



Suicidal ideation and behaviors within the school context: Perceived teacher, peer and parental support

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ABSTRACT

School-related factors have been found to be associated with adolescents' suicidal ideation and behaviors, including teacher and peer support. Research has tended to ignore the nested nature of school-related data, which may be critical in this context. The current study implemented a multi-level approach on data from the 2013–14 Health Behaviors in School-aged Children (HBSC-WHO) Israeli survey among high school children ($N = 4241$; 56% female). Participants completed measures of teacher-, peer-, and parental-support (coded reversely from 1 = high to 5 = low), and suicidal ideation and behaviors in the last 12 months. Hierarchical Linear Modeling (HLM), controlling for gender and age, revealed that classroom-level teachers' support was significantly related to students' suicidal ideation and behaviors (OR = 1.71, 95% CI = 1.20–2.44; OR = 1.39, 95% CI = 1.04–1.86; respectively), whereas parental (OR = 1.56, 95% CI = 1.40–1.75; OR = 1.41, 95% CI = 1.30–1.55; respectively) and peer support (OR = 1.21, 95% CI = 1.12–1.31; OR = 1.11, 95% CI = 1.02–1.21; respectively) were significant at the individual-level. The school environment can play a significant role in reducing risk for suicidal ideation and behaviors. Findings can inform future research and practice in planning and implementing evidence-based intervention programs within schools.

1. Introduction

Fatal suicidal behaviors are still the second leading cause of death among adolescents and young adults (Centers for Disease Control and Prevention, 2013). Systematic reviews suggest that approximately 10% of adolescents report at least one suicide attempt across life, and almost 30% report thinking about death by suicide at some point (Evans et al., 2005; May and Klonsky, 2011). Suicide ideation significantly predicts suicide attempts (Klonsky et al., 2016; Musci et al., 2016), and therefore, a prolific line of research has focused on risk factors for suicidal ideation and behaviors. Such studies have identified various factors that increase risk of suicide, such as high levels of impulsivity, use of alcohol and drugs, gender, and borderline personality disorder (Merrick and Zalsman, 2005). Social support from family and friends has been found as a robust buffer against suicidal behaviors in recent international studies across Europe (Barzilay et al., 2017), Australia (Christensen et al., 2014), and China (Giletta et al., 2015).

However, the role of the school context in adolescents' suicidal ideation and behaviors is still under dispute. For instance, research has found that poor attendance, negative attitudes toward school and misconduct in school is associated with increased risk for suicide

attempts (Evans et al., 2004). Suicidal behaviors have also been found to be related to negative school experiences, truancy and school grades (Harel-Fisch et al., 2012). Recent findings suggest that feelings of stress in school may increase the risk of suicide (Shang et al., 2014), and that the relationships between perceived positive school climate (i.e., teachers' and students' support, learning atmosphere and sense of safety) and suicide may be mediate by sleep patterns, meaning that positive school climate can predict better sleep patterns, which in turn reduce the likelihood of suicidal behaviors (Li et al., 2016).

In contrast, a large-scale study among adolescents from United States found that, while relationships with parents were significantly related to suicidal risk, relationships with peers and teachers were not (Kidd et al., 2006). However, these analyses did not use a multilevel approach, in which classroom level effects are distinguished from individual level effects. In other words, when students are nested within classrooms or schools, their individual perception of the school context may differ to that of the overall assessment of their peers – and it is therefore important to distinguish between what a particular student reports and the aggregated report of students within the same setting (e.g., Park et al., 2012). Generally, applying a multilevel analysis approach is important when analyzing adolescent perceptions of school

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context. Particularly, in the area of suicidal related behaviors where issues of contagion are paramount (Dishion and Piehler, 2009; Jarvi et al., 2013; Poijula et al., 2001), a multi-level model is essential. In non-suicidal self-injuries (NSSI), for example, it was found that the association between teachers' support and students' incidents of NSSI was negative at the individual level, while positive at the classroom level (Madjar et al., 2017a). Madjar et al., (2017a) suggested that although teachers may provide more support in classes with more signs of mental health challenges, this support is not always perceived by the individual student in need.

A comprehensive review of the relationships between school factors and mental health concluded that teachers' support and connectedness to school can promote mental health; however, that more research implementing a multilevel approach is required (Kidger et al., 2012). In addition, while an ecological perspective emphasizes an approach examining multiple areas of influence for adolescents (Stormshak et al., 2011), few studies have examined teacher, peer and parental relations in understanding suicidal behavior. The current study aimed to address this issue, by amalgamating these factors into a single analytical model using a multilevel approach.

1.1. Teacher support

Teacher support is a critical factor in students' adaptive functioning in the school context (Deci and Ryan, 2008), impacting, for example on psychological well-being (Cordeiro et al., 2016) and engagement in intrinsically motivated activities (i.e., “[activities] that individuals find interesting and would do in the absence of operationally separable consequences”; Deci and Ryan, 2000, p. 233). Teacher support can include establishing rapport with and between the students, providing some level of autonomous choices, and enhancing students' self-efficacy beliefs (Ryan and Deci, 2013). Moreover, findings have suggested that intrinsic motivation toward learning can moderate the relationships between negative life events and suicidal ideation – high school students that report higher levels of intrinsic motivation (relative to external) were less likely to be negatively affected by aversive life events (Bureau et al., 2012). Furthermore, motivational interviewing can promote therapeutic interventions aiming to reduce suicide risk (Britton et al., 2011). Teachers acknowledge their role in providing support for students at suicidal risk (Ross et al., 2017), and research has shown that perceived psychological support from the teacher is negatively associated with non-suicidal self-injuries among high-school students (Madjar et al., 2017b). Therefore, it is reasonable to speculate that teachers' support would be negatively associated with students' suicidal ideation and behaviors.

1.2. Peer support

Adolescents are highly influenced by proximal social groups, and tend to align with their peers' norms and behaviors generally (National Research Council, 2003), and specifically with regard to suicidal and self-harm behaviors (Quigley et al., 2017). In addition, perception of peer support can have a significant impact on adolescents' well-being and adjustment beyond academic behaviors and performance. Within the school context, it was found that a decline in peer support is associated with an increase in depressive symptoms over time (Way et al., 2007). Negative peer climate was also found associated with non-suicidal self-injuries (Madjar et al., 2017a), as well as students' maladaptive trajectories of social motivation throughout high school (Makara and Madjar, 2015). In the current study we hypothesized that positive peer support would reduce the risk of suicidal ideation and behaviors.

1.3. Parent support

Numerous studies have supported the notion that the quality of

parent-adolescent relationships is a key factor in suicidal attitudes and behaviors. For instance, a longitudinal study revealed that warm and close parenting predicted a decrease in suicidal behaviors over time (Boeninger et al., 2013) and that higher levels of parent-child connectedness during adolescence predicted a lower risk of suicidal ideation in early adulthood (Kuramoto-Crawford et al., 2017). Among a population of inpatient adolescents it was found that parental support reduced suicidal ideation (Miller et al., 2015). Similar results were found in an underprivileged population (Farrell et al., 2015). However, despite the importance of parental support at school in understanding adolescent involvement in risk behaviors (Spriggs et al., 2007; Walsh et al., 2010), and the pivotal role parental support can play in the young person's school experience, to the best of our knowledge it has not been examined in the context of suicidal behaviors.

According to the 'Youth Resiliency' model (Harel-Fisch, 2014), there are four main resiliency factors that enhance adolescent well-being that in-turn reduces the probability of risk behaviors, mental distress and school disengagement. These determinants of well-being include the presence of a significant adult in the child's life, positive daily school experience, a sense of self-worth and positive social connectedness with peers. This paper focuses on three of these determinants of well-being as possible protective factors regarding suicide ideation and behavior. Parental and teacher support, as significant adults, peer support as indicator of social connectedness and the school context that is affected by them.

1.4. The current study

Based on previous findings, we hypothesized that teachers' support, positive peer relationships, and parental support, would be negatively associated with the risk of suicidal ideation and behaviors. As previously suggested (Kidger et al., 2012), the study is based on a multi-level approach, in order to distinguish between individual and classroom level effects.

2. Methods

2.1. Participants

This study uses Israeli data from the 2013–14 HBSC-WHO cross-national survey (Harel-Fisch et al., 2016). The HBSC is a school-based survey of adolescent health behaviors and psychosocial determinants carried out among representative samples of school aged children every 4 years, using an international standardized methodological protocol (Currie et al., 2012; Roberts et al., 2009), involving standardized procedures for sampling and translation of items (see Currie et al., 2014) for full protocol details). Data for the current study included 4241 high-school students (56% female; Mean age = 16.6, SD = 0.92) attending 135 public schools across Israel. Although the Israeli HBSC 2013–14 survey included pupils aged 11–17, the current study uses only 15–17 year olds as the questions around suicidal behavior are asked only to this age group. In order to ensure a representative sample, according to the international HBSC protocol (Currie et al., 2014) the Ministry of Education's list of schools was used. Classrooms were randomly sampled (90% classroom response) and for each sampled school an additional class was also randomly sampled (see Table 1 for demographic characteristics of the sample). All students in sampled classrooms present were included (> 95% pupil response). The research protocol received approval from ethics committees of the Israeli Ministry of Education and Bar-Ilan University.

In Israel all students are assigned to a homeroom-class at the beginning of the school year; in elementary schools most lessons are taught by the same teacher, while in middle school more domain-specialized teachers (e.g., mathematics, sports, English as second language etc.) teach the same class (Madjar et al., 2018; Yablon, 2010). Due to this age-related variation, students were asked regarding their general

Table 1
Demographic characteristics of the sample.

		N	%
Gender	Boys	1884	44.4
	Girls	2358	55.6
Age	15	445	10.5
	16	1578	37.2
	17	1519	35.8
	18	700	16.5
Sector	Jewish (regular)	1801	42.5
	Jewish (religious)	1316	31.0
	Arab	1125	26.5
Suicidal	Ideation	472	11.1
	Behaviors	290	6.9

perceptions of teachers’ support. In addition, the analysis takes into account the nested nature of the data within the same homeroom-classes. In the current study, most students were assigned to gender-mixed homeroom-classes (63%), while others were separated either to girls (19%) or boys (18%) classes. Therefore, we also considered the gender composition of each class by including the ratio between girls and boys at the classroom level.

2.2. Instruments

Classmate and teacher support were assessed using the amended Teacher and Classmate Support Scale (Torsheim et al., 2000). *Teachers support* was evaluated using 3 question items: “I feel that my teachers accept me as I am”, “I feel that my teachers care about me as a person” and “I feel a lot of trust in my teachers”. Response options ranged from “1 – very strongly disagree” to “5 – strongly agree” for both teacher and classmate scales (Cronbach’s $\alpha = 0.89$). *Classmates support* scale consisted of 3 items: “The students in my class(es) enjoy being together”, “Most of the students in my class(es) are kind and helpful”, “Other students accept me as I am.” (Cronbach’s $\alpha = 0.76$). Confirmatory factor analysis from a number of European countries (Torsheim et al., 2012) supported a two factor structure for teacher and classmate support and confirmed test-retest reliability and measurement invariance across countries. All scales were reversed for the analyses in order to allow estimation of risk change.

Parental school support. Perception of parental school support was assessed using the five item HBSC parental support at school scale, which is focused on parental involvement and encouragement in school related tasks and activities. The items are: “My parents are interested in what happens to me at school”, “If I have problems at school my parents are ready to help”, “My parents are prepared to come to school to talk to my teachers”, “My parents encourage me to do well at school”, “My parents are willing to help me with my homework”. Items are measured on a 5-point scale (5 – strongly agree; 1– strongly disagree); Cronbach’s $\alpha = 0.85$. Reliability and validity of the HBSC scale have been confirmed and the scale has been used in multiple studies (Danielsen et al., 2009; Spriggs et al., 2007).

While all measures were validated in previous research, we explored the structure validity of parental relations, teachers’ support and peer relations using a confirmatory factor analysis (CFA; see Schreiber et al., 2006). The model fit indices supported the hypothesized three-factor model (CFI = 0.962; TLI = 0.946; RMSEA = 0.057).

Suicidal ideation and behaviors were assessed by items that were developed by a panel of experts led by Harel-Fisch, O’ Carroll and Waxweiller during the development of the USA Centers for Disease Control’s Youth Risk Behavior Surveillance System (YRBS) (Harel-Fisch et al., 2004; O’Carroll et al., 1993) (Harel-Fisch et al., 2004; O’Carroll

et al., 1993) to assess suicidal ideation (“During the past 12 months, have you seriously thought about committing a suicide?”; 0 no, 1 yes) and suicidal behaviors (“During the past 12 months, did you try to commit a suicide?”; 0 never, 1 once or more than once).

2.3. Statistical analyses

The primary statistical analysis was based on three-level Hierarchical Linear Modeling (Raudenbush and Bryk, 2002). This approach is appropriate when data is nested (e.g., students are nested within classes), as it enables to distinguish between the effects of the individual level from the effects of the classroom level (Hox, 2010). In our study, level-1 variables included gender (0 boys, 1 girls), age, teacher support, classmate support, and parental support (Eq. (1)). Level-2 included aggregated perceptions (at classroom level) of teacher support, classmate support, and parental support, as well as the ratio between boys and girls in class (Eq. (2)). Level-3 included aggregated perceptions (at school level) of teacher support, classmate support, and parental support (Eq. (3)). Variables at level 2 and 3 were centered around the grand mean, at level-1 were centered around the group mean (Kreft et al., 1995), and the outcome variable was defined as binominal (i.e., logistic equation; 0 no suicidal ideation/behaviors, 1 yes). Lastly, we examined all possible interactions between gender and contextual factors (i.e., teachers, peers and parents) for both outcomes, in order to explore whether the relationships between the variables are similar across genders.

$$\eta = \pi_0 + \pi_1(\mathbf{Gender}) + \pi_2(\mathbf{Age}) + \pi_3(\mathbf{Teacher}) + \pi_4(\mathbf{Peer}) + \pi_5(\mathbf{Parent}) \tag{1}$$

$$\pi_0 = \beta_{00} + \beta_{01}(\mathbf{Teacher}) + \beta_{02}(\mathbf{Peer}) + \beta_{03}(\mathbf{Parent}) + \beta_{04}(\mathbf{Gender_ratio}) + \nu_0 \tag{2}$$

$$\beta_{00} = Y_{000} + Y_{001}(\mathbf{Teacher}) + Y_{002}(\mathbf{Peer}) + Y_{003}(\mathbf{Parent}) + U_{00} \tag{3}$$

3. Results

Overall, 11.2% of the sample reported suicidal ideation and 6.9% reported at least one suicidal attempt. Among students older than 16, more male students reported suicidal ideation and behaviors as compared with female students (see Table 2). Furthermore, students from religious Jewish schools reported less suicidal ideation and behaviors as compared with Jewish regular and Arab schools.

As expected, students with suicidal ideation (as compared with students who did not report suicidal ideation) reported less individual (level 1) support by teachers ($M = 3.46$, $SD = 1.02$; $M = 3.85$, $SD = 0.88$; respectively; $t(4241) = 8.70$, $p < .001$), less peer support ($M = 3.73$, $SD = 0.97$; $M = 4.06$, $SD = 0.79$; respectively; $t(4241) = 8.37$, $p < .001$) and less parental support at school ($M = 4.11$, $SD = 0.90$; $M = 4.51$, $SD = 0.62$; respectively; $t(4241) = 12.75$, $p < .001$). Similarly, students with suicidal behaviors reported less support by teacher ($M = 3.54$, $SD = 1.04$; $M = 3.82$, $SD = 0.88$; respectively; $t(4223) = 5.15$, $p < .001$), less peer support ($M = 3.80$, $SD = 0.99$; $M = 4.04$, $SD = 0.80$; respectively; $t(4223) = 4.84$, $p < .001$) and parental support ($M = 4.06$, $SD = 0.91$; $M = 4.50$, $SD = 0.64$; respectively; $t(4223) = 10.90$, $p < .001$), as compared with students who did not report suicidal behaviors.

The primary analysis (i.e., three-level HLM) revealed that all factors were significant at the individual level. Parental support was the most significant for both suicidal ideation and behaviors (56% and 41% increase, respectively). Perceptions of teacher’s and peer support effect showed that an increase in one point (i.e., less support) increased the likelihood to engage in suicidal ideation by 17–21% (respectively) and in actual attempts by 10–11% (respectively). Gender differences indicated that boys were more likely to engage in suicidal ideation and

Table 2
Suicidal ideation and behaviors frequencies by age and gender.

	Total		Boys		Girls	
	Ideation (%)	Behaviors (%)	Ideation (%)	Behaviors (%)	Ideation (%)	Behaviors (%)
Age group						
Younger than 16	12.1	7.2	11.7	7.8	12.5	6.6
16 and above	10.2	6.5	13.0	9.9	8.3	4.2
Sector						
Jewish (regular)	11.7	6.6	11.1	7.2	12.2	6.0
Jewish (religious)	8.3	3.8	8.8	5.5	7.9	2.6
Arab	13.5	10.9	12.3	15.7	9.8	7.4

Note. Gender differences are significant for suicidal ideation and behaviors only at the older young age group ($\chi^2(1) = 12.54, p < 0.001$; $\chi^2(1) = 28.76, p < 0.001$; respectively). Differences between sectors were significant for both suicidal ideation and behaviors ($\chi^2(2) = 17.86, p < 0.001$; $\chi^2(2) = 47.52, p < 0.001$; respectively).

behaviors. Furthermore, as students become older they were less likely to report both suicidal ideation and behaviors. Interactions with students' sector (as defined by ministry of education) were not significant, meaning that the pattern of the results is similar across different sectors (i.e., Jewish secular schools, Jewish religious schools and Arab schools; see Table 1).

At the classroom level, parents' and teachers' support were significant for both suicidal ideation and behaviors (see Table 3). A decrease of one point in perceived parental support increased the likelihood of suicidal ideation by 103% and by 100% for actual attempts. Similarly, a decrease of one point in perceived teachers' support increased the likelihood of suicidal ideation by 71% and for actual attempts by 39%. The relationships with peer support were unexpected, and as perceived peer support decreased at the classroom level, the likelihood of suicidal behaviors decreased by 24%.

At the school level, the only significant factor was parents' support. A decrease of perceived parental support at the school level significantly increased the likelihood of suicidal thoughts ideation and behaviors by 294–371% (respectively).

All possible interactions between gender and perceived contextual factors (i.e., parents, teachers and peers) were tested for both suicidal ideation and behavior. Only the interaction between gender and peer support in suicidal ideation was significant ($\beta = 0.34, p < .01$), and simple slope analysis indicated that while the relationship between peer support and suicidal ideation was significant for girls ($\beta = 0.38, p < .001$), it was not significant among boys. This means that girls were more affected by peer support in regard with suicidal ideation, but such

differences were not observed for suicidal behaviors.

4. Discussion

Previous research has identified personal and contextual risk factors for suicidal ideation and behaviors (Evans et al., 2005) among young people. Yet, there is still a dispute regarding the relative contribution of contextual factors, such as school, peers and parents (Kidd et al., 2006; Shang et al., 2014), as well as a significant lack of research implementing a multilevel approach (Kidger et al., 2012). The current study aimed to address these issues and provide empirical evidence as to the role of school-related contextual factors that are associated with suicidal ideation and behaviors within a large representative sample of adolescents aged 15–17.

The findings suggested that both individual-level and classroom-level teacher support is highly associated with suicidal ideation and behaviors. Teachers perceived by the individual student, as well as the entire class, as more supportive and emotionally connected to the students were significantly associated with lower levels of suicidal attitudes. These findings align with research concerning the effect of school context (Li et al., 2016; Shang et al., 2014), while adding the aspect of classroom-level effects. In the current study, perceptions of teachers support were aggregated from the entire class report. This means that the teachers are evaluated based on the reports from many students in each class, which may provide a more 'objective' assessment of the teacher support – rather than merely an individual perception (Raudenbush and Bryk, 2002). Results suggest that a students' psychological well-being is impacted upon not only by his/her own specific perception of teachers, but also by the overall quality of the teacher-student relationships in the class and school. Furthermore, the findings were robust when controlling for parental support at school, peer climate, age and gender.

These findings are important to acknowledge especially considering the evidence that teacher support declines over time, mostly after the transition from elementary school (Madjar and Cohen-Malayev, 2016), and that the peer climate can become more negative as well (Way et al., 2007). It is important to identify the contribution of these factors for future research to inform the development of effective, evidence-based, interventions and treatment programs. More specifically, it has been found that school-based intervention programs that target students' awareness and knowledge of mental health issues are beneficial in preventing suicidal ideation and behaviors (Wasserman et al., 2010), especially compared to professional staff training or screening focused interventions (Wasserman et al., 2015). Considering students' perceptions of school context in addition to their approaches to mental health, as well as particularly aiming to enhance teachers' and peer supportive practices, may further contribute to the effectiveness of such interventions.

Parental support was a significant factor at all three levels included in the study (i.e., individual, class and school) for both suicidal ideation

Table 3
Hierarchical linear modeling results.

	Ideation			Behaviors		
	Y	OR	95% CI	Y	OR	95% CI
School level						
Teacher	0.20	1.03	0.71–1.51	0.14	1.07	0.80–1.42
Peer	0.03	1.22	0.82–1.83	0.07	1.16	0.83–1.62
Parents	1.08**	2.94	1.54–5.64	0.99***	2.71	1.72–4.26
Classroom level						
Gender	0.01	1.01	0.56–1.82	0.27	1.31	0.80–2.12
Teacher	0.18**	1.71	1.20–2.44	0.33*	1.39	1.04–1.86
Peer	–0.08	0.93	0.65–1.32	–0.27*	0.76	0.61–0.96
Parent	0.25**	2.03	1.24–3.32	0.69**	2.00	1.40–2.86
Individual level						
Gender	–0.21**	0.81	0.70–0.94	–0.54***	0.58	0.51–0.67
Teacher	0.16***	1.17	1.09–1.26	0.09**	1.10	1.03–1.17
Peer	0.19***	1.21	1.12–1.31	0.10*	1.11	1.02–1.21
Parent	0.44***	1.56	1.40–1.75	0.35***	1.41	1.30–1.55
Age	–0.14**	0.87	0.80–0.95	–0.08*	0.92	0.82–0.99

Note. * $p < .05$; ** $p < .01$; *** $p < .001$. Suicidal thought and behaviors are labeled 0 for 'no' and 1 for 'yes'. Scales for teacher support, peer climate and parental attitudes range from 1 'definitely agree' to 5 'definitely not agree'.

and behaviors. In line with previous research examining parental support (Kidd et al., 2006), positive parental support specifically at school reduced the risk of suicidal ideation and behaviors (see also Barzilay et al., 2017). Since this is the first study examining the association of parental support in school with suicidal behavior, the findings are of importance for educational policies, which may encourage parental involvement. Furthermore, the findings emphasize the importance of general parental support at the class and school level, which may indicate that the community can play a significant role in protecting against negative emotion and behaviors. Research from other field has also suggested that a community level approach can promote students' resiliency; for example, a stronger sense of social support and of solidarity within a community can buffer against post-traumatic stress disorder in exposure to aversive events (Besser and Priel, 2010; Gelkopf et al., 2012). Therefore, mental health professionals and researchers should be aware to the potential role of the communal and cultural factors that can promote prevention or intervention programs effectiveness.

Regarding peer climate, findings suggest that it is the subjective perception of peer support by the individual that is more important in explaining suicidal ideation, rather than the aggregated level of the entire class. A decrease in individual perceptions of peer support was associated with an increase in both suicidal thoughts and behaviors, which aligns with previous findings regarding peer support and suicide risk (Christensen et al., 2014; Giletta et al., 2015). However, at the classroom level the relationship was negative, although only for suicidal behaviors. Classroom-level peer support was lower in classes where less suicidal behaviors were reported. We suspect that this might be as result of a suppression effect, in which the control of all other variables reversed the original relationship between the variables (Baron and Kenny, 1986). However, these findings should be noted in future studies and, if replicated, more attention should be given to this unique phenomenon.

More surprisingly, male students reported more suicidal ideation and behaviors, especially among older students. It has been suggested that although females mostly report more suicidal ideation and attempts, this may be moderated by cultural context (Benatov et al., 2017; Stewart and Smith, 2012). Furthermore, it has been found that religious beliefs may also moderate and reduce the risk of suicidal ideation and behaviors (Tomori et al., 2005). This may explain the findings in our sample, indicating lower rates within religious schools. However, the overall prevalence of suicide attempts was similar to previous findings among adolescents (May and Klonsky, 2011), including the statistics published by the American Foundation for Suicide Prevention indicating that 8.6% of young people in grades 9–12 made at least one suicide attempt in the past year. It was also consistent with previous national surveys within Israel, in which the rates of suicide behaviors were 7.5%, 7.9%, and 6.8% in the years 2002, 2004 and 2011 (respectively) (Harel-Fisch et al., 2016).

Gender also moderated the relationship between peer support and suicidal ideation, indicating that the relationship was stronger for girls. Although girls rely more on peer support compared to boys (Colarossi, 2001), and may disclose suicide attempts more frequently (Langhinrichsen-Rohling et al., 2009), findings regarding the role of social support were inconsistent. We might speculate that girls are more susceptible to social cues (e.g., Eisenberg and Lennon, 1983), and therefore are more affected by lack of peer support. However, other studies have found that either boys were more affected by peer support (Kerr et al., 2006) or that gender was not a significant moderator for social factors (Giletta et al., 2015). Furthermore, in our current study this interaction was also significant merely in one out of all possible interactions. Clearly, further research is required to determine the meaning of gender as a moderator of social factors associated with suicidal risk.

Several limitations should be considered when implementing the results of the current study. First, while the data uses a large-scale

representative sample, the study is cross-sectional and therefore cannot establish causality. Yet, a large number of young people do not report their suicide attempts to family or teachers, preventing the much needed support and involvement (Shain, 2007); therefore, it is reasonable to assume that a reverse causal model (i.e., teacher provide more support in response to suicidal ideation or behaviors) is less likely. In addition, other factors should be included in future research. For instance, although previous research showed that depressive symptoms do not change the effects of school setting on students' NSSI behaviors (Madjar et al., 2017b), it might be useful to include and control for it in the context of suicidal ideation and behaviors. In spite of these limitations, the study highlights the importance of adolescence perceptions of their school context.

Future research and practice should consider the negative perception of educational climate as a possible indicator of suicidal ideation and behaviors among adolescence. This understanding can be used by mental health professionals as an additional tool to monitor or identify youth at risk. Maybe most significantly, the multi-level analysis enables an understanding of the critical role of the classroom level experience of teacher support as associated with suicidal ideation. In addition, given the relevance of contagion and the impact of peer behaviors on the individual, future studies should also include questions around peer suicidal behavior or use network analyses. However, results highlight the need for understanding class level variables in adolescent well-being and the pivotal role of the teacher as experienced by his or her class.

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