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Social Work Intervention to Prevent Adolescent Suicide

Johnson

Abstract

Suicide is an indication of depression, which has emotional impact on all persons regardless of gender, age, or spiritual beliefs. It is an increasing global mental disorder and risk factors such as abuse, poverty, bullying, and drug use are at an all-time high. According to the World Health Organization's (WHO) global report on suicide prevention, "every forty seconds someone dies from suicide" (World Health Organization, 2017, p. 32). In the world, "Guyana has the highest estimated suicide rate for 2012 and in the Americas, which includes Caribbean islands, Trinidad was placed fourth" (World Health Organization, 2017, p. 32). This paper aims to examine attempted suicide as it relates to a global issue and a case scenario generated from a case in Trinidad and Tobago. The controlled case study shows the effects of social work intervention. As a result, mental health workers use medicine and therapy services to treat persons who have attempted suicide.

Adolescent suicide is on the rise. With new trends in suicide emerging for practically all ages and walks of life. The World Health Organization (2012, p. 41) defined suicide as "the act of deliberately killing oneself" (p. 162). Such actions accounted for 14% of all deaths worldwide, making it the 15th leading cause of death in 2012. Moreover, research conducted by the Centers for Disease Control and Prevention (2016) revealed that suicide is the third leading cause of death among adolescents worldwide. Adolescent suicide is a health crisis within the Caribbean and an international tragedy. Suicide is a far-reaching issue that is currently underexplored in the literature.

This paper aims to examine attempted suicide as it relates to a global issue and a case scenario generated from a case in Trinidad and Tobago. According to the Centers for Disease Control and Prevention (2016), a suicide attempt is "a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior; might not result in injury" (Centers for Disease Control and Prevention, 2016, p. 18). According to the World Health Organization global report on suicide prevention for 2014, "every forty seconds someone dies from suicide" (World Health Organization, 2017, p. 32). As a result, "it is the second leading cause of death among 15-29 year olds" (World Health Organization, 2017, p. 32). It is reported that "over 800,000 people die due to suicide every year and it does not occur in just high-income countries" (World Health Organization, 2017, p. 32). Experiencing drug addiction, conflicts, abuse, violence, depression, grief, and loss are all associated with suicidal thoughts and behaviors. According to the suicide prevention report delivered by the World Health Organization in 2012, "Guyana has the highest estimated suicide rate for 2012 in the world and Trinidad was placed at fourth in the Americas" (World Health Organization, 2017, p. 32). The report indicated "nearly 75% of suicides happen in low and middle income countries, where pesticide poisoning is one of the most common methods" (World Health Organization, 2017, p. 32). Though Trinidad is ranked as a high-income country in the Caribbean, the report identified that in 2012, 193 suicides were reported, of which 146 were males. In Trinidad, the highest incidence among males was in the 50-69 age groups, while the 30-40 age groups were most prone for females (World Health Organization, 2017, p. 32). Dr. Varma Deyalsingh, secretary of the Association of Psychiatrists of Trinidad and Tobago, shared "suicide is the third highest cause of death in teenagers" (Kisson, June 26, 2016). Suicide and suicide attempts affect the victims, their families, and the communities as well.

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In a study conducted in the United States of America in 2003 by two clinical nurse specialists, "persons who attempted suicide and survived were of mixed class, race and religion" (Chesley & Loring-McNulty, 2003, p 41-45). Research showed that "persons who attempted suicide survived because 49% had intervention of another person, 22% changed their minds and 18% had not taken enough medication or non-lethal means" (Chesley & Loring-McNulty, 2003, p 41-45). Also, "immediately after surviving the suicide attempt, almost 31% of persons felt sad and disappointed, 17% felt angry and 14% felt ashamed and embarrassed" (Chesley & Loring-McNulty, 2003, p 41-45). The researchers indicated "suicide is a public health problem yet suicide awareness and measures to prevent suicide appear to be trivial as the number of suicide incidents are on the rise" (Chesley & Loring-McNulty, 2003, p 41-45). In the research conducted by Chesley and Loring-McNutly (2003, p 41-45), "persons who attempted suicide and survived resorted to different forms of recovery, however the majority sought treatment with a professional" (p. 44). A case scenario is presented of an adolescent student in the secondary education system who attempted suicide.

Case Scenario

Client History

At the age of four, John's (the original name has been changed for confidentiality) parents parted (not legally) due to domestic violence and financial issues. John's mother desired a better life for herself and her son, and without the knowledge of her husband, she fled Guyana and migrated to Trinidad with her son. John's relationship with his father was never properly developed, and this was a major source of John's emotional problems since they never connected after leaving Guyana at age five. He resented his father for not attempting to find him or his mother in Trinidad, and later discovered his father had actually started a new family in Guyana. John eventually started using alcohol and cigarettes at the age of twelve due to his association with deviant peers. By age fifteen in form two, John started having frequent romantic relationships, which created another source of emotional challenge, as he became depressed whenever the relationship bumped into hardship.

John lived in a poverty-stricken area and felt ashamed and uncomfortable whenever his girlfriends and classmates asked to visit his home. As there were no positive support systems, John spent most of his time with his community friends and female partners. This presented some form of danger for John, as he had not developed his own resiliency but rather depended heavily on the bonds with his peers for emotional support. In school, John had a history of poor academics and high absenteeism, and he often got suspended for drug use and class truancy. Classroom participation and assignments were never attempted, and there was a lack of motivation towards his academics.

John became an easy victim to peer pressure, as his willingness to stay with the deviant groups stemmed from his need for acceptance and belonging. Low self-esteem, negative thought processes, and poor relations with the adults present in John's life added to his silent depression. This feeling of uselessness was rooted in his family problems, poor self-image, and lack of support. Two days before John celebrated his 17th birthday he said his good byes and notified his friends, via social media, of his intent to commit suicide. One of his classmates immediately alerted John's mother, but upon entering her son's room she discovered him hanging from a rope. She rescued him by lifting his legs, and the ambulance was contacted. John is now 18 years of age and employed as a sales person (part-time) in a car parts outlet. He rents a separate apartment away from his mother and her male acquaintance, and desires to pursue a career as an A.C. technician or disc-jockey (D.J.).

Family State

After their arrival to Trinidad, John's mother immediately formed a relationship with a man, and within a short period of time they began living together. The living conditions were not ideal, as John slept on the floor in the same room

with his mother and her partner. The one-bedroom wooden structure was located in a squatter's area. There were no sources of electricity or water connections; their water supply came from a nearby river. There were a lot of conflicts between John's mother and her partner, and he regularly became aggressive and abusive. He would often provoke John and threaten to send him to Guyana to a father that didn't love him. John felt neglected and frustrated as he begged his mother to leave the abusive relationship, but she refused due to her fear of deportation. John felt unwanted and isolated, and this further compounded his thoughts of hopelessness and negative self-worth.

Economic State

John's basic needs were met by his mother, who earned a living through domestic housekeeping for homes outside of the community. This was their only source of financial income, as his mother's common-law partner squandered his weekly salary on gambling and alcohol.

Client's View of the Problem

Since the attempted suicide, John believes that his negative thought processes are a result of the strained relationship with his father, poor support systems, poverty, and low-self-esteem. All attempts to build relationships with the adults in his life have ended in hurt and pain. He believed that life was unfair and he did not deserve to be in an abusive and uncaring family, and as such committing suicide was his source of relief. Some level of hopelessness still lingers after the attempt since his mother refuses to leave the abusive relationship and start a new life apart from her male partner.

Client's Level of Motivation to Change

John wishes to change his negative thought processes, build a relationship with his biological father, and be a financial provider for his mother and himself. He believes that once he can work on his coping and resilience skills, he will be able to control his emotions and behavior for more positive functioning. Recovery from his suicide attempt progressed as he was able to secure a job and rent a one-bedroom apartment with proper utilities and amenities. There has been some growth in the way he communicates with his mother and some teachers, who are now supportive in his career path and academics. Through counselling sessions with the school social worker, he is better equipped to a great extent to handle situations of disappointment and aggression.

Assessment

John is a very caring and loving young man who from an early age started to experience abuse and neglect from both male figures in his life. Schultz, D., and Schultz (2006) explains, biological theories that persons adapt to their environments. In the assessment of John's case, the systems surrounding him were broken and high-risk. The biological, psychological, and sociological factors produced many risk factors which contributed to his attempt at suicide. From the micro level, he displayed low self-esteem, poor academic grades due to high absenteeism at school, and battled depression. He combated poor family living conditions and lack of proper amenities such as a toilet, bathroom, and sleeping area. His poverty level was extremely high since his step-father squandered his weekly earnings and his mother was the sole provider with a job as a domestic maid.

At the mezzo level, John's step-father was verbally abusive towards him and his mother, and when intoxicated he became very violent and physically abusive. Feelings of depression, frustration, discouragement, and hopelessness had become his recurrent emotions where suicide ideation and attempt was his response. He perceived his life situation as hopeless and lacked the support systems needed to change this perception. These risk factors of abuse, poverty, and frustration had sent John into a state of depression and uselessness. Granted, his mother loved him; but she was unable to provide the emotional support he required and lacked the power to exit the abusive relationship.

Within the macro level, the sociological factors in his school and community were not

suitable as well, as he associated with deviant peers and engaged in drug and alcohol use. Due to the poor supervision at home he was able to spend long hours away and not be held accountable. With the desire to feel a sense of belonging and self-worth, he often found himself in night clubs and parties with adult peers. At school, the support was minimal as he often engaged in class truancy due to embarrassment from his teachers and inability to cope with his studies. He was publicly embarrassed by a few teachers who often joked about his nationality and chances of deportation. He was suspended several times due to use of drugs in school and disrespect to authority. John became invisible in the school environment due to his high absence rate and lack of motivation to be a student. John perceived life as miserable, and the support structures around him were not encouraging. As a result, his motivation to live was low, and this resulted in his attempting suicide.

Proposed Intervention Plan/Recommendations

In order for behavioral change to take place, John has to develop his coping and resiliency skills and find appropriate ways to understand and treat with his emotions. Based on the information shared, John's level of self-determination is the driving force for him to refrain from suicidal behavior and build a healthy family life of his own (Groholt, et.al, 2006 p 638-650) Since most of his issues stem from emotional and physical issues at home, his decision to live away and independently is an important step to recovery and resiliency. Once provided with support from his mother, counselling for John has the capacity to set him to a level of normal functioning and help him achieve his basic academics in school and financial stability. Resilience is used as a guiding conceptual framework which proposes that resilience is the interplay between risk and protective factors (Miller-Karas, 2015; Kraemer, 2013). All factors of recovery or avoiding relapse will be John's protective factors in the individual, family, and community levels.

Individual counselling on coping and resiliency skills (Miller & Rollnick, 2013) is needed to allow John to explore and identify feelings, thoughts, and coping strategies related to his suicide attempt and traumatic events, as well as problematic issues related to the stressors of a young adult and how to develop positive tactics for addressing them. Sessions on conflict with authority would teach him proper methods of dealing with conflict and appropriate responses to negative remarks made to him by adults. Although John's biological father is alive, sessions on grief and loss would focus on allowing him to explore his feelings and thoughts surrounding the absence of his father and the non-existent relationship. This exploration would allow John to examine all his feelings, both positive and negative, and develop coping strategies.

Family intervention is also needed. John's mother and her common-law partner can be referred to the National Family Services, as the role of a social worker is multi functioning and works together with different stakeholders. Sessions there will address the family's interpersonal issues and harmful dynamics, which are currently a reality for John's mother and a trigger for John's suicidal behavior. Family education sessions will focus on teaching his family members about suicide risk markers, triggers, warning signs, and behaviors that could indicate a potential relapse. Sessions on relationship building and communication will focus on helping the family members to understand each other and to communicate more appropriately to decrease the negative communication styles currently being practiced.

Working with communities both at school and at his previous residence will help foster a holistic treatment for John, as suicide can be prevented with early detection. Strategies include workshops that create competence in suicide awareness and prevention; cultural sensitization on mental illness, and sessions on avoiding stigmatization. Advocacy at the state level is also important, as more funding and resources for medication, staffing, and accommodation are required to treat victims like John who have attempted suicide.

Application to Social Work Practice

In 2015, a newspaper headline in Trinidad and Tobago read, "Step dad killed, mom dies, now teen attempts suicide'' (Mohammed, 2015), giving an indication of the high incidence of attempted suicide in the country. Moreover, statistics from the Ministry of Health's Trinidad and Tobago 2007/2008 Health Report (2007) revealed a significant increase in the number of reported suicides, with an average of 1,000 admissions annually related to self-harm or suicide act at each Regional Health Authority. Furthermore, the World Health Organization (2009) statistics indicated that Trinidad and Tobago has the second highest suicide rate per capita in the Caribbean and ranks 34th in the world. As such, school social workers and other helping professions are engaged with suicidal clients often.

In engaging with such clientele, social work practice in Trinidad and Tobago seeks to investigate, assess, and provide appropriate support and intervention to the suicidal clients and their families. Children and adolescents are victims of many social influences that negatively affect their roles at home and at school. Additionally, as evident in the media, families within Trinidad and Tobago are in a state of change and are struggling to maintain a degree of homeostasis. As a result, children's physical, emotional, and psychological needs are unmet, which in turn affects their academic learning and cognitive functioning. Hence, the school social workers adhere to their responsibility as the "link between the home, school, and community" in providing direct as well as indirect services to students, families and school personnel to promote and support student's academic and social success" (Johnson & Descartes, 2017, p1221–1227). In adhering to such roles, school social workers within Trinidad and Tobago understand the profound aphorism 'one cannot teach the head when the heart is broken and/or the mind is troubled.'

Moreover, social workers have a unique code of ethics; on one hand they are called to allow the suicidal client the right to self-determination, and on the other, they are required to break confidentiality (Poppy, 2012, p.1-55), such as the involvement of mental care, law enforcement, and other necessary agencies, in an effort to keep the client from further and/or future self-harm. "While the client may be chronically suicidal, the legal obligations remain that a social worker's role is to break confidentiality in an attempt to preserve life" (; Grant & Kinman, 2014).

Suicidal behavior among adolescents is one of the most challenging and emotionally charged issues in social work today, and as such social workers are affected when dealing with such traumatic cases. Testimonies from school social workers prior to engaging with a suicidal client revealed that they would utilize coping strategies such as a day at the beach, dinner, or other relaxation measures to manage the stress of the casework with such clientele (Henry, 2015). There is limited research on social work regarding the effects a suicidal client would have on a social worker; as such, more research should be done to raise awareness of the professional social work that social workers are engaged in on a daily basis.

Conclusively, the attempts made at ameliorating adolescent suicide have been unsuccessful, as is evident through the statistics within the Caribbean and internationally. Adolescent suicidal behavior is a health issue that can no longer be ignored; as the adolescent aches alone, he or she becomes depressed and hopeless, as revealed in the research article discussed in this assignment. It is vital for the social workers that all helping professionals plan and implement effective strategies to alleviate this health crisis affecting societies.

Compliance with Ethical Standards

The researcher kept in mind the sensitive nature of research. Therefore, Biestek's (1961) principles of confidentiality, acceptance, non-judgmental attitude, and client's right to self-determine guided the research process. Emotional issues that arose and had to be addressed urgently were dealt with by utilizing social work skills.

All procedures performed in this study

involving human participants were in accordance with the ethical standards of the institutional and/ or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

References

Biestek, F. P. (1961). *The casework relationship*. Chicago, IL: Loyola University Press.

Centers for Disease Control and Prevention. (2016). *Violence prevention: Suicide*. Retrieved from https://www.cdc.gov/violenceprevention/suicide/definitions/html

Chesley, K., & Loring-McNulty, N. E. (2003). Process of suicide: Perspective of the suicide attempter. *Journal of the American Psychiatric Nurses Association, 9*(2), 41-45. doi:10.1016/S1078-3903(03)00052-1

Grant, L., & Kinman, G. (2014). Developing resilience for social work practice. London, UK: Palgrave.

Groholt, B., Ekeberg, O., & Haldorsen, T. (2006). Adolescent suicide attempters: What predicts future suicidal acts? *Suicide & Life-Threatening Behavior, 36*(6), 638-650. Retrieved from http://search.proquest.com/docview/224882461?accountid=45039

Henry, R. (2015). The evolution of school social work services in an urban school district. *A Journal of the National Association of Social Workers, 37*(4), 215-222. Retrieved from http://cs.oxfordjournals.org/

Johnson, E. J., & Descartes, C. (2017). Parental influence on academic achievement among primary school children in Trinidad. *Early Child Development and Care, 187*(7), 1221–1227.

Kraemer, M. (2013). Reactions and coping strategies utilized by social workers following client suicidal behavior. Retrieved from http://search.proquest. come/docview/ 304228046?accountid=45039

Kisson, C. (2016,June 26 Suicide third highest cause of death in teens. *Trinidad Express*. Retrieved from https://www.trinidadexpress.com/news/local/suicide-third-highest-cause-of-death-in-teens/article_9126d7eb-035f-5d94-a985-b30ba6add46b.html

Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing:* Helping people change (3rd ed.). New York, NY: The Guilford Press.

Miller-Karas, E. (2015). *Building resilience to trauma: The trauma and community resiliency models.* New York, NY: Routledge.

Ministry of Health. (2007). Trinidad *and Tobago 2007/2008 health report*. Retrieved from http://www.mpa.gov.tt/pdf/MPA%20Annual%20Report%20FY%202007-2008.pdf

Mohammed, S. (2015, June 21). Step-dad killed, mom dies, now teen attempts suicide. *Trinidad Express*. Retrieved from http://www.trinidadexpress.com/2015/news/step-dad-killed-mom-dies-now-teen-attempts-suicide

Poppy, Alexia A. (2012). *The Role of a School Social Worker from an Administrator's Perspective.* page 1-55, St. Catherine University, St Paul, MN 55105, USA, Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/74

Schultz, Duane P. Schultz, Sydney Ellen . (2009). *Theories of personality.* Wadsworth, Belmont, California, USA.

World Health Organization. (2009). Health-related millennium development goals. Retrieved from https://www.who.int/whosis/whostat/2009/en/

World Health Organization. (2012). *World health statistics.* Retrieved from https://www.who.int/gho/publications/world_health_statistics/EN_WHS2012_Full.pdf

World Health Organization. (2017). *Health topics: Suicide.* Retrieved from http://www.who.int/topics/suicide/en/