

Training of future psychologists on suicide prevention among adolescents based on work with parents

Rustemova Ainagul ^{*1} South Kazakhstan University named after M.Auezov, Faculty History and pedagogy, Speciality pedagogy and psychology. 160012 Tayke khan street 5., Shymkent, Kazakhstan, <https://orcid.org/0000-0002-3370-2573>

Atemova Kalipa ² Eurasian National University named after L.Gumilyov, Faculty of social sciences, Department of pedagogical sciences, Address: z05p3H1, st. Syganak-6, Pater 257. Bolk E. ZhK Citylake, Nur-Sultan, Kazakhstan <https://orcid.org/0000-0002-3864-1431>

Nurbekova Aida ³ M.Auezov South Kazakhstan University, Department "Psychology and special pedagogy". Address: 160012, Tauke khan avenue 5, Shymkent, Kazakhstan, <https://orcid.org/0000-0002-9667-9374>

Alipbek Ardak ⁴ South Kazakhstan State pedagogical university, Department of Psychology, Address: 13, Baitursynov, Shymkent city, Kazakhstan <https://orcid.org/0000-0003-2633-9451>

Shagyrbayeva Mentay ⁵, Al Farabi Kazakh National University, Department of pedagogical sciences, Address: etc.. Al-Farabi 71, Almaty city, Kazakhstan <https://orcid.org/0000-0002-5479-0488>

Suggested Citation:

Ainagul, R., Kalipa, A., Aida, N., Ardak, A. & Mentay, S., (2022). Training of future psychologists on suicide prevention among adolescents based on work with parents. *Cypriot Journal of Educational Science*. 17(6), 2161-2174 <https://doi.org/10.18844/cjes.v17i6.7555>

Received from February 23, 2022; revised from April 15, 2022; accepted from June 22, 2022.

©2022 Birlesik Dunya Yenilik Arastırma ve Yayıncılık Merkezi. All rights reserved.

Abstract

The aim of this study is to reveal the views of future psychologists on the training of suicide prevention among adolescents based on work with parents. The study was designed with a phenomenology pattern. The study data were collected with a semi-structured interview form prepared with questions suitable for the purpose of the study. The sample of the study consisted of psychologist candidates studying in Kazakhstan. As a result of the research, among the answers given to the question about the causes of suicide in adolescents were family, loneliness, hopelessness, psychological problems and temperament, and most of the participants answered psychological problems. Among the answers given to the question about determining what should be done in order to prevent suicide in adolescents based on working with parents were family education, early diagnosis, guidance of adolescents, prevention of alcohol and substance consumption, and the majority of the participants answered family education. The majority of the participants in the closed-ended question about the determination of the proficiency of future psychologists in preventing suicide in adolescents based on working with parents stated 'I definitely do not find it sufficient'. Among the answers given to the question about increasing efficacy in preventing suicide in adolescents based on working with parents were in-service trainings, experience and practice for disadvantaged groups, and the majority of the participants answered the question as in-service trainings.

Keywords: Suicide, adolescent, parent, education;

* * ADDRESS FOR CORRESPONDENCE: Rustemova Ainagul, South Kazakhstan University named after M.Auezov, Faculty History and pedagogy, Speciality pedagogy and psychology. Address: 160012, Shymkent city, Tayke khan street 5. The Republic of Kazakhstan,
E-mail address: ainashka78@mail.ru

1. Introduction

Suicide is the wilful and deliberate ending of one's own life (Pelkonen & Marttunen, 2003). The suicide rate, which is one of the leading causes of adolescent deaths, has increased over time (Horesh, 2001). Previous suicide of a family member, poor communication with parents, substance abuse, depression history and parent-child incompatibility are among the factors associated with adolescent suicide and increasing the risk (Brent et al., 1994). Adolescent suicides are an important public health problem and can only be tackled with scientific, preventive, solution-oriented and long-term strategies (Szumilas & Kutcher, 2009).

1.1. Theoretical and conceptual framework

Suicide is a destructive act that a person commits to himself with the intention of death, resulting in death. When this self-harming behaviour does not result in death, it is called a suicide attempt (Bridge, Goldstein, & Brent 2006). According to the World Health Organisation, approximately 1,000,000 people die by suicide every year in the world. It is the second leading cause of death among young people aged 10–24, and it is stated that suicide attempts are 20 times more common than completed suicide (WHO, 2022).

Firearms, hanging, taking drugs, strangling, burning, stabbing, jumping in front of a car during flowing traffic and drowning are among the most commonly used methods for suicide in adolescents (Pfeffer, 2007). It has been reported that the most common method of suicide attempt among adolescents is deliberate overdose of medication (Beautrais, Joyce, & Mulder, 1998). Three factors are assumed to contribute to suicidal behaviour in adolescents. These factors are temperament, triggering factors and social environment (Harrington, 2001).

Suicide in adolescents, are especially due to being harassed and bullied at school (Hidaka et al., 2008), being academically unsuccessful (Miller & Eckert, 2009), having knowledge about suicide, especially in school and friends, knowing and encouraging individuals who commit suicide or attempt suicide (Dunlop, More, & Romer, 2011), increased alcohol use (Lahti, Rasanen, Riala, Keranen, & Hakko, 2011), drugs (Frederick, Kirst, & Erickson, 2012), previous suicide attempt (Jakobsen, Christiansen, Larsen, & Waaktaar, 2011), mental disorders, personality disorders, impulsive aggression, hopelessness, loss of a parent or divorce, family problems, lack of social support or homosexuality not approved by the environment (Cash & Bridge, 2009; Dodig-Curkovic, Curković, Radić, Degmečić, & Fileković, 2010). In addition, studies have shown that suicide rates are related to seasons (Freuchen, Kjelsberg, & Grøholt, 2012) and days (Miller & Eckert, 2009).

When working with adolescents who have attempted suicide, it is extremely important to perform a comprehensive psychosocial assessment and mental status examination. Care should be taken to ensure that the mental health specialist who will carry out this evaluation and examination is a psychiatrist, psychologist or social worker who has training and experience in working with adolescents characterised by certain difficulties and problems (Hurry & Storey, 2000). Suicide prevention activities include education of school personnel, general suicide training, screening studies, peer support groups, post-crisis intervention studies, crisis centres and telephone helplines, training of personnel working in social organisations and limiting access to weapons (Gould, Greenberg, Velting, & Shaffer, 2003).

1.2. Related research

Studies in the field were examined and studies on the training of future psychologists on suicide prevention among adolescents based on working with parents were evaluated.

Troister, Davis, Lowndes, and Holden. (2013), in their study with 683 students, determined that the change in mental health affects suicidal ideation. Sher (2006) stated that alcohol use in adolescents is associated with suicide and limits alternative coping strategies, causes deterioration in cognitive skills and these impairments trigger suicidal behaviour. In a study conducted by Ytsgaard et al. (2003),

it was found that there is a significant relationship between conflicted family relationships, decreased self-esteem, the presence of a history of self-harm in friends, substance use and self-harming behaviour in adolescents. In addition, a significant relationship was found between self-harming behaviour and alcohol use, having a broken family, exposure to sexual abuse and anxiety in female adolescents.

Taliaferro, Rienzo, Miller, Pigg, and Dodd. (2008) found that regular sports activities reduced the risk of hopelessness and suicide in adolescents. Similarly, in the study of Ramey et al. (2010), it was found that sports activities reduce the rates of suicidal ideation and suicide attempts in adolescents. Wunderlich, Bronisch, Wittchen, and Carter. (2001), in their study with 3,201 participants, concluded that female gender and young age are risk factors for suicide attempts.

Maine and Martin (2001) stated in a study conducted with the parents of 112 adolescents that providing information about suicidal symptoms is the basis for preventing suicidal behaviour in society. Flouri and Buchanan (2004) investigated whether parental involvement could protect against adolescent suicide attempts and found that family history, oppressive or indifferent parental attitudes were risk factors for adolescent suicide. Borowsky, Ireland, and Resnick (2001), in their study, stated that commitment between family members is a protective factor for adolescents' suicide attempts. Diamond et al. (2010) stated that familial problems are the triggers in adolescent suicides and that specialist psychologists and family counsellors have an important role in reducing the suicide rates in adolescents.

1.3. Purpose of the research

The purpose of this research is to reveal the opinions of future psychologists about the education of working with parents to prevent suicide among adolescents. In accordance with the purpose of the study, answers were sought to the following questions:

1. What are the thoughts of future psychologists about suicide?
2. What are the views of future psychologists on the causes of suicide in adolescents?
3. What are the views of future psychologists on what should be done to prevent suicide in adolescents based on working with parents?
4. What is the competence of future psychologists in preventing suicide in adolescents based on working with parents?
5. What are the thoughts of future psychologists on increasing competence in preventing suicide in adolescents based on working with parents?

2. Method and materials

2.1. Research method

This research was carried out in the pattern of phenomenology, one of the qualitative research methods. Studies conducted in a phenomenological design aim to reveal the cognitive structures in their minds by closely looking at people's interpretations of phenomena that they have experienced or have no experience with but have an idea about (Conklin, 2007). In this context, the research was carried out in a phenomenological design with the thought that future psychologists would provide their opinions about the education about suicide prevention among adolescents based on working with parents, of which they have an opinion, in a correct way.

2.2. Participants

The sample of the study consisted of psychologist candidates studying in Kazakhstan. Table 1 contains data on the age and gender demographic characteristics of future psychologists.

Table 1 presents the demographic distributions of future psychologists participating in the research regarding their age and gender.

Table 1

Gender and Age Distribution of Future Psychologists

Age	Gender		Sum
	Female	Male	
18–23	15	13	28
24–30	3	9	12
Sum	18	22	40

In Table 1, gender and age distributions of future psychologists participating in the research are given. Eighteen of the future psychologists participating in the study are female and 22 are male. There are 28 participants between the ages of 18 and 23 and 12 participants between the ages of 24 and 30. When Table 1 is evaluated, it is seen that the majority of future psychologists participating in the research are male and the majority of future psychologists participating in the research are between the ages of 18 and 23.

In Table 2, the distribution of the classes in which the future psychologists participating in the research receive training is given

Table 2

Class Distribution of Future Psychologists

Class	Toplam
First year	8
Second year	11
Third year	13
Fourth year	8
Sum	40

In Table 2, the class distributions of the future psychologists participating in the research are given. Eight of the future psychologists participating in the research are in the first grade, 11 are in the second grade, 13 are in the third grade and 8 are in the fourth grade. When Table 2 is evaluated, it is seen that the majority of the future psychologists participating in the research are educated in the third grade.

2.3. Data collection tools

Research data were collected through interviews. Information was obtained from the participants through a 'semi-structured interview form'. While creating the form, studies on the subject in the field were examined and the draft interview form was presented to three expert academicians for their opinion. The interview form consists of three questions to determine the demographic characteristics of future psychologists and three open-ended and one closed-ended question to reveal their views on suicide prevention education among adolescents based on working with parents. The semi-structured interview form is shown in Appendix.

2.4. Data collection process

The purpose of the research was explained to the participants and they were asked to participate in the study voluntarily. With the consent of the participants, the interviews were recorded with a voice recorder. The records of the participants who did not give consent were recorded in writing. The

length of the interviews lasted an average of 35 minutes. Interviews were held with the psychologist candidates in the conference room of the school outside of the class hours.

2.5. Data collection analysis

The data obtained through the semi-structured interview form were analysed by content analysis technique. The basic process in content analysis is to gather similar data within the framework of certain concepts and themes and to interpret them in a way that the reader can understand. After the recordings obtained from the interviews were read, the opinions were grouped under similar topics. The names given by the researcher to the sections that form a meaningful whole in the data set are called codes (Giorgi, 2009). The process is called coding. The codes were determined by reading the data four times. The same and similar codes were brought together and the arrangement was made. After similar data were brought together, more general categories and themes were identified that could explain them. In terms of the reliability of the study, common themes and sub-themes were decided and given in tables with frequency and percentage calculations. In addition, the views of the participants supporting the themes are included under each table by directly quoting along with their codes (A1, A2, A3...).

3. Results

3.1. Opinions of future psychologists on the training of suicide prevention among adolescents based on work with parents

The opinions of future psychologists who voluntarily participated in the study on the causes of suicide in adolescents, their views on what should be done to prevent suicide in adolescents based on working with parents, on the level of competence in preventing suicide in adolescents and on increasing competence in preventing suicide in adolescents were collected.

Table 3 presents the views of future psychologists on the causes of suicide in adolescents.

Table 3

Opinions of Future Psychologists on the Causes of Suicide in Adolescents

Themes	Reasons	F	%
Family	Parent attitude	8	20
	Divorce		
	Low family support		
	Family history of suicide		
Loneliness	No friend group	9	22.5
	Being antisocial		
	Social media		
Despair	Low academic achievement	6	15
	Low socio-economic status		
Psychological problems	Abuse–shame	10	25
	Personality disorder		
	Depression		
Temperament	To be emotional	7	17.5
	To be introverted		

In Table 3, the opinions of future psychologists participating in the research on the causes of suicide are evaluated. The opinions of future psychologists on the causes of suicide were gathered in five categories: 'family', 'loneliness', 'hopelessness', 'psychological problems' and 'temperament'. 20% of future psychologists participating in the research stated that adolescents committed suicide due to

family, 22.5% stated due to loneliness, 15% stated due to hopelessness, 25% stated due to psychological problems and 17.5% stated due to temperament.

The opinions of future psychologists on the causes of suicide are as follows:

A4 Coded Future Psychologist: *Suicide rates in adolescents are increasing day by day. I think this is due to family relationships. Divorce rates increased, and children moved away from their families and became depressed, leading to suicide.*

A7 Coded Future Psychologist: *One of the biggest causes of suicide is psychological problems. Considering the age group characteristics and behaviours of adolescents, I can say that psychological problems are more damaging. Adolescents; Exposure to negative situations such as abuse causes the adolescent to commit suicide by causing increased feelings of emptiness such as depression.*

A18 Coded Future Psychologist: *I believe that emotional people are more prone to suicide. Adolescents and even adults who blame themselves for every event tend to commit suicide.*

A33 Coded Future Psychologist: *Today, children are imprisoned inside homes. There are no friend circles, each has a phone or tablet in hand. There is no one-on-one chatting, they are lonely. Loneliness drives teenagers to suicide. Because teenagers want to be understood.*

A37 Coded Future Psychologist: *The poor school classes and the expectation of high grades by families put adolescents in an unbearable situation. In addition, the poor financial situation of adolescents may prevent them from making plans for the future, leading them to suicide.*

Table 4 presents the opinions of future psychologists on what should be done to prevent suicide in adolescents based on working with parents.

Table 4

Opinions of Future Psychologists on What to do to Prevent Suicide in Adolescents Based on Working with Parents

Themes	Reasons	F	%
Family Education	Trainings on suicide prevention	12	30
	Education for spiritual changes		
	Education to strengthen family relationships		
Early diagnosis	Detecting suicide early	10	25
	Predicting spiritual change		
Orientation of adolescents	Regular sport	11	27.5
	Acquire a hobby		
Avoiding alcohol and substance consumption	Developing policies to prevent adolescents' access to alcohol	7	17.5
	Developing policies to prevent substance use		

In Table 4, the opinions of future psychologists participating in the research on what to do to prevent suicide in adolescents based on working with parents are gathered in four categories: 'family education', 'early diagnosis', 'directing adolescents' and 'preventing alcohol and substance consumption'. 30% of future psychologists participating in the research stated that suicide would be prevented by family education, 25% stated early diagnosis, 27.5% stated directing adolescents and 17.5% stated preventing alcohol and substance consumption.

The opinions of future psychologists on what should be done to prevent suicide in adolescents based on working with parents are as follows:

A13 Coded Future Psychologist: *It is possible to significantly prevent suicide by working with families. Families should be trained to approach their children with love and to recognise symptoms such as depression.*

A17 Coded Future Psychologist: *If there are previous situations such as suicide or depression in the family, it is possible to go to regular psychologist control and to prevent suicide with early diagnosis.*

A22 Coded Future Psychologist: *Collaborating with the family and supporting adolescents in directing them to activities such as sports and hobbies may be effective in preventing suicide in adolescents.*

A39 Coded Future Psychologist: *Preventing alcohol and substance abuse also helps prevent suicide. Alcohol and substance consumption has increased a lot among adolescents, it is now very easy to reach these substances even in front of schools. Alcohol and substance use prevent young people from thinking clearly.*

Table 5 presents the views of future psychologists on their competence in preventing suicide in adolescents based on working with parents.

Table 5

Opinions of Future Psychologists on Their Adequacy in Preventing Suicide in Adolescents Based on Working with Parents

Qualification status	F	%
I find it absolutely sufficient	6	15
I find enough	8	20
I find it quite sufficient	9	22.5
I do not find it enough	7	17.5
I definitely do not find it enough	10	25

In Table 5, the views of future psychologists participating in the research on their competence in preventing suicide in adolescents based on working with parents are evaluated. Competencies of future psychologists in preventing suicide in adolescents based on working with parents were categorised as follows: I find it absolutely sufficient, I find it sufficient, I find it partially sufficient, I do not find it sufficient and I do not find it sufficient at all. 15% of the future psychologists participating in the research answered I find it absolutely sufficient, 20% answered I find it sufficient, 22.5% answered I find it partially sufficient, 17.5% answered I do not find it sufficient and 25% answered I definitely do not find it sufficient.

Table 6 presents the views of future psychologists on increasing efficacy in preventing suicide in adolescents based on working with parents.

Table 6

Opinions of Future Psychologists on Increasing Efficacy in Preventing Suicide in Adolescents Based on Working with Parents

Themes	Reasons	F	%
In-service training	Trainings on adolescents	16	40
	Suicide related trainings		
Experience	Internships	14	35
	Volunteer internships		
Applying to disadvantaged groups	Helping orphans	10	25
	Helping families with low socio-economic status		

In Table 6, the opinions of future psychologists participating in the research on increasing efficacy in preventing suicide in adolescents based on working with parents are evaluated. Opinions of future psychologists on increasing proficiency in preventing suicide in adolescents based on working with parents were gathered in three categories: ‘in-service training’, ‘experience’ and ‘applying disadvantaged grouping’. 40% of the future psychologists participating in the research stated in-service training, 35% stated experience and 25% stated disadvantaged grouping would be beneficial in increasing proficiency in preventing suicide in adolescents.

The opinions of future psychologists on increasing proficiency in preventing suicide in adolescents based on working with parents are as follows:

A1 Coded Future Psychologist: *Participating in trainings is the most effective method for increasing proficiency. For psychologists outside of school, it is necessary to attend training themed suicide or working with adolescents.*

A23 Coded Future Psychologist: *In fact, internships are important in terms of gaining proficiency in this regard, but internships alone may not be enough because we may not see any cases related to adolescents in internships, so we need to gain more experiences such as voluntary internships.*

A30 Coded Future Psychologist: *For students studying psychology, studies can be conducted on adolescents whose financial situation is not good or who grow up in an orphanage.*

A36 Coded Future Psychologist: *Conversational training can be planned with adolescents who have attempted suicide before. This is a situation that will benefit both adolescents and psychologist candidates. While prospective psychologists increase their competence, adolescents who attempt suicide gain a friend to share their distress.*

The views of future psychologists on the causes of suicide in adolescents, on what should be done to prevent suicide in adolescents based on working with parents, on the adequacy of suicide prevention in adolescents based on working with parents and on increasing efficacy in preventing suicide in adolescents based on working with parents

In Table 7, the views of future psychologists on the causes of suicide in adolescents, on what should be done to prevent suicide in adolescents based on working with parents, on proficiency in preventing suicide in adolescents based on working with parents and on increasing efficacy in preventing suicide in adolescents based on working with parents are evaluated.

Table 7
Opinions of Future Psychologists on Suicide Prevention Education Among Adolescents Based on Work with Parents

Themes	Sub-themes	Future psychologist	
		F	%
Causes of suicide in adolescents	Family	8	20
	Loneliness	9	22.5
	Despair	6	15
	Psychological problems	10	25
	Temperament	7	17.5
Sum		40	100
What to do to prevent suicide	Family education	12	30
	Early diagnosis	10	25
	Orientation of adolescents	11	27.5
	Avoiding alcohol and substance consumption	7	17.5
Sum		40	100
	I find it absolutely sufficient	6	15
	I find enough	8	20

Qualification status	I find it quite sufficient	9	22.5
	I do not find it enough	7	17.5
	I definitely do not find it enough	10	25
Sum		40	100
Increasing the qualification status	In-service training	16	40
	Experience	14	35
	Applying to disadvantaged groups	10	25
Sum		40	100

Table 7 shows the opinions of future psychologists on the causes of suicide in adolescents, on what to do to prevent suicide in adolescents based on working with parents, on the adequacy in preventing suicide in adolescents based on working with parents and on increasing efficacy in preventing suicide in adolescents based on working with parents are evaluated. 20% of the future psychologists stated family, 22.5% of them stated loneliness, 15% of them stated hopelessness, 25% of them stated psychological problems and 17.5% of them stated that temperament is among the causes of suicide. 30% of the future psychologists stated family education, 25% stated early diagnosis, 27.5% stated guidance of adolescents and 17.5% stated prevention of alcohol and substance consumption are effective in preventing suicide in adolescents. Based on working with parents, 15% of the future psychologists found it absolutely sufficient, 20% found it sufficient, 22.5% found it partially sufficient, 17.5% did not find it sufficient and 25% did not find it completely sufficient. 40% of future psychologists stated in-service training, 35% stated experience and 25% stated that applying to disadvantaged groups is effective in increasing proficiency.

4. Discussion

In our study, the majority of participants answered psychological problems to the question asked to evaluate the opinions of future psychologists on the causes of suicide. Among the answers given were loneliness, family, temperament and despair, respectively. In support of our study results, Westefeld and Fur (1987) investigated the relationship between suicide and depression with 962 students and determined that there was a relationship between depression and suicidal tendency. Harris and Molock (2000), in their study with university students, they determined that higher family adjustment and family support were associated with lower levels of suicidal ideation and depression. Jollant, Lawrence, Olié, Guillaume, and Courtet (2011) found in their study that the level of hopelessness is associated with suicide.

In our study, the majority of future psychologists answered family education to the question asked to evaluate the opinions of future psychologists on what should be done to prevent suicide in adolescents based on working with parents. Among the answers given were there are also responses to orienting adolescents, early detection and avoiding alcohol and substance consumption. Yuodelis-Flores and Ries (2019) conducted a review study to examine the relationship between addiction and suicide. In the study, they determined that risk factors such as deterioration of interpersonal relationships, occupational and financial stresses, alcohol and substance use were associated with previous suicide attempts in individuals. Carpenter (2004) determined that there is a decrease in adolescent suicides as a result of policies that do not tolerate addictive substances such as alcohol and drugs.

In our research, the majority of future psychologists gave the answer I do not find it sufficient, to the question asked to evaluate the proficiency of future psychologists in preventing suicide in adolescents based on working with parents. In support of our study result, Barber, Sharpless, Klostermann, and McCarthy (2007) evaluated the available data on competence and therapy results in their study. It was concluded that there is a positive relationship between competence and patient outcomes.

In our study, the majority of future psychologists gave the answer to the question asked to evaluate the opinions of future psychologists on increasing efficacy in preventing suicide in adolescents based on working with parents. Among the answers given were experience and practice to disadvantaged groups. A study by King, Nurcombe, Bickman, Hides, and Reid (2003) found that telephone counselling has a preventive effect on suicide, especially for young people, which supports our study results. Davidson and Range (1999) created a module for the training of teachers for suicide prevention. Before and 1 hour after the implementation of this module, 75 teachers were given a brief information consisting of a paragraph about a student with suicidal tendencies. As a result of the research, the teachers stated that after the training they attended, they would direct the student to the counselling service in such a situation, they could accompany the student, they would make a written or verbal agreement with the student so that the student would not commit suicide and they would inform the student's family and they could easily cope with a similar situation. This was accepted as an indication that the implemented programme was highly educational for teachers.

5. Conclusion

Suicidal traits have increased in adolescents over the years. It is very important to prevent suicide in young people who cannot think deeply in this period due to the characteristics of the period they are in. Psychologists play a key role in suicide prevention. It is necessary to organise and improve the training of psychologists for the early diagnosis and prevention of suicide. In our study, to reveal the views of future psychologists on the training of adolescents to prevent suicide based on working with parents, the reasons for suicide in adolescents, what should be done to prevent suicide in adolescents based on working with parents, the competence of future psychologists in preventing suicide in adolescents based on working with parents and the recommendations of future psychologists to increase their competence were questioned. Among the answers given to the question about the causes of suicide in adolescents were family, loneliness, hopelessness, psychological problems and temperament, and most of the participants answered psychological problems. Among the answers given to the question about determining what should be done in order to prevent suicide in adolescents based on working with parents were family education, early diagnosis, guidance of adolescents, prevention of alcohol and substance consumption, and the majority of the participants answered family education. The majority of the participants in the closed-ended question asked about the determination of the proficiency of future psychologists in preventing suicide in adolescents based on working with parents with I definitely do not find it sufficient. Among the answers given to the question about increasing efficacy in preventing suicide in adolescents based on working with parents were in-service trainings, experience and practice for disadvantaged groups, and the majority of the participants answered the question as in-service trainings.

6. Recommendations

In our study, among the answers given to the questions we asked to evaluate the causes of suicide in adolescents, there are answers such as family, loneliness, hopelessness and psychological problems. In order to prevent or reduce suicides in adolescents, families should be trained for early diagnosis of suicide. In order to regulate family relationships, it is necessary to establish family counselling centres that can be easily reached by every family in order to determine the priorities of a person's needs for age groups from childhood and to meet them. It is important to determine the needs of adolescents in cooperation with their families and schools. Since it increases the risk of suicide in adolescents, mechanisms to control the sale of alcohol and substance use need to be established and strictly enforced. It is recommended that the training of future psychologists be added to school programmes for the early diagnosis and prevention of suicide in adolescents and free trainings should be planned for future psychologists.

References

- Barber, J. P., Sharpless, B. A., Klostermann, S., & McCarthy, K. S. (2007). Assessing intervention competence and its relation to therapy outcome: A selected review derived from the outcome literature. *Professional Psychology: Research and Practice*, 38(5), 493–500. <https://doi.org/10.1037/0735-7028.38.5.493>
- Beautrais, A. L., Joyce, P. R., Mulder, R. T. (1998). Youth suicide attempts: A social and demographic profile. *The Australian and New Zealand Journal of Psychiatry*, 32, 349–357. <https://doi.org/10.3109/00048679809065527>
- Borowsky, I, W., Ireland, M., & Resnick, M.D. (2001). Adolescent suicide attempts: Risks and protectors. *Pediatrics*, 107(3), 485–498. Retrieved from [https://www.scirp.org/\(S\(351jmbntvnsjt1aadkposzje\)\)/reference/referencespapers.aspx?referenceid=2166860](https://www.scirp.org/(S(351jmbntvnsjt1aadkposzje))/reference/referencespapers.aspx?referenceid=2166860)
- Brent, D. A., & Mann, J. J. (2005). Family genetic studies, suicide, and suicidal behavior. *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics*, 1, 13–24. <https://doi.org/10.1002/ajmg.c.30042>
- Bridge, J. A., Goldstein, T. R., & Brent, D. A. (2006). Adolescent suicide and suicidal behavior. *Journal of Child Psychology and Psychiatry*, 47, 372–394. <https://doi.org/10.1111/j.1469-7610.2006.01615.x>
- Carpenter, C (2004). Heavy alcohol use and youths suicide: evidence from tougher drunk driving laws. *Journal of Policy Analysis and Management*, 23(4), 831–842. <https://doi.org/10.1002/pam.20049>
- Cash, S. J., & Bridge, J. A. (2009). Epidemiology of youth suicide and suicidal behavior. *Current Opinion in Pediatrics*, 21, 613–619. <https://doi.org/10.1097/mop.0b013e32833063e1>
- Conklin, T. A. (2007). Method or madness: Phenomenology as knowledge creator. *Journal of Management Inquiry*, 16(3), 275–287. <https://doi.org/10.1177/1056492607306023>
- Davidson, M. W., & Range, L. M. (1999) Are teachers of children and young adolescents responsive to suicide prevention training modules? Yes. *Death Studies*, 23(1), 61–72. <https://doi.org/10.1080/074811899201190>
- Diamond, G. S., Wintersteen, M. B., Brown, G. K., Diamond, G. M., Gallop, R., Shelef, K., & Levy, S. (2010). Attachment-based family therapy for adolescents with suicidal ideation: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(2), 122–131. <https://doi.org/10.1097/00004583-201002000-00006>
- Dodig-Curković, K., Curković, M., Radić, J., Degmečić, D., & Fileković, P. (2010). Suicidal behavior and suicide among children and adolescents-risk factors and epidemiological characteristics. *Collegium Antropologicum*, 34, 771-777. <https://hrcak.srce.hr/56551?lang=hr>
- Dunlop, S. M., More, E., & Romer, D. (2011). Where do youth learn about suicides on the Internet, and what influence does this have on suicidal ideation?. *Journal of Child Psychology and Psychiatry*, 52(10), 1073–1080. <https://doi.org/10.1111/j.1469-7610.2011.02416.x>
- Flouri, E., & Buchanan, A. (2003). *The productive role of parental involvement in adolescent suicide*. Oxford, UK: Department of Social Policy and Social Work, University of Oxford. Retrieved from <https://doi.org/10.1027/0227-5910.23.1.17>
- Frederick, T. J., Kirst, M., & Erickson, P. G. (2012). Suicide attempts and suicidal ideation among street-involved youth in Toronto. *Advances in Mental Health*, 11(1), 8–17. <https://doi.org/10.5172/jamh.2012.11.1.8>

- Freuchen, A., Kjelsberg, E., & Grøholt, B. (2012). Suicide or accident? A psychological autopsy study of suicide in youths under the age of 16 compared to deaths labeled as accidents. *Child and Adolescent Psychiatry and Mental Health*, 6(30), 1–12. <https://doi.org/10.1186/1753-2000-6-1>
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press. <http://dx.doi.org/10.1163/156916210X526079>
- Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: a review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 386–405. <https://doi.org/10.1097/01.chi.0000046821.95464.cf>
- Harrington, R. (2001). Depression, suicide and deliberate self-harm in adolescence. *British Medical Bulletin*, 57, 47–60. <https://doi.org/10.1093/bmb/57.1.47>
- Harris, T. L., & Molock, S. D. (2000). Cultural orientation, family cohesion, and family support in suicide ideation and depression among African American College Students. *Suicide and Life-Threatening Behavior*, 30(4), 341–353. <https://pubmed.ncbi.nlm.nih.gov/11210059/>
- Hidaka, Y., Operario, D., Takenaka, M., Omori, S., Ichikawa, S., & Shirasaka, T. (2008). Attempted suicide and associated risk factors among youth in urban Japan. *Social Psychiatry and Psychiatric Epidemiology*, 43(9), 752–757. <https://doi.org/10.1007/s00127-008-0352-y>
- Horesh N. (2001). Self-report vs. computerized measures of impulsivity as a correlate of suicidal behavior. *Crisis*, 22(1), 27. <https://doi.org/10.1027//0227-5910.22.1.27>
- Hurry, J., & Storey, P. (2000). Assessing young people who deliberately harm themselves. *The British Journal of Psychiatry*, 176(2), 126–131. Retrieved from <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/assessing-young-people-who-deliberately-harm-themselves/0911622A9F696ED2D918E5292F3877DF>
- King, R., Nurcombe, B., Bickman, L., Hides, L., & Reid, W. (2003). Telephone counselling for adolescent suicide prevention: Changes in suicidality and mental state from beginning to end of a counselling session. *Suicide Life Threat Behav* 33: 400-411 <https://doi.org/10.1521/SULI.33.4.400.25235>
- Lahti, A., Rasanen, P., Riala, K., Keranen, S., & Hakko, H. (2011). Youth suicide trends in Finland, 1969–2008. *Journal of Child Psychology and Psychiatry*, 52(9), 984–991. <https://doi.org/10.1111/j.1469-7610.2011.02369.x>
- Maine, S., Shute, R., & Martin, G. (2001). Educating parents about youth suicide: Knowledge, response to suicidal statements, attitudes, and intention to help. *Suicide and Life-Threatening Behavior*, 31(3), 320–332. Retrieved from <https://researchnow.flinders.edu.au/en/publications/educating-parents-about-youth-suicide-knowledge-response-to-suici>
- Miller, D. N., & Eckert, T. L., (2009). Youth suicidal behavior: An introduction and overview. *School Psychology Review*, 38(2), 153–167. Retrieved from <https://psycnet.apa.org/record/2009-09788-001>
- Jakobsen, I. S., Christiansen, E., Larsen K. J., & Waaktaar, T. (2011). Differences between youth with a single suicide attempt and repeaters regarding their and their parents history of psychiatric illness. *Archives of SuicideResearch*, 15(3), 265–276. <https://doi.org/10.1080/13811118.2011.589731>

- Ainagul, R., Kalipa, A., Aida, N., Ardak, A. & Mentay, S., (2022). Training of future psychologists on suicide prevention among adolescents based on work with parents. *Cypriot Journal of Educational Science*. 17(6), 2161-2174. <https://doi.org/10.18844/cjes.v17i6.7555>
- Jollant, F., Lawrence, N. L., Olié, E., Guillaume, S., & Courtet, P. (2011). The suicidal mind and brain: a review of neuropsychological and neuroimaging studies. *World Journal of Biology Psychiatry*, 12(5), 319–339. <https://doi.org/10.3109/15622975.2011.556200>
- Pelkonen, M., & Marttunen, M. (2003). Child and adolescent suicide. *Pediatric Drugs*, 5(4), 243–265. Retrieved from <https://link.springer.com/article/10.2165/00128072-200305040-00004>
- Pfeffer, C. R. (2007). Suicidal behavior in children and adolescents: Causes and management. In: Martin, A., Volkmar, F. R. (Eds.), *Lewis's child and adolescent psychiatry* (4th ed., pp. 529–538). Philadelphia, PA: Lippincott Williams & Wilkins. https://doi.org/10.1007/978-1-4612-3524-8_67
- Ramey, H. L., Busseri M. A., Khanna N., Hamilton Y. N., Rescau Ado Ottawa Y.N., & Rose-Krasnor L. (2010). Youth engagement and suicide risk: Testing a mediated model in a canadian community sample. *Journal of Youth and Adolescence*, 39, 243–258. <http://dx.doi.org/10.1007/s10964-009-9476-y>
- Sher, L. (2006). Risk and protective factors for suicide in patients with alcoholism. *Scientific World Journal*, 6, 1405–1411. <https://doi.org/10.1100/tsw.2006.254>
- Szumilas, M., & Kutcher, S. P. (2008). Youth and suicide. CMAJ fact sheet. *Canadian Medical Association Journal*, 178, 286. <https://doi.org/10.1177%2F070674370905400904>
- Taliaferro, L. A., Rienzo B. A., Miller M. D., Pigg R. M., & Dodd V. J. (2008). Highschool youth and suicide risk: Exploring protection afforded through physical activity and sport participation. *Journal of School Health*, 78/10, 545–553. Retrieved from [https://www.scirp.org/\(S\(25svyev5vqjboq45r4ni4f55\)\)/reference/referencespapers.aspx?referenceid=1905104](https://www.scirp.org/(S(25svyev5vqjboq45r4ni4f55))/reference/referencespapers.aspx?referenceid=1905104)
- Troister, T., Davis, M. P., Lowndes, A., & Holden, R.R.A. (2013). Five-month longitudinal study of psychache and suicide ideation: Replication in general and high-risk university students. *Suicide and Life-Threatening Behavior*, 43(6), 611–620. Retrieved from <https://psycnet.apa.org/doi/10.1111/sltb.12043>
- Westefeld, J. S., & Furr, S. R. (1987). Suicide and depression among college students. *Professional Psychology: Research and Practice*, 18(2), 119. <https://doi.org/10.1037/0735-7028.18.2.119>
- World Health Organization. Suicide prevention (SUPRE). Retrieved from http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/
- Wunderlich, U., Bronisch, T., Wittchen, H. U., & Carter, R. (2001). Gender differences in adolescents and young adults with suicidal behaviour. *Acta Psychiatrica Scandinavica*, 104, 332–339. <https://doi.org/10.1034/j.1600-0447.2001.00432.x>
- Ystgaard, M., Reinholdt, N. P., Husby, J., & Mehium, L. (2003). Deliberate self harm in adolescents. *Tidsskr Nor Laegeforen*, 123(16), 2241–2245. <https://doi.org/10.1016/j.adolescence.2008.10.010>
- Yuodelis-Flores, C., & Ries, R. K. (2019). Addiction and suicide: A review. *FOCUS. A Journal of the American Psychiatric Association*, 17(2), 193–199. <https://doi.org/10.1176/APPI.FOCUS.17203>

Appendix

Semi-structured interview form

You have been invited to our study in order to present the views of future psychologists on the training of work-based adolescents on suicide prevention among parents. Participation in the research is on a voluntary basis. You can withdraw at any stage of the study. It is important for the reliability of the research that you answer the questions sincerely. Thank you for your participation.

Future psychologist;	
Gender:	Female () Male()
Age:	
Class:	1. Class() 2. Class() 3. Class() 4. Class()
1. What are the causes of suicide in adolescents?	
Response:	
2. What should be done to prevent suicide in adolescents based on working with parents?	
Response:	
3. Do you find yourself competent in preventing suicide in adolescents based on working with parents?	I find it absolutely sufficient() I find it sufficient() I find it partially sufficient() I don't find it enough() I definitely don't find it enough()
4. What are your thoughts on increasing efficacy in preventing suicide in adolescents based on working with parents?	
Response:	