

## Addressing Youth Suicide Through Prevention, Intervention, and Postvention

Guest Editors: Dorothy L. Espelage, Rhonda C. Boyd, and Tyler L. Renshaw

Suicide is the second leading cause of death among individuals aged 10–24, with rates increasing 56% from 2007 to 2017. As a significant public health concern, suicidal thoughts and behaviors (STB) have become common problems for both children and adolescents. Moreover, STB appear to be even more prevalent among subgroups of youth, including gender and sexual minoritized (GSM) youth (Hatchel, Espelage, & Polanin, 2019), students with disabilities (Moses, 2018), and children and adolescents who have experienced high rates of bullying and peer victimization (Holt et al., 2015). In recent research, Lindsey et al. (2019) found that rates of suicide attempts among Black adolescents increased from 1991 through 2017, and injury from suicide attempts increased substantially for Black boys during this time period as well. School systems and school-based professionals might play a key role in mitigating STB among youth by intentionally engaging prevention, intervention, and postvention efforts toward this end. Schools systems and professionals can also benefit from efforts to target STB among youth that have been developed in clinical, medical, and other community settings. The purpose of this special series is to advance science, practice, and policy related to mitigating STB among youth by publishing original empirical work, systematic reviews or meta-analyses, and conceptual or theoretical papers on topics related to suicide prevention, intervention, and postvention within schools and allied youth-serving settings.

Areas that the papers might address include, but are not limited to:

- Development, validation, and/or implementation of standardized measures that might be generalizable across settings, communities, and cultures to identify youth at risk for STB.
- Longitudinal studies aimed at identifying subgroups of youth at greatest risk for STB, understudied populations who might have elevated risk for STB (e.g., LGB, transgender, students with disabilities, students from disadvantaged backgrounds, racial/ethnic minoritized youth), and protective factors to mitigate STB among these groups.
- Model school policies to address youth suicide, from prevention to intervention to postvention.
- School and community-based training—targeting professionals, caregivers, and even youth themselves—for identifying and intervening with STB.
- Randomized clinical trials or single-case experimental designs of school-based prevention programs with STB-related outcomes—school climate approaches, youth-led approaches, school-based mental health approaches.
- Evaluations of implementation fidelity, facilitators, and barriers related to school or other community-based programming targeting STB.
- Descriptions of wraparound or collaborative care models for supporting youth with STB across school, clinical, medical, and other community settings.
- Recommendations and best practices for reintegrating youth into school following psychiatric hospitalizations related to STB.

A variety of manuscript types are sought, including but not limited to: qualitative, quantitative, and mixed methods investigations; systematic research reviews; and data-based policy papers. Papers presenting empirical evidence and making unique contributions will be given priority. Each submission will be processed through peer review to determine whether the manuscript is suitable for publication in the journal. Letters of interest or abstracts are optional, during August. The initial deadline for the receipt of submissions is November 15, 2020.

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