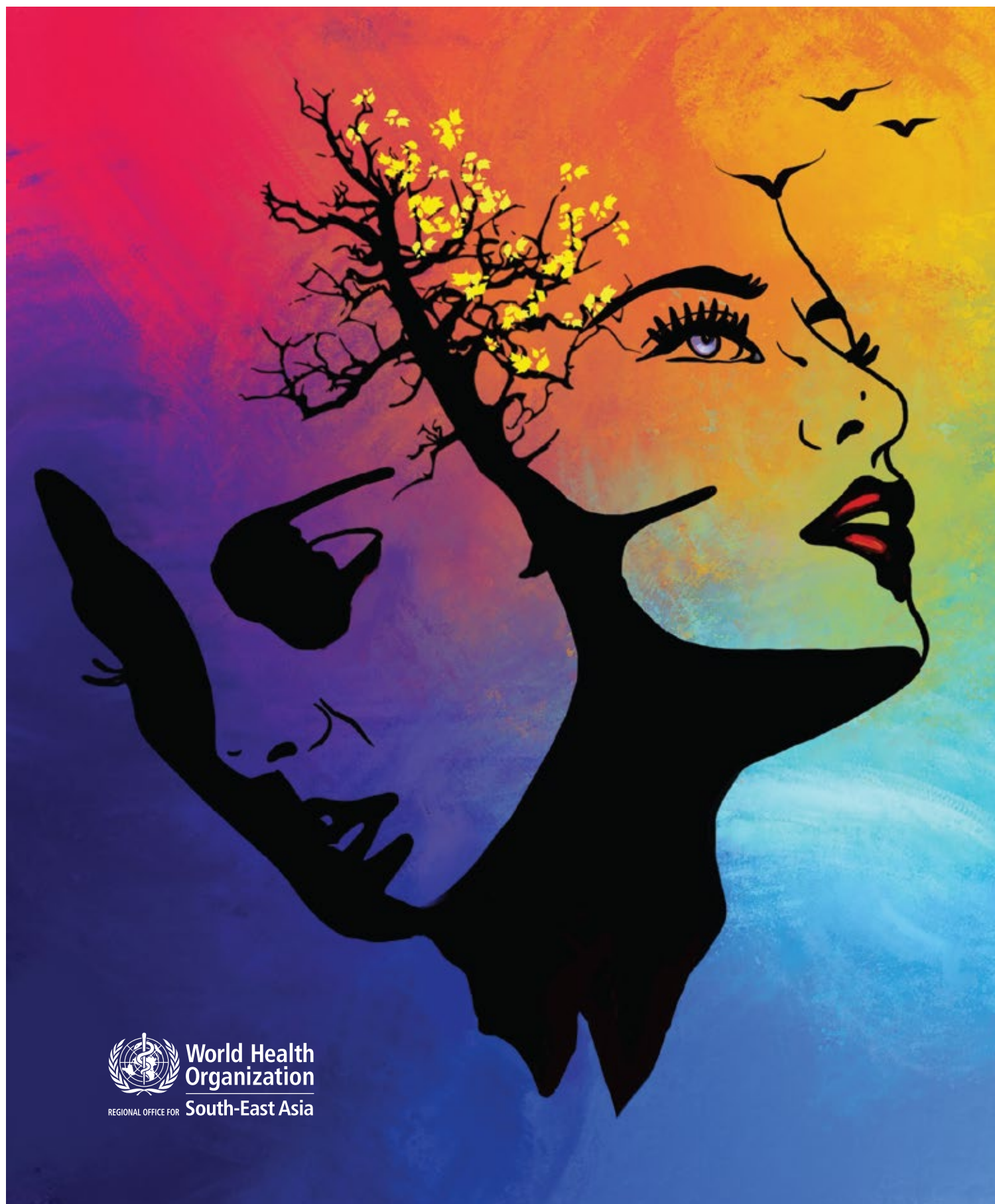


Every life matters

UNDERSTANDING SUICIDE AND ITS IMPACT



REGIONAL OFFICE FOR

World Health
Organization

South-East Asia

Every life matters

UNDERSTANDING suicide AND its impact



REGIONAL OFFICE FOR

World Health
Organization
South-East Asia

Every life matters: Understanding suicide and its impact

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Acknowledgement

This publication has been conceptualized by Dr Nazneen Anwar, Regional Adviser, Mental Health, Department of Noncommunicable Diseases and Environmental Health, WHO Regional Office for South-East Asia (WHO-SEARO). Overall guidance has been provided by Dr Thamarangsi Thaksaphon, Director, Noncommunicable Diseases and Environmental Health, WHO-SEARO.

The book presents through art, an understanding of suicide and its impact on families and communities, and what each of us can do to prevent it.

We acknowledge and thank all the participating schools, institutes, and NGO's from New Delhi, India including Guru Nanak Public School, Punjabi Bagh; the New Green Field Public School; G.D Salwan Public School; and The Vilas condominium, DLF Phase-2, for organizing art campaigns to sensitize the young people on suicide prevention and promotion of good mental health. We also want to thank Springdales School, Dhaura Kuan; Vasant Valley School; Shri Ram Global School; Guru Harkrishan Public School; Artography Studio and Vivekananda Sevakandra–O–Shishu Uddyan (VSSU), for contributing beautiful artwork for this publication. We thank Mr Darpan Mandal for the coverpage artwork.

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We extend our sincere thanks to the young artists from Bhutan, India and Indonesia for their beautiful and powerful artwork.

Foreword

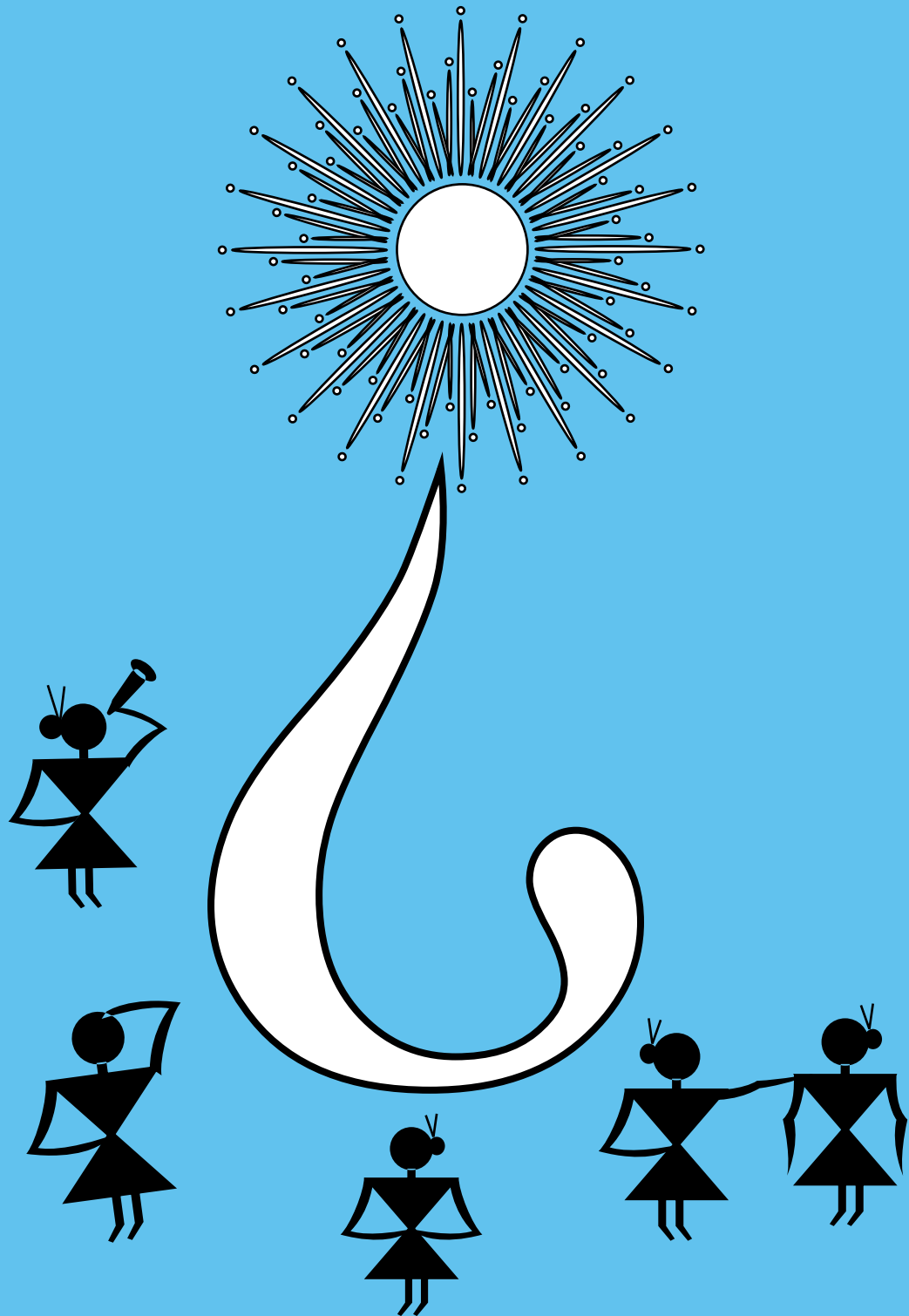


Every 40 seconds we lose a precious life to suicide. About 800 000 people globally die by suicide every year. As much as 20 times that number may attempt suicide. Alarming, adolescents and young adults are highly vulnerable; suicide is the second leading cause of death in this age group.

But suicides are 'preventable', and much can be done to prevent suicide at the individual, community and national levels. I hope that this illustrative book encourages public discussion and brings to attention the important role that each one of us can and must play in preventing suicide. Every life matters, and with awareness, commitment and action, together we can save lives and create a happier, safer and healthier environment for all.

A handwritten signature in black ink, reading "P. Khetrpal".

Dr Poonam Khetrpal Singh
Regional Director
WHO South-East Asia Region



Understanding
suicide and its impact



Nupur Goel, 31

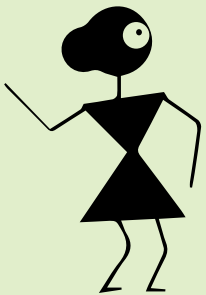
Break the silence

Suicide knows no boundaries and cuts across every sociodemographic level and all regions of the world. It is a global public health concern. Suicide is an issue that is shrouded in the loud noise of fear, shame, stigma and silence.



Myth:

Talking about suicide is a bad idea and can be interpreted as encouragement.



Fact:

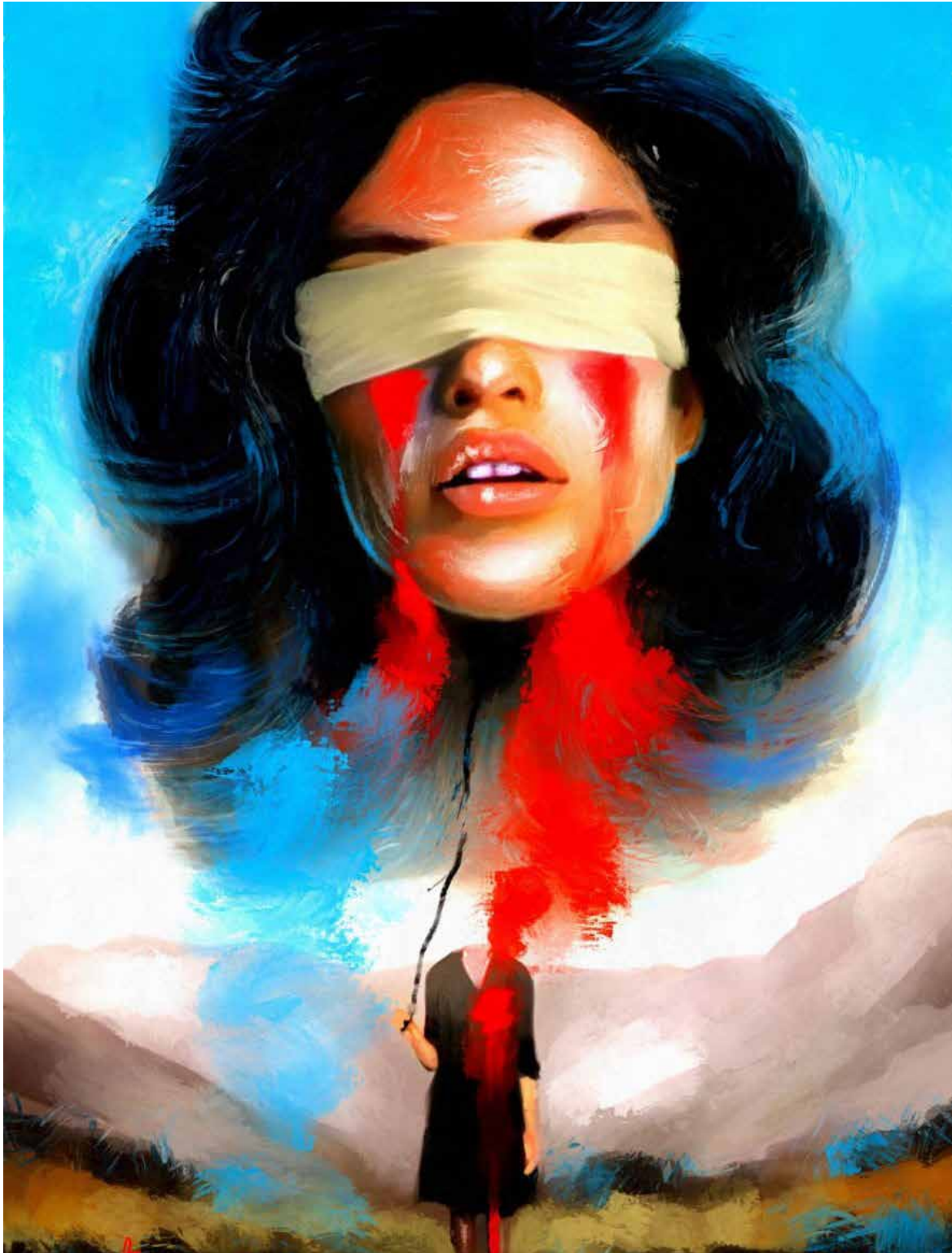
Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give an individual other options or the time to rethink his/her decision, thereby preventing suicide.



Darpan Mandal, 32

Impulsive response

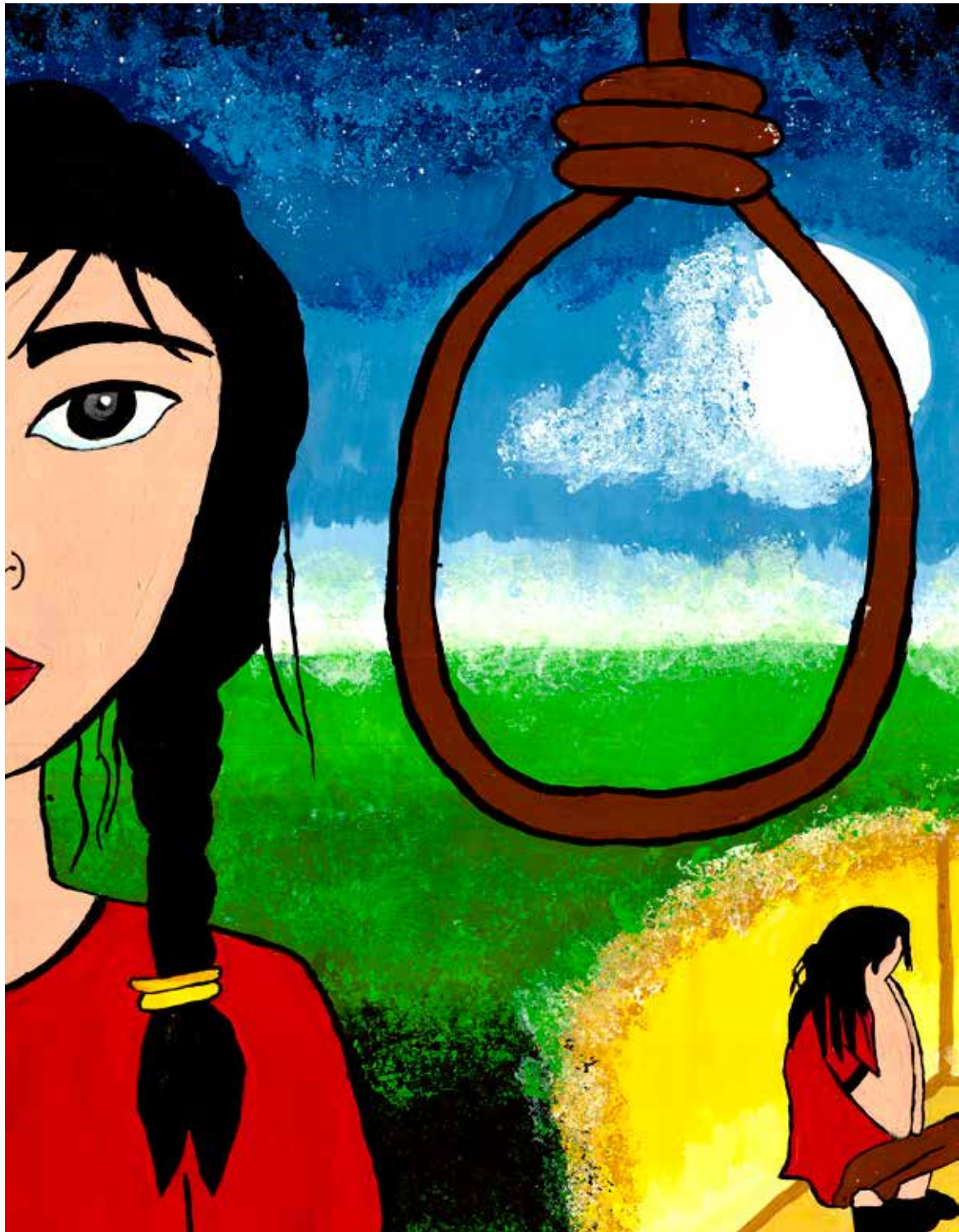
Suicidal behaviours are complex. Many suicides happen impulsively as responses to acute life stressors and easy access to means of self-harm.



Darpan Mandal, 32

Triggers

Financial issues, unemployment, abuse, chronic illness, relationship conflict (e.g. separation), discord (e.g. child custody disputes) or loss (e.g. death of a partner) can cause grief and situational psychological stress, and are all associated with increased risk of suicide.



Yashika Pal, 14

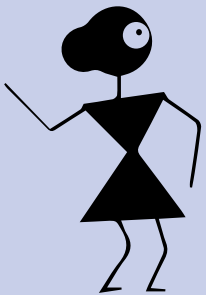
R.O.P.E – Rising over painful emotions

Majority of suicides are preceded by warning signs, whether verbal or behavioural. Silence and stigma around suicide prevents adolescents from reaching out for help.



Myth:

Most suicides happen suddenly without warning.



Fact:

The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are and look out for them.



Dipayan Das, 22

Primary care contact

Research has shown that many people who die by suicide have seen a health worker in the previous month. This has raised concerns about the low levels of risks assessment, that is, identification of suicide risks and suicidal behaviour.



Darpan Mandal, 32

The gender dimension

Sexual and gender based violence is associated with an increase in suicide attempts and suicide risks. Globally, 35% of women have experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner.



Darpan Mandal, 32

Left behind

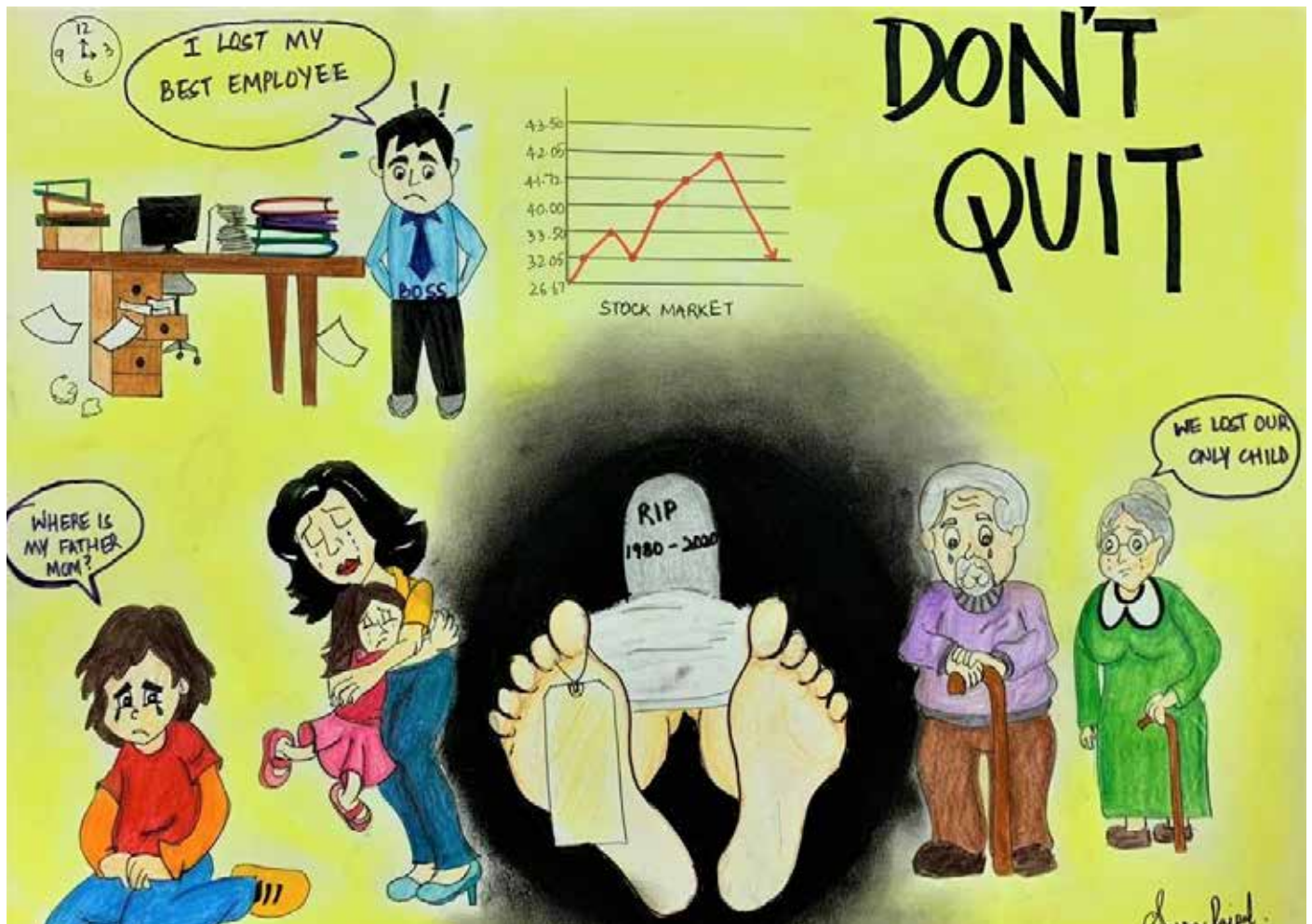
The impact on families, friends and communities is devastating and far-reaching, even long after persons dear to them have taken their own lives. Some envelope themselves in guilt, depression and anxiety, and are often left without support and assistance.



Sujai Kumar, 14

The downward spiral

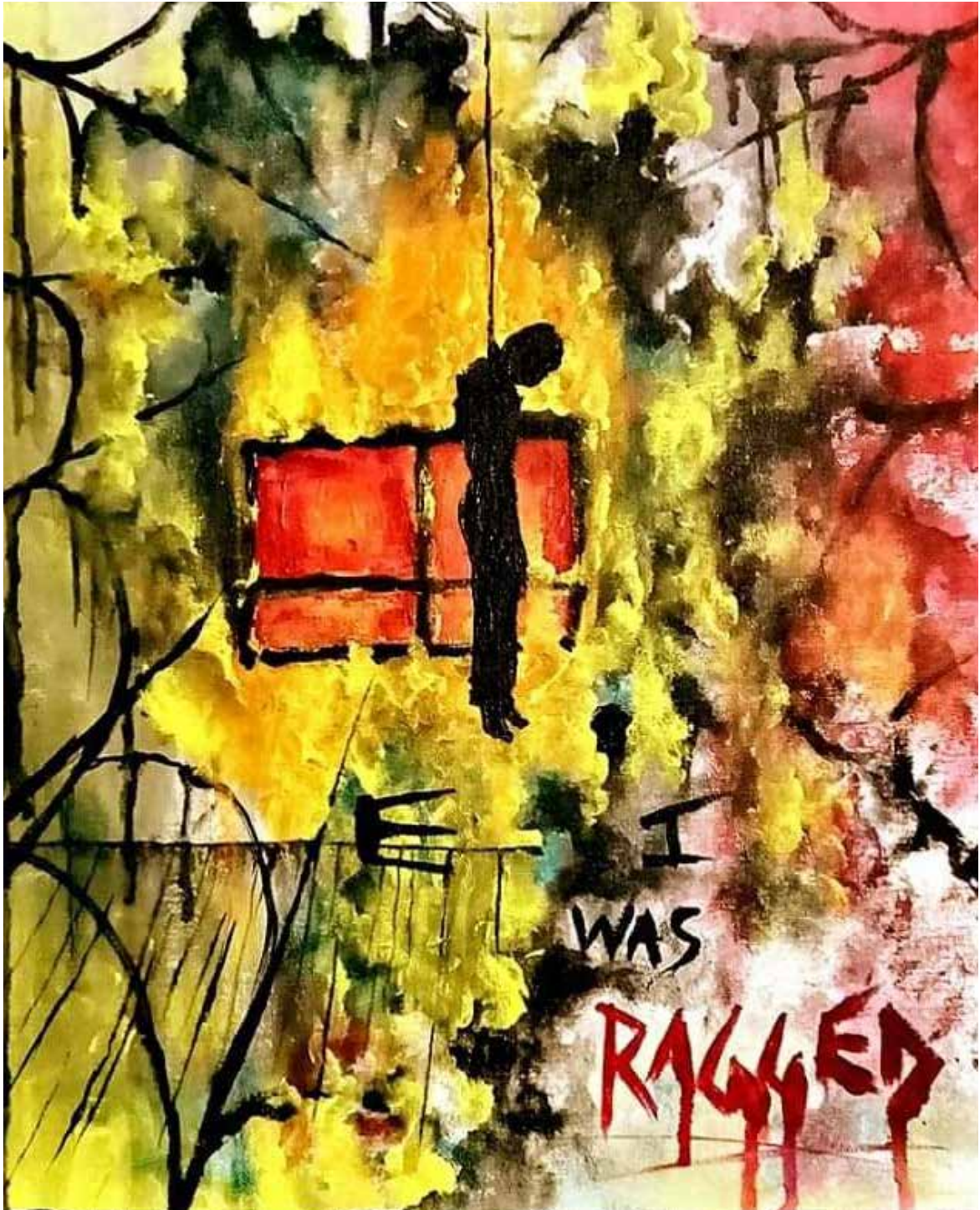
Dependence on substance overuse and abuse increases risk of suicide for those who are already battling depression or other mental health conditions.



Simran Rajpal, 23

Taking one's life impacts many lives

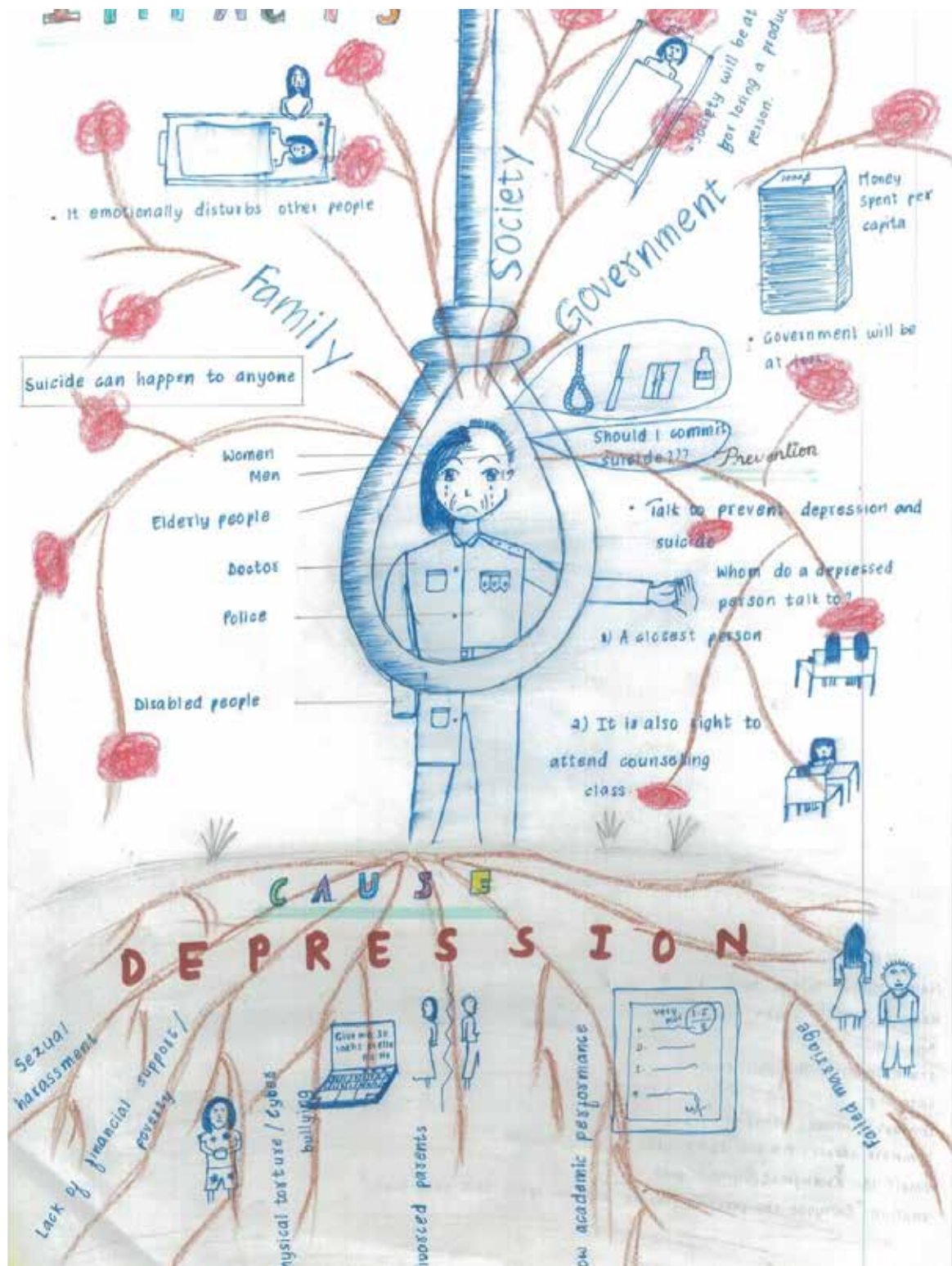
Did you know that the suicide of one person has the potential to significantly impact the lives of 7 to 10 others and places them at higher risk of suicide themselves? The emotional cost to the bereaved survivors of suicide is immeasurable.



Dipayan Das, 22

Bullying

Young people's suicide deaths are increasingly linked to bullying (physical, verbal, peer victimization or cyberbullying). There is immense pain and suffering associated with each of these events.



Minjui Paidon Dorji, 15

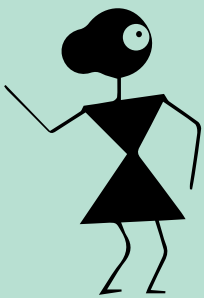
Every 40 seconds

Suicide is a global phenomenon and occurs throughout the lifespan. Close to 800 000 people die due to suicide every year, which is one person every 40 seconds.



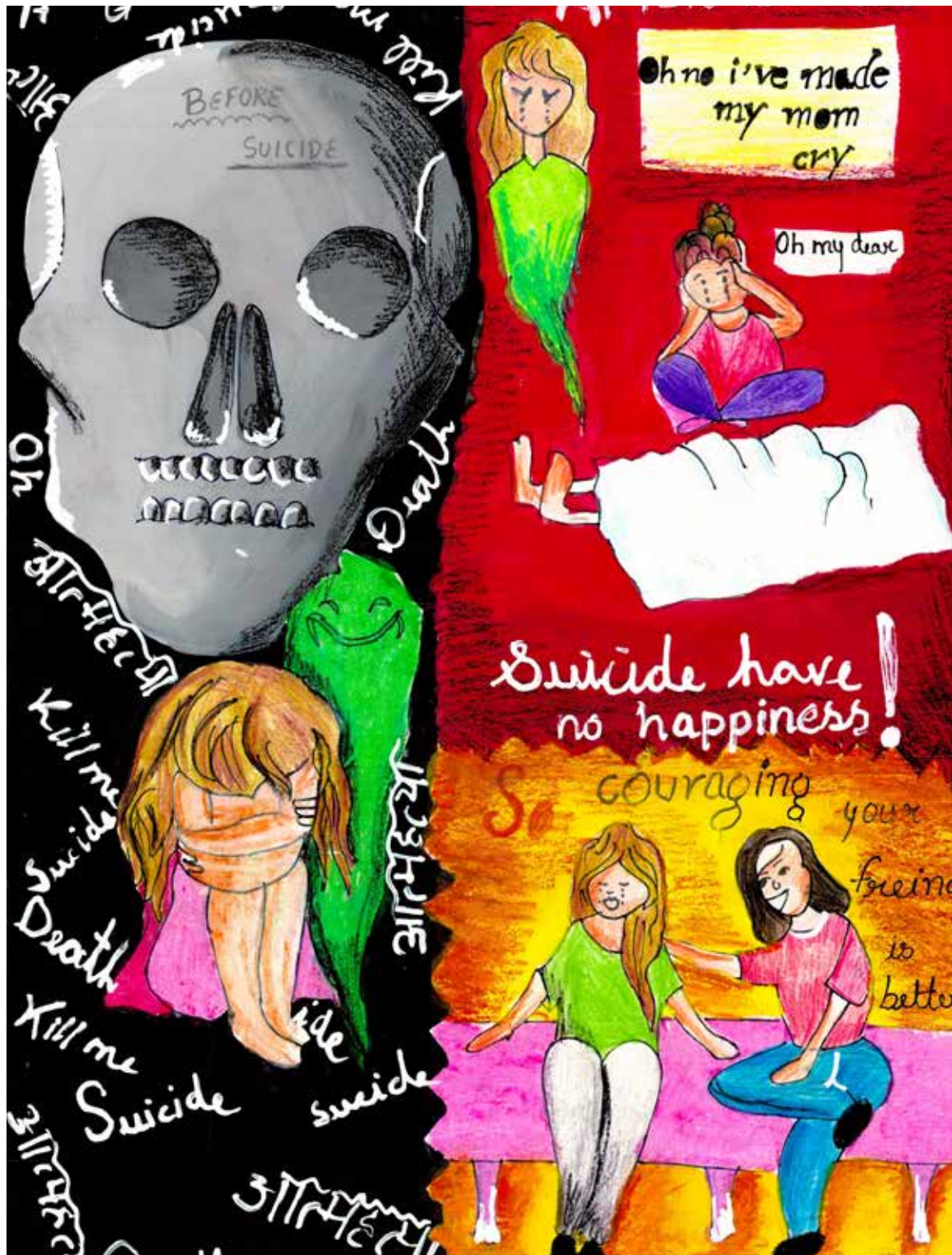
Myth:

Only people with mental health condition are suicidal.



Fact:

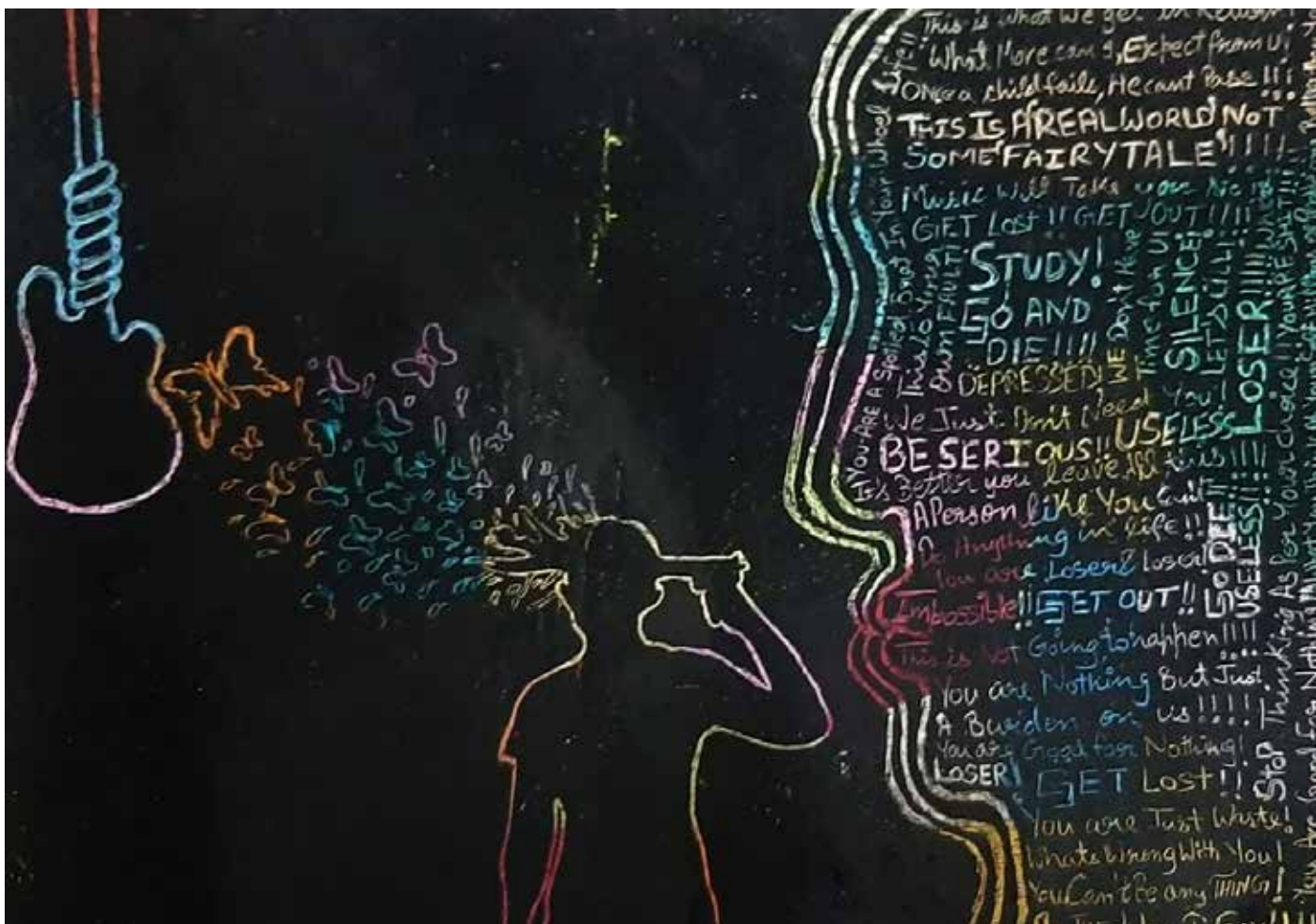
Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental health condition are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder.



Ananya Singh, 12

Suicidal behaviours

It refers to a range of behaviours that include thinking about suicide (or ideation), planning for suicide, attempting suicide and suicide itself.



Ayushi Bansal, 19

Inner noise

Negative self-talk often act as triggers for those having thoughts about suicide.

There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide.



Rubkirat Vohra, 41

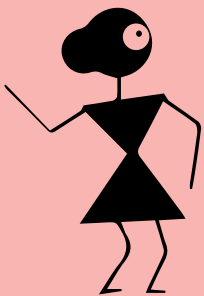
Emptiness

One of the primary factors of late life suicides is loneliness. Some of the serious risk factors in old age suicides include struggling with the death of a lifelong partner, isolation, chronic illness, immobility, inability to complete daily tasks or engage with others.



Myth:

Someone who is suicidal is determined to die.



Fact:

On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking pesticides, for instance, and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.



Rubkirat Vohra, 41

Alone

Suicides in prisons occur when prisoners experience bullying or violence. Isolation and depression are factors that increase suicide risk in prisons.



Popy Kirana, 29

Vulnerable groups

Suicide rates are also high amongst vulnerable groups who experience prejudice and discrimination, such as refugees and migrants; indigenous people; lesbian, gay, bisexual, transgender and intersex (LGBTQI) persons.

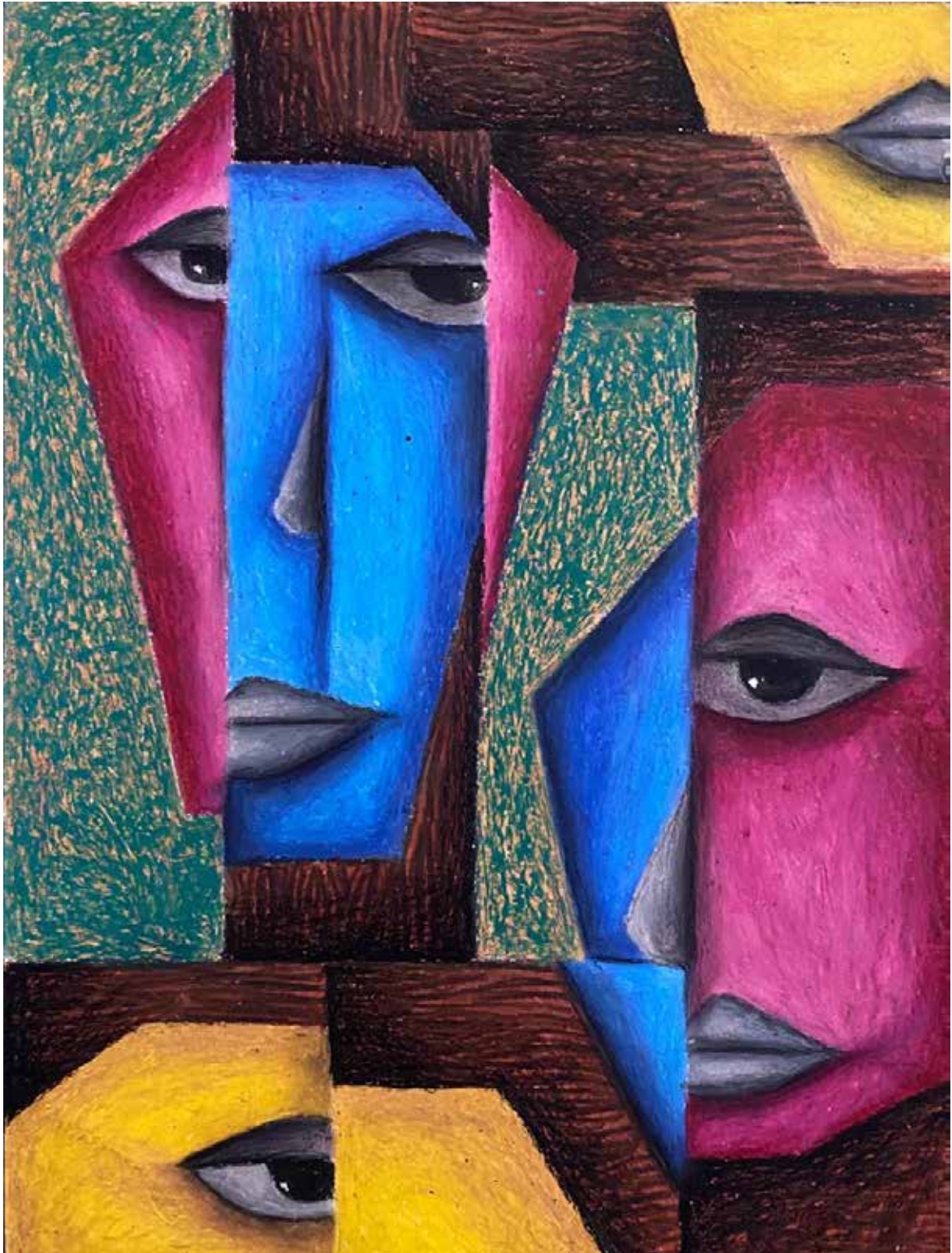


Ranya Sahad, 10

Gone too soon

Most young suicides occur due to mental health conditions, half of which start by 14 years of age.

Saying things like, "No one will miss me when I am gone." Saying good bye to close friends and family are important warning signals of youngsters battling severe depression.



Sakshi Gupta, 21

Beyond words

Look for signs beyond words. Many people put up a brave face even if they are battling depression. They find reaching out for help daunting, owing to the stigma attached to depression.



Illina Singh, 15

Semicolon

Pause.

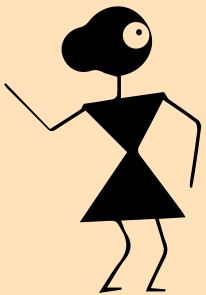
But don't quit.

There is always hope and help around. #LetsTalk



Myth:

Once someone is suicidal, he or she will always remain suicidal.



Fact:

Heightened suicide risk is often short-term and situation-specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.



Kapil Chauhan, 25

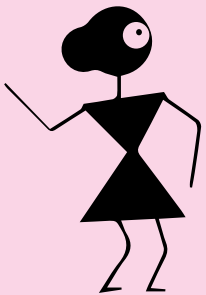
Digi-cide

Self-worth of young people sometimes comes from likes, followers and comments on social media. There is increasing evidence that the internet and social media can influence suicide-related behaviour. Cyberbullying can be just as devastating as in-person bullying.



Myth:

People who talk about suicide do not mean to do it.



Fact:

People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.



Popy Kirana, 29

Inappropriate media reporting

It can sensationalize and glamourise suicide and increase the risk of 'copycat' suicides (imitation of suicides) among vulnerable people. It's a downward spiral for those already having suicidal thoughts.

Resource bank

Understanding suicide and its impact

1. mhGAP Intervention Guide: Version 2.0 for mental, neurological and substance use disorders in non-specialized health settings – <https://www.who.int/publications/i/item/mhgap-intervention-guide—version-2.0>
2. WHO STEPwise approach to surveillance of Mental Health/Suicide – <https://www.who.int/ncds/surveillance/steps/riskfactor/modules/en/>
3. Mental Health in the Western Pacific – <https://www.who.int/westernpacific/health-topics/mental-health>
4. Mental well-being: Resources for the public – <https://www.who.int/news-room/feature-stories/mental-well-being-resources-for-the-public>
5. New WHO guidelines on promoting mental health among adolescents – [who.int/news-room/detail/28-09-2020-new-who-guidelines-on-promoting-mental-health-among-adolescents](https://www.who.int/news-room/detail/28-09-2020-new-who-guidelines-on-promoting-mental-health-among-adolescents)
6. Guidelines on mental health promotive and preventive interventions for adolescents – <https://www.who.int/publications/i/item/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents>
7. Mental Health and COVID-19 – <https://www.who.int/teams/mental-health-and-substance-use/covid-19>
8. Mental Health Atlas 2017: Mental Health Promotion and Prevention – <https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1>
9. Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm – https://www.who.int/mental_health/suicide-prevention/attempts_surveillance_systems/en/
10. Restricting access to the means of Suicide: A substantial proportion of global suicides are estimated to be due to intentional self-poisoning with pesticides. Pesticide suicides primarily occur in rural areas of low- and middle-income countries in Africa, Central America, South-East Asia and the Western Pacific – https://www.who.int/mental_health/prevention/suicide/pesticides/en/
11. Suicide in the world: This booklet presents the most recent available suicide mortality data from the WHO Global Health Estimates for the year 2016. Data are presented at the global and regional level, by age and sex, as well as over time – <https://www.who.int/publications/i/item/suicide-in-the-world>
12. Suicide Prevention Infographics – https://www.who.int/docs/default-source/mental-health/suicide/infographics-suicide.pdf?sfvrsn=1762d200_2
13. Key facts on Suicide – <https://www.who.int/news-room/fact-sheets/detail/suicide>
14. Global Suicide data – https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/
15. Quality of Suicide Mortality Data – https://www.who.int/mental_health/suicide-prevention/mortality_data_quality/en/
16. Suicide in the SDGs – https://www.who.int/mental_health/suicide-prevention/SDGs/en/
17. Interactive Map for suicide rates – http://gamapserver.who.int/gho/interactive_charts/mental_health/suicide_rates/atlas.html
18. Global Health Observatory Map Gallery – <http://gamapserver.who.int/mapLibrary/>
19. Comprehensive Mental Health Action Plan 2013-2020 (Page 14,15,26) – https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1

20. Isolated and struggling, many seniors are turning to suicide – <https://www.npr.org/2019/07/27/745017374/isolated-and-struggling-many-seniors-are-turning-to-suicide>
21. Suicide awareness voices of education – Mental illness and suicide – <https://save.org/about-suicide/mental-illness-and-suicide/>
22. Mental Health Commission of Canada #308conversations – <https://www.mentalhealthcommission.ca/English/308conversations>
23. National suicide prevention strategies: progress, examples and indicators – https://www.who.int/mental_health/suicide-prevention/national_strategies_2019/en/
24. Suicide in older adults – <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3107573/#!po=1.02041>
25. Evidence-based recommendations for management of self-harm and suicide in non-specialized health settings under WHO mhGAP Action Programme:
 - Assessment for self-harm/suicide in persons with priority mental, neurological and substance use disorders – https://www.who.int/mental_health/mhgap/evidence/suicide/q1/en/
 - Removing means for self-harm – https://www.who.int/mental_health/mhgap/evidence/suicide/q2/en/
 - Usefulness of regular contact – https://www.who.int/mental_health/mhgap/evidence/suicide/q3/en/
 - Problem solving approach – https://www.who.int/mental_health/mhgap/evidence/suicide/q4/en/
 - Use of social support – https://www.who.int/mental_health/mhgap/evidence/suicide/q5/en/
 - Hospitalization for persons with self-harm – https://www.who.int/mental_health/mhgap/evidence/suicide/q6/en/
 - Reducing access to means of suicide – https://www.who.int/mental_health/mhgap/evidence/suicide/q7/en/
 - Reducing the availability of alcohol – https://www.who.int/mental_health/mhgap/evidence/suicide/q8/en/
 - Responsible and deglamourized media reporting – https://www.who.int/mental_health/mhgap/evidence/suicide/q9/en/
 - School-based interventions for reducing deaths from suicide and suicide attempts among young people – https://www.who.int/mental_health/mhgap/evidence/suicide/qn10/en/
 - Governments can play a pivotal role in preventing suicides – <https://www.who.int/southeastasia/news/opinion-editorials/detail/governments-can-play-a-pivotal-role-in-preventing-suicides#:~:text=Governments%20can%20help%20media%20with,before%20it%20is%20too%20late>
 - Bullying, Cyberbullying and Teen Suicide – <https://www.healthyplace.com/suicide/bullying-cyberbullying-and-teen-suicide>

