Original Article

Perceptions of key stakeholders on peer led strength building program for suicide prevention among young adolescents: A qualitative study from Karnataka, India

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Abstract

Context: Adolescent suicides are a significant public health concern in India and understanding the intersecting perspectives becomes imperative for the prevention of various mental health concerns. **Aim:** Assessing perceptions of various key stakeholders, that is, mental health experts, school and college teachers, and District Mental Health Program staff about peer-led strength building programs for suicide prevention. **Settings and Design:** A cross-sectional qualitative design using two Focus Group Discussions (FGDs) with mental health experts and teachers and one FGD with DMHP staff was conducted. The sample comprised 45 participants from Bengaluru urban district. **Materials and Methods:** The data were analyzed manually by the method of direct content analysis, and themes were determined using existing literature. **Results:** The teachers and the DMHP highlighted the need for an intensive training program/module that is necessary to be developed in order to train the peer leaders first. The mental health experts opined that creating a network will help in easy identification of the cases and appropriate treatment could be provided without delays. **Conclusions:** This study indicated that suicide is a preventable public health emergency and inaccessibility to existing as well as proper support systems was perceived as a major concern. Therefore, peer-led programs are beneficial in steering and improving help seeking behavior in suicidal adolescents.

Keywords: Adolescent suicide, college teachers, district mental health staff, mental health experts, peer-led strength building program

Introduction

Globally suicide among adolescents and young adults is the third leading cause of death.[1] As per the 2022 NCRB report, there is a stark increase in the suicide rate of 7.2% across India. 30.4% of suicide rates account for young people between the demographic of 18 to 30 who are predominately students.[2,3] In 1993, WHO urged nations to implement suicide prevention strategies that are tailor-made to fit their own population and culture-based needs.[4] But in the case of India, we still lack a proper nationwide strategy to address this issue that is catered toward adolescents and young adults. Studies recommend country and demographic specific suicide prevention strategies that are culturally relevant and sensitive.[1,5]

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Therefore, in the case of adolescents, peer-led interventions and strategies could prove to be effective as peers are often the most accessible and a source of mental health support.[6] Studies in developed countries show that peer-led intervention programs are effective in terms of preventing suicide among adolescents.[7,8]

The present study is novel as it explores the perspectives of the community stakeholders in understanding the potential effects and needs of the peer-led strength building program. With rising rates of suicide in India, it is a public health concern that needs to be addressed in integration with existing health care systems including primary care. Since primary care health professionals are a likely contact, therefore, it is imperative to implement necessary skills and training measures at a primary care level.[9,10] A 2017 study found that the role of primary health care can be crucial as a year prior to the suicide there is contact with the primary health care provider. Furthermore, the study found that contact with primary health care professionals was maintained even in the final month.[11] This highlights the relevance of the study as it could aid primary care health professionals in understanding the various perspectives in adolescent suicide prevention strategies, that is, peer-led strength building programs. The current study aims at understanding the various mental health problems faced by adolescents from the perspective of various stakeholders, that is, mental health experts and school and college teachers on peer-led strength building programs for suicide prevention.

Materials and Methods

Design

A cross-sectional qualitative study using Focus Group Discussions (FGDs) was employed. This was part of a larger study entitled "Peer led Strength Building Program for Suicide Prevention among Young Adolescents."

Sample

The sample was collected via the purposive sampling method. The sample consisted of mental health experts, college teachers, and DMHP staff from the Bengaluru urban district of India. Mental health experts included a total of 15 members for whom 2 FGDs were conducted on separate days, two FGDs were also conducted for the college teachers with 13 members in each FGD, and one FGD was conducted for DMHP staff with 4 members. Total number of samples $n = 45$ [Table 1].

Procedure

FGD question guide was developed. Five FGDs were conducted in Kannada and English. The participants only had a basic general idea about the research. They were approached via mail and face-to-face. The focused group discussion was conducted for a duration of 1 hour, with one moderator who had experience in qualitative research methods. Audio/visual recording was taken with consent along with field notes. The moderator facilitating the session had no prior relationship with the participants. And, data saturation was noted. Prior to the focused group discussions, a manual was developed by the authors, to understand the issue of suicide, its implications, causes, and its management and reporting. The transcripts were not returned to the participant neither were there repeat interviews. The COREQ Reporting Guidelines were adhered (see Appendix).

Table 1: Depicts the distribution of participants

Group	Number of FGDs	No. of Participants
Mental Health Experts	2	15
Teachers	2	26
DMHP Staffs	1	4
Total number of sample (*n*)	45	

Duration and setting

The data was collected from June 2020 to June 2021. It took place in a Rural–District mental health setting, Private Mental Health Organization, and a college setting.

Analysis

The moderators took the notes of the FGDs. The data were analyzed manually by the method of direct content analysis. One data coder was present and the analyzed data was then collated under the predetermined broad themes previously identified by the researcher using existing literature. The four themes have been elaborated in the results section.

Ethical considerations

The study has received ethical clearance from the Institute Ethics Committee (IEC) and informed consent was obtained from all the participants. Anonymity and confidentiality were maintained throughout the study, and no identifying markers were used. The study followed the guidelines laid out by the Helsinki Declaration of 1964 and its subsequent revisions.

Results

Theme 1. Scenario of suicide among young adults in India

Mental health experts

They opined that self-injurious behavior can be seen in 10 out of 100 population of young adolescents whereas in late adolescents the numbers vary from 5 to 10 out of a population of 100. Suicidal behavior, however, according to mental health experts, is seen to be more prominent in young adults rather than in adolescents. Self-injurious behavior impacts the functioning of the adolescents; it affects their social and academic functioning. The magnitude of self-injurious and suicidal behaviors is on the rise, particularly in cities such as Bangalore; major contributing factor to this is the excessive use of social media which creates a contagion effect. Psychiatric conditions such as depression and social anxiety were identified as one of the many factors that cause suicidal ideations among adolescents. They also opined that social anxiety can be seen very commonly among adolescents. Other major contributing factors can be identified as substance use that pave the way to various psychiatric conditions and then

in turn lead to self-injurious and suicidal behaviors. Personality disorders such as borderline personality disorder can also cause self-injurious behavior and suicidal thoughts. Many a time it is also seen that certain personality traits such as risk-taking behavior, impulsive behavior, and rejection sensitivity can be a cause of suicidal ideations among adolescents. The lack of proper social support systems and the inaccessibility of the existing support systems to address issues of self-harm behavior and suicides leads to a higher magnitude of such issues.

DMHP staff

The DMHP staff added that, contrary to what the national and international statistics say about the number of suicide attempts, very few people actually report such issues especially in the rural areas. Many a time this can be attributed to their lack of knowledge about the fact that suicidal ideations or attempts are also issues resulting from mental health crises or mental health disorders. The legal aspects related to suicide are also a major cause of underreporting of suicides in the rural areas of India, as most of the people are still unaware about the decriminalization of suicide by the government of India. The DMHP staff further noted that in many cases especially in the context of females it was observed that pressure from the family to get married was also one of the causes of suicides or suicide attempts.

The college teachers

The college teachers highlighted major causes that are responsible for suicide among adolescents in India as stress resulting from studies, competitive nature of the educational setups, excessive pressure from parents, parental conflict, relationship issues, addictions, etc.

Theme 2. Role of peers in suicide prevention

Mental health experts

Mental health experts opined that adolescents being a very suggestible group, it is very common for them to get highly influenced by their peers. The presence of right and healthy peer groups is central to suicide prevention. Furthermore, they added that when adolescents are given the chance to be an active participant in the whole process of identifying and preventing cases of suicide, they do not feel imposed and they feel free to choose what works for them and how they want the process to be. It becomes more tailor-made for them according to their specific needs.

The DMHP staff

The DMHP staff suggested that training peer groups in mental health can also help in creating advocates. The peers can advocate the importance of mental health issues among their peer groups or even to a larger society thereby having a much more efficient and deeper impact and reach on the adolescent population.

The college teachers

The college teachers opined that having a peer leader for suicide prevention can have a profound effect on adolescents. Due to the age factor, the adolescents will be able to build and form a good rapport with their peer leaders with ease. Furthermore, having a peer leader can help in promoting good and healthy peer bonds among the adolescents. However, the teachers added that there exists a thin line between a peer leader and a mental health professional, it should be a priority to ensure that the peer leaders are not under any form of stress while dealing with the identified cases. There should be proper training programs aimed at equipping the peer leaders with the necessary skills to identify and help the cases of self-harm or suicidal behavior.

Theme 3. Essentials of a peer-led strength building program in a resource limited setting

Mental health experts

Although the mental health experts believed that peer-led strength building program can have a deep and profound impact on the adolescent population especially in terms of suicide prevention, but at the same time they felt that various other important areas need to be addressed in this regard, such as who becomes a peer leader? How do we select a peer leader? What should be the yardstick for selecting a peer leader? And who selects a peer leader? They opined that the selection process should entertain voluntary participation and the individuals with certain qualities such as good communication skills, empathy, and ability to build rapport with fellow peers should be encouraged to become a peer leader. They opined that the training program should include information on self-regulation and self-care, whereby the peer leaders should be trained to understand how much they can get involved, what are their boundaries, and how to safeguard their mental health first. Furthermore, the module should also focus on basic areas such as the practice of a nonjudgmental attitude, ethics and values, issues of multiplicity of roles, and confidentiality. The peer leaders should be trained in order to identify, understand, and gauge the intensity of a problem. The peer leaders should be made aware of the various myths and misconceptions revolving around the topics of mental health in general and suicide. Gatekeeper training should be given so that they can actively involve in suicide prevention. Additionally, they added that training programs must also focus on educating them about other peer-led programs that are at a global level. Encouraging them to develop various campaigns and assessing the success of the campaigns undertaken and creating scientific literature regarding the same.

The DMHP staff

The DMHP staff added that the training program should aim at equipping the peer leaders with essential information on basic communication skills, the concept of empathy, and how to develop and practice empathy.

College teachers

The peer leaders' lack of professional expertise in the field of mental health and in dealing with cases of suicide can put them at risk of developing stress in the future. They opined that having a training program that could address this issue and train

the adolescents will help in the program. They further added that there should be means to assess the stress levels and the psychological well-being of the peer leaders in order to protect and safeguard their mental health.

Theme 4. The role of stakeholders in the promotion of a comprehensive peer-led strength training program

Mental health experts

The mental health experts opined that creating a network will help in easy identification of the cases and proper treatment and care could be provided without delays. This network of stakeholders can also function as a referral link whereby the identified cases can be referred to the appropriate professionals for further therapies and treatment. Furthermore, the stakeholders can conduct workshops and training programs for the peer leaders to equip them better in dealing with and handling cases for preventing suicides, said the mental health experts.

The DMHP staff

The DMHP staff told that as there are no proper referral links or support systems in place to help the adolescents with suicidal behavior, the stakeholders can effectively participate in developing a systematic network whereby the identified cases are provided with the necessary help.

College teachers

The stakeholders have a prominent role to play in terms of the development of a peer-led program for suicide prevention. The mental health experts, teachers, and the allied mental health professionals can help in creating a network for addressing the issue of suicides among the young adults**.** The college teachers added that they can help in identifying the cases and then referring them to the college counsellors who can then refer the cases to the existing mental health facilities whereby the identified cases can get proper and prompt help without any delays; this could essentially help in reducing and preventing the numbers of suicide incidents.

Discussion

This study was aimed at understanding the perspectives of various stakeholders on the issue of suicide and suicide prevention among young adults. In terms of reporting of suicides or self-harm behavior DMHP staff reported that there an underreporting of suicide prevalent in rural areas. This could be explained due of the limited awareness among the rural population about mental health issues and that they can be prevented with proper care and treatment. Another reason for underreporting of suicidal behavior in the rural areas could be because of the social stigma associated with it and the fear of legal aspects related to suicides. The causes of suicides among adolescents in India can be because of a wide range of reasons varying from psychological and stress-related factors and personal crisis. Similar findings were seen a Nepal-based study on suicide among children and young adults, there it was found that the majority of suicide cases were attributed to domestic violence (35%), followed by mental disorders (23.9%) Deaths due to academic failure were significantly high in the adolescent age group (95.4%) as compared to the school age group (4.6%).[12]

In many cases, peers also play a role as their primary support systems in times of emotional or mental crisis situations. Taking this fact into consideration, a peer-led suicide prevention can have profound impact on the adolescent population. Adolescents will be able to connect and relate better with the peer leaders and hence the rapport will be established quite easily. A study on Peer Support found that one-fourth of the students in the intervention group did approach the peer leaders for face-to-face support. The students could learn better coping skills and formed stronger collegial bonds with the help of peers.[13] A study also found that positive peer models can serve as effective agents in suicide prevention communications. Evidence was also found that brief interactive activity of interactive peer leader communications has a profound impact on perceptions regarding adult support.[14] However in India, there is a need to devise an intensive training program for the peer leaders that will equip them with the essential information pertaining to suicide prevention and mental health. The peer leaders need to be trained in identifying the cases, basic communication skills, rapport building, ethics, confidentiality, and practice of empathy. The peer leaders should also be trained in giving mental health first aid.

The stakeholders have a prominent role to play in terms of the development of a peer-led program for suicide prevention. The mental health experts, teachers, and the allied mental health professionals can help in creating a network for addressing the issue of suicides among the young adults. Creating a network will help in easy identification of the cases and proper treatment and care could be provided without delays. Furthermore, the stakeholders can conduct workshops and training programs for the peer leaders to equip them better in dealing with and handling cases for preventing suicides. However, it becomes imperative to highlight the importance of delivering proper training for the peer leaders. The peer leaders need to be trained and informed on where to draw the line while helping an identified case. Issues such as transference and confidentiality should be addressed properly while training the peer leaders. The peer leaders should not only be trained in helping others but significant importance should be given to training the peer leaders on safeguarding their mental health, self-regulation, and self-care. Special attention should be given to provide mental health support to the peer leaders and there should be timely review meetings with the mental health experts to assess the mental health of the peer leaders.

Conclusion

Suicide is a preventable public health emergency which is widely rampant especially in a country like India. Various studies conducted in developed nations have shown peer-led programs to be effective in suicide prevention when compared to the

preexisting models. It was seen that peer-led programs improved help seeking behavior in suicidal adolescents. As India still lacks evidence-based studies on peer led suicide prevention programs, the present study would help in providing meaningful insights into the effectiveness of peer led programs and their applicability in a resource limited and culture specific Indian context.

Key messages and key points

This study portrays the pivotal role of peer-led programs and community engagement of stakeholders in prevention of adolescent suicide. It highlights the crucial intersection of various perspectives on programs and practices in prevention of adolescent suicide in India. The role of the key stakeholders in promotion of such strategies is significant as they can provide perspectives on the requirements, needs, feasibility, and other factors with regard to development of peer-led strength building programs for suicide prevention.

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Conflicts of interest

There are no conflicts of interest.

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Appendix: Reporting Guideline checklist – COREQ

Domain 1: Research team and reflexivity

Personal Characteristics

1.	Interviewer/facilitator	-
2.	Credentials	Ph.D holders
3.	Occupation	Mental health professionals
4.	Gender	Male and female
5.	Experience and Training	Mental health and clinical training

Relationship with Participants

6.	Relationship established	No prior relationship (Pg. no. 4)
7.	Participant knowledge	Only the basic understanding about the research topic (Pg. 4)
8.	Interviewer characteristics	-

Domain 2: Study Design

Theoretical framework

9.	Methodological orientation and theory	Pg. 5

Participant selection

10.	Sampling	Pg. 4
11.	Method of approach	Pg. 3-4
12.	Sample size	Pg. 4
13.	Non-participation	No

Setting

14.	Setting of data collection	pg. 5
15.	Presence of non-participants	None
16.	Description of sample	Pg: 4

Data Collection

17.	Interview guide	Yes Pg. 4–5
18.	Repeat interviews	Pg. 4–5
19.	Audio/Visual recording	Pg. 4–5
20.	Field notes	Pg. 4–5
21.	Duration	Pg. 5
22.	Data saturation	Pg. 4–5
23.	Transcripts returned	Pg: 5

Domain 3: Analysis and Findings

Data analysis

24.	Number of data coders	Pg. 5
25.	Description of coding tree	-
26.	Derivation of themes	Pg. 5
27.	Software	-
28.	Participant checking	-

Reporting

29.	Questions presented	-
30.	Data and findings consistent	Pg. 11
31.	Clarity of major themes	Pg. 5–11
32.	Clarity of minor themes	Pg:. 5–13