



WORLD SUICIDE PREVENTION DAY

Sub-theme:
Encouraging meaningful youth
engagement in suicide
prevention

10th September 2022

WORLD SUICIDE PREVENTION DAY WEBINAR REPORT

Encouraging Meaningful Youth Engagement in Suicide Prevention



Acknowledgement

Ryculture Health and Social Innovations acknowledges the insights shared by our able panellists; Dr. Odhiambo David, Ms. Maureen Gikonyo and Mr. Brian Otieno in addressing suicide and suicide prevention and to our participants for their contribution, feedback and attendance.

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Executive Summary

Ryculture Health and Social Innovation through its Mental Health Youth Champions Network hosted a webinar to commemorate World Suicide Prevention Day. The Mental Health Youth Champions Network is a network of youth leaders and youth-led organisations working in their communities to address the growing burden of mental illnesses through community-based interventions including peer support, psychosocial support and policy advocacy among others. World Suicide Prevention Day is a day commissioned by International Association for Suicide Prevention and is marked on the 10th of September every year; with a focus on the triennial theme, Creating Hope through Action. The webinar focused on the sub-theme **“Encouraging Meaningful Youth Engagement in Suicide Prevention”** in line with our work to inspire young people to amplify their voices and foster collaboration for sustainable development in addressing mental disorders. The main objective of the discussion was to raise awareness on suicide prevention, foster meaningful engagement among young people and to eventually end the stigma attached to it.

The webinar was held on 9th September and this report captures the deliberations in summary. A comprehensive review can be accessed on our YouTube Channel [here](#).

Introduction

Mental health is a growing burden particularly among young people globally. The burden of mental health has been felt with an estimated 8 million deaths worldwide being as a result of mental health disorders.¹ Similarly, 77% of global suicides occur in low to middle-income countries. While most suicide cases are attributed to mental health disorders, it should be noted that not all are directly related to poor mental health and/or mental illness.

According to WHO, suicide was the fourth leading cause of death among 15-29year olds globally in 2019.² These deaths often lead to devastating effects on families and the community in general. In Kenya, The Mental Health Policy and Suicide Prevention Strategy are among the policies that have been laid out to help combat suicide and effectively deal with issues related to mental health. However, the multisectoral approach as a key driver to suicide prevention is far from reality as most of these policies are fragmented in nature and do not reinforce each other. Similarly, implementation, monitoring and evaluation is still a big challenge, therefore a big contributor to scarcity of data.

In response to the plight of suicide prevention, The International Association of Suicide Prevention set out the World Suicide Prevention Day that is marked annually every 10th September. This day seeks to raise awareness on suicide prevention measures, end stigmatisation and highlight the roles that we can play as a community and as individuals in preventing suicide hence the theme, Creating Hope Through Action.

In line with the work Ryculture undertakes in mental health advocacy through our Mental Health Youth Champions Network, we held a webinar to commemorate World Suicide Prevention Day focusing on the sub-theme, ***Encouraging meaningful youth engagement in suicide prevention***. The convening saw the engagement of mental health advocates, psychologists and other youth led organisations who deliberated on best practises and shared insights that speak to suicide prevention. We believe that suicide is preventable among the youth when appropriate action is taken, youth are meaningfully engaged in its prevention and effective strategies and polices are put in place.

Panel Discussion

Suicide versus suicidal thoughts.

Suicide as defined by Brian Otieno is an attempt to end one's life and/or inflicting harm to oneself using different means, usually caused by other underlying issues such as depression. Depression (end line to depression) is the leading cause of suicide globally. Suicidal thoughts on the other hand, are tendencies of thinking or talking about ending one's life.

¹ Walker ER, McGee RE, Druss BG. Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis. JAMA Psychiatry. 2015 Apr;72(4):334-41.

² Suicide. <https://www.who.int/news-room/fact-sheets/detail/suicide>

Major Causes of Suicide or Suicidal Thoughts

It is important to assess the main triggers and risk factors associated with suicide/suicidal thoughts within ones' environment beyond just the underlying factors. Currently, socio-economic factors serve as key drivers to suicide/suicidal thoughts. These factors range from lack of employment, job loss, cyber bullying, narcissistic partners and stressful work environments.

The aforementioned factors could ultimately cause depression which triggers suicide. Job losses and lack of employment means one is incapable/struggling to fend for themselves and their dependents and they may feel useless in life. Additionally, the digital era has played a huge role in propagating suicide due to cyber bullying and the pressure to live a certain way of life. Toxic and stressful environments at work or within narcissistic relationships could make one end his/her life.

Other underlying factors that contribute to suicide include; drug and substance abuse, mental health conditions such as bipolar and schizophrenia, childhood trauma; physical, emotional and sexual abuse, post-traumatic stress disorder.

How do we overcome the burden of Suicide among Young People?

The burden of suicide is on a rise among young people in Kenya. It is paramount that we address this from the trigger points and/or underlying factors as stated by Dr. Odhiambo David. For instance, mental illnesses contribute up to 25% of the risk of suicide, are there sufficient mental health facilities, trained personnel, diagnostic mechanisms and medication for patients dealing with mental health disorders? Can people access these resources in a bid to cushion them from such distress causes? There's need to strengthen health service delivery for mental health patients and improve access to these resources.

Secondly, embracing the social cohesive frameworks that we exist in is crucial to realising suicide prevention. Humans are social beings and it is therefore prudent to tap into humanity and take time to have deep conversations with people within our networks. It presents an opportunity to unpack the stresses of life and possible solutions can be offered.

Meaningful engagement of youth in suicide prevention

At an individual level, it's important to know when to seek help and learn positive coping mechanisms. At the community level, there is need to create safe spaces and support systems for communities, train community health workers and establish community-based health service facilities to ensure accessibility to mental health services and care. At the national level, the government can invest in establishment of these community-based health and training of young personnel to address the burden of mental health. An in-depth review of the policies in place should be undertaken periodically, to assess whether they serve the people or an amendment would be necessary. Similarly, youth-who are carry innovative ideas- should be engaged in formulation of these policies, policies that speak to their needs and how best they can be addressed. Also, the government should formulate projects and programmes aimed at the grassroots level that directly solve social determinants of mental health such as financial issues.

Carry out needs assessment with young people before initiating programmes to pinpoint the gaps that need to be addressed. In addition, there's need for a community youth- led response mechanism,

whereby the community is at the fore-front from the onset of a programme, from design, data collection and implementation. Data is particularly mandatory in formulating implementation strategies especially for suicide cases that are not directly related to mental health. There is need to look into documentation of data, availability of data and mainstreaming of suicide cases among young people. There is scarcity of data as suicide cases are not well mainstreamed. With availability of data, a database on suicide risk surveillance can be accessed to help pinpoint these cases and the risk factors.

Gaps in Kenyan Policies that Address Suicide Prevention.

Drawing from the book, *The Future of Capitalism: Facing New Anxiety*, Dr. Odhiambo shared lessons and raised paramount questions that directly speak to addressing existing gaps in policies.

Our policies are fragmented in nature and do not reinforce each other. Taking into account that we live in a vast ecosystem where the parameters within an ecosystem interconnect. Policies need to be integrated, such that a visit to the hospital to seek medical attention appreciates the need to look into the wellbeing of an individual (mental health check-up).

To address gaps within our system there is need for a **shared identity**. We need to ask the question whether our policies are as a result of an identification of a common problem, owned by the people rather than policies written by policy experts who are out of touch with the lived reality. Are the voices of the common youth reflected in the policies? Do we own our policies? Youth and youth led organisations ought to document the work they undertake, co-create and actively engage in feedback forums by the government.

With a shared identity, one is able to offer help where necessary- **Acts of rescue**. How often is one willing to go out of their way to support another in need?

Finally, **reciprocal obligation**, one is able to reciprocate the good done to him/her.

Best practises and or experiences that have proven helpful in mental health

- Basic Needs Basic Rights³ programme with the buddy system (social support network) whereby, there are social champions who have lived experience. The idea is to check in with a buddy within the network with whom you have shared identities to support one another. This approach can be emulated within friendship circles.
- Employee wellbeing programme within work systems to ensure work-life balance. A date within the month is set aside for physical activities and conversations on working better.
- Understand that you are not alone in the battle against suicide/suicidal thoughts. Understand the triggers among loved ones and seek help for them.
- Creation of safe spaces with people battling suicide thoughts without them feeling judged and victimized.
- Be kind.

³ Basic Needs Basic Rights Kenya: <https://basicneedskenya.org/>

Arising Questions

Q.1. How can we integrate health into existing health systems?

Access and affordability still remain a major challenge. However, we need to work with the closest unit of the society, such as youth-led organisations who are able to offer quality affordable mental health services. Community organisations ought to be trained in psychosocial counselling to be able to render these services to the community. Take advantage social media as a tool to identifying some facilities that even offer free services. The Ministry of Health is currently working to ensure that NHIF covers mental health services.

Secondly, we need to ensure that basic psychosocial skills are taught to every student at all levels via the education system, to be able to cope optimally with stresses of life.

Q.2. What strategies are in place for COVID-19 survivors whose' mental health was affected? What future plans are there to curb the aftermath of such challenges.

The government should invest in creating an enabling ecosystem (skills capacity building initiatives) for sustainable revenue streams that will cushion young people from such challenges.

Implementation strategies are a major challenge, projects are developed due to presence of a resource pool by development partners and an underlying interest but implementation becomes a challenge

Q.3. How do we make it possible for youth to access a healthy lifestyle?

We need to incentivise sustainable healthy living such as advocating against drug and substance abuse in platforms such as social media.

Q.4. What percentage of personnel can identify someone going through mental health issues? Are there any key training structures put up for caregivers, guardians and education institutions

There is minimum data to ascertain the percentage of people who can identify and refer persons dealing with mental health issues. There are however resources availed to counsellors such as; pre and post counselling services for survivors of covid, psychosocial first aid training for community health worker, caregivers, and the community. The first aid training entails the, Prepare, Look, Listen, Link model. This model provides an immediate/first point of care response for persons undergoing mental health issues.

Proposed Actions

1. Are the strategies that have been put in place against suicide prevention working and to what extent?
 - We ought to push for legislation to be stipulated by getting involved. Getting involved means we (particularly NGOs) move past 'boardroom meetings' and devolve mental health awareness to youth by engaging trained youth representatives and county officials who are otherwise not in touch with such programmes particularly in remote areas.

- NGOs should uphold accountability, in terms of the impact made by projects in addressing mental health, in order to create a need that the government can tap into and effectively address.
- Streamlined programmes and structures. We need to break the silos, work towards the desired future by focusing on a common goal and being guided by a central point of reference e.g., policy documents as mandated by the government.
- Advocacy towards decriminalization of suicide; the penal code, Cap 63.

Word Cloud

What would you expect moving forward from the discussions?

Mentimeter



What would you expect moving forward from the discussions?

Mentimeter



Speaker Bios



Brian Otieno is an enthusiastic mental health advocate, a young psychologist, an art therapist, the Team Lead at Alfajiri Network Africa and a QualityRights by WHO Champion. Brian is known for his work on the integration of mental health in other health systems and the use of art for advocacy. He has over 5 years of experience working with young people on behavioral health analysis and communication. He currently works for inSupply Health Ltd as an Associate Analyst on Public Health system strengthening. His work on mental health integration has been broadly acknowledged in the SRHR and HIV fields. With his passion for art, he co-facilitated the Art for UHC global movement in 2020 in New York that focused on using art in for UHC Advocacy globally.



Maureen is currently the Youth Lead- citiesRISE, Nairobi. Her core duties entail assessing the needs of the youth leaders network, connecting them to experts professionals and leaders and supporting youth initiatives related to mental health, informing youth strategy and ensuring the inclusion of youthful voices in citiesRISE programs including research and advocacy. Maureen is particularly passionate about transforming and empowering communities as well as ensuring young people with lived experiences are fully included on the basis of equality and non-discrimination as well as their meaningful participation. She is also currently a member of the lived experience council of Healthy Brain Global Initiative (HBGI). As part of deepening her knowledge on advocacy, she was selected, attended and completed the Bridge SDG-CRPD Module 1 and 2 training by the International Disability Alliance. Maureen holds a Bachelors' degree in Education (Special Needs Education) with her specialization being emotional and behavioral disorders.



Odhiambo David is a pharmacist committed to improving access to quality healthcare services and promoting human capital development. He is a mental health advocate with extensive experience including through contributions to the Mental Health Toolkit for Pharmacists by the FIP.