Every life matters
Understanding suicide and its impact
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Acknowledgement

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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.

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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.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
Understanding suicide and its impact
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.
**Impulsive response**
Suicidal behaviours are complex. Many suicides happen impulsively as responses to acute life stressors and easy access to means of self-harm.
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.
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.
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.
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.
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.
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.
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.
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.
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.
Suicidal behaviours

It refers to a range of behaviours that include thinking about suicide (or ideation), planning for suicide, attempting suicide and suicide itself.
**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.
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.
Suicides in prisons occur when prisoners experience bullying or violence. Isolation and depression are factors that increase suicide risk in prisons.
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.
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.
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.
**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.
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.
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

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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
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
13. Key facts on Suicide – https://www.who.int/news-room/fact-sheets/detail/suicide
18. Global Health Observatory Map Gallery – http://gamapserver.who.int/mapLibrary/


22. Mental Health Commission of Canada #308conversations – https://www.mentalhealthcommission.ca/English/308conversations


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:
   - 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%20with,before%20it%20is%20too%20late
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