



## **Psycho Social Care and Support for Suicidal Ideation and Attempt among School Going Adolescents**

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### **ABSTRACT**

Suicide is one of the leading causes of death and Disability Adjusted Life Years (DALYs) worldwide. The economic, emotional and human cost of suicidal behaviour to individuals, families, communities and society makes it a serious public health issue. Suicide is a global phenomenon; in fact, 78 percent of suicides occurred in low- and middle-income countries in 2019. About 800,000 people commit suicide worldwide every year, 17% are residents of India, a nation with 17.5% of world population. The suicide rate increased from 7.9 to 10.3 per 100,000 between 1987 and 2007. Suicide occurs throughout the lifespan and is the second leading cause of death among 15-29 year olds globally. WHO report published found that one person commits suicide every 40 seconds globally. Young people find it difficult to cope with failure in examinations and careers and neither families nor other social institutions offer adequate support or solace. Professional help is difficult to find because India endures an 87% shortage of mental-health professionals. According to Tashi Dema (2019) a total of 667 (11.6%) adolescents reported considering a suicide attempt whereas 656 (11.3%) reported attempting suicide in the past 12 months. Among those reporting suicidal ideation, 388 (58.6%) reported attempting a suicide and 274 (41.4%) had ideation alone, whereas, 247 (38.9%) reported attempting a suicide without previous ideation. This descriptive study aims to identify the stresses and areas prone to suicide and to identify the Psycho Social Care and Support services. It adopts Quantitative method and the primary data was collected through a semi structured interview schedule. The main focus of the study is to suggest the importance of Psycho Social Care and Support to prevent suicide.

Keywords: Adolescent, Suicide Ideation, Psycho Social Care and Support

### **1. Background of the Study**

Family is the primary socialization agent, whereby the adolescents are developing their beliefs, attitudes and knowledge from their parents. Adolescence is a period that is universally known as a period of fundamental biological, cognitive and social changes (Hill, 1983). Of all the stages of human life, adolescence is considered as the most crucial one next to fetal stage since numerous physiological, psychological and social changes occur. Adolescence is viewed as a transitional period between childhood and adulthood whose cultural purpose is the preparation of children for adult roles. Adolescents' developmental task includes identity, autonomy, sexuality, academic functioning and peer groups. They are a unique population with specific health concerns and needs. According to Erikson (1963), the chief task of the adolescent is to develop a sense of personal identity. Early adolescent period extends from about twelve years to fifteen years. The important theme in adolescent has to incorporate into his/ her self-concept the new feelings, the new body image and new conceptions about his/her role.

Suicide is a global phenomenon; in fact, 78% of suicides occurred in low- and middle-income countries. In 2015, Suicide accounted for 1.4% of all deaths worldwide, making it the 17th leading cause of death in 2015. There are indications that for each adolescent who died of suicide there may have been

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more than 20 others attempting suicide. Every 40 seconds a person dies by suicide somewhere in the world. Over 800 000 people die by suicide every year, which is one person every 40 seconds. Many more attempt suicide. Suicide occurs throughout the lifespan and is the second leading cause of death among 15-29 year olds globally (WHO). Suicide and accidental death from self-harm were the third cause of adolescent mortality in 2015, resulting in an estimated 67 000 deaths. Self-harm largely occurs among older adolescents, and globally it is the second leading cause of death for older adolescent girls. It is the leading or second cause of adolescent death in Europe and South-East Asia.

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## 2. Psycho Social Care and Support

**3.** Mental health is an integral part of health and well-being, as reflected in the definition of health in the Constitution of the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Mental health, like other aspects of health, can be affected by a range of socioeconomic factors that need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery in a whole-of-government approach. Important mental health habits including coping, resilience, and good judgment help adolescents to achieve overall wellbeing and set the stage for positive mental health in adulthood. Mood swings are common during adolescence. However, one in five adolescents has had a serious mental health disorder, such as depression and/or anxiety disorders, at some point in their life. Friends and family can watch for warning signs of mental disorders and urge young people to get help. Effective treatments exist and may involve a combination of psychotherapy and medication. Unfortunately, less than half of adolescents with psychiatric disorders received any kind of treatment in the last year. Adolescents find it difficult to cope with failure in examinations and careers and neither families nor other social institutions offer adequate support or solace. Suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss. For some teens, suicide may appear to be a solution to their problems. Professional help is difficult to be found because India endures an 87% shortage of mental-health professionals.

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## 4. Literature Review

**Tashi Dema (2019)** a total of 667 (11.6%) adolescents reported considering a suicide attempt whereas 656 (11.3%) reported attempting suicide in the past 12 months. Among those reporting suicidal ideation, 388 (58.6%) reported attempting a suicide and 274 (41.4%) had ideation alone, whereas, 247 (38.9%) reported attempting a suicide without previous ideation.

**Sathish Kumar & Sathyamurthi (2018)** the study was carried out in two areas (one urban slum chetpet and one Village Vengal) and finds that adolescents of the study areas are very much vulnerable to substance usage due to high availability of substance and varied influences and exposure to substance. It describes the physical, psychological and social issue comparison of the prevalence and consequences of substance use disorder among adolescents of an urban slum and a village.

**Anjali U S (2018)** the study was carried and found that the Psychosocial competence, 40 percent of the Institutionalized adolescents falls in the moderate level of psychosocial competence and very near that 36 percent had higher level of psychosocial competence

**Saldanha (2017)** study highlights that impulsive decision or a long thought-out deliberate suicide are caused due to result of poor relationships with parents, excessive expectations, the feeling of being unwanted, poor understanding of their peer/romantic relationships.

**Munnum Muhejee (2013)** study explained the features of setting an adolescent friendly health services by considering the aspects of adolescents such as: actions taken to maintain health, eating habits and food preferences and treatment for previous illnesses etc., WHO also adopted strategies for the promotion of health among adolescents and proposed the characterises of adolescent-friendly health services through overcome the factors responsible for the non availability of health care facilities for them.

**Thomas Farrell et al(2012)** study evaluate that the impact of social support and social context on suicide attempt in disadvantaged adolescents, and calculate that longitudinal risk of suicide attempt. It provides insight into the nature of suicide attempt within a grossly understudied population. Social support and social context have an important impact on suicidal behaviour in extremely disadvantaged adolescents.

**Madelyn S. Gould et al (1996)** study highlights that there was a significant independent impact of the psychosocial factors on increasing suicide risk among children and adolescents, beyond that risk attributable to psychiatric illness. The most notable risks were derived from school problems, a family history of suicidal behavior, poor parent-child communication, and stressful life events. Sex, ethnicity, and age modified the relationships of a few of the psychosocial factors. Socio environmental circumstances add significantly to a teenager's risk of suicide. The overall effect size on increasing suicide risk of the psychosocial factors is comparable with that for diagnostic factors, highlighting the importance of considering socio environmental factors when assessing suicide risk.

**Kazdin, Alan E. (1993)** study on Adolescent mental health: reveals that adolescent mental health represents a neglected area of research. Mental health objectives include the promotion of optimal functioning as well as the prevention and reduction of maladaptive functioning. This article examines behaviours and conditions that place adolescents at risk for adverse outcomes and the urgent need for prevention and treatment to promote adaptive functioning.

## 5. Material and Methods

The objective of the paper is to study the stresses and areas prone to suicide and to identify the Psycho Social Care and Support services. The researcher had chosen 76 adolescents (both boys and girls) for collecting primary data. The researcher adopted descriptive research design by adopting Quantitative method and the data were collected through semi structured interview schedule. The main focus of the study is to suggest the importance of Psycho Social Care and Support to prevent suicide. Collected primary data was analysed by using the Statistical Package for Social Sciences (SPSS) for data analysis as tables and diagrams based on the objectives of the study.

## 6. Major Findings

The following are major findings highlighted based on the objectives of the study

- Majority of the respondents (98.7%) belongs to the age group of 16-18 years.
- Almost (93.4%) of the respondents are female
- Half (36.8%) of the respondents both the parents are working
- One third (53.9%) of the respondents are studying in Government Aided schools
- 63.2% of the respondents feels that life is not worth living
- Almost (64.3%) of the respondents thought about taking their own life
- Majority(76.3%) of the respondents t feel confident about their appearance
- Almost half(60%) of the respondents were bullied
- Majority(76.3%) of the respondents tried standing up for themselves
- Almost (84.2%) of the respondents agree that health is a combination of physical mental and emotional aspects
- One third (60.5%) of the respondents thinks that Mental wellbeing is important to me
- Majority (73.7%) of the respondents dint not spend time to take care of their mental wellbeing
- Majority(98%) of the respondents school does not provides awareness regarding mental wellbeing
- Almost (98%) of the respondents school does not conducts activities that help reduced stress
- Majority (75%) of the respondents have family problems
- One third(43.4%) of the respondents have frustration due to mis understanding
- Majority (80.3%) of the respondents feels that their sleeping and eating pattern has changed
- One third (69.7%)of the respondents have health problem like head ache
- Almost (88.2%) of the respondents undergoing pressure in their studies
- Majority (81.6%) of the respondents feels that they have bad living conditions
- Almost (73.7%) of the respondents think that they should move to new city.

## 7. Discussion, Suggestions and Conclusion

Mental health is a condition that allows optimal development of physical, emotional states of an individual. Adolescents are particularly vulnerable because of the lack of accessible to the adolescent friendly mental health services. From the above study it is evident that school going adolescents have the risk of suicide, therefore steps to be taken to provide a proper mental health services leading to attainment of better mental health. The schools may employ the professionally qualified school social workers to address and educate the students regarding the importance of mental health. Indigenous relaxations techniques like yoga, art therapy, dance therapy will help the students to enhance their mental well being and also help them to reduce stress. This will provide the positive mental health among the students so that suicide can be prevented.

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