

# Intervention to suicide risk adolescents in a school, a case story

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## Introduction

About 10-20% children and adolescent have mental health problems and half of mental disorders begin before the age of 14 (WHO, 2017). In addition overall 10% of adolescents (13–17 year) attempted suicide once or more time in last 12 months (WHO-SEARO, 2017). Almost 15% children and adolescents identified having one or another emotional and behavioral problems in Nepal (Mahat 2007) with increased externalizing problems in boys and internalizing problems in girls among school going children. Adolescent age is highly vulnerable for psychological difficulties which can lead major mental health problems like depression and suicide. There is growing evidence that depression and suicide are occurring in young age. Though there were no data on prevalence of suicide in adolescent population in Nepal, incidents of suicide often reported in media. The aim of this intervention case story is to sensitize importance of awareness and therapeutic intervention to suicidal risk adolescent at school setting in rural Nepal.

## Methods

It is an intervention study of suicide intervention in adolescent students from one school of western rural Nepal. Student from affected grades (7-10) were invited voluntarily to take part in the intervention and participated by 200 students. Intervention also conducted to parent (n=94) and teachers (42) participated voluntarily. A separate intervention targeted to highly affected students (n=22) selected purposively based on therapist observational findings. Intervention was guided by WHO suicide prevention manual. Intervention to highly affected adolescents focused mainly empathic listening, support to work on their attribution to depressive schemas (negative view to self, other and world) and activities to find resources within each adolescent and its' validation so

that he/she could see meaning on it. Treatment necessity and misconception behind mental health treatment also worked out with student and parent in respective session. Psycho-education session conducted to parent helping them to understand about suicide as mental illness, how to support children at home and school, role of parent to be emotionally supportive with their children, need of treatment, misconception behind the treatment and information of referral places.

## Results

Parent and teacher expressed great relief as they have understood how to support their children to cope with difficult emotion, were aware of early symptoms of suicide and referral places. Student expressed they understood about depression and suicide, why it is important to ask for help, listening to distressed college and help to seek treatment timely. Children and parent had misconception that suicide occurred because of bad sprits and cultural belief to the specificity to death time of the first case of suicide. It was perceived fearful and worrying matter when faith healers attributed the particular time of suicidal death can call of more suicide incidents ('panchak ma pareko'). Psycho-education session perceived helpful to work on such belief by the participants.

## Conclusion

Awareness regarding depression and suicide in children is very poor in rural part and other part of the country. Thus suicide prevention activity is very much necessary at all level focusing school children and community. Contextualized intervention to child and adolescent mental health problems has to be developed and trained to health workers in primary health care service setting in Nepal.