

# Personal and Collective Resilience Building- A Suicide Prevention Program for Schools Using Positive Psychology. Consultancy Project for an Irish Secondary School

## Abstract

Ireland has the second highest rate of child suicide in Europe. This dissertation using qualitative methods explores the risks, causes and aftermath of suicide in relation to how positive psychology (PP) can assist in addressing those insights in order to build resilience and reduce suicide ideation for school aged children in Ireland. The client is Principal of a secondary school in Southern Ireland, who suffered the tragic loss of three senior pupils to suicide over a period of five years. The schools' mission statement settled upon; "How can positive psychology help us to understand the risks and causes of suicide in school aged children and how can we apply those insights to instill resilience and prevent further tragedies in our school" Positive psychology defined as the science of what makes life worth living offers a relevant contrast for suicide which is concerned with proactively ending life.

Point one explores suicide from three perspectives; those who have survived a serious attempt to end their own lives- parasuicide, those who have lost a relative or close one to suicide and lastly the organisations set up to address suicide ideation and effects.

Point two takes the lead from these insights to give a good grounding in the areas of positive psychology research and theory that relate to the risks and causes of suicide and how they apply to school aged children.

Point three is a plan of recommendations to address the problem through positive psychology interventions (PPI's) which could be put in place to build resilience and prevent suicide in the clients' and other schools. This dissertation concludes in a five slide presentation with a ten-minute voice over.

**Keywords:** Collective Resilience Building; Personal Resilience Building; Suicide; Suicide Prevention Program; Positive Psychology; Irish Secondary School; Suicide ideation; Child suicide; Martin Seligman; Human condition; Psychology; Parasuicide; Suicidologist; Rory O'Connor

## Research Article

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## Introduction

Ireland has the second highest rate of child suicide in Europe [1]. This dissertation explores the risks, causes and aftermath of suicide in relation to how positive psychology (PP) can assist in addressing those insights in order to build resilience and reduce suicide ideation for school aged children in Ireland.

Martin Seligman often referred to as the founder of positive psychology [2], described this new and exciting discipline as, "the scientific study of optimal human functioning that aims to discover and promote the factors that allow individuals and communities to thrive" [3].

Moreover, positive psychology provides an empirically validated scientific base incorporating research and theory related to the thriving of the human condition, which in the form

of applied positive psychology (APP) offers a sound framework to not only gain insights, but apply positive psychology interventions (PPI's) to optimize human function [4].

*Psychology as usual* is often how the study of mental health pathology is used as a term to describe the human condition with its myriad of failings, while *flourishing* is synonymous with positive psychology describing the human condition at its best [5]. This renowned researcher purports that high levels of emotional, psychological and social well-being are the constituents of a flourishing individual [6]. Whereas low levels of the constituents described by Keyes relate to suicide ideation when considering connections with suicide to depression [7] and feelings of failure and despair as reported in a recent college students study [8]. Positive psychology defined as the science of what makes life worth living [9] offers a relevant contrast for

suicide which is concerned with proactively ending life.

My client is the Principal of a secondary school in Southern Ireland, who suffered the tragic loss of three senior pupils by suicide over a period of five years. The occurrence of school aged children falling into patterns of such deep despair as to consider and sometimes succeed in ending their own lives is a most worrying and crucial issue to be addressed.

From extensive meetings and discussions as to how positive psychology could provide insights into the risks; causes of such deaths and additionally offer hope for prevention in the future by instilling a culture of resilience in their pupils and the school, a mission statement was settled upon;

"How can positive psychology help us to understand the risks and causes of suicide in school aged children and how can we apply those insights to instil resilience and prevent further tragedies in our school".

To gain a comprehensive insight into such a complex subject matter point one explores suicide from three perspectives; those who have survived a serious attempt to end their own lives - parasuicide, those who have lost a relative or close one to suicide and lastly the organisations set up to address suicide ideation and effects. Point two takes the lead from these insights to give a good grounding in the areas of positive psychology research and theory that relate to the risks and causes of suicide and how they apply to school aged children. Point three is a plan of recommendations to address the problem through positive psychology interventions (PPI's) which could be put in place to build resilience and prevent suicide in the clients' and other schools (Appendix 1). This dissertation concludes in a five slide presentation with a ten-minute voice over (Appendices 2 & 3).

### Point 1: Risks Causes and Aftermath of Suicide

Ireland has the highest rate of female suicide in the under nineteen age group in Europe and the second highest for males, according to a European Child Safety Alliance report [1]. Each year, 2.09 girls and 5.12 boys per 100,000 of the population under the age of nineteen die by suicide making the yearly totals in excess of 80 girls and 200 boys. With a population of just over 4.5 million [10] suicide of school aged children is a very worrying and serious problem in Ireland.

#### Suicide from the perspective of those whom have survived a serious attempt to end their own lives - Parasuicide

Perhaps the only true way of finding out the why's and how's of people reaching the point of taking their own lives can come from those who have actually succeeded in dying through suicide. However, as this is impossible the next best thing is those who have survived one or more serious attempts to end their own lives – parasuicide.

Professor Rory O'Connor a world renowned suicidologist from Scotland has studied hundreds of survivors of serious suicide attempts which give excellent insight into the common features they share.

Professor O'Connor and his colleagues report that, contrary to popular belief most do not leave a note, however where a note is left, regardless of cultural orientation the note often features a

reference to 'escape'. In seeking to understand the big question of why did they attempt to take their own life common factors exist among the survivors;

Most express that it was not a selfish or self-centred act and contrarily viewed themselves as far too pleasing of others with extreme social perfectionism in the belief (often mistakenly) that significant others (partner's parents and teachers) expected so much of them and they were unable to deliver [11].

They tended to ruminate on negative thoughts and feelings of inadequacy and were unable to turn these continuous thoughts off [12].

They feel defeated, humiliated and trapped [13].

They experienced tunnel vision and could not see or comprehend any other solution to solve their problems [14].

They show relatively fewer positive future thoughts than controls [15].

They were not forward thinking and experienced a distinct lack of goals [16].

They scored high on the entrapment scale which assesses for internal and external entrapment [17].

They were driven by a feeling of intense emotional suffering and just wanted the pain to end. Death was perceived as a side effect and **not the aim** [18].

They have a high physical pain threshold when tested [19].

The European Child Safety Alliance report [1] also assessed other aspects of child policy including which countries had a 'National strategy for suicide/self-directed injury' in place and found Ireland has none along with Lithuania which came out top overall as the child suicide capital of Europe.

Interestingly the bottom three states for suicides with less than one child per hundred thousand were Spain, Greece and Portugal who similarly had either no policy or only a partial application<sup>1</sup>. Encouragingly Ireland was found to have the lowest incidence of child homicide in Europe reporting 0.11 for boys and 0.27 for girls. Evidently the Irish do cherish their children, but fails to prevent them from killing themselves.

#### Suicide from the perspective of those who lost a relative or loved one

**The Families and those left behind:** Empirical evidence conducted with survivor families suggests they face two major conflicts after the death of a loved one. A sense of responsibility that somehow they should have prevented the suicide. Secondly the relief that some feel after a suicide. Often due to strained relationships, previous failed attempts, and frustration at a reluctance to engage with services [20].

There is a great wealth of anecdotal perspectives which can additionally be considered to illuminate how those left behind feel after the event and the challenges involved in facing such a loss.

<sup>1</sup> NONE - A policy meeting the project criteria does not exist  
PARTIALLY - A policy meeting the project criteria exists but has not been fully implemented

One such excellent book *After Suicide* reported that loved ones and friends are left with; An overwhelming need to know why; Feeling they let their loved one down; Frustrated as to why they could not help and baffled as to why the construction of their loved ones' world-view saw their problems as so big and insurmountable [21].

In the book survivors speak of feeling their view of the world changed after losing someone and feel they may never be able to trust anyone again in a new relationship in case they too may succumb to suicide. Their biggest challenges were how to explain the loss to children when a parent was involved, or to a family member who usually asked Why and then How did they do it which were often impossible to explain [21].

Most resonated with the idea that the loved one had, ended their pain and started ours [21]. Not surprisingly, depression has been cited as a major problem after losing a loved one to suicide, and the closer the relationship the longer and more severe the effect [22] which is a worrying find considering well documented long historical links with suicide to depression [7]. Further, as many as 28 people can be bereaved by the loss of each single person to suicide.

### Suicide from the perspective of organizations and services, general practitioner's role - GP's

In the hierarchy of services on the ground the local family doctor is usually the first port of call when someone is experiencing depression or suicidal thoughts and often the person has been linked in with such services, however, somehow been missed or overlooked as being a serious threat to themselves according to the excellent Oxford university guide on assessing suicide risk [23]. Stating approximately 50% of those who take their own lives will have seen a GP in the three months before death; 40% in the month beforehand; and around 20% in the week before death [24]. This is obviously a great missed opportunity for intervention begging the question as to why they are being missed and calling for better GP training in spotting those at risk.

### Charitable organizations

Other services are run on a voluntary basis, such as **The Maytree Group** a registered charity which was set up in London by two ex-Samaritan counselors who learned much from their years on the helplines as a voice on the end of the phone [25]. A recent report on services offered revealed; Maytree offers a safe space in a residential setting to stay and do a set program for five days where the participants are not judged, talk freely and see they are not upsetting anyone by exploring their suicidal thoughts and other options. At the center guests sit and talk with others who have tried suicide [26].

Maytree want suicide to be an open topic and talked about more, but caution against not wanting to make it a normal thing or normalise it to the point of making suicide an OK thing to consider. Stating however, that a wall of silence doesn't help either in the same report. Maytree reports higher risks when people are more prone to tunnel vision or black and white thinking and polarised thoughts [26].

The counsellor's views explain how in their experience people feel isolated when they have suicidal thoughts as it's a

taboo subject and no one wants to talk about it, but stress a great need to talk about it and not have suicide ideation hidden away. People struggle to find a reason to live (even when they have children or others to care for) and can become convinced loved ones and children would be better off without them. Rather than watching them falling apart, unable to cope or being a failure as a parent or partner. Some report deep depression and feelings like being in a black box of treacle unable to move [27].

After the five-day program Maytree report that most participants say they suffer fewer thoughts of suicide and make less attempts knowing there is somewhere they can go and somewhere they can talk about it without feeling the stigma of suicidal thoughts which is hard for people whom appear otherwise normal to the outside world [27].

**Winstons Wish** was the first children's UK bereavement charity set up in 1992 for children who have experienced a loss; be it a friend, parent or sibling to come together and see there are other children in the same boat [28]. The children say they were scared to cry so as not to upset other family members before, but they can cry there. They do team building, make friends and say that at the centre they feel they are "not alone and people understand what you are feeling as they feel it too. There are hard days and you can get past it but never over it" (Winston's Wish service user). The charity's report that every day more than a 100 children are bereaved of a parent in the UK, many to suicide [29].

## Point 2: Positive Psychology Links to Risks Causes and Resilience

### Risk and protective factors

Suicide researchers often mention risk factors that feature in deaths by suicide including; Depression, alcohol/drug use and misuse, personality disorders, child sex abuse, lack of prospects/unemployment, previous suicide attempts, poverty/deprivation, stressors e.g. loss of job/relationship/status, reduced social network/isolation, bullying-including cyber bullying and Issues around sexuality [30].

However, just stating the risk factors may generalise the issue at the expense of finer detail as to drivers, emotions and thought processes behind such sweeping statements. For example, drugs and alcohol may play a part in a suicidal death, but what pre-empted the substance abuse remains among the many unanswered questions.

Likewise, a loss of job or status is experienced by many people and the majority do not resort to suicide, however, those who do, often have a way of viewing their situation by catastrophizing the event due to cognitive psychosocial variables of perception [31]. Bullying is also a factor much reported, including cyber bullying which attracts high media coverage in young peoples' deaths by suicide [32]. However, considering 20-35% of adolescents have been either a victim or perpetrator of bullying and some have played both roles [33] the incidence of bullying would appear far more rampant than suicide, leading to speculation as to why one child will be driven to suicide over bullying and others will not. According to the CDC<sup>2</sup> the study of protective factors has not enjoyed the same rigorous focus as that of risk factors [34].

<sup>2</sup>Centre for Disease Control USA

However, they indicate early engagement with services such as mental health and substance abuse programs, nonviolent skills for conflict resolution, problem solving, family connectedness and cultural and or religious beliefs that stress life preservation as central themes are significant protective factors [35].

**Thought processes and emotions in parasuicide**

Summarising the previous thought processes and emotions identified in those who have made serious suicide attempts reveal; Self-esteem tied into pleasing others and social perfectionism, ruminating on negative thoughts, feelings of inadequacy, feelings of defeat and humiliation, feeling trapped, black and white thinking/dichotomous problem solving, lack of

goals, lack of future positive forward seeking thoughts and high levels of emotional pain.

The risk factors alone do not give a clear indicator of the pathology of causes however when they are tied into these identified significant thought processes and emotions in parasuicide a relationship can be seen between a causal chain of thought that could result in cognitive distortions of hopelessness and despair [30] as indicated by the Table 1.

A starting point for effective intervention may be better informed by exploring the risk and protective factors for suicide / thought process and emotions relationship in parasuicide as they relate to positive psychology research and theory.

Risk Factors for Suicide	Thought Processes and Emotions in Parasuicide
Depression	Self-esteem tied into pleasing others and social perfectionism
Alcohol/drug use and misuse	ruminating on thoughts and feelings of inadequacy
Personality disorders	feelings of defeat and humiliation
Child sex abuse	feeling trapped / seeking escape
Lack of prospects/unemployment	black and white thinking/dichotomous problem solving
Previous suicide attempts	Catastrophizing and psychosocial misperceptions
Poverty/deprivation	lack of goals
Stressors e.g. loss of job/relationship/status	lack of future positive forward seeking thoughts,
Reduced social network/isolation	high levels of emotional pain
Bullying- including cyber bullying	
Issues around sexuality	

**Positive Psychology Research and Theory**

Hopelessness was extensively linked to risk of suicide [36] in that study where mental health service users were assessed with the Beck Depression Inventory II [37] and the Beck Hopelessness scale [38] and followed over a 20-year period revealing that those who scored high on the scales were more likely to die by suicide. A previous attempt is also a highly prevalent suicide risk [39] therefore all focus should be put to ensuring children never make that first attempt.

**Snyder’s Hope Theory**

Much of Snyder’s research focused on forgiveness and hope [40]. One of his famous theories, the Snyder Hope Theory shows three core aspects comprise the components that together contribute to hopeful thinking;

**Goals**– The ability to establish goals in all aspects of one’s life.

- a. **Pathways:** Being flexible in the thought processes and methods that will enable one to reach the goals when tried pathways fail



**b. Agency:** Believing in yourself that you have the perseverance to keep going in order to achieve your goals [40].

The importance of understanding what people are really about was summed up by Carver, who stated “Goals give meaning to people’s lives, understanding the person means understanding the person’s goals” [41].

Applying this to children means that one has to let the child be, with their own goals, hopes and dreams and not try and impose a blueprint over them to make them into what we think they should be. Thus stopping the cycle of pleasing others, social perfectionism and basing their self-esteem on what others think of them.

Bearing in mind “perfectionism can be defined as a persistent compulsive drive toward unattainable goals and valuation based solely in terms of accomplishment” [42]. It has to be argued that an ability to recognise and implement attainable realistic goals is the crux of the matter. When the pursuit of goals is damaging to other aspects of our lives and becomes an aim in itself, we should be able to re-evaluate its worth in the long term and recognise the value of disengaging and re-engaging with goals [43]. Balance is what is being stressed here, in that one is not aimless and without direction neither tied into what another person has determined should be our life path.

### Locus of control- LOC

The psychology researcher Rotter developed his Social Learning Theory [44] whereby the central theme he put forward was the idea that people either have an *Internal or External* Locus of Control (LOC) and postulated that such core beliefs determined part of their personality constructs;

**a. Internal:** Is defined as the belief that what happens in ones’ life is not down to other people, fate, luck or chance but to the thoughts and actions a person applies to outcomes.

**b. External:** is defined as a belief that external forces acting upon circumstances such as chance fate luck or significant others determine actions and control outcomes [44].

People with a high internal LOC tend to have good self efficacy and feel more control over their lives than those who have high external LOC who feel as if they are powerless in the face of the external people and forces which control them [44].

For children and adolescents promoting a high internal locus of control could make them feel more autonomous and causal agents for their own lives. Thus extinguishing feelings of being powerless and trapped in situations they perceive as controlled by others and hopeless.

### Self determination theory - SDT

Ryan and Deci introduced the Self Determination Theory with the central theme that human beings had three basic needs and to infringe upon them in any context would have detrimental effects [45];

**a. Competence:** One seeks to gain mastery that validates self-belief in skills and abilities

**b. Relatedness:** One seeks to engage in appropriate relationships with relative’s friends and colleagues

**c. Autonomy:** One is a causal agent in our own destiny and not subservient or beholding against our will

Children need to feel their efforts to gain mastery are noticed and acknowledged as well as taking pride themselves [46]. They need to feel loved and attached to family, friends and peers and they need to know that they have a certain level of control over things that will not be infringed upon, such as their own bodies and possessions [47]. It is stressed that efforts rather than intelligence should be praised as Mueller and Dweck point out that children who are praised for their intelligence lack motivation and performance and can be more prone to disappointments than those praised for making efforts and trying hard [46]. In social and cyber bullying, the feeling that someone else has control over what people think of you or what is posted about you online violates the constituent of *autonomy* and *relatedness* and can have far reaching detrimental effects including suicide [48].

### Mindsets

Carol Dweck is a Harvard professor of psychology who contributed a great work to educational psychology in defining her theory of Mindsets [49]. Dweck purports that people have two types of Mindsets and how they use them determines their success;

**a. Fixed Mindset:** Where one believes that success is based upon a set amount of innate ability. This cannot change and you either have talent/ability or you do not

**b. Growth Mindset:** Where one believes that success is determined by how much effort you exact in practicing, training and studying with determination. This is much more fluid and can change and develop over time [49]. Children should be encouraged to develop a growth mindset in order to feel they have just as a good a chance as anyone else at achieving their goals which will promote self-belief and good self-esteem.

### Broaden and Build Theory B & B

Barbara Fredrickson developed the Broaden and Build theory of positive emotions [50] which conceptualises the effects positive emotions have on our physical, psychological and emotional well-being [51]. At the heart of the theory she explains how positive emotions are akin engines of positive psychology which allow us to grow and flourish [52].

Fredrickson named the principal positive emotions as; Love, Hope, Inspiration, Joy, Amusement, Serenity, Pride, Interest, Gratitude and Awe. Fredrickson argues that positive emotions drive many forces within our psych. Broaden as we can take in and perceive more from the environment by being open and receptive. *Build* in that we build on this by developing physical,

psychosocial and cognitive resources in the long term [51]. Young summarises Fredrickson's resources as;

- a. **Psychological resources:** the development of resilience and optimism and of a greater sense of identity
- b. **Physical resources**– improved strength, co-ordination and cardiovascular health
- c. **Intellectual resources:** enhanced problem-solving skills and a better ability to learn new information
- d. **Social resources** – strengthening of existing bonds and new connections made [53].

However, this must be applied in balance and consider negative emotions which are also crucial to the development of resilience [54]. Exposure to negative emotions is a crucial part of child development. Children cannot be wrapped up in cotton wool and never allowed to experience difficulties or disappointments, because they will fail to learn coping. Cherishing children is good, but protecting them from every tiny upset does more harm than good, as they may not learn to tolerate distress, so when it does come the child will feel overwhelmed [55]. However, exploring options when presented with failure develops problem solving strategies [46].

Adults can encourage problem solving when things go off-course with narratives such as *this mistake is great what can we learn from it?* When children are exposed to disappointments and shown, they are a natural part of life demonstrating ways to overcome, they see life goes on despite the setback. Showing children how to problem solve through troubles and difficulties helps to develop resources for coping [56].

A French study of over 1000 teenagers [57] evaluated the participants on levels of psychosocial distress using the GHQ-28<sup>3</sup> [57], levels of hopelessness using Beck's hopelessness scale [38] combined with a psychological interview.

They revealed five predictors of high risk for suicide; hopelessness, depressive mood, an unknown father, a recent destabilising event other than a school problem or aggression and an educational failure [57]. Such risks could be intervened by previously discussed; Hope Theory, Positive Emotions, SDT<sup>4</sup> - Relatedness, LOC<sup>5</sup>, Mindsets and Broaden & Build Theory.

Although some behaviours can be similar to usual teenage moodiness there is a need to be aware that risks increase due to new or exaggerated presentation of behaviours related to a recent loss, painful event or change in circumstances [59].

### Evidenced based results of Positive Psychology Interventions (PPI's)

In the preceding sections we have discussed the risk and protective factors related to suicide and parasuicide and looked at how positive psychology (PP) theory and practice relates to them. However, theorising is not as powerful as evidenced based results so in conclusion a discussion on the evidence that

has been shown to be effective at promoting protective factors is in order. A word of explanation is called for here as PPI's in themselves are not defined as treatments or remedies for any kind of pathological deficit. The whole concept of positive psychology is built around improving and enhancing strengths in order to build long term resilience.

Psychological Resilience is defined as many things, but when it comes to the study of well-being the focus is towards interpretations related to how well a person can return to baseline function after catastrophe's, upsets and setbacks by tapping into positive emotional constructs in the face of adversity [60]. The concept of resilience may seem a simple one, but consider a person involved in a thought process, situation or event which overwhelms them and from which they cannot return to normal functioning, the result is a dysfunctional human being. Perhaps there is no greater dysfunction for a child than the thought of terminating their own existence.

Positive psychology is a particularly good fit for building a resilience culture with younger people as neuro plasticity is at a height in this formative development period. Young people are laying down habits, cognitions and thought processes that will stay with them for the rest of their lives. According to the Canadian neurophysiologist Donald Hebb, the pruning continues up until age 16 and what is not being activated and used is pruned out as the child's brain develops. Early experience has a lasting and profound effect on brain development in such processes as behaviour learning and memory [61]. Promoting positive thought processes early on ensures they will become second nature for times of trouble in the future.

Rather than listing or trying to illustrate a range of factors which can be intervened with PP the focus of research is on how wellbeing can be improved over time when the interventions are put in place. As an example Sonya Lyubomirsky's meta-analysis of PPI's cited that practicing gratitude, optimistic thinking, replaying positive experiences and taking part in social events was shown to increase well-being (WB) in non-clinical studies [62-64].

Building strengths is the focus of positive psychology rather than intervening and treating pathologies that have already set in. The goal of positive psychology interventions is to protect against destructive factors taking hold.

### Point 3 - Resilience Building Interventions – Recommendations

#### The Positive Psychology Resilience Plan - LEAD TEACH SUPPORT REFER PARTNER

An excellent Australian publication for the department of education [65] has given a useful framework to adapt for the Irish setting in order to promote resilience in my clients' school. The plan centres on the themes outlined in the table ([Appendix 1](#)) which integrate whole school involvement and seeks to apply the framework to all aspects of school culture including lessons, free-time and peer/teacher/parent interaction to LEAD TEACH SUPPORT REFER PARTNER. Three core principals form a contract which the school should agree to accept;

<sup>3</sup>GHQ-28 - Global Health Questionnaire 28

<sup>4</sup>SDT- Self Determination Theory

<sup>5</sup>LOC- Locus of control

- a) We accept our school is a place for **Social and Emotional Learning** as well as academic learning
- b) We accept the well-being of our pupils depends upon the school accepting and embracing the concepts of **Lead Teach Support Refer Partner**
- c) We accept that to achieve this we need **Whole School Engagement** of pupils/staff/parents in the Positive Psychology Resilience Plan and we will train our staff to implement the program with a commitment to ensuring that all subjects will be taught with the underlying aims of the plan.

**Lead** by instilling the help seeking positive psychology plan to promote a resilience culture. **Teach** children to be resilient. **Support** their social and emotional development. **Refer** on when extra support is required so that no child slips through the net. The Suicide Prevention Lifeline [59] advises there are red flags for teenagers (outlined in [Appendix 1](#)) which should be closely monitored and intervened. **Partner** their learning as facilitators and mentors who are linked in with support services and have a dialogue back and forth to link up for the integration of a multidisciplinary approach to well-being.

From this dissertation there have been many insights gained into how we can learn from those involved in suicide from various perspectives and the research that has been done to address suicide risk, protective factors and parasuicide ideation. Positive psychology theory and research has informatively provided effective tools for interventions.

The [Appendix 1](#) summarises the insights we have gained into factors, risks and problems and offers a framework for aims, interventions and onward referrals to promote a resilience fostering culture to address suicide issues in my clients' school.

The interventions suggested require that all staff become familiar with the framework in order to adapt teaching style and content to incorporate the aims, interventions and concepts. Further we recommend a training course in the fundamentals of the Positive Psychology interventions and theories which can be provided onsite to familiarise staff in order to incorporate whole school engagement of the ethos and new PP<sup>6</sup> culture of the school.

By building a resilience culture through positive psychology my clients' school will develop a core ethos where flourishing, thriving and succeeding will be promoted for pupils, teachers, staff and parents. Building Resilience is the aim for both pupils and the school by taking account of all that has been set out in this dissertation in order to reduce the incidence of suicide for school children in Ireland.

Onward focus of such intervention strategies could involve evaluation over time of the effectiveness in reducing suicide in the target population.

A short slide presentation summarises the rationale and illustrates how the Positive Psychology Resilience Plan can be implemented in school ([Appendices 2 & 3](#)).

<sup>6</sup>PP - Positive Psychology

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