ISRCTN22260242 https://doi.org/10.1186/ISRCTN22260242

A school-based collaboration model to detect and prevent suicidal thoughts among adolescents

Submission date
10/11/2025

Recruitment status
Recruiting

Registration date
18/12/2025

Overall study status
Ongoing

Last Edited
05/05/2026

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Suicide is one of the leading causes of death among young people, both in Sweden and internationally. Many teenagers struggle with mental health problems, but schools often do not have structured ways to identify those who may be at risk. Different parts of the support system, schools, student health services, primary care and specialist mental health services, tend to work separately. This means that some young people who need help are never noticed in time. This study aims to test whether a more systematic approach can help identify young people with suicidal thoughts earlier and offer them appropriate support sooner. The study examines whether mental health screening in schools, combined with clear routines for collaboration between schools, student health services and primary healthcare, can improve the detection of suicide risk and lead to timelier and more effective help.
The goal is to develop a model that is practical for everyday school settings and can be scaled nationally if shown to be effective.

Who can participate?
The study involves pupils in participating schools. All pupils in selected classes will be invited to complete a mental health questionnaire. The screening includes questions about mood, wellbeing and suicidal thoughts.
Young people who show signs of higher suicide risk based on the questionnaire will be invited to take part in a follow-up conversation with a psychologist. Participation is voluntary, and pupils can choose to take part in the screening, the follow-up, or neither. There are no restrictions related to sex, ethnicity or health status.

What does the study involve?
The study compares two types of school environments:
1. Schools that use a systematic mental health screening, followed by structured routines for collaboration between student health services, and primary care when adolescents show signs of suicide risk.
2. Schools that continue with their usual routines, where student health service identify and support pupils based on the methods they normally use.

Students in both types of schools complete a digital questionnaire called the Children's Depression Inventory (CDI), which assesses mood and thoughts related to depression and suicide. Adolescents who show signs of increased suicide risk will be contacted by student health staff and offered a follow-up conversation with a psychologist as part of the study procedures. The researchers will:
1. Compare how many adolescents with suicidal thoughts are identified in intervention compared to control schools.
2. Follow changes in mental health over time at 6, 12 and 18 months.
3. Talk with students, parents, teachers and school staff about their experiences and how well the approach works in practice.
4. Assess whether this model of screening and collaboration is feasible, helpful and potentially cost-effective.

What are the possible benefits and risks of participating?
Young people with suicidal thoughts or other signs of mental health problems may be identified earlier. Pupils who need support may receive timely access to psychological help. Schools may gain a clearer structure for how to respond when a student is in distress. By taking part, pupils contribute to research that could improve suicide prevention in schools across Sweden.
Answering questions about mood and suicidal thoughts may be emotionally uncomfortable for some pupils. Talking about these issues can temporarily increase worry or sadness for some individuals. To reduce risks, a psychologist or the student health service will follow up promptly with any student who shows signs of suicide risk. All conversations are voluntary, confidential and designed to ensure safety and support.

Where is the study run from?
The study is run by Västra Götalandsregionen in collaboration with participating schools. It is led from Regionhälsan, FoUUI primär och nära vård and includes collaboration with researchers at the University of Gothenburg and international experts in suicide prevention.

When is the study starting and how long will it run?
January 2026 to June 2029

Who is funding the study?
The study is funded by Forte through the call "Psykisk ohälsa och suicidprevention 2025". The funding covers costs related to screening, staff training, follow-up conversations, data collection, analysis and communication of results.

Who is the main contact?
Dr Carl Wikberg, carl.wikberg@allmed.gu.se

Contact information

Type(s)
Public, Scientific, Principal investigator

Contact name
Dr Carl Wikberg

ORCID ID
https://orcid.org/0000-0002-6494-5922

Contact details
Guldhedsgatan 5 a
413 20
Göteborg
Göteborg
Sweden
413 20
+46 (0)703821660
carl.wikberg@allmed.gu.se

Additional identifiers

Study information

Scientific Title
Systematic screening to detect and prevent suicide in adolescents in school settings - the SPARK study (Suicidal Prevention And Resilience in Kids)

Acronym
SPARK

Study objectives
This study aims to develop and evaluate a sustainable, collaborative model for suicide prevention among adolescents in Swedish schools.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 07/04/2026, Swedish Ethical Review Authority (Box 2110, Uppsala, 750 02, Sweden; +46 10-475 08 00; registrator@etikprovning.se), ref: 2026-01552-01

Primary study design
Interventional

Study design
Multicenter interventional - longitudinal case-control study

Study type(s)
Prevention, Screening

Health condition(s) or problem(s) studied
Prevention of suicidal ideation and suicide in adolescents

Interventions
A collaboration model between student health service at each participating school, and a primary care centre in close proximity. The model includes a screening part with Children Depression Inventory (CDI) were adolescents who score 1 or 2 on item 9 (suicidal thoughts) will be contacted by a primary care psychologist the same day (if 2 on CDI item 9) or in close proximity to the screening (if 1 on CDI item 9).

The study compares two types of school environments:
1. Schools that use a systematic mental health screening, followed by structured routines for collaboration between student health services, and primary care when adolescents show signs of suicide risk.
2. Schools that continue with their usual routines, where student health service identify and support pupils based on the methods they normally use.

Students in both types of schools complete a digital questionnaire called the Children's Depression Inventory (CDI), which assesses mood and thoughts related to depression and suicide. Adolescents who show signs of increased suicide risk will be contacted by student health staff and offered a follow-up conversation with a psychologist as part of the study procedures.

The researchers will:
1. Compare how many adolescents with suicidal thoughts are identified in intervention compared to control schools.
2. Follow changes in mental health over time at 6, 12 and 18 months.
3. Talk with students, parents, teachers and school staff about their experiences and how well the approach works in practice.
4. Assess whether this model of screening and collaboration is feasible, helpful and potentially cost-effective.

Intervention Type
Other

Primary outcome(s)
Number of adolescents identified with suicidal thoughts at schools who conduct the screening and assessment model measured using CDI and assessment records compared to control schools where no screening or assessment model is used between 2026-2029

Key secondary outcome(s)
Qualitative aspects of this collaboration model measured using interviews and focus group discussions with adolescents and their guardians (separately) after completion of follow ups

Completion date
30/06/2030

Eligibility

Key inclusion criteria
Adolescents and their guardians at participating schools who:
1. Score 1 or 2 on item 9 in the CDI screening
or
who has been identified with:
1. Suicidal ideations through the collaboration model with the psychological assessment in primary care.
2. Been identified through the student health service
3. Said YES to participate in the study, after oral and written consent

Participant type(s)
Population, Other

Healthy volunteers allowed
No

Age group
Child

Lower age limit
13 Years

Upper age limit
16 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Want to withdraw from the study

Date of first enrolment
01/05/2026

Date of final enrolment
31/12/2029

Locations

Countries of recruitment
Sweden

Study participating centre
Bleket
Slåtthusvägen 4
Tjörn
Sweden
471 50

Study participating centre
Häggvallskolan
Höviksnäsvägen 1
Tjörn
Sweden
471 70

Sponsor information

Organisation
Region Västra Götaland

ROR
https://ror.org/00a4x6777

Funder(s)

Funder type
Government

Funder Name
Forskningsrådet för hälsa, arbetsliv och välfärd

Alternative Name(s)
Swedish Research Council for Health, Working Life and Welfare, Forskningsrådet om Hälsa, Arbetsliv och Välfärd, FORTE

Funding Body Type
Government organisation

Funding Body Subtype
Local government

Location
Sweden

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available