



## **Society, Behaviour and Health (MQB7004)**

*Suicide, a Hidden Crisis in Malaysia: Increasing the Efforts Towards Suicide Prevention in the Country.*

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## **Suicide, a Hidden Crisis in Malaysia: Increasing the Efforts Towards Suicide Prevention in the Country.**

- **Suicide is a neglected cause in Malaysia**
- **The recent key findings from the 2017 National Health and Morbidity Study revealed that about 10 percent of youths in the country had suicidal thoughts as compared to a figure of 7.9 percent in the year 2012.**
- **Malaysia has experienced a recent surge in mental health cases in the country with regards to the recent COVID-19 Pandemic.**

Suicide does not discriminate. Suicide trends are prevalent in people of all walks of life, regardless of age, gender and ethnicity. The global annual prevalence of self reported suicide is estimated to be approximately 3, per 1000 adults. Within the population, about 2.5 percent of people are found to attempt suicide throughout the course of their lifetime (Borges et al., 2010). Suicide mortality rate is also listed as an indicator for Sustainable Development Goal 3.4.2, which is aimed at reducing these deaths by one third by the year 2030 (Raikes et al., 2017). In spite of the increased awareness surrounding Suicide, it is a problem that continues to be a major public health concern on a global scale.

From a public health perspective, suicide among youth is a cause for concern. Suicide among youth (ages 15-24 years) remains the second leading cause of death in this age group and accounts for one-third of suicide cases on a global scale (Abraham & Sher, 2021). In early May 2019, the tragic story of the death of a young 16 year old Sarawakian girl gained media attention after she had asked her followers on Instagram to respond to her poll. The question revolved around helping her choose to L (live) or D (die) of which majority of the respondents had chosen “D”. She chose to end her own life hours later based on the results of the poll (Fullerton, 2019). This event led to policymakers in the country demanding for active action to be taken to improve mental health, especially among the youth population in Malaysia.

However, despite all the existing attention and awareness, the complex issue of suicide still remains as a neglected cause in the country. Till date, there is a prevailing social stigma surrounding suicide. Malaysia has experienced a recent surge in mental health cases in the country with regards to the recent COVID-19 Pandemic and this has prompted additional

worries about suicide in particular (Kamel, 2020). The recent key findings from the 2017 National Health and Morbidity Study revealed that about 10 percent of youths in the country had suicidal thoughts as compared to a figure of 7.9 percent in the year 2012 (NHMS, 2018). Additionally, the rates of suicide attempts was noted to be at 6.9 percent with a slight increase as compared to the year 2012 (NHMS, 2018). These upward trends signify an urgent necessity to prevent and reduce the risk of suicide in Malaysia.

Understanding the risk factors that contribute to suicidal behaviors serves as an important antecedent to effectively tailor preventive and early intervention strategies in this age group. Being in a period where active neurodevelopmental changes takes place, puts the individual in this age group in a state of vulnerability for mental health. Evidence points out to a myriad of factors that influences one's mental health right before birth till the early stages of adulthood, after which modulation strategies may still be applied but to a lesser extent (Mustard, 1999). Additionally, most mental health issues tend to develop during this age transition period, with up to 1 in 5 people experiencing problems related to mental health before the age of 25. Symptoms have been shown to surface by the age of 14 years of age in 50 percent of these individuals (Kessler et al., 2005). Hence, this specific age period serves as a window of opportunity to intervene and prevent the occurrence of suicidal behaviors. Suicide is traditionally treated via clinical interventions in the past, only in the presence of symptoms such as suicidal thoughts or behaviors in most cases (Mercy & Rosenberg, 2000). However, studies have shown that majority of people who committed suicide did not receive any form of prior psychiatric intervention (Cavanagh et al., 2003).

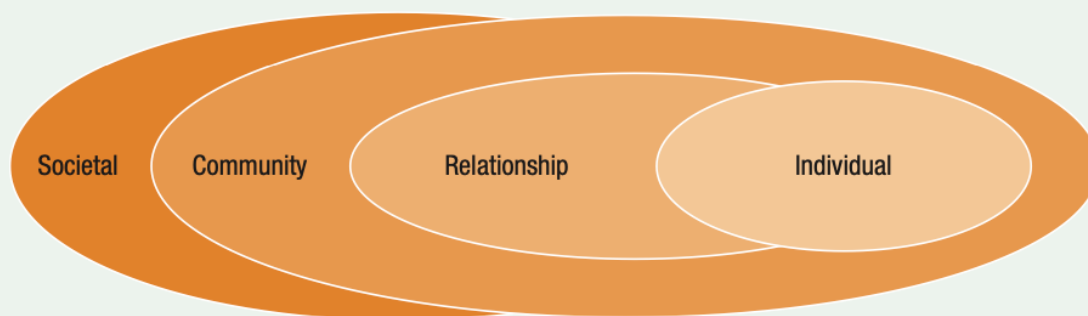
There are also other factors apart from having underlying mental health issues that predisposes a person to be at risk for suicide. As such, it is of vital importance to adopt the concept of using a multifaceted approach to tackle suicide preventive efforts. One such concept, the social-ecological model (SEM), can be utilised as a framework to understand the relationship between various personal and environmental factors on the individual, relationship, community and societal levels among youths. This model is useful to determine risk factors associated with suicidal behaviours in order to further implement preventive efforts. (Oregon Health Authority, 2016)

At the individual level of the SEM model, interventions are targeted towards enhancing the youths' coping and problem solving skills as well as assisting those at risk to identify reasons

for living. In other words, interventions aimed at this level should promote youth leadership building skills. Other measures that can be employed at this level includes providing timely and quality behavioural and mental health care services to the youths'. At the relationship level, interventions that cater towards family, and community connectedness should be implemented. The focus at this level should also be on the empowerment of youth leaders to serve as gatekeepers for their peers and families. Gatekeeper youth training should be prioritised as part of the strategy (Oregon Health Authority, 2016). As for the community level, recommended interventions must emphasise on providing safe and supportive community and learning environments for the youth population. Additionally, preventive measures should also include reducing the stigma and increasing public awareness of suicide. Interventions introduced or targeted towards the societal level of influence must focus towards making sure that the youths have access to timely behavioural health services as well as to ensure continuity of care across systems.

### Figure 1. Social-ecological model of suicide

This figure illustrates the circles of influence that affect suicide risk and must be addressed in suicide prevention activities.



Source: National Strategy for Suicide Prevention (2012)

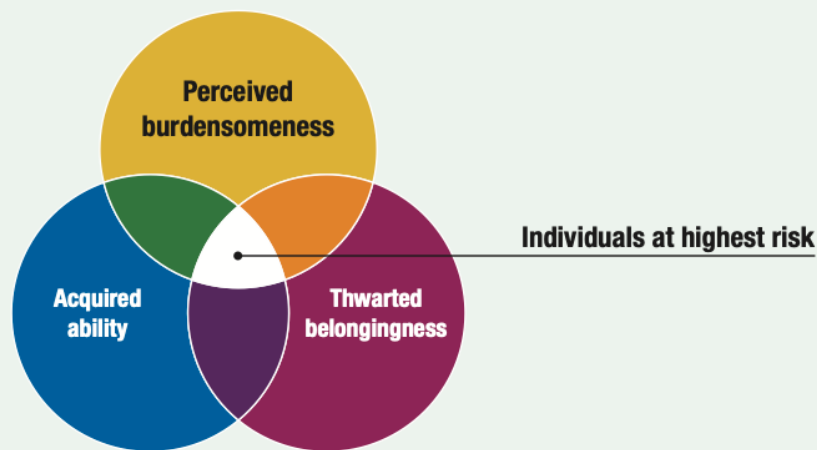
Reference: Oregon Health Authority. Youth Suicide Intervention and Prevention Plan, 2016–2020. Salem, OR: Oregon Health Authority; 2016.

The second concept, known as the Interpersonal Psychological theory of suicide is a concept that was coined by Thomas Joiner which focuses on understanding the interpersonal and psychological aspects of suicide (Oregon Health Authority, 2016). This framework is used to assess the level of risk to the individual and to guide the type of tailored interventions that can be effective to prevent suicide. The theory highlights that a person is at highest risk for suicide when the three components (acquired ability, thwarted belongingness, and perceive burdensomeness) exist together, at the same time. As such, by employing a preventive strategy

targeted at each component or a combination of all 3 components, a person's suicide risk can be reduced. These would include designing strategies to enable the individual to reconnect with family and friends to enhance their sense of belonging, to reduce the feelings of burdensomeness by reinforcing their value to the community and to interrupt their acquired ability.

## Figure 2. Interpersonal psychological theory of suicide

This figure illustrates the circles of influence that affect suicide risk and must be addressed in suicide prevention activities.



Source: Thomas Joiner, 2005

Reference: Oregon Health Authority. Youth Suicide Intervention and Prevention Plan, 2016–2020. Salem, OR: Oregon Health Authority; 2016.

Another concept, known as the Public Health Approach can be applied in this context as well (WHO, 2010). The public health approach is not only limited to epidemic diseases but can be applied to suicide prevention as it emphasises on addressing the suicidal behaviour risk factors at the individual, family, community and societal levels. The concept consists of four processes that includes surveillance, risk factor identification, prevention or intervention and evaluation as part of it's strategy (Yip, 2005). One of it's key components, which is primary prevention, focuses on reducing the factors that puts people at risk and increasing the protective factors associated with suicidal behaviour. In this context, a preventive program catered towards building positive relationships between parents and youth which highlights the protective benefits of connectedness can be employed (Yip, 2005).

The public health approach also places importance in monitoring and tracking suicide trends and identifying suicidal risk and protective factors (Hammond, 2002). By utilising such

data, suicide preventive strategies can be developed and further evaluated to identify the most robust and effective interventions. Sources of local data can be obtained from hospital and emergency room records, police records and youth risk behaviour surveys, among others. In Malaysia, community data and research information concerning suicide can be obtained from the Patient Registry Information System (PRIS), and the Malaysian Health Data Warehouse (MyHDW), under the Health Informatics Centre, among many others (Health DG, 2017).

However, Malaysia still lacks a comprehensive registry of evaluated suicide programs conducted in the past and this needs to be addressed. The National Suicide Registry of Malaysia (NSRM), a targeted and nationwide system was previously developed to capture data on completed suicide in Malaysia (NSRM, 2008) Despite being the only Suicide registry in Malaysia, it has now ceased to exist after being shut down in the year 2009. Absence of data on suicide and attempted suicide serves as a major limiting factor in terms of understanding the real magnitude of the problem in society. The implementation of an extensive surveillance system will therefore address this data gap (Vijayakumar et al., 2020). As such, the importance of resuming and having these registries needs to be highlighted in the Malaysian context to ensure the development of more robust preventive strategies to tackle the issue of suicide among Youth.

In addition to strategies mentioned above, the concept of a Public Health approach takes into account a multi-disciplinary perspective to address a complex problem such as suicide (WHO, 2010). Strategies to address suicide prevention should include the active participation of representatives from an array of different sectors. This would include people from sectors such as health, media, behavioural science, criminal justice, social science, advocacy, education and business among others. One such example of a program that has utilised a public health approach, including a multiprong inter-sectoral concept is an ongoing Suicide prevention program in Gujarat, India. The program can be used as an example for future interventions in Malaysia to address the issue of Youth Suicide. The program, known as The Suicide Prevention & Implementation Research IniTiative (SPIRIT), is a US National Institute of Mental Health- funded study focused on suicide prevention (Pathare et al., 2020). SPIRIT uses an integrated approach that involves state and local governments as well as the public health, education and agriculture sectors. The study was developed as an effort to address the gaps of suicide preventive strategies in the country (Pathare et al., 2020).

Among the targeted interventions employed in this program is to train the youth by increasing their awareness of mental health issues, encouraging support-seeking behavior and strengthening their coping strategies. Additionally, this program also aims to train community health workers to enable them to recognise, assess, offer support and subsequently refer people who are at a high risk of suicidal behaviors in the community. As part of the program, a suicide surveillance system was designed and implemented to collect data pertaining to suicide deaths and attempts in the community. SPIRIT also employs the concept of capacity building by working with policymakers to facilitate evidence-informed policies for suicide prevention as well as professionals from the media to enhance suicide reporting (Pathare et al., 2020).

In a nutshell, Malaysia lacks a comprehensive prevention strategy to tackle the increasing rates of youth suicide and more needs to be done with regards to this prevailing issue. There is also little data on the effectiveness of the existing Suicide prevention campaigns in the country. It is therefore imperative for the above measures to be incorporated into the design and implementation of evidence-based suicide prevention strategies in the country. As suicide is regarded as a multifactorial phenomenon, it has to be addressed via a multifaceted approach that includes the collaborative efforts of multiple sectors, ministries and organisations. Without robust preventive approaches, we are bound to face a crisis of extraordinary magnitude in the near future.

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