

Special Correspondence

[We are publishing this Special Correspondence to commemorate World Suicide day on 10th September]

World Suicide Prevention Day, September 10 : Creating Hope Through Action

Ranjan Bhattacharyya¹

Every year on 10th September, World Suicide Prevention day is being observed. The theme of 2021 is 'Creating hope through action' will persist till 2023. Since suicide is preventable not inevitable, the awareness building will instill hope which has become more relevant during this pandemic times. In every 40 seconds, someone in this world terminating the life which had been the notion of campaign as '40 seconds of action'. The findings of research reiterate the need for conversation, 'let's talk' which infact reduces the risk of suicide and provide relief. It's the high time to break the barrier and reduce stigma. The global campaign of preventing suicide by World Health Organization (WHO) emphasizes the need for organizing activities and events throughout the year especially on World Suicide Prevention Day which has been restricted mostly in virtual platform this year.

[J Indian Med Assoc 2021; 119(9): 78-80]

Key words : World Suicide Prevention Day, Awareness building, Psychological autopsy, Biopsychosocial model, Targeted interventions.

In every year, 10th September is being observed as World Suicide Prevention Day (WSPD) by organizing various media and mass awareness programs, campaigns, seminars, CMEs at local, regional, state, national and international levels by Government, Institutional and professional bodies. The International association of Suicide Prevention (IASP) in association with World Health Organization (WHO) is arranging these activities since 2003. Around 44,000 death per year and 129 deaths per day has been reported due to suicide in United States (US). Males are 3.5 times more commonly complete suicide, one in every seven young adults are having suicidal ideation and it has been the tenth leading cause of the death in US¹.

Every death is regrettable and suicide is doubly so as the suicide survivors are left with a state of bitter bewilderment. They have to carry forward the stigma, shock, shame, self criticism and long term guilt over years. Suicide condemnation just adds to the existing stigma which acts as a barrier for seeking help. The people who commit suicide are not losers, wicked or cowards. The medical model of suicide has to be understood by common people. Suicide is a cry for help to society, which is preventable and once committed successfully no longer remains treatable. It's a medical emergency and early intervention has proven successful impact on suicide prevention strategies. The Beck's cognitive triad of negative view about self (worthlessness), environment

(helplessness) and future (hopelessness) needs to be restructured by providing adequate individual and family support and providing structure cognitive behavioural therapy and necessary pharmacological interventions by professionals. Silence is often fatal and the individual having suicidal wish will not be in a state to brought themselves to medical care system if the pain and sufferings become unbearable and intolerable as per the Martin Seligman's 'Learned Helplessness' model².

Suicide has remained the largest and preventable cause of premature and untimely death. These awareness programs, helplines, working together at individual, community and collective levels will help immensely to vulnerable population. The Government of India (GOI) has made a step forward to decriminalize by abolishing Indian Penal Code (IPC) section 309 after getting approval from 18 states and 4 Union territories. As per this law whoever would made an attempt to commit suicide or does any act to do so shall be punished for imprisonment of one year with fine³.

In every 3 seconds an individual is attempting and in every 40 seconds an individual is becoming successful of committing suicide. So, in every 41st second an individual's name is being removed from this world. Around 1 million people are committing suicide globally of which 2740 suicides per day. Globally 78% suicides completed suicides occur in Low And Middle Income Countries. (LAMIC). Suicide attempts are 30 times more than the completed suicides. The most of the statistics of completed suicides are derived from the National Crime Record Bureau (NCRB). These statistics are believed to be far away from the actual figures as most of the cases

¹MD, DNB (Psychiatry), Associate Professor & Head, Department of Psychiatry, Murshidabad Medical College & Hospital, Berhampore, West Bengal 742101 and Corresponding Author

Received on : 16/08/2021

Accepted on : 18/08/2021

remain unreported due to stigma and legal hazards⁴.

As high as one third of the suicides committed are due to use of pesticides worldwide, the indiscriminate selling and use should be restricted. Around 75% of suicides committed in between 1996-2006 in China, Malaysia and Srilanka and Caribbean countries were due to pesticide ingestion. The same trend is on rise in central and South America. The viewpoint in favour of voluntary euthanasia is building up and the awareness generation, decriminalization, destigmatization will probably change the roadmap in the future⁵.

Goals for Suicide Prevention : For strategic planning, few goals need to be formulated which are (i) raising awareness that it is preventable, (ii) educating people through mass and media awareness programs, (iii) spreading the awareness that help lines are available and (iv) reducing stigma and decriminalization of suicide. It is a deep rooted belief prevailing in the mindset of section of a common people that those who commit suicide are 'weak', 'selfish' or 'cowards'. The acronym 'ACT' to describe 'Ask, Care and Treat' is applicable as the first approach to combat stigma⁶.

Psychological autopsy : Suicide has been the second leading cause of death globally in the age group 15-29 years. Among the various causes of fatal accidents occurring daily, suicide is representing 15% of all of these accidents. The major risk factor behind the suicide is the history of previous suicide attempt. The other contributing factors are harmful substance use, financial and job loss, strong family history, underlying major psychiatric and physical illness, genetic and biological factors, economic loss, loss of job, relationship break up and death of close members in family etc. The appropriate interventions at multisectorial level is utmost important which include strengthening of infrastructure and mental health policies, providing better healthcare access and giving more importance on Suicide Prevention in National Mental Health Program (NMHP). The healthcare workers must be trained at grassroot level and should be actively utilized. By legislation, the restriction of access of means of suicide (selling pesticides, acids, firearms and certain drugs) can be provided. The emphasis should be given to reduce the harmful substance abuse by implementing NDPS and other acts. The electronic and print media have remained very active these days. The coverage of suicide stories shouldn't be printed in front page of the newspaper and it shouldn't be made sensational. The intricate details of means of suicide and simplistic superficial explanation shouldn't be given⁷.

Targeted approaches : As suicide is only preventable, the physician should learn that that whoever is going to attempt suicide, will give a verbal or behavioral

cue and warning signs. Most of the times, family members and friends ignore these signs and cues which eventually leads to a catastrophe. The suicide behaviours are largely a reflection of profound happiness and dissatisfaction to one's life. The approaches to suicide attempters include to provide compassionate care, giving them respect and autonomy listening their problems and sufferings empathetically. The mental health professionals are utmost required to provide 'psychological first aid', diagnose and treat the underlying mental disorder if any⁸.

The psychological autopsy is a process to find out the underlying cause of suicide. The most common causes which have emerged as the underlying psychiatric cause are Major depressive disorder, Bipolar disorder especially in depressive and mixed phase of the illness, schizophrenia, use and dependence on psychoactive substances and personality disorders especially Borderline Personality disorder^{9,10}. The various biopsychosocial risk factors of suicide have been summarized in Table 1.

The suicide amongst youth needs special mention. They are more vulnerable to emotional trauma and their contribution to society is very important with respect to human resource values. This can be correlated with their highly charged up amygdale which is the centre of emotion. Most of the times, the impulses come momentarily and the attempts are impulsive. The two important primary underlying factors are failure in examination and break up in relationships. Giving their important or precious possessions, writing suicide notes, making specific plans are certain indicators of imminent suicide attempt. The survival skills and crisis management can be summarized by the acronym 'ACCEPTS' (Activity, Contributing, Comparison, Emotions, Pushing away, Thoughts and Sensations)¹¹.

The suicide is being escalated in three phases. The first phase is known as 'Ramp up period'. This begins with triggering of an event when the idea of suicide first arises. It then proceeds to the second phase which is called 'Peak period'. During this phase the desire to commit suicide reaches its peak and this period needs to be aborted by all means to prevent a suicide. The final phase is known as 'Ramp down' or fall phase when the impulse to commit suicide gradually returns to the baseline. The resilience is the most important predictor for coping during this phase. It is the ability of an individual to bounce back to the previous normal level of daily work following a trauma or adverse situation. The stress level is on rise in our daily life due to extreme busy schedule which has been augmented during this pandemic period. The majority of people can handle the stress but they are facing 'burnt outs' in their personal and professional

Table 1 — Biopsychosocial risk factors of suicide

Bio-psychosocial Risk Factors	Environmental Risk Factors	Social factors
Common mental disorders like major depressive disorders, anxiety disorders; severe mental disorders like schizophrenia, bipolar affective disorder, substance use disorders, personality disorders etc.	Loss of job, facing economic loss, school drop out.	Lack of social support, social position, homelessness, sense of isolation.
Beck's cognitive triad of 'Helplessness, hopelessness and worthlessness.	Relationship issues and break ups.	Stigma (self and perceived).
Making impulsive or aggressive attempts.	Easy access to lethal means like access to firearms and poisons.	Barriers to access mental health services.
Any history of trauma or abuse.		Socio-political-cultural factors.
Major physical illnesses (chronic or terminal) like Chronic Kidney Diseases (CKD), Malignancy etc.		Role of media and 'copycat suicides'
Previous suicide attempt (single most important predictor).		
Family history of suicide (signifies genetic load and biological underpinning)		

life. Still they are capable of managing these adversities. The positive and negative life experiences needed to be taken care of to revert back from potentially challenging traumatic experiences to a favourable and constructive ones.¹² The themes of 'World Suicide Prevention Day' since its inception from the year 2003 have been summarized in Table 2¹².

We need to work together to extend a helping hand so that valuable life can be saved. Suicide is a selfless act done for selfless reasons as the person thinks world would be better off and best way to make them feel that we need, care and think for them.

Acknowledgement : Nil

Sources of fund : Nil

Conflicts of interest : Nil

REFERENCES

- O'Rourke MC, Jamil RT, Siddiqui W. Suicide Screening, Prevention — 2021 Jun 15. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. PMID: 30285348
- Oexle N, Mayer L, Rüschi N. Suizidstigma und Suizidprävention [Suicide stigma and suicide prevention]. *Nervenarzt* 2020; **91(9)**: 779-84. German. doi: 10.1007/s00115-020-00961-6. PMID: 32725491.
- Latha KS, Geetha N — Criminalizing suicide attempts: can it be a deterrent? *Med Sci Law* 2004; **44(4)**: 343-7. doi: 10.1258/rsmmsl.44.4.343. PMID: 15573973.
- Aggarwal S — Suicide in India. *Br Med Bull* 2015; **114(1)**: 127-34. doi: 10.1093/bmb/ldv018. Epub 2015 May 9. PMID: 25958380.
- Bachmann S — Epidemiology of Suicide and the Psychiatric Perspective. *Int J Environ Res Public Health* 2018; **15(7)**: 1425. doi: 10.3390/ijerph15071425. PMID: 29986446; PMCID: PMC6068947.
- Wasserman D, Rihmer Z, Rujescu D, Sarchiapone M, Sokolowski M, Titelman D, *et al* — Az Európai Pszichiátriai Szövetség (European Psychiatric Association, EPA) útmutatója az öngyilkosság kezelésére és megelőzésére [The European Psychiatric Association (EPA) guidance on suicide treatment and prevention]. *Neuropsychopharmacol Hung* 2012; **14(2)**: 113-36. Hungarian. PMID: 22710852.
- Acinas MP, Robles JI, Peláez-Fernández MÁ — Suicide note and the psychological autopsy: Associated behavioral aspects. *Actas Esp Psiquiatr* 2015; **43(3)**: 69-79. Epub 2015 May 1. PMID: 25999154.
- Everly GS Jr, Flynn BW — Principles and practical procedures for acute psychological first aid training for personnel without

Table 2 — Themes of World Suicide Prevention Day (2003-2021)

Year	Theme
2021	Creating hope through action.
2020	Working Together to Prevent Suicide.
2019	Working Together to Prevent Suicide.
2018	Working Together to Prevent Suicide.
2017	Take a Minute, Change a Life.
2016	Connect, Communicate, Care.
2015	Preventing Suicide: Reaching Out and Saving Lives.
2014	Light a candle near a Window.
2013	Stigma : A Major Barrier to Suicide Prevention.
2012	Suicide Prevention across the Globe: Strengthening Protective Factors and Instilling Hope.
2011	Preventing Suicide in Multicultural Societies.
2010	Families, Community Systems and Suicide.
2009	Suicide prevention in different cultures.
2008	Think globally, plan nationally, act locally.
2007	Suicide prevention across life span.
2006	With understanding new hope.
2005	Prevention of suicide is everybody's business.
2004	Saving lives, restoring hope.
2003	Suicide can be prevented

mental health experience. *Int J Emerg Ment Health* 2006; **8(2)**: 93-100. PMID: 16703847.

- Martin CD — Ernest Hemingway: a psychological autopsy of a suicide. *Psychiatry* 2006 Winter; **69(4)**: 351-61. doi: 10.1521/psyc.2006.69.4.351. PMID: 17326729.
- Júnior JG, Moreira MM, Pinheiro WR, de Amorim LM, Lima CKT, da Silva CGL, *et al* — The mental health of those whose rights have been taken away: An essay on the mental health of indigenous peoples in the face of the 2019 Coronavirus (2019-nCoV) outbreak. *Psychiatry Res* 2020; **289**: 113094. doi: 10.1016/j.psychres.2020.113094. Epub 2020 May 13. PMID: 32405114; PMCID: PMC7219388.
- Available at <https://www.drdfox.com/Distress%20Tolerance%20Skills%20Worksheet.pdf> last accessed on 16th August, 2021.
- Kar Ray M, Wyder M, Crompton D, Kousoulis AA, Arensman E, Hafizi S, *et al* — PROTECT: Relational safety based suicide prevention training frameworks. *Int J Ment Health Nurs* 2020; **29(3)**: 533-43. doi: 10.1111/inm.12685. Epub 2019 Dec 26. PMID: 31880076.
- Bailey RK, Patel TC, Avenido J, Patel M, Jaleel M, Barker NC, *et al* — Suicide: current trends. *J Natl Med Assoc* 2011; **103(7)**: 614-7. doi: 10.1016/s0027-9684(15)30388-6. PMID: 21999037.
- <https://www.aviancetechnologies.com/world-suicide-prevention-day-2020-theme-history-and-quotes/> last accessed on 16th August, 2021.