



Development of a Standardized Suicide Prevention Program for Gatekeeper Intervention in Korea (Suicide CARE Version 2.0) to Prevent Adolescent Suicide: Version for Teachers

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Objective The increasing concern over adolescent suicide necessitates suicide prevention training for school teachers, as students spend a significant portion of their time at school. This study's objective is to develop a suicide prevention program tailored for teachers.

Methods The program was developed by a multidisciplinary research team, drawing on a review of both domestic and international suicide prevention programs, related scholarly articles, and Korean psychological autopsy interviews of adolescents. This was complemented by a survey of teachers to assess the program's practicality and usability.

Results The developed program comprises three parts, consistent with other versions: Careful Observation, Active Listening, and Risk Evaluation and Expert Referral. Careful Observation focuses on training teachers to recognize verbal, behavioral, and situational warning signs of suicidal ideation in students; Active Listening involves strategies for encouraging students to express their suicidal thoughts and techniques for being an empathetic and attentive listener; Risk Evaluation and Expert Referral provides instruction on how to assess suicide risk and assist students safely.

Conclusion It is anticipated that this program will equip teachers with valuable knowledge and skills, contributing to a reduction in adolescents suicide rates.

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Keywords Suicide; Prevention; Gatekeeper; School staff; Adolescent; Teacher.

INTRODUCTION

Suicide, defined as self-inflicted harm with the intent to die, is a major public issue worldwide. The latest World Health

Organization (WHO) report indicates that over 700,000 individuals die by suicide annually, constituting 1.3% of all global deaths in 2019.¹ The impact of suicide extends beyond the individual, affecting their families, friends, communities, and

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nations, both psychologically and financially. Those bereaved by suicide often experience severe psychiatric symptoms such as depression, anxiety, and suicidal ideation.² In 2013, the economic burden of suicide and suicide attempts in the United States was estimated at \$58.4 billion, which increased to \$93.5 billion after adjusting for under-reporting.³ These costs include medical expenses, lost income, and productivity loss.

Suicides among 15–29-year-olds represent one-third of all suicides worldwide.⁴ In Korea, suicide ranks as the leading cause of death in this age group, although the absolute number of deaths from suicide is relatively low.⁵ In 2019, 298 adolescents (5.9 per 100,000 population) died by suicide, surpassing deaths from malignant neoplasms and transport accidents combined.⁶ The stigma surrounding suicide often leads to under-reporting, particularly by parents who have lost children to suicide, suggesting that actual suicide rates may be higher.⁷

However, suicide is both predictable and preventable.^{3,8} Recognizing risk factors and warning signs, and responding effectively, is crucial. Contributing factors include mental disorders (such as depression, substance abuse, and eating disorders), previous suicide attempts, family dynamics, and specific life events.⁹ Most adolescents who die by suicide show observable warning signs, either in their words or actions.¹⁰ A retrospective cohort study based on Korean teachers' reports using the Student Suicide Report Form revealed that >90% of adolescents who died by suicide exhibited warning signs a week before their death. However, only about 40% of these signs were recognized by teachers.¹¹ This underlines the importance of suicide prevention programs targeted at teachers. School-based gatekeeper training has proven effective in this regard.^{12,13} Given that Korean adolescents spend most of their time at school, such programs are essential.

Although the Ministry of Health and Welfare supported the revision of the Suicide CARE program (Careful Observation, Active Listening, and Risk Evaluation and Expert Referral) in 2014, focusing on different groups including adolescents, office workers, and military personnel, there was no evidence-based gatekeeper training specifically for teachers in Korea. From May to November 2020, a multidisciplinary team including psychiatrists, psychologists, and an Air Force gatekeeper trainer revised the Suicide CARE program for teachers. This revision drew on various suicide gatekeeper training programs and recent findings from adolescents' psychological autopsies in Korea. This paper describes the process of revising the Suicide CARE program for teachers.

METHODS

The revision of the Suicide CARE program for teachers, supported by the Korea Suicide Prevention Center (a designated

agency of the Ministry of Health and Welfare) and the School Mental Health Resources and Research Center (under the Ministry of Education), was conducted from May to November 2020. Initially, we reviewed both domestic and international gatekeeper training programs dedicated to adolescents' suicide prevention, as well as Korean psychological autopsy interview reports. We also examined the latest suicide statistics and analyzed trends. The program's content was informed by feedback from previous program participants, as well as school counselors and principals. This study received approval from the Institutional Review Board of Soonchunhyang University Hospital (No. 2020-07-034). All survey participants voluntarily provided written informed consent. Similar to other versions of Suicide CARE, the teachers' version included Introduction, Careful Observation, Active Listening, and Risk Evaluation and Expert Referral sections.

RESULTS

Review of previous programs

We conducted a review of various adolescents' suicide prevention programs. Given that adolescents spend a significant portion of their day at school, school-based programs are pivotal for mental health education and identifying students at risk. Most of these programs employ strategies such as suicide awareness, peer leadership training, and screening. Suicide awareness programs focus on educating about warning signs and promoting help-seeking behavior. Peer leadership training involves helping peers assist those at risk of suicide by responding appropriately and referring them to trusted adults. Screening programs involve identifying at-risk adolescents using reliable and valid screening tools. One of the most effective strategies is implementing gatekeeper programs for school staff.

International suicide prevention programs

In Japan, in accordance with the government's "Health Japan 21" initiative, Adachi City implemented the "Health Adachi 21 Action Plan," aimed at reducing suicide rates.¹⁴ This plan involved practical community-level initiatives, focusing on educating children about stress management and increasing the availability of mentors for socially isolated adolescents, such as hikikomori. Key components included the "Respect Yourself" training program, which taught students how to signal for help (SOS), and a gatekeeper program for school staff, which included distributing cards listing counseling centers to students reluctant to attend school.¹⁵ The SOS program's lessons encapsulate four main messages, summarized as STARS: Self-esteem (emphasizing the importance of each individual), Trusted Adults (encouraging conversations with reliable persons about difficult feelings), Community Resources

Table 1. Summary of international programs for suicide prevention

Program	Audience	Features	Duration	Developer
At-risk for middle school educators	Middle school educator	An interactive role-play simulation aimed at increasing awareness, knowledge, and skills regarding mental health and suicide prevention. Other versions of the program cater to specific audiences, including high school educators and university/college faculty.	55 minutes	Kognito
Be A Link!	Educators, staff, and volunteers	The training provides participants with the knowledge necessary to identify youths at risk of suicide and guide them towards appropriate resources and help.	2 hours	Yellow Ribbon
Campus Connect	College/university community	Designed to enhance gatekeepers' knowledge, awareness, and skills related to college student suicide. This program includes: - An overview of college student suicide statistics and facts. - Discussions about warning signs of suicide. - Participation in four experiential exercises. - Involvement in a guided group role-play activity.	2.5 hours	The Suicide Prevention Resource Center/ American Foundation for Suicide Prevention (SPRC/AFSP)
Connect Youth Leaders: Partnering with Adults in Youth Suicide Prevention	Youth leaders and adult co-facilitators	A key focus of the training is to teach youths the importance of seeking help from adults when faced with concerns, emphasizing that they should not assume the role of a counselor.	2 days	NAMI NH
Just Talk About It: Suicide Prevention Toolkit	Adults and adolescents	The program offers a comprehensive understanding of a suicidal crisis, including how stress can amplify suicide risk, symptoms of depression, warning signs of suicide, and effective strategies to assist a student and/or friend who may be at risk.	Unknown	Teen CONTACT Program at CONTACT Crisis Line
Response: A Comprehensive High School-based Suicide Awareness Program (2nd Edition)	Students, parents, and high school staff (principal/vice-principal, school-based response coordinator, two "suicide contacts" responsible for handling referrals, and a counselor)	The program aims to increase awareness about suicide, with all components specifically designed to heighten sensitivity to depression and suicidal ideation, improve the ability to identify these signs, and facilitate appropriate referrals.	Staff, 2 hours; student curriculum, 4 hours	ColumbiaCare

(guidance on contacting support centers), and Help-seeking Skill.¹⁶

In Canada, the LivingWorks organization offers evidence-based suicide prevention programs: LivingWorks Start, LivingWorks safeTALK, and LivingWorks Applied Suicide Intervention Skills Training.^{17,18} These programs aim to educate individuals about mental health issues, including suicide warning signs. By debunking myths and presenting facts about suicide, these programs raise awareness of its preventability, reduce stigma associated with mental health and addiction, and encourage help-seeking behavior. Notably, these programs include videos featuring real stories of individuals with serious mental health challenges.

The United States hosts the “Question Persuade and Refer (QPR)” program, developed in response to the WHO’s assertion that suicide is not just an individual issue but requires national-level intervention. Created in 1995 by Paul Quinnett, QPR¹⁹ is similar to CPR, serving as an emergency mental health intervention for suicidal individuals. It focuses on recognizing suicide warning signs, offering hope, and providing guidance on how to seek help to save lives.

In addition to these programs in Japan, Canada, and the United States, various other general and specific programs have been developed (Table 1).

Domestic suicide prevention programs

Numerous entities in Korea, including local suicide prevention centers, universities, and mental health welfare centers, have developed and implemented their own suicide prevention programs (Table 2). We analyzed 27 domestic programs focused on adolescents’ suicide prevention. However, some programs have not been updated due to financial constraints. Despite the abundance of domestic suicide prevention initiatives, only a few are based on evidence.

Review of psychological autopsy interview reports

In recent decades, psychological autopsy studies on suicides have become more prevalent. These studies involve interviews with key informants, examination of records, and follow-up studies with individuals who have attempted suicide. They provide critical insights into risk factors for adolescent suicide. Our review encompassed psychological autopsy studies of student suicides from 2015 to 2018. Identified suicide risk factors included psychiatric disorders (such as depressive disorder, anxiety disorder, attention deficit hyperactivity disorder, and media overuse); family psychopathologies (including maternal depression, family relationships, and parental divorce); psychological traits (such as introversion, fear of failure, obsessive-compulsive tendencies, and low self-esteem); experiences of suicide among close relationships; and school-re-

lated stressors, including academic pressure and conflicts with peers.

Survey

We conducted a survey of teachers, school counselors, and school principals regarding suicide prevention training. The survey covered various aspects, including the implementation of existing suicide prevention training programs, their frequency and duration, satisfaction with the training, and challenges faced. A key objective of the survey was to identify essential strategies for increasing the number of suicide prevention training initiatives.

Contents

Introduction

The introduction section of the Suicide CARE gatekeeper program takes about 10 minutes to complete. It outlines the role of gatekeepers and the structure of the program, and it emphasizes the current severity of the suicide issue based on statistics, focusing on the preventability of suicide and the effectiveness of the Suicide CARE approach. An attention-grabbing introductory video is included, highlighting that the adolescents’ suicide attempt rate was 3% in 2019, with approximately 300 adolescents dying by suicide annually. The video also addresses common struggles among adolescents, such as academic pressure, conflicts with parents, and peer disputes, and underscores the potential for intervention and assistance. According to statistics, the adolescent suicide rate in Korea in 2019 was 5.9 per 100,000 population, exceeding deaths from car accidents or cancer. In evaluations of Suicide CARE’s effectiveness, 20% of trainees reported encountering someone with suicidal ideation. Among these trainees, 95% applied the training by asking about and listening to suicidal concerns, and 71.5% provided information and connected individuals to professionals. These statistics reinforce the need for suicide prevention and the effectiveness of the Suicide CARE program.

Careful Observation

The “Careful Observation” section is the program’s first step. It educates about the verbal, behavioral, and situational signs that may indicate a high risk of suicide, emphasizing the importance of recognizing these signs. This is crucial since individuals contemplating suicide may not explicitly disclose their thoughts or intentions. Changes in students’ usual behavior can be indicative of suicide risk, necessitating vigilant observation to identify behavioral shifts. This segment also aims to enhance understanding of the processes leading to suicide. Given that warning signs in students at risk often go unnoticed, it is vital for teachers to become more familiar with

Table 2. Summary of domestic programs for suicide prevention

Program	Audience	Features	Duration	Developer
Gatekeeper educational program for suicide prevention	Not specified	A program specifically tailored to reflect the characteristics of the local city in which it is implemented.	30 minutes–2 hours	Seongnam Mental Health Welfare Center
Life Saver	Not specified	A professional life-saver training program offering licensing and including courses in suicide prevention, educational psychology, mental health, school social work, introduction to psychology, and family welfare.	39 sessions	Life Respect and Suicide Prevention Education Association
Comforting with Hope	Students, staff, and parents who have experienced school-based suicide	The program provides guidance on the role of teachers following a suicide incident at school, aiming to support survivors during the grieving process, reduce psychological distress, and facilitate the normalization of school functioning.	2–8 weeks	Seoul Mental Health Center
Motivation Enhancing-CBT program on suicide prevention	Victims of suicide, mental health providers, teachers, and adolescents	The program focuses on understanding how automatic thoughts and distorted perceptions influence emotions and behaviors, with strategies to make changes that help prevent suicide.	Six 60-minute sessions, once per week	Gumi Mental Health Welfare Center
Relay for Life	Not specified	The content includes correcting misconceptions and stigma about suicide, re-evaluating the value of life, understanding the ambivalence of suicide attempters, learning appropriate responses to suicide crises, recognizing warning signs of suicide, and providing information about supportive organizations.	45 minutes	Chungcheongnam-do Mental Health Welfare Center
Are You OK? Talk, Talk, Talk	Teachers	This program outlines the specific role of teachers as gatekeepers in three respects, i.e., awareness, learning, and notification, including practical examples for handling real-life suicide crises.	70 minutes	School mental health resources and research center
Life Saver, ver. Counselors for adolescents	Counselors for adolescents	This program aims to reduce suicide risk through early intervention for high-risk adolescents, increase counselors' sensitivity to suicide, and lower adolescents' suicide rates by proactive prevention.	80 minutes	Jeollabuk-do Office of Education

CBT, cognitive behavioural therapy

these indicators. Therefore, suicide warning signs are categorized into three groups: verbal, behavioral, and situational (Table 3).

Active Listening

The “Active Listening” step instructs on how to inquire about suicidal thoughts and listen attentively to the reasons for a desire for death. There is often hesitation to ask about suicidal

thoughts due to fears that it might increase the risk of a suicide attempt or to uncertainty in the ability to respond adequately if students discuss such thoughts. However, inquiring about suicidal thoughts can help reduce them and enable appropriate responses, potentially preventing suicide attempts. Active listening helps in two ways: organizing and venting. Organizing refers to the process where a student verbalizes their thoughts, thereby creating logic and structure in their mind. It also al-

Table 3. Subsections and core content of “Careful Observation”

Item	Core contents
Introduction to Careful Observation	- Emphasis is placed on the importance of noticing and recognizing suicide warning signs, as individuals at risk may not openly discuss their thoughts.
From the Perspective of High-risk Individuals	- Students at risk of suicide may struggle to communicate their thoughts to family or friends, but changes in their words and behaviors can be indicative.
The Processes Leading to Suicide	- The suicide process is typically divided into three stages: suicidal ideation, planning, and attempt. - Overwhelming stress can lead to suicidal ideation, potentially progressing to planning and eventual attempts. - Protective factors, such as personal beliefs or positive experiences, can prevent suicidal thoughts. - The time spent in each stage typically decreases as suicide risk intensifies. - Early identification and intervention during the ideation or planning stage are crucial to prevent attempts.
Statistics on Warning Sign Recognition	- Although 98% of adolescents who died by suicide exhibited warning signs, only 21% of these signs were recognized by teachers. - As students’ warning signs are often overlooked, it is crucial for teachers to be vigilant.
Linguistic Signals	- At-risk students often express thoughts about death or suicide in writings or on social media and may report physical symptoms without a medical basis or express self-deprecating thoughts. - Such verbal cues often reflect considerable underlying psychological distress. - In Korea, common expressions such as “I’m going to die of exhaustion” can be overlooked. Attention to such statements is essential.
Behavioral Signals	- Adolescents contemplating suicide often exhibit behaviors that differ from their usual patterns. - Behaviors indicating preparation for suicide include registering on suicide websites, researching suicide methods, accumulating medications for a suicide attempt, writing suicide notes, and resolving personal affairs. - Changes in appetite (loss of appetite or overeating) or sleep patterns (insomnia or excessive sleeping, dozing off during class, or consistent tardiness) may occur. - Emotional changes may include a persistent depressed mood, irritability, frequent anger, feelings of hopelessness or guilt, and loneliness. - Self-harm behaviors, such as repeated suicide attempts or self-mutilation, are critical warning signs. - Noticeable behavioral changes might include starting to smoke or drink, avoiding school, or engaging in sudden, uncharacteristic behaviors. - A diminished interest in activities and altered relationships with peers can be indicative of suicidal ideation. - It is essential to recognize these emotional and behavioral changes, as adolescents who die by suicide often display such signs. - Identifying these signals hinges on noticing deviations from normal behavior.
Situational Signals	- Extreme life stressors can intensify suicidal thoughts. - Adolescents who died by suicide often encounter issues such as peer conflict, relationship challenges, school violence or bullying, and are sometimes influenced by celebrity suicides. - Home life factors, including parental conflicts, domestic violence, divorce or separation of parents, financial struggles, and the loss of family members or loved ones, also play a significant role. - Effective suicide prevention starts with identifying and supporting individuals experiencing these stressors and who may be harboring suicidal thoughts.
Video on Careful Observation	- A case study of a male high school student struggling with academic performance and parental conflicts, exhibiting suicidal thoughts. - Linguistic signals: indirect references to suicide, self-deprecating remarks, reluctance to attend school. - Behavioral signals: sleepiness in class, looking gloomy and distracted, writing about death, withdrawing from social media activities, mood swings, sleep difficulties, and loss of appetite. - Situational signals: poor academic performance and family disputes. - Often, these risk signals go unrecognized by others.
What should we do?	- After viewing videos illustrating failures in “Careful Observation,” trainees are prompted to consider subsequent actions. - This leads to a motivation to learn about “Active Listening.”

lows them to listen to themselves and view their situation more objectively. Ventilation is akin to opening a window to let fresh air in; engaging in a calm conversation can alleviate frustration. This section includes examples and case studies to assist gatekeepers in practicing clear questioning and listening to students' voicing suicidal thoughts (Table 4).

Risk Evaluation and Expert Referral

The "Risk Evaluation and Expert Referral" section focuses on assessing a student's suicide risk and assisting them safely. It features sample questions for evaluating suicide risk, particularly regarding current suicidal thoughts and past attempts, and describes high-risk situations to aid in identifying emergencies. Once a risk is identified, the program outlines step-by-step interventions for safe assistance and advises on handling situations where a student refuses help, enhancing the

practicality of the guidance. It also includes information on services currently provided by various organizations. Contrasting with a previous video that depicted an unsuccessful suicide prevention attempt, this section features a video with a positive outcome, demonstrating successful suicide prevention through careful observation, active listening, risk evaluation, and professional referral. This video serves to reinforce the motivation for gatekeepers. Suicide CARE involves a process of "Careful Observation," "Active Listening," and ultimately, referral to professionals by a gatekeeper for suicide prevention. An important reminder throughout this process is that gatekeepers are not expected to solve the entire problem on their own (Table 5).

Table 4. Subsections and core content of "Active Listening"

Item	Core contents
Introduction to Active Listening	- Focuses on inquiring about suicidal thoughts and attentively listening to reasons for a desire for death.
Asking about Suicidal Thoughts	- Trainees learn to directly and accurately ask about suicidal thoughts. - Example question: "Are you having suicidal thoughts?" Practice by reading the question aloud. - Prior studies indicate that asking about suicidal thoughts does not heighten suicide risk and may actually provide comfort to those contemplating suicide.
Practice Asking About Suicidal Thoughts	- Utilize indicators identified in "Careful Observation" to ask about suicidal thoughts naturally. - Example: "I've noticed you're withdrawn and not participating in class, and you've asked about death. Sometimes, these can be signs of suicidal thoughts. Are you experiencing these thoughts now?"
Understanding the Listener's Perspective	- Hesitation to ask about suicidal thoughts may stem from uncertainty about handling affirmative responses. - Upon learning that a student wants to harm themselves, you might feel embarrassed, scared, or fearful; there could be a tendency to ignore the student; you might downplay the issue or react in a panic; or you could be tempted to offer advice or quick solutions. - These responses are often insufficient to adequately help a student at high risk for suicide.
The Gatekeeper's Listening Approach	- Gatekeepers should focus on empathetic listening without imposing their own feelings on high-risk students. - An important question to ask is: "What made you think about suicide?" - Active listening until the student feels heard can lead them to consider alternatives to suicide.
Active Listening Skills	- Involves specific methods to listen and understand someone struggling. - First, create a comfortable environment for open dialogue. - Second, maintain a non-judgmental attitude. - Lastly, show empathy, both verbally and non-verbally.
Empathetic Responses	- Verbalizing empathy is crucial. Examples of empathetic responses: - "I can't imagine how hard this has been for you." - "Is there something you're finding difficult?" - "You're free to express your emotions here." - "Thank you for sharing something so personal with me." - "I've been concerned about you." - "You've been resilient. What keeps you going?"
Understanding Ambivalence	- Recognize that individuals with suicidal thoughts often feel torn between wanting to live and die. Listening long enough to uncover their desire to live is crucial, followed by empowering them.
Asking About the Meaning of Life	- To reconnect students with their forgotten reasons for living, ask, "What keeps you going during tough times?" - This question helps identify protective factors such as relationships, achievements, and beliefs.

Table 5. Subsections and core content of “Risk Evaluation and Expert Referral”

Item	Core contents
Introduction of Risk Evaluation and Expert Referral	- Recognizing suicide risk and intervening to ensure safety is crucial.
Configuration	- This involves identifying key risk factors for suicide, such as current suicidal ideation or past attempts. - It also includes steps for ensuring safety, referring individuals to professionals and organizations, and facilitating treatment for mental illnesses. - Assisting with safety measures is necessary, especially if specific suicide plans are present.
Checking Suicide Risk- Current Suicidal Ideation	- Assess if the individual has a detailed plan for suicide, including the method, timing, and location. - Example questions to ask: - “Are you thinking about a way to kill yourself?” - “Have you decided when you want to end your life?” - “Have you chosen a place for attempting suicide?” - A detailed plan signifies an emergency, requiring immediate action to ensure safety.
Checking Suicide Risk-Previous Suicide Attempts	- Inquire about any history of suicide attempts. - Example questions to ask: - “Have you ever attempted suicide?” - “How did you attempt it?” - Recent attempts carry a high risk of recurrence and should be treated as an emergency. - In a previous study, it was reported that among teens, the 1-year suicide mortality rate among suicide attempters who visited the emergency department was 30 times that of the general population.
Helping Safely	- Steps for safe assistance include: - Promptly informing the individual’s family. - Providing specific safety measures, such as constant supervision and removing lethal means. - Alerting school staff about the student’s suicide risk. - Considering psychiatric care or hospitalization in emergencies.
Addressing Refusal of Help	- If a student refuses help, discuss their suicide risk and your duty as a teacher to ensure their safety. - Address their concerns about disclosure and encourage them to seek help from trusted adults.
Understanding Depression	- Based on psychological autopsy results of students who died by suicide in 2018: - 94% had psychiatric disorders, and 79% were diagnosed with depression. - Only 25.9% of those who died by suicide had received psychiatric treatment. - Highlights the necessity of treating depression as a serious and treatable illness.
Key Contacts	- “Teentalk” offers a free 24/7 mobile counseling service for teens via various platforms. - 24-hour youth crisis counseling: TEL 1388. - Suicide prevention counseling by the Ministry of Health & Welfare: TEL 1393. - It is important to connect individuals to these services.
Video on Risk Evaluation and Expert Referral	- Based on the “2018 Psychological Autopsy Interview of Youth” by the Central Psychological Autopsy Center. - Underscores that suicide can be prevented through Careful Observation, Active Listening, Risk Evaluation, and Expert Referral.
Wrap-up	- Summarizes the core components of Suicide CARE.

DISCUSSION

The increasing concern over adolescent suicide highlights the importance of suicide prevention training for school staff. Given the significant amount of time adolescents spend in school, Suicide CARE for teachers, a gatekeeper program specifically tailored for school staff, is considered a highly effective method for identifying students exhibiting warning signs of suicide risk. This program was developed to meet the need

for such specialized training.

Previous research indicates that many school staff members fail to recognize suicide warning signs in their students. Additionally, a majority of teachers report lacking the skills necessary to effectively address students’ suicide-related behaviors. The Suicide CARE for teachers program is designed to enable school staff to detect these warning signs, encourage students to discuss their suicidal thoughts, and respond suitably, including making professional referrals.

There are two key strengths of Suicide CARE for teachers. First, it is based on Korean psychological autopsy interview reports and a survey of teachers. The autopsy reports provided a comprehensive list of verbal, behavioral, and situational warning signs indicative of suicidal ideation in students. Insights obtained via the survey helped tailor the program to meet teachers' needs and address the challenges they face in preventing student suicide, making the program both practical and evidence-based. Second, the program incorporates videos and numerous examples. These examples, applicable in real-world scenarios, are designed to be easily comprehensible and implementable.

We anticipate that this gatekeeper program will be an effective tool for reducing suicide rates by enhancing the knowledge and ability of school staff to deal with at-risk students. Training in Suicide CARE for teachers, alongside the previously developed Suicide CARE for students, is expected to significantly reduce student suicide rates.

Availability of Data and Material

The datasets generated or analyzed during the study are available from the corresponding author on reasonable request.

Conflicts of Interest

Jong-Woo Paik and Hong Jin Jeon, a contributing editor of the *Psychiatry Investigation*, were not involved in the editorial evaluation or decision to publish this article. All remaining authors have declared no conflicts of interest.

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