

Young People's Perspective of Suicide Prevention: A Thematic Qualitative Study

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Abstract

Suicide rates among young people continues to increase. Clearly, current suicide prevention programs for young people are ineffective and do not relate to their interest or comfort towards the topic of suicide. One possible reason for the ineffectiveness of current prevention programs is the lack of input from young persons concerning how they would best receive suicide prevention programs. This current study examines Helena College students' perspective of suicide preventions they have attended to gain insights on how to improve suicide prevention interventions in the Helena area. The study utilized qualitative research methods and thematic analysis to discern trends and themes of students' experiences. Suggestions for future improvements of suicide prevention programs are also presented. Future research is needed to further the findings of this study.

Young People's Perspective of Suicide Prevention: A Thematic Qualitative Study

In 2021, adolescents and young adults aged 15 to 24 had a suicide rate of 15.15 per 100,000 individuals. This rate increased from 14.24 in 2020, and reports show a steady pattern of rates remaining around 14 to 15 per 100,000 since 2017 (AFSP). To put these numbers into words, suicide is the fourth leading cause of death among young adults world wide and, even more significantly, is the third leading cause of death of those in the United States (Hughs, 2023). These number do not even account for the amount of suicide attempts that occur in the adolescent population, only the deaths that came as a result of suicide. Currently, there are programs in schools that are marketed as suicide prevention programs in hopes to decrease this rate of suicide in the adolescent population and further educate young adults about the risks and resources for suicide. Some studies done in the past have been able to evaluate the effectiveness of these suicide prevention programs, but little has been to gather qualitative data on the adolescents perspective they are marketing too (Calear, 2015 & Kielan, 2019). One systematic review of the literature has even noted that adolescent perspectives have not been gathered, thus creating a barrier between the program and the markets (Walsh, 2023).

In the present study Helena College students will participate in a one-on-one interview where they will be asked to provide their viewpoints on the various suicide prevention programs they have attended in high school. The discussion will have some questions to help guide discussion, but the main goal will be to have an open conversation on a specific topic. The study will gather these perceptions to try to obtain insights on the youth's perspective of current suicide prevention programs in Helena Montana. The current study hypothesizes that college students perceive current suicide prevention programs as ineffective. (Hypotheses were not preregistered.)

Method

We report how we determined our sample size, all manipulations, all data exclusions, and all measures in the study.

Design

The design type that will be used for this study will be a thematic analysis qualitative study as it will be measuring the themes of Helena College young person's perspectives of suicide prevention programs they have attended.

Participants

After a month of advertising through flyers posted up around the college campus, and announcements from professors, the study was able to gather 7 participants who were willing to share their perspective. Characteristics of the participants will vary in gender and race, but the age will be young adults ranging from the age of 18 to the age of 25 who attend Helena College. The study will recruit participants via the students in Dr. Munn's Psychology class, students who are in the Helena College TRIO and Montana 10 program, as well as other students who attend the campus. The sample will be one of convenience.

Materials

In this study, the material that will be used will be a set of questions designed by the principal investigator (PI). The study will also be asking participants about their personal experiences with suicide prevention programs they have attended, as well as what they would describe as the most effective suicide intervention program. The eight questions are designed to produce open responses and allow participants to talk freely about their perspectives. Recordings of the participant interviews were held on PI's personal cell phone, and were deleted

approximately one month after the interview. AI Chat GPT was also used to grab themes from the participant interviews.

Questions

The questions that the participants were asked are:

1. Have you had suicide prevention talks or programs?
 - What did you think of it?
 - If no, then explore different possibilities that may have been these programs
(Talks where an adult came in to talk about mental health)
2. What did you like most about these programs?
 - What did you not like?
3. Can you tell me about the presenter who presented this program?
 - How did they make you feel?
4. How did your peers react to this program?
 - How did this make you feel?
5. As I mentioned before, these interviews will be used to provide insight to the adolescents perspective on current suicide programs in the Helena area. What, if anything, would you like to see changed in these programs?
6. Would you describe what the ideal suicide prevention training would be like in your eyes.
7. Is there anything else you think I should know but we didn't touch on?
8. Are there any questions that you have for me before we wrap up?

AI Chat GPT:

“ChatGPT is an artificial intelligence (AI) chatbot that uses natural language processing to create humanlike conversational dialogue. The language model can respond to questions and compose various written content, including articles, social media posts, essays, code and emails.” (Hetler, 2023).

Procedure

Participants shall be recruited via attached flyers at Helena College. Interviews took place in a private location at Helena College (the advising center). The sessions lasted approximately 20 minutes and we gathered 7 participants. Participant's decision to take part in this study is entirely voluntary and they may refuse to take part in or withdraw from the study at any time without penalty, or loss of benefits to which they are normally entitled. Participants may have left the study interview for any reason, and they may have been asked to leave the study for any of the following reasons: failure to follow the Project Director's instructions; a serious adverse reaction to the questions that may require evaluation; the Project Director thinks it is in the best interest of participants' health and welfare; or the study is terminated. The data collection from each session will be taken on the project director's personal cell phone. The data will then be transcribed, after which the cell phone recordings will be deleted. After the transcriptions have been gathered, the information was pushed into ChatGPT where the AI was able to gather the overall themes from the participants.

Results

The thematic analysis reveals diverse perspectives on suicide prevention programs among adolescents. Participants expressed dissatisfaction with the current approach, and provided constructive feedback for improvement. Common themes such as the need for personalized support, empathetic presenters, and integration of mental health education emerged across the

responses. Additionally, participants highlighted the significance of addressing mental health within both school and home environments to effectively support adolescents' well-being. This analysis provides valuable insights for enhancing suicide prevention efforts and underscores the importance of fostering supportive environments and promoting open dialogue surrounding mental health among adolescents.

Through interviews with participants, the study was able to identify common themes about suicide prevention interventions from the perspectives of young people who are most impacted by these programs. When the interviews were put through ChatGPT, common themes from each participant, as well as overall themes shared across all participants were identified.

Participant 1 provided themes of:

1. **Insufficient Suicide Prevention Programs in High School:** Participant 1 mentioned that the suicide prevention talks or programs in high school were inadequate. They expressed dissatisfaction with the limited amount of time dedicated to mental health education and suicide prevention. They felt that the programs did not provide enough information about the reasons behind mental health issues and did not address the stigma associated with mental illness. “The talks were like a one or two day thing. It was an awkward thing. We never go in depth in our brain.”

2. **Lack of Comfort and Engagement:** Participant 1 did not find the programs enjoyable or comfortable. They expressed a desire for a more comprehensive understanding of mental health, including the functioning of the brain and strategies to cope with mental health challenges. They believed that a deeper understanding of mental health would have been helpful in high school. “Well..I don't really think I liked anything about the programs in high school, I wasn't impressed. It wasn't comfortable.”

3. Stigma Surrounding Suicide Prevention: Participant 1 noted that there was stigma surrounding suicide prevention in their school. They mentioned that people often made jokes about suicide, and there was a lack of seriousness when discussing the topic. The stigma and discomfort surrounding suicide prevention hindered open discussions and support. "Mental health problems are not normalized...it's seen as weird or, like, abnormal." "There was so much stigma."

4. Peer and Teacher Reactions: Participant 1 mentioned that both peers and teachers reacted awkwardly to the suicide prevention programs. They felt that teachers should take a more proactive role in addressing jokes and discussing the importance of mental health. They believed that open discussions about suicide and mental health should be encouraged in school. "Some people would make jokes, and the teachers never really stopped the jokes. Because nobody wants to touch the touchy subject of suicide, it's a thing nobody wants to talk about it." "Everybody would just be weird about it." (Everybody referring to peers, teachers, and presenters).

5. Suggestions for Improvement: Participant 1 suggested several changes to the current suicide prevention programs. They advocated for a more comprehensive approach to mental health education that includes regular discussions about mental health, suicide prevention, and strategies for coping with mental health challenges. They emphasized the importance of normalizing discussions about mental health and providing support from a young age. "Mental health should be an everyday thing, it should be talked about." "Suicide prevention starts with talking about mental health."

6. Ideal Suicide Prevention Training: Participant 1 described their ideal suicide prevention training as one that incorporates daily discussions about mental health, mental illness, and the functioning of the brain. They believed that a deeper understanding of mental health would help individuals recognize the signs and seek help. They emphasized the importance of reducing

stigma and encouraging open conversations about suicide. "Big discussions should be held weekly... You should learn about, or at least talk about your brain everyday, so that you know what is happening."

7. Importance of Early Education: Participant 1 highlighted the significance of starting mental health education from a young age. They believed that providing education on the brain and coping mechanisms from an early age would help individuals develop healthy strategies to deal with mental health challenges. They emphasized the need to remove stigma and create a supportive environment. "It should be normalized to talk about mental health."

8. Support for the Study: Participant 1 expressed appreciation for the study and its goal of gathering perspectives from young people. They believed that the data collected in the study could help bring about changes in the education system and influence legislation related to mental health.

Participant 2 provided themes of:

1. Perception of Suicide Prevention Programs: Participant 2 described the suicide prevention programs at their school as not being super personable and feeling like a joke. They mentioned that the programs were not comfortable or conducive to open discussions about mental health. They also expressed their skepticism about the effectiveness of these programs. "It wasn't super personable and it was quick." "I thought it was kind of a joke." "I didn't like em."
2. Lack of Personal Connection: Participant 2 mentioned that the presenter of the program did not make them feel open or cared for. They felt that the presenter was not personable and that there was a lack of depth and care in the program. They did not feel a personal connection to the presenter. When the participant was asked about the presenter, they responded by saying, "I

mean, that's how little of an impression they made. So I mean, not really, I wouldn't have much to add on that."

3. Peer Engagement: Participant 2 stated that their peers were not paying attention during the assemblies or programs. They felt that their peers also had negative experiences and did not have much positive feedback to share. This lack of peer engagement added to their disappointment with the programs. "I remember the assemblies, and I remember a lot of people just didn't really pay attention."

4. Desire for Comprehensive Education: Participant 2 expressed a desire for mental health education to be integrated into the curriculum. They believed that brain and mind health should be taught regularly and not limited to once-a-year presentations or walks. They felt that the current approach added to the stigma surrounding mental health. "I feel like since we make such a spectacle of these things, it adds to the stigma. It should already be a part of conversations and teachings."

5. Ideal Suicide Prevention Training: Participant 2 emphasized the importance of understanding the brain and how it works in order to address mental health issues effectively. They believed that teaching students about the brain and its functions would demystify mental health and help reduce stigma. They also advocated for mental health education to be included in the curriculum from a young age. "I feel like we need to just go straight back to the roots. We can show them (students) why the brain works the way it does."

6. Need for Better Training for School Counselors: Participant 2 expressed their concern about the lack of training for school counselors. They shared a personal experience where they sought help from a counselor but did not receive any support or intervention. They believed that counselors need more training to effectively address mental health concerns among students.

7. Additional Information: Participant 2 highlighted the importance of prevention programs actually preventing suicide and the frustration with the current lack of effectiveness. They also mentioned the need to engrave mental health conversations into the curriculum starting at a young age to reduce stigma and provide early education.

8. Questions for the Interviewer: Participant 2 asked the interviewer about their own opinion on what they would like to see in suicide prevention programs and expressed interest in hearing from more people before making an estimate.

Participant 3 provided themes of:

1. Perception of Suicide Prevention Programs: Participant 3 mentioned that they had presentations or talks about suicide prevention, but they were not in-depth or memorable. They described the presentations as monotone and lacking sincerity. They also expressed a desire for more clear and compassionate communication, emphasizing the importance of addressing the issue seriously and providing reassurance. When asked if they had been given any suicide intervention presentation or talk, the participant had to think extra hard and was unclear of any specific talk. They stated that they were sure they had some sort of suicide prevention talk, but the presentation "Clearly not memorable."

2. Lack of Personal Connection: Participant 3 stated that the presenters, who were their advisors, did not make them feel comfortable or cared for. They felt that the presentations were rushed and lacked genuine interest. They mentioned that the lack of personal connection made them feel uncomfortable and could potentially affect their peers who were struggling. "Clearly reading it off a powerpoint he didn't write, and just wanted to get it over with." "They didn't make me feel bad...but they also didn't make me feel all that comfortable."

3. Peer Engagement: Participant 3 observed a lack of engagement from their peers during the presentations. They mentioned that many students were not paying attention and were distracted by their phones or other tasks. This lack of peer engagement may have contributed to the presentations not being memorable. "There was pretty much a lack of a reaction, people were on their phones, or doing homework."

4. Desire for Improved Programs: Participant 3 expressed a desire for improved suicide prevention programs. They suggested having trained professionals who are knowledgeable and caring, making the presentations more engaging, and providing incentives for students to pay attention. They also mentioned the importance of creating a safe and non-judgmental environment where students feel that their feelings and experiences are valid.

5. Ideal Suicide Prevention Training: Participant 3 described their ideal suicide prevention program as having presentations at least once a year, with information about terms, statistics, and warning signs. They also suggested having resources available during specific holidays when students may be feeling worse. They emphasized the importance of having a counselor or mental health professional available to recognize signs and provide support.

6. Need for Better Follow-Up: Participant 3 mentioned their experience with a mental health assessment and a follow-up meeting with a counselor. While they appreciated the follow-up, they felt that it could have been improved by having more frequent check-ins to provide ongoing support. They also highlighted the need for additional mental health counselors to address the high demand for counseling services. This is very important to note as many programs will often talk about what they are doing, such as providing these mental health assessments, but they often lack the training or resources to follow through with them completely and effectively.

7. Additional Information: Participant 3 shared their personal experience with feeling depressed and having suicidal thoughts during high school. They mentioned that the emergency counselor's approach during the follow-up meeting was not comforting and that the resources provided were not helpful. They suggested avoiding certain questioning techniques and using more comforting elements like bright colors and soft background music.

Participant 4 provided themes of:

1. Perception of Suicide Prevention Programs: Participant 4 mentioned that suicide prevention programs are commonly discussed in public schools and through media. However, they felt that these programs were surface-level and not effective, considering their personal experiences with family members who have attempted suicide. They expressed a belief that something is not working and that there is a problem that needs to be addressed. "Clearly something is not working." "They are trying, but I don't think they reach their audience very well."
2. Lack of Connection: Participant 4 mentioned that they had a hard time connecting with the programs and felt that videos or other materials used did not effectively reach them. They felt that the programs did not understand the audience well and lacked the ability to make a meaningful connection.
3. Perception of Presenters: Participant 4 described the presenters as overwhelming and meaningless. They felt condescended to and perceived the presenters as preaching to them. They mentioned that it was strange to feel condescended to as a young person and did not have a positive memory of the presenters. "I feel like a lot of young people feel like older adults try to come at them with a lot of information, but as a young person you have this mindset that you can solve everything on your own."
4. Peer Reaction: Participant 4 did not remember how their peers reacted to the programs.

5. Desire for Improved Programs: Participant 4 expressed a desire for suicide prevention programs to be curated towards young people and tailored in a way that is both understandable and emotionally connecting. They emphasized the importance of making the material easy to understand and take to heart.

6. Ideal Suicide Prevention Training: Participant 4 mentioned their positive experience with a mental health professional who provided hands-on and helpful support. They suggested taking a similar approach to inpatient treatment and believed it would be more effective for suicide prevention.

8. Questions for the Interviewer: Participant 4 expressed appreciation for the interviewer's time and did not have any specific questions.

Participant 5 provided themes of:

1. Perception of Suicide Prevention Programs: Participant 5 mentioned that they were introduced to the idea of suicide prevention in fifth grade. They felt that the program made suicide sound cool instead of emphasizing the message of not doing it. They mentioned that they didn't like the way the program put the idea in their head. "I felt like we were too young, I never knew much about suicide." This perspective was very beneficial to gather as it could aid in creating an approach that is age-appropriate. Starting the conversation of mental health in fifth grade might be better than the conversations of suicide at that age.

2. Age Appropriateness: Participant 5 felt that suicide prevention programs should not be introduced in fifth grade and suggested waiting until middle school, around sixth grade, or when health classes are teaching related topics like sex education.

3. Presenter and Program Delivery: Participant 5 recalled that their teachers presented the program and were given a script to follow. They mentioned watching a video that they found

uncomfortable. They felt that the presenters and teachers made an effort but didn't actually try to connect with the students. They also mentioned that school counselors did not come into their class to talk about mental health.

4. Peer Reaction: Participant 5 mentioned that their peers reacted to the program by making jokes about it. They felt that the teachers didn't handle the situation seriously and that it was brushed off as not a big deal.

5. Desired Changes in Programs: Participant 5 expressed a desire for a better approach to suicide prevention programs. They suggested asking meaningful questions and not relying on superficial questionnaires. They also mentioned that they would like to see the programs conducted at least twice a year, particularly during stressful times. They emphasized the importance of involving students in the development and presentation of the programs.

6. Ideal Suicide Prevention Training: Participant 5 mentioned the need for a serious effort from adults, as well as young people to provide education and insight into suicide prevention. They suggested that adults should avoid creating cringe-worthy videos and should include student perspectives in the development of the programs. "Kids should be involved more, instead of just the older adults who are creating the programs now."

7. Questions for the Interviewer: Participant 5 expressed curiosity about the purpose of the study and the motivations behind it. They mentioned a desire to see suicide prevention programs tailored to the needs and perspectives of adolescents.

Participant 6 provided themes of:

1. Lack of Exposure to Suicide Prevention Programs: Participant 6 mentioned being homeschooled during high school and not being aware of any suicide prevention talks or

programs. They mentioned that their experience with mental health discussions was limited and did not recall any specific programs or interventions.

2. Impact of Homeschooling on Mental Health: Participant 6 shared that their experience with homeschooling had both positive and negative aspects. They mentioned feeling relieved from social pressures and having more control over their time. However, they also mentioned struggling with social isolation and a lack of support during their freshman year in public school.

3. Desire for Individualized Support: Participant 6 expressed the need for individualized support and the importance of having dedicated time to talk to someone about mental health. They mentioned the potential benefits of talking to a counselor or therapist to address underlying issues and improve well-being.

4. Frequency and Accessibility of Programs: Participant 6 suggested that suicide prevention programs should be conducted more frequently than once or twice a year. They emphasized the need for a culture shift that makes mental health information readily available and easily accessible to students. They also mentioned the importance of providing resources that can be accessed privately, without concerns about judgment or privacy. "Ideally more often than not, because what happens during the times the conversations are not happening?"

5. Ideal Suicide Prevention Training: Participant 6 did not provide specific details about their ideal suicide prevention training but emphasized the need for a general consensus and culture shift that promotes open discussions about mental health. They mentioned the importance of providing information and resources that can be accessed individually and without stigma.

Participant 7 provided themes of:

1. Lack of Effectiveness and Relevance of Programs: Participant 7 mentioned that the suicide prevention talks they had at their school were uncomfortable and did not provide much value or

information. They felt that the programs were too general and did not address the specific issues they and their family went through. The presenter seemed disinterested and rushed through the material, which made it difficult for the participants to engage and learn. "She (the presenter) just went through the slides and it was very boring." "It made me lose focus and I honestly didn't care about the whole thing." When I asked the participant how they felt about suicide prevention programs, they responded by saying, "I felt really negative about the whole thing."

2. Peer Reactions: Participant 7 mentioned that their peers had mixed reactions to the programs. Some dismissed it as stupid and pointless, while others were deeply affected and upset by the discussions. Participant 7 admitted to going along with their friends' opinions to fit in and not be seen as weird.

3. Lack of Teacher Involvement: Participant 7 noted that their teachers did not seem engaged during the programs and were focused on their own tasks. This lack of teacher involvement may have contributed to the negative perception and limited impact of the programs.

4. Desire for Integrated and Accessible Programs: Participant 7 expressed a desire for suicide prevention programs to be integrated into health or psychology classes, where students feel more comfortable discussing mental health. They also emphasized the need for these programs to be easily accessible and free from stigma, so that students feel comfortable seeking help and talking openly about their feelings. "I feel like students weren't comfortable talking about it (suicide) so they just brushed it to the side." Personally, I remember being in the room and thinking that I didn't want to say anything because then everyone would think I'm weird."

5. Ideal Suicide Prevention Training: Participant 7 mentioned the importance of finding advocates who genuinely care about mental health and are passionate about preventing suicide.

They also highlighted the need for programs to address individual experiences and provide support for those who have been directly affected by suicide.

6. **Personal Connection:** Participant 7 shared that their interest in suicide prevention stems from their sister's experience with a suicide attempt. They expressed a desire to help others and ensure that individuals facing similar struggles have the support they need.

Common themes from the perspective of suicide prevention programs were also identified across all participants, including themes of:

Effectiveness of Suicide Prevention Programs: Participants expressed varying opinions on the effectiveness of suicide prevention programs. Some felt that the programs were superficial and failed to address underlying issues adequately. Others appreciated the efforts but believed that the programs lacked personalization and failed to connect with the audience effectively. Across all participants, there was a consistent theme of disengagement and perceived insincerity in suicide prevention programs.

Desire for Integration and Support: Participants expressed a desire for suicide prevention programs to be integrated into school curriculum and provided in a supportive and non-stigmatizing manner. They emphasized the need for genuine care and understanding from presenters and educators.

Perception of Presenters: Participants shared their impressions of the presenters of these programs. They felt that the presenters were impersonal and lacked empathy, making the experience feel condescending. They also highlighted the importance of presenters being relatable and approachable to facilitate open discussion. Presenters were often described as following a script without genuine concern for students' well-being.

Peer Reaction and Social Dynamics: Participants discussed how their peers reacted to suicide prevention programs. It was mentioned that peers appeared disengaged or indifferent during the programs. Social dynamics within school settings were also mentioned, with some participants feeling isolated or unsupported by their peers. Peers' reactions played a significant role in shaping participants' perceptions of suicide prevention programs. Negative peer attitudes contributed to a sense of dismissal and disengagement from the topic.

Home Environment and Mental Health Support: Some participants discussed the impact of home environment on mental health. Homeschooling experiences were mentioned, with participants highlighting the importance of supportive home environments in managing mental health issues.

Through the thematic analysis, we also identified insights and suggestions young people provided to improve our current suicide prevention programs. These insights and suggestions include:

Tailored Approach: Participants state that suicide prevention programs should be curated to resonate with young people, avoiding a one-size-fits-all approach. They say that engaging materials, interactive sessions, and relatable content may enhance program effectiveness.

Cultural Shift and Accessibility: Participants identified that there's a need for a cultural shift to destigmatize mental health discussions and make resources more accessible. They state that programs should provide confidential avenues for seeking help, accommodating diverse family dynamics and individual needs.

Consistent Support: Participants say that suicide prevention efforts should extend beyond periodic programs to offer consistent support and resources. They say schools and communities should prioritize ongoing mental health education and support networks.

Peer Outreach and Connection: Participants discuss how peer support and discussion play a crucial role in suicide prevention. They say that programs should encourage peer-to-peer dialogue, fostering a supportive environment where individuals feel comfortable seeking help and discussing mental health challenges.

Home Environment Influence: Participants also discuss how the home environment significantly impacts mental health and well-being. They say that suicide prevention efforts should recognize the influence of family dynamics and provide support for individuals facing challenges at home.

The thematic analysis was also able to identify the ideal suicide prevention training from the perspectives of young people. This ideal training should prioritize engagement, connection, and accessibility, should include interactive sessions, peer support components, and resources tailored to diverse needs and environments, and the training should empower individuals to recognize warning signs, provide support, and access confidential help when needed.

Discussion

Summary of findings:

Various studies have provided evidence that current suicide prevention programs do not connect with the students they are targeted too, and the perspectives of these populations have yet to be gathered. (Calear, 2015, Kielan, 2019 & Walsh, 2023). In the present study, we asked young students to be open and voluntarily provide their perspective on suicide prevention program they have attended. We interviewed 7 students from Helena College, and were able to pick out generalized themes across the board including: the effectiveness of suicide prevention programs, the perception of presenters, the peer reaction and social dynamics of the programs,

the desired changes in programs, and home environment and mental health support influences. The findings of the study supported the hypothesis. We suspect these findings are the reason suicide rate in young people has not improved. Better programs to help reduce the risk of suicide would include incorporation mental health into the school curriculum and allow the presenters to be more open and empathetic to suicide prevention. Programs should be based on theories, not just data that is presented. This would include referencing the personal fable theory and imaginary audience theory seen across the board in the adolescent populations.

Limitations:

Limitations to this study include the small n sample size, the sample was through Helena College so finding may not be generalizable, there was limited time to conduct study, and there was an exclusion of participants from high schools due to limitations of approval. The aspect of asking participants to recall information from the past resulting in a lack of memory for the suicide programs as well.

Future Research:

Future research should include a larger sample size. It should also include participants of a younger age, such as high school students who have recently participated in suicide prevention interventions, and can easily recall how they perceived the interventions. In addition, future research should include more quantitative studies to add to the data. This would include a likeheard scale with the themes, and it would be beneficial to create a scale that would numerically measure the values of these presented perceptions.

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