

## Help-Seeking Behaviours among Suicide Survivors

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### Abstract

Suicide is a significant global public health problem that remains the leading cause of mortality on a global scale. Evidence shows that individuals who have seek treatment are more likely to seek care following a suicide attempt. Surprisingly, existing data also shows that help-seeking for suicidality is low, with 55% of individuals who commit suicide having no contact with primary care providers in the month before the suicide and 68% having no connection with mental health services in the year before suicide. Via this concept paper, the gaps in help seeking behaviours between the time before the suicide attempt and after receiving the psychological intervention is explored. Understanding these gaps would greatly assist the relevant stakeholders in developing effective intervention programmes in suicide prevention.

**Keywords:** Barrier, Facilitator, Lived Experience, Suicide Attempt.

### Introduction

Suicide is currently recognised as one of the rising public health issues globally. Many countries have implemented multiple prevention as well as treatment platforms to help those with suicide ideation or suicide attempt survivors. However, to get these vulnerable individuals to have the confidence to come up and share their experience, stakeholders need to understand the factors or barriers to seeking help. For some, there could be perceived disincentives for disclosing their suicidal ideation or behaviours (Maple et al., 2020). This study will therefore explore the barriers and facilitators towards help-seeking behaviour among patients currently registered in health facilities.

### Significance of Study

At present, research on help-seeking among individuals with lived experiences of suicidal behaviour in Malaysia is limited and is more generalised towards factors that hinder help-seeking on mental health problems. Individuals under mental and psychological distress

frequently lose their direction in seeking assistance since they want to keep their agony to themselves, causing them to take premature action by committing suicide. The majority of individuals who have lived with suicide behaviours lack the knowledge and awareness about the critical nature of seeking treatment. Although a number of studies on the subject have been conducted at international level, just a few have been completed locally.

Understanding suicide survivors help-seeking behaviours and the barriers to help-seeking among could assist Ministry of Health Malaysia (KKM) policymakers to plan, strengthen and address the gaps in the current mental health services available in the country so that targeted prevention efforts can be implemented. At present, government mental health services are available at government hospitals and community health clinics especially those that house *Mentari* clinics, which are specialist psychiatrist community services. KKM has also introduced the 15555 *HEAL Helpline*, a crisis helpline fully operated by psychologists. The new helpline is the latest addition to a number of existing non-governmental operated helplines available in the country notably the more known *Befrienders*. Society also plays an integral part in any country's suicide prevention. The launch of KKM's *Malaysia Suicide Awareness Voice of Hope (MySAVE)* is targeted at safe responsible media reporting on suicides to avoid sensationalism, sending hopeful messages and providing a list of mental health crisis helplines to encourage vulnerable groups to get early treatment.

Since Malaysia consists of a multiracial society, it is imperative for government mental health providers to take into account the diverse cultural beliefs, acceptance and taboos when caring and extending assistance to suicide survivors. The concept paper is also a pre-cursor to a qualitative study on help-seeking behaviours among suicide survivors that seek help at government health facilities in Malaysia.

### **Literature Review**

This concept paper intends to explore various literatures on help seeking behaviour among those with lived experience of suicide attempts and its various dimensions. Suicide is defined as the act of deliberately killing oneself. Suicidal behaviour encompasses a variety of suicide-related behaviours including contemplating suicide (or having suicidal thoughts or ideas), planning to commit suicide, attempting suicide and the actual act of committing suicide (WHO, 2014). By contrast, attempted suicide is defined as non-fatal, self-directed behaviour that has the potential to result in death, even if the behaviour does not result in injury and suicidal ideation is defined as thinking about, considering, or planning suicide (Klonsky et al., 2016). Suicides costs not only the loss of human lives but left far longer impact on the living families and social circles. Due to the magnitude of the problem, reduction of suicide mortality has become a priority for World Health Organization (WHO) which calls upon member states to have comprehensive and coordinated response to suicide prevention.

At present, suicide is a significant public health issue that remains among the leading causes of mortality on a global scale (WHO, 2019). WHO estimates that approximately 700,000 people commit suicide every year. In 2019 alone, more than one in every 100 deaths (1.3 %) resulted from suicides. Suicide kills more people now than malaria, HIV/AIDS, breast cancer, war or homicide. It is also unfortunate that 58% of suicide cases reported worldwide were among young people below 50 years of age with 88% of adolescents' death by suicide were from low- and middle-income countries (WHO, 2019). Statistically, more men die from suicides even though women's attempts are three times higher which could be due to the means used to attempt suicide or the fact that women have higher rates of help seeking

behaviour. Despite the availability of treatment and care, researchers still find that a vast majority of individuals with suicidal thoughts do not seek help.

Suicidal behaviour is a growing cause for concern in Malaysia since suicide rates have increased over the years. The Malaysian National Health Morbidity Survey (NHMS) 2015 reported that 29.2% of adults and 12.1% of children have mental illness, with the prevalence of suicide attempts increasing. A total of 1288 (6.3%) out of 36,519 respondents reported having suicidal ideation and the youngest age group (16–19 years) had the highest suicide idea rate at 11.4%, followed by 20–24 years, with 10.8% reporting having suicidal ideas (IPH, 2015).

At present, research on help-seeking among individuals with lived experiences of suicidal behaviour in Malaysia is limited and is more generalised towards factors that hinder help-seeking on mental health problems. Individuals under mental and psychological distress frequently lose their direction in seeking assistance since they want to keep their agony to themselves, causing them to take premature action by committing suicide. The majority of individuals who have lived with suicide behaviours lack the knowledge and awareness about the critical nature of seeking treatment. Although a number of studies on the subject have been conducted at international level, just a few have been completed locally.

The concept of this study is intended to identify the factors that influence help seeking behaviours among suicidal individuals so that those experiencing mental/psychological distress would receive the necessary assistance thus preventing them from the act of committing suicide. Hence, this research would like to explore the factors that influence the help seeking behaviours of those with lived experience of suicidal behaviour which includes:

- i. The factors that promote the help-seeking behaviour,
- ii. The barriers that impede them from getting help, and
- iii. Their perspectives on help-seeking

### **Suicide And Help-Seeking**

Some people experiencing depression and hopelessness may feel that suicide is the only option left for them. Studies has shown that those who express suicide are possibly seeking for help or support (Kothari et al., 2018). In today's age of social media, suicidal individuals are also found to seek help in online forums (Gough, 2016) and acknowledge other online users support for their initial posts (Wiggings et al., 2016). Help-seeking for suicide is "an adaptive coping process that attempts to obtain external assistance to deal with mental health concerns, this includes both formal (e.g., health services) and informal (e.g., friends and family) sources of help (Rickwood & Thomas, 2012). Previous research on help-seeking about suicide mainly focuses on mentally distressed among young adults in the general population, students with suicidal ideation or individuals who have attempted suicide (Hom et al., 2015). Evidence shows that help-seeking for suicidality is low, with 55% of people who commit suicide having no contact with a primary care provider in the month before the suicide and 68% having no connection with mental health services in the year before attempting suicide (Luoma et al., 2002). Understanding the barriers and facilitators to help-seeking are fundamental for developing interventions and programmes to support individuals with lived experiences of suicidal behaviours.

### **Factors Enhancing Help-Seeking Behaviour**

Prior studies have identified family and friends as critical gatekeepers for suicidal individuals. The support of social network is a recurring theme that could positively lead the suicidal

individuals to seek care. Social network that includes family, friends, neighbours and even co-workers account for 14% to whom the suicidal individuals would share in a crisis (Fulginiti et al., 2016). This finding shows that social network may be the first few individuals that may learn or notice a suicidal crisis and could play a crucial part in directing the individual to seek immediate care. Trusted and strong relationships with parents, teachers or health professionals were cited as facilitators in help seeking behaviours among adolescents (Aguirre et al., 2020).

Evidence also suggests that prior or past positive experience with service utilization may improve an individual's likelihood of seeking care in the future. An Australian study found that prior positive help seeking experience facilitates in seeking care among adolescents (Aguirre et al., 2020).

Good mental health literacy also facilitates help seeking behaviour among individuals with lived experience of suicide attempts (Aguirre et al., 2020). Positive views about treatment effectiveness and perceiving a need to seek care are also associated with service utilisation among individuals with suicidal ideation (Downs & Eisenberg, 2012). Fortunately, these facilitators are more practically or readily modifiable than demographic or structural factors. As a result, they may be helpful to consider in developing interventions to increase service utilization.

### **Factors Hindering Help-Seeking Behaviour**

Studies have found that suicidal individuals may not always recognize the problem or symptoms that might benefit from professional services. A study by Vasiliadis et al. (2013), found that most respondents with suicidal thoughts who perceived themselves not suffering from depression tend to not to seek help from health facilities. Individuals experiencing suicidal ideation may not think that their experiences are severe enough to need care or may not recognize that their symptoms signal the presence of a mental health issue (Hom et al., 2015).

Suicidal individuals often do not seek care because they believe that they can manage their problems without the use of mental health services. A study among undergraduates at elevated risk for suicide who had not sought services found that 18% preferred to manage their problems independently (Czyz et al., 2013). Individuals may feel that their symptoms are not severe enough to warrant professional attention or may not constitute mental health as a problem. Individuals may also feel that they have adequate resources (e.g., social support) to manage their issues (Hom et al., 2015).

Stigma is consistently cited as one of the common barriers to seek help for mental health issues and suicidality (Aguirre et al., 2020). Stigma that surrounds mental disorders and suicide prevented many from seeking help (WHO, 2014). Studies also show many individuals experience stigma and shame if they receive psychological help (Reynders et al., 2014). Stigma can be in the form of emotional, cognitive or behavioural which in turn can be directed to self-stigma or others. People who experience self-stigma will apply the stigmatizing attitudes on themselves, resulting in low self-esteem and low self-efficacy (Reynders et al., 2014). Many research conclude that stigma reduces patients' perceived need for help (Schomerus et al., 2015). Men are less willing to seek help since is it often stigmatized as not masculine. The perception that men have to be 'strong' suggest that help-seeking for males undermines their masculine identity (Lloyd et al., 2018).

Negative past experiences are also a recurring barrier to seeking help (Czyz et al. (2013). A study by Hom et al. (2015) reports that negative past experiences with mental health care providers may discourage future use. Studies also indicate that negative reactions to the individual's shared experience either over reaction or under reaction would make the person less likely to seek help in the future (Sheehan et al., 2017). This is similar to the study by Frey et al. (2017) who found that making reference to past experiences to be a main reason for the unwillingness to disclose current suicidal thoughts. Frey et al. (2017) also conclude that attempt survivors worry sharing their experiences with friends and family members would overwhelm or burden them.

Structural elements that include geographical, convenience and care availability are also described as barriers to service use. Far or isolated medical regions are also mentioned in a study where close to 18% of persons who died by suicide did not seek any health services in the year before death (Vasiliadis et al., 2015). Similarly, another study found that costs, waiting times and transportations are barriers to help seeking behaviours (Aguirre et al., 2020).

Some barriers to help-seeking have been identified as being unique to specific people or community. Among adolescent-specific age group, family's negative attitudes, distrust and beliefs about mental health services and professionals (Aguirre et al., 2020) and sexual attraction to the same or both sexes (Lucassen et al., 2011) have been cited as barriers to seek care. Health care professionals identified career implications outweighed the benefit of seeking help due to concerns that it would prevent them from reaching the expected standard to progress in their career and a record on mental health issues would be picked up by future employers (Zaman et al., 2022).

Another barrier that should be highlighted is the perception that treatment may not be helpful or practical to the individuals. A study conducted by Czyz et al. (2013) among university students found that they perceive their problems as minor or temporary that did not require treatment, with 104 students (66%) stating this as a barrier. It is possible that the percentage was exceptionally high because negative beliefs about treatment may be a more common barrier to care among individuals at risk for suicides.

Concerns about hospitalisation have also been reported as another barrier to disclosing suicidal ideation. Individuals may have misconceptions about the level of symptom severity that warrants hospitalization or may not be fully aware of the potential benefits of appropriate inpatient treatment (Hom et al., 2015). Fear of implications such as involuntary hospitalisation has been quoted by 70% of patients for concealing their suicide ideation from their therapist (Blanchard and Farber, 2018).

## **Conclusion**

It is imperative to address individuals with suicidal behaviours in order for them to seek treatment at the earliest possible. Similarly, it is critical to recognise and understand the needs of persons experiencing mental and psychological distress in order for them to seek help. Findings from the study can be utilised by policy makers in assessing and planning better interventional services and promotes help-seeking behaviour among this vulnerable group. Most importantly, suicide prevention programmes should be tailored to the different needs of the target groups which could be age or gender specific, differing communities and beliefs to ensure successful interventions.

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