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SUICIDE PREVENTION AND MANAGEMENT AMONG ADOLESCENTS IN NIGERIA: A MULTIDIMENSIONAL APPROACH.

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Abstract

Globally, Suicide has been classified as a serious public health challenge. And the risk of this challenge is predicted to increase over future decades. It is evidence based that the occurrence and frequency of completed (suicide acts) and attempted (suicide actions) suicide rank high among low-and middle-income countries and percentage of mortality indicated 85%. Out of this number, those aged 15-30 (Adolescent-adulthood) years are regarded as most at risk. So, the onus of this paper circled on why this age bracket, the contextual reasons, the theoretical backings and Psychological preventive methods to circumvent it. The preventive approach was multidimensional involving Psychologists, Psychiatrists, Doctors/Physicians, Public health experts and social workers. Others include Paediatricians, School counsellors, Teachers, Students-leadership and Parents body. There is also a need for more qualitative and evidence-based studies, which will address suicide cases on socio-cultural context and improve on standards of living among young Nigerians.
Key words: Suicide Acts, Suicide Behaviour, and Adolescents.

Introduction

Suicide can be classified as a serious global public health challenge considering its impact in the rate and frequency of mortality. The World Health Organization states that suicide is the second leading cause of death among 15–29-year-olds globally, accounting for 8.5% of all deaths in this age group (WHO, 2020). It is evidence based that the occurrence and frequency of completed (suicide acts) and attempted (suicide actions) suicide ranks high among low- and middle-income countries and percentage of mortality indicated 85%. So, the worrisome question here is ‘why this age Bracket?’ However, this is the gap in

knowledge which this paper tends to fill and probably proffer some approaches in management within the Nigerian context.

According to WHO (2022), suicide is one of the leading causes of death worldwide, with over 49,000 people dying by suicide in 2022. The report further revealed that for each adult who died by suicide, there may have been more than 20 others attempting suicide. Suicide occurs throughout the lifespan and is the second leading cause of death particularly, among 15 – 29-year-olds globally World Health Report. However, the information and knowledge regarding the understanding of suicidal behaviour is often extracted from high and developed countries which is unlikely to be applied in all cultural perspectives and backgrounds (Becky, Stephanie, Heidi, & David, 2014). It is a truism that Africa is the world's largest and second most populous continent in the world with a population of over one billion people, blessed with different cultural, language, ethnic, and religious echelons. Yet its suicide mortality rate is a pressing concern, because its poor reporting cases exacerbate the issue (WHO, 2024)

Epidemiology and underreporting

Suicide epidemiology indicates a complex interplay of factors contributing to this global concern. Suicide rates and trends show that over 720,0000 people die by suicide annually, with the highest rates found in low and middle-income countries (WHO, 2024). And underreporting of suicide cases is a significant issue in Africa where cultural, social and economic factors contributes to the under recording of suicide deaths. According to Spectator Index (2018), WHO published a report that placed Nigeria 5th with 15,000 suicides in every 100,000 suicides. And it is common knowledge that 90 percent of people who commit suicide suffer from mental illness. Suicide prevalence in Nigeria is a growing concern, with empirical studies indicating a significant increase in suicide deaths over the years. Oyetunji *et al*., (2021) reported Nigeria had a suicide rate of 17.3 per 100,000 people in 2019 which is higher than the global average.

An old study that evaluated Coroner's report over a four-year period (1957-1960) in Western Region of Nigeria concluded that the suicide rate in western Nigeria was very low though, reported high rate in the rural areas compare to urban regions. Some factors have been speculated to be responsible for this failure, including the lack of national-level suicide data and lack of systematic data collection. With less than 10% of African countries reporting mortality data to WHO, official statistics are available for only 15% of the continent's total population (Becky, Stephanie, Heidi, & David, 2014). However, Nigeria current suicide rate is a significant concern. According to the World Bank data, Nigeria suicide rate for 2019 was 3.50 per 100,000 with no increase from 2018 (Macrotrends, 2024). Yet, another study suggests that Nigeria has one of the highest suicide rates in Africa with a rate of 6.9 per 100,000 people in 2019 (Wikipedia, 2024).

Additionally, reports have it that suicide mortality statistics are likely to underestimate the true magnitude of the problem as religious and cultural sanctions may lead to suicide being under-reported, misclassified or deliberately concealed (Becky, Stephanie, Heidi, & David, 2014). Adding that even less is known about attempted suicide across African continent. Since most data and information about suicide acts and suicide behaviour are gotten from the hospital records, a good number of cases will be underreported because many victims are admitted in the hospital only in critical suicide behaviour or conditions i.e., attempted suicides. And suicide acts or completed suicide are most likely to be un-presented to the hospitals probably because of some cultural limitations placed on the suicide victims and family or lack of health facilities in the local settings.

Aetiology/Definitions

Suicide as earlier noted is a major cause of mortality worldwide. Suicide does not have one universally accepted definition (Masango, MMED Psych, FC Psych, Rataemane, Motojesi, 2018). It can however be defined from different perspectives and ideologies for instance, sociology views suicide as any death

which is the immediate or eventual result of a positive (e.g., shooting oneself) or negative (e.g., refusing to eat) act accomplished by the victim himself. While Psychology defines the term as the act of intentionally taking one's life with range of thoughts and behaviour that are exhibited by individuals who are in some manner considering suicide. However, suicide can be viewed and understood from different theoretical perspectives:

Psychological theory of Suicide:

The first important psychological insight into suicide was reported by Freud (1920). According to him, suicide represents aggression turned inward against an "introjected" (an unconscious adoption of the ideas or attitudes of others) object. This retroflexed murder is either turned inward or used as an excuse for punishment, or self-directed death instincts, which he refers to as Thanatos (nonviolent deaths). Freud identified three components of hostility about suicide: a wish to kill, a wish to be killed, and a wish to die. He further described suicide as an aggression turned inward against an introjected ambivalently cathected (process of investment of mental or emotional energy in a person, object or idea) loved object and he doubted that there could be a suicide without any earlier repressed desire to kill someone else.

This theory further stressed that when death instinct dominates, an individual may experience intense feelings of aggression, self-destruction and hopelessness, leading to suicide behaviour. However, relating this theory to the high level of suicide among youth in Africa, particularly Nigeria. Economic hardship and unemployment, poverty, has the capacity to lead people to hopelessness and despair. Further, young people may feel pressured to conform to the high family reputations and expectations leading to stress and anxiety. According to Kumar (2019), individuals who experience chronic stress were found to likely develop suicidal ideation and engage in suicidal behaviour.

Social Theory of Suicide

To use social theories to explain patterns of suicide, Durkheim (1897) divided the social theories into three categories: the egoistic, the altruistic and the anomic.

Egoistic*:* This refers to those people who are not strongly integrated into any social groups. The lack of family integration explains why the unmarried are more vulnerable to commit suicide than the married. In order words, those who are passive and lack strong emotional integration either in the family or social groups are more prone to suicidal tendencies. The theorist also believes that rural communities have more social integration than urban areas, hence the low suicide rate.

Altruistic: This is the opposite of Egoistic. Durkheim believes that individuals who are philanthropic are prone to suicide because of their excessive integration into a group. In order words, those who develop excess social or family integration will be prone to Suicide

Anomic*:* This refers to social instability, with a breakdown in social standards and values. It is believed that this people or group's integration into society is disturbed. Individuals in this group are thus deprived of customary norms of behaviour. This explains why those who experience negative changes in their economic fortunes are more vulnerable to suicide.

However, this theory argued that suicide tendency is highly correlated with social factors like poor social integration like the unmarried, without children and the isolated people are more likely to commit suicide. A recent study published found that living alone and lack of emotional support are significant predictors of suicidal behaviour (JAD, 2021)

The Three-Step Theory (3ST): A New Theory of Suicide Rooted in the 'Ideation–to-Action' Framework.

Klonsky and May (2014) suggested that an 'ideation-to-action' framework should form a direction in theory, research works and Prevention of suicide.

Going by this premise, (a) the development of suicide ideation and (b) the progression from ideation to suicide are distinct processes with distinct explanations. The Three-step Theory (3ST). First, the theory hypothesizes that suicide ideation results from the combination of pain and hopelessness. Second, that those who experience pain and hopelessness, connectedness is a key protective factor against escalation of suicide ideation. Third, the theory views the progression from ideation to attempts as facilitated by dispositional, acquired and practical contributors to the capacity to attempt suicide. Research relating this theory to why people commit suicide suggested that young people who experience bullying, social isolation, or family problems are more likely to develop suicidal ideation and behaviour (Hartz, 2017). Comparatively, a systematic review found that intervention targeting social connectedness, emotional regulation, and hopelessness can be effective in reducing suicidal behaviour among young people (Carter, 2017).

Interpersonal Theory of Suicide

According to this theory, Joiner (2005), attempts to explain why people engage in suicidal behaviour and to identify individuals who are at risk and why people die by suicide. The theory consists of three components that together lead to suicide attempts. The theory posited that simultaneous presence of thwarted belongingness and perceived burdensomeness produce the desire for suicide. While the desire for suicide is necessary, it alone may not result in death by suicide. Rather, Joiner asserts that one must also have acquired capability to overcome one's natural fear of death. A big strength of this theory is that it lies in the ability to be tested empirically because of its falsifiability.

Recent research studies have applied this theory to understand suicidal behaviour among young people. For instance, thwarted belongingness and perceived burdensomeness as predictors of suicidal ideation and behaviour in young adults (Kaplan, K., *et al*., 2022). Again, feeling disconnected from others and lacking a sense of belonging can contribute to suicidal ideation and behaviour

in adolescent (King, Brent, Grupp-phelan, page, & Casper, 2024). A prospective examination of the IPTS found that thwarted belongingness and perceived burdensomeness were significant predictors of suicidal behaviour.

Individual History

Individual history can play a significant role in predisposing a person to commit suicide. This includes medical conditions like malignancies, heart disease, HIV/AIDS, chronic obstructive lung disease among others. (Kutcher, Chehil, 2007). Other factors include psychosocial stressors, melanoma and family history of suicide and mental illness. Childhood trauma like adverse childhood experience such as physical or emotional abuse, neglect or loss of a parent, can increase the risk of suicidal behaviour (Afifi, 2018).

Personality Strength and Weakness

Research has consistently shown that certain personality traits are associated with an increased or decreased risk of suicidal behaviour. Personality Weaknesses like Neuroticism; according to a study published in the Journal of Affective Disorders (2020) found that individuals with high levels of neuroticism were more likely to experience suicidal thoughts and behaviours. Likewise, impulsivity; a systematic review of 22 studies on impulsivity and suicidal behaviour found that impulsivity was a significant predictor of suicidal behaviour (Kumar *et al*., 2019). Low conscientiousness; a study published in the Journal of Personality and Social Psychology (2018) found that individuals with low conscientiousness were more likely to engage in suicidal behaviour.

Conversely, Personality Strengths like resilience, a study published in the Journal of Clinical Psychology (2020) found that individuals with high resilience were less likely to experience suicidal thoughts and behaviours. Emotional Stability. Further, a study published in the Journal of Affective Disorders (2019) found that individuals with high emotional stability were better equipped to handle stress and less likely to engage in suicidal behaviour. High Conscientiousness according to a Journal of Personality and Social Psychology

(2018), a study found that individuals with high conscientiousness were more likely to seek help and engage in protective behaviours. On the other, hand it is important to note that personality traits alone do not determine an individual's risk of suicidal behaviour. Other factors, such as mental health conditions, social support, and life events, also play a significant role.

Why young population

The answer to this question will be deduced from contextual factors in Nigerian population. Qualitative studies have highlighted the importance of taking into consideration socio-cultural context and such studies are crucial in order to build locally relevant suicide theory, preventive measures and to understand how, when, where and for whom risk factors may be connected to suicidal behaviour (Hjelmeland, Knizek, 2010).

Onyekakeyah (2018) identified major leading causes of death in Nigerian states to include Sickness (26%), poverty (24%), motor accident (16%), malnutrition (7%) and natural death (6%). According to him, poverty and malnutrition go hand in hand and so, should be lumped together to make 31%. In other words, going by this study, poverty in all its ramifications is the leading cause of suicide in Nigeria. Further, he noted that the primary reason behind suicide in Nigeria is as a result of some kind of frustration leading to depression.

While some experts and officials attribute the major cause of suicide among in-school (secondary to tertiary institutions) youths as a result of pressure from parents and guardians to succeed in school. Sadly, while hardships lead to depression, other subtle undiagnosed like chemical imbalance are also vehicles for depression. In any case, it all comes down to a lack of awareness. While others opine that ignorance to the perils of depression leading to suicide might be a cause for lack of attention; adding that if one doesn’t know what depression is, the person might see suicidal signs as ordinary. According to in-depth study carried out by Agbedo (2019) on the reasons why Nigerians commit suicide concluded

that some Nigerian youths who took their own lives in the recent past is a final effort to escape from life's struggles.

The following are some cases of suicide in some Nigerian states and the real causes and the left-over notes by the victims. A 300-level student of Medicine and Surgery at the Faculty of Basic Medical Sciences of the Niger Delta University (NDU), Ammasoma in Southern Ijaw Local Government Area of Bayelsa State, who committed suicide for failing his examination. The act was necessitated after realising that he was among the 22 students shortlisted to be withdrawn from the college for failing the Bachelor of Medicine exams beyond the level that they could be placed on academic probation for another academic year.

A 22-year-old final year student of the Department of English and Literary Studies at the University of Nigeria, Nsukka (UNN) committed suicide on 13th May (2019). He was said to have had a long battle with mental illness. He was reported to have had on two previous occasions drank kerosene and petrol in an attempt to kill himself but was rescued. But before the fateful day the victim wrote '"Forgive me. In case you are the one who found the body, I am really sorry. It had to be someone, you know. I have chosen Jo Nketaih's poem as my suicide note: 'They said you came looking for me. I didn't drown; I was the water.' Where do atheists go to when they die? lol. Amen," he wrote'

A 17-year-old boy committed suicide in Jos, Plateau State, by drinking Sniper. It was reported that he chose to end his life after failing the 2019 Unified Tertiary Matriculation Examinations (UTME). He was reportedly schooling at the University of Nations, a Christian university with different branches in different countries but was withdrawn by his mother who feared he could end up being a pastor. He subsequently wrote the 2019 UTME in a bid to secure admission into a regular university in the country but failed. As a result, he suffered depression and drank Sniper leading to his death.

There was also a report about a resident of Fadaunsi Street, Ijeshatedo, Lagos State, who killed herself following protracted disagreements between her and her boyfriend. The 26-year-old hairdresser had endured an unhealthy relationship that had lasted about two years. And the real reason given by her was that her lover reportedly said *he was no longer interested in the relationship*. Lamenting he had made life miserable for her and that she would soon kill herself. A student of the University of Port Harcourt (UNIPORT); 18 years old female student, was reportedly found dead in her apartment at Omuoko Community, Aluu Clan, Ikwerre Local Government Area of Rivers State on 30 April, (2019). She, was a 100-level student of Chemical Engineering, had celebrated her matriculation. The victim had allegedly committed suicide following alleged depression. Reports further had it that two days after she was not seen by anybody, her friends went to her apartment and broke into her room and found a can of Sniper lying beside her almost decomposing body.

A serving Corps member within the service year of 2019 was also reported to have ended her live after taking two containers of sniper. With a foot note, ‘‘I did this because I see nothing worth living for in this world BOLUFEMI MOTUNRAYO YETUNDE. Mummy, I love you. Daddy I love you. Matthew and John, You Guys should take care. We will meet, where we will depart no more. I love you Guys’’. Most Nigerian culture and tradition forbid suicide and regard it as a taboo; so one of the reasons why it’s very common among our younger generations could be as a result of internalization of negative western culture and the fact is that Africa copy more of the negatives than even the positives. So, ruling out the influence of the global culture might be an oversight (Onyekakeyah, 2018).

According to Van-Orden, Witte, Cukrowicz, Braithwaite, Selby and Joiner (2010), the desire to attempt or commit suicide is caused by the simultaneous presence of thwarted belongingness, perceived burdensomeness, and a general hopelessness. Others may include physical health problems, psychiatric/mental

disorder or symptoms, drug and alcohol use/abuse, interpersonal and social difficulties and socioeconomic problems which are already contained in the literature reviewed.

Multidimensional Approach in Suicide Management-Prevention

Psychological Approaches: Weir (2019) held that within the field of psychology, experts are bringing their unique skills to bear on the problem of suicide exploring brain changes and risk factors associated with suicidal ideation and behaviour. clinical psychologist and professor of psychiatry and behavioural sciences noted that in the suicide field, psychologists are really partnering across three arms: science, services and policy". Psychologists need basic science to inform treatments.

In order to get the prevention and treatment approaches into the community, multidisciplinary effort should be employed to involving psychiatrists, emergency room physicians, social workers, public health experts, paediatricians, school counsellors, teachers and many others (Weir, 2019) including the parents, caregivers and Guardians. In the multidisciplinary approach to prevention, Psychologists are expected to focus on management of depression, anxiety, sociodemographic factors and substance use and abuse.

The role of Psychiatrists: Suicide Prediction is a complex and challenging task, and even with the best available tools and techniques, it is unlikely that we will ever be able to predict with certainty which individuals will go on to take their own lives (Goldston, 2017). Further, literature have suggested that no intervention has been shown to reduce suicide in a well conducted randomised trial and this situation remains virtually unchanged. But other findings from naturalistic and psychiatry studies reveals that with empirical evidence that some drugs like lithium have protective effects against suicide. Psychiatrists also conduct the following.

1. **Assessment and Identification of Risk Factors:** Psychiatrists emphasize the importance of conducting thorough assessments to identify individuals at risk of

suicide. This includes evaluating mental health history, current symptoms, and social and environmental factors (American Psychiatric Association, 2018).

2. **Evidence-Based Treatments:** Psychiatrists recommend using evidence-based treatments, such as cognitive-behavioural therapy and dialectical behaviour therapy, to address underlying mental health conditions that may contribute to suicidal thoughts and behaviours

3. **Medication Management:** Psychiatrists may prescribe medications, such as antidepressants, mood stabilizers, and antipsychotics, to help manage symptoms of mental health conditions that may contribute to suicidal thoughts and behaviours (Mann *et al*., 2017).

4. **Safety Planning:** Psychiatrists often work with patients to develop safety plans, which outline steps to take in crisis situations, such as contacting emergency services or a crisis hotline (Stanley & Brown, 2012).

5. **Follow-Up and Monitoring:** Regular follow-up appointments and monitoring are crucial in preventing suicide, as they allow psychiatrists to assess treatment progress, adjust treatment plans as needed, and provide ongoing support (American Psychiatric Association, 2018).

The Role of Physicians: According to the joint Commission's Sentinel Event Alert on Suicide Prevention (2020) One of the major areas to intensify the competency of healthcare workforce for suicide prevention is risk identification and assessment. Risk assessment and identification are very key in prevention because suicide ideation and thoughts are signs and symptoms that are present at the first phase before actualization. Other areas may include treatment of suicide survivors, systematic data collection of both suicide acts and behaviours; that is, attempted and completed suicide. And furnish any government or intervention agencies who are interested in intervention with necessary and relevant data.

Government/Policy: A systematic way of developing a national response to suicide is to create a national suicide prevention strategy. A national strategy indicates a government's clear commitment to dealing with the issue of suicide.

Typical national strategies comprise a range of prevention strategies such as surveillance, means restriction, media guidelines, stigma reduction and raising of public awareness as well as training for health workers, educators, police and other gatekeepers.

Role of Social Workers: Many social workers are more likely to be involved in creating awareness and understanding of suicide in their local communities, with the first step being encouraging people to talk about it. Though, most of Nigerian culture and tradition regard suicide as a taboo. But due to globalization and modernization, these channels in our culture that seems so strictly forbidden suicide and its thoughts and discussion should be opened in order to holistically combat this threat. Perhaps, the most important thing a social worker can do to help prevent suicide among young people is to know the warning signs. According to literature:

- Talking about suicide or death
- Making statements about wishing they were dead
- Isolating themselves from friends and family
- Giving away possessions
- Showing a sudden improvement in mood after being depressed for a period of time.

By knowing the signs, literature suggest that one can increase ability to open a dialogue that can prevent especially, the teen from acting on his or her thoughts. The most common way to do that is to begin by asking the teenager if he or she has been thinking of suicide and, if the answer is yes, finding out if the teen has created a plan for carrying it out.

It’s also important to find out if he or she has access to lethal means to carry out a plan, such as guns, pills, ropes or other substances. If so, social worker should create a plan of action that will include maintaining frequent contact, either by phone or in person, and working with the teen’s family to create a supporting network that can monitor the behaviour.

Paediatricians' role: Prevention of suicide is an extremely challenging issue for the healthcare providers. Some literature reports that in adulthood, the victims of suicide had often visited their doctor before attempting suicide. So, the main role in this domain is vital in assessing the level of risk by clinical judgment, reviewing the risk and protective factors and by a direct verification of thoughts and acts of suicide. They are also involved in field education. A study has also indicated that both adolescents and their parents recognized factors like mental illness, substance and alcohol abuse, as well as social difficulties, as common risk factors for suicide (Schwartz, Pyle, Dowd, Sheehan, 2010).

Recent positions have suggested that the paediatricians' role is more complex than simply performing a screening for suicide: they should encourage families to address such issues as well as being involved in educational programs.

The Role of Schools and School Counsellors: When considering the adults who have frequent contact with adolescents and young adults, it is reasonable to say those who work in schools would be a good choice. Students are in daily contact with staff and spend a large portion of their day in school. Research studies have shown that schools are also a logical place to identify suicidal students because their problems with academics, peers, or other issues are more likely to be evident and warning signs may appear more frequently at school than at home. Hence, Schools become ideal places for prevention activities. Having considered school environment as a viable ground where students spend the whole chunk of time, it becomes necessary to use the same avenue to provide leadership in suicide prevention through the facilitation of gatekeeper trainings with staff and implementation of suicide prevention programs, literature suggested.

Further, trainings can describe what staff, faculty, or students should do if they suspect that a student may be potentially at risk for suicidal ideations and/or behaviour. If the students and counsellors are educated on the minor and major signs and symptoms of suicide, they can easily identify potential students who may be at risk for suicidal behaviour. According to Wyman *et al*., (2018),

providing teachers and students with training on mental health, suicide prevention, and crisis intervention can help them identify and respond to students in distress. Experience has shown that most teens confide in their peers before coming to an adult. But if those peers are concerned about their friend, they may encourage them to seek help or tell the counsellor or any closer teacher(s). Therefore, adults in the school need to be prepared when a student approaches them. In order words, they should be available, accessible and open; and as well as making the students to build confidence in them. So, it now becomes collaborative tasks for government, school and school proprietors to engage psychologists who are more conversant with signs and symptoms of suicide.

Religious Organizations' role: there are some basic questions which needed to be addressed by faith-leaders before they can effectively engage in suicide prevention among those who adhere to faith perspective: what are the predominant views with regard to suicide and its spiritual consequences? What are some of the commonly understood explanations for why people of your faith end their lives, what are commonly held opinions of people of the faith who attempt or complete suicide? It is expedient therefore, that religious bodies at all level should work harmoniously with stakeholders, including government agencies, nongovernmental organizations, local communities, private organizations and others for advocacy towards the reduction of suicide in Nigeria. On the other hand, extant literature, the press and all media organizations should be involved in regular enlightenment of the public on the harm done by suicide

Conclusion

Deductions from the above review consider suicide as an important public health challenge globally with its far-reaching impact in Africa. The challenges are more compounded with lack of qualitative and systematic data collection. The socio-cultural perceptions and religious/faith approaches to suicide may have contributed to the unyielding efforts to combating it. However, some serious and

daring factors which have been identified as risk factors within Nigerian context will be circumvented if the recommendations that were proffered following the review of the suicide risk factors in Nigeria will be adhered to.

The approach for prevention and management is perceived to be multidimensional involving the Psychologists, Psychiatrists, Doctors/Physicians, Public health experts and social workers. Others include Paediatricians, School counsellors, Teachers, Students-leadership and Parents body. There is also a need for more qualitative and evidence-based studies, which will address suicide cases on socio-cultural context and improve on standard of living.

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