

Effectiveness of a School/College-Based Life Skills and Resilience Training Programme on Suicidal Risk Awareness and Coping Skills among Adolescents: A Quasi-Experimental Study

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Abstract

Background: Adolescence is a critical developmental period characterized by substantial biological, psychological, social, and academic changes. Academic pressure, interpersonal difficulties, social isolation, bullying, family conflicts, and difficulties in coping with stress may adversely affect adolescents' mental well-being. Life-skills education and resilience-building interventions may strengthen adolescents' ability to manage stress and recognize warning signs associated with suicidal risk.

Methodology: A quasi-experimental pre-test–post-test control group design was proposed. A total of 200 adolescents were included, with 100 participants assigned to the intervention group and 100 to the comparison group. Baseline assessment was conducted using a structured questionnaire assessing suicidal risk awareness and a standardized coping-skills scale. The intervention group received a structured life skills and resilience training programme consisting of interactive educational sessions, stress-management activities, problem-solving exercises, communication training, emotional regulation, resilience-building activities, and information regarding appropriate help-seeking. Post-test assessment was conducted after completion of the intervention. Descriptive and inferential statistics were used for analysis.

Results: In the illustrative analysis, the intervention group demonstrated a substantial improvement in suicidal risk awareness and coping skills following the intervention. The mean awareness score increased from 11.8 ± 3.2 at pre-test to 19.6 ± 2.4 at post-test. The mean coping-skills score increased from 48.7 ± 7.1 to 62.4 ± 6.3 . Improvements were greater in the intervention group than in the comparison group. The observed differences were statistically significant ($p < 0.001$).

Conclusion: A structured school/college-based life skills and resilience training programme may be an effective approach for improving adolescents' awareness of suicidal risk and strengthening adaptive coping skills. Incorporating evidence-based mental health education, resilience-building, and appropriate help-seeking information into educational settings may contribute to early prevention and promotion of adolescent mental well-being.

Keywords: Adolescents, suicide prevention, life skills, resilience, coping skills, mental health education, school health, college students, quasi-experimental study.

INTRODUCTION

Adolescence represents an important transitional period between childhood and adulthood. During this period, young people experience significant physical, emotional, cognitive, and social changes. At the same time, they may encounter academic expectations, peer pressure, relationship difficulties, family conflicts, bullying, social-media-related stress, and uncertainty regarding their future. When adolescents lack adequate coping resources, these challenges may negatively affect their psychological well-being.¹

Suicide and suicidal behaviour are important public-health concerns among young people. The World Health Organization identifies suicide as a major global health problem and emphasizes the importance of early identification of psychological distress, strengthening protective factors, and improving

access to appropriate support.² Suicide prevention among adolescents therefore requires a comprehensive approach rather than focusing only on individuals who already demonstrate severe psychological distress.

Life skills include abilities that enable individuals to deal effectively with everyday demands and challenges. These skills include decision-making, problem-solving, critical thinking, communication, interpersonal relationships, emotional regulation, and coping with stress.³ Developing these competencies during adolescence may improve the ability of

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young people to respond constructively to difficult situations.

Resilience is another important protective factor. Resilience refers to the capacity to adapt positively to adversity, stress, or difficult circumstances. Adolescents with stronger resilience may be better able to recover from stressful experiences and utilize available social and psychological resources.⁴ Resilience-building interventions may therefore complement conventional mental-health education and contribute to suicide-prevention efforts.

Educational institutions provide an important setting for preventive mental-health interventions because adolescents can be reached systematically through schools and colleges. School-based interventions can promote mental-health literacy, reduce stigma, improve coping strategies, and facilitate appropriate help-seeking.⁵

Previous research has suggested that school-based mental-health programmes can improve emotional competencies and psychological well-being among young people.⁶ However, there remains a need for practical interventions that integrate **life skills, resilience training, suicidal-risk awareness, and help-seeking education** within an educational setting.

Therefore, the present study was designed to evaluate the effectiveness of a structured life skills and resilience training programme on suicidal risk awareness and coping skills among adolescents.

OBJECTIVES

The study was conducted with the following objectives:

1. To assess the level of suicidal risk awareness among adolescents before and after the intervention.
2. To assess the level of coping skills among adolescents before and after the intervention.
3. To determine the effectiveness of a structured life skills and resilience training programme on suicidal risk awareness.
4. To determine the effectiveness of the intervention on coping skills among adolescents.
5. To compare changes in awareness and coping skills between the intervention and comparison groups.
6. To determine the association between selected demographic variables and baseline suicidal risk awareness and coping skills.

HYPOTHESES

H₁: There will be a significant difference in suicidal risk awareness scores among adolescents before and after the structured life skills and resilience training programme.

H₂: There will be a significant difference in coping-skills scores among adolescents before and after the structured life skills and resilience training programme.

H₃: There will be a significant difference in post-test suicidal risk awareness scores between the intervention and comparison groups.

H₄: There will be a significant difference in post-test coping-skills scores between the intervention and comparison groups.

METHODOLOGY

Research Approach

A quantitative research approach was adopted.

Research Design

A **quasi-experimental pre-test–post-test control group design** was used.

Design

Group	Pre-test	Intervention	Post-test
Intervention group		X	
Comparison group		—	

Where:

- **O₁:** Pre-test assessment in intervention group
- **O₂:** Post-test assessment in intervention group
- **O₃:** Pre-test assessment in comparison group
- **O₄:** Post-test assessment in comparison group
- **X:** Life skills and resilience training programme

Setting of the Study

The study may be conducted in selected schools/colleges in the selected geographical area among adolescents meeting the eligibility criteria.

For an actual manuscript, the exact name and location of the institution should be inserted after completion of data collection.

Population

The target population consisted of adolescents studying in selected schools/colleges.

Sample Size

For the proposed/illustrative study, a total sample of **200 adolescents** was considered.

- Intervention group: **100**
- Comparison group: **100**

The final sample size for an actual study should be determined using an appropriate statistical sample-size calculation based on the expected effect size, significance level, power, and anticipated attrition.

Sampling Technique

A suitable sampling technique such as **purposive sampling, systematic sampling, or cluster sampling** may be used depending on the institutional setting and feasibility.

Where possible, allocation of eligible participants into intervention and comparison groups should minimize selection bias.

Inclusion Criteria

Participants were eligible if they:

1. Were adolescents enrolled in the selected educational institution.
2. Were willing to participate in the study.
3. Were able to understand the language used for the questionnaire and intervention.
4. Were available during the data-collection period.
5. Provided appropriate consent/assent according to institutional and ethical requirements.

Exclusion Criteria

Participants were excluded if they:

1. Were unable to participate in the intervention sessions.
2. Were absent during either the pre-test or post-test assessment.
3. Had a condition that prevented meaningful participation in the educational sessions.
4. Declined participation or withdrew consent/assent.

Study Variables

Independent Variable

Structured life skills and resilience training programme.

Dependent Variables

1. Suicidal risk awareness
2. Coping skills

Selected Demographic Variables

- Age
 - Gender
 - Class/year of study
 - Type of family
 - Residence
 - Academic performance
 - Perceived academic stress
 - Availability of social support
 - Previous exposure to mental-health education
- ### Description of the Intervention

A structured **Life Skills and Resilience Training Programme** was developed for adolescents.

The programme focused on **prevention, awareness, protective factors, coping, resilience, and appropriate help-seeking** rather than asking participants to disclose or discuss personal suicidal experiences publicly.

Research Instruments

Section A: Sociodemographic Proforma

The proforma included information regarding:

- Age
 - Gender
 - Class/year
 - Residence
 - Family type
 - Academic performance
 - Perceived academic stress
 - Social-support availability
 - Previous exposure to mental-health education
- ### Section B: Suicidal Risk Awareness Questionnaire

A structured questionnaire was used to assess awareness

regarding:

- Warning signs
 - Risk factors
 - Protective factors
 - Myths and misconceptions
 - Importance of early identification
 - Appropriate responses to a distressed peer
 - Help-seeking
 - Role of parents, teachers, counsellors, and healthcare professionals
- Higher scores indicated better awareness.

Important: For an actual publication, the questionnaire should either be a validated published instrument or undergo appropriate development, expert validation, reliability testing, and pilot testing.

Section C: Coping Skills Scale

A structured or validated scale was used to assess adolescents' coping abilities, including:

- Problem-focused coping
- Emotional regulation
- Positive reframing
- Seeking social support
- Stress-management practices
- Avoidance/negative coping

Higher scores indicated stronger adaptive coping skills.

Validity and Reliability

The content validity of investigator-developed instruments should be established by a panel of experts in mental health nursing, psychiatric nursing, community health nursing, psychology, public health, and research methodology.

Reliability should be assessed using an appropriate method such as Cronbach's alpha, test-retest reliability, or split-half reliability, depending on the characteristics of the instrument.

Data Collection Procedure

After obtaining permission from the concerned authorities and ethical approval, eligible participants were identified.

Baseline demographic information and pre-test assessment of suicidal-risk awareness and coping skills were conducted.

The intervention group subsequently received the structured life skills and resilience training programme.

The comparison group continued with routine educational activities during the intervention period.

After completion of the intervention, a post-test assessment was conducted using the same assessment instruments.

Participants who demonstrated concerning psychological symptoms or expressed current suicidal thoughts during the research process should not be managed solely within the research protocol. They should be connected promptly with an appropriate qualified mental-health professional or emergency support according to the institution's safeguarding protocol.

Confidentiality and privacy should be maintained throughout the study.

Because the topic concerns suicide, a **predefined safeguarding and referral protocol** should be established before data collection. Researchers should not promise absolute confidentiality when immediate safety concerns are identified.

Participants should be informed about available counselling and emergency support services.

Statistical Analysis

Data were proposed to be analyzed using appropriate statistical software.

Descriptive Statistics

- Frequency, Percentage, Mean, Standard deviation

Inferential Statistics

- Paired *t*-test for within-group comparison
- Independent *t*-test for between-group comparison
- Chi-square test for categorical variables
- ANCOVA may be considered for post-test comparison while adjusting for baseline scores
- Appropriate non-parametric tests may be used when assumptions of parametric testing are not satisfied

The level of statistical significance was set at **p < 0.05**.

RESULTS

The findings of the study are presented below in accordance with the objectives of the study. The data were analyzed and presented in the form of frequency, percentage, mean, standard deviation, and appropriate statistical tests.

Table 1. Sociodemographic Characteristics of Participants (N = 200)

Variable	Category	Intervention n (%)	Comparison n (%)
Age	15–16 years	32 (32.0)	30 (30.0)
	17–18 years	68 (68.0)	70 (70.0)
Gender	Male	44 (44.0)	46 (46.0)
	Female	56 (56.0)	54 (54.0)
Residence	Urban	61 (61.0)	58 (58.0)
	Rural	39 (39.0)	42 (42.0)
Family type	Nuclear	67 (67.0)	64 (64.0)
	Joint/extended	33 (33.0)	36 (36.0)

Table 2. Comparison of Mean Suicidal Risk Awareness Scores Before and After Intervention

Group	Pre-test Mean ± SD	Post-test Mean ± SD	Mean Difference	p-value
Intervention	11.8 ± 3.2	19.6 ± 2.4	7.8	<0.001
Comparison	12.0 ± 3.1	12.8 ± 3.0	0.8	0.071

The illustrative findings indicate a marked improvement in suicidal-risk awareness in the intervention group compared with the comparison group.

Table 3. Comparison of Mean Coping-Skills Scores Before and After Intervention

Group	Pre-test Mean ± SD	Post-test Mean ± SD	Mean Difference	p-value
Intervention	48.7 ± 7.1	62.4 ± 6.3	13.7	<0.001
Comparison	49.1 ± 7.0	50.4 ± 7.2	1.3	0.084

The illustrative results demonstrate a greater improvement in coping skills among participants who received the intervention.

Table 4. Between-Group Comparison of Post-Test Scores

Outcome	Intervention Mean ± SD	Comparison Mean ± SD	p-value
Suicidal risk awareness	19.6 ± 2.4	12.8 ± 3.0	<0.001
Coping skills	62.4 ± 6.3	50.4 ± 7.2	<0.001

The illustrative between-group analysis indicates statistically significant differences in both suicidal-risk awareness and coping skills after the intervention.

DISCUSSION

The present study was designed to evaluate the effectiveness of a structured life skills and resilience training programme among adolescents. The illustrative findings indicate that participants

receiving the intervention demonstrated substantial improvements in suicidal-risk awareness.

Improved awareness may help adolescents recognize warning signs in themselves or their peers and understand the importance of seeking help at an earlier stage. Mental-health literacy is considered an important component of suicide-prevention strategies because inadequate knowledge and stigma may delay help-seeking.

The study also demonstrated an improvement in coping skills following the intervention. This finding is consistent with the rationale that adolescents require practical skills to manage stress, regulate emotions, solve problems, communicate effectively, and utilize social support.

The inclusion of resilience training may further strengthen the intervention because resilience-oriented programmes focus on adaptive responses to adversity rather than simply providing information about mental illness. Building protective factors such as supportive relationships, problem-solving ability, emotional regulation, and positive coping may contribute to improved psychological adjustment.

Educational institutions may be particularly suitable settings for preventive interventions because they provide regular access to adolescents and allow interventions to be integrated with existing student-support systems. However, educational programmes should complement—not replace—professional mental-health services and institutional safeguarding procedures.

CONCLUSION

The study suggests that a structured school/college-based life skills and resilience training programme can be a promising preventive strategy for improving suicidal-risk awareness and adaptive coping skills among adolescents.

The intervention provides adolescents with practical competencies related to emotional regulation, stress management, problem-solving, communication, resilience, social support, and appropriate help-seeking.

Educational institutions should consider integrating evidence-based mental-health promotion and suicide-prevention education into broader student well-being programmes, accompanied by clear referral and safeguarding mechanisms for students requiring professional support.

RECOMMENDATIONS

Based on the findings, the following recommendations are proposed:

1. Similar programmes may be incorporated into school and college health-promotion activities.
2. Periodic mental-health literacy sessions may be provided to adolescents.
3. Teachers and selected student-support personnel may receive appropriate gatekeeper training.
4. Educational institutions should maintain accessible counselling and referral pathways.
5. Parents may be included in adolescent mental-health awareness programmes.
6. Future studies should use larger samples and multiple institutions.
7. Longitudinal studies should assess whether improvements in coping and awareness are sustained.
8. Future research may evaluate the cost-effectiveness and scalability of school-based suicide-prevention programmes.

Declarations

Consent

Appropriate informed consent and adolescent assent should be obtained according to institutional and ethical requirements.

Conflict of Interest

The authors declare no conflict of interest.

Funding

No external funding was received for the proposed study.

Data Availability

Data availability should be stated according to the journal's policy and institutional requirements.

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