Perspective

Life skills training as a promising preventive strategy of self-harm and other common problems in adolescents: low and lower-middle-income country perspective

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Background

Life Skills have been variously defined. Most available definitions contain elements of the World Health Organization's (WHO) statement which indicates that life skills are the "psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life" (1). A list of 10 life skills is described as generic life skills for psychosocial competence, identified by WHO as core life skills applicable across a wide range of contexts in daily life and risk situations. These life skills include self-awareness, empathy, communication skills, interpersonal skills, decision-making, problem-solving, creative thinking, critical thinking, coping with emotions and coping with stress (2).

Adolescence is a transitional phase of life in which one-fifth experiences mental health problems, including anxiety and depression, and suicidal behaviours (3). Low levels of mental wellbeing are a predictor of psychological problems and mortality (4). Globally suicide is the third leading cause of death in young people, with a higher burden in low and lower-middle-income countries (LMIC) (5). In 2009, suicide accounted for one in fourteen adolescents (6). Alcohol, illicit drug use and unsafe sex are the main risk factors for incident disability-adjusted life-years in adolescents (7). Substance use is increasing in LMIC (8) and contributes to the increasing incidents of suicidal attempts (9). In LMIC, these developmental and socio-economic vulnerabilities have resulted in adolescents experiencing a disproportionately higher burden of reproductive and maternal morbidity and mortality (10).

Individuals with a higher risk for suicide are often poor at problem-solving skills and dealing with interpersonal problems (11). It was reported that the inability to cope with negative feelings, emotions and urges, and poor decision-making skills (12) and lack of skills necessary to deal with their problems (13) were the leading causes for suicidal behaviour. In rural north-central of Sri Lanka, self-poisoning was labeled as a preferred method of dealing with difficult situations in most of the adolescents (14). Similarly, in southern Sri Lanka it was labelled as a 'quick fix' to difficult interpersonal circumstances (15).

Adolescents with better psycho-social competencies contributing to creating resilient adolescents who can cope with daily challenges and lead productive lives (3). However, in general, life skills is a less explored entity in suicidology (16).

An interventional study reported that life skills training improved the negative cognitive-affective states and hopelessness, the major mediating

variable associated with suicide (17). Although there are no direct findings, researchers are confident about the reduction of suicide probability with life skills training (17).

The life-skills and life-skills training came on to the stage with recent changes in the family structure and functioning in LMIC (18), specifically Indian subcontinent countries which are contributed to a considerable proportion of suicides globally (19). The extended family structure changed to a nuclear family. The number of children in a family drastically reduced over the last three to four decades (18). Parenting patterns were changed and the number of hours available to be with the children was shrunken. The quality of the family relationships was reduced and family bonds were loosened gradually. This is a kind of change that can be labelled as an inevitable transformation with the changing socio-economic environment in LMIC. Moreover, in recent years, a further distancing of family relationships can be expected parallel to the increase in screen time. Similarly, this can be labelled as an inevitable change with the so-called development of technology. However, these transformations disrupt the traditional flow of life experiences, which happened within the household. The vacuum created by that disruption demands the bridging gap through the life-skills training, preferably included in the formal education curriculum.

In adolescents, positive social relations are among the most reliable protective factors from suicidal behaviour (20). School-based life-skills interventions in Western countries where parents are actively involved have demonstrated increased parental care and reduced substance abuse, reduced family conflict, improved family support, reductions in suicide associated risk behaviours among youth (21), and enhanced parent communication skills (ability to communicate with youth in distress e.g. about suicide) (20, 22, 23). A decade ago, a similar finding was observed through a population-based intervention, in India (24).

Hence, without a doubt, school-based adolescent life-skills training can be recommended as a promising preventive strategy of self-harm and other common problems in LMIC adolescents.

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