

# – Helpie in a Nutshell –



Salient points on suicide prevention

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Suicide is among the top 20 leading causes of death globally for people of all ages.



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Every 40 seconds, someone loses their life to suicide. Suicide is the second leading cause of death between the ages of 15 and 29.

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For each suicide, approximately 135 people suffer intense grief or otherwise affected.

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For every suicide, 25 people make a suicide attempt, and many more have serious thoughts of suicide.

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Nearly 80 percent of suicides occur in low and middle-income countries, where the resources for identifying and supporting those in need are scarce.



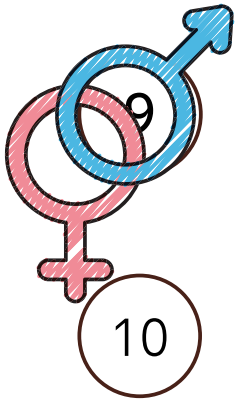
The Indian National Crime Records Bureau provides essential statistical insights on suicide. India reported a daily average of 450 suicide deaths in 2021, totalling 1,64,033 deaths a year.

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The suicide rate, i.e. the number of suicides per lakh population, is the internationally agreed data reference standard. In 2021, all-India suicide rate was 12.0

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In 2021, Maharashtra recorded highest number of deaths by suicide(22,207) followed by Tamil Nadu(18,925), Madhya Pradesh(14,965) West Bengal(13,500), and Karnataka(13,056).



For every 100 deaths, 72.5 were male and 27.4 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.

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Hanging, poisoning, drowning, and self-immolation was the most common suicide methods reported.

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Suicide is very much preventable when the distressed individual is recognised early, supported adequately and referred appropriately.

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90% of victims of suicide are known to have an underlying diagnosed mental health condition.

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Depression is a mental disorder that significantly contributes to suicidal behaviour.

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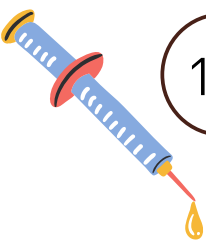
Suicide can happen to anyone in the community as one can face a crisis at some point or the other in life.

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A large proportion of suicide deaths occur in people with substance use disorders.

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A combination of mental illness like depression and substance abuse, such as alcohol and narcotics, can be lethal.



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Family's history of suicide is a recognised risk factor for suicide.

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Women attempt suicide four times as often as men. Men die more commonly from suicide than women by a factor 3 because men often choose more lethal means.

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In adolescents, suicide is not necessarily an intention to die. It is mostly a need to end an emotional pain or to escape from problems.



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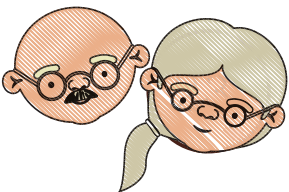
It is essential to handle all suicide attempts seriously as though the distressed individual had the intent to die. Do not condemn a suicide attempt as an attention-seeking act.

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A previous suicide attempt is the most critical risk factor for suicide in the general population.

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History of past attempts, in particular multiple attempts, raises the level of risk for a possible future attempt. The more recent the past attempt, the higher is the risk.



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Limited sources of supportive relationships and healthcare barriers are main community risk factors for suicide.

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Societal risk factors include unsafe media portrayal and easy availability of lethal means of suicide.

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A community with limited access to lethal suicide means coupled with the provision of physical and mental health treatment services to address all health issues remains important protective factors for suicide prevention.

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Family connectivity and support play a significant protective role against suicide. Healthy warm and meaningful relationships with people around can reduce the risk of suicide.

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Association with spirituality & religion can help.

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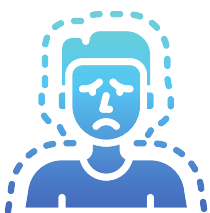
Individual protective factors include adaptive coping skills; appropriate problem-solving skills; having reasons for living and purpose; and moral objections to suicide.

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Even the profoundly suicidal have mixed thoughts about death and suicide. They may send clear warning signals to help, often expressed as 'Cry for Help.'

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Severely distressed individuals also display emotional fluctuations of anger, irritability, crying, and mood. They also express these feelings in their thoughts, acts and behaviours that predict increased suicide risk.



A distressed individual's emotional and physical condition may also offer important insights.

Individuals can withdraw and no longer enjoy their pursuits or jobs. Physically, they may avoid caring for themselves, clothing, and personal care.



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Feelings of Hopelessness is a powerful and subtle predictor of suicide. One must be very vigilant. Watch for talk of intolerable problems, empty feelings, life with no purpose.



Change in sleep and appetite are two fundamental biological indicators. It provides a crude estimation of the degree of emotional or psychological distress.

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Often people's actions speak louder than words. What they do will give you more clues than they talk. Hence, behavioural signs are equally important.

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Signs can be non-specific and oscillate on a continuum from complete withdrawal to newly gained extroversion. It makes people initially ignore these warning signs.

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While chronically depressed or withdrawn, intense mood swings can be a sign of suicide risk.



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People with prolonged restlessness and extreme mood changes should be of more concern because they may have the required energy to work through the suicidal thoughts to completion.

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Look for someone who spends time and money purchasing the means to kill themselves, such as buying more pesticides than necessary, buying poisons, or storing prescription drugs.

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A combination of any of the above – verbal or behavioural cues plus increased alcohol and substance use amplifies the overall risks.

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Use of illicit substances can impair the ability to think clearly. Prolonged use of sedatives and strong pain relievers can alter mood and distort thoughts.

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People at risk of suicide often take extra risks in their acts like driving recklessly. That, in combination with substance abuse can result in a catastrophe.

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Often people overdose sedatives in an attempt to alleviate physical or emotional pain, not intending to end their lives.

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Chronic, severe, and debilitating conditions can tilt the balance. Any sickness at crucial decision points of life may have a significant impact.

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Someone considering suicide may begin to put their affairs in order in contemplation of ending life.

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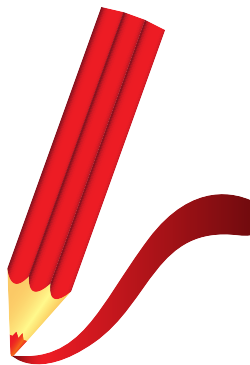
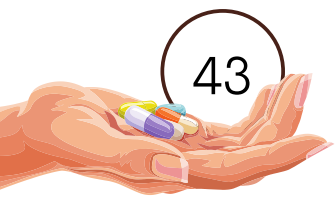
These subtle signals are especially relevant in vulnerable high-risk individuals such as those diagnosed with anxiety or depression, drug-use disorders, a history of past suicide attempts, or family history of suicide.

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Actively look at the physical surroundings to eliminate ready access to lethal means such as pesticides, weapons, prescription drugs, etc.

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Facing unexpected, humiliating incidents may be unpleasant, upsetting and traumatic. It can also lead to suicidal thoughts, and can be a critical emotional warning sign for suicide.



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As a Helpie gatekeeper, anticipating potential distress situations and proactively monitoring warning signs is critical. If you hit the point of starting a conversation about death, ending life or suicide, you should always express.

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Being a Helpie doesn't mean you can handle an emergency as a mental health expert. Seek further assistance to help you decide the course of action in helping the person in distress.

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Please do not hesitate to question by starting a conversation with someone who is thinking about suicide.



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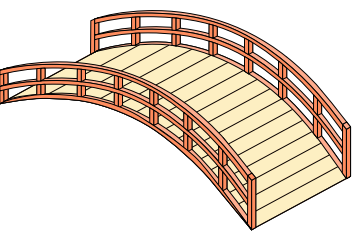
People who want to kill themselves don't think about suicide only because somebody asks them. If they're really at risk; they already have those thoughts. It's safe to converse about it when someone's willing to talk about it.

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Four elements help to determine the imminent threat of suicide: INTENTION to kill self, PLAN available, access to MEANS to implement the plan, and a TIMEFRAME to fulfil the plan.

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Encourage the distressed individual to stay away from alcohol and drugs. These habits can seem to relieve momentary stress, but they impair coping and decision-making skills significantly.



Helpies role is to build a bridge linking the care seeker to a caregiver. If mental health services are already involved, reach out. Alternatively, help them reach a mental health crisis line.

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Even though you have the intention to help, getting the individual to open up and seek help remains the key for a successful intervention.

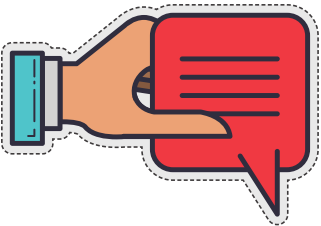


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"Respect" means recognizing each distressed individual as unique. Respect for the distressed individual may have a positive influence by helping you have a better rapport with them.

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Support by informed volunteering. Approach a family member to help address problems that may contribute to the sense of hopelessness of a distressed individual. These may include relationship conflicts, substance use issues, financial or legal problems.



Keep communication lines open. You can make a brief follow-up call regarding their safety and well-being. It not only helps to ensure that one follows the plans, but it also helps to show that you care and want to support, and that you're here.

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Healthy communication is the key. Often, what you say isn't as important as how you say it. As much as you seek their attention, pay attention.

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Perceive, understand, and take into consideration the thoughts, feelings, and beliefs of the individual. Avoid talking to someone out of their feelings or trivialising their concerns.

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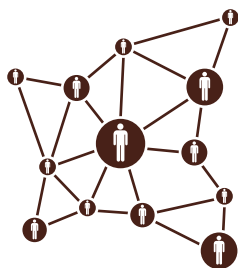
It could backfire, and it could come off as disrespectful. It can lead to an abrupt end of the conversation at a crucial moment.

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Do not try to instil false hopes. Encourage, support that will aid in long term recovery, even if you have your doubts and or the individual in distress does not believe so.

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The key to building hope lies in a healthy relationship and support network. Realising that there are people around who care and have trust in you is indeed very important.



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Neither promise to keep everything secret and confidential nor on the other extreme threaten to reveal everything even on the concern of imminent threat.

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Don't try to persuade; instead, persist. Gently guide the distressed individual to realize & accept their feelings; connect them to appropriate resources.

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Offer help and support. When someone is passing through a stormy crisis, just your presence can be uplifting and powerful.



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Avoid having the urge to handle the crisis. Being there and reaching out to seek the help of a mental health professional will help both yourself and the distressed individual.

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Involving the family also makes things a lot easier in sharing first aid responsibilities and building a diverse support network.



People are often hesitant to interfere, for many reasons, including fear of not having a clue what to say. It's normal to find it awkward to initiate a conversation in this context.

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Empathy, compassion, genuine concern, knowledge of resources, and a willingness to help are essential to preventing a tragedy.

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The concern of making it worse can make one reluctant to act. Suicide is a difficult topic to address. The misconception of talking about it would cause vulnerable individuals to explore the possibility or act adds fuel to the fire.

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Conversation starters [[www.helpie.co.in/hcs](http://www.helpie.co.in/hcs)] can help kindle a conversation. Be as normal as possible, or if you're thinking about using the right language, practise before an empty chair.

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Helping distressed individual in need is the essence of Helpie. It is essential to determine the risk to ensure timely and effective intervention.



You can gently steer the distressed towards the shore by having them receive adequate support at a crucial time and save their life.

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Knowing that an individual in distress is depressed or suicidal, it is appropriate to contact a mental health professional as soon as possible.

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For you to refer, it is crucial to: Assess the want or need to refer; it depends on the imminent danger of suicide in the distressed individual.

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You should know whom to refer on the basis of issues noted, availability and accessibility of mental health practitioners. Your referral decision should also represent your primary relationship with distressed individuals.

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In certain circumstances, there might be some unforeseen delays in accessing professional help; you may help them reach an available Mental Health Crisis Line.

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Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are also more likely to die by suicide than other young people. Youth who are not heterosexual are almost five times more likely to try to kill themselves than their heterosexual peers

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Guide the distressed individual to pledge oneself to safety. Suggest making a safety plan for handling a crisis.

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Being safe first is always the fundamental goal for dealing with those with an imminent risk of suicide. Access 'Helpie Ring' @ [www.helpie.co.in/bsf](http://www.helpie.co.in/bsf).

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After making the referral, your subsequent role depends on the nature of your relationship with the distressed person. Ensure boundaries are respected and upheld in all efforts made.

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Distressed people with suicide risk are staring at a closed-door with limited resources. Providing genuine alternatives to these individuals can help them navigate the crisis better.

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As a Helpie, your goal is to try to prevent suicide by timely identifying those at risk and helping them sail the crisis until they are in safe hands. You're not responsible for what someone else ultimately chooses to do with their life.



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Amateur gatekeepers may be guilty of over-reading or under-reading suicidal warnings. As you begin to understand and apply gatekeeping skills, overthinking what you're doing can deteriorate your gatekeeping efficiency.

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For becoming an effective gatekeeper, it's right for you to acknowledge the emotional chaos and learn to manage and process them effectively.

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Gatekeeping skills are continually evolving with society. Reach out to credible resources online and offline. Be open to learning and upskilling yourself to be relevant in this world of fast-paced changes.



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Boundaries are universal and everywhere! As a gatekeeper understanding the subtle boundaries, the fragility of the mental and emotional state, and being respectful will help one to be a successful gatekeeper.

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Despite your intentions and actions being the best, in suicide prevention, you might fail. Never own success or failure, as it will weigh you down in the long run.

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Help is a process. Your task as a gatekeeper is to be there to help. Whether someone is taking your help or whether your timely support turns out lifesaving is beyond your control.



Preventing suicide is difficult and cannot be dealt with alone. Suicide results, from genetic, biological, psychological, social, cultural and other risk factors combined with traumatic events/ losses.

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World Health Organization's approach to suicide prevention is known as LIVE LIFE. Leadership, interventions, vision, evaluation (LIVE) as cross-cutting methods and Less means, Media interaction, Early identification (LIFE) as effective critical interventions (Remember 4Ms Means, Media, Mind and Monitor)

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Educate family members and others on ways to restrict access to lethal means during a suicidal crisis, educate the community on temporary out-of-home storage solutions. Ensure bridges and high buildings have safety barriers.

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Take any opportunity to highlight appropriate suicide-related use of language. Suicide prevention advocates caution against using "committed suicide." The suggested way to engage is using "died by suicide" or "lost to suicide."

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By educating people to build life skills such as critical thinking, stress management, and coping, you can prepare them to tackle challenges like economic stress, divorce, physical illness, and ageing safely.

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The best way to prevent suicide is to talk about it. If it is OK not being OK, it is also OK asking about not being OK. Keep the conversation on suicide open. You can save a life by starting to recognise and support those at risk.

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In suicide prevention, collaboration is the key to connect, communicate, and care. Together we can make it easier for distressed individuals to talk openly about mental health and suicide, accept support and treatment.

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Being a Helpie is akin to getting an opportunity to be a part of something larger than oneself.



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