ISRCTN69846459 https://doi.org/10.1186/ISRCTN69846459

Adaptation and feasibility assessment of a primary suicide prevention intervention for school adolescents in Nigeria

Submission date
19/11/2025

Recruitment status
No longer recruiting

Registration date
24/11/2025

Overall study status
Completed

Last Edited
02/10/2026

Condition category
Mental and Behavioural Disorders

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

Plain English summary of protocol

Background and study aims
Many adolescents in Nigeria experience psychological distress and suicidal thoughts but often lack access to support. This study aims to test whether it is feasible to adapt and deliver a school-based programme called Youth Aware of Mental Health (YAM) in Lagos secondary schools. YAM has been effective in other countries, and this study will determine whether we can successfully conduct a larger study in Nigeria to test whether it helps reduce suicidal behaviour among students.
This is a feasibility study – the main goal is to test whether it is possible to:
1. Recruit schools and students successfully
2. Deliver the adapted YAM programme as planned
3. Keep students engaged throughout the study
4. Collect reliable information about students' wellbeing at 3 months
5. Identify any problems that need to be fixed before a larger study
If this study shows it is feasible, we will plan a larger study to definitively test whether YAM helps Nigerian adolescents, potentially with a longer follow-up period.

Who can participate?
Students aged 13–17 years in selected public secondary schools in Lagos whose parents or guardians provide consent, and who provide assent.

What does the study involve?
Schools will be randomly placed into one of two groups. One group will receive the adapted YAM programme delivered over five sessions during the school day. The other group will continue standard health education and display suicide awareness posters. All students will complete questionnaires at the beginning of the study, after 3 months, and after 6 months.

What are the possible benefits and risks of participating?
Students may gain improved emotional skills, knowledge about mental health, and confidence

to seek help. Some may feel uncomfortable discussing difficult topics, but trained staff will provide support, and any serious concerns will be referred for further help using a safety protocol.

Where is the study run from?
The study is being conducted in public secondary schools in Lagos State.

When is the study starting and how long will it run?
The study is expected to start in early 2026 and run for approximately 7 months (recruitment through 3-month follow-up completion). Each student will participate for approximately 3-4 months.

Who is funding the study?
The study is funded by UK Research and Innovation (Medical Research Council) with project reference MR/Y01958X/1

Who is the main contact?
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Principal investigator, Scientific, Public

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Additional identifiers

Project Reference
MR/Y01958X/1

Study information

Scientific Title
Adaptation and feasibility assessment of a primary suicide prevention intervention for school adolescents in Nigeria: the Suicide PREvention for School ADolescents (SPREAD) study

Acronym
SPREAD

Study objectives
Primary objective:
To assess the feasibility of conducting a definitive cluster RCT

Specific feasibility objectives:
1. Evaluate recruitment feasibility
2. Assess retention rates
3. Determine intervention fidelity
4. Examine intervention acceptability
5. Assess implementation barriers/facilitators
6. Estimate parameters for future trial
7. Assess delivery costs
8. Evaluate data collection procedures

Exploratory objectives:
Obtain preliminary estimates of intervention effects on suicidal behaviour and secondary outcomes at 3 months

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 04/11/2024, LASUTH Health Research Ethics Committee (Lagos State University Teaching Hospital (LASUTH) 1-5, Oba Akinjobi Way Ikeja, Lagos, 10010, Nigeria; +234 (0)1-4710670; dcst@lasuth.org), ref: LREC/06/10/2656

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Blinded (masking used)

Control
Active

Assignment
Parallel

Purpose
Prevention

Study type(s)

Health condition(s) or problem(s) studied

Suicidal behaviour, self-harm, adolescent mental health

Interventions
Intervention arm (YAM Project):
Participants will receive a culturally adapted Youth Aware of Mental Health (YAM) programme comprising five 3-hour sessions delivered over 5 consecutive weeks by trained facilitators. Sessions will include role-play-based learning, guided discussions, scenario cards adapted to the Nigerian context, and take-home materials. A safety and referral protocol will be followed for any student who expresses suicidal intent.

Control arm (Enhanced usual practice):
Participants will receive the standard health education curriculum plus the placement of suicide awareness posters in classrooms. No YAM content, role-plays, or facilitator-led sessions will be delivered.

Randomisation and follow-up:
Schools will be randomised 1:1 using computer-generated cluster randomisation stratified by school size. Baseline data collection will occur before intervention delivery. Follow-up assessments will take place at 3 months and 6 months.

Total duration of participation:
Approximately 5 months (including intervention delivery period of 5 weeks and 3-month follow-up).

Intervention Type
Behavioural

Primary outcome(s)
1. Recruitment rate (reach) measured using school recruitment rate: proportion of approached schools agreeing to participate (target: ≥60%); student recruitment rate: proportion of eligible students providing consent/assent (target: ≥70%) at during recruitment period

2. Retention rate measured using follow-up completion rate (target: ≥75%) at 3 months post-intervention (T1) – Primary endpoint

3. Implementation fidelity measured using proportion of core YAM content delivered (target: ≥80%), quality of delivery assessed via observation checklist at during intervention delivery

4. Intervention acceptability measured using student satisfaction scores (target: ≥70% rating "satisfied" or "very satisfied"), facilitator acceptability ratings at 3 months post-intervention via surveys and qualitative interviews

5. Intervention adherence measured using student attendance rate across five sessions (target: ≥75%) at during intervention delivery

6. Data collection feasibility measured using completeness of outcome measures (target: ≥85% item completion), time required for data collection at baseline and 3-month follow-up

7. Implementation barriers and facilitators measured using qualitative interviews using CFIR constructs at 3 months post-intervention (30-40 stakeholder interviews)

8. Parameter estimation for future trial measured using Standard deviations for continuous outcomes, intraclass correlation coefficients (ICCs) for cluster design, preliminary effect size estimates (with 95% CIs) at 3 months post-intervention

Key secondary outcome(s)
1. Depression and anxiety symptoms measured using Revised Child Anxiety and Depression Scale, 25-item short version (RCADS-25) at Baseline (T0), 3 months (T1), 6 months (T2)

2. Suicide literacy (knowledge about suicide) measured using Literacy of Suicide Scale short form (LOSS) at Baseline (T0), 3 months (T1), 6 months (T2)

3. Attitudes toward suicide measured using Attitudes Toward Suicide Scale (ATS) at Baseline (T0), 3 months (T1), 6 months (T2)

4. Stigma of suicide measured using Stigma of Suicide Scale (SOSS) at Baseline (T0), 3 months (T1), 6 months (T2)

5. Self-esteem measured using Rosenberg Self-Esteem Scale (RSES) at Baseline (T0), 3 months (T1), 6 months (T2)

6. Help-seeking Intentions measured using General Help-Seeking Questionnaire (GHSQ) at Baseline (T0), 3 months (T1), 6 months (T2)

7. Actual help-seeking behaviours measured using Actual Help-Seeking Questionnaire (AHSQ) at Baseline (T0), 3 months (T1), 6 months (T2)

8. Health service utilisation and costs measured using Client Service Receipt Inventory (CSRI) adapted for Nigerian context at Baseline (T0), 6 months (T2)

9. Implementation outcomes (YAM schools only) measured using RE-AIM framework indicators using mixed methods at During intervention delivery (months 20-22) and post-intervention.

Completion date
31/08/2026

Eligibility

Key inclusion criteria
School-level:
1. Public co-educational secondary schools in Lagos State, Nigeria
2. Minimum enrolment of 600 students across all classes
3. At least 6 classes with students aged 13-17 years, each containing minimum 20 students
4. School leadership agreement to participate (documented through signed MoU)
5. Adequate physical space for conducting group activities

Student-level:
1. Enrolled in participating school
2. Aged 13-17 years
3. Able to understand English sufficiently to participate in group activities and complete questionnaires
4. Parental consent and student assent provided

Healthy volunteers allowed
Yes

Age group
Child

Lower age limit
13 Years

Upper age limit
17 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
School-level:
1. Schools currently implementing structured mental health or suicide prevention programmes
2. Schools planning major transitions (relocations, leadership changes, infrastructure projects) during the study period
3. Schools participating in other research projects creating competing demands or contamination risks

Student-level:
1. Severe cognitive impairment or developmental disability precluding meaningful participation in group-based curriculum
2. Active psychotic symptoms requiring immediate clinical intervention
3. Current school suspension or expulsion

Date of first enrolment
01/02/2026

Date of final enrolment
30/03/2026

Locations

Countries of recruitment
Nigeria

Study participating centre
10 secondary schools in Lagos State, Nigeria
-

-
Nigeria
-

Sponsor information

Organisation
Lagos State University College of Medicine

Funder(s)

Funder type

Funder Name
Medical Research Council

Alternative Name(s)
Medical Research Council (United Kingdom), UK Medical Research Council, Medical Research Committee and Advisory Council, MRC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
Individual participant data (IPD) will be made available upon reasonable request to the Principal Investigator after completion of the study and publication of main results, subject to appropriate data sharing agreements and ethical approval.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		01/10/2026	02/10/2026	Yes	No