

Effectiveness of Hope Intervention on Adolescents with Suicidal Ideation

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ABSTRACT

Adolescence, the transitional phase between childhood and maturity, demands adequate supervision and support to navigate the challenges that may arise during this vulnerable period. Without proper guidance, adolescents may grapple with setbacks, disappointments, and even contemplate suicide, a significant public health concern with around 703,000 reported suicides and countless attempts. Suicide ranks as the fourth leading cause of death among 15-29-year-olds globally, emphasizing the urgency of addressing this issue. Adolescents face various challenges in managing their personal, social, and academic lives, often succumbing to stress, negative life events, depression, and feelings of helplessness and hopelessness. Recognizing hope as a crucial element for motivation and survival, researchers devised a six-week hope module to mitigate suicidal ideation in teenagers. The study, employing a two-group pre and post experimental design with 60 participants, revealed a significant reduction in suicidal ideation among those exposed to the hope intervention. The mean score before the intervention was 11.70, decreasing significantly to 10.33 post-intervention. The calculated *d* scores indicated a substantial improvement in the Hope Intervention group (1.33) compared to the control group (.20) at a statistically significant level of .001. In conclusion, the findings suggest that hope intervention effectively reduces the risk of suicidal ideation among adolescents, emphasizing the importance of incorporating hope-based training to alleviate the burden of this critical mental health issue.

Keywords: *Suicidal Ideations, Adolescents, Hope Intervention, Effectiveness*

Adolescence is a stage of human development that occurs between childhood and maturity. Arnett (2007) defines adolescent growth as biological, cognitive, and social. According to Arnett (2007), adolescence can be viewed naturally as the beginning of puberty and the end of physical growth; cognitively as a change in the capacity to think abstractly and in various ways; or socially as a period of preparation for mature adult roles. An adolescent, sometimes known as a teen, is a person between the ages of 13 and 19.

Adolescence is a time of transition. The transformation affects all aspects of one's life. Bodily changes and developments cause physical changes; mental changes cause issues; and behavioral alterations occur as a result of peer pressure, often leading to substance use and misuse. Individuals endure several problems throughout this phase of growth of adolescence that are inherent at this sensitive age. These can range from educational challenges caused by poor academic performance to health problems caused by a lack of nutrition and being self-

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conscious; psychological issues such as depression and stress; and social problems such as interpersonal and immature relationships and overdependence on social media. As a result, they may have succumbed to numerous stressful situations and risk factors associated with social disorders, including suicidal behavior.

Adolescents require sufficient supervision and assistance throughout this growth phase to confront life's problems and cross this critical stage of human development to emerge as responsible adults in the community. Adolescents may succumb to setbacks, disappointments, and terrible occurrences in their lives, including death if they do not receive adequate support and direction at this stage of development. Unfortunately, suicide is a common response of many young people to issues they face as teens. Suicidal behavior is defined as a complex, multi-dimensional, and multi-factorial set of activities with distinct behavioral characteristics that include a variety of self-harming acts prompted by emotional unease and suffering (Schlebusch, 2005; McLean, Maxwell, Platt, Harris, & Jepson, 2008).

Suicide is a major public health issue, accounting for over 703,000 people who commit suicide and many more who perform suicide. Every suicide is a tragedy that affects communities, families, and entire nations as well as the people who are left behind. Suicide occurs at any age and was the 4th leading cause of death among 15-29-year-olds worldwide in 2019. (WHO, 2021)

There are several causes for terminating one's life or committing suicide, including personal, interpersonal, and environmental/situational factors. Furthermore, people's views towards suicide are connected to suicidal ideation, and suicidal sentiments have been linked to predictors of suicidal ideation. Suicidal thoughts, attempts, and completion are thought to be connected with a plethora of risk and protective variables. Depression, ethnicity, family socioeconomic status, prior suicidal behavior, despair, anxiety, substance use, family and interpersonal difficulties, behaviors, physical and sexual assault, life stresses, impaired capacity for coping, exposure to self-harm, low self-worth, homosexual or bisexual orientation, inadequate interaction with family members, relatives discord, monetary issues, behavioral disorders, aggression, poor educational achievement are some of the factors. (Cukrowicz, Wingate, Driscoll & Joiner, 2004; Evans, Hawton & Rodham, 2004; Konick & Gutierrez, 2005; Wilburn & Smith, 2005; Smith, Alloy & Abramson, 2006; Spirito & Esposito-Smythers, 2006; Stephenson, Pena-Shaff & Quirk, 2006; Dogra, Basu & Das, 2008; Hintikka et al., 2009).

However, suicides are understated across the world, notably in India, for religious and societal reasons. Help-seeking remains a substantial barrier for persons at risk of suicide, with fewer than one-third of people seeking mental health care (Andrade et al., 2014). Individuals witnessing suicidal thoughts and behaviors do not seek help from mental health services for a variety of reasons, including high self-reliance, a low sense of urgency for treatment, and discriminatory attitudes towards suicide and/or mental health problems, as well as seeking professional help (Han et al., 2018). In response to such challenges, there has been a need for suicide prevention plans to be personalized to maximize reach and efficacy (O'Connor & Portzky; 2018). Suicide is a serious public health issue that necessitates focused suicide prevention treatments, and adapting suicide prevention programs to an individual's requirements may be necessary.

There are various traditional therapeutic methods and psychotherapies available to assist with the treatment of suicidal behavior and related aspects, such as cognitive behavior therapies,

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behavior therapies, dialectical behavior therapy, and so on. However, adolescence is a time of profound transformations. It is occasionally tough to treat their condition psychologically. They may refuse to accept typical psychiatric therapy for their difficulties at this age, and it is also possible that they were unaware of the problem. However, there is one virtue that works against suicidal ideation: hope. Hope is the expectancy of favorable consequences for future occurrences.

Hope is defined as "a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)" (Snyder, Irving, & Anderson, 1991). A person with high levels of hope is defined as having the capacity and desire to establish a number of objectives and maintaining a positive outlook while pursuing those goals (Snyder, 2002). Hope is more than just hoping since it indicates a conviction and faith that favorable results will be achieved with certainty. Hope is one of the attributes that help people cope with stressful life circumstances, and it appears to be linked to more adaptive skills like planning and problem-solving (Bowers & Bowers, 2023). Botor (2019) found that hope is a predictor of personal well-being in life among teenagers. It has a favorable relationship with positive psychological notions such as self-compassion (Jiang et al., 2020), enjoyment of life, life satisfaction, and resilience (Botor, 2019; Bowers & Bowers, 2023).

When it comes to difficult situations, particularly transgression-related ones, hope is no exception. It has been discovered that stressful experiences, particularly violations such as those experienced as a kid, can lead to a lack of hope and alter emotions, as well as behaviors. According to Muoz and Hanks (2021), severe adversity experiences throughout childhood might diminish hope into adulthood, which can be explained by survivors' restricted ability to focus on present objectives owing to rumination as a result of trauma, reducing hope. As teenagers face several challenges in managing their personal, social, and academic lives, researchers are currently attempting to introduce a six-week hope module to reduce the incidence of suicidal thoughts among adolescents.

AIMS AND OBJECTIVES

To study the effect of six week hope module on adolescents with suicidal ideations

METHOD

Design

A two group pre and post experimental design was adopted for the present study.

Sample

60 adolescents were recruited into two groups i.e. control group (n=30) and experimental group (n=30) by using snowball sampling method.

INCLUSION CRITERIA:

Subject should be able to speak and understand Hindi and English languages;

Age should be between 15 -19 years;

Both genders must give prior agreement for the study

EXCLUSION CRITERIA:

If any psychiatric/medical disease other than mentioned features

If any psychoactive substance misuse is present

TOOLS

Socio-demographic profile

A semi-structured Performa was used to collect basic data on the socio-demographic and clinical features of the adolescents.

Beck Scale for Suicide Ideation (BSSI)

Beck Scale for Suicidal Ideation (BSSI) is a self-report 19 item scale rated on a three-point scale (0 to 2) and could range from 0 to 38. Increasing scores reflect greater suicide risk. This scale has high internal consistency and moderately high correlations with clinical ratings of suicidal risk and self-administered measures of self-harm. Factor analysis yielded three meaningful factors: active suicidal desire, specific plans for suicide, and passive suicidal desire (Beck, Kovacs & Weissman; 1979)

Adult Dispositional Hope Scale

The 12 items Adult Dispositional Hope Scale is used to measure an individual's dispositional hope. Scores using the four point continuum can range from a low of 8 to a high of 32 and from 8 to 64 using the 8 point continuum. Internal consistency ranges with Alphas between .74 to .84.

PROCEDURE

The present data was gathered from various educational institutions in Haryana by using the snowball sampling approach from October 2021 to September 2023, with the approval of the concerned person. Following clearance and authorization, two groups of participants were formed such as experimental and control condition with equal no. of participants having risk of suicidal ideations. After discussing the objectives, the author got sign on informed permission. The socio-demographic and clinical information was recorded using an appropriate Performa. After documenting the initial information, assessment was conducted for the pre-assessment of adolescents by using Beck Suicidal Ideation Scale and Hope Scale. Now subjects high on suicide ideation and low on hope were selected for assigning these to experimental and control groups. Individualized Hope Module sessions were delivered to the participants, a six-week program, although some needed between six to eight sessions to accomplish the therapeutic outcome. Following the completion of therapy, both the scale was administered. The statistically assessed results are detailed further below.

RESULTS AND DISCUSSION

The study's goal, as previously stated, was to investigate the effectiveness of hope intervention on adolescents with suicidal ideation. 30 subjects received the treatment of a structured module of Hope. Before delving into the findings, consider the sociodemographic characteristics of the sample.

Table: 1 - Showing Socio-demographic profile of the subjects

Age (years)	Gender		Residence		Family type		Education	
15±2	Male	22	Urban	35	Nuclear	41	8 th to 10 th	36
	Female	38	Rural	25	Joint	19	10 th above	24

Table 1 depicts the demographic breakdown of chosen participants. The number female participants were higher (38) than the male participants (22) along with this, majority of participants were from urban residential background (35) and nuclear families (41). A

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majority of participants were studying in 8th to 10th standard. However, this allocation may not provide definitive evidence because the group may not be typical of the entire region's population.

Table: 2 showing the Mean scores on suicidal ideation, Std. Deviation, t- value, and Level of significance

Groups	Mean scores	N	Std. Deviation	t value	P-value
Pre Hope Intervention	11.70	30	2.61	11.195	.000
Post Hope Intervention	10.33	30	2.83		
Pre Control	11.30	30	2.55	1.278	.211
Post Control	11.57	30	2.58		

Table 2 the paired sample t test reveals that mean value before Hope Intervention on BSS was 11.70, which was significantly lower than the after assessment of Hope Intervention module means 10.33. This demonstrates a quantitative reduction in suicidal ideation following the Hope Intervention module. This quantitative reduction was found to statistically significant ($t=11.195$; $p=.000$) while the change in control group was not significant ($t=1.278$; $p=0.211$). This indicates that administration of hope intervention led to significant reduction in suicide ideation.

Further evaluation was done to check the degree of improvement after the implementation of Hope Intervention module by applying d mean scores which were calculated by Pre – Post Scores = d scores. Independent t- test was used to check the significance of difference between them which is shown below in Table 3.

Table 3 showing the d Mean scores on suicidal ideation of Control and Experimental group, Std. Deviation, t- value, and Level of significance

Groups	Mean of d scores	Std. Deviation	t value	P-value
Hope Intervention	1.33	.711	6.185	.000
Control	.20	1.56		

This table clearly shows that the d mean scores of Hope Intervention group (1.33) is much higher than the control group (.20) which is also found statistically significant at .001 level.

Thus, the findings of the Beck Suicidal Scale in Table 3 show that Hope Intervention Module was demonstrated to be highly beneficial in lowering the suicidal ideation among adolescents. Studies have established similar impact to a significant extent, and findings identical to those described in this study have also been published in the Western literature. In his study, McLaren and Adhikari (2023) discovered that increasing optimism, particularly agency, is connected with a reduction in suicide thoughts among older Nepali individuals who feel burdened. Another study, conducted by Ropaj (2023), revealed that hope may be essential in buffering against suicidal ideas and behavior in various populations.

To conclude, while not much data is available on hope intervention impact on suicidal behavior, but findings suggested favorable results and provide ground for further research. This also aids in reducing stigma and eliminate social taboos. Hope is known to instill the motivation to work for the achievement of goals. A hopeful mind can think better and has

strength to use various capacities to look for the solution and to implement the ways chosen to meet the goal. These people are active and can take initiative. So, they don't feel helpless, nor do they feel to be worthless. Therefore, it is recommended that school management, Principals, Government and Parents should come ahead to train the young girls and boys to develop hope in them so as to increase a better quality of life, in which the hope dominates the suicide ideation.

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Conflict of Interest

The author(s) declared no conflict of interest.

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