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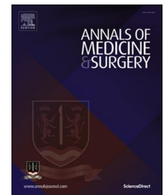

Correspondence

Suicide prevention in Bangladesh: Hope and hype

The phrase “suicidal behavior” is frequently used to describe actions related to suicide, whether fatal or not. Suicidal conduct, including suicidal thinking, planning, and attempts, is nonfatal suicidal behavior [1]. With 2584 suicides officially recorded in 2021 [2], Bangladesh, the eighth-most populated nation in the world, has seen an alarming rise in suicide mortality. In 2020, the suicide rate in Bangladesh was 3.85 per 100,000, ranking #153 in the world. The latest WHO figures show 5998 suicide fatalities, 0.84% of all deaths, and the suicide rate for 2019 increased from 2.78% in 2018 to 3.70% in 2019 [3]. In low- and middle-income nations, where suicidal behavior is still understudied, roughly four out of every five suicides worldwide occur, according to a World Health Organization (WHO) report [3]. The study then finds that most teenage suicidal behavior in Bangladesh is primarily brought on by several important causes, including stress, mental illness, unemployment, relationship issues, academic expectations, and inadequate educational systems. As a result, it primarily impacts those harmed pupils while concurrently causing misery for others. The main contributors to suicide attempts include young people’s pessimism, drug abuse, childhood trauma, and previous attempts and contemplation [4]. Modern life makes individuals often lead a hectic life and do not prioritize spending time with friends and family [5]. That often makes people feel lonely. Social and religious considerations still shape the diagnosis and reporting of suicides, and families often conceal the fundamental nature of the action out of concern for police harassment and societal embarrassment. However, many industrialized countries do not view it as a crime. Since therapy is more expensive for those who require intensive mental health care, they must consider their options carefully.

The number of people who experience depression may decrease with early identification, screening, and therapy, leading to decreasing the suicide rates. The population needs significantly more mental health care than is being provided. Modern electronic services will substantially aid in ensuring that patients obtain upper-edge counseling and psychological assistance while protecting their privacy and lowering expenses, which are not currently accessible in Bangladesh. In that case, the government urges citizens to adopt a comprehensive strategy to lessen the suicide-related burden in Bangladesh and to categorize it as a public health concern. The internet and social media are readily available tools for spreading messages about reducing suicide rates, disseminating knowledge about depression, and increasing mental health awareness. Therefore, we recommend that Bangladeshi psychologists and psychiatrists should contribute to accurate medical content on social media all over Bangladesh. Also, they should raise the awareness of their patients and their relatives about suicide aspects. Additionally, social media activists and public figures can share the accurate medical content, provided by psychologists and psychiatrists to help spread on a wide scale.

The school curriculum needs to include instruction on mental wellness [6]. Through educational programs with schools, parents should be instructed on how to monitor their child’s mental health and see the warning signs of depression. For pupils to obtain mental health support, schools should have adequate resources. Therefore, school employees need training and assistance to provide or enable quick access to the proper care for pupils with mental health difficulties. University students should have access to more counseling services to assist them in managing the pressure of coursework and examinations. Nevertheless, because suicidality is a complex issue with intricate relationships among societal variables, variations should have been expected amongst nations, regions, and behaviors.

Much attention has been paid to the reduced suicide rate in nations with a significant Muslim population [7]. Islamist beliefs and practices even provide suicide prevention. In this regard, the prophet Muhammad has urged his nation not to commit suicide more than once, and this may be one of the causes behind the relative decrease in suicide rates in the Muslim population. Teenagers in countries with most Muslims are taught about these attitudes and ideas from a young age by their parents or religious leaders. In this regard, religious leaders should receive enough training from psychologists and psychiatrists on how to increase public awareness of suicide aspects, and when to seek mental healthcare services because most people, especially Muslim populations do not seek mental healthcare services due to suicide, depression, and mental health traditional stigma. While there should have been expected differences from country to country, area to region, and behavior to behavior, suicidality is a complex issue with intricate relationships among social influences [8].

Although Bangladesh has made steady improvements over the past 20 years, recent literature indicates that the suicide rate is rising. Due to the advent of the coronavirus disease 2019 (COVID-19), it is now aiming to enhance mental health care. The government should implement a national suicide prevention policy right away. Bangladesh would be able to address the spark before the fire breaks out through the early surveillance of and care for those with depression and other mental health issues.

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Author contribution

RAF: designed the study. AKMSK and RAF: made the first draft. RAF: updated the manuscript. RAF: reviewed the final draft and edited final. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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