THE ALARMING SUICIDE STATISTIC IN YOUNG PEOPLE: RISING TO THE CHALLENGE CONCERNING NIGERIAN YOUTH AND SUICIDE
Need For A Change Regarding The Nigerian Narrative on Mental Health
Stakeholders – A Need For Us To Work Together
World Mental Health Day 2019

Working together to prevent suicide

A day for “40 seconds of action”
A Day For “40 Seconds Of Action”

- Improve awareness of the significance of suicide as a global public health problem;
- Improve knowledge of what can be done to prevent suicide;
- Reduce the stigma associated with suicide;
- Let people who are struggling know that they are not alone.
MY GOALS FOR TODAY

- That we all leave here today with a better understanding of the factors which contribute to mental health difficulties and mental illness
- That each one of us will feel better equipped to promote mental wellbeing especially in young people
- That we will be better able to recognise individuals, including young people, who are psychologically distressed and feel better able to signpost them to appropriate support
- That we begin the process of changing the narrative about mental illness in our local communities and by extension our nation
- That by doing all of the above we SAVE LIVES and REDUCE THE RISK OF SUICIDE
SO WHY THE FOCUS ON SUICIDE AND SUICIDE PREVENTION?
Suicide can be defined “as the act of intentionally ending one’s life”.

800,000 individuals globally take their own lives every year.

Every 40 seconds someone on the planet commits suicide

79% of suicides are deemed to have occurred in low/middle income countries.
Suicide rates are said to have increased by 60% globally in the last 45 years.

For every confirmed suicide WHO says there have been 10 further attempts.
WHY FOCUS ON THE YOUTH?
UK YOUTH MENTAL DISORDER RATES ON THE RISE

Previously

5-15 years: 1 in 10 children have a mental health disorder

NOW

5-15 years: 1 in 9 children have a mental health disorder

5-19 years: 1 in 8 children have a mental health disorder
UK YOUTH MENTAL DISORDER RATES ON THE RISE

- 1 in 4 young women in the age range 17-19 had a diagnosable mental disorder.

- 52.7% of the young women self-report of self-harm or attempted suicide.
Suicide is the most common cause of death for men aged 20-49 years of age in the UK.

Suicide is the second highest cause of death globally in men 15-29 years of age.
THE COST OF SUICIDE

- Men & Women dying in their prime
- Financial Costs – Direct & Indirect
- Human Costs
W.H.O. VIEW ON SUICIDE

PUBLIC HEALTH CONCERN

"...public health promotes and protects the health of people and the communities where they live, learn, work, and play."
NIGERIAN POPULATION

A YOUNG POPULATION
Life expectancy in Nigeria – only 54.5 years.

- Male - 53.7 years
- Female – 54.5 years
NIGERIAN SUICIDE RATES

- Average suicide rates have increased in Nigeria considerably between 2012 to 2017

- The 15th highest suicide age standardised

- Nigerian male rate of suicide – globally ranked as 56th in the world

- Nigerian female rate of suicide – globally ranked as 3rd in the world
HIGH SUICIDE RISK GROUPS

- Youths
- Young pregnant women
- Immigrants
- Prisoners
- Military personnel
- LGBT+
- Nigerian women
The global imperative to reduce suicide by 10% by 2020.
Objectives Of The Action Plan

- Strengthen effective leadership and governance for mental health
- Provide comprehensive, integrated and responsive mental health and social care services in community based settings
- Implement strategies for promotion and prevention in mental health
- Strengthen information systems, evidence and research for mental health
Need for global, national and multi-sectorial action.
Nigeria does not have a defined national strategy to reduce suicide or promote mental wellbeing.
“LIVE LIFE” – (Preventing Suicide).

- LIVE (STRATEGY)
  - L – LEADERSHIP – in policy and multi-sectorial collaboration

- I – INTERVENTIONS – for implementation

- V- VISION – for innovation, financing and delivery platforms

- E – EVALUATION – monitoring, surveillance and research
“LIVE LIFE” – (Preventing Suicide).

- **LIFE (INTERVENTIONS)**
  - L – LESS MEANS – restricting access to means to undertake suicide
  - I – INTERACTION – with media for responsible reporting
  - F – FORM THE YOUNG – in their life skills – coping strategies, resilience
  - E – EARLY IDENTIFICATION – management and follow up
BARRIERS – NATIONAL STRATEGY

- Poor understanding of the problem
- Poorly defined actions and interventions
- Ineffective/absent leadership
- Poor teamwork and collaboration
- Gaps in legislation and policies
- Lack of funding
- Lack of appropriate Training
- Not reducing access to means to suicide
- Irresponsible Media reporting
- Lack of access to services
- Lack of continuity of care
- Lack of data collection
- Stigma
FACTORS ASSOCIATED WITH SUICIDE IN CHILDREN AND YOUNG ADULTS
SUICIDE RISKS...MS “X”

- Tired/Exhausted about everything
- Unhappy and disinterested with university course
- Unhealthy comparisons to others
- Lack of parental validation
- Emerging mental health symptoms
- Africans don’t suffer mental illness
- Judged to be weak
- Minimisation of stress
- Negative comments on appearance
- Anxiety about the future
- Opinion not valued
- Lack of Identity
- Lack of confiding relationship with parents
A quarter of a million children 10-15 years – Unhappy

Unhappiness – school, education, personal belongings (or lack of them), appearance

Worries on personal issues: getting good marks, going to University, getting a job, having enough money, physical health, mental health, having somewhere to live

Concerns about wider society: climate change, crime, the economy, Brexit

Concerns: social media and online safety
Young People ...

Unhappy....

STRESSED

WORRIED

DEPRESSED
DEPRESSION – SYMPTOMS AND CAUSATION
Depression a Mental Illness
Affects approximately 350 million people worldwide – World Health Organization
1 in 20 people sufferers – World Mental Health Survey
Affects individuals function
Leading cause of lost years in terms of disability
KEY FACTS – DEPRESSION

- SYMPTOMS
  - Low mood – most of the day, almost every day
  - Mood often worse in the morning
  - Loss of interest or pleasure in activities
  - Reduced energy levels
  - Increased fatiguability
  - Sleep disturbance
KEY FACTS – DEPRESSION

SYMPTOMS

- Appetite changes
- Change in psychomotor activity – agitation or retardation
- Poor attention and concentration
- Indecisiveness
- Unreasonable feelings of guilt and self reproach
- Low self esteem and loss of confidence
- May be associated with anxiety like symptoms
- May be associated with somatic symptoms
KEY FACTS – DEPRESSION

Types
- Unipolar
- Bipolar – mood ranged from depressed to hypomanic/ manic
- Post partum Depression
- Occurring in conjunction with other mental illnesses
KEY FACTS – DEPRESSION

- Categories
- Mild
- Moderate
- Severe – associated with Suicidal behaviour, Psychosis
“At its worst Depression can lead to suicide”.
Over 800,000 people die due to suicide every year.
Chronic and Debilitating Conditions

Mental Health Difficulties - Depression, Personality disorder, Alcohol dependence, Schizophrenia

Physical illness - Neurological disorders, Cancer, HIV, Chronic pain
Risk Factors for Suicide

- Psychosocial Difficulties
  - (Young People)
  - Interpersonal difficulties – parents, teachers, peer
  - Sexual orientation issues
  - Academic challenges
    - Social isolation
    - Unrealistic expectations – self, parents, teachers
  - Finances
  - Bereavement – Death, Loss of a relationship
  - Divorce in parents
By far the strongest risk factor for suicide is a previous suicide attempt.
PRINCIPLES FOR ADDRESSING SUICIDE RISK

- It’s everybody’s business
- Nobody should go through the experience alone
- Have a low threshold for seeking help for yourself or someone else
PARITY WITH THE NIGERIAN SITUATION
ANECDOTAL CAUSES OF DEPRESSION AND SUICIDE AS REPORTED IN NIGERIAN MEDIA

Oluwamayomikun Lawal (2018)

- Emotional distress
- Stress
- Perceived personal shortcomings
- Guilt
- Physical illness
- Mental illness
- Career challenges
- Economic hardship
- Cultural/societal demands
- Supernatural causes
- Rejection
- death of a loved one
- Traumatic life events
- Negative actions of a significant other.
RISK FACTORS - Depression And Suicide In Nigerian populations Prof Oye Gureje et al (2007, 2011),

- A Diagnosis of Mood disorder
- A History Childhood adversity: Abuse, raised in a house with tension and conflict
- Maternal factors: Mother who suffered from Mood disorder and substance abuse
- Early Separation From Parents: 6 months or more of separation from parents before the age of 16,
- Higher likelihood of suicidal ideation, plan and attempts in younger cohort (18-34 years)
Due to stigma reduced likelihood of accessing support (Makanjuola et al 2008)
- Poor mental health literacy (Makanjuola et al 2008)
- A spiritual affliction (Makanjuola et al 2008)
- A consequence of misdeed (Makanjuola et al 2007),
- Solely due to drug abuse (Makanjuola et al 2007),
- Mentally ill deemed to be a “mad man”
- Inability to distinguish between dysphoria and depression
- Those who attempt suicide deemed as weak
- High propensity for under reporting of suicide due to stigma.
PSYCHOSOCIAL FACTORS SPECIFIC TO NIGERIAN DEPRESSION/SUICIDE –

- 86 million people in Nigeria live below the poverty line (World Bank 2017)

- 59 % increase in poverty rates since 1990 (Kazeem 2017)

- Marked social displacement.
CURRENT NIGERIAN LEGISLATION – IMPACT ON SUICIDE

- Suicide - Deemed a criminal act under the provisions of Section 327 of the Nigeria Criminal Code
- Attempted suicide survivors - liable to 1 year imprisonment.
- Prison - highly unlikely to be conducive to recovery from mental illness
- Increased risk of completed suicide in prison
- Highest suicide rates recorded - Lagos, Ebonyi, Delta, Oyo, Ondo, and Kano (Babalola 2017) – poverty in urban areas
The Werther effect
Highly sensationalised reporting
Limited mention of mental disorder
Limited psychoeducation
Limited sign posting
SOCIAL MEDIA – IMPACT
OF MENTAL HEALTH/SUICIDE RISK ON GENERATION Z

- Dr Raphael Ogbolu – SURPIN (Suicide Research and Prevention Initiative) – Lagos University Teaching Hospital

Post Millennials (Generation Z born 1995-2015)

Generation Z –
Less social and may have deficits in interpersonal skills

They are at increased risk of Cyberbullying

They embrace unrealistic expectations (false world on social media) leading to mood disturbance

They are often exposed to information which is not age appropriate
SUBSTANCE ABUSE & MENTAL HEALTH/SUICIDE RISK

- Substance abuse - implicated in mental health difficulties in Z youths *more likely to act impulsively.*

- Intoxicants –
  - Impair problem solving and consequential thinking
  - Acutely alter mood
  - Precipitate enduring mental illness

- Alcohol abuse - depressed mood
  - antidepressants ineffective
Youth Suicide Warning Signs

1. Talking about or making plans for suicide
2. Expressing hopelessness about the future
3. Displaying severe/overwhelming emotional pain or distress
4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
   - Withdrawal from or changing in social connections/situations
   - Changes in sleep (increased or decreased)
   - Anger or hostility that seems out of character or out of context
   - Recent increased agitation or irritability
SUMMARY OF SUICIDE PREVENTION INTERVENTIONS

- Suicide Prevention interventions include the following
- Emotional and life skills training for children and young people
- Need for high quality surveillance for suicide and para-suicide both at home and in school
- Robust pastoral care
- Gate keeping training for teachers
- Awareness training for parents/care givers
- Include young people in the design of suicide prevention programmes
SUICIDE PREVENTION – PARENTAL ROLE

- Parents and carers – primary educators on life for their children
- Parents – need to provide strong foundation for their children
- Parents – need be mindful of whom and what is being inputted into the lives of their children.
- Parents should not expect schools to act as substitute parents
- Parents – nurture their children – support children develop strong healthy self identity
- Parents – should support development of resilience
- Parents/Carers – need to be able to recognise mental illness and respond appropriately
QUESTIONS IN RELATION TO IDENTITY – Dr Cindy Trimm

- **Where did I come from?** – my heritage – those with a faith would say birthed from God
- **What I was born into?** – my family inheritance – if understood gives a sense of belonging
- **Who Am I?** – what are my spiritual gifts, what impacts my heart, what are my aptitudes, what type of personality do I intrinsically have, how have my experiences shaped my world view
- **Why was I born?** – my purpose for living
- **Where do I want to be?** - next 5, 10 years, my destiny
QUESTIONS IN RELATION TO IDENTITY – Dr Cindy Trimm

- How do I get there? – what knowledge and learning is require to fulfil destiny
- What you should I be doing? – my life assignment
- How will I fulfil my purpose? – specific, measurable, achievable, realistic, time limited plans
- When should I be doing what I need to be doing? – timing
- With whom should I be doing it with? – relationship
- With what? – resources
- How will the next generation know I did it? – legacy
SUICIDE PREVENTION – PARENTAL SKILLS

PARENT - PARENT

- Demonstrate a healthy commitment to co-parent the child.
- Demonstrate respect for one another
  Willingness to nurture the relationship in its current form
- Allows child opportunity to learn valuable interpersonal skills.
SUICIDE PREVENTION – PARENTAL SKILLS

★ PARENT - CHILD

★ Always demonstrate value for the child. Demonstrate their opinion is respected
★ Provide unconditional love
★ Ensuring they feel safe
★ Let them know they will always be believed (very important in reducing the risk of abuse),
★ Provide consistent emotional comfort
★ Prioritise time spent with the child
★ Foster good open communication
★ Enable consequential thinking and good problem solving skills
SUICIDE PREVENTION – PARENTAL SKILLS

- PARENT - CHILD – GOD

- Parents - should support children to have a strong relationship with God.

- Children and young people benefit from strong (but not radicalised) faith

- Children benefit from a strong moral compass.

- Strong foundational faith in God - make all the difference when there are the storms of life
SUICIDE PREVENTION – THE ROLE OF SCHOOLS

Day Schools/Boarding Schools - designed to build on that which has already been deposited into the life of the child by their parents and carers at home.
ATTRIBUTES OF A GOOD SCHOOL

Prof Brian Hill, Murdoch University, Australia

- Enable the child/young adult onto maintain a stable and positive self image
- Support the child/young adult to develop pro-social survival skills appropriate to their culture
- Support the child/young adult to develop personal creative skills
- Support the child/young adult to gain access to major fields of human thought and experience
- Support the child/young adult to become aware of dominant world views
- Support the child/young adult to develop the capacity to think critically and choose responsibly
- Support the child/young adult to develop empathy and respect for others
BOARDING SCHOOLS

PROS AND CONS.....
BOARDING SCHOOLS - PROS

- Academically of a high standard
- Parents are not required to double as teachers in the home environment
- School environment and day routine is structured and provides consistency
- Offers external containment
- Wide range and diverse set of extra-curricular activities
- Environment in which strong peer relationships are developed
- Promotes greater independence in the child/young person.
BOARDING SCHOOLS - CONS

- Isolated from “real life
- Early separation from parents
  - possible attachment issues
  - attachment issues
  - identity issues
  - interpersonal difficulties
- Individualised care is difficult
- Separation from the parents’ indigenous culture
- Potentially have different religious/philosophical values from the parents
- Mental Health Difficulties – potentially more difficult to monitor or may be missed
Exercise extreme caution if known acute mental health difficulties

- close consultation with mental health providers on the suitability of boarding school
- precautions to be adopted to reduce risk of adverse incidents.
Pastoral care is the provision the school makes in terms of processes, protocols and procedures to safeguard the emotional and physical welfare of their pupils.
Robust pastoral care is an important element in suicide prevention.
ELEMENTS OF ROBUST PASTORAL CARE

- **Safeguarding** – preventing abuse and ensuring safety/protection of the students including procedures to prevent harassment and bullying
- Procedures to Deal with Accident and Illness
- Security of School Premises
- Child Welfare
- Teaching Children to Keep Safe
- Promoting Good Behaviour
- Promoting Physical and Mental Wellbeing
- Provision of Regular Contact between Pupils and Designated Tutors, Teachers, Residential Staff – to monitor wellbeing
- Input of Educational/Clinical Psychologists/Counsellor with Prompt Signposting to More Specialised Mental Health Provision Where Indicated
- Procedures to Promote Prompt Liaison With Parents Where Indicated
Culture - shared ideas, customs and social behaviours of a particular people or society

Cultural balance - in synch both externally and internally with a given culture.

Cultural dissonance (Culture shock) - when one is out of synch, either internally or externally with the prevailing culture.
Mobility” - term used to describe having to adapt between life at school, home and a different country. The Mobility stages are as follows:

- Involvement (in original culture) - leaving/transitioning (old culture) – entering (new culture) - reinvolvement (integration in new culture).
“Transitioning” between cultures always involves loss and bereavement.

Losses include
- Separation and loss of regular contact with parents
- Separation and loss of regular contact with siblings (if in different schools)
- Loss of parental role models (in boarding school)
- Confused/conflicting loyalties between cultural environments
- Ignorance of host culture/cultural norms and loss of the familiar and comfortable
- Loneliness and social isolation losses

Losses trigger a grief process
Kübler-Ross Grief Cycle

Denial
- Avoidance
- Confusion
- Elation
- Shock
- Fear

Anger
- Frustration
- Irritation
- Anxiety

Bargaining
- Struggling to find meaning
- Reaching out to others
- Telling one’s story

Depression
- Overwhelmed
- Helplessness
- Hostility
- Flight

Acceptance
- Exploring options
- New plan in place
- Moving on

Information and Communication
- Emotional Support
- Guidance and Direction
The Zero Suicide Alliance (ZSA) - coalition of National Health Service Trusts, businesses, and individuals who are committed to suicide prevention in the UK (and beyond).

**Strategy** - to raise awareness of and promote free suicide prevention training which is accessible to all online.

**Training Goal** - to develop the awareness, motivation, skills, and confidence to help those in need.
SEE - Enable people to recognize the warning signs and identify when someone is presenting with suicidal thoughts or behaviour

SAY – Enable people to speak to someone with suicidal thoughts in an open, confident and supportive manner

SIGNPOST – Enable people to support suicidal individuals to stay safe and to access the correct services or support networks for additional help
The email link for the free training is below and can be accessed from Nigeria online.

SUPPORT/TREATMENT SERVICES

Nigerian Suicide Prevention Initiative
Telephone 02348062106493, 02348082106493

Association of Psychiatrists In Nigeria
hello@apn.org.ng
Telephone: (+234) 802 334 5948
Mobile: (+234) 803 700 4611

SURPIN (Suicide Research and Prevention Initiative)  Lagos University Teaching Hospital –
Telephone 09080217555, 09034400009, 08111909909, 07013811143
SUPPORT/TREATMENT SERVICES

- **Lagos Suicide Hotlines** – Lagos State Government
  Telephone 08058820777, 09030000741

- **MANI – Mentally Aware National Initiative** – Yaba, Lagos
  Telephone 02348051493163

- **Yaba Psychiatric Hospital**
  **Address:** 8 Harvey Road P.M.B 2008, Yaba: Lagos: Nigeria; Telephone: 08155170000

- **The Nous Organisation**
  **Contact:** Ropo Akobundu
  **Telephone:** 02347086459337
Thank You For Listening