



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2019; 5(11): 32-34
www.allresearchjournal.com
Received: 18-09-2019
Accepted: 22-10-2019

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Suicide-Risk factors and its prevention

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Abstract

Suicide is the third leading cause of death among young adults worldwide. There is a growing recognition that prevention strategies need to be tailored to the region-specific demographics of a country and to be implemented in a culturally-sensitive manner. The rates of suicide have greatly increased among youth, and youth are now the group at highest risk in one-third of the developed and developing countries. Other suicide triggers include physical illness, bankruptcy, illicit relationships, and drug intoxication.

Keywords: Suicide, prevention, risk factors

1. Introduction

More people die from suicide than from murder and war; it is the 13th leading cause of death worldwide. According to WHO there are twenty people who have a suicide attempt for every one that is fatal, at a rate approximately one every three seconds. World Suicide Prevention Day is an awareness day observed on 10 September every year, in order to provide worldwide commitment and action to prevent suicides, with various activities around the world since 2003.

On its first event in 2003, the 1999 World Health Organization's global suicide prevention initiative is mentioned with regards to the main strategy for its implementation, requiring:

1. "The organisation of global, regional and national multi-sectoral activities to increase awareness about suicidal behaviours and how to effectively prevent them."
2. "The strengthening of countries capabilities to develop and evaluate national policies and plans for suicide prevention."

Suicide is a major public health concern. Over 47,000 people died by suicide in the United States in 2017; it is the 10th leading cause of death overall. Suicide is complicated and tragic, but it is often preventable. Knowing the warning signs for suicide and how to get help can help save lives.

2. Signs and symptoms

These behaviors may be signs that someone is thinking about suicide.

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live, Withdrawing from family and friends
- Making a plan or looking for a way to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
- Talking about great guilt or shame, Feeling unbearable pain (emotional pain or physical pain)
- Talking about feeling trapped or feeling that there are no solutions, Acting anxious or agitated
- Talking about being a burden to others
- Using alcohol or drugs more often
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often

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- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

3. Risk factors

People of all genders, ages, and ethnicities can be at risk. Suicidal behavior is complex, and there is no single cause. Many different factors contribute to someone making a suicide attempt. But people at -risk tend to share specific characteristics.

The main risk factors for suicide include mental disorders such as depression, bipolar disorder, schizophrenia, personality disorders, alcoholism, or substance misuse. Others are impulsive acts due to stress such as from financial difficulties, troubles with relationships, or from bullying. Those who have previously attempted suicide are at higher risk for future attempts. Social norms play a significant role in the development of suicidal behaviors. "The main suicide triggers are poverty, unemployment, social pressures, the loss of a loved one, arguments and legal or work-related problems, drug and alcohol abuse, the feelings of pain and hopelessness also play a role. Other risk factors include

Certain medical conditions; Chronic pain
A prior suicide attempt; Family history of suicide

Having recently been released from prison or jail
Being exposed to others' suicidal behavior, such as that of family members, peers, or celebrities
Many people have some of these risk factors but do not attempt suicide. It is important to note that suicide is not a normal response to stress. Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored.
Often, family and friends are the first to recognize the warning signs of suicide and can be the first step toward helping an at-risk individual find treatment with someone who specializes in diagnosing and treating mental health conditions.

4. Treatments and therapies: For people with suicidal thoughts or actions will vary with age, gender, physical and mental well-being, and with individual experiences.

- i. Identifying People at Risk for Suicide through Universal Screening: Research has shown that a three-question screening tool helps emergency room personnel identify adults at risk for suicide.
- ii. Personalized safety planning has been shown to help reduce suicidal thoughts and actions by developing a plan that describes ways to limit access to lethal means such as firearms, pills, or poisons. The plan also lists coping strategies and resources that can help people in a crisis.
- iii. Research has shown that when at-risk patients receive further screening, a Safety Plan intervention, and a series of Follow-up phone calls, their risk of suicide

goes down.

Multiple types of psychosocial interventions have been found to help individuals who have attempted suicide. These types of interventions may prevent someone from making another attempt.

5. Psychotherapies

Cognitive Behavioral Therapy (CBT) can help people learn new ways of dealing with stressful experiences through training. CBT helps individuals recognize their thought patterns and consider alternative actions when thoughts of suicide arise.

Dialectical Behavior Therapy (DBT) has been shown to reduce suicidal behavior in adolescents. DBT has also been shown to reduce the rate of suicide in adults with borderline personality disorder, a mental illness characterized by an ongoing pattern of varying moods, self-image, and behavior that often results in impulsive actions and problems in relationships. A therapist trained in DBT helps a person recognize when his or her feelings or actions are disruptive or unhealthy, and teaches the skills needed to deal better with upsetting situations.

Here are some tips to help prepare and guide you on how to talk to your health care provider about your mental health and get the most of your doctor's visit.

6. Medication

Some individuals at risk for suicide might benefit from medication. Because many individuals at risk for suicide often have a mental illness and substance use problems, individuals might benefit from medication along with psychosocial intervention.

Clozapine is an antipsychotic medication used primarily to treat individuals with schizophrenia. To date, it is the only medication indication for reducing the risk of recurrent suicidal behavior in patients with schizophrenia or schizoaffective disorder.

7. Collaborative

Care has been shown to be an effective way to treat depression and reduce suicidal thoughts. A team-based Collaborative Care program adds two new types of services to usual primary care: behavioral health care management and consultations with a mental health specialist.

This plan may include medication, psychotherapy, or other appropriate options. So that the patient is getting the best treatment options and improving.

8. Ongoing research

To know who is most at risk and to prevent suicide, scientists need to understand the role of long-term factors (such as childhood experiences) as well as more immediate factors like mental health and recent life events. Researchers also are looking at how genes can either increase risk or make someone more resilient to loss and hardships.

9. Health Hotlines

9.1 National Suicide Prevention Lifeline: The Lifeline provides 24-hour, toll-free, and confidential support to anyone in suicidal crisis or emotional distress. Call 1-800-273-TALK (8255) to connect with a skilled, trained counselor at a crisis center in your area. Support is available in English and Spanish and via live chat.

9.2 Disaster Distress Hotline: People affected by any disaster or tragedy can call this helpline, sponsored by SAMHSA, to receive immediate counseling. Call 1-800-985-5990 to connect with a trained professional from the closest crisis counseling center within the network.

9.3 Veterans Crisis Line: This helpline is a free, confidential resource for Veterans of all ages and circumstances. Call 1-800-273-8255, press "1"; text 838255; or chat online to connect with 24/7 support.

9.4 Crisis Text Line: Text HELLO to 741741 for free and confidential support 24 hours a day throughout the U.S. In India NGO's especially Roshni is working 24*7 to prevent suicidal cases among people at risk.

10. Suicide prevention efforts

Include limiting access to method of suicide, such as firearms and poisons, treating mental disorders and substance misuse, proper media reporting of suicide, and improving economic conditions. Although crisis hotlines are common, there is little evidence for their effectiveness.

Prevention strategies generally emphasize public awareness towards social stigma and suicidal behaviors. Socioeconomic status plays an important role in suicidal behavior, and wealth is a constant with regards to Male–Female suicide rate ratios, being that excess male mortality by suicide is generally limited or non-existent in low- and middle-income societies, whereas it is never absent in high-income countries.

The United Nations issued 'National Policy for Suicide Prevention' in the 1990s which some countries also use as a basis for their assisted suicide policies nevertheless the UN noted that suicide bombers' deaths are seen as secondary to their goal of killing other people or specific targets and the bombers are not otherwise typical of people committing suicide.

11. Reference

1. World Health Organization. Figures and facts about suicide. Geneva, 1999.