HANDBOOK ON SUICIDE PREVENTION

A Practical Guide for Primary Health Care Workers

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HANDBOOK ON SUICIDE PREVENTION

A Practical Guide for Primary Health Care Workers

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PREFACE

Suicide is a multifactorial problem resulting from an interplay of many components at the individual and societal level. Distal and proximal factors at an individual level often result in an unfortunate event such a suicide. Suicide is commonly a cry for help rather than a wish to die. Most individuals experiencing suicidal thinking don't intend to end their life, but eagerly seek relief from their distress with help from others. They are commonly confused when this help isn't available or accessible to them. However, even if available they fear being misunderstood and negatively judged for having suicidal thoughts and hence apprehensive to speak to others or approach for help. They often express this cry for help using indirect means, like behaving differently, speaking negatively or being frustrated. In such situations if they are identified in a timely manner or approached proactively by others, they can be helped and loss of life to suicide can be prevented. However, most people, including front line workers, health professionals and members in society have a sense of being ill-equipped to identify as well as prevent suicide. Being unable to do so can significantly impact and limit the extent of suicide prevention or help reduce suicide rates in India. Suicide Prevention therefore is an essential skill that all front line workers and members of society should have.

"Creating Hope Through Action" is this year's World Suicide Prevention Day theme. It signifies the resolve to impart a new sense of purpose; empowering and equipping people with the skills and confidence to connect with someone they think may be struggling. In keeping with the theme, this book provides a practical approach to the identification and management of suicide risk. We have tried to focus on multiple aspects of suicide and its prevention. The book avoids technical terms and simple strategies, which makes it easier to understand and apply to real-life scenarios. The aim is to try and overcome challenges, that one may encounter in order to ensure timely identification and care to individuals are provided.

Chapter one deals with providing an overview of this manual and explicitly highlights its purpose and intent.

Chapter two offers clarity and states facts that counter commonly held myths and misconceptions about suicide. Given that myths and misconceptions often can impact help seeking or offering help in the context of suicide, this chapter is essential to build the foundations for understanding the truth about suicide.

Chapter three deals the what is meant by suicide and the various reasons that can contribute to suicide in the Indian setting.

Chapter four offers an understanding of the actual impact and extent of suicide in India. The extent to various profiles of persons that have lost their lives to suicide is difficult to imagine. This chapter offers the information that would help readers to understand the consequence of suicides in the Indian setting.

Chapter five provides the information on aspects that indicate enhanced or increased vulnerability to suicide in a person. It also discusses how warning signs of suicide can be identified in a person. Importantly this chapter, also discusses ways to approach and speak to a person contemplating suicide and ensuring that they can provide you relevant information thereby making you feel more confident. This allows you to understand the seriousness of the situation by assessing their risk for suicide in the short term and guidance to the options available to help them.

Chapter six focuses on strategies that one can apply to engage with the person to help them. These tips ensure that you can relieve their immediate emotional distress and build an immediate care plan for the person that involves the assistance of others. The strategies suggested here focus on you encouraging the person to develop their own ways to reduce their thoughts of suicide, build a support network using their existing contacts and encourage them to seek help from resources in the community.

Chapter seven gives information on attending to suicide attempt survivors and to the family and friends who is grieving suicide loss.

Chapter eight deals with providing information on the legal aspects to suicide. Lack of an understanding and clarity on the legal aspects of suicide often make most hesitate to help those people contemplating or thinking about suicide even they are aware of the same. This chapter empowers care providers to be confident in providing help to those in need without the fear of legal repercussions thereby preventing suicide.

Chapter nine highlights the role of mass media in improving awareness on suicide in the community and thus aiding in suicide prevention.

Chapter ten provides information about various risk factors that contributed to suicide during the pandemic and various suicide prevention strategies that can be employed at Individual, and community level.

This book is a useful guide to attend to the crucial area of suicide prevention for those working in the ground level, offering their services to individuals and their families, including nursing staff, auxiliary nursing midwifery, accredited social health activist (ASHA workers), health assistants, lay counsellors, anyone who is interested in preventing suicide and members of the public.

Editorial Team

Bengaluru

MESSAGE FROM IMMEDIATE PAST PRESIDENT INDIAN PSYCHIATRIC SOCIETY

In India, suicide is a public health problem in the true sense, with recent data coming in from the National Crime Records Bureau of India. In the year 2019, around 1.4 lakh people have prematurely lost their lives due to suicide. More disturbing is the fact that the rates have increased over the past decade. Suicide is not only a personal tragedy, but also affects family, friends and others in the vicinity in a dramatic way. Moreover, suicide in most situations does not occur suddenly, with the victims exhibiting certain signs of distress. It is the failure of the system around him/her that drives the person to go ahead and commit the act. Considering all this, there is an urgent need to address this issue in the country. It is in this context that the manual is timely. Another commendable feature of the book is that it focuses on the primary healthcare workers, to whom most of the victims probably come in prior contact. Primary healthcare workers (including primary care doctors, community healthcare workers such as Accredited Social Health Activists and others) can play an important role in identifying vulnerable individuals in the society, act as gatekeepers and also can arrange appropriate referrals in case their interventions do not help the individuals. In the community however, there are multiple barriers for effective suicide prevention including lack of awareness and information, lack of adequate training of the primary healthcare workers, myths and misconceptions surrounding suicide etc. It is unfortunate to note that these things are still widely prevalent in our society despite ample research evidence pointing to the fact that most suicides can be prevented by basic simple preventive interventions. It is this philosophy that binds the chapters of the manual. The language is simple and can be easily understood by the grassroot level workers (and even lay-volunteers/counsellors). Simple yet practical steps are given that can be easily adopted for working in the communities. All aspects of suicide prevention and gatekeeping have been covered as well.

The authors of the book need to be congratulated as they have attempted bridging the key gap of coming up with this resource kit for grassroot workers. The onus of suicide prevention needs to be taken up by all members of the community and the Indian Psychiatric Society pledges to work towards this goal. The timing of the release is also apt and the theme of the book goes well with the theme of the world suicide prevention day 2020: working together to prevent suicide.

Besides being useful for primary healthcare workers, this manual will be very useful and handy for members of Indian Psychiatric Society as well as postgraduate students. For a wider dissemination of this collective effort, I am sure this manual shall be made available online to all the mental health workers. The Indian Psychiatric Society sincerely hopes that this resource manual is widely read and practiced across India.

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MESSAGE FROM PRESIDENT INDIAN PSYCHIATRIC SOCIETY

Suicide is a major public health problem that demands immediate attention. Suicide and suicidal behaviours represent a global public health problem, with estimates of around 10 lakh suicides yearly and likely two to two and half crores suicide attempts per year. More than one lakh suicides in India are reported every year, with suicide being the foremost cause of death in the age group of 15-39 years. This is particularly alarming, given this age group forms the majority of the Indian population and major contributor to the socio-economic development of the country.

There is no single cause for suicide. The reality is that suicide is a consequence of multiple factors having complex interactions. Additional factors like stigma, lack of awareness, inadequate resources contribute to such high numbers. Most individuals at risk for suicide, demonstrate warning signs, and early identification of such warning signs is crucial in suicide prevention. Often health care workers in the community would be the first to encounter such individuals before or after the attempt. Hence empowering them with knowledge on suicide identification and prevention would be a pivotal contributor to suicide prevention strategies.

International Association for Suicide Prevention (IASP) and World Health Organization (WHO) has emphasized the need for active contribution from every individual in suicide prevention. "Creating Hope Through Action" is this year's World Suicide Prevention Day theme. It means "through action, you can make a difference to someone in their darkest moments - as a member of society, as a child, parent, friend, colleague or as a neighbour." Our actions, how big or small, may provide hope to those who are struggling, and we can all play a role in supporting those experiencing a suicidal crisis or those bereaved by suicide.

In keeping with the theme, this book provides a practical approach to identifying and managing suicide risk. The language is simplified for easy understanding to the grassroot workers. It is also an essential tool for other members of community to gain an understanding as well as be involved in suicide prevention. The book's authors have to be appreciated for preparing this guide which will be of great help to everyone and could potentially be a lifesaver for many.

Dr Gautam Saha,
President,
Indian Psychiatric Society

FOREWORD

Every life lost to suicide is a tragedy and has a profound effect on many people. Suicide is preventable and, in most situations, does not occur unexpectedly. With India having among the highest numbers of lives lost to suicide across the world, with young Indians having many productive years ahead most vulnerable, suicide is a cause for serious concern. There is an urgent and immediate need to address suicide in our country. Its magnitude and extent make suicide prevention a priority for society. Aspects that hinder effective suicide prevention include stigma, lack of information or awareness about suicide, myths and misconceptions including a perception that suicide is unexpected, cannot be prevented and only mental health professionals can help such persons. However, the fact is that all of us as members of society can play an important role and are probably best placed in preventing suicide. Suicide is determined by several factors, many of which can be identified in a person contemplating it by others close to them. Suicidal thoughts may occur in a person but are often brief lasting and associated with great distress and worry as most people don't want to end their own life. They hope to get relief from their worries and looking to get someone's help but are not sure where to turn to. Exploiting this aspect can mitigate suicide to a great extent. Practical, yet simple interventions can be provided to these persons that can help them from losing their life. The theme for World Suicide Prevention Day 2021 is "Creating Hope Through Action". It signifies the resolve to impart a new sense of purpose; empowering and equipping people with the skills and confidence to connect with someone they think may be struggling. Aligning to the same, this book, edited by Drs V Senthil K Reddi, Krishna Prasad Muliyala, Channaveerachari Naveen Kumar, N. Manjunatha and Suresh Bada Math, many authors with expertise in suicide prevention have written chapters that explain various components of suicide, including clarifying related myths and misconceptions, concept and causes for suicide, its extent and magnitude, identification and assessing risk, brief interventions and preventing suicide, addressing situations following a suicide related incident, current legal perspectives of suicide relevant to the Indian context and working together with media to address inform the public. Given that suicide is understood differently which then influences perspectives on suicide prevention, it is essential that aspects relevant to it are provided that can empower members of society to feel more competent, confident and capable of providing help to persons vulnerable to suicide. The fact that anyone is capable of learning to recognize people contemplating suicide is one such example. Likewise, anyone can acquire skills to apply simple strategies to help such persons overcome their distress thereby preventing a suicide from occurring. Learning to help a person who is thinking about suicide can be a great strength to have and be useful for various persons whom you come across in your life. The book aims to address this existing gap which is a key component of suicide prevention. The authors also share information on key support services, in the form of phone helplines, available across India.

This book is essential for all grass root workers, front line care providers and members of the community, more so in the context of COVID-19 Pandemic emergent challenges and consequent vulnerability to suicide. The contents equip them to identify those at risk and assist them. These include those providing care, like nursing staff, auxiliary nursing midwifery, accredited social health activist (ASHA workers), health assistants and members of the public thereby enhancing their capacity to provide appropriate and

timelyhelp. The presentation style of each chapter has used an approach that ensures that the information is easy to understand yet packed with practical tips and very relevant information. The editors have also carefully selected the chapters and their order to help readers grasp the content and build required skills in this area. All contributors merit to be appreciated for this scholarly handbook that will directly benefit the grass root workers, the public and hence the society overall.

Dr Pratima Murthy,

Director,

NIMHANS

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Chapter 1
INTRODUCTION

Krishna Prasad Muliyala, V. Senthil Kumar Reddi

Suicide poses a major public health challenge globally. In India, suicide is the foremost cause of death in the productive age group of 15-39 years. India's contribution to global suicides has steadily increased from 25% in 1990 to 36% in 2016 in women and from 19% to 24% in men during the same period. Every third woman dying due to suicide is from India. The National Mental Health Survey, 2015-16, reported that 5 % of the sample population had some level of suicidality. There were more than 200 people with suicidality and more than 15 suicide attempts for every death by suicide in India. All of these alarming facts and figures call for urgent measures. At the same time, our knowledge about risk factors and preventive strategies has also gradually increased.

Reduction in suicide mortality rate (3.4.2) is an important indicator to attain the targets for mental health under the United Nations - Sustainable Developmental Goal 3.4. Towards this goal, there have been several steps taken by the Government of India. The objectives of the National Mental Health Policy, 2014, include reduction in the incidence of suicide and attempted suicide. The National Health Policy, 2017, emphasizes that community members can provide psychosocial support to strengthen mental health services. Mental Health Care Act, 2017, has decriminalized suicidal attempt and recognized the need for psychological support for suicide attempters.

The reach and penetration of the District Mental Health Programme (DMHP) under the revamped National Mental Health Programme has now extended to more than 600 districts across the country. Several state specific initiatives such as Government of Sikkim-NIMHANS SPAN project, Navjeevan Sakhi and Sakha by the Chhattisgarh DMHP and the Taluk Mental Health Program under the DMHP in Karnataka are noteworthy.

The causes of suicide are multifactorial and, in every case, uniquely personal. Most of the suicides occur in the context of social, financial, educational, workplace and/or domestic problems. This has been repeatedly observed in the data from National Crime Records Bureau, nationally representative studies and verbal, psychological studies. Mental disorders are also significant contributors. Unlike in several high-income countries, where for every female death by suicide there are 3 to 4 male deaths, comparatively in India more women die by suicide with male to female ratio being 1.4:1; women, therefore, constitute a special vulnerable group. Similarly, elderly, farmers and students constitute vulnerable groups. Improvement in social welfare measures to protect the rights of the vulnerable is a preventive strategy. Restriction of access to means of suicide such as ligature points for hanging in hostels, erection of barriers to jumping from heights, smaller pack sizes of medicines, stringent firearm policies and safe storage of pesticides in rural areas has been employed as a preventive strategy.

There is evidence for safe community storage of pesticides as being effective in preventing suicides in villages of Tamilnadu. Crisis helplines and suicide helplines are being increasingly offered by NGOs and the Government to serve persons in distress. Training for students in life skills, psychological support at schools as well as workplaces, to enhance resilience, problem solving and access to care are among the integral components in reducing risk of suicide. Substance use of any amount (not just addiction) can lead to poor judgment, decision making capacity and increase impulsivity especially under intoxication, thereby an important risk factor for completed suicide and its prevention and management could reduce suicide burden. Through the creation of Health and Wellness Centres, the primary health care centers can provide comprehensive care that integrates mental health including substance use with physical health.
A coordinated approach that is not restricted to the health sector but that also includes other sectors such as education, agriculture, law, health, social welfare, housing and labor is needed for suicide prevention. A task force for the formulation of a national strategy for suicide prevention has been constituted and the strategy is likely to be released soon.

Early identification is an important component of the World Health Organization - LIVE LIFE approach of suicide prevention. Most of the suicides occur in the context of specific risk factors and persons at risk display warning signs before attempting suicide. The Health Care Worker (HCW) may meet them before the attempt or immediately after an attempt. HCWs are crucially placed to provide crisis support and to serve as gatekeepers because they are accessible and available in the community. Each of the chapters in this book are with specific learning objectives to empower the HCW with the skills necessary to identify warning signs and risk factors, assess the level of risk, provide immediate intervention for safety and to instill hope. We have also included Illustrative case examples to help in acquiring skills relevant to each context. Overall, the causes of suicide may involve many factors and the strategy for prevention may involve many sectors; this book will equip the HCW to identify and provide help to individuals in distress.

Chapter 2

BUSTING MYTHS AND MISCONCEPTIONS ABOUT SUICIDE

Patley Rahul, Rakesh Chander K, Hari Hara Suchandra, Manjunatha N

An understanding of the common myths, misconceptions and clarifying facts about suicide is an important component in suicide prevention. It may aid in altering the society's views about suicide and suicidal behavior.

Here are some of the most common myths and facts related to suicide:

Sl. No	MYTH	FACT
1	It is sign of weakness	It is a cry for help
2	Once someone is suicidal, he/she will always remain suicidal	Suicidality is not permanent. Heightened suicide risk is often brief lasting and situation specific
3	A survivor of suicide never makes further attempts	Past attempt(s) is/are a strong indicator of increased risk for further attempts, especially after a sudden change in mental state following a suicidal or depressive period
4	Talking to or asking people about suicide is not advised as it will encourage people to commit suicide	Talking about suicide will not provoke people to die by suicide. Asking people about suicidal thoughts helps us to identify people at risk and provide help. Such persons are often seeking and looking for help and relieved to be able to discuss their thoughts
5	Only people with mental illness are suicidal	Many people who die from suicide do not suffer from a mental illness
6	Suicide is hereditary and runs in families	Although persons with family history of suicides/attempted suicide are biologically vulnerable, not all persons who attempt have a family history

Sl. No	MYTH	FACT
7	Individuals with a specific personality attempt/commit suicide	Anyone can have thoughts of suicide and act upon it irrespective of their personality style. Suicide is a complex behavior that depends on not one but multiple factors, eg: social humiliation, financial crisis, etc.
8	Most suicides happen suddenly without warning	Majority of suicides are preceded by prominent warning signs for days, weeks or months. It is important to identify them
9	People who talk about suicide do not really mean it and just do so to seek attention	People who are talking about suicide may be reaching out for help or support. Do not dismiss a suicide attempt as simply being an attention-seeking behavior
10	Only experts can intervene and prevent suicide. Not all suicides are preventable	Anyone who is sensitive to pick up warning signs of suicide can help by providing emotional support and encouragement. Though not all suicides can be prevented but a majority can be predicted so that there is always a chance to prevent.

Key Message

- There are many commonly held myths related to suicide
- It is important to create awareness in the community and clarify misconceptions
- Clarification will help those vulnerable to suicide reach out for help without fear of being misunderstood or discriminated and others can help these people to seek help

Chapter 3

CONCEPTS AND CAUSES OF SUICIDE

Yamini Devendran, Ajit Dahale, P Lakshmi Nirisha, Daniel Ritish Paul, Shalini Anji

Learning Objectives

1. To know about the causes of suicide
2. To understand the concepts of suicide individually and their combined effect in promoting suicidal behavior

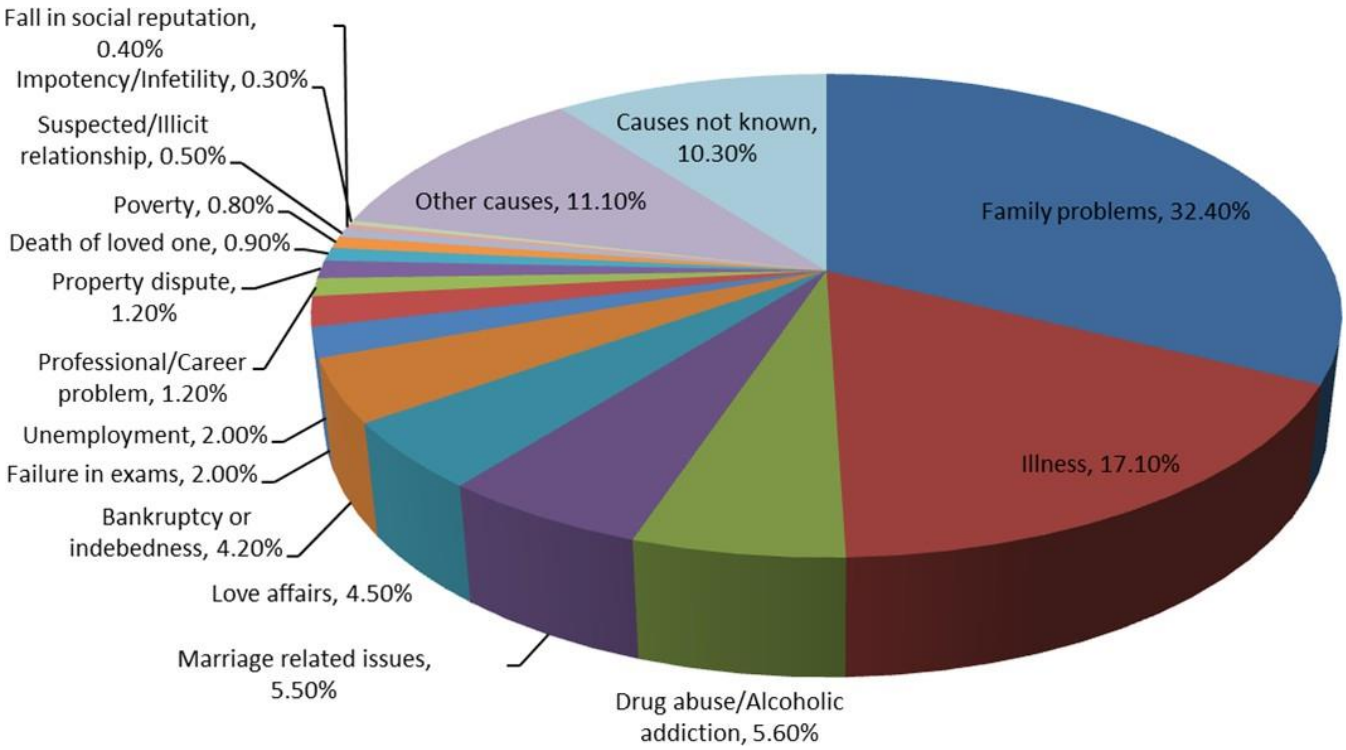
Introduction

Suicide rates worldwide and in India are very high. With 1 suicide occurring every 20 seconds, suicide is a critical public health issue worldwide as per the World Health Organization (WHO) and states that India is among the countries with the highest number of suicides.

In India, suicide is among the major causes of all deaths. It must be highlighted that suicide does not occur due to a single cause. It is a complex problem with many different risks or causes. These could have occurred recently or could be long standing, combining to make a person attempt or die by suicide. Hence, it is important to get an understanding of suicide and the related multiple causes that lead to an attempt or the death of a person. Suicide is preventable. But lack of awareness and understanding about suicide is the commonest cause for being unable to prevent the same.

Causes of suicide – Why do people die by suicide?

A common misconception is that suicide occurs only in mental illness or is a sign of mental illness. With only 3-5 of every 10 suicides in India being related to mental illness, it is only one of many causes. The remaining 5-7 of every 10 suicides is NOT related to mental illness but other causes. Hence, neither does suicide occur in only those with mental illness nor is it always a sign of mental illness. Suicide in India as per National Crime Records Bureau 2019 is mainly due to family problems. The figure below highlights financial stress (debt, loss of jobs/ business failure or agricultural losses), drug abuse, relationship stress (among family members/ husband-wife/in laws/ parents-children, childhood abuse or trauma and relationship failures or illicit relationships), drug abuse, academic (exam failure/ bullying/ childhood abuse/ school dropout or inability to get education) and professional career problems as important causes. Other issues include physical illness or disability (chronic illness/ pain/ cancer/ cost of treatment/ lack of treatment/ stigma due to illness like T.B).



Percentage share of various causes of suicides during 2019 (National Crime Record Bureau, 2019)

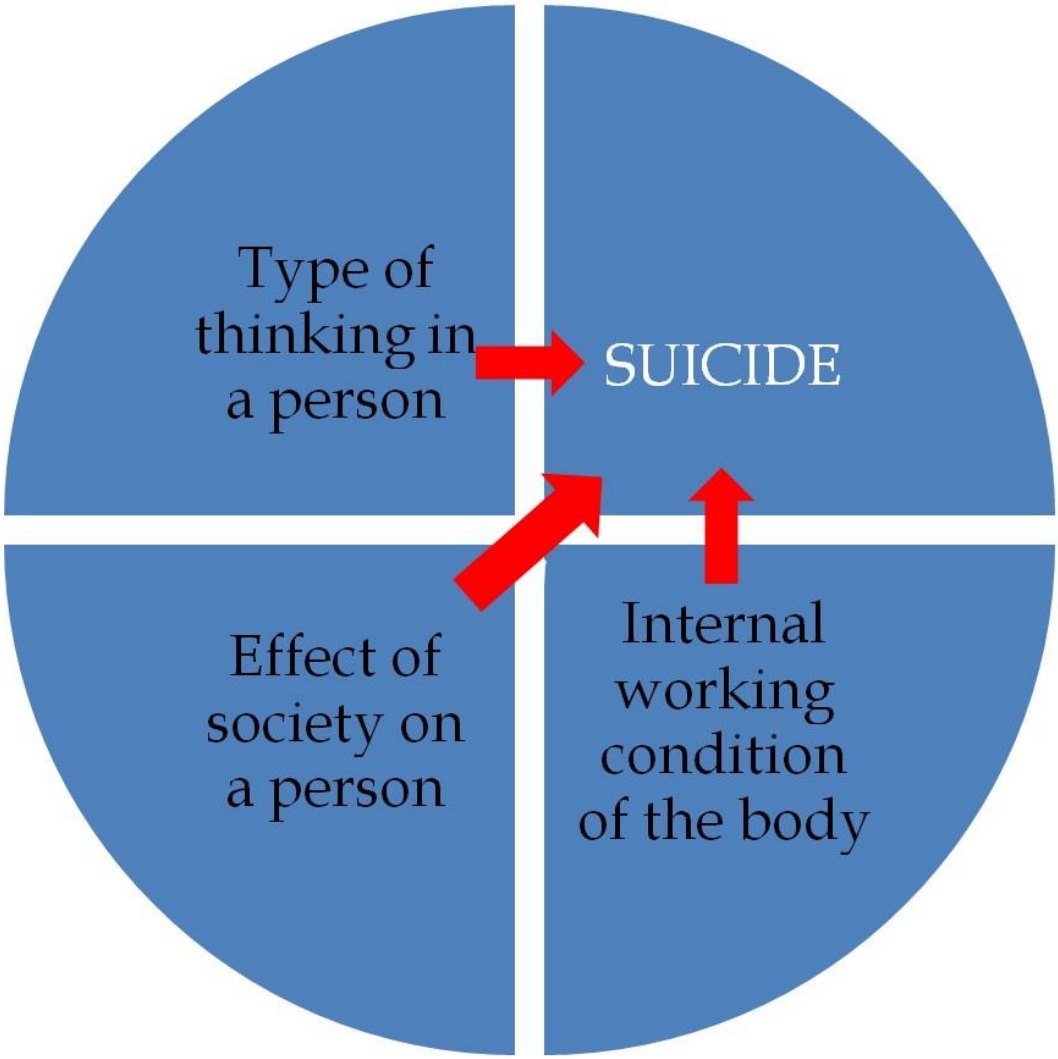
Usually many of the above causes are present in varying combinations and severity in a person that finally lead to a suicide, rather than just one being the reason. For e.g. *a farmer with a loan of many years, grows less crops than usual and he gets an illness (like T.B. or injury) that prevents him from continuing work, leading to less money for the family. This causes fights at home with his wife as he is unable to provide money for food, basic needs and school fees of the 2 children. The children are unable to go to school. As he feels stressed, he speaks to his friends who advise him to drink to relieve his stress. His drinking then increases the arguments and fights at home, as it reduces money for the family, worsens his health that further affects his physical health and inability to work. His frustration makes him beat and abuse his wife in front of his children when intoxicated.* (Now, in this situation, the farmer, his wife and children are ALL at risk for suicide but due to different reasons- the farmer is at risk due to financial/relationship/ physical illness/ poor support and alcohol use- helpless/worthless/ hopeless and has guilt feelings; his wife is a victim of physical and emotional abuse, has financial problems, worried for her husband's health and cannot feed or educate the children-feels helpless/hopeless/fearful for her and her children's safety-well-being/is malnourished/ uncertain about the future; the children are exposed to violence and trauma/ feel that they are the reason for their father-mother fighting/ cannot continue their studies/ both scared and worried about their father/ hungry and poorly nourished and blame themselves for the family problems-feel guilty).

The Global Burden of Disease study (1991-2016) and NCRB (2019) highlight that married women account for the higher number of suicide deaths among women in India. Marriage seems to be less protective against suicide for women in many countries including India as a result of "arranged and early marriage, young motherhood, low social status, domestic violence and economic dependence".

It is clear from the above example that it is important to know the overall causes of suicide in order to have a deeper understanding of the various concepts of suicide and how they may act together to cause a person to die by suicide or attempt suicide.

Concepts of Suicide

Concepts of suicide refer to the various perspectives that need to be considered while analysing suicidal behaviour. As we have seen there are many causes for suicide. To understand them fully we need to see suicidal behaviour from different perspectives as shown in the diagram below.



What kind of thinking leads to suicidal behaviour?

The thinking pattern of individuals leads to behaviours. Therefore, it is necessary that as healthcare workers, we must find this out by practicing *careful listening* and *sensitive questioning* of the troubled individual.

1. **Feeling of no hope (hopelessness)**
    - Hope is about having 'positive expectations regarding the future'
    - In hopelessness, the person experiences thoughts of "nothing better can happen in future"
    - Poor self-esteem, poor confidence in their ability to solve personal or emotional problems, loss of near and dear ones -lead to a higher risk for suicide
    - These can be modified to reduce suicidal risk
2. **Thinking pattern and dealing with problems**
    - Healthier ways of thinking are to assign several factors for a crisis, having better expectation of the future and positive thinking
    - Dealing with problems means how an individual "plans to solve problems"
    - It includes seeking support from family, friends, and colleagues
    - Some individuals with good coping are able to deal with difficult situations by looking at it in a positive way (Positive reframing) and using humour
    - Unhealthy ways of looking at a crisis such as tendency to excessively blame oneself (Self – Blame)
    - Thinking that 'I am a burden on others' and not asking for help
    - Not feeling part of a group – 'lacking a sense of belonging' with people around oneself
3. **Handling one's own mood**
    - It is how an individual "manages his/her emotions"
    - It includes putting efforts to calm oneself, not making decisions that could harm oneself or others
    - Those with difficulty in this show their emotions without thinking of its consequences by breaking objects, verbally abusing people, and injuring themselves

4. **Feeling of shame**
    - It is a feeling when an individual "loses status or identity in the society"
    - It triggers feelings of anger, frustration but the person feels weakened to express them to the society.
    - Eventually the person develops hatred towards oneself for this pitiful state.
    - Some commit suicide to end life as they feel living does not offer any further value to their existence

5. **Control over life**
    - Some people feel satisfied in their life when they achieve great scores in exams, better jobs, more success, earn more money.
    - Performing better than others gives a feeling of having control over their lives
    - Similar to humiliation, when people experience situations where they lose control over them, they determine 'ending life' as an easier way to deal with it.

6. **Asking for help**
    - The person has a feeling of defeat and a sense of entrapment i.e. 'that there is nowhere else to go' following a major crisis.

How does society affect a person and may contribute to suicidal behaviour?

An individual is a social being, always interacting with others in daily life. A lot of behaviours are driven by social reasons and motivation. A person tries hard to be accepted by society. Therefore, suicidal behaviour could occur as a result of influence and cultural aspects of society. It depends on -

- Degree of how much a person is considered part of the society. Well-integrated groups of people enjoy a stable lifestyle, durable, compact, and strong social ties and
- Degree of control by the society on the person and on his actions(relationships/job)

Individuals with no social ties, those who feel that they are isolated from society or who have futures blocked and passions violently choked by oppressive discipline feel the need to end life. This aspect needs to be identified by mental health workers at the earliest. Some important social factors leading to suicide include unemployment, poverty, loss of reputation and family conflict.

Other society related factors include -

- Excessive and irresponsible media coverage of suicide can provoke suicidal behaviours. These acts occur as a result of a tendency to imitate the deceased. It is referred to as '**copycat suicide**'.

- **Easy accessibility to common means** of suicide, such as pesticides has contributed to death by suicide in India.
- In addition to all the above causes, when we interact with children and elderly, some unique social factors can be obtained. In them, suitable interventions need to be planned so that these risk factors are tackled in order to decrease the risk of suicide.

Risk factors in Children	Risk factors in Elderly
▪ Loss of loved ones ▪ Feelings of stress ▪ Doubts about one's own capability ▪ Pressure to succeed ▪ Disappointment with one's own performance	▪ Deteriorating physical health with aging. Physically challenging medical problems – for example, rheumatoid arthritis, amputation of limbs due to diabetic foot ▪ Lack of financial stability following retirement from work ▪ Experiencing many stressful events – financial loss, death of people of their age ▪ When children get married and settled in their own lives, elderly parents lead isolated lives with a sense of empty home. ▪ Due to physical inactivity and no money earning, they feel like a 'burden' ▪ Mental illness – depression, anxiety, poor memory

What is the mental state of a person with suicidal behaviour?

We must remember that in addition to the above factors, the internal condition of the person is also important. Some individuals have problems related to brain function that can lead to psychiatric problems. Always ask question regarding difficulties in growing up years of childhood and the nature of the individual himself. It is necessary to enquire about family background of similar suicidal behaviour and psychiatric problems. All of this will give us background knowledge of a person with high risk of suicidal behaviour.

- ***Suicides in the family.*** Death by suicide in a close relative increases the risk of suicidal behaviour in others.
- ***Difficulties faced in childhood and the interaction with parents. These are important factors in child and adult suicide attempters.*** Disturbances can be in the form of physical and sexual abuse, loss of parents/loved ones. Patterns of parental practices in

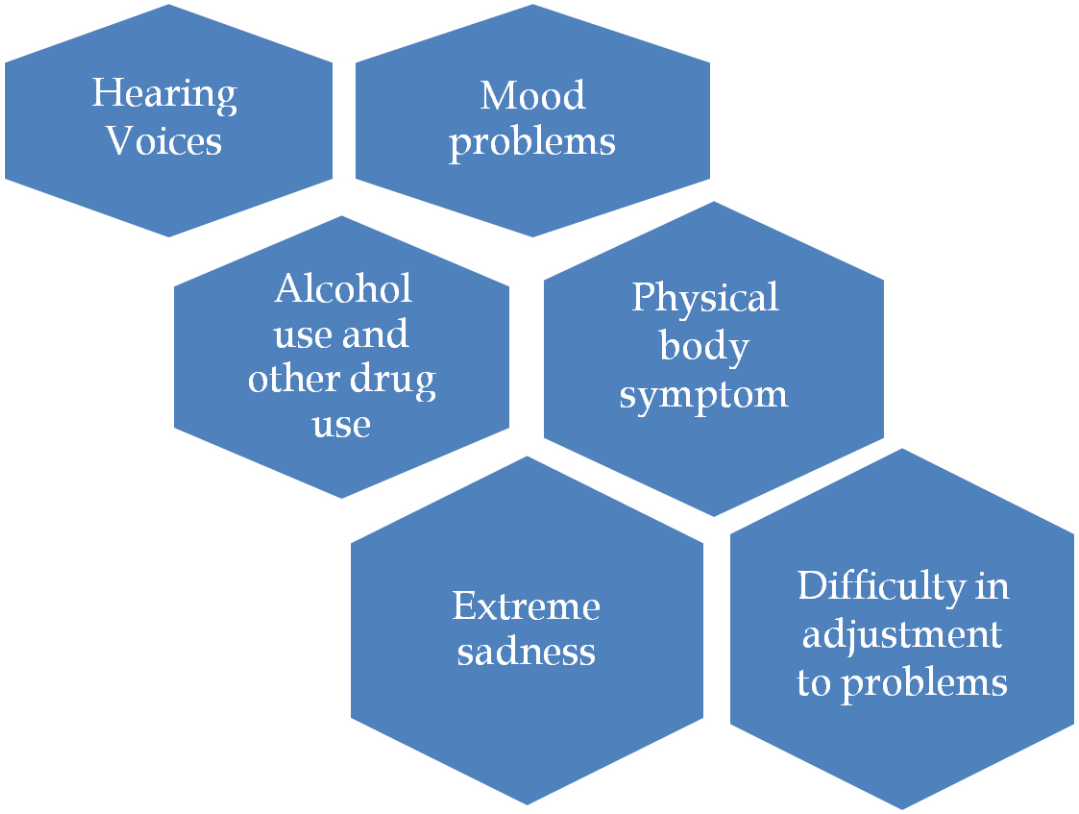
the upbringing of the child and parent-child interactions in specific situations are important. Parents are required to show some control along with some affection towards the children. That will help in shaping a child's nature. Too much control and less affection may promote suicidal behaviour.

- ***Look for qualities in a person that can promote suicidal behaviour.***

  For e.g. Inability to deal with difficult situations, inability to accept and deal with others judging them, difficulty in trusting people, poor social abilities to mingle with others, poor capacity to take independent decisions, not thinking through the consequences before taking a decision, getting frustrated easily - retorting to verbal and physical outburst when faced with situations which one dislikes, low confidence levels, lacking overall self-esteem and lack of thinking of a solution to a problem in different ways.

- ***Mental health (psychiatric) problems and suicide***

  Depression and alcohol/ use of substances are the commonest mental health problems related to suicide in India, although people with other mental illnesses are also at risk for suicide. All individuals with known or identified mental health problems should always be assessed for presence of suicidal ideas and suicide attempts. The diagram below highlights the mental health symptoms that can lead to suicide attempts and death by suicide.



Individuals with mental health problems will have associated underlying issues. This includes inability to work/study due to the symptoms of the illness, inability to day-day activities independently, difficulty in concentration, sleep problems, appetite issues leading to malnourishment, social isolation and stigma in society due to disease or delay in starting treatment in certain cases that can cause worsening of the illness.

Conclusion

Various concepts of suicide have been described in this chapter. These factors such as type of thinking, influence of society and mental state interact with each other to either protect a person from suicide or make the individual vulnerable to suicide. Knowing the concepts will enable the healthcare worker to plan interventions in order to help an individual at risk for suicide and ultimately the society at large.

Case Vignettes

Case Vignette 1

Ms. A, a 35 year old married female, presented with suicide attempt by over dosing on a pesticide. She was referred for psychological evaluation. Ms. A revealed she had been feeling sad on and off for many years now and thinking of herself as a burden, but was able to manage herself. She reported that recently she was separated from her husband who allegedly had been cheating on her after which her sadness and anxiety worsened. On further evaluation, she reported sexual abuse in childhood which was overlooked by her family. She told her family recently that "there is no hope in life".

The above case shows the various factors that increase an individual to attempt/ die by suicide. The stressful factors to focus on here are the sexual abuse in childhood and subsequent development of unhealthy patterns of thinking. In the presence of the current issue of separation with spouse she has developed suicidal ideas.

Case Vignette 2

Mr. X, 42 year old working male, had a history of getting angry quickly over small issues. These anger outbursts had caused him to lose his jobs previously. He had frequent quarrels with his wife. He had recently invested a huge part of his savings in stock market after an acquaintance suggested to him. He went on lose most of the money. He had begun to feel sad and had lost sleep and appetite for a few weeks after his wife got separated from him. His father has also suffered from similar symptoms for several years and died by suicide. The next week, X had hanged himself.

The case discussed describes how the personality issues in an individual can mean poor decision making, inability to cope with situations and family history of sadness and suicide. This leads to brain related (psychiatric) problems in him (Extreme sadness). Stress (loss of finances, separation from wife) along with extreme sadness may lead to suicidal ideas and attempt. Therefore risk factors must be identified early. Presence of family support and employment act as protective factors against suicide.

Chapter 4

MAGNITUDE AND EXTENT OF SUICIDE

Manisha Murugesan, Sailakshmi T Alekya, Damodharan Dinakaran, Sydney Moirangthem

Learning objectives

1. Prevalence and burden of suicide and suicidal behavior in India and the world
2. Risk factors for suicide

Prevalence of Suicide

The WHO declared suicide to be a major public health problem, with one suicide occurring every 20 seconds. The estimated rates are of suicide are about 11 deaths per 1 lakh people, leading suicide to be among the leading causes of premature death worldwide.

4 out of 5 suicides happen in the lower- and middle-income countries and death rate due to suicide in Asia at 19.3 per 1 lakh population, is much higher than the global rate. Of all the South East Asian countries, suicide rate in India is the highest.

Of the total estimate, death due to suicide in India is reported to be 2,15,872 (global health estimates, 2016) accounting for 25% of worldwide suicides, meaning one in every four-suicide death occurs in India. Though the National Crime Records Bureau (NCRB) of India, reported that 1,39,123 suicides occurred in 2019, it has been highlighted that suicides are under reported due to fears of legal impact of same.

Additionally, more concerning is that for every suicidal death, there are more than 10-20 times numbers of suicidal attempts.

As per NCRB India, around 1.3 lakh suicides were reported in the year 2019

Suicidal risk

In the National Mental Health Survey (NMHS) 2015, it was identified that 0.9% of the adult participants had high suicidal risk, i.e, about one person out of every hundred has high suicidal risk (approximately 1 Crore people have High Risk for suicide) and 5.0% (5 Crore) reported having varying degree of suicide risk over the previous 4 weeks. Suicidal risk includes participants having suicidal thoughts, preparing and making plans, repeated thoughts about suicide, and attempting it.

The suicide risk over the past one month period was 5.0% as per the survey

Socio-demographic risk factors

There are multiple risk factors that play a role in a person attempting and completing suicide. The table below summarizes the socio-demographic risk factors.

Gender	**Men and Women have almost the same level of risk.**
Age	Commonest in age group 18-45, more than 50% of suicidal deaths occur in this population (with highest among 15-29 years age group)
Residence	As per NCRB records, urban living slightly increases the risk. But overall in south east Asian countries, higher rural suicide rates have been reported. Easy access to lethal means, social isolation and difficulty in accessing services are considered to the causes for this trend.
Education	Risk is higher in lower educational status (10th std or less)
Occupation	Highest among daily wage labourers and house wives. House wives accounted for total of 51.5% of female victims of suicide in 2019.
Marital status	Majority are married especially married women.
Economic status	More than 2/3rdhave yearly income of less than one lakh rupees

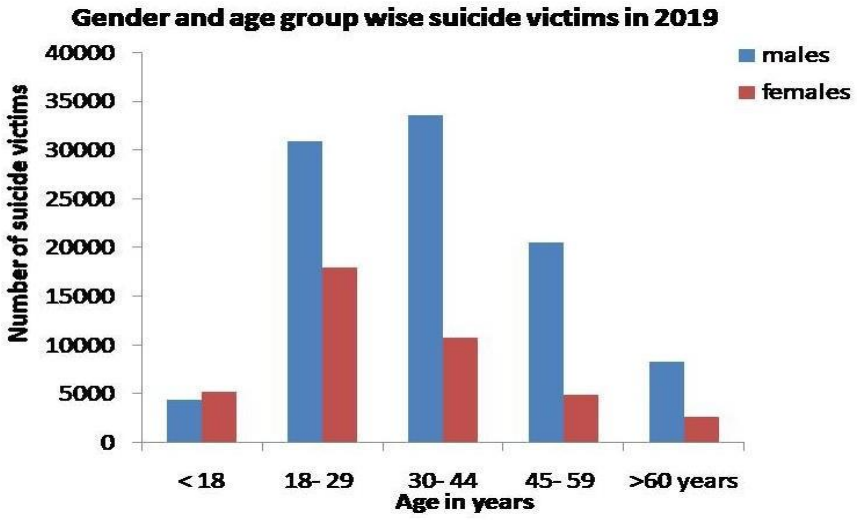


Fig 1: Graph representing the gender and age-wise suicide victims of the whole country based on the data reported in the NCRB, 2019

The majority of victims of suicide in our country are married. Especially in the female population, the highest proportion of suicidal deaths is among married women. The results of the Global Burden of Diseases Study, 1990-2016 (GBD) showed that 36.6% of total suicidal deaths in women and 24.3% of total suicidal deaths in men in the world were from India. The trends in the gender difference in Suicide Death Rates have been varying with women having slightly higher rates in 1990s with rates in men higher in 2001. Also, when the attempts and completed suicide are taken into account, the rates are fairly equal in both the genders.

Factors for higher rates in married women

- Early marriage
- Domestic violence
- Lower economic status
- Early motherhood
- Financial dependence on others

(Source: Gender differentials and state variations in suicide deaths in India: the Global Burden of Disease Study 1990–2016. The Lancet Public Health)

State wise distribution

As per NCRB in 2019, majority of suicides were reported in Maharashtra (18,916) followed by 13,493 suicides in Tamil Nadu, 12,655 suicides in West Bengal, 12,457 suicides in Madhya Pradesh and 11,288 suicides in Karnataka accounting for 13.6%, 9.7%, 9.1%, 9.0% and 8.1% of total suicides respectively. These 5 States together accounted for 49.5% of the total suicides reported in the country in 2019.

However, based on the Global Burden of Diseases study, the Suicide Death Rate (SDR) for both genders were higher in the states of Andhra Pradesh, Karnataka, Tamil Nadu and Telangana. These states have lesser deaths due to other non-communicable diseases, maternal and infant deaths and nutrition related deaths. Level of urbanization and variation in literacy rate among the different states are proposed to be the reasons for variation in the rates among the states. Also, states with stronger health infrastructure have robust reporting systems which increase the rates of reported suicides in those regions.

Methods of Suicide

There are many methods of suicide. The method often used depends on easy access to same and likelihood of death occurring by it. World Health Organization data suggests pesticide/drug poisoning as the commonest method of “attempting” suicide, especially in south east Asian countries where the rates of suicide in rural population is higher and pesticides are easily available and accessible. ‘Hanging’ is reported to be the commonest method for “completed” suicide, although both are significantly likely to result in death and are easily available.

Prominent methods	Other methods
Hanging	Consumption of sleeping pills
Poisoning	Jumping from height
Drowning	Firearms
Self-immolation	Touching electric wires
Coming under vehicles/trains	Self-inflicting injuries

Mass/Family suicides

In 2019 a total of 72 cases of mass/family suicides were reported with death of about 180 people. Maximum cases were reported from Tamil Nadu followed by Andhra Pradesh and Kerala.

Conclusion

The demographics of suicide are highly variable from region to region. In India, suicide remains to be a leading cause of death, with rates being highest in group of 15 to 29 years of age. Being aware of the region-specific variations may help in policy decisions and suicide prevention.

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Chapter 5

SUICIDE RISK ASSESSMENT

Hari Hara Suchandra, Patley Rahul, Deepak Jayarajan, Jayant Mahadevan

Learning objectives

1. Knowing how to identify warning signs in at risk individuals
2. Understanding common risk factors for suicide
3. Identifying factors that increase and decrease risk for suicide

This chapter, is divided into two sections, Section A and Section B. Section A provides an understanding as well as principles of practical approaches to suicide risk assessment, while Section B describes some real scenarios of doing a suicide risk assessment

SECTION A

Introduction

Suicide risk assessment involves recognizing warning signs to identify a person who may be thinking about suicide and approaching them to confirm if they are having a wish to die, or suicidal thoughts, or have made a suicidal attempt. If they express either suicide related thinking or acts, then it is important to identify factors that increase (risk factors) and decrease (protective factors) risk for suicide in them. Assessments are also done in people who may not have expressed a wish to die, but who could be at risk due to life circumstances or mental illness.

A commonly held belief is that, it is difficult or impossible to know if a person is thinking about suicide. However, people thinking about suicide commonly show warning signs that can be identified. Warning signs are often not directly related to suicide and hence if a person doesn't know what they are, they won't be able to recognize or identify them in an individual showing these signs.

Risk factors for suicide are slightly different. There are specific factors, either recent or long standing, that directly contribute to increased chance that a person would attempt suicide. This is similar to any other physical illness where risk factors for developing the illness are present (For eg: person's age, weight, diet, physical activity, diabetes in family, other illness are all risk factors for diabetes). Though it a common belief that mental health issues are the only issues related to suicide risk, this belief is incorrect. Suicide is actually multi-factorial. Social, financial, educational, workplace and domestic issues are all important contributors to risk, and hence important to understand when assessing risk in a person. Additionally, negative childhood experiences, exposure to trauma or disasters and violence are risk factors.

What are the warning signs for suicide?

a) Warning signs are a cry for help and hence are very important to recognize!

b) Most often people thinking about suicide show warning signs for days, weeks and even months

c) Looking for these warning signs may help in identifying persons that could be contemplating suicide.

d) Warning signs can be easily identified if one is aware of what they are

e) Warning signs can be missed as they don't appear to be directly related to suicide

EACH WARNING SIGN is EQUALLY IMPORTANT and CANNOT BE IGNORED

They are ***particularly important especially when such behaviors in the person have not been commonly noted before or have been worse than before***. These include:

1. **VERBAL SIGNS**
   - Talking about ending life - "Sometimes I feel like I just want to die"
   - Talking about feeling guilty or having committed a sin
   - Talking about feeling hopeless or having no reason to live
   - Talking about feeling trapped or in unbearable pain
   - Talking about being a burden to others

2. **BEHAVIOURAL SIGNS**
   - Drinking more alcohol than usual or using other substances
   - Being restless, agitated (getting angry easily), anxious (very worried/ fearful)
   - Feeling sad and dejected
   - Sleeping too little or too much
   - Eating less and or more than usual
   - Withdrawing or feeling isolated (Outgoing or social persons interaction with family/friends decreases or stops completely)
   - Showing extreme rage or talking about seeking revenge
   - Displaying extreme mood swings (suddenly crying/ reckless/ hyperactive)
   - Preparatory behaviours (giving away belongings, collecting medicines or pesticides)

What are the risk factors for suicide?

In an individual who displays warning signs of suicide, the following are risk factors that increase the chances of suicide. Risk factors can be grouped into static and dynamic risk factors

1. **Static factors: These include persistent factors that have occurred in the past in an 'at risk individual'**
    - Having made previous suicidal attempt(s)
    - Any family member who has attempted suicide
    - History of consumption of alcohol or other substances
    - Tendency toward impulsive or reckless behaviour without thinking about consequences
    - Childhood maltreatment
    - Past History of mental illness
    - Chronic physical illness/terminal illness like cancer
2. **Dynamic factors: These are newly emerged or fluctuating difficulties in an 'at risk individual' and are subjected to change with active short term intervention**
    - Acute sudden stress due to relationship problems, financial and family problems
    - Isolation, feeling being cut off from life
    - Feelings that there is no hope
    - Ongoing mental illnesses, particularly depression
    - Easy to access to lethal means (pesticides, tablets or firearms)
    - Barriers to access mental health treatment
    - Recent increase in consumption of alcohol or other substances
    - Sometimes, cultural and religious beliefs that suicide is the only honourable way out
    - Unwillingness to seek help because of stigma attached to mental illness and suicide

Protective factors for suicide

In an individual who displays warning signs of suicide, the following are factors that can reduce or decrease the risk of suicide. They are important to identify as they are essential to plan any immediate intervention or prevention plan.

1. **Protective factors**
    - Person has a desire to get better
    - Person is willing to get help
    - Strong sense of responsibility towards their family members (parents; children; spouse)
    - Strong affection and bond with any or all family members
    - Having good support from family, friends, and colleagues
    - Ability to resolve problems and difficulties in relationships
    - Previous positive and helpful experience from care providing services
    - Easy local availability of help providing hospitals
    - Access to support from counsellors and doctors
    - Cultural and religious beliefs that discourage suicide
2. **Protective factors can help in various ways**
    - Reduce severity of their suicidal thoughts
    - Make a person pause and not act out on their suicidal thoughts
    - Can offer a sense of support and awareness that people care for the person
    - Decrease sense of loneliness
    - Reduce negative thoughts and feelings
    - Increase self-confidence
    - Allow using previous experiences to overcome their current distress
    - Permit identification of alternate solutions to relieve immediate distress and current problems

Risk factors in special groups

1. **Suicide in women**

    Suicide attempts are more common in women compared to men. Various studies have shown that marital problems, inter-personal problems with husband and in-laws, domestic violence, and divorce place women at greater risk for suicide.

2. **Suicide in young adults**

    In India suicide is highest among 15-29 years age group and recent trends showed that adolescents and young adults are at high risk for suicide. Among young people, suicidal behaviour was found to be more in females, school drop outs, children experiencing

physical abuse at home, lifetime experience of sexual abuse, and presence of mental disorders.

3. **Suicide in elderly**

   Suicides are also common in elderly. Lack of family support, boredom and loneliness, depression, chronic physical illness and substance abuse are considered to be major risk factors for suicide in the elderly.

How to do a suicide risk assessement

Suicide risk assessment is done step wise, using warning signs to approach and identify a person, checking on risk and protective factors and finally enquiring about the current severity of suicidal thoughts.

1. **How to approach and enquire further in a person showing WARNING SIGNS**

   It is ESSENTIAL that if you notice warning signs in a person, you should "immediately and without hesitation" approach the person and start a conversation to confirm if they have a suicide risk.

   Some useful questions to lead into the topic are:

   - I'm very worried about you (EXPRESS CONCERN AND INDICATE THAT YOU CARE)
   - I've noticed that you have been saying (state verbal warning signs you've noted in them) or doing things (state behavioural warning signs you've noted in them) that are very worrisome or seem troubling….
   - I'm concerned for you……
   - There appears to be something that is bothering you
   - You seem (angry/sad/restless/have not been in regular contact)
   - I would like to understand what is bothering you……
   - Do you feel sad?
   - Do you feel alone?
   - Do you feel no one cares about you?
   - Do you feel that life is not worth living?

2. **How to enquire about risk and protective factors**

   Once you have been able to encourage the person to share their immediate cause for distress, you should systematically check on the presence of each risk factor listed above. You should also check on the protective factors of the person.

A good approach to check on the risk and protective factors present in a person is to bring these aspects in your conversation with them. Generally, allow the person to speak as much as they want to, which often gives a lot of information about suicide related risk and protective factors. As a lot of times, a person may on their own state some risk factors or protective factors.

This is the most effective strategy and often necessary to lead gradually later into the topic of suicide so that the person feels comfortable enough to speak about suicide openly.

You should always ask for any factors that they have NOT mentioned.

- Have you been in a similar situation before when you felt like this? How did you overcome the problem before OR What did you do at that time?
- Are there any other difficulties in your life?
- Have you been having problems in your relationships (family/ personal/ friends)
- Have you ever tried ending your life in the past?
- Did anyone in your family or known people commit suicide?
- Do you feel like there is no hope in the future (hopelessness)?
- Do you drink alcohol or use any substance to cope with your current problems?
- Have you been suffering from any physical health problems?
- Have you been or are currently on treatment for any mental illness?
- How was your early childhood?

3. How to enquire about suicidal thoughts?

The most important step of the suicide risk assessment is to specifically ask about current suicidal thoughts or thinking, after checking on all the risk and protective factors.

Suicidal thoughts may be passive or active.

- Passive death wishes: The individual wishes to be dead or not alive anymore, or desires to fall asleep and not wake up. They have not made concrete plans or taken steps to prepare for an attempt (such as writing a note, or gathering articles for an attempt, etc.)
- Active suicidal thoughts: Thoughts of actively wanting to end one's life (e.g. I'm thinking about killing myself). There may be specific plans about how to die by suicide, or some initial steps which have been taken.

The best way to find out whether individuals have suicidal thoughts is to ask them. It is a myth that asking directly to people at risk about suicide induces the suicidal risk. Often, people thinking about suicide can struggle with such thoughts but find it difficult to tell someone about them because they are scared that they would be negatively judged.

However, and most effective strategy and often necessary to lead into the topic of suicide gradually so that the person feels comfortable enough to speak about suicide openly.

When asking about suicidal thoughts, it is good to start with 'normalizing questions': questions that discuss suicide as a common mental health issue rather than as something which is morally wrong, shameful, or a secret. Then indirect or direct questions on suicidality can be asked to understand the level of risk.

Example of a normalizing question:

- Sometimes when people are feeling disturbed, they think of suicide, is this something you're thinking of?

Examples of indirect questions:

- Do you feel like getting away from all of this?
- Have you wished you could go to sleep and not wake up?

Examples of direct questions:

- Have you wished you were dead?
- Do you feel like harming yourself?
- Have you been thinking of killing yourself?
- Do you want to be dead and away from all this?

Tips for asking question about suicidal thoughts

- ✓ If in doubt, don't wait, ask the question
- ✓ If the person is reluctant, be patient but persistent
- ✓ Talk to the person alone in a private setting
- ✓ Allow the person to talk freely
- ✓ Give yourself plenty of time
- ✓ Despite the best efforts of healthcare worker, someone may deny suicidal ideation. But the healthcare worker may feel they are at risk of suicide. As a last attempt, changing the question to *"why do you want to live in this world?"* may help identify hidden suicidal risk. People may respond by crying or stating that they do not wish to live.

4. **What to enquire if the individual says they have suicidal thoughts?**
   - Ask about the frequency, duration and intensity of suicidal thoughts
   - Ask about suicidal plans

   Some questions are,

   - Have you made any plans to end your life?
   - Do you have an idea of how you are going to do it?
   - Have you decided when you plan to end your life?
   - When do you intend to carry out this plan?
   - Have you written a note saying goodbye?

   It is important to ask about whether the person has collected, or stored articles that they could use to die by suicide, or whether they can access these items easily.

5. **What to ask for if the individual comes after a suicidal attempt?**

   'Lethality', an important aspect of a suicidal attempt:

   - This is an important parameter in the assessment of persons who have harmed themselves.
   - Lethality is considered as the 'degree of danger' to life resulting from a self-injurious behaviour
   - A simple meaning of 'lethality' is how likely death would be if the person made a suicidal attempt by their planned suicidal method. It is also an indicator of how likely the person is to survive a similar attempt in the future.
   - It deals with the nature and severity of the self-injury and contributes to greater understanding about the self-harm behaviour.
   - The following factors should be assessed to understand the lethality of self-harm attempt:

     a) **Physical harm:** The degree of physical consequences suffered as a result of self-harm behaviour should be assessed. This can range from no physical harm to mild, moderate, or severe physical harm, with the worst outcome being death.

     b) **Rescuability:** Assess how easy or difficult it was for someone to intervene when the self-harm was attempted. The greater the difficulty in rescuing the individual implies greater lethality. Check whether the person attempted to conceal the event from others.

c) **Need for medical intervention:** Assess whether medical intervention was required for the harm suffered. If required, check if it was minimal intervention (first aid) or hospitalization, whether in a routine care facility or Intensive care.

6. **What is intentionality?**

- It is defined as the seriousness or intensity of the person's wish to terminate their life.
- Intentionality helps in understanding the seriousness of suicide attempt and at the same time helps in differentiating non-fatal self-harm behaviour from suicidal behaviour.
- Intent behind the attempt can be death, seeking attention or trying to change stressful circumstances.
- Individuals with intent to die may adopt more lethal methods while those who try to manipulate the environment adopt less lethal methods.
- Intentionality can be inferred from the preparations the person makes to conceal the attempt

Questions:

- What drove you to make the attempt?
- What were you expecting out of this attempt?
- What was the motive?
- Do you have any regrets about what happened?

What happens when someone is brought immediately to hospital after a suicide attempt

- During the initial encounter with someone who has attempted suicide, the physician should focus first on the stabilization of the person's medical condition. This includes the protocols for medical resuscitation such as Advanced Cardiac Life Support and vital sign stabilization.
- Signs and symptoms must be evaluated carefully and should not automatically be attributed to a psychiatric origin.
- Intoxication – with alcohol and other drugs– and delirium from the use of a poison or for other reasons should be ruled out.
- It is best to conduct the formal suicide evaluation when the person is conscious and responsive, and they can be referred to Psychiatrist for detailed evaluation.
- This assessment is likely to be performed by a physician or nurse, but it is good for other health workers to know the sequence of events.

If a medically stable patient reaches hospital for evaluation following a near suicide attempt:

- Establishing history, reasons for suicide attempt and circumstances around suicide attempt becomes the next priority.
- To begin the interview, set the appropriate environment. Ask family and friends to step out of the room, requesting to talk with them later.
- It is important to remain calm, non-judgmental, and nonthreatening.
- The use of basic interviewing techniques can optimize the encounter with the suicidal patient. This involves expressing empathic curiosity, active listening, and anon-judgmental approach with the person. Active listening is discussed in the next chapter.

1. **Questions to start the interview**
   - It can begin with a simple question like "How can I help you today?"
   - For patients who are reluctant to be open, focus should be on the reason for that reluctance. Asking the simple question "Why now?" can often lead the interviewer directly to the precipitant of the crisis.
   - To ascertain the patient's emotional state and reiterate it for them, state the problem in a broader context. For example, say, "You seem very sad about this, and it seems to you that there is no way out.
2. **It is important to find out the individual's current thoughts about their recent suicide attempt:**
   - How do you feel about what happened?
   - Some people feel guilty or think they've made a mistake in this situation. Can you tell me about whether you've been experiencing such feelings?
   - How did your family or friends react when they knew/saw/realised that you had almost died by suicide?
   - Are you thinking about suicide again in near future?

The person's problem solving and coping skills should be evaluated and stressors and support systems identified. Knowledge of the patient's current and past prescription medications and access to drugs, alcohol, and access to other lethal means is vital. This information will be helpful in establishing an understanding of the environment that the patient may be returning to. Close monitoring and ensuring safety are priorities.

3. **Establish a follow up plan**

   Establish a follow-up plan, including frequent close contacts or visits during the days after the attempt.

   - It is necessary to involve the person's family and support system.
   - It is beneficial for a family member or close contact to monitor the patient and provide support following the acute phase of the suicide attempt.
   - Close follow-up is important when treating a patient who has recently made a suicide attempt. While office visits will be the basic intervention, brief telephone calls can provide support contact and help identify if an urgent appointment needs to be scheduled. This is discussed in more detail in the following chapters.

Conclusion

Suicidal risk level (high, moderate, or low) is assessed by balancing (comparing) the individual's risk factors against their protective factors. This balance (of risk factors and protective factors) can be affected by significant events in the person's life, and so risk level may change. Suicidal ideas and acts may appear to be unpredictable, but warning signs can often be identified before the person acts. Effective recognition of warning signs and timely assessments can reduce the risk of suicide in the community by providing early interventions for someone at risk.

Suicides in the community do not occur because of mental health issues alone. Reducing suicide requires a mix of effective mental health interventions, public policies, and community participation by targeting social, political, and economic issues that impact suicide rates. However, by being aware of the risk factors, protective factors and the individual's predisposition, a health worker could have a reasonable suspicion and inform the concerned family members and health authority about the risk. The ability to do a risk assessment gets better through repeated practice.

Suicide risk assessments are essential to plan suicide intervention and prevention and are based on the level of risk identified. The estimation of level of risk help in planning suitable and most effective interventions. Both these aspects are discussed in detail in the next chapter.

SECTION B

Section B gives some examples of Risk Assessment using real situations and approaches described in Section A.

Case 1:

A 21-year-old student is brought by his roommate with complaints of being sad for most of the day, and appearing withdrawn. Upon evaluation it was noted that for the last 3 or 4 weeks there has been sleep and appetite disturbance, with weight loss and subjective feelings of depression. In addition, there is history of increased alcohol and tobacco use from 1 month. On enquiry, he is reluctant to speak to anyone and his roommate reveals that the client had a relationship breakup last week and since then he has been talking about ending his life. He was in a relationship since 2 years with a person in the same college. Client stays away from family and roommate is the only support currently.

Q. What further information would you like to ask?

- First, since the patient here is reluctant to talk try to establish a rapport with him. Give him enough time to open up.
- Try to understand the patients stress and in the process build a rapport
- Enquire if he has any negative thoughts like hopelessness, helplessness and worthlessness
- Enquire if he has any suicidal thoughts
- Enquire about the other risk factors as mentioned in the chapter

Q. Assess the level of risk in this patient

Patient is going through break up and has subjective feelings of depression. In addition he has increased use of substances recently. He currently seems to be at low risk for suicide, but it is important to assess suicidal risk specifically before coming to this conclusion.

Case 2:

A 35-year-old married woman with 2 children is referred to you by a women's organization after a episode of severe domestic violence from alcoholic husband. On further exploration, she reveals that she is the sole breadwinner for the family but recently lost her job after her husband created a scene at her workplace, accusing her of having an affair with her colleague. Now she feels clueless about how to feed her children. She has been thinking of suicide "all the time" because she "can't cope." She also reveals that yesterday she tried hanging herself. but did not act out after looking at her children. However, she thinks that taking poison is the best method to end their lives. She is tearful, shaking, frightened, feeling hopeless, and at high risk for impulsive acting out. She states that life isn't worthwhile.

Q. What are all the risk factors in this patient?

Job loss, financial distress, domestic violence at home, lack of family support, currently having active suicidal thoughts and plans, and a recent attempt at suicide.

Q. Assess the risk in this patient

This patient is at high risk for suicide because she has multiple risk factors as explained above. There is also risk to the children. Domestic violence also places her children and her at harm too.

Case 3:

A 45-year-old woman presents with a one-month history of poor sleep and irritable mood, and is in the process of divorce. She is unable to perform her job and lacks concentration. She expresses feelings of worthlessness and wonders sometimes what the point of living is. She has to force herself to stay engaged in her children's activities and other interests that she used to enjoy; she feels she is "just going through the motions". There is a family history of suicide; her mother killed herself when the patient was 10 years old. During her examination, you find she is not having eye contact and frequently cries as she is talking to you.

Q. Assess the risk in this patient

Patient here has stressors like marital issues and also has symptoms of depression along with a family history of suicide. However she tries to engage in daily activities and is taking care of her children. She is at low risk for suicide. However, she requires evaluation by a mental health professional and risk could change with time.

Chapter 6

PREVENTION AND INTERVENTION

Bhaskaran Aandi Subramaniyam, Ferose Azeez Ibrahim, Erika Pahuja, Deepak Jayarajan, Krishna Prasad Muliyala

Learning objectives

1. Understanding how healthcare workers can prevent suicide in high risk individuals
2. Immediate interventions that can be done in high risk individuals
3. Steps for postvention in individuals who have attempted suicide
4. Understanding how to refer individuals

Prevention of suicide in individuals at risk

Most suicides are preventable with proper identification, assessment, and immediate intervention. As discussed in chapter 3, suicide is multifactorial and not solely due to mental illness. Evidence-based interventions for prevention of suicide are of three kinds:

1. Universal prevention strategies

2. Selective prevention strategies

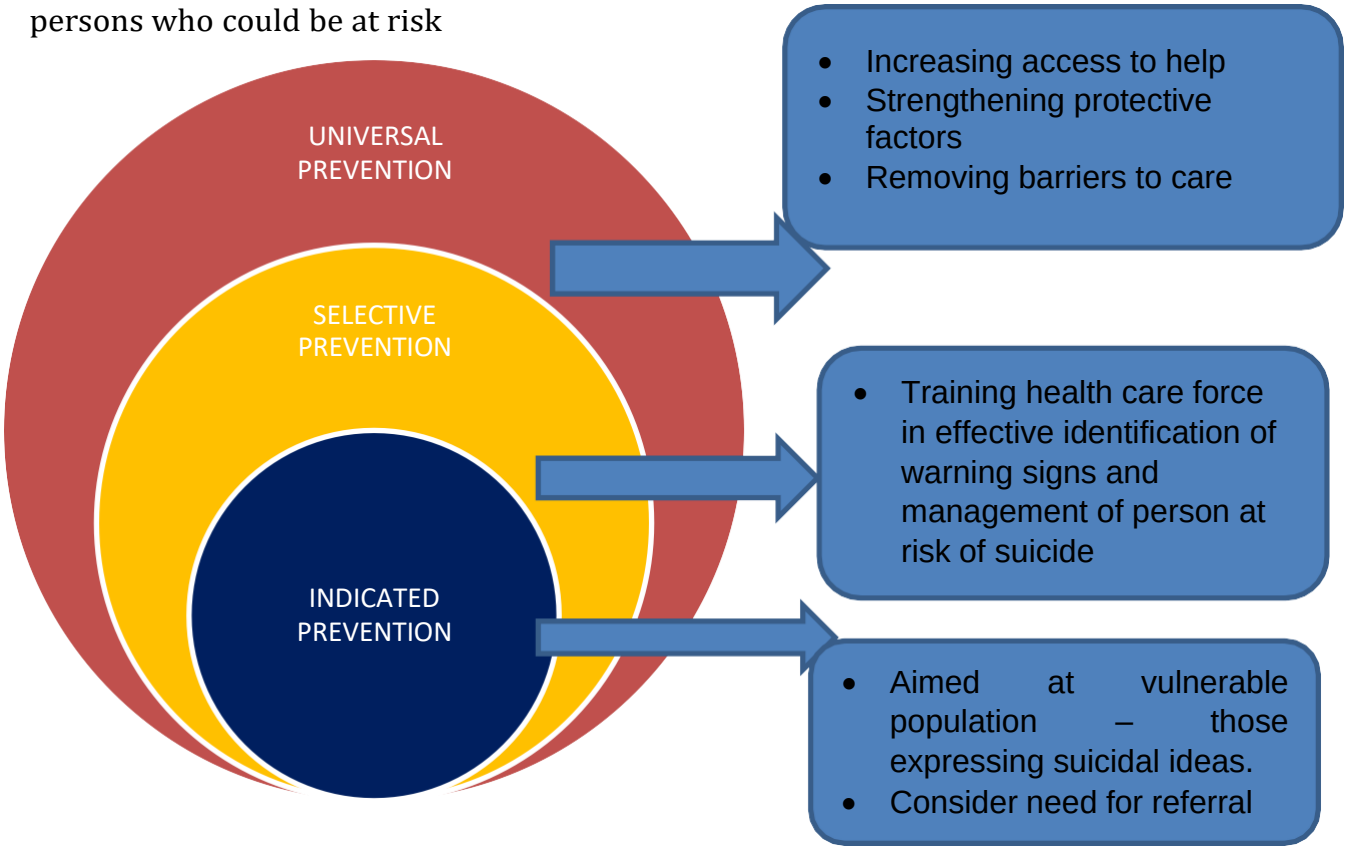
3. Indicated prevention strategies

1. Universal prevention strategies are aimed at the entire population and includes increasing access to help, strengthening protective factors, and removing barriers to care. "Restricting of means" is one example that includes limiting access to pesticides – e.g. by centralising storage facilities for pesticides and over the counter medicines. Increasing access to health facilities, and reducing harmful substance use are also important.
2. Indicated strategies target vulnerable individuals within the population. Training health care workers in effective identification of warning signs and management of person at risk of suicide is one example.
3. Selective prevention strategies are aimed at vulnerable groups with in a population based on characteristics such as age, sex, occupation.

In the context of India, where people at risk are a large and diverse group, most preventive interventions need to be applied universally, including those traditionally thought of as selective or targeted.

What can Healthcare workers do to prevent suicide?

- Healthcare workers can be resource persons in their area to conduct programmes and educate the public about psychological well-being and the warning signs of suicide.
- Healthcare workers can also help reduce stigma associated with suicides and suicidal attempts, which in turn promotes help-seeking behaviour.
- When healthcare workers identify someone, who is at risk for suicide, they should intervene; this intervention should be individualised, and in keeping with some basic principles. It is also important to create an environment where people are aware of whom they can approach for help; they should be given a reasonable expectation of privacy and confidentiality, and the healthcare worker should be sensitive to feelings of stigma that may dissuade the person from seeking help.
- A complete risk assessment should be carried out, as described in chapter 5. There are two types of factors to consider:
    a) dynamic – factors which can change or fluctuate. Examples are symptoms of mental illness, life-stressors, etc.
    b) static – factors which do not change because they are related to socio-demographic details and past events. Examples are age, gender, past history of a suicidal attempt, etc.
- Healthcare workers should spend an adequate amount of time to llisten to and assess persons who could be at risk



Immediate Intervention

Healthcare workers can identify persons at risk for suicide, assess the risk for suicide, help the person at risk avoid a subsequent suicide attempt, make a safety plan, and refer the person at risk to trained personnel. The intervention begins when the healthcare worker assesses the person at risk.

The healthcare worker *should try to help the client to express their suicidal thoughts by:*

- Being a good listener: Giving adequate time to the person at risk and listening actively. Active listening is when the listener pays attention and demonstrates that they are listening by paraphrasing or expressing empathy at the appropriate time. Active listening helps the person feel that their concerns and issues are understood.
- Being non-judgmental: Validating concerns and not letting the healthcare worker's personal opinions influence their judgement of the person at risk is an important principle as it allows them to discuss feelings and thoughts, which they may have no one else to share with.
- Being supportive and instilling hope by letting the individual at risk understand that problems can be resolved, even if resolution takes some time. Offering practical help and referral to appropriate professionals can help instill hope.
- Building a contract by asking 'Will you promise me not to do anything harmful till I find help for you?'

Active listening skills

- ✓ These are techniques that require the interviewer to understand, interpret, and evaluate what they hear.
- ✓ The interviewer should look for and register connotative meanings of words, idiosyncratic uses of language, figures of speech that tell a deeper story, and voice tone and modulation.
- ✓ The interviewer should also note postures, gestures, and facial expressions (e.g., eyes watering, jaw clenched); subjects that the person is uncomfortable with or avoids; and differences in the ways people expresses themselves over the course of the interaction.
- ✓ They should demonstrate active listening by various techniques that include directly facing the person, maintaining eye to eye contact, and non-verbal communications/ gestures (nodding one's head, saying "um-hm", raising eyebrows, prompts to continue talking).
- ✓ Acknowledging the person's emotions about difficult issues – by using statements such as "That sounds like it was a difficult experience" – and validating their feelings helps build rapport and conveys that the interviewer empathises with them.

As a part of the contract, the healthcare worker should provide a **crisis plan as a safety net** to safeguard the life of the person at risk. Crisis plan should be tailored to how high the level of risk is, and available resources.

Crisis plan may include instructions such as:

- Distract yourself from the suicidal thoughts by involving yourself in activities that are pleasurable or hold personal meaning. Examples are painting, drawing, shopping, cooking, talking to friends, etc.
- Physical activities such as walking or exercising can improve mood.
- Write down your thoughts in a diary.
- Repeat to yourself 'I have promised not to hurt myself'.
- Call your confidante to talk about your problems
- Call and talk to a counselor. I can arrange for you to contact one if you'd like.
- Call a suicide or a crisis helpline (Have a printed list of numbers handy for suicide and crisis helplines)

As part of the safety net:

- **Reduce access to lethal means:** Negotiate with the person at risk to hand over any possible poisons/tablets they may have.
- **Identify a confidante:** Try to identify any important link who they have (e.g. friend/relative to whom they can discuss that they have been thinking about suicide or reach out to speak to reduce their distress). This may require a negotiation with the person about how much should be disclosed and to whom, keeping in mind the need to assure safety. All details should not be shared with the confidante, and all details shared should be with done with the consent of the client.
- **Accessibility:** Provide numbers of suicide helplines or other crisis helplines and if possible, of health care workers whom they can contact if in need. Assure your availability, and discuss an alternative for times you are not available.
- **Follow up:** Ensure that the person at risk has reached hospital or referral center or home and is under observation.

Making appropriate decisions about referral:

Risk Level	Risk	Suicidality	Possible Interventions
High	• Depression or other psychiatric illnesses • Triggering event • Absence of protective factors	• Has made a Lethal attempt • Recent suicidal attempts • Recurring thoughts about suicide	• Admission to a psychiatric set up is recommended • Removal of access to methods • Close supervision by a confidante
Moderate	• Multiple risk factors • Few protective factors	• Ideation with plan	• Admission may be necessary. • Develop crisis plan • Frequent check-ins by a confidante
Low	• Few risk factors • Strong protective factors	• Thoughts of death, • No plan, intent, or behavior	• Outpatient referral to a counselor or mental health professional recommended

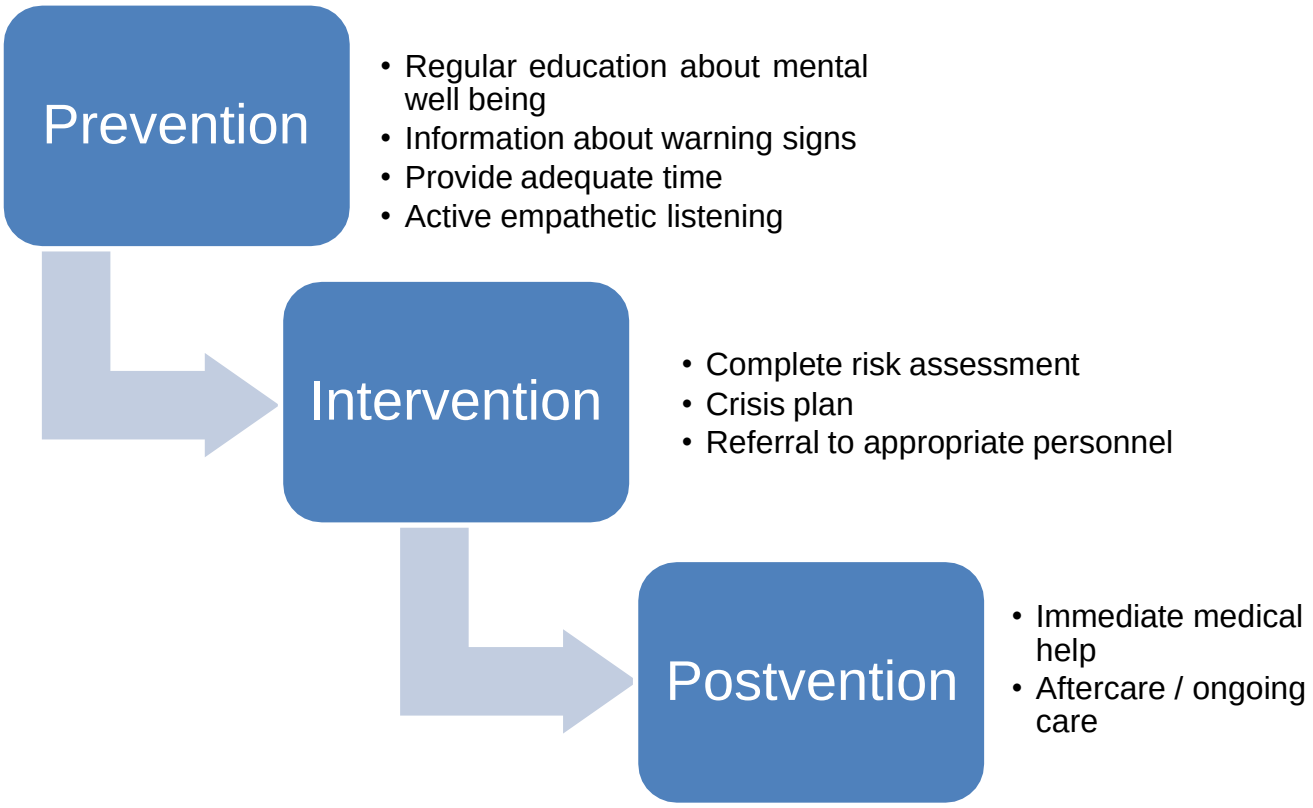
How to refer

- Health worker must explain the need for referral and try to get permission for the same from the person
- Make use of available resources like family, friends, relatives, colleagues, or other health care professionals
- Arrange for an appointment and inform the hospital or Psychiatrist about the person at risk
- Ensure that the person has reached the referral hospital
- Contact the person after consultation
- Try to maintain periodic contact

Postvention

- Postvention includes intervention following an attempted suicide, and with survivors for a completed suicide.
- This is covered in detail in chapter 7

- At times even healthcare workers may go through a suicidal attempt or experience the suicide of someone they know. In this case, they should seek help from other healthcare workers or mental health professionals.
- Healthcare workers should have an active community and meet regularly to support each other. Peer support groups or supervised support – by a mentor or trained mental health professional – can help reduce burnout.



Case Scenario 1

Instructions for the Healthcare worker:

You are a counselor practicing in an MNC. Ramya/Raghu is a 24-year-old software engineer in your company. He/She lives in an apartment. She/he had a recent break up in a relationship and seems quite agitated. A roommate has noticed her/him taking some pills at night and stays alone. The roommate is worried about her as she is also not going to work regularly, hence brings the client to you. Assessment of suicidal risk reveals that she/he is at a high risk for suicide. Her/his parents are incredibly supportive. She/he enjoys her/his work and has won many performance awards

- What further information would you like to ask the client?

  Explore for other risk factors of suicide including suicide plan, the mood, substance use if any and history of suicide attempts.

- What are the immediate interventions will you plan?

  Active empathetic listening, hope instillation, establishing a contract and formulating a crisis plan.

- What will be included in the crisis plan?

  Identify the risk level of suicide and in this case the risk is high. Hence plan for an immediate referral for high risk suicide management to a mental healthcare facility. Advice the confidante to keep a constant supervision and make sure there are no access to lethal means. Further provide access to mental health care workers if you know any or provide suicide helpline numbers. Following which, ensure to follow up if he/she has reached the referral center and is under observation.

Case Scenario2

Instructions for the Healthcare worker:

You are working at an office. Pradeep/Bhavya, your colleague, is 40 years old, he/she had taken loans from private firms for constructing a house and is unable to repay the loans. His/her friends and relatives are not willing to help as he/she has already taken loans from them as well. He/she has also started taking alcohol frequently and does not have any support or help. He/she expresses that life is not worth living.

Assessment of suicidal risk reveals that he/she is at moderate risk for suicide. He/she uses alcohol and has a family history of suicide in paternal uncle.

He/she has legal complications about loan taken from bank. His/her spouse is not working, and parents are old.

- What are the immediate interventions will you plan?

  Detailed evaluation of other risk factors and determining the risk of suicide. Following which hope instillation and establishing a contract should be done. A crisis plan must be formulated as a safety net.

- What will be included in the crisis plan?

  Try and distract oneself from the suicidal thoughts by engaging in any productive activity, noting down the thoughts in a diary, calling up the confidante and discuss solutions to the problems are some of the steps to be included. Also, advice the confidante to keep a constant supervision and make sure there are no access to lethal means. Further provide access to mental health care workers if you know any or provide suicide helpline numbers.

- What will be your further management plan?

  Referral to a psychiatric setup for admission or observation and to ensure if the person has reached the healthcare center. Alternatively, can arrange for an appointment with a psychiatrist or inform the hospital about the patient. Try to maintain periodic contact and follow up on the status of the individual.

Chapter 7

CARING FOR SUICIDE-ATTEMPT AND SUICIDE-LOSS SURVIVORS

Kamaldeeep Sadh, Shalini Anji, Ajit Dahale, Krishna Prasad Muliyala

Learning objectives

1. How to care for suicide attempt and suicide loss survivors ?
2. Skills for postvention using case examples

Section 1

Suicide-attempt survivors

Part A

When people hurt themselves, it can be daunting for both those who are injured and for their near and dear ones.

'People with lived experience' are those who have experienced a suicide attempt, suicidal thoughts and feelings, or a loss of dear ones due to suicide.

Suicide attempt survivors are the individuals who inflicted self-harm not lethal enough to kill them or were rescued from a lethal suicidal attempt that was intended to end life.

Some individuals show repeated self-injurious behaviours such as superficial cuts over their body or refusing to eat. These acts can accidentally become life-threatening, or may yield to more severe self-harm attempt over time.

Need for care in suicide-attempt survivors

- Individuals who attempted suicide are more likely to die by suicide.
- Engaging them in their own care and healing can help reduce suicide risk in them. So, it is a suicide prevention measure for them.
- Loved ones of suicide attempt survivors are also distressed, they also benefit from care provided to the suicide attempt survivor.

Understanding the context of suicide-attempt survivors

- A person generally injures himself in the periods of overwhelming negative emotions.
- In most instances, suicide-attempt survivors might have intended to end the emotional pain and not really wanted to end their lives.

- It can be understood as “cry for help”.
- Immediately after the rescue from suicidal attempt, the survivors experience complex emotions as listed in box 1.
- The rescuers and loved ones sometimes unintentionally leave the injured person with disturbing labels such as ‘crazy’ ‘mad person’ ‘weak and coward person’ ‘attention seeker’ for their suicide attempt.
- Victim-blaming will also add to the survivors’ on-going distress and negative thinking.
- The post suicide-attempt recovery is different for each person, and needs a lot of patience and time from loved ones.

Box 1 – Complex emotions that survivors experience

A. Embarrassment, shame, guilt, confusion or shock
B. Overwhelmed about their identity, troubles that their beloved ones would have been through and the circumstances around their act

Long term care for suicide attempt survivors & their loved ones

After the crisis intervention has been implemented, the survivor needs ongoing support for improving his mental health and coping.

Encourage continued follow up including active contacting and monitoring following an attempt, as is it helpful in reducing suicidal risk.

- The first step which needs to be repeatedly taught and monitored, is to practice methods related to ensuring safety as follows.
    a) Identify warning signs of immediate suicidal crisis
    b) Engage family and friends in resolving the crisis
    c) Help them make a poster on “steps to do during crisis”, displayed at their eye-level in their room.
    d) The poster must include names and contact details of loved ones and professionals and suicide helplines, who the person can ask for help in crisis.
    e) The poster should include activities which generally help the person distract from suicidal behaviour.
    f) Help them bring in changes in their routine and encourage social connections as a means to distract from distressing thoughts.
    g) Help them make the environment safe for themselves (removing excess medicines, sharp objects or loose clothes, etc.). This is a very important step.

- Educate them about mental health conditions, highlighting that suicidal attempt doesn't make them weak or a bad person, and not to feel guilty.
- Monitor for psychiatric symptoms regularly and refer to a psychiatrist accordingly.
- Despite the absence of psychiatric symptoms, encourage them to seek psychological therapy from professionals if suicidal risk is noted during contact.
- Encourage healthy habits related to food, sleep, internet/social media use, hobbies, getting rest and exercise.
- Try to keep regular contact with the survivor through telephone at least.
- Encourage them to attend suicide prevention support groups.

Benefits of involving suicide attempt survivors in "support groups".

- ✓ They can serve as role models in delivering hope for others at risk for suicide.
- ✓ Their insights can be used in planning the awareness programs.
- ✓ It can help in better adjustment of services to meet the needs of index and fellow survivors.

Strategies in long term or ongoing care

A. With the index survivors

1. The suicide-attempt survivor must build a life worth living, even when the person has many life problems and a wish to die.
2. Monitor and manage hopelessness as it triggers suicidal thoughts and behaviour
3. To build a hope box that reminds the person of reasons to live. It can be physical or virtual(an app on phone or laptop), easy-to-access collection of photographs, videographs, letters, inspirational quotes, poetry, and mementos, and cues of tasks that one wants to do in the future.
4. Hopebox must strengthen one's emotional connections to their commitment to stay alive.
5. Gradually focus on strategies to overcome suicidal thoughts and behaviour and encourage to introspect reasons to live.
6. Discussing problem solving skills as well as methods to reduce loneliness.
7. Finally, consolidate the ability to effectively use strategies in future suicidal crises

B. With their families and friends

1. Educating them about psychiatric symptoms and need for monitoring.
2. Involving them to restrict survivors' access to lethal means and other strategies noted above, to reduce future suicide attempts.
3. Family and friends play a crucial role in gatekeeping.
4. Discussing concerns of family members / friends and assesssing their psychological wellbeing. Help or refer family members to a psychiatrist/psychologist as needed.

Until recently suicide prevention did not include the perspectives of those who have lived through suicidal experiences, due to prevailing social stigma and sense of shame. Now, an innovative and more useful approach to learn from the lived experience of survivors is practiced.

Part B

Here are some case scenarios that will help you in understanding the process of postvention better.

Statement from the affected person/ Scenario	**Response or action needed**
"I am cheated by friend. I could not believe that she will be so unfair to me. Now my friends will think of me as an attention seeker about surviving from this suicide attempt. I do not want to live here any longer."	The person is demonstrating feelings of anger and abandonment. Acknowledge the emotional pain, be supportive and help in handling the emotional problems and tackling stigma.
"I am suffering from huge financial loss. I could not discuss it with anyone. My children are too young to understand these difficulties. So, I decided to end my life. Now, my wife and children will think I tried to abandon them into miseries"	The person is demonstrating feelings of guilt. You need not respond immediately about his financial problems. Help him in reconciling with his family. Explain to him that family will be concerned about him and he has opportunity to change the situation. Encourage him in resolving his financial matters slowly over time.
"I do not feel sad, easily tearful and miserable about myself. I wanted to end my life on several occasions. I had been reading and watching videos on various ways to die successfully for the last few weeks. My family should not have saved me. I regret my survival. I do not wish to live anymore"	Help him/her to seek professional help. Educate the family about the critical condition and ask them to involve in providing medical care.

Suggested readings & References

1. Brent DA, Oquendo MA, Reynolds CF. Caring for Suicidal Patients. JAMA Psychiatry. 2019;76(8):862–863.

2. Stanley B, Brown GK. Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk. Cognitive and Behavioural Practice. 2012; 19(2), 256-64.

3. Maple M, McKay K, Sanford R. The Attempt Was My Own! Suicide Attempt Survivors Respond to an Australian Community-Based Suicide Exposure Survey. Int J Environ Res Public Health. 2019; 16(22):4549

4. Kapur N, Goldney R. Suicide Prevention 3rd edition. Oxford Psychiatry Library. Oxford University Press. 2019.

Section 2

Suicide loss survivors (Postvention)

Part A

"There are always two parties to a death; the person who dies and the survivors who are bereaved" – Arnold Toynbee

Suicide loss survivors very often suffer alone and in silence. Their grief is more complex and unique to an extent. Losing a loved one is a time of immense crisis and the near and dear ones suffer in a variety of ways, i.e.,

- Feelings of shock, anger and rejection
- Feelings of guilt and blame for not being able to save the person
- Repeatedly trying to understand 'why' and 'how'suicide happened, even when no clear single factor is found, blaming others for not saving the person
- Repeatedly having 'rescue fantasy' (thoughts or imagery of saving the person)
- Having to deal with the trauma of death of the person
- To face the stigma and unpredictability of response of the society.
- Many times, loss survivors may not be ready to accept that the death was self-inflicted.
- Fear of another suicide in loved ones

Dr Elisabeth Kübler-Ross suggested that a person goes through stages of denial, anger, bargain, depression and finally, acceptance. Though the process of grieving is described in stages, different people respond differently to the loss. As time is a strong healer, grief is generally expected to resolve or atleast become less intense within 6 months and majority of people are expected to re-engage in life. However, if the process becomes complicated or prolonged, mental health issues may arise in the suicide loss survivors.

Unresolved grief can lead to the following-

- Increased risk of suicide in the loss survivors
- Depression
- Recurring thoughts about the loved one or the death scene leading to post-traumatic stress disorder or chronic anxiety.
- Problems in emotional control and family conflicts
- Increasing substance of abuse such as alcohol and other drugs

Hence, adequate postvention is important to ensure healthy grieving and prevent dire consequences immediately or in the future.

What is postvention?

Postvention is a series of activities done for the suicide loss survivors in order to -

1. Facilitate the grieving of the loss survivors and help them sail through the crisis.
2. Decrease the risk of negative behaviours and prevent any further suicides.

What to do?

1. **Immediately after the suicide**
   Immediately after the suicide, the goal should be to minimize the trauma and be supportive to the family. Respect the privacy of the individual and family. Initial communication should be to express condolences to the family. Practical support like helping the family in required household tasks etc. can be offered.

2. **Identifying high-risk individuals**
   High-risk individuals are those who were close to the person who died by suicide, and *need more support and care*. Postvention providers need to be vigilant for changes in the physical and mental health of survivors.

   The high-risk individuals can be -

   - Immediate family members and relatives, including children
   - Friends & first responders
   - Colleagues at workplace who were working closely with the person
   - Individuals connected with the person and having a history of previous suicidal attempt or mental health problems

3. **Handling children survivors**

   Understanding suicide can be difficult for children. Handling children in such situations can be extremely challenging and depends on the child's age and level of understanding. It is better for parents or a close relative to break the news to them in the limits of their understanding. Children will have their own ways to cope with the situation. Give them time to process without too much interference and at the same time, making sure that they are safe. Providing regular reassurances that they are not to be blamed, is important too. While communicating, use direct and simple language that is appropriate to the child age.

4. **Communication skills**

   Addressing loss survivors always seems difficult. Most of the time, we are confused as to what to say and what not to say. Here are some Do's and Don'ts to be considered -

Things to say and do -

- ***Help them talk about the loss and accept the emotions***

  Don't worry about what you may say. You may not have to say anything at all! It is important to help them grieve in their own ways. Don't be taken aback by the intensity of their emotions. Acknowledge them and be with them.

- ***Active listening***

  Active listening simply means listening with complete attention. Concentrate on the words shared with you. You may hear the same stories or complicated or frightening thoughts, listen to them attentively and acknowledge their emotions.

- ***Explain different models of suicide***

  This can help understanding concept of suicide, and in reducing the feelings of guilt, rejection and shame. Explain that suicide is nearly impossible to predict in a person, even for professionals.

- ***Being non-judgemental***

  The grieving person may exhibit feelings of self-blame, guilt which can sometimes be overwhelming to the listener. Guilt is a part of normal grief and being non-judgemental and being supportive in such circumstances helps.

- ***Using appropriate terms and language***

  Using phrases like 'died by suicide' 'ended his life' sounds more acceptable than committed suicide.

- ***Helping the family to make arrangements for basic needs and daily tasks***

  Arranging or assisting for basic needs like food or daily tasks such as taking care of kids in the family etc. can be very helpful and supportive.

Things to avoid -

- ***Don't ask details about the suicide or speculate reasons***

  Enquiring the details or guessing the reasons for the suicide is not helpful. It creates a sense of gossip and encourages blame in the survivors, hence, adding to their emotional distress.

- ***Don't provide false hope***

  Statements like "Everything will be fine", "Things will become better", "Time heals everything" looks empty in such situations and can be avoided.

- ***Avoid empty reassurances***

  Statements like 'Things will become fine", "It was God's plan" etc. do not help and hinder the process of grief.

- ***Don't avoid the bereaved [very important]***

  Just because you don't know how to communicate with the bereaved or how to handle the conversation with the bereaved, you should not avoid them. Acknowledge their feelings and help them seek professional help if you are not confident to handle the situation.

5. **Identifying gatekeepers**

   It is often helpful to identify a gatekeeper amongst relatives or friends who can be vigilant in identifying and monitoring high risk persons. These persons can observe for undue level of stress, excessive use of substances to cope and can seek help from professionals as required.

6. **Follow up**

   Feelings of helplessness and grief are known to worsen on the birthdays of the lost ones or the death anniversary days (typically called as anniversary reaction). It is important to check on the family on these days and offer support.

   Seeking professional help is important, especially if the intensity does not wane off or worsens over time.

   Red flags that point towards seeking professional help -

   - Persistent sleep problems
   - Unusually sad or withdrawn
   - Expressing death wishes or having suicidal thoughts
   - Persisting intense feelings of loss or guilt
   - Persistent belief that life is meaningless or empty without the loved one.

Support groups: Various support groups are available for the survivors to share their stories of loss and help them find strength and purpose in life. Here are some links -

a) https://wehearyou.org.in/ [Indian support group]

b) https://sisterslivingworks.org/activities/support-group-for-survivors-of-suicide-loss-2/

c) http://www.suicidefindinghope.com/content/online_support_groups

Part B

These case scenarios can help you in understanding the process of postvention better.

<table>
<tr><th>Statement from the affected person/ Scenario</th><th>Response or action needed</th></tr>
<tr><td>“I hate him. I never thought this day will come. He has left us alone and deprived. I will never forgive him”.</td><td>The person is demonstrating feelings of anger and abandonment.

You need not respond. Acknowledge the loss and be supportive.</td></tr>
<tr><td>“I don’t know what happened. She called me yesterday and wanted to meet. I could not. If I would have met her, I could have stopped it. It is on me; her death is on me”</td><td>The person is demonstrating feelings of guilt.

You need not respond. Try to stay close and be supportive.</td></tr>
<tr><td>It’s been 8 months since his daughter has died. He has left his job, stays alone at his apartment, and not willing to join work currently.</td><td>Try to establish contact with his near ones and help him engage in a hobby or a routine. If possible, encourage them to join back work. Encourage seeking professional help if situation remains same after few days.</td></tr>
<tr><td>You met her after several months of the death of her son. She looked sad and started crying remembering her son and expressing wishes to die. On enquiring, you came to know that she has been like this since the death.</td><td>Help and encourage her to seek professional help and seek family to help in the process.</td></tr>
<tr><td>How will you better handle the situation?

Mr. A (family friend of Mr. X) talking about Mr. X who recently died by suicide telling “sometimes people make poor choices.”</td><td>Try not to be a part of that conversation. If a response is required, chose your words wisely.

Here are some examples-
<table>
<tr><th>Statements</th><th>Better choice</th></tr>
<tr><td>“Sometimes people make poor choices!”</td><td>“Life is unfair”</td></tr>
<tr><td>“He committed suicide”</td><td>“He died by suicide”</td></tr>
</table></td></tr>
</table>

"The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen."-- Elisabeth Kübler-Ross

Suggested Reading

https://suicidology.org/wp-content/uploads/2019/07/SOS_handbook.pdf

https://www.sprc.org/sites/default/files/resource-program/Help-and-Hope-For-Survivors-of-Suicide-Loss.pdf

http://www.suicidefindinghope.com/content/language_around_suicide_loss

https://www.health.harvard.edu/blog/suicide-survivors-face-grief-questions-challenges-201408127342

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Survivors of Suicide Loss | Suicide Prevention Resource Center [Internet].
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Chapter 8

LEGAL AND ETHICAL ASPECTS OF SUICIDE

Nellai K Chithra, Guru S Gowda, Sujai R, Vinay Basavaraju, Channaveerachari Naveen Kumar, Suresh Bada Math

Learning objectives

1. Laws on suicide in India
2. Ethical aspects of suicide in common clinical situations

Introduction

With suicide and suicide attempts showing increasing trends in the last few decades, suicide has become a major public health issue. As with other public health problems, suicidality should be evaluated and managed at the primary care level. The healthcare workers in primary care need to be aware of the legal and ethical aspects of suicide while they deal with individuals who have suicidal thoughts, suicidal attempts, and completed suicide.

Laws on suicide in India

Indian Penal Code (IPC), 1860, and the Mental Health Care Act (MHCA), 2017 deal with suicide and suicide-related behavior under Indian Legislation.

The following are the details of the IPC sections & MHCA sections that deal with suicide:

2.1 - Section 306, IPC: *Abetment of the commission of suicide shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.*

As per this section, anyone who is directly involved in the instigation of suicide is punishable.

Ex – A instigates/abets B and B commits suicide then A is punishable under this act

2.4 - Section 305, IPC: *Abetment of suicide of a child.*

As per this section, anyone who is involved in the instigation/abetment of a child's suicide is punishable

2.5 - Section 309, Indian Penal Code (IPC): *Whoever attempts to commit suicide and does any act towards the commission of such offence shall be punished with simple imprisonment for a term which may extend to* ***one year*** *or with fine or both.*

It means 'If anyone attempts to end their life by performing any suicidal attempt (e.g. hanging, hunger strike), they can be punished with either one year of imprisonment or with fine or with both.' However, this section will have to be read along with Section 115 of the Mental Healthcare Act, 2017

2.6 - Section 115, Mental Health Care Act (MHCA), 2017:

(1) Notwithstanding anything contained in section 309 of the Indian Penal Code, any person who attempts to commit suicide shall be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished under the said Code.

(2) The appropriate Government shall have a duty to provide care, treatment, and rehabilitation to a person, having severe stress and who attempted to commit suicide, to reduce the risk of recurrence of attempt to commit suicide.

In simple terms, it means that any person with attempted suicide is considered to have done so due to severe stress (as a consequence of stress, unless proven otherwise) and shall not be punished under section 309 IPC. However, if proof to the contrary is made available to the court of law, Section 309 can be still applied

Ethical issues in suicide

The person's autonomy and privacy need to be respected. Confidentiality also needs to be safeguarded. However, the latter issue needs to be weighed against the imminent risk to completing suicide. There is often this ethical dilemma among healthcare workers when the person at risk refuses to disclose to his friends or family members about his suicidality. In such contexts, healthcare workers can exercise their discretion to either break (by informing police helpline: 100) or uphold the confidentiality. If possible, it is better to explain and negotiate the need for disclosing important information (about suicidality) in the best interest of the affected person

Clinical implications of ethical, legal provisions in primary care:

No.	Case scenario	Steps to be taken when the person is brought to the primary/secondary care facility	Steps to be taken when a person calls a suicide prevention helpline
1	*An individual is extremely sad at home, not interacting with anyone in the family or friends who voices out that there is no reason to live and has desire to end life. There is no suicidal attempt.*	a) It is important to know that there are various reasons why a person might want to end his life b) Active listening c) Referral to a psychiatrist d) Discuss with immediate family members regarding precautions to keep the person safe. • Reducing the access to lethal means • To constantly supervise and provide support e) Attempts may be made to inform to immediate family members, friends, relatives or police. Informing police can be the last resort	a) Active listening and allowing for ventilation b) Validating emotions and concerns. c) Helping to solve problems by offering alternative solutions to the problems d) Referral to health centres e) Negotiate to inform immediate family members, friends or relatives. Informing police can be the last resort
2	*An individual had recently consumed a poisonous substance at home and was brought after a few hours to the primary health care. There is previous history of a suicidal attempt.*	a) First aid to be done (including stomach wash, antidotes etc) b) Attempt to contact the immediate family members c) Call 108 ambulance and refer to a higher centre d) Register as Medico-Legal Case and inform the local police. e) Documentation of details in patients' medical records (identification marks and attendants' address)	a) Inform police (100) and call ambulance (108) immediately. In such cases, it is better to have help from another person to handle the situation b) Keep the patient engaged till the time help arrives c) Encourage the person to go to a nearest hospital while continuing the telephonic conversation

3	*An individual was brought to the hospital after hanging himself/herself. She/he was unconscious, Vitals could not be elicited.*	a) To attempt Basic Life Support, i.e. Cardiopulmonary Resuscitation as per guidelines b) Documentation of details in patients' medical records (identification marks and attendants' address) c) Register as Medico-Legal Case and inform the local police d) Medico-Legal autopsy to be done before handing over the body to the family members, to know the cause of death	Not applicable
4	*A policeman arrives to the healthcare centre or to the helpline centre seeking information on a recent suspected/* *attempted/* *abetment of suicide*	a) Take application from the policeman about what they want and provide relevant information	a) Take application from the policeman about what they want and provide relevant information

Chapter 9

COMMUNICATION AND WORKING WITH MEDIA
To improve community awareness of suicide prevention

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Learning objectives

1. Role of media in improving community awareness about suicide prevention
2. Responsible media reporting of suicide

Introduction

Globally, approximately 800,000 people die due to suicide every year. This lays emphasis on the importance of preventive measures, both at the level of communities and individuals. In India, there has traditionally been significant under-reporting of suicide related deaths. The generation of awareness about suicide becomes extremely important to combat stigma and shame surrounding the same. In this context, the role of the print, TV and social media is vital.

Media reports have a strong bearing on public perception of suicide. Suicide is a complex phenomenon with multiple overlapping contributory factors. In many cases, reporting of suicide is oversimplified and focuses on a single cause such as financial factors or relationship issues. Additionally, reporting of suicide, particularly celebrity suicides are often sensationalized. This trivializes the issue and draws focus away from genuine concerns such as mental health.

It has also been identified that portrayal of suicides in televisions, films and news reports may influence suicidal behaviors. This can be explained by social learning theories where individuals who are vulnerable might identify themselves with the victims portrayed and attempt suicide. This pattern of suicides being triggered by representations in media has been well identified and acknowledged across the world as well as in India.

The role of social media and leveraging the same to reach large numbers of otherwise hard-to-engage individuals also deserves consideration. This may in some cases provide an anonymous, accessible and non-judgmental forums and platforms for sharing/ understanding others' similar experiences. This in turn alleviates individual distress by enhances access to sources of support.

Responsible media reporting

Some of the desirable points that should be advocated for, when reporting on suicide in media include:

1. To keep information pertaining to the unnatural death minimal, and possible cause open ended, and not stating it as suicide in the initial days, as cannot be confirmed without a detailed enquiry/ investigation and process.
2. Ensuring that privacy of the deceased is maintained by not disclosing any information that can identify the person or their family, since it can have significant emotional impact on the bereaved family
3. Being mindful of the impact the narrative can have on the viewers/readers and using the same to reduce stigma related to suicide and improve elp seeking.
4. Being mindful of cultural and religious sentiments surrounding suicide and ensuring that the content of the news does not hurt anyone.
5. Dedicating most part of the coverage to create awareness about risk factors, warning signs of suicide and preventive measures that can be taken.
6. Ensuring that printed / audio / visual stories, should always mention the helpline numbers for those who are in distress and having suicidal thoughts.
7. Enlisting assistance from experts in mental health, while giving information about suicide related facts like risk factors.
8. Always adhering to Press Council of India national reporting guidelines, when reporting on suicide related incidents.
9. Providing psychological support to individuals on the ground level who report on suicide as it can have an impact on their own personal life.

Some of the things that should be guarded against while reporting on suicide are:

1. Avoiding language that glorifies, trivializes, or romanticizes suicide, as it can have effect on at risk individuals and push them into committing or attempting suicide.
2. Avoid publishing the news on the front page of the publication or as a major/ leading news for the day
3. Avoiding sensationalizing of incident, providing graphic image or photographs of the victim, or personal details, challenging circumstances the person may have been, as it can have profound impact on the family members of the victim.
4. Avoid interviewing family/relatives of the victim immediately after the unfortunate event, as they are already distressed.

5. Avoiding the depiction of suicide as an unfathomable act, since there are multiple factors that are known to lead to it
6. Avoid using words that can stigmatize the suicide attempt or the person who is victim of suicide or the words that can stigmatize the family members.
7. Avoid giving in depth details about the method employed by the victim to commit suicide.
8. Avoid undue repetition of news stories of suicide, rather give that time to create awareness and promote preventive measures.

There is an urgent need for a sensitive approach to be adopted by media houses. As mental health professionals and concerned citizens of the country, it is our responsibility to ensure that the discourse surrounding suicide is balanced. This includes advocacy for victims of suicide, education and sensitization of media persons and could include providing a framework for responsible reporting.

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Chapter 10

COVID-19 PANDEMIC AND SUICIDE PREVENTION

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COVID-19 Pandemic

The Corona Virus Disease of 2019 (COVID-19) has affected more than 210 countries around the world and it was declared as "Public Health Emergency of International Concern (PHEIC)" in Jan 2020 and further as "pandemic" in March 2020 by World Health Organisation (WHO). The ongoing COVID-19 pandemic has alarming implications for individual and collective health and emotional & social functioning. The WHO and scientific studies have reported that many folds of increased suicides occur during crises such as pandemic like COVID-19 and others.

Proposed reasons for suicides in COVID-19

a) **Lockdowns and restrictions to means**:

- The sudden implementation of strict measures like lockdown has affected the individual/community's economic, social and emotional wellbeing. This sudden halt of daily activities has severely impacted the mental health of the common man.
- COVID-19 has resulted in lost jobs, pay cuts, lost home, business loss, being stranded away from families, a surge of panic and fear associated with the rising number of cases and death toll in the country.
- There was lower access to mental health care, decreased access to community and religious support due to strict lockdown and restrictive measure to prevent the community spread of COVID-19 infection. All the factors resulted in increased risk for suicide.

b) Suspension of Academic Training and Examination:

- COVID-19 preventive measures have resulted in the suspension of regular in-person academic activities, disturbed academic routines, suspension of examinations of students and resulted in a quick shift of teaching method applied in schools. This has affected mental wellbeing of the students.
- The shift to online teaching demands for expensive smart devices and internet connectivity which might not be affordable for many families. This led to distress among students and parents alike.
- Also, it resulted in keeping students away from their friends and teachers which might act as key stressors and impact of mental health in large.

- These are likely to add to increased suicide among youth and adolescents.

c) Quarantining and Social Isolation:

- COVID-19 associated abrupt change in lifestyle, social isolation, entrapment, and loneliness which contribute to suicide risk and particularly among individuals who have lost loved ones to COVID-19.
- Loneliness and feelings of vulnerability promote doubts and fear affecting the mental wellbeing of the people.
- People under severe stress and in isolation commonly exhibit various symptoms of psychological stress and disorder-including low mood, insomnia, stress, anxiety, anger, irritability, emotional exhaustion, depression, and post-traumatic stress symptoms. All these pose people vulnerable to ideas of suicide.
- Especially the elderly and the homemakers, socializing is a major part of their routine – sudden withdrawal of which can cause a restless mental state and sense of loneliness resulting in an increased risk of suicide.

d) Fear of infection and acquiring COVID-19 infection:

- COVID-19 patients have physical symptoms for a long time and experience psychosocial difficulties such as loss of employment, stigma and financial issues. Both physical symptoms and psychosocial stressors can contribute to suicidal behaviour in individuals.
- The fear that they or their family members may contract the illness may act as a stressor and predispose the vulnerable population into a psychological breakdown.
- Fear of acquiring infection is one of the main contributors to mass anxiety and depression. Fear has been shown to predict inadequate health overall, insomnia, and the suppression of immunity.
- All these factors increase the risk of suicide among people.

e) **Discrimination/ Stigma about having COVID-19 infection**:

- Suicide risk might increase because of stigma towards individuals with COVID-19 and their families.
- The stigma associated with COVID -19 is perceived because of the following factors–
    i. It is a new disease for which lots of things are unknown.
    ii. People are often afraid of the unknown.
    iii. There is confusion, anxiety, and fear among the public leading to a negative attitude.
- Stigma considered as one of the important risk factors of suicide in the community.

f) Economic stress and unemployment:

- The unexpected occurrence of COVID-19 pandemic and its preventive measures like repeated lockdown and travel restriction across the borders resulted in a fall of the global economic growth and business economic recession. These, in turn, resulted in unemployment and economic crisis both of which are known risk factors for suicidal behaviour.

g) Domestic / Intimate Partner Violence:

- The Intimate Partner Violence (IPV) and domestic violence have increased worldwide following COVID pandemic mandatory "stay-at-home orders" to curb the spread of the virus.
- Because of IPV and domestic violence, women may experience isolation, inability to work, income loss, lack of participation in regular activities, and limited ability to care for themselves and their children. Also seeking help has become difficult due to reduced access to appropriate resources.
- Additionally, children's exposure to IPV and domestic violence is associated with an increased risk of psychological, emotional, social, and behavioural problems. All these factors might contribute to increased suicide risk among children and adolescents.

h) **Mental health problems**:

- Those with pre-existing psychiatric disorders might experience worsening symptoms and others might develop new-onset mental health problems, especially depression, anxiety, and post-traumatic stress (all these mental health conditions are associated with increased suicide risk).
- Also, there is an increased incidence of mental health problems among the general population and frontline health workers.

i) Frontline Workers:

- Frontline personnel are working in a high-risk setting for long hours with limited resources, frequently changing duties, working in unfamiliar settings with new teammates all of which are resulting in huge mental stress.
- A high risk of exposure to COVID-19 infection has caused fear, apprehension and stress, which gets compounded by the fear of affecting their family members and loved ones by bringing the infection home.
- Frontline Workers are experiencing burnouts, health anxiety, worsening of pre-existing mental health & substance use problems. These factors are likely to increase the risk of suicide among frontline workers.

j) Irresponsible media reporting / Infodemics:

- Individuals in the community from various media platforms, including television, radio and newspapers, wherein rapidly disseminating COVID-19 related information exaggerate the unpredictable nature, course and outcome of this pandemic.
- An unfortunate associated outcome is myths and misinformation arising from limited or selective information leading to a misunderstanding of suicide-related news which might affect the vulnerable population.

Who are at risk and vulnerable for suicide and suicidal behaviour?

a) Individuals with a recent diagnosis of COVID-19 Positive status
b) Individuals undergoing treatment for COVID-19 infection
c) Individuals recovering from COVID-19 infection
d) Individuals who are under quarantine or isolation facility
e) Family / Individual experiencing Stigma related to COVID-19
f) Individuals with pre-existing mental illness
g) Frontline health and essential workers
h) Family members experiencing grief due to COVID-19 death

Suicide prevention during the COVID-19 Pandemic

At Individual Level

- **Screening of At Risk Population:**
  - To screen and evaluate for any ongoing stress/ consequences of the COVID-19 on specifically the high-risk individuals.
  - To explore risk factors and protective factors

Risk factors	**Protective factors**
Chronic illness	Family support
Imminent job loss or recent unemployment	Assured employment on an ongoing basis
Relationship difficulties	Stable relationships
Severe financial stress/ large debts	Good coping skills
Poor-limited social support	Religious beliefs and support
Intimate Partner Violence / Domestic Violence	
Pre-existing mental health issues	
Substance use	

- To check about the suicidal thoughts, recent attempt, the intention of self-harm and behaviours.
- The assessment should allow for a reasonable stratification of risk as low, medium or high.

- **Identification Suicidal Behaviour:**

Recent onset change in individual's behaviour following COVID-19 like

a) Reporting of stress following COVID-19 due to a sense of loneliness or change to family dynamics/ abandonment/ isolation, substance withdrawal-nicotine/alcohol, financial uncertainty/ experiencing stigma related to COVID-19 infection;

b) Feeling anxious or agitated or restlessness, isolated, thoughts of hopelessness and worthlessness, thoughts of ending his / her life; and

c) Extreme anger or self-blame, the experience of sudden sadness, anger, frustration and emotional swings and altered substance use pattern.

- **Providing COVID-19 Helpline / Suicide Helpline Number:** Helplines need to gear up support to maintain or increase their volunteer workforce and offer more flexible methods of working. Easy accessibility help for bereaved individuals is crucial.
  - NIMHANS has launched helpline inclusively for Psychosocial support and mental health services during disasters including COVID-19**.** It is a 24 x 7 toll free helpline **– 080 – 4611 0007**
  - **The MOHFW (Ministry Of Health And Family Welfare), India has launched a Helpline Number for corona-virus: +91-11-23978046**
  - The Existing Suicide Helpline Numbers in India–
    - Aasra(Mumbai)- 022-27546669
    - Sneha(Chennai)- 044-25640050
    - Sumaitri(Delhi)- 011-23389090
    - Cooj(Goa)- 0832-2252525
    - Jeevan(Jamshedpur)-065-76453841
    - Pratheeksha(Kochi)- 048-42448830
    - Maithri(Kochi)- 0484-2540530
    - Roshni(Hyderabad)- 040-66202000
    - Lifeline(Kolkatta)- 033-64643267
    - NIMHANS(Bengaluru) – 080-46110007

At Community Level:

Mental health services should develop clear remote assessment and care pathways for people who are suicidal, and staff training to support new ways of working

- **Providing financial safety nets** - Governments should provide financial safety nets (eg, food, housing, and unemployment supports). Government of India has launched programmes to attend to the economic crisis related to a pandemic such as Atmanirbhar Bharat Rozgar Yojana, moratorium on debt repayment and Emergency Credit Line Guarantee Scheme.
- **Tele based academic training -** Educational institutions must seek alternative ways to deliver curricula and governments need to be prepared to offer them financial support if necessary. Government Of Karnataka has launched an academic programme Vidyagama' Scheme, a concept aimed at taking Schools to the doorsteps of children at villages in the absence of physical classes. The teachers after virtually engaging the children and their parents, ask the children to gather in batches of 10 to 15 at a spacious place located in the vicinity of their stay with all safety precautions.
- **Temporary sales restrictions and deliver (**eg, firearms, pesticides, and analgesics)**:** Governments and non-governmental organisations should consider temporary sales restrictions and deliver carefully framed messages about reducing access to commonly used and highly lethal suicide means.
- **Addressing Infodemics/ Irresponsible media reporting**: During COVID-19, the media need to avoid any unintended consequences of reporting on suicide, keeping messages focused on suicide as a preventable cause of death, and promoting resources for help and support. The government can also provide official helpline numbers or official website addresses to the general public to receive authentic information. The authentic information provided should be accessible and understandable in language that is appropriate for the community through appropriate media. The government should address the pandemic-related frequently asked questions by making a document of 'Frequently Asked Questions and Answers' available in appropriate media like written, audio and video format and ensuring that it is accessible to all including those having different forms of disability.
- **Public health responses**: Government must ensure that those facing interpersonal violence are supported and that safe drinking messages are communicated.
- **Community support:** Government should provide a shelter and basic needs to those living alone, homeless and beggars and also encourage healthcare staff to be good with them.

What Health Workers can do?

We need to work together to promote the importance of preventive measures, early screening, testing and treatment and to help those who are most vulnerable by keeping them safe.

- Take care of yourself first. Ensure sufficient rest, eat healthy food, engage in physical activity, and stay in contact with family and friends.

- Feeling burned out and experiencing avoidance by family or community owing to stigma or fear is likely.
- Managing your mental health and psychosocial well-being during this time is equally important as physical health.
- Provide support to people who are affected by COVID-19 and link them with available resources.
- Be aware that stigma associated with mental health problems and COVID-19 acts as a barrier and may cause reluctance to seek support.
- Talk about the new coronavirus disease with the official name- COVID-19.
- Talk about patients as 'people who have COVID-19', 'people who are recovering from COVID-19'.
- DO NOT refer people with the disease as 'COVID-19 cases or victims.
- Talk like people acquiring or contracting COVID-19, NOT people infecting or spreading the infection to avoid further stigma.
- Correct misconceptions about the disease and talk positively.
- Share positive stories of those who have recovered from COVID-19.
- Appreciate efforts of people providing essential services and be supportive of them and their families.
- Ensure and convey community and family support for those in isolation/quarantine, by ensuring all needs are attended to and proactively stay "socially connected" to the individual.
- Follow-up of the discharged COVID-19 recovered patients via telephone to assess their mental health status and provide counselling service to help prevent stress, depression and mitigate suicidal thoughts as COVID-19 recovered patients are at higher risk of discrimination leading to loneliness.
- Primary care health workers can also be involved in educating caretakers and family members of the COVID-19 recovered patients to assess mental health risks and deliver appropriate preventive measures should be an alternative approach to protect the mental wellbeing of COVID-19 recovered patients.

Checklist for Assessment

- Evaluate for any ongoing stress/ consequences of the pandemic
- Explore for risk factors
- Explore for protective factors
- Do you sometimes entertain thoughts about death and dying? - Yes / No
- If yes, explore for the frequency and severity of suicidal thoughts explore the suicidal plan in detail)
- Details of any recent suicide attempt should include the intention for attempting suicide, lethality, mode of attempt and reasons for the attempt.
- Ask for a history of mental illness / recent change in substance use pattern

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Chapter 11

FREQUENTLY ASKED QUESTIONS

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What is Suicide?

Suicide is when people harm themselves with the intent to end their lives, and they die because of their actions.

Why do people kill themselves?

There is no single cause for suicide. Most often many factors, both long standing and recent factors work in combination and contribute to suicide.

Who are at risk of Suicide?

People of all genders, ages, and ethnicities can be at risk.

How do I know whether someone is considering suicide?

People might actively talk about suicide, appear sad and you can also notice changes in their behaviour, mood and daily activities. The best way to know is to ask them about suicidality.

If I ask someone whether they are thinking about suicide, will it put the idea into their head?

No. Asking someone whether they are having suicidal thoughts does not make them suicidal or increase their suicidality.

What kind of questions can you ask someone if you are worried about they might be thinking about suicide?

Some useful questions you can ask to understand and verify if they are thinking about suicide are the following:

- "You seem really down lately – I would like to understand what is troubling you? Is there any help you are getting for it?"
- "Have you been thinking about hurting yourself anytime?"
- "What do you think about your future?"
- "Are you feeling hopeless?"
- "Have you thought about doing something about that?"

In general, ask questions to learn if the person could be a danger to him- or herself.

What if the person is resisting help or refusing to speak specifically about suicide?

You can start by expressing your concern and can convey that by saying,

"I am worried about you."

"I care about you."

"It is common for people to think of hurting themselves when they are in such situations…"

"I can understand how difficult it must be for you"

Tell them why you are worried. Listen. Offer to help them get support. Remind them they are not alone, you care!

What should I do if someone tells that they are thinking about suicide?

You should take their distress seriously and help them get to a professional for evaluation and treatment. If someone is in imminent danger of harming himself or herself, do not leave the person alone. You may need to take emergency steps, reach out to other people and professionals to get help, such as reaching out to a suicide helpline number, professional.

Additionally, a list of Suicide Helpline numbers across India are under "Suicide Prevention" from the NIMHANS Centre for Well Being section of the NIMHANS website (www.nimhans.ac.in) or directly from the following web link: https://nimhans.ac.in/nimhans-centre-for-well-being/suicidepreventablencwb/

Do people attempt suicide to prove something or get sympathy?

No. A suicide attempt is a sign that someone is in a crisis. It should always be taken seriously and never ignored.

Can the risk for suicide be inherited?

There is growing evidence that familial and genetic factors contribute to the risk for suicidal behaviour. It simply means that persons with family history of suicide are at high risk for suicide.

Do all cases of suicide occur due to depression?

No, it is not necessary that suicide can occur only due to depression. Suicide can occur due to multiple factors as mentioned before. However, having major depression does increase suicide risk compared to people without depression.

Is a person at increased risk to attempt suicide if they have been exposed to it in their family or has had a close friend who died by suicide?

It is possible. People with a mental health condition, going through active stressors and in people who are thinking about suicide, being exposed to a family member's or friend's suicide attempt can put them at greater risk.

What is the best way to prevent suicide?

The most effective way to prevent suicide is to have strategies at all levels (community, high risk groups and individuals) that are known to be effective. Integral to the same is to improve understanding about suicide and removing stigma in society, minimizing access to lethal means, but most importantly timely identification and supporting those contemplating suicide.