Editorial

Suicide Prevention: It's Time to Connect, Communicate, and Care

INTRODUCTION

Suicidal deaths have always intrigued the physician who is in the business of saving lives. On September 10, 2016, International Association of Suicide Prevention has given the slogan of "Connect, Communicate, Care" for the World Suicide Prevention Day which is observed every year since its inception in 2003.[1] In step with the slogan, I discuss few relevant areas in which we have to make progress to see a change in the National suicide rates.

CONNECT: WORKING TOGETHER

Although the world is more connected today due to the technological developments and the so called "Social Network," as mental health professionals, we are observing some sense of alienation, of the sorts described by Albert Camus and Franz Kafka, within many people to whom we provide care. In this context, the aspect of emphasizing the social connectedness becomes important. As health-care organizations and institutions, we have to look more into community care and follow-up of people who attempt suicide, and the bereaved family. This can be done both by strengthening the available community health workers through training and by supporting and taking help of nongovernmental organizations (NGOs) who are working in the field. Collaboration with governmental community agencies such as National Rural Health Mission, National Mental Health Programme, and some key NGOs should help in developing a sustainable support system which is well connected within itself and which would foster the "social connectedness."

COMMUNICATE: CREATING AWARENESS AND REGULATING MEDIA

Awareness is a double-edged strategy in suicide prevention. On the one hand, it would confront the stigma and effect the required change in attitude toward people who attempt suicide and those who suffer with psychological problems. It would also help people strengthen their coping systems and equipping themselves to help those around them. Awareness should, however, be done cautiously within the cultural framework so that it should not either sensationalize or overtly normalize suicide. Teaching vulnerable groups like the young people (15–29-year-old) the required "Life Skills" would go a long way. There are many life skills manuals and training materials available online, which can be used in school and college settings to strengthen those who go through emotional difficulties.

The other important area is the collaboration with the media agencies. Media reporting is known to influence the suicide trends through the Werther effect or copy-cat suicides.[2] Implementing few changes in the media reporting is found to be useful. For example, in Austria, the introduction of media guidelines have had a significant impact on the suicide behaviors.[3] The same can be done with regards to Indian media in the following ways:

1. Educate the public about suicide carefully and focus on positive coping in adverse events, so that it may have the Papageno effect[4]
2. Avoidance of publishing suicide stories on the front page or any such prominent places
3. Heading of the article and its content should be carefully worded such that suicide is not construed as a solution to some problem
4. Avoiding the explicit information of place, personal or family details, methods used, and photographs or video footages[5]
5. Avoid sensationalizing suicide stories and take due care in handling celebrity suicide. Celebrity suicides are known to elicit the Werther effect, due to their modeling effect
6. Always include information about where to seek help, with every suicide report.

CARE: HEALTHCARE ACTIVISM AND POLICY-MAKING

The last aspect of the slogan is the crucial part of any comprehensive suicide prevention project. Apart from the general sense of care which should be a part of every suicide prevention project, we also should care enough to influence policy-making and state health planning. The recent change in the decriminalizing stance of the law toward suicide (Section 309 of IPC) is a welcome sign for the cause of suicide prevention.[6,7] Mental Health Care (MHC) Bill 2013, which is passed by the Rajya Sabha on August 8th this year,[8] is yet to be made

an act, but the decriminalization of suicide would only encourage more help seeking and health-care usage. Another benefit would be a more precise and valid reporting of suicide which will improve our estimates of the suicides across the nation. Over the last decade, research has given a glimpse of the real magnitude of the problem in India.[9] Another good aspect of the MHC Bill 2013 is that it mandates the education and collaboration of gatekeeper agencies such as police and judiciary. The duties of the government enshrined in the Bill would help better human and financial resource distribution in the country.

There is also the need to generalize the lessons learnt from the central storage facilities for pesticides in Tamil Nadu[10,11] which helped in a significant decline in both suicidal deaths and attempts. Such findings will prompt further policy-making. Although the priority of mental health in the current Indian health-care scenario is lower than other issues like infectious diseases and nutritional problems, we need to work toward a national mental health strategy that includes suicide prevention.

I'm happy to present this special issue on the topic of Suicide to the mental health community. Viewpoints from two prominent researchers are presented about the way forward of suicide prevention. They emphasize the public health interventions and collaborative work as the need of the hour. The review on the available research on Indian suicide brings out the distinctiveness of the Indian suicide data and draws conclusions. I'm sure that many other articles included would be helpful in broadening our understanding about this topic.

Suicide is a symptom of multifactorial causative factors, with major depressive disorder possibly being the most common psychiatric disorder associated, along with impulsivity, which can be effectively treated with relative ease in the clinical settings. Our intention here is not to over-medicalize an apparently socioeconomic issue, but to highlight the ease in preventability by emphasizing the clinical treatability of the cause.

Prevention of suicides remains an area of primary prevention in psychiatry. Psychiatrist as the leader working with and sensitizing other health-care professionals, especially those in primary care (gatekeepers), and various social, governmental and NGOs should strive to achieve "Zero Suicide" status! We must take lead in managing the clinical dimension, and also be an important stakeholder in the legislative and socioeconomic team in our collective journey to prevent suicides in the community.

M. S. Reddy, M. Starlin Vijay

Asha Bipolar Clinic, Asha Hospital, Hyderabad, Telangana, India
E-mail: drmsreddy@gmail.com

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