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Community-Based Support System in Suicide Prevention: Experiences from Indonesian Grassroots

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Abstract: The community-based support system for suicide prevention was discovered using the qualitative analysis. In order to safeguard cases of suicide in person, twelve stakeholders were observed and interviewed about their experiences from Gunungkidul, Indonesia. This study finds that community-based assistance can be divided into three types of behaviours: responsiveness, localised healing, and empathy. Families provide security, comfort and acceptance. Public care is also offered to communities, including support and social institutions. Social advocacy and rehabilitation are CBOs program. It gives new perspective on suicide prevention, which is still primarily psychological approach and rarely employs integrative system to decrease suicide rates.

Keywords: Community-Based Support System, Suicide Prevention, Mental Illness, Indonesian Grassroots

Abstrak: Sistem dukungan berbasis komunitas untuk pencegahan bunuh diri ditemukan melalui analisis kualitatif. Untuk melindungi kasus bunuh diri secara langsung, dua belas pemangku kepentingan diobservasi dan diwawancarai mengenai pengalaman mereka di Gunungkidul, Indonesia. Penelitian ini menemukan bahwa bantuan berbasis komunitas dapat dibagi menjadi tiga jenis perilaku: responsivitas, penyembuhan lokal, dan empati. Keluarga memberikan rasa aman, kenyamanan, dan penerimaan. Perawatan publik juga ditawarkan kepada komunitas, termasuk dukungan dan institusi sosial. Advokasi sosial dan rehabilitasi adalah program dari organisasi berbasis komunitas (CBO). Ini memberikan perspektif baru dalam pencegahan bunuh diri, yang masih didominasi oleh pendekatan psikologis dan jarang menggunakan sistem integratif untuk menurunkan angka bunuh diri.

Kata Kunci: Sistem Dukungan Berbasis Komunitas, Pencegahan Bunuh Diri, Gangguan Mental

INTRODUCTION

Suicide rates in Indonesia have risen over the last ten years. It is expected to be around 2.4 per 100,000 people in 2020 (World Health Organization, 2021). Economic pressure, conflicts, natural disasters, chronic illnesses, and other factors all contribute to an increase in suicides (Bachmann, 2018; Radeloff et al., 2021; Tanaka & Okamoto, 2021). Suicide is a social problem, and there are complementary needs in supporting suicidal people's prevention, both in the family and in the social environment (Richardson, Robb, McManus, & O'Connor, 2022). Suicide prevention necessitates family support and social care in responding to warning signs of suicidal intent, as well as providing a comfortable public space for people to share their problems (Kleiman & Liu, 2015; Kusumastuti, Jusup, Fitrikasari, & Hadiati, 2021).

Suicide was a concept of human life to relieve itself of frustration. According to Turecki et al. (2019), the evolving suicide ratio is more complex, with contributions from biologics (genetic), psychologies (certain personality traits), clinical (comorbid psychiatry illness), social, and environmental factors. Meanwhile, suicide prevention policies increase awareness and therapeutic interventions for anxiety in individuals through community mental health services (Vasiliadis, Lesage, Latimer, & Seguin, 2015). Furthermore, handling and protecting suicide attention does not involve a wide range of stakeholders, including close family and social responsiveness to vulnerability (Finlayson-Short et al., 2020). Despite the overwhelming evidence that suicide is a complex problem, there has been little attention paid to researching the community-based support system as a strategy for reducing suicide cases.

In regards of the study's purpose, it specifically complements earlier research by focusing on the community-based support system as a social integration strategy for preventing suicide. This study's secondary goal is to provide more information about the significance of suicide activities occurring in Indonesia's Gunungkidul District from the perspectives of families, communities, and social institutions.

Theoretical Considerations of Social Integration in Suicide Prevention

One approach may be very helpful for understanding how to include society in suicide prevention in light of these various experiences. The social integration theory was employed in this study as an analytical tool to comprehend the complexity of the suicide

problem (Mueller, Abrutyn, Pescosolido, & Diefendorf, 2021). The essential hypothesis regarding suicide advanced by Durkheim (2005) is social integration. Sociologists have drawn heavily on Durkheim's integration to frame the suicide phenomenon. More broad social ties within a collective have been influenced by the force of integration (Ariapooran, Heidari, Asgari, Ashtarian, & Khezeli, 2018; Izudin, 2021). This sense of community guards against what is referred to as "egoistic" suicide. As a result, the theory of social integration and suicide prevention are intimately intertwined.

A modification of the collective social interaction is the collectivist society model (Abrutyn, Mueller, & Osborne, 2019). This model specifically focuses on social diffusion adjustment as a suicide prevention strategy within supportive social interactions and setting. Existing research demonstrates that developed and developing countries differ greatly from one another. Developed countries like America, China, and Japan have made it clear that ideologies, views, or acts of resistance to an oppressive government are reasons why people commit suicide in person (Caine, 2013; Mukherjee & Wei, 2021; Takahashi, Hirasawa, Koyama, Senzaki, & Senzaki, 1998). In contrast, cases of suicide are more prevalent in developing countries due to myths, poverty, and gender-based discrimination (Darmaningtyas, 2002; Fahrudin, 2012; Putra, Karin, & Ariastuti, 2021; Setiyawati, Jatmika, Puspakesuma, Retnowati, & Colucci, 2022). The implications of social integration theory is discussed in relation to discourses on suicide in rich and developing countries that have exacerbated diaspora.

In the aim of preventing suicide, Abrutyn et al. (2019) looked into how social integration could be viewed as a social diffusion process. Once the social integration strategy was explained to us, we began to suffer suicide attempts that were exponentially more severe. This paradigm, albeit widely considered as demonstrating how many worldwide experiences justified the suicide prevention process from its fundamental difficulties, yet falls short of enhancing alternative preventive efforts focused on local healing. This study provided a novel framework for understanding social integration theory that approaches suicide prevention in Indonesia from the ground up and analyzes it in connection to its central problem (Ali, 2021; Andari, 2017).

Definitions for Suicide and Community-Based Support Systems in Operational Terms

We shall define a number of terms related to suicide and community-based support systems for the course of this research. A different approach to understanding meaning from many study experiences is to redefine the term "suicide". Because the term suicide is employed more and more frequently in scholarly works, operationalizing suicidality presents us with a challenging and unclear problem (Bachmann, 2018; Caine, 2013; Mukherjee & Wei, 2021). While the term "suicide" has traditionally been used to refer to causes and defining forms. Financial issues, family issues, work-related issues, love-related issues, school-related issues, psychological disorders, and mental disorders were cited as reasons for suicide attempts. However, characteristic forms have revealed that suicidal individuals share many of the same risk factors for suicide as those in other countries, such as alcoholism, schizophrenia, mood disorders, accident propensity, a family history of suicide, and tragically accidental death (Samson & Sherry, 2020; Takahashi et al., 1998; Turecki et al., 2019).

It is challenging to run a community-based support system for suicide prevention. Human interaction and the formation of relationships are encouraged by a system of help rooted in the neighbourhood. Specifically to avoid the long-term neglect of the most vulnerable groups, Yuda et al. (2021) argue that the CBSS is a society that can defend its members' needs based on current events. Aside from that, Steffenak et al. (2021) give alternative opinions and emphasise that CBSS, which is supported by social networks like care, health, and public service, is there to help people or vulnerable groups. It implies that people may use the CBSS as a place to get away from dangerous situations. People are urged to talk about their concerns in these circumstances, as demonstrated by Burnette et al. (2019). In these circumstances, people are urged to share their own experiences and how they overcame difficulties by making the best decision. Therefore, the necessary support systems can deal with problems brought on by loss.

METHODS

Participants

Between December 2021 and April 2022, fifteen participants who had been selected using a purposive sampling technique were interviewed (Silverman & Patterson, 2022, p. 75). The participants are natives of Gunungkidul, an area in Indonesia where suicide rates

are quite high (Polres Gunungkidul, 2021). They split up into identities and criteria. Families (n=5), communities (n=5), and CBOs (n=2) made up the three clusters that composed the participants for this criterion. Participants' identities are broken down into gender and age on the side (see table 1). In order to learn more about the suicide phenomenon in relation to the study's goals, all participants were interviewed.

Table 1. Participants' descriptives

Criteria	Identifier	Gender	Age in years	Information Data
Families	P1	Male	43	The researchers verified information regarding the families' experiences with suicide prevention.
	P2	Male	57	
	P3	Male	40	
	P4	Female	53	
	P5	Male	59	
Communities	P6	Male	38	The researchers looked through data pertaining to community suicide prevention.
	P7	Male	42	
	P8	Female	52	
	P9	Female	28	
	P10	Male	31	
Community-Based Organizations (CBOs)	P11	Male	27	The researchers learned information about supporting and integrating survivors into society.
	P12	Male	36	

Data collections

Interviews and observations were the two methods used to collect research data. Firstly, observations were done to determine the individuals' actual condition with regard to perceptions, values, and suicide prevention activities. This activity of observation aims to comprehend how survivors combat suicidal pressure, how families shield survivors, techniques for social advocacy, and examples of survivors' acceptance in society. By observing social interactions, daily life, and participant interactions, observations were also made to investigate data on empathy, responsiveness, and healing strategies for the participants. Field notes were used to document every observation activity, which were then downloaded to a Personal Computer (PC) (Angrosino, 2007, p. 53). Therefore, in an effort to increase research analysis in interpreting social events that occur, observational data is joined with supporting literature sources in the form of statistical data, journals, books, and research reports.

Secondly, researcher interviews. Face-to-face interviews are conducted as well as through WhatsApp direct messages (Walter, 2010). An outline for semi-structured questions is created by the researcher. This approach was adopted so that informants may share information honestly and without restriction when expressing their opinions (Creswell, 2014, p. 121). All of the participant interviews took place at their homes or offices and lasted between one and a half and two hours. After receiving consent, the researcher requested authorization to make the recording. All interviews were taped and written down. In order to protect participant confidentially, the researcher masks their names as part of study ethics, allowing them to speak freely about people, families, communities, and institutions.

Data analysis

Following the collection of all the data, the researcher used five procedures to analyse it: recording, horizontalization, cluster of meaning, essence description, and interpretation (Creswell, 2013, p. 193). Having followed the transcription of the verbal interviews, the data analysis process included characterising the participants' individual experiences. The researcher then carried out a data inventory based on significant and pertinent queries. On the basis of their study goals, the researchers then group the questions into themes and analytical units. The researcher then proceeds to describe the findings primarily in light of the significance and core of the participant's experiences. In the final step, the researcher evaluates the field observations and interview data that are built around the phenomena that are observed. The goal of any data analysis procedure is to discover a novel phenomena based on the experiences of research participants.

RESULTS

Three stakeholders identified the major themes in suicide prevention, such as empathy, responsiveness, and locality healing (families, communities and social institutions). Table 2 shows the framework thematic, along with theme prevalence. Each theme was described in greater detail and supported by quotes from participants. It is important to note, however, that not all participants' experiences are the same, and there is no evidence of generalization to specific incidents in individual suicide.

Table 2: Integrative system for cases of suicide prevention

Stakeholders	CBSS	The Endorsement Forms	Implications
Families	Empathy	Protections	The prevention for survivor family and suicide victims
	Responsive	Spaces	Assistance for family given material response, sharing information, loving, emotional support, and cares.
	Healing	Acceptance	Accepting the situation manner for survivor
Communities (Social Groups)	Empathy	Assistances	Survivors helped by neighbourhoods, peers, and local communities, such as religious leaders and the village apparatus.
	Responsive	Institutions	Survivors accepted by communities without given negative stigma to victims or families. It also extended at understanding of mental sickness no behaviour disgraced, but it is God's nature.
Community-Based Organisations (CBO)	Empathy	Advocacy	Advocating of Gunungkidul Regent rules about countermeasure of suicide actions, No. 56 in 2018; training public and treatment; cooperation with across sectorial; hotline services of 24-hour; collaborating with family, survivor, and vulnerable groups.
	Responsive	Programs	Individual therapy, family counselling, training, assistance and empowerment.
	Healing		*Nguwongke Uwong* (Humanity)

CBSS: Community-Based Support System.

Empathetic: Care, Socialisation and Rehabilitation

There is empathy, sadness, and respect for other people's difficulties. It can boost self-esteem to have a mentally strong person in the face of adversity. The person who commits suicide will have more power if they are mentally strong. The family's empathy for each vulnerable person is the most important factor in preventing suicide attempts. There are member family cases that suffer from mental illness as a result of life stress and can use other families to provide empathy in enforcing suicide prevention. One participant, for example, describes how empathy for survivors:

> ...I give attention, listen to complaints and suggestions to avoid problems... (Family, P1, Male, Age 43).

Another participant from the IMAJI foundations (Yayasan Inti Mata Jiwa) expressed empathy for people suffering from mental illnesses who are contemplating suicide. Healthcare services have limitations and deficiencies, but the IMAJI has assisted them. The IMAJI collaborated with the government (Prosperous Family Program - *Program Keluarga Harapan*/PKH from the Ministry of Social Affairs, Republic of Indonesia) in assisting vulnerable groups, as well as socialization and public education. As a result, community-based organizations such as the IMAJI have positively contributed to the prevention of suicide attempts.

> Let us think, don't be arrogant to one another; we have an obligation to help people who are having problems in their lives. Do not cause distress by marginalizing survivors! We make no distinction between one client and another. Indeed, we assisted them with social care programs such as Citizenships Card (*Kartu Tanda Penduduk* - KTP), Healthy Indonesian Card (*Kartu Indonesia Sehat* - KIS), and advocated for survivors' families who were victims of PKH. Also, involving social protection for the sake of empathy and common sense, we collaborated with locals to establish Jogoboyo groups - a social institution that works for poor advocacy in administrative matters. (CBOs, P12, Male, Age 36)

Empathy from families, societies, and institutions can help to prevent suicide attempts. When people face difficulties, these roles will boost their confidence and encourage positive mental behavior. Furthermore, empathy has given both family and surrounding citizens the ability to closely influence thinkers and hearts in person to choose positive paths in their lives. Similarly, the IMAJI has reduced the number of mental illnesses in Gunungkidul, as mapped by community institutions, decreasing the rate of survivors from 29 to 27 cases in 2022. As a result, a person who decides on suicide actions influences these characteristics.

Responsiveness: Taking Initiative and Creating Public Space

The main factors in suicidal people prevention are responsive behaviors from family, community, and CBO. Stakeholders were encouraged to take collective action. Most of them are suicidal in person; it is important to encourage them to participate in social activities before making a decision. The family, for example, is acutely aware of suicidal

people and has stimulated survivor internal behaviors in fantasizing about a better future than the one they have now. The community also plays a role in providing survivors with public spaces that are generally open and accessible to the public, which helps with mental supervision. This responsiveness aids survivors when they are confronted with problems that strain their emotional quotient. To highlight the CBO's role, it has dedicated psychological and mental mentoring for suicidal people.

> As a survivor's family member, I am clearly assisting a person with a mental illness. I'm helping a suicidal person who keeps returning—in local parlance, *Mboten Nglangut*. I also decided to assist with doctor's prescriptions, such as antibiotics and food. (Family, P3, Female, Age 51)

When community and family members report suicidal intentions, the Lentera will quickly become responsive. There are accepted fastest responses for people with a history of mental illness in response to this report. In this case, there are shifting roles with more immediate responses in preventing suicidal people—from *Dukun* (traditional healers) trusted to medicine used through the Social Security Administrative Body (*Badan Penyelenggara Jaminan Sosial* - BPJS)—that have decreased incidents. People used social service facilities to prevent mental illness, such as free treatments, hospitals, clinics, and hotline counselling, as part of a collaboration program between the government and social institutions (CBO).

> Many stakeholders, including local communities, Grasia Hospitals, Clinics, and the Gunungkidul Regency Official Government, have agreed to work with us. In terms of cooperation, there is an agreement that the social service facilities for suicidal people have been easily accessed—such as ambulance, social assistance, food donation, and doctor as a way of coping when receiving the community and family cases report. As a result, quick response to suicidal in person has directly aided facility availability. (Communities, P10, Male, Age 42)

As a strategic direction in preventing suicide, the communities have closely accommodated survivors by distributing roles in social activities, forming an inclusive village for people with mental illnesses. Residents are open to understanding suicidal problems in their lives in order to create inclusive behaviors. In light of these characteristics, communities have established norms and ethics for social integration as an essential component of a new model for preventing suicidal people. Furthermore, the locals

facilitated a new social structure as a space of safety net in rebuilding social capital for a person suffering from mental illness, which improved understanding of life problems.

> Here, we accepted people with mental illnesses who were experiencing hallucinations, which made society uncomfortable, though they gradually came to understand it, which provides a huge opportunity to participate actively. (CBOs, P12, Female, Age 28)

Another important aspect derived from public spaces applies to social activities, making the person feel at ease after receiving anti-biotics. Lentera institutions, which are assistance services with established catfish farms, have openly empowered survivors, for example. This activity provided survivors with an alternative coping strategy by literally introducing space and social institutions. Such circumstances can indirectly lead to the discovery of the best solution for suicidal people's prevention, and they will forget the difficulties in their lives. Furthermore, by involving three stakeholders supported by the family, community, and CBO, it can be a responsive manner decreasing suicide in person.

Localised Healing

Because this situation was not separated in live communities, local wisdom included within society can serve as suicide prevention, a part of social cultures. It can influence people with mental illnesses and vulnerable groups to avoid suicide, as well as the presentation of healing techniques within the community to alleviate difficulties for meditation to relax the minds and bodies. Using local philosophies, problems in a suicidal person were released with sounds such as:

> Life should be it patient (*urip iku kudu sabar*), accept yourself (*nerimo ing pandum*), and life is arranged (*urip ono sing ngatur*). (Communities, P8, Female, Age 52)

Using these words can help suicidal people who are dealing with a problem in their lives. Someone who is depressed or mentally disturbed can be profoundly entertained by using inspirational quotes. As a result, community support embedded in local wisdom is a component of integrative coping for suicide prevention.

DISCUSSION

This study shows that local people have a distinct and unique mechanism for dealing with suicide prevention in Gunungkidul, Indonesia. Caring for a mental illness in person can result in empathy from family, community, and institutions, which can reduce suicide attempts. According to Reivich & Shatté (2002), these three elements will accelerate skills for people with mental illnesses, have empathy for people who have difficulty interpreting nonverbal languages such as face expression and body language, and literally read people's minds. Kusumastuti et al. (2021) and Asih & Hiryanto (2020) both highlighted the importance of these three factors in influencing people's ability to view those with long-term depression and anxiety issues with optimism as a safety net for navigating suicidal ideation. Under this regard, community-based support with a specific empathy sense is required to accelerate the implementation of suicide prevention strategies involving local wisdom healing (Kleiman & Liu, 2015).

The responsiveness with expanding spaces and institutions refers to rehabilitation services for survivors under supervision. This concept is regarded as a novel approach to preventing suicide attempts. **The** involvement of three stakeholders has had a significant impact on a survivor as an alternative method of releasing problems such as mental health, social capital, and economic pressure. According to Durkheim (2005, pp. 97–104) the majority of suicides are not just the result of mental illness but also of a number of other factors such as family problems, lost jobs, poverty, depression, anxiety, and other issues. It is a tool for detecting suicidal intent early on. As stated by Vijayakumar et al. (2005), suicide is clearly caused by multiple factors involving many stakeholders in the prevention role has become strategic to suicide action. Thus, this study implies that individuals commit suicide due to a variety of factors that affect social phenomena (Biroli, 2018).

Numerous aggressive suicidal prevention interventions have been presented in this study, as strategic healing based locality, saying statement follows to Java philosophies like *Nerimo Ing Pandum*, *Urip Ono Sing Angatur*, and *Lung Ti Nulung*, there actively are blowing up in grassroots level as a voluntarism movement from the family, community, and CBO (Asih & Hiryanto, 2020; Darmaningtyas, 2002; Fahrudin, 2012). Therefore, this study presents a coping mechanism for suicide deaths actions, which focuses on social norms, interpersonal relationships, breaking down social barriers, and the crucial aspect of myths that are

thought to be one of the factors contributing to an increasing death fatalities and injuries actions in Gunungkidul.

Implications

When compared to previous studies on suicide prevention issues, the uniqueness of the local people as a subculture with a way of coping based on the healing locality is what distinguishes this study. This fact demonstrated that local people could reduce suicide actions through a variety of means, including medical services, psychologists, social associations, empowerment, and social-political advocacy. Previous studies tended to address gender inequality in relation to male and female, domestic-public space, and needs assessment methods. Given various vibrant views, empathy, responsiveness, and healing locality, this study presented the CBSS ideas as a local wisdom movement. Protection and prevention to survivors and victims of suicide actions on the uniqueness of coping strategy have been segmentally valuable with a new insight means doing to prevent worries, poverty, and Pulo Gantung myths.

Limitations

However, this study focused on three limitations criteria. Firstly,it consists of looking at how the participants feel about looking into the possibility of suicide phenomena. Secondly, it investigates a case study strategy that may have evaluated validity generality limitations. We advised more study, which must include a quantitative method of data analysis when assessing programs. Thirdly, there are not any incremental changes; it is limited to duplicating help for various locations. To sum up, it is anticipated that this approach will lead to more research into various techniques, places, and approaches as the key players develop yet another suicide prevention plan.

CONCLUSION

More knowledge about healing depending on place is required in order to use it strategically in the future to avoid suicide. Inquiries regarding the social integration model as the cornerstone of a community-based support system for survivors—from accommodating to having a part in the societies—should also be addressed in further research. Thus, it was proven in multiple participant interviews that restructuring the

social safety net could help prevent the spread of suicidal beliefs. The social integration model should also be taken into consideration as a tool for cases of suicide prevention, according to this study's recommendations.

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