



RAISING HEALTHY CHILDREN INTERVENTION: LONG-TERM IMPACTS ON SUICIDE AND MENTAL HEALTH

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MISSION of SDRG

To understand and promote healthy behaviors and positive social development among diverse populations, we:

- Conduct research on factors that influence development
- Develop and test the effectiveness of interventions
- Study service systems and work to improve them
- Advocate for science-based solutions to health and behavior problems
- Disseminate knowledge, tools, and expertise produced by this research

Suicide is a leading cause of death in the U.S., particularly among young and middle-aged adults. About half of individuals who die by suicide have a known mental health diagnosis, while many others experience mental health challenges but are never diagnosed or treated. Current suicide prevention efforts largely focus on youths at high risk for suicidal thoughts and behaviors, leaving out many who are not identified as high risk but later die by suicide. In response, national strategies and leading experts have called for broader, universal prevention approaches that build protective factors early in life and help prevent mental health problems from developing.

RAISING HEALTHY CHILDREN: A TESTED UNIVERSAL CHILDHOOD INTERVENTION WITH LONG-TERM BENEFITS

Raising Healthy Children (RHC) is a multifaceted prevention program designed to reduce substance use and delinquency among children in elementary and middle school. Guided by the Social Development Model, RHC provides training and support for teachers, parents, and students in Grades 1-6. The program consists of three components:

- teacher training in classroom management strategies to promote positive student participation
- child training in refusal skills
- parent workshops that provide opportunities for learning more effective parenting strategies that promote family bonding

Prior evaluations of RHC show that participants experience wide-ranging and long-lasting benefits extending from adolescence through their late 30s (see box).

PRIOR EVIDENCE ON RAISING HEALTHY CHILDREN

Prior evaluations of RHC have consistently shown beneficial outcomes across adolescence and adulthood among children who received the full intervention compared with those who did not. Benefits include:

Age 18: Lower levels of school misbehavior, violence, and heavy alcohol use; higher levels of school commitment, attachment, and achievement¹

Age 21: Higher educational attainment and rates of employment, better mental health, and lower involvement in crime²

Ages 24-27: Better socioeconomic attainment and mental health³

Ages 30-39: Better health behaviors, positive functioning, and adult health, mental health, and socioeconomic success⁴

RHC CAN REDUCE SUICIDE & RELATED MENTAL HEALTH PROBLEMS IN ADULTHOOD

Findings from a recent publication in the *Prevention Science* journal show that the Raising Healthy Children program can reduce the occurrence of common mental health conditions and suicide-related behaviors well into adulthood.⁵ Using longitudinal data from the Seattle Social Development Project, researchers at SDRG and the Institute of Behavioral Science, University of Colorado - Boulder found that individuals who received the RHC intervention in childhood experienced substantially lower rates of mental health problems and suicide-related behaviors at ages 21 to 39 compared with the control group. Across all five measured conditions (i.e., major depression, generalized anxiety, PTSD, social phobia, and suicide ideation and behavior), the RHC intervention group consistently showed lower prevalence compared to those who did not receive the intervention (see figure).

Furthermore, these benefits emerged without targeting mental health or suicide directly, demonstrating unanticipated, long-term beneficial effects stemming from early, compressive prevention interventions. Expanding the use of tested and effective universal prevention programs in childhood could help prevent suicide and related mental health problems before they emerge.

SDRG CONTINUES TO ADVANCE RESEARCH ON SUICIDE PREVENTION

The SHIELD (Suicide and Overdose Harm Impact Evaluation using Linked Data) project is a large, multi-institution collaboration that harmonizes data from 32 existing prevention trials—totaling over 42,000 participants—to explore the influence of early interventions on suicidal thoughts and behaviors and related outcomes. SHIELD is a cooperative agreement between the National Institute on Mental Health, Johns Hopkins University, RTI, Case Western, and SDRG (Co-PI Marina Epstein). The project includes some of SDRG's landmark studies, including the Seattle Social Development Project, Raising Healthy Children, and the Community Youth Development Study, and is poised to significantly advance national efforts to prevent suicide and self-harm.

Combining diverse datasets helps SHIELD leverage the large sample size and enables deeper analyses of this relatively rare outcome to learn more about who benefits from prevention efforts and under what conditions.

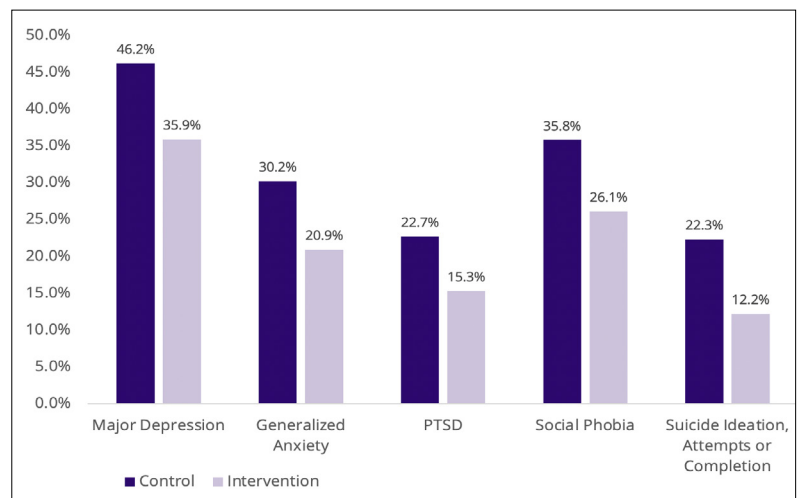


Figure. Prevalences by intervention: ever diagnosis for depression, generalized anxiety, PTSD, social phobia, and ever suicide ideation attempts or completion, ages 21–39

FOR ADDITIONAL INFORMATION ON THIS TOPIC, PLEASE REFER TO THE ORIGINAL ARTICLES:

¹Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). [Preventing adolescent health-risk behaviors by strengthening protection during childhood](#). *Archives of Pediatrics and Adolescent Medicine*, 153(3), 226-234.

²Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2005). [Promoting positive adult functioning through social development intervention in childhood: Long-term effects from the Seattle Social Development Project](#). *Archives of Pediatrics and Adolescent Medicine*, 159(1), 25-31.

³Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2008). [Effects of social development intervention in childhood 15 years later](#). *Archives of Pediatrics and Adolescent Medicine*, 162(12), 1133-1141.

⁵Hill, K. G., Steeger, C. M., Epstein, M., Bailey, J. A., & Hawkins, J. D. (2025). [Addressing suicide and mental health through universal childhood intervention: Results from The Seattle Social Development Project](#). *Prevention Science*, 26(7), 1033-1044.

⁴Kosterman, R., Hawkins, J. D., Hill, K. G., Bailey, J. A., Catalano, R. F., & Abbott, R. D. (2019). [Effects of social development intervention in childhood on adult life at ages 30 to 39](#). *Prevention Science*, 20(7), 986-995.

FUNDING INFORMATION

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