

Strengthening Peer and Family Connections in Schools: Preventive Models for Suicide and Self-Harm Risk Reduction

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Abstract

Suicide and self-harm among students, long existing, were earlier viewed as outside of educational institutions' direct responsibility, relying mainly on reactive measures or external referrals. However, in recent times, with increasing visibility of distress and wide coverage of everyday incidents, there is a call for more active engagement by institutions in prevention. Suicidal vulnerability among youngsters results from multiple interacting factors, including limited emotional vocabulary, alienation, interpersonal difficulties, academic stressors, bullying experiences, and broader social positioning. Persistent disconnection and frequent conflicts between parents and children, often shaped by generational gaps, intent-impact

mismatch, and lack of direction, increase distress. These complex issues need preventive approaches that focus on connection, emotional safety, and early relational support to lower the risk of self-harm.

This paper presents three dialogic, school-based preventive practice models designed to augment established counselling provisions and interventions in suicide prevention and self-harm reduction: Solace Circle Sessions, Empathy Manager Programs, and Parent–Student Listening Circles. Based on a preventive approach, Solace Circle Sessions are peer support groups. In these sessions, students can share experiences, express emotions safely, normalise feelings of distress, and develop emotional awareness and empathy for each other. The Empathy Manager Program seeks to create supportive emotional environments, promote inclusion, identify early signs of distress, foster bullying-free settings, and reduce social isolation, especially among withdrawn or alienated students, by engaging emotionally and socially aware peers. To extend prevention into the family context, Parent–Student Listening Circles offer guided opportunities for dialogue, rooted in trust, reflection, and active listening, which can help minimise conflict and improve understanding, thereby creating emotionally supportive home settings.

Drawing on school-level implementation data and participant feedback, this paper highlights that suicide prevention in educational institutions is most effective when multiple relationship-based preventive strategies proactively build support systems, rather than relying on reactive crisis-based responses.

Keywords: suicide prevention; self-harm; school-based prevention; peer support; relational safety; family–school partnerships

1. Introduction

Adolescent mental health has become a serious concern worldwide (World Health Organisation [WHO], 2014; Kutcher, Wei, & Coniglio, 2016). Students today face pressure from multiple directions at once: academic demands, shifting friendships, family expectations, and the broader social weight of trying to figure out who they are (WHO, 2014; Kutcher, Wei, & Coniglio, 2016). Yet in many schools, especially those driven by achievement, conversations between teachers and students tend to focus on grades and behaviour rather than how a student is actually feeling. That leaves little room for the kind of honest emotional exchange that young people genuinely need (Durlak et al., 2011). Given that adolescents spend a large chunk of their waking hours at school, it makes sense that schools should do more to support their emotional well-being — not just their academic performance.

Traditionally, school responses to student distress have been largely reactive - counselling referrals, disciplinary measures, or crisis intervention. While these responses remain necessary, they often occur after distress has intensified (Muehlenkamp et al., 2009; Rickwood et al., 2005). Emotional vulnerability usually develops gradually through experiences of isolation, pressure, or feeling unseen, highlighting the importance of preventive approaches integrated into everyday school life (Joiner, 2005; Shneidman, 1993).

Contemporary research identifies belonging, relational safety, and connectedness as key protective factors for adolescents (Durlak et al., 2011; Ttofi & Farrington, 2011). Prevention is therefore increasingly understood not as a single program but as the creation of environments where students feel noticed, heard, and supported through regular interactions. During the implementation of relational dialogue spaces in this study, several students described experiencing attentive listening after a long period of feeling unheard, suggesting that everyday relational experiences themselves can function as early preventive support.

Educational policy frameworks such as India's National Education Policy (NEP) 2020 also emphasise emotional well-being, empathy, communication skills, and collaboration between families and schools as essential components of holistic development. Despite this recognition, many school-based initiatives remain short-term awareness activities that improve knowledge but do not exponentially change daily relational experiences (WHO, 2021). As a result, students may understand mental health concepts yet still hesitate to seek help when facing emotional difficulties (Rickwood et al., 2005).

There is therefore a need for preventive frameworks which are embedded within routine school culture rather than delivered as isolated interventions. This study examines a school-based approach that integrates peer dialogue spaces, inclusive student leadership, and structured parent–student conversations. By documenting these practices, the study explores how prevention can emerge through sustained relational and cultural change within the everyday life of a school (Durlak et al., 2011; WHO, 2014).

1.1. Rationale of the Study

While there is growing recognition of the importance of student well-being in schools, most initiatives are short-term and focus primarily on crisis response. Early signs of emotional difficulties, such as withdrawal, internalised stress, and disconnection, often go unnoticed, creating further gaps in preventive support. (Joiner, 2005; Muehlenkamp et al., 2009; Shneidman, 1993; Rickwood et al., 2005).

The challenge lies in embedding preventive and relational modes into everyday school practice. Awareness-centred programs may improve knowledge, but their resulting impact on daily communication, peer relationships, and help-seeking remains limited (Durlak et al., 2011; Kutcher et al., 2016; WHO, 2021). Prevention is seen as an additional activity rather than as an integration into routine classroom and family interactions (Wyman et al., 2010).

Research and Implementation data also revealed gaps between adults' intentions and adolescents' experiences. During parent–student dialogue sessions, some caregivers realised that encouragement intended as support was experienced by students as pressure, highlighting the need for structured listening spaces that prioritise understanding before advice.

Existing research also provides limited documentation of prevention emerging naturally within school life. Standardised interventions often overlook gradual changes in relationships, such as openness, empathy, and responsiveness. These factors play a crucial role in creating a supportive school environment (Ttofi & Farrington, 2011; WHO, 2014; Durlak et al., 2011). Understanding these everyday processes is essential for sustainable preventive frameworks.

This study examines a relationally embedded framework integrating peer dialogue, inclusive student leadership, and parent–student conversations, focusing on how prevention develops through ongoing relationships within the school community (Wyman et al., 2010; Kutcher et al., 2016).

1.1.1. Research Justification

The study explores how whole-school-based relational practices create more emotionally supportive environments, resulting in reduced vulnerability linked to isolation, distress, and disengagement (Durlak et al., 2011). It analyses participants' experiences, relational changes,

and the ways in which everyday interactions function as protective factors supporting student wellbeing (WHO, 2014; Wyman et al., 2010).

1.2. Research Questions

Guided by a relational and preventive perspective, this study focuses on how everyday interactions in schools contribute to student wellbeing:

RQ1: How are preventive mental health practices experienced in daily school interactions?

RQ2: How do structured relational listening spaces influence students' and educators' sense of emotional safety?

RQ3: How do peer-support structures help notice and respond to early signs of emotional distress?

RQ4: How do facilitated parent–student dialogues enhance mutual understanding and communication?

RQ5: What relational changes emerge as preventive practices become part of school culture?

These questions focus on lived experiences and relational processes, viewing prevention as a cultural and ecological practice rather than a clinical intervention (Durlak et al., 2011; WHO, 2014; Wyman et al., 2010).

1.3. Significance of the Study

This study contributes to school mental health by showing how relational ecosystems—rather than isolated programs—can support adolescent well-being (Durlak et al., 2011; Kutcher et al., 2016). While research often focuses on structured interventions or crisis response, few studies explore how preventive cultures develop effectively through daily relational practices (Ttofi & Farrington, 2011; WHO, 2021).

By focusing on the experiences of students, educators, and parents, the study emphasises prevention as a shared responsibility. Emotional safety, listening, and belonging emerge through continued interactions across peers, classrooms, and families, not from a single program (Wyman et al., 2010; Rickwood et al., 2005).

The study shows how teachers, counsellors, and parents can use relational practices in everyday school and home environments to support student wellbeing. These practices can:

Reduce isolation and foster peer empathy (Durlak et al., 2011; Wyman et al., 2010)

Normalise emotional expression and voluntary help-seeking (Rickwood et al., 2005; Joiner, 2005)

Extend preventive impact beyond classrooms into family environments (WHO, 2014; Shneidman, 1993)

This research positions schools as protective environments that support both learning and psychological well-being, reinforcing that prevention is an everyday, shared responsibility rather than an episodic intervention (Durlak et al., 2011; Wyman et al., 2010).

2. Methodology

2.1. Research Design

This study used a qualitative, practice-based design to examine how preventive mental health practices function within everyday school life. Rather than evaluating a controlled intervention, the study explored relational practices embedded in routine educational settings, preserving ecological and naturalistic validity (Bronfenbrenner, 1979).

Guided by a relational framework, student wellbeing was understood as emerging through social interaction rather than individual traits (Durlak et al., 2011). Analysis focused on shifts in emotional climate, interaction patterns, and experiences of belonging, listening, and support.

2.2. Conceptual Orientation

The study was based on a relational and ecological view of adolescent mental health, recognising that emotional difficulties develop within networks of peers, teachers, and families (Kutcher et al., 2016; WHO, 2021). Three guiding principles shaped the approach:

Relational Safety: Students share more when they feel accepted and not judged (Shneidman, 1993).

Belongingness: Feeling seen and included protects against emotional isolation (Durlak et al., 2011).

Whole School Ecology: Prevention works best across the whole school rather than in isolated sessions (WHO, 2014).

Preventive practices were therefore viewed as ongoing relational processes within everyday interactions.

2.3. Contexts and Participants

The study was conducted in a co-educational urban school implementing expanded wellbeing initiatives addressing stress, social withdrawal, and interpersonal challenges across middle and secondary grades.

Participants included students, teachers, school counsellors, and parents involved in different components of the framework. Activities were conducted within regular school structures. Participation was voluntary; confidentiality was maintained, and counsellor supervision across verticals ensured emotional safety.

2.4. Preventive Models Implemented

The preventive framework included three connected relational models that target different aspects of adolescent well-being.

2.4.1 Solace Circle Sessions

Purpose: Peer-led support group sessions, facilitated by a counsellor, where students can share feelings and reflect, reinforcing the idea, "We are here for each other."

How it works: Small groups (7-8 students) meet for 35–40 minutes, facilitated by a counsellor. Sessions follow a simple flow: grounding activities → voluntary sharing → reflective listening → gentle closure. Principles include confidentiality, non-judgment, and no advice-giving.

Impact: Encourages emotional expression, strengthens empathy among peers, and allows early signs of distress to emerge (Wyman et al., 2010).

2.4.2 Empathy Manager Program

Purpose: Peer-led networks within classrooms to strengthen inclusion and support socially withdrawn students.

How it works: Each class selects 4–5 empathetic students who receive training in active listening, noticing emotional warning signs, conflict resolution, and referral pathways. They support peers by encouraging inclusion and guiding them to adult support when needed.

Impact: Improves early recognition of distress and builds stronger peer support networks, enhancing classroom emotional safety (Durlak et al., 2011).

2.4.3 Parent–Student Listening Circles

Purpose: Invite parents and students to sit together in a structured dialogue to share thoughts and feelings, address issues, and improve communication.

How it works: Facilitated by a counsellor or trained staff member, guided conversations focus on listening first, understanding each other's perspective, and reflecting rather than immediately solving problems.

Impact: Strengthens family relationships, reduces misunderstandings, and helps parents notice their child's emotional needs early (Rickwood et al., 2005).

2.5. Data Collection

Data came from multiple sources: facilitator notes, peer dialogues, student and teacher reflections, parent feedback, recorded dialogue sessions, and informal counsellor observations. These captured relational and experiential changes across peers, classrooms, and families.

2.6. Data Analysis

Data were analysed using thematic analysis (Braun & Clarke, 2006), focusing on common patterns in interactions rather than pre-set psychological measures. The analysis highlighted changes in communication, sense of belonging, and emotional openness.

3. Findings and Thematic Analysis

Thematic analysis of observations, participant reflections, and documentation by facilitators and counsellors revealed relational changes across different implemented programs - Solace Circles, Empathy Manager interactions, and Parent–Student Listening Circles (Wyman et al., 2010). Rather than immediate quantifiable psychological outcomes, changes were evident in patterns of communication, emotional expression, and participation. Students increasingly engaged in supportive conversations and shared experiences more openly (Rickwood et al., 2005).

Five interrelated themes emerged:

1. Reduction of emotional isolation
2. Growth of emotional language and expression
3. Early visibility of distress through peer responsiveness
4. Repair of intent–impact gaps in family communication
5. Normalisation of help-seeking behaviour

3.1. Theme 1: Reduction of Emotional Isolation

Early Solace Circle sessions were marked by hesitation, but participation gradually increased as students realised their experiences were shared: everyone had felt it, even though differently. Listening itself became meaningful participation.

One student shared, “I felt heard after a long time.”

Another reflected, “I thought I was the only one feeling this, but everyone has something.”

Such responses suggested a shift from individual distress to shared belonging (Ttofi & Farrington, 2011).

3.2. Theme 2: Growth of Emotional Language and Expression

Repeated encouragement of dialogue supported more nuanced emotional expression. Students moved beyond general descriptions of stress toward clearer articulation of personal experiences.

One participant remarked, “The conversations we are having here never happened even in direct subject classes.”

As trust developed, students expressed feeling safe discussing sensitive concerns.

A student noted, “I am feeling quite comfortable sharing even things like self-harm.”

Teachers also observed improved emotional articulation during routine classroom interactions (Kutcher et al., 2016).

3.3. Theme 3: Peer Responsiveness and Early Visibility of Distress

Empathy Managers frequently noticed subtle behavioural changes before adults became aware.

One peer leader explained, “Sometimes just sitting next to someone or asking them to join helps them open up later.”

Such small relational actions reflected increased peer attentiveness and earlier recognition of emotional concerns (Durlak et al., 2011). Teachers reported fewer instances of students remaining unnoticed during group activities.

3.4. Theme 4: Repair of Intent–Impact Gaps in Family Communication

Listening Circles highlighted differences between parental intention and adolescents' emotional experience during conversations at home.

One parent reflected, “I felt surprised that we were encouraging, but children were getting demotivated.”

Another parent shared, “It has been too long since I sat with my child like this.”

Students emphasised the importance of being heard before advice, with one stating, “Usually I get advice immediately, but here I felt heard first” (Rickwood et al., 2005).

3.5. Theme 5: Normalisation of Help-Seeking

Across models, help-seeking became more visible. Students described support as more accessible.

One participant explained, “Now it doesn’t feel strange to talk to someone when something feels heavy.”

Help-seeking appeared earlier rather than only during crisis situations (Rickwood et al., 2005; Shneidman, 1993).

3.6. Cross-Model Integration

Although each preventive model operated in a distinct domain, their effects were interconnected:

Preventive Model	Visible Change	Long term Outcome
Solace Circle	Students openly share feelings; increased peer empathy; safe space to express distress	Reduced isolation; early expression of emotional distress; lower risk of escalation toward self-harm; reduced stigma around help-seeking;

Empathy Manager Program	Peers notice classmates showing emotional vulnerability; encourage inclusion; guide peers to support	Early identification of distress; safer school environment, reduction in bullying experiences; supportive peer networks; increased referral to counselors
Listening Circle	Improved listening; reflective communication; families acknowledge emotional needs; open dialogue	Strengthened parent–child interactions; better understanding of adolescent distress; increased family support for emotional crises; enhanced empathy

Table 1. Comparison of different preventive models

Together, these layers created continuity across peer, school, and family environments, reinforcing consistent experiences of listening and support (Wyman et al., 2010).

3.7. Emerging Preventive Insight

Across different settings, there was an increase in the expression, acknowledgement and response to emotional experiences within relationships. Distress was shared and discussed more visibly within everyday interactions rather than remaining private or isolated (Joiner, 2005).

4. Discussion

4.1. Reframing Suicide Prevention as Relational Work

The findings suggest that school-based suicide prevention may work best when viewed as ongoing relational work rather than only crisis response (Shneidman, 1993; Wyman et al., 2010). Preventive effects emerged from everyday experiences of being listened to, included, and emotionally acknowledged in normal school interactions. Structured dialogue spaces allowed students to express concerns earlier, helping difficulties surface before distress intensified (Durlak et al., 2011).

4.2. Belongingness as a Protective Experience

Peer dialogue spaces showed that feeling less alone was an important protective experience. Hearing others share similar struggles helped students see their emotions as understandable rather than abnormal, reducing self-blame and withdrawal (Ttofi & Farrington, 2011). Protection came not only from participation but from being heard without judgment. Regular

relational experiences appeared more meaningful than one-time awareness activities (Rickwood et al., 2005).

4.3. Peer Networks and Early Noticing

Peer-support structures supported early noticing of emotional and behavioural changes that classmates often observe before adults (Wyman et al., 2010). Prevention was enhanced through small actions such as checking in, inviting someone to join, or simply being present. Clear boundaries ensured peers acted as bridges to adult support rather than counsellors, maintaining safety while strengthening help pathways (Joiner, 2005).

4.4. Dialogue and Family Communication

Parent–student listening circles suggested that conflict often emerged from differences between parental intentions and adolescents’ emotional experiences rather than a lack of care. Slowing conversations and prioritising acknowledgement helped both sides understand each other more clearly (Rickwood et al., 2005). Extension of open dialogue in families strengthened emotional continuity between school and home (Kutcher et al., 2016).

4.5. Emotional Expression as Prevention

Opportunities to name and express emotions bridged the early protective process. Developing emotional language helped students understand their experiences, regulate feelings, and seek support more willingly (Durlak et al., 2011; Rickwood et al., 2005).

4.6. Toward a Whole-School Preventive Ecology

Overall, prevention emerged from connected relationships among peers, educators, and families rather than from a single intervention (World Health Organisation, 2014). Emotional distress did not disappear; instead, students were less likely to experience it alone, highlighting the protective value of shared relational support (Wyman et al., 2010; Joiner, 2005).

5. Implications for Educational Practice and Policy

The findings highlight several practical implications for school-based prevention:

Integration into routine practice: The sustainability of Well-being efforts is improved when they are integrated into everyday school interactions rather than as separate, standalone programs.

Structured listening opportunities: Continued, available spaces for conversation and dialogue support emotional expression and early identification of distress.

Teachers’ relational training: Professional training in attentive listening and non-judgmental responses for all mentors in schools helps strengthen students’ willingness to seek support.

Supervised peer support: Peer leadership structures promote early awareness of difficulties and help maintain referral boundaries.

School–home dialogue: Spaces for Parent-student Listening and interactions improve and solidify communication and emotional support.

Policy alignment and feasibility: Adaptation of practices within existing school structures and inclusion in whole-school policies.

When implemented together, these methods position prevention practices as an integrated component rather than an additional institutional responsibility.

6. Limitations and Future Directions

6.1 Limitations

Single-school context: Findings may not be generalised, as they were conducted at a single school.

Observation-based data: The data were analysed through reflections and observations dependent on perception and social desirability.

Short duration and scheduling constraints: Session consistency was affected by limited study slots and other school schedules.

Focus on relational outcomes: The outcomes were assessed through improvements in connections and expressions rather than through quantified clinical data.

6.2 Future Directions

Long-term evaluation: Examine sustained effects of relational prevention models across multiple school settings.

Mixed-method approaches: Integration of both qualitative and quantitative measures, which is inclusive of school climate, student belonging and help-seeking behaviour.

Cultural adaptation: Adaptation of the suggested models in different cultural settings.

7. Conclusions

The study was conducted to look at how relational practices- embedded in the everyday environment of schools - help support emotional safety, an increased sense of belongingness and early access to help. Prevention should not be introduced in crisis but made accessible through regular interactions with peers, teachers, and families (Wyman et al., 2010; Durlak et al., 2011)

The findings were evidence that prevention works best not by eliminating distress but by changing the very idea of how students experience it. Peer discussions reduced the experience of isolation, peer leadership helped identify vulnerability early on, and parent-student conversations strengthened emotional connections in the home environment (Rickwood et al., 2005; Kutcher et al., 2016).

Key relational practices aided, including:

- Reducing isolation by recognising shared emotional experiences (Ttofi & Farrington, 2011)

- Encouraging help-seeking by using emotional language (Kutcher et al., 2016)
- Peer connections to spot early signs of distress (Wyman et al., 2010)
- Enhancing better communication in the home environment (Shneidman, 1993; Joiner, 2005)

The practices emphasised that school-based prevention is more effective through supportive relationships than through standalone, isolated programs. Seeking support and reducing stigma occur when emotional struggles are made visible and shareable (WHO, 2014, 2021).

Schools can be preventive spaces that can promote well-being through everyday relationships. Prevention is most effective when it is communicated through the school culture itself that students' feelings matter, that support is accessible, and that no one has to face difficulties in isolation (Joiner, 2005; Shneidman, 1993).

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