment may need to be performed continually over time to identify behavioral, attitudinal, or circumstantial changes as the adolescent moves through a suicidal crisis. The adoption of guides during an evaluation can help to facilitate this process by providing a semi-structured qualitative set of questions for conducting a comprehensive evaluation. The assessment suggests probing underlying facts, supportive networks, and options for the person at risk even if determined to no longer be at acute risk.

In primary care settings, a visual interface of this tool is available in the form of software tailored for use in triage and intervention aimed at reducing errors in identification and treatment of the suicidal primary care patient. The importance of utilizing this triage approach is critical in settings where an immediate response to acutely suicidal persons is often necessary, and movement through an urgent care or emergency room is necessary for suicide risk triggering immediate treatment reflex steps in facilities where practitioners may be unfamiliar with the patient. The clinician should be aware of starting both independent suicide risk assessments, using a reliable measurement tool and providing independent judgment, particularly in situations in

front of youths. The findings can be combined in the elaboration of a safety plan and description of suitable options for risk management. The professionals who provide services to the research community should have the professional skills and competencies to conduct an evaluation that is consistent within their culture.

### **4.2. Collaboration with Other Professionals**

Working in isolation may not be the most effective way to address teen suicide prevention. People involved in prevention efforts find that their talents and the knowledge of other professionals enhance the vital interventions they use in their practice. The multisystemic prevention strategy, for example, uses the expertise of social workers, psychologists, and medical doctors to address the various facets of an at-risk youth's life. The collaboration most often involves stakeholders who have a history of being a part of the system, but may occasionally include individuals working outside the system. The inclusion of community agencies in the development of services is often recommended to ensure continuity of care for youth of color. (Rudes & Fantuzzi, 2022)

Support for outreach and aftercare services is essential, and schools need ongoing training for professionals who work with youth. Administrators, faculty, and other professionals in schools can contribute to the prevention of school violence. Campuses also have an immediate need for more mental health counselors who have advanced training in working with youth. The inclusion of administrators creates a comprehensive support system that encourages ongoing communication between stakeholders inside the school setting. At the state level, administrators are the professionals charged with regulation and resource allocation. In support of a multisystemic view, schools, youth, and their families should be part of the development of a state plan. The inclusion of agencies will ensure the sharing of resources to the local service provider. Such a comprehensive approach helps participants see the broader challenges faced by communities and the potential for collaboration between agencies inside and outside the school. Challenges to Collaboration

While the multisystemic approach is effective, researchers have noted several challenges to its success. In particular, communication between stakeholders, such as

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when school personnel do not communicate concerns to social service providers outside of school, can negatively influence the outcome. Different professional disciplines also have differing perspectives on the issues facing at-risk youth. These perspectives may lead to differing intervention strategies between team members. However, whatever the field of the professional, efforts should be made to incorporate the social worker into active partnerships with both prevention- and response-related activities. Overall, the benefit of the integrated response is that there is a comprehensive understanding of the needs and service delivery system at the school. Home, school, juvenile justice, alienation, and family support issues can all affect the behavior of the individual youth. Integrated services also help troubled youth feel they are receiving attention from the community leaders affected by their problems. Crisis response teams are one example of a coordinated prevention response that helps those affected by a loss connect with professionals from various disciplines. These individuals will identify their leader at the time of the crisis, identify who they want to be responsible for and what responsibilities they want to take on, structure themselves with a well-defined leadership role, a liaison between grief and mental health workers, and a liaison between official oversight and help to those in need, and decide on the responsibilities of key helpers in at least seven community agencies. These crisis teams make several volunteers available who go into residences after hours to relieve parents who are grieving. All members check back again and again to see if they can provide assistance with services such as loss counseling, school-based services, and support groups. The crisis team also determines whether postvention services are keeping people from meeting their basic needs. Overall, collaboration helps all users, including troubled youth, feel they are receiving the best team approach from knowledgeable professionals.

## **5. Innovative Strategies and Best Practices**

Innovative strategies and best practices. Youth adversity is continuously evolving and increasing; therefore, as professionals, we have to have methods that are adaptable and grow as they evolve. Enhancing evidence-informed interventions with technology

can keep resources contemporary when paired with strong security and evidence monitoring systems. Recent reviews of interventions show that depression and suicide apps can help to reduce depressive symptoms as well as increase help-seeking behavior in young people. In addition to online resources, peer support programs have also shown some promise in reducing negative mental health outcomes and have a good social return on investment. Overall, such programs enhance and maintain resilience among vulnerable young people and can foster a sense of belonging. Panel member drew attention to the fact that peer support is regarded as a powerful, evidence-based strategy among young people, where a good understanding can be gained through experience sharing. The development and evidence backing strategies such as peer support programs, online help-seeking forums, and apps serve to reiterate the point that as a suicide prevention community, we cannot "do what we have always done," as what we have always done could inadvertently be adding to the youth suicide problem. It is important to keep in mind the values, beliefs, and toolkit of adolescents when designing and evaluating suicide prevention strategies. Programs and projects should resonate with this population and fit in with their lifestyles. Innovative solutions are the way forward for best practice in youth suicide prevention. Ongoing intervention and implementation evaluation is essential in order to refine best practice. Ongoing research, program evaluation, and policy analysis targeting best practice in youth suicide prevention is essential to ensuring that current best practice is current best practice. (Van et al.2022)

### **5.1. Use of Technology**

5.1. Use of Technology. Technology offers an innovative and engaging way to connect with preteens and teens to address suicide. Nearly all teenagers are using the internet, so online programs are both accessible and provide an extra layer of anonymity. A wide variety of apps have been developed for suicide prevention support, including safety planning, risk evaluations for friends, and positive networking options. Remote counseling services also represent a growth sector. This technology carries the possibility of early identification of those at risk and immediate support. In addition to these types of programs, youth are communicating with one another in ways that open additional opportunities for positive connection. Many



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young people use social media and popular internet platforms to follow individuals and topics that are of interest. Using these platforms, a project focused on creating and disseminating an app addressing mental health for college students began. This app offers a user-guided tour of mindfulness, information for helping friends, and a section on suicide prevention including two versions of a risk assessment tool for early contact and in-person use. Interactive and feedback components for this app are built into the development plan. Social media is not only used to watch and read information; it is also a platform for people to communicate across distances and experience support. Young people are using online methods to complement their traditional awareness and suicide prevention efforts. Outreach campaigns to influence social media consumption, comments, and likes can be standardized or customized to address whatever target population is a priority. Agencies and programs can utilize their existing communication strategies and resources to disseminate this campaign across many sectors and social media venues. Plus, reaching out to youth and adults who work and volunteer with youth can raise awareness and mobilize people to take a closer look at what people are communicating on social media. Agencies can expect that they will get feedback on the campaign well before it is launched publicly and has the capacity to be widely shared, raising the bar for the attention the campaign gets. Using technology for outreach also circumvents the restrictions and requirements associated with the promotion of social media content. The global reach of online technology stands as a unique and independent strength in preventing suicide and promoting mental health. A significant percentage of households had no broadband access, as did a notable portion of low-income earners. Bad Wi-Fi was a barrier for many employed adults while a portion of smartphone owners said they had to cancel or suspend service while not employed due to costs. Privacy is a noted concern, and technology can only make headway with these limitations if used to augment rather than replace current prevention strategies. Therefore, expanding treatment options, mental health promotion, and community education to technology will result in the largest and most diverse number of teens and youth benefiting from these efforts. Technology is not and should not be the answer to all challenges in suicide prevention and mental health promotion. It is part and parcel; one more

outreach method is addressing stigma. As technology grows and changes, we can learn more about how to strengthen this aspect of prevention given the limitations and constraints of our tech-savvy teen. Ultimately, technology ensures that prevention and promotion are responsive to the interests of the youth and their changing behavior. It strengthens traditional, localized suicide prevention in a rapidly digital world.

### 5.2. Peer Support Programs

Research on the capacity for peers to deter youth and teen suicide has increased since a call for sociocultural responsiveness. Scientists are now concerned with moving towards drafting a typology of program types and the unique underlying dynamics for respective program models. Making up a significant depth of the literature are peer leadership programs. Latinos are not “anti-help” seeking, although it is plausible that some groups are pushed towards seeking professional support via the transit of information/friendship support. The capacity to intervene and the ideal intervention venue are questions that continue to be researched. However, younger peers may first meet their junior peers in the capacity of friendship, meaning that relaying tons of problematic content in an introduction facilitated by interclass mentoring should only somewhat change the outcomes anticipated in crafting junior to future help seekers and directly targets the school’s capacity to select ethnographical positioning in the literature starting from democratic problem-posing education. (Barzilay & Apter, 2022)

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