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Prevention of Adolescent Suicidal Behavior: Psychological Risk Factors and Educational Perspectives

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Abstract

This cross-sectional study examined the attitudes of pedagogical university students and teachers toward the problem of suicide and suicidal behavior among young people, as well as the manifestation of suicidal tendencies in adolescents of grades 10 - 11 at the Lyceum of Information Technologies. The results indicate that pre-service teachers are insufficiently informed about the prerequisites of suicidal behavior and the possibilities and methods of its primary prevention among young people. Psychological signs of suicidal tendencies were identified among lyceum students, with a higher prevalence in girls compared to boys. Identification of certain psychological characteristics of adolescents that disrupt the interaction between the individual and their immediate social environment can serve as an important basis for teachers in implementing primary prevention of suicidal behavior.

Keywords

Adolescents, Suicide, Suicidal Behavior, Prevention, Education

1. Introduction

Psychological well-being is a critical determinant of adaptive functioning; however, maladaptive coping may in some cases lead to suicidal behavior. Adolescents and young adults are especially vulnerable. Suicide remains one of the leading causes of death among adolescents and youth aged 15 - 25 years (Levitov, 1964; Hink et al., 2022). Russia remains among countries with elevated adolescent suicide rates. On average, seven adolescents die by suicide every day in the Russian

Federation, most often girls under the age of 17 (Ivanov, 2005). In the USA, suicide is the second leading cause of death among adolescents—6.5 per 100,000 (Hink et al., 2022) or even 10.49/100.000, increasing with age from 2.8 in 10 - 14 years adolescents to 17.81 in 20 - 24 years young adults (Hua et al., 2024).

Kazakhstan is one of the countries with the highest suicide rates among children aged 5 to 14 and young people aged 15 to 24 (Haar, 2024). According to the World Health Organization (WHO), suicide is the leading cause of death from external causes among adolescents in Kazakhstan (Chan, Bhatti, Meader et al., 2016). From January to October 2023, 169 minors in Kazakhstan took their own lives, of which 27.8% were children aged 5 to 14, and 72.2% were teenagers aged 15 to 17. The number of suicide attempts by young Kazakhstanis aged 5 to 18 increased by 17.8% over the year: from 253 to 298 cases (News of Kazakhstan, 2023).

Attitudes toward suicidal behavior and its moral evaluation (as a sin, a crime, a norm, or a form of heroism) have changed significantly throughout history depending on the stage of social development and the prevailing social, ideological, and ethnocultural characteristics. There are also notable differences and trends in suicidal behavior among age, race, sex, and geographic region (Web-Based Injury Statistics, 2021). It is well established in the literature that females have significantly more suicide attempts than males, but males have higher fatalities, likely due to the use of more lethal means in the form of firearms (Miranda-Mendizabal et al., 2019). There are multiple risk factors for suicide attempts and completions at the individual, family, and community/environment levels such as social isolation, bullying, high economic distress, sexual abuse, poor parental-child relationships, notably depression, posttraumatic stress disorder (PTSD), sleep disturbances, bipolar disorder, substance abuse disorders and acute intoxication, psychotic symptoms, mental health disorder, impulsivity, aggression, etc. (Gould et al., 2003; Kelleher et al., 2013). So, all factors contributing to increased risk of suicidal behavior can be combined into several groups: individual (personal), relationship, societal, and cultural (see review: Hua et al., 2024). Similar to risk factors, a range of factors at the individual, relationship, community, and societal levels can protect people from suicide. Some of them effective coping and problem-solving skills; reasons for living (for example, family, friends, pets, etc.); strong sense of cultural identity; support from partners, friends, and family; feeling connected to school, community, and other social institutions, etc. (https://afsp.org/; Ati et al., 2021).

Therefore, it was of particular interest to examine the attitudes toward this phenomenon among individuals directly involved in the educational environment, including teachers, students, as well schoolchildren 15 - 16 years old.

2. Materials and Methods

An anonymous questionnaire survey (see **Appendix**) concerning suicidal behavior was conducted among students aged 17 - 21 years (n = 44) and teachers aged

30 - 50 years of the Novosibirsk Pedagogical University (n = 40).

Adolescents aged 15 - 16 years of grades 10 - 11 at the Lyceum of Information Technologies were examined. The distribution of schoolchildren by grades and gender is presented in Table 1.

Table 1. Distribution of schoolchildren by gender and grades.

Gender	10-th grade	11-th grade
Boys	18	22
Girls	21	25

All schoolchildren and their parents were previously familiarized with the testing procedure and written informed consent was obtained from participants and from parents/legal guardians of minors. The following tests were used in the study: the Well-being-Activity-Mood test (Lebedev & Aizman, 2023), the Suicidal Tendencies Test (Aizman & Lebedev, 2017), and the Zung Depression Scale (Zung, 1965).

Well-Being–Activity–Mood (*WAM*) *test* used in this study was a computerized adaptation of a psychometric instrument originally developed in 1973 by Doskin, Lavrent'eva, Sharay, and Miroshnikov for the rapid assessment of subjective well-being, activity level, and mood states. The test has been widely used in Russian psychological research to quantify psycho-emotional states and is considered suitable for screening in adolescent populations. (https://psychojournal.ru/san.html)

In the present study, the computerized version was employed to assess current levels of well-being, activity, and mood. Responses were scored according to the published guidelines, and normative references were applied based on established Russian-language standards. This instrument was selected due to its demonstrated reliability and sensitivity in capturing short-term fluctuations in affective and activity-related constructs relevant to psychological well-being.

Suicidal Tendencies Test. Because the Suicidal Tendencies Test is protected by an author's certificate and has not been published in international journals, a brief description of its structure is provided. The Suicidal Tendencies Test is a structured screening instrument designed to identify an individual's predisposition toward suicidal behavior. The instrument has been used in applied psychological assessments within Russian-speaking populations. The questionnaire consists of 45 dichotomous items ("yes/no") assessing attitudes toward life and death, prior suicidal thoughts or behaviors, and cognitive-emotional risk factors.

Test scores are calculated automatically by comparing respondents' answers with a predefined scoring key. The resulting coefficient (Sr) is computed as the ratio of matched responses to the maximum possible number of matches: $Sr = N/35 \pm 0.07$, where N represents the number of responses corresponding to the scoring key. Scores range from 0 to 1, with higher values indicating greater susceptibility to suicidal reactions. The scale is divided into five interpretive levels: low (0.01 - 0.23), below average (0.24 - 0.38), average (0.39 - 0.59), above average

(0.60 - 0.74), and high (0.75 - 1.00). For the purposes of the present study, the below-average and average levels were interpreted as reflecting suicidal tendencies, above-average scores as indicating susceptibility to suicidal reactions, and high scores as representing suicidal readiness. The inclusion of both direct and indirect items reduces the likelihood of response distortion when assessing sensitive topics such as suicidality. The instrument includes a validity scale designed to assess response reliability. Based on this indicator, 86% of the protocols met the predefined reliability criteria. Given its screening-oriented design, the instrument was considered suitable for identifying varying levels of suicide risk within school-based populations.

A detailed list of items and scoring principles is provided in the **Appendix** to ensure methodological transparency.

Psychometric justification of the instruments. To ensure the accuracy of screening and the validity of suicide risk assessment, only psychometrically validated instruments were used in this study. Each tool has demonstrated acceptable reliability and construct validity in adolescent populations. The language versions applied in the study were officially adapted and previously validated for use in Russian-speaking samples. Where available, locally standardized norms were used to enhance the cultural and contextual relevance of score interpretation. Internal consistency indicators reported in prior studies show satisfactory reliability (Cronbach's α typically exceeding 0.70), supporting the stability of the measurements. The instruments assess complementary dimensions of suicidality, including emotional distress, cognitive vulnerability, and behavioral risk markers.

Risk levels and cut-off scores were determined in accordance with the scoring guidelines provided by the instrument developers and supported by normative data. This approach strengthens the interpretability of the findings and supports the screening accuracy underlying the study's preventive framework.

Primary outcome constructs. The key outcome constructs were operationally defined to ensure conceptual consistency throughout the study. Suicidal tendencies referred to the presence and persistence of suicidal ideation and associated cognitive patterns. Susceptibility to suicidal reactions denoted heightened psychological vulnerability to stress-induced suicidal responses. Suicidal readiness described the level of psychological capability and potential behavioral orientation toward self-harm.

All constructs were operationalized using validated psychometric instruments (see links to tests) with established reliability and construct validity. The instruments assess multiple domains of suicidality, including affective distress, cognitive risk markers, and behavioral predisposition. Cut-off values and severity levels were determined based on standardized scoring procedures and normative reference data, supporting the interpretability and comparability of the findings.

Statistical analysis was performed using Student's t-test to compare mean scores between the study groups (e.g., gender different groups). Prior to analysis, the assumptions of normal distribution and homogeneity of variances were evaluated

using the Shapiro-Wilk test and Levene's test, respectively. To facilitate interpretation beyond statistical significance, effect sizes were calculated using Cohen's d, with 95% confidence intervals reported for the primary group differences. Statistical significance was set at $p < 0.05$.

The study protocol was approved by the Institutional Ethics Committee of Novosibirsk State Pedagogical University.

3. Results and Discussion

An analysis of the questionnaire data showed that 100% of both male students and adult men consider suicide to be an unacceptable phenomenon. At the same time, female respondents allow the possibility of this phenomenon in contemporary society: 28% of female students and 25% of adult women expressed this view. This gender difference may reflect greater emotional sensitivity and higher empathy toward individuals in crisis among female respondents.

Respondents also differed in their attitudes toward individuals who commit suicide, ranging from negative to sympathetic perceptions, which indicates variability in moral and emotional evaluation of suicidal behavior. These differences are presented in Table 2 which illustrates age- and gender-related distinctions in attitudes toward this phenomenon.

Table 2. The number of students and teachers with attitudes toward individuals who commit suicide (%).

Respondents	Negative	Indifferent	Sympathetic
Male students	25	25	50
Female students	48*	0*	52
Adult men	100	0	0
Adult women	62*	34*	4

Note: In this table and follows: *Significant differences between genders ($p \leq 0.05$).

All young respondents (100%) acknowledged the existence of a suicide problem among youth, whereas 14% of mature respondents denied its presence. Furthermore, 50% of female students reported having had suicidal thoughts. Young people also more frequently encountered suicidal behavior among relatives or friends: 50% of male students, 56% of female students, and 25% of adult women.

All respondents agreed that individuals prone to suicide require psychological support. However, the necessity of identifying individuals at risk was fully supported only by mature respondents. Among young respondents, only 68% supported this measure (86% of female students and 50% of male students, $p \leq 0.05$). Interviews suggested that male students often believe that individuals should solve problems independently, whereas female students demonstrate earlier development of empathetic and caregiving attitudes.

Most young respondents considered psychotraumatic situations (stress) the

main cause of suicidal behavior. In contrast, most adult educators emphasized the importance of personality traits such as impulsivity, emotional instability, suggestibility, low self-control, and insufficient stress regulation.

All of the above-mentioned personality characteristics are typical manifestations of adolescent behavior. Therefore, in such individuals, suicidal readiness in the context of prolonged psychotraumatic experiences is higher.

Consequently, given the relevance of suicide prevention among young people, it is necessary to use various psychological assessment tools to identify individuals prone to suicidal behavior (Karelin, 2005; Aizman & Lebedev, 2017). Such individuals require timely assistance from qualified specialists.

Teachers may play an important role in the early identification of adolescents at risk. Due to regular and close interaction with students, teachers are able to notice early signs of psychological distress as well as administer screening tests and draw the attention of parents, school physicians, educational administrators, and school psychologists to the emerging problem.

Therefore, the next stage of the study was devoted to assessing the psychological state of adolescents. For this purpose, students of grades 10 - 11 of the Lyceum of Information Technologies aged 15 - 16 years were examined using 3 tests mentioned in the Materials and Methods.

The results of the assessment of the typical psychological state of adolescents using the Well-being-Activity-Mood (WAM) test are presented in Table 3.

Table 3. The number of schoolchildren with different levels of psychological states (%).

Gender	Well-being			Activity			Mood		
	low	medium	high	low	medium	high	low	medium	high
Boys	0	100	0	0	100	0	0	50	50
Girls	25*	75*	0	38*	63*	0	0	100*	0*

As can be seen from Table 2, the majority of respondents demonstrated average levels of well-being, activity, and mood. However, while no cases of either high or low well-being were observed among boys, low levels of well-being were identified in 25% of girls. A similar pattern was observed in the analysis of activity levels: low activity was recorded only among girls (38%). No cases of low mood were detected among adolescents of either sex. At the same time, whereas all girls demonstrated an average level of mood, 50% of boys showed a high level.

Therefore, the results of this test indicate that adolescents with lower psychological stability are more frequently observed among girls.

Table 4 presents the results of the assessment of adolescents' susceptibility to suicidal reactions. As can be seen from the table, the predominance of below-average levels of susceptibility to suicidal reactions among the examined adolescents indicates a generally preserved adaptive potential and relative psychological stability in the majority of the sample. At the same time, the presence of a subgroup

of adolescents—primarily girls (17%)—with above-average susceptibility suggests the existence of latent psychological vulnerability that may manifest under conditions of prolonged psychotraumatic exposure, emotional overload, or insufficient social support.

Table 4. The number of schoolchildren with different levels of susceptibility to suicidal reactions (%).

Gender	Low	Below average	Medium	Above average	High
Boys	17	50	33	0	0
Girls	33*	42	8*	17*	0

Such psychopathological personality disorders as depression, which remain undiagnosed in approximately 40% of cases, often lead to suicidal behavior. Currently, depression is one of the most widespread psychopathological disorders, the manifestations of which can be reliably identified using diagnostic assessment tools (Levitov, 1964; Karelin, 2005).

The results of the assessment of depressive states in adolescents are presented in Table 5.

Table 5. The number of schoolchildren with different levels of depressive states (%).

Gender	No depression	Mild	Masked	Severe
Boys	75	25	0	0
Girls	66.6	33.4*	0	0

As a result of testing, the majority of lyceum students were classified as having no depressive state (71%), while 29% demonstrated mild depression. However, it should be noted that signs of mild depression were observed in 8.4% more girls than boys. No more severe conditions, such as masked depression or true depression, were identified among the respondents.

The combination of reduced psychoemotional stability, subclinical depressive manifestations, and elevated susceptibility to suicidal reactions creates a cumulative risk profile that significantly increases the probability of maladaptive behavioral responses in stressful situations. These findings confirm that suicidal behavior in adolescence is not typically an impulsive isolated act but rather the result of a gradual accumulation of psychological strain and insufficient coping resources. All schoolchildren who were found to have subclinical depressive manifestations and elevated susceptibility to suicidal reactions during testing were referred to a school psychologist, and the information was also passed on to their homeroom teacher.

These findings should be interpreted within the framework of school-based suicide prevention. When comparing our results with the literature data (Horowitz et al., 2020; Ati et al., 2021; Shahram et al., 2021; Hink et al., 2022; et al.) one can

see a complete correspondence between risk factors (personal, psychological, family and social) and factors that contribute to the prevention of suicidal behavior among American and Russian teenagers, as well as in the strategy and tactics of the approaches of teachers and specialists. American Foundation for Suicide Prevention considers it important to pay attention to such warning signs of possible suicide as *talks* (feeling hopeless, having no reason to live, being a burden to others, feeling trapped), *behavior* (increased use of alcohol or drugs, withdrawing from activities, isolating from family and friends, aggression, sleeping too much or too little), and *mood* (depression, anxiety, loss of interest, irritability, shame, et al.)

All of these preventive factors are quite clearly identified by the tests used in our study, which teachers are required to use during their learning. Training students at the pedagogical university—future teachers—to use the computer programs we developed to assess well-being, activity, mood, depression, suicidal tendencies, and other factors will enable them to more actively engage in preventative work in schools.

Therefore, early identification of adolescents with elevated psychological vulnerability using standardized diagnostic tools is essential for timely preventive interventions. Educational institutions represent a critical setting for primary prevention, where systematic psychological monitoring, teacher involvement, and interdisciplinary collaboration can reduce the risk of progression from latent vulnerability to overt suicidal behavior. Teachers should emphasize the importance of early diagnostic screening and detection of suicide risk. The early psychological support of adolescents with suicidal risk by teachers, parents, peers, and friends is essential to preventing suicidal outcomes.

Study limitations

The findings of this study should be interpreted in light of several limitations. First, the sample was drawn from a single educational institution—the Lyceum of Information Technologies—where the academic workload is higher than in typical secondary schools, potentially limiting the representativeness of the sample. Second, the group sizes were relatively small across age and gender categories, which may reduce statistical power and constrain causal interpretation. Third, the cross-sectional design without follow-up assessment precludes conclusions about the temporal stability of the observed psycho-emotional characteristics and does not allow causal relationships to be established.

In addition, the use of computerized and self-report questionnaire measures introduces the possibility of response bias due to the sensitivity of suicidality-related topics. Collectively, these limitations restrict the generalizability of the findings to other schools and regions. Nevertheless, the results are consistent with previously published research and clinical observations, supporting their potential relevance.

4. Conclusion

1) Because suicidal behavior is a leading contributor to preventable mortality

in adolescence, its prevention remains a central task for psychology, education, and healthcare systems worldwide.

2) Future educators demonstrate insufficient awareness of suicide prevention strategies.

3) Adolescents show measurable psychological risk indicators, while risk factors and vulnerability were more pronounced among girls.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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Appendix

1. Questionnaire for Students and Teachers of a Pedagogical University

Instructions:

Please answer the following questions. Choose the option that best reflects your opinion or provide your own answer where indicated.

1) What is your attitude toward suicide?

☐ Negative

☐ Indifferent

☐ Acceptable

2) What is your attitude toward individuals who attempt or commit suicide?

☐ Negative

☐ Indifferent

☐ Sympathetic

3) Do you think there is a problem of suicide among young people?

☐ Yes

☐ No

4) Have you personally encountered the problem of suicide and/or people who have attempted suicide?

☐ Yes

☐ No

5) Have you ever had thoughts about suicide?

☐ Yes

☐ No

6) Is it necessary to identify individuals who are prone to suicidal behavior?

☐ Yes

☐ No

7) Do individuals prone to suicidal behavior need psychological assistance and support?

☐ Yes

☐ No

8) What factors most often act as triggers of suicidal behavior?

Please write your answer (e.g., personality traits, psychological problems or trauma, external stressors, etc.).

9) Please propose your own ideas for the prevention of suicidal behavior.

2. Suicidal Tendencies Test. The items were translated for publication purposes while the original Russian-language version was administered to participants.

English Translation of the Suicidal Tendencies Test Items

No.	Statement	Yes	No
1	Do you think that life can lose its value for a person in certain situations?		
2	Life is sometimes worse than death.		
3	I have previously attempted to take my own life.		
4	Many people love, understand, and value me.		
5	One can justify terminally ill patients who choose voluntary death.		
6	I do not think I could ever find myself in a hopeless situation.		
7	The meaning of life is not always clear; it can be lost or never found.		
8	If you were betrayed by those close to you, do you think you could continue living?		
9	I sometimes think about ending my life voluntarily.		
10	In any situation, I would fight for my life no matter the cost.		
11	I always try to be completely honest.		
12	I essentially have no shortcomings.		
13	I may not be able to go on living.		
14	It is surprising that some people in hopeless situations do not want to end their lives.		
15	A sense of doom ultimately leads to voluntary death.		
16	If necessary, one could justify ending one's own life.		
17	I dislike confronting death alone.		
18	First impressions of a person are often decisive.		
19	I have tried different ways of ending my life.		
20	In a critical moment, I can always control myself.		
21	At school, I was always well-behaved.		
22	I can deceive others to make my situation seem worse.		
23	There are many dishonest people around me.		
24	I once considered several ways to end my life.		
25	People often try to deceive or mislead me.		
26	After severe distress, I would not want an instantaneous death.		
27	I would continue living even if a global nuclear war occurred.		
28	A person has the right to do as they wish with their life, even if that means choosing death.		
29	If a person cannot present themselves favorably to leadership, they lose many opportunities.		
30	I have never written a suicide note.		
31	I once attempted suicide.		
32	There are never truly hopeless situations.		
33	I have attempted suicide in a way intended to avoid severe pain.		
34	One should be able to hide their thoughts from others, even if no one cares about them.		
35	A person's soul may feel relief when leaving this world voluntarily.		
36	I can justify any of my actions.		
37	If I decide to do something, I will persist even if others interfere.		

Continued

38	To escape an incurable illness and suffering, a person may have to end their life voluntarily.
39	At times, I doubt the mental health of some people I know.
40	I once came close to ending my life.
41	I am troubled by the absence of happiness in my life.
42	I never break the law, even in minor matters.
43	Sometimes I wish I could fall asleep and never wake up.
44	Once, I felt deeply ashamed for wanting to end my life.
45	Even in the most difficult situation, I would fight for my life no matter the cost.