

Research Paper

Towards Hope: Charting the Path of Suicide Prevention in India

Shreyansh Srivastava^{1*}, Hemant Kashyap²

ABSTRACT

According to the WHO estimates, India has the 41st highest suicide rate globally, as of 2019. Suicide is a global health concern that touches lives regardless of age, gender, or socio-economic status. Prevention is everyone's responsibility, and it often begins at home. In this article, we'll explore suicide, assessment scales, preventive strategies for families, resilience building, coping skills, and therapeutic art interventions.

Keywords: Hope, Charting, Suicide Prevention

Suicide stands as a pressing mental health crisis that can impact individuals at any point in their lives. When someone chooses to end their life intentionally, it not only culminates in the tragic loss of that life but also reverberates through society, generating both financial and emotional burdens. Such repercussions extend beyond immediate economic costs, marking a deep psychological impact on those left behind, potentially leading to the onset of secondary mental health conditions. Numerous triggers exist, from personal stresses, academic pressures, and relationship challenges to more systemic issues like alcoholism, monetary strains, and enduring physical pain.

The emergence of the COVID-19 pandemic has further intensified the crisis. With countless individuals losing loved ones, livelihoods, or facing displacement from their homes and places of work, emotional well-being has been significantly strained. This led to heightened feelings of despair, with some tragically resorting to suicide. Particularly in India, which faced a severe COVID-19 outbreak and also battles one of the world's highest mental health challenges, there's a renewed focus on analysing suicide rates (Smith & Kumar, 2021). These figures become a pivotal health marker, especially when viewed in the light of India's Sustainable Development Goals (SDG) and its post-pandemic economic recovery efforts. (Patel et al., 2012).

The World Health Organization highlights that suicide has become the second primary cause of death among the youth globally, aged between 15 to 29, following road mishaps (Chia-Yi Wu, 2023). Alarmingly, it ranks second as the cause of death for teenage girls in the 15-19 age bracket, trailing behind maternal conditions, and third for teenage boys in the same age range, following road accidents and violent incidents. Globally, close to 800,000 suicide cases are documented annually. A staggering 79% of these occur in lower to middle-income

¹M.Phil. Clinical Psychology Trainee, Department of Clinical Psychology, Madhav University, Sirohi.

²Assistant Professor, Clinical Psychology, Department of Clinical Psychology, Madhav University, Sirohi.

*Corresponding Author

Received: August 11, 2024; Revision Received: August 23, 2024; Accepted: August 26, 2024

nations. High-income countries witness fewer than a quarter of these incidents. Despite humanity's advancements in the modern era, we still grapple with the harrowing statistic of one suicide every 40 seconds.

Further highlighting the gravity of the situation, recent data released by the National Crime Records Bureau (NCRB) in August 2022 paints a worrisome picture for India. The country witnessed a total of 1,64,033 suicides in 2021 alone, marking an increase of 7.2% compared to the previous year. This surge underscores the urgent need for comprehensive strategies and interventions to address and curtail this growing crisis.

Suicide, Self-harm, Suicide Contagion and Parasuicide

Suicide refers to the act of intentionally causing one's own death, driven by various personal reasons. This self-inflicted act arises from an intention to end one's own life. Conversely, a suicide attempt, although perilous, does not result in death but indicates a person's inclination towards ending their life. Youths in India who have tried to commit suicide once are at a heightened risk of trying again, often with increased lethality.

Mere thoughts about **self-harm**, known as suicidal ideation, vary in their intensity. Some might have a vague desire to die without a clear plan, while others might have specific plans and a strong intent. It's alarming to note that a significant proportion of Indian adolescents who contemplate suicide end up making an actual attempt during their lifetimes (Brent et al., 1988).

Another disturbing phenomenon observed is **suicide contagion**. It's a process where the exposure to the suicide or suicidal behaviours of one individual can influence others who are already vulnerable to consider suicide. In the Indian context, witnessing the suicide of a close friend, family member, or someone within the social circle amplifies the risk factors for individuals and the broader community. Such exposures further underline the need for awareness and interventions to curb the chain reactions they may trigger.

Furthermore, self-harm, which involves intentional self-injury without the intent to die, is also a concern. According to Vijayakumar (2010), such actions in the Indian scenario might include acts like cutting or burning oneself. Often referred to as self-directed violence, these acts can be categorized into suicidal self-injury, non-suicidal self-injury (NSSI), and self-harm with ambiguous intent. Although NSSI might lack the intent of suicide, it remains a pivotal risk factor for both future suicide attempts and death by suicide (Hawton, Saunders, & O'Connor, 2012). It's essential to understand that NSSI might not always be accompanied by suicidal thoughts, yet its presence signals the need for serious attention and intervention.

In addition to these, there is another concerning behaviour known as parasuicide. **Parasuicide** refers to deliberate acts of self-harm without the genuine intent to die, often seen as a cry for help or as an expression of deep emotional pain (Kreitman, 1977). It can include behaviours like overdose, self-poisoning, or superficial cuts. The distinction between parasuicide and suicide attempts is the absence of a true intent to die. In India, the recognition of parasuicide is crucial, as it provides an avenue to intervene and offer support before these behaviours escalate into genuine suicide attempts.

Adolescence is a time of profound change and transition, marked by new responsibilities, the formation of identity, and shifting dynamics at home and school. These monumental

physical, hormonal, and social shifts can enhance the chances of young individuals grappling with anxiety or depression (Brent et al., 1988).

Key Risk Factors Include:

Mental and Substance Use Disorders: Conditions like depression, anxiety, bipolar disorders, eating disorders, and substance misuse (including marijuana and alcohol) can escalate the severity of suicidal thoughts, increasing the probability of suicide attempts and suicides.

Individual-Level Factors:

- Past suicide attempts
- Childhood traumas, including physical, sexual, and emotional abuse
- Being under the child welfare system
- Being involved in bullying, either as a victim or perpetrator
- Undergoing stressful life events
- Chronic low-level or toxic stress
- Sleep disturbances
- Feelings of hopelessness or a loss of control
- High emotional reactivity, aggressive tendencies, or impulsive behaviours
- Ready access to unsecured firearms or other lethal means, like medications.

Family Dynamics:

- Parental history of depression or suicidal behaviour
- Substance use issues within the family

In essence, while adolescents and young adults navigate the complexities of growing up, they can encounter multiple risk factors that elevate their chances of contemplating or attempting suicide. Identifying and understanding these factors are paramount for early intervention and prevention. Wasserman (ed.), D. (2021)

Scales for Assessing Suicide Risk

The various psychometric scales for evaluating suicide risk primarily fall into two categories: those that indirectly evaluate suicide risk by assessing related clinical variables and those specifically crafted to measure suicide risk directly.

Scales Indirectly Evaluating Suicide Risk:

- 1. Barratt Impulsiveness Scale (BIS-11)**
 - Measures impulsivity, a known risk factor.
 - Comprises 30 items.
 - Recent studies question its direct association with high-lethality suicide attempts.
- 2. Buss-Durkee Hostility Inventory (BDHI) & Brown-Goodwin Lifetime History of Aggression (BGHA)**
 - Aim to measure aggressiveness.
 - BDHI has 75 items; BGHA has 11 items.
 - Past studies linked these scales to increased risk for suicide attempts, especially among alcohol-dependent subjects.
- 3. Beck Hopelessness Scale (BHS)**
 - Designed to gauge pessimism in patients at risk of suicide.

Towards Hope: Charting the Path of Suicide Prevention in India

- Comprises 20 items.
 - Has demonstrated potential in predicting suicides but has low specificity.
- 4. Beck Depression Inventory (BDI)**
 - Evaluates the severity of depression, includes a suicide item.
 - Previous research emphasized its suicide prediction capability.
 - 5. Holmes–Rahe Social Readjustment Rating Scale (SRRS)**
 - Includes 43 life events, assessing their impact on individuals.
 - Key life events linked to suicide attempts include marital issues and personal injuries or illness.
 - 6. Reasons for Living Inventory (RFLI)**
 - Features 48 items divided into six protective factors.
 - Has potential in moderating suicide risk but lacks data regarding completed suicides.

Scales Directly Evaluating Suicide Risk:

- 1. Personality and Life Events scale (PLE) & Short Personality and Life Events scale (S-PLE)**
 - PLE is a composite of items from various scales (BIS-11, BGHA, SRRS, and IPDE-SQ).
 - The short version, S-PLE, is quicker and emphasizes chronic feelings of emptiness.
 - S-PLE has demonstrated efficacy in identifying suicide attempters.

In essence, these scales play a crucial role in clinical settings for assessing suicide risk, each offering unique insights.

Scales Specifically Developed for Evaluating Suicide Risk

Several scales have been designed specifically to assess suicide risk, offering clinicians tools to gauge immediate danger and the need for intervention.

- 1. SAD PERSONS scale (SPS) and NO HOPE scale:**
 - SPS is a checklist of ten items (like age, depression, previous attempts) often used to determine the need for hospitalization.
 - NO HOPE is an additional tool to enhance the SPS's suicide risk evaluation.
 - Despite its clinical validity, a systematic review questioned the SPS's capability in predicting suicidal behaviour (SB).
 - The modified SPS (MSPS) has shown better specificity and sensitivity in identifying the need for hospitalization.
- 2. Beck Suicide Intent Scale (SIS):**
 - Widely recognized scale to measure suicide intent.
 - Consists of 15 items.
 - Has shown to distinguish between survivors and suicides.
 - A shorter version of SIS was proposed to improve predictive value.
- 3. Risk-Rescue Rating Scale (RRRS):**
 - Ten-item scale traditionally used to assess the lethality of suicide attempts.
 - Has outperformed other scales in predicting the need for hospitalization.
 - When combined with SIS, its accuracy increases further.

4. Self-Injurious Thoughts and Behaviours Interview (SITBI):

- Offers a comprehensive assessment of self-injury-related constructs.
- Has displayed strong test-retest and interrater reliability.
- Validated in multiple languages, including English, Spanish, and German.

5. Columbia Suicide Severity Rating Scale (C-SSRS):

- Designed to quantify the severity of suicidal ideation and behaviour, measuring four constructs including severity and intensity of ideation, suicidal behaviour, and lethality.
- Has been suggested as a potential 'gold standard' for suicide risk assessment.
- However, some discrepancies were noted in comparison with other standardized instruments.
- Some studies support its predictive capability, especially in adolescents and psychiatric outpatients.

In essence, these scales offer vital insights into a person's suicidal intent and risk, aiding clinicians in making informed decisions on intervention and care.

Suicide Prevention strategies for families and parents

Suicide prevention is a shared responsibility, and families and parents play a pivotal role in the well-being of their loved ones. Here are some strategies and actions that parents and families can take to potentially prevent suicide:

1. Open Communication:

- Engage in Conversations: Encourage open dialogue about feelings, emotions, and challenges.
- Listen Actively: Give your full attention, and avoid judgment or interruption.

2. Education:

- Learn About Warning Signs: Recognize changes in behaviour, mood, or speech that may indicate suicidal thoughts.
- Stay Informed: Understand factors that might increase the risk, such as mental health disorders, trauma, or substance abuse.

3. Mental Health Support:

- Encourage Therapy: If someone is struggling, support them in seeking professional help.
- Medication Adherence: Ensure they take prescribed medicines and consult regularly with a healthcare provider.

4. Safe Environment:

- Limit Access to Lethal Means: Secure medications, firearms, and other potential tools for suicide.
- Monitor Online Activities: Be aware of what young family members are exposed to, including cyberbullying or harmful online communities.

5. Stay Connected:

- Build Strong Relationships: Foster close bonds to provide emotional support.

Towards Hope: Charting the Path of Suicide Prevention in India

- Engage in Family Activities: Shared activities can boost spirits and strengthen connections.
- 6. Crisis Planning:**
- Develop a Safety Plan: Discuss steps to take if suicidal thoughts emerge.
 - Emergency Contacts: Have a list of helpline numbers, therapists, and emergency room contacts readily available.
- 7. Encourage Social Interaction:**
- Promote Social Activities: Engage them in social events, clubs, or gatherings to prevent isolation.
 - Connect with School or Work: Regularly communicate with teachers or colleagues to gauge their behaviour in different settings.
- 8. Address Substance Abuse:**
- Seek Treatment: If someone is struggling with alcohol or drug abuse, support them in getting the necessary help.
 - Educate: Discuss the dangers and potential consequences of substance abuse.
- 9. Continuous Monitoring:**
- Stay Vigilant: Especially after a crisis, keep close contact, and provide emotional support.
 - Schedule Regular Check-ins: This ensures you're continuously aware of their mental and emotional state.
- 10. Get Involved:**
- Participate in Support Groups: Connecting with others in similar situations can provide shared experiences and coping mechanisms.
 - Stay Educated: Attend workshops, seminars, or counselling sessions on suicide prevention.
- 11. Reduce Stigma:**
- Promote Understanding: Encourage a family culture where mental health is viewed with as much significance as physical health.
 - Educate Siblings and Extended Family: Ensure they understand the importance of support and the dangers of stigmatization.

Remember, while these strategies can be beneficial, professional guidance is crucial when dealing with potential suicide risks. If someone is in immediate danger or experiencing a crisis, seek emergency medical attention or consult a helpline right away.

Building Resilience and Coping Skills

Building resilience and honing coping skills are paramount in the arena of psychological interventions for suicide prevention. When individuals can navigate adversity with skill and strength, their vulnerability to suicidal ideation diminishes, bolstering their emotional and psychological well-being.

At the forefront of these interventions is Cognitive Behavioural Therapy (CBT). This approach not only aids individuals in identifying and challenging negative thought patterns

Towards Hope: Charting the Path of Suicide Prevention in India

but also replaces them with healthier, balanced beliefs. Moreover, it equips them with practical problem-solving skills, allowing them to confront issues methodically instead of being paralyzed by overwhelming feelings.

Another potent intervention is Dialectical Behaviour Therapy (DBT). Originated from the tenets of CBT, DBT emphasizes emotional regulation, assisting individuals in both identifying and managing their most intense emotions. Additionally, it builds distress tolerance, enabling people to navigate crises without exacerbating them. Interpersonal effectiveness, a core component of DBT, enhances communication, fostering healthier relationships.

The power of mindfulness and meditation cannot be overlooked. Grounding individuals in the present, these practices deter ruminations on past regrets or anxieties about the future. Simple techniques, such as mindful breathing, can offer instant solace during turbulent moments. Narrative Therapy offers a unique approach, prompting individuals to rewrite their life narratives. By focusing on strengths and positive outcomes, it reshapes their perspectives. Crucially, it externalizes problems, allowing individuals to view challenges as separate from their identity, fostering an objective problem-solving approach.

Interpersonal Therapy (IPT) zooms in on enhancing communication and mending interpersonal rifts, addressing disputes that might be catalysts for suicidal feelings. Complementing this is Strength-Based Therapy, which underscores personal strengths, leveraging them as a foundation for holistic growth. By setting and working towards realistic, achievable goals, it promotes self-efficacy.

The role of psychoeducation is indispensable. Empowering individuals through knowledge about mental health, stress, and coping strategies can be transformative. Including family in this education process can cultivate a more nurturing, understanding environment.

During acute distress periods, crisis intervention becomes vital. Offering immediate support and guidance, it creates a lifeline for those teetering on the edge. Alongside this, safety planning, a proactive approach, prepares individuals for potential future crises, ensuring they have resources and strategies at their disposal.

Group therapy offers the comfort of shared experiences. In such a setting, individuals can derive strength from others navigating similar challenges, fostering a sense of camaraderie and mutual support.

Lastly, structured resilience training programs are emerging as invaluable assets. They emphasize pivotal resilience factors—self-awareness, optimism, and mental agility—and employ exercises to reinforce these traits. These programs underline the importance of regular practice, ensuring resilience-building techniques become second nature.

Incorporating and intertwining these psychological interventions can lead to profound improvements in resilience and coping abilities. However, it remains essential to customize interventions to individual needs, ensuring they remain relevant and effective as challenges evolve. Regular evaluations further ensure that these interventions not only remain pertinent but also evolve with the individual's journey.

Harnessing the Power of Art Therapy: Transmuting Negative Thoughts into Creative Expression

Art therapy has been increasingly recognized as an influential medium in the realm of mental health, particularly for those grappling with deep-seated negative emotions and suicidal tendencies. This expressive form of therapy isn't just an avenue for crafting beautiful art pieces. Instead, it offers a sanctuary for individuals to channel their emotions, manifesting feelings that are often too challenging to articulate into tangible, visual forms.

According to Malchiodi, C. A. (2012), delving deep into the therapeutic world of art, individuals find a unique space where they can disentangle their web of negative thoughts. As they craft and mold their emotions using colours, textures, and shapes, they embark on a voyage of introspection, creating a tangible reflection of their internal struggles. This visual representation serves as a mirror, allowing them to confront, understand, and eventually make peace with their emotions.

Such therapeutic practices take on an added significance in the context of India, a country where the pressures of societal expectations weigh heavily on the young. Take, for instance, the story of Rohit, a 16-year-old from Mumbai. Caught in the whirlwind of academic excellence and societal norms, Rohit felt isolated and overwhelmed. However, it was art therapy that threw him a lifeline. Though initially sceptical, Rohit's exploration into art therapy illuminated his path. Through the strokes of his brush and the themes of his artwork, Rohit found a way to communicate the storm brewing inside him. His journey with art, from depicting his struggles using traditional Indian art forms like Madhubani and Warli to gradually incorporating symbols of hope, is a testament to the transformative power of art therapy.

As Rohit's artwork evolved, so did his understanding of his feelings. The dark hues that once dominated his canvas gave way to the brightness of hope and resilience, mirroring his internal transition. Furthermore, by sharing his artwork, he created a bridge, enabling his family and educators to step into his world, understand his struggles, and support him.

Thus, therapeutic art emerges not just as an individual's refuge but also as a medium fostering understanding and empathy within communities. It provides a voice to the voiceless, allowing them to navigate their negative thoughts and find pathways of healing and connection. For many like Rohit, art therapy isn't just about creating; it's about surviving, healing, and ultimately thriving.

CONCLUSION

In the kaleidoscope of human experiences, the tragedy of suicide stands as a stark reminder of the complex interplay between societal pressures, personal struggles, and mental health challenges. Particularly in a nation as diverse and dynamic as India, these nuances demand a profound, multifaceted response. The alarming rise in suicide rates, especially in the aftermath of a global pandemic, underscores the dire need for a united, comprehensive approach.

While various triggers – from individual stressors like academic pressures to broader societal issues such as financial strains – can push individuals to the brink, it's the community that holds the potential to pull them back. Central to this endeavour is understanding, compassion, and education. As we've delved into the complexities of risk factors, the value of assessment scales, and the transformative power of therapeutic

Towards Hope: Charting the Path of Suicide Prevention in India

interventions like art therapy, it becomes clear that the onus of prevention isn't limited to the individual. Families, educators, therapists, and communities play an invaluable role in creating a tapestry of support.

Whether it's through fostering open communication within households, the strategic use of assessment scales in clinical settings, or the embrace of therapeutic interventions that meld tradition with innovation, every strategy plays a pivotal role. The journey of individuals like Rohit shines a light on the transformative potential of art therapy and similar interventions, illuminating paths from despair to hope.

In the pursuit of a more understanding and compassionate tomorrow, it is imperative that every stakeholder – from families to policymakers – stands committed to the cause. The goal isn't just to reduce numbers; it's to enhance the quality of life, to ensure that every individual, no matter their circumstances, feels seen, heard, and valued. For in the collective resilience and unity of purpose, lies the beacon of hope for countless souls navigating the shadows of despair.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Srivastava, S. & Kashyap, H. (2024). Towards Hope: Charting the Path of Suicide Prevention in India. *International Journal of Indian Psychology*, 12(3), 1492-1501. DIP:18.01.146.20241203, DOI:10.25215/1203.146