ENGAGEMENT AND CO-CREATION Suicide Prevention & Implementation

Research Initiative

Dr Nikhil Jain, Niyoshi Shah, Isha Lohumi















Research reported in this publication was supported by the National Institute Of Mental Health of the National Institutes of Health under Award U19MH113174. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

BACKGROUND

- India accounts for 33% of all suicides worldwide.
- The estimated rate of death by self-poisoning in 2013: 7.9 per 100,000 per year for women and 13.8 per 100,000 per year for men.
- The United Nation's *Sustainable Development Goals* seek to reduce global suicide rates by one-third in the next decade
- Achieving this target requires a scalable and comprehensive approach in India owing to its complex psychosocial-cultural origin.





SPIRIT -Cluster Randomized Trial

Sub-Intervention 1: Installing Community Storage Boxes to Restrict Access to Pesticides in Households

Sub-Intervention 3:
Training community
health workers to
identify high-risk
behavior and provide
counselling services or
make referrals

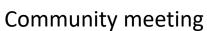
20% reduction of suicides and attempted suicides in the intervention villages

Sub-Intervention 2:
Implement the Youth
Aware of Mental Health
Program in schools to
build life skills of
adolescents to deal with
mental health issues











Community Storage Facility

Aim:To co-develop strategies for improving the uptake of Community Storage Facility Intervention

Methods: Multiple group discussions were conducted with the community participants.





ETHICAL PARADOX ON CO-CREATING CONTENT

- Suggested usage of fear evoking persuasive imagery to communicate benefits of safe storage of pesticides in CSF.
- Such an approach in suicide prevention space can be triggering and risky specially with individuals known with depressive or suicidal symptoms.
- Fear evoking messaging may lead to normalising or sensationalising suicide among exposed non-target groups.
- Incorporating communities' suggestion risks contradicting the core ethic of "nonmaleficence" doing no harm in research.



ETHICAL DILEMMA ON UNIVERSAL v/s TARGETED APPROACH



Theatre campaign

- Universal approach for co-creation & dissemination inadvertently excludes marginalized groups due to their social positioning.
- Selected approach for vulnerable communities poses unique challenges; reluctance, minimal skillset and limited opportunities for engagement.
- Stigma, feeling of shame and loss of pride unwittingly exclude those with lived experience with a low social profile.

ETHICAL DILEMMA ON TARGETED v/s UNIVERSAL APPROACH

- Targeted approach could also lead to further stigmatization of vulnerable groups and communities.
- Assumptions around the dispositional risky behaviour of marginalized groupsmight normalise or sensationalise the incidence of suicide.
- Risk of undermining the statistical power and the generalizability of results.





RECOMMENDATIONS



CSF Poster

- Ethical language should extend to visuals too with equal consideration of the aesthetic appeal, clarity, and semiotic charge of any image option.
- Nurturing the awareness of the community participants to overcome the myths & stereotypes around suicide.
- Empowerment and sensitization of the community to enhance their participation in productive manner within the ethical bounds.

Mental Health Law & Policy

RECOMMENDATIONS

- Stratified approach with defined outcomes to ensure representation from vulnerable subsections but not solely be limited to them.
- Creation of subset of objectives to focus on the most vulnerable within the larger goal still focussed on influencing attitudes or behaviour at a community level.
- Balancing out the margins and the mainstream; systematically represented at all stages of work from co-creating material to dissemination.



REFERENCES

- 1. Dandona R, Kumar G, Dhaliwal R, Naghavi M, Vos T, Shukla D et al. Gender differentials and state variations in suicide deaths in India: the Global Burden of Disease Study 1990–2016. The Lancet Public Health [Internet]. 2018;3(10):e478-e489.

 Available from: https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30138-5/fulltext
- 2. Patel V, Ramasundarahettige C, Vijayakumar L, Thakur J, Gajalakshmi V, Gururaj G et al. Suicide mortality in India: a nationally representative survey. The Lancet [Internet]. 2012;379(9834):2343-2351. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4247159/
- Transforming our World: The 2030 Agenda for Sustainable Development [Internet]. Sustainabledevelopment.un.org. 2020 [cited 4 November 2020]. Available from: https://sustainabledevelopment.un.org/post2015/transformingourworld/publication
- 4. Gore TD, Bracken CC. Testing the theoretical design of a health risk message: re examining the major tenets of the extended parallel process model. Health Educ Behav. 2005 Feb;32(1):27-41. doi: 10.1177/1090198104266901. PMID: 15642752.
- 5. Ftanou M, Skehan J, Krysinska K, Bryant M, Spittal MJ, Pirkis J. Crafting safe and effective suicide prevention media messages: Outcomes from a workshop in Australia. Int J Ment Health Syst [Internet]. 2018 May 24 [cited 2021 Jun 4];12(1):23. Available from: https://doi.org/10.1186/s13033-018-0203-5
- 6. Klimes-Dougan B, Chih-Yuan, Lee S, Houri AK. Suicide prevention with adolescents suicide prevention with adolescents. Considering potential benefits and untoward effects of public service announcements. Crisis [Internet]. 2009 [cited 2021 Jun 4];30(3):128–35. Available from: https://pubmed.ncbi.nlm.nih.gov/19767268/
- 7. Stack S. Suicide in the media: a quantitative review of studies based on non-fictional stories. Suicide Life Threat Behav. 2005 Apr;35(2):121-33. doi: 10.1521/suli.35.2.121.62877. PMID: 15843330

