

Promoting Adolescent Suicide Prevention Programmes in Pakistan: An Insight into Challenges and Opportunities

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ABSTRACT

Suicide is a global health concern, with profound social, emotional, and economic repercussions for individuals, families, and communities. Suicidal behaviour among adolescents, encompassing ideation, self-harm, and suicide attempts poses a significant global public health challenge. The cultural, social, and economic factors that contribute to suicide in Pakistan are complex and multifaceted, making it imperative to develop tailored interventions, necessitating collaborative efforts involving researchers, educators, clinicians, practitioners, and policymakers.

The purpose of this study is to emphasise the risk factors contributing to adolescent suicidal behaviour and to delve into the strategies and interventions that can help prevent suicide in Pakistan, considering the unique challenges and opportunities within the country. This study highlights the relevance of the WHO (2023) Thinking Healthy Programme and stress management measures tailored to the needs of low- and middle-income nations like Pakistan. These resources empower healthcare workers to enhance mental health screening and identification of adolescents within their communities. In conclusion, dispelling the myths, reducing the societal stigma associated with mental health, and enhancing the accessibility of mental health services is an imperative mission that demands concerted efforts from all sectors of the society.

Key Words: *Suicide, Adolescent, Mental health, WHO (2023) Thinking Healthy Programme.*

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Suicide is a global threat and a leading cause of death among adolescents. Mental health issues are major contributing factors towards suicidal ideation, behaviour, and suicide attempts. Suicidal behaviour includes suicidal ideation suicidal thoughts, self-harm, and suicide attempts. Death by suicide accounts for an estimated 800,000 fatalities globally, with many more incidences of self-harm and suicidal ideation.¹ Pakistan was reported as having the highest incidence of suicide among adolescents with 8.9 suicides per 100,000 individuals.¹ However, despite a high prevalence of common mental diseases, mental health services in Pakistan, a low-middle-income country, are under-resourced, resulting in a tremendous economic strain.²

Suicidal conduct in the adolescent group is driven by stressful life circumstances and a lack of social support. One significant factor that deserves attention is adolescent parenthood, which frequently results in a lack of critical parenting skills required for good parenting.

In addition, parental acts such as parental conflict among each other, strict child parenting, lack of familial support, and domestic violence can be significant causes of adolescent suicide behaviour as depicted in Figure 1A. Emotional, psychological, and familial issues have all been established as significant contributors to adolescent self-harm and suicide. In addition to familial conflict, truancy, school absenteeism, bullying, and members of peer groups who self-harm, and many other factors contribute to adolescent self-harm. Hence, a thorough knowledge of risk factors is essential for devising effective interventions for such people.

The major barrier to preventing suicide is lack of understanding about mental health concerns. Adolescent mental health is greatly influenced by healthy family interactions. Social factors like family structure and having a strong bond inside the family are all critical markers for mental health and suicide prevention. Quality family life, with acceptance, warmth and support, builds resilience and adaptation facilitating good mental development in adolescents. Understanding and managing these elements holistically is critical for promoting mental health.^{3,4}

Mental health awareness, school health programmes, parental counselling, and better resource allocation for suicide prevention are direly needed.¹

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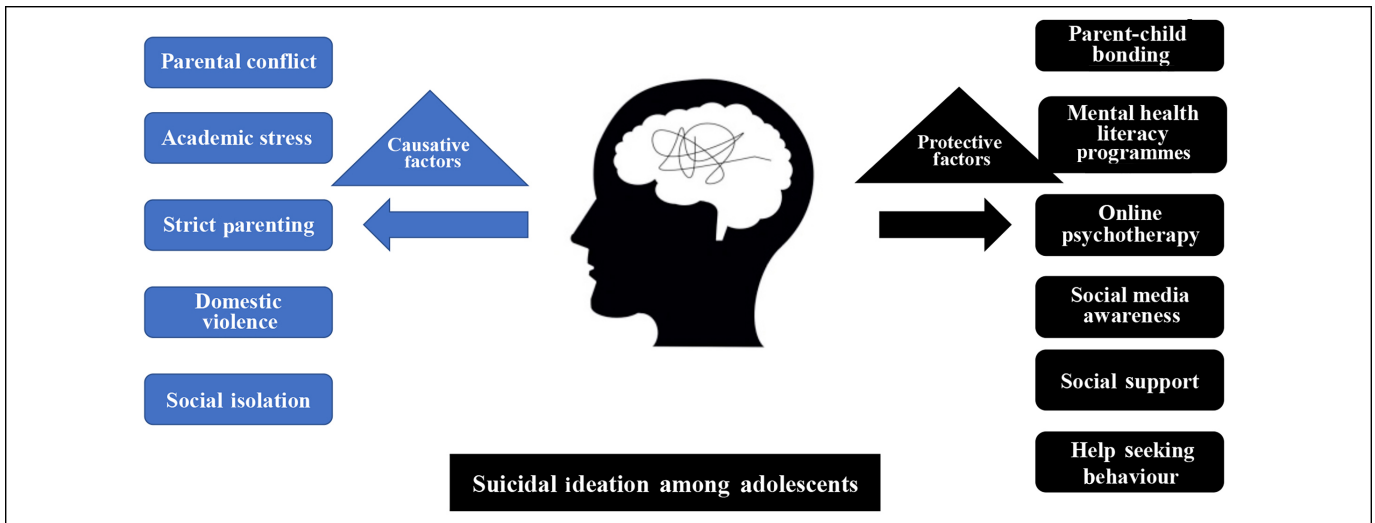


Figure 1A: Protective and preventive factors contributing to suicide.

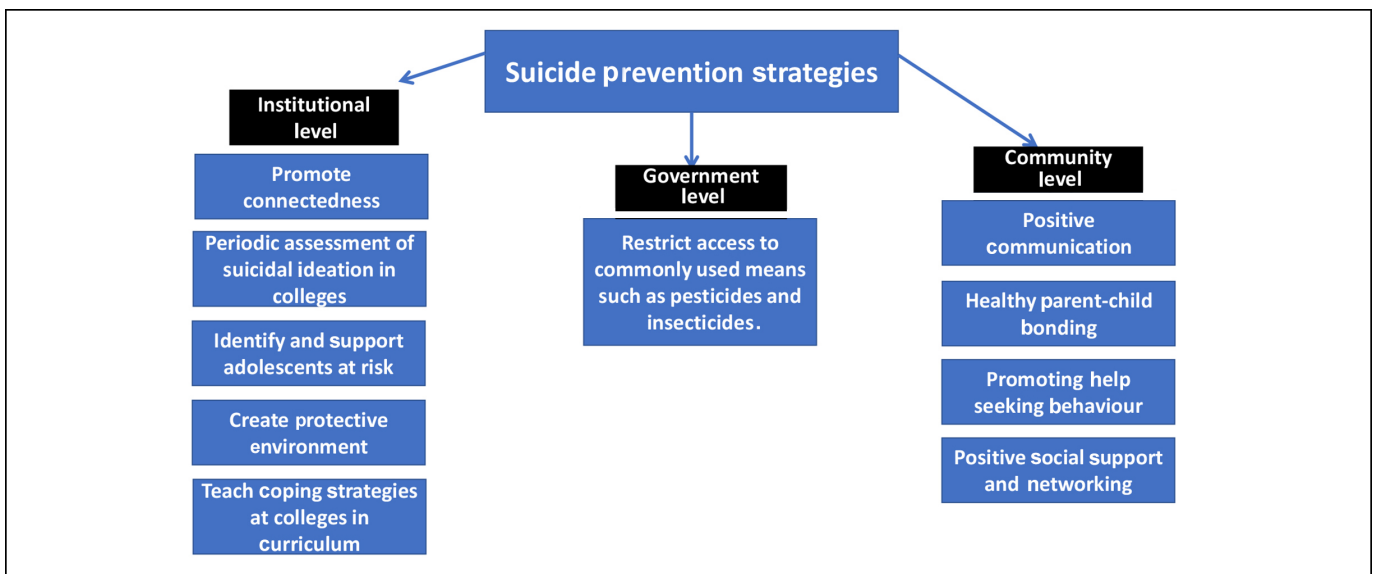


Figure 1B: Multi-level suicide prevention strategies.

Moreover, mental health professionals can promote public awareness by raising campaigns in schools and communities for early detection of suicidal behaviour and for promoting protective factors.⁵ Offering mental healthcare in a safe and easily accessible setting, such as primary care, improves the likelihood that parents of teenagers will seek assistance.⁶

Increasing accessibility of mental health services and reducing the societal stigma around mental health are imperative. Providing mental health literacy is one of the essential tools in breaking the mental health stigmas and improving the quality of mental health among adolescents. Moreover, developing coping strategies promoting mental health literacy training in schools and community education are all essential as depicted in Figure 1B.⁵ Therefore, including and prioritising the mental health course as a part of the high school curriculum can be instrumental in achieving the desired outcomes for adolescents' mental health.⁵

Promoting the use of WHO (2023) guidance resources, particularly the 'Thinking Healthy Programme', 'LIVE LIFE', and 'stress management techniques', adapted specifically for low- and middle-income countries (LMICs) like Pakistan is crucial. These resources provide vital assistance and skills to improve community mental health and well-being, building resilience, and improving mental health outcomes. Their design caters to the training needs of primary healthcare workers like paramedics, lady health workers (LHWs), and volunteers, allowing them to equip the larger community with the necessary skills for mental health screening and identification. Adopting this strategy holds enormous promise for significantly increasing the capacity to effectively address mental health concerns in the local communities of Pakistan.

There are several challenges associated with implementing strategies for preventing suicidal behaviours; hence the limitations of interventions and their possible solutions are highlighted below:

- Limited resources: Pakistan's healthcare infrastructure is frequently overburdened and underfunded. Solutions include collaborating with international organisations for financing and expertise, as well as involving NGOs and community organisations in suicide prevention efforts.
- Cultural sensitivity: Cultural traditions in Pakistan may prevent open conversations about mental health and suicide. Addressing this dilemma entails collaborating with local cultural and religious leaders to help destigmatise these concerns.
- Geographical disparities: Urban areas in Pakistan have better access to mental health services than rural ones. Telehealth and mobile clinics can assist in bridging this gap and ensure that people in rural locations get the assistance they need.
- Data collection: Cultural and legal hurdles may hinder data collection on suicides. However, fostering a culture of accurate and sensitive suicide reporting among healthcare providers can lead to improvements in data quality and enhance the data collection.
- Availability of mental health professionals: Enhancing accessibility to mental health professionals is vital. This can be accomplished by implementing training programmes and providing incentives that motivate professionals to serve in underserved regions.

Suicide prevention in Pakistan is a complex challenge that requires a multi-pronged approach. It involves addressing the social, cultural, economical, and healthcare-related factors that contribute to suicidal tendencies. However, while the road ahead is challenging, it is not insurmountable. By promoting mental health education, enhancing mental health services, destigmatising mental health issues, and engaging communities, Pakistan can make significant strides in reducing its suicide rates. Also, suicide prevention is a collective responsibility that requires the collaboration of government agencies, healthcare providers, community leaders, and civil society to protect the well-being of all individuals in Pakistan. Moreover, legislative support and data collection efforts are pivotal in ensuring that prevention strategies are evidence-based and effective.



COMPETING INTEREST:

The authors declared no conflict of interest.

AUTHORS' CONTRIBUTION:

YNP: Original idea, proofreading, and editing.
 MA: Critical revision for important intellectual content.
 AE: Substantial contribution to the conception and design of the work.
 AA: Drafting of the work.
 SIH: Proofreading, drafting, and final approval.
 All authors approved the final version of the manuscript to be published.

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