CENTRAL INSTITUTE OF PSYCHIATRY
MINISTRY OF HELATH AND FAMILY WELFARE
GOVT. OF INDIA

"Suicide helpline"

SUICIDE PREVENTION, AWARENESS AND SUPPORT

"To laugh often and much; to win the respect of intelligent people and the affection of children; to earn the appreciation of honest critics and to endure the betrayal of false friends. To appreciate beauty; to find the best in others; to leave the world a bit better whether by a healthy child, a garden patch, or a redeemed social condition; to know that even one life has breathed easier because you have lived. This is to have succeeded."
—Ralph Waldo Emerson

Suicide helpline: Some of our effort if save a single life…its worth.

Team for Suicide helpline

Patron
Prof. S.Haque Nizamie,
Director
Central Institute of Psychiatry, Ranchi

Chief Coordinator
Mrs. NehaSayeed
Assistant Prof, Department of Clinical Psychology
Central Institute of Psychiatry, Ranchi

Co- Coordinators
Mrs. DeyashiniLahiriTikka
Assistant Prof, Department of Clinical Psychology
Central Institute of Psychiatry, Ranchi

Miss.Jyoti Mishra
Assistant Prof, Department of Clinical Psychology
Central Institute of Psychiatry, Ranchi

Mrs.Swarnali Bose
Clinical Psychologist, Department of Clinical Psychology
Central Institute of Psychiatry, Ranchi

Members
Mr.Mukul Kumar
Mr.S.D.Pahan
Ms.Madhumita Bhattacharya
Ms.PriyankaLenka
Ms.PriyadarsheeAbhishek
Ms.NandaK.Pujam
Mr. VikasPunia
Mr.ShuvabrataPoddar
MsDebabani Bhattacharya
MsA.Chinmayee
MsVandanaChoudhary
MsLaxmi
MsPragati
MsSreetama
MsSikhaSoni
Ms Tanya Sharma

Introduction

Suicide in India is slightly above world rate. Of the half million people reported to die of suicide worldwide every year, 20% are Indians, for 17% of world population. In the last two decades, the suicide rate has increased from 7.9 to 10.3 per 100,000, with very high rates in some southern regions (Singh, 2003).Suicide attempters are ten times the suicide completers (Lydia, 2010)

Suicide (felo de se) means deliberate termination of one's own physical existence or self-murder, where a man of age of discretion and compos mentis voluntarily kills himself. It is an act of voluntarily or intentionally taking one's own life. A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die—they just want to stop hurting. Suicide prevention starts with recognizing the warning signs and taking them seriously.

Indians have a higher risk for suicide compared to Bangladeshis, Pakistanis, and Sri Lankans. When compared with European women, Indian females have higher suicidal rates, particularly in married women. While Bhugra (2006) commented about a reversed gender ratio in suicide attempters in India, Mayers et al. (2002) found suicide rates to be nearly equal for young women and men in India, which contrasts with the pattern of suicide sex ratios in eight developed countries. Traditionally, the Hindu religion (the predominant religion in India) has given sanction to certain altruistic suicides. Also, a disproportionately higher number of immigrant Hindus committed suicide in countries to where they had immigrated.

The plurality of suicides (37.8%) in India are by those below the age of 30 years, and 71% of suicides in India are by persons below the age of 44 years (Accidental Deaths and suicides in India, 2005). This imposes a huge social, emotional and economic burden. In India, male suicides tend to predominate; typically none of these individuals are living alone, separated, or deserted by their partner. Some suicide attempters continue to live with their extended family. There is virtually no alcohol consumption by female suicide attempters.

The most common agents used for suicidal attempt are organophosphates and other household poisons. There is a need for more information regarding suicide in the countries of the Indian subcontinent. In particular, studies must address culture-specific risk factors associated with suicide in these countries .Method of suicide is Poisoning (36.6%), hanging (32.1%) and self-immolation (7.9%) were the common methods used to commit suicide(Accidental Deaths and suicides in India, 2005)

Out of total 1% of the general population kill themselves. However, persons suffering from certain mental illnesses are particularly susceptible to suicide ideation and suicide attempts. Their suicide rate may be 10 or 20 times higher than for the average citizen. Unfortunately, not a great deal is known about effective methods of combating suicide, because it is considered unethical to conduct studies on such matters. Mental disorders occupy a premier position in the matrix of causation of suicide. Majority of studies note that around 90% of those who die by suicide have a mental disorder (Vijaykumar, 2011). Among those who died by suicide, 88% in Chennai and 43% in Bangalore had a diagnosable mental disorder.

Presence of severe suicidal ideation, lack of insight and difficulty in falling asleep are important factors to consider for understanding suicidal attempts among those with depression. Patients who attempted suicide had significantly more past suicidal attempts, suicidal ideation, early insomnia, middle insomnia, and total Hamilton Depressive Rating Scale score. This is also proved that severity of suicidal ideation as the most significant predictor of suicidal attempts. Early insomnia and lack of insight to illness approached significance. Cultural variation may influence the impact of different risk factors of suicide(Chakraborty andChatterjee, 2007).

The presence of an alcohol use disorder is confirmed as a distal risk factor for completed suicide, as well as attempted suicide. Alcohol use at the time of the suicide attempt is associated with low-risk methods. The use of other substances as a trigger of suicidal behavior is highlighted in recent studies, but the circumstances leading to the suicidal act and the direct influence of substances in suicidal behavior need to be explored further. Inhalant use and cocaine use are particularly associated with suicidal behavior(Nath et al., 2011).Young people with multiple risk behaviors, such as substance use and risky sexual behaviors are at high risk for suicidal behavior. Psychiatric comorbidity with substance use escalates the risk for suicidal behavior. They concluded that deliberate self-harm occurs in young children and the risk factors are comparable to those in adolescents (Nath et al.,2011).

The study surveyed 1,817 undergraduate college students aged 18-24 years in Ahmedabad, Gujarat, with a questionnaire that assessed suicidal behaviors as well as stressful situations and life events. In this sample, college students from low socioeconomic classes who faced economic difficulties, and students who experienced distress as a result of caste discrimination or caste conflict, and communal unrest, were at a higher risk for suicidal behavior (Krishnakumar, 2011).

Between the years 1998 and 2000, news of suicides among agriculturists trickled throughsome newspapers and television channels. By 2004, the suicides became the index of acrisis in India's agriculture and led to widespread debates and reports. In Mysore, four agriculturists attempted to commit suicide inthe Deputy Commissioner's office grounds, and several of those committing suicide inthe Vidharbha region of Maharashtra wrote notes addressed to the government(Arvind, 2006).In 2009, over 1,500 farmers in Chhattisgarh committed suicide after being driven to debt by crop failure.

In India, not only abetment of suicide is an offence (vide section 306, IPC), but also attempt to commit suicide is an offence (vide section 309, IPC). Section 309(Law commission of India, 2008)

Myths and Facts related to suicide

While some people suicide without warning, here are some warning signs a person may be at risk of suicide. Some common ones are like a)Talk about Killing Themselves, b)Talking About Dying c)Saying Goodbye, etc. San Francisco Suicide prevention (2012) Some common myths and facts associated to suicide are :

a) People who talk about suicide don't do it — suicide happens without warning.

> FACT: Although suicide can be an impulsive act, it is often thought out and communicated to others, but people ignore the clues.

b) Talking about suicide may give someone the idea.

> FACT: Raising the question of suicide without shock or disapproval shows that you are taking the person seriously and responding to their pain.

c) Suicide rates are higher for people of low income.

> FACT: Suicide shows little prejudice to economic status. It is representative proportionally among all levels of society.

d) More men complete suicide than women.

> FACT: Although women attempt suicide more often than men, men are two to three times more likely to successfully complete a suicide.

e) Most suicidal people are undecided about living or dying, and they gamble with death, leaving it to others to save them…

> FACT: Suicidal people are often undecided about living or dying right up to the last minute; many gamble that others will save them.

f) Once a person is suicidal, he/she is suicidal forever.

> FACT: People who want to kill themselves will not always feel suicidal or constantly be at a high risk for suicide. They feel that way until the crisis period passes.

g) If a person really wants to kill him/herself, no one has the right to stop him/her.

> FACT: No suicide has only one victim; family members, friends etc. all suffer from the loss of a life. You would try to save someone if you saw them drowning, why is suicide any different?

h) Most suicides are caused by a single dramatic and traumatic event.

> FACT: Precipitating factors may trigger a suicidal decision; but more typically the deeply troubled person has suffered long periods of unhappiness, depression, lack of self respect, has lost the ability to cope with their life and has no hope for the future.

i) Improvement following a serious personal crisis or serious depression means that the risk of suicide is over…

> FACT: The risk of suicide may be the greatest as the depression lifts. The suicidal person may have new energy to carry out their suicide plan.

j) It's unhelpful to talk about suicide to a person who is depressed.

> FACT: Depressed persons need emotional support and empathy; encouraging them to talk about their suicidal feelings can be therapeutic as a first step.

k) People who complete suicide have not sought medical help prior to their attempt.

> FACT: Suicidal individuals often exhibit physical symptoms as part of their depression and might seek medical treatment for their physical ailments. Very often suicidal individuals seek counseling but are frustrated when they do not see immediate results.

CIP Helpline

Telephone helplines can render effective counseling service not only for crisis intervention and suicide prevention but also for special groups like adolescents, elderly, homosexuals etc. A 24-hour telephone helpline was started at Central Institute of Psychiatry, Ranchi on 18th May 2001. 1800-345-1849 is a 24 hour toll free helpline at CIP. This service is currently going on successfully.

Suicide helpline, a 24 hour helpline, at Central Institute of Psychiatry will provide specialist telephone counseling and information to any one affected by suicide.If you are thinking about suicide or worried about someone, we are there to help. Our specialist counselors will be to provide with free, confidential counseling, support and information, when you need it most.

References

Accidental Deaths and suicides in India, (2005) National Crime Records Bureau.Ministry of Home Affairs.Government of India.

Arvind (2006).“In India’s Richest State, Suicides and Starvation Stalk the Countryside”, People's March, Vol 7(5).pp 17-22.

Bhugra, D.(2006) Suicide and gender: cultural factors. Harvey Health Policy Revised; 7: 166-180.

Chakraborty,R. and Chatterjee,A.(2007) Predictors of Suicide Attempt Among those with Depression in an Indian Sample: A Brief Report. The Internet Journal of Mental Health.Vol 4: 2

Krishnakumar,P. et al.(2011) Deliberate Self Harm in Children. Indian Pediatriatics .48: 367-371

Law commission of india (2008) Humanization and Decriminalization of Attempt to Suicide. 210.10-11.

Lydia,P.(2010). "Suicides, Some for Separatist Cause, Jolt India". The New York Times.

Mayer .P.,andZiaian .T. (2002)Suicide, gender, and age variations in India. Are women in Indian society protected from suicide? Crisis; 23:98-103.

NathY,et al.(2011) Prevalence and social determinants of suicidal behaviours among college youth in India.Current Opinion in Psychiatry. (3):197-202.

Singh A.R., Singh S.A. (2003), Preface, Towards a suicide free society: identify suicide prevention as public health policy, Mens Sana Monographs, I-2.

Vijayakumar L, et al.(2011) Suicide in developing countries (2): Risk factors. Crisis 2005;26:112-9.

Suicide helpline: Some of our effort if save a single life…its worth.

****

Suicide helpline: Some of our effort if save a single life…its worth.