



ADITYA BIRLA EDUCATION TRUST

SUICIDE PREVENTION TOOLKIT

hope



EVEN THE DARKEST NIGHT WILL END

and the sun will rise.



FOREWORD



At the core of Mpower's vision lies a society free from the shackles of mental health stigma, where every individual is empowered to lead a fulfilling life with dignity and respect. We are committed to building inclusive ecosystems, strengthening the resilience of individuals, families, communities, societies and the nation at large.

The loss of life to suicide is heart-wrenching. Startling statistics reveal that

globally, over 703,000 lives are lost each year, with 164,033 suicides occurring in India alone. Behind every suicide is the cry of countless individuals who have battled with desperation and failed at attempts to find solace. The impact on families, friends, and communities is unimaginable, leaving a void that can never be completely filled. Such losses highlight the systemic shortcomings that we, as a society, must address.

Regrettably, suicide continues to be overlooked as a critical public health concern by governments worldwide. Despite advancements in research and knowledge surrounding suicide prevention, the deeply entrenched taboos and stigmatization surrounding this issue persist, causing countless individuals to suffer in silence, deprived of the support they desperately need. Even those who do seek help often find themselves confronted with inadequately equipped healthcare systems and services, that are unable to provide timely and effective support.

The United Nations Sustainable Development Goals (UN SDGs), the World Health Organisation's (WHO) thirteenth General Program of Work (GPW13) and the Mental Health Action Plan all include reducing suicide rates.

It is time we understand that lives are precious and suicides are preventable. The insights presented in this 'Toolkit for Suicide Prevention', serve as an empowering catalyst, urging all stakeholders to persist in their commendable efforts to prevent people from taking their lives.

This Toolkit analyses the complex risk factors for different genders and age groups, and also addresses the challenges of a wide-range of demographics, including the LGBTQIA+ community, prisoners, military personnel and the economically marginalized. It identifies the warning signs and red flags of mental-health trauma and self-harm, and also acts as a guide for emergency situations, suggesting helplines of assistance.

By implementing support and evidence-based interventions in a timely manner, we hold the power to not only prevent suicide attempts but suicides too. This Toolkit is a resounding call to action, emphasizing the necessity of proactive measures to address the pressing issue of suicide.

Through concerted efforts, we can preserve the dignity of individuals, alleviate suffering, and safeguard the precious gift of life bestowed upon each one of us.

Through this book I pledge to do my bit to save lives and I appeal to every reader to save humanity from the threat of suicides. Together we can and we must be resolute in our commitment to save lives.

Dr Neerja Birla

Founder and Chairperson, Mpower

An Aditya Birla Education Trust Initiative



EXPLORING SUICIDE PREVENTION:
A COMPREHENSIVE GUIDE

TABLE OF CONTENTS

01	INTRODUCTION 00
02	UNVEILING SUICIDE RISK: A CROSS-POPULATION ANALYSIS 00
03	INSIGHTS INTO MEN'S VULNERABILITIES 00
04	NAVIGATING WOMEN'S UNIQUE CHALLENGES 00
05	FROM INNOCENCE TO STRUGGLE: CHILDREN'S PERSPECTIVE 00
06	NAVIGATING THE TURBULENT SEAS OF YOUTH 00
07	MIDDLE AGE: JUGGLING RESPONSIBILITIES AND WELLBEING 00
08	EMBRACING GOLDEN YEARS: GERIATRIC WELLBEING 00
09	COMPLEX RISK PROFILES: ADDRESSING SPECIFIC CHALLENGES 00
	9.1 ECONOMICALLY MARGINALIZED: BREAKING CHAINS OF DESPAIR
	9.2 BEYOND THE SURFACE: SELF-HARM AND SUBSTANCE ABUSE HISTORIES
	9.3 FOSTERING INCLUSIVITY: LGBTQI+ MENTAL HEALTH
	9.4 BRIDGING THE GAP: MENTAL HEALTH IN RURAL SETTINGS
	9.5 SOLDIERS OF RESILIENCE: MENTAL HEALTH IN THE MILITARY
	9.6 BEHIND BARS: MENTAL HEALTH IN INCARCERATION
10	STRATEGIES FOR EMPOWERMENT IN DIVERSE ENVIRONMENTS 00
	10.1 HEALING HANDS: COLLABORATION WITH GENERAL PRACTITIONERS
	10.2 SHAPING MINDS: MENTAL HEALTH IN EDUCATIONAL INSTITUTIONS
	10.3 GUARDIANS OF WELLBEING: LAW ENFORCEMENT AND DETENTION CENTERS
	10.4 HOME HAVEN: FOSTERING MENTAL WELLNESS AT HOME
11	NAVIGATING LOSS AND HEALING AFTER SUICIDE 00
12	LEGAL DIMENSIONS: ETHICAL CONSIDERATIONS IN SUICIDE PREVENTION 00
13	EXTENDING A LIFELINE: HELPLINES AND EMPOWERMENT RESOURCES 00
14	REFERENCES 00



INTRODUCTION

UNVEILING SUICIDE RISK: A CROSS-POPULATION ANALYSIS

COMPLEX RISK PROFILES: ADDRESSING SPECIFIC CHALLENGES

STRATEGIES FOR EMPOWERMENT IN DIVERSE ENVIRONMENTS

NAVIGATING LOSS AND HEALING AFTER SUICIDE

LEGAL DIMENSIONS: ETHICAL CONSIDERATIONS IN SUICIDE PREVENTION

EXTENDING A LIFELINE: HELPLINES AND EMPOWERMENT RESOURCES

REFERENCES



1,64,033

SUICIDES WERE REPORTED IN THE COUNTRY IN 2021

INTRODUCTION

As per World Health Organization (WHO, 2019), more than 700,000 people die of suicide globally every year, i.e., one person every 40 seconds, and many more attempt it. For each suicide, there are more than 20 suicide attempts. It is among the leading causes of death, with more deaths due to suicide than malaria, HIV/AIDS, cancer, war and homicide, et al. 75% of global suicides occurred in low and middle-income countries in 2012 (WHO).

The National Crime Records Bureau (NCRB) released data on suicidal deaths in India in August 2022, and the figures were startling. A total of 1,64,033 suicides took place in the country in 2021, an increase of 7.2% compared to the previous year in total numbers. It also meant that 15 Indians were lost to suicide every hour. As for the rate of suicides, India reported a rate of 12 (per lakh population), reflecting a rise from 2020.

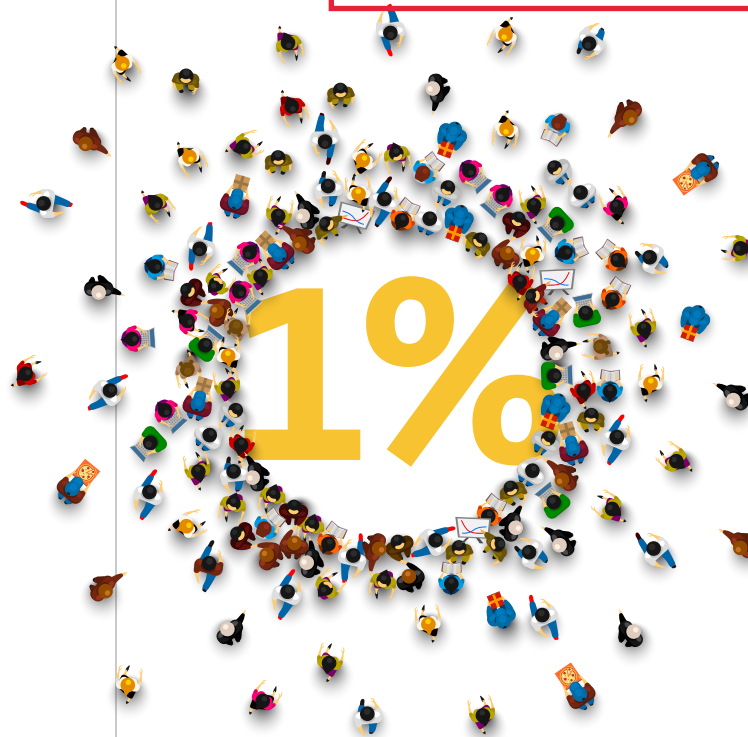
The highest suicide rates reported were among youth and middle-aged populations of the country – age groups 18 to 30 (32.8%) and 30 to 45 (33.4%), who collectively accounted for 66% of reported suicides in 2015.

Reports indicate that 1% of the Indian population, equivalent to 1.3 lakh Indians, face a high risk of suicide, with the majority being females aged 40-49 residing in large metropolises. Approximately 50% of the high-risk population also suffers from a mental illness.

According to WHO, suicide is an emerging severe public health issue in India. In response, the Ministry of Health and Family Welfare has taken an unprecedented leap by introducing the National Suicide Prevention Strategy. This groundbreaking policy marks a pivotal moment in prioritising suicide prevention as a crucial component of public health in India.

RISK FACTORS AS PER AGE GROUPS IN INDIA

CHILDREN	Academic failure and disrupted education, intergenerational conflict
ADOLESCENTS	Abuse, trauma, bullying, stigma, minority stress, interpersonal problems, use of substance
ADULTS	Sexual violence, substance misuse, early and arranged marriage problems, domestic violence, financial stress, mental health issues like depression, anxiety
OLDER ADULTS	Social isolation, grief and loss, loneliness and discrimination, physical illness and chronic pain, depression, anxiety, dependency on others



1% OF THE INDIAN POPULATION i.e 1.3 LAKH INDIANS ARE AT A HIGH RISK OF SUICIDE.

WORLD HEALTH ORGANIZATION 2019

INTRODUCTION

UNVEILING SUICIDE RISK: A CROSS-POPULATION ANALYSIS

COMPLEX RISK PROFILES: ADDRESSING SPECIFIC CHALLENGES

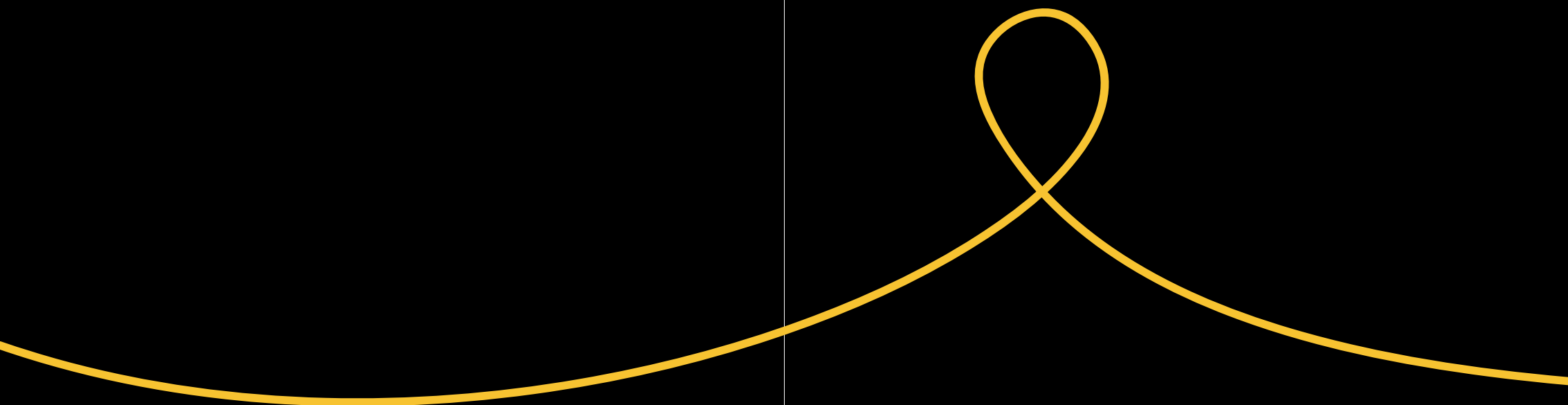
STRATEGIES FOR EMPOWERMENT IN DIVERSE ENVIRONMENTS

NAVIGATING LOSS AND HEALING AFTER SUICIDE

LEGAL DIMENSIONS: ETHICAL CONSIDERATIONS IN SUICIDE PREVENTION

EXTENDING A LIFELINE: HELPLINES AND EMPOWERMENT RESOURCES

REFERENCES



INSIGHTS INTO MEN'S VULNERABILITIES



“

**WHEN HE FIRST MET
THE PSYCHIATRIST, YASH
(NAME CHANGED) WAS
25 YEARS OLD.**

He came from a reputed business family and had taken over the family business after getting a management degree abroad. His charming good looks, cheerful nature and privileged background, made him immensely popular, and he had never lacked friends. Therefore, finding him unconscious in bed one morning was a big shock to his parents. A note said that he had overdosed on sleeping pills because he wanted to end his life as he was depressed. Upon hospital admission, it took Yash three days to regain consciousness, and following that, doctors referred him for a psychiatric consultation. During the session, Yash spoke about how he had been feeling low for the last few months without a particular reason. There was a feeling of emptiness, and he had lost interest in everything. Yash felt lonely even when around people and started avoiding his friends. He felt hopeless about the future and saw no reason to look forward to life. His parents were in complete denial. They were angry with him and said they had always given him whatever he wanted. Yash shared that he had tried telling them several times that he was feeling low, but they could not understand him. It took us a few sessions to be able to make his parents understand that depression is an illness and can affect anyone, regardless of their family background or socioeconomic status.

Yash recovered entirely with the help of medicines and therapy and is now doing well. He has grown closer to his parents and finds them more sensitive and understanding. Yash and his family realise that had they taken professional help earlier, it would not have come to such a pass that he would have attempted suicide. They suggest the same to anyone in their circle who has mental health issues.

”

72.5% OF THOSE WHO COMMITTED SUICIDE WERE MEN

Research suggests that India had the highest suicide rate in its history in 2021, with 12 suicides for every 1,00,000 people. The National Crime Records Bureau reported that 72.5% of those who died by suicide were men. (Source – Accidental deaths and suicides in India 2021)

Studies suggest that women are more likely to attempt suicide more often than men, but men die by suicide more frequently than women.

One widespread gender misconception is that men are emotionally disconnected and not as emotionally vulnerable. Since society usually views signs of distress as a sign of weakness, males especially are more likely to avoid reaching out for mental health support and may consider it unnecessary and inadequate in addressing the difficulties that they are facing. Another reason why men are more at risk is that the means of suicide men use are often more lethal than those of women (Canetto & Sakinofsky, 1998).

MAJOR RISK FACTORS

Prior suicide attempt(s)
Misuse and abuse of alcohol or other drugs
Mental disorders, particularly depression and other mood disorders
Access to lethal means
Knowing someone who died by suicide, particularly a family member
Social isolation, loneliness
Financial problems
Chronic disease and disability
For middle-aged men, stressors challenging traditional male roles, such as unemployment and divorce, have been identified as significant risk factors.

WARNING SIGNS

Losing interest in a previously enjoyed hobby or activity
Disconnecting from friends and family (not calling as much, not going out)
Increased alcohol and drug use
Higher levels of irritability or anger
Making offhand or uncharacteristic comments of hopelessness or expressing feelings of being a burden to others
Talking about wanting to die or taking their own life (American Association of Suicidology, 2018)

Some key indicators are an overwhelming feeling of being stuck, insomnia, withdrawal from relationships, engaging in unhealthy behaviours, and panic attacks.

Negative thoughts, feelings, and actions are part of mental health. They only become a problem when they start to affect your daily life. If that happens, something more serious may be the cause.

TIPS TO STAY HEALTHY

REACH OUT FOR SUPPORT

It is essential to find at least one person you can reach out to if you're struggling with a mental health issue. While a friend or confidant is great for venting, if you are struggling, it is best to reach out to an expert

BE THERE FOR THE OTHER MEN IN YOUR LIFE

Ensure that the other men (friends, colleagues, siblings, even sons) have support- watch out for change in their behaviour and offer support when needed. It may feel awkward, but this might help someone struggling.

AVOID USING ALCOHOL AND DRUGS TO COPE

Alcohol and substances could become an unhealthy coping mechanism to deal with mental health issues or stressors in life.

MAKE AN ACTIVE EFFORT TO MAINTAIN FRIENDSHIPS

Research has shown that keeping friendships helps reduce stress, anxiety, and depression.

HAVE REGULAR CHECK-UPS

With your doctor for your physical and mental health.

WHAT ACTIONS CAN COMMUNITIES TAKE?

Communities can play a pivotal role in preventing male suicides by establishing counselling services and fostering destigmatised platforms for open discussions on mental health topics.

The workplace is a significant component of the community. With professionals spending most of their time at work, employers and co-workers are better suited to observe any actions that might indicate a risk for suicide or other mental health difficulties. As a result, having workplace suicide prevention initiatives is crucial. Workplaces help in making employee resources easily accessible and maintain confidentiality.

Reducing access to means of suicide- One meaningful way to reduce the risk of death by suicide is to prevent individuals in crisis from obtaining and using lethal methods of self-harm. In India, pesticides, firearms, self-hanging, and jumping off bridges or in front of a running train are standard means of suicide. Policies limiting access to pesticides and firearms and putting barriers on bridges and railway platforms could be some of the preventive options.

NAVIGATING WOMEN'S UNIQUE CHALLENGES



“

**PRIYA WAS A 35-YEAR-
OLD WOMAN FROM
MUMBAI WHO HAD BEEN
MARRIED FOR A DECADE.**

However, she used to face domestic abuse at the hands of her husband since the beginning of their marriage. Her husband would often blame and physically assault her during fights and arguments. As a result, Priya had been living in a state of constant fear and anxiety.

Despite the abuse, Priya contacted her mother for support, but her mother refused to take her back. She also reached out to her sisters, but none were willing to help. Priya felt alone and isolated, with no friends to turn to. The thought of reporting her husband's abuse was terrifying, as he had threatened to have her raped, beaten up, and even put her in a mental asylum.

As a result of the ongoing abuse, Priya began to experience depression. She felt helpless and hopeless, with no way out of her situation. She started having suicidal ideation (a term used to express wish, contemplation or preoccupation with death and suicide), with a feeling that there was no escape from her suffering.

But, one day, Priya summoned the courage to speak up and seek help. With the aid of a therapist, she found the strength to leave her abusive husband and start a new life. It was a long road to recovery, but Priya found the support to overcome her depression and reclaim her life.

Today, Priya lives happily and is free from the abuse that had plagued her for a decade. She has gained a new sense of freedom and independence and is grateful for the therapy that helped her find the courage to speak out and reach out for help. Her story is a testament to the fact that, with proper support, it is possible to overcome domestic abuse and depression and reclaim one's life.

”

45,206 DIED BY SUICIDE IN INDIA IN 2021.

ID Despite research findings that highlight a higher susceptibility of men to suicide compared to women, India's male-to-female ratio of suicide cases remains lower compared to other nations. Gender-specific vulnerabilities linked to psychopathology and psychosocial stress factors contribute to this discrepancy.

As many as 45,026 women died by suicide in India in 2021, with nearly one reported every nine minutes (NCRB, 2021). India's female suicide burden is humongous and worrying. Indian women make up 36 per cent of all global suicides in the 15 to 39 years age group-the highest share of any nation in the world (NCRB, 2021). Girls outnumber boys below 14 years (Biswas et al., 1997), and young women below 30 years are at a high risk of committing suicide (Mayer et al., 2002), most of whom were married homemakers. In 2021, the number of homemakers who died by suicide was 22,372, equalling an average of 61 suicides every day or one death every 25 minutes (NCRB, 2021).

In terms of the incidence of suicide attempts, women outnumber men. Most countries, including India, do not collect data on suicide attempts. Hence, given these attempts, it is clear that women are more likely than men to commit suicide.

41.9% **WOMEN SHOWED GREATER RATES OF DEPRESSIVE DISORDERS THAN MEN.**

Other considerations include women having 41.9% women showed greater rates of depressive disorders than men. Life transitions like menstruation, marriage, pregnancy, menopause, and others significantly impact mental health in women. Abuse also plays an important part, with statistics indicating that at least one in every five women is raped or attempted to be raped in their lifetime, putting them at a higher risk of suicide.

THE NUMBER OF WOMEN FROM VARIOUS GROUPS WHO DIED BY SUICIDE IN 2021:

HOUSEWIVES **23,178**
STUDENTS **5693**
PROFESSIONALS/SALARIED WOMEN **1752**
DAILY WAGE EARNERS **4246**
WOMEN ENGAGED IN FARMING SECTOR **653**
SELF-EMPLOYED WOMEN **1426**

MAJOR RISK FACTORS

Family problems, illnesses, and marital issues majorly focused on dowry and divorce

Previous suicide attempts

Depression

Menopause, Premenstrual Dysphoric Disorder (PMDD) and Premenstrual Syndrome

Eating disorders such as anorexia and bulimia

Unlike the West, where marriage is an optional factor for many women, in India, arranged and early marriage, young motherhood, low social status, and economic dependence contribute to stress and act as a critical source of risk

Domestic Violence

Early pregnancy and related complications, miscarriage, stillbirth and post-partum psychosis

Lack of access to services

Cultural beliefs

Childhood adversities, including physical, emotional and sexual abuse

WARNING SIGNS

Talking about feeling empty, hopeless, or having no way out of problems

Mentioning strong feelings of guilt and shame

A majority of women like to communicate and express themselves, and when there is a sudden emotional distance and withdrawal, it is cause for concern

Feeling and saying things like, 'What is the point of living' and 'It is not worth it'

Experiencing extreme mood swings, such as being productively charged one day and deeply discouraged/low the next

Sudden personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs

TIPS TO STAY HEALTHY

According to research, the likelihood of suicide decreases as women gain financial independence, therefore providing them with social and economic security is critical.

Awareness campaigns educating them about the importance of taking help and breaking the stigma connected with mental health and therapy

Encouraging women to communicate and socialise with friends and family

A significant source of prevention is making sure that prescription medications are only available by prescription and implementing laws barring simple access because women at risk are more likely to overdose on prescriptions than use lethal weapons for suicide.

Self-immolation is one of the most common methods of suicide for Indian women. Thus, education, awareness and limiting easy access to paraffin are critical

Support groups help women connect and share their experiences

Interactions and workshops addressing issues involving partner violence and sexual abuse

Provide collaborative care for working professionals through therapy via all the professionals in touch with the concerned person

For women undergoing menopause and mood swings with mental health issues, Hormone Replacement Therapy (treatment used to relieve symptoms of menopause) helps them feel immense relief

Opening up and seeking support via social media and support groups can be of assistance to a person. Additionally, doing live videos talking about addressing this issue with women can help

Support systems at the family, community and state levels are essential

WHAT ACTIONS CAN COMMUNITIES TAKE?

The main obstacles in preventing suicidal behaviour in women are the belief that suicide is a male problem, an overemphasis on individual factors, and the underappreciation of social, economic and cultural factors in female suicidal behaviour. As a society, recognising these factors at a broader level, along with legal factors that affect women's lives, is essential.

Regular support groups for women addressing various issues also play a significant role.

Establishing adequate welfare policies focusing on women's mental and emotional health across the lifecycle, and not just reproductive and maternal health, is essential.

Establishing regional centres for suicide monitoring and surveillance is essential

Organising programs targeting and addressing issues faced by young married women and the psychological distress experienced by them and incorporating women-specific strategies

As our nation is taking more steps via research to document the data indicating the extent of women's problems and the burden associated with women's mental issues, developing policies to protect and promote women's mental health is crucial.

Interventions at various levels aiming at the individual and a large section of society are essential. These should be implemented in primary care delivery as well on legal fronts.

The primary care providers must be aware of the significant mental health problems affecting women, routinely enquire about common mental health problems, provide the most appropriate intervention and support, and educate the community on women's mental health issues.

Women are increasingly joining the workforce, and there is excellent potential to intervene at this level by helping them get assistance and develop suicide prevention initiatives via communication, generating a sense of belongingness and connection, and helping them feel respected.

It is imperative to improve the criminal justice response to violence against women by implementing various laws and rules protecting them.

Education, economic security and women empowerment should be integral to a suicide prevention strategy. It is essential to develop and adopt strategies that will improve the social status of women, remove gender disparities, provide economic and political power, increase awareness of their rights, and so on (Malhotra, 2015).

Making the required efforts as a society to overcome the societal stigma women experience is critical, as is assisting female carers. Strict enforcement of the prohibition of forced marriages, dowry and child marriage in countries where they are prevalent is essential. In the absence of sexual abuse, research shows that the female suicide attempt over a lifetime would likely fall by 28% relative to 7% in men.

Reducing media displays of women dying via suicide due to interpersonal conflicts is essential

28:7

**RESEARCH SHOWS THAT
THE FEMALE SUICIDE ATTEMPT OVER
A LIFETIME WOULD LIKELY FALL
BY 28% RELATIVE TO 7% IN MEN.**

FROM INNOCENCE TO STRUGGLE: CHILDREN'S PERSPECTIVE



Suicide is a tragic and devastating issue that affects people of all ages. However, the suicide rate among children and young people is particularly alarming. It is important to note that no single root cause can trigger a child or youth to take their own life; it is usually a combination of internal and external stressors contributing to the risk.

Children (up to 12 years of age) According to the Centres for Disease Control and Prevention (CDC), suicide attempts and deaths among children have increased in the U.S. over the past decade, and suicide is now the eighth leading cause of death in children aged 5–11. The Indian perspective is startling as well. According to data from NCRB, 11,396 children died by suicide in 2020, an 18% increase from 9,613 deaths in 2019 and a 21% increase from 9,413 in 2018. An average of 31 children died by suicide every day in India in 2020, according to government data. Failing to provide treatment to young individuals with suicidal thoughts can escalate their risk of suicide as they grow older. Therefore, it is crucial to detect and recognise children who show suicidal ideation at an early stage, enabling them to receive the necessary mental health support (Wyman et al., 2009; Herba et al., 2007).

Various theories exist to explain the increase in suicidal ideation and actions among young children. However, the recent identification of this trend has prevented the establishment of a conclusive explanation. It is crucial to acknowledge that the study of suicidal behaviour in children under 12 has not received extensive research attention.

Some research suggests that bullying, be it virtual or online, and increased use of social media starting at a young age contribute to some of the risk factors in children.

RECOGNISING INDIRECT SIGNS OF SUICIDAL THOUGHTS IN CHILDREN

Indicators in Verbal Expressions of Emotional Suffering

Phrases such as "How would the world appear without me?" or expressing a desire to "Go away and not come back." These statements may not directly indicate contemplating suicide, but serve as a way for children to convey the intensity of a child's emotional suffering

Indicators in Play

Signs of violence or death in a child's play

Emotional and behavioural indicators

Anxiety, irritability, sadness, crying, withdrawn from others around, dropping grades, giving away toys, asking questions about death

Somatic indicators

Stomach aches, headache or other complaints of aches, lack of energy

MAJOR RISK FACTORS



Mental health concerns such as depression and neurodevelopmental disorders such as ADHD

Trauma, including abuse or witnessing domestic violence

Family-related problems, such as divorce or custody disputes

Parental substance use

Family history of suicide or mental health concerns

WARNING SIGNS



They are talking, writing, or drawing about death.

They are giving away belongings.

Outbursts, severe anger or irritability

Acting erratically, harming self or others

Having changes in eating or sleeping patterns, such as eating less or sleeping more than usual.

TIPS TO STAY HEALTHY



If a child exhibits signs of suicidal behaviour, discussing it with them and seeking professional assistance as soon as possible is crucial. Early intervention is vital in addressing any underlying issues. For children under ten, it is beneficial to inquire about their stress levels and emotional well-being regularly. As children grow older, that is for kids over ten, parents should occasionally ask about suicidal thoughts to normalise the conversation and ensure their child's safety

QUESTIONS TO ASK CHILDREN UNDER TEN YEARS OF AGE:

How have things been going for you?

Is anything stressing you out now?

Following it up with addressing the presence/absence of hopelessness

What do you want to be when you grow up?

Three wishes/things they'd like to change



QUESTIONS TO ASK CHILDREN OVER TEN YEARS OF AGE:

Now and then, people have sad thoughts. Have you had any negative thoughts lately?

How are you getting along with your friends?

Is there something at school that is bothering you?

How are you coping with your studies? Do you want to talk about it?

Parents may worry that discussing suicide will upset their children, but research suggests that addressing the topic can reduce distress in children experiencing such thoughts.

THE ROLE OF SCHOOLS IN SUICIDE PREVENTION IN CHILDREN

The school plays a crucial role in suicide prevention among children. School staff should be aware of risk factors and warning signs, creating a supportive environment where students feel safe to share their concerns. Trained personnel, such as school psychologists and counsellors, should intervene when a student is at risk, providing assessments, informing parents, and offering counselling and support. Effective suicide prevention is integrated with mental health services and involves the entire school community.



SELF-HARM DOS AND DON'TS

DOS

Talk to them when they feel like self-harming. Try to understand their feelings and then move the conversation to other things

Take some of the mystery out of self-harm by helping them find out more about the subject

With the help of a professional, get help as soon as possible

Help them think about self-harm not as a shameful secret but as a problem to resolve



DONT'S

Try to be their therapist - therapy is complicated, and you have enough to deal with as their parent, partner or relative.

Expect them to stop overnight – it isn't easy and takes time and effort

React strongly, with anger, hurt, or upset - this will likely make them feel worse. Talk honestly about its effect on you, but do this calmly and in a way that shows how much you care for them


Make them promise not to do it again or make your involvement with them the basis for an agreement to stop

Make sure you talk to someone close to you to get some support

NAVIGATING THE TURBULENT SEAS OF YOUTH


SUICIDE IS THE FOURTH LEADING CAUSE OF DEATH IN YOUNG PEOPLE AGED 15-29 FOR BOTH GENDERS (WHO, 2019)

MAJOR RISK FACTORS



Disputes/tension with parents	Awareness of suicide by friends or family
Academic or work problems	Chronic alcohol misuse
Relationship issues	Earlier suicide attempts
Sibling rivalry	Physical illness
Physical ill health	Social isolation
Peer competition	The stigma associated with help-seeking and mental illness
Depression	Easy access to lethal means of suicide
Bullying	Unsafe media portrayals of suicide
Low self-esteem	
Sexual problems	
Alcohol and drug abuse	

WARNING SIGNS



Changes in eating and sleeping habits
Loss of interest in usual activities
Withdrawal from friends and family members
Acting-out behaviours/escape mechanism
Alcohol and drug use

Some warning signs may be easier to detect, such as when a youth may explicitly express a wish to die. Some other aspects are harder to see. What's important to keep in mind is to keep an eye out for drastic changes in behaviour and mood over a relatively short period.

TIPS TO STAY HEALTHY

Support from partners, friends, and family
Feeling connected to others
Sense of belongingness and cultural identity
Teaching them effective coping and developing problem-solving skills
Feeling connected to school, community, and other social institutions
Availability of consistent physical and behavioural healthcare

HERE ARE SOME WAYS TO GAUGE IF A PERSON IS CONSIDERING SUICIDE

Have you been having thoughts about harming yourself?
Have you been feeling like you want to escape from it all?
Have you had thoughts of dying?
Do you ever wish you could go to sleep and never wake up?

THINGS TO CONSIDER WHEN A YOUTH SHARES THEIR FEELINGS

Try not to be judgmental or critical
Be patient and listen attentively
Take time to reflect on their shared experiences and ensure they receive acknowledgement for being heard
Try not to react by being shocked, angry, or disappointed
Don't offer advice
Try not to shrug off their feelings and behaviours

Take the young person in confidence and let them know they are not alone if you believe they need help, even though they are not in immediate danger. Offer them support and assist in any manner you can. Over and above this, connect them with a mental health professional such as a therapist, school counsellor or a trusted adult.

WHAT ACTIONS CAN COMMUNITIES TAKE?

Community-based preventive strategies for suicide in young people can involve a wide range of approaches, including mental health awareness programs, crisis hotlines, support groups, training programs for caregivers, peer support programs, and public health campaigns. Since young people spend most of their time in schools or universities, focusing on school-based and college-based programmes can help prevent suicide by providing education and support to students. These programs can include mental health screenings, education on coping skills and stress management, and training for teachers/mentors and staff on suicide prevention and intervention. Support programs can also help prevent suicide by providing young people a sense of belonging and social connectedness. These programs can include mentoring programs, youth groups, and community events.

MIDDLE AGE: JUGGLING RESPONSIBILITIES AND WELLBEING



Whe American Foundation for Suicide Prevention states that middle-aged adults have the highest suicide rates. The NCRB conducted research revealing that youth and middle-aged adults account for most suicides in India. In 2020, the age group of 18-45 years reported 65 per cent of the total suicides.

LIFE TRANSITIONS

Middle age is when people undergo significant life changes and transitions, such as a divorce or a job loss. This period can bring about feelings of isolation and hopelessness. It is also an age when most people take care of their children and their older parents or family members. It is a time filled with stressors because of all the responsibilities involved. These changes can be stressful and may contribute to an increased risk of suicide.

HEALTH ISSUES

Middle age presents notable transformations and hurdles, encompassing physical and emotional aspects. Various chronic health conditions arise or deteriorate during this phase, including diabetes, heart disease, and chronic pain. Studies indicate a correlation between physical health issues like high blood pressure and cardiovascular disease with suicidal thoughts. All these factors can contribute significantly to feelings of hopelessness and despair.

EMPTY NEST SYNDROME

Empty nest syndrome refers to loneliness and loss that some parents experience when their children leave home, typically for college or to start their own families. While it is a common experience for many parents, it can be difficult for some. Sometimes, it may contribute to mental health issues such as depression or anxiety. While empty nest syndrome itself is not typically considered a direct risk factor for suicide, it may contribute to other risk factors, such as depression or feelings of isolation.

MAJOR RISK FACTORS



Depression and other mental health problems

Substance use problems (including prescription medications)

Physical illness, disability, and pain

Social isolation

Divorce

Death of a spouse

Financial or Job-related stress

Unemployment

WARNING SIGNS



Withdrawing from others: People choose to be alone and avoid friends or social activities. They also lose interest or pleasure in activities they previously enjoyed

Changes in personality, appearance, and sleep pattern: The person's attitude or behaviour changes, such as speaking or moving with unusual speed or slowness

Substance abuse: Misuse of drugs or alcohol can be a warning sign for suicide

Depression or feelings of hopelessness: Middle-aged individuals who feel persistent sadness or a sense of distress may be at an increased risk for suicide

Giving away possessions: Some individuals who are contemplating suicide may give away possessions as a way of saying goodbye

Talking about suicide or death: Any talk about suicide or death, even if it is just in passing, should be taken seriously

TIPS TO MANAGE



Focus on maintaining your physical as well as mental health. Ensure you get your yearly check-ups for physical health and support for mental health concerns

Develop a strong connection to family and community support

Focus on building resilience through healthy coping mechanisms, such as exercise, meditation, or creative pursuits

Pay extra attention to yourself during significant life transitions – reach out to multiple sources to access help by navigating this period

WHAT ACTIONS CAN COMMUNITIES TAKE?



Responsibilities for suicide prevention need to go beyond an individual level. Community-based programs, policies, and services are essential in suicide prevention.

Promote awareness that suicide is a public health problem that is preventable

Providing avenues for mental health care support at workplaces

Encourage primary care physicians to incorporate screening tools and techniques for depression, substance abuse and suicide risk

Increasing access to and having more peer and support groups for middle-aged adults to access a safe and supportive space for them to share their experiences, connect with others who may be experiencing similar challenges and learn new coping strategies

EMBRACING GOLDEN YEARS: GERIATRIC WELLBEING



“

A 74-YEAR-OLD WOMAN SOUGHT HELP FOR DEPRESSION SYMPTOMS

resulting in daily crying spells, persistent sadness, sleep disturbances, and poor appetite. She ceased taking her hypertensive medications, feeling they were pointless. She shared that her husband, her physical and emotional support for 55 years, passed away due to illness. Recollecting the past, she dwelled on their precious life together but expressed regrets about never planning for a future alone, believing she would die before her husband. Her children resided abroad and no longer depended on her, yet the thought of her two grandchildren prevented her from taking drastic measures. Looking ahead and engaging in daily activities appeared challenging as she grappled with profound disappointment and anger towards her late husband, albeit acknowledging the irrationality of such thoughts. She wished to be free from this burden and not face it anymore.

”

“

Individuals aged 65 and above constitute nearly one-fifth of all suicides. The World Health Organization (WHO, 2020) reports that the global population of individuals aged 60 and above stands at 1 billion, with projections indicating a rise to 1.4 billion by 2030. This demographic shift raises concerns about a potential surge in suicide rates among this age group, placing them at an even higher risk. NCRB showed a marked increase in the rate of suicide by older people aged 60 years and above in 2020 in India compared to 2019. Older women showed a marked increase of 21.8 per cent, and older men showed an increase of 18.3 per cent

MAJOR RISK FACTORS

Mental disorders such as depression, anxiety disorder, insomnia, Alzheimer's, and vascular dementia

Cognitive impairment makes it difficult to cope with life problems and, thus, increases the risk of suicide

Significant life changes include retirement, financial issues, transition into care facilities and feeling like a burden to loved ones

Loneliness, bereavement, loss of belongingness, poor social support, and psychological pain such as humiliation, guilt etc., also contribute to a high risk of suicidal ideation

Loss of independence, especially financial poverty, is a significant risk factor

Diseases and body injuries

WARNING SIGNS

Loss of interest in things or activities that were usually found enjoyable

Cutting back social interaction, self-care, and grooming

Breaking medical regimens (such as going off diets and prescriptions)

Experiencing or expecting a significant personal loss (spouse or other)

Feeling hopeless or worthless

Putting affairs in order, giving things away, or making changes in wills

Stock-piling medication or obtaining other lethal means

Other clues are a preoccupation with death or a lack of concern about personal safety. Remarks such as "This is the last time that you'll see me" or "I won't need any more appointments" should raise concern

The most significant indicator is an expression of suicidal intent.

Disconnecting from friends and family, not calling as much

Change in sleeping or eating patterns

TIPS TO STAY HEALTHY

Maintain physical and mental health

Practice some hobbies, take time out to do things you like

Prioritise and maintain relationships

Increase social interaction: Participate in clubs and group activities with friends, such as walking /yoga and laughter clubs.

Include activities with purpose and meaning in life: volunteer to support friends, community members

Ask for help when needed

removed the Goodfellows number & contact details

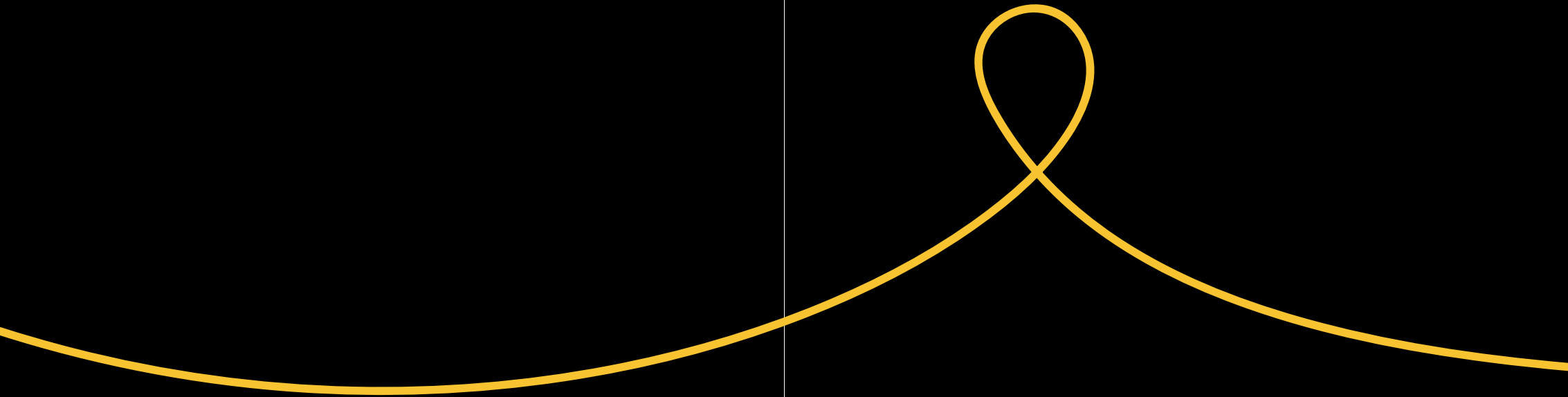
WHAT ACTIONS CAN COMMUNITIES TAKE?

Providing extended community support by mobilising volunteers, educating individuals about markers for psychological distress and conducting counselling accordingly

As a society, arranging workshops and programs helps them socialise better with other peer members to help them deal with their loneliness

removed the Goodfellows number & contact details

	INTRODUCTION
	UNVEILING SUICIDE RISK: A CROSS-POPULATION ANALYSIS
COMPLEX RISK PROFILES: ADDRESSING SPECIFIC CHALLENGES	
	STRATEGIES FOR EMPOWERMENT IN DIVERSE ENVIRONMENTS
	NAVIGATING LOSS AND HEALING AFTER SUICIDE
LEGAL DIMENSIONS: ETHICAL CONSIDERATIONS IN SUICIDE PREVENTION	
	EXTENDING A LIFELINE: HELPLINES AND EMPOWERMENT RESOURCES
	REFERENCES



ECONOMICALLY MARGINALISED POPULATION



In a country as diverse as India, where the economically challenged population and children from dysfunctional families face unique hardships, it is crucial to address the topic of suicide and its prevention with the utmost sensitivity. The need of the hour to break silence on the subject, generally treated as a taboo or spoken about in hushed wary whispers.

The age group of 18 – 45 years of age accounted for 66.2 % of total suicides. A significant proportion of these individuals were just students. Out of the suicide victims analysed, a significant majority of 64.2% (1,05,242 individuals) had an annual income below Rs. 1 lakh. Each year, individuals within this specific income range tragically account for the highest percentage of lives lost to suicide. In 2021, the number of suicides among men surpassed that of women, with daily wage earners leading in the highest number of suicide cases, followed by self-employed individuals.

Cultural norms and social stigma surrounding mental health and suicide in India can profoundly impact suicide prevention efforts within the low socioeconomic strata. Cultural beliefs and attitudes may discourage individuals from openly discussing their mental health struggles or seeking help due to fear of judgement, social exclusion, or tarnishing family reputation. The concept of "saving face" and the societal pressure to appear strong and resilient can impede individuals from reaching out for support. The lack of financial stability, basic amenities, and opportunities for economic growth can increase stress levels and contribute to mental health challenges.

MAJOR RISK FACTORS

1. Individual Risk Factors:

These factors pertain to personal characteristics and circumstances that increase the likelihood of suicidal behaviour.

Common individual risk factors include mental health disorders (such as depression, bipolar disorder, or schizophrenia)

History of previous suicide attempts

Substance abuse, including alcohol and drug abuse

Personality traits (such as aggressiveness or impulsivity)

Family history of suicide or mental health problems

2. Social Risk Factors:

These factors encompass social and interpersonal aspects influencing an individual's suicide risk.

Social isolation, lack of social support, or strained relationships increase vulnerability

History of childhood abuse or neglect

Recent loss or bereavement

Being exposed to suicidal behaviours within one's social circle

Presence of bullying or harassment, both in-person and online.

3. Environmental Risk Factors

These factors relate to broader environmental conditions that impact an individual's suicide risk

Limited access to mental health services

Economic hardships, unemployment or financial difficulties

Exposure to violence or conflict

Easy access to lethal means (e.g., firearms, pesticides)

Statistical data from national suicide prevention reports in India consistently demonstrate the role of risk factors in driving suicide rates. For instance, these reports often reveal higher suicide rates among individuals experiencing economic distress, unemployment, or those facing relationship difficulties. Additionally, studies highlight the link between substance abuse and suicide risk.

WARNING SIGNS

Recognising the warning signs of suicide is vital for early intervention. While it's essential to remember that these signs do not guarantee that someone will attempt suicide, they can indicate that a person is struggling and in need of support.

Here are some warning signs to watch out for:

1. Verbal Cues: Pay attention to direct or indirect statements expressing feelings of hopelessness, worthlessness, or a desire to die. These may include words like "I can't take it anymore", "Life is not worth living", or "I wish I could just disappear." Pay attention to expressions of feeling trapped, having no options, or believing things will never improve. A sense of overwhelming despair and a perception that their problems are insurmountable may indicate an increased risk.

2. Social Withdrawal: Notice if individuals start isolating themselves from family, friends, and social activities they previously enjoyed. They may lose interest in earlier hobbies or engagements.

3. Changes in Mood and Behaviour: Look out for sudden and significant changes in mood, such as persistent sadness, irritability, or agitation. They may exhibit increased aggression or engage in risky behaviours that are out of character. Changes in sleep patterns, appetite or energy levels can also be potential warning signs.

4. Giving Away Belongings: If individuals start giving away their possessions, making arrangements for their finances, or expressing a sense of putting their affairs in order, it could be a warning sign that they have suicidal thoughts.

5. Increased Substance Abuse: Substance abuse, such as alcohol or drug misuse, can be a way for individuals to cope with their emotional pain. Be aware of any noticeable escalation in their substance uses or if they turn to substance abuse as a form of escape.

It is essential to remember that more than detecting warning signs is required. If you notice any of these signs or suspect someone may be at risk, it is crucial to take action. Approach the individual with empathy and compassion, and encourage them to seek professional help. Do not hesitate to involve emergency services or contact local authorities when immediate harm is imminent.

TIPS TO STAY HEALTHY

1. SEEK PROFESSIONAL HELP:

Reach out to mental health professionals who can provide guidance, support, and appropriate treatment. It is essential to understand that seeking help is not a sign of weakness but a courageous step towards healing. Mental health professionals can offer therapy, medication, and strategies to cope with suicidal thoughts.

2. REACH OUT TO TRUSTED INDIVIDUALS:

Share your feelings with friends, family members, or support networks. Opening up to someone you trust can provide emotional support and help alleviate feelings of isolation. These individuals can also assist in connecting you with resources and professional help.

3. DEVELOP A SAFETY PLAN:

Create a safety plan with your mental health professional or counsellor. This plan should include emergency contacts, coping strategies, and a list of activities or people that provide comfort and distraction during difficult times. Having a safety plan in place can be a valuable tool for managing a crisis.

4. PRACTICE SELF-CARE:

Prioritise self-care activities that promote mental well-being and resilience. Engage in activities that bring you joy and relaxation, such as exercise and hobbies. Taking care of your physical health by maintaining a balanced diet and getting enough sleep is also essential.

5. LIMIT ACCESS TO LETHAL MEANS:

If you have access to lethal means, such as guns or pesticides, ensuring their safe storage or removal from your environment is crucial. Restricting access to these means can reduce the risk of impulsive actions during moments of crisis.

6. UTILISE HELPLINES AND CRISIS SERVICES:

Keep helpline numbers easily accessible and reach out to them in distress. Helpline services, such as suicide prevention hotlines, offer immediate support and can guide available resources and local mental health services.

Remember, these tips are meant to supplement professional help and should not replace it. If you or someone you know is in immediate danger, do not hesitate to involve emergency services or contact local authorities.

WHAT ACTIONS CAN COMMUNITIES TAKE?

Suicide prevention necessitates a collective effort. Community-level interventions are vital in establishing a safety net for distressed individuals. Educational programs that enhance awareness and challenge mental health stigma are paramount. Building community-based mental health initiatives to improve access to care in economically disadvantaged areas is critical. This involves training community health workers, teachers, and volunteers to identify and assist individuals requiring mental healthcare. These initiatives can focus on raising awareness, offering basic counselling, and facilitating connections to available resources. Collaboration between mental health experts and community partners can help to build comprehensive support systems. These collaborative efforts aim to raise awareness, combat stigma, and encourage open discussions about mental health in low-income communities. Making social connections and promoting peer support networks can significantly reduce suicide rates.



BEYOND THE SURFACE: SELF-HARM AND SUBSTANCE ABUSE HISTORIES



ZARA SAT INSIDE THE THERAPY ROOM, GAZING AT THE PASSING CARS WHILE OCCASIONALLY RELEASING HEAVY SIGHS.

She lightly touched the bandage on her arm, hesitating to meet the therapist's eyes. Zara's aunt had brought her to therapy due to her self-harming behaviour, noticing a significant change in her previously "vibrant, intelligent, and full of love" niece. Zara recently embarked on her college journey and faced her first romantic relationship, which ended sourly. Her family believed that the demise of this relationship triggered her self-harm mechanism and thus believed she required guidance. Hailing from a broken home and having a complicated relationship with her parents, Zara witnessed them engaging in extramarital affairs.

Throughout several therapy sessions, Zara gradually opened up, sharing her life experiences and the sense of being an outsider. After a few months, Zara finally disclosed her sexual attraction towards women, which frightened her. She expressed her confusion and lack of understanding surrounding these feelings. Through therapy, Zara discovered acceptance of her true self and the person she aspires to become.



Self-harm is a complicated behaviour that develops as a maladaptive response to acute and chronic stress and is commonly, but not always, accompanied by thoughts of mortality. Self-harm aims to alleviate distress and enhance emotional well-being, while suicide aims to terminate those uncomfortable feelings. Self-harm methods are chosen to cause bodily harm without requiring medical intervention or the termination of life. Self-harm is more common as a coping mechanism for stress and emotions, although suicide-related behaviours are less common. The intensity of psychological suffering felt in cases of self-harm is often lower than that which drives suicidal ideation. However, certain circumstances raise the chance of individuals progressing from self-harm to suicide.

MAJOR RISK FACTORS

High emotional sensitivity
A history/trigger of trauma, abuse, or chronic stress
Extreme emotion or lack of emotion
A tendency to suppress emotions coupled with fewer mechanisms for dealing with emotional stress
Feelings of isolation
A history of alcohol or substance abuse
Feelings of worthlessness
Presence of depression or anxiety
Feelings of isolation

Some research shows that constantly engaging in self-harm/injury can often reduce the inhibition for suicidal behaviour. Most importantly, having practised injuring the body makes it easy actually to harm the body with suicidal intent

Other factors experienced individually or in clusters, tend to put one at risk of suicide. The greater number of the below factors experienced by an individual, the higher the risk of suicide:

More significant family conflict and poor relationship with parents
More than 20 lifetime non-suicidal self-harm incidents
Psychological distress in the past 30 days
A history/trigger/incident of emotional or sexual trauma
Greater feelings of hopelessness
Identifying self-hatred, wanting to feel something, and practising or avoiding suicide as reasons for self-injury
High impulsivity and engagement in risky behaviour
Substance use
A diagnosis of major depressive disorder (MDD) or PTSD

WARNING SIGNS

Talking about wanting to die
Planning how to kill self
Feeling hopeless and talking about having no way out
Feeling trapped and feeling like there is no end to pain
Expressing self as a burden to others
Increase in the use of a substance or alcohol
Anxious or agitated behaviour
Too little or too much sleep
Withdrawing from friends and family
Mood swings, expressing extreme anger or rage

TIPS TO STAY HEALTHY

Multi-speciality team specialising in self-harm is essential
Medication, psychotherapy, and problem-solving therapy, i.e., identifying the triggers, play a significant role
Follow-up with G.P. is vital
For children and adolescents, media influences such as news, music, and other highly visible outlets that feature self-injury may nudge them to experiment with mental or emotional issues. Teaching them critical thinking skills about the influences around them might reduce the harmful impact
Mental Health programs focusing on ways to manage distress and intense emotions better
Liaison with the school/university is crucial
In some cases teaching to use harm minimisation techniques or guided imagery may help



WHAT ACTIONS CAN COMMUNITIES TAKE?

Train volunteers to help, identify and deal with people at risk faster and more effectively. Teach them to plan for safety and constantly follow up after an attempt.

Establishing policies to reduce easy access to lethal means and creating healthy policies and safe culture

Providing a bio-psycho-social model that caters to the issues of people who self-harm and help reduce the risk via therapy

**NO MATTER
WHAT HAPPENS,
OR HOW BAD
IT SEEMS
TODAY, LIFE DOES
GO ON, AND
IT WILL BE
BETTER
TOMORROW.**

MAYA ANGELOU



FOSTERING INCLUSIVITY: LGBTQIA+ MENTAL HEALTH



Like other minority groups, people who are lesbian, gay, bisexual, transgender, or queer (LGBTQI+), are more likely to experience discrimination in the form of bullying, abuse and harassment. The WHO classifies lesbian, gay, bisexual, transgender, and intersex (LGBTQI+) persons at higher risk of suicide.

A 2016 study titled *Suicide and Suicidal Behaviour among Transgender Persons*, states that the suicide rate among transgender individuals in India is about 31 per cent, and "50 per cent of them have attempted suicide at least once before their 20th birthday."

Research indicates that mental health problems, misuse of alcohol and other drugs, and suicidal thoughts and behaviours are more common in this group than in the general population.

31%

**SUICIDE RATE
AMONG TRANSGENDER
INDIVIDUALS**

MAJOR RISK FACTORS

Depression and other psychological issues

Alcohol or drug use

Stress from prejudice and discrimination, and stigma (family rejection, harassment, bullying, violence)

A sense of burdensomeness and a lack of belonging

Conversion therapy - studies found that LGBTQ people who experienced conversion therapy were at higher risk for suicide behaviour compared with their peers who didn't undergo the practice.

Why are they at the highest risk

- Coming out trauma
- Rejection
- Substance use
- Previous suicide attempts

WARNING SIGNS

Talking about wanting to die or to kill oneself

Looking for a way to kill oneself, such as searching online

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

Withdrawing or feeling isolated

TIPS TO SUPPORT SOMEONE FROM THE QUEER COMMUNITY

What do I say to someone who is coming out to me?

It is essential to show them respect and support them. We need to remember that coming out could be an emotional and challenging experience for the person, and the key here is to be understanding and provide a safe space for them.

Be supportive

Thank them for sharing their issues with you

Avoid being judgmental

Please respect their privacy

Be patient and remember that their orientation is an integral part of their identity

Learn more about the community to show your support

Some supportive phrases

Thank you for sharing with me

I love you for who you are

I'll always be here to support you

Phrases to Avoid

It's just a phase- it'll pass

Are you sure?

How do you know?

Everyone is experimenting with their sexuality these days

These statements can be highly disrespectful and invalidate their feelings. It is essential to be understanding and sensitive to their feelings and emotions.

WHAT ACTIONS CAN COMMUNITIES TAKE?

Society must acknowledge the unique challenges that LGBTQIA+ people experience and take action to alleviate these problems. Some ways to address this is to recognise how homophobia has contributed to the same and have laws and initiatives that support and embrace the queer community. LGBTQIA+ friendly places like restaurants and clubs can help, and creating inclusive workplaces can ensure job opportunities for the community.

Ask how someone identifies AND what that means to that person. - Include your pronouns when you introduce yourself (e.g., she/her/hers; he/him/his; they/their/theirs).

**THE
SHADOW IS
THE GREATEST
TEACHER
FOR HOW
TO COME
TO THE
LIGHT.”**

RAM DASS



BRIDGING THE GAP: MENTAL HEALTH IN RURAL SETTINGS



If every suicide death is a tragedy we can avoid with prompt, low-cost treatments; nonetheless, the global suicide rate has gradually increased over the last five decades. Maharashtra leads the Indian states with 22,207 suicides in 2021, according to NCRB data. The apathy towards mental health and well-being of the marginalised rural Indian population gets reflected by the lack of data and research on rural and tribal communities. Even for the available statistics, the reliability has been questioned by experts, speculating that the actual numbers are much higher than those recorded.

Regarding the epidemic of farmer suicides in India, the numbers are even more horrifying, specifically for Maharashtra, which tops the charts among all Indian states. Moreover, more than 23,000 farmers have died by suicide in Maharashtra between 2009 and 2016.

There are many reasons for suicides in rural India, including debt and bankruptcy, anti-farmer laws, crop failure, high prevalence of alcohol and drug use, easy access to poisonous substances, few to non-existent emergency medical facilities and healthcare providers, family responsibilities and poor government policies.

23,000

**FARMERS HAVE DIED BY SUICIDE
IN MAHARASHTRA BETWEEN 2009 AND 2016.**

MAJOR RISK FACTORS

Financial

Increasing local debts and bankruptcy
Loss of land
Crop failure
The increasing cost of cultivation

Cultural

Stigma
Dependability on local faith healers
Lack of awareness about mental illnesses
Distrust in government systems/western medicine

Geographical

Poor transportation and deteriorating roads
Lengthy travel time to the nearest healthcare facility
Poor implementation of government schemes in geographically marginalised communities

Environmental

Ready access to poisonous substances, e.g. organophosphates
Availability of cheap/poor-quality alcohol

It is well understood that the issue of suicide in rural communities is multifactorial and systemic and will, therefore, require a comprehensive and robust prevention strategy. At the outset, educating the public about the early warning signs of suicide will be a quick win.

WARNING SIGNS

Talking about being a burden to others
Expressing guilt/shame
Giving away their belongings to others, making a will
Isolating from friends and family
Increased use of alcohol and other drugs
Changes in sleeping/eating patterns

For every suicide, there are almost 20 suicide attempts; treating every suicide attempt as a red alert and ensuring timely medical intervention and counselling is critical to combat the surge in suicide rates.

TIPS TO STAY HEALTHY

Increase awareness about mental health through training primary health workers and medical officers

Connect with support networks within the community. Take advantage of the strong social networks within the community. Building and maintaining social connections can provide a sense of belonging, support and reduce feelings of isolation.

Consider online resources: In areas with limited mental health services, online resources can provide valuable support. Explore reputable websites, forums, or online therapy platforms that offer information, self-help tools, and virtual therapy sessions.

Address barriers to care: Identify barriers that may hinder access to mental health services in your area. These barriers could include transportation issues, lack of access to services or financial

WHAT ACTIONS CAN COMMUNITIES TAKE?

There is an urgent need to integrate mental health into primary care services at the village level. Primary Health Centres and rural hospitals can serve as catchment sites for identifying and referring people needing mental health services. Since mental health professionals are scarce, training Medical Officers, ASHAs, and other medical professionals can be an effective measure.

India's villages need community-based interventions tailored to accommodate the socio-cultural realities of rural communities. Without the inception and implementation of such innovative interventions, we cannot expect the rural suicide rates to drop anytime soon.

MPower is contributing in its humble way to the war against suicide through Project Samvedna, an initiative to increase awareness and access to mental healthcare in the rural areas of Jalna, a marginalised district in Maharashtra, the suicide capital of the country.

One can hope that with more such efforts, we can combat the meaningless loss of human life due to suicides and empower the underprivileged by offering them support to lead their life with dignity.

**THIS LIFE.
THIS NIGHT.
YOUR STORY.
YOUR PAIN.
YOUR HOPE.
IT MATTERS.
ALL OF IT
MATTERS.”**

JAMIE TWORKOWSKI



SOLDIERS OF RESILIENCE: MENTAL HEALTH IN THE MILITARY



According to figures supplied by the government of India in 2021, 787 armed forces personnel have died by suicide since 2014, with the Indian Army claiming a maximum of 591 such incidents.

High levels of stress amongst troops, the operational-level leadership of the Central Armed Forces (CAF), and a general sense of dissatisfaction among personnel with the prevailing working conditions are all contributing factors.

787

ARMED FORCES
PERSONNEL HAVE
DIED BY SUICIDE
SINCE 2014,

MAJOR RISK FACTORS

- High workplace stress
- Not getting timely leaves
- Ineffective leadership and discrimination
- Financial stress
- History of mental health issues
- Relationship issues
- Access to fire arms which can be used to take one's own life

WARNING SIGNS

Expressing thoughts of suicide:

This may include direct statements like "I want to die" or "I can't go on anymore." Indirect expressions, such as feeling trapped, being a burden, or having no reason to live, should also be taken seriously.

Withdrawing from social activities:

A sudden or significant decrease in social interactions, isolating oneself from friends, family, or unit members, and avoiding previously enjoyed activities.

Drastic changes in mood or behaviour:

Noticeable shifts in mood, such as prolonged sadness, irritability, anger, anxiety, or a sudden improvement after a period of depression, can be concerning. Behavioural changes like recklessness, aggression, substance abuse, or giving away possessions can also be red flags.

Increased substance abuse:

Escalated or new patterns of alcohol or drug misuse can be associated with suicidal thoughts.

Feelings of hopelessness or helplessness:

Expressing a sense of despair, feeling trapped, or believing that there is no way out of difficult situations.

Changes in sleep patterns:

Insomnia, difficulty falling asleep, staying asleep, or oversleeping can be indicators of distress.

Loss of interest or purpose:

A lack of interest in previously enjoyable activities, work, hobbies, or personal relationships can indicate depression or emotional distress.

Increased risk-taking behaviour:

Engaging in dangerous or impulsive behaviour, such as reckless driving or excessive risk-taking without consideration for personal safety, can be a warning sign.

Sudden performance decline:

A significant drop in work or performance, frequent absences, or decreased attention to personal appearance and hygiene can be indicators of emotional struggles.

Previous suicide attempts or self-harm:

A history of previous suicide attempts or self-harm should be taken seriously, as individuals with a history of such behaviours are at a higher risk.

TIPS TO STAY HEALTHY

Ensure convenient access to needed care

Identify shortages at military treatment facilities (i.e., hospitals and clinics); prioritise filling necessary positions

Ensure the availability of trained healthcare providers (this includes an understanding of military culture and potential military-related stressors)

Expand the reach of health services through telephone, video, and web-based technologies

Safe access to their fire arms with the tracking of its usage

BEHIND BARS: MENTAL HEALTH IN INCARCERATION



Between 2000 and 2019, while the total population of India grew by nearly 30%, its prison population nearly doubled, from 272 079 to 478 600. Suicide comprised 6.24% of all deaths reported in Indian prisons between Jan 1, 2015, and Dec 31, 2019. In 2019, suicide rates in prisons were 2:3 times higher than those in the general population. Even considering the deficiencies and differences in reporting systems for prisons and the general public, this disparity is a cause for concern.

SUICIDE COMPRISED
6.24%
OF ALL DEATHS
REPORTED IN INDIAN
PRISONS BETWEEN
JAN 1, 2015, AND
DEC 31, 2019.

MAJOR RISK FACTORS



- Serving a life sentence
- Having previously attempted suicide
- Recent or ongoing suicidal ideation
- A current diagnosis of a psychiatric disorder
- Being placed in solitary confinement with no social visits

WARNING SIGNS



The following is a list of signs and symptoms a possible suicidal individual might display before attempting to take their own life.

- Current depression or paranoia.
- Expresses deep guilt or shame over the offence
- Talk about or threatens suicide
- Is under the influence of alcohol/drugs
- Staff knowledge of previous suicide attempts/mental illness
- Severe agitation or aggressiveness
- Projects hopelessness or helplessness or no sense of future.
- The inmate talks unrealistically about getting out of jail.

When they are at the highest Risk

- The first 24 hours of confinement
- Intoxication/Withdrawal
- Waiting for trial
- Sentencing
- Impending release
- Decreased staff supervision
- The first 30 days after incarceration or movement into a new facility.

TIPS TO STAY HEALTHY



- Have suicide prevention training for the staff, which takes place regularly
- Helping the staff recognise warning signs and respond to them sensitively
- Remove access to means of suicide and provide a safe environment, such as cells and dormitories, without hanging points or unsupervised access to materials which could become tools of suicide
- Paying attention to bullying and violence, with strategies for managing such situations when they occur.
- Access to internal and external mental health services for detainees with mental health conditions
- Provide access to regular communication channels between medical and mental health workers in the prison or jail.
- Encouraging trusting relationship between staff and prisoners maximises the likelihood that prisoners will talk to the team if they are thinking about suicide.

WHAT ACTIONS CAN COMMUNITIES TAKE?



To fully address their mental health needs, prisons must forge strong links to community-based programmes with general hospitals, emergency services, psychiatry facilities or mental health establishments, mental health programmes, and substance use prevention programs



INTRODUCTION

UNVEILING SUICIDE RISK: A CROSS-POPULATION ANALYSIS

COMPLEX RISK PROFILES: ADDRESSING SPECIFIC CHALLENGES

STRATEGIES FOR EMPOWERMENT IN DIVERSE ENVIRONMENTS

NAVIGATING LOSS AND HEALING AFTER SUICIDE

LEGAL DIMENSIONS: ETHICAL CONSIDERATIONS IN SUICIDE PREVENTION

EXTENDING A LIFELINE: HELPLINES AND EMPOWERMENT RESOURCES

REFERENCES

COLLABORATION WITH GENERAL PRACTITIONERS



It is essential that GPs are equipped to recognise and respond to psychological distress and suicidal thoughts to improve detection, as most people who have committed suicide have visited their general practitioner in the previous month.

Time lapses and previous interactions play a significant role, so assuring patients of that comfort while being friendly is essential. Providing contact details and encouraging them to call during a crisis is necessary.

Initial interaction with patients helps establish a good rapport that helps look out for unexpected cues.

Lack of hope is an essential factor contributing to suicide, and interventions focused on reducing pessimism helps

In cases of active suicide ideation, the G.P. must refer the patient to a psychologist and psychiatrist. The G.P. can directly ask patients whether they are having suicidal thoughts or ideas.

If there is a crisis, keeping regular contact where a patient feels listened to and understood helps

Screening tools to identify depression, anxiety, high-term stress, or the urge to harm help massively. E.g., Montgomery and Asberg Depression Rating Scale (MADRS) (focuses on depressive and suicidal symptoms)

Many a time, patients showcase their distress as somatic rather than emotional complaints, so digging deeper into physical issues and seeing if there is any correlation between worry and psychological stress

Having a fixed protocol for screening, assessment, intervention and referral

Provide training for safety planning and counselling regarding dealing with lethal arms to the G.P.

Transfer patient information to behavioural health care providers and emergency care for an easy transition. Follow up via phone and video calls between visits

QUESTIONS G.P. CAN ASK TO GAUGE BETTER:

WHAT YOU CAN SAY ASK?

Do you feel unhappy and helpless?
Do you feel desperate?
Do you feel unable to face each day?
Do you think life is a burden?
Do you feel life is not worth living?
Do you feel like committing suicide?

WHEN TO ASK QUESTIONS AND ESTABLISH A RAPPORT

A generic question about mental health like- how are you doing emotionally? Can be asked of all patients as part of a routine appointment by general practitioners

In-depth questions can be asked –

When the patient feels comfortable about expressing their emotions
When a patient is in the process of expressing negative emotions
When the patient is ready to seek help and expresses a desire to do so
When a patient has established a warm, working relationship with the GP

CHECK FOR CUES

Verbal Indicators- Talking about feeling highly overwhelmed, being unable to concentrate, seeming illogical. Inquiring about deaths, asking what happens after life, talking about their own funeral rituals

Non-Verbal indicators- When with suicidal ideation, research shows their choice in music usually stays the same. Also, looking out for cues that talk about pain, hopelessness, depression, or death hugely help, so does looking for signals by getting them to artistically express/draw etc., as the majority tend to showcase via that. For example, one might draw images or figures as very small in size, highlighting a sense of worthlessness or use dark colours to display their mood, with their face slashed off etc.



Tactile indicators are usually challenging to hide and are strong indicators to identify. They usually vary from person to person, for example, someone who likes to hug withdraws suddenly, stops hugging and doesn't allow others to do the same. They may even avoid touching themselves as well. Grooming and hygiene are going for a toss, becoming more careless and accident-prone.

LOSING A CLIENT TO SUICIDE

When we experience the loss of an individual due to surgery, childbirth, suicide, common illnesses, or other abrupt medical complications, as medical professionals, we also bear the heavy weight of grief. We become shattered, burdened with guilt, broken, bewildered, and plagued by constantly questioning whether we could have taken a different approach or prevented it...



What loved ones need to understand & accept is that ~we are Human too... We don't have superpowers, wings or a magic wand, and we intend only to heal, even though it may take a lifetime for us to never ...

Many mental health professionals and psychiatrists who have lost clients to suicide have silently suffered the loss and experienced symptoms of grief and bereavement. Many have felt responsible and wondered if they could have done more to prevent this.

We must realise that we are human beings first with feelings, emotions and hearts, just like any other person in other fields and professions. We do not control every situation or predict how things may turn out.

We tirelessly work despite difficulties or problems at home or work. We come to work despite sometimes not feeling up to it or if we're feeling sleep deprived or exhausted."

SHAPING MINDS: MENTAL HEALTH IN EDUCATIONAL INSTITUTIONS

Whe WHO currently advises questioning individuals over the age of 10, dealing with a mental health problem such as epilepsy, interpersonal conflict, a recent traumatic life event, or other suicide risk factors to determine if they have thoughts or plans of self-harm or suicide.



For easy and speedy screening, training the E.D. (Emergency Department) to use the Patient Safety Screener 3 (PSS-3) can be a huge help. This screening consists of a short introduction and three questions, with an optional fourth item if the person has previously attempted suicide. This is validated for use on patients over 18 and includes the following:

Over the past two weeks, have you felt down, depressed, or hopeless?

Over the past two weeks, have you thought of killing yourself?

Have you ever attempted to kill yourself?

For in-depth screening (e.g., Suicide Assessment Five-Step Evaluation and Triage (SAFE-T), a 5-step assessment protocol is used. It addresses suicide risk levels and suggests necessary interventions or uses the Patient Health Questionnaire (PHQ-9) to assess depression with a specific question addressing suicidal ideation or other screening tools.

Do a comprehensive risk assessment, i.e., information about the patient's risk and protective factors, immediate danger and treatment needs.

Train them to provide crisis interventions.

Devise a safety plan with the patient, i.e., identify triggers and warning signs and develop specific activities to steer them away from suicidal thoughts.

Discharge planning and Referral- Tie-ups with hospitals and rapidly accessible outpatient mental health resources.

E.D. staff can also provide patients with resources and hotlines at discharge.

The risk of suicide in the post-discharge period is relatively high, especially in the 1st week, followed by the first three months post-discharge. Follow-up support such as caring letters, postcards, frequent phone calls, and text messaging help massively.

EDUCATIONAL INSTITUTES

Establish an outsourced counselling cell outside the school or college premises to create a safe space where students can comfortably express themselves without fearing judgment from unfamiliar individuals

Have a counsellor in every school who can help assess and identify warning signs

Schools and universities can promote social networks and mutual connects

Organise campaigns to create awareness about suicide prevention, tackle stigma and avail support

Train all student-facing staff about suicide awareness about operating the first aid kit

Tie-ups with the accident and emergency sections

Monitor and care for students with self-harm behaviour

POLICE STATION AND PRISONS

Policing is stressful, and officers face some of life's most challenging situations daily.

POLICE STATIONS

We have specialised suicide training programs for law enforcement and police personnel by psychologists, focusing on identifying police personnel at risk of suicide and how to provide help.

Having policies that actively ensure the confidentiality of information when identifying officers at risk is crucial for safeguarding their employment and privacy.

Having a helpline specifically for officers.

Regular campaigns to raise awareness of suicide prevention included articles in internal police newspapers, posters, and a brochure. These campaigns will encourage the de-stigmatisation related to mental ill health and break down barriers to help-seeking, ensuring that the policing culture does not ignore or place a low priority on mental health.

Develop systems to record the number of in-service deaths in policing, including those by suicide.

PRISONERS

Effective prevention of prison suicide necessitates a multi-disciplinary approach that acknowledges the complex nature of this phenomenon. It is crucial to recognise that there is no singular trigger or solution for suicide. Understanding prison suicide requires the inclusion of a critical factor: conducting a structural analysis of the prison environment.

By having routine security checks where trained staff watch for indications of suicidal intent or extreme change in behaviours like – increased crying, excessive restlessness, and sudden change in mood.

Prison authorities should ensure that prisoners exhibiting significant symptoms of mental illness have access to psychiatric medication consultation.

Having time set aside to check in with them around essential periods such as court hearings, divorce, or the death of a family member.

Supervised visits where the staff knows how to identify a problem that may arise at the time of the visit

The families should be encouraged to notify the staff if they fear their loved ones may show signs of suicidal intent.

Prisons should provide adequate mental health treatment and management resources, including qualified psychologists, to ensure good mental health care within the prison system.

Regular mental status examinations should be a part of this system.

Reducing the social isolation, segregation, and boredom of prisoners, as these factors undermine coping mechanisms

Ensuring that messages about suicide and mental wellness promote safety, help-seeking, and healing is crucial to suicide prevention. Studies indicate that how we communicate about suicide and mental health can impact outcomes, either positively (e.g., encouraging help-seeking) or negatively, potentially increasing the risk of suicide.

HOME

Caring for someone who is having thoughts of suicide can feel stressful and scary. There are things you can do to help provide a safe home for them, such as connecting with them and removing ways that they might harm themselves.

SAFETY PLAN

An essential part of helping to manage risk is developing a plan with the suicidal person about how to keep them safe. As a caregiver of someone who has shown suicidal intent, please ensure you work with a mental health therapist to develop a safety plan for them.

This plan could typically include

Signs that indicate they are feeling worse and need help

Place where they can get help, including people to call

What are the things that people can do that help (and the things that don't help so that people can avoid those)

A crucial aspect of the safety plan also includes removing access to things they could use to harm or hurt themselves.

KEEP YOUR HOME SAFE

Use a lock box to store and secure all medicine

Get rid of expired medication

Keep track of how much medicine you have

If you have firearms, keep them in a secure place

Some people like to hurt themselves by cutting when upset or suicidal. It is important to think about objects around the house that they could use to harm themselves and remove these. Make sure you look for and keep all sharp things, such as knives, scissors, razors, safety pins, needles etc., locked away/away from the person

To prevent self-harm, individuals should secure cleaning products like bleach in a locked storage area to prevent ingestion

To ensure safety, it is recommended that individuals remove alcohol from the house or securely lock it away

After the immediate risk has passed, working with the person to build up their coping skills, hopes, and resilience is also essential. Creating a personalised plan that focuses on building the foundations of their mental health through physical, emotional, and social care is necessary.

**WHEN
YOU FEEL LIKE
GIVING UP,
JUST REMEMBER
THE REASON
WHY YOU
HELD ON
FOR SO LONG.**

HAYLEY WILLIAMS



INTRODUCTION

UNVEILING SUICIDE RISK: A CROSS-POPULATION ANALYSIS

COMPLEX RISK PROFILES: ADDRESSING SPECIFIC CHALLENGES

STRATEGIES FOR EMPOWERMENT IN DIVERSE ENVIRONMENTS

NAVIGATING LOSS AND HEALING AFTER SUICIDE

LEGAL DIMENSIONS: ETHICAL CONSIDERATIONS IN SUICIDE PREVENTION

EXTENDING A LIFELINE: HELPLINES AND EMPOWERMENT RESOURCES

REFERENCES



NAVIGATING LOSS AND HEALING AFTER SUICIDE

Bereaved survivors face unique challenges that can impede the normal grieving process, putting survivors at increased risk for developing complicated grief, concurrent depression, PTSD, and suicidal ideation. These conditions can lead to prolonged suffering, impaired functioning, adverse health outcomes, and even death if left untreated.

Because of the stigma associated with suicide, survivors may feel they cannot secure enough support from friends or family. Still, they may benefit from attending support groups with other survivors who can uniquely share their experiences and offer a haven for survivors to feel understood.



Joining Support groups aimed at the same

While experiencing withdrawal, it is crucial not to go through it alone, even though one may feel like they are burdening others

Journaling, mindfulness, and relaxation techniques such as breathing help to a great extent

Doing something pleasant before you sleep is essential to distract yourself and for the mind to help you deal better with the grief

Establishing a routine in some way helps

Avoiding alcohol and substance helps bring that stability

Considering medication or psychotherapy if one is feeling major depressive disorder or PTSD can be efficacious

If someone is experiencing acute grief for a prolonged period causing distress and interference with functioning, research shows that the use of CBT, group therapy, and complicated grief treatment (i.e., therapy that focuses on long grief and trauma helps the individual cope and adapt better) provide helpful results

If social media proves to be insensitive, limiting it's usage for the period also helps

Channelling the loss by focusing on helping others can also be considered eventually





DUE TO BEHAVIOURAL CONCERNS, RUHAAN (NAME CHANGED ON REQUEST), A 10-YEAR-OLD BOY, CAME TO ATTENTION AFTER HIS SCHOOL REFERRED HIM.

Reports indicated that he exhibited aggressive behaviour towards other children and struggled to follow school rules and boundaries. His teachers found it increasingly challenging to manage his behaviour. Ruhaan's mother, a busy working professional, relied on his grandmother as his primary caregiver. The discovery was that his problematic behaviour had emerged following the sudden death of his father two years ago in an accident. During subsequent sessions, his mother gradually disclosed that his father had died by suicide, a topic that had not been discussed with Ruhaan. However, Ruhaan was already aware of this, as his friends and teachers had whispered about it, but he chose not to discuss it with his mother to spare her additional grief. Throughout therapy, Ruhaan posed several questions, including "Why did Dad leave us?", "Was I not enough?", "Was I such a bad and unlovable child that dad left me?" and "Is this a punishment from God because I lied about eating chocolate without telling anyone?"



FOR KIDS

Try to be as honest as possible while tailoring your explanation to an age-appropriate level. For young children, for example, you could explain that their loved one had an illness that made them so sad they didn't want to live any longer

Be open and transparent concerning the loss by suicide

Make it clear that the child or teen in no way caused or contributed to the person's death

Point out that not everyone who feels sad or depressed dies. If the child feels that way, they can contact a crisis line or other family and friends for help

Consider finding a grief counsellor or child bereavement support group to help the child deal with their loss



WHAT TO SAY AND WHAT NOT TO

WHAT NOT TO SAY TO SOMEONE WHO HAS LOST A FAMILY MEMBER TO SUICIDE

"At least they are no longer in pain."

"I understand how you feel."

"It was very selfish of them."

"They probably did it because of..."

"They successfully committed suicide."

"They were crazy."

"They are in a better place now."

"Look at what you have to be thankful for."

"This is behind you, and it's time to get over life."

"At least they lived a long life. Many people die young."

"He/she brought this on herself."

"You shouldn't feel this way."

"Just give it time. Time heals"



WHAT TO SAY AND WHAT NOT TO

WHAT YOU CAN SAY INSTEAD

I'm so sorry for your loss."

"I wish I had the right words. Please know I care, and I'm here for you."

"You and your loved ones are in my prayers."

"Want to talk about what happened?" Many people avoid this question, but it helps the griever to explain it if they desire, and having a compassionate ear can help them process their grief

Don't say anything, but just be present.

SUPPORT FOR FAMILIES AND FRIENDS

Support groups can be beneficial for family members and friends. Some of these are listed below

SPEAK: EVERY VOICE MATTERS

SPEAK aims to create safe spaces for people to speak about suicide.

speakinitiative.org@gmail.com
<http://www.speakinitiative.org/>

WE HEAR YOU

We Hear You is a support group in India where people left behind by someone who has died by suicide can grieve and come to terms with their loss.

info@wehearyou.org.in
<https://www.safespace.in/>

SISTERS LIVING WORKS

It is an NGO working in the sector of suicide prevention and conducts support groups for suicide loss survivors

info@sisterslivingworks.org
<https://sisterslivingworks.org/>

**SOAK UP
THE VIEWS.
TAKE IN THE
BAD WEATHER
AND THE
GOOD
WEATHER.
YOU ARE
NOT THE
STORM.**

MATT HAIG





INTRODUCTION

UNVEILING SUICIDE RISK: A CROSS-POPULATION ANALYSIS

COMPLEX RISK PROFILES: ADDRESSING SPECIFIC CHALLENGES

STRATEGIES FOR EMPOWERMENT IN DIVERSE ENVIRONMENTS

NAVIGATING LOSS AND HEALING AFTER SUICIDE

LEGAL DIMENSIONS: ETHICAL CONSIDERATIONS IN SUICIDE PREVENTION

EXTENDING A LIFELINE: HELPLINES AND EMPOWERMENT RESOURCES

REFERENCES

LEGAL DIMENSIONS: ETHICAL CONSIDERATIONS IN SUICIDE PREVENTION

SECTION 309 OF THE INDIAN PENAL CODE (IPC).



In the past, attempting suicide was considered a criminal offence under section 309 of the Indian Penal Code (IPC). However, this provision was struck down by the Supreme Court of India in 2014, ruling that criminalising suicide is unconstitutional and violates the right to life guaranteed under Article 21 of the Constitution of India.

The Mental health care Act 2017 says that any person who attempts suicide shall be presumed, unless proven otherwise, to have severe stress and shall not be tried and punished under the code.

The act regards a person who attempts suicide as a victim of circumstances and not an offender.

This decision by the Supreme Court was a significant milestone in recognising the importance of mental health and the need for supportive measures to address suicide prevention. It also acknowledged that individuals who attempt suicide are not criminals but people who need medical attention and support. The Supreme Court also recognised that criminalising suicide would only add to the stigma surrounding mental health issues and make it harder for individuals to seek help. While suicide is not a criminal offence in India, it remains a significant public health issue. Suicide prevention efforts in India focus on raising awareness, reducing stigma, and providing mental health support to those in need.

INTRODUCTION

UNVEILING SUICIDE RISK: A CROSS-POPULATION ANALYSIS

COMPLEX RISK PROFILES: ADDRESSING SPECIFIC CHALLENGES

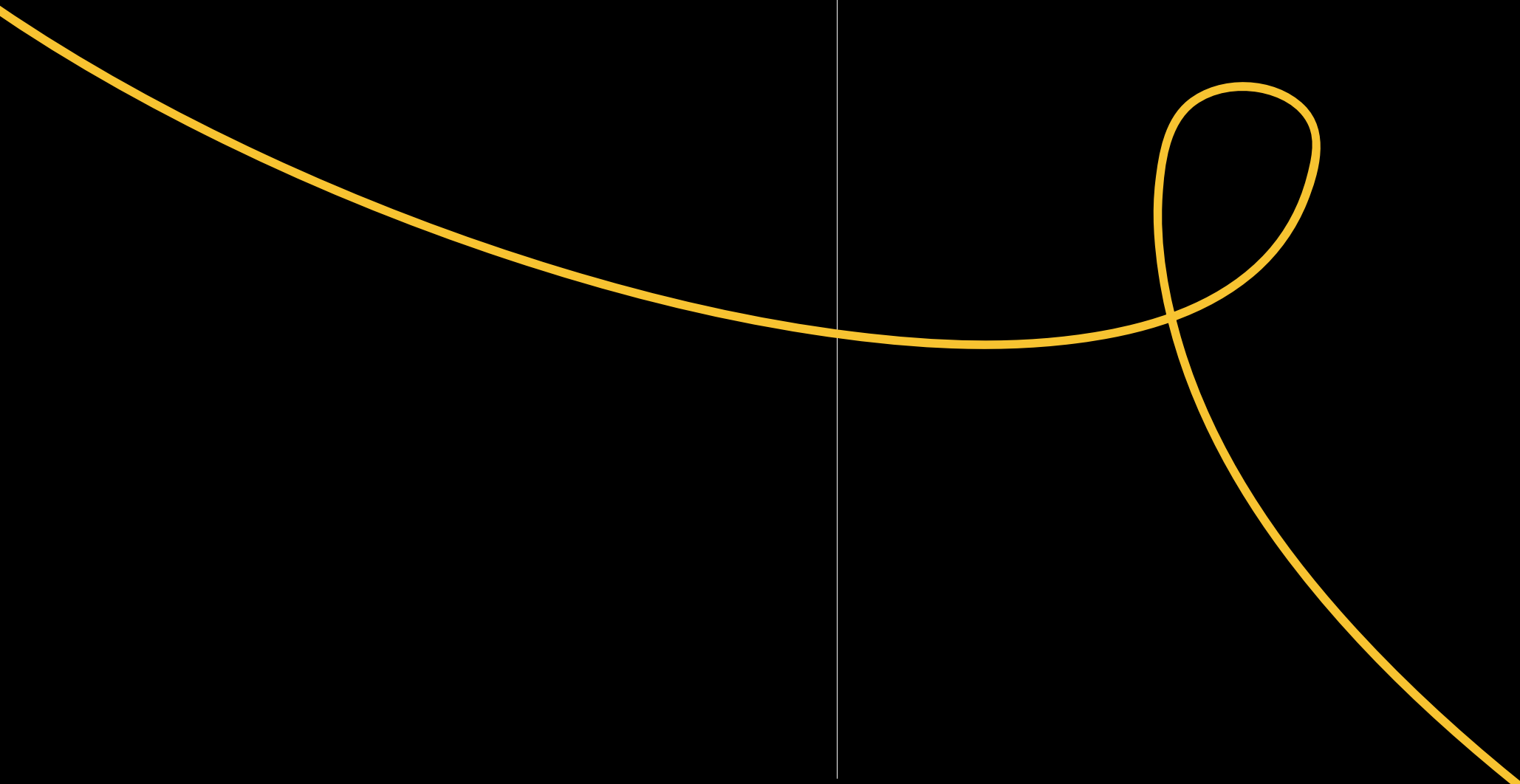
STRATEGIES FOR EMPOWERMENT IN DIVERSE ENVIRONMENTS

NAVIGATING LOSS AND HEALING AFTER SUICIDE

LEGAL DIMENSIONS: ETHICAL CONSIDERATIONS IN SUICIDE PREVENTION

EXTENDING A LIFELINE: HELPLINES AND EMPOWERMENT RESOURCES

REFERENCES



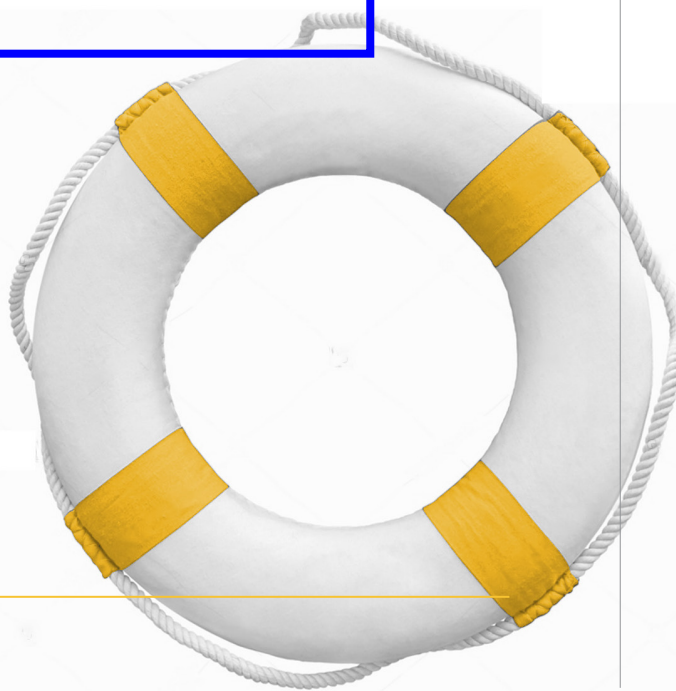
EXTENDING A LIFELINE: HELPLINES AND EMPOWERMENT RESOURCES

Only Mpower & Govt helplines added

SUICIDE PREVENTION HELPLINES:

MPOWER 1 ON 1: **1800 120 820 050**

TELE MANAS : **14416 / 1 800 891 4416**



TRAINING

YOUTH MENTAL HEALTH FIRST AID COURSE, RUN BY MPOWER

Youth Mental Health First Aid training is 14 – hours of training that teaches participants how to provide initial support to a young person who may be experiencing a mental health problem, or mental health crisis, until professional help is received, or the situation resolved, using a practical, evidence-based Action Plan. The principle of Mental Health First Aid applies to all age groups. The course also covers spreading mental health first aid in various crises, including suicidal thoughts.

mpower.workshops@abet.co.in

GATEKEEPER'S TRAINING FOR SUICIDE PREVENTION RUN BY NIMHANS CENTRE OF WELL-BEING

080-26995201, 26995202 • ms@nimhans.ac.in

SUICIDE PREVENTION INDIA FOUNDATION RUNS VARIOUS GATEKEEPER TRAINING FOR SUICIDE PREVENTION.

www.spif.in/gatekeeper-training/

In conclusion, addressing the issue of suicide within the Indian population requires a multifaceted approach that encompasses awareness, intervention, and community support. Breaking the silence surrounding suicide is crucial, as it enables open conversations and destigmatises seeking help. By understanding the risk factors, warning signs, and protective factors associated with suicide, individuals can better identify those at risk and offer appropriate support. Community-based initiatives and collaborative efforts between mental health professionals and community stakeholders play a vital role in creating a supportive network that fosters resilience and reduces suicide rates. By empowering lives, raising awareness, and providing comprehensive support, we can work towards preventing suicide and ensuring the well-being of individuals and communities.

INTRODUCTION

UNVEILING SUICIDE RISK: A CROSS-POPULATION ANALYSIS

COMPLEX RISK PROFILES: ADDRESSING SPECIFIC CHALLENGES

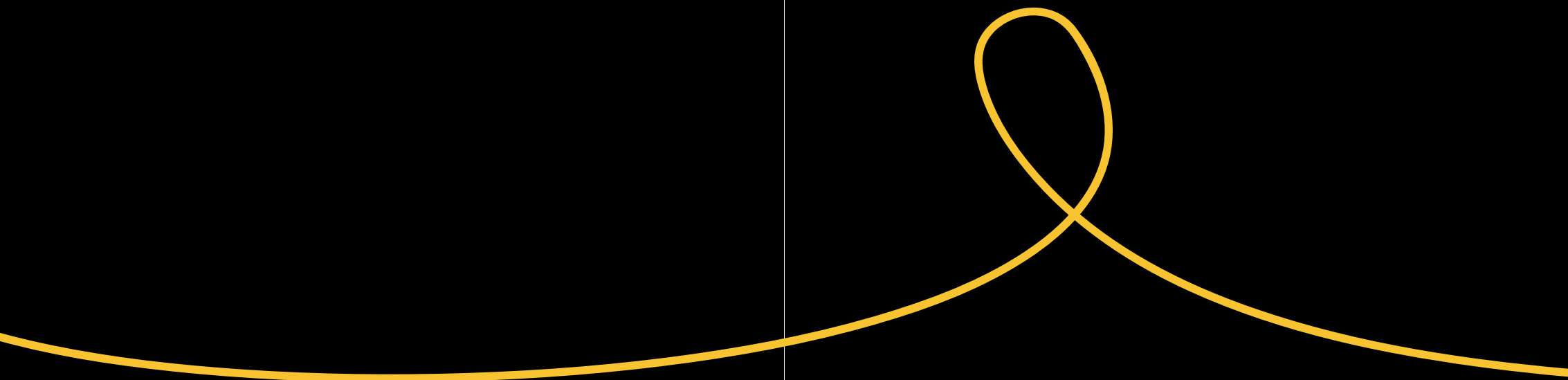
STRATEGIES FOR EMPOWERMENT IN DIVERSE ENVIRONMENTS

NAVIGATING LOSS AND HEALING AFTER SUICIDE

LEGAL DIMENSIONS: ETHICAL CONSIDERATIONS IN SUICIDE PREVENTION

EXTENDING A LIFELINE: HELPLINES AND EMPOWERMENT RESOURCES

REFERENCES



REFERENCES

Ajdacic-Gross V, Weiss MG, Ring M, Hepp U, Bopp M, Gutzwiller F, et al. Methods of suicide: International suicide patterns derived from the WHO mortality database Bull World Health Organ. 2008;86:726–32

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

Accidental deaths and suicides in India 2013 New Delhi, India National Crime Records Bureau

Vijayakumar L, Wasserman D, Wasserman C. Hindu religion and suicide in India Oxford Text Book of Suicidology and Suicide Prevention. 2009 Oxford, U.K. Oxford University Press:19–26

Vijayakumar, Lakshmi. Suicide in women. Indian Journal of Psychiatry 57(Suppl 2):p S233-S238, July 2015.

Franco DL, Keel PK. Suicidality in eating disorders: Occurrence, correlates, and clinical implications Clin Psychol Rev. 2006;26:769–82

Cogle JR, Resnick H, Kilpatrick DG. PTSD, depression, and their comorbidity in relation to suicidality: Cross-sectional and prospective analyses of a national probability sample of women Depress Anxiety. 2009;26:1151–7

Prasad D, Wollenhaupt-Aguiar B, Kidd KN, de Azevedo Cardoso T, Frey BN. Suicidal Risk in Women with Premenstrual Syndrome and Premenstrual Dysphoric Disorder: A Systematic Review and Meta-Analysis. J Womens Health (Larchmt). 2021 Dec;30(12):1693-1707.

Vijayakumar L, Wasserman D, Wasserman C. Hindu religion and suicide in India Oxford Text Book of Suicidology and Suicide Prevention. 2009 Oxford, U.K. Oxford University Press:19–26

Appleby L. Suicide during pregnancy and in the first postnatal year BMJ. 1991;302:137–40

Gissler HE, Lonnqvist J. Suicides after pregnancy in Finland, 1987-1994: Register linkage study Br Med J Clin Res. 1996;313:1431–4

Vaiva G, Tiessier E, Cottencin O, Goudemand M. On suicide and attempted suicide in pregnancy Crisis. 1997;18:20–7

Appleby L, Mortensen PB, Faragher EB. Suicide and other causes of mortality after post-partum psychiatric admission Br J Psychiatry. 1998;173:209–11
Vijayakumar, Lakshmi. Suicide in women. Indian Journal of Psychiatry 57(Suppl 2):p S233-S238, July 2015.

World Health Report 2001 Geneva, Switzerland The World Health Organization
Gururaj G, Isaac MK, Subbakrishna DK, Ranjani R. Risk factors for completed suicides: A case-control study from Bangalore, India Inj Control Saf Promot. 2004;11:183–91

National Crime Records Bureau Report, 2021
Vijayakumar, L., Chandra, P. S., Kumar, M. S., Pathare, S., Banerjee, D., Goswami, T., & Dandona, R. (2022). The national suicide prevention strategy in India: context and considerations for urgent action. The Lancet Psychiatry, 9(2), 160-168.

Saldanha, D. (2005). Mental health: an Indian perspective 1946-2003. Medical Journal, Armed Forces India, 61(2), 205.

Biswas, S., Roy, S., Debnath, C., & Sengupta, S. B. (1997). A study of attempted suicide in adolescents in West Bengal. Indian J Psychiatry, 39, 54-5.

Malhotra, S., & Shah, R. (2015). Women and mental health in India: An overview. Indian Journal of Psychiatry, 57(Suppl 2), S205.

Vizcarra, B., Hassan, F., Hunter, W. M., Muñoz, S. R., Ramiro, L., & De Paula, C. S. (2004). Partner violence as a risk factor for mental health among women from communities in the Philippines, Egypt, Chile, and India. Injury control and safety promotion, 11(2), 125-129.

Khan MM. Suicide prevention and developing countries. J R Soc Med. 2005 Oct;98(10):459-63.
Choudhury AN, Banerjee S, Das S, Sorkar P, Chatterjee D, Mondal A.D. Household survey of suicidal behaviour in a Sundarban region, India coastal village. Int Med J. 2005;12:275–82.

Mayer, P., & Ziaian, T. (2002). Suicide, gender, and age variations in India: Are women in Indian society protected from suicide? Crisis: The Journal of Crisis Intervention and Suicide Prevention, 23(3), 98.

Kulkarni J. Perimenopausal depression - an under-recognised entity. Aust Prescr. 2018 Dec;41(6):183-185. doi: 10.18773/austprescr.2018.060. Epub 2018 Dec 3



THANK YOU

EXTERNAL REVIEWING EXPERT

DR HENAL SHAH

*MD, M.Sc, Health Professions Education (Maastricht)
Prof (Addl.) Department of Psychiatry TNMC and Nair Hospital
Co-Director GSMC-FAIMER Regional Institute, Mumbai*

In heartfelt appreciation, I extend my deepest gratitude to
Dr. Henal Shah for her invaluable expertise and dedicated
commitment in meticulously reviewing and enhancing this toolkit.

Her insightful contributions have breathed life into these pages,
enriching our shared vision of a guiding light of unwavering support
and hope for those navigating challenging times.

With heartfelt thanks and admiration,
Dr. Neerja Birla

SPECIAL THANKS

*to all Mpower psychiatrists and
psychologists who have contributed with
their expertise in their tool kit*



LET'S LIVE EACH DAY WITH PURPOSE

and cherish this
beautiful gift called life



ADITYA BIRLA EDUCATION TRUST



24x7 Mental Health Helpline
1800 120 820 050
mpowerminds.com/chat