

SUICIDE PREVENTION

A TOOLKIT

**Understanding the Suicidal Tendencies
and Taking Steps to Prevent Suicide**



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Suicide Prevention: A Toolkit

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Suicide has become one of the leading causes of death all over the world. In India, the rate is alarmingly high as it covers a wide age group from children to elderly.

Through the last decade, we noticed a gradually declining trend in suicidal rates, with a suicide rate of 9.9 per lakh in 2017. Subsequently, there was an increasing surge in suicidal deaths, with a rate of 10.2 in 2018, 10.4 in 2019, 11.3 in 2020, and 12 in 2021 (per lakh population). The rise from 10.2 to 11.3 per lakh in the last three years is disturbing.

Suicide prevention and intervention efforts in India are in the budding stage. According to the World Health Organization (WHO), suicide in India is a serious public health issue but it can be prevented with timely interventions.

Dr. Om P. Singh, a leading Psychiatrist in India wrote¹:

“The National Crime Records Bureau (NCRB) released data on suicidal deaths in India in August, 2022 and the figures were startling. A total of 1,64,033 suicides were reported in the country in 2021 which is an increase of 7.2% in comparison to the previous year in terms of total numbers. In terms of rate of suicide, India reported a rate of 12 (per lakh population) and this rate reflects a 6.2% increase during 2021 over 2020.[1] The number reported is the highest ever recorded in the country since inception of reporting of suicides by the NCRB in 1967. This is a genuine cause of concern. A majority of suicides were reported in Maharashtra followed by Tamil Nadu, Madhya Pradesh, West Bengal, and Karnataka. These five states together accounted for 50.4% of the total suicides reported in the country. In terms of rates of suicides, Andaman and Nicobar Islands reported the highest rate of suicide (39.7) followed by Sikkim (39.2), Puducherry (31.8), Telangana (26.9) and Kerala (26.9).”

1. Om P. Singh, “Startling suicide statistics in India: Time for urgent action”, *Indian J Psychiatry*. 2022 Sep-Oct; 64(5): 431–432.

Why Suicide

Those who work in the mental health care sector consider Suicide as a 'Cry for help'.

Suicide: Death by self-directed injurious behavior with intent to die

Suicide Attempt: Non-fatal self-directed (potentially) injurious behavior with intent to die

Suicidal Ideation: Thoughts of suicide. May or may not include a plan

Why people opt to kill themselves?

In India, the top 10 causes or correlates of suicide in 2009 were family problems (23.7%), illness (21%) [including insanity/mental illness (6.7%)], unemployment (1.9%), love affairs (2.9%), drug abuse/addiction (2.3%), failure in examination (1.6%), bankruptcy or sudden change in economic status (2.5%), poverty (2.3%), and dowry dispute (2.3%). The high rates of suicide among persons with mental illness and drug abuse/addiction, though not a measure of intent, are of much concern. Many of the remaining causes [namely, suspected/illicit relation, cancellation/non-settlement of marriage, not having children (barrenness/impotency), death of a dear one, dowry dispute, divorce, ideological causes/hero worship, illegitimate pregnancy, physical abuse (rape, incest, etc.), poverty, professional/career problem reflect the unique social structure of our society and the social pressures that individuals face².

2. Radhakrishnan R, Andrade C. Suicide: An Indian perspective. Indian J Psychiatry. 2012 Oct;54(4):304-19. doi: 10.4103/0019-5545.104793. PMID: 23372232; PMCID: PMC3554961.

... Why Suicide

Though the world has developed so much in various ways, the value of human life is declined. The shift from joint family system (with its own challenges) to the nuclear family made people islands. The innovation of the mobile phones and internet, with all its advantages turned people solitary. Many live an active life in virtual world; fail to face a real world with its pressures. Lack of open communication and sharing, absence of family and social support, make people isolated and vulnerable. When they are confronted with the challenges life throw at them, they find themselves as failures; easily succumb to death.

Recently a popular orthopedic doctor in Kerala hanged himself after writing a suicide note “I have failed in life... every way...” Nobody knew what caused the act.

Kokila was brought to the hospital as she had consumed pesticide at home. On further interaction, she revealed that her husband and family were good, but father was a chronic alcoholic. She wanted to threaten him..!

COVID-19, the Pandemic, had stolen a huge number of human lives. The effects of that dark episode in human history are not fully explored or studied yet. Many took their lives due to the rising unemployment and economic downslide following the pandemic.

Stress, anxiety, insecurity, fear and sleeplessness, has had its impact on people’s mental health and they are reaching out to doctors, counselors, psychiatrists and helplines.



Suicide among Different Groups

A. Students/ Young people

Over 13,000 students died in 2021 in India at the rate of more than 35 every day, a rise of 4.5% from the 12,526 deaths in 2020 with 864 out of 10,732 suicides being due to "failure in examination" according to the latest data as per NCRB's ADSI report 2021.

Maharashtra had the highest number of student suicides in 2021 with 1,834, followed by Madhya Pradesh and Tamil Nadu.

In 2017, 4,711 women students died by suicide, while in 2021 such deaths increased to 5,693.

As per Ministry of Education, 122 students from IITs, NITs, central universities and other central institutions died by suicide over 2014-21.

68 of 122 belonged to the scheduled castes (SC), scheduled tribes (ST) or other backward classes (OBC).

Suicides are a growing concern in Kota, India, a hub for engineering and medical entrance exams preparation.

As of January 2023, 22 students have died in Kota since 2022 and around 121 have died since 2011³.

3. "Increasing Cases of Suicides in Educational Hubs," 08 Feb 2023.

<https://www.drishtias.com/daily-updates/daily-news-analysis/increasing-cases-of-suicides-in-educational-hubs>. Accessed on 17 July 2023

Factors that Increase Suicide Risk among Students/Young people

Individual Risk Factors

- Previous suicide attempts
- Self-injury such as cutting own body
- Mental illness, hopelessness, low self-esteem
- Impulsive or risk-taking tendencies
- Poor problem-solving or coping skills
- Low stress and frustration tolerance
- Social alienation or isolation
- Personal debts

Risky Behaviors

- Alcohol or drug use
- Tendency to do crimes
- Aggressive/violent behavior
- Risky sexual behavior
- Exposure to suicidal behavior of others via media or in person

Family Characteristics

- Family history of suicide
- Parental mental health problems, alcoholism

- Family stress and dysfunction, financial crisis in family
- Stressful life event/loss, situational crisis (breakups, abuse, divorce, death of a loved one, etc.)

Environmental Factors

- Exposure to suicidal behavior of others
- Negative social and emotional environment at school/College
- Expression and acts of hostility from others
- Lack of respect and fair treatment
- Limitations in school physical environment, including lack of safety and security
- Access to lethal means
- Exposure to stigma & discrimination
- Ragging

...Suicide among Different Groups

B. Adults

In 2021, the male-to-female ratio of suicide victims was 72.5: 27.4, while 70.9: 29.1 in 2020. The total number of male suicides was 1, 18,979 and female suicides accounted for 45,026. A total of 28 transgender people died by suicide. The proportion of female victims was more due to "marriage-related issues" (specifically in "dowry-related issues", and "impotency/infertility"). Of females who committed suicides, the highest number (23,178) was of house-wives followed by students (5,693) and daily wage earners (4,246). Among males, maximum suicides were by daily wage earners (37,751), followed by self-employed persons (18,803) and unemployed persons (11,724).

Almost 40% of the world's total number of female suicides takes place in India. Domestic violence was found to be a major risk factor for suicide in a study performed in Bangalore. In another study carried out in 2017, domestic violence was found to be a risk factor for attempted suicides among married women. This is found to be reflected in the NCRB 2019 data, where the proportion of female victims was more in "marriage-related issues" (specifically in "dowry-related issues").⁶

Contd...

4. Refer https://en.wikipedia.org/wiki/Suicide_in_India#cite_note-22

5. Gururaj, G; Isaac, M; Subhakrishna, DK; Ranjani, R (2004). "Risk factors for completed suicides: A case-control study from Bangalore, India". *Inj Control Saf Promot.* **11** (3): 183–91. doi:10.1080/156609704/233/289706. As quoted in https://en.wikipedia.org/wiki/Suicide_in_India#cite_note-22

6. Refer https://en.wikipedia.org/wiki/Suicide_in_India#cite_note-22

... Suicide among Different Groups

Contributing Factors

- Family problems
- Illness
- Drug abuse/alcohol addiction
- Marriage related issues
- Love affairs
- Bankruptcy or debts
- Unemployment
- Professional/career issues
- Property dispute
- Death of dear person
- Poverty
- Suspected/illicit relation
- Fall in social reputation
- Impotency/infertility

Other causes:

Post-partum depression

A common condition among women soon after the child birth. If the family members fail to understand and offer support (medical, if needed), in certain instances this disease can be led to suicide.

Mental illness

A large proportion of suicides occur in relation to psychiatric illnesses such as depression, substance use and psychosis. The association between depression and death by suicide has been found to be higher among women. The National Mental Health Survey (NMHS) 2015–16 found that almost 80% of those suffering from mental illnesses did not receive treatment for more than a year.

... Suicide among Different Groups

Suicide motivated by politics

Suicide motivated by ideology is much prevalent in India. Mental health experts say these deaths illustrate the increasing stress on young people in a nation where, elections are not withstanding, and the masses often feel powerless. Sudhir Kakar, a Scholar and author was quoted to say, "The willingness to die for a cause, as exemplified by Gandhi's epic fasts during the struggle for independence, is seen as noble and worthy. Ancient warriors in Tamil Nadu, in southeastern India, would commit suicide if their commander was killed."

Suicide among the farmers

The National Crime Records Bureau (NCRB) reported that in 2019, 10,281 people involved in the farming sector died by suicide. 5,957 were farmers/cultivators and 4,324 were agricultural laborers. Out of the 5,957 farmers/cultivators suicides, a total of 5,563 were male and 394 were female. Together, they accounted for 7.4% of total suicides in India in 2019 (Wikipedia).

Contd...

C. Elderly

Older Adults

Between 2016 and 2020, nearly 10,000 elderly suicides were reported in Kerala. Kerala Crime Records Bureau also reveals that while 7,148 elderly men died by suicide in the state in four years, the number of women were only 2,460.

A study conducted in Central India observed that 56.3% of the elderly who died by suicide were from the 60–69 age group followed by 33.7% in the age group of 70–79 years. Interestingly, the study found that 92% of these reported suicides occurred while the elderly were living in a joint family.

Suicide attempts by older adults are much more likely to result in death than among younger persons. Reasons include:

- Older adults plan more carefully and use more deadly methods.
- Older adults are less likely to be discovered and rescued.
- The physical frailty of older adults means they are less likely to recover from an attempt.

Risk factors

- Depression and other mental health problems
- Substance use problems (including prescribed medications)
- Physical illness, disability, and pain
- Social isolation
- Mistreatment, Abuse, and Neglect.

Beneath the facade of culture and strong family bonding, India reports high rates of elderly abuse and mistreatment from their own children and dear ones. ■

How to Identify and Assess the Risky Behavior?

Are you able to notice people and identify their brokenness? Can you respect an individual despite of his/her background, family, culture and education? Develop empathy as a basic character, which may lead you to people who need a listener. Are you a good listener, who is capable to identify the feelings of a person, willing to walk an extra mile with him/her?

If you come across several of the following warning signs and risk factors in somebody whom you know, which include depression, change in personality etc. take him/ her seriously. Having cut marks, self-inflicted injuries in one's body, conversation about wanting to "Go" or die are very strong cues. Listen without judgment and encourage them to take professional help.

Be open for a conversation by offering your availability, time and private space. If the person is not willing to open up to you, find out the nearby Counselor or Psychologist. If you are not a trained person, don't ever try to do things which are outside your expertise, but can lead the individual to a professional. A counselor or psychologist will offer counseling and make further referral to a Psychiatrist.

Rarely will people immediately volunteer the information that they are thinking of harming themselves or ending their lives. Be alert for warning signs that a person may be at risk of imminent suicide. In many cases suicide can be prevented.

... Identify Risky Behaviors

Warning signs include

- Threatening to hurt or kill him/her, or talking of wanting to hurt or kill him/her
- This includes statements such as: “My family would be better off without me”; “I won’t be around for...”. Among the elderly, these statements may sound more like “I don’t want to be a burden” or “I don’t belong anywhere anymore”.
- Looking for ways to kill him /her by seeking access to firearms, available pills, or other means
- Talking about feeling hopeless or having no reason to live
- Anxiety
- Agitation, aggression
- Acting reckless
- Insomnia or sleep disturbance
- Increased alcohol or drug use
- Withdrawing or feeling isolated
- Talking about being a burden to others
- Rage or seeking revenge
- Dramatic mood swings
- Feeling trapped – like there’s no way out
- Talking about being in unbearable pain

... Identify Risky Behaviors

Strongest Warning Signs – Take Immediate Action to Protect Person

Individual Risk Factors

- Previous suicide attempt, especially within the past year
- Major physical illnesses, especially with chronic pain
- Central nervous system disorders, including Traumatic Brain Injury (TBI)
- Mental illnesses, particularly:
 - Mood disorders
 - Schizophrenia
 - Anxiety disorders (including, PTSD)
 - Certain alcohol and other substance use disorders
 - Personality disorders (such as Borderline PD, Antisocial PD, and Obsessive-Compulsive PD)
 - In youths: Attention-deficit/hyperactivity disorder (ADHD) and conduct disorders (antisocial behavior, aggression, impulsivity)
 - Psychiatric symptoms/states of mind: anhedonia (diminished or inability to gain pleasure from normally pleasurable experiences or activities), severe anxiety/panic, insomnia, hallucinations, intoxication, self-hate
 - Impulsive and/or aggressive behavior
- History of trauma or abuse
- Family history of suicide or exposure to suicide in social network, community, media
- Precipitants/triggering events leading to humiliation, shame, or despair (e.g., loss of relationship, health or financial status – real or anticipated).

... Identify Risky Behaviors

Social/Environmental Risk Factors

- Chaotic family history (e.g., separation or divorce, change in caretaker, change in living situation or residence, incarcerations)
- Lack of social support and increasing sense of isolation
- Easy access to/familiarity with lethal means (e.g., guns, illicit drugs, medications)
- Local clusters of suicide that can have a contagious influence
- Legal difficulties/contact with law enforcement/incarceration
- Barriers to accessing health care, especially mental health and substance abuse treatment

Societal Risk Factors

- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to, including through the media, and influence of others who have died
- Always be included in the patient's safety plan.

Support network may include:

- Friends
- Co-workers
- Clergy/minister
- Family members
- A suicide prevention hotline
- Peer support
- A therapist

Encouraging the person to utilize their support network even when they are not feeling suicidal can help reduce the number of suicidal crises they experience.



Positive Steps to be Taken

A. Efforts to Prevent Suicide as a Community

If your friend or relative are experiencing depression and suicidal tendency, usually they may:

- Seem more sad or tearful
- Appear more pessimistic or hopeless about the future
- Talk about feeling guilty, empty, or worthless more often
- Seem less interested in spending time together or communicate less frequently than they normally would
- Get upset easily or seem unusually irritable
- Have less energy than usual, move slowly, or seem generally restless
- Have less interest in their appearance than usual or neglect basic hygiene, such as showering or brushing their teeth, untidy
- Have trouble in sleeping or sleep much more than usual
- Care less about their usual activities and interests
- Experience forgetfulness more often or have trouble concentrating or deciding on things
- Eat more or less than usual, loss of appetite
- Talk about death or suicide

Contd...

6 Tips to help Someone with Depression and Suicidal Tendency

1. Start a conversation...ask questions

Ask them how they are...how they feel...what they think.

Let the other person know that you are genuine and have a real concern for him/her.

- “Neha..It seems like you are going through a hard time. What’s on your mind?”
- “Arvind, I have noticed that when we had met, you seemed a little down. Is there anything that you like to talk about?”
- “Kevin...it seems to me that you have something in your mind that steals your smile. Would you like to share about it?”

Please remember that they don’t want your advice. This is not the time to talk about your victories too

Ask specific questions to get more information.

- “How is your sleep pattern? Do you get enough sleep?”
- “How much food you eat per day? What do you eat for your breakfast/lunch/dinner? How many no’s (of chapattis, roti, dosas, spoons of rice?)”
- “Have you lost weight recently? How many Kgs?)
- “Do you feel helpless? Hopeless?”
- “Have you thought of hurting yourself?”
- “Have you ever tried to kill yourself before?”

Validate their feelings. You might say, “That sounds really difficult. I’m sorry to hear that.”

Be empathetic. He/she may not feel like talking the first time you ask. You talk and behave in such a way that they will trust you.

Try to have conversations in person whenever possible. If you live in different areas, try video chatting.

2. Help them to find support

Your friend may/ may not be aware of what he/ she is dealing with. They may not be mindful about seeking help.

Even if they know therapy and treatment could help, they may not have enough energy or willingness to reach out for help.

If he/she is willing to take help through counselling, help them to find out one.

Encouraging them and supporting them to make that first appointment can be so helpful if they're having a hard time with it.

If the person is not willing to seek help, gently motivate him/her (do not push). Also it is important to inform the parents, spouse, roommate or any other responsible person with the knowledge of this concerned person.

3. Support them in continuing Therapy/ Treatment

Some days your friend may not want to see the therapist. If you sense the same "Preethi, last week you said your session was really good. What if to-day's session helps, too?"

"Manu, You said your Therapist is very understanding. Don't you think that today's session will help you to have a better bonding?"

A word about medication.

Our Indian Society has to accept the very fact that, mental illness is like any other ailment which can be cured or in certain cases can be managed with medicine. When people are advised or referred for Psychiatric intervention, the first response is "Can't it be cured without medicine?" "I don't want medicine ..if people come to know about it they might think that I am mental", "I am scared of the side effects".

If your friend wants to stop taking medicine because of unpleasant side effects, be supportive, but encourage them to talk with their psychiatrist about switching to a different medicine.

Abruptly stopping antidepressants without the supervision of a healthcare professional may have serious consequences.

4. Destigmatize Suicide Discussions

Discuss to break the stigma: The way we discuss suicide in public can have a major impact on help-seeking behaviours among those struggling with suicidal thoughts. Research shows that certain types of public messaging about suicide can increase risk among vulnerable individuals. But positive discussions that spread hope, vital information and resources can be a powerful resiliency-promoting tool. It also highlights effective prevention efforts and encourage those struggling to find help.

Use the correct terminology: One way to destigmatize suicide discussions is to practice using the correct terminology. Phrases like “commit/committed suicide” and “(name) is suicidal) are insensitive, and only stand to reinforce the stigma that prevents people from seeking help when they need it most. Proper terminology includes “died by suicide,” “death by suicide,” “(name) is facing suicide/ thinking of suicide.” Being mindful of our language can help save lives.

Utilize social media: Getting involved on your social media platform to share personal experiences, key facts or links to suicide resources in general can be a great way to spread awareness.

9. Jake Newby, Suicide Prevention Month: Ways to Spread Awareness and Get Involved, <https://www.mibluesperspectives.com/stories/mental-health/suicide-prevention-month>

10. Langford L, Litts D, Pearson JL. Using science to improve communications about suicide among military and veteran populations: looking for a few good messages. *Am J Public Health*. 2013 Jan;103(1):31-8. doi: 10.2105/AJPH.2012.300905. Epub 2012 Nov 15. PMID: 23153130; PMCID: PMC3518352.

5. Stay in touch

Even if you aren't able to spend a lot of time with them on a regular basis, check in regularly with a text, phone call, or quick visit. Even sending a quick text saying "I've been thinking of you and I care about you" can help.

People living with depression and self-harm tendency may become more withdrawn and avoid reaching out, so you may find yourself doing more work to maintain the friendship. But continuing to be a positive, supportive presence in your friend's life may make all the difference to them, even if they can't express that to you at the moment.

Offering food, helping with daily chores etc. can support the person and make the healing process easier.

6. Take care of yourself

When you care about someone who's living with depression and self-harm tendency, it consumes much of your time and energy. It may even lead you to frustration and tiredness.

- Set boundaries

Setting boundaries can help. For example, telling that person that you are available to talk during certain hours.

If you're concerned about them feeling like they can't reach you, offer to help them come up with a contingency plan if they need you during your work day. This might involve finding a hotline they can call or coming up with a code word they can text you if they're in a crisis.

- Involving other trustworthy friends can help create a bigger support network.
- Practice self-care

Spending a lot of time with a loved one who is suicidal and depressed can take an emotional toll. Know your limits around difficult emotions, and make sure you take time to recharge.

B. What can be the larger efforts to Prevent Suicides?

1. Promote Mental Health

Providing access to mental health services and resources such as counseling services, support groups, and psychiatric services can help prevent suicides. In India taking help from mental health services is still considered as a taboo. “What other people think about me?”, “If I take medicine, will I be ever addicted to the pills?” are some of the questions we come across every day. Positive attitudes towards mental health and help-seeking must also be promoted through open discussions about mental health and suicide.

2. Schools and Colleges must appoint counselors, train teachers, staff, and students in mental health first-aid.

3. Focus on Overall Personality Development:

By taking a holistic approach to personality development, educational institutions can create a supportive and inclusive environment that helps students thrive both academically and emotionally, and can play a critical role in preventing suicides.

4. Encourage Participation in Sports and other extra-curricular activities:

Sports and other extra-curricular activities in educational institutions provide a positive outlet for stress and emotions, as well as increase self-esteem and confidence.

5. Address Socio-economic Issues:

Socio-economic factors such as poverty, homelessness, and unemployment should be addressed to improve students' overall well-being and reduce stress, anxiety, and depression. There are many colleges and universities in our country who offer quality education to the deserving students by giving financial aid, scholarship etc. Campus interviews and job placements are available every one equally.

6. Stricter Cyber Bullying Policies:

Recently a number of people took their lives because of the setbacks from social media. Implementing stricter cyber bullying policies and cracking down on online harassment can help reduce the risk of suicides. This may include monitoring social media sites, providing education about cyber bullying, and taking legal action against cyber bullies.

7. Social networking sites for suicide prevention:

These sites can facilitate social connection among people, and increase awareness of prevention programs, crisis help line, and other support and educational resources. For example Facebook has several pages which provide links to suicide prevention websites and hot lines as well as information about the warning signs of suicide. There are many groups on Twitter and Blog profiles designated to suicide prevention. You Tube also has many videos devoted to suicide prevention.¹¹

8. Substance Abuse Prevention Programs:

Implementing substance abuse prevention programs can help reduce the risk of suicides. This may include educating students and adults about the dangers of substance abuse, providing support for those struggling with addiction, and taking steps to reduce access to drugs and alcohol.

9. Building Positive Relationships:

Encouraging people to build positive relationships and connections, offering relationship counseling services, and encouraging reaching out for help can help reduce the risk of suicide.

10. Family Support:

Providing students with support from their families can help reduce the risk of suicide among youth. This may include offering support and resources for families, and encouraging students to maintain contact with their families.¹²

11. David D. Luxton, Jennifer D. June, and Jonathan M. Fairall, "Social Media and Suicide: A Public Health Perspective," *Am J Public Health*. 2012 May; 102 (Suppl 2): S195–S200. doi: 10.2105/AJPH.2011.300608

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HELPLINE NUMBERS

Assam

Sarathi 104 (24x7)

Chandigarh

Asha Helpline

+91 172 2735436, +91 172 2735446

Monday to Saturday: 8 am to 7pm

Chhattisgarh

Arogya Seva: Health Care and Health
Counseling Center 104 (24x7)

New Delhi

Sumaitri:

+91 011 23389090

Mon-Fri 2 pm to 10 pm

Sat - Sun 10 am & to 10 pm

Snehi

+91 011 65978181

Daily: 2 pm to 6 pm

Sanjeevani:

Timings: 10 am to 5.30 pm

(Mon-Fri)

011-24311918, 011-24318883

(Mon-Sat)

011-26862222, 26864488, 40769002

Fortis Stress Helpline:

+91-8376804102 (24x7)

Goa

COOJ Mental Health Foundation:

+91 8322252525, +91 98225 62522

Weekdays: 3 pm to 7pm

Gujarat

Saath, Ahmedabad

+91 79 26305544, +91 79 26300222

Daily: 1pm to 7pm

Jeevan Aastha helpline, Gandhinagar
1800 233 3330 (24x7)

Jammu and Kashmir

Kashmir Lifeline, Srinagar

1800 180 7020

Sunday to Thursday: 10am to 5pm

The Sara ,Jammu Tawi

+91-9697-606060

Daily: 10am to 5pm

Jharkhand

Chikitsa Salah: Health Information

Helpline 104 (24x7)

Jeevan Suicide Prevention Helpline,
Jamshedpur

+91 0657 6453841,

+91 0657 6555555

Daily: 10 am to 6 pm

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HELPLINE NUMBERS

Karnataka

Parivarthan Counseling Helpline Services
Bengaluru
+91 7676 602 602

Monday to Friday
04:00 PM to 10:00 PM

SAHAI, Bengaluru
+91 080 25497777, 9886444075
Monday to Saturday: 10 AM to 8 PM

Sa-Mudra Yuva Helpline Bengaluru
+91 9880396331 (24x7)

Arogya Sahayavani
104 (24x7)

Kerala

Thanal Suicide Prevention centre
Kozhikode +91 0495 2760000
Daily: 10 am to 6pm

Maithri Kochi
+91 484 2540530
Daily: 10am to 7pm

Pratheeksha ,3N Paravur
+91 0484 2448830
Daily: 10 am to 6 pm

Prathyasa, Irinjalakuda
+91 480 2820091

Sanjeevani, Thiruvananthapuram
+91 0471 2533900
Monday to Saturday: 1pm to 5pm

DISHA
1056 (24x7)

Madhya Pradesh

Spandan, Indore
+91 9630899002, +91 7389366696
24x7

Sanjivani, Jabalpur
1253, +91 0761-2626622

Jeevan Aadhar- Adolescent Helpline
Bhopal 1800-233-1250
Daily: 9am to 5pm
(Except National Holidays)

Maharashtra - Mumbai

Hitgaj help number
+91 022 24131212

Aasra, Navi Mumbai
+91 9820466726 (24x7)

Vandrevala Foundation
1860 266 2345, 1800 233 3330
24x7

Tata Institute of Social Sciences Mum-
bai icall
022 25521111
Monday to Saturday: 8 AM to 10 PM

The Samaritans Mumbai
+91 84229 84528 / +91 84229 84529 /
+91 84229 84530
Daily: 3 PM to 9 PM
Mumbai
Maitra Helpline
+91 022 25385447
Monday to Saturday: 9am to 9pm and
Sunday: 9am to 1pm
Thane

HELPLINE NUMBERS

Maharashtra

Pune

Connecting NGO,
1800 843 4353 (Toll-Free)

9922001122

Daily: 12 PM to 8 PM

Nagpur

Suicide Prevention Helpline
8888817666

Islampur

Shushrusha Counseling, Guidance and
Training Institute (24x7)
+91 9422627571, +91 8275038382

Odisha

Health Helpline 104 (24x7)

Pondicherry

Maitreyi
+91 0413 2339999
Daily: 2 pm to 8 pm

Punjab

Medical Consultation - Health
104 (24x7)

Rajasthan

Medical Advice and Helpline
104 (24x7)

Hope Helpline for Students, Kota
+91 0744 2333666 (24x7)
+91 0744 2414141 (24x7)

Sikkim

Suicide Prevention Helpline, Gangtok
221152, 18003453225 (24x7)

Tamil Nadu

Medical Helpline
104 (24x7)

Sneha India foundation, Chennai
24 Hours Monday to Sunday
+91 044-24640050
Mon - Sun 08:00 AM - 10:00 PM
+91 044-24640060

Jeevan Suicide Prevention Hotline,
Chennai
+91 044 2656 4444 (24x7)

Telangana

Sevakendram-Health Information
Helpline 104 (24x7)

Roshni Trust, Secunderabad
+91 40 6620 2000, +91 40 6620 2001
Monday to Saturday: 11 am to 9 pm

One Life, Hyderabad
+91 7893078930 (24x7)

Darshika, Secunderabad
+91 040 27755506, +91 040 27755505

Makro Foundation - Suicide Prevention
Helpdesk, Hyderabad
+91 040 46004600
Mon - Fri : 10:00 am to 7:00 pm

West Bengal

Lifeline Foundation, Kolkata
+91 033 24637401, +91 033 24637432
Mon - Sunday: 10:00 AM to 06:00 PM

NIBS Helpline, Kolkata
+91 98364 01234, +91 033 2286 5603
Monday to Friday: 6 pm and 10 pm

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About the Author:

Ms. Sopna Joshua is a Counsellor at Christian Medical College and Hospital, Vellore, with more than 25 years of experience in various disciplines of Counselling. She is competent in dealing with problems of youth, family, and marriage. Stress management, Anger management, Anxiety and fear, interpersonal relationships, building up self-esteem, Pastoral care, and communication are some of the expertise areas. Certified in Career Guidance and Counselling, Sopna takes seminars and classes on Pre-marital Guidance, Marriage Enrichment etc. She is also author of several articles and books on Counselling and human life, a preacher, motivational speaker, and Spiritual mentor.

SUICIDE PREVENTION

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