

Suicide Prevention in India: Role of Social Workers

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ABSTRACT

Suicide is a major global public health problem. Suicide death rates in India are among the highest in the world. Social, psychological, and cultural factors can cause for suicide. As major providers of social services, social workers operate in a wide range of settings, work with vulnerable and marginalised groups, and have crucial position to intervene with suicidal persons and families. Little is known about social work's empirical knowledge base and skill in suicide risk assessment and interventions in Indian context. The current paper has briefed social workers' roles in suicide prevention. Social worker can perform the roles of gatekeeper, case worker, clinician, counselor, psychotherapist, community worker, researcher, trainer etc. Incorporating suicide prevention in the syllabus of social work education is recommended.

Keywords: Gatekeeper, Suicide Prevention, Psychiatric Social Work, Self-Harm, Psychosocial Intervention

INTRODUCTION

Suicide is widely recognised and accepted as a major public health problem (USPHS, 1999). Social, psychological, biological, cultural, and political factors can cause for suicidal behavior (Slater, 2014; Thimmaiah, Poreddi,

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Ramu, Selvi, & Math, 2016; WHO, 2014). In India, huge proportion of adults' death due to suicide occurs between the ages of 15 years and 29 years, especially in women. Suicide rates are higher in rural areas than in urban. Alcohol consumption and agricultural occupation are associated with the risk of suicide in men, whereas being widowed/ separated is associated with women. Higher education level is associated with higher risk for both men and women. About half of suicide deaths are due to poisoning (mainly use of pesticides) and the major fact is that suicide death rates in India are the highest in the world (Patel *et al.*, 2012). This is an alarming situation and requires immediate attention from health professionals, policy makers, general public, government etc.

Social work, as a growing profession in India, is committed to enable and empower to achieve optimum level of functioning at the individual, family, and community realms. As major providers of social services, social workers operate in a wide range of settings such as hospitals, community, non-government organisations (NGOs), welfare organisations, prisons, schools, colleges etc. Social workers are charged with working with vulnerable and marginalised groups and are therefore well-placed to come into contact with those at risk of suicide and thus are in a crucial position to intervene with them. The dearth of research specifically addressing the role of social workers in suicide is echoed in the relative absence of suicide in social work textbooks and little is known about social work's empirical knowledge base and skills in suicide assessment and interventions in Indian context (Osteen, Jacobson, & Sharpe, 2014). In India, social workers practice in various settings such as health, mental health, child welfare, correctional settings, community development etc. Irrespective of social workers working in any branches of practice, they can involve in suicide prevention mainly as gate keepers along with other interventions (Jacobson, Osteen, Sharpe, & Pastoor, 2012). Here, authors have briefed the roles and functions of social workers in suicide prevention in Indian context, based on their experience in the area.

WORKING WITH PERSONS WITH SUICIDAL TENDENCIES

Understanding the basics of suicide and self-harm; warning signs of suicide; risk and protective factors; suicide risk assessment and suicide prevention intervention strategies are important when dealing with suicidal persons. The gatekeeper role of social workers starts with a

structured and holistic suicide risk assessment as part of psychosocial assessment (Ragesh, Hamza, & Sajitha, 2015; Slater, 2014). Pritchard (2006) advocates a bio-psycho-social understanding of mental health and suicide and to consider these factors when conducting their assessments and arranging care (Pritchard, 2006).

American Association of Suicidology (2016) has suggested that a person at risk for suicide, most often will show warning signs of acute risk such as; “threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and or, looking for ways to kill him/herself by seeking access to firearms, availing pills or other means; and/or, talking or writing about death, dying or suicide; reporting, no reason for living; no sense of purpose in life; anxiety or agitation; unable to sleep or sleeping all of the time; feeling trapped - like there’s no way out; hopelessness; withdrawal from friends, family and society; rage, uncontrolled anger, seeking revenge; acting reckless or engaging in risky activities, seemingly without thinking; dramatic mood changes; increased substance (alcohol or drugs) use” etc. (Suicidology, 2016).

Understanding risk factors of suicide is very important and this will help to identify persons at risk of suicide and to plan interventions. The possible risk factors could be; previous suicide or self-harm attempts, mental disorders, co-occurring mental and substance abuse disorders, family history of suicide, impulsive and/or aggressive tendencies, barriers to accessing mental health treatment, unwillingness to seek help because of stigma, relational, social or work related problems, financial loss or recent major stressors, physical illness (disabling or chronic illness), easy access to lethal methods, influence of significant people – family members, celebrities, peers who have died by suicide–through direct personal contact or inappropriate media representations, cultural and religious beliefs supporting suicide, major negative life events, major changes in the socio-economic-political arena which has affected the client or family etc. (Ballard et al., 2016; Brent, 2016; Chan et al., 2016; Kessler, Borges, & Walters, 1999; Mościcki, 1997; Patel et al., 2012). Also, it is important to understand protective factors of suicide (factors which prevent persons from attempting suicide), which may help to plan preventive interventions.

Once the suicide risk is identified, based on the level of risk, the social worker develops a crisis plan. Immediate interventions could be being a good listener and pay full attention, be non-judgmental, be supportive and instill hope, offer help, building a contract (verbal or written) that he or she will not do anything to kill himself or herself till social worker finds help. If it is mild risk, social worker can discuss the person about distraction

techniques; ask to get involved in physical activities, to write down his/her thoughts in a diary, to give a suicide prevention helpline number etc. and regular contact with him or her till is essential they reach a level of no suicide risk (Slater, 2014). If the level of suicide risk is moderate and above, social worker should refer the suicidal person to a mental healthcare center, where residential care is available because he or she may require inpatient psychiatric care. Working with other health and mental health clinicians is also require in this process. Identifying and treating psychiatric illness is another important factor in suicide prevention. If the social worker is trained in mental health social work, he or she may plan providing counseling or psychotherapy such as cognitive behaviour therapy once the person is stabilised (Brown, Ten Have, Henriques, Xie, Hollander, & Beck, 2005; Liberman & Eckman, 1981; WHO, 2010). The immediate goal should always be preventing suicide. Enhancing social support is essential but social worker has to consider confidentiality and privacy aspects when planning to enhance social support. Social workers work not only with the individual, but also with wider social networks to support service users effectively. Social worker can use other components of case work to help these suicidal persons. It is important to work with suicide survivors to prevent suicide in future. Sometimes, long-term support and intervention may be required for many suicidal persons.

WORKING WITH FAMILY

Pritchard (2006) has highlighted the importance of working closely with family members. Family members also need to be educated about the suicidal behaviour and they have to be prepared to take all necessary precautions from their side. Those family members bereaved by suicide are themselves at elevated risk of future suicidal behaviour (Cerel, Jordan, & Duberstein, 2008; Mitchell, Kim, Prigerson, & Mortimer, 2005). It is important to work with family members to prevent suicide and to address grief associated to suicides or suicide attempts. Suicide pacts (family or couple suicide or friends committing suicide together) are seen in India also. So it is essential to enquire about suicidal ideas among family members and other closely attached persons of the person who committed suicide and necessary measures to be taken to prevent it (Radhakrishnan & Andrade, 2012; Vijaykumar, 2007). Family members also may require continuous support for some weeks to months and even longer.

GROUP INTERVENTIONS

Social group work with individuals and families may be considered as a method of social work in preventing suicide. Group therapy is a promising treatment in suicide prevention (Fournier, 2005; Wood, Trainor, Rothwell, Moore, & Harrington, 2001). Training for group suicide prevention support group and forming a suicide survivor support group is also may be considered (Battle, 1984; Feigelman, Feigelman, Kawashima, Shiraga, & Kawano, 2016; Sanford, 2016).

COMMUNITY INTERVENTIONS

Suicide is preventable; hence identifying and working with vulnerable groups (e. g. sex workers, persons with disability, women facing domestic violence, persons with mental illness, persons with substance abuse, members from lesbian, gay, bisexual, transgender and queer (LGBTQ) community, aged people, expecting and new mothers with past history or family history of suicide or depression, farmers facing agricultural and financial issues, persons with chronic illnesses, prisoners, school students or college students with emotional and academic issues, personnel in police or armed forces with significant job stress, victims of sexual abuse, migrants or refugees, minorities, displaced families or families who have faced disaster etc.) is very important in suicide prevention (Maple, Pearce, Sanford, & Cerel, 2016; Vijaykumar, 2007). Various suicide prevention strategies may be required to address these vulnerable groups.

Awareness creation about suicide and suicide prevention, addressing myths and misconceptions about suicide and stigma associated to suicide and mental illness are very important. Gatekeeper training programme is successful at imparting knowledge, building skills, and molding the attitudes (Cwik, Tingey, Wilkinson, Goklish, Larzelere-Hinton, & Barlow, 2016; Isaac, Elias, Katz, Belik, Deane, Enns, & Sareen, 2009). Conducting gatekeeper training in suicide prevention for healthcare providers including physicians and nurses, teachers, personnel working in police or armed forces, training non-professionals; befriending volunteers and whoever interested to be a gatekeeper (irrespective or educational level and qualification) etc. have greater scope in suicide prevention (Heilig, Farberow, Litman, & Shneidman, 1968; Johnson, 2017; Ratnayeke, 1996; Thompson, Valenti, Siette, & Priebe, 2016; Vijayakumar & Armson,

2005). Restrictions in access to pesticides or other lethal measures might prevent many suicide deaths in India (Patel *et al.*, 2012).

Reports on suicides in newspapers in India, sometimes do not comply with standard guidelines of suicide reporting and inappropriate way of suicide reporting may have negative impact (Chandra, Doraiswamy, Padmanabh, & Philip, 2014; Suicidology, 2016). Sensitizing media professionals for ensuring responsible reporting is essential and which has an implications in prevention of suicide. The Section 309 in the Indian Penal Code (IPC) recommended punishment for attempted suicide (Kanoon, 2016). Liaisoning with government to decriminalize suicide and to help government in developing policies and programmes in suicide prevention is another important function.

NGOs are major resources in local community and can play major role in suicide prevention (Patel & Thara, 2003; Radhakrishnan & Andrade, 2012; Vijayakumar, Pirkis, & Whiteford, 2005; Vijaykumar, 2007; WHO, 2010). Suicide prevention telephone helpline, suicide prevention centers, and emergency services have important role in preventing suicide (Mokkenstorm, Eikelenboom, Huisman, Wiebenga, Gilissen, Kerkhof, & Smit, 2016; Sriram, Joshi, & Sharma, 2016). Heading or supporting these agencies and running suicide prevention intervention services in community are important. Coordinating multidisciplinary teams, different departments are required in suicide prevention. Coordinator's role in suicide prevention is very suitable for social workers considering their skills in networking, advocacy, and teamwork.

SOCIAL WORK TRAINING AND RESEARCH IN SUICIDE PREVENTION

Suicide prevention intervention research from social work perspective is very minimal and specific training programme for social workers in suicide prevention as part of curriculum or continuous education programme is almost nil in India (Feldman & Freedenthal, 2006; Gupta, Sharma, & Gupta, 2016; Osteen *et al.*, 2014; Slater, 2014). Hence, social workers especially the social work educators have to take initiatives for suicide prevention intervention researches and include suicide prevention as part of training and continuous professional development programmes.

CONCLUSION

Suicide is a major public health problem and it is preventable to a great extent. Suicide can be prevented by anyone who has minimal knowledge about suicide prevention and skill to work with suicidal persons. Gatekeeper training programme is a promising intervention to prevent suicide. Social worker as gatekeeper has to work with suicidal person and with family and in community at large. Social workers can perform multiple roles in suicide prevention such as gatekeeper, case worker, clinician, counselor, psychotherapist, community worker, coordinator, researcher, trainer etc. Social workers should be active in developing suicide prevention policies and programmes in the country based on the evidence based research in suicide prevention interventions. Socio-cultural-economic-political-legal scenario has to be considered when developing suicide prevention intervention programmes. Suicide prevention has to be incorporated in the syllabus for social work training and continuous education programmes.

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