

Suicide Prevention: A Brief Review

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Abstract

Suicide is among the second leading cause of death among adolescents. It is among the most important mental health issues affecting youth despite much research on its detection and prevention. There is a growing recognition that prevention strategies need to be tailored to the region specific demographics of a country and to be implemented in a culturally sensitive manner. This review throws light on magnitude of problem, nature of illness and how to help an individual who expresses suicidal ideation.

Keywords: Suicide; Prevention; Adolescents.

Introduction

Mankind marches toward growth and development; the changing pattern of societies is a living testimony to this growth and development. Suicide is an index of disturbed society is one of the leading causes of mortality and morbidity. The World Health Organization estimates that approximately 1 million people die each year from suicide. What drives so many individuals to take their own lives? To those not in the grips of suicidal depression and despair, it's difficult to understand, but a suicidal person is in so much pain that he or she can see no other option [1,2].

What do you Know about Suicide?

Suicide (*Latin suicidium, from Sui caedere, "to kill oneself"*) is the act of a human being intentionally causing his or her own death. Suicide is often

committed out of despair, or attributed to some underlying mental disorder which includes depression, bipolar disorder, schizophrenia, substance abuse, financial difficulties, troubles with interpersonal relationships and other undesirable situations play a significant role [3,4].

Do you Know the Extent of the Problem?

- Every year, almost one million people die from suicide; a "global" mortality rate of 16 per 100,000, or one death every 40 seconds.
- In the last 45 years suicide rates have increased by 60% worldwide. Suicide is among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide.
- Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2020 [1,2].

What are the Common Misconceptions about Suicide?

- **Myth:** *Only others commit suicide. It will not happen to me.*
- **Fact:** Majority of the people has a fleeting thought of ending his/ her life in a crisis situation, but not everyone pursues the thought. When such thoughts repeat continuously, increases in frequency and severity and, begin to affect day-to-day activities, suicides are likely to occur.
- **Myth:** *If a person is determined to kill him/herself, nothing is going to stop them.*

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- **Fact:** Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.
- **Myth:** *People who commit suicide are people who were unwilling to seek help.*
- **Fact:** Studies of suicide victims have shown that more than half had sought medical help in the six months prior to their deaths.
- **Myth:** *Talking about suicide may give someone the idea.*
- **Fact:** You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true – bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.
- **Myth:** *It is not possible to identify a person likely to commit suicide. Nobody can suspect his/her intention.*
- **Fact:** This is not always true. Majority of people give a clue or warning sign or commit an act, which should be taken seriously (talking about death wishes, donating their belongings, writing sad stories, poems etc.).
- **Myth:** *A person who talks about suicide does not commit it, but only threatens in order to draw attention.*
- **Fact:** While some people use minor degrees of self-harm to draw attention of people around them, most people give clues at some point by talking about the same. Such clues should be taken seriously [5].

Are you Aware of the Warning signs of Suicide?

Adults	Teen Agers	Elderly
<ul style="list-style-type: none"> • Talking about suicide • Seeking out lethal means • Preoccupation with death • No hope for the future • self-hatred • Getting affairs in order • Saying goodbye • Withdrawing from others • Self-destructive behavior • Sudden sense of calm 	<ul style="list-style-type: none"> • Change in eating and sleeping habits • Withdrawal from friends, family, and regular activities • Violent or rebellious behavior, running away • Drug and alcohol use • Unusual neglect of personal appearance • Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork • Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc. • Not tolerating praise or rewards 	<ul style="list-style-type: none"> • Reading material about death and suicide • Disruption of sleep patterns • Increased alcohol or prescription drug use • Failure to take care of self or follow medical orders • Stockpiling medications • Sudden interest in firearms • Social withdrawal or elaborate good-byes • Rush to complete or revise a will

Are you Willing to help Someone? Here are some Tips to Prevent Suicide

Suicide prevention: tip #1: Speak up if you're worried

If you spot the warning signs of suicide in someone you care about, you may wonder if it's a good idea to say anything. What if you're wrong? What if the person gets angry? In such situations, it's natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help – the sooner the better.

Talking to a Person about Suicide

Talking to a friend or family member about their suicidal thoughts and feelings can be extremely

difficult for anyone. But if you're unsure whether someone is suicidal, the best way to find out is to ask. You can't make a person suicidal by showing that you care. In fact, giving a suicidal person the opportunity to express his or her feelings can provide relief from loneliness and pent-up negative feelings, and may prevent a suicide attempt.

Ways to Start a Conversation about Suicide

- I have been feeling concerned about you lately.
- Recently, I have noticed some differences in you and wondered how you are doing.
- I wanted to check in with you because you haven't seemed yourself lately.

Questions you can Ask

- When did you begin feeling like this?
- Did something happen that made you start feeling this way?
- How can I best support you right now?
- Have you thought about getting help?

What you can Say that Helps

- You are not alone in this. I'm here for you.
- You may not believe it now, but the way you're feeling will change.
- I may not be able to understand exactly how you feel, but I care about you and want to help.
- When you want to give up, tell yourself you will hold off for just one more day, hour, minute – whatever you can manage [5,6].

When Talking to a Suicidal Person:

Do:	But don't
<ul style="list-style-type: none"> • Be yourself. Let the person know you care, that he/she is not alone. The right words are often unimportant. If you are concerned, your voice and manner will show it. • Listen. Let the suicidal person unload despair, ventilate anger. No matter how negative the conversation seems, the fact that it exists is a positive sign. • Be sympathetic, non-judgmental, patient, calm, accepting. Your friend or family member is doing the right thing by talking about his/her feelings. • Offer hope. Reassure the person that help is available and that the suicidal feelings are temporary. Let the person know that his or her life is important to you. 	<ul style="list-style-type: none"> • Argue with the suicidal person. Avoid saying things like: "You have so much to live for," "Your suicide will hurt your family," or "Look on the bright side." • Act shocked, lecture on the value of life, or say that suicide is wrong. • Promise confidentiality. Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word. • Offer ways to fix their problems, or give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it's hurting your friend or loved one. • Blame yourself. You can't "fix" someone's depression. Your loved one's happiness or lack thereof, is not your responsibility.

Suicide prevention tip #2: Respond quickly in a crisis

If a friend or family member tells you that he or she is thinking about death or suicide, it's important to evaluate the immediate danger the person is in. Those at the highest risk for committing suicide in the near future have a specific suicide PLAN, the MEANS to carry out the plan, a TIME SET for doing it, and an INTENTION to do it.

The following questions can help you assess the immediate risk for suicide:

- Do you have a suicide plan? (PLAN)
- Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)
- Do you know when you would do it? (TIME SET)
- Do you intend to commit suicide? (INTENTION)

If a suicide attempt seems imminent, call a help line, or take the person to an emergency room. Remove guns, drugs, knives, and other potentially lethal objects from the vicinity but do not, under any circumstances, leave a suicidal person alone.

Suicide Prevention Tip #3: Offer Help and Support

If a friend or family member is suicidal, the best way to help is by offering an empathetic, listening ear. Let your loved one know that he or she is not alone and that you care. Don't take responsibility, however, for making your loved one well. You can offer support, but you can't get better for a suicidal person. He or she has to make a personal commitment to recovery.

It takes a lot of courage to help someone who is suicidal. Witnessing a loved one dealing with thoughts about ending his or her own life can stir up many difficult emotions. As you're helping a suicidal person, don't forget to take care of yourself. Find someone that you trust—a friend, family member, clergyman, or counselor – to talk to about your feelings and get support of your own [7].

Helping a Suicidal Person

Get Professional Help

Do everything in your power to get a suicidal person the help he or she needs. Call a crisis line for advice and referrals. Encourage the person to see a mental

health professional, help locate a treatment facility, or take them to a doctor's appointment.

Follow-up on Treatment

If the doctor prescribes medication, make sure your friend or loved one takes it as directed. Be aware of possible side effects and be sure to notify the physician if the person seems to be getting worse. It often takes time and persistence to find the medication or therapy that's right for a particular person.

Be Proactive

Those contemplating suicide often don't believe they can be helped, so you may have to be more proactive at offering assistance. Don't wait for the person to call you or even to return your calls. Drop by, call again, and invite the person out.

Encourage Positive Lifestyle Changes

Such as a healthy diet, plenty of sleep, and getting out in the sun or into nature for at least 30 minutes each day. Exercise is also extremely important as it releases endorphins, relieves stress, and promotes emotional well-being.

Make a Safety Plan

Help the person develop a set of steps he or she promises to follow during a suicidal crisis. It should identify any triggers that may lead to a suicidal crisis, such as an anniversary of a loss, alcohol, or stress from relationships. Also include contact numbers for the person's doctor or therapist, as well as friends and family members who will help in an emergency.

Remove Potential Means of Suicide

Such as pills, knives, razors, or firearms. If the person is likely to take an overdose, keep medications locked away or give out only as the person needs them.

Continue your Support over the Long Haul

Even after the immediate suicidal crisis has passed, stay in touch with the person, periodically checking in or dropping by. Your support is vital to ensure your friend or loved one remains on the recovery track [6,8].

Conclusion

Suicide is a multifaceted problem and hence suicide prevention strategies should also be multidimensional. In India, suicide prevention is more of a social and public health objective than a traditional exercise in the mental health settings. It is time for every mental health professional to adopt proactive and leadership roles in suicide prevention and save the lives of thousands of young Indians.

References

1. WHO. Suicide; http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/
2. WHO, Preventing Suicide: A Global Imperative retrieved from http://Www.Who.Int/Mental_Health/Suicide-Prevention/World_Report_2014/En/
3. Kozier & Erb's Fundamentals of Nursing Australian Edition. Pearson. 1200.
4. Suicide, Wikipedia, available at <http://www.en.wikipedia.org/wiki/suicide>.
5. Common Misconceptions. Save: Suicide Awareness Voices of Education. Retrieved http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=705EC833-E77D-2519-FA362EDFA62268C7
6. Suicide Prevention. How to Help Someone who is Suicidal. <http://www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.htm>
7. Gururaj G, Issac MK. Suicide Prevention. NIMHANS. Bangalore.2003. https://iasp.info/pdf/task_forces/India_Information_Media_Professionals.pdf
8. Stephen S, Eduardo D, Suicide. <http://emedicine.medscape.com/article/288598-overview>