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Community Case Managers' Experiences of Overcoming Suicide Crises among Late Adolescents in South Korea

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Purpose: Various intervention strategies are needed to reduce the suicide rate among late adolescents. Therefore, we aimed to investigate the factors that can help overcome suicidal tendencies in late adolescents from the perspective of case managers. **Methods:** This qualitative study explored the reinforcing factors that can help overcome suicidal behaviors in late adolescents, by conducting focus group interviews with case managers from the local community. Interviews with 10 case managers were recorded and transcribed, and the data were analyzed using the content analysis method. **Results:** The main theme of this study was "a step in a new direction". Three categories were derived: "inner changes", "another possibility opened up by the interest of significant others", and "connecting with community resources to help overcome". Each category had subcategories that influenced the intention and course of action of behaviors to overcome the suicide crises. **Conclusion:** Our findings, from the exploration of the experiences of case managers, provide an in-depth understanding of the reinforcing factors for overcoming suicide among late adolescents. They provide useful preliminary data for the development of effective suicide prevention programs for the adolescents.

Key Words: Suicide; Adolescent; Qualitative research

INTRODUCTION

For ten years, South Korea has ranked either first or second in suicide rates among the Organization for Economic Cooperation and Development (OECD) countries [1]. Specifically, the suicide mortality rate among late adolescents has increased. The 20~24 years age group showed the sharpest increase in suicide rates, per 100,000 between 2015 (13.2) and 2019 (17.2) in Korea [2]. This is higher than the most recent suicide rate of 10 per 100,000 in the 20~24 years age group, as reported by the OECD [1]. This trend has also been observed in other studies. Comparing the average number of suicides among college students in the United Kingdom between 2000 and 2002, and 2014 and 2016, the increase in the number was higher in the 21~24 years age group (approximately 2.78 times), when compared to other age groups [3]. This indicates the need for greater focus on suicide risks and mental health in these age groups.

We considered the recent changes in biological growth, as well as major social roles during adolescence [4,5], and defined adolescence as age ranging from 10 to 24 years, with late adolescence including the ages 18~24. During late adolescence, rapid environmental and role changes often occur in various aspects, such as school, society, profession, and family [4,5]. These changes lead to various economic and psychosocial conflicts, thereby increasing mental health crises. The biggest mental health crises have been reported to occur during late adolescence [6]. Upon entering college, one has to leave existing familiar relationships and adapt to an unfamiliar environment as well as forge new relationships. Late adolescents often experience emotional maladjustments or distress due to transitioning to higher academic demands and employment pressures [7]. Such complex sociopsychological factors could lead to suicide attempts in late adolescence [8,9]. Further, depression, anger, despair, and financial problems have been reported as suicide factors [7-9]. Despite

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high suicide risk, there are insufficient studies on experiences of overcoming suicide among adolescents and late adolescents, as compared with studies on adults [9,10]. Moreover, studies on suicide in South Korea have mainly concentrated on its relationship with specific risk factors [11,12]. Although such suicide risk factor studies help screen susceptible people, they are limited to direct interventions for prevention [11,13]. More studies are, therefore, needed on suicide-related protective factors [11].

A protective factor allows someone to overcome a suicide crisis without death by suicide in the face of adversity [11]. Considering that suicide must be approached from a multifaceted perspective within the socio-cultural context [9], the process of overcoming suicide crises is complex and requires a deep and broad understanding of the act as a multidimensional phenomenon. From the perspective of case managers, this study used a qualitative research method to identify the factors and processes that can help late adolescents overcome suicide.

Case managers are professionals who closely observe late adolescents' process of overcoming crises through counseling. In Korea, under the supervision of the Ministry of Health and Welfare, emergency room-based suicide attempter follow-up management program are being conducted at emergency medical institutions across the county [14,15]. This program is connected to the Community Mental Health Welfare Center, and case managers provide active interventions, such as continuous counseling, monitoring, crisis interventions, and referrals for psychiatric or other professional treatment [14-16]. Due to this program, the number of suicide reattempts are reported to be decreasing [14]. In the community, case managers play the role of companions, based on their rapport with late adolescent suicide attempters [17,18], and thereby, they indirectly gain experience on various methods for late adolescent suicide attempters to overcome suicide crises. Because the process of overcoming suicidal crisis is dynamic and complex, in this study, it was conducted a focus group interview as a qualitative research method, which enables exploration and discovery, deep contextual understanding of objects or events, and collecting data based on the participants' rich experiences for specific topics [19]. Therefore, this study explored case managers' experiences with late adolescent suicide attempters in the community, and identified the reinforcing factors and processes that can help overcome the crisis. Focus group interviews were conducted with case managers at mental health welfare centers in the P, G, and B areas in South Korea, as well as by performing a qualitative content analysis [20] on the collected data.

METHODS

1. Participants

Due to practical considerations, there are limitations in South Korea of making direct contact with late adolescents, who have attempted suicide in the past and are currently in the process of overcoming suicide crises, and those whose cases are managed by case managers at community mental health welfare centers. Therefore, we selected case managers who meet late adolescents in person at mental health welfare centers as participants. The adolescents whom the case managers met, included not only college students, but workers who had graduated from high school, and those living in the local community without a job. After being introduced to participants, who can provide a wealth of information on the study topic, using convenience sampling, a description of the study topic and purpose was provided via phone or e-mail. We then selected 10 people who agreed to participate in the study. The female to male ratio was 8:2, the average age was 37.20 years, and the average period of experience in case management for late adolescent suicide attempt survivors was 3.02 years.

2. Data Collection

For data collection, three focus group interviews were conducted between July 14 and August 28, 2020, among three groups, each comprising four, three, and three case managers, based on the premise that interviewing smaller groups could be more effective [19,21] depending on the expertise, contribution to the group discussions, and group dynamics. Considering the characteristics of experts who deal with sensitive cases related to suicide, each group comprised participants working in the same community center. In compliance with the participants' wishes, the interviews (approximately 1~1.5 hours in duration), were conducted in conference rooms at the centers where participants worked, so they would feel comfortable. The participants' general characteristics were obtained before the interviews, which were recorded only upon obtaining the participants' consent and after handing out the relevant instructions to them. The interviews were recorded and transcribed by the researcher who had conducted them. In addition, the field notes taken during the group interviews were included in the data collection. Data were collected until saturation was reached. The main interview guides used during the interviews were as follows:

- Please tell us about your experiences as a case manag-

er to late adolescent suicide attempters.
- Based on your experience, what specifically helped late adolescent suicide attempters to overcome their suicide crisis?

3. Data Analysis

The data collected were analyzed using Elo and Kyngäs [20]'s content analysis method. Its detailed procedure is as follows: First, we read and contemplated the transcribed data multiple times, considering the research questions. Second, relevant keywords, phrases, and sentences were extracted, and similar contents were collated. Third, the categorized codes were reviewed and named. Fourth, based on the meaning and relevance of categories in the third step, we named their parent categories, which could include interactions between categories. Thereafter, two researchers analyzed the data separately, and through discussions during several meetings, finally arrived at a consensus that the data were saturated with no new content coming out, and presented the results.

4. Ethical Considerations

We conducted this study after it had been reviewed and approved by the research ethics review committees of both of our affiliated universities (IRB No.: DGU IRB 20190032). We explained the study's purpose and procedure to potential participants in detail, and asked for their written consent, after apprising them about their anonymity being guaranteed, their prerogative to withdraw at any point during the study without disadvantage, and the recording and transcribing of the interview content. We only recorded the serial numbers, not the participants' names, while transcribing the interview data, such that only the researchers could recognize them. We also explained that the recorded files and manuscripts, used only for research purposes, were stored and managed on a password-locked personal computer in our laboratory, and discarded after the period specified in the Act on Bioethics and Safety. Finally, a copy of the consent was provided to participants, and they were rewarded with interview fee.

5. Research rigor

This study's reliability and validity were established by referring to the guidelines of Guba and Lincoln [22]. Its truth-value was ascertained by conducting focus group interviews with experts in charge of the management of many cases of suicide in late adolescents. In addition, during the interviews, the researchers continued to take notes and summarize the contents; the participants were asked to confirm whether the content was consistent with their intent or not. After the interviews were transcribed by the researchers who had conducted them, it was confirmed that the transcriptions were truthfully reflecting participants' statements via e-mail exchanges. Consistency was maintained by following the content analysis method of Elo and Kyngäs [20], and describing the detailed overall research process, including participants' selection, data collection, and analysis. In terms of applicability, the participants' characteristics were summarized and described by referring to the questionnaire on general characteristics administered before the focus group interview. Lastly, we held continuous discussions throughout the research process to reach a consensus and minimize researchers' individual bias.

RESULTS

As a result of analyzing the case managers' experience pertaining to case management of late adolescent suicide attempters, the main theme of the reinforcing factors for overcoming suicide crisis in this population was derived as "a step in a new direction". The categories were classified into "inner changes", "another possibility opened up by the interest of significant others", and "connecting with community resources to help overcome". The subcategories for each category are described as follows.

1. Inner Changes

The case managers mentioned that late adolescents were prepared to overcome their suicide crises by accepting and taking an objective view of the problems that led to their suicide attempts. They made various efforts to overcome these problems and started showing an active attitude toward overcoming their crisis. Although a difficult situation, the adolescents showed inner changes in attitude, and motivated themselves to overcome their suicide crisis by describing the future in detail, or making efforts to achieve their dreams, and not attempting suicide (Figure 1).

1) Self-recognition of problems and acceptance

The case managers also stated that late adolescents were able to overcome their suicide crises once they started thinking about their problems, stress, or the nature of their pain, and began accepting them. As late adolescents talked about their suicide-related problems, stress, and hardships to case managers, they gradually started looking at these

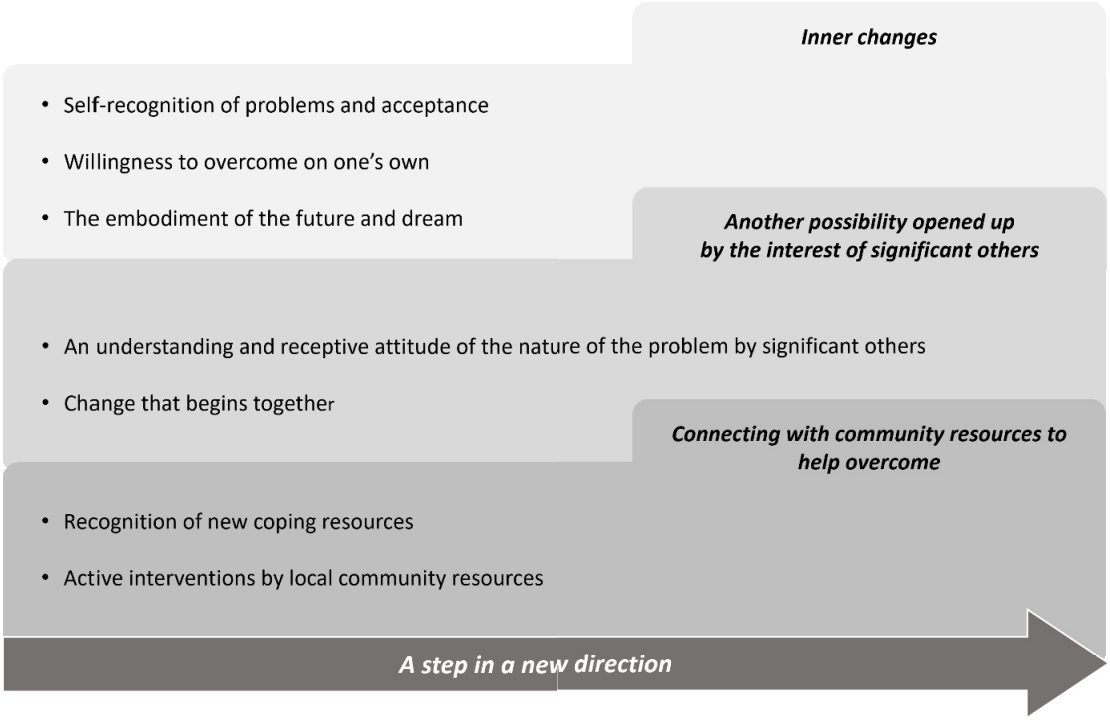


Figure 1. Diagram for the reinforcing factors of overcoming suicide crisis in late adolescent suicide attempters.

objectively; this was an important reinforcing factor in overcoming suicide crises.

> Ever since she learned to accept and take an objective view of herself, and recheck what her problems were, it has gotten better and better. (FG 1, Participant 1)
>
> She talked a lot about what had happened to her and all the stress. I felt that accepting the problems and opening up to others is important for overcoming a crisis. (FG 1, Participant 2)

2) Willingness to overcome on one's own

According to the interviews with the case managers, some late adolescents attempted suicide to escape from unchanging situations or with the intention of punishing someone. However, to overcome their difficulties, they visited counseling centers and attempted different methods, such as exercise and psychiatric treatments. The case managers stated that these small attempts among late adolescents were the start of shaping an active attitude toward overcoming their crisis.

> When I asked them, 'if you can neither change your surroundings nor escape the situation, what do you think you can do to survive?' Some said, 'I need to see a psychiatrist', whereas others said, 'I will try to exercise or do something else. I will also try something more and get through this'. (FG 1, Participant 1)
>
> Looking for a job was stressful for her. She eventually tried to commit suicide. She visited the community center on her own and asked for a consultation to overcome it. (FG 3, Participant 2)

3) The embodiment of the future and dream

The case managers further mentioned that some late adolescents overcame their suicide crises by setting life goals and gradually attempting to achieve their dreams, as they described their future in detail.

> Imaging a more concrete future rather than a vague one. A client described her future as having two children and leading an easy life, in which she could read during her free time. She said, 'To achieve this goal, I am going to study diligently, work hard to get a job, and make money. Now I have goals in life'. She has fully recovered and returned to society. (FG 1, Participant 2).
>
> She had a dream of writing and was trying to submit a piece for a competition. She said that even if she had to quit school or things got worse, she would still try to overcome suicide crisis, so as to realize her dream. (FG 1, Participant 1).

2. Another Possibility Opened Up by the Interest of Significant Others

Case managers stated that rather than focusing on the behavior of attempting suicide, a deep understanding and receptive attitude of significant others-families, peers, and friends-toward the nature of the problem faced by late adolescents, supported the adolescents in the process of overcoming the suicide crisis. Furthermore, the behavioral role of being actively guided by people around them was an important reinforcing factor, strengthening their will to overcome their suicide problems.

1) An understanding and receptive attitude toward the nature of the problem by significant others

Case managers mentioned that receiving support from family, friends, and schoolteachers via their receptive attitudes and understanding was a driving force against suicide attempts, as well as a factor reinforcing their intention to overcome suicide problems.

> During his growing-up years under a very coercive and authoritative father, his brother supported him. His brother was well aware of his parents' tendencies and gave him positive messages and other words of support. (FG 1, Participant 3).
>
> She got support from her family, especially her father, who used to say, 'you are alright now'. She felt that the atmosphere of accepting the problem was more important for her to overcome the suicide crisis. (FG 1, Participant 2).

2) Change that begins together

Case managers stated that significant others supported late adolescents to overcome their suicide crises by actively involving community resources or by assisting them in taking an appropriate stance regarding suicidal behaviors and related problems. Additionally, building lasting relationships with them, providing support during their time of change, and offering guidance, served as reinforcing factors in overcoming the suicide crisis.

> I once had a client who had been cut off by his family. A professor at his college found out about his suicide attempt and referred him to our center. The professor played a very important role in his overcoming the suicide crisis… (FG 1, Participant 1)
>
> The college senior of the client often spent time together and kept saying, 'why do you keep trying to die?' The question conveyed the meaning of 'you must not die', and the client continued to think about the reason for the question objectively and got better little by little... (FG1, Participant 2)

3. Connecting with Community Resources to Help Overcome

The case managers mentioned that late adolescents began to recognize human and physical resources in the community as a new supportive system. They also said that late adolescents received the necessary information to solve their problems and experienced interventions tailored to their needs, thereby starting the process of overcoming the suicide crisis, realizing positive changes in their lives, and preparing for rehabilitation.

1) Recognition of new coping resources

The case managers stated that late adolescents accept various community resources as part of their new support system. They acquire information on the resources with which they can address and solve problems that led to suicide attempts. Recognition of these new resources provides them with hope and helps them overcome their suicide crisis.

> A client who used to say, 'I like having someone by my side', and started to the experts in the community as new supporters. (FG 3, Participant 4)
>
> When they need financial support, they usually do not seem to know what kind of support is available and how to get such support. They told us that they found hope when we refer them to institutions that can offer help or provide useful information. (FG 3, Participant 2)

2) Active interventions by local community resources

In addition to recognizing new resources, case managers also highlighted that the active intervention of local community resources helped late adolescents overcome suicidal crisis. Late adolescents were connected to various local resources as well as mental health welfare centers as follows: a medical and financial support and crisis management system for overcoming suicide crises, including continuous suicide counseling support; accompanying clients to a hospital; support for medical expenses; and a 24-hour crisis phone line. The case managers stated that such situation-appropriate, detailed, and practical interventions result in a decrease in the number of suicides and suicide attempts.

The client was referred to an outpatient clinic and received financial support via connections with other institutions. Thanks to these interventions, although she sometimes thinks of suicide, she has never ended up committing it. (FG 2, Participant 1)

The institutional support was provided by linking local community resources, paying close attention, and forming a rapport with the client. The number of suicides/attempted suicides gradually decreased. (FG 2, Participant 3)

DISCUSSION

By examining the experiences of case managers, this qualitative study investigated various factors and their dynamics that can help adolescents overcome suicidal ideation. Its results revealed that as adolescents begin to receive external help and promote internal changes, they start taking their first steps toward overcoming the suicidal crisis. In the first category, "inner changes", late adolescents were trying to make a positive change in their attitudes toward overcoming suicide through acceptance and objectification of suicide-related situations, a determination to overcome on their own, and the embodiment of a future. Previous studies have shown that objective awareness, hope, optimism, and future-oriented attitudes in late adolescents, which appeared in the subcategories, play important roles in overcoming and significantly reducing suicide crises [23,24]. In particular, the interaction between hope and optimism shows a significant positive effect, not only on the reduction of suicidal ideation, but also on depressive symptoms [23]. As shown in this study, the process through which case managers assisted the adolescents in setting concrete life goals and dreaming about becoming members of society, based on awareness of their problems, provides valuable information for developing problem solving approaches. Therefore, on the basis of this study's results, if counseling, relevant information, programs, clinical approaches, and activities are provided, it will greatly help in overcoming suicides among late adolescents.

In the second category, "another possibility opened up by the interest of significant others", people surrounding them helped promote the intention to overcome the suicide crisis by understanding and accepting the problems they faced and participating in a joint effort to solve them. This is consistent with previous studies conducted in Korea and abroad, in which the feeling that the adolescents are well understood by "significant others" and recognizing that they are connected, acts as protective factors against suicides and suicide crises [12,23,25,26]. Conversely, some studies have reported that the problems with meaningful others, including family members, may also be risk factors [9,12]. Therefore, educational institutions and mental health welfare centers should employ a multifaceted approach, promoting the intention to overcome suicide crises in late adolescents through positive understanding and support from significant others. Above all, as family members have a decisive influence in a suicide crisis [9,26], interventions should take place at the family level, using resources, such as family education and group counseling, to form desirable relationships between family members and teach therapeutic roles.

In the third category, an awareness of coping resources led to a connection with community resources and provided actual help during the process of overcoming suicide. Many studies have reported that "realistic difficulties" due to socioeconomic problems have a significant effect on repeated suicide attempts in late adolescents [12,27]; providing expert therapies and social support are closely related to overcoming it [25,28]. Through the results of this study, it can be confirmed that existing resources in the community available to late adolescents causes positive changes in their lives. These results suggest that the collaboration between related organizations and a multidisciplinary approach to help late adolescents overcome suicidal crises can assist in solving suicide problems and encourage late adolescents to continue overcoming these behaviors. However, domestic support is limited by various factors, such as social prejudice, a lack of professional workforce and support, and insufficient information and research [9,12]. Therefore, it is necessary to provide local community resources to assist late adolescents during a suicide crisis, especially institutional support, for more effective collaboration and communication between public, private, and academic resources.

Late adolescence is an important turning point, in which a person prepares for independence [12,29]. Late adolescents in South Korea, particularly those who are used to tightly mapped out schedules with a tremendous study load until high school, tend to experience great burden, stress, and psychosocial problems during their first years of "independence" at college or the workplace [9]. For this situation, a specific approach is required, as socioeconomic conditions, family factors, and values shared by similar age groups can interact and lead to serious suicide crises [30]. Hence, the reinforcing factors and specific details for overcoming suicide crises proposed in this study can provide important pathways for establishing a specific plan for the high suicide risk group in local communities.

By interviewing case managers, this study identified factors implicit in the experiences of overcoming suicide among late adolescents, and suggested a process that affects the intention and behaviors to overcome suicide. Specifically, information on the specific protective factors and their dynamics leading to overcoming suicide can provide meaningful data that can help the adolescents based on their characteristics in the clinical field or community-based institutions. In terms of nursing education and research, the results of this study will promote an in-depth understanding of the adolescents' suicide problems and provide useful data for nursing planning to prevent and overcome their suicide crises.

Despite its contributions, our study had several limitations. First, due to domestic conditions, interviews could not be conducted directly with late adolescents. Consequently, an extended application of our results to late adolescents in the process of overcoming suicide in South Korea may have limitations. Thus, we suggest that future studies attempt to explore detailed experiences pertaining to overcoming suicide, through interviews with a larger number of late adolescents, with or without case managers. Second, our study mainly addressed the positive factors implied in experiences of overcoming suicide in late adolescents. To offer more effective help to late adolescents, future studies should attempt an in-depth exploration of elements that can exacerbate suicide crises, integrating them with the results from existing literature.

CONCLUSION

As a result of analyzing the contents of focus group interviews with case managers, this study found that late adolescents tried to move forward in a new direction by continuing their own efforts to overcome suicide crisis, with the support of meaningful people and using various resources. The results of this study, that identified the reinforcing factors and the overcoming process, can provide useful information for planning and developing policies and intervention programs for overcoming suicide crises, considering the situation and growth characteristics of late adolescents.

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