

Exploring Methods to Alleviate Mental Health Stigma and Suicidal Ideation Among Adolescents in Chennai: Strategies for Mitigation

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ABSTRACT

India is home to the world's most extensive adolescent population, estimated roughly around 253 million, with approximately one in every five individuals in the age group of 10 to 19 years. As of 2023, India is struggling with a pressing and critical need for comprehensive mental health support. Our country, representing one-sixth of the global population, is confronted with a severe mental health crisis, with projections or predictions indicating that India may lead the world in depression and anxiety cases by the year 2030.

Unfortunately, mental illness still remains highly stigmatized in our country, leading many individuals and adolescents with mental health challenges to avoid seeking help out of fear of judgment and discrimination. Consequently, raising awareness about mental health and promoting treatment-seeking behaviors becomes a daunting task. The stigma and discrimination associated with mental illness are often experienced as social defeat, giving rise to feelings of shame, social anxiety, hopelessness, loneliness, helplessness and, ultimately leads to active suicidal thoughts and suicidal attempts.

Since 2008, the researcher has been employed full-time at the Jeevan Suicide Prevention Center in Chennai, a project operated by the non-profit organization, Youth with A Mission. During this period, the researcher has interacted and counselled with numerous individuals and adolescents who have experienced suicidal thoughts or made suicide attempts. Additionally, the researcher has organized numerous awareness campaigns aimed at high school and college students. These campaigns have played a vital role in recognizing mental health issues among adolescents, specifically those related to adolescent suicide, and facilitating discussions on intervention strategies to mitigate the incidence of adolescent suicide. This study aims to explore how these factors, particularly among adolescents in Chennai, contribute to suicidality and how interventions can target them through research studies.

Keywords: *Adolescents, Suicidal ideation, Mental health*

1. INTRODUCTION

An Adolescent is generally described as someone in the transition phase between childhood and adulthood. This developmental stage usually spans from ages 10 to 19, although the specific age boundaries can fluctuate based on cultural and societal norms. According to the World Health Organization (WHO), Adolescents are individuals of 10 to 19 years of age, Youth are under the age of 15 to 24 years of age, and Young People are those between the 10 to 24 years of age. Adolescents undergo significant physical, emotional, cognitive, and social changes as they progress towards adulthood.

According to data from the National Crime Records Bureau (NCRB), India experiences a staggering number of suicides each

year, with over one lakh suicides recorded annually. In 2021, a total of 1,64,033 suicides were reported. Particularly concerning is the rise in student suicides, with 13,089 students taking their own lives in 2021, marking a spike from 12,526 in 2020 and an increase from 10,159 in 2018, 9,905 in 2017, and 9,478 in 2016. This alarming rise in student suicides is a pressing issue in our country that requires immediate attention.

Disturbingly, India witnesses one student suicide every hour, amounting to approximately 28 such tragedies every day, as per data compiled by the NCRB. A Lancet study has highlighted that India's adolescent suicide death rates are among the highest globally, with a substantial number of adult suicides occurring between the ages of 15 and 29.

Chennai, among the metropolitan cities in India, rates second in terms of the number of highest suicides, recording a shocking 2,699 suicides in 2021, according to the NCRB. This marks an 11.1% increase from 2,430 suicides in 2020. Similarly, among the states in India, Tamil Nadu ranks second with the highest number of suicides, with 18,925 suicides recorded in 2021.

Suicides and suicide attempts among adolescents and individuals have far-reaching consequences, affecting not only the individuals involved but also their families, friends, colleagues, communities, and society at large. For each suicide, there are probably over 20 suicide attempts, emphasizing the pressing requirement for mental health assistance.

Mental health poses a substantial public health challenge in India, with a significant segment of the population confronting a range of mental disorders and contemplating suicide. The presence of mental health stigma amplifies these challenges, leading to diminished optimism, reduced self-esteem, heightened psychiatric symptoms, social relationship difficulties, and a decreased likelihood of seeking or maintaining treatment. Due to the stigma associated with mental health, adolescents experiencing suicidal thoughts frequently refrain from sharing their struggles, increasing the risk of suicidal tendencies.

Sample and population

The study focuses on individuals within the age range of 15 to 29 years of age, encompassing both genders, including students, employed individuals, unemployed youths, those with varying levels of education (ranging from literate to illiterate), and even school dropouts residing in Chennai city.

Sampling Technique and Size

To gather data, the researcher employed a simple random sampling method, selecting a sample size of 500 individuals from this population of which 210 samples of females and 290 sample of males, who are living in Chennai around the area of Avadi, Ambattur, Mogappair, Anna nagar, Koyambedu, Vadapalani, T. Nagar, and Tambaram.

Tool for Data Collection

The researcher employed a questionnaire as a means of gathering information from the participants. This questionnaire consisted of 65 multiple-choice questions for respondents to complete. Additionally, the researcher utilized an interview schedule, comprising 5 questions, immediately following the questionnaire. This interview schedule allowed for a deeper exploration of the emotions and sentiments related to mental health stigma and prior experiences with suicidal ideation or attempts, either personally or through acquaintances in the Chennai area.

Data and Sources of Data

The researcher employed a combination of primary and secondary data sources to gather information. Primary data was acquired through the administration of questionnaires, as well as through informal one-on-one interviews and group discussions. In contrast, secondary data was obtained from a variety of sources, including journals, books, online references, and existing research papers.

Main Findings and Discussions

In summary, the research conducted among adolescents in Chennai indicates a significant prevalence of suicidal behavior, encompassing various aspects such as ideation, planning, and actual attempts. Alarming, over 70% of the respondents exhibited reluctance to seek

assistance, primarily attributable to the pervasive influence of mental health stigma ingrained in them from childhood. This stigma has been perpetuated through the impact of social media, television programs, the beliefs of their fathers and forefathers, as well as the attitudes of their peers. The below findings represent some of the key outcomes of the research.

Lack of resources: There is a shortage of mental health professionals and facilities in Tamil nadu and in India, which makes it difficult for people to access mental health services and benefit from it. Additionally, many of the existing services from private centers in Chennai are not affordable for the majority of the population.

Limited knowledge: There is a lack of knowledge and understanding about mental health among the general population of my research and in our country. Also, very limited knowledge for some of my respondents through social media which accompanied lots of misconceptions. Many people are not aware of the symptoms of mental illness or how, and where to seek help.

Table I – Respondents knowledge and Understanding on Mental Health

S.No.	Understanding on Mental Health	Number of Respondents	Percent
1.	From Educational Institutions	68	13
2.	From Social Media/ TV programs	310	63
3.	From Parents/Peers	87	17
4.	Awareness campaigns or trainings	35	7
	Total	500	100

The table shows that majority of respondents are gaining their knowledge about Mental health issues through social media, TV programs and movies which invested lots of misconceptions in their understanding of Mental Illnesses and also half knowledge about the mental health. The study revealed very few had a decent knowledge and understanding of mental health from their schools, colleges and workplace trainings. This reveals a big need of awareness on mental health in order to reduce the stigma and suicide among adolescents.

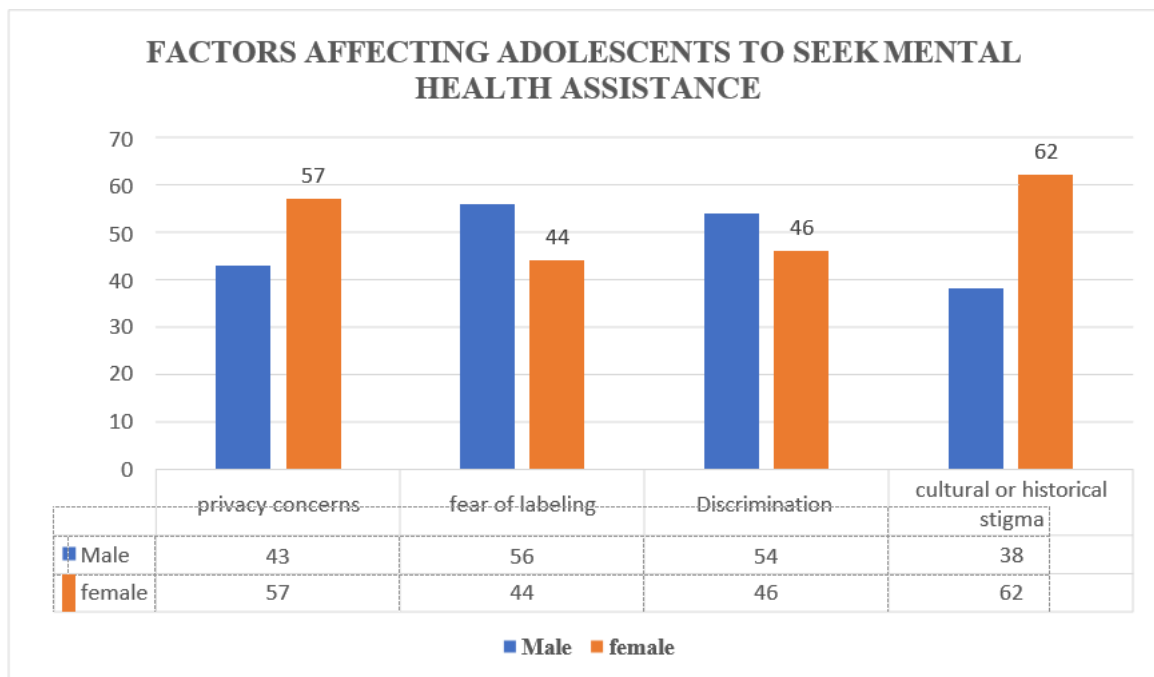
Cultural beliefs: Traditional beliefs surrounding mental illness also being a barrier for seeking help. Many people, especially individuals migrated from the villages in Chennai believe that mental illness is caused by supernatural or spiritual factors and seek help from traditional healers, religious leaders rather than mental health professionals.

Lack of government support: There is an insufficient resources allocated by the Indian government towards addressing the issue of mental health, and many of the existing mental health programs are underfunded, as studied by the researcher.

Consequences of the social stigma encountered by the respondents

The study findings highlight the persistent stigma surrounding discussions about mental illness and suicidal thoughts. It remains a challenging issue for individuals to open up about these issues with friends, family members, or even outsiders due to concerns about damaging their reputation, leading to decreased hope and heightened distress. Unfortunately, our respondents often encountered a lack of empathy and faced judgment and condemnation rather than receiving confidential support when they did attempt to discuss their concerns.

FIGURE - I: Factors affecting adolescents to seek mental health assistance



The figure shows that both male and female adolescents almost equally have the concerns that lead to mental health stigma that whether mental health professionals or care give givers or counsellors or religious leaders that they seek help will they

maintain confidentiality, be non-judge mental, empathize with our respondents. Also, they have a fear that how others will perceive without labeling if mental assistance is sought.

Furthermore, the research revealed that adolescents who experience suicidal thoughts are often plagued by the fear of social isolation, shame, and rejection from their peers after sharing their struggles. The study also illuminated the prevalent misconception that talking about suicide and mental health conditions like depression and anxiety is inherently negative, contributing to the silence surrounding these topics. Parental and peer pressures were recognized as notable contributors to the escalation of suicidal tendencies.

Figure – II Respondents immediate source of help during problem solving

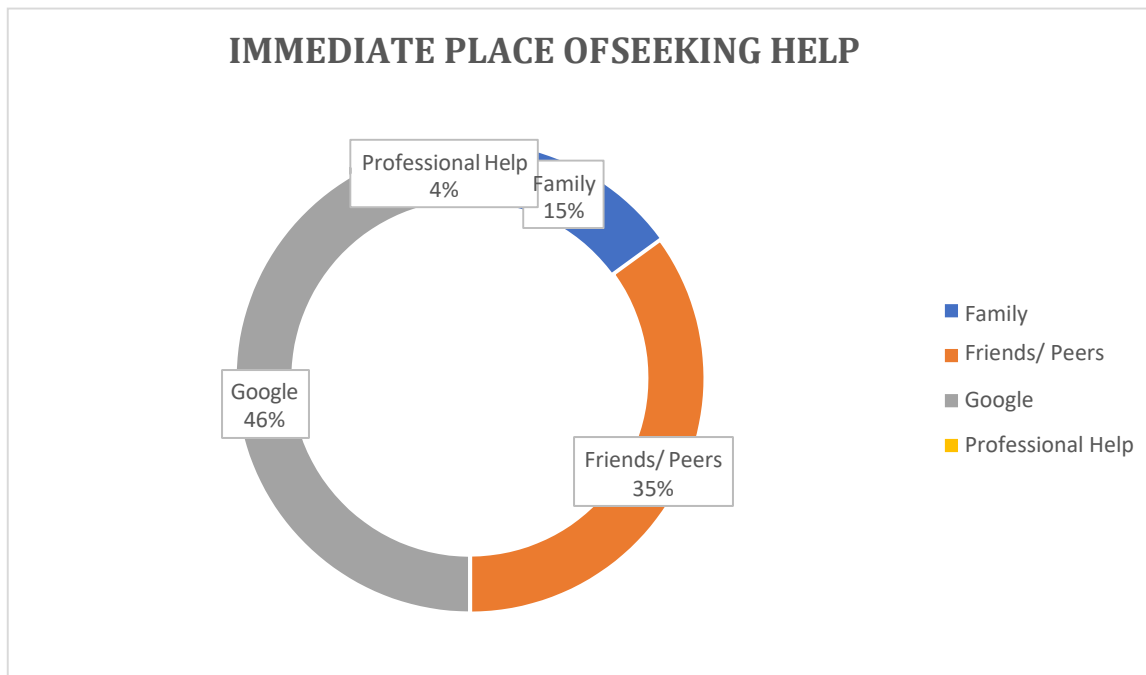


Figure shows that Majority of respondents' immediate place of seeking help is Google, online friends and networks through Instagram and other social media platforms. Many hesitate to seek professional help due to misconceptions, lack of understanding and misconceptions. It's important to encourage the people to seek professional help when they are going through anxiety, depression or any mental health issues, just like going to a medical doctor for physical ailments.

Through discussions and surveys with the respondents, the researcher identified fear of failure as a prominent trigger for suicide among students either in academics, peer rejection and relationships issues. When students go through periods of failure, it can lead to a pervasive sense of pessimism. Additionally, the absence of emotional support from family or peers during crises act as a critical factor leading some individuals to attempt or commit suicide. Substance abuse, including alcohol and drugs, contributing greatly to behavioral and mood disorders among adolescents, further increasing the risk of suicide. Excessive usage of gadgets and increased screen time were also identified as factors contributing to mental health issues, which also leads to Porn addictions, sexual addictions, Mobile game addictions, which leads to behavioral disorders.

Furthermore, the research indicated that a majority of respondents were unaware of government mental health care resources and suicide prevention helplines available for free in Chennai and in our country. Additionally, over 55% of respondents reported not receiving any education on mental health either in their educational institutions or workplaces, leaving them unaware of where to seek assistance.

Comprehending Stigma and Prejudice

Stigma refers to the negative perception of individuals due to their mental illness and suicidal thoughts, while discrimination entails treating them adversely because of their mental health conditions. Social stigma and discrimination exacerbate mental health issues and can deter individuals from seeking the necessary assistance.

People dealing with mental illness confront a dual challenge. In addition to managing their symptoms, they are often part of a marginalized group and encounter frequent instances of discrimination in their daily interactions. There remains a significant amount of stigma associated with these conditions, which contributes to prejudiced behaviors and attitudes directed at individuals living with suicidal ideation, both on a personal and societal level.

Types of Stigma that may contribute to suicidality

Public stigma occurs when members of the general public endorse negative stereotypes and discriminate against people with mental illness, which result in social isolation and impaired social networks when members of the public distance themselves from people labelled as mentally ill. *Societal regulations* can systematically discriminate people with mental illness. For example, poorer funding of mental health services as compared with physical health services can lead to poor quality of care and reduced access to mental health services.

Self-stigma refers to people with mental illness who internalize negative stereotypes leading to shame and social withdrawal. People with self-stigma may feel they are not worthy or able to pursue their goals, feeling of hopelessness. These forms of stigma can be a barrier to help-seeking for mental health problems.

Strategies for Reduction of Mental health stigma

According to the study made, First and foremost, there must be a substantial increase in mental health resources, including trained professionals and accessible facilities, to ensure that those in need can receive the care they require. Additionally, affordable mental health services need to be made available to a bigger group of the population. Raising awareness about mental health and combating the stigma associated with it is crucial. Education campaigns aimed at both the general public and healthcare providers can play a vital role in changing perceptions and encouraging individuals to seek help without fear of discrimination.

Cultural beliefs and practices should also be addressed sensitively, with efforts made to bridge the gap between traditional and modern approaches to mental health care. Need to raise an awareness by collaborating with religious and community leaders that they can influence and educate on this process.

Table II– Respondents awareness on available Mental Health services in Chennai

Awareness on available Mental Health services in Chennai	Respondents	awareness	Respondents awareness
Free Suicide Prevention Helplines in Chennai	15 [500]	500	3
Tamilnadu free Government suicide prevention and Mental health counselling Hotline	8 [500]	500	2
Mental Health Hospital/ Centers and NGOs in your area	321 [500]	500	64
Not aware of any of these available services	156 [500]	500	31
Total	500	100	100

The table reveals that majority are not aware of the free mental health services of suicide prevention hotline of Tamil nadu government, Jeevan Suicide prevention helpline, Sneha center available in Chennai. The researcher gave the information of all the mental health services, counselling centers, mental health hospitals available in Chennai to all the respondents as part of awareness.

It is important that the Indian government gives priority to mental health by dedicating sufficient resources and funding to mental health initiatives. These initiatives should be meticulously planned and grounded in evidence, with a focus on reaching the most vulnerable sectors of the population. Although the Indian government has initiated certain measures in this regard, there is an essential need for more substantial investments and comprehensive reforms to address the disparities in mental health resources and services.

Dealing with the mental health crisis in India goes beyond public health; it's a matter of human rights and social justice. By addressing the mentioned challenges collaboratively as a society, India can lay the foundation for a better and more health-focused future for its people, where mental well-being is not overlooked but instead regarded as a top priority.

Respondents Proposing Approaches for Mitigation

Education about mental health and mental illnesses should commence within schools. Educational institutions should make mental health education a regular part of their curriculum and foster open dialogues. Similar to consulting a medical doctor

for physical ailments like a fever, students should be aware that they can seek assistance from mental health professionals for their individual mental health needs. Schools should address issues such as mood swings, hormonal changes, physical transformations, and gender identity that adolescents commonly experience. It's essential for all schools to have a dedicated student counsellor or mental health advisor to provide confidential support and guidance to students. Parents should also promote discussions about mental health at home and even collaborate with teachers to monitor their children's mental well-being alongside their academic progress. Moreover, teachers should receive training on mental health because children often spend significant time at school compared to their time with parents. Schools should prioritize building students' confidence and skills rather than overwhelming them with academic pressure, which can be achieved through extracurricular activities. Every child should be informed about the available mental health resources and encouraged to seek help confidently.

Furthermore, across all sectors, organizations, and workplaces, regardless of their economic status, there should be a strong emphasis on mental health. Public conversations about mental health and mental illness should be encouraged without any sense of guilt or shame among colleagues or peers. Efforts should be made to raise awareness about the myths and misconceptions surrounding mental illness and suicide, and individuals should be empowered to recognize the signs of mental health issues.

Influential figures such as motivational speakers, celebrities from the world of cinema, religious leaders, political figures, and popular YouTubers should actively advocate for the importance of mental health and the availability of mental health services to help break the stigma associated with it.

2. LIMITATIONS OF THE STUDY

Reducing the stigma surrounding mental health in adolescents is a crucial objective, yet there exist numerous constraints and obstacles in researching and executing initiatives aimed at diminishing this stigma in this age group. Some of the Limitations are

Limited resources and a shortage of trained staff in schools and organizations can make it difficult to introduce and assess effective programs for reducing stigma, which, in turn, can impede the expansion of successful interventions.

Adolescents might not share their real thoughts and feelings about mental health because they are afraid of how their friends might react, which can make the information they provide in stigma reduction studies less accurate.

Adolescents from various cultural backgrounds may have different experiences and beliefs about mental health. To reduce stigma effectively, it's important to be respectful of these cultural differences and consider the special requirements of each community

Scope of the Study

The scope of this study aimed at reducing mental health stigma and suicidal ideation among adolescents encompasses a comprehensive analysis of the problem, its risk factors, and the development and evaluation of interventions that can help improve the understanding and mental well-being of this vulnerable population. Study on this issue is essential for creating a safer, more supportive environment for adolescents as they navigate the challenges of growing up.

3. CONCLUSION

In conclusion, the state of mental health in India in 2023 presents a significant and urgent challenge. The nation, with its vast and diverse population, is experiencing a growing burden of mental disorders such as depression, anxiety, and suicidal thoughts. However, India's mental health landscape is hindered by stigma, resource scarcities, limited awareness, cultural norms, and insufficient government support. To confront these obstacles and enhance the mental well-being of its populace, India must prioritize mental health as a pivotal public health concern. It is essential to envision a future where mental health is accorded the same importance as physical health, ensuring that no one suffers silently and that everyone has the opportunity to lead a mentally healthy life.

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