

Open trial of Interpersonal psychotherapy for depressed students with suicide risk (IPT-A-IN) in Kota, India: A research proposal

1. A brief overview of the relevant literature

With the suicide rates in India being 5 times higher than other developed countries, it is a public health priority for the country (Aaron et al., 2004; Eddlestone & Konradsen, 2007; Shahmanesh et al., 2009). **A city in Rajasthan named Kota is said to be the coaching capital as well as the suicide capital for students** (Chakraborty & Sharma, 2020; Wadhawan, 2018). About 150,000 children from all over India leave their prime high school years between the age of 15 – 18 and move to this city to prepare for competitive exams for about 2-3 years that gets them placed at one of the top science universities in India whose acceptance rate is less than 1%.

In fact, **students attending these coaching institutes have 25% higher chances of having depression than students who do not attend such centers** (Bawa, 2017). Longitudinal studies have shown that adolescents with depression are at a higher risk for other problems such as substance abuse, low self-esteem, antisocial behavior, problem with family and peers in the future (Harrington et al., 1991; Lewinsohn et al., 1999; Weissman et al., 1999). Firstly, students are constantly living in an environment with stress and anxiety due to changes (Feld & Shusterman, 2011). When students fail to meet the high expectations from parents and society, they feel inadequate and unworthy, which leads to depression (Salmela-Aro et al., 2017). In an **environment of perfectionism, when a student is unable to meet these high expectations of performance, it results in poor mental health outcomes** (Aggarwal et al., 2021, Limburg et al., 2017).

Apart from academic pressure, life in Kota can be tough for a teenager, as you move to a new environment where all your friends are competitors so the actual **social support for a student can be non-existent**. The lack of support can make the transition of moving away from family into a new city tougher. A neuro-psychiatry institute in Kota has reported that **students suppress their emotions due to the social stigma against the depression and have no one to talk to, which aggravates the problem** (Kaur, 2020; Levi et al., 2008).

2. Exploration of the gaps in the current research

Even though the issue has been prevalent since a long time, **no evidence-based treatments conducted that address the mental health of students in Kota**. A study assessing 372 suicidal asphyxiation cases in Kota, found educational stress to be one of the main reasons of suicide by students (Tiwari et al., 2019). Even though rampant suicide cases have been registered where depression went unnoticed, there are no systems in place to screen or identify students who are at risk. There is one study that tests the prevalence of depression and anxiety in students who are preparing for pre-university exams in coaching institutes in Chennai (another city in India) and found 53% of the students experiencing depression symptoms and 100% experiencing some form of anxiety (Premkumar et al., 2022). Moreover, the rates were higher for those that were younger adolescents than older (Premkumar et al., 2022). Other studies have been conducted in similar educational settings in India such as Medical institutes, colleges etc. that show the alarming prevalence of depression in students (Khursheed & Naseem, 2021; Kumar et al., 2011). Therefore, there is a need to better understand the mental health needs of students studying in the coaching capital of the country.

There are some sections of the community who are trying to help the students however these measures not concrete in nature and do not target the student's deteriorating mental well-being directly. They do portray a step in the right direction; however, they do not facilitate in decreasing depression or screening for suicide to prevent it. As the coaching students are in a race to churn out the best results, the basic needs of the students are being sidelined. In the current study, **to address**

this treatment gap, the aim of the trial is to test the feasibility of Interpersonal Psychotherapy (IPT) in reducing depression and preventing suicide in students.

3. A carefully worded research question

What is the effectiveness of a 12-session Interpersonal Psychotherapy for adolescents with suicidal risk/ideation (IPT-A-IN) delivered twice a week by hostel caretakers in reducing depressive symptoms and suicide ideation among adolescents aged 15 – 18 studying at Kota coaching institutes? Additionally, what is the feasibility and acceptability of such a program?

4. Explanation of the possible contributions of the topic in the field, and

The contributions of this study are multi-faceted. Firstly, it would help to better understand the mental health needs of the students. Secondly, it would test the feasibility and acceptability of such a program in a low-recourse area which can further guide the intervention and cater to the local population. Thirdly, it uses a task shifting model which can be beneficial in an area where mental health professionals are limited and mental health is stigmatised. Lastly, it would help to screen students for suicide and prevent them with safety planning. This study address a huge research and treatment gap and conducting such a study would pave way for future research in this field in India.

5. A description of the planned methods (i.e. conceptual format)

This is a research proposal. The study is proposing an open trail that is of a mixed-methods design, uncontrolled pre-post evaluation to assess the feasibility of IPT.

The IPT-A-IN will be administered by the hostel staff. As students reside in these houses while their stay in Kota, this location is their ‘new home’ and the staff taking care of these kids are an important point of contact. They can be viewed as one of the ‘gatekeepers’ of their community who are trusted and respected by the students. The providers and supervisors will undergo an intense IPT-A-IN training for 4 weeks by trainers who are mental health professionals via Zoom.

The training would include modules for parents psycho-education and safety planning, which would be included as a part of the IPT intervention. As the study is dealing with a vulnerable population, with possible suicidal ideation, safety planning is important to include. Moreover, including parents’ psychoeducation is crucial as play an important role in the children’s lives and hopefully support systems for them. All eligible students will be randomly assigned to one of the providers (i.e., hostel staff).

Each IPT-A-IN session will be for 50-minute twice a week for 6 consecutive weeks in Hindi. At the end of the intervention, another qualitative interview will be held with the providers and supervisors to assess their views and get feedback on the implementation and sustainability of the program. As they are important stakeholders in assessing the feasibility of the method as a possible intervention, their views and ideas will be beneficial to the program.

The two primary outcomes would be GAD-7, Patient Health Questionnaire (PHQ-9), Suicide behaviour questionnaire-revised (SBQ-R), Global functioning assessment. Scores would be assessed at baseline, post-intervention and follow up.

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