Conclusion

Even though the contribution of bullying to suicide ideation and nonlethal attempts is small, bullying has enormous negative psychological consequences that justify intervention to prevent bullying. Victimization by bullying is a common problem (occurring in 60% of our psychiatric sample and in 28% of our general population sample). Furthermore, 30% of children in our psychiatric sample were bullies, as were 14% in our general population sample. Bullying behavior should continue to be the target of intervention to reduce current suffering and improve psychiatric outcomes for those affected. Children should routinely be screened and monitored for bullying and victimization in school, primary care, community, and clinical settings in order to identify those in need of intervention.

Unfortunately, reviews by several authors (Fox, Farrington, & Ttofi, 2012; Karna, Voeten, Little, Poskiparta, Kaljonen, et al., 2011; Smith, Schneider, Smith, & Ananiadou, 2004; Vreeman & Carroll, 2007) indicate that many bullying intervention programs are ineffective. Successful bullying prevention programs are those that are intensive, of long duration, are systematically monitored, and have multiple components, including parent and teacher training and meetings (Dake, Price, & Telljohann, 2003; Fox et al., 2012; Smith et al., 2004). Controlled studies in Finland showed a significant reduction in bullying and victimization following implementation of an intensive multicomponent national school-based antibullying program (Karna, Voeten, Little, Poskiparta, Kaljonen, et al., 2011; Karna, Voeten, Little, Poskiparta, Alanen, et al. 2011). Additional research has identified school disciplinary actions effective in decreasing bullying (loss of privileges and formal meetings with the bully, parent, teacher, and/or administrator), as well as ineffective consequences, including detention, suspension, time in the office, and parent contact (Ayers, Wagaman, Geiger, Mermudez-Parsal, & Hedberg, 2012). A meta-analysis of school-based suicide prevention programs also shows that few programs produce statistically significant effects (Miller, Eckert, & Mazza, 2009). Two elements of intervention that have promise are providing information to students regarding suicide awareness and intervention and teaching coping and problem-solving skills (Miller et al., 2009). Important components of adolescent suicide treatment programs are intensity (number of treatment sessions, especially early in the treatment process), improving family interactions, and providing sources of support for the adolescent (Brent et al., 2013).

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