Interventions for Self-Harm and Suicidal Ideation in Africa

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REVIEW ARTICLE

Interventions for Self-Harm and Suicidal Ideation in Africa: A Systematic Review

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ABSTRACT

Background: Self-harm and suicidal ideation are increasing public health concerns globally and are paramount in Africa. Therefore, a review of suicidal ideation and self-harm interventions would be beneficial in identifying culturally appropriate interventions for the African context.

Method: The Population, phenomenon of Interest and Context (PICo) model was adopted to formulate the review strategy. Thus, the Population (Africans), phenomenon of Interest (self-harm and suicidal ideation) and Context (intervention). We used this PICo strategy which is a modified version of PICO for qualitative studies. Framework with Boolean operators (AND/OR/NOT) was further used to ensure rigor through search terms such as ("Suicide" OR "suicidal ideation") AND ("Intervention" OR "Treatment" OR "Therapy" OR "Psychological" OR "Psychosocial" OR "Culturally adapted") AND "Africa" OR "African countries." Six databases were searched (Embase, PsycINFO, ProQuest Central, Cochrane Controlled Trials Register, Medline, and Web of Science) for published articles between 2000 and March 2023. $N = 12$ studies met the inclusion criteria, and the relevant data extracted were synthesized and thematically analyzed. The review protocol was pre-registered on the PROSPERO Registry (no. CRD42021283795).

Results: $N = 12$ studies met the inclusion criteria, and the following themes emerged from the synthesized literature and analyses of current African approaches to curbing self-harm and suicidal ideation: (a) Western medical and compassion-focused intervention (b) the helpful role of traditional healing and healers (c) psychoeducation and self-help techniques (d) use of technology and a nation-wide approach.

Conclusion: Self-harm and suicidal ideation are global health concerns. To address this health concern in Africa, the authors recommend culturally adapted psychological interventions to be tested via randomized control trials.

KEYWORDS
Africa; interventions; mental health; psychology; self-harm; suicidal ideation

INTRODUCTION

The World Health Organization (WHO) considers self-harm to be "an act with a non-fatal outcome in which the individual deliberately initiates non-habitual behaviour" (World Health Organization [WHO], 2016), reporting an incident of self-harm as a

major risk factor for completed suicide with 86% of suicides reported to have occurred in low- and middle-income countries (WHO, 2016). Self-harm in Africa is poorly understood, and much of the literature and interventions have traditionally been based in Europe, Australia, the United Kingdom, and North America. A recent population-based survey found that African region had the highest prevalence of suicidal ideation and suicide planning for adolescents (Uddin et al., 2019).

Africa is the second largest and most populous continent after Asia (Elwakil et al., 2022). Yet, Africa is the poorest continent per capita and second-least wealthy by total wealth compared to Oceania (Aguilar, 2023). Scholars have attributed the situation in Africa to various factors, including climate, geography, tribalism (Collier & Gunning, 1999), colonialism, the Cold War (Alemazung, 2010; Bayeh, 2015), neocolonialism, poor democracy, and corruption (Collier & Gunning, 1999). Of utmost concern is the prevalence of suicide ideation and self-harm in the African continent (Babajani et al., 2023). Orchestrated by factors such as poor reporting, low resources, social stigma, religious or cultural factors, and the criminalization of self-harm and suicidal ideation contribute toward the secrecy of disease burden, where this is increasingly becoming a public health concern in Africa (Ongeri et al., 2023). In addition, several research has attempted to address the correlates and prevalence of suicidal ideation among young adolescents in Africa (Animasahun & Animasahun, 2016; Omigbodun et al., 2008). This spans from substance use (Animasahun & Animasahun, 2016) to parenting style and self-esteem (Uwaoma et al., 2023), including cultural and family factors (Omigbodun et al., 2008). For example, in Nigeria, Omigbodun et al. (2008), drawing on a survey of 1,429 youths aged 10–17 years, found that adolescents residing in urban areas from disrupted and polygamous families had higher rates of suicidal ideation. Other factors, such as physical attacks and fights, including sexual abuse, were also identified as significant predictors of youths' self-harm and suicidal ideations (Omigbodun et al., 2008). In the adult population, several mental health risk factors are associated with self-harm and suicide, which include depression, anxiety, substance use disorders, psychosis, and trauma-related disorders—and most people who have died by suicide have suffered from mental disorders (Brådvik, 2018). However, there is no clear evidence of whether all suicide cases are preceded by self-harm.

Religious and cultural associations could complicate the disclosure of self-harm and suicidal ideation within the African context. For example, religion underpins much of African culture, and studies have shown the function of suicide in the context of religion to be perceived as the breaching of God's doctrine that life is sacred (Mugisha et al., 2013). Religion significantly influences people's lives and views of suicide and self-harm, governing the act as divergent or criminal, which can complicate early intervention and often becomes a barrier to timely access to conventional medical care. Research into cultural understandings and meaning-making of death and suicide could support the development of appropriate health interventions that target those most at risk of suicide in an African cultural context.

The sociological study of suicide is rooted in Emile Durkheim's (1897/1951) work, which theorized four types of suicide. Egoistic suicide occurs when individuals have poor social bonds and view their death as having little impact on society and likely to go unnoticed. Altruistic suicide usually occurs when an individual lacks a strong sense of self and a life of their own, where much of their time is consumed by attaining the

values and goals or care needs of others around them or their social group. Anomic suicide is where there is little regulation, structure, or direction in an individual's life. Circumstances where anomic suicide may occur are during a collective crisis, such as a pandemic or dramatic social change, such as an economic crash. Durkheim's conceptualization offers a framework for better understanding the social forces that interact with suicide. Whilst suicidal ideation and self-harm are individual and often private acts, it is certainly not random. Causation factors might relate to an individual's connection to their cultural and social norms and values, their level of integration into society and regulation, the presence of a sense of belonging and the political and economic environment (Edwards et al., 2024).

Preventative measures are encouraged to be rooted in collective public efforts that can restore integrative and regulative functions that protect against egoistic suicide where there is a sense of isolation or lack of belonging (Mueller et al., 2021). Increasing community awareness and encouraging shared discussions around suicide and self-harm can facilitate a culture around the normalization of mental health distress, which may better foster early help-seeking in individuals experiencing suicidal ideation and self-harm. Individuals who experience suicidal ideation or self-harm may also develop a sense of purpose and meaning where mental health stigma may have caused them to feel excluded from society (Thornicroft et al., 2022). Certainly, it is important to review economic and socio-political policies on a macro level. Policy and legislation change could arguably serve as a powerful tool in shifting attitudes toward social healing and away from a punishment-based system of suicide and self-harm.

Consequently, many African countries still penalize attempted suicide and self-harm despite a recent review associating higher suicide rates with countries that criminalize the act of attempted suicide (Wu et al., 2022). Decriminalizing the act of a suicide attempt and self-harm would support the aim to reduce the governance by the punishment of mental health through law. Instead, policies that move toward a rehabilitation-based model may reduce shame and stigma and promote early help-seeking (Wu et al., 2022).

Though there is limited evidence-based information for psychological interventions in an African context, efforts toward developing effective treatment to support the management of self-harm and suicidal ideation are essential for the prevention of completed suicide. Early findings have shown support for the effectiveness of intervention after self-harm. A Randomized Controlled Trial conducted in Pakistan delivered a brief psychological intervention after self-harmed (Husain et al., 2014). The study reported reduced depression symptoms sustained after three months (Husain et al., 2014).

Furthermore, Husain et al. (2014) highlight the need for a culture-appropriate intervention at the heart of the recent call to decolonize psychology interventions. A core decolonial principle is a recovery: recovery of historical memory, identity, ways of knowing and being (Chilisa & Kawulich, 2012; Zondi et al., 2021) that hitherto have been excluded from mainstream psychology knowledge and intervention. Decolonization does not exclude Western knowledge but calls for the centering of African indigenous knowledge or Afrocentrism in understanding local issues associated with self-harm/suicidal ideation and developing culturally relevant interventions (Jidong, Husain, et al., 2021; Jidong, Bailey, et al., 2021).

We have found no existing review that has systematically appraised the available published evidence specifically on interventions for self-harm and suicidal ideation in Africa. For this review, intervention is defined as clinical and non-clinical intervention, including community-based intervention (different from orthodox clinical interventions) aimed at addressing suicidal ideation and self-harm in Africa. This review will focus on interventions/treatments for suicide and self-harm in Africa to inform policy change, preventative strategies, and culturally appropriate evidence-based interventions. The research question is, therefore, what are the interventions for self-harm and suicidal ideation in Africa?

METHODS

Pre-Registration

A protocol for this review was pre-registered with PROSPERO (no. CRD42021283795). The PRISMA reporting guidelines were adhered to in this review (Moher et al., 2009; Page et al., 2021). Utilizing Boland et al.'s (2017) model, a protocol outlining the inclusion criteria and specific methods of analysis postulated in advance of undertaking this review Boland et al., 2017).

Search Strategy

The Population, phenomenon of Interest and Context (PICo) model was adopted to formulate the review strategy. Thus, the Population (Africans), phenomenon of Interest (self-harm and suicidal ideation) and Context (intervention). We used this PICo strategy, a modified version of PICO for qualitative studies. Six electronic databases, Embase, PsycINFO, ProQuest Central, Cochrane Controlled Trials Register, Medline and Web of Science, were searched for published articles between July 2000 and March 2023. The search terms included ("Suicide" OR "suicidal ideation") AND ("Intervention" OR "Treatment" OR "Therapy" OR "Psychological" OR "Psychosocial" OR "Culturally adapted") AND "Africa" OR "Nigeria" OR "Ethiopia" OR "Egypt" OR "DR Congo" OR "Tanzania" OR "South African" OR "Kenya" OR "Uganda" OR "Algeria" OR "Sudan" OR "Morocco" OR "Angola" OR "Mozambique" OR "Ghana" OR "Madagascar" OR "Cameroon" OR "Cote d'lvoire" OR "Niger" OR "Burkina Faso" OR "Mali" OR "Malawi" OR "Zambia" OR "Senegal" OR "Chad" OR "Somali" OR "Zimbabwe" OR "Guinea" OR "Rwanda" OR "Benin" OR "Burundi" OR "Tunisia" OR "South Sudan" OR "Togo" OR "Sierra Leone" OR "Libya" OR "Congo" OR "Liberia" OR "Central African Republic" OR "Mauritania" OR "Eritrea" OR "Namibia" OR "Gambia" OR "Botswana" OR "Gabon" OR Lesotho" OR "Guinea-Bissau" OR "Equatorial Guinea" OR "Mauritius" OR "Eswatini" OR "Djibouti" OR "Comoros" OR "Cabo Verde" OR "Sao Tome & Principe" OR "Seychelles").

In addition to the databases mentioned above, literature searches were supplemented by i) checking the reference lists of relevant reviews and including citations for potentially relevant papers. The data screening was done in two phases by two independent reviewers, and any discrepancies were resolved through discussion with a third reviewer. Firstly, the titles and abstracts were screened according to inclusion/exclusion criteria, and

studies not fulfilling the criteria were excluded. Whether either study met the inclusion/exclusion criteria, they were retained for the next stage. In the second stage, full-text articles were screened based on inclusion-exclusion criteria. All records were collected on RefWorks, a bibliographic tool used in research to develop personalized databases.

Data Extraction

The primary outcome of the present review is to explore and identify the prevailing practices of treating and preventing suicidal ideation and self-harm in Africa with an overarching aim of designing a culturally appropriate intervention. The present study did not perform a meta-analysis due to the high heterogeneity in study design, intervention characteristics and outcomes reported in the included studies. We consolidated descriptive information on intervention characteristics and process outcomes. Thematic analysis (Braun & Clarke, 2006) was applied to inductively extract and synthesize the data.

RESULTS

Risk of Bias Assessment

The Joanna Briggs risk of bias assessment tool was used to determine the risk of bias for each study included (Figure 1 and Table 1). This was assessed by two independent reviewers. Two ($n = 2$) studies were excluded due to the high risk of bias (Meehan & Broom, 2007; Williams, 1999). A major weakness was that neither study used an objective standardized measure. The content of these measures was not stated clearly, nor was the methodological process undertaken in developing these tools (Meehan & Broom, 2007; Williams, 1999). One major limitation was the lack of demographic information related to the respondents (Williams, 1999). Confounding variables, such as low literacy rates of participants, were identified in one cross-sectional study. Adjustments meant that the researchers asked the questions and recorded responses; however, this increased the risk of response bias due to the stigma associated with suicide ideation (Williams, 1999).

Of the $N = 12$ studies included in the present review, $n = 10$ studies showed a low risk of bias and $n = 4$ studies were of a pre-post-test study design (Kohrt et al., 2015; Kok et al., 2011; Munetsi et al., 2018; Musyimi et al., 2018); $n = 1$ randomized controlled study (Ogueji & Okoloba, 2020), $n = 5$ cross-sectional studies (Bantjes, Breet, et al., 2017; Bantjes, Nel, et al., 2017; Bantjes et al., 2018; Bantjes & Kagee, 2021; Meehan & Broom, 2007) and $n = 1$ review paper (Van Oers & Schlebusch, 2021). Common strengths were the objective standardized measures used and appropriate statistical analysis applied. Another strength of the Bantjes and Kagee (2021) study was the large sample size, which allowed for appropriate statistical analysis. Most of the included studies considered confounding factors, but not all studies had strategies in place to adjust for these. For example, one study considered gender a confounding factor due to a majority female sample (Munetsi et al., 2018). Another example is in the Bantjes et al. (2018) study, where there was considerable variation in participant age and the number of years they practised as a traditional healer. Still, no strategies were made to address this. Some studies used a small sample size; however, a small sample size was understandable due to the exploratory nature of the study (Kok et al., 2011). A major weakness in the sample of included studies

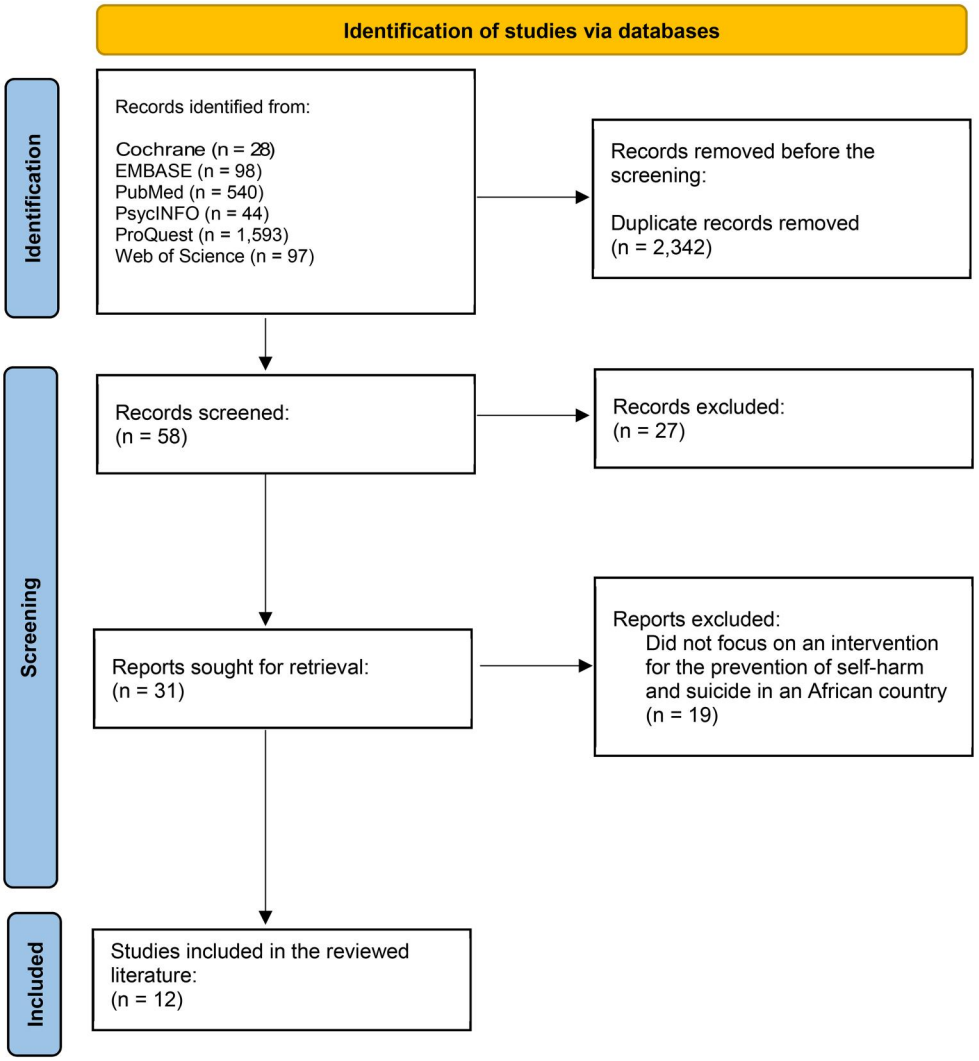

FIGURE 1. PRISMA flow chart.

was the lack of follow-up and recruitment of participants, often from a single site. Of the $N = 12$ studies, $n = 1$ study in Liberia, $n = 8$ were conducted in South Africa, $n = 1$ in Kenya, $n = 1$ in Zimbabwe, and $n = 1$ in Nigeria.

Eligible Criteria for Studies

The selected studies met the inclusion criteria. In line with the registered protocol (no. CRD42021283795), the inclusion criteria are: (i) Quantitative, qualitative, or mixed methods studies of any design focusing on intervention for self-harm and suicidal ideation in any part of Africa. This will include population surveys, cross-sectional observational studies, longitudinal studies and cohort studies; (ii) Studies published not in English but translated version provided included; (iii) Publications that are available in full-text that are academic peer-reviewed or grey literature; (iv) Studies that include

TABLE 1. Study characteristics of the trials considered for the systematic review of interventions for self-harm and suicidal ideation in Africa.

Author (s)	Study design	Population	Intervention	Main findings	Limitations
Kohrt et al. (2015)	Mixed method, pre-post-test cohort study design	Country: Libera, West África Mixed groups of mental health clinicians ($n = 17$) and law enforcement officers ($n = 14$). Gender: Mental health care workers (71% female) and officers (36% female Age: mental healthcare workers mean age = 34 years, $SD = 3.9$ years, Officers 34 years; $SD = 3.6$ years	An adapted training curriculum provided information on crisis intervention team principles, suicide prevention, and de-escalation techniques and promoted engagement with families and communities. Liberian law enforcement officers and mental health clinicians dictated programme goals and structure.	Officers' mental health knowledge improved from 64% to 82% on workshop assessments ($t = 5.52$; $p < 0.01$). Clinicians' attitudes toward police officers improved ($t = 2.42$; $p = 0.03$). Six months after the workshop, 69% of clinicians reported improved engagement with law enforcement.	The sample size was limited, 12 officers completed the pre- and post-test assessments limiting generalizability.
Kok et al. (2011)	Mixed method cross-sectional study design	Country: South Africa The population of adolescent in-patients ($n = 15$) at a government psychiatric hospital were considered. Gender: males = 3, females = 5 Age: mean age = 14.5 years, $SD = 1.41$	Self-injuring participants were divided into two groups based on their total mindfulness scores. Half of the participants obtained an average Total Mindfulness score (Sometimes Mindful Group: SMG), and the other half obtained an above-average Total Mindfulness score (Often Mindful Group: OMG). SMG and OMG obtained similar mean scores on Observe and Non-react, with Observe falling in the above-average range (mean scores of 29 for SMG and 28 for OMG), which means that both groups are often equally attentive to internal and external experiences, such as sensations, cognitions, emotions, sights, sounds, and smells.	SMG reported fewer self-injuring episodes (an estimated two to ten times) than OMG (an estimated two to 100 times). The study findings suggest that those who sometimes act mindfully tend to be more self-critical, report more severe injuries and more often self-punish. Those who act mindfully self-injure more often show more self-compassion and report less severe injuries and less lethal methods.	A small sample size limits the generalizability of findings. Other age groups and settings may present different results and the study relied on self-reporting measures.
Musyimi et al. (2018)	Cohort study design	Country: Kenya The two focus group discussions consisted of healthcare workers of at least	mhGAP-IG is a model guide that was specifically developed for use among non-specialists in low-resource settings and is used	The results presented in this paper illustrate the feasibility of mobile-based screening. Four themes were identified by	A limitation may be the logistical problems. The study encountered issues

(*continued*)

TABLE 1. Continued.

Author (s)	Study design	Population	Intervention	Main findings	Limitations
		eight. $N = 1{,}664$ service-user participants. Gender: healthcare worker participants had a male-to-female ratio of 1:1. Service-user participants' majority were females (74.5%). Age: Mean (*SD*) age, years 41.52 (15.2). Service-user participants had a mean age of 41 years (standard deviation ± 15 years) A quarter (25%) of all the patients screened had depression, with suicidal behavior being the most comorbid problem among patients who scored positive for depression (67.1%, OR 22.0; $p < 0.0001$).	to recognize and manage priority conditions such as depression, psychosis, bipolar disorder, epilepsy, developmental disorders, behavioral disorders, dementia, alcohol use disorders, drug use disorders, suicide, and self-harm.	health care workers concerning mobile-based mhGAP-IG application and included: (1) Simple application; (2) Fast application due to branching logic as well as real-time data transfer; (3) Consultation and travel time saved, and costs reduced and (4) Patient access to health services. Most participants described the application as a simple and useful guide for identifying and managing depression. In addition, there were no missing items in our dataset. This was due to the nature of the mobile-based mhGAP-IG application that prevented the saving of data unless all the items were answered. We did not receive any reports of refusal to participate or respond to questions. This was an indication that perhaps patients were receptive to the mobile assessment.	with poor internet connectivity in one of the rural health facilities that delayed data transfer and communication.
Munetsi et al. (2018)	A cohort study	Country: Zimbabwe $N = 573$ participants screened positive for common mental health disorder symptoms with suicidal ideation. 286 in the intervention arm and 287 in the control arm. Gender: 86% were female Age: 18–24 *N* 100 25–34 *N* 182 35–44 *N* 132 45+ *N* 83	Law health workers delivered The Friendship Bench intervention comprised of 6 sessions of individual problem-solving therapy. The psychological approach is based on providing psychoeducation (information, advice, and support) together with a problem-solving module that includes a component of positive activity scheduling (behavioral activation).	Of the 573 participants, 75 (13.1%, 95% CI 10.4–16.1) reported suicidal ideation in the past week at baseline (female = 68; male = 7). At baseline, the age range of 25–34-year-olds had the highest prevalence of suicidal thoughts (16.9%). At the 6-month follow-up, the severity of CMD symptoms was significantly less among participants who received LHW Friendship Bench care than among participants in the control arm. This difference was similar among those who had suicidal ideation at baseline, and those who did not. The adjusted	Men were underrepresented in the study. Only 78 men out of a total of 573 participants took part in this study.

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TABLE 1. Continued.

Author (s)	Study design	Population	Intervention	Main findings	Limitations
				mean difference in SSQ-14 score among participants with suicidal ideation was − 5.38 (95% CI −7.85, − 2.90; $p < 0.001$) and among those with common mental disorder symptoms but no suicidal ideation the adjusted mean difference was—4.86 (95% CI −5.68, − 4.04; $p < 0.001$).	
Ogueji and Okoloba (2020)	Randomized control study	Country: Nigeria 22 participants with less than 1-month-old clinical diagnosis of HIV who have recently thought about suicide were randomly assigned to intervention ($n = 11$) or control group ($n = 11$). Gender: 5 females and 6 males were in the intervention group, 3 males and 8 females were in the control group. Age years: mean age in the intervention group 39 years and the mean age in the control group was 40 years.	The intervention group received 14 sessions (2 sessions per week for 7 weeks) in addition to the antiretroviral therapy. Compassion-focused Therapy (CFT) intervention group focused on changing self-critical thoughts and suicidal thoughts to compassionate self-correction were performed through self-compassionate quizzes, compassionate letter writing and compassionate diaries. The 10 modules included the introduction of the intervention program to participants and the building of therapeutic alliance and ended with relapse prevention and group closing. Participants were given homework. At the end of the intervention, the control group were also exposed to the CFT to enable them to benefit from the therapy just as their intervention group counterparts did.	The results presented in Table 3 showed that there was no significant difference in the suicidal ideation mean scores of the intervention group (34.91) and the control group (34.82) at the pretest [$t(20) = 0.14$, $p = 0.17$]. After exposing participants in the intervention group to CFT, the results showed that there was a significant difference in suicidal ideation, with the intervention group scoring a significantly low mean score (0.09) when compared with the control group mean score (35.73) at the post-test [$t(20) = -53.34$, $p = 0.003$]. The scores of Cohen's d and power analysis were −0.32 and 0.27, respectively. The study concluded that CFT had been empirically established as having the potential for reducing suicidal ideation in newly diagnosed. The study also concluded that the absence of early psychological interventions for newly diagnosed PLWHA who are suicidal leads to greater suicidal risks among them.	The study did not conduct a follow-up study to determine the long-term effects of receiving CFT amongst newly diagnosed HIV patients. A small sample size may have limited the study's effect size and power analysis results.

(*continued*)

TABLE 1. Continued.

Author (s)	Study design	Population	Intervention	Main findings	Limitations
Bantjes and Kagee (2021)	Cross-sectional study	Country: greater Cape Town area of the Western Cape, South Africa 688 antiretroviral therapy participants Gender: Female 80% Age: 18 years or older, mean age 37.5 years, (range 18–66 years)	1-month prevalence estimates for suicide ideation, plan and attempt were 10.3%, 3.9% and 2.2% respectively. A total of 9.4% were at elevated risk of suicide (measured by the suicide module of the Mini International Neuropsychiatric Interview). Treating common mental health disorders among persons receiving treatment for HIV to reduce suicidality.	Major Depressive Disorder and post-traumatic stress disorder are associated with an increased risk of suicidal ideation, plan, and suicide risk. A population-attributable risk analysis indicated that treating the major depressive disorder, alcohol use disorder and post-traumatic stress disorder could result in a 6.6% absolute reduction in the prevalence of suicide ideation and a 3.3% absolute reduction in the prevalence of suicide plans. The study developed a predictive model that suggests treatment of these common mental health disorders could yield a 6.8% absolute reduction in the prevalence of elevated suicide risk.	Recruitment from two HIV treatment sites. Only patients receiving antiretroviral therapy were selected for the study.
Bantjes, Breet, et al. (2017)	Cross-sectional study	Country: South Africa 200 emergency room presentations following the self-harm incident. Gender: 119 female (59.5%), 81 male (40.5%). Age: Male mean age 32.42 years (*SD* 13.073), female mean age 30.94 years (*SD* 14.766).	The most common methods of self-harm were prescription medication overdose (58%), non-prescription medication overdose (35%), lacerations (9.5%) and ingestion of poisons (8.5%). The study focused on gender differences in service utilization among self-harm patients seeking treatment.	No medical interventions were required for 37.5% of patients, with no significant gender differences observed between patients requiring medical interventions and those who did not ($\chi^2 = 0.035$, $p = 0.852$). The most common medical interventions were intra-venous medical treatment (54%), activated charcoal (13%) and intubation and ventilation (11%). Significant gender differences were observed concerning medical treatment, with women being approximately three times more likely to require activated charcoal ($X^2 = 5.61$, $p = 0.018$, OR = 3.26, 95% CI = 1.094–10.377) as would be expected given the higher incidence of self-poisoning among women in the	Findings are taken at a single time point and lack of longer-term outcomes.

(*continued*)

TABLE 1. Continued.

Author (s)	Study design	Population	Intervention	Main findings	Limitations
				sample. The mean length of stay in the hospital for patients requiring admission ($n = 126$) was 5.27 days ($SD = 10.95$, range = 2–100, total number of days = 1,053). Women were 2.5 times more likely to be treated in the ER and discharged while men were approximately 1.8 times more likely to be admitted to an emergency psychiatric unit. In South Africa's health care system, access to medical care is difficult and individuals who engage in less potentially lethal forms of self-harm may never seek medical treatment. There is a high demand for emergency care within the hospital where our study was conducted. Patients whose injuries are not life-threatening might wait for 6–8 h to receive medical attention.	
Van Oers and Schlebusch (2021)	Review paper	Country: South Africa	A proposed suicide prevention national strategy for South Africa.	Government departments are broadening public awareness of suicide and its risk factors, enhancing population-based and clinical care services/programmes, and implementing effective monitoring systems and research. The South African Depression and Anxiety Group offer a support network for those suffering from comment mental health disorders. To use this platform to destigmatise mental illness and encourage people to come forward. Lifeline Southern African provides a free 24-h crisis intervention service.	The review reports that there is no national prevention programme in South African and provides some suggestions but does not go further.

(*continued*)

TABLE 1. Continued.

Author (s)	Study design	Population	Intervention	Main findings	Limitations
				The service is primarily based on a telephone counseling service. The S A Federation for Mental Health monitors and promotes services for persons with intellectual disabilities, psychiatric disabilities as well as mental health well-being. The International Association for Suicide Prevention is an important link between local and international initiatives. The Mental Health Information Center of South Africa and the World Health Organization which has drafted strategies for suicide preventative work which can be applied to the South African setting.	
Bantjes, Nel, et al. (2017)	Ethnographic study	Country: South Africa Urban city hospital Interviews were conducted on 80 suicide attempters; 37 medical personnel were interviewed. Interviews were conducted in English or Afrikaans.	Hospital-based intervention in an emergency psychiatric unit. Treatment included medication, 72-h observation before being transferred to an acute ward setting, diagnostic and psychological assessments and providing a safe space for at-risk patients in crisis.	Hospital staff responded to patients with kindness and understanding. However, patients reported feeling a loss of autonomy and feeling restricted due to being admitted to a locked ward and related this to more as punishment. Lack of psycho-social interventions once admitted and little space to speak of an experience that led to an attempt.	It may not be generalizable to the wider population due to the small sample size and single time point.
Bantjes et al. (2018)	Qualitative, semi-structured interviews	Country: South Africa 6 traditional healers Gender: 5 male and 1 female. Age: 30, 37, 58, 63, 58 years, female age 56 years.	Practitioners of traditional African medicine (traditional healers) reported that they encountered suicidal individuals regularly. Some said they saw suicidal clients daily and others reported that at the very least this was a weekly occurrence.	Factors that may cause suicidal thoughts were related to genes, an unclean heart because of doing something that created feelings of guilt, shame, or regret such as e.g., murdering someone, stressful life events such as marital problems or financial difficulties, living a borrowed life related to loss of social cohesion or cultural discontinuity.	Those who have received treatment from traditional healers' outcomes are missing.

(*continued*)

TABLE 1. Continued.

Author (s)	Study design	Population	Intervention	Main findings	Limitations
				The traditional healers explained that they use rituals and practices that seem to prompt thinking, restore a sense of wholeness, reconnect the person to their family, and reestablish social ties to help people overcome a suicidal crisis. Rituals include birth rituals that link people to their ancestors and family attributing suicide to fragmentations of traditional identities. Sitting and listening, spiritual advice such as the person's spirit will be rejected if they die by suicide, herbs mixed with water to make medicines and get a suicidal person to "think correctly."	
Williams (1999)	Cross-sectional study	Country: South Africa, Heidedal 250 respondents. Befrienders 19 volunteers who work 4-hour shifts in pairs.	15-page questionnaire constructed by the study researchers in three languages. Befrienders South African Initiatives delivered a free life-skills program every 2 to 3 weeks. All interested community members were invited to participate in sessions on topics such as listening skills, depression, suicide awareness, effective communication, improving relationships, bereavement and supporting people in distress.	The main coping mechanisms for respondents, if they were in an emotional crisis, included praying, facing the problem, working out a solution, and seeking assistance from family, professionals, medical doctors, or support workers. The majority of the respondents wanted to meet the volunteer support worker face to face and for the worker to tell them exactly what to do to cope with the situation. At home and at a center were the most popular venues for meeting with the volunteer support worker.	Long-term data were not obtained on the effectiveness of the befrienders programme. The literacy levels varied greatly, so the researchers asked the questions and recorded the answers themselves.
Meehan and Broom (2007)	Cohort study design	Country: South Africa. Provinces Gauteng, Northwest, KwaZulu, Northern Cape, Western Cape, Limpopo, Mpumalanga, Eastern Cape, Orange Free State. 535 callers to the crisis line	National Toll-Free Suicide Crisis Line where people in South Africa can call to speak with a counselor. The main functions of the crisis line are to help a caller through the crisis, refer callers to appropriate professional or	Most callers came from urban as opposed to rural areas. Factors including easier access to telephones, less poverty and more education about depression and suicidal behavior may have impacted the reason for this difference. The	The sample size is small with a response rate of 8%. The instruments in the study have not been used before and were developed by the

(*continued*)

TABLE 1. Continued.

Author (s)	Study design	Population	Intervention	Main findings	Limitations
		between March and September 2004. Gender: Women (59.1%) in all provinces except Mpumalanga where it was 45.45%. Age years: mean 24 years *SD* 10.3, range 9 and 70 years. The fewest number of callers was in the age group 54–70 years.	support groups depending on the individual circumstances, and educate the community through the distribution of information.	study revealed that adolescents constitute a significant proportion of callers to the crisis line and people residing in areas where suicide prevention work is carried out are more likely to call the crisis line. 83% of participants strongly agreed and 17% agreed that their call was answered promptly. 80% strongly agreed and 20% agreed that the counselor was polite. 37% of people strongly agreed and 24% agreed that they were referred to a helpful professional, 37% found that the question did not apply to them and 7% disagreed.97% said that they would use the crisis line again.	researchers for the study. The study did not allow respondents to provide reasons for dissatisfaction.

participants with suicidal ideations or self-harm; (v) Studies conducted Africa; (vi) Studies that include 50% or above of the sample of suicidal ideations or self-harm harm—ascertain by evaluating all eligible studies' descriptive statistics of participants' history of self-harm and suicidal ideation. The exclusion criteria are (i) Studies that are not focused on the treatment of suicidal ideations or self-harm; (ii) Unpublished studies (e.g., conference abstracts, poster abstracts); (iii) Studies not published in the English language and with no translation version.

In line with the study's research question on, "what are the interventions for self-harm and suicidal ideation in Africa?" The selected studies demonstrate a range of interventions. This spans from adapted training curriculum (Kohrt et al., 2015) to psychosocial intervention, including mhGAP-IG (Kok et al., 2011) and Friendship Bench intervention (Munetsi et al., 2018). Others include a combination of psychosocial support with a form of medication (Bantjes, Breet, et al., 2017; Bantjes, Nel, et al., 2017; Bantjes and Kagee, 2021; Ogueji & Okoloba, 2020), while another stand focuses on awareness creation (Van Oers & Schlebusch, 2021) or the factors that cause suicidal ideation (Bantjes et al., 2018) (see Appendix 1 for the Joanna Briggs Institute Risk of Bias assessment table of the outcome). Four themes emerged from the above studies' data syntheses and analyses that met this review's inclusion criteria. This includes (a) Western medical and compassion-focused intervention, (b) the helpful role of traditional healing and healers, (c) psychoeducation and self-help techniques, (d) the use of technology, and a nationwide approach.

Themes of Findings

Western Medical and Compassion-Focused Intervention

Medical interventions such as intra-venous medical treatment, activated charcoal and intubation and ventilation were found in the review. These interventions addressed treating the physical result of self-harm. The study was conducted in a hospital setting for self-harm treatment-seeking patients (Bantjes, Breet, et al., 2017; Bantjes, Nel, et al., 2017). Another study developed a model that predicts treating common mental health disorders for HIV patients could reduce suicidality in this population alongside medical intervention treating physical health (Bantjes & Kagee, 2021). Similarly, a combination of care was considered valuable in a study that implemented compassion-focused therapy in the treatment of newly diagnosed people living with HIV/AIDs also experiencing self-harming thoughts (Ogueji & Okoloba, 2020).

Furthermore, findings showed the usefulness of providing a safe, compassionate space in a hospital setting for at-risk patients in crisis (Bantjes, Breet, et al., 2017; Bantjes, Nel, et al., 2017). The patients reported positive outcomes in their stay experience. Another study also used a compassion-focused approach in the intervention, which proved positive outcomes in reducing the intensity of suicidal thoughts (Ogueji & Okoloba, 2020). The intervention also utilized a group setup up which may support a collective healing process through the shared experience of a mutual difficulty. These studies suggest that suicidal ideation and self-harm targeted interventions may also need to consider co-morbidities such as ongoing physical health difficulties that could be driving a person's mental well-being deterioration. This requires treatment plans to

consider a combination of a psychotherapeutic approach alongside medical invention. The studies also suggest Western medical interventions routinely used in an African context to treat self-harm.

The Helpful Role of Traditional Healing and Healers

Traditional healers play a significant role in addressing individuals who experience suicide ideation and self-harm (Bantjes et al., 2018). However, traditional African medicine was absent in public health discussions. It is believed that suicidal individuals can be helped by reestablishing interpersonal connections, reconnecting to family and ancestors, and renewing their cultural identities through rituals (Bantjes et al., 2018). Although the dominant discourse often focuses on Western scientific literature to inform interventions, suicide as a socio-cultural phenomenon can also be understood concerning culture, religion and interpersonal difficulties. This relates to Durkheim's theory of suicide as a systemic issue, and an individual's socialization and environment are key to understanding their distress.

Psychoeducation and Self-Help Techniques

The interventions varied, including the population and psychoeducation content. For example, one study delivered mental health training intervention to police officers (Kohrt et al., 2015), and another study trained community members in psychoeducation on suicidal ideation, depression, bereavement support and managing people in distress (Williams, 1999). Psychoeducation can be key to naming emotional difficulties and normalizing and validating the individual's feelings and thoughts. More importantly, raising awareness within the community to recognize and adopt skills in managing people in distress can further support the growing public health issue of suicide and dismantle the issue of stigma (Jidong et al., 2024). Another study also delivered psychoeducation regarding common mental health disorders to individuals experiencing suicidal ideation (Munetsi et al., 2018).

The review also found mindfulness to be an intervention technique for self-harming patients (Kok et al., 2011). One study investigated lay workers delivering a psychoeducation intervention which looks at problem-solving and behavioral activation for patients with a common suicidal ideation and mental health disorder (Munetsi et al., 2018). Another study used compassion-focused therapy (CFT) for patients diagnosed with HIV and disclosed suicidal ideation (Ogueji & Okoloba, 2020). The CFT group intervention implemented self-help techniques such as compassionate letter writing and compassionate diaries. The shame and dishonor associated with self-harm and suicidal ideation can harm a person's psyche. Compassionate mind training often targets self-critical thoughts, addressing the inner critic through acknowledging physical and emotional pain as a part of the human experience and then implementing self-regulatory exercises based on compassion toward the self and others (Gilbert, 2010). The study proved positive results in CFT as a potential intervention for reducing suicidal ideation in newly diagnosed people living with HIV/AIDs in Africa (Ogueji & Okoloba, 2020).

Use of Technology and a Nationwide Approach

One study used a mental health app to manage self-harm and mental health disorders (Musyimi et al., 2018). Mobile-based apps have been considered effective, particularly in reaching out to individuals in rural areas with limited access to mainstream healthcare services. However, this use of technology must be taken with caution as it may exclude individuals residing in low-resource settings. Whilst technology has proved to save consultation time and travel costs and increase access to timely support (Musyimi et al., 2018), this approach relies on access to technological resources, which brings in the issue of classism and access to quality healthcare becoming exclusive to certain groups of people from the higher socioeconomic background. Policy and social welfare structures would need to safeguard those who are most at risk of suicide ideation and self-harm and of a lower socioeconomic status.

As well as micro-level interventions, it is important to consider macro-level changes.

One study proposed suicide prevention campaigns as a national strategy to address suicide ideation and self-harm in South Africa (Van Oers & Schlebusch, 2021). Another study looked at the national toll-free suicide crisis line, where people could call to speak with a counselor when in crisis (Meehan & Broom, 2007). Meaningful and sustainable change requires macro and micro-level systems to address the issue. Thus, prevention strategies may require national efforts to raise awareness and government funding to build community-based interventions that destigmatise suicidal ideation and self-harm, thereby, making the communities safer spaces for people to reach out for help.

DISCUSSIONS, CLINICAL IMPLICATIONS, STRENGTHS, AND LIMITATIONS

Our review identified a range of interventions and national initiatives addressing the topic of suicide and self-harm. Four themes emerged: (a) Western medical and compassion-focused intervention (b) the helpful role of traditional healing and healers, (c) psychoeducation and self-help techniques (d) the use of technology, and a nationwide approach. Overall, most of the data sample originated from South Africa. Comprehensive data related to self-harm and suicide across different African countries is also not always available, particularly in low-resource settings. There is a lack of reliable incident reporting and even lesser available research on evidence-based interventions, as shown in the present review.

The clinical implications, therefore, are that self-harm and suicide cases often go unnoticed as a growing public health concern. Lack of awareness results in the collapse of political and social incentives to address the stigma related to suicide and self-harm, consequently impacting action in that there proves a scarcity of informed, evidence-based interventions targeting self-harm and suicide in Africa. Despite the lack of action, these are major health problems (Jidong et al., 2024).

One approach may be to address the stigma associated with self-harm and suicide. The cultural and political context is important to consider when developing targeted interventions. For instance, in some African countries, suicide is legally criminalized and underpinned by religious and societal values (Adinkrah, 2010; Knizek et al., 2010; Osafo et al., 2011). Negative attitudes toward suicide and self-harm impact disclosure and access to timely support. Most of the studies included in the present review showed intervention post-self-harm and individuals in crisis requiring hospitalization. However, from the

perspectives of Indigenous knowledge and Durkheim's sociological conceptualization of suicidal ideation the act of suicide cannot simply be located within the individual. An integrative approach that combines Indigenous and Western knowledge may offer a holistic understanding of suicidal ideation and self-harm with multiple intersections at the social, political, cultural, economic and gender levels.

This also points to how self-harm and suicide can impact the individual's sense of self and an entire community. Efforts, therefore, must also look beyond micro-level to macro-level change. This alienation of individuals who experience suicidal ideation and self-harming thoughts should be an area for interventions to target. One study investigating lay persons' attitudes toward suicide in Ghana recognized the value of interconnected thinking in this social context as having a vital role in tackling suicide (Osafo et al., 2011). Participants suggested that suicidal decisions and solutions to resolve this should be collective and involve others (Adinkrah, 2010; Osafo et al., 2011). In a Ghanaian context, it was important to consider that the construct of a nuclear family is irrelevant but includes extended family members. This is significant as the impact of suicide bringing shame and disrupting the family honor brings into systemic family impact suicide may have (Osafo et al., 2011).

Another clinical implication of our review is that Western, whilst medical and compassion-focused intervention tends to be predominant in addressing suicide, other forms of intervention, including traditional healing and healers, could be useful in addressing the issue. In this light, using traditional healing could help address suicide as a socio-cultural phenomenon understood within the context of culture, religion and interpersonal difficulties. As such, promoting a community-based intervention incorporating cultural norms and values could prove helpful in addressing suicidal ideation and relevant for service providers. The role of the global push for decriminalization across all countries would also be useful in addressing suicidal ideation. Future research should consider cultural adaptation and co-designing/developing of sustainable suicidal ideation and self-harm psychosocial intervention as a collaborative work with potential service users, careers, clinicians/service providers and key community stakeholders (Jidong et al., 2024).

This is the first systematic literature review investigating self-harm and suicide interventions in Africa, thus delineating its originality. Other strengths are the methodological rigor and design, such as the PICo model adopted to formulate the review strategy and a framework with Boolean operators (AND/OR/NOT) further used to ensure rigor in using search terms. One of the study's limitations is that the review did not conduct a meta-synthesis due to the heterogeneity of the included studies. The PICo strategy, a modified version of PICO for qualitative studies, could also be limited due to the subjective nature of qualitative studies. The review also included two studies in its final analysis with a high risk of bias due to the limited number of studies in the final sample of included studies.

CONCLUSION

The present study adopted a methodologically rigorous approach and systematically examined existing literature on interventions for self-harm and suicidal ideation in Africa. From the current review's findings, community-based randomized controlled trials of culturally adapted psychological intervention can be a valuable route into addressing suicidal ideation and self-harm in African communities, alongside reconsideration of policy and

its consequential impact on help-seeking behaviors. Nonetheless, the review also shows the sparse research addressing suicide and self-harm in African countries.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author(s).

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REFERENCES

Adinkrah, M. (2010). Better dead than dishonored: Masculinity and male suicidal behavior in contemporary Ghana. *Social Science & Medicine, 74*(4), 474-481.

Aguilar, L. A. (2023). *The Divergent Story of Africa and Ancient Egypt: Images, Perspectives, and History* (Doctoral dissertation, Univ).

Alemazung, J. A. (2010). Post-colonial colonialism: An analysis of international factors and actors marring African socio-economic and political development" (PDF). *Journal of Pan African Studies*, *3*(10), 62–85.

Animasahun, R. A., & Animasahun, V. O. (2016). Psychosocial predictors of suicide mission among Nigerian youths. *African Journal for the Psychological Study of Social Issues*, *19*(1), 79–102.

Bantjes, J., Breet, E., De Wet, H., Khan, M., Weiss, R., & Lewis, I. (2017). Gender differences in epidemiology and medical service utilisation among self-harm patients seeking treatment at an urban hospital in South Africa. *Suicidology Online*, *8*(1), 1–14.

Bantjes, J., Nel, A., Louw, K. A., Frenkel, L., Benjamin, E., & Lewis, I. (2017). This place is making me more depressed': The organisation of care for suicide attempters in a South African hospital. *Journal of Health Psychology*, *22*(11), 1434–1446. https://doi.org/10.1177/1359105316628744

Bantjes, J., Swartz, L., & Cembi, S. (2018). "Our lifestyle is a mix-match": Traditional healers talk about suicide and suicide prevention in South Africa. *Transcultural Psychiatry*, *55*(1), 73–93. https://doi.org/10.1177/1363461517722065

Bantjes, J., & Kagee, A. (2021). Suicide prevention in HIV treatment centres: Population attributable risk analysis of treating common mental disorders. *AIDS and Behavior*, *25*(6), 1864–1872. https://doi.org/10.1007/s10461-020-03116-5

Bayeh, E. (2015). The political and economic legacy of colonialism in the post-independence African states. *International Journal in Commerce, IT & Social Sciences.*, *2*(2), 89–93.

Brådvik, L. (2018). Suicide risk and mental disorders. *International Journal of Environmental Research and Public Health*, *15*(9), 2028. https://doi.org/10.3390/ijerph15092028

Babajani, F., Salari, N., Hosseinian-Far, A., Abdoli, N., Mosafer, H., Heidarian, P., & Mohammadi, M. (2023). Prevalence of suicide attempts across the African continent: A systematic review and meta-analysis. *Asian Journal of Psychiatry*, *91*, 103878. https://doi.org/10.1016/j.ajp.2023.103878

Boland, A., Cherry, G., & Dickson, R. (2017). *Doing a systematic review: A student's guide*. Sage.
Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa
Chilisa, B., & Kawulich, B. B. (2012). Selecting a research approach: Paradigm, methodology and methods. In C. Wagner, B. B. Kawulich, & M. Garner (Eds.), *Doing social research: A global context* (pp. 51–61). McGraw-Hill Higer Education.
Collier, P., & Gunning, J. W. (1999). Why Has Africa Grown Slowly? *Journal of Economic Perspectives*, *13*(3), 3–22. https://doi.org/10.1257/jep.13.3.3
Durkheim, E. (1897/1951). *Suicide: A study in Sociology*. Free Press. Translated by J. A. Spaulding and G. Simpson.
Edwards, B., Taylor, M., & Gray, M. (2024). The influence of natural disasters and multiple natural disasters on self-harm and suicidal behaviour: Findings from a nationally representative cohort study of Australian adolescents. *SSM - Population Health*, *25*, 101576. https://doi.org/10.1016/j.ssmph.2023.101576
Elwakil, R., Ocama, P., Kayamba, V., Fouad, Y., & Ojo, O. (2022). Global excellence in gastroenterology: Africa. *Frontiers in Medicine*, *9*, 1121276. https://doi.org/10.3389/fmed.2022.1121276
Gilbert, P. (2010). *The CBT distinctive features series. Compassion-focused therapy: Distinctive features*. Routledge, Taylor & Francis Group.
Husain, N., Afsar, S., Ara, J., Fayyaz, H., Rahman, R. U., Tomenson, B., Hamirani, M., Chaudhry, N., Fatima, B., Husain, M., Naeem, F., & Chaudhry, I. B. (2014). Brief psychological intervention after self-harm: Randomised controlled trial from Pakistan. *The British Journal of Psychiatry: The Journal of Mental Science*, *204*(6), 462–470. https://doi.org/10.1192/bjp.bp.113.138370
Jidong, D. E., Ike, T. J., Husain, N., Francis, C., & Mwankon, S. B. (2024). Perspectives on self-harm and suicidal ideation in Nigeria: A mixed-methods study of patients, family caregivers, clinicians, and the public. *Archives of Suicide Research*,
Jidong, D. E., Bailey, D., Sodi, T., Gibson, L., Sawadogo, N., Ikhile, D., Musoke, D., Madhombiro, M., & Mbah, M. (2021). Nigerian cultural beliefs about mental health conditions and traditional healing: A qualitative study. *The Journal of Mental Health Training, Education and Practice*, *16*(4), 285–299. https://doi.org/10.1108/JMHTEP-08-2020-0057
Jidong, D. E., Husain, N., Roche, A., Lourie, G., Ike, T. J., Murshed, M., Park, M. S., Karick, H., Dagona, Z. K., Pwajok, J. Y., Gumber, A., Francis, C., Nyam, P. P., & Mwankon, S. B. (2021). Psychological interventions for maternal depression among women of African and Caribbean origin: A systematic review. *BMC Women's Health*, *21*(1), 83. https://doi.org/10.1186/s12905-021-01202-x
Knizek, B. L., Akotia, C. S., & Hjelmeland, H. (2010). A qualitative study of attitudes toward suicide and suicide prevention among psychology students in Ghana. *Omega*, *62*(2), 169–186. https://doi.org/10.2190/om.62.2.e
Kohrt, B. A., Blasingame, E., Compton, M. T., Dakana, S. F., Dossen, B., Lang, F., Strode, P., & Cooper, J. (2015). Adapting the Crisis Intervention Team (CIT) Model of Police – Mental Health Collaboration in a Low-Income, Post-Conflict Country: Curriculum Development in Liberia, West Africa. *American Journal of Public Health*, *105*(3), e73–80. https://doi.org/10.2105/AJPH.2014.302394
Kok, R., Kirsten, D. K., & Botha, K. F. H. (2011). Exploring Mindfulness in Self-Injuring Adolescents in a Psychiatric Setting. *Journal of Psychology in Africa*, *21*(2), 185–195. https://doi.org/10.1080/14330237.2011.10820447
Meehan, S. A., & Broom, Y. (2007). Analysis of a national toll free suicide crisis line in South Africa. *Suicide & Life-Threatening Behavior*, *37*(1), 66–78. https://doi.org/10.1521/suli.2007.37.1.66
Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Medicine*, *6*(7), e1000097. https://doi.org/10.1371/journal.pmed.1000097
Mueller, A. S., Abrutyn, S., Pescosolido, B., & Diefendorf, S. (2021). The social roots of suicide: Theorising how the external social world matters to suicide and suicide prevention. *Frontiers in Psychology*, *12*, 621569. https://doi.org/10.3389/fpsyg.2021.621569

Mugisha, J., Hjelmeland, H., Kinyanda, E., & Knizek, B. L. (2013). Religious views on suicide among the Baganda, Uganda: A qualitative study. *Death Studies*, *37*(4), 343–361. https://doi.org/10.1080/07481187.2011.641136

Munetsi, E., Simms, V., Dzapasi, L., Chapoterera, G., Goba, N., Gumunyu, T., Weiss, H. A., Verhey, R., Abas, M., Araya, R., & Chibanda, D. (2018). Trained lay health workers reduce common mental disorder symptoms of adults with suicidal ideation in Zimbabwe: A cohort study. *BMC Public Health*, *18*(1), 227. https://doi.org/10.1186/s12889-018-5117-2

Musyimi, C. W., Mutiso, V. N., Haji, Z. R., Nandoya, E. S., & Ndetei, D. M. (2018). Mobile Based mhGAP-IG Depression Screening in Kenya. *Community Mental Health Journal*, *54*(1), 84–91. https://doi.org/10.1007/s10597-016-0072-9

Ogueji, A. I., & Okoloba, M. M. (2020). Compassion-focused therapy (CFT) as an intervention against suicidal ideation in newly diagnosed people living with HIV/AIDS (PLWHA) attending a Nigerian maternity teaching hospital. *Global Psychiatry*, *3*(1), 104–112. https://doi.org/10.2478/gp-2020-0012

Omigbodun, O., Dogra, N., Esan, O., & Adedokun, B. (2008). Prevalence and correlates of suicidal behaviour among adolescents in southwest Nigeria. *The International Journal of Social Psychiatry*, *54*(1), 34–46. https://doi.org/10.1177/0020764007078360

Ongeri, L., Nyawira, M., Kariuki, S. M., Bitta, M., Schubart, C., Penninx, B. W. J. H., Newton, C. R. J. C., & Tijdink, J. K. (2023). Perspectives on reasons for suicidal behaviour and recommendations for suicide prevention in Kenya: Qualitative study. *BJPsych Open*, *9*(2), e38. https://doi.org/10.1192/bjo.2023.7

Osafo, J., Hjelmeland, H., Akotia, C. S., & Knizek, B. L. (2011). Social injury: An interpretative phenomenological analysis of the attitudes towards suicide of law persons in Ghana. *International Journal of Qualitative Studies on Health and Well-Being*, *6*(4), 8708. https://doi.org/10.3402/qhw.v6i4.8708

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., … Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, *372*, n71. https://doi.org/10.1136/bmj.n71

Thornicroft, G., Sunkel, C., Alikhon Aliev, A., Baker, S., Brohan, E., El Chammay, R., Davies, K., Demissie, M., Duncan, J., Fekadu, W., Gronholm, P. C., Guerrero, Z., Gurung, D., Habtamu, K., Hanlon, C., Heim, E., Henderson, C., Hijazi, Z., Hoffman, C., … Winkler, P. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *Lancet (London, England)*, *400*(10361), 1438–1480. https://doi.org/10.1016/S0140-6736(22)01470-2

Uddin, U., Burton, N. W., Maple, M., Khan, S. R., & Khan, A. (2019). Suicidal ideation, suicidal planning, and suicidal attempts among adolescents in 59 low-income and middle-income countries: A population based study.

Uwaoma, B. C., Aniche, A. N., Isiwu, P. I., & Chinawa, F. C. (2023). Parenting style and self-esteem as predictors of suicidal ideation among adolescents in isi ala ngwa, abia state. *Gouni Journal of Management and Social Sciences*, *11*(1), 212–226.

Van Oers, H., & Schlebusch, L. (2021). Breast cancer patients' experiences of psychological distress, hopelessness, and suicidal ideation. *Journal of Nature and Science of Medicine*, *136*, 20. https://doi.org/10.4103/jnsm.jnsm_136_20

Williams, P. (1999). Heart, head and hand – A column from Befrienders International. *Crisis*, *20*(3), 99–102. https://doi.org/10.1027/0227-5910.20.3.99

World Health Organization (WHO). (2016). *Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm*. WHO.

Wu, K. C. C., Cai, Z., Chang, Q., Chang, S. S., Yip, P. S. F., & Chen, Y. Y. (2022). Criminalisation of suicide and suicide rates: An ecological study of 171 countries in the world. *BMJ Open*, *12*(2), e049425. https://doi.org/10.1136/bmjopen-2021-049425

Zondi, S., Cakata, Z., & Hlabangane, N. (2021). The renaissance re-members. *International Journal of African Renaissance Studies*, *16*(2), 1–3. https://doi.org/10.1080/18186874.2022.2028430

APPENDIX 1. The Joanna Briggs Institute risk of bias assessment table of outcome

Author	1 Yes/No/ Unclear/ Not applicable	2 Yes/No/ Unclear/ Not applicable	3 Yes/No/ Unclear/ Not applicable	4 Yes/No/ Unclear/ Not applicable	5 Yes/No/ Unclear/ Not applicable	6 Yes/No/ Unclear/ Not applicable	7 Yes/No/ Unclear/ Not applicable	8 Yes/No/ Unclear/ Not applicable	9 Yes/No/ Unclear/ Not applicable	10 Yes/No/ Unclear/ Not applicable	11 Yes/No/ Unclear/ Not applicable	12 Yes/No/ Unclear/ Not applicable	13 Yes/No/ Unclear/ Not applicable	Overall appraisal Include/ Exclude/ Seek further info	Comments
Kohrt et al. (2015)	yes	yes	yes	no	yes	yes	yes	yes						Include	Cross-sectional study. Small sample size. Clear methodology and appropriate use of pre-and post-workshop surveys. The post-workshop survey was administered 6 months after the workshop with quantitative and qualitative data used. 26 item needs assessment was developed by the study researchers and therefore unable to confirm how objective this was.
Kok et al. (2011)	yes	yes	yes	yes	yes	yes	yes	Not applicable	Not applicable	Not applicable	Yes			Include	Pre/post-test study design used, no follow-up. Appropriate analysis of the data set was used and a mixed design was adopted. However, the confounding factor of age was not adjusted for due to the small sample size. The small sample size was understandable due to the exploratory nature of the study.
Musyimi et al. (2018)	yes	yes	yes	yes	yes	yes	yes	yes	Not applicable	Not applicable				Include	Used both qualitative and quantitative methods. No follow-up. Pre/post-test design of a health-related mental health mobile app intervention for acute stages. Confounding variables were considered such as poor internet connectivity and identified areas with

(*continued*)

Continued.

Author	1 Yes/No/ Unclear/ Not applicable	2 Yes/No/ Unclear/ Not applicable	3 Yes/No/ Unclear/ Not applicable	4 Yes/No/ Unclear/ Not applicable	5 Yes/No/ Unclear/ Not applicable	6 Yes/No/ Unclear/ Not applicable	7 Yes/No/ Unclear/ Not applicable	8 Yes/No/ Unclear/ Not applicable	9 Yes/No/ Unclear/ Not applicable	10 Yes/No/ Unclear/ Not applicable	11 Yes/No/ Unclear/ Not applicable	12 Yes/No/ Unclear/ Not applicable	13 Yes/No/ Unclear/ Not applicable	Overall appraisal Include/ Exclude/ Seek further info	Comments
															better connectivity to reduce delays.
Munetsi et al. (2018)	yes	yes	yes	yes	yes	yes	yes	Not applicable	Not applicable	Not applicable	Yes			Include	Pre/post-test design. No association between earning a salary and suicidality. Confounding factors were considered such as gender as the study had a female-heavy sample. No follow-up.
Ogueji and Okoloba (2020)	yes	no	yes	yes	yes	no	yes	yes	yes	yes	yes	yes	yes	Include	No follow-up. Pre/post-test randomized controlled trial. The control group varied in confounding factor of gender with 73% female, where there was a balance in gender for the intervention group where there was 54% female. The significant outcome was related to possibly a small sample size which was considered and explained. Researchers were not blinded and related this to keeping in regular contact to help maintain a good retention rate for the study.
Meehan and Broom (2007)	yes	yes	no	no	yes	yes	no	Not applicable						Excluded	Cross-sectional study. Instruments were not used before and developed for the study. Qualitative data so the statistical analysis was not applicable. Log sheets were used which were not standardized measures and had a low completion rate of 8%, which meant the study had a small sample size. High

(*continued*)

Continued.

Author	1 Yes/No/ Unclear/ Not applicable	2 Yes/No/ Unclear/ Not applicable	3 Yes/No/ Unclear/ Not applicable	4 Yes/No/ Unclear/ Not applicable	5 Yes/No/ Unclear/ Not applicable	6 Yes/No/ Unclear/ Not applicable	7 Yes/No/ Unclear/ Not applicable	8 Yes/No/ Unclear/ Not applicable	9 Yes/No/ Unclear/ Not applicable	10 Yes/No/ Unclear/ Not applicable	11 Yes/No/ Unclear/ Not applicable	12 Yes/No/ Unclear/ Not applicable	13 Yes/No/ Unclear/ Not applicable	Overall appraisal Include/ Exclude/ Seek further info	Comments
															risk of bias and outcomes read with caution
Bantjes and Kagee (2021)	yes	yes	yes	yes	yes	no	yes	yes						Include	Cross-sectional study. Reasons for suicidal ideation vary between individuals as identified by the study; however it was unclear how these variables were dealt with. The sample size was large enough for analysis.
Bantjes, Breet, et al. (2017)	yes	Not applicable	yes	Yes	yes	Unclear	yes	yes						Include	Qualitative cross-sectional study– how the bias of interpretation was not clearly explained and unclear if the data set was coded and reviewed by a second reviewer?
Van Oers and Schlebusch (2021)	yes	yes	yes	yes	yes	yes								Include	Review paper. The reviewer is a Professor of Behavioral Medicine. Data and references were appropriate, with a clear focus on the population of interest.
Williams (1999)	yes	yes	unclear	no	yes	no	no	Not applicable						Exclude	Cross-sectional study. Lack of information about what the 15-page questionnaire measured and the methodology around how this was constructed. Confounding variables were identified such as due to the low literacy rates of participants researchers asked the questions and recorded responses themselves. A major limitation was the lack of demographic information provided related to the respondents. Qualitative data

(*continued*)

Continued.

Author	1 Yes/No/ Unclear/ Not applicable	2 Yes/No/ Unclear/ Not applicable	3 Yes/No/ Unclear/ Not applicable	4 Yes/No/ Unclear/ Not applicable	5 Yes/No/ Unclear/ Not applicable	6 Yes/No/ Unclear/ Not applicable	7 Yes/No/ Unclear/ Not applicable	8 Yes/No/ Unclear/ Not applicable	9 Yes/No/ Unclear/ Not applicable	10 Yes/No/ Unclear/ Not applicable	11 Yes/No/ Unclear/ Not applicable	12 Yes/No/ Unclear/ Not applicable	13 Yes/No/ Unclear/ Not applicable	Overall appraisal Include/ Exclude/ Seek further info	Comments
															was used, statistical analysis was not applicable.
Bantjes, Nel, et al. (2017)	yes	yes	yes	yes	yes	yes	yes	yes						Include	Cross-sectional study. Confounding factors were taken into considering, for instance findings showed incongruent with literature where men are considered to engage in self-harm with higher lethality which was not supported by the study which showed similarities in seriousness between men and women for self-harm suggesting that it may be reflected by the country's public health care system in South Africa. As this may be more of a systemic issue it is beyond the scope of this study to address this confounding factor. Appropriate measures were used and statistical analysis.
Bantjes et al. (2018)	yes	yes	yes	yes	yes	no	yes	Not applicable						Include	Cross-sectional qualitative study using semi-structured interviews. Confounding variables were considered such as the experiences of patients who receive the care in discussion. Variations in age and number of years practicing were confounding variables but no strategies were made to deal with this. Qualitative data was used. Statistical analysis was not applicable.