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IMPLEMENTATION OF PSYCHOEDUCATION TO PREVENT YOUTH SUICIDAL BEHAVIOUR IN RURAL AREA AT GMIT MIZPA BONEN BAUMATA VILLAGE NTT

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ABSTRACT

Suicidal behaviour is one of the most common deaths that are most often committed by young people. This behaviour occurs due to the unbearable psychological stress experienced by the individual. Many rural young people choose to commit suicide because they do not find the right solution to their problems. Hence, various actions to end themselves emerge. This psychoeducation was conducted at GMIT (Gereja Masehi Injil di Timur) Mizpa Bonen, Baumata Village. 20 education participants who are young people in Baumata Village are willing to participate in psychoeducation activities. The material provided was an understanding of the definition of suicidal behaviour, the causes of suicidal behaviour, characteristics of People with Suicidal Tendencies (OKBD), preventing suicidal behavior, and psychological first aid provided for People with Suicidal Tendencies (OKBD). Based on the pre-test and post-test results, there were a significant change in the participants' knowledge as shown through the mean value from 71.5 to 94.0.

Keywords: *Psychoeducation, Suicidal Behaviour Prevention, GMIT Mizpa Bonen Youth*

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INTRODUCTION

According to the WHO, each year 703,000 individuals take their own lives by committing suicide and many more attempt suicide (Vebiana et al., 2022). Suicidal ideation, self-harm, suicide attempts and suicide are significant public health problems in young people (Cox & Hetrick, 2017). Suicide rates in this population have increased, and suicide is now one of the leading causes of death in the 15-29 age group globally (Cox & Hetrick, 2017). Suicidal behaviour is more common among young people experiencing problems.

Risk factors for youth suicide are diverse and influenced by multiple factors, including individual, family, and school factors (Hink, 2022 in Kim et al., 2024). Child abuse, mental illness, previous suicide attempts, family history, friendships, family relationships, impulsivity, substance abuse, and gender identity have all been reported as risk factors (Kim et al., 2024). However, suicidal behaviour is often considered a complex or multifactorial phenomenon, which is often associated with mental disorders or non-psychological traits that individuals experience (Abou Chahla et al., 2023).

Suicide cases have occurred in all regions of Indonesia. In 2023 NTT as a whole recorded around 1,200 cases, while for the NTT region for the 2018-2021 period referring to data released by the Central Statistics Agency (BPS) there were 303 cases. In 2023 until December, 10 to 11 cases were recorded in Kupang City and sadly the average victim was young (Mau, 2024). This data shows that assisting will be key to facilitating interventions to prevent suicidal behaviour (Davies et al., 2024).

One of the key challenges in suicide prevention is identifying individuals at risk and linking them to appropriate care (Hamilton et al., 2024). Previous research conducted by Radez et al (2021)identified that individuals at risk of suicide, experience barriers in seeking help for mental health problems which include low mental health literacy and negative attitudes towards help-seeking, social stigma and shame, concerns about confidentiality and trust with unknown professionals (Radez et al., 2021). These barriers ultimately make it difficult for young people to find appropriate treatment for their mental health problems.

In addition, young people in rural areas have about twice the risk of suicide as urban young people (Florez et al., 2022). According to Pritchard et al (2024) there are factors that influence suicide attempts in rural young people such as age, gender, educational attainment, geography, lack of access to services, sociocultural, perceptions that men should be tough and dominant, stigma towards seeking or receiving treatment for mental health difficulties, interpersonal, sense of not belonging, perceived burden, emotional distress, comorbid diagnoses and economic hardship (Pritchard et al., 2024). Rural young people need to understand the characteristics of programmes that aim to influence suicide and related behaviours (Grattidge et al., 2024).

To prevent suicidal behaviour, there is a need for education for the prevention and treatment of problems faced by young people. This psychoeducation will be given to GMIT Mizpa Bonen youth in Baumata Village, East Nusa Tenggara. Based on the results of interviews with the youth leader, problems related to mental health such as academic stress and family pressure were found. The youth leader said that some youth at GMIT Mizpa Bonen were expelled

from campus because they had not completed their final project. Pressure from families to complete education is also a trigger experienced by youth.

'Here many were dropped out (expelled from campus), honestly because I was also asked when to graduate, that's what sometimes discouraged me, but there was pressure, because I had taken my thesis exam but had not been accepted for binding, I was discouraged when my youth friends asked when to graduate, I answered that God's time must be the best'. (Youth leader of GMIT Mizpa Bonen)

The identification of the problem above, moved us to provide psychoeducation on preventing suicidal behaviour in youth at GMIT Mizpa Bonen, Baumata Village. The situation faced by youth is identified as a mental health-related problem which includes: personal pressure on educational life and family support history. Both of these risk factors can trigger the idea of suicidal behaviour. Therefore, this psychoeducation aimed to provide specific knowledge on preventing suicidal behaviour.

OBJECTIVES

General Purpose

This psychoeducation aims to increase the knowledge of GMIT Mizpa Bonen youth, Baumata Village about efforts to prevent suicidal behavior.

Special Purpose

After the psychoeducation is given, it is expected that GMIT Mizpa Bonen youth can apply the following 3 indicators of success, namely:

1. Able to understand in depth about the causes and characteristics of suicidal behavior
2. Able to do self-care to prevent suicidal behavior
3. Able to provide psychological first aid for individuals in the community who are identified as having suicidal tendencies.

PLAN OF ACTION

Strategy Plan

In the initial stage, the volunteer held a meeting with the youth of Mizpa Bonen Church to explore data related to problems in the church that had not yet been handled. Then after discussing with the youth of GMIT Mizpa Bonen, the servant decided to make a psychoeducational plan to prevent suicidal behaviour to 20 youth of GMIT Mizpa Bonen who met the requirements for psychoeducational participants. The inclusion criteria for participants in this psychoeducation are: 1) Youth who can understand Indonesian, 2) Joining the youth of GMIT Mizpa Bonen and 3) Willing to participate in psychoeducation activities until completion. The reason for providing psychoeducation is because the youth of GMIT Mizpa Bonen admit that there are mental health problems experienced while living in Baumata Village. Service participants first measured their knowledge score about suicide prevention as a pre-test. After being given psychoeducation, participants will be measured for their knowledge score.

Figure 1. Visited Mizpa Bonen Church to conduct an initial assessment

Implementation

The methods that will be used in this psychoeducation activity are lectures and experiential learning methods through discussions and presentations. The lecture method is also known as the conventional learning method. As the name implies, this method is a one-way learning from the facilitator to the participants, where the facilitator conveys information verbally by lecturing (Abdi, 2023). PowerPoint and flyers can be used as media for the lecture method. The experience-learning method is a method where participants are involved or engaged in certain activities, such as performing certain tasks observing objects, or recording certain events, either individually or with one or more other participants or group members (Supratiknya, 2011).

Setting

This psychoeducation activity was held for one day at GMIT Mizpa Bonen, Baumata Village. In the first session, before the suicide prevention material was given, participants were asked to fill out a pre-test which would measure the participants' ability to prevent suicide. The activity then continued with ice-breaking, material delivery, and participant reflection on the problems faced. The post-test was given after the second session.

Target

The target of this psychoeducation is 20 rural youth precisely at GMIT Mizpa Bonen, Baumata Village. The following is the demographic data of psychoeducation participants:

Table 1. Psychoeducation Participants

Name (Initials)	Age (Years)	Gender
AN	30 Years	Female
ES	22 Years	Female
EN	17 Years	Female
FO	25 Years	Female
HS	33 Years	Female
IS	18 Years	Female
JL	21 Years	Female
LF	21 Years	Female
MK	21 Years	Female
MS	19 Years	Female
NB	21 Years	Male
NBM	19 Years	Male
OS	21 Years	Female
SB	28 Years	Female
SN	19 Years	Male
SFB	23 Years	Female
YK	28 Years	Female
YS	23 Years	Male
YFK	23 Years	Male
ZK	25 Years	Female

RESULTS AND DISCUSSION

Result

This psychoeducation activity was attended by 20 youth participants who are members of GMIT Mizpa Bonen, Baumata Village. This psychoeducation began by visiting the location of the volunteer activity in Baumata Village. After arriving at the location, the servant then gathered 20 participants to prepare for the process of providing material. After the youth were ready to take part in the psychoeducation, the servant then prepared to carry out the psychoeducation design. The activity began with an opening that included prayer and ice breaking, which was then continued with the core material and closing. Based on the results of the psychoeducation, the servants classified the 3 main stages of the activity, namely:

1) Psychoeducation Opening

After the participants were willing to take part in the psychoeducation activities, the servant then began the educational process which began with an opening prayer. After the opening prayer, the volunteers introduced themselves to all participants which was then continued by giving ice breaking. The process of providing ice-breaking is carried out to provide an exciting and fun atmosphere for participants. Next, the servant distributed a pre-test to measure participants' understanding of suicide prevention. The pre-test was distributed directly using a multiple-choice hard file prepared by the developer.

Figure 2. Introduction of Volunteer Members

Figure 3. Ice Breaking with participants

Figure 4. Administering Pre-Test

2) Psychoeducation Core Activity

After the volunteer provider starts the psychoeducation activity, the next agenda is to deliver the volunteer material. Volunteers who are on duty sequentially prepare to deliver the material that has been prepared. In this psychoeducation, the suicide prevention material compiled has 5 main sub-materials, namely: 1) Definition of suicidal behaviour, 2) Causes of suicidal behaviour, 3) Characteristics of OKBD (People with Suicidal Tendencies), 4) Preventing suicidal behaviour and 5) First aid for OKBD (People with Suicidal Tendencies).

Figure 5. Submission of Material

Figure 6. Submission of Material 2

The next session was to open a discussion room for participants. Volunteer providers together with participants, namely GMIT Mizpa Bonen youth, build two-way communication related to the material that has just been delivered, namely the prevention of suicidal behaviour. Of the 20 participants, questions arose from two young women and men. The questions given referred to the process of self-care and actions when OKBD (People with Suicidal Tendencies) refused to be helped.

Figure 7. Q&A process

3) Closing Psychoeducation

The last session of this psychoeducation activity was the distribution of post-tests, flyers and evaluations. The post-test is used to test the participants' knowledge after giving the material. The post-test results will then be tested with the pre-test results to see changes in participants' knowledge. Furthermore, flyers will be distributed as a form of providing a summary of the material. This flyer can be used by participants to briefly understand suicide prevention material. At the end of the activity, a volunteer gave evaluation sticky notes to 20 participants who had been involved in the activity. This evaluation is used to determine the effectiveness of the psychoeducation process carried out.

Figure 8. Post-Test Distribution

After implementing the three core components of psychoeducation, the researchers then proceeded to analyse the pre-test and post-test data. This analysis was carried out to see a descriptive figure of changes in knowledge related to suicide prevention material. In the data analysis, the researchers presented the total results of the pre-test and post-test scores, a descriptive overview of the mean values and descriptive plots. This data is processed using statistical software, namely JASP.

Table 2. Participant Evaluation Results

Evaluation Results
Don't kill yourself, love yourself.
Today's activity is very exciting for you, brothers and sisters, always keep up the good work.
Powerpoint, if you make the material it must be by the description. The material presented motivated me.
Thank you all for explaining to us about suicide prevention.
Don't get upset with the situation if there is a problem.
The presenters could add more examples. fighting
Today's material should not stop here, but in the future, it can be more material for us.
The material presented by all of you is very useful for me.
Message, keep the spirit in the study. My impression during the delivery of the material was extraordinary.
For all my brothers and sisters from the mundane psychology department, keep up the spirit in their studies. God Bless
Be grateful for your life because you are precious, say no to suicide. God Bless
Keep away from dangerous anger, so as not to kill yourself.
This counselling activity is very important for us young people.
Hopefully, we won't run away to kill ourselves if we have a problem.
The presenters were good, but they added more examples. Very good, enthusiastic
Keep telling others every time you encounter a problem.
This afternoon's activities were very valuable and fun for the youth of GMIT Mizpa Bonen.
Keep up the good work to help more people.
Happy to be educated by Undana students about suicidal behaviour prevention.
The material presented by the brothers was very useful for us, and enthusiastic for the brothers who delivered the material

Figure 9. Suicide prevention flyer shape

Based on the descriptive table below, the results of psychoeducation show a change in the mean value from 71.500 to 94.000. This value indicates that the participants (N:20) significantly increased their knowledge about preventing suicidal behavior.

Table 2. Descriptive Analysis

Descriptives

	N	Mean	SD	SE	Coefficient of variation
Pre-Test	20	71.500	8.127	1.817	0.114
Post-Test	20	94.000	5.982	1.338	0.064

Table 3. Pre-Test and Post-Test Score Results

Name (Initials)	Pre-Test	Post-Test
AN	70	90
ES	60	90
EN	70	90
FO	70	90
HS	80	90
IS	70	100
JL	80	100
LF	60	80
MK	70	100
MS	70	100
NB	70	90
NBM	80	100
OS	80	100
SB	70	100
SN	80	100
SFB	80	90
YK	70	90
YES	70	90
YSK	80	90
ZK	50	100

The descriptive data plots below show the change in scores after the pre-test and post-test. These data plots illustrate numerical changes in graphical form. These box plots help developers to understand the distribution of data in graphical form.

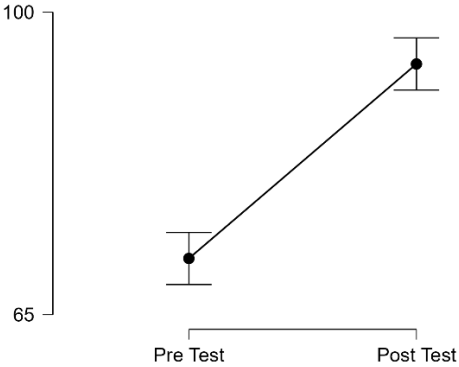

Figure 10. Descriptives Plots Pre-Test – Post-Test

Discussion

Based on the results of psychoeducation, significant changes were found in the knowledge of rural youth, especially GMIT Mizpa Bonen, towards preventing suicidal behaviour. Youth in this community learned about how to effectively prevent suicidal behaviour and provide psychological first aid to OKBD (People with Suicidal Tendencies).

A major challenge for rural youth in preventing suicidal behaviour is the acceptance of mental health volunteers or lack thereof, which is a barrier to effective suicide prevention in rural communities (Ackerman & Horowitz, 2022). Psychoeducation is beneficial to suicide prevention literacy in rural environments. Rural youth who are vulnerable to suicide become more aware of appropriate actions to prevent such behaviour (Ackerman & Horowitz, 2022).

Moreover, self-stigmatisation and fear of stigma for seeking mental health care may be particularly acute in rural communities where ‘everyone is someone else's business’ and where self-reliance is highly valued (Weissman et al., 2024). However, through psychoeducation, participants will learn first-hand about mental health care and seek professional help. Therefore, specific mental health and suicide prevention programmes need to be in place to suit the needs of young people within their communities (Ludowyk et al., 2023).

Psychoeducation is a prevention programme designed specifically for youth and their communities to build mental health literacy and promote the help-seeking necessary to support the prevention and long-term adverse effects of poor mental health (Ludowyk et al., 2023).

Key factors associated with suicidal ideation are age, education, employment, living with parents, and family connectedness (Begum et al., 2017). This psychoeducation programme comes as an educational intervention to increase the knowledge of GMIT Mizpa Bonen youth about suicide prevention efforts. Through this literacy education, Baumata Village youth will consciously care about mental health access.

This psychoeducation also provides literacy to GMIT Mizpa Bonen youth about the importance of self-care in preventing suicidal behaviour. Self-care that is carried out can be in the form of carrying out productive and preferred daily activities. The more productive activities a person participates in, the lower the likelihood of suicidal ideation (Choi, 2023).

In supporting suicide prevention programmes in rural areas, specifically in the youth of GMIT Mizpa Bonen Baumata Village, youth need to understand ideal prevention strategies. Firstly, youth can use alternative treatments accessed through spiritual advisors or healers (Jiang et al., 2023). Secondly, youth can use conventional care which comes as formal treatment or counselling provided by mental health professionals or other health professionals (Jiang et al., 2023). This helps rural youth to resolve as well as foster mental health awareness. In addition, stakeholder involvement in the creation of community-based suicide prevention interventions is also needed to increase engagement and give voice to those in suicidal crisis (Hanlon et al., 2023).

CONCLUSION

Based on the activities that have been carried out with GMIT Mizpa Bonen Youth, it can be concluded that before the servant conducts psychoeducational activities, the initial knowledge of GMIT Mizpa Bonen Youth about suicide prevention is still very minimal. However, after psychoeducational activities, the knowledge of GMIT Mizpa Bonen youth increased. This can be seen from the pre-test and post-test results, which experienced a significant increase in scores with the acquisition of a pre-test score of 71.500 and a post-test of 94.000. So it can be proven that the psychoeducational activities carried out positively impact GMIT Mizpa Bonen Youth.

Given the lack of mental health education in rural areas, stakeholders and professionals are expected to provide mental health education to rural communities. This situation is needed so that rural communities can gain an understanding of mental health issues. And also for the general public and mental health activists to be more concerned about mental health issues in rural areas, so that they can recognise and prevent suicidal behaviour that may occur in this community.

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