A systematic review of school-based suicide prevention programs

CRD summary
The review concluded that some school-based suicide prevention programmes had more evidence than others, but the limited evaluation data meant specific programmes could not be recommended as best practice. These conclusions appear to be reasonably cautious, but, considering the basic approaches used to evaluate and synthesise the studies, their reliability is uncertain.

Authors' objectives
To evaluate the effectiveness of school-based suicide prevention programmes.

Searching
MEDLINE and Scopus were searched up to 2012 for studies in English; search terms were reported. Reference lists of relevant articles were also examined. Hand searches related to specific programmes were also made (no further details on this were provided).

Study selection
Relevant studies were evaluations of a suicide prevention programme in a school context (participants were under 18 years of age). Outcomes measured included attitudes towards or knowledge about suicide (for example, understanding of suicide and depression); general skills training (for example increasing protective factors, such as coping and decision-making skills, and decreasing risk factors such as depression, hopelessness, and poor academic achievement); gatekeeper behaviour change; help-seeking; and suicide behaviour change.

Most of the included programmes were universally targeted, but some were more selective. Other programme characteristics varied widely. All programmes were targeted at teenagers.

Two reviewers selected studies for inclusion.

Assessment of study quality
Study quality was not assessed. The authors graded studies using a hierarchy of study design (levels of evidence).

Data extraction
The authors did not state how many reviewers extracted data.

Methods of synthesis
A narrative synthesis was performed. Recommendation grades were made using levels of evidence. Grade A was consistent results in randomised controlled trials or ‘all or none’ case series; B was consistent cohort studies, outcomes research, case control studies, and low quality randomised trials (or extrapolations from better studies); C was case series (or extrapolations from better studies); D was expert opinion.

Results of the review
Twenty-eight studies were included in the review; sixteen programmes were evaluated.

For attitudes and knowledge about suicides, six programmes were graded B, six were graded C and one was graded D. For general skills, two programmes were graded B and two were graded C. For gatekeeper behaviour change, one programme was graded B, one was C, and two were D. For help-seeking, two programmes were graded D. For behaviour ideation, one programme was graded B, one was graded C and two were D. For suicide attempts, two programmes were graded B and one was graded D.

The Signs of Suicide and the Good Behaviour Game programmes were the only ones to show a reduction in suicide attempts in randomised trials.
Authors' conclusions
Some school-based suicide prevention programmes had more evidence than others, but the limited evaluation data meant specific programmes could not be recommended as best practice.

CRD commentary
The review addressed a clear question and was supported by reproducible eligibility criteria. Two relevant databases were searched; the restriction to studies published in English meant that some relevant studies may have been missed. Duplicate processes were employed to reduce the risks of reviewer error and bias during study selection, but the authors did not report on whether such methods were used to extract data.

Study quality, or risk of bias, was not appraised (only a basic level of evidence approach was used), which meant it was not possible to fully evaluate the reliability of the evidence. Individual study details were not tabulated, but were described in the text. A basic synthesis was presented, based on the levels of evidence results.

The authors' conclusions appear to be reasonably cautious but, considering the basic approaches used to appraise and synthesise the studies, their reliability is uncertain.

Implications of the review for practice and research
Practice: The authors stated that the limited data available meant they could not recommend specific programmes as being best practice.

Research: The authors stated a need for further evaluation of some programmes which should include assessment of impact on suicide ideation and suicide attempts. They also stated a need to investigate combinations of programmes.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract
contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.