

HELP SAVE LIFE

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You may recall a satirical depiction of suicidal threat in the movie *Sholay* - Actor Dharmendra standing on a tank, repeatedly threatening to end his life, by shouting “suicide, suicide”. One bystander asks another what suicide meant, and gets a reply “*Jab angrez marte hain, to use suicide kehte hain*” (when English people die they call it suicide)!

While desire to seek attention was obvious in the above depiction, that may not always be the case in suicidal behaviour. The fact of the matter is that suicide or suicidal behaviour is neither a ‘foreign’ phenomena nor is it funny in any way.

This infliction of fatal violence upon self is a global phenomenon with an epidemic increase in overall rate worldwide. **It is one of the top three causes of death among youth.**

The Numbers

- ◆ According to WHO, every year, almost one million people die from suicide and 20 times more people attempt suicide, which equates to one death every 40 seconds and one attempt every three seconds, on average.
- ◆ India has one of the highest suicide rates in the world, with about 1.7 lakh people killing themselves every year.

- ◆ According to a study published in medical journal *Lancet*, the suicide rate was high in rural India but 10 times higher among well-educated young people from the more prosperous southern states.

Why inflict fatal violence on oneself?

- ◆ Rapidity of social change, urbanisation and the potential impact on educated young people - high expectation, burnout and stress
- ◆ In Indian context, relationship problems for women and career or financial difficulties in men seem to be a risk factor
- ◆ People with severe mental illness

including depression, bipolar disorder and schizophrenia

- ◆ Drugs and alcohol dependence

How do we recognise those at risk?

A person who harbours grave thoughts may show certain behaviour or symptoms including:

- ◆ Settling affairs and giving away things
- ◆ Talking about death and dying
- ◆ Isolation and withdrawal from family and friends
- ◆ Undue guilt, hopelessness and helplessness
- ◆ Engaging in self-injurious behaviour such as cutting self, alcohol or drug abuse
- ◆ Pervasive depressed mood or agitation
- ◆ Altered sleep and appetite pattern
- ◆ Loss of interest in activities and work
- ◆ Planning and talking about ways to end their life, such as buying many tablets, pesticides and rope

How can we help?

- ◆ Every suicide attempt and threat must be taken seriously.
- ◆ Do not be shocked and talk openly.
- ◆ Never dismiss the person as just trying to get attention.

Decriminalisation of suicide attempt could be a good start.

Suicide is one of the top three causes of death among youth.

- ◆ Even people, who are taken to hospital after self-harm behaviour are not always referred for psychiatric evaluation, and if done so, many reject such intervention, or downplay the act due to legal implication. Decriminalisation of suicide attempt could be a good start.
- ◆ Importantly, many have no idea as to where to go for help. If you believe someone is harbouring suicidal thoughts, then call a mental healthcare provider and 'help them seek help'.
- ◆ There are a number of suicide prevention hotlines across the country that can guide individuals and families to appropriate services and experts, and there are qualified psychiatrists to offer specialised treatment.

Supportive Care

- ◆ Survivors of suicide attempt require an empathetic supportive intervention from a psychiatrist, who can also conduct evaluation of mental illness and suicide risk, and offer intensive treatment including medication.
- ◆ Psychotherapy (talking therapy) and counselling are the most important aspects of treatment.
- ◆ Those hospitalised must be seen within one week of discharge, to reduce the risk of future attempts.

Suicide is a preventable cause of death. Every effort for preservation of life is worth it. Remember, suicide doesn't end the pain but just gives it to someone else.



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