

# PATIENTS AS PARTNERS

Brought to you by The South African Depression and Anxiety Group

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## SADAG targets suicidal behaviour in SA youth: Over 380 schools and counting -one class at a time

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Research shows that it's difficult to compare countries or even regions within a country when it comes to suicidal behaviour.<sup>1</sup> However, it's critical to have a thorough understanding of risk factors and causes of depression and suicide to effectively deal with them.

With a focus on youth, the South African Depression and Anxiety Group (SADAG) feels it's essential that learners can identify signs and symptoms of depression and suicide, be informed of the conditions and treatments and, know where to get local help from teachers, clinics, churches, support groups, and via their toll free help-lines and SMS's.

SADAG, the country's largest mental health support network, offers free telephone counselling with a referral service to expert psychologists and psychiatrists, treatment centres, clinics, hospitals and support groups. Specific attention is also directed at media campaigns to destigmatise mental illness and to encourage youth to come forward for treatment for either themselves or help a friend.

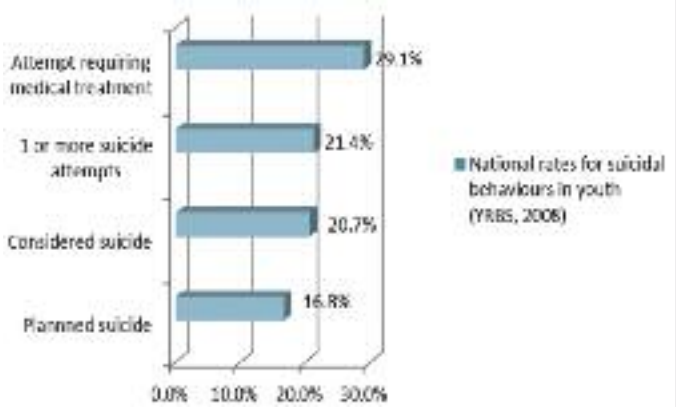
SADAG has already been to nearly 400 schools nation-wide presenting in their national teen suicide prevention programme, "Suicide Shouldn't be a Secret", funded by private donors and Lotto. SADAG currently runs the country's only suicide crisis toll-free help-line. This article describes the findings of suicidal behaviour among South African youths from the 2nd National Youth Risk Behaviour Survey, and the impact of a school-based psycho-educational suicide prevention programme.

For all age groups, approximately one fatal suicide and more than 20 attempts occur every hour in the country.<sup>2</sup> According to Prof. Lourens Schlebusch, international authority on suicidal behaviour, there is a genuine escalation of the problem, rather than simply a reflection of improved recording practices over recent years. On average, 9.5% of non-natural deaths in young people are due to suicide.

Although most suicides in youths are in the 15-19 year age group, Prof. Schlebusch warns that suicides in children as young as 10 years old and even younger have been reported.

Studies of socio-economic influences on suicide have shown mixed results, but people living in low socio-economic conditions have been found to be at increased risk of suicide.<sup>4</sup>

Findings from the 2nd South African National Youth Risk Behaviour Survey (YRBS, 2008) within six months prior to the study<sup>3</sup>



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## Risk Factors Associated With Suicide

- Previous attempts
- Mental Health problems such as depression
- Substance abuse
- History of violence, emotional or sexual abuse
- Feelings of hopelessness
- Financial or social loss
- Isolation or lack of social support
- Relationship loss
- Family history of suicide

Suicidal youths often have difficulties with interpersonal problem solving skills, and find it hard to express their distress. However, most suicidal behaviours are preceded by either verbal or non-verbal signs that indicate the person's intentions.<sup>5</sup>

SADAG recently visited a secondary school of more than 1000 learners in a peri-urban community in Gauteng, to talk to learners (grades 8-11) about depression and suicide prevention. The event was sponsored by Rotary South Carolina and Pretoria Capital. Each class was given an individual presentation supplemented by an innovative tool, the Speaking Book, entitled "Suicide Shouldn't Be A Secret". This is an award-winning psycho-educational tool containing colourful illustrations, easy to understand text and a corresponding voice soundtrack designed for low literacy levels. The presentation was supplemented by armbands containing the help-line number.

The objective of the presentation was to generate awareness of depression and suicide, help learners identify signs and symptoms in themselves or of a friend, debunk myths surrounding these conditions and indicate clearly where they could receive local help.

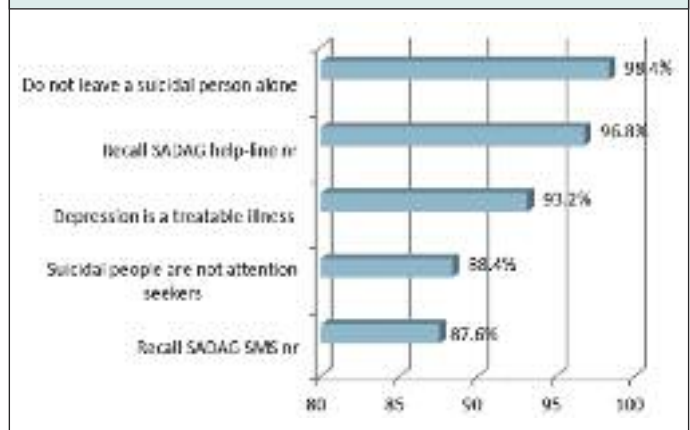
250 learners completed the Patient Health Questionnaire (PHQ-9), Adapted For Teens, prior to the presentation, and the same amount of learners completed an evaluation questionnaire administered after the presentation. The PHQ-9 was adapted with a reduced likert-rating from 4 to 3, with a cut-off score of 9 to indicate a positive score.

From the PHQ-9, administered prior to the presentation (41.3% males; 58.7% females; mean age of 15 years), 23.2% of learners indicated that they had serious thoughts about ending their lives in the month prior to the study, while 24% of learners indicated that they have attempted suicide before. 24% of learners had a positive score of 9 or higher on the adapted PHQ-9 Modified For Teens. These findings do not vary significantly from the YRBS study. The variation is likely explained by the differences in socio-demographics of the samples.

In response to the question of what other topics future presentations should include, nearly two-thirds of learners (60.8%) chose Exam Stress. Substance Abuse (31.2%), HIV/ AIDS (25.2%), and Bullying (22%) were also common choices among learners.

Preliminary findings from the above research provides a clear indication that SADAG's "Suicide Shouldn't be a Secret" programme is effective in addressing issues of identifying signs and symptoms associated with depression and suicide, targeting the stigma surrounding mental illness and, in educating learners about where to get help for themselves, their family or friends.

Percentage of correct responses to questions from the evaluation questionnaire administered after the presentation



## References

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