EDITORIAL

# YOUTH SUICIDES IN PAKISTAN – PRIORITIZING PREVENTATIVE STRATEGIES FOR A RISING PUBLIC HEALTH PROBLEM

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Suicide is the third leading cause of death in adolescents worldwide. The World Health Organization (WHO) reports 90% of these suicides occur in lower-and-middle income countries (LMICs). Approximately a quarter of the population of Pakistan is under 19 years of age. Local research shows an alarming rise in suicides among youth and points to a complex set of biological, psychosocial and cultural factors. The time has come to shift our focus to planning culturally appropriate, indigenous preventative strategies engaging multiple sectors of society to address this problem.

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Adolescence is a vulnerable period characterized by significant physical, psychological, cognitive, and socio-emotional changes.[1] Identity formation through relationships, educational attainment and occupational goals are critical challenges of this phase of life that can be mitigated by healthy family, school, and peer networks. Environmental factors that can impede growth include stress, drug exposure and the onset of psychiatric illnesses. Although suicidal behaviour can manifest at any age, the risk is particularly high in this phase of life, with suicide being the third leading cause of death among 15–19-year olds[2] worldwide. Most (90%) of these youth suicides occur in lower-and-middle income countries (LMICs). This is truly a tragedy for the young population of Pakistan, a LMIC with poorly developed mental health systems, where 24% population is less than 19 years of age. Youth suicides result in huge losses to the surviving families and society.

Pakistan is a South-Asian country with a population of over 220 million. There is no national-level reporting database for suicide mortality, so we are unaware of the magnitude of this issue. Crude estimates made by the World Health Organization for suicide rates are 8.93 per 100,000 population (4.47–15.84) and for suicide attempts, the estimate is between 130,000 and 270,000 annually.[2] A scoping review of research on suicide and deliberate self-harm in Pakistan concluded suicides were most common under 30 years of age.[3] Other local studies analysing alternate sources of data such as police records[4] report 89% for the same age group while analyses of newspaper reports[5] show 13% of suicides were 10–18 years old. Poisoning is the commonest method used followed by hanging and firearms.

The identified causes include conflicts within the family[5], emotional setbacks[5], academic pressure[3], psychiatric illness, substance misuse6, internet gaming5,7, and bullying[8]. In-depth qualitative analyses[8–10] have highlighted issues of unhealthy parenting styles such as abuse, control, lack of support, comparisons as well and high expectations from academic performance.

The COVID-19 pandemic, social media and cyberbullying are important considerations for this age bracket as well. The pandemic resulted in changes on multiple levels for youth: online education, social isolation and disruption in relationships. Cross-sectional analyses from Pakistan have shown that cyberbullying is common in educational institutions. Moreover, the impact of social media on self-harm and suicide is recognized worldwide. However, there is no local research on how these factors affect suicidal behaviour in youth.

Furthermore, health services across Pakistan are ill-equipped to deal with self-harm and suicidal behaviours beyond physical management. Early identification and screening for suicidal risk are non-existent in primary and private healthcare. There is poor coordination of care within hospitals between emergencies, medical units and mental health services and hence many suicidal individuals fall through the cracks.

There is an urgent need for indigenous, culturally appropriate suicide-preventative strategies. Suggestions on suicide prevention from youth in local studies echoed the need for emotional catharsis, coping strategies, guidance on decision-making, better access to mental health services, and family and community support.[9,10] The public health approach to primary, secondary, and tertiary prevention is difficult

but not impossible and can be tackled through: 1) raising awareness of stakeholders, 2) creating and linking resources and 3) finding opportunities to meet the challenges.

Primary prevention measures must include raising awareness about suicidal behaviour, fostering resilience in early development, promoting peer and family-connectedness, workshops on healthy parenting, addressing domestic abuse and educating children about the deleterious effects of drug use, bullying and excessive internet use. School-based community interventions that focus on mental health & well-being, management of emotions, healthy coping in times of adversity, problem-solving and peer-to-peer support interventions are also needed. Since many young people do not attend school, alternate community programs are also essential. Responsible media reporting on suicide in newspapers is important. Restriction of access to lethal methods of suicide such as toxic poisons and firearms which are common methods of suicide in Pakistan is urgently required. This needs to be implemented through safe storage practices in households and restrictive policies on their availability.

Secondary prevention measures can be employed through gatekeeper training of parents, teachers, general practitioners, paediatricians, and religious teachers to enhance their capacity to identify the risk of suicidal behaviour and refer them to appropriate services. Training of hospital ER staff in screening for early identification of suicidal ideation (a risk factor for future suicide attempts), safety planning and lethal means counselling should also be implemented.

For tertiary prevention, the goal should be to develop mental health services for youth that offer evidence-based treatments for psychiatric disorders, substance abuse and self-harm. Many hospital-based and community suicide prevention programs for youth based on principles of cognitive behaviour therapy (CBT), dialectic behaviour therapy (DBT) and family therapy (FT) have shown effectiveness and can be culturally adapted. In a collectivistic culture like ours, the role of the family is crucial in preventing suicidal acts.

It is encouraging that youth-focused interventions for self-harm are now being planned in Pakistan. Nusrat Hussain and colleagues[11] have developed a youth culturally adapted manually assisted psychological intervention (YCMAP). This follows an earlier effective CBT-based intervention that reduced repeated self-harm in adult emergency unit attendees to hospitals in Karachi.[12] Similarly, a school-based initiative by the Pakistan Institute of Living and Learning: Suicide Prevention by Empowering Adolescents in Pakistan (SEPAK) has just concluded recently, and data is being analyzed.[13] This initiative has been applied to eight different public schools across Pakistan. It covers awareness of depression and suicide, QPR-based gatekeeper training of teachers and screening for mental illness by professionals. If effective, these interventions can play an instrumental role in improving youth mental health.

In a setting with limited resources, low-cost interventions will be desirable. One promising intervention could be Problem Management Plus (PM+), developed by WHO as a transdiagnostic tool that focuses on the short-term management of anxiety, depression and psychological distress. The intervention is composed of 5 weekly sessions with four core strategies: stress management; managing problems; behavioural activation; and strengthening social support, introduced sequentially in the intervention sessions. In the last session, all the strategies are reviewed with an emphasis on using these strategies for self-management in the future and to prevent relapse. Atif Rehman and colleagues have conducted a randomized controlled trial[14] in three districts of KPK on the effectiveness of this tool. It is effective but also costly.

Digital mental health interventions can be used to overcome service gaps through online professional consultations, make preventative strategies more scalable in general and offer low-cost alternatives for specific interventions such as PM+ etc. There are over 20,000 mobile mental health applications, some found to be effective in reducing suicidal ideation, but most have unregulated content. However, preventative strategies and awareness about mental health (including suicide) can be integrated into such applications through collaboration with developers.

Suicide is a tragedy that can be prevented. It is a cry for help that should not go unnoticed.

## REFERENCES


1. Spear LP. The adolescent brain and age-related behavioral manifestations. Neurosci Biobehav Rev 2000;24(4):417–63.
2. WHO. Suicide in the world: global health estimates [Internet]. World Health Organization; 2019 [cited 2023 May 13]. Licence: CC BY-NC-SA 3.0 IGO. Available from: https://apps.who.int/iris/handle/10665/326948
3. Shekhani SS, Perveen S, Hashmi DE, Akbar K, Bachani S, Khan MM. Suicide and deliberate self-harm in Pakistan: a scoping review. BMC Psychiatry 2018;18(1):44.
4. Yousafzai AW, Khan SA, Bano S, Khan MM. Exploring the phenomenon of suicidal behaviour (SB): An explanatory, mixed-method study in rural Pakistan. Int J Soc Psychiatry 2022;68(8):1629–35.
5. Imran N, Naveed S, Rafiq B, Tahir SM, Ayub M, Haider II. Pattern of Adolescent Suicides in Pakistan: A content analysis of Newspaper reports of two years. Pak J Med Sci 2023;39(1):6–11.
6. Abdullah M, Khalily MT, Ahmad I, Hallahan B. Psychological autopsy review on mental health crises and suicide among youth in Pakistan. Asia Pac Psychiatry 2018;10(4):e12338.

7. Yousafzai AW, Sherin A. Internet gaming among children in the time of COVID-19: An emerging psychological problem. Khyber Med Univ J 2020;12(4):261–2.
8. Karim, S. Prevalence and factors associated with suicidal ideation among young youth 15-24 years in the community setting of Hunza, Pakistan.2018.
9. Naz A, Naureen A, Kiran T, Husain MO, Minhas A, Razzaque B, *et al*. Exploring Lived Experiences of Adolescents Presenting with Self-Harm and Their Views about Suicide Prevention Strategies: A Qualitative Approach. Int J Environ Res Public Health 2021;18(9):4694.
10. Sanauddin N, Ahmad Z, Sajid IA. Rising trend of suicides among youth in Chitral: A sociological analysis. Pak J Criminol 2022;14(1):71–90.
11. Husain N, Tofique S, Chaudhry IB, Kiran T, Taylor P, Williams C, *et al*. Youth Culturally adapted Manual Assisted Problem Solving Training (YCMAP) in Pakistani adolescent with a history of self- harm: protocol for multicentre clinical and cost-effectiveness randomised controlled trial. BMJ Open 2022;12(5):e056301.
12. Husain N, Afsar S, Ara J, Fayyaz H, Rahman RU, Tomenson B, *et al*. Brief psychological intervention after self-harm: randomised controlled trial from Pakistan. Br J Psychiatry 2014;204(6):462–70.
13. Pakistan Institute of Living and Learning. Suicide Prevention by Empowering Adolescents in Pakistan (SEPAK): A Feasibility Study for Research Capability and Trial Readiness in Pakistan [Internet]. clinicaltrials.gov; 2023 Mar [cited 2023 May 13]. Report No.: NCT04969718. Available from: https://clinicaltrials.gov/ct2/show/NCT04969718
14. Hamdani SU, Huma ZE, Rahman A, Wang D, Chen T, van Ommeren M, *et al*. Cost-effectiveness of WHO Problem Management Plus for adults with mood and anxiety disorders in a post-conflict area of Pakistan: randomised controlled trial. Br J Psychiatry 2020;217(5):623–9.

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