



Promising Findings on preventing suicidal thoughts and behaviors: Results From The Raising Healthy Children Intervention

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SDRG is a recognized leader in the field of prevention research. Our work is guided by the belief that many common behavior, health, and social problems can be prevented. For the past four decades, SDRG has studied the causes of these problems in childhood, adolescence, and adulthood. Building on what we have learned, we have developed and tested intervention programs and tools that families, schools, and communities can use to promote wellbeing and reduce behavior, health, and social problems. SDRG's research has enriched lives, influenced policy, and strengthened communities across the United States and around the world.

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- 1) Can we reduce suicidal ideation, attempts depressive symptoms in adulthood using universal childhood preventive intervention?
- 2) If so, how might effective universal interventions achieve reductions in suicidal ideation?

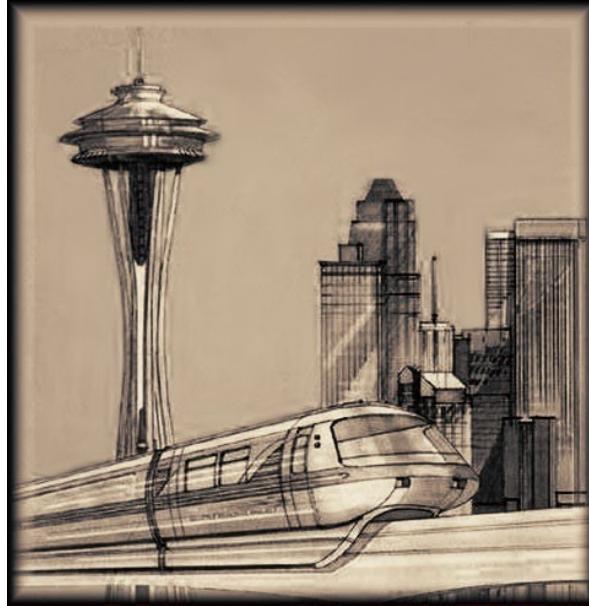
Raising Healthy Children (RHC) Intervention



Promote bonding to school and family by:

- Enhancing opportunities for involvement in school and family
- Enhancing rewards for involvement in school and family
- Strengthening children's social competencies

Test of RHC: The Seattle Social Development Project



Seattle Social Development Project

- 18 Seattle elementary schools were identified that over-represented students from high crime neighborhoods
- 808 (77%) of the 5th grade students in these schools and their parents consented to participate in the longitudinal study
- 1985 (age 10) – 2014 (age 39)
 - Retention 88% at age 39
 - Latest data collection 2022 (age 47)

Funders: NIDA, NIAAA, NIMH, NIA, NIJ-OJJDP, Robert Wood Johnson

PIs: J. David Hawkins, Karl G. Hill, Rick Kosterman, Jennifer A. Bailey, Marina Epstein

Intervention Conditions

Full Intervention

- n = 156
- 2+ semesters of intervention in grades 1-6
 - M = 4 years of exposure

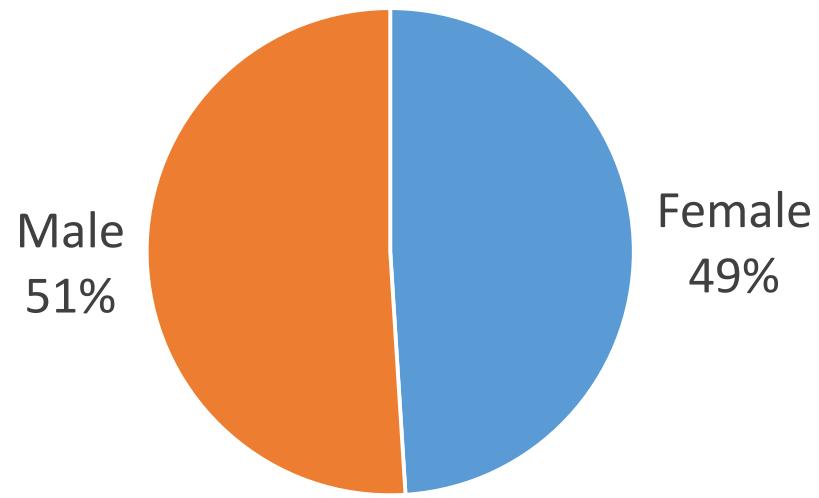
Control

- n = 220
- No intervention

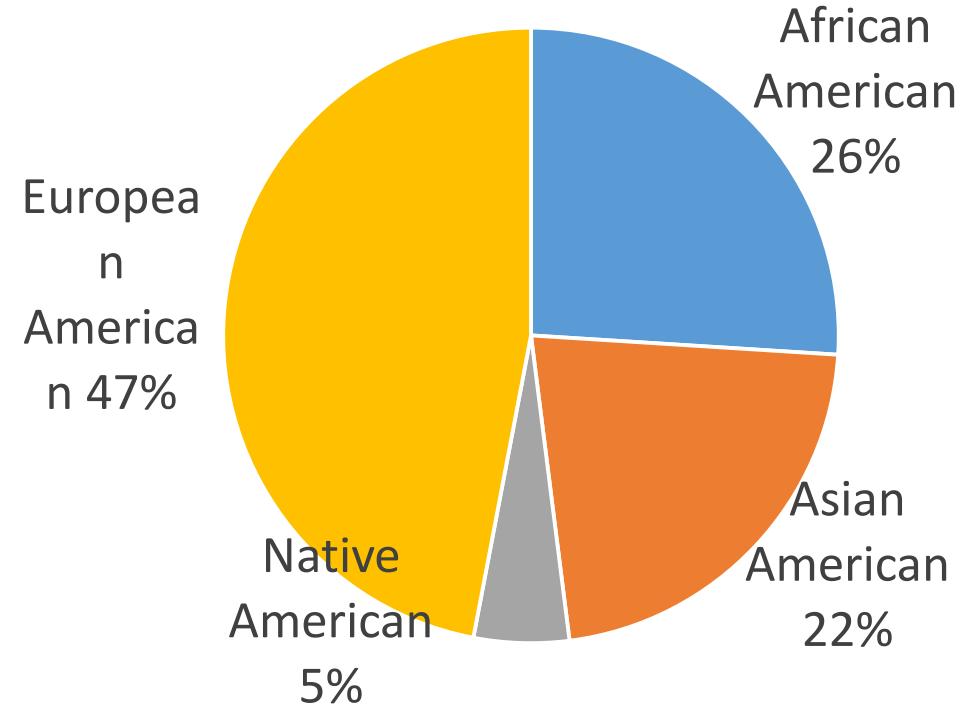
Late Intervention

- n = 267
- 1+ semesters of intervention in grades 5-6

Sample Composition



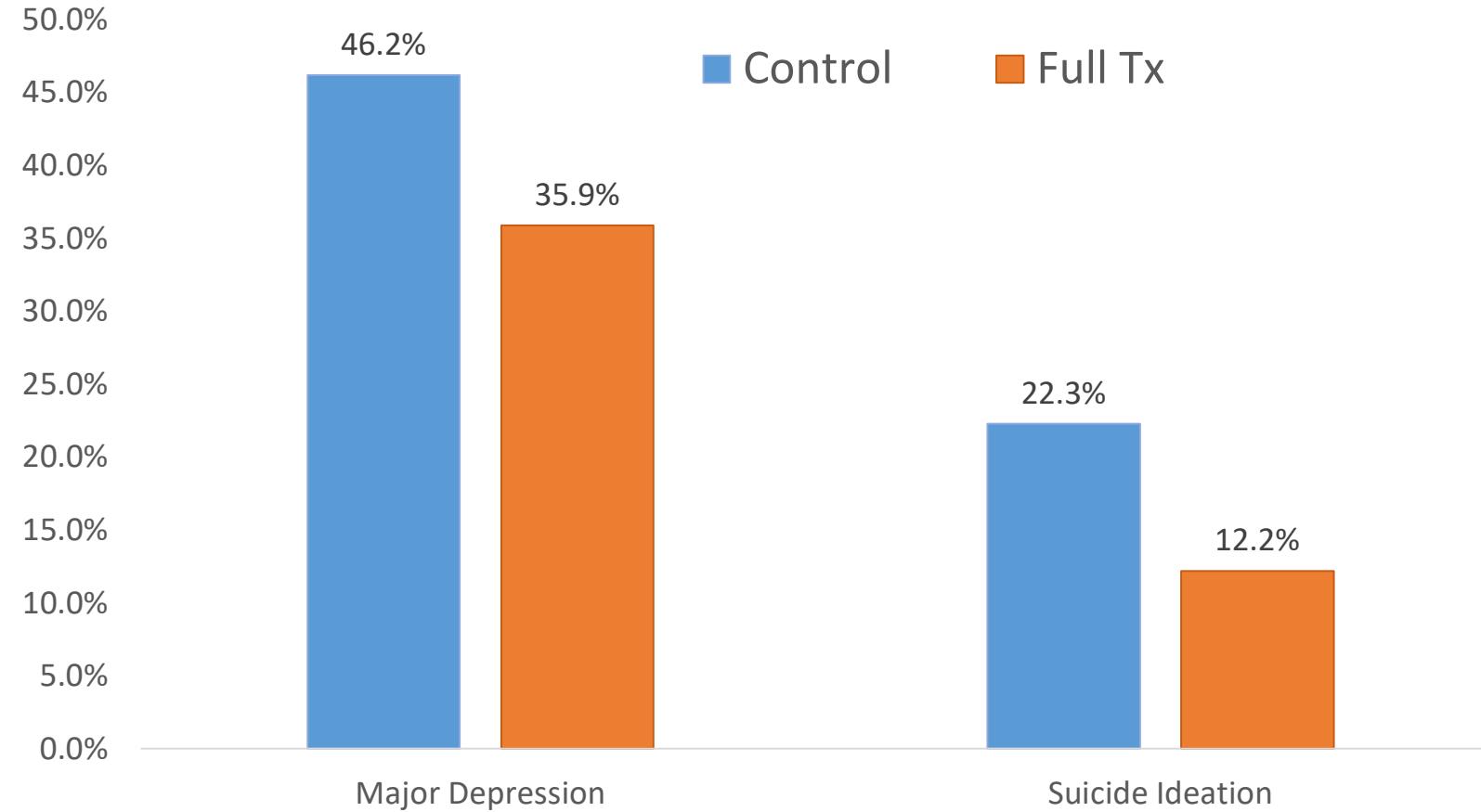
52% Eligible for
Free/Reduced Price Lunch



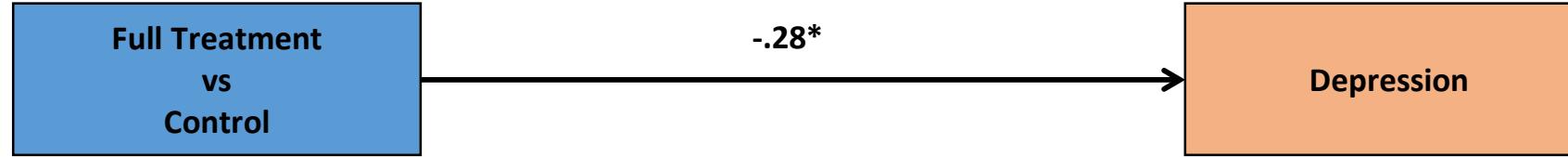
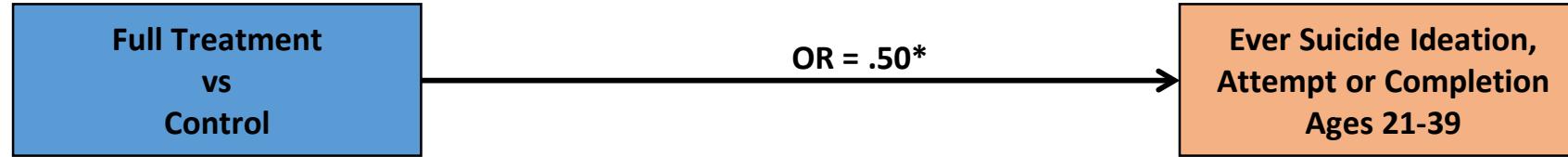
Of these, about 5% were Latinx

- Ever Suicide Ideation, Attempts or Completion (0/1)
 - Nested within the DSM-IV MDE module
 - *Did you think a lot about committing suicide? (0/1)*
 - *Did you attempt suicide? (0/1)*
 - Suicide Completion (0/1) – National Death Index
- Major Depressive Episode (meet DSM-IV Criteria, not suicide)

Results: Prevalence of Mental Health Outcomes



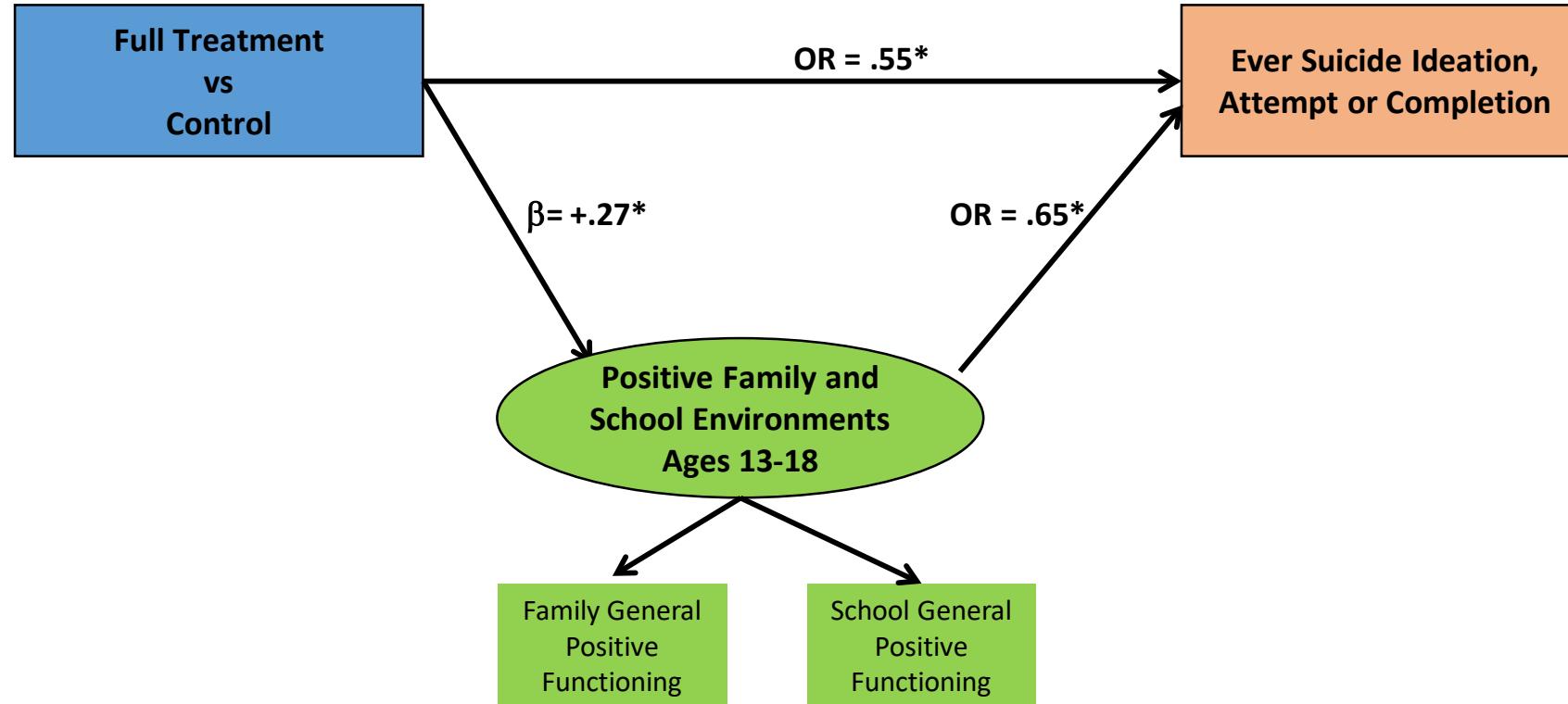
Results: Lower Probability of Suicidal Behavior



Controlling “born
to teen mom”

* p < .05

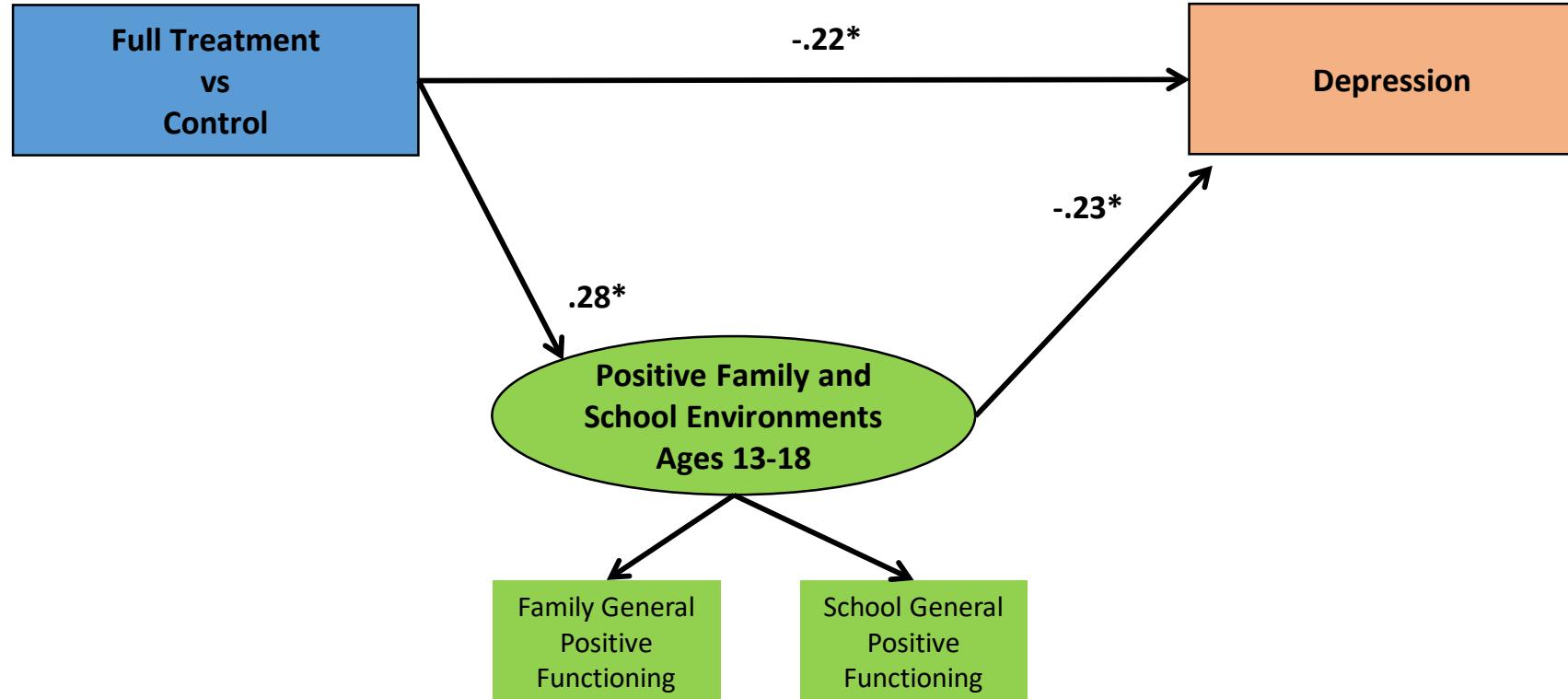
Results: Mediation of Suicidal Behavior



Controlling “born to teen mom”

* $p < .05$

Results: Mediation of Mental Health Problems



Controlling “born
to teen mom”

coefficients are
standardized * $p < .05$

Conclusions

- *Universal childhood preventive intervention can reduce suicide ideation, behaviors and depressive symptoms in adulthood.*
- *Intervention effects were mediated in part, through the adolescent positive family and school environments targeted by the intervention.*

Both universal and selective prevention are needed

Universal prevention will shift the needle at the population level.

Selective prevention will support youth at high risk.



Thank you!

Jennifer A. Bailey

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Three core components during grades 1-6



Teacher Training



Parent Workshops

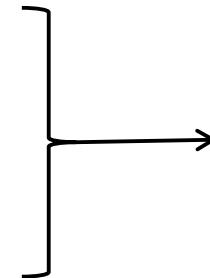


Child Skills Training

- Ever Suicide Ideation, Attempts or Completion (0/1)
 - Nested within the DSM-IV MDE module
 - *Did you think a lot about committing suicide? (0/1)*
 - *Did you attempt suicide? (0/1)*
 - Suicide Completion (0/1) – National Death Index
- Major Depressive Episode (mean DSM-IV Criteria, not suicide)
- Generalized Anxiety Disorder (mean DSM-IV Criteria)
- Post Traumatic Stress Disorder (mean DSM-IV Criteria)
- Social Phobia (mean DSM-IV Criteria)

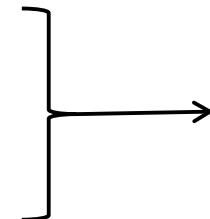
Measures: Potential Mediators (Ages 13-18)

- Family management
- Family conflict (reversed)
- Family opportunities for prosocial involvement
- Family rewards for prosocial involvement
- Family bonding



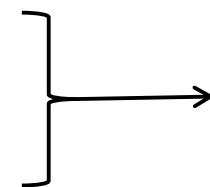
Family General Positive Functioning (5 subscales)
(alpha .80-.84)

- Opportunities for prosocial involvement
- Rewards for prosocial involvement
- Bonding to School
- Academic performance



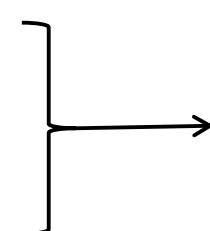
School General Positive Fx (4 subscales) (alpha .78-.82)

- Antisocial Peers (reversed)
- Peer Antisocial opportunities (reversed)
- Prosocial Peers



Peer General Positive Fx (3 subscales) (alpha .77-.80)

- Past Month Alcohol Use
- Past Month Cigarette Use
- Past Month Marijuana Use
- Past Month Other Illicit Drug Use



Adolescent Drug Use
Saved as a factor score across
drugs and ages 13-18

Family

- Management
- Conflict (reversed)
- Opportunities for prosocial involvement
- Rewards for prosocial involvement
- Bonding

School

- Opportunities for prosocial involvement
- Rewards for prosocial involvement
- Bonding
- Academic performance

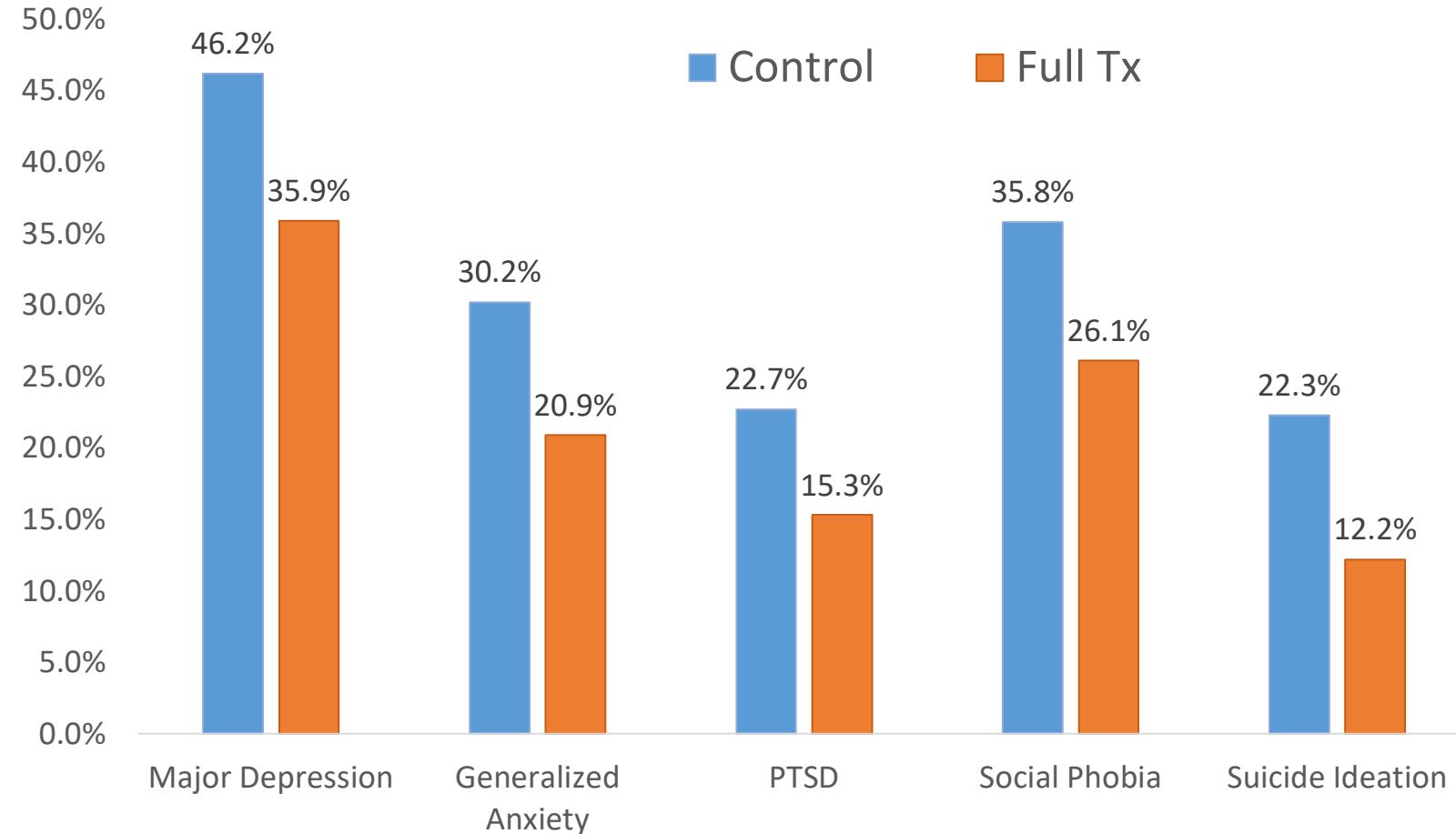
Peers

- Antisocial Peers (reversed)
- Peer Antisocial opportunities (reversed)
- Prosocial Peers

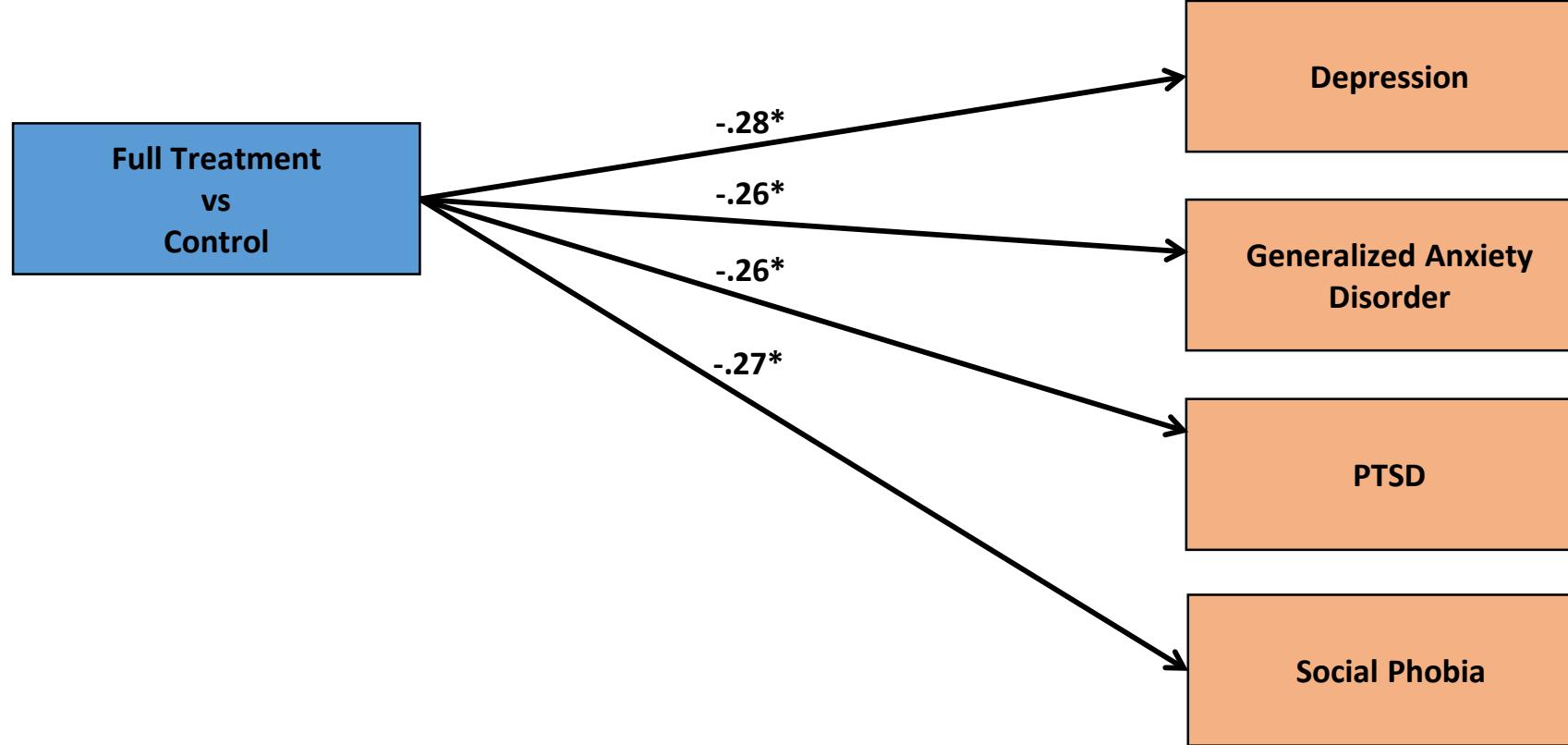
Individual

- Past Month Alcohol Use
- Past Month Cigarette Use
- Past Month Marijuana Use
- Past Month Other Illicit Drug Use

Results: Prevalence of Mental Health Outcomes



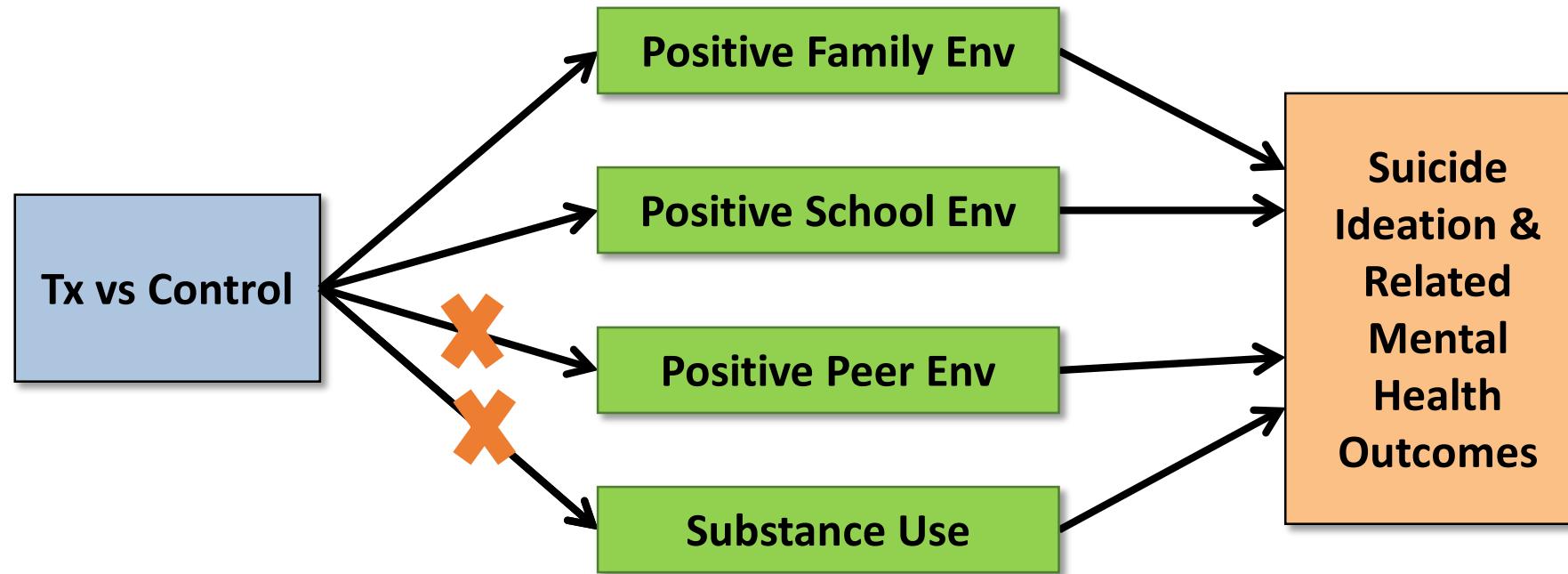
Results: Lower Probability of Mental Health Problems



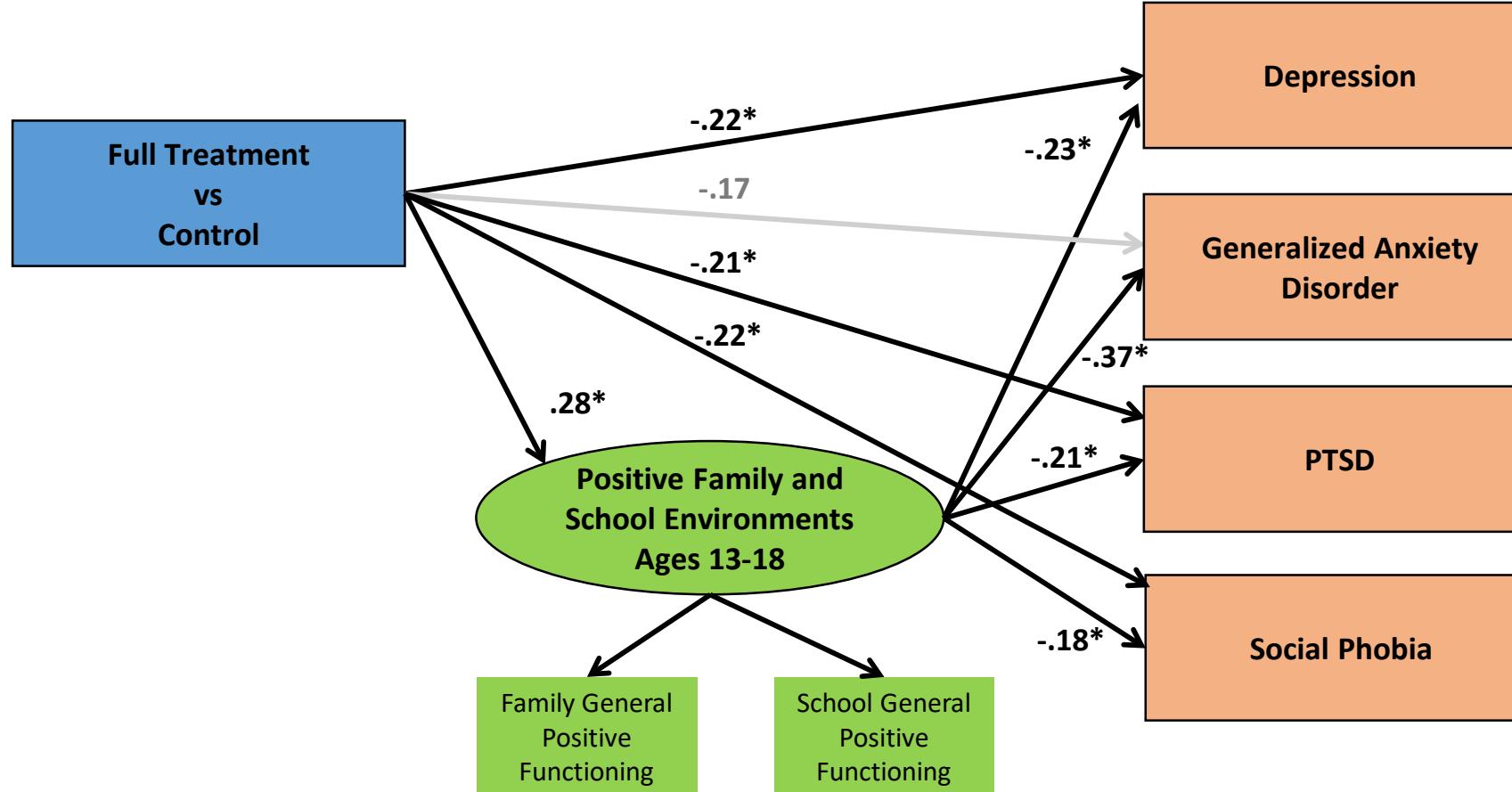
Controlling “born to teen mom”

coefficients are
standardized * p < .05

Mediators Tested



Results: Mediation of Mental Health Problems



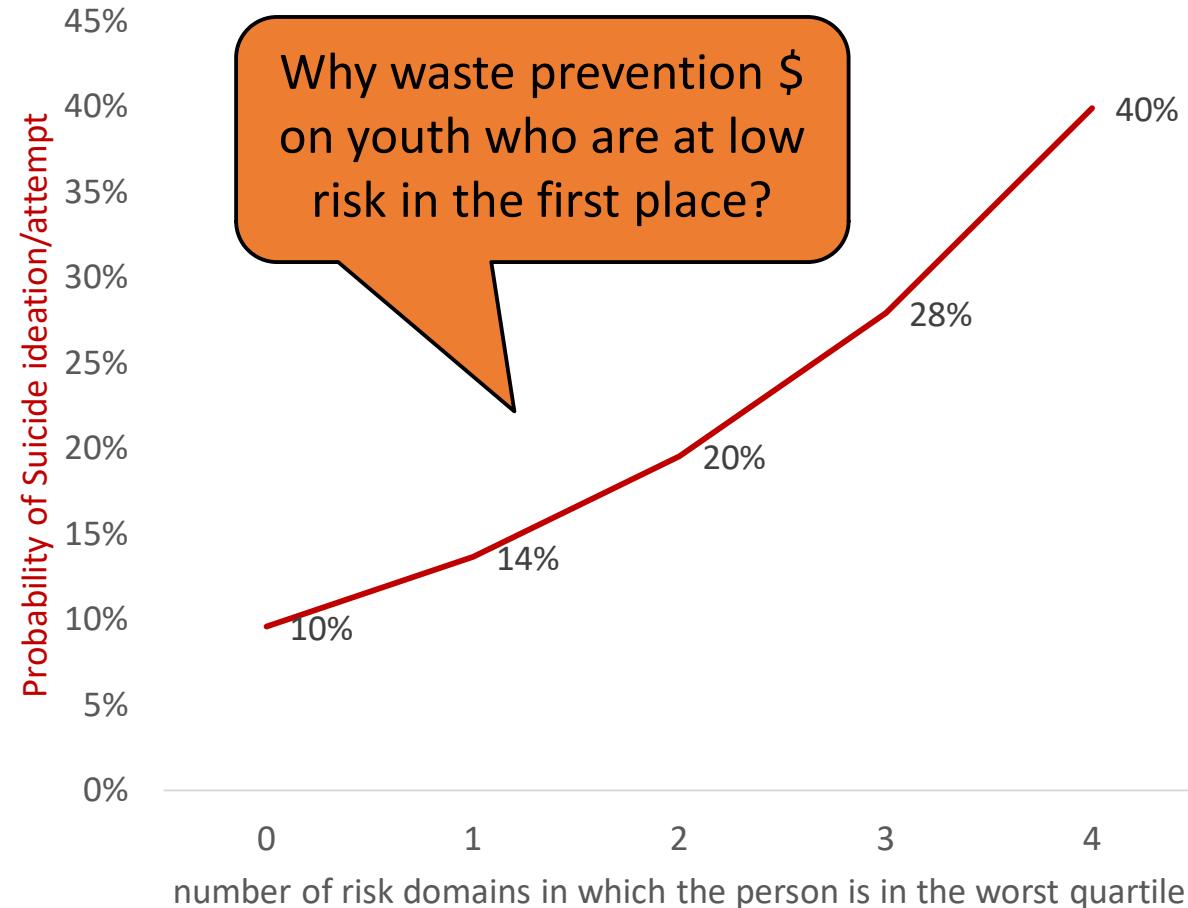
Controlling "born to teen mom"

coefficients are
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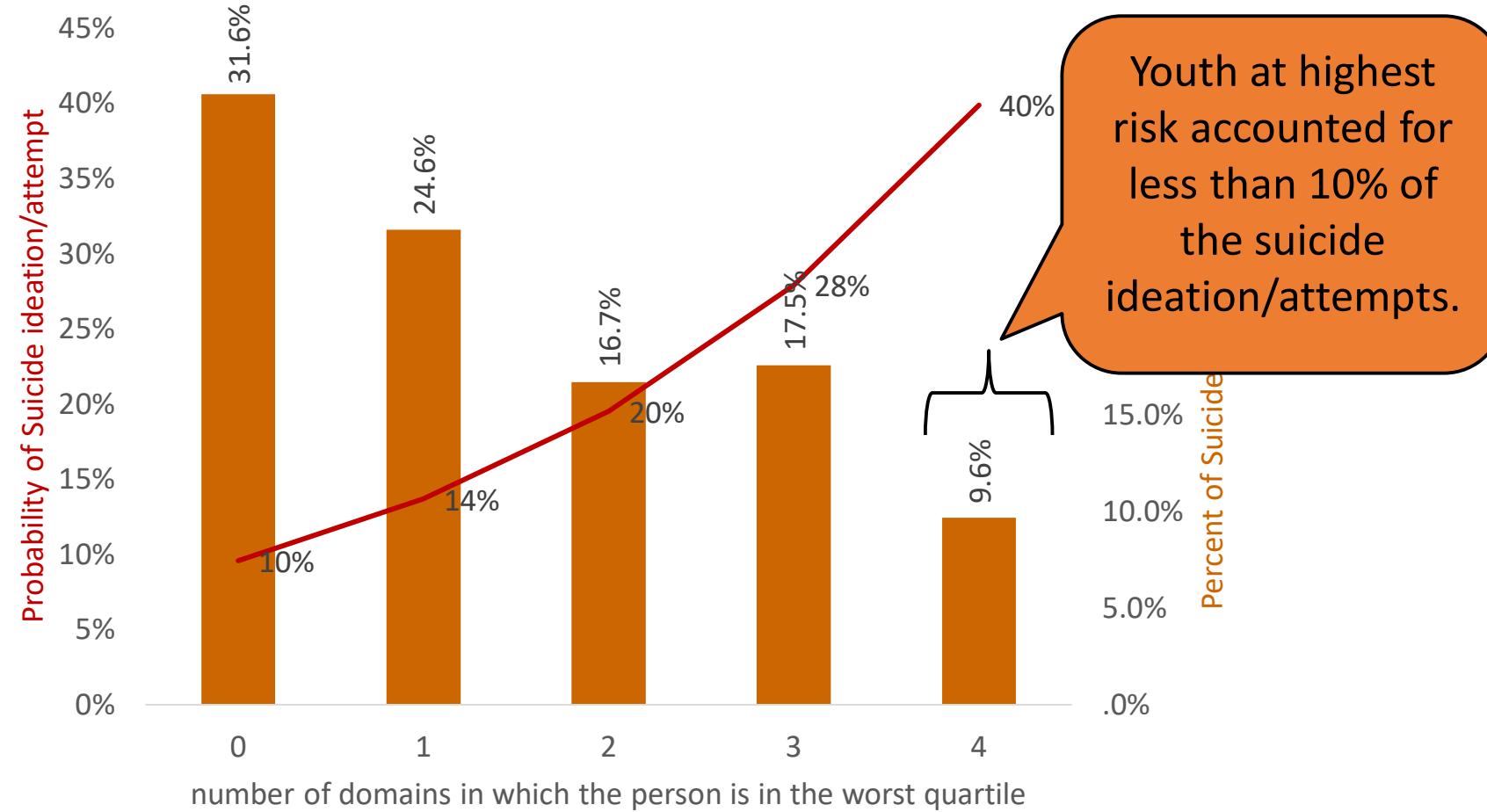
Results: No Evidence of Sex Differences

- All models were tested as constrained and unconstrained multiple group models by sex.
- None of the constrained models was significantly worse fitting than the unconstrained models.
- No evidence that these effects differed by sex.

Why Universal Prevention?



The Prevention Paradox



The Prevention Paradox

Rose Theorem:
A large number of people exposed to a small risk may generate many more cases than a small number exposed to a high risk.

(Rose, 1992:24).

