

Suicide NEVER the solution



Shockingly there are over 800,000 suicide cases reported globally every year.

By Benjamin Teow

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PICTURE this if you will. A deep, dark feeling of despair and resentment lingers in a person's heart. "Life is meaningless ... why struggle with the pain ... just want to end it all," go the persistent voices in his head.

This is one of the things that may go through the mind of someone dealing with mental health condition.

Sadly, mental health has become an increasingly real problem in the country so much so that the government has called for a review of the mental health policy.

A 2017 survey released by the Health Ministry recently revealed that out of 273,203 individuals who underwent health screening, 18,336 are suffering from various stages of depression.

And if those statistics are not grim enough, consider this. According to the World Health Organisation (WHO), there are over 800,000 suicide cases reported globally every year.

Addressing the problem head on, the International Medical University's Psychology Club recently held a forum on suicide prevention.

Defined as the deliberate act of ending one's life, suicide is a decision that could either be planned or done on impulse.

Indeed, the talk couldn't have been more timely as clinical psychologist Puvesha Jegathesan presented the cold, hard facts about suicide.

Frequent in spite of taboo

Whether you want to call it a cowardly or sinful act, suicide is generally a taboo among the various communities in Malaysia. Despite this, it has become more apparent in recent years. Described as the most preventable cause of death, WHO, in its 2017 report, stated that one suicide occurs every 40 seconds. The rate is projected to be more frequent by 2020, with an estimate of one suicide every 20 seconds.

"There are other forms of death from, say, cardiovascular diseases or cancer, which can be preventable, but suicide is by far the most preventable because you can do something about it," said Puvesha.

The report points out that more than 78 per cent of suicide comes from low to medium-income countries, with most deaths occurring in those aged between 15 and 29.

It also states that women attempt suicide three times more than men, while men succeed four times more than women in ending their lives.

Noticing the trend, Puvesha said she takes her patients' words seriously during therapy. "I would take it seriously if a woman comes and says she has suicidal thoughts.

"(But) if it's a man who expresses the same idea, I would double the safety plan to establish protective layers for the individual. This is due to the statistical chances that a man attempting suicide would be more successful than a woman."

According to a 2016 WHO report, common methods of suicide include pesticide ingestion, hanging, jumping off a certain height, overdose and suffocation.

Puvesha said pesticide ingestion, hanging and jumping off buildings are the most observed methods in Malaysia, although statistics remain solely based on reported cases.

Factors of suicide

Suicide can be intentional in two forms — active or passive. An active suicide is when the person deliberately plans a morbid action, such as taking excessive dosage of medicine. A passive suicide is when the person avoids the necessary safety precautions in an act, such as carelessly crossing a busy road. Regardless of the case, the motive of suicide must be deliberate in order to be classified as such.

Suicide should not be confused with self-harm, however. Acts like cutting oneself, biting and hair-pulling do not objectively end in death, though such behaviour is observed as a means to cope with difficult situations that come with feeling suicidal.

"Such acts are a mental health condition with a diagnosis. I've had patients who harm themselves as a means to cope with the pain. Once they are hit by an unfortunate event which they can't bear, they become numb. In order to 'feel', they resort to cutting themselves, etc. When they do so, they feel 'alive'," Puvesha said.

"A depressed person gets relief from heavy feelings by self-harm."

Over time and as depression lingers, the person is likely to cut himself/herself further and deeper.

Puvesha said there are three factors that contribute to the risk of suicide — biological (among people diagnosed with illnesses such as cancer or those tested positive for HIV, for instance), psychological (this comes from a constant feeling of negativity, among others) and social (usually triggered by life events; a person may consider suicide to escape life or family problems).

Everyone reacts differently to problems, however. Puvesha pointed out that some people are able to cope with challenges, while others do not have the coping mechanisms needed to think rationally through their problems.

"A person's reaction to an event matters. You and I could be experiencing an unfortunate event together, but I could be more vulnerable to the situation and develop suicidal thoughts," Puvesha said.

Warning signs

Observable warning signs of a person contemplating suicide vary. Dramatic changes of mood, nihilistic expressions of meaninglessness mixed with a sense of rage and hopelessness are some of the red flags highlighted at the talk.

If someone expresses the desire to commit suicide, take it seriously, especially if his or her behaviour is noticeably unusual. Be it in verbal or in drawing, suicide is often indicated indirectly to a trusted person whom the



contemplator relies on for attention, said Puvesha.

Those who have attempted suicide in the past get more determined later on.

"They would have learned from their mistakes in their first few attempts, which give them better ideas to improvise and succeed in the next try," she said.

Myths about suicide

Puvesha debunked some commonly-held beliefs about suicide, giving a clearer picture of the nature of suicide:

• Suicide occurs without warning signs.

While it's an act and not a disease with observable symptoms, suicide often occurs with warning signs before the final act. People who ended their lives would have spoken about their lives prior to that. Family fights, abusive behaviour, joblessness, insurmountable debt, substance abuse and the loss of a loved one are some of the factors that could drive one to contemplating suicide as a solution.

• There is nothing you can do to stop a person from committing suicide.

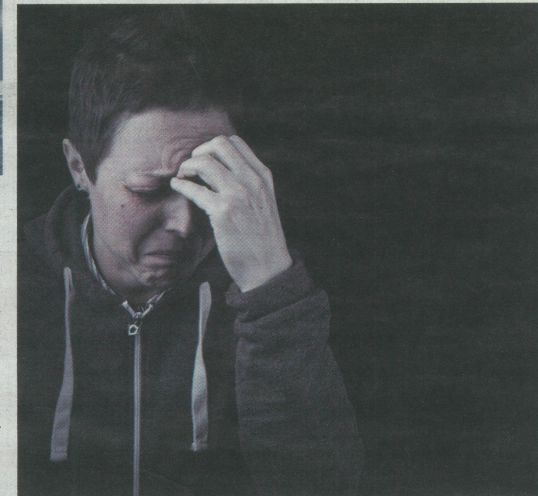
Suicide is preventable as people who choose to die do it to stop the pain that has consumed them.

• Suicide strikes people of a certain demographic.

Suicide strikes anyone across any demographics. Rich or poor, from developed countries to war-torn



Simply lending an ear to someone who has suicidal thoughts could mean the said person gets to live another day.



Some of the observable warning signs of a person contemplating suicide include dramatic changes of mood, nihilistic expressions of meaninglessness mixed with a sense of rage and hopelessness.

societies, suicide has been observed to be blind to whom it afflicts.

• Suicide affects the weak and the mentally unstable.

People who contemplate suicide are often pained from life experiences. There have been many people with strong characteristics who have ended up committing suicide.

• People are no longer suicidal once they recover and feel better about themselves.

Suicidal thoughts may rebound, especially if the individual does not seek help in coping. Suicidal people often rationalise their pain will be over

as soon as the fatal act is done.

• Suicide survivors will never attempt suicide again.

People who don't succeed in committing suicide often learn from their mistakes and will take steps to ensure better success when the urge returns.

Ask and listen

Even regular people with no clinical training in dealing with suicide can make a difference. Simply lending an ear to someone in need could mean the said person gets to live another day. Here are some things one can do when you are confronted with someone who has suicidal thoughts:

- Listen empathetically without judgment and allow the person to speak his heart out. Depression often lingers due to a lack of attention; offering to listen to one's problems could alleviate the feeling of pain and helplessness.
- Be direct and as open as possible. Converse with the individual in person as opposed to a text message, while giving the person space to express himself/herself.
- Do not hesitate to raise the subject. One can start with a question, asked in a diplomatic manner: "Are you thinking about harming yourself?"
- Do not attempt a diagnosis. A mental health professional can do that with proper results.
- Never make promises that can't be kept or give assurances that's not possible.
- If you think you could not empathise with the individual, seek counselling. There are various bodies which offer help for suicide contemplators.

Should you or anyone you know need help, you may contact:

- Befrienders, a non-government organisation that offers an ear in developing emotional self-awareness. Call 03-79568145 or visit <https://www.befrienders.org.my/services>
- Life Line: 03-42657995 (Chinese-speaking)
- Relate Malaysia, an online-based psychological treatment programme. Visit its website at <https://relate.com.my/>
- The Malaysian Mental Health Association (MMHA) at <http://mmha.org.my>
- University counsellors. There are counsellors who deal with social problems that students often face.
- Mental Illness Awareness and Support Association (MIASA) at www.miasa.org.my or 013-878 1322 and 019-236 2423.