

Suicide: Extent of the problem and solutions

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Suicide: Global and Indian figures

- Suicide is the fourth leading cause of death in 15-29 years of age after RTA, tuberculosis and interpersonal violence
- In India, suicide has become the leading cause of death in this age group
- Annual global rate of suicide (age-adjusted) is 9 per lakh
- Latest suicide rate in India as per NCRB data is 12.4 per lakh population (reflects 2022 data) making it the country with highest number of suicides in India (1.71 lakh)
- This rate is also the highest ever recorded in India so far

Key Facts: Suicide in Developed Countries

- High rates in people aged 15-24 years
- Risk is highest in the elderly
- Male: Female ratio is 3:1
- Divorced/ Widowed people are at a higher risk
- Associated with psychiatric disorders in 90% cases
- Diagnosable depression is present in 70% cases
- Most common methods of suicide in developed countries are:
 1. Firearms
 2. Inhalation of car exhaust fumes
 3. Poisoning

Key Facts: Suicide in India

- 73% of global suicides are in developing countries
- India and China account for 54% of global suicides
- Figures are likely to be higher due to under-reporting
- Highest rates in people aged less than 30 years
- Male: Female ratio in India is 1.4:1
- Married women are at a higher risk
- Divorce, dowry, domestic violence contribute

Key Facts: Suicide in India

- Associated with psychiatric disorders in 60-90% cases
- Depression is present in 35-40% cases in India and China
- Most common methods of suicide in India are:
 1. Ingestion of pesticides
 2. Hanging
 3. Self-immolation

Regional Variations

- The southern states of Kerala, Karnataka, Andhra Pradesh and Tamil Nadu have much higher rates (>15) in comparison to Northern States of Punjab, Uttar Pradesh, Bihar and Jammu and Kashmir (>5)
- Higher literacy, a better reporting system, lower external aggression, higher socioeconomic status could be possible factors accounting for this variation
- Verbal autopsy studies reveal that suicide rates are 6 to 9 times higher than the reported rates

The scenario in Sikkim

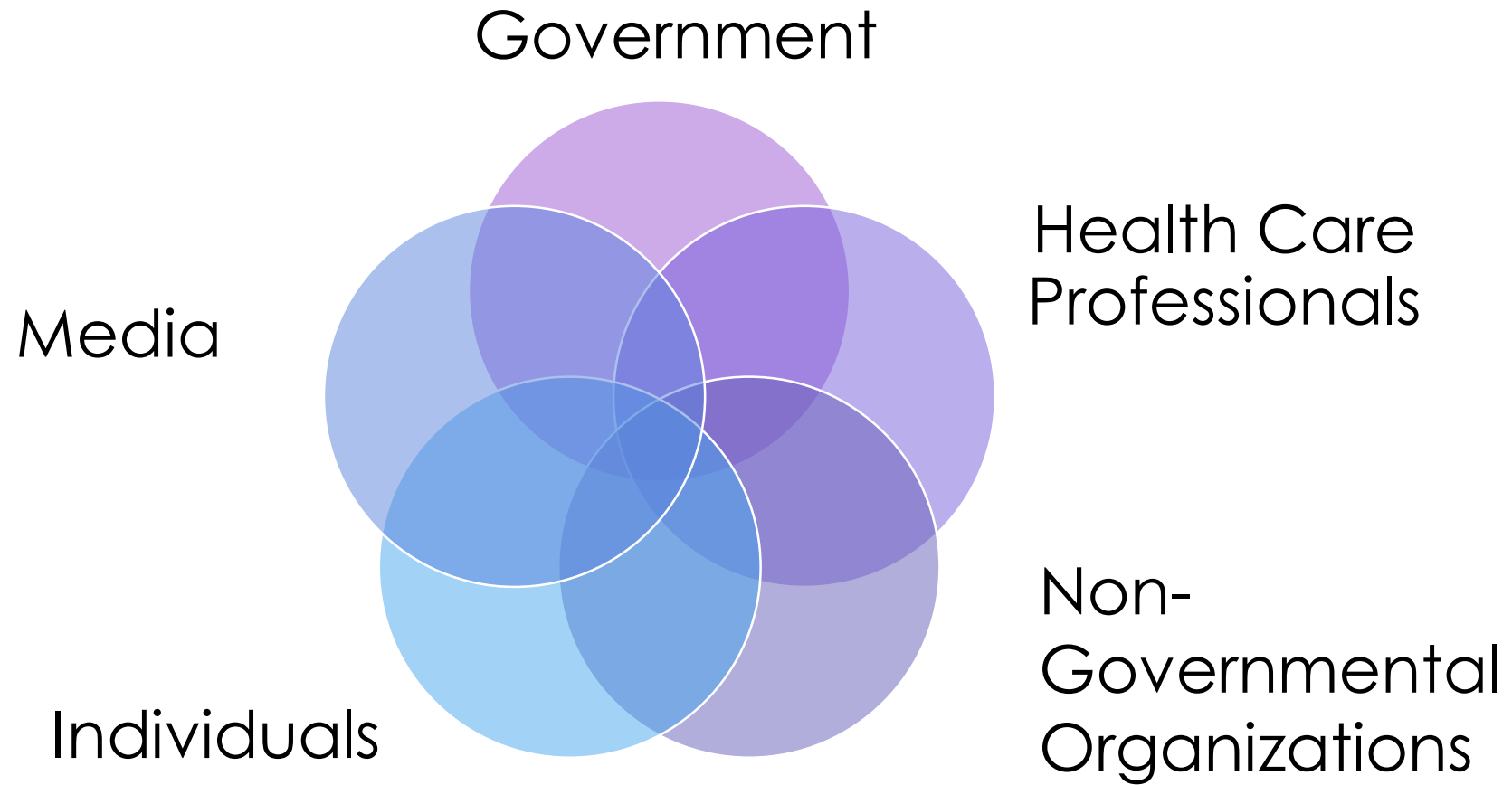
- The state with the highest rate of suicide in India (43.1 against the national average of 12.4)
- Previous rates- 42.5 (2020) and 39.2 (2021)
- There has been an increasing rate of suicide in the state, especially in the last 10 years
- The rate is highest in 15-24 year age group
- Hanging is the commonest method followed by jumping
- Higher rates in those with lower education and socio-economic status

Preventing Suicide: Whose responsibility?



Suicide Prevention
is Everybody's Business





Levels of Prevention

- **Universal Prevention Strategies** are directed at all individuals
- **Selective Prevention Strategies** target vulnerable groups based on characters such as age,sex, occupational status, family history
- **Indicated Prevention Strategies** target specific vulnerable individuals who are harbouring suicidal ideations or have attempted suicide

Public Awareness and Education

- How to recognize suicide risks?
- Risk factors for suicidal behavior
- Role of underlying mental illness
- Reducing stigma and improving help seeking behavior
- Direct role in reducing rates of suicide not found-definitely improves community attitudes

Restriction of Access to Means

- Access to pesticides-
 - remove locally problematic pesticides from agricultural practice
 - regulations on sale of pesticides
 - introducing less toxic formulations
- Regulating sale of barbiturates/benzodiazepines(restricting sale of OTC psychotropics in India)
- ? **Restriction on access to alcohol (indirect benefit)**
- ? Role of substitute methods after restriction

Legal Issues: Indian Perspective

- Article 21 of the Indian Constitution: Right to Life but not “Right to Die”
- Sec 309 of IPC (Attempted Suicide)- 1 year simple imprisonment or fine or both – Hangover of British Raj (Britain itself decriminalized suicide in 1961)
- African and SE Asian countries still criminalize attempted suicide
- **Rationale: Law will act as a deterrent to suicide**
- **Practically: Law acts as a deterrent to reporting– hospital authorities “twist” the report as “accidental” and necessary psychiatric help is deprived**
- **Sec 115 of Mental Healthcare Act proposes decriminalization of attempted suicide and provision of psychiatric help**

Training Primary Care Physicians

- Between 40-60% of people who commit suicide are known to have seen a physician in the month prior to suicide
- Most of these have had contact with a general physician rather than a psychiatrist
- Lack of skills for detecting depression and suicidality among primary care physicians often lead to suicidal deaths
- **Programmes aimed at improving physicians' recognition of depression and suicidality have been found to reduce suicidal behavior in the community along with better treatment of depression**

Gatekeeper Training

- A “gatekeeper” is anyone who is in a position to identify whether someone may be contemplating suicide.
- Potential “gatekeepers” include:
 - primary, mental and emergency health providers;
 - teachers and other school staff;
 - community leaders;
 - police officers, firefighters and other first responders;
 - spiritual and religious leaders or traditional healers
 - - military officers

Gatekeeper Training

- Gatekeeper training programmes aim-
 - To develop participants' knowledge, attitudes and skills for identifying individuals at risk
 - Determining the level of risk
 - Referring at-risk individuals for treatment
- This model has been found effective in several institutions
- Practically beneficial, direct link to decreased suicidality remains to be tested

Role of Mental Health Care Professionals

Psychotropic Drugs and Suicide

- Long term lithium treatment reduces the risk of suicide in both bipolar disorder and unipolar depression
- Clozapine has FDA approval for reducing suicide risk in schizophrenia
- Antidepressants provide definite benefits in reducing suicide in elderly
- Role of antidepressants in adolescents and young adults is **equivocal**
- Concerns about raised risk should be weighed against the risk of untreated depression, which is the 3rd leading cause of suicide in youth
- **Monitoring for antidepressant induced suicidal ideation needs to be done for the first 2-4 weeks, especially in adolescents and young adults**

Role of Mental Health Care Professionals

Psychotherapy and Suicide

- Cognitive therapy
- Problem Solving Therapy
- Interpersonal Psychotherapy
- Dialectical Behaviour Therapy in Suicidal Behaviour in Borderline PD
- **Postvention** support for those bereaved or affected by suicide:

Intervention efforts for individuals bereaved or affected by suicide are implemented in order to support the grieving process and reduce the possibility of imitative suicidal behaviour.

Role of Mental Health Care Professionals

Follow-up care after a suicide attempt

- WHO SUPRE MISS Multisite Study(Brazil, Sri Lanka, India, China , Iran) showed
brief intervention and contact for 18 months after suicide attempt significantly reduced
suicide rates
- 10 sessions- initial 1 hour, then 5 minutes each
- Brief Information-
 - Knowledge about Suicidal Behaviour
 - Alternate coping strategies
 - Treatment and referral facilities
- Positive role of regular contact through letters/emails shown in other studies
also

Role of Media

- Several studies have shown that sensational media reporting of suicides lead to increase in suicidal ideation and acts in vulnerable individuals-

Werther Effect or Copycat Suicides

- Responsible media reporting may actually have positive impact on suicidal behavior- **Papageno Effect**
- Guidelines on Media Reporting of Suicide are issued by WHO and updated periodically
- IPS published its position statement and guideline on Media Coverage of Suicide in 2014

Role of Media

- Avoid language which sensationalizes or normalizes suicide, or presents it as a solution to problems
- Avoid prominent placement and undue repetition of stories about suicide
- Avoid explicit description of the method used in a completed or attempted suicide
- Avoid providing detailed information about the site of a completed or attempted suicide
- Word headlines carefully

Role of Media

- Exercise caution in using photographs or video footage
- Show due consideration for people bereaved by suicide
- Provide information about where to seek help
- Take the opportunity to educate the public about suicide
- Vulnerable period is usually 30 days from the publication of the news
- Maximum effect in first 3 days, levelling off in 2 weeks
- **Avoid hyperlinking of suicidal material on social media**
- **Provision of a help centre with FAQs on suicide**

Role of NGOs

- Inadequate mental health professionals
- Dwindling of existing family support systems due to rapid social changes
- NGOs can bridge the gap to an extent
- Befriending suicide attempters, may subsequently encourage them to seek professional help
- Organizing awareness programmes, educating gatekeepers
- The performance of NGOs need to be monitored and evaluated

What are the most effective interventions?

- Physician training and education
- Means restriction
- Controlling the Media
- Gatekeeper training
- Suicide prevention interventions should be multimodal and evidence-based

National Strategy for Suicide Prevention

- India came with National Suicide Prevention Strategy in November 2021, 2022
- This is the first time such policy was introduced in India to make suicide a public health priority
- Aims to reduce suicide by 10% by 2030 (compared to 2020)
- Strategies-
 1. Effective surveillance mechanisms
 2. Integrating suicide prevention services with DMHP
 3. Integrating mental well being curriculum in all educational institutions

Concluding Points

- **Suicides are preventable.**
- **For national responses to be effective, proper implementation of NSPS is needed at multisectoral levels**
- **Proven effective strategies include restriction of access to means, controlling sensationalization of media reporting of suicide, training of general medical officers, making proper implementation of Section 115 of MHCA and gatekeeper training**



THANK YOU FOR LISTENING!