



ADOLESCENT'S SUICIDE PREVENTION-EFFECTIVENESS OF INTERVENTION PROGRAM

Dr. Shweta Shandilya

Postdoctoral Fellow , School of Education & Training ,
Maulana Azad National Urdu University.

ABSTRACT

Background: Suicide is a mental health problem and it is a rising trend among adolescents in India and thus it becomes the need of time that appropriate intervention program should be implemented at school level so that suicide can be prevented.

Method: Mixed method research approach (Quantitative→Qualitative) is followed in this research work. Quasi experimental research design is adopted. One school was randomly selected in Hyderabad city and all the higher secondary students of selected school were taken up for study. 390 students have taken part in pretest and 207 in posttest (respondents with zero score in pretest were not taken up in intervention program). Intervention program was applied on experimental group. 25 respondents from experimental group were further interviewed as follow up to know the relevance and usefulness of intervention program.

Results: Findings of the study suggest that intervention program is significantly effective among experimental group when compared with control group.

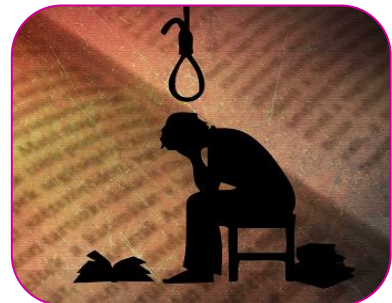
Conclusion: Intervention program is significantly effective in preventing suicide among adolescents.

Note: The present paper deals with only the qualitative findings obtained from interview of the research which was conducted in posttest with the participants of experimental group.

KEYWORDS: mental health problem , biological, psychological.

BACKGROUND:

The word adolescence is derived from the Latin word 'adolescere' which means to grow up and to grow hairy, and signifies a stage of life during which biological, psychological, and social changes gain momentum and interact intensively with each other (Hamburg & Takanishi, 1989). In this period an adolescent endeavors to gain a place in the social world, and draws up and realizes his/her personal plans and objectives at the same time. When the number of areas and the speed of change to which adolescents must adapt increase in comparison to childhood, the number of teenagers with mental health problems rises accordingly (Kim, 2003). Currently, more adolescents are reported to suffer from mental health problems than compared to the past (Collishaw et al., 2004). Mental health problem ranges from minor depression to acute self harming behavior with the highest level of attempted or completed suicide. Although suicide rates for most subpopulations tend to be stable over time, the suicide rate among adolescents has risen dramatically in recent years. The staggering increase in the incidence of youth suicide in recent years is a complex and disturbing fact of contemporary society. Suicide is now the third leading cause of death among adolescents and young adults aged 15 to 24 years (Anderson & Smith, 2005) and the second leading cause of death among college students (Dogra, Basu & Das, 2008; Schwartz, 2006). In the last three decades (from 1975 to 2005), the suicide rate is increased by 43% (Vijayakumar, 2010). Every year approximately one and



half million people die by suicide in the India and close to eight million worldwide (WHO). It is a global phenomenon affecting all the countries especially low and middle income countries. In fact, 78% of suicides occurred in low- and middle-income countries in 2015 (WHO, 2017). The statistics of suicide all around the world indicate that the most vulnerable group is of young population. India is one of the top seeded countries in case of suicide. The reported world rate of suicide 10.7 per 100,000 populations and the crude suicidal rate of India is 17.9 per 100, 000 population (WHO, 2017). If we talk about India, majority of the suicides (37.8%) in India are by those below the age of 30 years (NCRB, 2010). Within the country itself, there is wide variation in the suicide rates. The southern states of Kerala, Telangana and Tamil Nadu have a suicide rate of > 15 while in the Northern States of Uttar Pradesh, Bihar and Jammu and Kashmir, the suicide rate is up to 3. Higher literacy, a better reporting system, lower external aggression, higher socioeconomic status and higher expectations are the possible explanations for the higher suicide rates in the southern states. The fact that 71% of suicides in India are by the persons below the age of 44 years imposes a huge social, emotional and economical burden on society (Vijayakumar, 2010). Thus, suicide is a major public and mental health problem, which demands urgent action.

Although suicide is a deeply personal and an individual act, suicidal behavior is determined by a number of individual and social factors (Vijaykumar, 2007). Ever since Esquirol wrote that “All those who committed suicide are insane” and Durkheim proposed that suicide was an outcome of social / societal situations, the debate of individual vulnerability vs social stressors in the causation of suicide has divided our thoughts on suicide. Suicide is perceived as a social problem in our country and as school is considered as a social entity, school is directly or indirectly entrusted with the task of curing social problem or making a path to minimize it. Some suicide hotlines like Sneha, Maitreyi, Aasra, Roshni, Sath, Lifeline Foundation are available in India which work for suicide prevention but school based suicide prevention programs are also needed because a large percentage of suicidal victim are school/college going students. 30% of India's population consists of young people presenting a historic opportunity of demographic development but along with the opportunity there are challenges that must be overcome. Adolescents are under enormous pressure and stress. They are competing in school for good grades, they are faced with college applications and job hunting. Adolescent suicide is an unfortunate result of all the pressures and stresses. Knowing how to help with teen suicide prevention can save lives because it focuses on helping teens realize that life is too special to commit suicide. Therefore, it becomes the responsibility of school to work for suicide prevention.

OBJECTIVE OF THE STUDY:

To find out the effectiveness of suicide prevention program for adolescents at school level

METHODOLOGY:

Method:

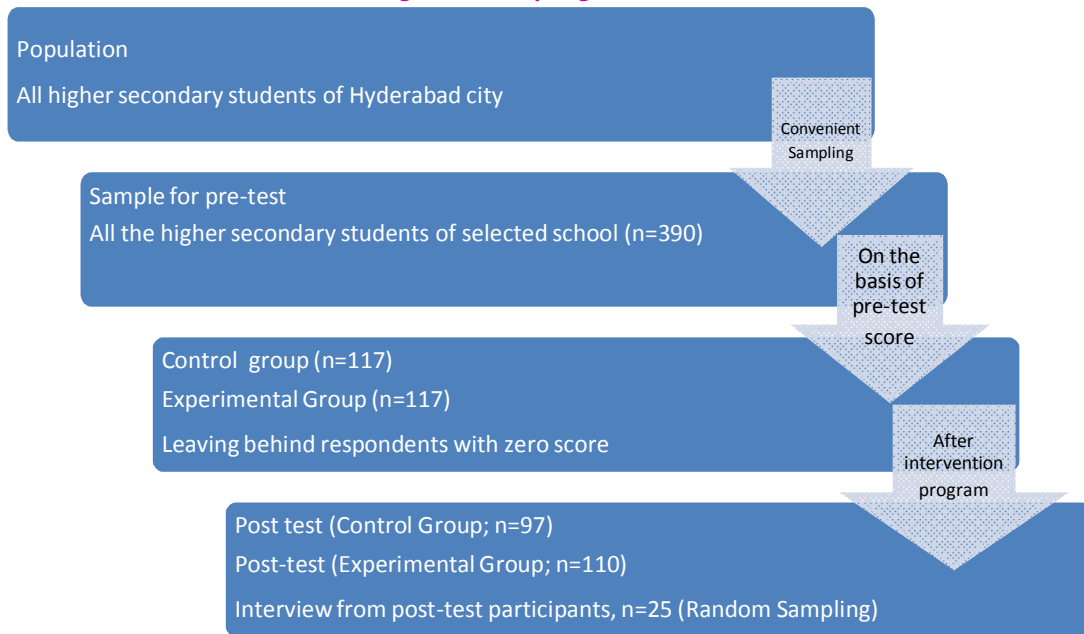
Mixed method research approach (Quantitative→Qualitative) is followed in this research work. Quasi experimental research design is adopted.

Sample & Sampling Technique:

One school was randomly selected in Hyderabad city and all the higher secondary students of selected school were taken up for study. 390 students have taken part in pretest and 207 in posttest (respondents with zero score in pretest were not taken up in intervention program). Intervention program was applied on experimental group. 25 respondents from experimental group were further interviewed as follow up to know the relevance and usefulness of intervention program.

Sampling procedure is as illustrated in figure below:

Figure 1: Sampling Procedure



Instrument:

Tool for pretest and posttest

For pre-test and post-test, an adapted version of suicidal behavior questionnaire (SBQ) (Linehan, 1981) is used to assess the suicidal behavior among adolescents which is standardized tool with sufficient reliability and validity.

Tool for Intervention Program

In the present study, intervention program included psycho educational program related to cause, effect and preventive measures for suicide which again was divided in three parts:

- a) Focus on improving knowledge and changing attitude of students regarding suicidal behavior and mental health problems
- b) Skill training program (for students)
- c) Gatekeeper training program (for teachers and school counselors)
 - For improving the knowledge and changing the attitude of students regarding suicidal behavior, help of audio visual aid (power point presentation and video regarding causes and effect of suicide) was taken.
 - For skill training program, a total of 8 skill based programs are taken to improve the positive outlook among adolescents.
 - The skills are
 - Problem Solving Skill
 - Decision Making Skill
 - Critical Thinking
 - Communication Skill
 - Interpersonal Relationship
 - Sense of Uniqueness in Self
 - Expression of Feelings
 - Coping Skills
 - For gatekeeper training program, which is intended for teachers and school counselors, module is developed which involves the current status of suicide worldwide and in India, Risk and protective

factors of suicide among adolescents, overview of mental health, signs of suicide and responsibility of schools in such cases.

RESULTS:

To achieve the major objective of the study which was to assess the effectiveness of intervention program for suicide prevention, the researcher applied pre test post test quasi experimental design, but merely statistical results cannot say everything about such a personal and sensitive issue. Therefore, researcher also conducted interview from 25 respondents who took part in intervention program i.e., subjects from experimental group. In the present study, interview was conducted by keeping in mind some dimensions related to suicidal behavior and intervention program. Dimensions are as below:

- Reasons behind suicidal behavior
- Intensity of suicidal behavior
- Relevance of present intervention program
- Suggestions regarding intervention program

In order to analyze the verbal data obtained after interview, the following steps were involved:

Transcribing the data and reading the transcripts:

The data was first transcribed. After transcribing all the obtained data, transcripts were read and re-read.

Identifying the theme:

In the process of reading and re-reading of each and every transcript, transition unit of experiences of suicidal behavior and views about intervention program were identified with the help of statements or quotes related to the theme. **The statements of the respondents have been mentioned in following sections in verbatim and no alteration in the words/sentences have been made and reported as stated by the respondents.**

Dimension I: Reasons behind Suicidal behavior

Some of the reasons which came out as the reasons of suicidal behavior are

- Parental pressure for study
- Conflict of career aspiration between adolescents and their parents
- Failure in examination
- Sexual violence
- Failure in love affair

Respondent's verbal expression regarding reasons behind suicidal behavior is quoted. With respect to parental pressure for study, respondents had agreed that they felt parental pressure due to which they sometime taken a decision to end their life.

e.g., Respondent 4 expressed the feeling that

"No matter how much I study, it is not sufficient for mummy. She always complains that I don't study as much as I should.....It is not that I don't study but it is not possible to study for whole twenty four hours. Sometimes, she creates such havoc when I think it would be better if I were dead"

In the same line, respondents 2 told that

"Papa always used to say that, u don't study....u have no future...one day I thought that all the problems will be solved if I were dead & I cut my hand with knife. But I was survived as my father is a doctor but I was scolded bitterly"

With respect to conflict of career aspiration between adolescents and their parents, some of the quotes are sentenced here. As respondent 11 shared her feeling that

"I wanted to be Air Hostess, but papa didn't want to let me study further. He wanted.....when I got to know this.....I took a lot of expiry date medicines."

Regarding failure in examination, some of the respondents were of the view that failure in examination was main reason for this feeling
e.g., respondent 12 said that

“I am weak in mathematics and mathematics paper was very hard so I thought that I will fail in this paper and cannot do anything. Then, I thought of committing suicide.”

Similarly, respondent 19 shared his feeling

“I wanted to take science but my parents didn't allow for it and I had to take commerce. That's why I couldn't do well in this and failed in XI in 2 papers. After that I took this decision.”

With respect to experience of sexual violence, respondents had made their view that many a times they feel to take their own life because of helplessness during sexual violence.

e.g., respondent 16 said that

“Whenever I come to school, boys take advantage of rush or crowd (on road, or in bus or train) and sometimes they touch or even press private parts. I cannot react at that moment. Being a girl is not easy in this society. And this harassment is not to be stopped. At that time, I feel that if I will end my life, I will not have to tolerate all this.”

Again, respondent 13 stated that

“While going outside, boys comment and harass verbally, then I thought about committing suicide but never tried for this”.

Regarding failure in love affair, some respondent were of the view that they thought about suicide due to this reason. In this area, girls were found more emotional than boys but boys also felt suicidal due to this reason.

e.g., respondent 6 shared his view that

“We were together for last 5 years.....you can say that it was childhood love... then she went to another city for XI and found a new guy there. When I got to know this, I felt that whether I should commit suicide or kill them both..... Even I tried by cutting my hand. But my friends saved me”.

Respondent 20 said that

“He just used me. I thought it was love but when I realized that it was one sided only, I felt devastated and decided to end my life”.

Sorting out of data in related theme:

In the overall analysis of the data, it was found that students had suicidal behavior mainly due to external factors, sometimes due to family (mainly parents) and sometimes other than family factors like school and society. Out of 25 students, 9 students had shared their feelings that they thought about committing suicide due to parental pressure for study. 3 students said that they wanted to go in different field but they their parents pressurized them to opt different career due to which they had conflict in their life and wanted to end it. 11 students thought about ending their life due to fear of failure in examination. 8 students had shared that they somewhere in their life experienced sexual violence either acute or severe which led them to think of committing suicide. Out of 8, 3 cases were of suicide attempt. 5 students (3 boys and 2 girls) had gone through failure in love affair which led them to think about suicide.

The main causes of suicidal ideation among higher secondary students which emerged out of the analysis are given below:

Table 1: Number of Responses for Major Reasons of Suicidal Behavior among Adolescents

Major reason behind Suicidal Behavior among Adolescents	Number of Responses (%)
Parental pressure for study	9 (36%)
Conflict of career aspiration between adolescents and their parents	3 (12%)
Failure in examination	11 (44%)
Sexual violence	8 (32%)
Failure in love affair	5 (20%)

Drawing Conclusion:

The analysis of the data regarding the reason of suicidal behavior reveals that parental as well as societal factor influences suicidal behavior among adolescents.

Dimension II Intensity of Suicidal Behavior

The second dimension for interview was intensity of suicidal behavior. Here, intensity is viewed in three dimensions

- Low intensity: where it was just a thought with no serious intention
- Average intensity: where it was a serious thought but couldn't attempt for it
- High intensity: where it was a serious thought and attempted for it but survived

The interpretation of data related to this dimension is as in first dimension.

Intensity was seen in different stages from low to high. Some adolescents just thought about it without actual intention whereas some had attempted to do so seriously to end their life. e.g., respondent 6, who seriously attempted to commit suicide said that

"When I got to know this (girlfriend's affair with someone else), I felt that whether I should commit suicide or kill them both. I was totally shocked. I couldn't accept it. Even I tried by cutting my hand. But my friends saved me"

Respondent 12 who just thought of end his life but he had not this intention said that

"I am weak in mathematics and mathematics paper was very hard so I thought that I will fail in this paper and cannot do anything. Then, I thought of committing suicide. But, it was just a thought. I didn't mean it."

Respondent 23 said that

"..... At that point of time, I was thinking about suicide seriously but didn't attempt it. I had the fear what if I survive. People will say look that girl. She attempted to commit suicide. What is wrong with this generation? They can't tolerate. And above all, my parents will have to hear all these taunts throughout their life. That's why I didn't attempt for it."

Sorting out of data in related theme:

Analysis of data reveals that intensity was in varying degree from low to severe. Out of 25 adolescents, 6 had low intensity of suicidal behavior, 7 had average intensity of suicidal behavior where respondents thought about committing suicide but didn't attempt for it.

Drawing Conclusion:

From interpretation of data, it can be said that suicidal behavior exists among adolescents in varying intensity.

Dimension III: Relevance of Present Intervention Program

The present research work is focused on preventive intervention program. Therefore, it becomes important to get feedback from students about the suitability and relevance of program on which it was applied. The interpretation of data is done here as discussed in first dimension.

e.g., respondent 11 said that

“It is very interesting. No one talks about this matter to us. All think that it is a bad think. We should not talk about this. We need someone in crisis. But, in school or even in family, there is no one. You are the first one who is freely talking about this”.

Similarly, respondent 17 said that

“It is very beneficial. It should be included in our curriculum. Particularly the skills which we exercised. It will help us in our daily life. All the skills, coping skill or problem solving skill or other, these all are useful in our life”.

In the same line, respondent 19 shared her feeling as

“Now I understand that when people are suicidal, they give indication. It is up to us that we understand them or not. One of my friend committed suicide last year. She used to be disturbed as a boy used to harass her. She has shared her feeling that she will take this step. She used to sit alone and talked very less with us. But, we took it lightly. We did not understand the situation. I wish if I have known this earlier, I could help her.”

In the same line, respondent 3 told that

I am very disturbed with my parents. They constantly pressurize me to go in IT sector. They don't even imagine how much it bothers me. Not every single child is same..... I am not very techno sevi but I am very interested in arts.But, they don't understand it..... now I can tell them that I can do better in arts also. There is a lot of scope in arts too, isn't it? If possible, can you speak to my parents that I should go in arts field?

Similarly, respondent 8 said that

“You have also shown all these to our teacher, haven't you? It is very good. They should also understand our problems. But they don't pay attention. What can they do too? They have to complete course and they have also other official works. So, they get little time. This should be taught in our school on regular basis. I know a lot of students who thin about suicide at some point of time. It will help them.”

Sorting out of data in related theme:

From the interpretation of data it was found that all the 25 respondents made their point that the present intervention program is very useful for them as they can take help when in need from helpline or help others whom they see with such behavior.

Drawing conclusion:

It can be concluded from the data analysis that the present intervention program for suicide prevention is relevant and useful in this time.

Dimension IV: Suggestions regarding Intervention Program

In this dimension, respondent expressed their suggestions regarding the intervention program. Here, respondents' verbal quotes are expressed too.

Some respondents were satisfied with the program, e.g., respondent 2 said that

“It is very good. We gained a lot of knowledge and skills in just 15 days. Now we can identify if someone is suicidal and help them.”

Similarly, respondent 6 told that

“It was very informative. In this, we see many things around us but do not pay attention because we don't understand that it may be so serious. Now, with this knowledge, we can identify the symptoms and then take necessary measure.”

Some respondent thought that some addition should be there in the program, e.g., respondent 12 suggested that

“It should be large enough. It seems that it started and finished. From my point of view, 15 days is very less time for such issues. At least 6 month compulsory course should be there.”

Some respondent had additive suggestions, e.g., respondent 7 told that

“Our family member should also be included in this program because we cannot share such type of feeling with them. If they have this knowledge, they can understand the situation and help us.”

Some respondent had queries also, e.g., respondent 13 expressed her query that

“After this program, I think that everyone have suicidal tendency at some point of life, but family member will not allow going to psychiatrist. They think it as a stigma. In that situation, what should we do?”

Sorting out the data in related theme:

Verbal expressions were sorted out in particular theme. After analysis, it was seen that 11 respondents were satisfied with the program and they thought that it is well enough informative for them whereas 6 students had the opinion that program should be of more time. They thought that it was very less time to discuss all these things. 8 students suggested that this program should be conducted on large scale in which all the stakeholders like family, teachers, administrators and students should be provided information at the same time. It will give scope for better understanding.

Drawing Conclusion:

It can be concluded from the analysis of the data that the present intervention program can be applied at larger scale taking more time for wider implication. The findings and conclusions along with their discussion are presented in the next chapter of this research report.

CONCLUSION:

It can be concluded that intervention program can be effective for suicide prevention.

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