

# Perceptions of Adolescents, Teachers and Parents towards Causes and Prevention of Suicide in Secondary School Students in Chiang Mai

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**Abstract:** Adolescent suicide has become a major public health concern worldwide, including in Thailand. This qualitative descriptive study explored the perceptions of adolescents, teachers and parents towards causes and prevention of suicide in secondary school students in Chiang Mai. Purposive sampling was used to select 40 adolescents for focus group discussions, and in-depth interviews were conducted with 4 parents and 3 school teachers, from October 2014 to February 2015. The data were analyzed using content analysis.

The categories of this study were two-fold: 1) *the causes of adolescent suicide* which could be summarized into four sub-categories, namely parents' expectations, lack of skills to confront problems, feeling lonely from inadequate support, and lack of parental skills, and 2) *Prevention of adolescent suicide*, which had four sub-categories, namely cultivating self-esteem, parental support and caring, peer support, and supportive school environments. The findings of this study could help as evidence for developing a suicide prevention program for Thai secondary school students and should help parents, teachers and school nurses to understand the emotional needs of adolescents better.

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## Introduction

Adolescent suicide is a significant public health problem worldwide<sup>1</sup> and suicide is the third leading cause of death among adolescents aged 15 – 19 years old.<sup>2</sup> In the United States, the Youth Risk Behaviors Surveillance Survey [YRBSS] showed that nearly 18% of high school students had seriously considered suicide within 12 months prior to the 2015 survey.<sup>3</sup> In Thailand, adolescent suicide is the fourth highest cause of death among Thai adolescents.<sup>4</sup> In recent years, evidence indicates that 20.6% of the adolescents in

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central Thailand aged 12–19 years had suicidal ideation.<sup>5</sup> A situational analysis of adolescent suicide in a district in Chiang Mai, Thailand found that the adolescent suicide attempted and completed rate was

equal to 13.3 per 100,000 population and the adolescent suicide rate was higher than Thai national rate and the average rate of 5.96 and 6.3 per 100,000 population respectively.<sup>6</sup> The significant burden related to suicide such as emotional and psychosocial morbidity, medical care, lost productivity and secondary distress caused to family members and friends is evident from the fiscal and societal cost associated with adolescent suicidal behavior.<sup>7,8</sup> Thai secondary school students today are facing increasing amounts of school work and are worried about their future field of study as well as their pending future career.<sup>9</sup> In particular, students who aim to study in a university must pass rigorous entrance examinations which include two decisive tests: O-NET (Ordinary National Educational Test) and A-NET.<sup>10</sup> Adolescents who fail to cope well with their growth development may have intense emotional and behavioral problems.<sup>11</sup> To understand this phenomenon and develop an effective suicide prevention program, it is necessary for the researchers. However, little research has explored the perception of suicide among adolescents, teachers and parents towards causes and prevention of suicide in secondary school students in Chiang Mai, Thailand by employing a qualitative study.

## **Review of Literature**

Since 2005 until 2017, there has been an investigation of the prevalence rates of suicidal behaviors among Thai adolescents. Existing research in 2005 indicated that 11.9% of students in grade 10–12 reported having suicidal ideation.<sup>12</sup> In 2007, research showed that 11.4% of students in grade 7–12 seriously considered attempting suicide, 11.5% had made a plan to attempt suicide and 9.3% had attempted suicide.<sup>13</sup> Furthermore, in 2012 it was found that the overall prevalence of suicidal ideation in the past 12 months among school-going adolescents was 8.8% (9.9% males and 7.7% females, N= 2,758).<sup>14</sup>

Previous studies in Western countries and Thailand reported that factors related to suicide risk behaviors among adolescents could be categorized into risk and protective factors. Risk factors related to adolescent suicide have been identified by several studies, including perceived negative life events<sup>11,12,15</sup>, rumination<sup>11</sup>, and emotional distress<sup>11,16</sup> (depression, hopelessness, and anxiety) that have been emphasized as predictors of suicide risk behaviors. Even though negative life events, rumination and emotional distress are associated with increased risk for suicide, other variables such as resilience<sup>11,15,17</sup>, family support<sup>18,19,20,21</sup>, and social support<sup>11,22,23,24</sup> serve as protective factors by mediating the risk factors of emotional distress, rumination, and negative life events on suicidal risk behaviors.

Within the past decade, a great deal of suicide prevention literature review has been conducted in order to investigate the types of prevention activities being implemented, the effectiveness of prevention activities and program, and the methodological rigor of prevention research and program evaluation.<sup>25</sup> Suicide prevention strategies can be categorized into three levels, including universal strategies, selective strategies, and indicative strategies.<sup>25</sup> Universal strategies that target the entire population and are designed to enhance protective factors or reduce risk factors across the whole population include suicide education<sup>26</sup> and suicide awareness<sup>26</sup>, and skill building.<sup>27</sup> Selective strategies that target the sub-population of adolescents who may be at higher risk for engaging in suicidal behavior include screening techniques<sup>28</sup>, gatekeeper training<sup>28</sup> and peer support programs.<sup>29</sup> Indicative strategies, on the other hand, target adolescents who have already exhibited suicidal thoughts and behaviors and aim to minimize the consequences of an adverse event or situation. For adolescent suicide, these strategies aim to provide resources to adolescents that have moved beyond being at risk and are struggling with suicidal ideations and suicide attempts. Two current

programs that have been rigorously tested and show promising results are Counselors Care (C-Care)/Coping and Support Training (CAST)<sup>30</sup> and the IPT-A-IN program.<sup>31</sup> Although many research prevention studies claimed to have obtained positive results, unfortunately, the methodological rigor of the studies has generally been weak. Another problem with current prevention and intervention programs is the lack of a theoretical framework to guide implementation and measurement of effectiveness of such programs.<sup>32</sup>

In contrast, in Thailand, previous studies focused on reducing depressive symptoms among Thai adolescents<sup>33,34</sup> However, there are still some limitations of these existing programs. First, the intervention programs for reducing depressive symptoms did not explain strategies for preventing suicidal risk behavior among Thai adolescents. Second, the intervention programs were primarily developed and delivered by researchers. Finally, Thai adolescent suicide prevention may require comprehensive collaboration among professionals, parents, school teachers, and peers in prevention effort. Although there are a number of existing suicides prevention programs in Western countries, the issues and needs related to a secondary school student suicide in Northern Thai school context need to be identified. Therefore this study aimed to explore the perception of suicide among adolescents, teachers and parents towards causes and prevention of suicide in secondary school students in Chiang Mai, Thailand.

**Study design:** A qualitative descriptive study<sup>35</sup> was used. This approach helped the researcher to understand the perception of the participants.

**Study setting and participants:** This study was conducted at a public school in an urban area in Chiang Mai Province, Thailand. This site was selected based on the school director's willingness to participate in the study and the capacity of the school to try to prevent adolescent suicide.

Purposive sampling was used to select the participants who were divided into 3 groups. The first group of 40 adolescents included 20 male students and 20 female students who were studying in Grades 10-12 and they volunteered to participate and undertook in focus group discussions (FGDs). The second group, four female parents of students who were willing to participate and undertook in-depth interview. The third group, three female school teachers who had experience with issues related to adolescent's suicide risk behavior or work related to adolescents' health and were willing to participate and undertook in-depth interview in the study.

## **Ethical Considerations**

This study was approved by the Ethics Review Board of the Faculty of Nursing, Chiang Mai University (Approval number Full-007-2014) and the director of a public school used as study site. All potential participants were informed verbally and in writing of the purpose of the study, methods, potential risks and benefits of participation, and duration of the study. All potential participants were also informed that their participation was voluntary and they had the right to refuse or withdraw from the study at any time without impact on them. Written informed consent was obtained after the participants agreed to participate in the study and assent was gained from the students. Participants' confidentiality and anonymity were guaranteed throughout the research.

## **Data Collection**

Data were collected through FGDs and in-depth interviews, from October 2014 to February 2015. FGDs consisted of ten adolescents per group and each group had a moderator and a note-taker to facilitate the discussion and manage the group. These activities allowed them to participate actively and

respond verbally in the topics related to the study in small groups, play games and give awards, and take part in group opinion presentation and discussion. The researcher used open-ended questions to encourage adolescents to think and share their ideas and experiences on suicide risk behaviors and adolescent suicide prevention. The researcher took a role as a modulator and was responsible for note-taking. The FGDs lasted for 60 minutes. Three main questions were “What do you think about adolescent suicide?”, “What are the factors related to adolescent suicide?”, and “Who should be involved in adolescent suicide prevention in schools, and why?”

In-depth interviews were conducted with three school teachers and four parents. The school teachers who took their role as facilitators arranged the time and place for in-depth interviews. The room for the in-depth interview offered privacy and space for relaxation. The sessions were conducted on the day that school teachers had no teaching and also when school teachers and parents were available to participate. The researcher explained the background and the objectives of the study to the participants and shared more details regarding risk and protective factors related to adolescent suicide risk behaviors, and essential elements of a suicide prevention program. The interviews lasted for approximately 60 minutes. They were audio-recorded, transcribed verbatim and checked for accuracy by four co-researchers.

Four in-depth interview questions for school teachers were “What are the risk and protective factors related to adolescent suicide?”, “How can adolescent suicide risk behaviors be prevented?”, “What are the critical element(s) of adolescent suicide prevention program?”, and “What are your role(s) in adolescent suicide prevention?” Three in-depth interview questions for parents were “What are the risk and protective factors related to adolescent suicide?”, “How can adolescent suicide risk behaviors be prevented?”, and “What are your roles in adolescent suicide prevention?”

## **Data analysis**

Qualitative data were analyzed iteratively using content analysis.<sup>36</sup> Transcripts from each group were read and categories were reviewed several times in order to ensure that the concepts pertaining to the same phenomena were placed in an appropriate category. The categories and the content of the data throughout the data collection and analysis processes were identified by the primary author and subsequently verified by four co-authors for coding consistency, emergence of categories, and extraction of statements to support each category and sub-category. Coding, categories, and key findings were discussed by the co-authors until consensus was reached.

## **Rigor and trustworthiness**

The researchers used four criteria of Lincoln and Guba to establish the trustworthiness of the study.<sup>37</sup> The credibility was established by using triangulation and member checking, while the transferability was achieved through thick description. To achieve the dependability, field notes were made throughout the study and the dissertation advisory committee provided their expertise as auditors. Confirmability of the analysis was established by using an analysis audit trail and method triangulation that included in-depth interviews and focus group discussion.

## **Findings**

There were two main categories: 1) *causes of adolescent suicide*, and 2) *prevention of adolescent suicide*.

**Category: Causes of adolescent suicide:** From adolescents, parents, and school teachers' perspectives, the causes of adolescent suicide could be summarized into four sub-categories: 1) parents' expectations, 2) lack of skills to confront problems, 3) feeling lonely from inadequate support, and 4) lack of parental skills.

**Sub-category: Parents' expectations:** Most informants perceived that school achievement expectation by parents was a leading cause of adolescent suicide. Parents expected that the children had to study and do what was beyond their ability to achieve. Most adolescent informants perceived that being pressured by parents to pursue the study area that adolescents could not achieve and do what their parents wanted them to do was a common cause of emotional distress and suicide among adolescents. It seemed that adolescents were forced to study hard. Parents also mentioned that children were too young, still studying and having no job. Some parents disagreed with them about having a boyfriend or girlfriend.

*Parents expect the children to study...want them to become doctors, nurses, and teachers. Their test result marks shouldn't be less than 3, but need to be 3.5 or higher. The children are forced to study hard. ... My children are still studying and have no job ... they are young ... they have to study hard more than anything... Parents disagree with children about having a boyfriend or a girlfriend. (Parent, No. 01)*

Most school teacher informants mentioned that adolescents had to do what their parents expected them to do, which was beyond their ability to achieve.

*The expectations from the parents when their children leave home each day... Parents are hoping that their children go to school and their children must do what parents expect them to do. (School teacher, No. 01)*

*Parents do not understand their children. They want their children to do this, do that, but often the children do not want to be controlled by their parents. (School teacher, No. 03)*

Some adolescents had to do what their parents wanted because they believed that their parents knew better:

*The cause of committing suicide comes from parents who force the children to study in the areas that the children don't want to study. (Male adolescent)*

*The cause of stress comes from different needs. Parents do not understand and have higher expectations than what adolescents want. Adolescents just want to be themselves, but they are unable to do it, which causes them pressured. Adolescents have to do what their parents want them to do... Adolescents believe that their parents know better. (Female adolescent)*

**Sub-category: Lack of skills to confront problems:**

Most school teachers believed that encountering the stress from class assignments and having no activities to relieve the stress were the leading causes of adolescent suicide. Adolescent informants mentioned that adolescents who did not know how to cope with the worst circumstances and were unable to make good judgment when confronting problems could not find a way out and therefore felt hopeless. Adolescents were also struggling with their study subjects. Some school teachers mentioned that their students might think that they would not pass their exam for further education.

*One teacher for eight subjects delivers eight subjects to the students, and the teachers will need the students to complete the job within months or weeks....I think that students are similar to employees in a 'bolt factory' in that they have to complete orders on time. If they fail, they would miss out and the orders would also drop off. (School teacher, No. 01)*

*The children are struggling with their study subjects. They fear that they would not pass their exam for further education. (School teacher, No.02)*

*The children study hard, having ten lessons per day with no activities to relieve them from stress, high competition, too much tutoring, and no time to relax. (School teacher, No.03).*

Parents also feared that falling in love at school age could be one of the causes of adolescent suicide.

*Most of the problems are about boyfriend/girlfriend relationships... fear that they have a broken heart and don't want to talk about it, fear that most of them are recovering from having an affair, etc... There was nothing for the children to be concerned about. (Parent, No. 2)*

*Falling in love at school-age can be one of the problems. (Parent, No. 3)*

One of the school teachers also expressed that breaking up with boyfriend or girlfriend was the problem of adolescent suicide. Adolescents tend to cut themselves on their arms or wrists when encountering breaking up with boyfriend or girlfriend.

*The adolescents who fall in love at school tend to seek attention by cutting themselves on their arms or wrists. (School teacher, No.03)*

Adolescents' inability to make good judgment was a significant cause of adolescent suicide. Some of the adolescent informants expressed that adolescents who were short-tempered, unreasonable, and unable to think carefully could feel stressed. This may cause adolescents to commit suicide.

*Being unreasonable, not thinking carefully, doing things because of short temper, and often retaining all the stress to oneself. (Female adolescent)*

*Not thinking carefully may make adolescents consider suicide. If adolescents are cautious, they should seek the right advice that they are looking for. However, if adolescents do it*

*without thinking....., the outcome is unknown. (Male adolescent)*

Most of the adolescent informants mentioned that adolescents who did not know how to deal with problems when encountering one would not be able to find a way out of the worst situation and would feel discouraged.

*Unable to find the solution to the problem or discuss with other people, and feel that there isn't a way out. Having no courage to discuss with their parents, do not know how to deal with the situation. (These) may result in committing suicide. (Female adolescent)*

*Adolescents do not understand the problem and do not know how to solve problems. Adolescents do not know when the problem occurs and what direction or who to discuss with. If adolescents do not know so, it is difficult to work out the solution. The situation becomes a 'dead end' and adolescents cannot find a way out...., and this may result in committing suicide. (Female adolescent)*

**Sub-category: Feeling lonely from inadequate support:** Most adolescent informants expressed that they had to fight with their own weaknesses and a feeling of loneliness and had no one to talk to or understand they could consider suicide. There were those who fought with their own feelings alone:

*It seems that adolescents are surrounded by people who do not understand. They often feel that they are alone on this planet, being treated like a 'black sheep' that is different from others. It feels like they are isolated and lonely. (Female adolescent)*

*Adolescents have no friends, no one to talk with, and this situation may bring adolescents more stress.....Adolescents may keep thinking*

*about the same things and try too much to find a way out.....and are unable to deal with the problem, which may result in committing suicide.* (Male adolescent)

Some of the school teacher informants also mentioned that some of their students were born into broken families, had limited resources and limited support when confronting problems:

*Some families are broken. The parents are separated, and some children do not even know who their parents are.* (School teacher, No. 01)

*A broken family is a family separated through divorce. Some of these children don't know who their parents are.* (School teacher, No. 02)

Schools had limited resources for students to access when students encountered some problems.

*Teenagers are looking for someone who can help them, someone who can answer their questions. This is a rare quality and hard to find. [Not having a trusted advisor] can cause them a high level of stress.....when adolescents seek help or cannot find a way out or can't solve a problem, it can be the cause of stress, and it can prove to be too much in their lives.* (School teacher, No. 01)

**Sub-Category: Lack of parental skills:** Most of the parents expressed that parents who lacked skills to deal with adolescents' behaviors did not listen but shouted at children and had inappropriate expressions even when they knew that children were sensitive, and needed attention and someone who would care and understand:

*Parents don't want to listen to their children, even about small issues. Parents are concerned but they don't know how to express their feelings... Parents are worried about their children getting back late, at 3 a.m...but they expressed their worries by shouting at their children. It is very*

*important to have a good level of conversation with children rather than shouting.* (Parent, No. 02)

*Some parents love their children but insult their children, which causes disappointment in the children's lives. There is a communication problem because parents express what they want differently. Even though parents love their children, they insult their children and let their children feel down...* (Parent, No. 03)

*Adolescents are sensitive and need attention; adolescents need someone who cares about them. Adolescents need someone who can understand them...* (Parent, No. 01)

**Category 2: Prevention of adolescent suicide:**

The prevention of suicide among adolescents was summarized into four sub-categories, 1) cultivating self-esteem, 2) parental support and caring, 3) peer support, and 4) supportive school environment.

**Sub-category: Cultivating self-esteem:** The parents and school teacher informants believed that cultivating self-esteem for adolescents involved teaching, guiding, understanding and acknowledging, and was the method for preventing suicide among adolescents. Most parents mentioned that parents should guide and teach children to acknowledge their own worth, and teach children not to think about suicide and to be aware of the impacts of suicide. As two mentioned:

*I think that parents should guide the children to acknowledge their own worth and teach them not to think about suicide.* (Parent, No. 01)

*Instill self-care into the children by teaching them about the impacts of suicide. Teach them about the impact of having love at school age, friends, and the value of money.* (Parent, No. 03)

At the same time, school teacher informants mentioned that school teachers should help students by giving love, caring, guidance, and avoid any act that could ruin student's self-esteem and avoid blaming students' weak points. As three mentioned:

*...Cultivate students' self-esteem as one kind of essential life skills...School teachers should let students acknowledge their own worth and encourage them to be proud of themselves. Even though students are alone on this planet, they will survive if they have a positive mind.* (School teacher, No. 01)

*...Give students love, care, and teach students to acknowledge their own lives (worth)...School teachers should not ruin students' self-esteem by doing things such as oppressing or blaming students for their weak points.* (School teacher, No. 02)

*School teachers should encourage students to acknowledge their own lives (worth), understand and accept what's on their mind.* (School teacher, No. 03)

**Sub-category: Parental support and caring:**

Most of the adolescent informants expressed that parental support, both physical and psychological, is a significant protective factor in the prevention of suicide among adolescents.

*...For the prevention of suicide among adolescents, mothers can help children because they are the ones who have been looking after children since they were young and until they grow up. For anything happening in their lives, children can ask for help... Children can even share secrets with their mothers such as problems with study courses, problems with friends...., and problems with boyfriend/girlfriend.* (Female adolescent)

*Parents should give children mental support, provide counseling, take care of them, and understand them better than others.* (Female adolescent)

Most parent informants expressed that parenting and caring by talking, listening, spending time with children, try not to complain, not try to stop their growth and show the love and care to children and being a role model for children were protective factors to support and prevent of suicide for adolescents.

*I think (they should) take good care of children by discussing things openly, not insulting them or having secrets, being honest, exchanging experiences, trying not to complain or be too fussy. Talk to them and do family activities together.* (Parent, No. 03)

*I think (they should) be a mentor by talking to them, giving them advice, and spending more time with them when they have problems. Mothers can be both a parent and a friend for adolescents...Don't try to stop their growth—give them freedom." I also often notice that we can observe them to see whether they talk less, are quiet, rarely eat, or are sleepless. Observe their friends, and observe whether they chat online with anyone... Parent can behave and act as a role model for the children to follow and hence influence their lives.* (Parent, No. 04)

**Sub-category: Peer support:** Adolescent informants mentioned that peer support was a key to the prevention of suicide among adolescents. When encountering problems, most adolescents trusted their friends more than parents since there were some issues that they could not share with their parents. At the same time, most of the parent informants expressed that peer support was an essential protective factor to help and support children with stressful life events and suicide.

*I think that friends can take a role in preventing adolescent suicide for sure because most adolescents spend their time with each other. Adolescents trust their friends more than parents because there are some stories that adolescents can't tell parents. (Male adolescent)*

*Friends can be a tremendous source of support such as by helping to solve the problems when adolescents have a hard time in their lives. Friends don't gossip or blame when adolescents do something wrong. Friends should understand each other's problem and lead each other in a positive direction. (Female adolescent)*

Most of the parents reported that peer support was an essential way of helping and supporting their children to deal with stressful life events and suicide.

*I think that their friends can help them. If they are true friends, they will help each other. I don't know that they will share their problems to each other or not. However, it depends on a friend whom they are living with. Parents sometimes can also get the information about their child from their friends. (Parent, No. 03)*

*I believe that if my child is with a good friend, they will help each other. For example, they can teach or give advice on what is bad or give warning. Friend support is very important, if they are with a good friend, they will lead each other in a positive ways. (Parent, No. 04)*

#### **Sub-category: Supportive school environment:**

School teacher informants mentioned that a supportive school environment, such as providing an optional counseling service and enhancing counseling ability for school teachers, is a crucial protective factor to prevent adolescent suicide in schools. Schools should provide recreational activities for students and offer optional services for students to access help and

information support for parents. Schools are crucial to the prevention of suicide for adolescents.

*I think that a home visit is one key to the success of suicide prevention activity as it can facilitate school teachers in the prevention of adolescent suicide..., to understand and help students. School teachers should know more details about students' personal profiles. Going to visit a student's family, school teachers can also advise parents about how to recognize the warning signs of depression and suicide.... (School teacher, No.01)*

*School teachers should provide optional services for helping students access mental health services in school... providing mental health service box at the school instead of providing only counseling for a walk-in case. School teachers cannot observe their students every time... I think this is one way of helping students. If schools can provide students with recreational activities, it may help students release their pressure. (School teacher, No. 03)*

Adolescent informants expressed that counseling from school teachers could help students solve their problems. Some mentioned that school teachers should prepare themselves to help students:

*School teachers should provide students with counseling, help students solve problems, and talk in a simple way in order to better understand students' problems. (Male adolescent)*

*School teachers should prepare themselves to be ready to talk with students, asking students about anything happening in their lives. For example, what is on their (student's) mind..... and so on. School teachers should also be a good listener. (Female adolescent)*

Meanwhile, most of the school teacher informants expressed that providing counseling was a significant protective factor to prevent adolescent suicide by mentoring while students are solving their problems.

*I think that providing counseling should not be given only when students face problems. I will give them knowledge about how to build up their self-resilience... providing counseling is not only for students who are confronting problems but for normal students as well.* (School teacher, No. 02)

*All school teachers like school counselors or classroom teachers must provide counseling, and help students solve problems. School teachers should also be a mentor while student are solving their problems.* (School teacher, No. 03)

## **Discussion**

This is the first qualitative descriptive study on perception of adolescent, teachers and parents regarding the causes and prevention of suicide in secondary school students in Chiang Mai, Thailand. According to the focus group discussions with adolescents and the interviews with parents and school teachers, it was found that the main cause of adolescent suicide in Chiang Mai, Northern Thai secondary school context was parents' expectations. Adolescent informants described that most adolescents were pressured by parent regarding school achievement. This finding extends previous quantitative studies in Thailand which found that emotional distress was a strong predictor of adolescent suicide.<sup>11</sup> However, the finding in this study is different from Western countries because of the difference in social context and cultural sensitivity. The Thai family structure is different from that of Western families. Most Thai families are extended families while Western families are nuclear families.<sup>38</sup> Thai adolescents must

respect and obey parents and elders in their family. This is like a family rule in Thailand. Furthermore, according to Thai cultural norm, Thai adolescents are taught not to express their feelings in particular when communicating with those who are older than them, while Western adolescents generally openly express their feelings and thoughts.<sup>39</sup> Most of the Thai adolescents who participated in this study expressed that they felt lonely from inadequate support and lack of useful skills when encountering problems such as an inability to make good adjustment and to solve problems. Similar findings were reported from previous studies in Thailand which found that rumination and emotional distress were strong predictors of adolescent suicide.<sup>11,12,14</sup> They might have unpleasant feelings deep down such as depression, hopelessness and anxiety, which are related to suicide risk behaviors.

In contrast, parents and school teachers indicated that a significant cause of adolescent suicide in Thai northern secondary school context in Chiang Mai, Thailand was breaking up with a boyfriend/girlfriend. This negative life event can be one cause of adolescent suicide risk behaviors in the Thai school context. In contrast, this finding may be different from Western societies Western society because of a Thai cultural belief that falling in love while studying in secondary level is inappropriate and that having sex at school age is unacceptable in Thai society.<sup>39</sup> Most of the school teachers indicated that an encounter with stress from class assignments was a significant cause of Thai adolescent suicide. School teachers also mentioned that most adolescents were struggling with their study and they might think that they would not pass their examination for further education. Similar findings from Singapore report that depression partially mediated the relationship between academic stress and suicidal ideation. Adolescents are often under a great deal of academic stress and therefore may be at risk for suicidal ideation and depression.<sup>40</sup> Furthermore, previous studies in Thailand demonstrated that perceived negative life events in particular students who confronted problems with study courses and

academic limitation was a significant cause of suicide among Thai adolescents. However, those previous findings showed only the prediction between each variable related to adolescent suicide risk behaviors but there were no data to extend on what the most significant cause of suicide among Thai adolescents is today.<sup>11,12,15</sup> Furthermore, school teachers stated that lack of counseling was one cause of adolescent suicide. Having limited resources for students to access when encountering problems may cause students to feel stressed and commit suicide. This finding is similar to that of a previous study indicating that school support was a great resource in preventing adolescent suicide in Thailand.<sup>11,24</sup>

Given the clear influence of perceptions of adolescent, teachers and parents towards causes of suicide, and the findings from this study also provided the suicide prevention in secondary school students in Chiang Mai, Thailand. It is beneficial to involve adolescents, parents and school teachers in the development of effective suicide prevention programs for Thai adolescents.<sup>11,12,15,20,21,24</sup> First, most of the parents and school teachers mentioned that cultivating self-resilience was a significant protective factor for preparing and enhancing adolescents' ability to deal with problems. Second, adolescents and parents stated that peer support was a great source of mental health support for preventing adolescent suicide. Third, most of the adolescents expressed that parents could give both physical and mental support when adolescents face stressful life events. Parents also stated that parental support, parenting and caring were essential protective factors of preventing adolescent suicide. Finally, supportive environments of schools, including providing counseling services and enhancing counseling ability for school teachers in schools, were significant protective factors that could save adolescents from suicide. In Thailand, prior studies examined various interventions only for the purpose of reducing depressive symptoms among Thai adolescents.<sup>33,34</sup>

## **Limitations**

This study had several limitations. It was conducted with the adolescents, parents, and school teachers living in Chiang Mai Province, and therefore was unable to fully capture the cultural diversity across Thailand or to represent a larger population of adolescents, parents and school teachers.

## **Conclusions and Implications for Nursing Practice**

This study provided information and understanding of perception of adolescent, teachers and parents towards causes and prevention of suicide in secondary school students in Chiang Mai, Thailand. The findings could be used as baseline information for health care providers, especially nurses, to design and develop effective programs and strategies for reducing causes and enhancing protective factors that related to suicide among Thai secondary school students. Moreover, the findings showed that adolescents, parents, school teacher should be engaged in the designing, implementation and evaluation of suicide prevention program for Thai secondary school.

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## การรับรู้ของวัยรุ่น ครู และผู้ปกครองต่อสาเหตุและการป้องกันการมาตัวตาย ในนักเรียนชั้นมัธยมศึกษาตอนปลายในจังหวัดเชียงใหม่

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**บทคัดย่อ:** การมาตัวตายในวัยรุ่นนับว่าเป็นปัญหาที่สำคัญทางด้านการแพทย์และสาธารณสุขในระดับโลกรวมทั้งประเทศไทย การศึกษาเชิงคุณภาพครั้งนี้ มีวัตถุประสงค์เพื่อศึกษาการรับรู้ของวัยรุ่น ครู และผู้ปกครองต่อสาเหตุและการป้องกันการมาตัวตายในนักเรียนชั้นมัธยมศึกษาตอนปลาย ในจังหวัดเชียงใหม่ โดยใช้วิธีการคัดเลือกกลุ่มตัวอย่างแบบเฉพาะเจาะจง ในการเก็บข้อมูลโดยการทำสันทนาการกลุ่มในนักเรียนมัธยมศึกษาตอนปลาย จำนวน 40 ราย และ การสัมภาษณ์เชิงลึกในกลุ่มผู้ปกครองนักเรียน จำนวน 4 ราย และ ครู จำนวน 3 ราย จากเดือน ตุลาคม 2557 ถึง เดือน กุมภาพันธ์ 2558 การวิเคราะห์ข้อมูลใช้วิธีการวิเคราะห์เนื้อหา

ผลการศึกษาพบว่า การรับรู้ของวัยรุ่น ครู และผู้ปกครองต่อสาเหตุและการป้องกันการมาตัวตาย ในนักเรียนชั้นมัธยมศึกษาตอนปลายในจังหวัดเชียงใหม่ จัดกลุ่มเป็น 2 หัวข้อ ดังนี้ 1) สาเหตุของการมาตัวตายในวัยรุ่น ประกอบด้วย 4 สาเหตุที่เกี่ยวกับการมาตัวตายในวัยรุ่น ประกอบด้วย ความคาดหวังของผู้ปกครอง วัยรุ่นขาดทักษะการแก้ไขปัญหาเมื่อเผชิญกับปัญหา วัยรุ่นรู้สึกโดดเดี่ยว อ้างว้าง เนื่องจากขาดแหล่งสนับสนุนที่เหมาะสม และ ผู้ปกครองขาดทักษะในการเลี้ยงดูบุตรวัยรุ่น 2) การป้องกันการมาตัวตายสำหรับวัยรุ่น ประกอบด้วย 4 หัวข้อ ประกอบด้วย การสร้างความมีคุณค่าในวัยรุ่น การสนับสนุนจากครอบครัว การดูแลเลี้ยงบุตรวัยรุ่น การสนับสนุนจากกลุ่มเพื่อนนักเรียน และการสนับสนุนจากทางโรงเรียน ผลการศึกษานี้ สามารถเป็นหลักฐานเชิงประจักษ์ในการพัฒนาโปรแกรมการป้องกันการมาตัวตาย สำหรับนักเรียนมัธยมศึกษาตอนปลาย ตลอดจนช่วยให้ ผู้ปกครอง ครู และพยาบาลโรงเรียนเข้าใจ ความต้องการด้านอารมณ์ของนักเรียนได้ดียิ่งขึ้น

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