

# Light at the End of the Tunnel



**SAMHIN** SOUTH ASIAN MENTAL HEALTH INITIATIVE AND NETWORK

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# SUICIDE:

## Why people take their own lives? The Sanctity of Life - Finding Hope in Despair

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It is hard to find anyone whose life has not been touched by suicide. In spite of this, suicide is one subject that no one likes to talk about. It is especially difficult for those who have been directly affected by suicide. A few come forward and break the silence to help others and more importantly to prevent another tragedy. Thankfully, some survivors have gone on to write books about their experiences to help themselves and also others. But many remain silent because of the taboo that exists in all cultures. But the stigma is especially strong among the South Asians.

Suicide is very personal. Most people have been touched by it. Everyone knows someone in the family, social circle, community, college, work or school that has died by suicide. Many of us are survivors who miss our friends, relatives and clients who have died of suicide. There are some who are attempt survivors i.e. they know someone who has attempted suicide. Like death by suicide, an attempt to take one's life also has significant impact on family and friends.

Suicide is a major public health crisis. It is currently one of the ten leading causes of death overall and within each

age group from 10 to 64 years. It is the 2<sup>nd</sup> leading cause of death in 10-24-year-olds. Over 42,000 people die by suicide in the U.S. every year. (*CDC report, April 2016*). According to the American Association of Suicidology 2014 data, an average of 1 person died of suicide every 12.3 minutes in the U.S. Suicide results in more deaths than war, homicide and natural disasters combined. (*Adam Lasser LCSW, Columbia University and New York State Psychiatric Institute*).

Amongst the South Asians in this country, we often hear about deaths by suicides through the grapevine and occasionally through the media. However, the official data on the prevalence and incidence of suicides in the South Asians is lacking. Stigma has been noted as one factor. Many families label such deaths as accidents because of the tremendous shame and embarrassment. People's effort to perpetuate the South Asian community's myth of model minority further reinforces the need for secrecy. Another problem is that South Asians are not separated when data of suicides are collected and analyzed.

As per World Health Organization (WHO) data a life is

### Some of the factors associated with increased risk of suicide:

- Family history of suicide
- Wishing to die or to kill oneself
- Previous suicide attempt(s)
- Mental illness, particularly depression
- Alcohol and drug abuse
- Feelings of hopelessness; feeling of being trapped and seeing no way out of the situation.
- Finding no reason to live. Giving away precious possessions.
- Impulsive or aggressive tendencies
- Cultural and religious beliefs e.g., belief that suicide is noble resolution of a personal dilemma.
- Isolation, a feeling of being cut off from other people.
- Barriers to accessing mental health treatment – not getting adequate needed psychiatric care.
- Unwillingness to seek help because of the stigma attached to mental health
- Loss (relational, social, work, or financial)
- Suffering from severe physical illnesses.
- Easy access to lethal methods e.g. firearms.



lost through suicide every 40 seconds worldwide. Achieving high education and celebrity status does not prevent suicides. It affects people from all walks of life - from farmers to physicians including psychiatrists. It cuts across all races, genders, religious beliefs, economic and social status, and ethnic backgrounds. Some of the celebrities from film industry in India that have tragically died by suicide are Guru Dutt, famous director and actor, his son Tarun Dutt; actors Jiah Khan and Silk Smitha (Vijayalakshmi Vadlapati). A few names of celebrities in the U.S. that have died by suicide include Kate Spade, Robin Williams, Anthony Bourdain, Marilyn Monroe, and Kurt Cobain. We often think of suicide as happening in a distant place and community. Unfortunately, it is closer to each one of us than we want to believe and accept.

### What drives people to end their own lives?"

Suicide is not always associated with diagnosable mental illness, although it often is. 90% of individuals who die by suicide have untreated mental illness. 60% of these have depression. 50-75% of those in need receive no treatment or inadequate treatment (Alonso et al., 2007; Wang et al., 2005). 80% of adolescents and college students who die by suicide never received any consistent treatment prior to their death.

Some believe that those who choose suicide cannot help it or prevent it. That is not true. Most people who choose suicide have mixed feelings taking their lives. Part of them wants to die by suicide. Another part wants to live. Multiple studies have found that over 90% of the most serious attempters do not go on to die by suicide. (Adam Lasser LCSW, Columbia University and New York State Psychiatric Institute).

### Preventing Suicide:

Here is what CDC writes about preventing suicide: Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While its causes are complex and determined by multiple

factors, the goal of suicide prevention is simple: Reduce factors that increase risk (i.e. risk factors) and increase factors that promote resilience (i.e. protective factors). Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

In order to prevent suicide, we need to bust some of the myths about suicide. Here are some of the common myths (Adam Lasser LCSW, Columbia University and New York State Psychiatric Institute):

#### Myth:

If someone is really suicidal, they are probably going to kill themselves at some point no matter what you do.

This is NOT TRUE. Suicide is preventable. 80% of people who die by suicide give some indication or warning. Most people are suicidal only for a short amount of time. So, helping someone through a suicidal crisis can be lifesaving. Over 90% of the most serious attempters do not go on to die by suicide.

#### Myth:

Asking a depressed person about suicide may put the idea in their heads.

NOT TRUE. Asking about suicide does not amount to suggesting suicide or increasing the likelihood of suicide. In fact, asking might open up a discussion and a feeling of relief rather than an intrusion. The risk is in NOT ASKING when it is appropriate.

#### Myth:

"There's no point in asking about suicidal thoughts...if someone is going to do it, they won't tell you"

This is FALSE! Often a suicidal individual is relieved when asked about suicidal thoughts. As mentioned earlier, most suicidal people (about 95%) have mixed feelings about dying by suicide.



### Tips to decrease risk of Suicide:

- Avoid drinking alcohol or using drugs to get relief from emotional pain. This invariably complicates the situation and increases the suicide risk. Alcohol increases depression. It also has a disinhibiting effect on the brain. In other words, the normal controls in our brain are derailed.
- Get adequate treatment for depression or other mental illness.
- Manage your stress. Evaluate sources of stress in your life. Learn to avoid increasing stress even if it means a compromise and giving up something.
- Improve your skills to cope with stress. Find ways to de-stress yourself. Indulge in your hobby. Consider yoga and meditation.
- Avoid isolating yourself even if you feel compelled to do so. Stay connected with your family, friends, and community.
- If the person is under tremendous pressure at school or job, it is not the end of the world to take some time off or if necessary, to even change the job or school. Nothing is more important than the life itself.
- Encourage the individual to continue psychiatric care including taking the prescribed medications. If the individual has side effects from medications these should be discussed with the treating physician.
- Some may find comfort and solace in seeking spiritual guidance.

### Myth:

“Someone making suicidal threats won’t really do it, they are just looking for attention”

This is FALSE! Those who talk about suicide or express thoughts about wanting to die are at risk for suicide and need your attention. 80% of people who die by suicide give some indication or warning. Take all threats of suicide seriously. Even if you think they are just “crying for help”—a cry for help, is a cry for help—so help!

### Myth:

“If you stop someone from killing themselves one way, they’ll probably find another.”

Again, NOT TRUE! Reducing a suicidal person’s access to highly lethal means e.g., firearms has strong evidence as effective suicide prevention strategy.

Suicide is every one’s business. Anyone including those who have had no training in mental health can ask someone who is depressed and despondent about having thoughts about suicide e.g. parents, brothers, sisters, teachers, primary care physician, pediatrician, spiritual teacher/clergy, coaches, counselors, and so on.

Many studies have shown that children and adults recover more quickly when they realize that hardships aren’t entirely their fault.

## What to do when you experience Suicidal Thoughts:

- Remember that suicidal thoughts are **temporary. Suicide is permanent.**
- Storms come and go. So do problems. Despair is temporary even when it feels eternal.
- Call someone you can talk to – a friend, spouse, parents, siblings, priest, spiritual teacher/leader, swami or clergy who you have relationship with.
- Avoid being alone even if you are compelled to do so.
- Call National Suicide Prevention Lifeline: 1-800-273-TALK (8255).

- Go to the nearest emergency room.
- If you are in treatment, call your psychiatrist or psychotherapist.
- Remember we live in a time when we are fortunate to have a lot more options for treatments than a few decades ago.
- Mental illnesses like severe depression changes and distorts the way we see and perceive things. When you believe there is NO HOPE, you have to remind yourself, that is not true and that it is your illness talking.
- You should not have access to weapons.

## What can others do when someone is Suicidal?

Often, an individual contemplating suicide, even seriously, has mixed feelings about it. There is a part, however small, that wants to live. You want to connect with that part. The part that still has hope. Often, after an individual, attempts suicide e.g. by taking an overdose of medications, he or she has second thoughts, and realizes a few seconds later a desire to live. He or she reaches out to someone for help. This happens all too frequently. It saves lives.

If your loved one expresses suicidal thoughts or talks about wanting to die, take it SERIOUSLY and don’t minimize it. Talk to the individual – ask about details – how, when, where.

Even though the statistics show that over 42,000 people die by suicide in a year, it is very important to remember that there are many more that attempt and survive.

Avoid keeping firearms at home and avoid the individual’s access to firearms. Avoid stockpiling medications.

Monitor closely until the individual is in treatment and out of danger.

## The Survivors:

Survivors are friends and family members of the person who has died by suicide or has attempted suicide. Death by suicide has significant emotional impact on those left behind. It is devastating for the family and close friends. While grieving the loss of the loved one they are also burdened with many confusing thoughts and emotions e.g. anger, shame,

## If the person is threatening Suicide:

- Stay calm
- Don’t try to handle it alone
- Involve others
- When there is danger of harm when you become aware of someone’s suicidal thoughts or intent, call 911 or local Mobile Outreach. Every county has Mobile outreach or crisis center. You should be able to find the number if you search on Internet.
- Talk to the individual without judging.
- Avoid leaving the person alone.
- Remember, this is a difficult situation. It takes courage to help such individual.



loneliness. They are often plagued by blame and guilt. They keep wondering endlessly what they might have done wrong or what they could have done to prevent it. One survivor, 20 years after a family member had died by suicide, said, "Suicide is part my family legacy."

Taboo and stigma result in survivors to stay silent. Carla Fine writes in her book, *No Time to Say Goodbye*, "The taboo against suicide can often condemn us to a life sentence of silence." When a survivor finally begins to discuss suicide openly, there is a sense of relief. As we become more open about our experiences, the stigma of suicide will start to recede.

Here is a helpful quote from *Suicide and Its Aftermath: Understanding and Counseling survivors* (edited by Edward Dunne and Karen Dunne-Maxim), "We do not believe in ascribing 'responsibility' for suicide to anyone other than the victim. The failure to choose life is the failure of the deceased, not of the survivor."

Psychologist, Martin Seligman has found in his research that three P's can pose setbacks in the recovery from any adversity including a loss:

1. Personalization – the belief that we are at fault
2. Pervasiveness - belief that an event will affect all areas of our life.
3. Permanence – the belief that the aftershocks of the event will last forever.

These beliefs result in the individual beginning to see that everything is awful forever in all areas of life. Such belief can only limit the resilience and increase unhappiness of the individual.

Many of us are survivors who miss our friends, relatives and clients who have died of suicide. There are some who are attempt survivors i.e. they know someone who has attempted suicide.

### Conclusion:

Despair is temporary. Avoid the trap of 3 P's. This will help to decrease likelihood of getting depressed and improve coping with the adversity. Sharing eases pain. When the veil of secrecy is lifted, the healing begins.

## Tips for Survivors

- Acknowledge the loss.
- Acknowledge your emotions, which will change from time to time- numbing, anger, sadness, crying, confusion, and guilt.
- Don't pretend it did not happen.
- Don't try to explain the death by saying it was an accident or some other inaccurate explanation. People shy away from using the word "suicide" when talking about the death.
- Healing begins when the survivor finds a comfortable shoulder or a safe place to talk about their emotional reactions – often conflicting and complicated. It helps to talk about it.
- It gets easier with time.
- The person who died by suicide is sometimes seen as selfish. Truth is, as one survivor put it, "people who commit suicide are so desperate that they don't feel emotional connections to the rest of us . . ."
- You must take care of yourself and eventually try to follow your usual routine.
- "The death of a significant other by suicide is a stressor of unparalleled magnitude in most people's lives and even the most psychologically mature individual may encounter difficulty in responding to it." (*Suicide and its Aftermath: Understanding and Counseling the Survivors* - Edward Dunne and Karen Dunne-Maxim).
- Attend suicide loss survivor support group.
- Accept the pain to surge on first anniversary and other special occasions. Don't be surprised if you relive many of the details surrounding the suicide. Prepare yourself with what might help ease the pain – surround yourself with family and friends, do something special in the loved one's memory, attend more support group meetings if you have been attending. Some will find comfort in arranging for a *puja*, or other religious service in church, mosque, etc., and listening to a comforting discourse from spiritual teacher or attending a service in a church.
- It gets easier with subsequent years. "Grief is an unfolding process," said one survivor whose mother died by suicide.
- Learn to forgive the person who died by suicide and to forgive yourself.
- You will always miss your loved one.
- Take care of yourself. Be in touch with your own emotions. Talk to a close friend or family member. It helps. Get help – see a counselor or a therapist if needed.
- Above all, don't judge the person who died by suicide and don't blame yourself.



# ARE YOU DEPRESSED?

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Everyone is always in search of happiness. However, we all know that there are ups and downs in everyone's lives.

People feel happy when something good and exciting happens. They feel down, sad, and disheartened when faced with difficult circumstances. They draw on their inner emotional strength, coping skills, or the spiritual teachings regardless of one's faith. This helps them to continue to function as mothers, fathers, in various capacities at work, school, home and socially.

These are the normal ups and downs. People don't need to seek professional help for such experiences. Speaking with supportive friends and family helps to get through such tough times. Engaging in a favorite hobby might also help. Again, these people get over the adversity and continue to function.

## **When do feelings of sadness and unhappiness turn into depression or what is often referred to as a clinical depression?**

When the down periods are severe, persistent or pervasive, and affect the individual's functioning in one or more areas of life or if it causes significant and unbearable emotional pain and anguish, these may be signs of a clinical

depression. When that happens seeking professional consultation and treatment should be considered. Without treatment, the depression can get worse. Pain experienced during a severe depression is often seen as worse than physical pain.

Clinical depression is a serious and common mental illness, which is also considered a medical illness. According to Center for Disease Control (CDC), more than 1 out of 20 Americans 12 years of age and older reported current depression (moderate or severe depressive symptoms in the past 2 weeks) during 2009-2012.

Depression is a common cause of disability. Nearly 90% of persons with severe depressive symptoms reported difficulty with work, home, or social activities related to their symptoms. Almost 43% of persons with severe depressive symptoms reported serious difficulties in work, home, and social activities. It is very important to recognize and address depression. An estimated 17.3 million adults in the United States had at least one major depressive episode. This number represented 7.1% of all U.S. adults. In 2017, an estimated 11 million U.S. adults aged 18 or older had at least one major depressive episode with severe impairment. This number represented 4.5% of all U.S. adults.

Sometimes, depression can manifest as vague physical

## **Common Symptoms and Signs of Depression:**

- Sadness, feeling down, or "empty"
- Feelings of hopelessness
- Feelings of pessimism, expecting only bad things to occur
- Loss of interest or pleasure in previously enjoyed hobbies and activities
- Neglecting care of oneself, such as not bathing, grooming, or eating
- Fatigue or decreased energy level, moving or speaking slowly
- Irritability and anxiety.
- Feelings of guilt, worthlessness, hopelessness or helplessness
- Restlessness or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty following through with tasks, inability to function well at school, work, or in the family.
- Increase in pain sensitivity
- Difficulty sleeping, waking very early in the morning, or sleeping more than usual
- Increased or decreased appetite, significant changes in weight
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause or that do not ease even with targeted treatment
- Thoughts of death or suicide, or suicide attempts



symptoms, fatigue and boredom. This is more prevalent in the South Asians. After all it is easier to talk about physical symptoms rather than about depression. Not everyone who is depressed has all the symptoms. The severity and frequency of symptoms and how long they last will vary depending on the person. A person who has had depression in the past has an increased risk of developing depression again. Some people after recovering from an episode of depression may go many years without symptoms.

Depression can be mild, moderate or severe depending on the number and severity of symptoms. Sometimes severe depression is accompanied by psychotic symptoms, which result in the individual losing touch with reality and experiencing hallucinations and delusions.

Some women might experience mood changes e.g. sadness, irritability and moodiness a few days before the onset of menstrual period. Symptoms resolve with the onset of menstrual period. These symptoms may be due to Premenstrual Dysphoric Disorder or PMDD. It can cause significant distress, and difficulty in functioning. It may require treatment. It used to be called PMS.

In some, depression has a seasonal pattern. For example, depression begins with onset of the fall season when the days get shorter and improves with onset of spring.

Sometimes, depressions might be part of underlying Bipolar disorder. These are associated with higher suicide risk. It is often good to think about underlying bipolar disorder if the severe depression has failed to respond to adequate treatment efforts.

Postpartum depression is the most common complication of childbirth, occurring in about 10% to 20% of women although the severity varies in different women. Suicide is one of the leading causes of death in postpartum women.

**Risk Factors** for severe depression, or what is often referred to as a major depressive disorder:

- Severe stress, major life changes such as death, divorce, loss of a job and inability to find a job, financial problems and so on.
- Past history of depression.
- Lack of support system
- Substance abuse – alcohol or drugs
- Genetic – having a family member with history of depression
- Family conflicts
- Trauma – physical, emotional, sexual.
- Physical illnesses
- Smoking

There are many factors that can trigger a severe depression or worsen an existing depression. Some factors are modifiable and under your control while others are not. It is important to know the factors that you can control and modify. For example, you can reduce the risk by avoiding smoking and avoiding abusing alcohol or drugs; by taking good care of your physical health, engaging in regular exercise, yoga, and meditation. Some studies have shown that smokers are at greater risk for developing depressions. This might be especially true for

teenagers.

Stress cannot always be avoided. However, it is good to be aware of how you might be contributing to your own stress. It is important to improve coping skills that will help when you face stress. Avoid isolating yourself. Reaching out to family and friends for support can be very helpful. It is important to address ongoing family conflicts by talking openly and finding solutions. If you are unable to do so, consider family counseling.

Untreated depression results in chronic emotional suffering and adversely impacts on careers and entire families. Tragically, in some, suicide is the ultimate tragic consequence of untreated depression. Treatment can help to prevent this.

There are some screening questionnaires for depression. One common one is PHQ-9. This is available freely online and takes 5 minutes to complete. If your score is 10 or higher it is suggestive of depression and it is advisable to get a psychiatric consultation.

Sometimes depression may be a manifestation of an underlying physical-medical condition or another mental disorder. Diagnosis of depression is made after a careful and thorough psychiatric interview of the person seeking consultation. Sometimes, the mental health provider may also speak with the family to obtain additional information to help make accurate diagnosis.

Depression can be treated effectively. There are many forms of evidence-based treatments available. These include antidepressant medications, psychotherapy, Electroconvulsive treatment (ECT), and Repetitive transcranial magnetic stimulation (rTMS). There are some alternative, natural and complementary treatments also available for milder forms of depressions. Exercise, yoga and meditation can also help improve mood although it often does not replace other treatments. It is best to seek advice from a qualified mental health professional. Remember, the longer you wait before seeking treatment, the longer you will suffer from the symptoms; and it becomes harder and takes longer to respond to treatment.

It is very important for you to become aware that you might have depression when experiencing the various symptoms described here. Sometimes, your family and friends might notice changes in your mood and behavior before you do. Pay attention to what they are saying about you. It is only after you become aware and accept that you might have depression, that you will take the steps towards treatment and recovery.

### Suggested Readings:

1. *No Time to Say Goodbye* – Carla Fine
2. *Touched by Suicide - Hope and Healing After Loss* -- Michael F. Myers, MD and Carla Fine
3. *Words I Never Thought to Speak: Stories of Life in the Wake of Suicide* – Alexander, V.
4. *My Son, My Son: A Guide to Healing After a Suicide in the Family* – Iris Bolton, with Curtis Mitchell.
5. *A Grief Observed Paperback* - C. S. Lewis
6. *The Noonday Demon* – Andrew Solomon





**Janani** . . . *Mother of Hope and Healing*  
A SAMHIN Program

## Support Group for Suicide Loss Survivors

*When the veil of secrecy is lifted, the healing begins. . .*

Our meetings are offered to anyone who has lost a loved one to suicide. Survivors can be family, friends, co-workers, and so on. Meetings are run as peer support groups and facilitated by trained facilitators. Meetings offer an opportunity for participants to focus on and express their thoughts, feelings, challenges and difficulties in coping with the loss. The atmosphere is supportive, non-judgmental and confidential.

There is no timetable for grief. Listening to the encouraging words from other suicide loss survivors who share their stories gives hope. Grief work and time will allow survivors to move beyond just survival. While the stories of survivors may differ, the aftermath that suicide survivors experience shares a common thread.

**For more information:**

**Call 908-280-2833 or [www.samhin.org/janani](http://www.samhin.org/janani)**

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Dr. Makhija is a Distinguished Life Fellow of the American Psychiatric Association. He served as the president of the New Jersey Psychiatric Association (NJPA) from 2012 to 2013. He is the recipient of the prestigious Golden Merit Award for his contributions to the NJPA and the Exemplary Psychiatrist award from the National Alliance on Mental Illness (NAMI). He served on the Union County mental health board for 6 years and served as chair of the board for two years. Dr. Makhija practices psychiatry in New Jersey and has a vested interest in the mental health of his community.

### Following are some resources:

- **For Immediate Help:** National Suicide Prevention Lifeline 1-800-273-TALK (8255). Text 741741  
<http://www.suicidepreventionlifeline.org/>

### Other Resources

- American Foundation for Suicide Prevention  
[www.afsp.org](http://www.afsp.org)
- American Association of Suicidology  
[www.suicidology.org/](http://www.suicidology.org/)
- Friends for Survival, Inc 916-392-0664 or 800-646-7322  
[www.friendsforsurvival.org](http://www.friendsforsurvival.org)
- Find a suicide loss survivor support group in your area.  
<https://afsp.org/find-support/ive-lost-someone/find-a-support-group/>
- NJ Hopeline 1-855-654-6735 <http://www.njhopeline.com/>
- Youth Hotline ages 10-24 [www.2ndfloor.org/](http://www.2ndfloor.org/)
- App for suicidal people [www.my3app.org/](http://www.my3app.org/)
- A Friend Asks App: [www.jasonfoundation.com](http://www.jasonfoundation.com)
- LGBT [www.thetrevorproject.org/](http://www.thetrevorproject.org/)
- Suicide Prevention App [www.suicidepreventionapp.com/about](http://www.suicidepreventionapp.com/about)
- Facebook suicide prevention [www.facebook.com/help/594991777257121](https://www.facebook.com/help/594991777257121)
- [www.samhin.org](http://www.samhin.org)
- [www.medlineplus.gov](http://www.medlineplus.gov)
- [www.dbsalliance.org](http://www.dbsalliance.org)
- [www.samhsa.gov](http://www.samhsa.gov)
- American Psychiatric Association [www.psychiatry.org](http://www.psychiatry.org)
- National Institute of Mental Health [www.nimh.nih.gov](http://www.nimh.nih.gov)



**THE SOUTH ASIAN MENTAL HEALTH INITIATIVE AND NETWORK (SAMHIN)** is a non-profit organization [501 (c) (3)] launched in 2014. SAMHIN addresses a broad range of mental health needs

in the growing U.S. South Asian community including conducting regular free mental health screenings, improving health literacy and reducing stigma via educational programs. As of December 2019, SAMHIN conducted over 90 outreach events including health fairs, lectures, workshops and radio and television programs. The SAMHIN website outlines its mission and provides useful resources including educational materials about issues related to mental health and addiction, upcoming events and a list of South Asian mental health providers.