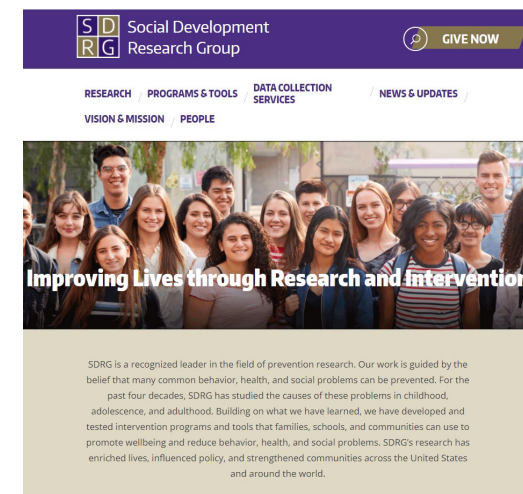




Promising Findings on preventing suicidal thoughts and behaviors: Results From The Raising Healthy Children Intervention

Jennifer A. Bailey, Rick Kosterman, Marina Epstein

Karl G. Hill, Kevin P. Haggerty





Research Questions

- 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

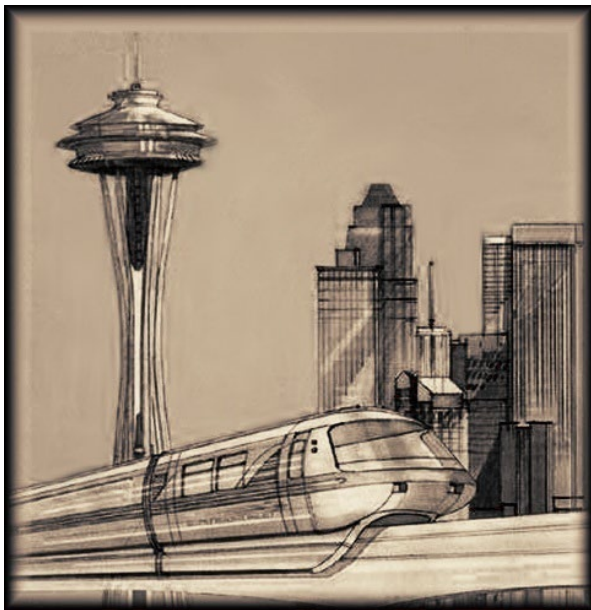


Promote bonding to school and family by:

- 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



SCHOOL OF SOCIAL WORK



Intervention Conditions

Full Intervention

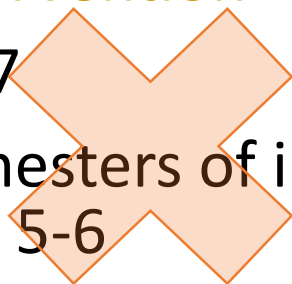
- $n = 156$
- 2+ semesters of intervention in grades 1-6
 - $M = 4$ years of exposure

Control

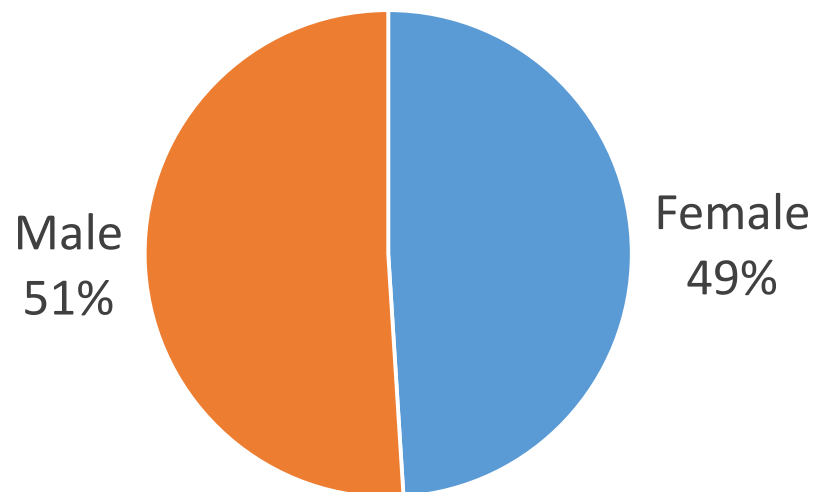
- $n = 220$
- No intervention

Late Intervention

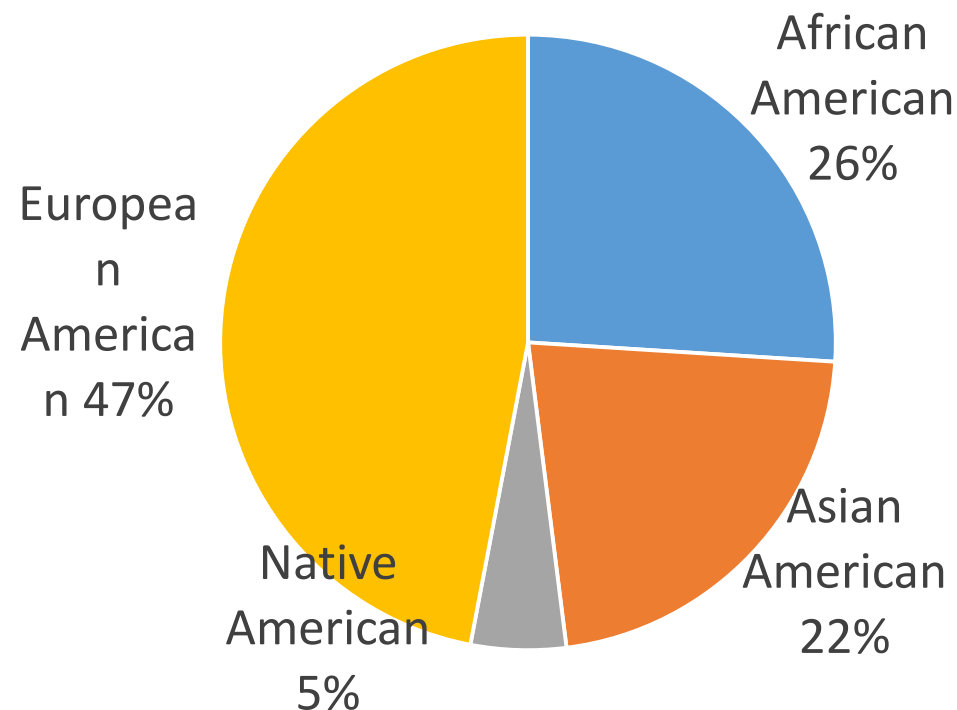
- $n = 267$
- 1+ semesters of intervention in grades 5-6



Sample Composition



52% Eligible for
Free/Reduced Price Lunch



Of these, about 5% were Latinx



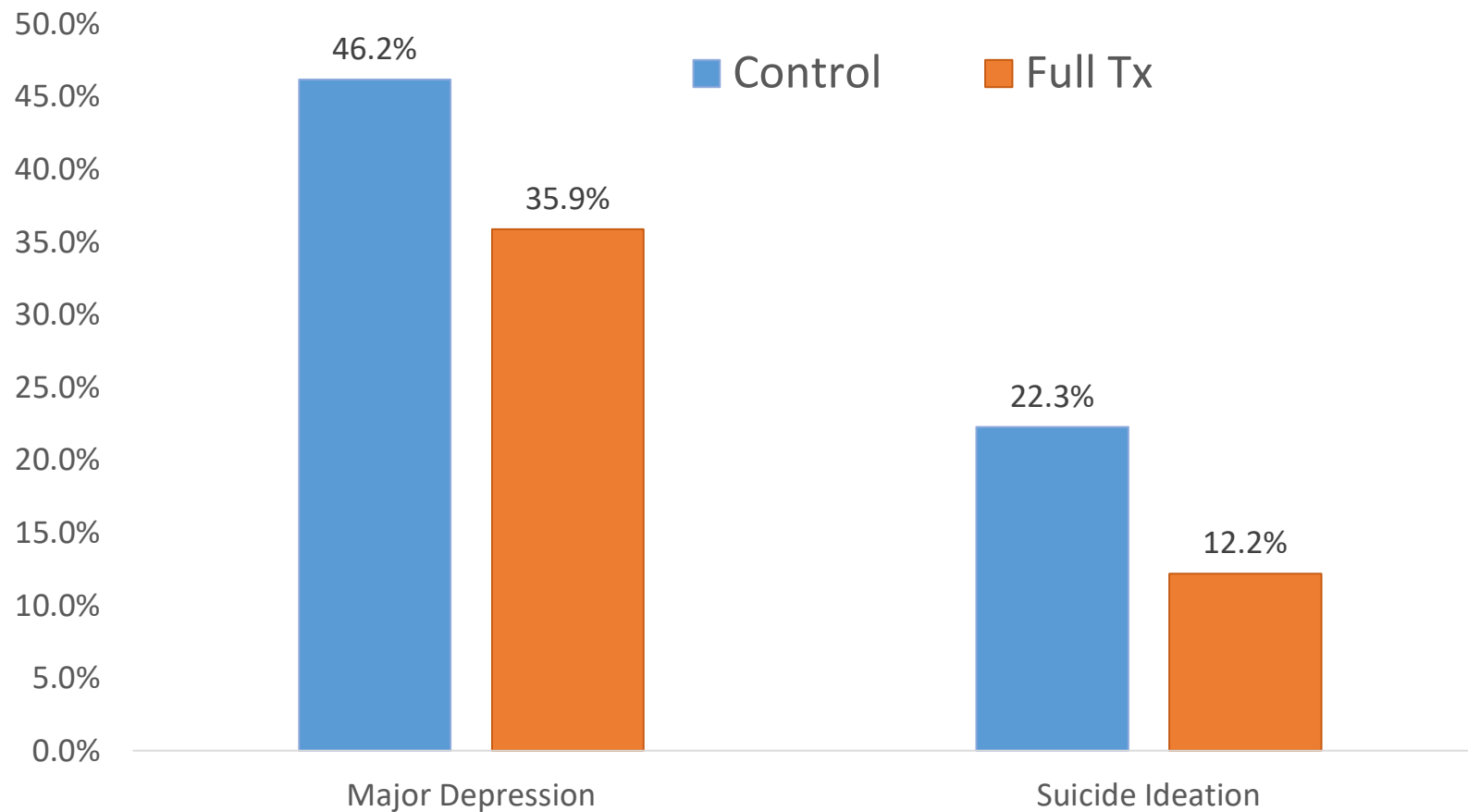
Measures: Suicidal Thoughts and Behaviors (Ages 21-39)

- 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)



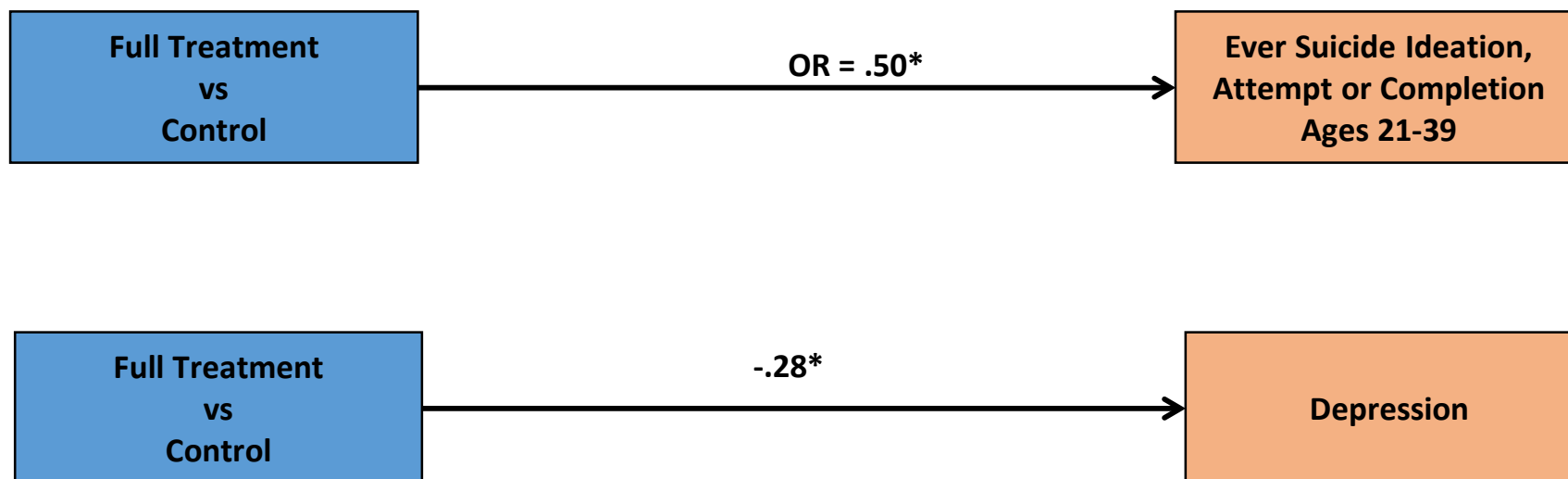


Results: Prevalence of Mental Health Outcomes





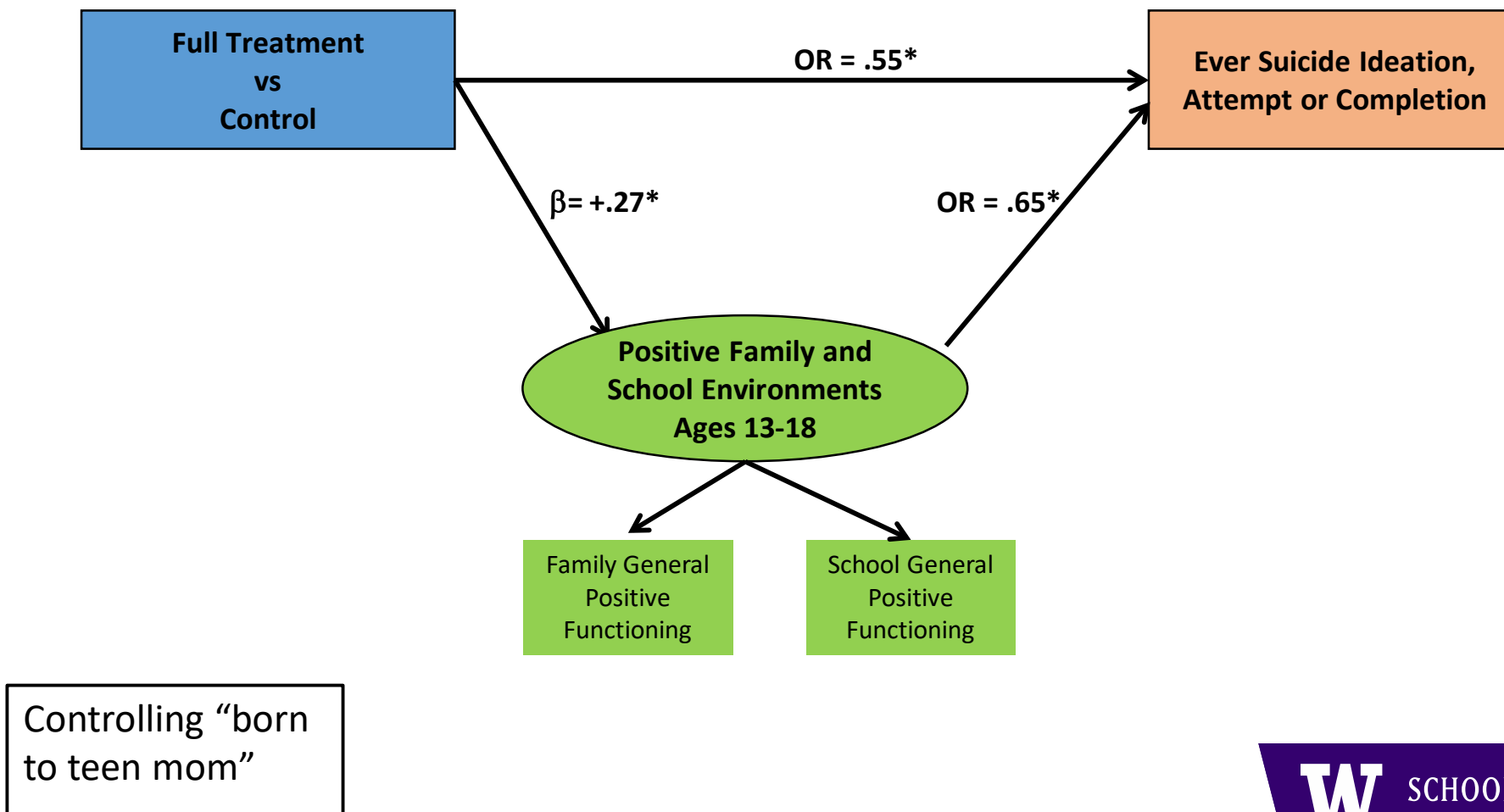
Results: Lower Probability of Suicidal Behavior



Controlling “born to teen mom”

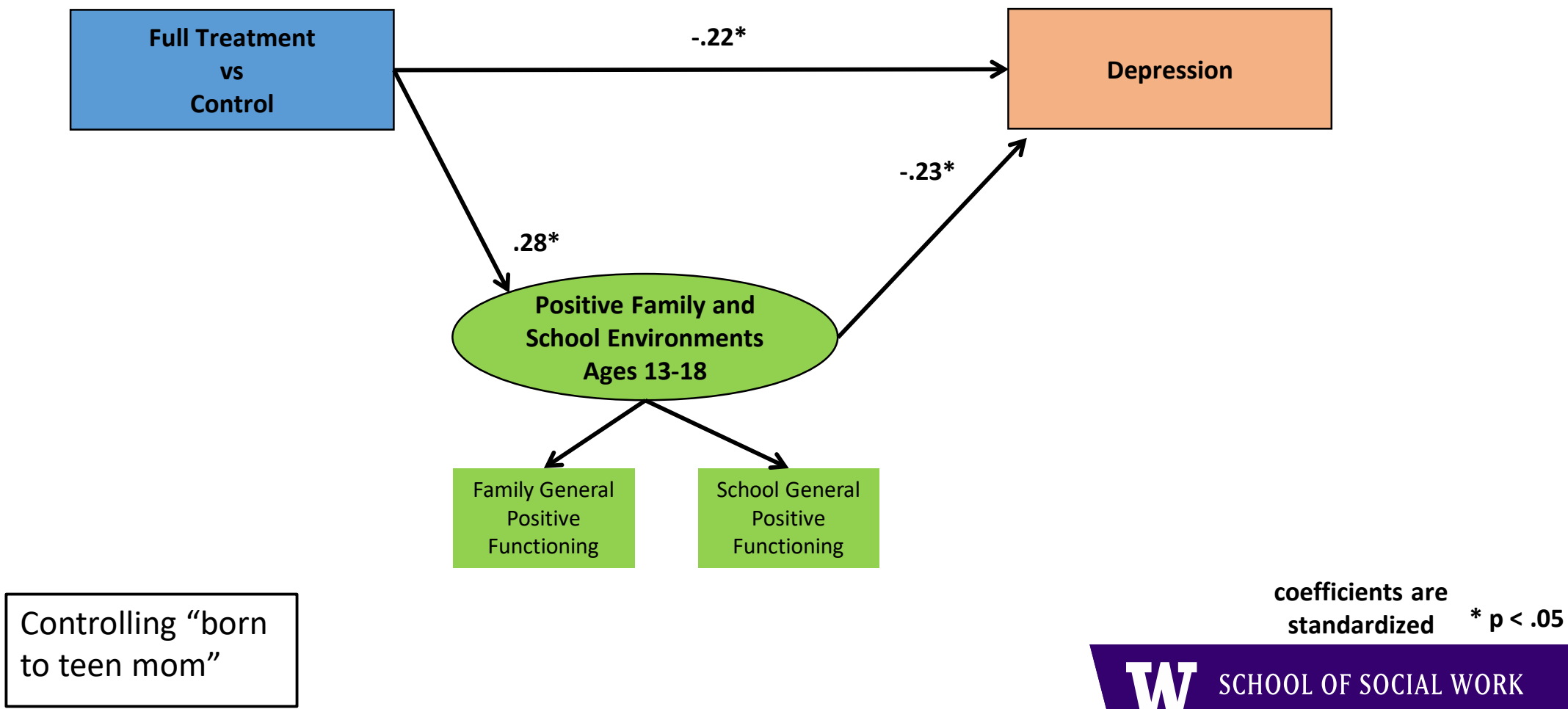
* $p < .05$

Results: Mediation of Suicidal Behavior



* $p < .05$

Results: Mediation of Mental Health Problems





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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Social Development Research Group

University of Washington

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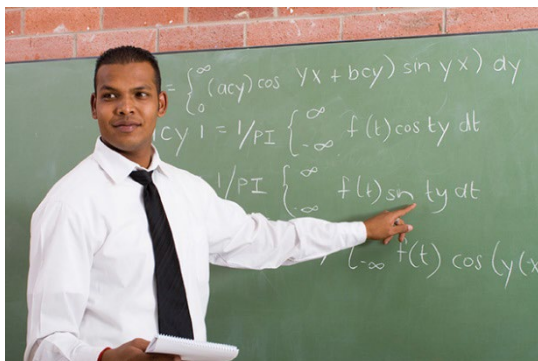
www.sdrg.org



SCHOOL OF SOCIAL WORK



Three core components during grades 1-6



Teacher Training



Parent Workshops



Child Skills Training

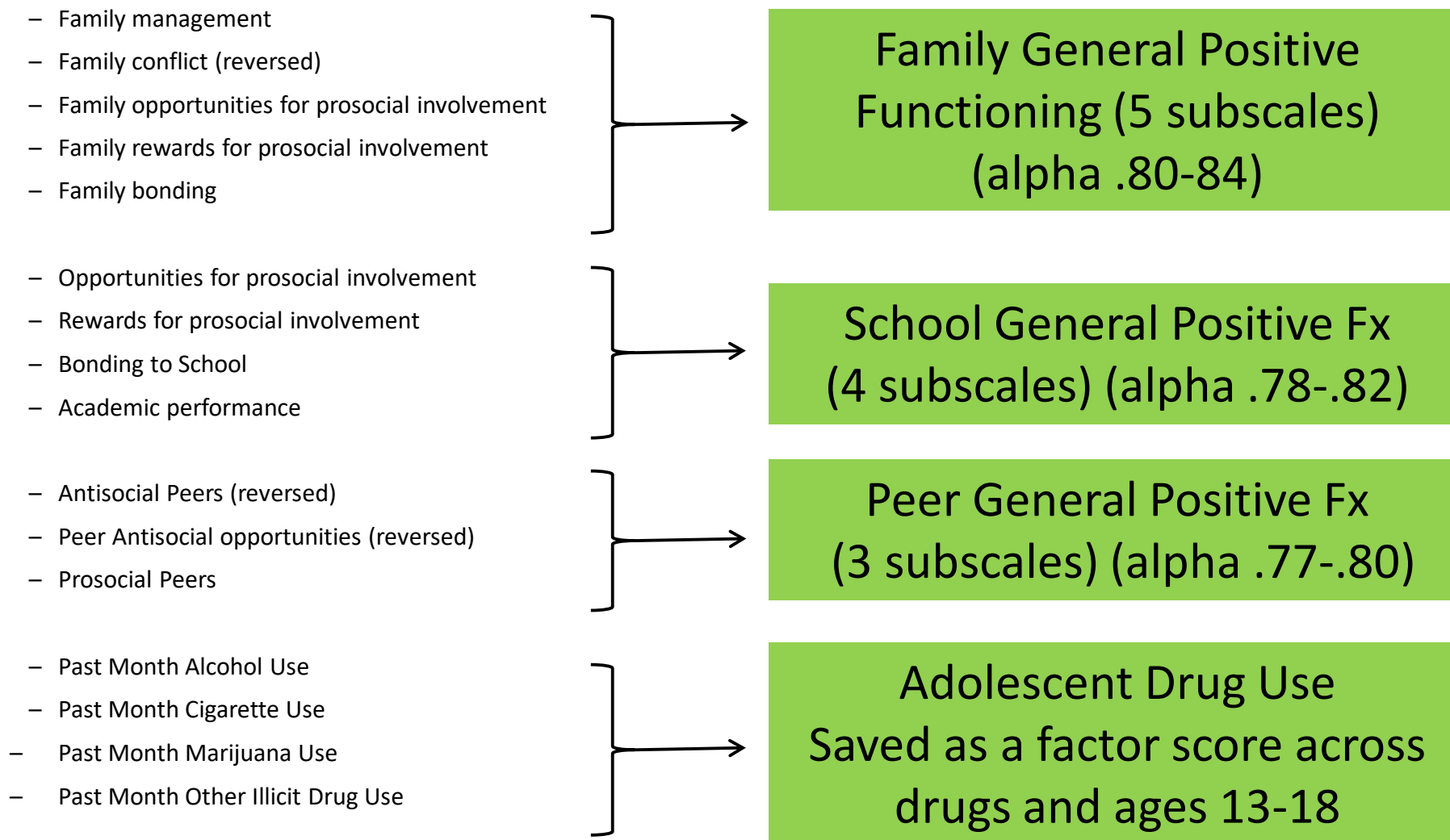


Measures: Suicidal Thoughts and Behaviors (Ages 21-39)

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 - 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)





Measures: Potential Mediators (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

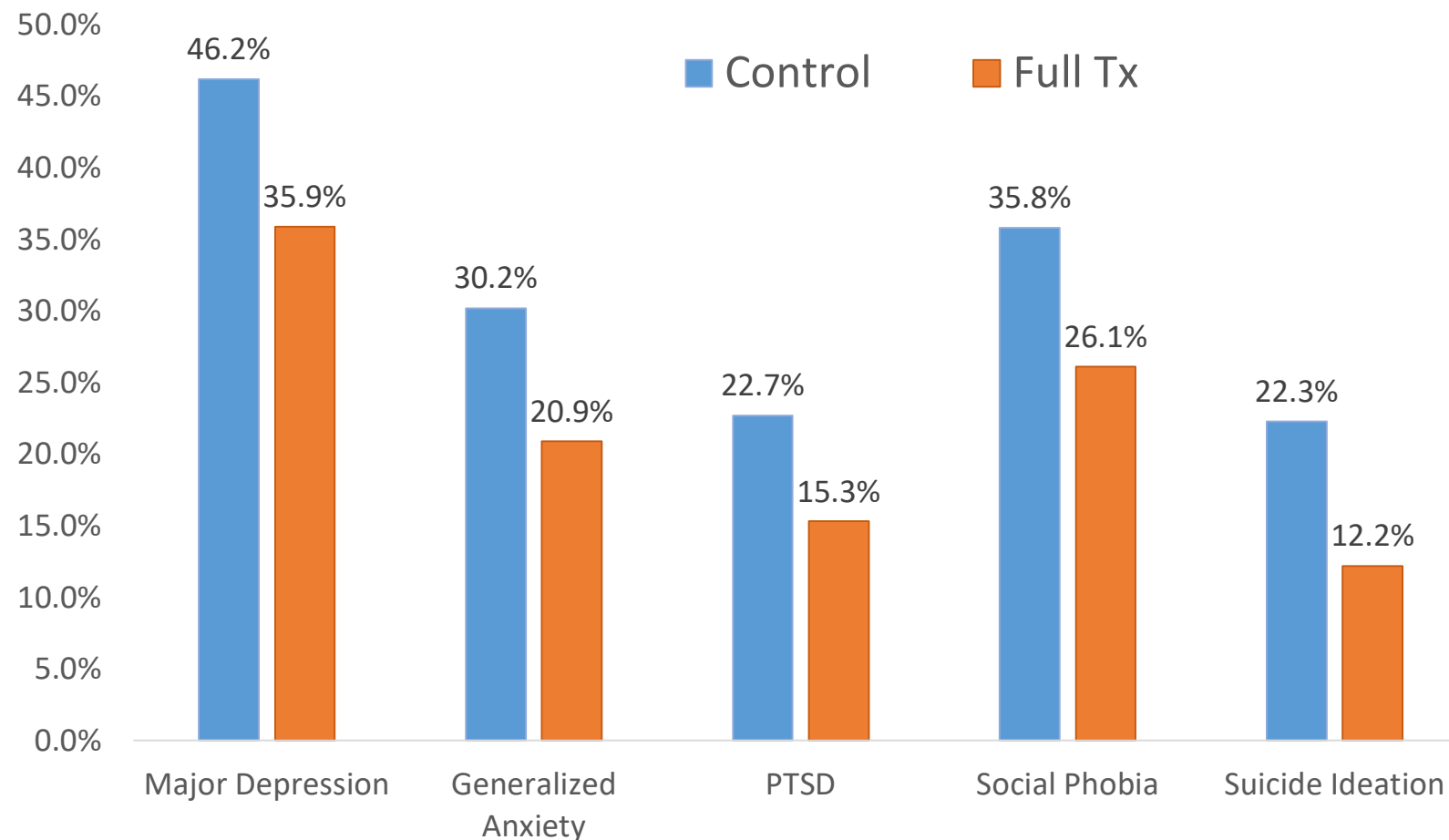
Individual

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

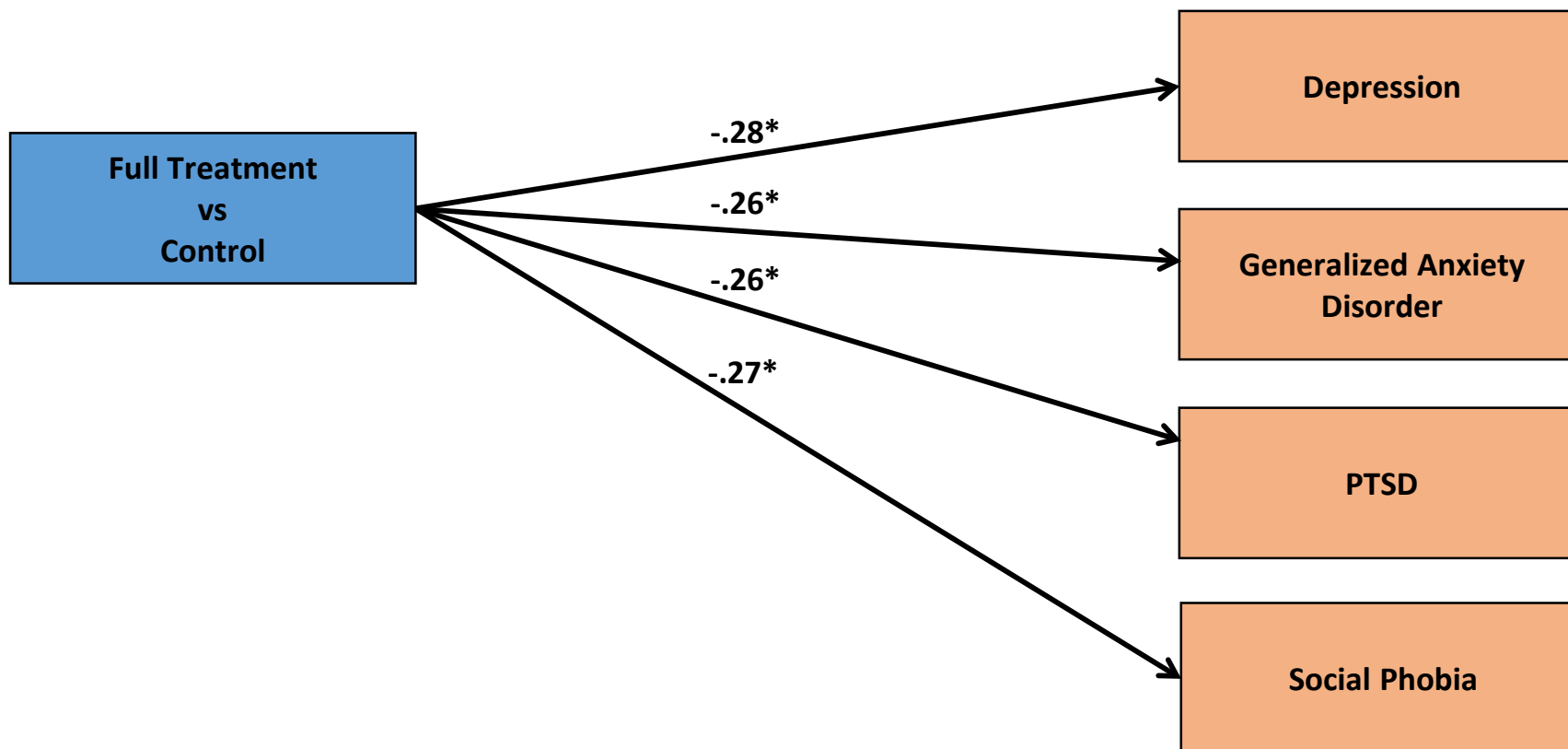




Results: Prevalence of Mental Health Outcomes



Results: Lower Probability of Mental Health Problems

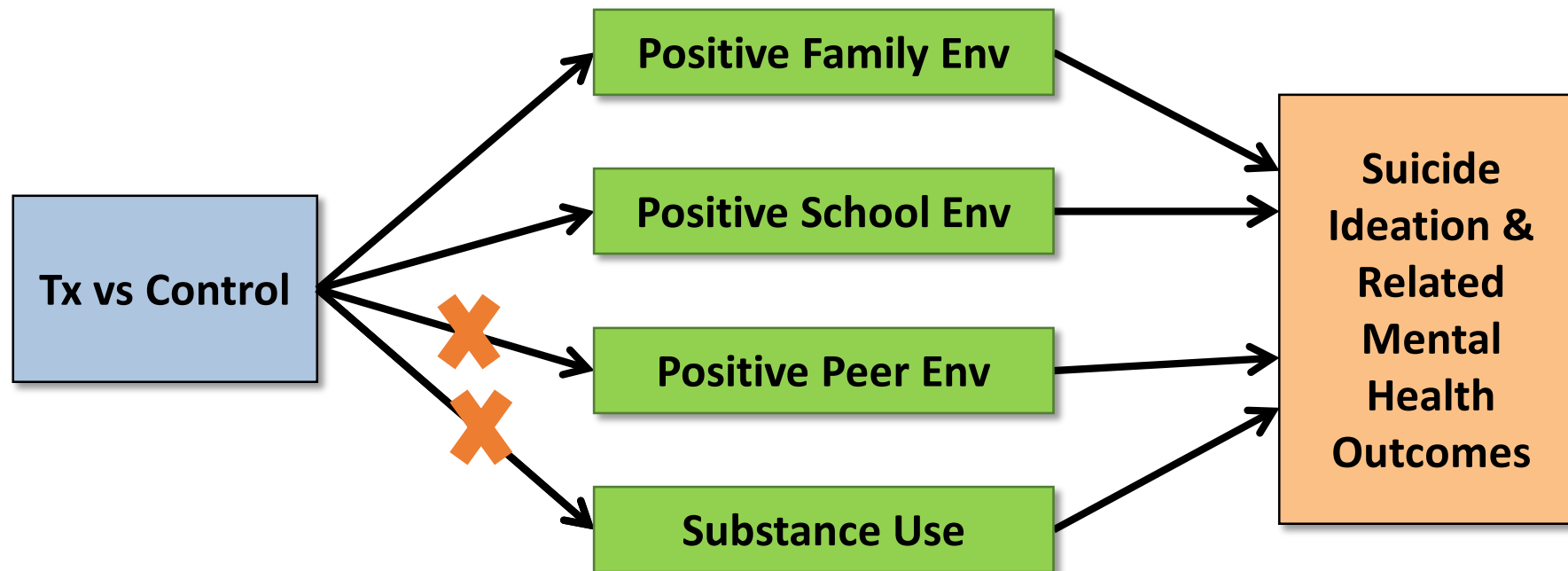


Controlling “born to teen mom”

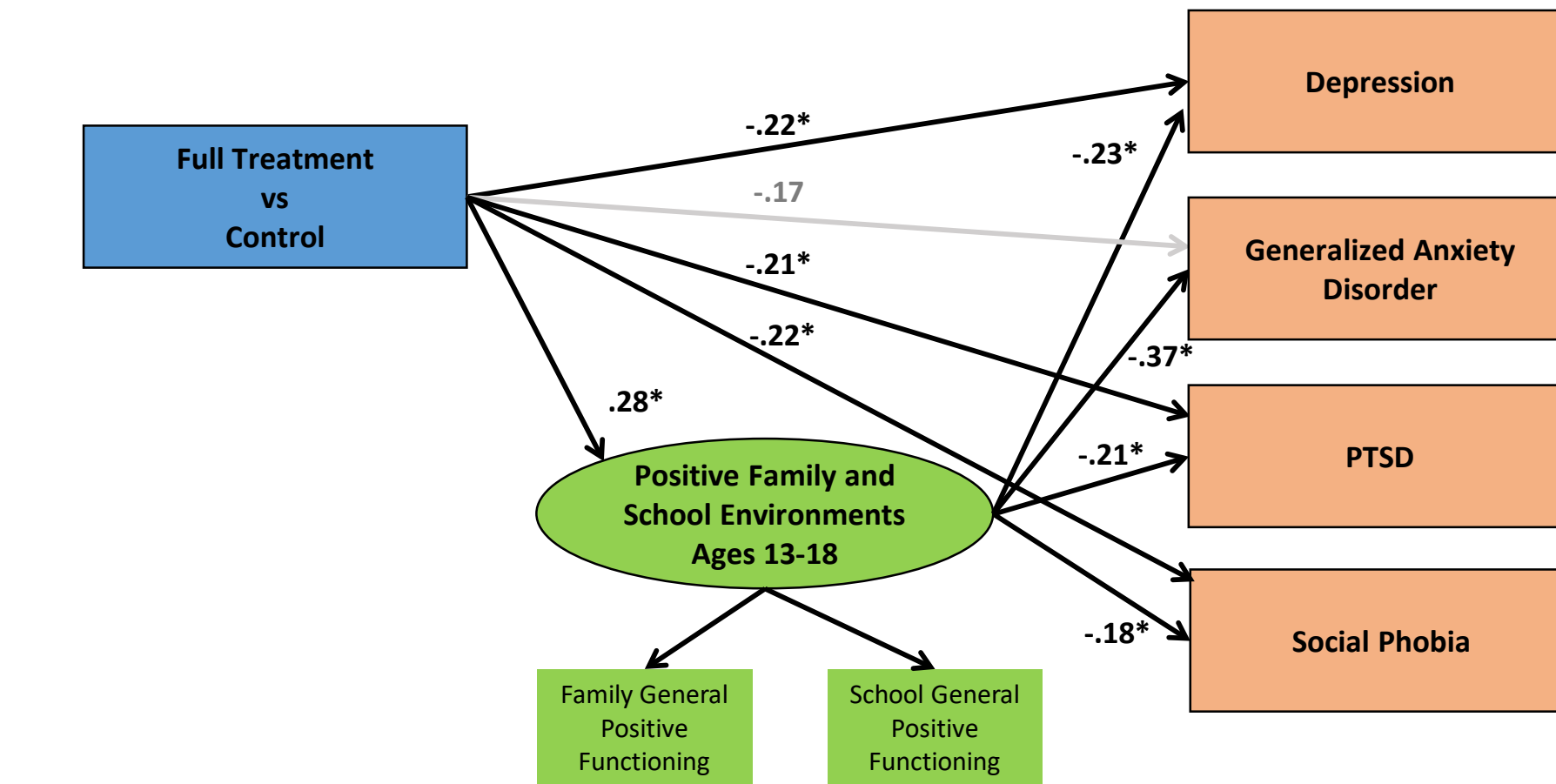
coefficients are
standardized

* p < .05

Mediators Tested



Results: Mediation of Mental Health Problems



Controlling “born to teen mom”

coefficients are standardized * p < .05



Results: No Evidence of Sex Differences

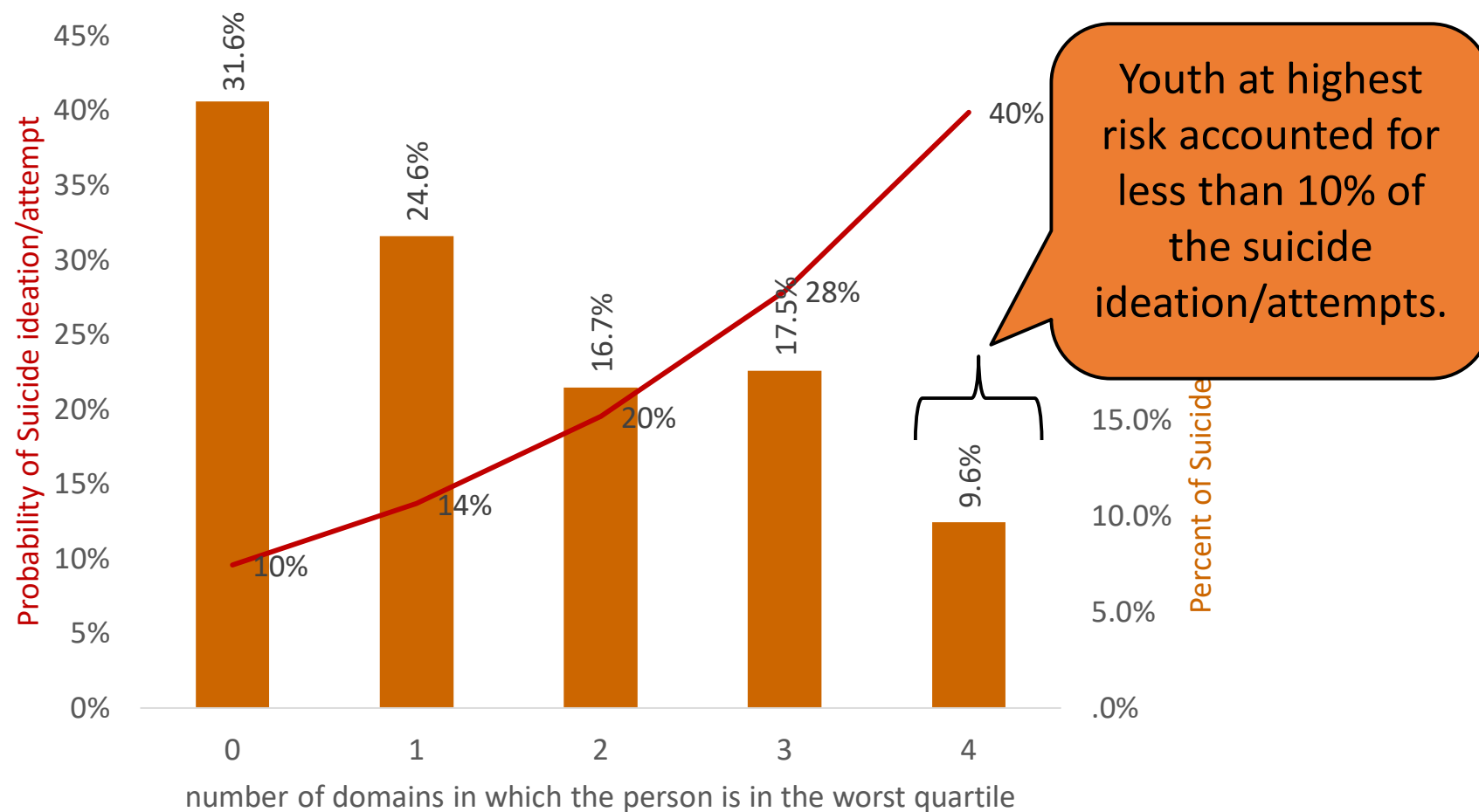
- All models were tested as constrained and unconstrained multiple group models by sex.
- None of the constrained models was significantly worse fitting than the unconstrained models.
- No evidence that these effects differed by sex.



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).

