

SUICIDE: A CAUSE OF DEATH

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Abstract

The wide variety of deaths in a large series of suicide attempters followed up after their tries became 3.5 times extra than predicted. Suicide or likely suicide befell in 2.9% through the end of the eighth years of comply with-up, the price of suicidal deaths being 27.1 times the anticipated charge. the highest chance of suicide was during the first three years, in particular in the first 6 months, following a try. elements identified at the time of the tries which were associated with suicide hazard covered: being male, advancing age (women best), psychiatric ailment (particularly schizophrenia), lengthy-term use of hypnotics, bad physical fitness, and repeat attempts. a recent disruption of a date with a companion and essential rows rarely preceded the tries of folks that later killed themselves. elements predicting lengthy-time period chance of suicide also expected quick-time period danger. There have been greater than double the expected variety of deaths from natural reasons, the excess being best in girls. Markedly excessive death charges have been found for endocrine, circulatory and respiratory illnesses, and accidents.

Keywords: *Death, health Negligence, Mental Health Concerns, Potentially Suicidal, Suicide.*

I. INTRODUCTION

India has the highest rate of death by suicide in the South-East Asia region at 16.5 suicides per 100,000 people (2016). So many Actor losing his life to suicide just goes to show that contrary to the popular belief, success, fame and the like are not determinants of good mental health. While success, money, achievement may increase self-worth and therefore happiness, it is not the sure shot to happiness. There's a lot more to it than what meets the eye. No one is immune to poor mental health [1]. In India, suicide is the leading cause of death in the 15-39-year age group with 37 percent of the total global suicide deaths among women coming from the country, according to a new study. Conducted by Indian Council of Medical Research (ICMR), Public Health Foundation of India (PHFI) and Institute for Health Metrics and Evaluation (IHME) in collaboration with the Ministry of Health and Family Welfare along with health experts and stakeholders released the study on Wednesday. "Women make more

suicide attempts, but it is men who die more. Globally, the age between 15-19 years is the phase where majority of the women commit suicide," Rakhi Dandona, PHFI, said [2].

Individual that take overdoses or deliberately injure themselves and live to tell the tale are at particularly high threat of sooner or later dying by way of suicide. Several observe-up studies have been conducted inside the United Kingdom to decide the quantity of this threat. however, maximum took location before the widespread growth in prices of tried suicide, especially self-poisoning, which came about during the past due 1960s and early 1970s [3]. It is unsure, consequently, to what extent the risks recognized in the earlier research applied to a very large population of attempts identified for the duration of and after this period. Moreover, maximum preceding studies inside the United Kingdom have worried tremendously short observe-up intervals, normally 1 or 2 years; we therefore recognize little about the longer-time period risks of suicide among attempters. significant efforts have also been made to discover the characteristics of those attempter's maximum liable to eventual suicide [4].

Those have covered exams of the demographic and clinical traits of such people, and the nature of their attempts. While the false-wonderful charges in identification of these maximum at hazard, and different concerning lengthy-term predictors, may restrict the clinical usefulness of the findings of such studies. Its miles critical that we need to preserve to try to refine our know-how of risk factors just so clinicians can improve their ability to locate those at finest danger. There is also proof that tried suicide patients would possibly have pretty high mortality quotes from natural causes [5]. This thought requires similar research. On this study, a massive group of suicide attempters stated a widespread hospital between 1972 and 1975 were accompanied up till the end of 1981. Trendy populace, age, and sex-standardized mortality costs were used to determine predicted numbers of deaths. Relative dangers had been then calculated by means of evaluating the actual numbers of deaths with the anticipated numbers. The aims were to determine: (a) the relative chance of demise from all reasons at some point of the observe-up duration; (b) the chance of death from suicide; (c) particular factors which outstanding the eventual suicides from the survivors; and (d) the relative danger of dying from natural causes'.

II. SUICIDE: A CAUSES OF DEATH

The most common cause of suicide is depression, though it is also linked with other psychiatric disorders. In spite of efforts to reduce the stigma around mental health, there is an increase in societal and individualist pressures on individuals. However, there is no substantial increase in the awareness of mental health and its implications [6]. This disparity may in turn cause mental health negligence and potentially suicidal thoughts or behaviour. We are conditioned to try and meet expectations that are made by people other than themselves, and pressure or failure to meet those expectations may cause distress. A few other causes of self-harm or suicidal thoughts are internalizing negative emotion and mental health concerns, family history of mental health issues, knowing, identifying, or being associated with someone who has committed suicide [7].

Self-isolation, too, can trigger such thoughts and actions. Withdrawal from social activities can lead to feelings of loneliness and this leads people to believe that they have no one and their absence will be unnoticed, thus leaving little to stand between them and the final act. Another faulty perception that they may have is that they don't matter, that they are a burden, that suicide will solve the problem, or that the loss of their life would be a relief to some. Sometimes people attempt suicide not so much because they really want to kill themselves but because they are unable to find another way out and suicide is seemingly the only available option. Many different factors can contribute to suicidal ideation and often occur when one feels hopeless, finds life meaningless or purposeless or beyond control. These feelings may be due to relationship problems, trauma, substance abuse, a crisis of some sort, pressure at work, a physical health issue, or financial difficulties [8].

How to spot signs:

Some of the signs to look out for are, signs of clinical depression, withdrawal from friends and family, isolation, feelings of sadness and hopelessness, lack of interest and motivation in activities that were previously enjoyable, an increase in substance use or misuse, recklessness, anxiety, change in appetite or weight, change in sleep patterns, lack of energy, low self-image and negative self-talk, talk of death or suicide, history of self-harm and giving away possessions. Having said this, it may not always be easily identifiable as individuals learn to mask their emotions and that prevents them from being identified. A composed exterior need not mean a composed interior [9].

What to do if you're having suicidal thoughts:

Talk about it! Don't underestimate the power of sharing your concerns. Let a trusted friend or family member in by disclosing what you're going through. When you have thoughts of self-harm or suicide, distract yourself and allow that thought to pass. Prevent suicidal thoughts from becoming suicidal behaviour by nipping it in the bud. Seek professional help, visit a mental health specialist, psychologist or a psychiatrist. For immediate aid, seek assistance from suicide helplines. Often professional help is pursued only when an issue escalated beyond control; however, prolonged neglect leads to prolonged recovery. Address mental health concerns immediately, no matter how small you may assume it is [10].

How to help someone:

When trying to help someone suffering from depression, self-harm or suicidal thoughts show your concern, be present, have the courage to ask direct questions, listen without judgement. Do not avoid the conversation of suicide, this can be counterproductive. Discuss the emotions the person is going through and don't allow the conversation to be about your reaction. There is no substitute for professional help, push them to seek mental health services. Telephone helplines can also be useful when worrying about a friend or family member who is suicidal.

At workplace:

In the workplace, it is the duty of employers to ensure employees are mentally healthy as sometimes work may be a cause of stress. Many employed people may not get the time and the resources to get the help they need. An in-house counsellor, employee assistance programmers and access to mental health specialists can help keep employee mental health in check [11].

In schools and universities:

More education on mental health at early stages will increase the likelihood of children speaking up about any issues they may be facing and get the help they need at the earliest. Merely having a school counsellor isn't enough, active initiatives must be made to ensure that students avail the counselling services and help parents to identify risk factors in children.

Systemic changes:

A revolution in mental health care systems is needed, where clinicians, psychologists, etc. are trained in suicide prevention as a part of the curriculum. Inter-agency working such as referral to a psychologist by GP's can help early identification of issues. In terms of policy, it is of importance to have guidelines, reports or visions for mental health. In conclusion, be kind, compassionate and empathetic towards all. Everyone is fighting their own battle, some more silently than others. It's time to add value and enrich one another's lives. Mental Illness is real, hard, disabling and needs addressal and treatment. I urge people to seek professional help as soon as the need arises. Early detection and intervention of a psychological condition will allow you to live the life you deserve.

III. CONCLUSION

The importance of poor physical health among attempted suicides must be emphasized. Not only is there increased risk of eventual death from physical causes in this group, but poor physical health is also a risk factor for death from suicide. The extent of physical health problems among suicides has been well documented. When patients are assessed following suicide attempts, attention to their physical as well as psychiatric state should be an integral part of the procedure. In conclusion, this study has demonstrated that mortality among suicide attempters is extremely high. While suicide is the main reason for this, we have shown that deaths from other causes are also important. Future studies should examine further the nature of the association of attempted suicide with mortality from natural causes.

IV. REFERENCES

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