

CONCEPT BOOK

HELPIE SUICIDE GATEKEEPER

RECOGNIZE, RESPECT, REFER



www.helpie.co.in



READY

TO

HELP





BUCKLE UP

SUICIDE PREVENTION STARTS WITH YOU



**"I alone cannot change
the world, but I can
cast a stone across
the waters to create
many ripples."**

Mother Teresa

HELPIE SUICIDE GATE KEEPER TRAINING

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Disclaimer

Helpie Suicide Gatekeeper training will assist gatekeepers (members of the public) in providing first aid to someone who is at risk of suicide. The role of the suicide gatekeeper is to support the distressed individual until appropriate professional help is received.

The suggested guidelines can assist if the individual being helped is potentially suicidal. Information in this guidebook is neither intended to substitute medical advice nor replace medical training. The content herein is the sole expression and opinion of the training program facilitators. Best efforts made in preparing this content, the facilitators make no representations or warranties of any kind and assume no liabilities of any kind concerning the accuracy or completeness of the material.

Every organisation is different, and the advice and strategies contained herein may not be suitable for every situation. One should consider seeking the services of a competent professional when necessary. The characters and examples are fictional. Any resemblance to real persons, either living or dead, is strictly coincidental.

Burden of Suicide

Suicide prevention remains a universal challenge. Every year, suicide is among the top 20 leading causes of death globally for people of all ages. It is responsible for over 800,000 deaths, which equates to one suicide every 40 seconds.

Every life lost represents someone's partner, child, parent, friend or colleague. For each suicide, approximately 135 people suffer intense grief or are otherwise affected. It amounts to 108 million people per year who are profoundly impacted by suicidal behaviour.

Suicidal behaviour includes suicide and also encompasses suicidal ideation and suicide attempts. For every suicide, 25 people make a suicide attempt, and many more have serious thoughts of suicide. Globally, the economic and human cost of suicidal behaviour to individuals, families, communities, and society makes suicide a public health crisis.

National Crime Records Bureau in India provides essential statistical insights on suicide. Here's a glimpse of the recent data from NCRB 2019 report.

India reported an average of 381 suicide deaths daily in 2019, totalling 1,39,123 deaths a year. An important point to note. The suicide rate, i.e. the number of suicides per lakh population, is the globally accepted standard for suicide data comparison.

The all-India suicide rate was 10.4 in 2019. Andaman & Nicobar Islands reported the highest suicide rates, followed by Sikkim, Puducherry, Chhattisgarh and Kerala. Maharashtra reported most suicides followed by Tamil Nadu, West Bengal, Karnataka. Maharashtra reported most suicides followed by Tamil Nadu, West Bengal, Karnataka.

For every 100 deaths, 70.2 were male and 29.8 female. Family problems and illness were the leading causes of suicides followed by drug abuse/addiction, marriage-related issues, love affairs, bankruptcy or debt, exam failure and unemployment. Hanging, poisoning, drowning, and self-immolation was the most common suicide methods reported.

The detailed report is available for download and reflection <https://ncrb.gov.in/en/accidental-deaths-suicides-india-2019>.

Helpie the Suicide Gatekeeper

Individuals in severe distress, are not in a condition to approach mental health professional on their own. They need help and support to get to the mental health professional that can make a difference. It's where the Helpies — Suicide Prevention front-line warriors' step in to bridge the gap, and that's what the Helpie Suicide Gatekeeper Training is all about.

Helpie Community Suicide Gatekeepers are members of the public trained to provide first aid to someone who is at risk of suicide. Their role is to support the person in crisis until appropriate help is received or the crisis resolves. Helpie can be a primary caregiver, companion, colleague, caretaker, coach, counsellor or a clinician.

Helpie Suicide Gatekeeper training, a Public health initiative aims to sensitise and create awareness among the public about the burden of suicide, the possibility of its early identification and prevention. A Suicide Gatekeeper (Helpie) believes that suicide is preventable, is to recognise distress in individuals, respect their feelings and refer them to them seek necessary and appropriate professional services available.



Helpie Pro Note Taking tip

*It is recommended to use
long-handed note-taking
as it encourages
more generative thinking
and allows for greater
intellectual engagement
with the material.*

Risk factors and protective factors for suicide

Risk Factors for suicide

Biopsychosocial Risk Factors

Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders

Alcohol and other substance use disorders

Impulsive and aggressive tendencies

History of trauma or abuse

Some major physical illnesses

Previous suicide attempt

Family history of suicide

Environmental Risk Factors

Job or financial loss

Relational or social loss

Easy access to lethal means

Local clusters of suicide that have a contagious influence

Sociocultural Risk Factors

Lack of social support and sense of isolation

The stigma associated with help-seeking behaviour

Barriers to accessing health care, especially mental health and substance abuse treatment

Certain cultural and religious beliefs

Exposure to, including through the media, and influence of others who have died by suicide

Protective factors for suicide

Effective clinical care for mental, physical and substance use disorders

Easy access to a variety of clinical interventions and support for help-seeking

Restricted access to highly lethal means of suicide

Secure connections to family and community support

Support through ongoing medical and mental health care relationships

Skills in problem-solving, conflict resolution and nonviolent handling of disputes

Cultural and religious beliefs that discourage suicide and support self-preservation.

Fun Activity: Terms related to risk and protective factors are hidden below. Search!

L Q W O N W V S B D Z N X E I B S R B W E L J L C
M A N B K X M Y I O T X E F C X J J K E W N I X Y
B F A D H G F I N B P T Y K X U T J N G Q N A A R
R L V Q Q S R E I R R A B H L Z S X F E W A Q G O
A S A F U R Z R T R O P P U S L J Y C B B B F N T
U C B Y N K M L F I F R L O D V I N O N A K K O S
V K E T A L C I H U E P L E L J A Q K T D K E I I
K I Y O X R G E C U S O I M F T S S T O K F M T H
B R H K K E T R G L S T G Q S X O E B V Q P K C J
W K K E E S V O E V I K Q B A F M T S V U U G E B
G C W P Q B F S P V O O U K F P E D Y L N L I N M
H V D D M H U Q N L N S F A T R A I S S R V L N K
K W V S L B V I X F A M D I I Y F I L R J X L O R
H Z D N A U Q A S C L A G E O L V V G E C Z N C L
V U M F W J Z W D P S E N O S I P S F K B F E E T
B O N D I N G H Q X R N S D T M U Q I K K P S A H
H V I O L E N C E Q B O O Y U A B Z E Q H Y S N Y
Y B V K D W J Z D V Q H B I J F I N O I G I L E R
V O U H E P M V N O T Y O L S D H C Z H R Q A E Y
T D E G J I U W C E Z F W F E S T C I L F N O C G
A M C O E W J Y M V T O C T T M E K R B O G T H U
W F E U P H V W Z A M E D I A H S R J Q V U J U P
M W V A O G Z V G W S D N E I R F M G A Q W K E R
Z R Z X N T B W A S Q R G L C O P I N G X K O Z K
Z U I U X S O F Y E F C X L F Z R G L V A M A I U

Early identification and referral

How can one tell if someone is feeling suicidal?

One must be able to recognise the warning signs of suicide. Signs a person may be suicidal. A dramatic change in mood, behaviour or appearance, for example:

Expressing, in words or actions, having no reason to live or no purpose in life; Sudden or dramatic increase in a depressed mood.

Someone who is suicidal may threaten to kill themselves or say that they wish to die, verbally or in writing. It may be straightforward but is sometimes subtle.

Watch for:

Looking for a way to kill themselves (e.g. seeking access to pills or poisons, weapons or other means), including seeking information about possible suicide methods (e.g. would 100 mg of this kill me?);

Unexpected jokes about death or suicide;
Expressing, in words or actions, that they feel trapped like there is no way out, or that they are unable to find an alternative solution to their problems.

People may also behave in ways that are life-threatening or dangerous, for example, engaging in self-injurious behaviour such as cutting, poisoning or hitting their head against the wall.

Someone who is suicidal may try to set their affairs in order, for example: Giving away valued possessions;

Asking others to take on responsibility for the care of people or pets.

People may show one or many of these signs. In contrast, some may show signs, not on this list (such as hopelessness, rage, anger, seeking revenge, anxiety, agitation, sleep disturbance, starting or increasing tobacco, alcohol or drug use; withdrawing from friends, family or society; a significant change in the level of religious interest or preoccupation with the afterlife or any dramatic change in behaviour, mood, appearance).

Are you thinking of killing yourself?

If one has seen some of these warning signs, and one suspects that the person may be suicidal, one should ask them directly. For example, one might ask one of the following questions:

Are you having thoughts of suicide?

Do not avoid using the word 'suicide'. It is essential to discuss the issue directly, without expressing fear or negative judgement.

Doing so may help one to appear confident in the face of the suicide crisis, which may have a reassuring effect on the person one is helping.

Although some people think that talking about suicide can put the idea in the person's mind, this is not true.

Another myth is that someone who talks about suicide is not severe. Remember that talking about suicide may be a way for the person to indicate just how badly they are feeling.

The 'Task' of Suicide Prevention starts with the art of learning to 'Ask.' Being there for someone with thoughts of suicide is life-saving. People in distress feel lonely with their thoughts of suicide, often unable to share with anyone. Suicide thoughts don't have to end in suicide.

Evidence demonstrates that talking about suicide doesn't instigate, but rather prevent suicide. Getting the person into the conversation could be the first step towards helping them deal with the crisis.

It can be challenging to talk about suicide. Knowing where to start or how to help provides the much-needed momentum. An early constructive way to help is to ask clear, concise and concrete questions courteously. That way, you leave the other person in control by making an opportunity for them to find their answers.

The objective is to create an environment that enables people to tell someone if they feel suicidal and ask for help, thereby creating a community where talking about suicide is no longer taboo.

For Helpie conversation starters check

<https://www.helpie.co.in/hcs>

Suicide Risk Assessment

SAD PERSONS

Prediction of suicide is never easy. However, there are known risk factors, and cumulatively they may offer a better accuracy of prediction for suicidal risk. One method goes under the acronym of SAD PERSONS. Described initially by Patterson et al., Juhnke has reviewed it.

S: Sex. Men are more likely to die by suicide than women. Males kill themselves about four times more often, although females make far more attempts.

A: Age. The ages which are most dangerous for suicide vary over time. One should refer to the latest statistics. Suicide is the most common cause of death in both the age groups of 15–29 years and 15–39 years.

D: Depression. The suicide rate for those who are clinically depressed is about 20 times greater than for the general population. Hopelessness is one aspect of depression that has a close tie to suicide. These two issues, ****depression and hopelessness****, are the strongest predictors of wishes for a hastened death.

P: Prior History. A prior attempt preceded roughly 80% of completed suicides.

E: Ethanol abuse. Alcohol or drug abuse increase risk.

R: Rational thinking loss. Psychosis ('I heard a voice saying I should kill myself') increases risk.

Some estimates suggest that 20-40% of the population suffering from schizophrenia make an attempt at some point, and the risk is highest early on in the illness.

S: Support System Loss. Loss of support can vary tremendously. With adolescents, it can be their first breakup which they can take very seriously even though others like parents may view it as a trivial event.

Other lost relationships for adolescents can include parents divorcing and remarrying someone else.

Even a parent who is divorced or separated and living with a new person can be a trigger for adolescent suicide. The death of a relative, such as grandparents, can be another potential trigger. Loss of a spouse is devastating for many. Loss of a parent within the past 35 years increases the risk of suicide.

Among older individuals, men who are widowed, and women who are divorced or separated are at increased risk

O: Organized Plan. It speaks for itself. Having a method in mind creates more risk.

N: No Significant Other. See 'S' above.

S: Sickness. Terminal illness, such as cancer and AIDS, also carries with it a 20-fold increase in the risk of suicide compared to the general population.

Revised 'SAD PERSONS' helps assess suicide risk.

The SAD PERSONS scale, an acronym based on ten suicide risk factors, has found widespread acceptance in assessing the likelihood of a suicide attempt. It also has been adapted for use with children. However, a significant risk factor omitted from the scale is the availability of a lethal means for suicide, such as a firearm, stockpiled medication, or other potentially lethal items. In particular, where firearm ownership levels are higher, a disproportionately higher number of people die from suicide. Includes' availability of lethal means'

SAD PERSONS can be modified to "SAD PERSONAS" to remedy this omission, with the second 'A' representing "Availability of lethal means" (see below).

This modification reminds the gatekeeper to ask about lethal means when assessing suicidality. If lethal means are available, the referring clinician can then take indicated action is reasonably indicated to reduce the likelihood of suicide.

Modified SAD PERSONAS scale

- Sex
- Age
- Depression
- Previous attempt
- Ethanol abuse
- Rational thinking loss
- Social supports lacking
- organised plan
- No spouse
- Availability of lethal means
- Sickness

Eliminate scoring - Consider risk factors within the context of the clinical presentation.

Acronyms based on literature identified risk factors such as the SAD PERSONS Scale

(Patterson, Dohn, Bird, & Patterson, (1983) and the Adapted-SAD PERSONS Scale (Juhnke, 1996) have been utilised for years.

An updated and more thorough mnemonic has been created to help assess individuals for immediate suicide risk

(American Association of Suicidology, 2006; Berman, 2006) and utilised by all who encounter those who may be potentially at risk.

The mnemonic is an easily memorised question,

"IS PATH WARM?"

Each letter corresponds with a risk factor noted as frequently experienced or reported within the last few months before suicide.

The specific risk factors are:

Suicide Ideation: Does the person in risk report active suicidal ideation, or has she written about her suicide or death? Does the person in risk report the desire to kill herself? Does she voice a desire to purchase a weapon to kill herself? Does she express the intention to kill herself with a gun, weapon, or car that she currently has in possession or can gain access?

Substance Abuse: Does the person in risk excessively use alcohol or other drugs, or has she begun using alcohol or other drugs?

Purposelessness: Does the person in risk voice a lack or loss of purpose in life? Does she see little or no sense or reason for continued living?

Anger: Does the person in risk express feelings of rage or uncontrolled anger? Does she seek revenge against others whom she perceives have wronged her or are at fault for her current concerns or problems?

Trapped: Does the person in risk feel trapped? Does she believe there is no way out of her current situation? Does the person in danger believe death is preferable to a troubled life?

Does the person in risk believe that no other choices exist except living the troubled life or death?

Hopelessness: Does the person in risk have a negative sense of self, others, and her future? Does the future appear hopeless with little chance for positive change?

Withdrawing: Does the person in risk indicate a desire to withdraw from significant others, family, friends, and society? Has she already begun withdrawing?

Anxiety: Does the person in risk feel anxious, agitated, or unable to sleep? Does the person in risk report an inability to relax? Just as important, does the person in risk report sleeping all the time? Either can suggest an increased risk of suicide or self-harm.

Recklessness: Does the person in risk act recklessly or engage in risky activities, seemingly without thinking or considering potential consequences?

Mood Change: Does the person in risk report experiencing dramatic mood shifts or states?

How can one tell if the situation is grave?

First, one needs to determine whether the person has definite intentions to take their life. Whether they have been having more vague suicidal thoughts such as 'what is the point,' or 'I cannot be bothered going on'. For this, one needs to ask the person if they have a suicide plan. The three questions one need to ask are:

Have you decided how you would kill yourself?

Have you decided when you would do it?

Have you taken any steps to secure the things you would need to carry out your plan?

A higher level of planning indicates a more severe risk. However, you must remember that the absence of a plan is not enough to ensure the person's safety. Take all thoughts of suicide seriously.

One needs to know about the following additional risk factors:

Has the person been using alcohol or other drugs? The use of alcohol or other drugs can make it more likely that a person will act on impulse.

Has the person experienced an unsuccessful suicide attempt in the past? A previous suicide attempt makes it more likely that a person will attempt suicide again or kill themselves.

One should ask the person directly if they have made a suicide attempt in the past or ask the significant others (e.g. family members, a close friend or religious leader). Once one has established that the risk of suicide is present, one needs to take action to keep the person safe.

How can one keep the person safe?

Never leave someone who is feeling suicidal on their own. Try to engage other people from the suicidal person's social network in preventing suicide.

After gaining the person's trust, try to remove the means of suicide available to the person if it is safe to do so. If one cannot get the person to agree to hand over the means of suicide (for example, pills, poisons, gun or razors), contact emergency services must immediately. If there is any risk to one's safety (for example, if the suicidal person has a gun or other weapon or is agitated) do attempt to remove the means of suicide.

Tell the person's immediate family about their intention to suicide. Ask for help from their relatives, friends or housemates to ensure the person does not have access to weapons, poisons, or other means for suicide.

It is better to work collaboratively with the person and others to ensure their safety, rather than acting alone to prevent suicide at any cost.

What about professional help?

One must call or take the person to a doctor, psychiatrist or other mental health professionals right away. Call a mental health emergency team, or whoever is responsible for responding to psychiatric emergencies.

In particular, if the suicidal person has psychosis, or using alcohol or other drugs, emergency assistance should be sought immediately.

The person needs to be involved in decisions about who else knows about their thoughts of suicide. However, if they refuse to engage someone else, one should still contact a professional.

How should one talk with someone who is suicidal?

Express empathy for the person. Tell him or her that you care and want to help. Try to appear confident, as this can be reassuring for the person. Encourage the person to do most of the talking and listen to them without expressing judgment. One should not argue with the person about their thoughts of suicide.

Reassure the person that thoughts of suicide are common, and that many people have them at some stage in their lives. Accept the suicidal feelings for what they are and discuss suicide as a possibility, rather than an unthinkable act. The threat of suicide may indicate that a person is trying to communicate how badly he or she feels. It is often a plea for help and a desperate attempt to escape from problems and distressing feelings.

One should, therefore, allow the person to talk about those feelings and their reasons for wanting to die. Do not dismiss the person's feelings, or compare their problems to the problems of others. Help the person to understand that their thoughts do not need to be acted on.

A mental disorder sometimes causes thoughts of suicide, so one should find out if the person has such a disorder.

Avoid asking if they have a 'mental illness'; instead, ask if they are receiving help for any emotional or mental health problems.

Clearly state that thoughts of suicide may be caused by a treatable disorder, as this may instil a sense of hope for the person.

By discussing specific problems, one can help the person work out practical strategies for effectively dealing with difficulties and life problems that seem impossible to cope.

Find out what has supported the person in the past, and whether these supports are still available.

Consider and use the person's belief systems and values to encourage them to change their mind about suicide. Avoid offering false hope or making unrealistic promises

Find out whether there is anything significant in the person's life which may reduce the immediate risk of suicide (e.g. attachments to children).

Encourage the person to consider the consequences of suicide, especially the effect it may have on the people s/he cares.

However, do not make the person feel guilty or ashamed. Focus on the importance of the person in the lives of the people they care about, their hopes for the future, and other reasons to live.

Encourage the person to think about their strengths.

Passing the time during the crisis

Suicidal crises can last a few hours or a few days. While the person is suicidal, whether ONE remains with them all the time (as a family member or friend) or only for a short time, there is time to pass.

One will need to find a way to give this time.

Suggest things to distract the person from their suicidal thoughts, especially items which are relatively easy to do and which will encourage a sense of control and achievement.

The person should choose an activity found in the past to help them to cope or that they enjoy.

After the crisis has passed, maintain contact (whether occasional or frequent, depending on the relationship) with the person and take steps to ensure they are receiving professional help.

A final note: Remember that despite one's best efforts, some people will still die by suicide.

However, always do the best for the person you are helping.

Helpie Rings

An ounce of prevention is worth more than a million pounds of cure. In the realm of physical and mental health, this applies equally as much.

As much as suicide is a significant public health issue having a complex aetiology, it is preventable with early identification and intervention.

Tension leads to tunnel vision, anxiety shrinks alternatives, and rumination depletes resources. The reality is that a crisis can hit anyone.

Preparing for the crisis well ahead in time is the best way to handle a crisis. It is better to develop our signature protective response or strategy before the crisis strikes.

The more the alternatives and resources available at our disposal, the less overwhelmed we feel.

Helpie ring is a personal, protective and supportive tool in keeping one safe and sound when feeling overwhelmed or helpless. Any individual can develop it by themselves with minimal guidance.

While developing the Helpie ring, the focus is at three levels or three 'P's, which stand for personal people and professional. Under the three domains, that is 3 'R's namely, relaxation, reconnection and reaching out.

Developing a Helpie ring in consult with others, including but not limited to close family members and friends could make a significant difference.

As an add on, a mental health professional's guidance would be beneficial, necessary especially in significantly distressed individuals.

There is a saying, 'He who bleeds more in training, bleeds less in war'. By developing a Helpie ring, one has consciously tried to create their personalised safety plan.

It is like their roadmap to handle chaotic times. It could help one in tapping resources from all directions to manage challenging times.

The prior planned effort ensures that it is well thought over, thereby reducing the influence of emotions, impulsiveness and stress.

It can make an individual open to talking about stress, challenges and coping.

It helps the individual to look at alternatives.

It helps individuals be more solution-focused.

It makes help-seeking a natural phenomenon.

It helps individuals remain in charge even during times of crisis.

It makes individuals responsive rather than reactive.

It reduces mental health stigma.

Develop your Helpie ring and recommend others to develop their own at the link

<https://www.helpie.co.in/bsf>

Responsible reporting of suicidal posts on Social Media

Social media, including Facebook, WhatsApp, Twitter, Instagram, opens us to a constant stream of people's thoughts, feelings, and daily actions.

People often update their present feelings, and at times some updates are ignored because one feels the other person is being overdramatic or seeking attention.

If one sees a suicidal post on the walls of any social media as post, update or status, do not ignore the warning sign. Many people ignore suicidal social media posts for various reasons. However, social media suicide threats should be considered as dangerous as any other suicide threat. Try to get the person the help they need.

Irrespective of the nature of the danger, one can immediately reach out to the person in distress directly.

One can alert social media outlet to the harmful content, contact their family, or contact emergency services if one feels the person is in immediate danger.

Reach out to the person - One may want to reach out to the person and offer support. Start by offering to listen to the person. Do not be afraid to ask, "Do you think about suicide?" and "What has led you to feel this way?"

Listen as the person shares their feelings with you. Comfort the person. Be kind, gentle, and supportive as you let the person know that you are there for them.

Let the person know that you are concerned about them. Say, "I am concerned about your safety and your life. You are important." Tell the person you care about them, and they mean something to you.

For example, say, "You are important to me. I care about you." You may even want to visit them if you live close to the person and know them well.

Comment and encourage the person to seek help - You may want to reply to the person or send them a private message where you encourage them to seek help. Consider sending them the numbers to a suicide hotline to talk with a trained suicide counsellor.

Report the post - When one sees a suicide status update on Facebook, one has the option to report the post. When one reports the post, it alerts Facebook that the poster may need help.

Facebook then sends the person a message asking them if they would like to talk to someone (like a helpline worker) or sent some tips to help them work through the problem.

Reporting the post is anonymous. To find the "Report Post" link, look for the arrow in the top right of the status box. When one hit the arrow, it should give the option to "Report Post."

Use Facebook's "Report Suicidal Content" option - When you see a suicidal message on Facebook, you can report them directly to Facebook. This option is different from the simple reporting of the post.

One finds the "report suicidal content" page in Facebook's help section and provide information directly to Facebook. One will need to give the person's name, the link to their profile, a link to the harmful content, and a screenshot of the post.

Contact the person's family and friends - If one sees a suicide threat but are not close enough to the person to contact them, they reach out to the person's family or friends.

They may not be aware of the post. Let them know what one saw on Facebook, and that one was worried about the poster.

The person's family and friends may be able to reach the person better than one can. They may be aware of a suicide plan already in place that one does not know.

For example, one may say, "I saw a post on the XYZs Facebook page where he/she threatened to die by suicide. I am concerned about him/her and was not sure if you knew about this post.

Call emergency services - If a person is threatening to die by suicide, they need help. If one believes they need immediate assistance because they are going to die by suicide very soon, call the nearest emergency services.

Do not feel bad or embarrassed about calling for help. A threat of suicide is severe and needs to be dealt with accordingly.

When one contacts emergency services, tell them that the person is threatening to die by suicide via Facebook, and one is concerned about their safety and life.

One can also try calling a suicide prevention hotline to ask for help with how to deal with the situation.

Do what one can. One may get extremely upset if one sees someone one knows or cares about threatening to die by suicide. One should do what can to help the person, but then let it go.

Do not make self get inappropriately emotionally invested in the situation. One cannot control what the person does, only what one can help.

Once help is rendered, there is nothing more one can do. One can check up on the person and offer support as they deal with the aftermath of the suicide threat.

However, make sure to set up boundaries to protect one's mental health. Remember that one can only control one's life and not the other person's. To set up boundaries, start by addressing what is in ones power to do.

It may be calling the nearest emergency, contacting their family, or reaching out to them and listening. Next, one should do what one can.

Tell self, "These are the actions that are within my control to do." Then, remove self emotionally from the situation.

One can only control what one do, not what they do. Remind self, "I have done what I could do. I am not in control of the other person. I now will have to let it go and take care of myself."

Refrain from being the person's counsellor - One should not try to counsel the person self. Reaching out to the person, checking on them to gauge their mental status, and letting them know one cares are essential things one can do.

However, one should let the professionals counsel the person. Do not try to give the person advice or convince them not to die by suicide. One is not a trained suicide counsellor, so one should leave that to the professionals. One may say something to trigger a negative response or something that may upset the person's fragile emotional and mental state.

Talk to a counsellor - If one has helped someone who threatened suicide on Facebook, the experience may have taken an emotional toll oneself. One may want to discuss their experience and feelings with a trained counsellor who can help sort through any grief, guilt, or other negative feelings. Even if the person is okay, getting involved may affect self.

Do not try to "get over it" on ones own. Talk through the experience with someone trained in dealing with these situations. One may say to the counsellor, "I recently had someone I know threatened to die by suicide on Facebook. It affected me. I cannot imagine the world without this person, and I keep worrying that they are going to go through with it. I know I am obsessing about this, and I need help to learn how to cope."

Responsible media reporting (Quick reference)

Dos

- Do provide accurate information about where to seek help
- Do educate the public about the facts of suicide and suicide prevention, without spreading myths
- Do report stories of how to cope with life stressors or suicidal thoughts, and how to get help
- Do apply particular caution when reporting celebrity suicides
- Do apply caution when interviewing bereaved family or friends
- Do recognise that media professionals themselves may be affected by stories about suicide

Don'ts

- Do not place stories about suicide prominently and do not unduly repeat such stories
- Do not use language which sensationalises or normalises suicide, or presents it as a constructive solution to problems
- Do not explicitly describe the method used
- Do not provide details about the site/location
- Do not use sensational headlines
- Do not use photographs, video footage or social media links

Suicide Helplines

Helpie Suicide Crisis Line || 9985644444 ||

Helpie Suicide Crisis Line is a bot-enabled crisis response platform. The aim is to provide first aid to those affected by the suicidal crisis by minimising the risk of suicidal thoughts through risk mitigation and referral activities.

Other resources

Aasra || Helpline: 022-27546669 || 24 Hours || Monday to Sunday || Email: aasrahelpline@yahoo.com

COOJ Mental Health Foundation (COOJ) || Helpline: 0832-2252525 || 01:00 PM - 07:00 PM || Monday to Friday || Email: YouMatterByCooj@gmail.com

iCALL || <http://icallhelpline.org/> || Helpline: 022-25521111 || 08:00 AM to 10:00 PM || Monday to Saturday || Email: icall@tiss.edu

Lifeline || Helpline 1: 033-24637401 || 10:00 AM - 06:00 PM || Monday to Saturday || Helpline 2: 033-24637432 || 10:00 AM - 06:00 PM || Monday to Sunday || Email: lifelinekolkata@gmail.com

Roshni Trust || Helpline: 040-66202000, 040-66202001 | 11:00 AM - 09:00 PM | Monday to Saturday || Email: roshnihelp@gmail.com

Sahai || Helpline: 080 – 25497777 || 10:00 AM to 05:00 PM || Monday to Saturday || Email: sahaihelpline@gmail.com

Sumaitri || Helpline: 011-23389090 || 02:00 PM to 10:00 PM || Monday to Friday || 10:00 AM to 10:00 PM on Saturday & Sunday || Email: feelingsuicidal@sumaitri.net

Sneha || Helpline 1: 044-24640050 || 24 Hours || Monday to Sunday || Helpline 2: 044-24640060 || 08:00 AM - 10:00 PM | Monday to Sunday || Email: help@snehaindia.org

Important Disclaimer: The helpline numbers listed above are for referral purposes only. The lines listed above have been functional at the time of this resource generation.

Common Suicide myths and facts

	Myth	Fact
Recognise	Only experts can prevent suicide	Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.
Recognise	Suicidal people keep their plans to themselves	Most suicidal people communicate their intent sometime preceding their attempt.
Recognise	Reducing access to lethal methods of suicide do not work. People will just find another way.	Limiting access to lethal methods of suicide is one of the best strategies for suicide prevention. Many suicides can be impulsive and triggered by an immediate crisis. Separating someone in crisis from a lethal method can give them something they desperately need: time. Time to change their mind, time to resolve the crisis, time for someone to intervene.
Respect	Confronting a person about suicide will only make them angry and increase the risk of suicide	Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
Respect	Those who talk about suicide do not do it	People who talk about suicide may try, or even complete, an act of self-destruction.
Respect	People who take their own life are selfish, cowards, weak or are just looking for "attention."	It is essential to handle all suicide attempts seriously as though the distressed individual had the intent to die. Do not condemn a suicide attempt as an attention-seeking act. The individual has tried to gain attention and, therefore, this attention is needed. The attention they get may well save their lives. It is much better to have some false alarms than to miss an actual threat.
Respect	Asking someone if they are thinking about suicide will put the idea in their head and cause them to act on it.	When one fears someone, who is in crisis or depressed, asking them if they are thinking about suicide can help. By allowing a person to open up and share their troubles, one can help alleviate their pain and find solutions.
Refer	Suicide is not preventable. If someone decides to take one's life, nothing can stop them.	Suicide is preventable. The vast majority of people contemplating suicide do not want to die. They are seeking an end to intense mental and physical pain. Most have a mental illness. Interventions can save lives. Suicide is the most preventable kind of death, and almost any affirmative action may save a life.
Refer	Counselling, psychotherapy and medications do not work.	Treatment can work. One of the best ways to prevent suicide is by getting treatment for mental illnesses such as depression, bipolar illness and substance abuse and learning ways to solve problems. Finding the best treatment can take some time, and the right treatment can significantly reduce the risk of suicide.

Summary

RECOGNISE

Warning Signs of Suicide:

Someone threatening/talking or wanting to hurt or kill him/herself.

Someone is talking or writing about death, dying or suicide. Furthermore, these actions are out of the ordinary for the person.

Someone is looking for ways to kill him/herself.

Moreover, seeking access to ropes, pesticides, poisons, available pills, or other means.

Someone who is:

- In feelings of hopelessness
- In a rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped – like there is no way out
- Increasing or starting alcohol or drug use
- Withdrawing from friends, family and society
- Anxious or Agitated
- Unable to sleep or sleeping all the time
- Having dramatic mood changes
- Expressing no reason for living;
no sense of purpose in life

Be Aware of Feelings, Thoughts, and Behaviours

Nearly everyone at some time in his or her life thinks about suicide. Almost everyone decides to live because they come to realise that the crisis is temporary, but death is not.

On the other hand, people during a crisis often perceive their dilemma as inescapable and feel an utter loss of control.

Frequently, they:

- Cannot stop the pain
- Cannot think clearly
- Cannot make decisions
- Cannot see any way out
- Cannot sleep, eat or work
- Cannot get out of the depression
- Cannot make the sadness of away
- Cannot see the possibility of change
- Cannot see themselves as worthwhile
- Cannot get someone's attention
- Cannot see to get control

RESPECT

Ways to be helpful to someone who is threatening suicide

- Be aware. Learn the warning signs.
- Get involved.
- Become available.
- Show interest and support.
- Ask if he/she is thinking about suicide.
- Be direct. Talk openly and freely about suicide.
- Be willing to listen. Allow for expression of feelings.

Accept the feelings.

- Be non-judgmental. Do not debate whether suicide is right or wrong, or feelings are good or bad.
- Do not lecture on the value of life.
- Do not dare him/her to do it.
- Do not advise by making decisions for someone else to tell them to behave differently.
- Do not ask 'why'. It encourages defensiveness.
- Offer empathy, not sympathy.
- Do not act shocked. It creates distance.
- Do not be sworn to secrecy. Seek support.
- Offer hope that alternatives are available, do not offer reassurance; it only proves you do not understand.

REFER

Many times, severely distressed individuals with suicidal intentions are waging a lonely and isolated battle. They also have guilt in excess, feel hopeless and helpless, which further hinders their help-seeking behaviour.

Hence, it is first essential to expand the support system. For that, try and get them to talk with their relatives, friends and family. If they are hesitant, gain their trust to connect with the latter and further facilitate the expansion of the support system.

When thinking of Mental Health professionals, consider referring to Psychiatrists, Psychologists, Therapists and Counsellors. Choosing the appropriate professional depends on the nature and intensity of distress and availability and accessibility of various mental health resources. In certain circumstances, there could be some unexpected delay in accessing professional help;

You can help them to reach out to Helpie Suicide Crisis Line @ 9985644444 or any other preferred and available suicide helpline.

References

- 1.Dandona, R., Kumar, G., Dhaliwal, R., Naghavi, M., Vos, T., Shukla, D., Vijayakumar, L., Gururaj, G., Thakur, J., Ambekar, A., Sagar, R., Arora, M., Bhardwaj, D., Chakma, J., Dutta, E., Furtado, M., Glenn, S., Hawley, C., Johnson, S., Khanna, T., Kutz, M., Mountjoy-Venning, W., Muraleedharan, P., Rangaswamy, T., Varghese, C., Varghese, M., Reddy, K., Murray, C., Swaminathan, S. and Dandona, L., 2018. Gender differentials and state variations in suicide deaths in India: the Global Burden of Disease Study 1990–2016. *The Lancet Public Health*, 3(10), pp.e478-e489.
- 2.Paterson, W, Dohn, H , Bird, J, Paterson, G. *Psychsomatics*, 1983, 24, 343349
- 3.Juhnke, G.E. "SAD PERSONS scale review." *Measurement & Evaluation in Counseling & Development*, 1994, 27, 325328
- 4.Juhnke, G.E. ("The adapted SAD PERSONS: As assessment scale designed for use with children" *Elementary School Guidance & Counesling*, 1996, 252258

5.Patterson WM, Dohn HH, Bird J, Patterson GA. Evaluation of suicidal patients: the SAD PERSONS scale. Psychosomatics 1983;24:343-9.

6.Juhnke GA. The adapted-SAD PERSONS: a suicide assessment scale designed for use with children. Elementary School Guidance & Counseling 1996;30:252-8.

7.Miller M, Azrael D, Hemenway D. Household firearm ownership and suicide rates in the United States. Epidemiology 2002;13:517-24.

8.<https://www.wikihow.com/React-if-You-See-a-Suicidal-Post-on-Facebook#references>

9.Preventing suicide: a resource for media professionals, update 2017. Geneva: World Health Organization; 2017 (WHO/MSD/MER/17.5). Licence: CC BY-NC-SA 3.0 IGO.

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There is a constant endeavour from our end to share the trustworthy and useful source of information related to mental health, from prevention to cure, research to universally accessible rehabilitation.

You can be a FunDi to enable Fund Dissemination of knowledge by any of the following means

1. Like, follow or subscribe to our social media pages on Facebook, Twitter, Instagram, YouTube (look out for Augmenta Health)
2. Give us feedback or testimonial
3. Pay what you feel

To be a FunDi,

visit www.augmentahealth.com/fundi



WHERE, 'HELP ME' IS A CRY FOR HELP,
'HELPIE' IS THERE TO HELP!