



## **Reasons and solutions for preventing high rate of youth suicide in Kazakhstan, based on successful suicide prevention programs.**

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### **Abstract**

Kazakhstan is facing one of the most acute social problems — the high suicide rate among young people, which reflects the insufficient effectiveness of the existing health and social services system. The purpose of this study is to analyze the main factors contributing to the high suicide statistics, identify gaps in approaches to their prevention and investigation, and offer specific recommendations based on international experience. The study is based on a comparative analysis of suicide prevention programs in the USA, South Korea, Japan, and Russia, and also includes an examination of statistical data, expert publications, and interviews with professionals. As a result of the research, significant shortcomings in the national system were identified, including the lack of targeted youth support programs, low public awareness, and a limited number of qualified specialists. Based on the analysis of international experience, recommendations are proposed aimed at implementing comprehensive psychosocial assistance programs, professional development initiatives, and large-scale information campaigns. The study emphasizes the need to raise public awareness about this issue and provides a foundation for strategic actions that can help reduce the suicide rate in Kazakhstan.

### **Introduction**

The problem of suicide in Kazakhstan is one of the most acute and complex social issues that requires attention from both the government and the general public. In recent years, there has been an alarming increase in the number of suicides, especially among young people, highlighting serious gaps in the social support, health, and education systems. Suicides remain one of the leading causes of premature mortality, while social stereotypes and cultural peculiarities hinder effective prevention and support for individuals in crisis situations. Existing research shows that low awareness of mental health issues, stigmatization, and the inability to freely express emotions create barriers to seeking help. In Kazakhstan, as in other post-Soviet countries, the topic of mental health remains taboo, worsening the situation for those facing crises. These cultural restrictions have a devastating impact on society's ability to respond appropriately to the problem and effectively support people on the brink of suicide. Questions about how the collection of suicide data affects decision-making, as well as what can be learned from the international experience of suicide prevention, remain insufficiently researched. Recent attempts to systematize information have encountered problems with incomplete or distorted data, which complicates the work of specialists and prevents accurate forecasting.

The purpose of this study is to conduct a comprehensive analysis of the suicide problem in Kazakhstan, identifying its key aspects, including risk factors, gaps in approaches to investigation and prevention, as well as assessing the impact of social stereotypes and barriers on public perception. Our research focuses on young people as the most vulnerable group in the population. We aim to develop recommendations to improve the current situation, based on successful international practices and the experience of countries with advanced suicide prevention systems, such as the United States, Japan, South Korea, and Russia.

In addition, special attention will be given to analyzing the influence of cultural factors and social taboos on the formation of a psychosocial environment in which tragic events occur. Reducing the level of stigmatization and creating safe spaces for expressing emotions and seeking help are crucial steps towards addressing the issue.

The objectives of this study include analyzing the suicide rate in Kazakhstan, identifying risk factors and problems in investigative methods, assessing the role of social stereotypes, and developing recommendations for implementing prevention programs. We plan to propose the adaptation of international practices, considering the specifics of Kazakhstan, including educational initiatives, mental health support programs, and reducing social stigma.

The structure of the work will include a review of existing research, an analysis of suicide data in Kazakhstan, an overview of international experience, and practical recommendations for government agencies, social and medical workers, as well as organizations working in the field of mental health.

Thus, this study aims to form a sustainable and comprehensive suicide prevention system aimed at improving the quality of life and health of the population of Kazakhstan.

## **Literature Review**

As part of the analysis of existing research on youth suicide in Kazakhstan, several key aspects must be highlighted that hinder a full and objective understanding of the problem. First and foremost, most of the available studies rely on limited data collected in specific regions or organizations, which prevents a comprehensive national picture. In some cases, the statistics may be incomplete or inaccurate, affecting the validity of the conclusions. This limitation makes it difficult to conduct a thorough analysis and identify national trends in adolescent suicidal behavior.

Furthermore, existing research predominantly focuses on the biological and psychological aspects of suicidal tendencies, without giving adequate attention to crucial social factors. Issues such as poverty, discrimination, family problems, and the influence of mass media on adolescents have not been sufficiently explored. These factors play a significant role in the development of suicidal tendencies, and neglecting them severely restricts the understanding of the underlying causes and mechanisms of the problem.

Another critical gap in existing research is the lack of long-term observations. Many studies are limited to short-term analyses, which make it difficult to identify long-term risk and protective

factors. Longitudinal studies would enable more accurate tracking of changes in adolescent behavior and help uncover patterns that could be vital for creating more effective prevention programs.

The absence of comprehensive psychosocial research also contributes to the lack of a well-rounded analysis. Most studies focus on isolated aspects, such as psychological disorders, without accounting for the influence of social and familial factors. Social isolation, stress, peer pressure, and family dynamics should be integrated into a holistic approach to understanding the causes of suicidal tendencies.

It is also important to note that existing research often remains confined to a single discipline — primarily psychology or medicine — which limits the ability to capture all dimensions of the issue. Many factors influencing adolescent suicidal behavior, such as social structure, cultural influences, and educational systems, require an interdisciplinary approach that draws from sociology, pedagogy, and other fields.

Another major gap is the insufficient evaluation of the effectiveness of existing prevention and intervention programs. Most studies do not conduct in-depth assessments to determine which methods are most effective in varying socio-economic contexts, which hampers the development of tailored, effective programs for Kazakhstan's specific realities.

Finally, the issue of stigmatization surrounding suicide should be emphasized, as it often results in limited openness and restricted access to data. In some cases, information about suicides among adolescents is concealed, complicating objective analysis and preventing the identification of the true causes of the problem.

These shortcomings underscore the need for a more comprehensive and systematic approach to youth suicide research in Kazakhstan. It is essential to consider all aspects of the issue, including social, cultural, and economic factors, and to develop long-term solutions aimed at improving the situation. The goal of this study is to fill these gaps, enabling the proposal of effective prevention and intervention strategies. The objectives of the study include analyzing social and psychosocial factors, evaluating existing prevention programs, and creating recommendations for improving national policies on adolescent mental health.

## **Methodology**

Suicide is a big issue in Kazakhstan. It is especially serious among young people. According to UNICEF, one of the first-ranked countries in terms of child and adolescent suicides is Kazakhstan. The high level of suicides is tied to social, economic, and cultural factors; therefore, as such, comprehensive solutions for mental disorders are important in the country. This study aims to identify main risk factors related to mental illness and to calculate their effect on the development of suicidal behavior.

Suicide is among the leading causes of death on a worldwide scale.

The primary data for this research was derived from peer-reviewed journal articles, official reports from government organizations, and international bodies such as the World Health Organization (WHO). The analysis encompassed statistics on suicidal cases among children

over the past 20 years (since 2004) as well as materials describing risk factors and socio-economic conditions. To supplement the data, qualitative studies (including interviews and case studies) and reviews from professional psychologists were examined.

Suicide data in countries including the United States, Japan, and Kazakhstan is collected through government statistical agencies such as the CDC, NIMH, and WHO, which use standardized registration methods.

These data take into account different age groups and risk factors such as depression, substance abuse, and social isolation. The Zero Suicide program in the United States, for example, analyzes suicides in the context of mental illness treatment, identifying the stages at which medical care can be improved.

This data ensures accuracy and helps to develop effective prevention programs such as Zero Suicide and SafeTALK based on global trends and risk factors, which is important for adapting local prevention programs.

We have selected several programs for deeper study in order to demonstrate the variety of methods and approaches to youth suicide prevention. These programs show that there are many different ways to solve this important problem, and that each of them can be adapted to specific conditions.

The Zero Suicide program in the United States attracted our attention because it is one of the largest and has been implemented in the healthcare system. It reaches a wide audience and has a well-structured model that aims to improve the diagnosis, treatment, and support of people with mental disorders. This approach helps to reduce the suicide rate among people suffering from depression and other mental illnesses, and creates an effective system focused on suicide prevention in medical institutions.

SafeTALK is a program aimed at raising awareness among ordinary people, who may be the first to notice signs of suicidal thoughts in others. She teaches active listening and rapid response skills that can save lives. This approach is important because it focuses on creating a public consciousness that actively supports people in difficult situations.

The Zero program in Japan interested us because of the introduction of technologies such as artificial intelligence to predict suicide risks. This allows us to accurately identify people who may be at risk and promptly provide them with assistance. This high-tech approach opens up new opportunities for more accurate monitoring of the mental health status of the population.

Another unique program that we chose to study is Healing Forests in Korea. This program uses nature—based healing, a method based on restoring a psychoemotional state through natural practices such as forest walks and meditation. This approach works well with young people, especially in conditions of high stress and pressure, and allows them to find an alternative to traditional treatment of mental illness.

Finally, we drew attention to the Children of Russia program because it is one of the closest and most accessible examples of suicide prevention programs in the CIS. Given the cultural and social similarities, this experience can be useful for Kazakhstan. The program includes the

prevention of suicidal behavior among adolescents and young people, which is very important for us in the region.

We chose all these programs to study in order to demonstrate how many different and effective approaches there are to prevent youth suicide. Their diversity shows that there are many ways to solve this problem, and for each region or country, the best method can be found that best suits their cultural and social characteristics.

### General

Today, suicide remains a global public health problem, taking millions of lives every year. According to the World Health Organization (WHO), about 700,000 people commit suicide every year, and there are even more attempts for each case. The main risk factors include mental disorders, social and economic difficulties, stigmatization and availability of methods. The hypothesis that improving access to mental health care and reducing social exclusion can reduce suicide demands careful analysis in the context of available data. One of the key interpretations is the relationship between mental illness and suicide. Studies, including reports from the National Institute of Mental Health (NIMH) and APA, emphasize that depression, anxiety disorders and bipolar disorder often occur in people prone to suicide. For example, Statista statistics show that among Americans diagnosed with mental disorders, women are more likely to try, but men have a higher mortality rate due to suicide. These data confirm the need for gender-oriented prevention programs. However, mental health is not the only factor. The context of socio-economic changes plays a huge role. For example, in Kazakhstan (RFERL and UNICEF) high rates of youth suicide due to pressure in studies, lack of prospects and lack of psychological support in schools are reported. These factors complicate the simple correlation "mental illness = suicide". In addition, the COVID-19 pandemic has only increased isolation and economic inequality, which has led to an increase in cases among young people (TimesCA, RFERL). Interesting data are presented in the context of cultural characteristics. For example, Japan (WHO, Cambridge University Press) adopted a general principle of suicide prevention, which since 2007 has reduced indicators among young people through the introduction of stress resistance training programs and support in educational institutions. This proves that long-term government strategies can be effective. Another important aspect is access to suicide funds. The study (CDC and SPRC) indicates that restricting access to firearms, toxic substances and high architecture reduces the risk. At the same time, cyberbullying and the growth of Internet resources with suicide discussions (e.g. Netflix and anonymous chats) require the creation of a clear legal framework to protect young people. The theoretical basis of the hypothesis also affects the influence of family and educational factors. Growing up in a family with a low level of empathy and a high level of conflict is often associated with the formation of suicidal behavior (APA, PubMed). At the same time, the involvement of educational institutions in the diagnosis and support of adolescents reduces the likelihood of tragedies (according to UNICEF and Cambridge studies). In conclusion, it is important to note

that effective prevention requires an interdisciplinary approach: a combination of medical, educational, legal and social solutions. Programs that integrate access to psychiatric care, increase social awareness, reduce stigma and prevent risk factors have already shown their impact. However, without taking into account the local context, cultural traditions and political characteristics, the hypothesis remains unproven. Thus, the interpretation of the data shows that reducing suicide cases requires a detailed and contextually adapted intervention that includes a combination of public education, individual therapy and systemic changes. Additionally, Timesca and RFE/RL articles emphasize the special vulnerability of young people to suicide in Kazakhstan. Based on socio-economic factors and cultural pressure, young people face a high level of stress and alienation. The articles draw attention to the increase in suicides, especially among young people under the age of 24, and the need for extensive intervention at the level of government and society. Jed Foundation provides statistics highlighting how mental illness is woven into the lives of young people and can lead to suicide. Programs aimed at education and support could help young people cope with emotional difficulties and disorders.

Insights from WHO and Research Studies The World Health Organization (WHO) has published a booklet titled “Live Life,” which discusses the main risk factors for suicide and offers strategies for prevention. These risk factors include having a mental disorder, substance abuse, and social challenges such as loneliness or a lack of emotional support. The booklet emphasizes that effective prevention measures include training health professionals, establishing help centers, and improving access to mental health care.

An article on PMC (PMC7721561) serves as a primary source indicating that individuals with mental health disorders, particularly depression, experience significantly higher rates of suicide. The studies point out the importance of early prevention and support as the most effective way to reduce this risk. Pew Trusts in its article considers how mental disorders inform suicides. They emphasize that conditions such as depression and anxiety can arise from stress and loss, as well as be aggravated by factors related to the life situation, such as unemployment and social pressure. The article points to the importance of preventive measures that can be proposed at the community level, such as emotional well-being training programs.

### **Statistics**

In Kazakhstan, according to recorded data from 2022 to 2023, the number of suicides among minors in Kazakhstan increased by nearly 25%. Additionally, the number of suicide attempts is twice as high as completed suicides.



Суициды несовершеннолетних | ед.



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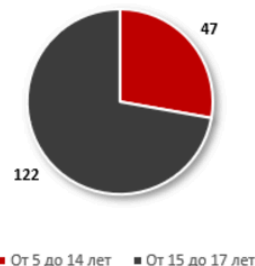
Historical data from 2004 to 2009 shows that Kazakhstan ranked first globally for suicides among children aged 5–14.



Statistics indicate that the majority of suicides were committed by boys, and approximately 72% of those who died by suicide were aged 15–17. Moreover, in most cases, these individuals came from intact families.

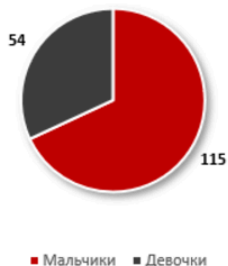
Сведения о завершённых суицидах несовершеннолетних. Январь–октябрь 2023 | ед.

В разрезе возрастных групп



■ От 5 до 14 лет ■ От 15 до 17 лет

В гендерном разрезе



■ Мальчики ■ Девочки

В разрезе статуса семьи

■ Полная семья  
■ Неполная семья  
■ Дети, оставшиеся без попечения родителей

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A significant challenge for researchers is the lack of high-quality and systematic information on the prevalence of suicidal behavior among minors. Data from various government bodies often conflict and fail to provide a coherent picture. This inconsistency is attributed to the absence of a unified system for tracking suicide cases and insufficiently accurate recording methods. To improve suicide prevention policies, a centralized database and standardized data collection methods are urgently needed.

### The scale of the problem.

The problem of teenage suicide (ages 12-20) is one of the most urgent and distressing global issues. Suicide among young people has become the second most common cause of death in this age group, following traffic accidents. According to the World Health Organization (WHO), approximately 800,000 people died by suicide in 2019, with a significant proportion of them being teenagers. Suicidal tendencies and actions among young people have complex and multifaceted causes, including mental health issues, social isolation, the influence of family and cultural factors, as well as public perception and stigmatization present in different countries. The primary causes of teenage suicide are mental illnesses such as depression, anxiety disorders, and post-traumatic stress disorder. According to WHO, depression is the leading cause of disability among adolescents globally, hindering their ability to cope with life's challenges and increasing the risk of suicidal thoughts and behaviors. For instance, studies show that around 10-15% of teenagers experience symptoms of depression, and this figure is rising in countries with highly developed economies, where the pressure on teenagers regarding education and future careers is especially high.

Social isolation and bullying also play a significant role in increasing suicide risks. In countries with developed internet infrastructure, cyberbullying has emerged as a major problem, amplifying stress levels among teenagers and contributing to the development of depression and hopelessness. In 2019, the Japanese Ministry of Education reported over 600,000 incidents of bullying in schools, a factor associated with an increase in suicides among young people in the country. Similarly, in Europe and South America, social exclusion, compounded by academic



and career pressures, places adolescents at heightened risk, often preventing them from seeking help due to fear of rejection or condemnation.

Additionally, family problems such as parental divorce, domestic violence, alcoholism, and a lack of emotional support have a direct impact on adolescents' mental health. Recent studies show that children who experience family crises are more likely to suffer from depression, which increases their vulnerability to suicidal tendencies. This problem is particularly prominent in countries with high poverty or social instability, where adolescents in vulnerable positions may lack access to the necessary psychological support.

The stigmatization of mental illness and suicidal tendencies is another critical factor contributing to the rise in teenage suicides. In some countries, especially those with cultures where seeking psychological help is considered abnormal or shameful, teenagers tend to avoid seeking support. In countries like India, Pakistan, and certain African nations, where there are strong social pressures and taboos surrounding mental health discussions, adolescents suffering from depression may feel isolated and misunderstood. In these countries, suicides may be concealed or misinterpreted, leading to underestimation of the problem and, consequently, an increase in youth suicides.

Cultural and traditional influences also play a vital role in the perception of suicide. In highly developed social network cultures, such as those in Europe and North America, teenagers often face pressure to succeed and conform to idealized images, which leads to heightened stress and depression. Meanwhile, in regions with stricter cultural norms, such as Asia or the Middle East, societal and family pressures on teenagers can be equally intense, causing psychological strain and, ultimately, leading to suicides. In these cultures, there is also a strong taboo against discussing mental health, which makes it even more difficult for adolescents with depression to seek help or treatment.

Moreover, access to means used for suicide is an important factor in the number of youth suicides. For instance, in countries where firearms are readily available, teenagers are more likely to use guns to commit suicide. Similarly, in some South American and Central Asian countries, the high availability of toxic substances contributes to an increase in suicides among young people.

A suicide prevention program that educates adolescents on coping with emotions and stress, provides access to psychoemotional support, and raises awareness about mental health issues can significantly reduce youth suicide rates. However, this requires a shift in public perceptions and the elimination of the stigma associated with seeking psychological help.

In conclusion, teenage suicides are the result of the interaction of numerous factors: mental health issues, social conditions, family circumstances, and cultural and societal norms. Key areas to address this problem include eliminating the stigmatization of mental illness, improving access to psycho emotional support, and overcoming social barriers to seeking help.

### **Risk factors and causes**

There are a lot of different factors that adds to the growth of suicide rate among young people in Kazakhstan.

Suicidal behavior in children and adolescents is often linked to adverse family relationships, loneliness, or poverty. In over half of the cases, the causes remain unknown due to societal taboos.

The COVID-19 pandemic has been as a main stress factor and has severe effects on the mental health of young people worldwide, including in Kazakhstan. The RFE/RL report states that economic instability, social isolation and uncertainty about the future have also increased levels of anxiety and depression among adolescents. Cultural barriers also have a serious impact in the public disregard for mental health remains a stubborn area for conversation. This makes it hard to get support and prevents those who need help from seeking it. According to the World Health Organization (WHO), more than 700,000 people commit suicide every year. Studies show that mental illnesses like depression, bipolar disorder and schizophrenia are main risk factors for suicidal behavior. The study, which is both comparative and analytical in nature, is based on the data and materials from scientific publications, reports and statistical sources in the secondary analysis. WHO reports that about 700,000 people die of suicide every year, which is equivalent to one death every 40 seconds. Among youth aged 15-29, a large number of these cases are suicides. For instance, one of the studies published on the Statista platform outlined that the presence of depression is a predictor of suicide. For example, among people diagnosed with depression, the risk of suicide can increase by 3-18 times. According to the National Institute of Mental Health (NIMH), in 2021, suicide was the second leading cause of death among young people aged 10-24 in the United States.

### **Social Taboo**

One of the key obstacles in solving this problem is social thinking and stereotypes. In many Kazakhstani families, teenage experiences are ignored under the pretext of "ұят болады" (which translates as "it will be a shame"). This expression reflects a deeply ingrained cultural norm of avoiding "uncomfortable" or "shameful" topics. As a result, many teenagers, when faced with psychological difficulties, are afraid to seek help from their families, fearing condemnation or misunderstanding. Psychologists note that teenagers often seek support only in critical situations, which makes it difficult to diagnose the causes of their behavior and prevent future incidents.

The problem also lies in recognizing and responding to warning signs. Psychologist M. Smetskaya emphasizes that parents and relatives often do not notice or ignore the manifestations of suicidal behavior, such as sudden changes in appearance, falling academic performance, loss of interest in previously favorite activities, and social isolation. These signs are often attributed to "teenage moods," and seeking professional help is perceived as an

unnecessary measure. A widespread stereotype in society equates contacting a psychologist with weakness, not necessity.

The debate about whether to talk to children about suicide is causing heated debate among specialists and parents. Some people believe that such conversations can "plant" suicidal thoughts in a teenager. However, many psychologists claim that correctly formulated questions help identify problems at an early stage. Parents often oppose discussing this topic in schools, fearing that it will cause children to have "wrong" thoughts. Nevertheless, experts recommend asking indirect questions, such as: "Does it sometimes feel too hard for you?" or "Do you find it difficult to cope with your emotions?" — this allows you to identify the inner feelings of a teenager without directly mentioning the topic of suicide.

Kazakhstan remains among the countries with the highest suicide rate, and the situation continues to deteriorate. Among the key factors contributing to this are social pressure, which creates enormous stress, especially for teenagers, high expectations from society, lack of emotional support in the family when parents are more focused on financial difficulties, economic problems that increase feelings of hopelessness, as well as information isolation, due to which society does not have sufficient resources. knowledge and tools to respond effectively to such situations.

### **Methods of investigation and prevention**

The Government of Kazakhstan together with the international organizations are actively engaged in the establishment of preventative measures. In 2012, UNICEF, in cooperation with the Ministry of Health of Kazakhstan, initiated a project on a study of the risk factors and suicide prevention in East Kazakhstan. This project was the basis of the framework for the development of mental health services by focal points and by the government.

Among the proposed measures the experts believe in the necessity of increasing the awareness of people and training the specialists in the field of mental health. It is very important to make mental health a topic both in the community and for the people directly affected. That way the shame or other secondary problems will be reduced, and the help will be openly and easily given.

#### **Socio-economic aspects**

Evidence suggests that financial crises often lead to long-term challenges for people, which may sometimes prove irrecoverable. Adverse economic situations, such as high unemployment rates and low wages in certain districts, place significant pressure on the population. Unsurprisingly, alongside feelings of depression, there is often a rise in cases of anxiety disorders, which are a known risk factor for suicide. Programs aimed at improving financial stability often focus on widening education and job opportunities, particularly for youths and minors.

### **Suicide Risk Factors and Strategies for Prevention**

Insights from WHO and Research Studies

The World Health Organization (WHO) has published a booklet titled “Live Life,” which discusses the main risk factors for suicide and offers strategies for prevention. These risk factors include having a mental disorder, substance abuse, and social challenges such as loneliness or a lack of emotional support. The booklet emphasizes that effective prevention measures include training health professionals, establishing help centers, and improving access to mental health care.

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Studies presented on Psychiatry Online indicate the importance of diagnostic assessment and a comprehensive approach to the treatment of people with mental illness. Effective methods include both medical and psychotherapeutic interventions. For example, cognitive behavioral therapy (CBT) has proven to be effective in reducing symptoms of depression and anxiety, thereby reducing the risk of suicide. Forensic doctors analyze the scene and autopsy to determine the cause of death. Important signs: body position, suicide note, traces of suffocation or overdose. The main difficulty is to distinguish between suicide and staging. The method includes the analysis of the mental state of the deceased through interviews with relatives and the study of records. Studies show that 90% of suicide victims suffered from mental illness .

### **The problem among young people**

Timesca and RFE/RL articles emphasize the special vulnerability of young people to suicide in Kazakhstan. Based on socio-economic factors and cultural pressure, young people face a high level of stress and alienation. The articles draw attention to the increase in suicides, especially among young people under the age of 24, and the need for extensive intervention at the level of government and society.

Jed Foundation provides statistics highlighting how mental illness is woven into the lives of young people and can lead to suicide. Programs aimed at education and support could help young people cope with emotional difficulties and disorders.

### **Recommendations and approaches to suicide prevention**

The need to create programs that support mental health and prevent suicides is becoming more and more urgent. WHO allocates a multi-level approach to combat this problem:

- Education: Informing the public about the signs and risk factors of mental illness.
- Access to services: Increasing the availability of mental health services for young people and vulnerable groups.
- Support: Creating a safe environment in which people can openly talk about their feelings and get support without fear of condemnation.

Research also mentions the importance of an interdisciplinary approach, which includes the work of health workers, psychologists, social workers and organizations focused on youth and mental health. This will create a more flexible and effective support and assistance system.

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### **Experience of more successful youth suicide prevention programs in other countries.**

#### **U.S. youth suicide prevention programs.**

##### **General.**

The suicide rate among young people in the United States has changed significantly from 1920 to 2020 under the influence of various social and economic factors. In the 1920s, this figure was relatively low, but by the 1930s, during the Great Depression, the suicide rate increased due to difficult economic conditions and social instability. In the 1960s and 1970s, against the backdrop of the Vietnam War and significant social upheavals such as the struggle for civil rights and cultural change, the suicide rate among teenagers began to rise. In the 1980s, the rate among adolescents aged 15-19 was about 11.1 per 100,000 population. In the 1990s, it decreased somewhat due to increased prevention programs but remained at a high level. Since the early 2000s, the suicide rate among young people has started to rise again. According to the Centers for Disease Control and Prevention (CDC), by 2017, the rate reached 14.0 per 100,000 among the population aged 10-24 years, one of the highest levels in recent decades. The COVID-19 pandemic in 2020 worsened the situation: isolation, problems with learning and communication, as well as economic difficulties, had a negative impact on the mental health of young people. The main reasons for the high suicide rate among teenagers in the United States are factors such as:

1. **Mental disorders**

Depression, anxiety disorders, and other mental illnesses are key risk factors for suicide among adolescents. According to the National Institute of Mental Health (NIMH), about 3.2 million adolescents between the ages of 12 and 17 in the United States experienced at least one major depressive episode in 2017. Studies show that teenagers with depression have an increased risk of suicidal behavior.

2. **Family conflicts**

An unfavorable family environment, including conflict, violence, or parental divorce, can

significantly increase the risk of suicide among adolescents. Children from dysfunctional families are more likely to experience emotional stress, which can lead to suicidal thoughts and actions.

3. **Substance abuse**

Alcohol and drug use among adolescents are associated with an increased risk of suicide. Psychoactive substances can increase depressive symptoms and reduce the ability to cope with stress. According to the CDC, in 2017, about 14% of high school students reported alcohol abuse, which correlates with an increased risk of suicidal behavior.

4. **Social isolation and bullying**

Teenagers who are bullied or experiencing social isolation are at an increased risk of suicide. Research shows that victims of bullying are 2-9 times more likely to consider suicide. Social isolation increases feelings of hopelessness and loneliness, which can lead to suicidal thoughts.

5. **Access to firearms**

The presence of firearms in the home significantly increases the risk of successful suicide among teenagers. According to research, in states with high levels of gun ownership, the suicide rate involving firearms is 3.7 times higher among men and 7.9 times higher among women.

6. **The impact of social media and media**

Some studies have linked the increase in the number of suicides to exposure to certain content on social networks and media. For example, after the release of the TV series 13 Reasons Why in April 2017, the suicide rate among teenagers aged 10-17 in the United States increased by 28.9%, the highest level in the last five years.

### **The Zero Suicide Program**

In 2012, the Zero Suicide program was launched as part of the U.S. National Suicide Prevention Strategy, specifically targeting healthcare systems. This initiative includes training medical professionals, improving access to psychiatric care, and providing support at all stages of treatment. The program has demonstrated a significant 20% reduction in suicide rates in several states.

The Zero Suicide program was created in response to the realization that health systems play a critical role in suicide prevention. The initiative is based on the principle that every suicide can be prevented if care is organized properly and timely intervention is provided. The idea was inspired by the successful practices of the Henry Ford Health System in Michigan, where a significant reduction in the suicide rate was achieved through comprehensive prevention measures.

### **Main Actions of the Program**



The program focuses on improving the quality of care for patients at risk of suicide through systemic measures. Organizations participating in the program begin by evaluating their current practices and identifying gaps. Managers play a key role by providing leadership and monitoring the implementation of the strategy.

Every employee of a medical institution, from administrators to clinicians, undergoes training aimed at recognizing signs of suicidal behavior. Standardized screening tools, such as the Columbia-Suicide Severity Rating Scale (C-SSRS), are used. Regular checkups help identify patients at increased risk, even those who do not show obvious symptoms. This is made possible by the systematization of processes, where patient information is recorded in electronic systems and easily transferred between specialists.

The program emphasizes the use of evidence-based treatment methods such as cognitive behavioral therapy (CBT) and the removal of barriers between levels of care. For example, patients discharged from hospitals receive continuous support through personal coordinators or "warm handoffs," where contact between specialists is directly facilitated, eliminating bureaucratic delays.

Technology plays a vital role in the implementation of the program. Mobile applications and digital platforms are used to allow patients to assess their condition, contact consultants, and access resources. Electronic medical records help track patient histories and integrate their data into a risk assessment system.

Organizations that have implemented Zero Suicide continually monitor suicidal cases and analyze the effectiveness of implemented measures. For example, the results of some hospitals that have adopted this initiative show a 50% reduction in suicide rates within the first few years. Such results were made possible by emphasizing an individualized approach to each patient and the strict coordination of the work of all specialists.

## **Results**

According to the 2021 report, the Zero Suicide program has led to a 15-20% reduction in suicide rates across several healthcare facilities. For example, in one region of Colorado, suicide deaths decreased by 20%, and in some hospital systems in Michigan, the reduction was as high as 75%.

## **Global Impact**

Although the program started in the U.S., its approaches have been adopted in other countries as well. For example, "Zero Suicide" elements are implemented in the UK, Canada, and Australia. These countries have adapted the program to account for their specific health conditions.

## **Timeline**

- **2012:** The Zero Suicide Program was officially launched as part of the National Suicide Prevention Strategy.
- **2015:** The first reports showed a 15% reduction in suicide rates in the pilot medical systems participating in the program.



- **2021:** After nine years of the program's implementation, more than 200 healthcare institutions had seen an average 15-20% reduction in suicide deaths.
- **2020:** A major study published in Suicide and Life-Threatening Behavior showed that using program elements reduces the rate of repeated suicidal crises by 40-50% during the first year of follow-up.
- **2021:** A SAMHSA report confirmed that the "Zero Suicide" system approach reduces patient waiting times, decreases suicides, and increases access to psychiatric care.

Zero Suicide has been widely recognized as a transformative model for suicide prevention across the entire healthcare system. It is now used not only in the United States but also in countries such as the United Kingdom and Australia, becoming the foundation for national suicide prevention strategies.

### **The SafeTALK Program**

The SafeTALK program was created in 2006 by LivingWorks Education and has become one of the key tools in the global fight against suicide. It is designed to educate the general public to identify suicide risks and provide first aid to individuals in crisis.

While the Zero Suicide program focuses on a systematic transformation of healthcare systems to prevent suicide, SafeTALK targets the broader public, emphasizing the importance of early intervention by ordinary people who may come into contact with individuals at risk. The program aims to raise awareness, break down existing stereotypes, and create open spaces for discussing the sensitive topic of suicide. The educational materials and training programs stress that suicide is not only a personal tragedy but also a preventable issue.

One of the central tenets of SafeTALK is teaching individuals how to recognize the early signs of suicidal behavior. This training is not limited to healthcare professionals but extends to community members, regardless of their prior training. SafeTALK emphasizes that identifying suicidal thoughts or behaviors, such as behavioral changes or expressions of hopelessness, is a crucial first step in providing the necessary support.

### **Main Actions of the Program**

SafeTALK training is designed to be brief but comprehensive, providing participants with basic skills for identifying and responding to suicide risk in a relatively short amount of time—usually around 3-4 hours. The training consists of three key stages:

#### **1. Recognizing Signs of Suicidal Behavior**

The first stage focuses on teaching participants to notice changes in behavior that might indicate suicidal thoughts. These signs include:

- Sudden emotional changes (e.g., apathy or irritability)
- Withdrawal from friends and family
- Statements reflecting hopelessness or a desire to die
- Signs of preparing to leave, such as distributing property or writing farewell letters

#### **2. This knowledge is especially critical for early detection since many people in crisis do not directly express suicidal intentions.**

### 3. **Direct but Non-judgmental Communication**

The second stage trains participants to have a direct but compassionate dialogue with someone who may be at risk of suicide. The skills taught include:

- Asking direct questions about suicidal thoughts or intentions
- Clarifying the degree of risk, including plans or actions
- Maintaining empathy and calmness to prevent the person from feeling judged or pressured

4. These techniques help establish trust and ensure that the person in crisis feels heard and supported.

### 5. **Effective Referral to Professionals**

The final stage teaches participants how to transfer the person in crisis to qualified professionals who can provide the appropriate care. Participants learn how to:

- Connect with psychologists or crisis centers
- Use hotlines, mobile apps, and local resources
- Stay in contact with the person until they are safely handed over to someone who can offer further assistance

## **Results**

By 2020, SafeTALK had reached more than 1.5 million people in over 30 countries, including the United States, Canada, Australia, the United Kingdom, and New Zealand. The program is available in several languages, including English, French, Spanish, and others.

Private surveys show that participants in SafeTALK feel more confident and ready to act when encountering someone in crisis. According to a LivingWorks (2020) report, about 90% of participants reported that after completing SafeTALK, they felt better equipped to help someone with suicidal thoughts.

SafeTALK helps create a community of people who are prepared to intervene in the event of a suicide crisis, thereby reducing the isolation felt by individuals experiencing suicidal thoughts. The program is effective in breaking down the stigma around suicide by teaching individuals how to have open, honest conversations about it.

Through its widespread reach and emphasis on community involvement, SafeTALK is making a significant contribution to suicide prevention efforts worldwide.

## **Japan's suicide prevention programs among young people.**

### **General.**

The suicide rate among young people in Japan has varied significantly from 1920 to 2020, reflecting changes in the socio-economic situation, cultural norms, and educational system. In the 1920s and 1940s, the suicide rate among young people was relatively low, but in the 1930s, against the backdrop of the Great Depression, the number of suicides began to rise, especially in rural areas. During this period, poverty and social instability became important factors

affecting the psychological state of young people. After World War II, in the 1950s and 1970s, Japan experienced rapid economic growth, but this was also accompanied by increased stress among young people associated with fierce competition in the educational system and the labor market. During this period, the suicide rate among young people aged 15-19 was about 10-12 per 100,000 people. Over time, in the 1980s and 1990s, the suicide rate continued to rise, and in the 1990s, amid the economic crisis and the “lost decade,” the rate reached 13 per 100,000 adolescents. This reflected the impact of economic instability and unemployment, as well as increased family conflicts and depression among young people. In the 2000s, the suicide rate among young people remained high. In 2006, the total number of suicides in Japan exceeded 30,000, and a significant proportion of these cases occurred among young people. In 2018, a record suicide rate among minors was recorded over the past 30 years — 332 cases among schoolchildren, which indicates serious problems in the field of education, social isolation and mental health of young people. In 2020, due to the COVID-19 pandemic, a record level of child suicides has been recorded since 1947, which is associated with social isolation, deteriorating academic performance and psychoemotional problems. Throughout the 20th and early 21st century, despite government efforts to introduce mental health support and anti-bullying programs, the problem of suicide among young people in Japan remained relevant. In 2019, the Japanese Ministry of Education reported more than 600,000 reported cases of bullying in schools, which was one of the significant causes of the high suicide rate among teenagers. The causes of suicide among teenagers in Japan are usually similar to the causes of suicide in the United States, but one factor still radically distinguishes these two countries. The taboo nature of suicide in society has a significant impact on the perception of the problem and ways to solve it. In Japan, the topic of suicide is to some extent not perceived as something “unacceptable” to discuss. This is due to historical and cultural factors, as well as the fact that suicide is sometimes seen as a way to “save face” in difficult situations or as an act of honor. In Japan, the term “seppuku” (hara-kiri) has historically been associated with samurai self-sacrifice and heroes who “take responsibility” for their actions, which reinforced the idea of suicide as a permissible and even morally justified act in certain circumstances.

### **The Zero program**

The Zero program was launched in Japan in 2015 with the aim of reducing the number of suicides, especially among young people. The main goal of the program is not only to reduce the number of suicides, but also to create a sustainable support system for young people in order to provide timely assistance to those in crisis situations.

The main actions of the program.

The Zero program in Japan uses modern technology to improve its approach to suicide prevention, especially among young people. Artificial intelligence (AI) systems analyze various data such as medical records, social media activity, and calls to crisis services. This helps identify risk groups even before critical events occur. For example, analyzing negative trends on

social media makes it possible to predict possible cases of crisis, and local services can intervene at an early stage to prevent a tragedy.

Mobile applications have been developed for young people, providing anonymous consultations and stress tests. These apps also include resources for mental health care, such as hotlines and online chats with counselors. They are popular among teenagers because they help avoid social stigma when seeking help.

Educational programs conducted in schools and colleges are also an important part of the program. During lectures and trainings, they raise awareness about mental health, train teachers and school psychologists to recognize early signs of depression or suicidal behavior. Special attention is paid to the fight against bullying, which is an important risk factor among teenagers.

In addition, the program funds regional initiatives tailored to the specifics of different locations. For example, in some regions there are programs aimed at overcoming the consequences of bullying, as well as local campaigns to help combat family conflicts. In small towns and villages, the emphasis is on working with families and the availability of psychological help, which helps people feel supported in difficult situations.

## **Results.**

The Zero program in Japan has demonstrated significant results in the fight against suicide, especially among young people. Since its launch in 2015, there has been a steady decline in the suicide rate across the country.

Among young people aged 15-24, a decrease of 20-25% has been recorded since the beginning of the implementation of the program's digital tools. This reflects the success of using mobile apps and online resources that allow young people to anonymously seek help.

The mobile consultation and testing applications created under the program have been downloaded more than 5 million times since 2016. These tools are actively used by young people, and according to surveys, about 70% of users noted an improvement in their mental and emotional state after using the applications.

The Zero program also covers the educational sector. About 80% of Japanese schools have implemented mental health awareness programs. Teachers and school psychologists reported an increase in the number of cases of early detection of depressive states and suicidal moods among schoolchildren. This success has been made possible by education and training that provides the necessary skills to support teenagers.

## **South Korean youth suicide prevention programs.**

### **General.**

In the 1980s, the suicide rate was relatively low, but after the Asian financial crisis in 1997, this figure increased dramatically. In 2000, the rate was 13.6 cases per 100,000 people, and by 2010 it had increased to 31.7 cases per 100,000, making South Korea one of the leading countries in the number of suicides among the Organization for Economic Cooperation and

Development (OECD) countries. To date, in 2022, the suicide rate in South Korea has been 25.2 cases per 100,000 people, which is twice the OECD average of about 10-11 cases per 100,000. The suicide rate is particularly high among young people and the elderly. In the age group from 10 to 49 years, suicide became the main cause of death, accounting for more than 70% of cases in this age group. From 2015 to 2019, the number of suicide attempts and self-harm among young people (aged 9-24 years) increased from 4,947 to 9,828 cases, which is an average of about 27 suicide attempts or self-harm daily among young people in the country. One of the reasons for the increased number of suicides is high social pressure, academic and career expectations, as well as a cultural taboo against discussing mental health.

### **Programs.**

#### **The Healing Forests program.**

Healing Forests is a unique South Korean program aimed at improving the mental health of adolescents struggling with stress and suicidal thoughts through interaction with nature. The program relies on the use of natural resources and forest therapy to create a comfortable, relaxing environment that helps participants cope with emotional stress. The program is mainly aimed at teenagers who are stressed due to high academic expectations, digital addiction, and societal pressures. Some modules are also adapted for families to improve communication between parents and children. The main objectives of this program are:

1. Reducing stress and anxiety through staying in a natural environment.
2. Improving cognitive health through active recreation, walking, and special exercises.
3. Creating a safe space for teenagers where they can disconnect from digital devices and focus on themselves.

The main actions of the program.

The main activities of the Healing Forests program include a combination of physical activity, meditation and interaction with nature. The program focuses on ensuring that participants can restore emotional balance through contact with the environment and relaxing exercises.

The main elements of the program:

#### **1. Forest Walks:**

Participants take leisurely walks along special routes in forests filled with trees such as Japanese cypress (hinoki), known for its soothing scent. Walks are often accompanied by instructors who direct the participants' attention to the sounds, smells and textures of nature.

#### **2. Meditation and Mindfulness Practices:**

Deep breathing and closed-eye meditation aimed at stress relief. • Mindful listening exercises where participants focus on the sounds of nature, such as birdsong or the rustle of the wind. Participants performed mindfulness exercises, such as lying on the grass listening to the sounds of nature, or blindfolded pair exercises to increase trust and communication. These activities contribute not only to emotional relief, but also to strengthening relationships with parents and peers.

#### **3. Physical Exercises:**



Light stretches and outdoor exercises aimed at improving blood circulation and relieving muscle tension, as well as games to develop attention and interaction, such as passing twigs to each other in a circle, which promotes group cohesion.

4. "Digital Detox":

Participants are completely disconnected from their phones and other devices for the duration of the program. In some sessions, teenagers are taught to switch their attention from screens to live communication and the surrounding nature.

5. Group activities (Team-Building Activities):

Activities with parents and children, such as walking blindfolded together to build trust. Group hikes that help teens interact and open up in a relaxed environment.

6. Aromatherapy:

The use of essential oils derived from trees (for example, hinoki), which have a relaxing and anti-stress effect. These activities help participants disconnect from everyday stressors, strengthen their connection with nature, and better understand their emotional needs. As a result, adolescents who go through the program report increased feelings of well-being and decreased anxiety.

## **Results.**

Teenagers who participated in the 10-week digital detox program and other activities in the forests had: reducing anxiety and stress levels, increasing positive mood and optimism. For example, among teenagers who participated in classes in Seoul, the majority reported a significant improvement in their emotional state. The participants actively interacted in group exercises, which improved their communication skills and trust in others. In addition, after the program, teenagers used phones and video games less often, noting that they began to appreciate live communication more.

According to the Korea Forest Service, since the launch of forest therapy programs in 2010, more than 10 million people have participated in various projects, including Healing Forests. These data include different age groups, but a significant proportion of participants are young people who are under high stress. One teenager mentioned that after the program he began to walk in nature more often, and also felt "peace and a desire to devote more time to real life." The parents of the participants noted an improvement in the mood of the children and the strengthening of family relations.

## **Russian youth suicide prevention programs.**

### **General.**

In the early 1990s, the suicide rate among teenagers and young people was quite high. In 1994, for example, the number of suicides among teenagers reached a peak, amounting to more than 8,000 cases. Since the 2000s, this figure has remained high, but has gradually begun to decline, partly due to efforts by the Government and non-profit organizations to prevent suicide. The situation was particularly alarming in the 2010s, when the number of suicides among young

people continued to be higher than in most European countries. However, in recent years (since 2020), there has been a positive trend: the number of suicides among young people has stabilized and decreased by 20-30% compared to the peak figures of the early 2000s. In 2022, the number of suicides among young people aged 15-24 was about 3,000–4,000 cases per year.

### **Programs.**

#### **The Children of Russia program.**

The Children of Russia Program is an initiative aimed at supporting children and youth, including the prevention of suicidal behavior among adolescents. It acts as a government program and is regularly updated to meet current challenges.

The main actions of the program.

The Children of Russia program, as part of the state and public movement to combat adolescent suicide, is aimed at preventing suicidal behavior among children and adolescents. One of the main goals of the program is to identify children at risk and create conditions for their psychological support. Various measures are provided for this purpose, including tests for the diagnosis of anxiety and stress, as well as the development of a database for monitoring socially disadvantaged families. Such measures make it possible to quickly identify children in difficult conditions and send them for consultations with specialists.

The Children of Russia program was created with the aim of preventing suicide among teenagers and providing psychological support for nationalities facing crisis situations. She is considering a number of measures aimed at identifying at-risk groups, supporting school teams, as well as the mental and mental health of adolescents. The program includes the use of diagnostic tests for early detection of anxiety and stress tendencies, which allows you to quickly wake up and help those in need. Databases for family situations are also being actively developed, which help to find children from socially disadvantaged places.

One of the main directions is to train teachers and school psychologists in proper interaction with children in order to create a safe and favorable atmosphere in educational institutions. The Children of Russia program actively works through the school structure, and also provides a hotline and anonymous consultations for teenagers. This allows children to sit in difficult places. However, the program faces a number of problems. For example, there is a shortage of specialists at the external level, such as child psychologists and sociologists, who limit the possibilities of programs in remote areas. Another important and significant problem of the program is the issue of confidentiality when working with at-risk adolescents.

### **Results.**

Since the launch of the Children of Russia program, significant progress has been made in the fight against teenage suicide. In 2005, the rate of completed suicides among adolescents aged 15-19 was 19 cases per 100,000 people, reflecting a serious problem. By 2010, this figure had dropped to 15 cases, mainly due to efforts in large cities and the efficient operation of hotlines.

In the first five years of the hotlines' operation, more than 1 million calls were registered, of which about 10% were related to suicidal intentions. Approximately half of these cases were redirected to specialists, which helped prevent tragedies.

Between 2010 and 2020, the program underwent significant changes, including the introduction of digital technologies. Social media monitoring and data analysis have significantly increased the detection of at-risk adolescents. Regional programs, such as in the Samara and Moscow regions, have helped reduce the rate of teenage suicide by 10-15%. In 2014, the suicide rate among adolescents aged 10-14 decreased to 1.3 cases per 100,000, which was a significant improvement compared to the early 2000s, when the rate was about 3 cases per 100,000.

The main problems of the program remained the shortage of suicide specialists and limited funding in rural areas, which made it difficult to implement in remote regions. However, since 2021, the program has continued to evolve, introducing new approaches such as the "Give a Smile to the World" project and integration with distance learning platforms. The emergence of comprehensive hotlines, such as the Welcome Project, with round-the-clock support, has also significantly improved the availability of care for teenagers.

In 2021, pilot studies showed that among participants in preventive measures, the number of adolescents with suicide attempts decreased by 30%. There was also a 25% increase in the coverage of preventive measures in small towns, which was made possible by interdepartmental cooperation between schools, social services and the police.

### **The need to discuss the risks of implementing teen suicide prevention programs in Kazakhstan.**

The introduction of teen suicide prevention programs in Kazakhstan is an important step in combating this acute social problem. However, for their successful implementation, it is necessary to take into account a number of risks associated with the cultural, social and psychological characteristics of the country. One of the key factors that can affect the effectiveness of such initiatives is the taboo nature of the topic and stigmatization.

#### **1) Taboo topics**

One of the key problems is the taboo nature of the topic, which is formed on the basis of cultural traditions, religious beliefs and insufficient awareness of the population. In Kazakh society, issues of mental health and suicide are often considered uncomfortable or even forbidden to discuss. This taboo prevents open discussions and the creation of a safe environment in which teenagers and their families can seek help. Traditionally, emotional difficulties and mental disorders are perceived as weakness or personal failure, which is compounded by religious views that condemn such topics. In addition, the lack of an open dialogue in the family and society leads to the fact that teenagers who are faced with suicidal thoughts feel isolated and deprived of support.

#### **2) Stigmatization**

Stigmatization of mental health is another significant barrier. Kazakhstan retains a stereotypical attitude towards people seeking help from psychologists or psychiatrists. This causes teenagers and their parents to fear public condemnation, which leads to a refusal of professional help.

Teenagers are afraid of being misunderstood and feel ashamed, which reduces their willingness to talk about their experiences. These factors increase isolation and lead to problems going unnoticed to the breaking point.

For the successful implementation of teen suicide prevention programs, it is necessary to take these risks into account and develop strategies to minimize them. It is important to raise public awareness about mental health, reduce the stigma associated with seeking help, and create conditions for an open discussion of adolescent issues. Only with an integrated approach can a sustainable result be achieved and the number of teenage suicides in Kazakhstan can be reduced.

### **How can Kazakhstan use the experience of other countries?**

#### **1. Creation of a national suicide prevention strategy**

As in the Zero Suicide program in the United States, Kazakhstan should develop a national strategy that will focus on suicide prevention at all levels, from primary prevention to crisis care and long—term support. This will require coordination between the Ministries of Health, Education, Social Protection and local authorities. It is also important to establish a national coordinating council that will coordinate all actions in the field of suicide prevention, development and implementation of standards for working with patients in crisis situations.

#### **2. Training of medical workers, educators and social workers**

It is important to train staff working in health, education, and social protection systems on the principles of early diagnosis and suicide prevention. This can be done through programs like Safe Talk in the United States, which teach basic skills in recognizing signs of suicidal thoughts and providing first aid in a crisis situation. All medical professionals, teachers, social workers, and child care workers should receive training on suicide risk identification, including the Safe Talk program, which teaches them how to detect signs of depression and suicidal intentions in time, as well as how to conduct a dialogue with a person in crisis. It is also important to train community leaders, including religious leaders and community activists, so that they can recognize the signs of depression and direct people to help.

#### **3. Implementation of screening systems at early stages**

As in the Zero Suicide program, it is necessary to introduce mandatory screenings for depression and suicidal thoughts for all patients when applying to medical institutions, as well as in educational institutions and community centers. This will help identify people at risk at an early stage. Mandatory screening for depression and suicidal thoughts should be introduced for all citizens undergoing medical examinations, including students, adolescents and the older generation, using simple questionnaires such as PHQ-9 or adapted local versions.

#### **4. Development and implementation of individual care plans for people at high risk of suicide**

As is done in the Zero Suicide program, it is necessary to develop an individual treatment and care plan for each patient at high risk of suicide, which will include:

- Regular consultations with psychologists and psychotherapists.

- Crisis intervention and assistance through hotlines.
- The creation of “security plans”, which prescribe what a person should do in the event of a crisis.

In addition, an important element is to accompany the patient throughout the treatment and recovery.

### **5. Creating safe transitions between levels of care**

In order for treatment to be effective and uninterrupted, as in the Japanese system, it is important to create mechanisms that ensure continuity of care. In Japan, the practice of “warm transfer” is widely used, when a patient is accompanied during the transition from one specialist or institution to another. Upon discharge from the hospital or when a patient is transferred to outpatient treatment, he must be guaranteed that he will be under constant supervision and, if necessary, will continue to work with him at other levels of medical care.

### **6. Activation of information and educational campaigns**

Kazakhstan needs to develop and actively implement information campaigns aimed at reducing the stigmatization of mental illness and suicidal thoughts, which is the basis of the Children of Russia program. Campaigns should include both traditional media and social media. An important aspect is the creation of programs for schoolchildren and students that explain the risks of depression and suicidal thoughts, as well as ways to seek help. It is important that such campaigns are conducted at all levels, from elementary schools to universities. It is important to establish cooperation with television, radio, and social media to spread information about support for people in crisis situations, as well as to spread successful examples of recovery from suicide attempts.

### **7. Development of psychological assistance infrastructure**

To reduce the suicide rate, it is necessary to develop an infrastructure that will provide access to psychological care at all levels — from primary care to specialized psychotherapy centers. It is important to develop digital platforms for psychotherapeutic care, as they do in Japan and the United States, so that every citizen has the opportunity to receive help remotely, especially in remote regions.

### **8. Data monitoring and analysis**

In order to understand the effectiveness of the measures taken, it is necessary to create a monitoring system that will collect data on suicides, suicide attempts and mental health of the population. This data should be used to improve the program. It is necessary to regularly collect and analyze data on suicides and suicide attempts, as well as conduct post-mortem examinations to identify causes and factors that could be eliminated at an early stage.

## **Conclusion**

Teenage suicide is a complex problem that has its roots in a combination of mental, social, economic, and cultural factors. In Kazakhstan, the high level of stigmatization of mental disorders, family conflicts, societal pressure, and lack of affordable psychological care make

adolescents particularly vulnerable. To successfully reduce the suicide rate in the country, it is necessary not only to change the public perception of mental health, but also to introduce structural changes at the national level.

The experience of other countries shows that an integrated approach is the most effective way to prevent suicide. Kazakhstan should develop a national suicide prevention strategy similar to the Zero Suicide program in the United States. Such a strategy should cover primary prevention, crisis care, and long-term support. It is necessary to create a national coordinating council that unites the Ministries of Health, Education, social protection and local authorities so that the development and implementation of preventive measures are coordinated.

A key element of successful programs is the training of specialists. Kazakhstan should introduce training for medical professionals, educators, social workers, and community leaders so that they can recognize signs of depression and suicidal intentions, as well as provide first aid. Programs like Safe Talk in the United States can help with this by extending basic dialogue skills to people in crisis. It is also important to implement early screening systems for depression and suicidal thoughts in medical institutions, schools, and community centers using standardized tests such as the PHQ-9.

Individual care plans should be developed for people at high risk, which include regular consultations with psychologists, crisis intervention, support hotlines, and the creation of personalized "safety plans." For treatment to be effective, it is important to ensure safe transitions between levels of medical care, as is done in Japan. Patients should receive continuous support when changing medical facilities, which will help prevent repeated suicide attempts.

In addition to medical and social measures, Kazakhstan should step up information campaigns aimed at reducing the stigma around mental health and seeking help. Campaigns like the Children of Russia program should include traditional media, social media, and educational programs in schools and universities. Examples of successful recovery from suicidal crises can motivate teenagers to seek help.

The development of psychological assistance infrastructure is also an important aspect. Access to professional support should be provided at all levels, from primary care to specialized psychotherapy centers. Using digital platforms, as in Japan and the United States, will help provide remote support, especially for residents of remote regions.

Finally, to effectively control the situation, it is necessary to implement a monitoring and data analysis system. Regular collection of information on suicide cases, attempts, and the mental state of the population will make it possible to adjust the strategy and increase its effectiveness. It is important to conduct a detailed analysis of the causes of suicide in order to identify risk factors and eliminate them at an early stage.

Thus, Kazakhstan can significantly reduce the rate of teenage suicide if it adapts successful international practices and overcomes internal barriers related to the stigmatization of mental health. Creating a safe environment, access to qualified care, and active engagement with society will help change the situation and prevent tragedies.



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