

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

Increase of Suicide Ideation among young adults 16 – 34 years. A case study of youths that have scored high on the symptom questions at Friendship Bench, Harare, Zimbabwe.



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APPROVAL FORM

The undersigned certify that they have supervised the student **Tinevimbo Matekenya B200531B** and recommend acceptance of this dissertation titled: **INCREASE OF SUICIDE IDEATION AMONG YOUNG ADULTS 16-34 YEARS. A CASE STUDY OF YOUTHS THAT HAVE SCORED HIGH ON THE SYMPTOM QUESTIONS AT FRIENDSHIP BENCH, HARARE, ZIMBABWE**, submitted in partial fulfilment of the requirements of Bachelor of Science Honours Degree in Social Work at Bindura University of Science Education.

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DECLARATION AND RELEASE FORM

I, Tinevimbo Matekenya studying towards a Bachelors' Degree in Social Work truly declare that:

- The dissertation report titled “Increase of Suicide Ideation among young adults 16 – 34 years. A case study of youths that have scored high on the symptom questions at Friendship Bench, Harare, Zimbabwe” is a result of my own work and has not been plagiarized.
- I have followed research ethics in pursuit of social work research.
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DEDICATION

I dedicate this dissertation to my family for the love and unwavering support they gave me. I am greatly humbled by the kindness of their hearts.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank my supervisor for the unwavering support, encouragement and comments throughout the study which were extremely invaluable. I would also want to extend my appreciation to the Friendship Bench for allowing me to carry out my research at their organisation. I also owe my gratitude to the people who participated during my research and provided me with the information which helped me carry on with my research. Lastly, I would like to thank the Almighty for giving me supportive family who pushed me till this very end.

ABSTRACT

The increase in suicide ideation among youths aged 16-34 years at the Friendship Bench study was as a result of socio-economic pressures that are exerted to adults in their bid to survive in the community. The study had the following objectives; to assess the causes of suicide ideation among youths at Friendship Bench, to establish the effects of suicide ideation on mental health issues and to establish coping strategies that can be used to reduce suicide ideation among youths at Friendship Bench. The study made use of a qualitative research design making use of focus group discussions and key informant interviews as data collection methods. The study found out that family dynamics, economic stress, mental health disorders and dating relationships lead to suicide ideation among youths in Zimbabwe. The study concludes that adverse childhood experiences, and cultural factors such as gender expectations lead to suicide ideation among youths. The study also concludes that providing resources and support programs for families and parents to enhance their understanding of youth mental health issues and equip them with the skills to support their children helps in reducing suicide ideation. The study also concludes that suicide cases affect the communities' emotions and also increases suicide ideation amongst youths. The study recommends that the government should train educators, community leaders and families to recognize warning signs of suicide. It also recommends that support programs should be implemented so as to assist in supporting youths with suicidal tendencies and lastly the community and family should help youths by reducing stigma and encouraging open conversations about mental health.

ACRONYMS

WHO:	World Health Organisation
REPSSI:	Regional Psychological Support Initiative
CKT:	Circle Kubatana Tose
SSQ:	Shona Symptom Questionnaire
FB:	Friendship Bench
PTSD:	Post Traumatic Stress Disorder
DSD:	Department of Social Development
ZPA:	Zimbabwe Psychological Association
AMARI:	African Mental Health Research Initiative

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CHAPTER ONE: INTRODUCTION

1.0 INTRODUCTION

This section of the study serves as the introductory chapter of the research investigation on suicide ideation in youths. It sets the stage for the study, providing essential background information, defining key terms, and outlining the research objectives and questions.

1.1 BACKGROUND OF THE STUDY

Historically, suicide among youths has been a concern in many societies, although the extent of attention of understanding of surrounding it has varied over time. In many societies, including ancient civilizations, suicide was sometimes seen as an honourable or acceptable act under certain circumstances. According to Joiner, (2004), the concept of virtuous suicide existed where individuals believed that taking one's own life could be a way to preserve honour or avoid dishonour, particularly in the face of defeat or disgrace. In more recent history, particularly in the 20th century, the prevalence of suicide ideation among youths was recognized therefore, the field of psychiatry and psychology was expanded, leading to a greater understanding of the risk factors and underlying causes of youth suicide ideation.

Suicide is a global phenomenon that has gained attention of many health practitioners. It is however the escalation of cases in Zimbabwe amongst young adults that has led to this academic exploration that is focusing on the risk factors behind suicide. Global evidence including Zimbabwe point to a steep rise in suicide amongst young adults which is mainly pointed to drug and substance abuse, mental disorder mainly depression and the stigma around it also social factors that includes poverty and unemployment. This is also supported by The World Bank Income Groups Report, (2017) which states that suicide is the second leading cause of death to youth between the ages 15-24 years in both sexes. Zimbabwe is ranked 20th in the world and is in top 6 countries in Africa that has the high rates of suicide among young adults. World Health Organization, (2018) mentions how the annual age adjusted rate is 10.1 per 100 000 people which is higher than the global average. The suicide rates have increased

in Zimbabwe since 1990 ranging from 52% to 96% and this is according to the World Health Organization, (2018) which clearly shows how the underlying factors behind suicide need to be looked at and possible effective intervention methods need to be applied.

It has been noticed that the increase in issues to do with suicide ideation is not only in Zimbabwe, but also a global case where such issues arise in countries like Europe too. Statistics on youth suicide rates according to the World Health Organization, (2019), shows that suicide is the second leading cause of death among young people aged 15-29 globally. In Europe, the suicide rate among young individuals has shown worrisome trends. For instance in 2019, the suicide rate among individuals aged 15-24 in the European Union (EU) was 6.3 per 100,000 population, marking an increase from previous years (Eurostat) and this is according to Nock, (2008). Specific countries in Europe have experienced significant increases in youth suicide rates. The suicide rate among young males aged 15-24 in the United Kingdom increased by 23.7%, (Office for National Statistics, 2018).

In Zimbabwe, the rate at which youths are committing suicide is increasing by day and most of them are ladies and they use methods such as hanging themselves, drinking poison or overdosing themselves at large, and the reason why they resort to suicide is because they will be feeling all alone. Milner & Platt, (2013) states that numerous factors contribute to suicide ideation in youths, and it is essential to explore these causes to develop effective prevention measures. According to a study by Hawton, (2013), approximately 90% of individuals who die by suicide have a diagnosable mental health condition. The prevalence of these disorders among young people has been steadily increasing, highlighting the need for early detection and intervention. Due to such cases, youths tend to give up on life and resort to committing suicide. The prevalence of suicidal ideation among youths in Zimbabwe is a growing concern. According to a study conducted in Harare and also in Mashonaland East by Mutema, (2015), 11.2% of adolescents and young adults reported suicidal ideation. Additionally, a report by

Regional Psychosocial Support Initiative (REPSSI) revealed that Zimbabwe had a prevalence rate of 13% for suicide ideation among adolescents in sub-Saharan Africa, and the prevalence was found to be higher among girls than boys. Factors associated with suicide ideation among Zimbabwean youths include depression, stigma, unemployment, family issues as well as pressure. The problem of increasing suicide ideation among youths in Zimbabwe requires urgent attention and intervention and also requires a multi-faceted approach

Additionally, social and environmental factors play a significant role in suicide ideation among youths. Bullying, peer pressure, academic stress, and family conflicts are some of the factors that can contribute to feelings of hopelessness and despair. A study conducted by Klomek, (2015) found that bullying victimization was strongly associated with suicidal ideation among adolescents. Understanding these external influences is crucial for implementing preventive measures within schools, families, and communities. Identifying the risk factors associated with suicide ideation is essential for early intervention and prevention. According to a study by Bridge, (2006), individuals who have previously attempted suicide are at a higher risk of subsequent attempts. This highlights the importance of providing adequate support and follow-up care to those who have survived suicide attempts such as psychosocial support provided by the counsellors, lay health workers at Friendship Bench. Another risk factor is substance abuse. Substance use disorders, particularly alcohol and drug abuse, are strongly linked to suicidal thoughts and behaviours among young individuals. A study by Wilcox, (2004) found that substance abuse increased the risk of suicide ideation and attempts in adolescents. Addressing substance abuse through education, counselling, and rehabilitation programs is crucial for reducing suicide rates among youths.

To combat suicide ideation in youths, a comprehensive approach involving various interventions and prevention strategies is necessary. One effective strategy is the implementation of mental health education programs in schools. These programs aim to raise

awareness about mental health issues, reduce stigma, and provide students with coping mechanisms and support networks. A study by Kutcher, (2016) demonstrated the positive impact of mental health literacy programs on reducing suicide ideation among adolescents. Furthermore, access to mental health services and support systems is crucial for at-risk youths. Schools, communities, and healthcare providers should collaborate to ensure that young individuals have easy access to counselling, therapy, and crisis helplines. Early identification and intervention can significantly reduce the risk of suicide ideation progressing to attempts.

1.2 STATEMENT OF THE PROBLEM

Ideally, suicide is taboo in Zimbabwe. The very few reported suicide cases have been recorded to be amongst the elderly. This was mainly because of the socio-economic pressures that are exerted to adults in their bid to survive in the community. It is unheard of for youths to commit suicide as their socio-economic problems are handled by their elders. It is however surprising that suicide is now very common amongst this age group. There are a number of factors like child headed households resulting from HIV forcing youths to be guidance of their siblings thereby exposing them the social pressure of life. Another factor is that of drug and substance abuse resulting from peer pressure and emotional distress thereby leading to impaired cognitive function and emotional distress in youths. Economic situation is another factor resulting from unemployment resulting in frustration and disillusionment.

1.3 AIM OF THE STUDY

The study aims to investigate on the increase of Suicide Ideation among youths 16 – 34 years. A case study of youths that have scored high on the symptom questions at Friendship Bench, Harare, Zimbabwe.

1.4 OBJECTIVES

- To assess the causes of suicide ideation amongst youths at Friendship Bench.
- To establish the effects of suicide ideation on mental health issues.

- To establish copying strategies that can be used to reduce suicide ideation amongst youths at Friendship Bench.

1.5 RESEARCH QUESTIONS

- What are the causes of suicide ideation in youths?
- What are the effects of suicide on mental health issues?
- What are the copying strategies that can be used to reduce suicide ideation amongst youths at Friendship Bench?

1.6 SIGNIFICANCE OF THE STUDY

Conducting studies on suicide ideation in youths is important as it identifies the risk factors associated with suicide ideation among youths and these include mental health, family dynamics as well as the social environment. The study also helps in informing prevention efforts whereby the researcher can identify effective prevention strategies and interventions which include early identification and intervention programs, mental health education in schools, training for educators and healthcare professionals and community-based support systems. This study helps reduce stigma as suicide is often surrounded by stigma, which can prevent individuals from seeking help and support thus raising awareness, promoting open discussions and disseminating accurate information and it therefore creates an environment where young people feel more comfortable seeking help and discussing their mental health issues. In Zimbabwe, several non-governmental organisations will benefit from this study and these organizations work towards suicide prevention, mental health support, and raising awareness.

1.7 LIMITATIONS OF THE STUDY

The prevailing economic instability will have its toll on the research as transport and other costs related to the study can heavily militate against research so the student will therefore rely on friends and family for funds to finance the research project. The study can again possibly face challenges on time management in conjunction with power cuts or load-shedding,

therefore the student will make use of online learning with the supervisor sometimes communicating and working at odd hours to make progress.

1.8 DELIMITATIONS

The study will focus specifically on a particular region or city within Zimbabwe rather than covering the entire country. This delimitation helps to narrow down the research area and make it more manageable. Considering the age group, the study will concentrate on a specific age range within the youth population which is 16 and 34 years and this will enable a more focused analysis of the factors affecting suicide ideation within this particular age group.

1.9 DEFINITION OF KEY TERMS

- **Suicide-** A death caused by injuring oneself with the intent to die. Berman, (2009) defines suicide as the act of deliberately ending one's life.
- **Suicide ideation-** suicide ideation is defined as thoughts of engaging in behavior intended to end one's life, ranging from fleeting thoughts to detailed planning, (O'Connor and Pirkis, 2009).
- **Youth-** According to Walke-Harding, (2017), youths are referred to as a distinct and critical developmental stage marked by significant unmet health needs as well as differences in access to adequate treatment, state of health, and high death rates. According to United Nations for statistical purposes, youths are defined as persons between the ages of 15 and 24 years without prejudice to other.

1.10 PROJECT OUTLINE

The project has five chapters whereby chapter one consists of the introduction to the project studied by the researcher, background of the study till the definition of key terms. The second chapter looks at the literature review with the inclusion of theoretical framework as well as objectives. Chapter three is the methodology which looks at the data collection methods used

by the researcher, chapter four focuses on the data analysis guide thus data presentation and analysis. Finally, the last chapter which is chapter five is the summary of the project from chapter one and it is also the conclusion chapter which also includes recommendations that were drawn from the findings of the study.

1.11 CHAPTER SUMMARY

Chapter 1 serves as the introductory chapter of the research investigation on suicide ideation in youths. It sets the stage for the study, providing essential background information, defining key terms, and outlining the research objectives and questions. This study aims to provide an analytical investigation into suicide ideation in youths, drawing upon scholarly views and academic research.

CHAPTER 2: LITERATURE REVIEW

2.1. INTRODUCTION

This chapter focuses on literature review of various studies on the increase in suicide ideation among youths in Zimbabwe. The literature lays the foundation of the research in order to create a meaningful addition to knowledge in the area under study. It also brings out gaps that exist in the area of research. It also examines the theoretical and empirical literature on suicide. It lastly examines previous literature related to suicide.

2.2. ECOLOGICAL PERSPECTIVE

According to Wyman, (2008), the ecological perspective focuses on the interplay between individual characteristics and the social, family, community and also the cultural contexts in which they are embedded. The microsystem recognizes that the quality of relationships within the system can significantly impact an individual's mental health and well-being and factors such as family conflict, bullying or academic stress may contribute to feelings of isolation, hopelessness and ultimately suicide ideation. According to Ribeiro, (2014), the mesosystem encompasses mainly on the interactions between connection between home and school or family and community. The perspective acknowledges that disruptions or conflict within these connections can influence an individual's vulnerability to suicidal thoughts for instance, experiencing lack of support both at home and at school or conflict affects the youths thus the intensified feelings of despair and increased risk of suicide ideation. The exosystem recognizes factors such as access to mental health resources, community support or exposure to suicide-related content on media as factors that can impact the risk of suicide ideation amongst youths, (Gonzales, 2020). The macrosystem recognizes that cultural norms, values and social attitudes towards mental health and suicide can play a significant role in shaping individual's beliefs and behaviours. According to Rogers and Niwa, (2021), stigmatization attitudes, lack of awareness and cultural barriers to seeking help contribute to increased suicide ideation in youths.

The ecological perspective recognizes that individual's experiences and environments change over time, and the ecological perspective highlights the importance of considering how life transitions, significant events and historical factors can impact the youths' risk for suicide ideation for example the loss of a loved one or exposure to traumatic events such as abuse, rape increase vulnerability to suicidal thoughts. The ecological perspective when applied to suicide ideation amongst youths highlights the influence of various environmental factors on an individual's risk for suicidal thoughts and such recognizes that individuals exist within multiple interconnected systems thus emphasizing the importance of understanding the interactions between individuals and their environments to prevent and address suicide ideation. Such factors include family issues, unemployment, peer pressure, and even the society itself thus the applicability of this perspective in dealing with the issues of suicide ideation amongst youths.

2.3 CAUSES OF SUICIDE IDEATION AMONGST YOUTHS

Suicide ideation among youths is a significant public health concern worldwide. While the prevalence and contributing factors can vary across countries and cultures, there are some global trends and patterns worth noting. Suicide is one of the leading causes of death among young people in developed countries. According to the World Health Organisation, (2021), suicide is the second leading cause of death for individuals aged 15 to 29 years and it is estimated that approximately 800000 people die by suicide every year and a significant portion of these cases involve young individuals. Ndosi, (2012) states that there are also notable gender differences in suicide rates among youths and in many countries, young males have higher rates of completed suicide, while females have higher rates of suicidal ideation and non- fatal suicide attempts. Such a difference may be influenced by various factors, including the choice of means and societal expectations. The rise of new technology and social media has introduced new challenges and risks for youths' mental health in China where it is a significant public health issue. Historically, China has faced unique socio-economic and economic challenges that have

contributed to the high suicide rate as rapid societal changes, urbanization, economic pressures and disparities in access to resources and social support have all played a role.

According to Waziri, (2011), some common factors that have been identified in developing countries include issues to do with mental health disorders whereby mental health conditions such as depression, bipolar, anxiety and substance abuse are often associated with an increased risk of suicide in youths. In developing countries like Ghana, studies have shown that mental health issues can significantly impair a young person's ability to cope with stressors and impact their overall well-being, (Zenebe & Tsehay, 2021). Ghana like many other developing countries faces challenges in terms of mental health service provision as there is a shortage of mental health professionals, limited access to mental health facilities and inadequate funding for mental health services thus hindering timely interventions and support for individuals experiencing suicide ideation. Not only do we look at Ghana, but also youths in the United Kingdom and Kenya who resort to suicide at large find it as a way of solving challenges. Another factor is that of previous suicide attempts whereby having a previous history of suicide attempts is a significant risk factor for completed suicide. Another issue is that of bullying and peer victimization which has severe psychological consequences for young people, leading to feelings of isolation, hopelessness and low self-worth. Jennifer White, (2015) states that persistent bullying, both in person and online has been linked to an increased risk of suicide. Furthermore, the issue of family problems and adverse childhood experiences also leads to suicide ideation in youths globally as difficult family dynamics, including parental conflict, abuse be it physical, sexual or emotional abuse, neglect, or the loss of a loved one can contribute to a higher risk of suicide in youths. Adverse childhood experiences have long-lasting impacts on mental health and can increase vulnerability to suicidal ideation.

In countries like Zimbabwe, studies have shown that issues to do with economic challenges, political and social instability, family and relationship issues, substance abuse, and limited access to mental health. According to Rukundo, (2018), it is important to note that the challenges faced by youths in Zimbabwe are complex and interconnected therefore, addressing youth suicide requires a comprehensive approach that involves improving the economic situation, strengthening mental health services, promoting mental health awareness, providing support systems within families and communities, and implementing preventive measures within the education system. Zimbabwe has experienced economic challenges, including high unemployment rates, limited job opportunities, and poverty. These factors can lead to feelings of hopelessness, despair, and a lack of future prospects among young people, increasing the risk of suicide ideation. Goodwill, (2021) states that the country has faced periods of political and social instability, which can have a significant impact on the mental well-being of young individuals. Political unrest, social tension, and uncertainty about the future can contribute to stress, anxiety, and a sense of despair among youths. The education system in Zimbabwe places significant emphasis on academic performance and achievement. The pressure to excel academically, pass exams, and secure a successful future can be overwhelming for young individuals. According to Munetsi, (2018), academic stress, coupled with limited resources and infrastructure, may contribute to mental health challenges and suicidal ideation. More so, family dysfunction, including parental neglect, domestic violence, and broken family structures, can have detrimental effects on the mental health of young people. Unstable family environments and strained relationships can contribute to emotional distress and increase the risk of suicide ideation. Substance abuse, particularly alcohol and drug misuse, is a significant concern among Zimbabwean youths. Substance abuse can exacerbate mental health issues, impair judgment, and increase impulsivity, potentially leading to higher rates of suicide. Zimbabwe, like many other developing countries, faces challenges in providing accessible and

adequate mental health services and this is according to Chibanda, (2019). There is a shortage of mental health professionals, limited infrastructure, and financial constraints, which hinder early detection, intervention, and treatment for at-risk youths.

2.4 EFFECTS OF SUICIDE IDEATION ON MENTAL HEALTH ISSUES

Suicide ideation is a serious mental health concern that can have profound effects on individuals and communities, including in developed countries such as China. According to Maruyama, (2020), suicide ideation in youths is usually associated with significant psychological distress as the young will be experiencing suicidal thoughts and end up feeling overwhelmed, hopeless and trapped in their circumstances thus leading to depression, anxiety as well as other mental health issues. Suicide ideation is a risk factor for actual suicide attempts and if individuals with suicidal thoughts do not receive appropriate support and interventions, their risk of acting on those thoughts may increase, (Hamelin & Thompson, 2013). Suicide attempts can have severe physical and psychological consequences. In some cultures including China, there may be a stigma surrounding mental health issues and suicide and the stigma can contribute to social isolation as individuals may fear judgements or discrimination and social isolation further exacerbates mental health problems and reduces access to support systems.

Suicide ideation or thoughts of suicide can have profound effects on mental health among individuals in developing countries like Ghana. The impact of suicide ideation on mental health can manifest in various ways which include psychological distress where individuals may experience feelings of hopelessness, despair, sadness, guilt and worthlessness. They may struggle with intrusive thoughts about death and self-harm which can be highly distressing and affect their overall well-being. According to the World Health Organisation, (2016), suicide ideation can impair a person's ability to function in their daily life and this may affect their concentration, decision-making and problem-solving skills thus leading to a loss of interest in activities they once enjoyed, social withdrawal and difficulties in maintaining relationships.

Suicide ideation is strongly associated with mental health disorders such as depression, anxiety and post-traumatic stress disorders and the presence of suicide ideation can exacerbate existing mental health conditions or increase the risks of developing new ones, (Chung, 2017). Such mental health disorders can also lead to physical health consequences such as stress and emotional strain associated with suicidal thoughts can lead to sleep disturbances, changes, changes in appetite, fatigue and a weakened immune system and over time, these physical health effects can further contribute to the deterioration of mental health. Individuals experiencing suicide ideation may withdraw from social interactions and isolate themselves from families, friends and support networks, (Jamieson, 2007). The fear of burdening others or belief that they are alone in their struggles can contribute to loneliness and alienation.

Suicide ideation has many effects on mental health in Zimbabwe. Such effects include psychological distress where suicide ideation is often associated with significant psychological distress. According to Calati, (2019) the concerning prevalence of suicide ideation among youths in developing countries has rates ranging from 12.1% to 33% for ideation and 4.1% to 9.3% for attempts. Individuals experiencing suicidal thoughts may feel overwhelmed, hopeless and trapped in their circumstances and they may also experience feelings of sadness, despair, anxiety and emotional pain. Suicide ideation is closely linked to depression leading to loss of interest in previously enjoyed activities, changes in appetite and sleep patterns and a general sense of emptiness or worthlessness and this is according to Bryan, (2016). Increased anxiety is also an effect of suicide ideation and can contribute to heightened anxiety levels. Individuals may constantly worry about their own safety or the possibility of acting on their thoughts. According to Mtisi, (2007), suicide ideation can lead to social withdrawal and isolation where individuals experiencing suicidal thoughts may feel disconnected from others and find it challenging to engage in social activities or maintain healthy relationships. Such isolation can

exacerbate feelings of loneliness and contribute to a sense of being misunderstood. Impact on daily functioning can significantly impair an individual's ability to function in their daily life. According to REPSSI, (2022), concentration, productivity and decision-making abilities may be compromised as individuals may struggle to carry out their responsibilities at work, school or home leading to a decline in overall functioning and a sense of frustration or failure.

2.5 COPYING STRATEGIES TO REDUCE SUICIDE IDEATION AMONGST YOUTHS

Copying strategies to reduce youth suicide ideation across developed countries can be enticing as such strategies include societal and cultural differences. This is whereby developed countries have diverse cultures, social structures and access to resources. Launching public awareness campaigns to educate the general population about mental health including common mental health illnesses and the importance of seeking help can be a strategy to reduce suicide ideation amongst youths and this can be done through various media channels such as television, radio, social media and public events, (Marchionatti, 2023). Introducing mental health education as a part of the school curriculum is another strategy which China used so as to reduce suicide ideation as it helps promote understanding and acceptance of mental health issues from an early stage. This can include teaching students about mental health, coping strategies and how to support their peers who may be experiencing mental health challenges.

Similar to the strategies stated in developed countries such as China, developing countries like Ghana can also implement certain strategies to reduce suicide ideation in youths. Improving access to mental health services by establishing community mental health centres or integrating mental health care into existing healthcare facilities helps in reducing the suicide ideation in youths. According to Arani, (2023), ensuring that services are affordable, available in local languages and culturally appropriate so that it reaches remote areas as well as establishing helplines with trained professionals who can provide immediate support and guidance to youths experiencing suicidal thoughts helps reduce suicide ideation amongst youths. Palod & Joshi,

(2022) states that empowering young people to take an active role in addressing mental health issues by establishing youth-led initiatives, such as peer support networks, student clubs or online communities where young people share their experiences, provide support and promote positive mental health practices among their peers is a strategy that can reduce suicide ideation amongst youths.

Reducing suicide ideation in youth requires a comprehensive and multifaceted approach that addresses the underlying risk factors and promotes protective factors in developed, developing countries and also in Zimbabwe. Chibanda, (2020), states that implementing evidence-based mental health education programs in schools and communities to raise awareness about suicide, mental health issues, and available support resources helps reduce stigma, promoting help-seeking behaviours, and providing information on recognizing warning signs and risk factors. There is also need to have accessible and affordable Mental Health Services such as the Friendship Bench, Department of Social Development as they help in improving the accessibility and affordability of mental health services for youth by increasing the availability of mental health professionals and ensuring coverage for mental health services through insurance or public health systems and tele-therapy and online resources. Training for mental health workers who provide training to individuals who are likely to come into contact with at-risk youth, such as teachers, counsellors, healthcare providers, and parents is also another strategy for instance, the Friendship Bench makes use of lay health workers and offers a confidential platform where individuals can seek emotional support, guidance, and counselling. According to Mavhu & Mutsinze, (2018), trained mental health professionals or trained lay counsellors typically staff the helpline to provide assistance to callers. The helpline services aim to bridge the gap in mental health care accessibility and affordability. By providing a toll-free helpline or a low-cost helpline, individuals can access mental health support regardless of their location or financial means.

Risk Assessment and Screening is another measure to reduce suicide ideation in youths thus developing and implementing standardized risk assessment tools and screening protocols in schools, healthcare settings, and other relevant institutions. These tools can help identify youth at risk of suicide ideation and facilitate early intervention and appropriate care, and with the help of collaborative care, foster collaboration between mental health providers, schools, community organizations, and parents to ensure a coordinated and integrated approach to youth mental health which involves sharing information, coordinating care plans, and establishing effective referral pathways is effective. According to Chibanda, (2019), peer Support Programs for example the Circle Kubatana Tose (CKT) at Friendship Bench establish peer support programs that provide opportunities for youth to connect with and support each other. Peer support can reduce feelings of isolation, enhance social connections, and provide a safe space for discussing mental health concerns and that way it helps them to speak out how they feel as they gain confidence from others sharing what they will be going through and how they managed the pressure of suicide ideation as well as other life challenges. Providing resources and support programs for families and parents to enhance their understanding of youth mental health issues and equip them with the skills to support their children. This can include parenting programs, support groups, and access to family therapy.

Lastly, implementing strategies for long-term follow-up and support for youth who have experienced suicide ideation or attempted suicide is also another measure to reduce suicide ideation. This can involve regular check-ins, continued therapy, and ensuring access to ongoing mental health care and during this follow-ups, the SSQs are marked too so as to check the progress of the mental mind of the youth or client, (Mhlanga, 2020). It is important to note that the effectiveness of these measures may vary depending on various factors such as cultural context, available resources, and community-specific needs. Regular evaluation, research, and

adaptation of strategies based on local data and feedback are essential to ensure continuous improvement and effectiveness in reducing suicide ideation among youth.

2.6 CHAPTER SUMMARY

Chapter 2 delves into the topic of suicide ideation, providing a comprehensive overview of its definition, prevalence, associated risk factors, and the ecological perspective as the theoretical framework. The chapter synthesizes existing literature and empirical studies to offer a deeper understanding of suicide ideation and its significance. It focuses on the causes of suicide amongst youths, effects of suicide ideation on mental health issues and also the coping strategies to reduce suicide ideation amongst youths.

CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

This chapter focuses on the research design used by the researcher to collect data which is the qualitative research design. It also looks at the study site which is the location where the research will be conducted, the population targeted, tools used to collect the data samples as well as the research ethics which include confidentiality, informed consent and also voluntary participation.

3.2 STUDY SITE

The study was done in Milton Park, Harare which is the capital city of Zimbabwe.

3.3 RESEARCH DESIGN

The study employed a qualitative research design. The advantage of using a qualitative research design is for in- depth understanding where qualitative research methods allows for a detailed and comprehensive exploration of suicide ideation in youths, Atkison and Delamont, (2020).

3.4 TARGET POPULATION

The study targeted youths 16-34 years who had attempted suicide and had scored high on the Friendship Bench symptom questionnaire. They were 50 youths at Friendship Bench. The study also targeted key informants from the Department of Social Development (DSD), Zimbabwe Psychological Association (ZPA), and also the African Mental Health Research Initiative (AMARI). A target population was defined by Creswell, (2023) as the group of individuals or organisations the researcher wanted to study and from which he or she hoped to draw a sample.

3.5 SAMPLING

Convenient sampling technique was used to sample 6 to 12 respondents for focus group discussions. The group discussions was divided into age and sex cohorts, hence a total of 6 focus group discussions was conducted. The advantage of using convenient sampling technique

is that it allows researchers to quickly and easily access participants who are readily available and accessible. Purposive sampling technique was also used to sample DSD, Zimbabwe Psychological Association and also the African Mental Health Initiative (AMARI) key informants. The advantage of using purposive sampling technique is that it allows researchers to select participants who possess specific characteristics or have knowledge and experiences relevant to the research study, (Given, 2022). A sample was defined by Yang and Zhou, (2023), as the process of selecting a subset of elements from a larger population such as that the subset can represent the population.

3.6 RESEARCH METHODS

Focus group discussions and key informants were used as data collection methods. The advantage of using focus group discussions was that it allowed for in-depth exploration of a research topic by engaging participants in a group discussion, (Krueger & Casey, 2015). The advantage of using key informant interviews was that they had insider perspectives which provided unique insights into the research topic, as they had first-hand experience or knowledge of specific contexts, organizations or communities relevant to the study, (Morse, 2015).

3.7 RESEARCH TOOLS

The researcher made use of interview guides to collect the qualitative data. An advantage of using interview guides was that they are flexible, emphasis is on participants' explanations and understanding of their challenges. According to King, (2004) a guide comprises of a list of topics the study intend to cover during the interview. The questions are logical to participants and language used was comprehensible.

3.8 DATA COLLECTION PROCEDURE

The easiest and most direct data collection technique is observation and another direct data collection technique is conducting interviews and focus groups. The aim of the study is to gather the information that is relevant to the research purpose.

3.8.1 Focus group discussions

Focus groups are a qualitative technique for gathering information on a chosen subject through organized, targeted conversations in small groups of people. Focus groups entail gathering a small number of people with disabilities who are receiving social development help. Participants can exchange ideas, share experiences, and offer insights regarding the programs' accessibility in a discussion that is led by a facilitator. Focus groups are particularly helpful when used in conjunction with other data collection techniques to yield comprehensive information quickly. These include an organized group procedure or an exploratory research method to learn more about people's ideas and feelings and to gather in-depth data regarding a specific topic or issue (Sherraden, 2001). These will help the researcher better comprehend the key themes and contentious topics surrounding the difficulties faced by disabled people because they will be grouped according to the type of disability, sex, and age. Focus groups can reveal common viewpoints, point out shared difficulties, and spark suggestions for making accessibility worse. The researcher will do several focus groups with various subgroups to get a variety of viewpoints.

3.8.2 Key informant interviews

Key informant interviews are qualitative in-depth interviews with individuals who are aware of community issues; they offer a chance for a thorough investigation of participants' experiences and viewpoints regarding accessibility. The goal of key informant interviews is to gather data from a variety of sources, such as professionals, community leaders, or locals who have firsthand knowledge of the area; Namey et al. (2005) state that these are best suited for

gathering information on an individual's background, experiences, and perspectives, especially when dealing with delicate subjects.

3.9 RESEARCH ETHICS

The research was guided by quite a number of ethical considerations such as confidentiality, informed consent and voluntary participation. In confidentiality, the researcher gave assurance that the data obtained from the research would be kept confidential and used only for the purpose of the research.

Informed consent; the research began by creating an agreement with respondents clarifying the obligations and responsibilities that each was expected of. The research had to clearly outline the purposes of the research and guaranteed confidentiality in the process.

3.8 DATA PRESENTATION AND ANALYSIS PROCEDURES

The researcher utilized thematic analysis as a method of data analysis as well as data presentation. The findings from the data analysis were presented in a coherent manner, supported by quotes and examples from the data. In the presentation of the data, the researcher made use of the six phases of thematic analysis which were outlined by Braun and Clarke (2006). The first phase was to familiarize with the data. The researcher read and re-read the data with the aim of understanding the depth and breadth of the content. Braun and Clarke (2006) postulates that the process is time consuming which explains why small samples are preferred. Phase two involved the creation of initial codes. Fereday and Muir-Cochrane (2006) argued coding is a process which involves the recognition noting important information of the study prior to the process of interpretation. Furthermore, Braun and Clarke (2006) stated that the process of coding can be done manually or by a software programme. In this research, the researcher used the manual method of coding which involved the organization of data into meaningful groups.

Phase three as stated by Braun and Clarke (2006) was the search for themes. Boyatzis cited in

Fereday and Muir-Cochrane (2006:4) posits that a theme is “a pattern in the information that at minimum describes and organizes the possible observations and at maximum interprets aspects of a phenomenon.” At this stage the familiar codes were analyzed in order to form an overarching theme. The researcher was guided by Braun and Clarke (2006) who states that in the process some codes may result in the formation of main themes and sub-themes whereas some may be removed. After the process, the researcher had a collection of all noted themes and sub-themes which were in line with the research objectives. The fourth phase is the phase in which themes are refined as stated by Braun and Clarke (2006). The refinement process resulted in some themes being thrown away due to lack of sufficient data to support them and others were thrown away as a result of excess information while others ended up falling into one theme.

Phase five was the defining and naming of the identified themes. The process involved careful considerations of each theme and what it is about. Therefore, this demonstrates that the researcher had to be clear about each aspect of the data which was captured by the identified themes. Phase six was the presentation of data in form of a write-up. The data collected had to tell a story and the story was presented in a “concise, coherent, logical, non-repetitive and interesting way” as stated by Braun and Clarke (2006:6). Data extracts were provided to demonstrate the authenticity and prevalence of a theme. Finally the results were discussed in relation to the research objectives and existing literature. Limitations of the study were acknowledged, and recommendations for future research will be provided.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS

4.1. INTRODUCTION

This chapter presents the key findings of the study. The findings of the research are presented in line with the objectives of the study. The section also presents the discussion of findings section where the findings are compared with the reviewed literature.

4.2 CAUSES OF SUICIDE IDEATION AMONG YOUTHS

The majority of the respondents reported a number of causes of suicide. The most reported cause was family dynamics, drug misuse, traumatic experiences and dating relationships amongst youths. When probed further some respondents also reported that family dynamics resulted in peer pressure, and loneliness. It was also disheartening to note that traumatic experiences were mainly as a result of abuse. The key informants were in line with the findings however they further noted that academic stress and bullying were major causes of suicide amongst the youths. One middle aged female respondent had this to say;

“....my friend was sexually assaulted by her uncle and the whole family blamed her for the incident forcing her to commit suicide.”

When asked how the society view youths who commit suicide; the responses were varied with the majority of the respondents reporting that youths who commit suicide are possessed by suicidal spirits from their ancestors. The focus group discussions also noted that the society views suicide as taboo. Another dominant view of suicide in the community was lack of parental bond between parents and children. Some of the respondents also noted that the community has a negative judgmental attitude towards suicide. The key informants mentioned that suicide has a lot of misconceptions in the community. This is exhibited by the way community members mourn and bury people who would have committed suicide. One young men from the focus group discussion noted that;

“Suicidal spirits are generational, if you have a family member who committed suicide you have high chances of committing suicide..... ”

The majority of the respondents reported that depression, anxiety disorders, bipolar, substance use disorder and post-traumatic stress disorder are the most prevalent mental health disorders associated with increased risk of suicide ideation amongst youths. Some respondents further explained that some certain behaviours in young people are characterized by persistent feelings of sadness, hopelessness, and worthlessness that can severely impair daily functioning. The key informants further explained that depressed youths may experience suicidal ideation, make suicide attempts, and tragically die by suicide. One respondent had this to say;

“...as majority of these youths decide to solve their problems by committing suicide which also affects other youths emotionally and mentally....”

Majority of the respondents discussed that youths with bipolar disorder experience dramatic mood swings between manic episodes of excessive energy or impulsivity and depressive episodes akin to clinical depression. The key informants also noted that depression disorder are largely affected by bipolar as these mental health disorders are intertwined with rapid mood changes and emotional turmoil associated with bipolar disorder contributing to an elevated suicide risk, especially during depressive phases. One key informant said;

“For some young people, suicide may seem like the only way to escape their debilitating anxiety because they are afraid of being charged by the society.....”

The majority of the respondents reported that post-traumatic stress disorder (PTSD) is a trauma-related mental health disorder that is associated with increased suicide risk, particularly among young people who have experienced abuse, violence, or other forms of trauma. Some of the respondents discussed the PTSD symptoms which included flashbacks, hypervigilance, and emotional numbing. A young female from the focus group discussions indicated that;

“.....my friend was traumatized after being raped by her uncle, and decided to commit suicide as she was afraid of reporting.....”

Majority of the respondents reported that adverse childhood experiences contribute to suicide ideation among youths as they lead to psychological and emotional factors such as anxiety, depression, and post-traumatic stress disorder (PTSD). Some of the respondents articulated that these adverse childhood experiences lead to depression which they said it creates a sense of hopelessness, despair and distorted perception of oneself ; further discussing the issue of adverse childhood experiences leading to some certain coping mechanisms and maladaptive behaviours which include substance abuse and self-harm. The key informants mentioned the issue of disrupted attachment and social support as an adverse childhood experience which contributes to suicide ideation among youths. They further mentioned that children who experience abuse, neglect, or other traumatic events may struggle to form secure and supportive relationships. One key informant said;

“.....due to the community being judgmental, these youths however fail to seek for help in cases of abuse, neglect or trauma due to the fear of being judged leading to an increase in suicide cases.....”

The majority of the respondents reported that family problems could significantly contribute to suicide ideation among youths with factors which include adverse family dynamics, lack of emotional support. They further discussed the issue of family dynamics as a situation whereby dysfunctional families tend to be unstable with domestic violence or substance abuse in it from the parents which creates a highly stressful and unstable home environment. Some respondents mentioned that if parents exhibit maladaptive coping mechanisms, such as substance abuse or self-harm, it could normalize such behaviours for their children. Another respondent said;

“When youths witness their parent’s abusive and violent behaviours, there is an increased likelihood of these youths adopting similar coping strategies, escalating the risk of suicide ideation.....”

The majority of the respondents how family dynamics contribute to suicide ideation among youths. Some of the respondents reported that lack of emotional support from the family could lead to feelings of isolation, loneliness thus contributing to suicide ideation amongst youths. The key informants further explained that these factors lead to depression and mental health disorders such as post-traumatic stress disorder since the youths will not have a safe space to express their emotions, seek guidance, or receive validation and understanding, thus leaving them overwhelmed and unable to cope with their struggles. One middle aged female had this to say;

“.....struggled with depression, but could not tell anyone but wrote a diary on how her parents fought all the time, with her mother being a victim of physical abuse; which made her commit suicide....”

The majority of the respondents reported societal factors lead to suicide ideation amongst youths in Zimbabwe. They stated that gender expectations, cultural and religious beliefs and stigma lead to suicide among youths. An interesting discussion of gender expectations was

raised by some of the respondents where traditional gender roles and expectations could impact suicide ideation among youths for example societal expectations which often place significant pressure on males to fulfil provider roles and suppress emotions, while females may face expectations related to family and domestic responsibilities. They further explained how these gender-related pressures could contribute to stress, frustration, and feelings of being trapped, increasing the risk of suicide ideation. Key informants stated that cultural and religious beliefs play a prominent role in Zimbabwean society and could influence attitudes towards mental health and help-seeking behaviours as some cultural and religious beliefs may discourage open discussions about mental health and prioritize resilience or spiritual interventions over professional mental health support, potentially hindering access to appropriate care for those at risk of suicide ideation.

“.... my friend was forced to get married to an old man from church because the man declared her his wife after having dreams about her; no one considered her feelings towards early marriage, as all was in the name of religious norms....”

The majority of the respondents reported that stigma surrounding mental health issues remained a significant challenge in Zimbabwe as there is lack of awareness, misconceptions, and cultural beliefs about mental health which can prevent youths from seeking help and support. Some of the respondents said that the reluctance to seek assistance for mental health concerns due to the society’s judgmental attitude towards people who seek help could worsen the feelings of isolation and hopelessness; increasing the risk of suicide ideation. The key informants gave an example of the society where the boy child is disgraced and shamed for seeking help and said;

“It is within our community that if a man faces hardships, he should be strong and fight his battles because men strong; and seeing a man who seeks help proves how weak he is....”

The majority of the respondents discussed that high levels of unemployment and financial hardships, poverty and income inequality, limited access to quality education and hyperinflation contribute to increased suicide ideation among youths. Some respondents explained that lack of employment opportunities and the resulting financial stress can lead depression which will be incapacitated by feelings of hopelessness, despair, and a sense of being trapped in an unfavourable economic situation. The key informants explained that poverty and income inequality contribute to suicide ideation among youths; where they compare their own economic situation and that of others, feelings of relative deprivation and dissatisfaction arising, leading to an increased risk of suicide ideation.

“.... when individuals are unable to access education and employment, they may feel marginalized, powerless, and disconnected from mainstream society.”

The majority of the respondents reported that cultural factors such as cultural norms, gender expectations and stigma surrounding mental health contribute to increased suicide ideation among youths. Some of the respondents discussed how in most cultures, mental health issues and suicide considered taboo are thus being met with social disapproval and judgement. A discussion probed when some of the respondents discussed that the fear of being stigmatized and the associated shame could prevent individuals from seeking help and support, exacerbating feelings of isolation and increasing suicide risk. The key informants further explained the issue of gender expectations where in some cultures, there may be strong emphasis on academic performance, career success, or adherence to traditional gender roles; which sadly affects the girl child who is forced to do the domestic work, wooed into early

marriage as culturally the boy child should go to school and work thus leading to increased suicide ideation amongst youths specifically the ladies.

“.....was impregnated at high school and her parents forced her to drop out of school even before giving birth; while the boy who had impregnated her continued with his studies....”

4.3. EFFECTS OF SUICIDE IDEATION AMONGST YOUTHS

The majority of the respondents reported that suicide affects the community. They gave an emphasis on the issue of suicide affecting people's emotions thus increasing trauma. They discussed how it affects the day to day lifestyle of the youths as they will be grieving the death of their colleague. Some of the respondents stated that the loss of a young life to suicide often generates feelings of shock, grief, sadness, and confusion among community members ; which leads to a collective sense of loss and mourning, affecting the emotional well-being of individuals, families, friends, and even acquaintances connected to the person who died by suicide. The issue of suicidal cases affecting the community was explained further by the key informants who mentioned that suicidal cases in the community could affect people in such a way that they may struggle with their own mental health and require support to cope with the loss, thus disrupting dynamics and relationships, leading to feelings of isolation and vulnerability. One key informant had this to say

“Youths nowadays think that suicide is the only way to solve their problems, and they are now making it as a trend where they just commit suicide.”

The majority of the respondents reported that social isolation and loneliness are the major social tendencies of suicidal ideation. Some of the respondents explained that social isolation and

feelings of loneliness are commonly observed as social tendencies among individuals with suicidal ideation as they may experience a lack of social support, limited social connections, and feelings of being disconnected from others. The key informants further explained that suicide ideation can be influenced by interpersonal conflict and difficulties in relationships could also be classified as social tendencies of suicide ideation as strained relationships, conflicts with family members, friends, or romantic partners, and experiences of rejection or betrayal can contribute to emotional distress and feelings of despair. One respondent from the key informants had this to say

“.....she never had a good relationship with her family and each time she wanted their support, she could not reach out to them; until she was abused by her uncle and decided to take her life....”

The majority of the respondents classified emotional distress as a psychological effect of suicide ideation. They further explained individual's feelings of overwhelming sadness, hopelessness, despair, anxiety, guilt, shame, or anger and stated that they may have difficulty regulating their emotions; as they may feel emotionally numb or disconnected from others. Some respondents stated that suicidal individuals often exhibit cognitive distortions, which are biased or negative thinking patterns and the distortions may include a pervasive sense of hopelessness, a negative view of oneself and the world, a belief that their circumstances cannot improve, and a distorted perception of their own worth or value. Key informants explained how the increased risk of mental health disorders such as suicidal tendencies is classified as a psychological effect; where it is strongly associated with mental health disorders such as depression, anxiety, substance abuse, and post-traumatic stress disorder (PTSD). They further explained that these disorders exacerbate suicidal thoughts thus contributing to a cycle of distress and despair therefore, co-occurring mental health conditions often require

comprehensive assessment and treatment to address the underlying psychological factors contributing to suicidal tendencies. One respondent had this to say;

“.....with mental health problems usually suffer from discrimination and find it hard to fit into the community; they isolate themselves which triggers suicidal thoughts.”

4.4. COPYING STRATEGIES TO REDUCE SUICIDE IDEATION AMONG YOUTHS

The majority of the respondents reported that the community could assist in reducing suicidal cases by raising awareness and reducing stigma, enhance access to mental health services whereby communities could strive to improve access to mental health services, including counselling, therapy, and crisis helplines, which helps reduce suicide ideation among youths. Some respondents further explained how community-wide awareness campaigns could help educate the public about suicide, its risk factors, and available resources for support and that these campaigns should aim to reduce the stigma surrounding mental health issues and suicide, encouraging open conversations and empathy. The key informants explained that the community could stop being judgmental over the youths to avoid suicidal cases while others stated that youths should be judged for them to notice their wrong doings. A female respondent said;

“If the community stops judging us for the way we present ourselves or towards our acts, it would prevent many suicidal cases from the youths because the community judges us instead of teaching us the right way to do things.”

The majority of the respondents mentioned that the government could assist in reducing suicidal cases. They gave ways in which the government could assist and these included the

allocation of sufficient funding. Some of the respondents reported that the government could allocate adequate funding for mental health services, research, prevention programs, and crisis helplines, improved mental health infrastructure which could invest in expanding mental health infrastructure by increasing the number of mental health professionals, improving the availability of mental health services in underserved areas, and reducing wait times for treatment. The key informants explained that the government could enhance crisis helplines which supports and promotes national or regional crisis helplines, ensuring their availability 24/7. These helplines could be staffed by trained professionals who can provide immediate support, counselling, and referrals to individuals in distress and said;

“.....my friend was depressed and suicidal, but she contacted the Friendship Bench at around 2a.m in the morning and she got therapy which put her at ease.....”

The majority of the respondents reported that private sectors could establish or enhance Youth Assistance Programs that provide confidential counselling and support services to youths so as to reduce suicidal cases and such programs could offer resources for mental health, substance abuse, stress management, and work-life balance, contributing to early intervention and prevention efforts. Some of the respondents explained that private sectors could also develop comprehensive mental health policies that prioritize youth’s well-being and this could involve creating a supportive social environment which implements stress reduction initiatives. The respondents also stated that private sectors could also launch mental health awareness campaigns to destigmatize mental health issues, raise awareness about suicide prevention, and promote help-seeking behaviours. The key informants further explained how campaigns could utilize various channels such as social media, internal communications, and public events to

reach a wide audience and foster a supportive culture thus reducing suicide ideation amongst youths. One of the respondent had this to say;

“Conducting mental health awareness campaigns helps educate the youths as well as the community on mental health issues and it is also an activity which keeps many destructed from negative thoughts.”

From the discussion held, majority of the respondents reported that suicide and mental health are intertwined, as mental health conditions are significant risk factors for suicidal behaviour, while not all individuals who die by suicide have a diagnosed mental health disorder, the majority of suicide cases are associated with mental health challenges. Some of the respondents further stated that suicide and mental health both deal with mental health conditions or disorders such as depression, anxiety disorders, bipolar disorder, schizophrenia, and substance use disorders, are commonly associated with suicidal ideation and suicide attempts. These conditions could significantly impact a person's emotional well-being, thought patterns, and ability to cope with life stressors, increasing their vulnerability to suicidal thoughts and behaviours. One of the respondent said;

“If someone is depressed, you can easily see that he or she is suffering from a mental health disorder; if they have mental health issues, they also suffer from depression.”

The majority of the respondents reported that there are ongoing efforts which are being done so as to improve access to mental health resources and crisis support for individuals

experiencing suicidal thoughts or behaviours. Some of the respondents mentioned the effort being put up by the counsellors to talk to people, as well as the effort being put up by private sectors such as the Friendship bench in supporting individuals with suicidal thoughts. One of the respondent had this to say;

“The Friendship Bench supplements formal mental health services by creating more entry points for people to access support and it provides easily accessible spaces for people to connect, share experiences and offer peer support.”

The key informants brought in another argument where they mentioned that there was need for the expansion towards the access to mental health providers, crisis hotlines and online based support services. They argued that few 24/7 hotlines make work hard for mental health providers as they end up being jammed by many clients who will be in need of counselling services. One female youth respondent said;

“...my friend was put on hold by the counsellor she had contacted as she told her that she was having a session with another client. Her problem needed attention because she was suicidal...”

4.5. DISCUSSION OF FINDINGS

The study found out that family dynamics, economic stress, traumatic experiences and mental health disorders lead to suicide ideation among youths. On the contrary Munetsi, (2018), found out that factors like family dynamics which include parental. It can thus be noted that isolation and loneliness from inadequate emotional support families contributes to suicide ideation.

From the study, the issue of mental health disorders was highlighted as another major cause of suicide ideation among youths in Zimbabwe. This assessment was supported by Waziri, (2011)

who stated that issues to do with mental health disorders where mental health conditions such as bipolar, anxiety and substance abuse are often associated with an increased risk of suicide in youths. On the other hand, depression, anxiety disorders, bipolar disorder, substance use disorder, and post-traumatic stress disorder (PTSD) were identified as the most prevalent mental health disorders linked to increased suicide risk.

Another major cause of suicide ideation among youths is the issue of economic instability. Goodwill, (2021), states that the country has faced periods of political and social instability. This means that high levels of unemployment, financial hardships, poverty, and limited access to quality education are significant contributors to increased suicide ideation as they make the youths vulnerable compromising their health in search of survival.

The issue of dating relationships has also been reported as a major cause of suicide ideation. Ndosi, (2012) states that young males have higher rates of suicidal ideation and non-fatal suicide attempts meaning to say that the boy child is usually affected by these relationship heartbreaks and because they are afraid of being judged by their friends for seeking help, counselling, they end up taking their lives.

4.6 CONCLUSION

The chapter reveals a complex interplay of familial, societal, cultural, and economic factors contributing to suicide ideation among youths. The chapter addresses issues with a multifaceted approach, including improved mental health services and supportive policies to mitigate the risk of suicide and promote mental well-being.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This final chapter provides a summary and conclusion of the research study. The researcher's conclusions from the research findings are summarized in this chapter, with a review of the earlier chapters. The chapter highlights the conclusion and recommendations on the data analysed and presented in the previous chapters.

5.2. SUMMARY

The study consisted of five chapters, of which chapter 1 was an introductory chapter which had the problem statement and objectives of the study which led out on how the study was going to be carried out. The following chapter, chapter 2 which was a literature review chapter which reviewed literature on other findings that were in relation to the objectives of the study. The literature was also used to develop the tools of the study. The third chapter was a methodological chapter which was used and a design on how data was going to be collected. The fourth chapter presented the findings of the study and a discussion of the findings of the study. Finally, the fifth chapter is a conclusion chapter which also includes recommendations that were drawn from the findings of the study.

5.3 CONCLUSION

The study therefore concluded that the majority of youths with suicidal thoughts is as a result of factors such as peer pressure, family dynamics, economic stress, traumatic experiences as well as drug misuse. The study also concludes that suicide cases affects people's emotions and also increases suicide ideation amongst youths who end up resorting to suicide as a problem solver; and this does not only affect the youths but it also affects the community emotionally. The study further concludes that engaging with private sectors was implored so as to have more mental health services such as counselling, having mental health awareness campaigns so as to educate the community on how to handle suicidal cases and noticing red flags.

5.4 RECOMMENDATIONS

The study recommends that

- There is a pressing need to address social, cultural and economic pressures as this will reduce the increase in suicide ideation amongst youths.
- There is need for the community and family to help youths by reducing stigma and encouraging open conversations about mental health.
- The government should ensure that there are 24/7 hotlines which will provide services such as counselling to clients in need of it anytime, like Friendship Bench.
- The government and private sectors should improve the access to mental health care and counselling services.
- The government should train educators, community leaders and families to recognize warning signs of suicide.
- Support programs should be implemented so as to assist in supporting youths with suicidal tendencies.

5.5 CHAPTER SUMMARY

This chapter presented a summary of the research findings. It further outlined the recommendations for the study. The research was able to successfully answer the research questions and therefore reached the goal of the research.

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APPENDIX A

CONSENT FORM

My name is Matekenya Tinevimbo, a part 4 student at Bindura University of Science Education studying towards a Bachelor of Science Honours Degree in Social Work. I am carrying out a study entitled, “Increase of Suicide Ideation among young adults 16 – 34 years. A case study of youths that have scored high on the symptom questions at Friendship Bench, Harare, Zimbabwe.”

You have been selected to voluntarily participate in the research. Participation is voluntary and if by any way you feel uncomfortable you can withdraw from the interview. Hence, be assured that there shall be no harm inflicted on the participant. The following ethics will also be observed through-out the study confidentiality and enormity. At least 20 (twenty) minutes of your time will be taken for the interview/discussion.

Your signing in this consent form is an indication that you have understood and agreed to participate in the study.

Participant’s Signaturedate

Enumerator’s signature date

APPENDIX B

FOCUS GROUP DISCUSSION GUIDE

Topic: Increase of Suicide Ideation among young adults 16 – 34 years. A case study of youths that have scored high on the symptom questions at Friendship Bench, Harare, Zimbabwe.

CAUSES OF SUICIDE IDEATION AMONGST YOUTHS.

1. What are the causes of suicide amongst youths?
2. How does the society view youths who commit suicide?
3. What are the common mental health disorders associated with increased risk of suicide ideation among youths?
4. How do adverse childhood to suicide ideation among youths?
5. Do family problems contribute to suicide ideation amongst youths?
6. Which societal factors lead to suicide ideation amongst youths in Zimbabwe?
7. Which economic factors lead to suicide ideation amongst youths in Zimbabwe?
8. Which cultural factors lead to suicide ideation amongst youths in Zimbabwe?
9. What are the perceptions of the society towards suicidal youths?

EFFECTS OF SUICIDE IDEATION ON MENTAL HEALTH AMONGST YOUTHS.

1. What are the effects of suicidal cases in the community?
2. What health effects are associated with suicidal tendencies?
3. What are the social tendencies of suicidal ideation?

4. What are the psychological effects of suicidal tendencies?

COPYING STRATEGIES TO REDUCE SUICIDE IDEATION AMONGST YOUTHS.

1. How can the community reduce suicidal cases?
2. How can the government reduce suicidal cases?
3. How can the private sectors reduce suicidal cases?
4. Are suicidal cases receiving appropriate support and interventions?

THANK YOU VERY MUCH FOR YOUR CONTRIBUTION!!!

APPENDIX C

KEY INFORMANTS INTERVIEW GUIDE

CAUSES OF SUICIDE IDEATION AMONGST YOUTHS.

1. What are the common mental health disorders associated with increased risk of suicide ideation among youths?
2. How do adverse childhood experiences such as family problems and previous suicide attempts contribute to suicide ideation among youths?
3. What is the impact of societal factors such as economic challenges, political instability and substance abuse on the prevalence of suicide ideation among youths in Zimbabwe?
4. How do cultural norms and social attitudes towards mental health and suicide influence the risk of suicide ideation among youths?
5. In what ways does the ecological perspectives help us understand the interconnected factors contributing to suicide ideation among youths?

THE EFFECTS OF SUICIDE IDEATION ON MENTAL HEALTH ISSUES.

5. What psychological distresses are commonly associated with suicide ideation among youths and how do they affect daily functioning?
6. What is the relationship between suicide ideation and mental health disorders such as depression, anxiety and post-traumatic stress disorder?
7. How does social isolation and withdrawal contribute to the exacerbation of mental health issues among youths experiencing suicide ideation?
8. What physical health consequences are linked to prolonged experiences of suicide ideation among youths, and how do they compound mental health challenges?
9. How does the stigma surrounding mental health and suicide impact individuals experiencing suicide ideation, particularly in culturally diverse contexts?

COPYING STRATEGIES TO REDUCE SUICIDE IDEATION AMONGST YOUTHS.

5. What public awareness campaigns and educational initiatives have been effective in reducing suicide ideation among youths in developed countries and how can they be adapted in Zimbabwe?
6. Elaborate on the role of accessible and affordable mental health services such as helplines and community mental health centers in mitigating suicide ideation among youths?
7. How do peer support programs contribute to reducing feelings of isolation and loneliness among youths experiencing suicide ideation?
8. What strategies can be implemented to enhance family support and understanding of youth mental health support and understanding of youth mental health issues, particularly in resource constrained settings?
9. Discuss the importance of long term follow-up and support for youths who have experienced suicide ideation and how can these strategies be integrated into existing mental health services in Zimbabwe?

THANK YOU FOR YOUR CONTRIBUTION!!!

APPENDIX E: APPROVAL LETTER

FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534



BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 31 / 01 / 24

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

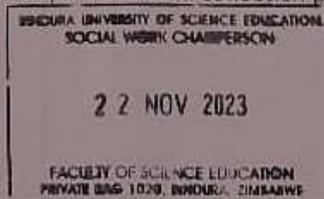
This serves to introduce the bearer, TINEVIMBO MATELENTA, Student Registration Number B200531B, who is a **BSc SOCIAL WORK** student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully

A handwritten signature in black ink, appearing to be 'L.C. Nyamaka'.

MR L.C.Nyamaka
Acting Chairperson - Social Work





The Friendship Bench
4 Weale Road
Milton Park
Harare
Zimbabwe
PVO 12/21



15 February 2024

TO WHOM IT MAY CONCERN

Permission Letter for Tinevimbo Matekenya's Study at the Friendship Bench

This letter serves as formal notification that Tinevimbo Matekenya, a BSc Social Work student at Bindura University of Science Education, has been granted permission to conduct research at the Friendship Bench. Their study is titled **"An investigation of how suicide Ideation is increasing in youths. A case study of Friendship Bench, Harare, Zimbabwe."**

The study aims to understand the causes of the increase in suicide ideation among youths in Zimbabwe thus coming up with ways to reduce the increase in suicide death rates among youths in Zimbabwe. We are confident that the findings of the study will be of great benefit to the Friendship Bench organization and contribute to the growing body of knowledge.

We appreciate your support towards this important project.

Please do not hesitate to contact us if you require any further information.

Yours Faithfully,

Dr Jermaine M. Dambi - Friendship Bench Research Co-ordinator.
Email: jermaine.dambi@friendshipbench.io Cell: +263773444911