

Stories from a pandemic: A Podcast by It's OK To Talk

Episode 4: Suicide Prevention

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Contributors

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- 2. Raashi Thakran** *is a mental health advocate, social activist and an engineer from Bangalore. As a changemaker from Change.org's flagship program – She Creates Change, in July 2019, she started a petition asking the government to launch a National Helpline Number for Suicide Prevention in India which has received more than 3.9 lakh signatures. This led to the creation of the KIRAN mental health rehabilitation helpline number which was launched by the Ministry of Social Justice and Empowerment on 7th September. She is a WICCI (Women's Indian Chamber of Commerce and Industry) council member and a certified QPR Instructor.*
- 3. E Tharun Sai** *is a 21-year-old suicide survivor building a mental health startup called findhope.in which aims to reduce the treatment gap in youth dealing with mental health issues. Findhope connects youth with trained peer counsellors for free, virtual and continuous mental health support. Launched in May 2020, the platform has helped over 3000 youth with an average of 3 sessions (or 3 hours) spent on single users, who reported a 40% improvement in their mental well-being.*

Host

Pattie Gonsalves works in the areas of public engagement and digital interventions to improve adolescent and youth mental health. She is currently a Project Director at Sangath (India) with the PRIDE research programme where she leads the design and evaluation of a digital intervention for school-going adolescents in low resource settings. Pattie also leads It's Ok To Talk (www.itsoktotalk.in), a national anti-stigma campaign for young people's mental health. As part of this initiative, Pattie currently leads a new Wellcome Trust funded project, "Mann Mela", that is setting up awareness-building immersive media museums for youth mental health in five cities across India. Pattie holds an MSc in Global Health from the University of Oxford and is completing her PhD from the University of Sussex.

Content warning: This episode includes stories and descriptions of suicide, some contents may be upsetting or trigger an adverse reaction. Listener discretion is advised.

Raashi: I lost my younger brother in the beginning of 2019. It has been two years since that happened and I think a lot has changed over the course of two years. I personally feel that I have changed as a person. My entire family has sort of gone through this transformation. The entire trajectory of our life has changed. With that, obviously I feel that, yes, we have come a long way, but at the same time, the pain, the hurt, the feeling of loss and obviously the grief never truly goes away. The biggest problem that happens, i mean the biggest way your life changes after you have lost your loved one, especially to suicide is that you are completely cut off from your previous life. Basically, your before and afters are completely different. You are not the same person anymore and then you just feel like the people in your life, the people who were there in your life before it happened, they just don't understand you anymore. No one can understand the pain anymore. That's when you feel isolated. That's actually the biggest reason why people who are survivors of suicide loss really struggle after losing a loved one.

Pattie: That was 23-year-old Raashi from Bangalore, and welcome to our third episode of Stories From A Pandemic. COVID-19 is having profound mental health consequences for many people. Concerns have been expressed that at their most extreme, these consequences could manifest as increased suicide rates.

Today we are talking with Dr. Soumitra Pathare from the Centre for Mental Health Law and Policy to learn about the effects of the COVID-19 pandemic on suicide rates around the world and what we, as individuals can do to help. Every year at least 800,000 people die from suicide, a figure that is likely to be a gross underestimate. In India, suicide is the leading cause of death for young people.

In this episode, we'll be in conversation with Dr. Soumitra Pathare and hear from two individuals, Tharun Sai from Agartala, a 21-year-old suicide survivor building a mental health startup and 23 year old Raashi from Bangalore, who tragically lost her 18 year old brother to suicide two years ago. Since then, Raashi has advocated for mental health and set up a campaign to establish a National Helpline Number for Suicide Prevention in India.

Welcome, Soumitra. Thanks so much for being on our show today.

Soumitra: Thank you, thank you, Pattie for this invitation to join this podcast. For those of you who don't know me, I'm a psychiatrist by training. I'm based in Pune, which is close to Mumbai in the south India. And I am the Director of the Centre for Mental Health Law and Policy which is based at the Indian Law Society. A lot of our work currently is in the area of suicide prevention. But we also work on health policy and particularly mental health policy and helping state governments designing suicide prevention policies as well as strategy.

Pattie: So today, we are talking about suicide prevention through a pandemic, and you may have read that suicide is being referred to as a pandemic. So my first question is, do you agree? And can you help to present a context of the problem of suicide for our listeners?

Soumitra: You know, I don't like the use of the word pandemic to describe suicides. And I'll try and tell you why. The word pandemic has almost always been used with infectious conditions. You know, whenever we

talk about pandemics, we are talking about something that is infectious, something that you can get by close contact with another person of some kind.

The problem with using the word pandemic for something like suicide then becomes the fact that, you know, suicide is then seen as an infectious condition as if you can catch suicide from someone else. And then that actually increases the stigma around suicide. It also means that people will not talk about suicide because of the fear that “Oh, if I talk about suicide, I'll feel suicidal too”, because if you use the pandemic analogy too much, so why, while I think the analogy of the pandemic is a very useful one to try and make a certain point, it also runs the risk of actually, paradoxically, increasing the stigma around suicide. If you just look at the suicide data, for example, about 800,000 people die of suicide each year. And this is a constant figure for more than 10-12 years. And this is an underestimate even with all the corrections applied, it's still an underestimate. So you can roughly take, you know, you could take 1 million let's say for ease of calculation, a million people dying by suicide across the world each year. Now if we just multiply that by 10 years, that means you've got 10 million deaths due to suicide in the last 10 years. Now, if you think of how many deaths you got out of the current pandemic with COVID, that is a fraction of the deaths that we've had of suicide for so long. And yet, as a community, as a society, and as the world, we don't really talk about suicides, we don't do anything about suicides, if you think of the amount of investment that has gone into trying to find solutions to the COVID-19, you know, vaccines and all other things. If even a fraction of that investment were to go into suicide prevention, then I'm very sure, suicide prevention would see a lot of lives saved. And the other issue is that there is a lot of low hanging fruit, which we don't really, really tap into. So you know, it doesn't... a lot of suicide prevention activities don't necessarily cost a lot of money. Let me give you some examples. When I say they don't cost a lot of money, for example, with media reporting of suicides, you know, the way our media across the world, not just in India, the Indian media is particularly bad at times. But it's a problem across the world. Media reporting of suicides are known to contribute to about 2% of suicides, anywhere between one to 2% of suicides across the world, that's the number. Now if you could get the media to report suicides better, then that would effectively, even if you take the 800,000 number, you're looking at saving anywhere between eight to 16,000 lives every year, you know if you've got the media to report better so that that one to 2% contribution that comes because of media reporting could go. Now, that's not going to cost a lot of money, it's not going to require any additional investment. What it requires, is a small amount of investment to do advocacy, to do training for the media to be able to report suicides better. So this is just one example. There are many other examples. I'll give you an example of gun control. For example, in the US, gun control, you know, everyone talks about homicides due to guns. But what we forget is that in the US, for example, 60% of deaths with guns are because of suicides. So if you had gun control, of course, you'd control homicides. But what is even more important is that you would actually reduce the number of suicides. So again, that's not something that is going to cost a lot of money. So my point is that suicide prevention interventions are not necessarily expensive interventions. They require changes in policy, which may not again add any cost. But we don't do these kinds of interventions.

Pattie: Thanks. That's a really important insight, especially into thinking about what kinds of actions we can take moving ahead. My next question is about media reporting. Over this last year, we have seen an increase in media reports of suicides and suicide attempts during COVID-19 lockdowns. According to your research, has there been a real increase in suicidal behaviour?

Soumitra: Okay, this is, it's much more complicated. I wish there was a simple answer. In terms of actual suicide data, we now have data from a few countries. From Europe, Canada, from Australia, mainly high-income countries, what would be typically described as you know, the English speaking countries, but

some data also from Scandinavia. And that data is very clear that suicide numbers have actually gone down in the last year of the pandemic. On the other hand, some other high-income countries like Japan, for example, have shown a huge increase in suicides in the last one year. So while the European data and the Australian and Canadian data shows a reduction, the Japanese data shows an increase in suicides in the last year.

The USA is another example of a high-income country with a slightly mixed picture. So while overall numbers of suicides haven't gone up, what has happened is that certain groups have seen high increases in suicide. So for example, in the USA, the suicides for black populations have gone up, while the suicides as a total have not gone up at all, which would then imply that suicide numbers for the non-black populations have reduced while the suicide numbers for the black populations have gone up, so again, there is a differential impact in some high-income countries. So even in the high-income countries where you have good quality data available, it's a little bit of a mixed picture. In places like India and other low-income countries in Asia and Africa, we really don't have access to any data. We don't know what's happening with suicides. And that is largely because data collection of suicides in most of these countries is very poor. Data is published with a huge amount of delay. So for example, let's take India. In India, the data for suicides is collected by the NCRB- National Crime Records Bureau. And the National Crime Records Bureau usually publishes the data for the year, maybe somewhere with a time lag of 18 to 24 months. That's been how it is in the last few years. So by the time we get to 2019, and 2020, we still don't have the 2019 data. But by the time we get 2019, 2020, and 2021, data will be two, three years further down the road. So we have no way of knowing our suicides are going up or are suicides going down.

What we do have is some indicators and some straw in the wind kind of findings. So for example, police commissioners in three different cities now, in Pune, Ludhiana, Kolkata have talked about significant increases anywhere between 20% to 100% increases in the number of suicides last year, around the time there was lockdown, so around May, June, July. So they reported an increased number of suicides being recorded in the police stations. You have to remember though, that in India, suicide reporting, which is done by the police station, which is then collected by the National Crime Records Bureau is an underestimate. And the explanation, the estimate is that anywhere between 30 to even 100% underestimate, which means that when India says we have 130,000 suicides every year, we might have anywhere between 170,000 to 260,000 suicides. And I won't get into why there is an underestimate. But what we have is that police commissioner in some cities saying it's suicide.

The second data which I have is the research that we did, what we did was we looked at, we looked at suicide, suicides that were reported by newspapers. And compared, we did this during the COVID lockdown period, initially between March and May when we had the 12 weeks of lockdown. And what you find is that if you take the comparable period in 2019, then the number of media reports of suicide had gone up by almost 60 or 70%. Now you could say that media reports are not in any way indicative of the total suicides. And this might be true because, on average, around 600 people die of suicide every day in this country. Media reports are about six to 10, which really means that our media reports only about one to 2% of the suicides that are happening. And an increase in that one to 2% to say two to 3% does not necessarily mean that the total suicides have gone up, it could be that the media have started reporting more suicide because they got more aware of it. So that's a caveat, we don't know. We won't know unless we see the NCRB data to see whether it's suicide. But what is very interesting is if you look at the types of suicides that they were reporting, there was a significant shift in suicide reporting in the media. So compared to 2019, what you saw was more suicides being reported of employed people, more suicides being reported on young people, younger people. And when I say young, I mean under the ages of 40 and

more suicides being reported for people who might have had some fear of having COVID or having contracted COVID or likely to contract. Now those were changes which can't be explained by the media just reporting more suicides, you know, so there's a change, it appears there is a change in the type of people who died by suicide during that lockdown from what it was in the period before that. So that's really the amount of data that we have. There is also been some other research which looked at Google Trends on searches for the word suicide and found there was a huge spike in searches for suicide during the COVID lockdown. So these are three bits of information that I have to give you, which is the Google search, our data on the media reporting, and news reports or the Police Commissioner's reporting increased suicides, which would point to some worrying features that suicides might have gone up. We don't have hard data to be able to say that yes, suicides have gone up during the pandemic or No, they haven't gone up.

E Tharun Sai: *You call up people and you hear they're no more and you go back, thinking that maybe I should have talked to him at that time when he was alive? This was a stressor for me because it was quite uncertain. And apart from that, a very big stressor is the fact that you're no more sure of your financial stability. Because you have a lot of expenses, medical expenses, and then the job options are also pretty low because of the pandemic. How is next year going to be because this year has been bad? And the competition is a lot. How will I survive? And how will I make you know, when you are young, you have a lot of dreams. And when I cross my B. Tech, I'll buy this car, I'll go get a job that pays me well. Right? But then now we start questioning I've worked so hard for so much. Now, it is no more for some random reason. Right? So that financial stability thing is an important one for me personally. So this uncertainty of life and financial instability were the main stressors.*

Pattie: We just heard from Tharun, a 21-year-old suicide survivor, building a startup called Find Hope that connects students and young people with peer counsellors for free mental health support. As Tharun suggests, the pandemic did introduce some specific risk factors. And it also worsened some pre-pandemic ones.

Could you explain some of the factors that make young people more vulnerable to suicide?

Soumitra: Right, just to pick up on what Tharun said earlier, and, you know, the point that he made about the financial insecurity, I think that is a major, that is going to be a major issue. This is what I feel. You know, if you look at past data, for example, if you look at data from the economic crisis in 2008, from Greece, what you find is that the economic crisis in 2008, in Greece caused a high level of unemployment. And what we found happening to suicide rates, they started to increase, but they increased not immediately, they increased with a lag. So there was almost a six to 12-month lag when suicide rates started to increase, and then they kept on increasing for three or four years. And that has been the pattern for many economic crises in the past. Now, will the pandemic cause an economic crisis, and everyone was worried that there would be an economic crisis. As of now, we don't seem to have an economic crisis, per se, but what we do have in India, and there is now data, which is coming out, showing that many people are unemployed, you know, the rates of unemployment have gone up, many people have lost their jobs. And while there is a certain degree of economic recovery, it is not being accompanied by a recovery in the number of jobs. So and ultimately, the economic crisis when it impacts suicide impacts our unemployment. So if we are going to see that level of unemployment, if we are going to see people losing their jobs or no new jobs for new people entering the market, then I'm afraid that one of the concerns we would have is that in the coming years and years, in 2022, 23, 24, will we start seeing an increase in suicides? Now that is something that

we need to really be worried about, Is that going to happen?

And I think in that sense, it also demonstrates how some of these issues in our community like economic issues, unemployment, impact suicide, I'm sure economists don't think about suicide as an outcome variable to measure when they're measuring the effects of unemployment, for example. And so while you might also have unemployment causing a lot of poverty and other issues, you can also get increases in suicide.

Pattie: Yeah, that's a very important point to understand how economic crises can impact suicide through unemployment. So is it fair to say that suicide is really not just a mental health issue alone?

Soumitra: It is not a mental health issue alone. While there is a significant proportion of mental health problems on people who die by suicide, and that is true, not just in India, but also in the US, for example, the National Institutes of mental health in the US recently published some data, which shows that only about 45 to 50% of people who died by suicide actually had a diagnosable mental health condition when they died by suicide. And that number, interestingly, almost matches the number that you get from various studies in places like India and other low and middle-income countries. So about half of the people who will die of suicide will have a mental health condition, which may have... we don't know if it does, but which may have. So there's an association, which may have led to their suicide, but the other half who do not have a mental health condition, who do not have a diagnosable mental illness, and they have still died by suicide, and that is where I think the challenge really lies.

Pattie: That's quite insightful. And do you have an example from the Indian context?

Soumitra: Just to give you one example, in India, if you look at the women who die of suicide, about a third of them, 1/3 of the women who die of suicide in India will have a history of being a survivor of domestic violence. So clearly, that's a huge contributor, you know, if mental illness contributes one half, domestic violence, by that same logic is then contributing 1/3. About a third of people, men, especially those who die of suicide, will have you know, just prior to the suicide will be under the influence of alcohol. So, alcohol plays an equally important role in suicide. So, you know, these this, so, there is a multiplicity of factors and suicide in that sense is not purely a health condition, although one talks about health as the outcome because people die, it is not necessarily the health sector, which is where the problems arise from, they arise from other sectors and very often the health sector is only having to carry the can for problems which have not been dealt with by other sectors.

Pattie: Yeah, thanks for breaking down how complex that is. So in your view, how do we prevent suicide?

Soumitra: So if we are going to look at suicide, then we really need some kind of joined-up strategy, some kind of joined-up strategies, joined-up policies, what I mean by joined-up meaning different sectors working in coordination, rather than working in isolation. If you want to reduce suicides in India, another way would be pesticides or access to pesticides, you know, where... many suicides tend to be impulsive, they don't necessarily want to die. But if they consume a highly lethal substance, then they might end up dying because they miscalculated, they didn't know that, oh, two drops of this pesticide would actually kill me.

And pesticide suicides contribute anywhere between 30 to 40% of suicides in India. Now, reducing access to some of these lethal means of suicide can also be a way of reducing suicides. Again, that's the sector

where you need... the chemicals sector as well as the agricultural sector working alongside people who work in the area of suicide prevention. So the point I'm trying to make is that any suicide prevention intervention will require a multi-sectoral approach, but will also require that these approaches are targeted at specific populations. So if you're going to work, if you want to target interventions for young people, then working with the education sector is very important. If you want to target suicides by farmers, for example, working with the agricultural sector, working with the economic sector, is important. If you're going to target women suicides, then you do want to actually work on the areas of domestic violence. So while you want to work across sectors, you also want to be particularly focused on certain sectors when you're dealing with certain subgroups within the population of people who die by suicide.

Pattie: Many of us listening are likely wondering, you know, what can I do, whether it's at home or my place of work? What can I do to take care of myself? Let's now hear Rashi's experiences of finding a supportive and safe space - through a support group - for herself and her family to cope with their grief.

Raashi: The biggest problem is that you feel...a lot of people feel that they can't talk about the person who has passed the same way that other people can. But that's not true. I think that's the thought process that needs to change. You know, it doesn't matter how they've died or how they've passed on. You need to talk about them with the same love and you can...it's okay to talk about them and remember them. These support groups really help because you meet people who understand in a way, and who can relate to that pain and who can just sit with you in that pain. Sometimes, that is just all you want. You just want someone to acknowledge and someone to tell you that, you know, it's okay to feel this way. It's okay to sit in this pain. And then take a step further and sit with you. This connected with a lot of bereaved parents, siblings, families and it has really helped us cope. Just realizing that you are not alone in this and you don't have to be alone in this.

Pattie: Soumitra, Can you comment on the grieving process and options for support for families or loved ones who have lost someone to suicide? As Raashi says, death by suicide is often viewed differently than death by other causes and people may struggle to make sense of it.

We asked Raashi what people can do to contribute to suicide prevention and here's what she said:

Raashi: Suicide is definitely the most preventable form of death. That's why all of us have a role to play and not just mental health professionals or doctors or the person himself or herself. Because a lot of times you tend to put the onus on the person who is struggling. You should seek out support. You should ask for help. You should go to a doctor if you are feeling unwell...etc. That's where we start running away from our responsibilities as loved ones, to care for the people who might be struggling. To care for the people around us. That's why I think the onus has to lie on all of us when it comes to suicide prevention. It is everybody's business.

Pattie: As Raashi tells us, suicides are preventable and we all have a role to play. Can you help us understand the belief that suicide cannot be prevented?

Soumitra: Right, I think we need to actually tackle some of the myths that exist in our communities around suicide, the first myth is that if somebody wants to die, then you can't really stop them.

And that kind of leads to what I call shrugging of the shoulders, that happens from policymakers to everyone in the community, you know, while they regret the suicide, that they believe that nothing could have actually prevented it, because if somebody wants to die, they will die, or they will kill themselves. Now, this is a complete myth, the research data shows that's not true. Very often, that impulse of suicide will last for a few hours or a few minutes. And if they get attention and help at that moment, then they will definitely survive. And many people who survived by suicide go on to live a very long life and are actually very happy that they were saved. So it's a myth that people who want to die will always want to die and will kill themselves, in some sort of way. That's not true at all. There is also this other myth that if you ask people about suicide, you will give them ideas of suicide. Again, this is a myth, which has no basis in data or in research. So these are some, you know, I'm just giving you a couple of myths. But there are many such myths. And I think we need to really start tackling those myths. If we want to get people to do something about suicide, you know, I get asked by people, you know, saying things like, Well, I'm not a professional, I'm not trained in suicide prevention. How can I help when somebody is feeling suicidal? And to that, My answer is very simple. There are just two words, really, one is *ask*. And the second is *talk*. And when I mean, what I mean by ask is, if you see somebody looking down and out depressed is then do ask that, are you feeling so miserable or terrible that you feel you might be better off dead, or you might wish that you died in some sort of way or that you don't wish living? Ask that, your asking is not going to give them ideas, you know, and you will find that actually, they are relieved that somebody could understand what they are going through, and you might actually have a conversation. And the second thing is to talk. And what I mean by "talk" is many, many times you don't have to have a solution. But giving people space and the time to be able to listen to what they're feeling is very important. And if you just do that and just be around and be available, that itself might help reduce that person's risk of dying by suicide or attempting suicide. There's no point telling a person who is feeling suicidal that, well, "You shouldn't think about such things you know, you got a great job or you have got children to think about, you're doing so well in your education...", that does not help at all. So trying to tell people not to think of suicide is not going to stop them from thinking about suicide. And that is very important. What you do when you say such things is you actually close off the conversation, the person then feels that there is no point telling you that they are feeling suicidal, because you're just going to brush it off and say, "You shouldn't be thinking that". You know, people don't choose to think about dying or do not choose to think about wanting to kill themselves. It is something that is an overpowering thought that comes into their mind. And it's not something that they are able to just remove. It's not an indulgence of some kind. And the other issue is that you know, there's this myth that people who talk about suicide are never going to do it. That's equally untrue. You know, if somebody is talking about suicide, you have to take it seriously. You have to work on the basis that they are likely to try to attempt suicide or even die by suicide. And so you have to have to take that seriously and listen to them.

Pattie: Since the onset of the pandemic, there appears to have been a change in how much more discussion there is about mental health, especially online in the news by workplaces, even the Indian government, and perhaps an even larger recognition than ever before, of the importance of looking after ourselves. We'll now hear from Tharun who went so far as to say that maybe the pandemic has actually been a gift for mental health.

Tharun: I think we will carry as in the whole ecosystem, the entire ecosystem will definitely carry this collaborative sense from now. And they will start integrating a lot of different players, from technology to mass media to Bollywood say cinema etc, to influence people and educate them. It reminds me of the fact

that we need to be connected somehow or the other, otherwise, it will be hard for us to survive the pandemic.

Soumitra: Right. I mean, I agree with Tharun on one fact, which is that, you know, you know, in a sense, the pandemic has normalised mental health, and what I mean by normalised is people who would have otherwise never had any mental health issues, have had some and suddenly realise that, oh, this can affect everybody, including me. Whereas in the past, they would have thought it only affected certain kinds of people. So I think, though, that there has been much talk about suicide, or there has been much work around suicide, I think we should start with some of the interventions which are not in the health policy space. And I'll give you an example of what I mean by not in the health policy space, there is recently a wonderfully large study published from Brazil, which is across many years now, they've been running this for almost six or eight years, showing that if you had cash transfers, unconditional cash transfers, or what is called as universal basic income, then that reduced the suicides in that cohort over time by 60%. Now, this is fascinating only because I don't know of any other suicide prevention intervention up to now, either in the health sector or outside the health sector, which has shown a 60% reduction in suicides as a single intervention. Similarly, there are studies from Indonesia, similar cash transfer studies where 10% of the population was receiving cash transfers, and they found a 20% reduction in suicides. Now, that's a huge number two, you know, a 20% reduction is not to be scoffed at. And it's not something that we get routinely with a lot of suicide prevention interventions. So, unfortunately, a lot of these interventions like cash transfers and universal basic income require a large investment of resources and require certain policy changes that need to happen, which are not in the hands of ordinary individuals like you and me. But I think it is very important for our communities to know these kinds of benefits so that when they hear any conversation around cash transfers, they're able to make an informed judgement about the value of these cash transfers, which goes merely beyond providing people with money, but as outcomes which can actually save lives. Then there are a whole bunch of interventions that we really need to do and can do and which we are not yet doing. Let's take schools and children for example, given that pandemic has disrupted school education, and given that young people, especially in the ages of 15 to 18, are at high risk for suicide. So doing some work with schools and teachers is probably something that we need to do. And there are evidence-based programmes, for example, gatekeeper training for school teachers is something that has been used across the world, and is done routinely as a matter of routine practice in many countries. Now, again, that is something that we could try and do. We've recently got funding where we are working with the government of Chattisgarh to try and develop a gatekeeper training programme, which could then be scaled up across the whole state. We've also seen the Government of India launched a national helpline. And that happened about six months ago. I have to, though, caution people about helplines. You know, the standard response of our policymakers and our communities seems to be that whenever there is a suicide problem, or you get two standard responses, one is Oh, we need more counsellors in schools and colleges, or we need a helpline. Now, while that is a good idea, and I'm not trying to say we don't need helplines, but helplines are not the solution to the problem or not the complete solution to the problem. Having any number of helplines without actually intervening on the factors that lead people to feel suicidal, you're just kind of overburdening your helplines. Your helplines can't solve the problem. Your helplines will provide emergency care and aid to people who might be suicidal and will probably and certainly save lives. But what happens is, if you've got a whole tsunami of problems coming out there, then you will quickly find that any number of helplines will get overburdened, and running helplines is not an easy task, you know, the logistics of running it sounds easy, oh, we just need a phone number and anyone can call free and you need to train a few people. The problem is that the people who are listening, the listeners, which are the counsellors or the volunteers at the other end, also have high

rates of burnout. It's not easy to work as a volunteer or a counsellor on a suicide prevention helpline after a few months, you will find yourself getting burnt out. Finding volunteers who are willing to work on these helplines is equally a difficult task. So while the helpline sounds like an easy and quick solution, they're not necessarily an easy and quick solution. And secondly, they can't really take care of the problems within our society and communities which we are not currently dealing with. So I think we need to really not look at helplines as a one-stop solution to preventing suicides. They are a small and important and necessary part of a whole gamut and range of interventions that are needed by us in different sectors to reduce suicides in our country.

Pattie: So I'm taking away from what you're seeing that suicide prevention really goes beyond mental health and to really examining the social determinants of our health as causes of suicide. And at the heart of prevention is also promoting the understanding that all suicides are potentially preventable. So based on the lessons you've learned over this last year, what is your message of hope for the future?

Soumitra: Well, I mean, one of the positive things that have come out of it, as I think Tharun mentioned, and which might be true is also that you're increasingly seeing that funders are interested in suicide prevention, you're seeing governments are interested in suicide prevention. So we are working with a few state governments on suicide prevention efforts, and they're showing a lot of interest which in the past may not have been so much as it is now. So the hope comes out of the fact that policymakers, governments, funding agencies are taking on this issue seriously--that's a positive thing. The second positive as I see it, is that we are seeing a lot more increased conversation in our public spaces around suicide prevention. We are seeing, for example, with the media reporting, while the media reporting has not been exemplary, especially recently, you also notice there are changes in media reporting. I mean, increasingly, I find that the media in India is beginning, it's a small beginning... it's early shoots, in a sense, but you're seeing them beginning to change their language around suicide. So for example, increasingly I will find more media reports which use the term died by suicide, rather than writing committed suicide and so change is happening. It's happening a little slowly, and not as quickly as you are or I would wish it to happen, but undoubtedly, there is change and we seem to have kind of broken through a certain barrier, where we could probably look for hugely incremental changes in our responses to suicide prevention.

Pattie: Thank you Soumitra for your insights today and thank you to you, our listeners for tuning in! We'd like to leave you with a few words of encouragement from Raashi.

Raashi: You must start by educating yourself. We fear what we don't know. We don't want to talk about it, but once you start getting to know about that topic you realise that this is something that is completely okay to talk about and that's how you normalize conversations around a certain topic. Start talking about the subject. Start educating yourself. Start learning about, you know, the warning signs for example or how...you know, what are the different myths? How can you bust those myths? How can you help a loved one? Start learning all of these things and once you do you will realize that this is something that is so important and that everyone should be talking about it. And once you do that you will start questioning your own biases. There might be some internalized stigmas and internalized biases that you have and you didn't even realize that you had those. That is something that I experienced when I started learning about mental health and I started having these conversations with people. There is so much that you learn. So try to do that. Also, try to talk to people who have had these lived experiences. If you want to learn about depression, talk to someone who has been through something like that and try to understand what life is like for them. You might just realize that someone around you is going through something similar and then

maybe you can try to help them out. All of us, I think, we all want people to come up to us and trust us with their thoughts and their feelings. If they are struggling with something, we all want people to come up to us and talk about it. But, ask yourself, are you creating a safe space for that person to be able to come up to you and talk about whatever it is that they are feeling. Are you creating that space? Are you being a good listener? Are you being an empathetic listener? If not, what can you do to change that?

Today we talked about how the pandemic can offer an opportunity rather than a threat to how we continue to tackle suicide prevention. If you or someone you know is at risk of suicide, there is help! You can visit Sangath's COVID-19 Well-being Center on www.sangath.in for helplines and emergency support. You can also visit the description box of this podcast for more links to resources. Stories from a pandemic is supported by the Wellcome Trust as a part of our Mann Mela project. And thanks to our studio engineer Ishaan Gandhi and producer Faith Gonsalves.

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