



SUICIDE: A BRIEF SCENARIO OF INDIAN YOUTH

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Abstract: Suicide attempts are rare in childhood; they are generally triggered after puberty by the adolescent's reaction to changes in his newly sexually mature body. The adolescent who actually attempts to kill himself no longer doubts his actions or his solutions or his mental creations. At the time of his decision to kill himself, he is taken over by his need for peace more than by the fact of his own death. As our knowledge of the change and turmoil of adolescence grows, so the number of issues on which psychotherapeutic techniques can shed light increase. It provides not only practical insights into dealing with suicidal or potentially suicidal adolescents with an emphasis on prevention of the problem as early as possible – but also a model of the way in which adolescents may find themselves becoming suicidal. It will, therefore, be of interest not only to clinicians and therapists but also to workers in education, medicine, probation, family work or social welfare – indeed, to anyone who works with adolescents.

Index Terms - Suicide, Causes, Preventions, Youth

I. INTRODUCTION

Suicide is the act of taking one's own life on purpose. Suicidal behaviour is any action that could cause a person to die, such as taking a drug overdose or crashing a car on purpose.

Most suicide attempts do not result in death. Many of these attempts are done in a way that makes rescue possible. These attempts are often a cry for help.

Some people attempt suicide in a way that is less likely to be fatal, such as poisoning or overdose. Males, especially elderly men, are more likely to choose violent methods, such as shooting themselves. As a result, suicide attempts by males are more likely to result in death.

Relatives of people who attempt or commit suicide often blame themselves or become very angry. They may see the suicide attempt as selfish. However, people who try to commit suicide often mistakenly believe that they are doing their friends and relatives a favor by taking themselves out of the world.

Many people who try to commit suicide talk about it before making the attempt. Sometimes, just talking to someone who cares and who does not judge them is enough to reduce the risk of suicide. Never ignore a suicide threat or attempted suicide.

Current Scenario of Suicide in India

More than 1.39 lakh Indians died by suicide in the year 2019, 67 per cent of which were young adults (18-45 years), shows the latest data released by National Crimes Record Bureau (NCRB).

The NCRB report titled 'Accidental Deaths and Suicides in India 2019, shows that of the total 1.39 lakh 2019 suicides, 93,061 were young adults. Compared to 2018 numbers (89,407), youth suicides in India have risen by 4 per cent. The overall suicide figures rose by 3.4 per cent in the same time.

Of the total 1.39 lakh suicides recorded in the year 2019, roughly 93,016 or 67 per cent were committed by youngsters (aged 18+ and below 45). Of these, 31,725 (34 per cent) suicides happened because of family problems, marriage related issues drove 7,293 (7.3 per cent) people to suicide. Mental illness was a cause of suicide for 6,491 people or 7 per cent of the total suicide committed by youngsters. Drug abuse/alcoholic addiction drove 5,257 (5.6 per cent) to die by suicide and love affairs drove 4,919 (5.2 per cent) people to kill themselves.

A 3.4 per cent increase was observed in suicides during 2019 (1,39,123 suicides) as compared to 2018 (1,34,516) and 2017 (1,29,887), the data showed.

Suicide by "hanging" (53.6 per cent), "consuming poison" (25.8 per cent), "drowning" (5.2 per cent) and "self-immolation" (3.8 per cent) were the prominent means of committing suicides during 2019. The data showed, Hanging was found to be the most common method of attempting suicide. Around 74,629 people (53.6 per cent) hanged themselves in the year 2019.

Family problems (other than marriage-related issues) were behind 32.4 per cent of suicides, marriage-related problems (5.5 per cent) and illness (17.1 per cent) together accounted for 55 per cent of the total suicides in the country during 2019, it stated. For every 100 suicide deaths, 70.2 were male and 29.8 females, the NCRB, which collects data from police recorded cases, stated.

On June 14th 2020, Bollywood film star Sushant Singh Rajput was found hanging at his apartment in Bandra. Whether the celebrity died by suicide or not has been a mystery as the matter is still being investigated, however his demise shook the entire nation.

Every hour one student commits suicide in India, with about 28 such suicides reported every day, according to data compiled by the National Crime Records Bureau (NCRB). The NCRB data shows that 10,159 students died by suicide in 2018, an increase from 9,905 in 2017, and 9,478 in 2016. Maharashtra had the highest number of student suicides in 2018 with 1,448 — almost 4 suicides every day — followed by Tamil Nadu with 953 and Madhya Pradesh with 862.

Between 1999 and 2003, 27,990 students ended their lives; 28,913 between 2004 and 2008; and 36,913 between 2009 and 2013. The 2014-18 period saw a 26% jump from the preceding 5-year period to 46,554.

In 2014, According to UN Habitat's Research Paper in India 37 lakh youths left their house in between 1997 to 2007 and the number is 26 lakh boys and 11 lakh girls. 20% of youth are unemployed at thus time and that are 4.7 million of Indian population. Presently 75% youth are involved on social media in India.

India accounted for the highest estimated number of suicides in the world in 2012, according to a WHO report published in Thursday which found that one person commits suicide every 40 seconds globally.

In the WHO South-East Asia Region, the estimated suicide rate is the highest as compared to other WHO regions. Suicide rates show a peak among the young and the elderly, the report said, most suicides in the world occur in the South-East Asia Region (39 percent of those in the low and middle income countries in South-East Asia alone) with India accounting for the highest estimated number of suicides overall in 2012.

According to the report, 258,075 people committed suicide in India in 2012, with 99,977 women and 158,098 men taking their own lives. India's suicide rate was 21.1 per 100,000 people. Presently sixty five corer youths are in India (35.6 million youth belongs to the age group 10 to 24 years, they are 28% of Indian Population).

The Warning Signs of Suicide

According to government data, 70% people who commit suicide tell someone about their plans, or give some other type of warning signs. Over 30,000 American die each year due to suicide, but over 800,000 Americans attempts suicide. While women attempt suicide three times more than men, men are nearly four times more likely to be successful.

You may be in a position to help someone get help before they take the one action that cannot be taken back.

Warning signs of suicide are not difficult to spot, but professionals differentiate between someone who simply has a passing thought of suicide or ending his or her own life, and someone who is more serious and has a definite plan. You don't have to know serious a person is in order to help them, through.

Friends and family who are close to an individual are in the best position to spot these warning signs. Often times people feel helpless in dealing with someone who is depressed or suicidal. Usually it is helpful to encourage the person to seek professional mental health from a therapist, psychiatrist, school counselor, or even telling their family doctor about their feelings. Your friend or loved one needs to know you're there for them, that you care and you will support them no matter what. Remember, depression is a treatable mental disorder. It's not something you can "catch" or a sign of personal weakness.

The foregoing lists are just some of the signs of suicidal tendencies. The fact that a person displays some or all of these signs may not necessarily mean that they are suicidal, though they clearly need special help and care if they display more than one or two. The fact that a person fails to display any of the foregoing signs or symptoms does not necessarily mean that they are mentally healthy. Many relatives of suicide victims have indicated that their loved one displayed no symptoms whatsoever. If you have doubts or concerns about either yourself, a loved one, or a friend, you should seek help.

The strongest and most disturbing signs are verbal – 'I can't go on,' 'Nothing matters any more' or even 'I'm thinking of ending it all.' Such remarks should always be taken seriously. Talking or joking about suicide should always be taken seriously.

Causes

Suicide and suicidal behaviors usually occur in people with one or more of the following:

- Bipolar disorder
- Borderline personality disorder
- Depression
- Drug or alcohol dependence
- Schizophrenia
- Stressful life issues, such as serious financial or relationship problems

People who try to commit suicide are often trying to get away from a life situation that seems impossible to deal with. Many who make a suicide attempt are seeking relief from:

- Feeling ashamed, guilty, or like a burden to others
- Feeling like a victim
- Feelings of rejection

Suicidal behaviors may occur when there is a situation or event that the person finds overwhelming such as:

- Aging (the elderly have the highest rate of suicide)
- Educational Stress
- Death of a loved one
- Dependence on drugs or alcohol
- Emotional trauma
- Serious physical illness
- Unemployment or money problems
- Risk factors for suicide in teenagers include:
 - Access to guns
 - Family member who committed suicide
 - History of hurting themselves on purpose
 - History of being neglected or abused
 - Living in communities where there have been outbreaks of suicide in young people
 - Romantic breakup

Often, but not always, a person may show certain symptoms or behaviors before a suicide attempt, including:

- Having trouble concentrating or thinking clearly
- Giving away belongings
- Talking about going away or the need to “get my affairs in order”
- Suddenly changing behavior, especially calmness after period of anxiety
- Losing interest in activities they used to enjoy
- Performing self-destructive behaviours, such as heavily drinking alcohol, using illegal drugs, or cutting their body
- Pulling away from friends or not wanting to go out
- Suddenly having trouble in school or work
- Talking about death or suicide, or even saying that they want to hurt themselves
- Talking about feeling hopeless or guilty
- Changing sleep or eating habits
- Arranging ways to take their own life (such as buying a gun or many pills)

Preventive Measures for Betterment of Youth Generation

Suicide is an important, largely preventable public health problem. The problem is however a difficult one; as aptly expressed by Gajalakshmi et al as “a complex array of factors such as poverty, low literacy level, unemployment, family violence, breakdown of joint family system, unfulfilled romantic ideals, inter-generational conflicts, loss job or loved one, failure of crops, growing costs of cultivation, huge debt burden, unhappy marriages, harassment by in-laws and husbands, dowry disputes, depression, chronic physical illness, alcoholism/drug addiction, and easy access to means of suicide.”

Early detection and adequate treatment of a primary psychiatric disorder is of paramount importance. In psychiatrically ill subjects, lithium, clozapine, olanzapine, antidepressants and behavioural interventions such as dialectical behaviour therapy, DBT have been shown to have anti-suicidal effects.

The early identification and treatment of vulnerable populations with risk factors for suicide across the life-span is another strategy. Given the strong link between negative life-events early in childhood and suicide risk, it is important to identify populations that have been exposed to traumatic childhood experiences, such as sexual/physical abuse and parental domestic violence. The identification of such individuals requires a multidisciplinary approach with active participation from teachers and school authorities, health professionals and the legal system. Primary prevention strategies include promoting positive health and instilling adaptive coping strategies among children; improving awareness among parents, teachers and healthcare professionals regarding child-rearing practices and early intervention for maladaptive coping styles. At the community level, the establishment of social programs such as child and family support programs and programs aimed at achieving gender and socio-economic equality may prove useful.

The role of the media is becoming increasingly relevant. A delicate balance needs to be maintained between press freedom and responsibility of the press to minimize the harm to vulnerable individuals. The role of advocacy and legislature cannot be over-emphasized. Laws restricting availability of lethal agents such as firearms have been advocated by the WHO. NGOs can play an important role in advocacy as exemplified by the proactive stance taken by the NGO Sneha which found that the suicide rate was highest among students who had failed in one subject. Subsequently, the government introduced a new scheme in 2002 wherein students who fail in one subject can rewrite their examination within a month and can pursue their further studies without losing an academic year.

CONCLUSION

The need for a strategy which will raise awareness and help make suicide prevention a national priority has long been recognized. Such as national strategy will need a comprehensive approach that encompasses the promotion, coordination, and support of activities to be implemented across the country at national, regional, and local levels. The program would need to be tailored for population at risk. For example, prevention programs aimed at children and young adults would have to address issues related to gender inequality, physical/sexual abuse, violence and mental illness.

Gatekeeper training focuses on skill development to enable community members such as teachers, coaches and others in the community to identify signs of depression and suicide-related behaviours among youth. It encourages individuals to maintain a high index of suspicion and to inquire directly about distress, persuade suicidal individuals to accept help, and serve as a link for local referrals. Such approaches would also require a multidisciplinary team approach involving psychiatrists, general physicians, psychiatric nurses, psychiatric social workers, and non-governmental organizations (NGOs).

REFERENCES

- [1] American Psychiatric Association (2010). Practice guideline for the treatment of patients with major depressive disorder; third edition. Arlington (VA), American Psychiatric Association;152 p.
- [2] Brendel, R.W., Lagomasino, I.T., Perlis, R.H., Stern, T.A. (2008). The suicidal patient. In: Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, eds. *Massachusetts General Hospital Comprehensive Clinical Psychiatry*. 1st ed. Philadelphia, Pa: Mosby Elsevier:chap 53.
- [3] Cole, J.C.M., Walter, H.J., DeMaso, D.R. (2011). Suicide and attempted suicide. In: Kliegman RM, Behram RE, Jenson HB, Stanton BF, eds. *Nelson Textbook of Pediatrics*. 19th ed. Philadelphia, Pa: Saunders Elsevier:chap 25.
- [4] <http://timesofindia.indiatimes.com/India/India-has-highest-number-of-suicide-in-the-world-WHO/airtcleshow/41708567.cms>
- [5] <https://www.indiatoday.in/diu/story/ncrb-report-data-india-young-adults-suicide-2019-india-1717887-2020-09-02>
- [6] <https://www.thehindu.com/news/national/student-suicides-rising-28-lives-lost-every-day/article30685085.ece>
- [7] <https://www.ndtv.com/india-news/average-381-suicides-daily-in-india-in-2019-data-2288951>

