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Original Article

Effectiveness of Suicide Prevention Education Among Students: An Original Research Study

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Abstract

Introduction: Suicide is a major public health concern and one of the leading causes of mortality for adolescents and young adults worldwide. Ignorance of warning signs, risk factors, and available support choices is the cause of students' delayed help-seeking behavior. Educational programs with a suicide prevention focus can increase awareness, alter attitudes, and encourage timely use of mental health resources. The current study's objective was to assess how well students' attitudes and knowledge regarding suicide prevention were impacted by a structured suicide prevention education program.

Methodology: The study employed a quantitative pre-experimental one-group pretest-posttest design. The survey included one hundred students from specific senior secondary schools in Bihar. The participants were selected using a non-probability convenience sampling technique. Data was gathered using an attitude scale on suicide prevention and a structured knowledge questionnaire. Following the pretest, a structured education program on suicide prevention was administered. The posttest was given seven days after the intervention. Both descriptive and inferential statistics were used in the data analysis process.

Results: According to the pretest results, 58% of students lacked sufficient information about suicide prevention; however, following the educational intervention, 74% showed sufficient knowledge. The average pretest and posttest knowledge scores were 15.82±4.34 and 29.08±3.62, respectively. At $p<0.001$, the computed t-value of 24.78 was statistically significant. After the session, attitude scores also considerably improved.

Conclusion: The structured suicide prevention education program increased students' attitudes and comprehension of suicide prevention. School health programs should incorporate instructional interventions to promote early help-seeking behavior and mental health awareness.

Keywords: Suicide Prevention, Students, Knowledge, Attitude, Mental Health Education, Adolescents.

INTRODUCTION

Suicide is a significant global public health issue that affects individuals, families, communities, and societies. [1] According to the World Health Organization, suicide is one of the leading causes of death among teenagers and young adults, taking the lives of hundreds of thousands of individuals each year. In addition to the

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individual, families and communities are affected emotionally, socially, and financially by suicide.[2]

Adolescence is a time of rapid social, emotional, cognitive, and physical growth. [3] During this developmental stage, young people encounter a number of challenges, such as peer interactions, academic expectations, family dynamics, identity construction, and future career planning. These challenges may worsen psychological anguish and emotional vulnerability if suitable coping mechanisms are not available.[4]

The prevalence of teenage mental health problems has increased recently. [5] Depression, anxiety, stress, low self-esteem, social isolation, and emotional difficulties are common concerns among students. If these conditions are not recognized or treated, they may increase the likelihood of suicidal thoughts and behaviours.[6]

The complex phenomenon of suicide is influenced by biological, psychological, social, cultural, and environmental factors. Risk factors for suicidal behaviour include mental illness, substance abuse, academic pressure, family conflict, bullying, social rejection, trauma, and a lack of social support. Protective traits like resilience, coping strategies, healthy relationships, and access to mental health resources can lower the risk of suicide.[8]

Schools are crucial locations for promoting mental health and preventing suicide since students frequently spend a significant amount of time there. [9] in order to identify warning signals and assist adolescents who are experiencing emotional distress, educators, school counsellors, medical professionals, and peers are essential.[10]

Inadequate understanding of warning signs, risk factors, and available support resources is one of the main obstacles to suicide prevention. [11] It's possible that many kids are unaware of their own or their peers' emotional crisis symptoms. Help-seeking behaviour may be further discouraged by stigma, misconceptions, and unfavourable attitudes on mental health.[12]

The goal of suicide prevention education is to increase students' awareness, knowledge, attitudes, and coping mechanisms. [13] Information about mental health, suicide warning signs, crisis intervention techniques, communication skills, and available support resources are all covered in educational programs. These programs encourage students to support friends who are struggling emotionally and to seek professional help when necessary.[14]

According to research, school-based suicide prevention initiatives can greatly enhance students' attitudes and understanding of mental health and suicide prevention. [15] Increased knowledge, decreased stigma, and better intentions to seek help among teenagers have all been linked to educational interventions. Effective suicide prevention programs must include early detection and intervention.[16]

When it comes to promoting mental health and preventing suicide, nurses are essential.[3] Nurses can make a substantial contribution to improving students' mental health literacy through community outreach programs, counselling services, and health education programs.[1]

Teenage mental health issues are becoming more common, which emphasizes how crucial it is to use evidence-based teaching strategies in classrooms.[2] Suicide prevention education can provide students with the information and abilities needed to identify warning signs, get help, and promote mental health.[5]

In order to evaluate the impact of a structured suicide prevention education program on students' knowledge and attitudes on suicide prevention, the current study was conducted.[8]

Objectives

1. To assess the pretest knowledge regarding suicide prevention among students.
2. To assess the pretest attitude regarding suicide prevention among students.
3. To evaluate the effectiveness of a structured suicide prevention education programme on knowledge regarding suicide prevention.
4. To evaluate the effectiveness of a structured suicide prevention education programme on attitude regarding suicide prevention.
5. To determine the association between pretest knowledge scores and selected demographic variables.

Hypotheses

$H_{1:}$ There will be a significant difference between pretest and post-test knowledge scores regarding suicide prevention among students.

H_2: There will be a significant difference between pretest and post-test attitude scores regarding suicide prevention among students.

H_3: There will be a significant association between pretest knowledge scores and selected demographic variables.

METHODOLOGY

Research Approach:

Quantitative research approach.

Research Design:

pre-experimental one-group pretest-post-test design.

Setting:

Selected senior secondary schools of CG.

Population:

Students studying in selected senior secondary schools.

Sample Size:

100 students.

Sampling Technique:

non-probability convenience sampling.

Inclusion Criteria:

- Students aged 15–19 years.
- Students willing to participate.
- Students available during data collection.

Exclusion Criteria:

- Students absent during data collection.
- Students receiving specialized psychiatric treatment.

Research Variables

Independent Variable:

Structured Suicide Prevention Education Programme.

Dependent Variables:

Knowledge and attitude regarding suicide prevention.

Research Tool

Section A:

Demographic Variables.

Section B:

Structured Knowledge Questionnaire regarding suicide prevention.

Section C:

Attitude Scale regarding suicide prevention.

Validity:

Validated by experts in psychiatric nursing, psychology, and mental health.

Reliability:

Knowledge Questionnaire Reliability = 0.89. Attitude Scale Reliability = 0.91.

Data Collection Procedure

The school administration granted permission. Assent and written informed consent were acquired. The structured questionnaire and attitude scale were used for the pretest assessment. Suicide prevention was the subject of an organized educational program. Seven days following the intervention, a post-test assessment was carried out.

Ethical Considerations

- Ethical approval obtained.
- Informed consent and assent obtained.
- Confidentiality maintained.
- Participation was voluntary.
- Psychological support referral mechanisms were available if required.

RESULTS

Table 1: Distribution of Students According to Pretest Knowledge (N = 100)

Knowledge Level	Frequency (f)	Percentage (%)
Inadequate	58	58.0
Moderately Adequate	34	34.0
Adequate	8	8.0
Total	**100**	**100.0**

Interpretation: The table shows that **58 (58.0%)** students had inadequate knowledge, **34 (34.0%)** had moderately adequate knowledge, and **8 (8.0%)** had adequate knowledge regarding suicide prevention before the educational intervention.

Table 2: Distribution of Students According to Post-test Knowledge (N = 100)

Knowledge Level	Frequency (f)	Percentage (%)
Moderately Adequate	26	26.0
Adequate	74	74.0
Total	**100**	**100.0**

Interpretation: The table shows that **74 (74.0%)** students achieved adequate knowledge and **26 (26.0%)** achieved moderately adequate knowledge regarding suicide prevention after the educational intervention.

Table 3: Comparison of Pretest and Post-test Knowledge Scores (N = 100)

Variable	Mean	SD	Mean Difference	t-value
Pretest	15.82	4.34	13.26	24.78*
Post-test	29.08	3.62	—	—

*** Significant at p < 0.001**

Interpretation: The mean pretest knowledge score was **15.82 ± 4.34**, which increased to **29.08 ± 3.62** in the post-test. The calculated **t-value (24.78)** was statistically significant at **p < 0.001**, indicating that the structured suicide prevention education programme was effective in improving students' knowledge.

Table 4: Comparison of Pretest and Post-test Attitude Scores (N = 100)

Variable	Mean	SD	Mean Difference	t-value
Pretest	52.46	8.72	14.38	18.64*
Post-test	66.84	7.25	—	—

*** Significant at p < 0.001**

Interpretation: The mean pretest attitude score was 52.46 ± 8.72, which increased to 66.84 ± 7.25 after the educational intervention. The calculated t-value (18.64) was statistically significant at $p < 0.001$, indicating that the structured suicide prevention education programme effectively improved students' attitudes regarding suicide prevention.

Discussion

The current study showed that prior to the educational intervention, students' understanding of suicide prevention was insufficient. Similar results showing low mental health literacy among teenagers have been documented in earlier research. Students' attitudes and understanding about suicide prevention were greatly enhanced by the organized suicide prevention education program.

The post-test scores' statistically substantial improvement shows how well educational programs raise awareness and dispel myths. Increased readiness to seek professional assistance and early detection of warning indicators may be facilitated by

improved knowledge and positive attitudes.

Conclusion

The study found that students' attitudes and knowledge about suicide prevention improved significantly as a result of the organized suicide prevention education program. Teenagers' early help-seeking behavior, stigma reduction, and mental health knowledge can all be greatly enhanced by school-based educational programs.

Recommendations

1. Larger sample sizes may be used in comparable research.
2. Research comparing rural and urban schools is advised.
3. School curricula ought to include instruction on mental health.
4. Programs to raise awareness about suicide prevention should be held on a regular basis.
5. Instruction in recognizing warning indicators should be given to educators and parents.
6. Counselling services in schools has to be improved.

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Conflict of interest: None

References

1. World Health Organization. Suicide worldwide in 2019. Geneva: WHO; 2021.
2. World Health Organization. Adolescent mental health. Geneva: WHO; 2023.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington DC: APA; 2022.
4. Hawton K, van Heeringen K. Suicide. Lancet. 2009;373(9672):1372-81.
5. Centers for Disease Control and Prevention. Youth suicide prevention strategies. Atlanta: CDC; 2023.
6. National Institute of Mental Health. Suicide prevention and awareness. Bethesda: NIMH; 2023.
7. Wasserman D. Suicide: An unnecessary death. Oxford: Oxford University Press; 2016.
8. Katz C, Bolton SL, Katz LY, Isaak C, Tilston-Jones T, Sareen J. School-based suicide prevention programs: A systematic review. Suicide Life Threat Behav. 2013;43(5):532-48.
9. Townsend MC. Psychiatric Mental Health Nursing. 10th ed. Philadelphia: F.A. Davis; 2021.
10. Stuart GW. Principles and Practice of Psychiatric Nursing. 11th ed. St. Louis: Elsevier; 2021.
11. Polit DF, Beck CT. Nursing Research. 11th ed. Philadelphia: Wolters Kluwer; 2021.
12. Sharma SK. Nursing Research and Statistics. 4th ed. New Delhi: Elsevier; 2021.
13. Basavanthappa BT. Nursing Research. New Delhi: Jaypee Brothers; 2014.
14. Creswell JW. Research Design. 5th ed. Thousand Oaks: Sage Publications; 2018.
15. Burns N, Grove SK. Understanding Nursing Research. Philadelphia: Saunders; 2019.
16. O Swami. A Study to Assess the Knowledge and Attitude of Adults Regarding Yoga in Stress Management in a Selected Urban Community at Bangalore with a View to Develop an Information Booklet. GFNPSS Global Nursing Journal of I n d i a 2 (II), 125-126. https://scholar.google.com/citations?view_op=view_citation&hl=hi&user=2GqENO8AAAAJ&citation_for_view=2GqENO8AAAAJ:An6A6Jpfc1oC