

Life Skills Integration and Flourishing Education (LIFE): A Suicide Prevention Program

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ABSTRACT

Implementing university-wide suicide prevention methods is crucial for effectively working towards the ultimate objective of reducing suicide rates and preventing possible suicide-related fatalities. Implementing suicide prevention strategies in a supportive setting like a school has significant potential to enhance the understanding, beliefs, and willingness to seek assistance among young individuals (Robinson, Yuen, et al., 2011). The objective of this study was to create a program that seeks to offer promotion and preventive initiatives to effectively target a wide variety of risk variables and devise techniques to enhance protective factors, therefore reducing the likelihood of suicide attempts among college students. A needs and asset evaluation were undertaken throughout the development of the proposed intervention program to provide evidence of its usefulness to the targeted participants, who are college students enrolled in an academic institution. The curriculum was developed using the concept of the experiential learning cycle. This program development study resulted in the creation of a four-session curriculum that can be delivered through both in-person and online methods. The LIFE program is designed to address the specific needs of students by focusing on fundamental principles that enhance their psychosocial abilities and interpersonal aptitude. This program hopes to equip participants with the necessary tools to make informed choices, solve problems, engage in critical and creative thinking, communicate proficiently, foster positive relationships, demonstrate empathy towards others, and effectively manage their lives in a healthy and productive manner. This program could be implemented on a trial basis to evaluate its efficacy.

Keywords: group intervention program, life skills, school-based suicide prevention, suicide prevention program

INTRODUCTION

According to WHO (2020), there is an estimated average of one death occurring every 20 seconds, and one suicide attempt happening every 1-2 seconds. Furthermore, according to the CDC's 2019 Youth Risk Behavior Survey, suicide ranks as the second most common cause of death among adolescents in high school. In the Philippines, suicide is becoming a significant health issue due to the increasing number of Filipinos who are taking their own lives (Redaniel, Lebanan-Dalida, & Gunnell, 2011). A significant proportion of these incidents allegedly involve Filipino adolescents. Moreover, the prevalence of those contemplating or engaging in suicidal ideation is significantly greater. Without a doubt, suicide is a significant public health issue because of its substantial social and economic burdens on individuals, families, communities, and society as a whole. The alarming truth of the aforementioned conditions illustrates that if a student is grappling with melancholy, alone, anxiety, academic worries, or homesickness, and lacks sufficient coping mechanisms, it may result in mental health issues, including thoughts or acts of

suicide (Aranas, Buenconsejo, & Zalameda, 2020; Estrada, et al., 2019; Abrutyn & Mueller, 2014). Therefore, it is imperative that schools prioritize the establishment and maintenance of a secure and supportive school environment as a fundamental aspect of their overarching goal. Drum and Denmark (2012) stressed that universities play a crucial role in establishing educational settings that foster a sense of safety and support among students, with the presence of caring professionals. Advocating for healthy mental health can serve as a suicide prevention initiative and should align with other activities that aim to enhance student safety.

Aranas, Buenconsejo, & Zalameda (2020) noted that college students face several challenges within the academic environment. While the school environment can be a major cause of stress, it also offers a great chance to involve young people in conversations about mental health and suicide, and to provide continuous support and resources to strengthen protective factors (WHO, 2004). Due to the absence of campus intervention or preventative programs, college students must handle the challenges and pressures of transitioning to the college environment independently, regardless of the severity of these challenges, which can often become overwhelming. Schools have a low incidence of suicides or suicide attempts. However, the suicide of a student, even if it occurs outside of the school premises, will have a profound impact on the school community. It will cause intense emotional distress among students, staff, and parents, leading to a disruption of regular activities for several weeks. In rare but potential instances, it may even trigger imitative suicides among emotionally susceptible students (Cleofas, 2019).

While it may be difficult to determine the specific cause of a student's issues and predict their potential consequences, it is essential to take action when there are signs of emotional discomfort in a young person. Son, Pesce & Lazzaro (2016) argued that educational institutions cannot presume that a young individual's family would proactively address these issues. For children, particularly those from dysfunctional households, schools might serve as the final remaining meaningful social ties. By implementing strategies based on these discoveries, educational institutions can facilitate the development of students' physical and mental well-being, leading to improved academic performance and overall satisfaction. Occasionally, taking action can be the decisive factor in preserving someone's life. Palma (2016) stressed that schools have the potential to play a crucial role in suicide prevention due to their ability to provide regular and direct interaction with a significant number of young individuals. Preventing suicide is crucial, and it is essential for researchers and mental health practitioners to enhance their understanding of the factors that contribute to suicide, identify individuals who are at risk, and create effective preventive programs.

School-Based Suicide Prevention Program

Universities have recognized the growing significance of suicide prevention in recent years (Hogan, & Grumet, 2016; Hawton, Saunders, & O'Connor, 2012; WHO, 2004). Given that a significant percentage of young people's time is dedicated to attending school, it is both logical and probable that school-based suicide prevention programs will remain the central focus of suicide prevention initiatives (Macleod, Nada-Raja, Beautrais, Shave, & Jordan, 2015; King, Strunk, & Sorter, 2011). Meanwhile, Scherff, Eckert, & Miller (2013), initiated a research that focused on three main suicide prevention initiatives: curriculum-based programs for students, in-service training programs for staff, and student self-report screening programs. The primary objective of school-based suicide prevention programs is to provide students and adults with the necessary skills to effectively respond to suicidal young people and seek assistance for them. Curriculum-based suicide prevention programs are extensively addressed in the literature as the primary technique for preventing juvenile suicide in schools. The objective of this initiative is to increase awareness regarding the issue of adolescent suicide and provide students with knowledge about suicide statistics, indicators, methods to identify peers at risk, and mental health services and referral procedures available in schools and communities. Currently, there is a movement at the curriculum level on suicide awareness, with a greater emphasis on life skills training and improving competency (Chen, 2017; Haji, Mohammad khani, & Hahtami, 2011; Helfrich, 2011). The reason for this change is that by acquiring skills in problem-solving,

decision-making, stress management, and requesting help, teenagers are equipped with tools that can help them deal with challenging situations.

Life Skills-Based Programs for Suicide Prevention

Life skills-based programs provide young people with the necessary emotional, social, and intellectual resources to attain success in all aspects of life, including personal growth, social interactions, and community involvement. Furthermore, fostering a student's social-emotional growth via life skills education can have a significant effect on their overall well-being and academic achievements (AFSP, 2011). The essential life skills encompass the exploration of identities and values, the cultivation of supportive connections and friendships, the creation of inventive ways to address issues, the comprehension and management of emotions, the development and application of resilience, and the promotion of a healthy lifestyle. The upstream strategy, which involves implementing programs that focus on building developmentally appropriate skills and support for teenagers, is considered essential in suicide prevention (Wyman, 2014).

The significance of life skills is increasingly acknowledged for their significant role in enhancing the psychological and physical well-being of those affected by various social and environmental circumstances (Cronin and Allen, 2017). The intricacy and rapid fluctuations provide several obstacles in human existence, particularly in the realm of higher education. The primary focus of specialists, particularly in the field of education, is to find effective strategies for dealing with challenging situations. Due to the varying needs of individuals in managing their lives, life skills training has gained significant recognition from educational institutions worldwide. According to the WHO (2020), possessing these abilities equips individuals to navigate the challenges and conflicts prevalent in contemporary society effectively. Offering students timely support for personal challenges might potentially mitigate the development of depression or anxiety to a degree that necessitates intervention. According to research conducted by Weare and Nind (2011), it has been found that teaching individuals coping, adaptation, and flexibility abilities at an early stage in life enhances the effectiveness of mental health promotion. Research indicates that implementing social-emotional learning programs during adolescence, which focus on stress management, coping strategies, and life skills, can have a beneficial effect on mental health and decrease the likelihood of experiencing emotional and behavioral issues in the future (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Early connection of young individuals to support and therapy can effectively manage most mental health issues, resulting in decreased or eliminated symptoms. Developing life skills competencies not only enhances one's mental well-being but also mitigates, if not eradicates, the likelihood of suicide.

This program development research aimed to lead this initiative by focusing on mitigating risk factors and bolstering protective factors among college students. The program would target specific skills that can equip students with the necessary tools to enhance their mental health and overall well-being.

Research Problems

This program development research was guided by the following research questions:

1. Which evidence-based psychological framework may be used as a theoretical basis for creating a life-skills-based program that will enhance protective factors and effectively reduce the likelihood of suicide attempts among college students?
2. Which evidence-based intervention program may be recommended to enhance the mental well-being of college students and mitigate the risks of suicide

METHODS

The program development process involved three essential steps: 1) Needs and Asset Assessment or Situational Analysis; 2) Program Design; and 3) Program Development. An asset assessment is conducted to verify that the needs have remained unchanged and that the current program continues to address the needs of university students. This assessment also aims to comprehend the complete intricacy of the needs, which will aid in designing and developing suitable programs for university students. Additionally, it seeks to understand the assets and strengths of the student population, which will contribute to the appropriate design and development of programs. Needs and asset evaluation is conducted by thoroughly examining relevant research and engaging in consultations with stakeholders. The second phase is Program Design, which is a cyclical process that includes research, consultation, initial design, testing, and redesign. It is a strategic course of action that is derived from that procedure. The final stage is Program Development, which involves identifying goals, content, and developing the actual modules.



Figure 1. Program Development Process

RESULTS AND DISCUSSION

The primary study objective was to identify a psychologically grounded framework supported by empirical data. This framework would serve as the theoretical foundation for developing a program focused on life skills. The purpose of this program would be to strengthen protective factors and successfully decrease the probability of suicide attempts among college students. At present, suicide prevention treatments that are supported by evidence are categorized into a theoretical framework that differentiates between universal, selected, and recommended interventions. The Jed Foundation framework (refer to Figure 2) is a comprehensive framework particularly designed for colleges to promote mental health and intervene in cases of suicide. The Jed Foundation and Suicide Prevention Resource Center (SPRC) have developed a comprehensive strategy for promoting mental health and preventing suicide among college students. This strategy is based on current knowledge about reducing risk factors and enhancing protective factors in adolescents, college students, and the general population. It also takes into account the specific challenges faced by campuses and incorporates existing best practices (National Mental Health Association & The Jed Foundation, 2002). This model focuses on four main thematic areas and seven strategic domains that align with a public health approach.

1. promoting resilience and protective factors (promoting life skills and social connectedness),
2. encouraging early intervention practices (identifying at-risk students and supporting help-seeking behavior),

3. ensuring access to clinical services, including mental health support, substance misuse services, and crisis management procedures, and
4. implementing environmental safety and means restriction (restricting access to potentially lethal means domain).



Figure 2. The JED Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities

This program development research intends to target life skills using the JED Comprehensive Approach as a guideline. The goal is to boost students' social-emotional development, which can have a positive influence on their well-being and minimize the risk of suicide. These life skills encompass activities such as examining one's identities and values, cultivating supportive connections and friendships, devising creative ways to address challenges, comprehending and managing emotions, cultivating and honing resilience, and advocating for a healthy lifestyle.

The second result of this study is the development of an intervention program aimed at improving the mental well-being of college students and reducing the likelihood of suicide. The suicide intervention program is named Life Skills Integration and Flourishing Education (LIFE): A Suicide Prevention Program. The objective is to provide college students with the essential abilities that will enhance their protective factors during their time at the institution. Moreover, this curriculum is specifically tailored to equip students with the requisite tactics, factual knowledge, and vital skills needed to effectively address the challenges and risks associated with university life.

The primary beneficiaries of this program are first and second year college students, although it can also be extended to students at all levels. The rationale for prioritizing these particular groups is that they are considered the most susceptible population due to their transitional phase in their university journey, hence the imperative.

The program is designed to be completed alone, so there is no need for a facilitator. In addition, the students are required to progress at their individual speed, allowing them ample chances to use the abilities they are

acquiring into real-life situations. However, it is advisable to discuss or follow up with the target group to evaluate their proficiency in the acquired abilities. This curriculum may be accessed in an asynchronous learning mode using online modules.

The experiential learning cycle (Kolb, 1984) was utilized in the creation of the learning modules. The experiential learning cycle involves the creation of knowledge via the transformation of experience. The program places particular attention on the areas of experiencing, processing, and integration. The sequence of activities starts with a mood assessment and concludes with a homebound application.

Flow of Activities (*Adapted from Experiential Learning Cycle*)

1. Mood check
2. Orientation
3. Review of previous session / processing of homework
4. Discuss the goals and objectives of each session/agenda
5. Instructions/Brief Lecture
6. Experiencing
7. Processing Questions (Cognitive, Affective, Behavioral)
8. Summary and Synthesis
9. Back Home Application

The LIFE program is divided into four modules. Before beginning the intervention module, participants will be administered the Suicide Behaviors Questionnaire-Revised (SBQ-R) (Osman, et al., 2001) to establish a baseline measure of their suicidal behavior and ideation. SBQ will be administered again to participants after the modules have concluded to assess changes in the participants' suicidal behavior and ideation. The post-assessment SBQ data will be compared with the pre-assessment scores to evaluate the effectiveness of the intervention and identify indicators of positive outcomes.

Module 1 (Mental Health and Life Skills in Action) presents the idea of life skills and its importance for university students. The module is designed to help students identify situations when life skills may be applied and understand their significance as protective elements, particularly during times of distress or while confronting challenges. The major exercise will involve providing the students with a circle of control template. They will need to determine if their experiences are within their control or are beyond their control. Additionally, this resource includes specific examples to assist students in understanding the areas they have influence over and those they do not. The primary concept is to highlight the advantages of directing attention towards matters that one can influence, as opposed to fixating on matters beyond one's control.

Module 2 (Self-awareness: Embracing Awareness) establishes the foundation for acquiring life skills by providing students with an opportunity to develop a greater self-awareness of their values and talents. This level of awareness is crucial when individuals employ the next modules to enhance their existing abilities or acquire new talents that can be seamlessly incorporated into their academic experience and future professional endeavors. The students will get a worksheet that highlights the distinctiveness of each individual, emphasizing their unique character qualities. It is crucial for us to acknowledge and value these features. Initially, individuals must generate words that depict their own characteristics, either through self-perception or by using feedback received from others, with a focus on highlighting their areas of proficiency. Next, there will be a section called "I am Special" where participants will be instructed to select three (3) positive character qualities (strengths) that they genuinely value and respect about themselves. Finally, participants will be required to articulate three (3) statements on the aspects in which they need to enhance themselves, serving as a roadmap for their future personal growth.

Module 3 (Self-care is not Selfish – A Stress Management Module) familiarizes students with the notion of stress and provides them with an efficient approach for managing and coping with stress. The module is designed to enable students to concentrate on and exploit their strengths, as well as enhance or acquire new abilities, in order to achieve a more effective reaction to stress. The modules propose strategies to mitigate the stress reaction, such as cognitive restructuring, decatastrophizing, and developing a self-care plan.

Module 4 (20% Worries + 80% Solution = Problem Solving) is a very successful technique for handling problems. This strategy offers students many alternatives for addressing potential obstacles they may encounter during their university experience. The students are leading this session, which aims to examine a table displaying several scenarios and their resolutions, encompassing both fixed mentality and development mindset perspectives. The students will be familiarized with the advantage/disadvantage analysis as a method for problem-solving. This can significantly enhance students' ability to analyze the pros and cons of various circumstances, including problem-solving, decision-making, and even motivation.

Finally, participants will need to complete a researcher-developed assessment during the last session in order to evaluate the effectiveness of the program. In order to provide a more accurate assessment, a Likert scale will be employed to determine the extent to which the objectives have been reached in terms of the module's content, delivery method, activities, and methods. In addition, a qualitative element will be incorporated by requesting the participants to document any novel insights they gained after attending all four sessions. The individuals who need further evaluation, individual counseling, or other therapeutic intervention will be appropriately directed to their attending school counselor to address their mental health concerns and improve their overall well-being.

CONCLUSION

Ultimately, the creation of the Life Skills Integration and Flourishing Education (LIFE) Suicide Prevention Program specifically designed for college students signifies a vital measure in tackling the increasing mental health emergency on university campuses. This program seeks to provide students with the essential tools and knowledge to overcome the obstacles of college life and enhance mental well-being by combining life skills education with flourishing concepts.

This study has acknowledged the distinct factors that cause stress and strain among college students, such as academic requirements, social adjustments, and financial burdens which can lead to higher rates of mental health problems and thoughts of suicide. The LIFE program aims to tackle these difficulties by providing students with techniques to develop resilience, coping skills, and access to resources for requesting assistance when necessary. Furthermore, the study has emphasized the need to establish a nurturing campus atmosphere that places mental health and well-being as a top priority. Colleges and universities must not only provide students with the necessary skills and resources, but also prioritize the establishment of a culture that promotes openness, empathy, and acceptance towards mental health matters.

Moreover, this program development research proposes the following recommendations for implementing and improving the LIFE Suicide Prevention Program for college students. First is to synthesize quantitative and qualitative data to understand the intervention module's effectiveness, comparing changes in SBQ scores with participants' experiences, investigating mechanisms behind changes in suicidal behavior, and interpreting findings in the context of suicide prevention to guide future research and practice. Second is to encourage active participation and cooperation from teachers, staff, administrators, and student groups in suicide prevention initiatives. Offer comprehensive training and provide valuable resources to those on campus who have a vested interest in identifying indicators of emotional distress, effectively addressing students in critical situations, and fostering an environment that prioritizes mental health awareness and support. Third is to incorporate peer education and support activities as a fundamental element of the LIFE

Suicide Prevention Program. Provide training to student leaders and peer educators to enable them to conduct seminars, guide support groups, and act as peer mentors for their fellow students. Research has demonstrated that therapies that involve peers are extremely successful in enhancing mental well-being and decreasing the negative perceptions associated with mental health issues among college students. Fourth is to incorporate the LIFE program into the current campus infrastructure by merging it with pre-existing counseling facilities, health services, and academic assistance programs. Establish a smooth and efficient system for coordinating and referring students between the LIFE program and other on-campus support services, ensuring that students may receive the necessary resources promptly. Lastly, is to implement systems for continuous assessment and feedback to evaluate the efficacy of the LIFE Suicide Prevention Program and pinpoint areas for enhancement. Gather data on program results, participant contentment, and campus-wide mental health measures to guide program decisions and resource distribution.

Declaration of Interest Statement

The authors declare that they have no conflict of interests.

REFERENCES

1. Abrutyn, S., & Mueller, A. S. (2014). Are suicidal behaviors contagious in adolescence? Using longitudinal data to examine suicide suggestion. *American Sociological Review*. <https://doi.org/10.1177/0003122413519445>.
2. American Foundation for Suicide Prevention (AFSP) (2011). *After a suicide: A toolkit for schools*. Newton, MA: Education Development Center. Retrieved from <http://www.sprc.org/library/AfteraSuicide-ToolkitforSchools.pdf>.
3. Amitai, M., & Apter, A. (2012). Social aspects of suicidal behavior and prevention in early life: A review. *International Journal of Environmental Research and Public Health*, 9 (3), 985–994. <http://doi.org/10.3390/ijerph9030985>.
4. Aranas, K.R., Buenconsejo, J.U., & Zalameda, C.J. (2020). Dimensions of School Burnout as Predictors of Symptoms of Anxiety, Depression, and Suicidal Ideation among College Students. *Brillar*, Volume 1, Issue 1, pp. 33-42.
5. Bolton, J.M., Gunnell, D. & Turecki, G. (2015). Suicide risk assessment and intervention in people with mental illness. *British Medical Journal*, 351:h4978. doi:10.1136/bmj.h4978.
6. Calear A.L, Christensen H, Freeman A, Fenton K, Busby Grant J, van Spijker B, et al. (2016). A systematic review of psychosocial suicide prevention interventions for youth. *European Child Adolescent Psychiatry*. 25: 467–82. doi: 10.1007/s00787-015-0783-4.
7. Chan, M.K.Y., Bhatti, H., Meader, N., et al. (2016). Predicting suicide following self-harm: A systematic review of risk factors and risk scales. *British Journal of Psychiatry*, 209 (4), 277–283; doi:10.1192/bjp.bp.115.170050.
8. Chen, A. (2017). *A policy a day: Life skills*. Retrieved from <https://nzcoop.wordpress.com/2017/09/21/a-policy-a-day-life-skills>.
9. Cleary, M., Walter, G., & Jackson, D. (2011). “Not always smooth sailing”: Mental health issues associated with the transition from high school to college. *Issues in Mental Health Nursing*, 32 (4), 250-254.
10. Cleofas, J. V. (2019). Student involvement, mental health, and quality of life of college students in a selected university in Manila, Philippines. *Taylor & Francis*. <https://doi.org/10.1080/02673843.2019.1670683>.
11. Consoli, A., Peyre, H., Speranza, M., Hassler, C., Falissard, B., Touchette, E., & Révah-Lévy, A. (2013). Suicidal behaviors in depressed adolescents: Role of perceived relationships in the family. *Child and Adolescent Psychiatry and Mental Health*, 7 (1), 8-20.
12. Cronin, L.D. & Allen, J. (2017). Development and initial validation of the life skills scale for sport. *Psychology of Sport and Exercise*, 28: 105–119.

13. Cusimano, M.D., & Sameem, M. (2011). The effectiveness of middle and high school-based suicide-prevention programs for adolescents: A systematic review. *Injury Prevention*, 17, 43–49. doi 10.1136/ip.2009.025502.
14. Drum, D. J., & Denmark, A. B. (2012). Campus suicide prevention: bridging paradigms and forging partnerships. *Harvard review of psychiatry*, 20(4), 209-221.
15. Durlak, J. A., Weissberg, Roger, Dymnicki, Allison, Taylor, Rebecca, & Schellinger, K. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. *Child Development*, 82 (1), 405–432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>.
16. Estrada, C. A., Nonaka, D., Gregorio, E., Leynes, C. R., Del Castillo, R. T., Hernandez, P. M., Hayakawa, T., & Kobayashi, J. (2019). Suicidal ideation, suicidal behaviors, and attitudes towards suicide of adolescents enrolled in the alternative learning system in Manila, Philippines-a mixed methods study. *PubMed*. <https://pubmed.ncbi.nlm.nih.gov/30976193/>.
17. Franklin, J.C., Ribeiro, J.D., Fox, K.R. et al. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychological Bulletin*, 143(2), 187–232.
18. Ganaprakasam, C. (2018). Emotional intelligence on suicidal ideation and mental health. *Muslim Journal of Social Sciences and Humanities*, 185-195.
19. Haji, TM., Mohammadkhani, S. & Hahtami, M. (2011). The effectiveness of life skills training on happiness, quality of life and emotion regulation. *Procedia: Social and Behavioral Sciences*, 30: 407–411.
20. Hawton, K., Saunders, K.E.A, & O'Connor, R.C. (2012). Self-harm and suicide in adolescents. *The Lancet*, 379, 2373–2382.
21. Helfrich, C. (2011). Health Care and Communication. Boston University Life Skills Program. Retrieved from https://www.bu.edu/research/files/2014/08/Research_2011.pdf.
22. Hogan, M. F., & Grumet, J. G. (2016). Suicide Prevention: An Emerging Priority For Health Care. *Health Affairs*, 35(6), 1084–1090. <https://doi.org/10.1377/hlthaff.2015.1672>.
23. King, K. A., Strunk, C. M., & Sorter, M. T. (2011). Preliminary effectiveness of surviving the Teens® suicide prevention and depression awareness program on adolescents' suicidality and self-efficacy in performing help-seeking behaviors. *Journal of School Health*, 81, 581–590. doi 10.1111/j.1746-1561.2011.00630.x.
24. Knox, K., Pflantz, S., Talcott, G., Campise, R., Lavigne, J., Bajorska, A., & Caine, E. (2010). The US Air Force Suicide Prevention Program: Implications for Public Health Policy. *American Journal of Public Health*, 2457–2463. <https://doi.org/10.2105/AJPH.2009.159871>.
25. Kolb, D. A. (1984). *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice Hall. Retrieved from <http://academic.regis.edu/ed205/Kolb.pdf>.
26. Macleod, E., Nada-Raja, S., Beautrais, A., Shave, R., & Jordan, V. (2015). Primary prevention of suicide and suicidal behaviour for adolescents in school settings. *Cochrane database of systematic reviews*. John Wiley & Sons, Ltd. <https://doi.org/10.1002/14651858.CD007322.pub2>.
27. National Mental Health Association & The Jed Foundation. (2002). *Safeguarding your students against suicide: Expanding the safety network*. Alexandria, VA: Suicide Prevention Resource Center.
28. O'Connor, R.C. & Nock, M.K. (2014). *The Psychology of Suicidal Behaviour*. *The Lancet*, 1 (1), 73–85.
29. Osman, A., Bagge, C.L., Guitierrez, P.M., Konick, L.C., Kooper, B.A. & Barrios, F.X., (2001). The Suicidal Behavior Questionnaire-Revised (SBQ-R): Validation with clinical and nonclinical samples. *Assessment*, 5, 443-454.
30. Palma, B. (2016). Exploring the Suicide Phenomenon: Basis for the Development of a Counseling Program. *IRA International Journal of Education and Multidisciplinary Studies*, 3 (3). doi:<http://dx.doi.org/10.21013/jems.v3.n3.p25>.
31. Pierce, S., Gould, D., & Camiré, M. (2017). Definition and model of life skills transfer. *International Review of Sport and Exercise Psychology*, 10 (1):186–211. doi: <https://doi.org/10.1080/1750984X.2016.1199727>.

32. Redaniel, M.T., Lebanan-Dalida, M.A. & Gunnell, D. Suicide in the Philippines: time trend analysis (1974-2005) and literature review. *BMC Public Health*, 11 (536). <https://doi.org/10.1186/1471-2458-11-536>.
33. Robinson, J., Pan Yuen, H., Martin, C., Hughes, A., Baksheev, G. N., Dodd, S., Bapat, S., Schwass, W., McGorry, P., & Yung, A. R. (2011). Does screening high school students for psychological distress, deliberate self-harm, or suicidal ideation cause distress—And is it acceptable? An Australian-based study. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 32(5), 254–263. <https://doi.org/10.1027/0227-5910/a000087>.
34. Sarita, S. (2015). Academic Stress among Students: Role and Responsibilities of Parents. *International Journal of Applied Research*. Retrieved from <https://www.allresearchjournal.com/archives/2015/vol1issue10/PartF/1-10-3-925.pdf>.
35. Scherff, A.R., Eckert, T.L., Miller, D.N. (2013). Youth suicide prevention: a survey of public school superintendents' acceptability of school-based programs. *Suicide Life-Threatening Behavior*, 35 (2) (2005), 154-169, 1521/suli.35.2.154.62874.
36. Son, S. R., Pesce, R. C., & Lazzaro, B. R. (2016). School crisis prevention and intervention: The PREPaRE model (Second edition). National Association of School Psychologists.
37. WHO (2004). The physical school environment: An essential component of a health-promoting school. WHO Information Series on School Health; Document No 2. Geneva: World Health Organization. Retrieved from <https://www.who.int/ceh/publications/cehphysical/en>.
38. UNICEF (2003) Life skills: definition of terms. New York: United Nations Children's Fund. Retrieved from https://www.unicef.org/lifeskills/index_7308.html.
39. Wasserman, C., Hoven, C.W., Wasserman, D., et al. (2012). Suicide prevention for youth – A mental health awareness program: Lessons learned from the Saving and Empowering Young Lives in Europe (SEYLE) intervention study. *BMC Public Health*, 12:776. doi:10.1186/1471-2458-12-776.
40. Weare, K. & Nind, M. (2011). *Health Promotion International*. 26 Supplementary 1: i29-69. doi: 10.1093/heapro/dar075.
41. WHO (2013). Global action plan for the prevention and control of NCDs 2013–2020. Geneva: World Health Organization. Retrieved from https://www.who.int/nmh/events/ncd_action_plan/en/.
42. WHO (2014). Preventing suicide: a global imperative. Geneva: World Health Organization. Retrieved from https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/.
43. WHO (2018e). Global status report on alcohol and health 2018. Geneva: World Health Organization Retrieved from <https://www.who.int/publications/i/item/9789241565639>.
44. WHO (2019a). Preventing suicide: a resource for filmmakers and others working on stage and screen. Geneva: World Health Organization. Retrieved from <https://www.who.int/publications-detail/preventing-suicide-a-resource-for-filmmakers-and-others-working-on-stage-and-screen>.
45. WHO (2019b). mhGAP Intervention Guide – Version 2.0. Geneva: World Health Organization Retrieved from <https://www.who.int/publications/i/item/mhgap-intervention-guide—version-2.0>.
46. WHO (2020). Helping adolescents thrive. Guidelines on promotive and preventive mental health interventions for adolescents. Geneva: World Health Organization Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/336864/9789240011854-eng.pdf>.
47. World Health Organisation and the International Association for Suicide Prevention (2008). Preventing suicide, a resource for media professionals. Retrieved from www.who.int/mental_health/prevention/suicide/resource_media.pdf.
48. World Health Organization. (2014). Suicide prevention – A global imperative. Geneva, Switzerland: WHO.
49. Wyman, A. (2014). Developmental approach to prevent adolescent suicides: research pathways to effective upstream preventive interventions. *American Journal of Preventive Medicine*. 47 (3 Supplementary 2): S251-256. doi: 10.1016/j.amepre.2014.05.039.