

Implementation and Participant Responses to a Support Group for Adolescents with Suicidal Ideation

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Submitted: 2026-08-09 Revised: 2026-08-31 Published: 2026-10-25 Keywords: Adolescents, Suicidal Ideation, Support Groups, Suicide Prevention Copyright holder: © Author/s (2026) This article is under:  How to cite: Merida, S., & Fitriyana, R. (2026). Implementation and Participant Responses to a Support Group for Adolescents with Suicidal Ideation. <i>Bulletin of Counseling and Psychotherapy</i>, 8(2). https://doi.org/10.51214/002026082228000 Published by: Kuras Institute E-ISSN: 2656-1050	ABSTRACT: Suicide remains a significant public health concern in Indonesia, particularly among adolescents. One contributing issue is difficulty establishing interpersonal relationships, which may lead to interpersonal distress, a lack of connectedness with others, and difficulty finding meaning in relationships. Adolescence is a developmental period in which social tasks become increasingly salient, providing numerous opportunities to build social relationships. Support from others may help adolescents increase their engagement and connectedness, thereby potentially reducing suicidal ideation. Therefore, this study examines the effectiveness of support groups in providing support for adolescents as a preventive approach to suicidal ideation. The method used in this study was a small-N design. Three participants with suicidal ideation and depression took part in the support group. Results indicate that the support group was effective in facilitating participants' expression of their thoughts and feelings, thereby fostering connection and interpersonal connectedness with others. Group-based interventions were associated with reductions in suicidal ideation and psychological distress, while also promoting social connectedness, belongingness, validation, hope, empowerment, coping, resilience, and help-seeking. Nevertheless, the implementation of support groups for adolescents with suicidal ideation requires structured procedures, risk screening, continuous safety monitoring regularly, crisis management protocols, and clear referral pathways.
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INTRODUCTION

The current situation in Indonesia indicates an increasing trend in the prevalence of suicide each year. In 2024, during the first nine months, the Indonesian National Police recorded 988 suicide incidents across the country. An upward trend in cases increased from June to August 2024 (Polri, 2024). According to available data, more than 720,000 people die by suicide each year (World Health Organization, 2025).

Suicidal behavior tends to be concentrated among younger age groups. Data from 2023 indicated 921 cases, with the highest number occurring among young or productive-age individuals and adolescents (Humas BRIN, 2024). In 2023, suicide prevalence was dominated by the 10-14, 15-24, and 25-34 age groups, in contrast to 2019, when the highest prevalence was reported among those aged 85 years and older and the 15-24-year age group had the lowest prevalence; by 2020, the rate among those aged 25-34 years had begun to increase (Pusat Sumber Daya Pencegahan

Bunuh Diri, 2024). Recent data from the World Health Organization (WHO) also indicate that suicide is concentrated among those aged 15-29 years (World Health Organization, 2025). In addition, in 2026, approximately 7.66% of suicide cases involved adolescents younger than 17 years. Of 385 total suicide cases, 50 involved students or university students (Grehenson, 2026).

The increase in suicide prevalence from 2022 to 2025 occurred among those aged 9-17 years and was most pronounced among those aged 15-17 years, which falls within adolescence. In this age range, cases are frequently found among students; commonly reported contributing problems include bullying, romantic relationship problems, parenting issues, and personal problems (KumparanNews, 2026). These circumstances may contribute to psychological distress among adolescents.

Adolescence is a developmental period characterized by emotional, interpersonal, and social changes (Santrock, 2012). Given the intensity of emotional changes and social needs during this period, unmet needs may contribute to difficulties in interpersonal relationships. According to the Interpersonal Theory of Suicide, failures in interpersonal relationships can lead to thwarted belongingness, or a perceived lack of connection with others, which may contribute to perceived burdensomeness and feelings of worthlessness, ultimately giving rise to suicidal desire or ideation (Van Orden et al., 2010). Thus, suicidal ideation in adolescents is related not only to interpersonal distress but also to belongingness and interpersonal connectedness. Feelings of having no one with whom to share experiences, low perceived social support, social isolation, and barriers to seeking help may further intensify adolescents' distress (Onie et al., 2024).

Providing social support can foster belongingness and interpersonal connectedness in adolescents. Social support and connectedness may function as protective factors. Accordingly, interventions should not focus solely on symptom reduction but should also provide adolescents with opportunities to receive support, validation, acceptance, and meaningful connections with others. Therefore, suicide prevention, from the emergence of suicidal thoughts to suicide attempts, requires a comprehensive approach that emphasizes interpersonal connectedness and social support for adolescents (Suicide Prevention Resource Center, 2026).

The need for peer connectedness becomes increasingly important because a central developmental task during adolescence is establishing social relationships. Peer social support may help reduce suicidal ideation and related suicidal thoughts (Darvishi et al., 2024). To address these needs and provide a sense of safety, consider group-based rather than exclusively individual interventions. Through group processes, individuals with similar experiences or problems can share experiences, give and receive emotional support, gain validation, and reduce feelings of isolation. For adolescents with suicidal ideation, a group-based approach is relevant because interactions within support groups may produce therapeutic effects, including fostering hope, reducing feelings of being alone, generating insight, developing socialization skills, receiving support from others, and maintaining social connectedness (Prawitasari, 2011). In addition, community-based mental health interventions have been shown to reduce suicidal thoughts and behaviors among young people (Barker et al., 2025). Therefore, group-based approaches may be used as one strategy to address adolescents' needs and reduce the tendency toward suicidal ideation.

Based on a literature review, social support for adolescents with suicidal ideation can be provided through support groups. Peer support groups may facilitate social connectedness, thereby increasing social support among group members (Tinago et al., 2021). Besides that, support groups can provide information to adolescents, help reduce stigma, and increase engagement and connectedness with others (Abou Seif et al., 2022). Adolescents with suicidal ideation usually have difficulties with emotion regulation; therefore, support groups should not function only as spaces for sharing but should also include activities that help participants recognize emotions and develop more adaptive emotion-regulation strategies (Chen et al., 2026). For example, the BRAVA intervention showed that a brief group-based program for adolescents with mild-to-moderate

suicidal ideation could be implemented with high engagement and favorable participant acceptance, although evidence regarding its comparative effectiveness remains preliminary (Kennedy et al., 2025; Sheridan et al., 2024). Qualitative evidence also suggests that participants value safe and nonjudgmental environments, opportunities to interact with others who share similar experiences, and relationships characterized by recognition, trust, and validation (Bailey et al., 2021; Kaijadoo et al., 2024).

Group-based interventions may incorporate psychoeducation, emotion identification and regulation, coping and problem-solving, mindfulness and self-compassion, resilience building, safety planning, and strategies for strengthening access to professional support. It can help adolescents to share personal experiences after providing information (Lesinskienė et al., 2024). Social support may also operate together with psychological resources such as self-compassion and resilience in relation to suicidal ideation (Zhang & Wang, 2025; S. Zhang et al., 2025). These findings suggest that support groups may serve as both a relational space and a structured psychosocial intervention where adolescents can develop interpersonal and coping resources.

Psychosocial interventions have demonstrated effectiveness in reducing suicide risk among adolescents (Itzhaky et al., 2022). Studies have consequently emphasized the importance of clear group boundaries, appropriately trained facilitators, professional supervision, risk assessment, crisis-management procedures, and referral pathways when participants demonstrate increased suicide risk (Abou Seif et al., 2022; Gupta et al., 2021). This indicates that determining whether a support group can be implemented appropriately requires attention not only to intervention content but also to how participants engage with the group, experience safety, respond to other members, and perceive the facilitator's role.

Despite growing evidence regarding peer and group-based approaches, important gaps remain. Existing studies vary considerably in intervention format, participant characteristics, setting, facilitator roles, and outcome measures, while evidence concerning implementation processes remains relatively limited (Aguirre Velasco et al., 2020; Schlichthorst et al., 2020). Research has also been concentrated predominantly in high-income countries, with comparatively limited evidence regarding the implementation of suicide-related group interventions in low- and middle-income settings (Breet et al., 2021). In the Indonesian context, adolescents' engagement with mental health services remains relatively low because of stigma and negative beliefs about seeking professional help (Aguirre Velasco et al., 2020). Particularly, little is known about how adolescents experiencing suicidal ideation respond to participation in a structured support group, how interpersonal processes emerge during group sessions, which aspects of the intervention appear meaningful to participants, and what challenges arise during implementation. Examining these experiences is important before stronger conclusions regarding effectiveness or wider implementation can be made.

Therefore, rather than primarily evaluating clinical effectiveness, the present study focuses on the implementation process and participant responses within a support group for adolescents experiencing suicidal ideation. The study examines how adolescents engaged with the group process; their responses to opportunities to share and receive support; the emergence of connectedness, validation, hope, coping, and help-seeking; and aspects of safety and facilitation observed during implementation. By examining an empirically implemented support group in relation to findings derived from previous evidence, this study aims to provide preliminary insight into how support-group interventions for adolescents with suicidal ideation may be implemented and experienced within the Indonesian context.

Study Aim and Hypothesis

This study aims to explore the implementation process and participant responses to a support group for adolescents with suicidal ideation, with particular attention to group engagement,

interpersonal connectedness, perceived support and validation, coping, hope, and developing help-seeking behavior.

METHODS

Design

This study employed with a small N design to explore the implementation process and participant responses within a support group for adolescents experiencing suicidal ideation. A small N design is popular for use in clinical settings (Barker et al., 2015). For this research, a qualitative descriptive orientation was used to stay close to participants' responses and the observable processes occurring during support group implementation (Sandelowski, 2000). The bounded case in this study was defined as the implementation of a two-session support-group intervention for adolescents experiencing suicidal ideation within a clinical mental health setting. The following are the stages of support group intervention given to participants:

Table 1. Stages of Support Group Intervention

Stage	Content	PIC
Preparation	1. Introduction or Building Rapport 2. Developing an agenda together with group members 3. Establishing group norms 4. Exploring thoughts and feelings	Clinical Psychologist
Transition	1. Inviting participants to explore their experiences. 2. Exploring the experiences and feelings involved in going through those experiences 3. The therapist helps participants restructure their thoughts. 4. Providing psychoeducation on self-development and the costs and benefits associated with suicidal ideation	Clinical Psychologist
Group Work	1. Encouraging participants to work toward the agreed agenda 2. As facilitator, encouraging participants to work toward the agreed agenda	Clinical Psychologist
Termination	1. Conducting reflection and evaluation throughout the support-group process 2. Encouraging and motivating participants to practice new behaviors or experiences gained from the support group	Clinical Psychologist

Source: (Prawitasari, 2011).

Instruments

Data were collected through structured open-ended interviews focusing on participants' experiences following the support-group intervention. The interview questions explored group engagement, interpersonal connectedness, perceived support and validation, coping strategies, hope, and help-seeking behavior.

Participants

Participants consisted of three adolescents aged 14–15 years who presented with depressive symptoms and prominent suicidal ideation. All participants were receiving services within a clinical mental health setting and were included in the support-group intervention based on their presenting psychological concerns and need for psychosocial support.

Data Analysis

Data analysis focused on participants' experiences and responses related to the support-group process. Small-N designs emphasize the individual participant as the unit of analysis (Graham et al., 2012). Therefore, the data were analyzed and described narratively by presenting each participant's experiences after participating in the intervention (Barker et al., 2015). The analysis involved familiarization with the data, generation of initial answers, development of potential categories, review and refinement, definition and naming, and production of the final categories. The analysis combined inductive categorization with theoretically informed sensitizing concepts derived from the preceding integrative evidence, including social connectedness, belongingness, validation, coping, hope, and help-seeking. Data were retained only when they were supported by the empirical interview and observational data (Barker et al., 2015).

RESULTS AND DISCUSSION

Results

Based on the support group, this is the experience of each respondent:

Table 2. Result of Interview

Open-Ended Interview	Participant	Answer	Response Category
How was your experience after participating in the support group?	FR	• I was happy to be able to share my experiences with friends. I did not feel alone because others had similar experiences. • I was happy to be useful to others by sharing my experiences.	Social Connectedness Coping Hope
	ZA	• I was happy to have someone to talk to. • I was happy that someone could understand me, especially regarding religion and beliefs.	Social Connectedness Validation
	RM	• I was happy to have friends with similar experiences, so I did not feel different.	Social Connectedness
What else did you gain from the support group?	FR	• I was happy that I could motivate ZA because ZA is active in organizations and I believe ZA can do it.	Belongingness Hope
	ZA	• I felt happy and more motivated because I had friends.	Hope
	RM	• I was happy to have friends who shared similar experiences and hobbies.	Hope
After participating in the support group, did you still have any unpleasant experiences? What did you do?	FR	• Suicidal thoughts had become less frequent, but they still appeared when I felt disregarded. When that happened, I usually coped by talking to a close friend. • I still occasionally exchanged updates with ZA on Instagram.	Social Connectedness Coping
	ZA	• I felt happy because suicidal thoughts occurred less frequently, and I applied what I had learned	Coping

	from the support group by talking with friends and staying active in activities.	
RM	• Suicidal thoughts had decreased because I continued to interact frequently with peers from the support group. • I also now frequently engage in hobbies with peers from the support group.	Coping

Based on observations, the following participant behaviors were observed during the support-group sessions:

Table 3. Group Sessions

Observed Behavior	Response Category
All three participants displayed positive affect, as indicated by laughter and joking during interactions.	Social Connectedness

Three adolescents with depressive symptoms and suicidal ideation participated in the two-session support group. Participants were identified by the pseudonyms FR, ZA, and RM. Based on open-ended interviews and observations during and after the support-group sessions, several themes emerged, particularly around social connectedness, validation, belongingness, hope, and coping.

Social Connectedness and Shared Experiences

FR described the support-group experience positively because it provided an opportunity to share personal experiences with peers who had encountered similar difficulties. FR reported feeling less alone after realizing that other participants had experienced comparable psychological struggles. FR also expressed satisfaction from being able to share personal experiences that might be helpful to other group members.

ZA similarly reported enjoying having peers with whom to talk and feeling understood by the other participants. This was particularly evident when ZA discussed personal concerns related to religion and religious beliefs. ZA expressed thoughts and feelings that seemed difficult to communicate in other contexts and felt accepted by the other participants.

RM also emphasized the importance of meeting peers with similar experiences. RM reported feeling less different from others because the other group members were experiencing comparable psychological difficulties. This experience appeared particularly meaningful for RM, who tended to have more limited interpersonal interaction outside the group.

Emerging Hope and Belongingness

The support-group process also appeared to facilitate hope and mutual encouragement. FR reported feeling pleased to encourage ZA, particularly because FR perceived ZA as having personal strengths and being actively involved in organizational activities. ZA described feeling more motivated after having peers who could provide companionship and understanding. RM likewise reported positive feelings about meeting participants who not only shared similar psychological experiences but also had common interests.

These interactions suggested that participants were not only recipients of support but were also able to provide encouragement and recognition to one another. The opportunity to contribute to another participant's experience appeared particularly meaningful for FR and may have contributed to an increased sense of personal value.

Coping and Continued Peer Connection

Following the support-group sessions, participants described several ways of responding to distress. FR reported that suicidal thoughts had become less frequent, although such thoughts could still emerge when FR felt belittled or disregarded. In these situations, FR described talking to a close friend as a coping strategy and continued communicating with ZA through social media.

ZA similarly reported that suicidal thoughts had become less frequent and described applying strategies gained from the support-group experience by talking with friends and remaining engaged in activities. RM also reported a reduction in suicidal thoughts and attributed part of this experience to continued interaction with peers from the support group.

Observational data were consistent with these interview responses. During the sessions, all three participants displayed positive affect, including laughter and joking during interaction. At the end of the sessions, participants exchanged Instagram accounts as a means of maintaining communication after the formal support-group meetings. These observations suggest that interpersonal connections established during the sessions extended, at least initially, beyond the structured group setting.

Discussion

The present study explored the implementation process and participant responses within a two-session support group involving three adolescents experiencing depressive symptoms and suicidal ideation. Overall, the findings suggest that the most salient aspects of the group experience were not limited to symptom-related changes but involved interpersonal processes, particularly social connectedness, shared understanding, validation, belongingness, hope, and coping. Participants valued the opportunity to meet peers with similar psychological experiences, to communicate thoughts and feelings in a relatively nonjudgmental environment, and to maintain interpersonal contact after the formal sessions.

Social Connectedness Through Shared Experiences

One of the study's clearest findings was that participants felt they were not alone in their experiences. FR explicitly described feeling less alone after meeting peers who had experienced similar psychological difficulties, while RM reported feeling less different from others because the group included participants with comparable experiences. This pattern aligns with evidence synthesized in the previous review, which suggests that support groups provide opportunities for individuals with similar experiences to share emotional difficulties, give and receive support, gain validation, and reduce feelings of isolation. Having a close friend, for instance, serves as a protective factor in reducing suicidal behavior (Sempungu et al., 2026). The research also emphasizes that connectedness and social support may function as protective interpersonal resources for adolescents experiencing suicidal ideation.

An interesting finding was that participants' meaning of connectedness appeared to differ based on their pre-existing social functioning. FR was already relatively active in organizational activities, social relationships, and sports, whereas RM tended to withdraw from social interaction. Nevertheless, both participants described meaningful benefits from meeting individuals who could relate to their psychological experiences. This suggests that social activity and psychological connectedness should not necessarily be considered equivalent. An adolescent may participate actively in social activities but may still lack relationships in which emotionally difficult experiences can be understood and validated. Conversely, for a more socially withdrawn participant such as RM, the group may provide both an opportunity for interpersonal engagement and a sense of similarity with others.

This distinction supports the conceptual foundation of the study. Actually, Research indicates that connectedness with peers can reduce the desire to engage in suicide attempts and the

emergence of suicidal ideation (Sommerfeld, 2025). The current findings therefore provide a preliminary illustration of how support groups may create a qualitatively different form of interpersonal connection based on shared psychological experiences.

Validation and Openness in a Nonjudgmental Group Environment

The interaction between ZA and FR provides a particularly relevant example of interpersonal validation. ZA disclosed personal concerns about religious beliefs and resisted pressure from parents to engage in religious practices. Rather than criticizing, FR recognized similarities in their personal experiences. The significance of this interaction lies not in whether the participants' religious perspectives were correct or incorrect, but in the fact that they could disclose a personally sensitive topic and receive a response without immediate judgment.

Previous studies indicate that adolescents and young people value group environments characterized by safety, shared experiences, recognition, trust, and validation. Such environments may foster greater openness and reduce concerns about being judged negatively by others.

The religious discussion is also relevant in the Indonesian context. Religion and family expectations may influence how adolescents understand distress, disclose psychological difficulties, and seek help. In reality, establishing communication about mental health between parents and children is far from easy. Stigma or judgments from family members can influence an individual's help-seeking behavior (Brooks et al., 2022). Therefore, the present findings reinforce the importance of culturally sensitive facilitation. A support group should provide sufficient openness for participants to express conflicts involving family, identity, values, or religion without positioning the group as a place for judging or resolving theological beliefs. Instead, facilitators may focus on the underlying emotional experience, interpersonal conflict, and psychological meaning of the disclosure.

Belongingness, Mutual Support, and Emerging Hope

Participants not only received support, but they also appeared to develop supportive roles toward one another. FR expressed satisfaction in encouraging and recognized ZA's strengths, like her involvement in organizational activities. ZA subsequently reported feeling more motivated, while RM described positive feelings associated with meeting peers who shared both similar difficulties and common interests.

These responses show that peer- and group-based support may foster not only connectedness but also hope, empowerment, and a sense of personal value. Shared experiences may enable individuals to recognize strengths in one another and to see that difficulties can be understood and managed. The review also indicates that relationships characterized by trust, recognition, validation, and lived experience may contribute to hope, autonomy, self-management, and recovery-oriented perspectives.

FR reported feeling more valuable within the group and expressed satisfaction from being able to benefit another participant through sharing personal experiences. This suggests that the therapeutic contribution of support groups may operate in two directions. Participants may benefit from receiving support, but they may also experience a sense of meaning or self-worth from being able to support others. However, given the brief duration of the intervention, this finding should be interpreted as an emerging participant response rather than evidence of stable psychological change.

Coping, Help-Seeking, and Continuation of Peer Support

Participants also described behavioral responses that may reflect emerging coping and help-seeking processes. FR reported talking with close friends when suicidal thoughts re-emerged, ZA described talking with friends and remaining engaged in activities, and RM maintained interaction

with peers from the support group. The exchange of social-media contacts at the end of the intervention further suggests that the interpersonal connections formed during the sessions were perceived as valuable enough to continue outside the formal clinical setting.

Nevertheless, continued peer communication should not be interpreted as a substitute for professional monitoring. Particularly in groups involving suicidal ideation, peers should not be expected to assume responsibility for managing one another's suicide risk.

Participant-Reported Changes in Suicidal Thoughts

All three participants reported that suicidal thoughts had become less frequent following the support-group experience. RM also associated continued interaction with group peers with a reduction in thoughts related to self-harm. These reports are clinically relevant as descriptions of participants' subjective experiences; however, they should be interpreted cautiously. The present study did not employ a controlled experimental design, standardized pre-post assessment, or a sufficiently long follow-up period to determine whether the support group itself produced these changes.

This cautious interpretation is consistent with BRAVA studies, which provide preliminary evidence that brief group-based interventions for adolescents with mild-to-moderate suicidal ideation can be feasible and acceptable, with reductions in suicidal ideation observed over time (Kennedy et al., 2025). However, comparative evidence remains limited, and larger studies are required before firm conclusions regarding effectiveness can be drawn.

This distinction matters for the present study because it focuses on how adolescents responded to and experienced the group's implementation, rather than testing efficacy. The findings suggest that even within a brief two-session format, processes of connectedness, mutual recognition, validation, and continued peer contact could emerge. Whether these processes subsequently contribute to sustained reductions in suicidal ideation requires further research using standardized clinical measures, repeated assessments, longer follow-up, and larger samples.

Implications

The findings provide several preliminary implications for the implementation of support groups for adolescents with suicidal ideation. Shared experiences appear to provide a foundation for building interpersonal connectedness and reducing participants' feelings of being different or alone, while a nonjudgmental, supportive group environment may encourage greater openness and willingness to share emotionally sensitive experiences. The group process also suggests that participants may benefit not only from receiving support but also from encouraging, recognizing, and supporting other members, which may contribute to a sense of belonging, personal value, and hope. Continued interpersonal contact beyond the structured sessions may further help participants maintain perceived social support and apply adaptive coping strategies in everyday situations. However, support groups for adolescents experiencing suicidal ideation should be implemented within a clearly structured and professionally supervised framework that includes appropriate participant screening, group rules, monitoring of suicide risk, crisis-management procedures, and referral pathways when risk increases. The intervention may therefore be considered a complementary form of psychosocial support that helps adolescents develop connectedness, validation, coping, and help-seeking while remaining integrated with appropriate clinical care.

Limitations and Further Research

The findings should be considered preliminary because the support group involved only three participants and consisted of two sessions. The study primarily relied on participant's interview responses and observations during the intervention, without a comparison group, standardized pre-post clinical outcome measures, or long-term follow-up. Consequently, changes in suicidal ideation

or self-harm thoughts cannot be attributed directly to the support group. Participants also differed in their pre-existing social involvement, which may have influenced how they experienced the group. Future studies could combine qualitative exploration of group processes with repeated quantitative assessment of suicidal ideation, depressive symptoms, perceived social support, connectedness, and help-seeking before, after, and following the intervention.

CONCLUSION

This study suggests that even a brief, two-session support group may provide adolescents experiencing suicidal ideation with a meaningful interpersonal space characterized by shared understanding, validation, connectedness, and belonging. Participants reported feeling less alone, more understood, and more able to use interpersonal support as a coping resource, while mutual encouragement within the group appeared to foster emerging hope and a sense of personal value. Although participants also reported less frequent suicidal thoughts after the sessions, these changes should be interpreted cautiously as subjective preliminary responses rather than evidence of effectiveness. The findings support the potential role of support groups as a complementary psychosocial intervention within clinical care, provided that implementation includes structured procedures, professional facilitation, continuous risk monitoring, crisis management, and appropriate referral pathways. Further research with larger samples, longer intervention periods, standardized outcome measures, and follow-up assessments is needed to determine whether these initial responses are sustained over time.

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AUTHOR CONTRIBUTIONS STATEMENT

Sarita Candra Merida: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Writing – Original Draft, Project Administration.

Rika Fitriyana: Methodology, Validation, Supervision, Writing – Review & Editing.

All authors have read and approved the final manuscript.

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