A Case Study on the Teen Suicide Rates in India

According to a report in today's Times of India, RS Sharma, a cardiologist hailing from Madhya Pradesh, has invented a "suicide-proof" ceiling fan. The good doctor says that it is a "simple contraption rigged up by using common sense". He was inspired to invent this death-defying fan when a teenage boy in his neighborhood committed suicide. Sharma recalls in the newspaper report how the boy's mother was inconsolable and cursed the day she had replaced the table fan in his room with a ceiling fan. Sharma's invention might strike us as being primarily idealistic. The decision to kill yourself or not doesn't often come down to the easy availability of ceiling fans. But it's a worthwhile attempt to solve what some in the psychiatric world have termed a "nation-wide suicide epidemic". Besides being a laud-worthy attempt, Sharma's invention is also in keeping with what suicide statistics in India reveal. Hanging accounts for 32.1 percent of suicides in our country

Preventing suicide as a whole, however, is a much more complicated process. An attempt was made this week to remove one of the more archaic attempts to prevent suicide when a bill was passed, including a provision entailing the decriminalization of suicide. The mental health bill, as reported in India Today, has been hailed as a progressive piece of legislation that besides decriminalizing suicide, will ban electric shock treatment and give mentally ill patients the right to decide their mode of treatment. India is years behind other countries when it comes to suicide decriminalization. Attempted suicide is caused either by mental illness or societal factors; neither of which can be eased by threatening to put the distressed person in jail for a year. Attempted suicide should be treated, not punished. In 1994, Justice Hansaria observed that it was necessary to eradicate this law to make the Indian Penal Code (IPC) humane. This has been noted for years by the judiciary; but a move to eradicate Section 309 (which deals with suicide) has run into some hurdles. Though the case for decriminalizing suicide tilts heavily to the pro side, there are some side-effects which have to be accounted for. Data from countries that decriminalize suicide shows that suicide rates do not increase as a result. The World Health Organization (WHO) has said repeatedly that criminalization of suicide prevents people from seeking treatment. It also focuses on censure and assignment of fault, rather than locating the financial, social or medical reasons for it. Criminalization may even motivate those attempting suicide to ensure that they die, rather than survive and face jail time. Besides this, decriminalization will allow for a clearer take on suicide attempt rates. Removing this law will also be in accordance with a worldwide move from punishment to reformation. One problem with the decriminalization of suicide that has been pointed out is what happens to the charges of abetment of suicide. As lawyer Nandita Saikia points out, if suicide isn't a crime, is helping someone do it not one either? "What happens then to the cases of women who kill themselves because of dowry pressures from in-laws and husbands?" Saikia asks. The Supreme Court has attempted to clarify this by stating that "as regards to a person aiding and abetting suicide, under Section 306 the law can be entirely different…as self-killing is conceptually different from abetting others to kill themselves." The second implication is that in cases of abetment of suicide, there would be a tendency to prove that it was done at the insistence of the person concerned. This gains relevance in the kind of cases Saikia pointed out – a victim then might, under the force of social pressure, be compelled to say that they attempted suicide of their own volition. Another problem with decriminalizing suicide was noted in the judgment of the five judge bench of the Supreme Court which held that the right to life granted under Article 21 did not include the right to die – a definition which wanders into the territory of euthanasia. But despite these reservations, the fact remains that criminalization of suicide is an almost vindictive law which places blame on an already weakened and attacked person. It doesn't act as a deterrent – attempted suicide is a cry for help, not punishment. Penal deterrents should only be geared towards the criminal, not towards acts of distress such as suicide.

The prevention and intervention program included previously unavailable services for the entire community. CDC guidelines for containing suicide clusters (7) and developing suicide prevention programs among adolescents and young adults (8) were incorporated into program activities.

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School-based "natural helpers," comprising 10-25 youth per year, were trained to respond to young persons in crisis and to notify mental health professionals of the need for assistance. Natural helpers also provided education in both the school and community on alcohol and drug prevention, self-esteem and team building, and suicide prevention. Prevention of alcohol abuse, child abuse, and violence between intimate partners was included in the program because these behaviors have been associated with suicidal behavior (4). Other program components included outreach to families after a suicide or traumatic death or injury, immediate response and follow-up for reported at-risk youth, community education about suicide prevention, and suicide-risk screening in mental health and social service programs.

A surveillance form developed by IHS in 1988 was revised and used by local professional staff to collect information about suicide completions and attempts. Attempts included both self-inflicted injuries requiring medical or other intervention to prevent death and injuries that may have required medical intervention but were not potentially lethal. Program staff assessed all persons who made suicide attempts. Information about suicide completions was obtained from police records, health clinic records, tribal emergency medical services records, and family and community members. Rates of suicidal acts before and after program implementation for persons aged 15-19 years were compared to assess program effectiveness.

Demographic information obtained about persons who committed a suicidal act included age, sex, marital status, tribe, employment, education, and living arrangements. Other pertinent information collected included method used, number of previous suicidal acts, location of suicidal act, alcohol and/or substance abuse, family history of suicidal behaviors, loss of job, break-up with or death of a significant other, and suicide of a friend.

During 1988-1997, a total of 118 persons in all age groups accounted for 237 suicidal acts (i.e., all suicide completions and attempts). Sixty-four (54.2%) of these persons had previously exhibited suicidal behaviors; 165 (69.6%) of all acts involved alcohol use. Of all suicidal acts, 15 (6.3%) resulted in death; all suicide completions were among males. The ratio of suicidal attempts to suicidal completions was 14.8:1. Males accounted for more attempts than females (114 males, 108 females). Of all these suicidal acts, 61 (25.7%) occurred among persons aged 15-19 years.

Rates of suicidal acts for persons aged 15-19 years and for all other age groups were calculated in 2-year intervals for rate stability. The numbers of suicide completions were too small to calculate separate rates by age group. During 1988-1989 (i.e., before program implementation), the suicidal act rate for persons aged 15-19 years was 59.8 (n=34) per 1000 population, compared with 7.5 (n=38) per 1000 for all other age groups. During 1990-1991, the rate for persons aged 15-19 years decreased to 8.9 (n=5) per 1000 population. This rate increased slightly to 9.2 (n=5) during 1992-1993, rose to 17.6 (n=10) during 1994-1995, and decreased to 10.9 (n=7) during 1996-1997. Although rates varied after implementation of the program, they remained substantially lower than before the program was initiated. During these same time periods, rates for all other age groups demonstrated considerably less variation.