International Medical Corps

Rapid Assessment Report on Suicide Trends in Debark Woreda, North Gondar Zone, Amhara Region, Ethiopia

Conducted by:
International Medical Corps

In Collaboration with:

- **Amhara Public Health Institute (APHI)**
- **World Health Organization (WHO)**
- **Amhara Regional Health Bureau**

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North Gondar zone, Amhara region, Ethiopia

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Acronyms

APHI	Amhara Public Health Institute
FGD	Focus group discussion
IASC	Interagency Standing Committee
IRB	Institutional Review Board
KII	Key informant interview
LMIC	Low- and middle-income countries
MH	Mental health
MHPSS	Mental health and psychosocial support
NCD	Non-communicable disease
PFA	Psychological first aid
PHC	Primary healthcare
PSS	Psychosocial support
TWG	Technical working group
UN	United Nations
WHO	World Health Organization

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Contributors

Name	Position	Organization
Masresha Misganaw, MD	MHPSS Focal Point	North Gondar Zone Health Department
Abeba Girmay	MHPSS Focal Point	Debark Woreda Health Bureau
Alebachew Baze	Pesticide Management Specialist	North Gondar Zone Agriculture Bureau
Samson Sisay	Representative	Debark General Hospital
Fitsum Alemayehu	Representative	Debark University
Alemayehu Tessema	MHPSS Field Manager (Team Supervisor)	International Medical Corps
Biresaw Tazaye	Resilience and recovery team lead	Amhara Public Health Institute (APHI)
Matiwos Ejigsemahu	MHPSS Officer	World Health Organization (WHO)
Kinfu Manzura, MD	MHPSS National TWG Co-chair	International Medical Corps
Gebresilassie Gebreegziabhier	MHPSS Coordinator	International Medical Corps
Minda Sebsebe	MEAL Coordinator	International Medical Corps
Mary Jo Baca	MHPSS Technical Advisor	International Medical Corps
Claire Whitney	Senior Global MHPSS Technical Advisor	International Medical Corps
Brett Collins	MEAL Technical Advisor	International Medical Corps

Contact persons for further information: Gebreslassie Gebreegziabhier at ggebreegziabhier@internationalmedicalcorps.org or Kinfu Manzura, MD, at kmanzura@internationalmedicalcorps.org.

Summary

Background: Suicide is a serious public health concern globally. Suicide accounts for more than 1% of deaths worldwide and at a greater frequency in LMIC, making it a significant public health issue, particularly in humanitarian settings. It is the third leading cause of death among young people aged 15 to 29, highlighting the urgent need for effective prevention and support strategies for this vulnerable population. A report by the Amhara Public Health Institute (APHI) documented an increase in suicide in Debark woreda, North Gondar zone, Amhara region, Ethiopia, in May and June 2024 relative to the previous years for which the North Gondar Zone Health Department reached out to International Medical Corps for further investigation.

Objectives: To assess the trends, incidence, common means, contributing/underlying factors of suicide/suicide attempts, and the community attitudes toward suicide and self-harm and to put forward prevention strategies tailored to the specific needs of the community.

Methodology: A mixed-method approach (focus group discussions, key informant interviews and desk review) was employed from July 22-29, 2024, in Debark woreda, to identify the incidence and factors associated with suicide/suicide attempts and the availability of prevention strategies.

Findings: 107 suicide attempts and 32 suicides were reported in the woreda during the three-month period (mid-April to mid-July). The most common means of suicide/suicide attempt was pesticides (40-50%). Other reported means of suicide included hanging and the use of firearms. Unemployment, financial problems, failure in school examinations, social isolation, ongoing conflict, alcohol and substance abuse, domestic violence, stigma and discrimination and the related culture of silence and secrecy, and lack of pesticide regulatory systems were reported as precipitating/aggravating factors. Low community awareness of suicide complicated the process of reporting and intervention. Lack of mental health services due to a shortage of trained mental health professionals and inadequate resources, lack of a database, lack of intersectoral collaboration among stakeholders, stigma and cultural beliefs and a lack of community-based support systems worsened the situation.

Recommendations: Strengthening the pesticide and chemical regulatory/control system, community awareness and education on suicide, training healthcare workers, scaling up mental health services for communities, establishing suicide databases, and addressing underlying psychosocial and economic problems of the youth were some of the recommendations.

Keywords: Suicide, North Gondar, Amhara, Ethiopia

Introduction

Suicide is a major global public health issue. Globally, more than one in every 100 deaths is by suicide. Suicide is also the third leading cause of death for those aged 15–29 years. According to a World Health Organization Report, about 720,000 people die by suicide every year.[1]

Globally, the estimated suicide rate was 2.3 times higher in males than females. Global data showed that the majority of deaths from suicide are reported in LMIC (73%), where most of the global population lives. More than half (58%) of global suicides occurred before the age of 50. Suicide is a serious public health issue among adolescents. Reportedly, 88% of adolescents who died by suicide were from LMIC.[2]

Humanitarian emergencies most frequently occur in LMIC, and the affected populations experience multiple stressors, increasing the risk of suicide. Violence and abuse, economic difficulties, resource limitations, lack of mental health care and societal care are among the factors that contribute to increased suicide risk in humanitarian settings.[3]

In Ethiopia, specifically in the Amhara region, which has experienced ongoing conflict in recent years, reports of suicide have been significantly increasing. According to the data collected and reported by the APHI from hospitals within the region, there has been a sharp rise in both suicide and suicide attempts related to pesticide ingestion in 2024.[4] According to North Gondar Zone Health Department data, in the months of May and June 2024, there were 82 suicide attempt cases and 14 deaths in Debark woreda by pesticide ingestion.

In response to this alarming situation, a rapid assessment was conducted in July 2024 in Debark woreda to assess the incidence, contributing factors and the gap in prevention measures to communicate further and engage stakeholders to develop effective prevention strategies. The assessment was conducted in collaboration with the North Gondar Zone Health Department, WHO and APHI and supported by International Medical Corps to identify the root causes and develop effective intervention strategies.

[1] https://www.who.int/news-room/fact-sheets/detail/suicide
[2] Suicide worldwide in 2019: global health estimates. Geneva: World Health Organization; 2021 (https://apps.who.int/iris/handle/10665/341728, accessed 5 September 2023)
[3] https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-guidance-addressing-suicide-humanitarian-settings
[4] Amhara Public Health Institute. (2024). Data from the Amhara Region on Suicide Cases.

Objectives of the Assessment

General Objective

To assess the incidence, common means, contributing/underlying factors of suicide/suicide attempts, and the community attitudes toward suicide and self-harm and to put forward prevention strategies tailored to the specific needs of the community.

Specific Objectives

- Determine the incidence of suicide attempts and suicide.
- Identify the most common methods of suicide and self-harm used.
- Explore the contributing factors of suicide/suicide attempts.
- Assess the community's attitudes, beliefs, and stigma related to suicide and self-harm.
- Evaluate the availability and effectiveness of existing mental health and suicide prevention services in the region.
- Provide recommendations for improving suicide prevention efforts, including community engagement, service provision, and policy intervention.

Assessment Methods and Materials

Assessment Area

Debark woreda, North Gondar zone, Amhara region, has a population of approximately 209,448 people, with an even distribution between men and women (104,785 male and 104,663 female). The area is predominantly rural, with only 13.09% of the population living in urban centers. Most residents are Orthodox Christian (94.8%), while a minority (5.2%) are Muslim. The woreda has a population density of 108.95 people per square kilometer.[5] Debark woreda is served by Debark General Hospital, which provides comprehensive healthcare services in the region. In addition, there are six health centers in the woreda, which provide primary healthcare services for both urban and rural communities. While these facilities play a critical role in the healthcare infrastructure, they face significant challenges, particularly in meeting the rising demand for mental health services. The hospital provides mental health services but does not meet the increased demand due to a lack of adequate support from governmental and non-governmental organizations on medication supply, staff capacity building/training and supportive supervision. Similarly, many health centers have a limited number of trained professionals and often face high staff turnover. Additionally, there is a significant shortage of psychotropic medications, which hampers their ability to meet the increasing demand for mental health and psychosocial support services.

Assessment Team and Stakeholder Engagement

After the increase in suicide was reported by the North Gondar Health Bureau, International Medical Corps initiated an assessment plan in collaboration with the APHI and WHO. The plan was presented to the regional MHPSS TWG and approved by the North Gondar Zone Health Department. The assessment, as part of a collaborative effort between International Medical Corps and government sectors, adhered to best practices in addressing the increasing rates of suicide. Following the recommendations of the regional MHPSS TWG, the assessment was proposed to be extended to additional areas within the Amhara region, encompassing locations like Dessie, a zonal city, and Bahir Dar, the region’s capital. The expansion is a crucial component of a comprehensive suicide prevention endeavor with a regional scope.

[5] https://www.statsethiopia.gov.et/wp-content/uploads/2020/08/Population-of-Weredas-as-of-July-2021.pdf

The assessment participants include:

Name	Position	Organization
Masresha Misganaw, MD	MHPSS Focal Point	North Gondar Zone Health Department
Abeba Girmay	MHPSS Focal Point	Debark Woreda Health Bureau
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Assessment Methods

We employed a mixed-methods approach to ensure a thorough understanding of the suicide trends in the region. This included three elements.

Focus Group Discussions (FGDs)

Four FGDs were conducted to gather qualitative data on community perceptions, attitudes and experiences related to suicide and self-harm. The discussions involved participants from various groups in the community, including youth, adult men, women and religious leaders. These groups were selected to ensure a comprehensive understanding of the different perspectives within the community. The FGDs focused on understanding the magnitude of suicide and self-harm, the common methods used, the causes and contributing factors and the community's response to these issues.

Key Informant Interviews (KIIs)

KIIs were conducted with representatives from critical institutions in the North Gondar zone, including Debark General Hospital, Dib Bahir Health Center, the North Gondar Zone Police Bureau, the North Gondar Zone Agriculture Bureau and community leaders. These interviews aimed to collect in-depth insights from people who have a direct role in addressing or witnessing the impacts of suicide in the community. The KIIs focused on understanding the existing service availability, barriers to suicide prevention and opportunities for improvement from the perspectives of those in leadership and operational roles.

Desk Review

The desk review involved an analysis of global standard guidelines, including the Interagency Standing Committee (IASC) MHPSS RG guidance note on addressing suicide in humanitarian settings, including the World Health Organization's (WHO) Live Life Initiative for Suicide

Prevention and UNHCR's suicide prevention toolkit, existing legal frameworks like the Ethiopian Criminal Code of Conduct, national mental health strategies, and available data related to suicide and self-harm in North Gondar zone. This method aimed to provide a broader context for understanding the issue of suicide in the region by examining the policies, reporting mechanisms and institutional responses in place. The review also identified gaps in the current legal and policy frameworks and assessed the effectiveness of ongoing suicide prevention efforts.

Data Collection and Analysis

The interviews and discussions were conducted using an interview guide with open-ended questions focused on suicide, suicide attempts and suicidal behaviors. The interviewers were trained to probe for deeper insights and capture the main points of the discussion. Short memory notes were taken to document participants' feelings and expressions, and the interviews were audio-recorded. The recordings were transcribed verbatim into Amharic and then contextually translated into English for analysis.

Ethical clearance and approval for the study was obtained from the IRB of the APHI. Cooperation letters were sent to the respective zonal and woreda bureaus.

Results/Key Findings

Summary of Key Findings

Four FGDs were conducted, referred to as FGD1, FGD2, FGD3 and FGD4. These discussions engaged various groups in the community, including youth, men, religious leaders and women. Each group provided valuable insights into their perceptions and experiences related to suicide and self-harm. The youth group consisted of 12 mixed participants, males and females aged 18 to 29. The male group included 10 participants aged 30 to 50. The religious leaders' group had eight participants, all males aged 35 to 60. Lastly, the female group had 10 participants aged 25 to 49.

The findings are summarized as follows:

1. **Low Awareness:** The community has a limited understanding of suicide and self-harm, particularly in rural areas. They communicated their understanding that these issues are often linked to extreme stress and hopelessness.
2. **Common Methods of Suicide:** Pesticides and hanging were identified as the most common methods used, with the availability of lethal means contributing significantly to the suicide rates.
3. **Stigma and Barriers:** There is a significant stigma around suicide, making it difficult for people to seek help. The religious stigma and discrimination toward suicide further complicate reporting and intervention efforts.
4. **Contributing Factors:** Unemployment, financial difficulties, substance abuse and ongoing conflict are major factors contributing to suicide in the community.
5. **Gaps in Services:** There is a shortage of trained mental health professionals and inadequate resources, especially in rural areas, along with poor coordination between sectors. There is a lack of community-based MHPSS services. There are almost no trained community health workers working on mental health services in rural areas. There is a lack of organized data for registering suicide cases and very little mental health awareness among community religious leaders, healthcare workers and government authorities. Additionally, there is very little awareness of the importance of integrating mental health services into ongoing health services, including community health workers having no or minimal awareness of suicide prevention and mental health needs.

Details of Key Findings

1. Community Perception

1.1 Awareness of Suicide and Self-Harm

Most of the FGD participants said that suicide happens because of extreme stress or hopelessness, especially among those who feel trapped by their circumstances. There is a gap in the understanding of suicide among the community members. For instance, some youth

participants stated that when someone takes their life, it's because they felt there was no other way forward in life.

Supporting this idea, the health sector's key informant stated that the awareness of suicide and self-harm is increasing among health professionals. Still, other community members' awareness of suicide is poor. Suicide is recognized as a serious public health concern, particularly among young adults. However, suicide remains heavily stigmatized, making it difficult for people to seek help or for communities to discuss the issue openly.

Insights shared by a key informant from the agriculture bureau underscored the prevalent lack of awareness among community members regarding methods of suicidal behavior. Notably, the informant highlighted that the utilization of pesticides stands out as a commonly employed method for suicide attempts within the community. This revelation accentuates the critical need for enhanced public education initiatives aimed at enlightening the community about the inherent risks and consequences associated with the misuse of pesticides in the context of suicidal acts. Acknowledging the importance of comprehensive education and awareness campaigns, the informant's observations emphasize the imperative of promoting informed decision-making and preventive measures to address the concerning trend of pesticide-related suicide attempts effectively.

1.1.2. Incidence of Suicide and Self-Harm

Most of the FGD participants said that death by suicide and self-harm are increasingly common, particularly among youth and adults facing economic difficulties. The religious leaders insisted that the actual numbers are higher than reported, as many cases are hidden due to religious reasons and fear of social stigma.

Building on this perspective, insights shared by a key informant from the health sector highlighted the recurrent escalation of suicide attempts attributed to various underlying factors. Particularly concerning is the observation that people aged 15-29 years are most prominently affected by suicidal behaviors. Furthermore, the informant underscored the disproportionately higher rates of suicide attempts in rural areas, where prevailing economic challenges and restricted availability of mental health services significantly contribute to the vulnerability of the population to suicidal tendencies. This recognition underscores the urgent need for targeted interventions that address the unique challenges faced by people in rural settings, emphasizing the importance of enhancing mental health support and economic opportunities to mitigate the risk of suicide within these communities.

Comparably, the police bureau's key informant also confirmed that death by suicide rates are rising in the current situation, especially in rural communities. The police bureau's suicide data indicates that suicide cases are more frequent in areas with limited social and healthcare support.

Expanding on the discussion, the key informant from the agriculture bureau highlighted the absence of specific data on suicide rates. However, the informant underscored the significant correlation between the frequent utilization of agricultural chemicals in suicide attempts and the region's overall patterns of self-harm. This observation suggests a direct link between the accessibility and usage of these substances and the prevalence of suicide within the community. Addressing the impact of easy access to agricultural chemicals on suicidal

behaviors, the informant's insights emphasized the urgent need to address the root causes and implement targeted measures to prevent self-harm incidents associated with the misuse of these substances.

During the desk review, the data revealed 107 suicide attempts, with 32 resulting in fatalities either upon arrival or following treatment over several days within the woreda during the three-month period. However, a notable finding was the absence of a dedicated database specifically tracking suicide cases in an organized manner. Instead, suicide data is typically amalgamated into broader categories, such as mental health or medical cases in health facility reports. This lack of distinct reporting mechanisms results in substantial data deficiencies, hindering comprehensive understanding and effective interventions in addressing the pressing issue of suicide within the community.

There is a feedback mechanism in place involving bulletin reporting from health facilities to the woreda and zonal health bureaus. Nonetheless, this mechanism alone proves inadequate in comprehensively addressing the escalating scope of the suicide problem.

1.2. Methods of Suicide

There are different methods of death by suicide depending on the sociocultural context of the community. The data collected within this overarching theme encompasses various methods of suicide. It includes five sub-themes that will be investigated in detail based on the available information.

The assessment participants include:

Findings from FGD1 and FGD2 in the study area reaffirmed this trend, with participants noting that the community commonly resorts to pesticide use for suicide due to its ready availability and high lethality. Specifically, participants emphasized that women and girls in their community often opt for pesticide ingestion as a means of self-harm.

Supporting this idea, all sector key informants stated that the use of pesticides is the primary method of suicide. The key informant from the agriculture sector underscored that the absence of stringent regulations on pesticide sales significantly contributes to suicidal deaths. Additionally, the health sector key informant highlighted zinc phosphate as another common method utilized in suicide attempts. Both informants emphasized the accessibility and lethality of these methods, attributing them to the heightened rates of suicide within the region.

The desk review finding also showed that the use of pesticides, particularly zinc phosphate (commonly known as mouse killer poison), is the most common method of suicide in the region, accounting for approximately 40-50% of all reported cases. Other pesticides such as endosulfan, endo sulfur, and DDT are also frequently used.

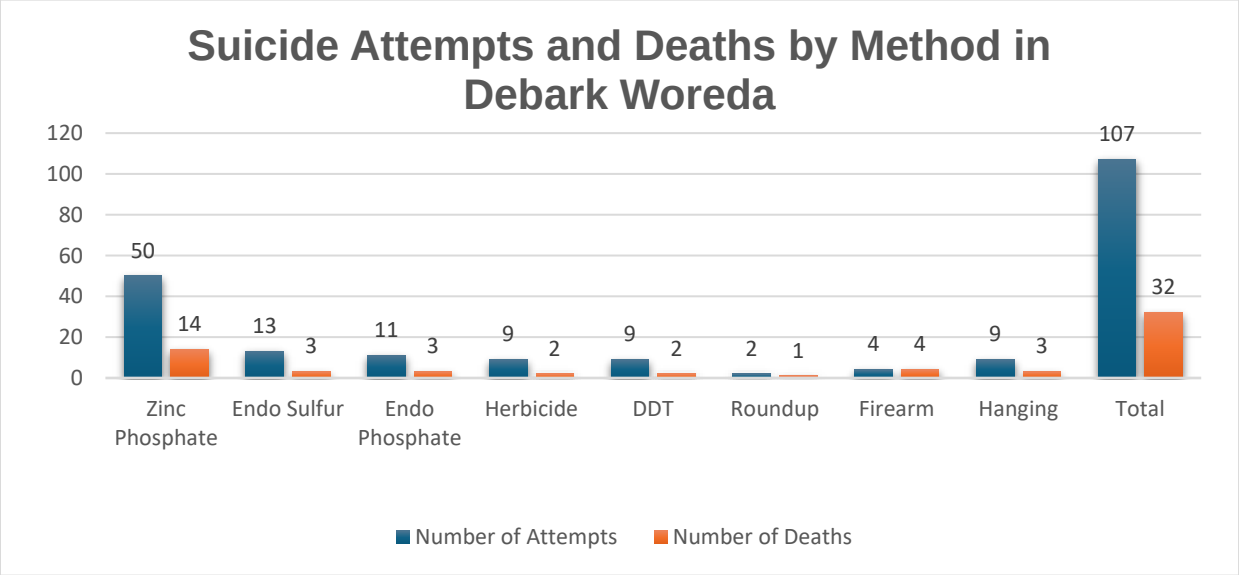
Hanging

During the discussions, more than half of the FGD participants shared insights that hanging is a prevalent method of suicide in their community, predominantly observed among men. The participants emphasized that men often resort to hanging, particularly by utilizing trees in forested areas.

Furthermore, key informants from all sectors echoed this sentiment, affirming that hanging is a common method of suicide within the region.

Firearms

Most of the FGD participants highlighted that, due to the ongoing conflict, firearm possession—primarily among men—has become increasingly common, particularly in the rural areas of the woredas. The utilization of firearms in suicide attempts is on the rise. To support this observation, the police representative, as a key informant, acknowledged that such incidents are underreported due to the fear of legal repercussions associated with possessing unregistered firearms. Despite the reluctance to report these cases, there has been a noticeable increase in the use of firearms in suicide attempts in recent times.



2. Causes and Precipitating Factors

According to the information from participants, there are different causes and precipitating factors for suicidal ideations or attempts depending on the sociocultural context of the society. The data collected within this overarching theme delves into various causes and precipitating factors of suicide. While several factors contribute to suicidal behavior, the most cited by participants will be thoroughly examined in the following sections.

Unemployment

Participants in FGD1 from the assessment area emphasized that unemployment, particularly resulting from various factors such as ongoing conflict and other challenges, serves as a significant cause of suicidal thoughts and attempts. The community is currently grappling with a notably high unemployment rate, especially among the youth who are struggling to secure employment opportunities. This dire situation poses immense challenges for people in terms of sustaining their livelihoods and supporting their families.

Financial Problems, Economic Difficulties and Financial Dependency

FGD1 participants mentioned that the most common cause of suicide behavior is financial problems. The escalating cost of living contributes to heightened stress and depression among parents, particularly those with large families, child-headed households and those with limited

sources of income. Additionally, FGD2 participants reiterated that economic challenges serve as the primary contributing factor to suicidal thoughts or attempts.

FGD2 participants stated, “In our community, the major source of income is agriculture, and most of our community members are economically poor. As a result, most of the community members experience economic difficulties. The lack of timely solutions to these problems may have resulted in people attempting to commit suicide.”

All key informants across various sectors unanimously agreed that economic challenges, particularly prevalent in rural areas, constitute significant catalysts for suicide.

Failure in School Examinations

Most participants also expressed that failure in school examinations is a common cause for suicidal ideations or attempts, especially among students who took regional and national examinations, including Grade 8, Grade 12 and university entrance exams, and failure to be promoted to the next level or academic year in universities. FGD1 participants emphasized that educational failure stands out as a primary reason or cause for suicidal thoughts or attempts.

Lack of School Mental Health Programs

Health professionals who participated in FGD1 concurred with this perspective, elaborating that the lack of awareness among a higher number of youths in schools regarding common stressors, coupled with the absence of trained counselors or discussion clubs within educational institutions, exacerbates the situation alongside issues of school failure.

Loneliness/Social Isolation

Loneliness is another reason that contributes to suicidal behavior. According to FGD1 participants, feelings of loneliness or weak social interactions can lead to suicidal behavior. FGD4 participants further emphasized that social isolation, particularly prevalent among women, is another significant factor in suicidal behavior.

The Consequences of Ongoing Conflict

All participants expressed their understanding that the ongoing conflict in the area has significantly increased stress levels, heightened the risk of unemployment and made it more difficult to move from place to place. The constant sound of firearms exacerbates feelings of anxiety and hopelessness, particularly among the youth, contributing to a higher incidence of stress-related issues in the region.

Alcohol and Substance Abuse

FGD3 interview participants stated that in their community, the main cause of suicidal ideations and attempts is substance abuse. The rapid changes and pressures associated with modernity frequently drive youth towards substance use as a coping mechanism. This involvement in addictive behaviors, stemming from societal expectations and challenges, can escalate into a significant risk factor for suicidal behavior. The use of substances as a means of coping with modern-day stresses can exacerbate mental health struggles and render people more vulnerable to thoughts of self-harm or suicide. Addressing the complex interplay between modern societal pressures, substance use, and mental health is crucial in implementing targeted interventions to prevent the progression towards suicidal behavior among youth.

Echoing the consensus, key informants across all sectors underscored the detrimental impact of substance abuse as a primary contributor to suicide, with a specific emphasis on its prevalence in urban settings. Moreover, the agriculture sector's key informant drew attention to the troubling factor of toxic substance availability, further exacerbating the risk of suicidal attempts. Recognizing the nuanced interplay between substance abuse, urban environments, and toxic substances, it becomes evident that these multifaceted challenges demand comprehensive interventions to address the underlying complexities and mitigate the heightened risk of suicidal behavior in these contexts.

Domestic Violence and Abusive Relationships

Domestic violence and abusive relationships are common in rural areas. More than half of the participants shed light on the heightened prevalence of domestic violence and abusive relationships faced by women. The deeply distressing impact of such violent dynamics can significantly increase the likelihood of women developing suicidal tendencies as a coping response to the ongoing trauma. Prolonged exposure to violence and abuse not only intensifies emotional distress but also erodes the sense of safety and well-being, creating a perilous environment where suicidal behavior may emerge as a distressing option.

Shame and Stress

In the discussions held by FGD2 and FGD3 participants, the intricate web of shame and stress emerged as prominent catalysts for suicidal behavior, unveiling the deep emotional toll these internal struggles can exact on people. The weight of shame, coupled with the burden of unrelenting stress, creates a precarious mental landscape, fostering a heightened susceptibility to thoughts of self-harm. Additionally, the erosion of traditional values and the pervasive sense of failure act as profound triggers for suicidal tendencies, underscoring the significance of societal and personal values in shaping mental well-being. The juxtaposition of modern challenges with traditional expectations can intensify feelings of inadequacy and hopelessness, amplifying the risk of suicidal ideation. By unraveling the layers of shame, stress, cultural values, and perceptions of failure, it becomes evident that a comprehensive approach to suicide prevention must encompass a nuanced understanding of the complex interplay between individual struggles and societal influences**.**

2.1. Community Perspectives and Response to Suicide

Stigma and Societal Discrimination

There are different community reactions regarding suicidal behavior. Accordingly, some participants mentioned that the community members' reactions to suicidal attempts are often dismissive or judgmental, with those who talk about suicide being labeled as weak or attention-seeking. Some participants noted that community members exhibit judgmental attitudes and stigmatization towards suicide. This pervasive stigma impedes open conversations about suicide, leading to a culture of silence and avoidance. Responses to suicidal behavior are often influenced by religious beliefs that condemn suicide, further heightening the social barriers to offering compassionate support to those in distress. This prevalent stigma and the religious teachings surrounding suicide collectively create significant hurdles in fostering open dialogue, understanding, and providing empathetic assistance to people experiencing suicidal thoughts or behaviors.

Culture of Silence or Secrecy

Some participants shared that families tend to conceal suicide attempts out of shame and the fear of being judged, particularly with little support offered to women who have attempted suicide. The community's response typically involves silence or avoidance when addressing such sensitive issues.

Aligning with this observation, the health sector key informant highlighted the prevalent stigma surrounding suicide, leading to a culture of silence that obstructs open dialogue and support initiatives. Moreover, the police bureau's key informant emphasized that families frequently mask suicide cases to evade societal stigma, complicating data collection efforts and impeding targeted interventions.

These collective insights underscore the significant challenges posed by stigma, fear, and societal attitudes in addressing and responding effectively to suicide within the community.

Lack of Regulatory Action on Pesticide

The key informant from the agriculture sector underscored a notable gap in community awareness concerning the risks linked to pesticide usage. The prevailing lack of understanding among community members regarding the potential dangers associated with pesticide use hampers the implementation of proactive measures aimed at preventing instances of suicide related to pesticide ingestion.

2.2. Service Availability and Gaps

There is a gap in service availability in the study area. Based on the information gathered under this main theme, the lack of service availability and gaps are discussed. The data collected within the overarching theme of service availability and gaps reveals three distinct sub-themes that warrant thorough exploration. Each sub-theme encapsulates specific aspects of the main theme, providing a nuanced perspective essential for a comprehensive understanding of the multifaceted issues surrounding suicide prevention.

Shortage of Trained Mental Health Professionals and Inadequate Resources

Accordingly, all participants mentioned that health sector services are limited in their community. There is a critical shortage of trained mental health professionals in health facilities, and existing services are overwhelmed. Furthermore, it is crucial to highlight that rural areas are often underserved by health sector services specifically tailored to prevent suicidal behavior. This disparity in service accessibility and provision in rural communities underscores the importance of addressing the unique challenges and implementing targeted interventions to support mental health and suicide prevention efforts in these regions.

Reiterating this viewpoint, the key informant from the health sector shed light on the dire shortage of adequately trained mental health professionals and the glaring inadequacy of resources to combat the surging rates of suicide. This substantial deficit in the mental health workforce and resources presents a significant barrier to effectively addressing the complex and evolving landscape of suicide prevention. The critical need for expanded mental health support services, increased training opportunities, and enhanced resource allocation becomes increasingly apparent considering the growing mental health challenges and the imperative to address the multifaceted factors contributing to suicidal behavior.

According to the Zonal Health Bureau, the distribution of professionals with mental health training with the selected health centers is as follows:

Health Facility	Psychiatrist	Psychiatric Nurses	Psychologists	Trained Counselors	Community Health Extension Workers	Remarks
Debark General Hospital	0	5	0	0	0	Serves as a referral point for North Gondar zone, especially in Debark woreda and the surrounding areas, including Dabat woreda
Debark Health Center	0	0	0	0	0	One trained nurse.
Dibi Bahr Health Centers	0	1	0	0	0	Previously, they had three trained nurses, but they recently resigned or were transferred.
Debark Woreda and the Surrounding Areas	0	0	0	0	65	15 trained in PFA by International Medical Corps; others have no MHPSS training.

Lack of Inter-Sectoral Coordination

The consensus among all FGD participants is that various barriers impede the delivery of services to prevent suicidal behavior, with a predominant concern being the lack of inter-sectoral coordination within the study area, as highlighted by FGD participants. This sentiment is echoed by all sector key respondents, who underscored the challenges stemming from inadequate coordination and resources in the community, posing significant obstacles to delivering effective suicide prevention services.

The key informant emphasized that poor inter-sectoral coordination stands out as a major hindrance to successful suicide prevention efforts. Furthermore, the lack of resources, particularly in rural areas, poses limitations on the capacity of health services and community organizations to provide essential support to those at risk of suicide. These barriers underscore the critical need for enhanced collaboration, resource allocation, and strategic partnerships to overcome the challenges and ensure effective suicide prevention initiatives in the community.

The desk review finding also showed that there are no official, government-mandated suicide prevention activities in place. Some informal activities are being conducted, including discussions among community leaders, police, the mayor's office, and other legal authorities. These discussions focus on raising awareness but are not part of a coordinated or strategic effort. Although there is a committee comprising representatives from the Environmental Protection Bureau, Health Bureau and Agriculture Bureau, intended to oversee the management of pesticides, communication and coordination between these sectors are weak. The committee lacks regular meetings and a structured system for information exchange, hindering effective collaboration and joint monitoring and evaluation efforts. Strengthening communication channels and establishing a framework for regular interaction and shared decision-making processes are essential to enhance the committee's effectiveness in pesticide management and suicide prevention initiatives.

Stigma and Cultural Beliefs

FGD interview participants mentioned that fear of stigma is a big barrier to suicidal prevention services. Community members are not openly discussing the causes and solutions of suicide. It is essential to strengthen community engagement and reduce stigma through targeted education campaigns and better coordination between health services and religious leaders.

All sector key respondents stated that the most significant barriers identified were social stigma and cultural beliefs. The stigma associated with mental health issues prevents people from seeking help and hinders open discussion about suicide within the community.

Legal Issues

All FGD participants highlighted that there is weak regulation and oversight of pesticide sales and distribution, making it easy for people to obtain these potentially harmful substances. Additionally, a representative from the agriculture sector emphasized the inadequate controls over pesticide sales, further contributing to the widespread availability of lethal substances. This lack of regulation is a significant factor in the increased accessibility of means for self-harm, underscoring the urgent need for stricter enforcement and comprehensive preventive strategies.

The desk review findings revealed that neither Ethiopia nor the Amhara region has a specific legal framework or strategies that directly address suicide. This absence results in the lack of a

mandatory reporting system for suicide cases and eliminates any legal requirements for the psychiatric hospitalization of people who express suicidal intentions. Without such regulations, there are significant gaps in suicide prevention efforts, making it difficult to identify and support people at risk effectively. However, according to the Federal Democratic Republic of Ethiopia Criminal Law, there are no actual legal consequences for people who attempt suicide or their families.[6] The absence of a suicide prevention strategy contributes to the underreporting and concealment of suicide cases, especially in rural areas where cultural stigma and beliefs discourage open discussion of the issue.

Although there is a written code of conduct for pesticide management—as outlined in Article 674/2002, which sets standards for mitigating health and environmental risks and details regulatory and technical requirements for pesticide availability and usage—its implementation is inconsistent. This inconsistency is largely due to negligence and a lack of enforcement, exacerbating the risk of misuse and reducing the effectiveness of preventive measures.

Lack of Community-Based Support Systems

FGD interview participants mentioned that because of the lack of community-based support systems on suicidal prevention, the community members have poor awareness related to suicide.

Supporting this idea, all sector key respondents agreed that there is a lack of community-based support systems for people at risk of suicide. While informal networks such as family and community groups exist, they are not sufficient to address the problem. There is also a lack of awareness about where to seek help, further limiting access to necessary services.

The desk review data also showed that there is no dedicated national or regional strategy specifically aimed at suicide prevention in Ethiopia or the Amhara region. Although there is a national plan for non-communicable diseases (NCDs), including alcohol-related issues, it does not include suicide prevention as a priority.

6 https://www.bing.com/ck/a?!&&p=eab50d75a4c3147ea597252f0674f718c8fb1eb7fef0a29b3965e155f15f3058JmltdHM9MTczMDc2NDgwMA&ptn=3&ver=2&hsh=4&fclid=1494ad59-255c-6aa1-30e7-be9f24a06b09&psq=FDRE+criminal+code+2005&u=a1aHR0cHM6Ly93d3cudmVydGljLm9yZy9tZWRpYS9OYXR

Conclusion

The rapid assessment of suicide in North Gondar zone, particularly in Debark woreda, showed that the suicide rate is high. It has highlighted the urgent need for comprehensive and coordinated suicide prevention strategies. The findings reveal that the ongoing conflict, economic hardships and the pervasive stigma surrounding mental health significantly contribute to the rising suicide rates in the region. The limited availability of trained mental health professionals, especially in rural areas, further exacerbates the situation, leaving many people without adequate support. The common means of suicide reported include pesticides, hanging and firearms.

The assessment also underscores the critical gap in community awareness and stigma toward suicide associated with cultural and religious beliefs. It showed that there is limited community-based support for people at risk of suicide.

Recommendations

Federal Ministry of Health

1. Develop a clear national suicide prevention strategy framework. This is crucial to implementing coordinated and comprehensive suicide prevention and response activities by involving all stakeholders.[7]
2. Monitor and support the implementation of a national mental health strategy. Engage relevant stakeholders at the federal, regional, and sub-regional levels for effective implementation of MH policy by monitoring its implementation and advocating for increased funding for mental health services, coordinating with relevant stakeholders for evidence generation, and engaging in operational activities of suicide prevention and reduction programs.[8]

Amhara Region, North Gondar Zone and Debark Woreda Administrative Offices

The offices should establish a multi-sectoral suicide prevention task force involving all relevant sectors and stakeholders, led and coordinated by the political leadership at all administration levels, which is key to addressing the critical issues through joint planning, implementation and monitoring of suicide prevention and intervention. The task force's scope will not only be to initiate the response but also to mobilize resources and maintain, strengthen and follow-up on suicide prevention actions in the area.[9]

Amhara Region, North Gondar Zone and Debark Woreda Agriculture Bureaus and Law Enforcement Agencies

1. Collaborate with relevant stakeholders to support and advocate for the implementation of stricter regulations on pesticide sales and distribution, and couple this with enhanced monitoring and enforcement to prevent misuse. Preventing access to pesticides is the number one evidence-based approach to reduce suicide globally. Public education campaigns should also be launched to raise awareness about the dangers of pesticide misuse. The bureau should also work with respective law enforcement agencies whenever necessary to implement pesticide control and regulation appropriately.[10]
2. The police bureau and other responsible law enforcement agencies should work with all respective stakeholders to restrict and regulate firearms access, specifically to youth groups. Studies show that restricting and regulating firearms has been successful in other countries.

[7] https://www.who.int/publications/i/item/9789240026629
[8] http://dataverse.nipn.ephi.gov.et/bitstream/handle/123456789/1423/MENTAL-HEALTH%20strategy.pdf?sequence=1&isAllowed=y
[9] Toolkit: Suicide prevention in refugee settings-UNHCR
[10] https://www.who.int/publications/i/item/9789241516389

Regional Health Bureau, Zonal Health Department and Woreda Health Office

1. **Expand Mental Health Services:** Enhance the availability of mental health services, particularly in rural areas, by integrating mental health into primary healthcare through ensuring access to essential medications, training healthcare providers in MH GAP, psychological first aid and other relevant skills, alongside supportive supervision and community awareness efforts led by health workers.
2. **Expand Psychological Intervention:** Provide targeted training on psychological interventions for community health workers and health professionals. This training should focus on suicide prevention, crisis intervention and brief psychological interventions for people with psychological distress.
3. **Implement Community-Based Mental Health Education Programs:** Develop and implement community-based mental health education programs that specifically target groups with low awareness of suicide and self-harm. These programs should include workshops, community meetings, and information sessions that educate participants on the signs, causes, and prevention of suicide and self-harm.
4. **Enhance Community Engagement:** Strengthen community awareness and reduce stigma through targeted education campaigns led by religious leaders, health professionals and local authorities. Community members should be actively involved in the design and implementation of suicide-prevention strategies to ensure cultural relevance and acceptance.[11]
5. **Train and Engage Religious Leaders in Suicide Prevention and Mental Health Awareness:** Provide religious leaders with training on mental health awareness, including recognizing signs of suicidal behavior, understanding the importance of mental health and knowing how to offer support or refer people to appropriate mental health services. This training will equip them with the knowledge to address these issues within their congregations effectively.
6. **Promote School Mental Health Initiatives:** Establish and support mental health clubs in schools to raise awareness and provide early intervention for students. These clubs should focus on promoting mental well-being, reducing stigma and offering peer support, with guidance from trained educators and mental health professionals. Integrate mental health awareness programs into the school curriculum to foster a supportive environment for students.
7. **Leverage Technology for Mental Health Support:** Develop and promote the use of hotline services, mobile apps and online platforms that provide mental health resources, self-assessment tools and access to virtual counseling. These tools can help in early detection of mental health issues and provide immediate support.
8. **Collaborate with Schools and Universities:** Partner with educational institutions to create comprehensive mental health policies and programs that include training for teachers and staff on recognizing mental health issues, providing support and creating a safe environment for students.

[11] https://iris.who.int/bitstream/handle/10665/272860/9789241513791-eng.pdf?sequence=1 Preventing suicide A community engagement toolkit

9. **Encourage Peer Support Programs:** Train and empower people who have experienced mental health challenges to serve as peer supporters. These programs can foster a sense of community and provide relatable support for those in need.

Amhara Public Health Institute

1. **Establish and Strengthen A Suicide Surveillance System:** Establish a comprehensive and accurate suicide surveillance system that captures data not only from health facilities but also from community and religious institutions and other sources to avoid underreporting. This surveillance data should be used to inform and monitor interventions and prevention plans.[12]
2. **Conduct Research on Local Mental Health Needs:** Invest in research to understand the specific mental health challenges and needs of different communities. This data can inform targeted interventions and resource allocation.

Bureau of Labor and Skill

1. Create job opportunities for youth and address the economic problem in collaboration with private sectors and investors contributing to suicide prevention.
2. Create community-based MHPSS, including recreational youth centers, and foster life skills among young people in collaboration with the health sector.[13]

Donors and Implementing Partners

1. Provide financial support and mobilize resources to address the increased rate of suicide.
2. Enhance collaboration with government stakeholders and provide technical support to design and implement comprehensive suicide prevention activities.

Amhara Region, North Gondar Zone, Debark Woreda Communication Offices

Create campaigns on social media platforms to raise awareness about mental health issues and provide resources for those in crisis. These platforms can also be used to share personal stories and reduce stigma.[14]

[12] https://iris.who.int/bitstream/handle/10665/208895/9789241549578_eng.pdf?sequence=1 Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm
[13] https://www.who.int/publications/i/item/9789240026629
[14] https://iris.who.int/bitstream/handle/10665/372691/9789240076846-eng.pdf?sequence=1 Preventing suicide: a resource for media professionals