



Facts About Suicide Prevention

Why learn about Suicide?

- Preventable form of death.
- Increased rates in Suicide.
- People intending suicide almost always make their intentions known.
- Fear keeps us from talking about it.
- You have a vital role to play in the most preventable form of death.

What is Suicide?

Suicide is the act of intentionally or deliberately terminating one's own life i.e. Suicide occurs when a person ends his/her life. Suicide is amongst the top 10 causes of Death in India.

Why is Suicide a Public Health Problem in India

- Suicide is among the three leading causes of death among those aged 15-44 years (both genders) and the second leading cause of death in the 10-24 years age group; (WHO 2000)
- A "global" mortality rate of 16 per 100,000, or one death every 40 seconds.
- In last 45 years suicide rates have increased by 60% worldwide. (These figures do not include suicide attempts which are up to 20 times more frequent than completed suicide (WHO 2000)
- 16 Suicides took place every hour. 372 Suicides per day.
- More than one lakh persons (1,35,585) in the country lost their lives by committing suicide during the year 2011.
- West Bengal (12.2%), Maharashtra and Tamil Nadu (11.8% each), Andhra Pradesh (11.1%) and Karnataka (9.3%), altogether contributed 56.2% of total suicide victims.

IMPACT OF SUICIDE

Suicide, by definition, is fatal. Those who attempt suicide and survive may have serious injuries like broken bones, brain damage, or organ failure. Also, people who survive often have depression and other mental health problems.

Suicide also affects the health of the community. Family and friends of people who commit suicide may feel shock, anger, guilt, and depression. The medical costs and lost wages associated with suicide also take their toll on the community.

Who are at Risk?

- Withdrawn behavior, inability to relate to family and friends
- Psychiatric illness
- Depression or other mental illness
- Alcoholism or Drug Abuse
- Anxiety or panic
- Change in personality, showing irritability, pessimism, depression or apathy
- Change in eating or sleeping habits
- Earlier suicide attempt
- Self-hatred, feeling guilty, worthless or ashamed
- A recent major loss - death, divorce, separation, etc.
- Family history of suicide or violence.
- Sudden desire to tidy up personal affairs, writing a will, etc.
- Feeling of loneliness, helplessness, hopelessness
- Suicide notes
- Physical ill health
- Repeated mention of death or suicide.



If a Person is contemplating Suicide these are the Cues to look for: Verbal, Behavioral, Situational & Impulsive.

~ Verbal Clues:

- Sick of Life
- Tired of Life
- Want to kill Self
- Wish were Dead
- "I'm just so tired of life."
- "No one cares about what happens to me."
- "There is nothing left to do."
- "What's the use."
- "They won't have to deal with me."
- "I'm at the end of my rope."
- "They're better off without me."
- "I just want the pain to stop."
- "Nobody gets me."
- "You just don't understand

~ Behavioural Clues:

- Previous attempts
- Acquiring poison, pills..... Means
- Depression, hopelessness, moodiness
- Change in behaviour-mood, religiousness
- Giving away prized possessions
- Unexplained anger, irritability
- Drug or alcohol use
- Suddenly becoming nice
- Change in Persons eating, mood and sleeping patterns.
- Sudden emotionality
- Extremely stressed all the time.
- Intense emotions from the current situation.

~ Situational Clues:

- Losing job
- Loss of relationship/person/pet
- Death of spouse or best friend, especially if by suicide
- Sudden unexpected loss
- Anticipated loss of financial security
- Diagnosis of a serious mental/physical illness
- Fear of becoming a burden to others

~ Impulsive Suicides:

- A very intense feeling of burdensomeness.
- People would be better off without them
Profound sense of un connectedness.
- A palpable, diminished sense of belonging anywhere to anyone or capability of self harm.

How Can We Prevent Suicide?

1) ASK:

- a. Ask questions about Suicide. Look For Warning Signs or clues: If you see many warning signs in the person. It won't be easy, but remember **CLUES**. Ask about previous attempts; Explore possibilities
 - a. other than suicide, Ask about suicide plan.
- b. **Connect:** Make contact with the person. Actively show that you hear what is being said and understand that his or her pain is real. Be supportive and caring; Take the situation seriously and assess the degree of risk;
- c. **Listen:** Listen very carefully. You don't have to have all the answers - just be there and let him or her know that you care.
- d. **Understand:** Don't tell him or her how s/he *should* feel or what s/he *should do*. Just express your desire to support and help understand what s/he is feeling.



Reflect what is said back to the person. Ex: S/he says: "I've tried everything, spent every money I have, but just don't know what else to do." You reply, "It's frustrating when you feel you've tried so many things but there's still no relief, isn't it?" S/he may say, "And no one cares." You reply, "You feel so alone - you're not alone, though." Above all, do not be afraid to voice the nearly unspeakable: "I'm so worried about you. Are you thinking about killing yourself now?"

e. **Express concerns:** Let the person know that you are worried and want to help.

2) Appeal/Request

Appeal to the person to stay Alive: Listen, show empathy, Remove the means, if possible; If the risk is high, stay on line with the person, Discourage the Behavior, Keep communication channels open, Talk about the negative and long-term effects, Teach (quick) relaxation/breathing, Buy time - make a contract, Identify other supports. Get others involved. Ask the person who else might help Family ? Friends? Siblings ? Teachers ? Administration, anyone who can help.

Reassure the person that help is available and that you will help them get help

3) Assist

a. **Best option:** Have the person go immediately to the emergency room/hospital with someone else.

b. **Next option:** Have the person call and make an appointment with a counselor immediately after speaking with you.

c. **Third option:** Get a good faith commitment that they will call. Just Assure and Seek help - The person's safety is the number one priority, and you might not be able to handle it on your own. Talk with the person about seeking help, either through a doctor (preferred, if you discover they have a plan, the means and the intention of carrying it out) or clergy. Suicidal thoughts cannot be kept a secret. Together I know we can figure something out to make you feel better." "I know where we can get some help." "I can go with you to where we can get help." "Let's talk to someone who can help."

When to refer when the person has:

- Psychiatric illness;
- A history of previous suicide attempt;
- Family history of suicide, alcoholism or mental illness;
- Physical ill health;
- No social support

Referring a Suicidal Person and Resources.

- Family
- Friends
- Colleagues
- Crisis centers
- Healthcare professionals.

Referring a Suicidal Person and Resources.

- Ignore the situation;
- Be shocked or embarrassed and panic;
- Say that everything will be all right;
- Challenge the person to go ahead;
- Make the problem appear trivial;
- Give false assurances;
- Swear to secrecy;
- Leave the person alone
- Do not prescribe medication.
- Do not punish or reprimand harshly.
- Do not moralize or made person feel guilty.
- Help him to think of it as a problem needing help.
- Assertively say 'No' to client's demands for taking drugs like cough syrup, pills etc. to relieve anxiety or improve concentration.
- Even short-term, temporary relief with the help of these drugs should be highly discouraged.