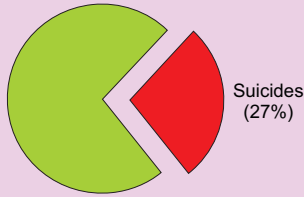
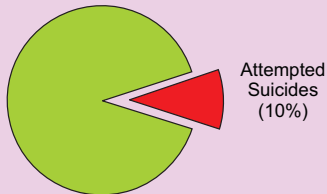




Completed

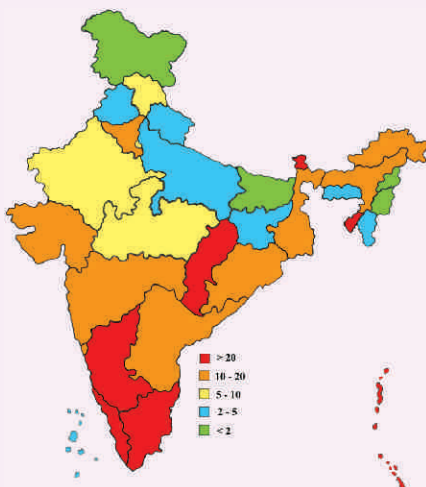


Attempted



India is witnessing a constant increase in suicides across all sections of society. In 2007, 1,22,637 persons ended their life by a suicidal act. For every completed suicide, nearly 8 to 10 attempt to end their life and number of those contemplating suicide is not known clearly. In Bengaluru, 5,328 attempted suicides were registered in just 21 major hospitals of the city in one year. However, the actual number of attempted suicides could be 10 - 12,000 per year with many unknown persons contemplating suicides.

State wise distribution of Suicides in India, 2006 (National Average - 10.5/100,000 population)



Ms D, a 27 year old daily wage earner, was struggling to make ends meet especially with the added burden of managing her alcoholic husband. Her worries seemed never ending, with regular difficulties in managing the family and meeting children's education. Fights at home were a common scene. Frustration was increasingly making her question her very existence. In the past few days prior to the tragic act, she was unable to work due to illness and found it difficult even to afford medicines for her respiratory illness. Unable to get support from any corner, she was thinking of ending her life. On the previous night, there was a family fight and soon after, she went and cried with her neighbor. Next morning, she hanged herself when her children were playing outside. She was barely breathing when her neighbours became alarmed by the cries of the children. On rushing her to the nearby clinic, the doctor declared her to be already dead.

Mr V, a scientist had been staying in Bengaluru for the last 8 yrs and was doing reasonably well. His wife was a school teacher and they had two children, 16 yrs old daughter and son aged 14 yrs. The family checked into a hotel in another city with the intention of ending their lives and had brought along with them unknown chemicals/medicines. On that fateful day the husband consumed it first followed by the others. The husband died on arrival at the hospital, while the wife was admitted to the ICU in a semi-conscious state; the children were treated and reported to be out of danger. Later the children said that the family was in great turmoil and had deep rooted problems. They said their mother was always disturbed and unable to lead a happy life.

Suicide, commonly known by several names like completed suicide, attempted suicide, Para suicide, Deliberate Self Harm, self assault, self insult and others is an indicator of the health of the society. Present since historical times, suicides are recently recognized as a major public health problem. Suicide recognized and classified by intent are on the increase in India.

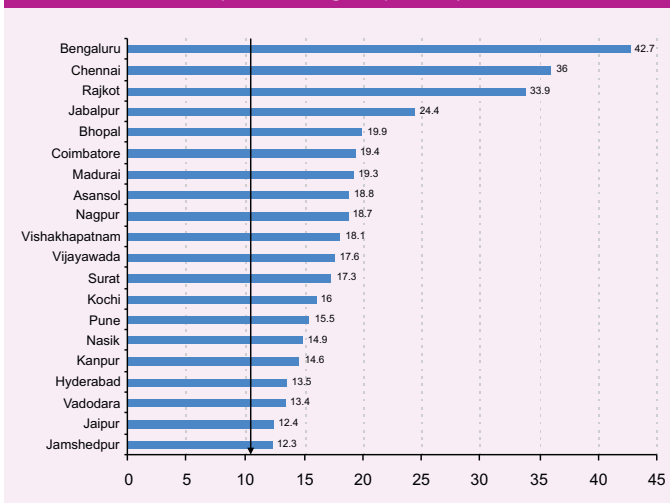
The problem

- In 2007, 1,22,637 persons ended their life by a suicidal act in India. (1) The southern states of India reported higher number of suicides. In Karnataka, the number of people ending their life in a voluntary / deliberate act has varied from 12 to 13,000 per year during the years 2005 to 2007, with 12,304 suicides in 2007 (rate of 21.6/100,000 population)

Suicides in Bengaluru (2000 - 2007)



Rate of Suicides in major cities of India, 2007
(National Average 10.8/1,00,000)



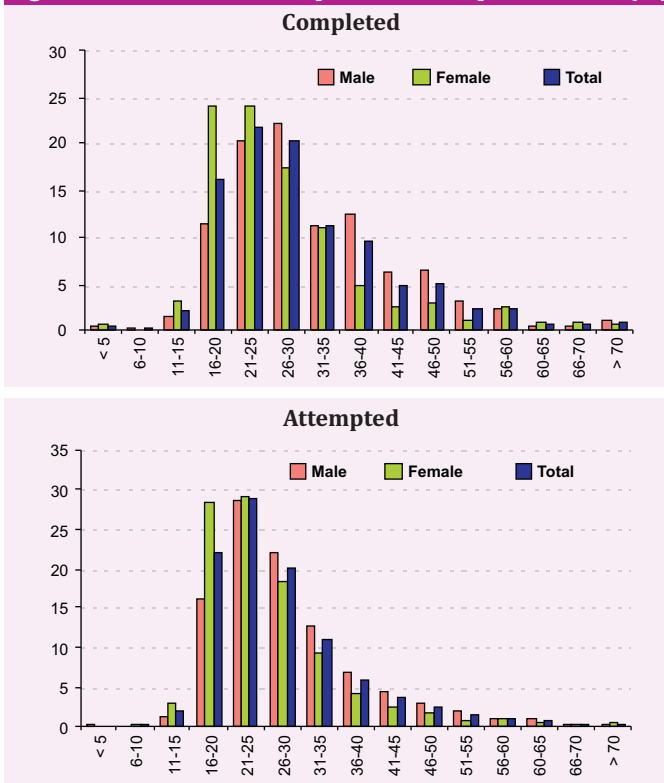
- ❖ In Bengaluru, as per CCRB reports, number of suicides has varied between 2000 to 2500 during 2000 to 2007.
- ❖ For every completed suicide, nearly 8 to 10 attempt to end their life. Data from one of the population-based surveys of NIMHANS showed that the ratio of completed: attempted suicides was 1:8 (2).
- ❖ Under Bengaluru Injury Surveillance programme (BISP), during 2007, 2417 suicides were registered with police. Detailed information was available from 912 completed suicides and those without total details were not included in detailed analysis. (3) Detailed investigation revealed that many cases with unclassified method and intent such as “not known, other causes and unclassified” have been included.
- ❖ Information from 21 BISP partner hospitals showed that 5,328 attempted suicides were registered in the hospitals with the ratio of 1:6. The actual number of attempted suicide in Bengaluru could be in the range of 10 - 12,000 per year. Number of people considering suicide as an option due to several reasons would only be a “guestimate” and not even an estimate.

Profile and pattern

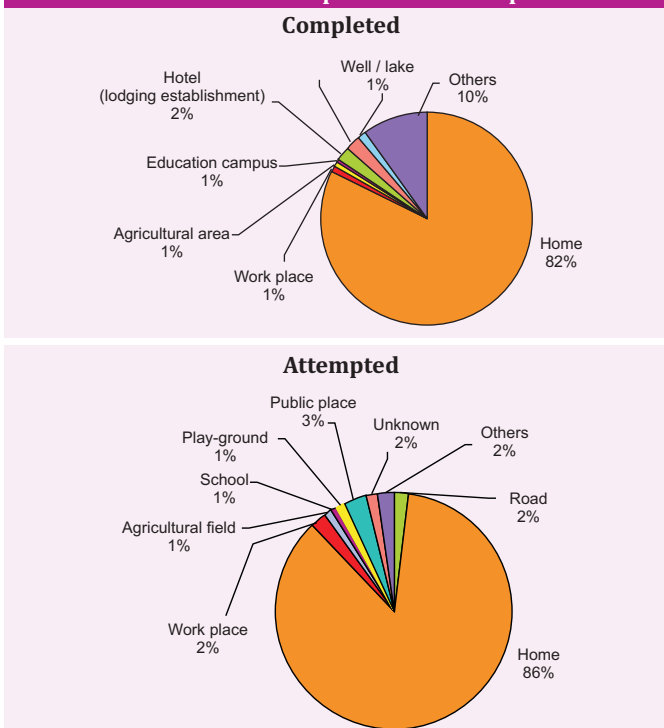
Consistently, data collected over a period of time has shown that suicides are primarily a problem of the young, even though it occurs in all ages and in both sexes. BISP data showed that

- ❖ Nearly three fourths of suicides were in the productive age groups of 16 to 40 years with half of them in 21 to 35 years.
- ❖ More men completed or attempted suicides (ratio of 2:1), with the exception being 16 to 25 years, where women outnumbered men.
- ❖ Nearly two thirds of both completed and attempted suicides occurred in people with low and moderate socioeconomic levels of education and occupation.
- ❖ Home was the commonest place of completing or attempting suicides in more than 80% of the acts.
- ❖ Hanging was the most frequently adopted method for completing (61%), while poisoning was the common method for attempted suicides (87%). Self immolation or Burns was seen amongst 12% of completed and 6% of attempted acts. More suicides due to burns were

Age-sex distribution of completed & attempted suicides (%)



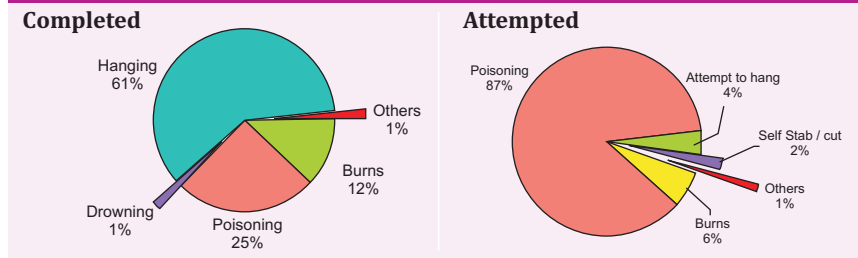
Place of occurrence of completed and attempted suicides



noticed among women in 15-29 yrs, Hanging resulted in immediate / early deaths with no scope for any intervention and management.

- ❖ Three fourths of the persons were alone at the time of act and there was no one around them.
- ❖ Commonly available organophosphorus compounds and over-the-counter drugs were primarily responsible for majority of the acts of poisoning. The products ranged from household chemicals to severely lethal organophosphorus compounds. These products are routinely available at home and all over the city without any restrictions.

Methods of Suicide



- ❖ Alcohol use for both short and long-term periods is a well recognized risk factor. BISP data showed that 12 to 15% of both completed and attempted suicides were linked to alcohol. This could be an underestimate as information was found missing in many instances. Previous studies by NIMHANS have shown that nearly 30 to 40% of suicides are linked to direct and indirect effects of alcohol (4).

- ❖ The time interval between the attempt and receiving first aid was of concern as only more than 5% received care within one hour after the act.
- ❖ 39% were transported by autorickshaw, one fourth by ambulances (called mainly for completed suicides) and the rest reached hospitals through private vehicles.

Risk factors

Identifying the causes of suicides requires careful research. Since suicides are not investigated totally, obtaining this information from records is often difficult. Previous research has shown that the causes for suicide are cumulative, progressive, repetitive, and interlinked (5). The primary mechanism could be due to presence of risk factors along with absence of protective factors. Several factors like acute economic crisis, alcohol usage, domestic violence, presence of mental illness (mainly depression and alcohol dependence), previous suicidal attempts and others are well established risk factors. Simultaneously, protective factors like coping abilities, crisis support systems, communication, family attachment, religiosity, availability of help are found missing in many of the suicide attempters or completers. Several factors are known to trigger and precipitate suicidal events. Careful research is required to identify precise factors for developing targeted interventions.

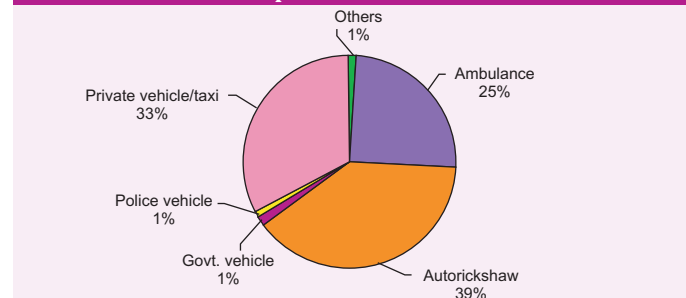
As per NCRB 2007 report, causes were not known for nearly 42% of completed suicides (others 25% and not known 17%). Among the others, the causes were general and vague for nearly 50% of the suicides (family problems-24%, illness-22%). With such understanding, prevention of suicides is extremely difficult. Even though, studies have shown a clear association with mental health problems (especially, depression, alcohol & drugs) it has been difficult to target interventions due to difficulty in recognizing the cases at early stages of illness.

Emergency care

Outcome in a suicidal act depends on the nature and lethality of the products used. Consequently, efforts can be made, if the person is identified at the earliest possible time and provided appropriate medical help.

- ❖ 40% of attempted suicides received first aid care in a nearby hospital, but were only referred to next hospital.
- ❖ More than half visited a hospital prior to reaching the study centre for definitive care.

Mode of transportation of Suicide victims



Impact

It is often said, "People completing suicides leave their skeletons behind". The loss of a young person or an attempt leaves immeasurable scars for the survivors and their family members, in a society where suicides are highly stigmatized. For those who attempt, the psychosocial problems are huge and live with them for rest of their life. Suicide among young interferes in a major way for their education and academic growth. Suicidal thoughts and feelings interfere in the day-to-day functioning of an individual and lead to decreased productivity over a period of time.

Prevention and control

It is possible to recognize those who are vulnerable to suicides. Some of the common warning symptoms include - loss of interest in day to day activities, disturbances in sleep, feeling isolated/dejected/depressed, excessive sadness and crying, communicating about suicidal thoughts, excessive smoking and drinking, feeling non communicative, sudden or gradual change in behavior, etc. These symptoms though gradual in onset, become repetitive, progressive and severe with passage of time.

Prevention of suicides depends on an understanding of risk factors and causes based on research and documenting total information. Information from available police records are often incomplete as most cases are not investigated fully. It is important to highlight that understanding causes and risk

Data collected from 1205 adolescents (12-19 yrs) from two schools of Delhi revealed that prevalence of suicidal ideation (lifetime & last year) was 21.7% and 11.7%, respectively. Suicidal attempts (lifetime and last year) were 8% and 3.5%, respectively.

Source: 6

factors require skills, which needs to be strengthened among investigative and management agencies.

Since the causes of suicides are multiple, there is no single solution that can prevent all suicides. The prevention programmes need to be tailored for different age, sex, cause and setting. Some of the known and established strategies that would help prevent suicides are

- ❖ Early recognition of those with suicidal behaviors and ideations and, providing appropriate & timely help.
- ❖ Establishing social and crisis support mechanisms for people and communities in distress and those at higher risk.
- ❖ Developing life skill programmes in all education institutions along with training of teachers.
- ❖ Expansion of mental health services and training of professionals with skills to recognize and manage people with mental health problems (especially depression and alcohol) along with screening.
- ❖ Expanding and strengthening counseling services across institutions (eg. workplaces, hospitals etc.).
- ❖ Limiting easy availability of drugs and organophosphorus compounds, dispensing medicines in smaller quantities, child proof containers for all medicinal bottles, community storage of lethal pesticides and bold warning and labels, etc.
- ❖ Promoting manufacture of less lethal pesticides and banning all lethal pesticides from routine availability.
- ❖ Improving care and support for those with - past suicidal attempts, domestic violence and alcohol problems.

- ❖ Setting up programmes in all workplaces focusing on early recognition of suicidal behaviours among employees.
- ❖ Better media reporting practices like not giving undue focus on celebrity suicides, reporting on those who have coped efficiently, information on help lines and counseling agencies, effective coping methods, early recognition of people, etc.
- ❖ Measures to destigmatise and decriminalise suicides so that survivors come forward to receive help.
- ❖ Improving trauma care practices in hospitals and first aid skills for families and general practitioners.
- ❖ Surveillance and research to delineate risk factors and causes, to formulate, implement and evaluate suicide prevention and control.

Undoubtedly, suicides are a leading public health problem affecting people in young age groups. The changing life patterns and increasing stress across all sections of the society along with presence of many predisposing factors will contribute for an increasing number of suicides in the days to come. Combined intervention strategies with defined plan and programme of work are urgently required to reduce the burden of suicides.

Reference for media professionals

- ★ Take the opportunity to educate the public about suicide.
- ★ 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.
- ★ Exercise caution in using photographs or video footage.
- ★ Take particular care in reporting celebrity suicides.
- ★ Show due consideration for people bereaved by suicide.
- ★ Provide information about where to seek help.
- ★ Recognize that media professionals themselves may be affected by stories about suicide.

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Bengaluru Injury / Road Traffic Injury Surveillance Programme is a collaborative Programme between Bengaluru City Police, 25 hospitals, Bengaluru Metropolitan Transport Corporation and Bruhat Bengaluru Mahanagara Palike. The programme is coordinated and implemented by National Institute of Mental Health & Neuro Sciences and facilitated by Indian Council of Medical Research and World Health Organization, India office. The programme aims at reducing / preventing injuries, improving trauma care and strengthening rehabilitation services.



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