

STUDENT MENTAL HEALTH AND SUICIDAL BEHAVIOR: NARRATIVE REVIEW IN EDUCATIONAL AND PSYCHOLOGICAL PERSPECTIVES

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Abstrak

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Student mental health plays a central role in academic and social development, yet it has become increasingly complex due to growing academic, social, and emotional pressures experienced by adolescents. One of the most serious outcomes of these challenges is suicidal behavior, a global issue with profound implications for both education and psychology. This study adopts a narrative review approach to examine the relationship between student mental health and suicidal behavior from integrated educational and psychological perspectives. The literature reviewed includes international journal articles, academic books, and reports from reputable organizations, selected based on relevance, scientific rigor, and publication within the last decade. The findings indicate that suicidal behavior is influenced by multiple risk factors, including depression, anxiety, impulsivity, academic stress, social isolation, and traumatic experiences such as rejection or abuse. Psychological perspectives cognitive, psychodynamic, behavioral, and humanistic highlight that such behavior emerges from complex interactions between internal vulnerabilities and external pressures, including cognitive distortions, unresolved conflicts, environmental influences, and existential concerns. From an educational standpoint, schools function as critical protective environments by fostering supportive climates, providing counseling services, and implementing social-emotional learning programs that strengthen coping skills and resilience. An integrative approach that combines psychological insight with educational practice is therefore essential for developing effective, adaptive interventions tailored to students' needs. The study recommends strengthening school-based mental health services,

equipping teachers for early detection, enhancing collaboration among schools, families, and communities, reducing stigma through education, and encouraging further research to deepen understanding of suicidal behavior mechanisms.

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INTRODUCTION

Student mental health is a critical issue in modern education that has increasingly garnered global attention. Social changes, academic pressures, and the dynamic developmental processes during adolescence render students particularly vulnerable to psychological disorders. According to the World Health Organization (2022), mental health is not merely the absence of disorder but encompasses emotional, psychological, and social well-being that affects how individuals think, feel, and act. Within the educational context, this condition significantly determines students' learning outcomes and personal development.

During adolescence, students experience crucial transitions involving biological, cognitive, and social changes. These transformations often lead to both internal and external conflicts, which may trigger stress, anxiety, and even depression. Steinberg (2017) asserts that adolescence is characterized by heightened emotional sensitivity and identity exploration, making individuals more susceptible to environmental pressures. This underscores the importance of educational approaches that address not only academic development but also psychological well-being.

Mental health challenges among students are closely linked to the rising incidence of suicidal behavior in adolescents. Suicide has become a leading cause of death among young populations worldwide. Evidence suggests that factors such as depression, hopelessness, and lack of social support are primary predictors of such behavior (Hawton et al., 2012). These findings indicate that student mental health is not only an individual concern but also a social issue requiring serious attention. Schools, as primary spaces for student interaction, play a strategic role in detecting and preventing mental health problems. Teachers, counselors, and other educational personnel serve as crucial agents in providing emotional support and fostering a safe environment. Roeser et al. (2013) emphasize that a positive school climate can enhance students' psychological well-being and reduce the risk of maladaptive behaviors. Therefore, integrating psychological approaches within educational systems is an urgent necessity.

In addition to the school environment, family plays a vital role in shaping students' mental health. Supportive parenting, open communication, and healthy emotional relationships serve as protective factors against stress and depression. Conversely, family conflict, violence, or neglect can exacerbate mental health risks (Repetti et al., 2002). This highlights the need for holistic interventions involving multiple support systems. Technological advancements and social media also significantly affect students' mental health. While digital platforms can facilitate self-expression and social support, they may also promote social comparison, cyberbullying,



and isolation. Twenge et al. (2018) report a correlation between excessive digital media use and increased depressive symptoms and suicidal tendencies among adolescents. Such phenomena add complexity to understanding student mental health in the digital era.

From a psychological perspective, suicidal behavior is understood as the outcome of complex interactions among biological, psychological, and social factors. The interpersonal theory of suicide posits that the desire for suicide arises when individuals perceive themselves as burdensome and experience social alienation (Joiner, 2005). For students, feelings of rejection in school environments or academic pressure may exacerbate these conditions. Consequently, interventions must consider the multidimensional factors influencing individual behavior.

Educational approaches responsive to student mental health should prioritize prevention, early detection, and intervention. School-based programs, such as counseling, social-emotional learning, and coping skills training, have been shown to effectively enhance student well-being (Durlak et al., 2011). Successful implementation of these programs requires policy support and the professional competence of educators in understanding students' psychological needs. Nevertheless, challenges remain in implementing these initiatives, particularly in developing countries. Limited resources, stigma surrounding mental disorders, and shortages of trained professionals constitute major barriers. Patel et al. (2007) highlight the substantial gaps in mental health services for children and adolescents, resulting in many undetected and untreated cases. This underscores the necessity of cross-sector collaboration to address these issues effectively.

Based on the discussion above, conducting narrative review that examines student mental health and suicidal behavior from educational and psychological perspectives is essential. Such a review aims to provide a comprehensive understanding of risk factors, protective factors, and effective intervention strategies. Ultimately, the findings can inform the development of policies and educational practices that are more responsive to students' mental health needs.

LITERATURE REVIEW

Concept of Student Mental Health

Student mental health refers to a state of psychological well-being that enables individuals to function optimally in emotional, social, and academic domains. Good mental health is characterized by the ability to manage stress, build healthy interpersonal relationships, and make adaptive decisions. According to Keyes (2002), mental health is not merely the absence of disorders but also encompasses a state of flourishing, where individuals function optimally in life.

Within the educational context, student mental health serves as a key indicator of learning success. Students with stable mental conditions tend to demonstrate higher learning motivation, effective emotional regulation, and superior academic performance. Conversely, mental health challenges, such as anxiety and depression, can impede students' cognitive and social functioning (Suldo et al., 2011).

Furthermore, modern educational systems increasingly emphasize promotive and preventive approaches to student mental health. Schools are no longer merely centers for knowledge transfer but also environments that support holistic psychological development. This underscores the importance of integrating mental health services into educational policies and practices.

Factors Affecting Student Mental Health

Student mental health is influenced by multiple interacting factors, both internal and external. Internally, personality traits, coping skills, and emotional regulation play significant roles. Individuals with strong coping abilities are generally better equipped to manage life stress adaptively (Compas et al., 2001).

Externally, family, school, and community environments exert substantial influence. Harmonious parental relationships and robust social support serve as protective factors against mental health issues. Conversely, excessive academic pressure, bullying, and social conflict can increase the risk of stress and depression among students (Espelage & Holt, 2013).

Social changes and globalization further intensify the pressures students face. Intense academic competition and high expectations from their environment often create psychological burdens that exceed students' adaptive capacity. Therefore, understanding these factors comprehensively is essential for effective prevention strategies.

Suicidal Behavior in Students

Suicidal behavior is a complex phenomenon encompassing suicidal ideation, suicide attempts, and completed suicide. Among students, such behaviors are often associated with mental health disorders, including depression, anxiety, and hopelessness. Nock et al. (2008) note that suicidal thoughts in adolescents frequently arise as responses to unaddressed emotional distress.

In addition to psychological factors, traumatic experiences such as abuse, social rejection, and academic failure may trigger suicidal behavior. According to the stress-diathesis model, individuals with certain biological or psychological vulnerabilities are more likely to develop maladaptive responses when exposed to severe environmental stressors. Such vulnerabilities may include poor emotional regulation, low self-esteem, or prior mental health issues. Repeated traumatic experiences without adequate support can overwhelm adaptive capacity, increasing the risk of suicidal ideation and behavior (Mann et al., 1999). This illustrates that environmental factors interact with internal conditions rather than operate in isolation.

Joiner's interpersonal theory of suicide further explains that suicidal behavior is influenced by two key conditions: *perceived burdensomeness* and *thwarted belongingness*. Adolescents experiencing social rejection, bullying, or isolation may feel unaccepted and perceive their existence as meaningless within their social groups. These feelings are exacerbated when individuals believe they are a burden to family or community, increasing the desire for suicide, particularly when they have acquired tolerance for pain or death from prior traumatic exposures (Joiner, 2005).

Beck's cognitive theory also highlights the role of negative cognitive patterns in suicidal behavior. Depressed individuals often exhibit the cognitive triad—negative views of the self, the world, and the future. In students, academic failure or social rejection may be over-interpreted as evidence of personal worthlessness. This pattern reinforces hopelessness, a strong predictor of suicidal behavior. When individuals perceive no possibility of positive change, suicide may be seen as the only solution to escape suffering (Beck et al., 1975).

From a social learning perspective, suicidal behavior can also be influenced by observation and imitation. Adolescents exposed to suicide, whether through peers or

media, may emulate such behavior, particularly if they lack healthy coping mechanisms. This phenomenon, known as suicide contagion, indicates that uncontrolled exposure to suicide-related information may constitute an additional risk factor for vulnerable youth (Bandura, 1977).

It is important to distinguish between *suicidal ideation* and *suicidal behavior*, as each requires different interventions. Suicidal ideation reflects thoughts, desires, or fantasies about ending one's life, whereas suicidal behavior involves more concrete planning or attempts. Within the continuum of suicidality, not all individuals with suicidal ideation will progress to action. Factors such as impulsivity, access to means, and social support influence the transition from ideation to behavior (Klonsky & May, 2015).

Early detection of suicidal signs is therefore crucial for prevention. Developmental psychology highlights behavioral changes such as social withdrawal, declining academic performance, expressions of hopelessness, and emotional instability as warning signs. Early intervention approaches emphasize symptom identification at initial stages to prevent escalation to dangerous behaviors. Appropriate interventions, including psychological counseling, social support, and coping skills enhancement, can significantly reduce the risk of suicide among students (Wyman et al., 2010).

Psychological Perspectives in Understanding Suicidal Behavior

Several psychological theories explain suicidal behavior. Cognitive theory posits that negative thinking and cognitive distortions play central roles in the emergence of suicidal desire. Individuals with pessimistic thought patterns tend to perceive the future negatively and feel hopeless (Beck, 1967).

The psychodynamic approach views suicidal behavior as a manifestation of unresolved intrapsychic conflicts, particularly those related to past experiences and early relationships with significant figures. In Freud's framework, aggressive drives originally directed outward may turn inward, causing individuals to direct anger and guilt toward themselves (Freud, 1917/1957). In adolescents, such conflicts often involve identity crises, loss, or unprocessed rejection. Defense mechanisms, such as repression or regression, if maladaptive, can exacerbate emotional distress and increase vulnerability to suicidal behavior.

Behavioral approaches emphasize that suicidal behavior can be understood as a learned response through environmental interactions. Based on Skinner's principles of operant conditioning, a behavior may be reinforced if it produces specific outcomes, such as alleviating emotional pain (negative reinforcement). Suicidal thoughts or actions may develop because the individual learns that such behaviors reduce intense psychological distress. Exposure to similar behaviors or excessive attention following a suicide attempt can further strengthen this tendency. Behavioral interventions therefore focus on modifying behavior and developing adaptive coping skills.

Cognitive-Behavioral therapy (CBT) integrates cognitive and behavioral components in explaining suicidal behavior. The theory highlights how maladaptive cognitions, such as negative beliefs about the self and future, contribute to emotional distress and destructive behavior. Beck's cognitive model illustrates that distortions such as overgeneralization and catastrophizing reinforce hopelessness. CBT aims to identify and modify these negative thought patterns while fostering problem-solving skills, providing healthier alternatives for coping with stress.

Humanistic-existential approaches, such as those proposed by Viktor Frankl, interpret suicidal behavior as a crisis of meaning. Individuals have an intrinsic need to find purpose in life; when students experience existential emptiness or perceive no value in their existence, the risk of suicidal ideation may increase. This approach focuses on enhancing life meaning, self-acceptance, and personal potential as preventive and curative strategies.

These perspectives illustrate that suicidal behavior is a multidimensional phenomenon, involving intrapsychic, cognitive, behavioral, and existential interactions. A single theoretical framework is often insufficient to capture the complexity experienced by students. This complexity necessitates a comprehensive and flexible approach for both analysis and intervention.

An integrative approach combining multiple psychological perspectives is considered more effective in understanding and addressing suicidal behavior among students. This allows practitioners to tailor interventions to individual needs—for example, combining cognitive therapy to modify thought patterns, behavioral interventions to build new habits, and meaning-centered counseling to strengthen life purpose. Integrating educational perspectives also enables schools to actively contribute to creating supportive environments. Consequently, integrative approaches provide a more holistic understanding and enhance the effectiveness of suicide prevention and intervention in students.

The Role of Education in Suicide Prevention

Education plays a strategic role in preventing suicidal behavior among students. Schools can serve as effective venues for mental health education, awareness-raising, and stigma reduction. Social-emotional learning programs have been shown to enhance students' coping skills and resilience (Greenberg et al., 2003).

Teachers also play a crucial role as the closest adults to students in their daily lives. Educators' ability to recognize signs of mental health issues can facilitate early detection and timely intervention. Therefore, professional training for educators is essential. Educational policies must support systematic implementation of mental health programs. Collaboration among schools, families, and professionals is key to creating a safe and supportive environment for students.

METHOD

Research Type and Approach

This study employs a qualitative method with narrative review approach. Narrative review was chosen because it allows researchers to examine, integrate, and synthesize relevant research findings comprehensively without the strict procedural constraints typical of systematic reviews. This approach aims to gain an in-depth understanding of student mental health and suicidal behavior from educational and psychological perspectives.

According to Baumeister and Leary (1997), narrative reviews provide flexibility in interpreting diverse literature, making them suitable for multidisciplinary topics such as mental health and education. This approach enables researchers to identify patterns, core concepts, and existing research gaps.

Data Sources and Literature Criteria

The data sources for this study consist of secondary academic literature obtained from reputable databases, including Google Scholar, PubMed, ScienceDirect, and

SpringerLink. The literature reviewed includes international journal articles, academic books, official organizational reports, and other scholarly publications relevant to the research topic.

Data Collection Techniques

Data collection was conducted through documentary study, which involves identifying, gathering, and reviewing literature aligned with the research focus. This process was carried out systematically using keywords such as mental health students, adolescent suicide, school-based intervention, and psychological perspective on suicide.

In addition, the researcher employed snowballing techniques, tracing references from primary articles to locate additional relevant sources. According to Webster and Watson (2002), this technique is effective in expanding the scope of literature and ensuring that the study includes key sources in the field.

Data Analysis Techniques

Data analysis in this study utilized content analysis with a thematic approach. This approach refers to the qualitative analysis model proposed by Miles and Huberman (1994), which emphasizes the systematic processes of data reduction, data display, and drawing conclusions. Using this technique, the researcher can produce a structured and in-depth understanding of the phenomena under study.

Data Validity and Reliability

To ensure data validity, this study employed source triangulation, comparing various literature from different sources to verify consistency of information. Additionally, a critical evaluation of each source was conducted, considering methodology, relevance, and author credibility.

According to Creswell (2014), validity in qualitative research can be enhanced through the use of diverse data sources and transparent analytical procedures. Therefore, this study strives to present a review that is objective, systematic, and academically accountable.

RESULT AND DISCUSSION

Student Mental Health Conditions

The literature review indicates that student mental health is highly influenced by adolescent developmental dynamics and increasingly complex environmental pressures. Multiple studies have shown that the prevalence of mental health issues, such as anxiety, stress, and depression among students, has risen over the past decades. These conditions are closely associated with academic demands, social changes, and the ongoing development of unstable personal identity.

From a developmental psychology perspective, adolescence is a phase marked by identity crises that make individuals vulnerable to emotional conflicts. Students' inability to manage emotions and stress may lead to compromised psychological well-being. This aligns with the concept of emotional regulation, where individuals with lower emotional regulation capacity are more susceptible to stress and depression. Thus, student mental health cannot be separated from their psychological adaptation to environmental demands.

From an educational standpoint, poor mental health directly affects the learning

process. Students experiencing mental health issues often demonstrate decreased concentration, reduced motivation, and lower academic engagement. Consequently, mental health is a critical factor in supporting overall educational success.

Risk and Protective Factors

Based on the literature analysis, risk factors for suicidal behavior among students can be categorized as internal and external. Internal factors include depression, anxiety, impulsivity, and low self-esteem, while external factors encompass academic pressure, family conflict, bullying, and lack of social support.

Within the stress-diathesis framework, suicidal behavior emerges from the interaction between individual vulnerability and environmental stressors. Students with psychological vulnerabilities are more affected by external pressures, explaining why not all students facing academic stress exhibit suicidal behavior.

Protective factors that reduce risk include family support, positive social relationships, and adaptive coping skills. The concept of resilience is crucial, as it reflects the ability to recover from adverse conditions. Students with high resilience tend to manage pressures without developing destructive behaviors.

Dynamics of Suicidal Behavior in Students

Findings indicate that suicidal behavior in students develops progressively, beginning with suicidal ideation and potentially culminating in actual attempts. According to the *Three-Step Theory* (3ST), suicidal behavior begins with psychological pain and hopelessness, reinforced by social disconnection, and progresses to action when the individual has the capacity to self-harm.

From a cognitive perspective, students with cognitive distortions tend to interpret negative experiences excessively. For example, academic failure may be perceived as proof of complete incompetence, reinforcing hopelessness. This demonstrates that individual perceptions play a central role in shaping emotional responses and behavior.

Additionally, social isolation and lack of emotional support are dominant factors. Students who feel misunderstood or lack safe spaces to share tend to internalize problems, exacerbating psychological stress and increasing suicide risk.

Role of the Educational Environment

The educational environment plays a strategic role in promoting student mental health and preventing suicidal behavior. Schools function not only as academic learning spaces but also as social arenas influencing emotional development.

Literature indicates that schools with a positive climate—characterized by supportive teacher-student relationships—can reduce stress and enhance psychological well-being. Teachers attuned to students' conditions serve as *gatekeepers* for early detection of mental health problems.

Furthermore, school-based programs such as social-emotional learning and counseling services are effective in improving students' coping skills. This aligns with the holistic education perspective, which emphasizes balanced cognitive, emotional, and social development.

Integration of Psychological and Educational Perspectives

The review highlights that a single approach is insufficient to fully understand the complexity of suicidal behavior in students. Psychological perspectives provide insight into internal mechanisms, while educational perspectives emphasize the role of environmental influences.

An integrative approach combining cognitive, behavioral, psychodynamic, and humanistic theories offers a more comprehensive solution. This integration allows for flexible interventions tailored to students' needs.

For instance, interventions may include individual counseling to address cognitive distortions, social skills training to enhance connectedness, and school policies that support mental health. Consequently, suicide prevention becomes not only an individual responsibility but also a collective responsibility of the educational system.

Practical and Strategic Implications

Based on the findings, several practical implications emerge for the educational context. First, mental health programs should be systematically integrated into school curricula. Second, teacher capacity should be enhanced to understand and manage students' psychological issues. Third, collaboration between schools, families, and professionals must be strengthened.

Moreover, reducing stigma around mental health is crucial so that students feel safe seeking help. An open and supportive environment encourages healthy emotional expression. Therefore, efforts to prevent suicidal behavior among students must be comprehensive, sustainable, and grounded in strong scientific understanding.

CONCLUSION AND RECOMMENDATIONS

Conclusion

Based on the findings of this narrative review, it can be concluded that student mental health and suicidal behavior are complex phenomena influenced by the interaction of psychological, environmental, and social factors. Mental health disorders such as depression, anxiety, and academic stress constitute major risk factors that can trigger suicidal ideation or behavior. Additionally, traumatic experiences, social isolation, and insufficient support from family and school further exacerbate these risks.

Psychological perspectives indicate that suicidal behavior cannot be explained by a single approach. Cognitive theories emphasize the role of distorted thinking patterns and hopelessness, psychodynamic theories highlight internal conflicts and past experiences, behavioral approaches focus on learning and environmental reinforcement, while humanistic perspectives underscore crises of meaning and the search for life purpose. The integration of these perspectives suggests that interventions must be holistic and flexible, tailored to individual needs.

From an educational standpoint, schools play a strategic role as protective environments. Supportive school climates, counseling programs, and social-emotional learning initiatives have been shown to enhance resilience, coping skills, and reduce the risk of suicidal behavior. Therefore, student mental health is not solely an individual responsibility but a collective one, encompassing the education system, family, and broader community.

Recommendations

Based on these conclusions, several key recommendations are proposed to enhance student mental health and prevent suicidal behavior. *First*, schools should systematically integrate mental health services through counseling programs, social-emotional learning, and coping skills training, ensuring students have access to resources that promote healthy psychological management. *Second*, strengthening the capacity of teachers and educational personnel is essential, enabling them to recognize signs of mental health disorders and act as effective early detection agents. *Third*, multi-level collaboration among schools, families, professionals, and communities is necessary to create supportive environments that serve as key protective factors for students. Additionally, mental health education and efforts to reduce stigma surrounding psychological disorders should be implemented so that students feel safe and unashamed to seek help.

Interventions should adopt an integrative approach, combining various psychological and educational methods, such as cognitive therapy to address distorted thinking, behavioral interventions to develop adaptive coping skills, and humanistic approaches to reinforce life meaning. Finally, further research is needed to explore the mechanisms of mental health and the risk factors associated with suicidal behavior more deeply, allowing prevention and intervention strategies to be tailored to the specific needs of students across different contexts.

BIBLIOGRAPHY

- Bandura, A. (1977). *Social learning theory*. Prentice Hall.
- Baumeister, R. F., & Leary, M. R. (1997). Writing narrative literature reviews. *Review of General Psychology*, 1(3), 311–320.
- Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. Harper & Row.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. International Universities Press.
- Beck, A. T., Kovacs, M., & Weissman, A. (1975). Hopelessness and suicidal behavior. *JAMA*, 234(11), 1146–1149.
- Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence. *Psychological Bulletin*, 127(1), 87–127. <https://doi.org/10.1037/0033-2909.127.1.87>
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (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>
- Espelage, D. L., & Holt, M. K. (2013). Bullying and victimization during early adolescence. *Journal of Emotional Abuse*, 2(2–3), 123–142.
- Frankl, V. E. (1963). *Man's search for meaning*. Beacon Press.
- Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 243–258). Hogarth Press. (Original work published 1917).
- Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik,

- H., & Elias, M. J. (2003). Enhancing school-based prevention. *American Psychologist*, 58(6–7), 466–474.
- Hawton, K., Saunders, K. E. A., & O'Connor, R. C. (2012). Self-harm and suicide in adolescents. *The Lancet*, 379(9834), 2373–2382. [https://doi.org/10.1016/S0140-6736\(12\)60322-5](https://doi.org/10.1016/S0140-6736(12)60322-5)
- Joiner, T. (2005). *Why people die by suicide*. Harvard University Press.
- Keyes, C. L. M. (2002). The mental health continuum. *Journal of Health and Social Behavior*, 43(2), 207–222.
- Klonsky, E. D., & May, A. M. (2015). The three-step theory of suicide. *International Journal of Cognitive Therapy*, 8(2), 114–129. <https://doi.org/10.1521/ijct.2015.8.2.114>.
- Mann, J. J., Waternaux, C., Haas, G. L., & Malone, K. M. (1999). Toward a clinical model of suicidal behavior. *American Journal of Psychiatry*, 156(2), 181–189.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). SAGE Publications.
- Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiologic Reviews*, 30(1), 133–154.
- Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public-health challenge. *The Lancet*, 369(9569), 1302–1313. [https://doi.org/10.1016/S0140-6736\(07\)60368-7](https://doi.org/10.1016/S0140-6736(07)60368-7)
- Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin*, 128(2), 330–366. <https://doi.org/10.1037/0033-2909.128.2.330>
- Roeser, R. W., Eccles, J. S., & Sameroff, A. J. (2013). School as a context of early adolescents' academic and social-emotional development: A summary of research findings. *The Elementary School Journal*, 100(5), 443–471.
- Skinner, B. F. (1953). *Science and human behavior*. Macmillan.
- Steinberg, L. (2017). *Adolescence* (11th ed.). McGraw-Hill Education.
- Suldo, S. M., Thalji-Raitano, A., Hasemeyer, M., Gelley, C. D., & Hoy, B. (2011). Understanding middle school students' life satisfaction. *Journal of Happiness Studies*, 12(6), 861–884.
- Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among U.S. adolescents. *Clinical Psychological Science*, 6(1), 3–17. <https://doi.org/10.1177/2167702617723376>.
- Webster, J., & Watson, R. T. (2002). Analyzing the past to prepare for the future. *MIS Quarterly*, 26(2), xiii–xxiii.
- World Health Organization. (2022). *World mental health report: Transforming mental health for all*. World Health Organization.
- Wyman, P. A., Brown, C. H., LoMurray, M., Schmeelk-Cone, K., Petrova, M., Yu, Q., Walsh, E., Tu, X., & Wang, W. (2010). An outcome evaluation of the Sources of Strength suicide prevention program. *American Journal of Public Health*, 100(9), 1653–1661.

