Identification of Suicidal Ideation and Support for Families in Sub-Saharan Africa

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Abstract

Over 77% of global suicides related to life stress in 2019 occurred in low-income and middle-income countries. However, few studies in sub-Saharan Africa have focused on mental health and suicidal behaviors. Less than 10% of African countries have reported suicide rates (WHO, 2021). This article intends to raise awareness of the current global problem of suicide, especially in Africa, and its impact on families in Africa. This includes the pervasive nature of suicidal behavior and how it has been addressed in various parts of Africa. This research established that multiple studies from outside Africa, including high-income countries, address suicide symptoms and treatment. However, discussing this topic within an African cultural context is necessary. Psychoeducation and innovations such as telepsychiatry increase public awareness and access to services, and are essential aspects of addressing the problem of suicide in Africa. Family support, suicide prevention strategies, and psychotherapeutic interventions may also provide critical assistance before and during crises. This research highlights a traditionally taboo subject in sub-Saharan Africa, attempts to destigmatize it, and includes care, recommendations, and family coping skills.

Keywords: Suicide, interventions, psychoeducation, mental health, sub-Saharan Africa

Introduction

The World Health Organization (WHO, 2021) reports that suicide is a "huge but preventable health problem" that causes more than 700,000 deaths annually (Eshun, 2012). In response to mental health problems affecting the world, the Sixty-Sixth World Health Assembly approved a Comprehensive Mental Health Action Plan 2013-2030 in 2013, which prioritized clear actions for its Member States and international, regional, and national members to support mental health and well-being. This action plan focuses on preventing mental health conditions for those at risk and ensures that universal coverage for mental health services is realized within that period (WHO, 2021). Sparse research has been conducted on suicide and mental health in Africa.

Global Economy Business (2019) ranked suicide rates in sub-Saharan Africa (SSA). Comparably, the global suicide mortality rate per 100,000 people in 180 countries was 9.49 suicides per 100,000 in a year. The highest rate in sub-Saharan Africa was in Lesotho at 72.4 suicides per 100,000 people between 2000 and 2019, followed by Swaziland (29.4), South Africa (23.5), Botswana (16.1), Zimbabwe (14.1), and

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Kenya (6.1). The lowest rates in Antigua and Barbados were 0.4 and 0.6, respectively. Compared with high-income countries (HIC) in Europe, Lithuania reported 26.1, Russia 25.1, and Ukraine 21.6. In North America, the USA reported 16.1; Canada, 11.6; and Haiti, 9.6. In Asia, South Korea reported 28.6, and Mongolia, 17.9 per 100,000 in a year. Thus, sub-Saharan Africa has high suicide mortality rates (The Global Economy Business, 2019).

Despite ongoing efforts to alleviate global mental health problems, suicide is the cause of one-half of all violent deaths worldwide and was ranked as the fourth leading cause of death among 15–29-year-olds globally in 2019. Furthermore, over 77% of global suicides occurred in low- and middle-income countries (LMIC) in 2019, which continues to rise. It is estimated that 700,000 million people live in sub-Saharan Africa (WHO, 2021).

There is a shortage of research on how SSA States respond to the issue of suicide. This article attempts to highlight and raise awareness of the existing and unacknowledged suicide problems that affect many people, particularly in the post-COVID-19 pandemic era in sub-Saharan Africa.

Pervasive Nature of Mental Health and Suicidal Behaviors

Historically, there is a lack of empirical data and longitudinal studies in sub-Saharan Africa that focus on the assessment of suicide rates. However, Vaugham (2010) reviewed historical records of suicide rates and causes in British protectorate states of 1940s colonial Africa in Southern and Eastern Africa. Specifically, a report in Nyasaland (Malawi) found that suicide rates were increasing but shrouded with shame rather than guilt. Suicide was associated with supernatural forces and sometimes viewed as "Samsonic suicide," which allowed one to take revenge on another person.

As early as 1954, Vaugham reviewed an inquisition involving a suicide case conducted to establish the cause of suicide of one victim who lived in a polygamous relationship. The victim was suspected of having been bewitched by family members. However, the coroner's report disputed these claims by determining that the victim's suicide occurred while he was severely mentally disturbed, thus acknowledging and advancing the relationship between suicide and mental health problems, as opposed to being caused by supernatural powers (Vaughan, 2010). The same review included a sample of 123 reported suicide cases. Ninety were male and 33 were female, which resonates with the global rates of more males committing suicide than females. Vaugham found that suicide by hanging for those who were unhappy with their lives was a common trend. To this end, family members cautiously monitored people who were dissatisfied with their lives whenever they were seen with a string or piece of rope (Vaugham, 2010).

Macro and Micro Issues of Suicide in Sub-Saharan Africa

Another foundational study was conducted by Onyango (1982) in Nairobi, Kenya, between 1975-1979 investigated. Onyango investigated (a) the extent and nature of suicide in Kenya; (b) the relationship between suicidal acts and the African lifestyle, extended family system, polygamous marriages, and place of residence; (c) the relationship between Kenya's social problems and suicide; and (d) the impact of suicide on the family of the victim. The study revealed that the majority of those who completed suicide were older, employed, married, and male; young and unemployed males were also included. There were more attempts than successful suicides at that time. The leading causes of suicide for those who migrated to the city included the experience of failure in various ways, such as living in a poor relationship with a spouse, difficulties with parents, major losses, unemployment, poverty, and mental and physical problems. Overall, the determinants of suicide were found to be multifactorial as opposed to deterministic. In all cases, the violent means used to complete suicide was a cry communicating with existing problems (Onyango, 1982).

Recently, there has been an increase in suicide, especially among law enforcement officers in Kenya, as highlighted by Owino (2022), who provides a closer understanding of suicidal ideation and accentuates the need to offer support to families. The media discourse is replete with conversations regarding mental health and suicide among Kenyan police officers. One newspaper headline reported that approximately 2,000 police officers in Kenya were mentally unqualified to serve in the Police Service, demonstrating the rising concerns of mental health problems leading to suicide (Owino, 2022). For instance, the Kenya Directorate of Criminal Investigation reported an increase of approximately 483 suicide cases between April and June 2021 compared to 196 cases reported in 2019. Between 2015 and 2018, 1,442 individuals were reported to have attempted suicide. This trend was blamed on existing economic hardships, mainly due to the recent Covid-19 pandemic, which may have added to mental health problems and subsequent high suicide rates (Owino, 2022).

Thami (2020) completed a dissertation investigating the causes and extent of rising suicide rates among Kenya National Police Services. The sample included 90 officers representing various ranks across the Police Force and geographical areas of Kenya. The study found that 89% of respondents experienced daily occupational stressors related to frustration, hopelessness, and a poor working environment. Other respondents complained about experiencing drug abuse and alcohol-related issues, and 62% of the respondents believed that the toxic organizational culture and lack of proper supervision of gun-handling rules contributed to police officers'

suicide. Furthermore, there were poor vertical interpersonal relationships within the police ranks, and 72% of the respondents experienced horizontal relationship problems, feeling alienated and poorly perceived by society (Thami, 2020). This study helps us to understand how daily stressors from challenging working and living environments, not only for law enforcement officers but also for the public, may contribute to suicidal ideation.

Suicidal Ideation

The study of the relationship between law enforcement and occupational workplace stress and suicide was corroborated by Violanti and Steege (2020), who studied suicide rates in the United States. The study utilized national data on law enforcement workers ' suicides from the National Occupational and Mortality Surveillance (NOMS) data. The results revealed that the suicide rates among law enforcement officers were significantly higher. For instance, in the general population,13 people die by suicide out of every 100,000, compared to 17 out of 100,000 police officers (Violanti & Steege, 2020).

Although there is an existing repertoire of studies on suicide rates, prevalence, and intervention strategies in high-income countries, it is likely that the suicide problem is still socially stigmatized in shame and a difficult subject in many African cultures. Lester (2008) found a cultural aversion toward suicide among the Ugandan Busoga people, who considered it a "terrible act" (p. 736) and burned bodies along with the tree and or the hut associated with the victim or buried the body dishonorably in a wasteland. The inheritance of the victim's property is not allowed (Lester, 2008). Cultural beliefs that fail to acknowledge the pervasive nature of mental health, which may lead to suicidal ideation, are likely to perpetuate stigma and failure to seek help and support for those affected.

It is crucial to consider the triggers that may lead to suicidal ideation risk factors.

Kim et al. (2020) examined the high prevalence of suicide in South Korea, which has the highest rates in the world among its elders. The study found that many older adults commit suicide to avoid placing a financial burden on their families, especially when children are expected to take care of them. Similarly, students who feel higher levels of pressure to succeed academically experience suicidal ideation (Kim, 2020). Klonsky and May (2015) suggested a Three-Step Theory (3ST) for conceptualizing suicide, which is rooted in ideation increased by acquired capability, sensitivity to pain, and accessibility to lethal means. The 3ST further explains (a) a combination of psychological pain, (b) those experiencing both pain and hopelessness, and (c) the progression from ideation to attempts, which contributes to potential threats to suicide attempts (Klonsky & May 2015).

Furthermore, Smith et al. (2010) found that most people did not complete suicide despite struggling

with ideation. A cross-sectional and interdisciplinary study found that only 7% of those who met the suicidal ideation threshold reported suicide attempts. Similarly, although the risk factors for suicide are predictors of suicide, they do not advance from ideation to attempt. Smith et al. used the ideation-to-action framework to conceptualize research and theory surrounding suicide. The study found that most psychiatric disorders, specifically hopelessness, were the best predictors of suicidal ideation. Suicide attempts are likely to occur when these disorders include reduced pain sensitivity and fear (Smith et al., 2010).

Indicators of Suicidal Thinking and Behavior

Overview of Symptoms

Several indicators indicate that someone may be at increased risk of suicide. According to the Centers for Disease Control and Prevention (CDC), the following factors may contribute to individual risk: previous suicide attempt; history of depression and other mental illnesses; serious illness such as chronic pain; criminal/legal problems; job/financial problems or loss; impulsive or aggressive tendencies; substance use; current or prior history of adverse childhood experiences; a sense of hopelessness; and violence victimization and/or perpetration (CDC, 2022, Suicide Prevention: Risk and Protective Factors section). Community risk factors may also come into play, including lack of access to healthcare, suicide clusters in the community, stress of acculturation, community violence, historical trauma, and discrimination (CDC, 2022, Suicide Prevention: Risk and Protective Factors section). The National Institute of Mental Health (NIMH) offers specific warning signs indicating that an individual may be thinking about suicide. These include talking about wanting to die, great shame or guilt, being a burden to others, feeling empty, hopeless, trapped, or having no reason to live. In addition, feeling extremely sad, more anxious, agitated, or full of rage; feeling unbearable emotional or physical pain; making a plan or researching ways to die; withdrawing from friends, saying goodbye, giving away essential items, or making a will; taking dangerous risks, such as driving extremely fast; displaying extreme mood swings; eating or sleeping more or less; and using alcohol or drugs more frequently (NIMH, 2022, Mental Health Information: Warning Signs of Suicide section).

Suicidal Thinking and Behaviors in Sub-Saharan Africa

Although studies external to sub-Saharan Africa may help explain a broader view of suicidal thinking and behaviors, it is imperative to focus on research within a cultural context. Quarshie, Waterman, and House (2020) acknowledged that most of the research relating to self-harm with suicidal and non-suicidal intent has been done in Europe, North America, and Australia. To examine the available

evidence in sub-Saharan Africa, they conducted a systematic review of 74 studies from 18 sub-Saharan African countries (Quarshie et al., 2020). Their findings indicated that the average lifetime prevalence estimate of suicidal or non-suicidal self-harm was 10.3%; the one-year prevalence estimate was 16.9 %; the six-month prevalence estimate was 18.2%, and the one-month prevalence estimate was 3.2% (Quarshie et al., 2020). Associated risk factors comprised a personal category including depression, hopelessness, and psychiatric illness; a family category including conflict with parents and parental divorce; a school category including academic failure; and an interpersonal category including relationship issues and lack of social support (Quarshie et al., 2020). The researchers noted the need for an additional abuse and violence category that included risk factors, such as sexual abuse, bullying, dating violence, and physical fights (Quarshie et al., 2020). They also commented that self-harm is a public health challenge across sub-Saharan Africa, and that few studies have been conducted using a culturally and socially sensitive lens (Quarshie et al., 2020).

Adolescents and Younger Individuals

Several researchers have explored suicidal ideation and behavior and associated risk factors among adolescents in sub-Saharan Africa. For example, in a secondary analysis of a survey completed by high school students in Sierra Leone, 14.6% of the sample reported suicidal ideation, and the prevalence estimate of suicide attempts over one year was 19.6% (Oppong, Quarshie, & Onyeaka, 2021). The data also demonstrated that the risk factors for suicidal thinking and behaviors included being 18 years or older, loneliness, and health risk behaviors such as cannabis use (Oppong et al., 2021). Quarshie and Odame (2021) estimated the 12-month prevalence of suicidal ideation among adolescents in rural Ghana using a cross-sectional study of adolescents aged 10-19and a suicide behavior assessment instrument. They found that 25.1% of their sample reported experiencing thoughts of suicide during the previous year, and that risk factors varied by gender (Quarshie & Odame, 2021). For females, reports of suicidal ideation were associated with personal and interpersonal adversities outside the family context, and for males, thoughts of suicide were related to conflict with parents (Quarshie & Odame, 2021). Additionally, the researchers noted that suicidal thoughts increased two-fold for both genders when a friend had attempted suicide (Quarshie & Odame, 2021).

Environmental factors, such as food insecurity and incarceration, have also been linked to suicidal thoughts and behaviors in younger people. Shayo and Lawala (2019) analyzed secondary data from a school-based sample of adolescents in Tanzania, with food insecurity as the independent variable and suicidal ideation and suicide attempts as the dependent

variables. Using Chi-square and multivariate logistic regression, they found that food-insecure adolescents had a greater likelihood of suicidal thoughts and attempts (Shayo & Lawala, 2019). They also noted that interventions at the school level to reduce food insecurity could help mitigate suicidal behaviors (Shayo & Lawala, 2019). In other research, a cross-sectional study of incarcerated younger Nigerian adults aged 18-35 who were assessed for depression and suicidality demonstrated that suicide risk was prevalent and that specific interventions should be utilized (Lasisi et al., 2021).

Adults

Adults in sub-Saharan Africa may also be at a risk of suicide. When general medical outpatients at a hospital in Kenya were assessed for suicidal ideation, the prevalence over the previous month was 20%, and 18% of those individuals attempted suicide during the same period (Ongeri et al., 2018). The authors of the study concluded that the strong association between suicidal ideation and attempts warrants urgent intervention (Ongeri et al., 2018). In another study, Nigerian adults were interviewed about suicidal thoughts and behaviors, mental health issues, and adverse childhood experiences (Gureje et al., 2007). The findings revealed that nearly two-thirds of individuals with thoughts of suicide eventually attempted suicide, and the greatest risk was seen in the year after the first ideation occurred (Gureje et al., 2007). The authors determined that several risk factors were at play, including parental separation, conflict at home, physical abuse, maternal depression, anxiety, and suicide attempts (Gureje et al., 2007). Researchers have also explored suicidal ideation and its correlates in pregnant women in Ethiopia using multivariable logistic regression analysis (Anbesaw et al., 2021). The study data revealed that the prevalence rate of suicidal ideation for women in prenatal care was 13.3%, and the significant risk factors were not having a live-in partner, history of abortion, depression, anxiety, intimate partner violence, poor sleep, and stress (Anbesaw et al., 2021).

Trauma has also been explored in relation to suicidal thoughts and behaviors. Kinyanda et al. (2013) implemented a cross-sectional survey in a war-affected area of Uganda to explore its relationship with suicidal behavior. They found that the prevalence of attempted suicide was 9.2% (lifetime rate) and that this rate was indirectly related to war trauma through the psychological aftereffects of the trauma, including depression, alcohol abuse, surgical and reproductive health complaints, and intimate partner violence (Kinyanda et al., 2013). The relationship between suicidality among individuals with HIV infection and AIDS has also been explored. Rukundo et al. (2016) noted that more than 70% of global HIV infections occurred in sub-Saharan Africa and conducted a cross-sectional survey to examine suicidality (ideation and attempts) in HIV+ individuals in Uganda. Their

data demonstrated a suicidality rate of 10% and specific risk factors, including perception of poor health, physical pain, working less due to illness, and recent diagnosis of HIV (Rukundo et al., 2016).

Resources and Support Available for Individuals and Families

Psychoeducation and Telepsychiatry to Combat Stigma

Psychoeducation is critical in combating the stigma associated with mental illness and suicide. There are emerging innovative and discreet approaches to reaching out to families and those affected by suicide. For instance, Carli (2016) used suicide prevention through the Internet and a media-based mental health promotion (SUPREME) approach. This online program promotes user-friendly and real-time chat communication, including multiple languages, cultural adaptation, and easy accessibility to the public, especially to adolescents. Carli fostered discussion forums led by mental health professionals that focused on information sharing, which created awareness about mental health and suicide to combat suicide and motivate help-seeking. Overall, the SUPREME program yielded a positive outcome and resulted in a decline in depression, anxiety, and suicidal thoughts. Furthermore, it is easy to reach adolescents who spend considerable time on social media. Additionally, the SUPREME model reached those unlikely to self-disclose to mental health professionals (Carli, 2016).

Likewise, the World Health Organization (WHO) (2014) reported that Southeast Asian farmers account for 40% of annual global suicides. Tanjir (2019) found a higher rate of suicide among farmers than among the general population, and most suicide cases were not reported due to stigma. The data revealed that farmers had easy access to toxic pesticides and were exposed to economic uncertainties and psychological stress, which contributed to mental health problems. Therefore, cost-effective and technology-based telepsychiatry has created avenues for reaching out to farmers, thus bypassing public exposure. Discreet Short Text Messages (SMS) and voice calls allow easy access and interactive contact with professionals. Primary care physicians have become available to screen and educate clients, such as addressing their mental health and learning how to secure pesticides and lethal weapons (Tanjir, 2019).

The findings of the studies described above are likely to benefit sub-Saharan Africa in the post-Covid-19 era. Additionally, it is essential to address the existing problems that perpetuate stigma. For instance, suicide attempt, a mental health problem, is still criminalized under the Laws of Kenya, according to Chapter 63 section 226 of the penal code. Suicide is a misdemeanor and upon conviction, is punishable by imprisonment or a fine (Laws of Kenya, Cap 63, Section 226). Educators and policymakers need to

work collaboratively to combat the stigma related to suicide. There is room for improvement in public education on how mental health problems contribute to suicidal ideation and how such problems may be reduced.

Media Considerations and Respect for Autonomy

Venturo-Conerly et al. (2022) advocated designing culturally and contextually sensitive protocols for suicide risk in global mental health. Venturo-Conerly observed that guidelines in the Belmont Report and the Declaration of Helsinki would benefit the Kenyan population. Significant themes in these reports uphold the respect and autonomy of clients and would include the right to equitable treatment and minimize harm (Venturo-Conerly et al., 2022). Additionally, Stack (2003) studied the impact of media coverage of suicide-on-suicide incidence and found that the stories were likely to produce a "copycat effect" especially for celebrities. Stack advocated suicide prevention, which included less attention to reporting suicide cases. The mention of the suicide method and showing photos and coffins of victims were also cited as impacting families. It is important to report cases in a manner that respects the families of those affected by suicide.

Support from the Clergy

Since some individuals in sub-Saharan Africa, particularly Kenya, may seek help through spiritual and religious organizations, the clergy represents another valuable resource. It is important to work collaboratively to empower and educate them to be prepared to provide mental health support and education. According to Stanford (2021), the 4R approach may be helpful and includes Recognition, Referral, Relationship building, and Restoration. In this approach, it is vital to support those who struggle with suicidal thoughts by connecting them with appropriate resources. This can be done by recognizing that people may present with different symptoms, and it is therefore necessary to provide a safe space and time to listen and care for those in need. It is also important for loved ones to acknowledge that help is available and can be achieved by dialing a helpline usually provided to the public. The helper will need to be empathic, prepared to listen actively, and respond appropriately to thoughts and feelings expressed by a loved one (Stanford, 2021).

Suicide Prevention Strategies

Since suicide is a problem worldwide, including in sub-Saharan Africa, it is critical to consider preventive strategies. Sobanski et al. (2021) conducted a systematic review of suicide prevention methods used between 1980 and 2020 to evaluate the efficacy of various techniques for suicide prevention. They included randomized trials with interventions focused on suicidal behaviors and outcomes were determined by subsequent suicide attempts. The authors found that psychotherapeutic treatment produced

a significant reduction (approximately one-third of the control groups) in the risk of another attempt (Sobanski et al., 2021). Further analyses also revealed that specific interventions, including psychodynamic therapy and cognitive behavioral treatment, were especially valuable for reducing re-attempts. At the same time, dialectical behavior therapy and problem-solving approaches did not have a significant impact. Other interventions discussed in the literature may be beneficial in preventing suicidal behavior, as described below. Although many were completed outside Africa, practitioners' use of local adaptation may make them relevant contextually within the continent.

Hope Building, Social Support, and Lethal Means Counseling

Cognitive behavioral strategies may be valuable for suicide prevention. Vesco et al. (2022) discussed three clinical techniques utilizing a CBT framework to reduce the risk of suicide, including hope-building, social support, and lethal means of counseling. They pointed out that there is sometimes a gap between research and practice. Their article aimed to describe several evidence-based interventions that emerged from the cognitive behavioral approach. According to Vesco et al. (2022), the first technique, hope-building, should be discussed with clients and integrated into therapy. They recommended that the meaning of hope for the client should be explored, including whether it is a deterrent to suicide.

Additionally, the authors suggested the creation of a "hope kit" (p.3), which is a physical box containing objects of the client's choice that helps the client remember positive times and provides a reason to continue living when things become difficult. Vesco et al. (2022) also recommended strengthening clients' support systems by making a list of all social connections and indicating the last interaction and quality of the connection. The therapy can then be used to build social skills and enhance any positive relationships that already exist. Finally, Vesco et al. (2022) discussed lethal means of counselling. They emphasized the importance of assessing whether clients have access to lethal means, such as firearms, pills, and ligatures, and distancing those who may be suicidal. Vesco et al. (2022) also noted that lethal means counseling should be non-judgmental so as not to elicit resistance to relinquishing weapons. The goal should be to create as much space, time, and distance as possible between suicidal individuals and whatever means they are considering.

Wiser Reasoning and Facial Expressions

Other research focused on wiser reasoning and lessening of disgust to lower the risk suicide (Hu et al., 2021). In a 2021 study by Hu et al., wise reasoning referred to "intellectual flexibility," "intellectual humility" and "perspective-taking" (p. 202).

University students were videotaped, as they provided wise reasoning to a hypothetical client, and psychologists evaluated the likelihood of preventing suicide. Hu et al. (2021) used software to analyze students' facial expressions as they spoke. They found that wise reasoning and less disgust in facial expressions predicted a greater likelihood of suicide prevention. However, they did not examine the efficacy of this technique in real-world settings (Hu et al., 2021).

Positive Mental Imagery

According to Knagg, Pratt, Taylor, and Palmier-Claus (2022), the Broad-Minded Affective Coping (BMAC) intervention uses mental imagery to assist in recollecting memories that elicit positive emotions, which over time are integrated into the individual's self-perception. In a study designed to evaluate the use of this technique with university students experiencing suicidal thinking, Knagg et al. (2022) administered the intervention, along with feasibility, acceptability, and clinical outcome measures to ten participants who completed the six-session program. The BMAC exercises included relaxation techniques, guided imagery around a positive memory and related positive emotions, and encouragement to engage the senses and think about the connection between memory and emotion (Knagg et al., 2022). The findings revealed high satisfaction ratings from participants and reduced suicidal ideation (Knagg et al., 2022). The authors commented that the results were promising; however, further research is needed to understand the mechanisms of change owing to the small sample size and lack of a control group (Knagg et al., 2022).

Suicide Safety Protocol in Uganda

Due to the increase in suicide during the civil war in Uganda and the lack of studies related to female suicidality, Sardana et al. (2020) designed a cluster randomized controlled trial to assess the treatment of maternal depression with locally adapted Group-Interpersonal Psychotherapy (IPT-G). Participants were screened for depression and suicide risk by mental healthcare workers who also provided IPT-G to the treatment group. To determine the prevalence of suicidality that included moderate and high suicide risks, the researchers consulted within the community. They collaborated with local experts to create culturally valid suicide safety protocols (Sardana et al., 2020). The protocol included the use of community resources, clinic partnerships, a Village Health Team, and a community member to stay with a suicidal individual until the arrival of medical assistance (Sardana et al., 2020). The authors commented that protocol development is a collaborative effort that helps build capacity within the community (Sardana et al., 2020).

Collaborative Assessment and Management of Suicidality Stabilization Plan

Collaborative Assessment and Management of Suicidality (CAMS) offers a therapeutic means of helping clients recognize and handle their suicidality (Tyndal et al., 2022). Within the CAMS framework, which is evidence-based and focuses on developing a therapeutic alliance, practitioners can choose treatment approaches within their areas of expertise, if supported by research (Tyndal et al., 2022). According to Tyndal et al. (2022), the CAMS Stabilization Plan (CSP) is a protocol that helps clients remain stable and safe between sessions. It includes the following four parts:

a) Reducing access to lethal means.
b) Developing a list of coping and problem-solving strategies and emergency numbers to call.
c) A focus on decreasing isolation and increasing social support; and
d) Identifying and addressing the potential to attend therapy (Tyndal et al., 2022).

The authors noted that CSP is different from other suicide safety protocols because it is delivered within the framework of an evidence-based treatment (CAMS) that is therapeutically effective. They suggested that the success of CAMS is supported by the inclusion of CSP, which helps clients cope in new ways (Tyndal et al., 2022).

Healthy Eating and Physical Activity

Given the rising suicide rate in the military, it may be beneficial to focus on existing strengths such as healthy eating and physical activity (Oakey-Frost et al., 2022). Instruments to assess these two variables, in addition to depression and anxiety symptoms and suicidal ideation, were completed by active-duty soldiers (Oakey-Frost et al., 2022). The authors found that healthy eating and physical activity may interact to decrease the likelihood of suicidal ideation in the previous month by decreasing anxiety (Oakey-Frost et al., 2022). The data also revealed that the interaction of healthy eating and physical activity resulted in better psychological health through a reduction of depression symptoms, indicating the potential value of incorporating these wellness factors into an overall program of suicide prevention among active-duty soldiers (Oakey-Frost et al., 2022).

Recommendations from Suicide Attempt Survivors

Suicide attempt survivors were surveyed to enhance understanding of how to best serve this population (Hom et al., 2021). According to the study results, recommendations fall into one of four categories: provider interactions, intake and treatment planning, treatment delivery, and structural issues (Hom et al., 2021). The first category (provider interactions) suggested that mental health workers refrain from shaming survivors or stigmatizing attempts; the

inclusion of empathy, validation, and active listening were stressed (Hom et al., 2021). Recommendations in the second category (intake treatment and planning) include improvements in the assessment process, an explanation of the treatment plan, and the possible inclusion of therapy and peer support along with traditional medications (Hom et al., 2021). In the third category (treatment delivery), study participants recommended addressing survivors' underlying issues, using trauma-informed care, developing coping skills, considering peer support groups, and encouraging survivors to increase social interactions (Hom et al., 2021). The final category (structural issues) included suggestions regarding the removal of barriers, such as cost of treatment and provider scarcity, a focus on continuity of care, suicide risk and sensitivity training for providers, and an improved hospitalization experience when necessary (Hom et al., 2021). The researchers noted the need for further study in this area and the potential benefits of understanding the experiences of survivors of suicide attempts.

Conclusion

In this paper, we have attempted to raise awareness of the existing suicide problem, which is found among both adolescents and adults, and thus, impacts many families. In sub-Saharan Africa, suicide is shrouded in mystery and rarely discussed in public because of the shame and dishonor it brings to the family. The stigma associated with mental health, especially for those who have attempted or completed suicide, is intense. Even more challenging for this conversation is the dismissal and minimization of the seriousness of the presenting problems related to suicidal ideation and emotional and mental suffering.

Therefore, it is important to have professional discourse and to find ways to combat stigma and alleviate shame. Ultimately, creating awareness will lead to public education and the development of effective strategies for reaching out to those impacted by suicide. We have discussed global issues pertaining to suicide in low-and middle-income countries and provided indicators of suicidal thinking and behavior in sub-Saharan Africa. We have highlighted the possible resources and support for individuals and families, especially from emerging telepsychiatry and media communication that is easily accessible to most adolescents and adults. Since suicide cases have increased in the post-Covid-19 era, we opine that every workplace be proactive in educating and supporting those affected by current hardships and mental health problems.

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