



SAVE STUDENTS FROM SUICIDE THROUGH S.A.V.E

“Take any suicidal talk or behavior seriously. It’s not just a warning sign that the person is thinking about suicide—it’s a cry for help.” - International Association for Suicide Prevention

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Abstract

According to the most recently available data presented in the Statistical Abstract of India, 17,100 young Indians (15 to 44 years old) died in 2011 due to suicide. At no other time during the life span were suicide rates so high. Suicide among college and university students is estimated to be 50% higher than for other age group. Not only suicide is considered by many researchers to be the number one health problem on the nation’s campuses but the suicide rate for this population has tripled over the past 25 years. Professional nursing students could perhaps be at an even higher risk for suicide than other college students. “Nursing students are more doubtful than other college students about their academic performance. They encounter stress in adjusting to a rigorous program of theory and practice. The reality is often far different from a prospective student’s image of it”. Because of the longevity of contact hours spent with nursing students in both lecture and clinical milieus, nursing faculty are in a uniquely favorable position to identify and assess those students who appear to be at risk for suicide. In addition, as most nurse educators provide supportive relationships, rich with caring and trust for their students, distressed students are usually open to talking to a faculty member. If a suicidal risk is found during the assessment interview, the faculty member should then provide an immediate referral for further psychiatric evaluation and intervention. To assist faculty in the quick recall of the essential components of this helping process the acronym S.A.V.E. is used: S - Signs of suicidal thinking. A - Ask questions. V - Validate the student’s experience. E- Encourage treatment and Expedite care /getting help.

Key words: *S.A.V.E, Student, Suicide.*

Introduction:

Suicide is the 10th leading cause of death. Suicide is the third leading cause of death for 15 to 24 years, second leading cause of death for 25-34 years and the second leading cause of death for 5 to 14 years. Teenagers experience strong feelings of stress, confusion, self-doubt, pressure to succeed, financial uncertainty, and other fears while growing up. One suicide death occurs for every 4 suicide attempts.¹

“Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation, a suicidal

person can’t see any way of finding relief except through death.”²

Epidemiology:

According to WHO, 258,075 people committed suicide in India in 2012, with 99,977 women and 158,098 men taking their own lives. India’s suicide rate was 21.1 per 100,000 people, according to the report.¹² The number of suicides in the country during the decade (2003–2013) has recorded an increase of 21.6% (1,34,799 in 2013 from 1,10,851 in 2003). The increase in incidence of suicides was reported each year till 2011 thereafter a declining

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trend was noticed.¹³The population has increased by 15.0% during the decade while the rate of suicides has increased by 5.7% in 2013 over 2003 (from 10.4 in 2003 to 11.0 in 2013), hence showing a mixed trend in incidents of rate of suicides during the decade (2003-2013).¹⁴

In India, about 46,000 suicides occurred each in 15-29 and 30-44 age groups in 2012 - or about 34% each of all suicides.¹³Poisoning (33%), hanging (31%) and self-immolation (9%) were the primary methods used to commit suicide in 2012. The high rate of suicides was seen among students admitted to professional courses under management quota in Puducherry, Death of 41 students in three years has taken place and the fact that the Union territory's suicide rate is three times greater than that of the national average. Puducherry recorded 35.6 suicide deaths per lakh population against the national average of 11 in 2013.¹⁵

Common Risk Factors among Adolescents:

- ❖ A personal or family history of suicide attempts
- ❖ A family history of suicide attempts or completed suicide
- ❖ A personal or family history of severe anxiety, depression, or other mental health problem, such as bipolar disorder (manic-depressive illness) or schizophrenia
- ❖ An alcohol or drug problem (substance abuse problem), such as alcoholism
- ❖ Previous suicide attempts.³
- ❖ Alcohol and substance abuse in family.
- ❖ History of mental illness.
- ❖ Poor self-control
- ❖ Hopelessness
- ❖ Recent loss (loved one, job, relationship)
- ❖ Family history of suicide
- ❖ History of abuse
- ❖ Serious health problems.^{4, 16}

Suicide prevention through S.A.V.E:

Operation S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is suicidal.^{7, 18}

- S - Signs of suicidal thinking
- A - Ask questions
- V - Validate the Student's experience
- E - Encourage treatment and Expedite care /getting help

1. Signs of Suicidal Thinking: Acute Warning Signs and Symptoms:

- ❖ Threatening to hurt or kill self
- ❖ Looking for ways to kill self
- ❖ Seeking access to pills, weapons or other means
- ❖ Talking or writing about death, dying or suicide⁸

Additional Important Warning Signs:

- Hopelessness
 - Rage, anger, seeking revenge
 - Acting reckless or engaging in risky activities
- Feeling trapped
- Increasing drug or alcohol use
- Withdrawing from family, friends, society
- Anxiety, agitation
- Dramatic changes in mood
- Feeling there is no reason for living, no sense of purpose in life
- Difficulty sleeping or sleeping all the time.⁵
- Giving away possessions
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- Difficulty sleeping or sleeping all the time
- Giving away possessions
- Increase or decrease in spirituality.¹⁷

2. Ask Questions:

DO ask the question in such a way that is natural and flows with the conversation.

DON'T ask the question that gives "no" answer.¹⁸

Things to consider when you talk with the person

- ✓ Remain calm
- ✓ Listen more than you speak
- ✓ Maintain eye contact
- ✓ Act with confidence
- ✓ Do not argue
- ✓ Use open body language
- ✓ Limit questions to gathering information casually
- ✓ Use supportive and encouraging comments
- ✓ Be as honest and "up front" as possible¹⁹

3. Validate the Student's experience:

Validation Means:

- Showing the person that his/her problems are listened to.
- Accepting their situation for what it is.

- Not passing judgments.
- Let them know that their situation is serious and deserves attention.
- Acknowledge their feelings
- Let him or her should know that there are people to help.²⁰

4. Encourage treatment and Expedite care/getting help:

1.Explain that there are trained professionals available to help them.

2.Explain that treatment works.

3.Explain that getting help for this kind of problem is no different than seeing a specialist for other medical problems.

4.Tell them that getting treatment is his or her right.

5. If they tell that they have had treatment before and it has not worked, try asking.⁹

- Any time a person has a weapon or object that can be used as a weapon – “**call for help**”.
- If a person tells that they have overdosed on pills or other drugs or there are signs of physical injury – “**call for help**”.
- In addition to “**calling for help**”, if confronted with a hostile or armed person, leave the area and attempt to isolate the person. If the person leaves the area, attempt to observe his or her direction of movement from a safe distance and report the observations as soon as authorities arrive on scene.²¹

Role of Mentors in Suicide Prevention:

- Promote awareness that suicide is a public health problem that is preventable.
- Develop broad-based support for suicide prevention.
- Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services.
- Develop and implement community-based suicide prevention programs.
- Promote efforts to reduce access to lethal means and methods of self-harm.¹⁰
- Implement training for recognition of at-risk behavior and delivery of effective treatment.

- Develop and promote effective clinical and professional practices.
- Increase access to and community linkages with mental health and substance abuse services.⁶
- Improve reporting and portrayals of suicidal behavior, mental illness and substance abuse in the entertainment and news media.
- Promote and support research on suicide and suicide prevention.
- Improve and expand surveillance systems.^{11,22}

Suggestions:

- ❖ Periodic counseling sessions to be hosted.
- ❖ Good healthy- professional relationship with the mentor-mentee.
- ❖ Early Identification of student's with behavioral change.
- ❖ Every three months once parents meet with mentor to be conducted.
- ❖ Students should be encouraged to participate in Co-Curricular and Extra- Curricular Activities.
- ❖ Problems of the student's should be identified then and there.

Conclusion:

The growth of nation is determined by the knowledge and development of the students. Students are the pillars of our nation. They are in the hands of teachers like clay, who are to be molded Physically, Psychologically and Socially. Prevention of suicide among students is a major role which is to be done by the teachers to save our younger generation and our nation from destruction. They should save students from suicide through S.A.V.E.

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