

Unbreakable Threads

A Helpie initiative to honour World Suicide Prevention Month



2025 Theme: Changing the Narrative on Suicide

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Every voice, every life, and every bond has the power to keep hope alive.

Unbreakable Threads is our way of honouring World Suicide Prevention Month by reminding ourselves of the connections that hold us together. Life often tests us, yet there are invisible threads of care, hope, and resilience that refuse to break. These threads are woven through community, compassion, and the simple act of reaching out.

Through Unbreakable Threads, we hope to bring together stories of strength, share life-saving resources, and spark conversations that truly matter.



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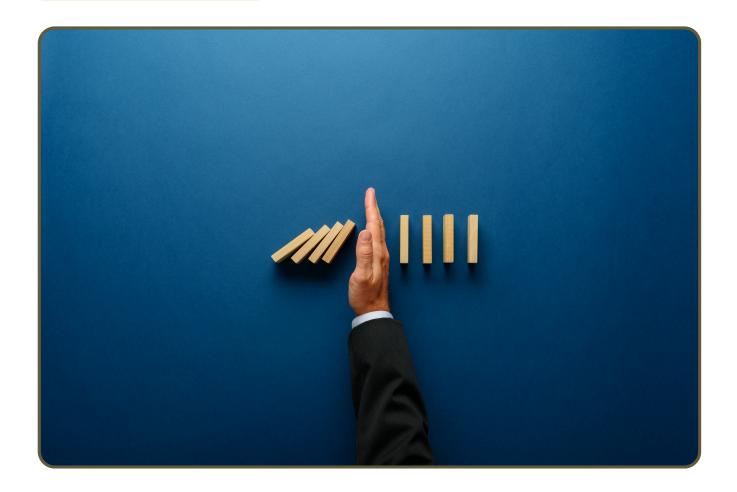
Closing Note

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Restricting Access to the means of Suicide

Overview & Rationale



Suicide is often the **outcome of an acute crisis**, where decisions can be impulsive and made within minutes. Research shows that if access to highly lethal means is **restricted**, the likelihood of survival increases substantially, as most individuals do not substitute with another method.

Restricting access essentially buys time for the crisis to pass, for intervention to occur, and for hope to return.

In India, where suicide accounts for over 1,64,000 deaths annually (NCRB, 2021), restricting access is a vital evidence-based strategy. The leading means of suicide vary, but pesticide ingestion, hanging, drowning, self-immolation, and railway-related deaths dominate the landscape.

Why Means Restriction Works

(Psychological & Research Perspective)

1. Impulsivity of Suicidal Acts

- Studies suggest that one-third to half of suicides are impulsive, often within 5-30 minutes of ideation.
- Restricting immediate access prevents these fatal acts.
- Example: A farmer facing financial stress may have pesticides nearby. If safe storage practices delay access, the crisis may pass.

2. Lethality of Methods

- Pesticides and firearms are highly lethal; survival rates are extremely low once ingested or used.
- By contrast, less lethal means (e.g., drug overdose with OTC medicines) often allow for rescue.
- Restricting highly lethal methods = higher survival rates.

3. Research Evidence Globally

- Sri Lanka: Ban on class I pesticides prevented ~93,000 suicides over 20 years.
- UK: Withdrawal of co-proxamol led to a 61% drop in related suicides.
- Bridges/railways: Installing barriers reduced site-specific suicides by >90%.

In short: Delaying access interrupts impulsivity + reduces lethality = lives saved.

Global & Regional Examples

Context	Intervention	Impact
Sri Lanka	Ban on Class I & II pesticides	93,000 fewer suicides over 20 years
UK	Withdrawal of co-proxamol	61% drop in drug-related suicides
Hong Kong	Barriers on bridges	91% reduction in site suicides
Australia	Firearm restrictions	Significant drop in firearm suicides

Relevance to India:

With pesticides being one of the leading means of suicide, particularly in agricultural states such as Maharashtra, Tamil Nadu, and Madhya Pradesh—India mirrors the challenges faced by Sri Lanka before its bans. Studies suggest that nearly 30–40% of suicides in rural India involve pesticide ingestion, underscoring the urgent need for stricter regulation, safer storage, and alternatives for farmers. Pilot interventions in Tamil Nadu and Karnataka, where lockable community storage boxes for pesticides were introduced, have shown promise in reducing impulsive access. Drawing from Sri Lanka's experience, India has a clear opportunity to save thousands of lives annually by implementing comprehensive pesticide management policies.

India-Specific Context & Examples

Suicide by Means (NCRB, 2021-22)

- Hanging 57% of suicides
- Poisoning (mostly pesticides) 25%
- Drowning, Fire/Self-immolation, Railways, Firearms ~18% combined

Pesticide Suicide in India

- India is one of the largest pesticide consumers.
- States most affected: Maharashtra, Tamil Nadu, Madhya Pradesh, Telangana, Karnataka.
- WHO estimates 20–30% of global pesticide suicides occur in India.
- Example: A 2020 Lancet Psychiatry study found that introducing pesticide bans in Indian states could reduce suicides by 30-40%.

Railway Suicides

- Railway tracks are frequent sites of suicide attempts in urban and semi-urban India.
- Example: A study in Mumbai (2021) showed spikes during exam results, economic distress, and migration-related crises.
- Solutions tried: Fencing, patrolling, surveillance cameras, and helpline displays at hotspots.



Firearms & Other Means

- Firearm suicides are rare in India, largely due to strict gun laws.
- Self-immolation (burning)
 is disproportionately higher
 among women in rural
 India, and is linked to
 domestic violence, dowry,
 and family conflict.

Adaptations for the Indian Context

1. Pesticide Storage & Control

- Lockable community storage facilities for farmers (pilot tested in Tamil Nadu and Karnataka).
- Strict bans on highly hazardous pesticides (align with Sri Lanka model).
- o Awareness campaigns for farmers on safe storage/disposal.

2. Railway & Bridge Interventions

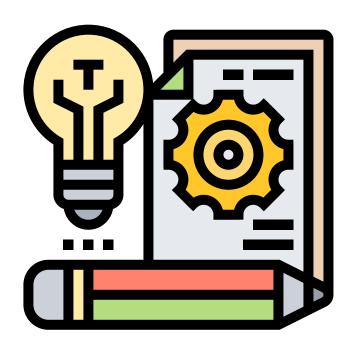
- Barriers/fencing on known hotspots.
- Helpline numbers displayed (e.g., Helpie, Snehi, AASRA, Vandrevala Foundation).
- Surveillance + rapid response teams at high-risk zones.

3. Household & Community-Level Safety

- o Encourage lockboxes for medications and pesticides at home.
- Train families in "means safety conversations"—checking and limiting access during crises.
- School and college outreach: gatekeeper training for teachers to identify risks and reduce access.

4. Safe Disposal Systems

- Take-back programs for expired/unused medications.
- Local community centers as collection points.



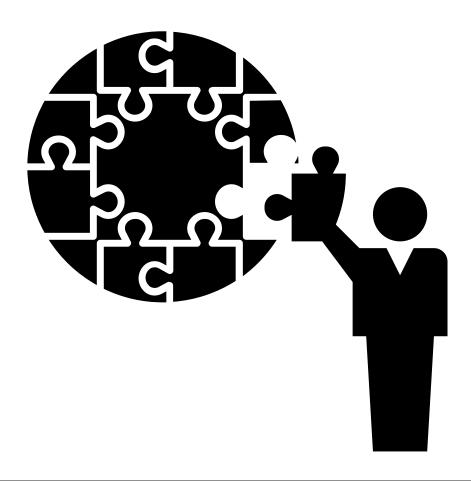
Challenges & Equity Considerations

Agricultural Pushback

- The pesticide industry in India is powerful, with significant lobbying against bans on highly hazardous chemicals.
- Farmers' associations sometimes resist restrictions, fearing productivity losses or higher costs.
- Without clear policies on affordable and safe alternatives, bans may face backlash.

Economic Concerns

- Many farmers rely on cheap but toxic pesticides because safer options are costlier or less accessible.
- Debt cycles, poor crop insurance, and economic distress already increase farmers' vulnerability to suicide. Adding costs for safer inputs without subsidies may deepen resistance.
- Policy must include financial support, subsidies, and agricultural extension services to ensure safe adoption.



Low Literacy Barriers

- Awareness campaigns about safe storage or proper disposal are often text-heavy and technical.
- In rural India, limited literacy requires campaigns to use visual tools, storytelling, radio, community theatre, and vernacular languages.
- Without culturally tailored messaging, interventions risk being ignored or misunderstood.

Equity Concerns

- Rural and low-income families often lack the means to build safe storage systems (e.g., lockable cabinets or community storage facilities).
- There is a risk that only better-off households can implement means restriction effectively, leaving the most vulnerable still exposed.
- Policies must prioritize equity by providing low-cost, community-driven solutions.

Balancing Freedom & Safety

- Restricting access to certain products or enforcing bans, raises debates about autonomy, livelihoods, and regulation.
- The key challenge is ensuring interventions are framed as public health measures, not punitive actions, balancing individual choice with community safety.

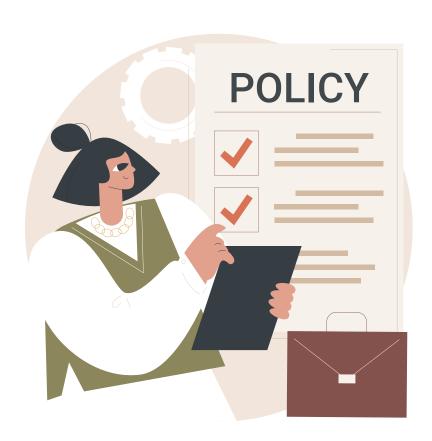


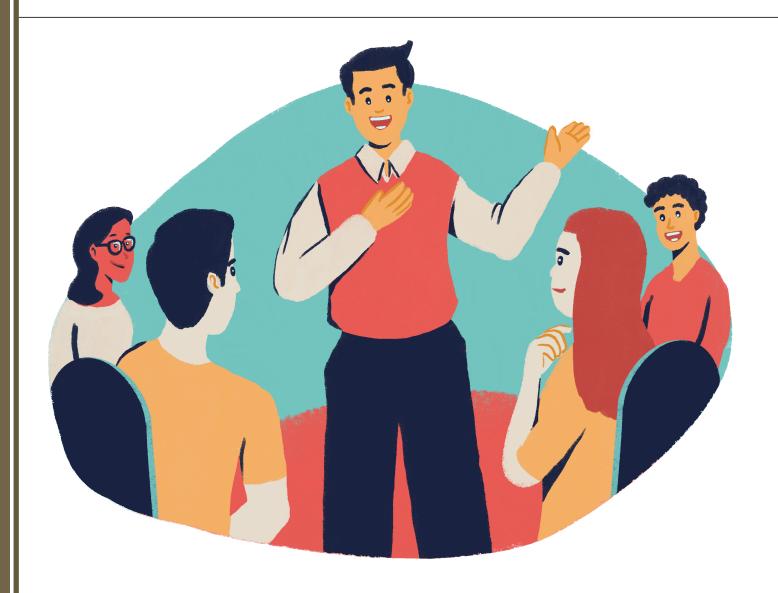
• Example: Safe pesticide storage programs work best when positioned as protecting children and family health, not just suicide prevention.

Call to Action

For Policymakers

- Ban Class I hazardous pesticides in line with WHO recommendations, following Sri Lanka's successful model. India has already banned 18 pesticides, but several highly hazardous ones remain in use.
- Subsidize safer alternatives so that small farmers aren't forced to rely on cheaper, toxic chemicals.
- Fund and scale community pesticide storage facilities, especially in high-suicide districts (e.g., Vidarbha in Maharashtra, Mandya in Karnataka).
- Invest in environmental safety: install barriers and fencing at identified railway and bridge suicide hotspots (Mumbai, Chennai, Delhi).
- Mandate responsible media reporting on suicide, enforcing WHO guidelines to avoid sensationalism or detailed descriptions of methods.



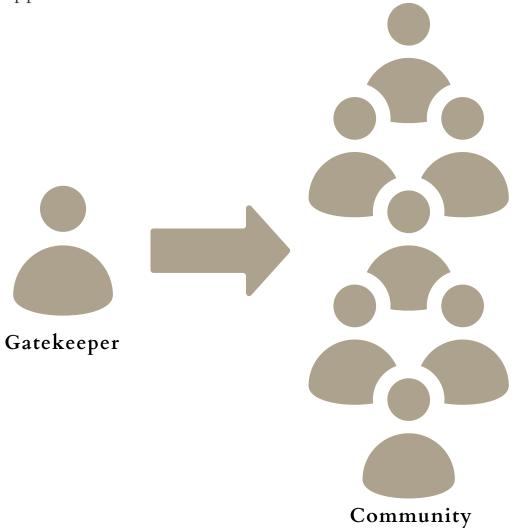


For Communities

- Awareness Drives: Use folk theatre, wall paintings, radio, and WhatsApp campaigns in regional languages to explain safe storage and suicide prevention.
- Farmer Networks: Create peer groups where farmers can check on each other's well-being and encourage safe pesticide storage.
- Suicide Prevention Committees in panchayats, schools, and colleges to regularly review risks, identify vulnerable individuals, and promote helpline visibility.
- Railway Hotspot Awareness: Display posters and helpline boards at known high-risk stations/tracks, encouraging bystanders to intervene.

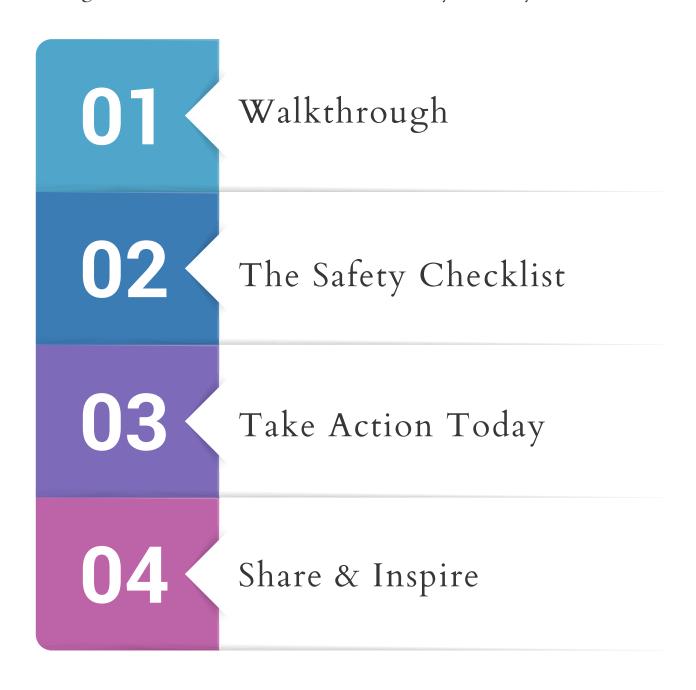
For Individuals

- Home Safety Checks:
 - o Lock away pesticides, medications, and sharp tools.
 - Dispose of expired drugs at nearest pharmacy or hospital (where disposal systems exist).
- Normalize Safety Conversations: Asking "Do you feel safe at home right now?" or "Would keeping these locked away help?" reduces stigma and makes prevention practical.
- Promote Helplines & Support: Keep helpline numbers (e.g., Helpie: 08045901234, AASRA: 91-9820466726, Vandrevala Foundation Helpline: 1860 266 2345) visible at home, schools, and workplaces.
- Be a Gatekeeper: Learn basic suicide prevention skills. Notice warning signs, ask directly, listen without judgment, connect to support.



My Safe Home, My Strong Community

A Safety Audit Challenge for World Suicide Prevention Month Your surroundings can be a powerful line of protection. Small steps at home and in the community can save lives by reducing access to the means of suicide. Take this **simple 4-step challenge** and strengthen the unbreakable threads of safety where you live.



Step 1: Walkthrough

Look around your home, farm, or community spaces. Identify items that could be harmful in a crisis.

Step 2: The Safety Checklist

Category	What to Look For	Safe Practice
Pesticides/Farm Chemicals	Bottles/sachets left in open fields, homes, or sheds	Store in lockable boxes or community storage facilities
Medicines	Large stockpiles of prescription/OTC drugs	Keep only small quantities; dispose of expired meds safely
Kerosene & Fuels	Containers in kitchens or living areas	Store in sealed, safe containers away from living spaces
Sharp Objects/Ropes/Blades	Easily accessible tools in bedrooms, store rooms	Lock away or limit access
Railway/Bridge Access	Open tracks or known hotspots nearby	Display helpline posters, spread awareness of safe zones
Emergency Numbers	Are helplines visible at home/work?	Write & display: Refer to Pan India Crisis Helplines to make note of important helplines



Step 3: Take Action Today

Choose one small but meaningful step you can take immediately. Every action, no matter how small, makes your environment safer:

- Lock away pesticides or farm chemicals in a secure box or community storage space.
- Dispose of expired or unused medicines by returning them to a pharmacy, hospital, or sealing them safely before discarding.
- Put up a helpline poster or write helpline numbers in visible places like kitchens, community boards, schools, panchayat offices, or near railway stations.
- Talk with your family about safety storage and agree on simple rules (e.g., "no pesticides in the living room" or "medicines only in one locked cabinet").



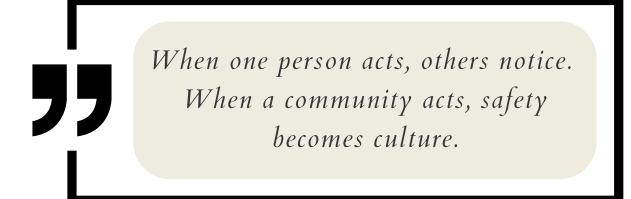
Tip

Pick one action today, and then gradually add more over the next week.

Step 4: Share & Inspire

Your small action can spark a ripple effect. Sharing creates accountability and encourages others to act too. Here's how you can inspire change:

- One-to-one sharing: Talk to a friend, neighbour, or family member about the step you took and why it matters.
- Peer encouragement: Invite at least one other household to do their own safety check and compare notes.
- Collective visibility: If you're in a school, college, or workplace, create a "safety wall" or digital board where people post notes, drawings, or pictures of the safety improvements they made.
- Community check-ins: Host a monthly gathering (in panchayats, women's groups, youth clubs, or farmer collectives) where members discuss what worked, what challenges they faced, and new ideas for keeping spaces safe.
- Celebrate progress: Highlight stories of households or groups that made changes a locked box in a farmer's home, a poster in a school, or a neighbourhood agreeing to safe medicine disposal.



Summary

Restricting access to the means of suicide is one of the most immediate and effective ways to protect lives. Research across the world, and evidence from India, shows that when lethal methods are less available, impulsive acts are interrupted and many lives are saved. For India, this means addressing the widespread availability of pesticides, improving railway and bridge safety, and encouraging safer storage at home. Progress requires action at every level — from policymakers who can regulate and redesign environments, to communities that spread awareness and create supportive networks, to individuals who take simple steps to secure their surroundings. Each lock, each barrier, each open conversation strengthens the safety net. These unbreakable threads, woven together, ensure that moments of crisis do not end in loss but in the possibility of renewal and hope.







Responsible Media Reporting on Suicide

Introduction

The media plays a crucial role in shaping how society perceives suicide. News reports, headlines, and online coverage reach millions of people, influencing not only public opinion but also vulnerable individuals at risk of suicide.

- Responsible reporting can raise awareness, reduce stigma, and encourage people to seek help.
- Sensational or careless reporting may trigger imitative behavior, known as the Werther Effect (copycat suicides).

Suicide is preventable, and the conversations around it must always remain careful, accurate, and compassionate. As a bridge between professionals and the public, the media plays a vital role in shaping these conversations. By working in collaboration with journalists, we can ensure that the stories told are safe, sensitive, and prevention-focused.



Why Responsible Reporting of Suicide Matters

Psychological Effects and Research Evidence

1) Werther Effect (Contagion Effect):

- Studies show that detailed, sensational reporting of suicide can lead to increases in suicide rates.
- Example: After the publication of Goethe's novel "The Sorrows of Young Werther" in the 18th century, suicides imitating the main character rose significantly.

2) Papageno Effect (Prevention Effect):

- When media highlights coping strategies, recovery, and help-seeking it can reduce suicidal ideation.
- Example: An Austrian campaign trained journalists to frame stories around hope and resilience. Suicide rates in Vienna dropped by over 80% after sensational subway suicide reporting was replaced with prevention-focused articles.

3) Impact on Stigma & Help-Seeking:

Media can either reinforce stigma ("suicide is a crime, shameful act") or dismantle it ("suicide is a public health issue that requires care and support").



Media reporting of suicide can either fuel contagion or foster prevention, spreading stigma or inspiring hope. The way stories are told shapes public attitudes, suicide rates, and help-seeking behavior.

Global and Standard Guidelines

WHO's Recommendations for Media Reporting

- Do not provide details of method or location.
- Do use respectful, appropriate, non-stigmatizing language.
- Do include helplines and resources.
- Do not oversimplify reasons (e.g., "failed exam led to suicide").
- Do highlight recovery stories and coping strategies.

Press Council of India Guidelines (2019)

- Avoid sensational headlines and photos
- No depiction of suicide methods
- Always include mental health helplines
- Respect privacy of the individual and their family; avoid intrusive reporting
- Use responsible, sensitive language that avoids stigma (e.g., say "died by suicide" instead of "committed suicide")

Examples:

- Harmful headline:

 "Student jumps to death
 after failing math exam."
- Responsible headline:

 "Student's death highlights exam stress concerns; experts urge more mental health support."



India's Media Landscape

- Media often focuses on **celebrity suicides** (e.g., actors, politicians). Coverage sometimes includes photos, personal details, and speculations, risking contagion.
- Local newspapers may report on student suicides using graphic detail.
- Coverage of a Bollywood actor's death in 2020: nonstop speculation about reasons, methods, and conspiracy theories.
 This led to increased public anxiety and imitative attempts.
- Reports about farmers' suicides focusing on policy failures, debt, and community support needs, shifting the lens to systemic issues and solutions.



- Competition for TRPs and online clicks fuels sensationalism.
- Many journalists are not familiar with WHO and Press Council guidelines.
- Regional outlets have limited editorial oversight and training.
- The Press Council of India (2019) issued guidance against sensational headlines, photos, and detailed methods.
- NGOs such as AASRA and Snehi collaborate with media to promote safe reporting.
- Global models from Austria and Australia show that working directly with journalists can reduce suicide contagion, and India can adopt similar practices.

Principles of Suicide Reporting in Media

Responsible and irresponsible reporting differ in their impact on public perception, stigma, and suicide prevention.

Aspect	Irresponsible Reporting	Responsible Reporting
Language	Uses judgmental or sensational terms like "committed suicide"	Uses neutral, non-stigmatizing terms like "died by suicide"
Details	Provides explicit details of methods or locations	Avoids describing methods, locations, or notes
Focus	Focuses on the act of suicide, drama, or shock value	Emphasizes the person's life, prevention, and support
Context	Suggests single causes or oversimplifies reasons	Highlights multifactorial causes, mental health, and warning signs
Support Resources	Omits help-seeking information	Includes helpline numbers and recovery stories
Privacy & Ethics	Intrudes on grieving families for content	Respects family and individual privacy
Impact	Increases risk of copycat behavior	Reduces stigma and prevents contagion



- Media has the **power to educate** the public about mental health, warning signs, and coping strategies.
- Responsible reporting can reduce stigma, encourage open conversations, and normalize seeking help.
- Highlighting stories of hope, resilience, and recovery fosters a culture where struggling individuals **feel supported**.
- Journalists benefit from training on ethical reporting, and collaboration with mental health professionals ensures accurate, sensitive coverage.
- Thoughtful media coverage contributes to community resilience, mental health literacy, and overall suicide prevention efforts.

Equipping Professionals for Media Interaction

Professionals engaging with the media play a crucial role in shaping public understanding of suicide and mental health. Effective media interactions ensure accurate information, reduce stigma, and promote help-seeking behavior.

Key Guidelines for Professionals

Prepare Key Messages

- Identify the core points you want to communicate.
- Focus on prevention, support resources, and hope.
- Keep messages concise, clear, and jargon-free.

Understand Media Needs

- Know the type of media (print, digital, TV, social).
- Anticipate questions and frame responses proactively.
- Avoid being drawn into speculation or sensational details.

Maintain Accuracy & Sensitivity

- Provide evidence-based information.
- Use neutral, respectful language regarding suicide.
- Avoid graphic details or sharing personal stories without consent.



Highlight Support & Prevention

- Mention helplines, counseling services, and recovery stories.
- Encourage seeking help early and building community support.

Build Relationships with Journalists

- Offer guidance, resources, and fact-checking support.
- Conduct workshops or briefings on safe reporting practices.
- Encourage ongoing dialogue to create long-term awareness.

Handle Interviews Strategically

- Stay calm and composed; answer only what is asked.
- Redirect sensitive questions to prevention-focused points.
- Practice bridging techniques: turn attention back to help-seeking or recovery.



Takeaway:

Well-prepared professionals can transform media interactions into opportunities to educate, reduce stigma, and promote hope and support for those at risk.

Call To Action

Media, professionals, and the public all play a vital role in suicide prevention. Every action counts toward creating a safer, more supportive environment.

For Media Professionals

- Follow ethical reporting guidelines.
- Focus on prevention, recovery, and help-seeking in stories.
- Avoid sensationalism or graphic details that may harm vulnerable audiences.

For MH Professionals

- Engage proactively with media to provide accurate, supportive messages.
- Share resources, helplines, and community support options.
- Conduct workshops to educate journalists.

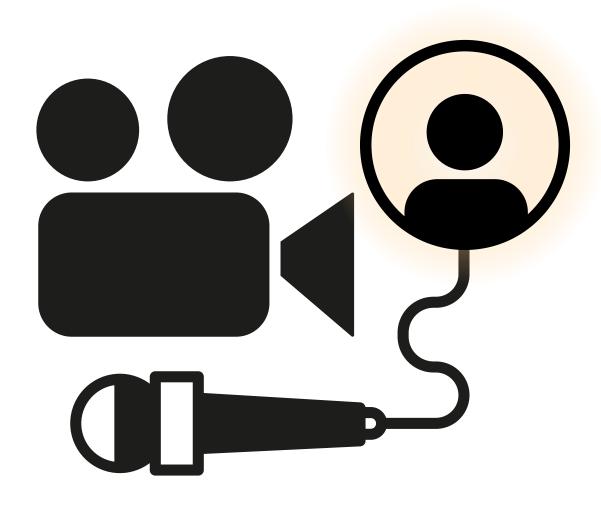




For the Public

- Reach out and support those showing signs of distress.
- Share accurate information and encourage seeking help.
- Reduce stigma by speaking openly about mental health and well-being.

The media holds the power to shape perceptions and influence lives. Taking responsibility in how stories are told can make the difference between harm and hope.



The Headline Test

Objective:

To build awareness of harmful reporting elements in suicide-related news.



Instructions:

• Provide the participant with a short mock news excerpt (5–6 sentences).

Example: "A college student committed suicide by hanging themselves in their hostel room last night. Police found a note blaming exam pressure. Neighbours said they were quiet and depressed. This is the third suicide in the area this month."

- Ask them to underline or note the problematic parts (e.g., "committed suicide," "hanging," "note blaming exam pressure").
- Next, ask them to suggest how each red flag could be corrected using safe principles.
- Share your rewritten excerpt with colleagues, classmates, or on professional networks.
- Discuss the changes and the reasoning behind them.
- Encourage others to adopt responsible reporting practices, and wrap up by highlighting how these small changes prevent harm and shift the narrative toward prevention.



HERE IS ONE FOR YOU TO TRY OUT!

NEWS

UPDATE





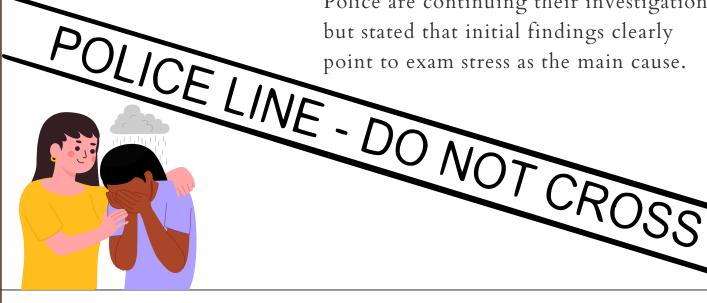


A college student was found dead in a hostel room late last night. Police confirmed that the student had committed suicide by hanging from the ceiling fan. A handwritten note recovered from the scene mentioned exam pressure and the fear of disappointing parents as reasons for the extreme step.

The student was described by neighbors as a quiet, introverted person who rarely mingled with others. Some classmates stated that the student had been upset after recent test scores.

Authorities pointed out that this was the third suicide reported in the area within the past month, raising concerns of a disturbing trend among young people. Locals expressed shock and sorrow, with

one resident saying, "They always looked sad but nobody thought something like this would happen."
Police are continuing their investigation but stated that initial findings clearly point to exam stress as the main cause.



Key Harmful Elements in the Example



Sensational headline – "Student Ends Life Due to Exam Stress" **oversimplifies suicide** by attributing it directly to one cause.





Stigmatizing language - "committed suicide" implies crime or sin; safer phrasing is "died by suicide".



Explicit method - "by hanging from the ceiling fan" gives unnecessary details that can lead to imitation.



Location disclosure - "in a hostel room" adds specificity that may encourage identification and copycat behavior.



Simplistic cause attribution – Suggesting exam stress and parental expectations as the sole reason ignores the complex nature of suicide.



Speculative and stereotypical commentary – Neighbors describing the student as "quiet, introverted" and classmates linking sadness to test scores promote unverified assumptions.



Cluster effect mention – Stating "third suicide in the area within the past month" risks normalizing or sensationalizing suicide as a trend.



Community speculation and dramatization – Quotes like "They always looked sad but nobody thought something like this would happen" reinforce stigma and add emotional sensationalism.



Premature conclusions from authorities – Declaring "initial findings clearly point to exam stress as the main cause" misleads readers and oversimplifies.



Lack of preventive or supportive information – No mention of helplines, coping strategies, or professional help resources.

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Safer Reporting Example

Headline: "Authorities Emphasize Student Well-being After Hostel Tragedy"

Authorities have confirmed the death of a college student in a hostel on Tuesday evening. Investigations are ongoing, and officials have requested privacy for the family during this time. Mental health professionals caution against attributing such tragedies to a single cause, emphasizing that suicide is a complex issue influenced by multiple factors. They stress the importance of early support for young people dealing with academic and personal pressures. "Students often experience immense stress, but it is important for them to know that help is available," said a mental health expert. "Open conversations, counseling services, and reaching out to trusted people can make a significant difference."

> Local institutions have responded by encouraging students to access peer support groups, wellness programs, and professional counseling resources.

If you or someone you know is feeling distressed, please reach out for support. You can contact PAN India Crisis Helplines. You are not alone, and help is available.

SHAPING SAFER STORIES

REPORTING SUICIDE RESPONSIBLY



Why Responsible Reporting Matters

Research shows that sensationalized suicide coverage can trigger imitation, while sensitive reporting helps prevent it. The way a story is framed can mean the difference between harm and hope. The media carries a responsibility not just to inform, but to protect, and their words can play a direct role in saving lives. Thoughtful reporting can shift public perception from despair to resilience. Every headline, every detail, is a chance to guide communities toward compassion and support.

Dos and Don'ts of Reporting Suicide

When reporting on suicide, use sensitive language such as "died by suicide" instead of "committed suicide." Focus on stories of recovery and always share available support resources. Avoid including explicit details about methods or locations, and never glorify or romanticize the act, as such coverage can increase the risk of imitation. Thoughtful storytelling can offer hope to those who are struggling and remind them that help is real and healing is possible.

WHEN REPORTING SAVES LIVES

In recent years, Indian media houses have started adopting WHO and Press Council of India guidelines on suicide reporting. By avoiding sensational headlines and omitting method details, several regional outlets reported fewer copycat cases, especially around railway incidents. Positive coverage that included helpline numbers encouraged help-seeking. This shows how sensitive reporting directly protects vulnerable readers.

Training sessions for journalists are now helping spread these practices further. Each responsible story becomes a step toward prevention.

When the media shows responsibility, society gains safety and hope.

"Every word counts. Responsible media saves lives."



If you or someone you know is struggling, please reach out. Access the PAN India Crisis Helplines directory for further help.





Fostering Socio Emotional Skills in Teens

Understanding Socio-Emotional Skills (SES)

Socio-emotional skills (SES) are the abilities that help individuals recognize and manage emotions, build healthy relationships, make responsible decisions, and cope with challenges.

For adolescents, these skills are crucial as they navigate identity, peer pressure, academic stress, and social changes.

Key Areas Include:

- Self-awareness: Recognizing one's own emotions, strengths, and weaknesses.
- Self-management: Regulating emotions, coping with stress, and staying motivated.
- Social awareness: Understanding others' perspectives and empathizing with them.
- Relationship skills: Communicating effectively, resolving conflicts, and maintaining friendships.
- Responsible decision-making: Making ethical and safe choices in different situations.



Strong SES can improve mental health, enhance academic performance, reduce risky behaviors, and strengthen relationships with family and peers.

Teens with developed socio-emotional skills tend to feel more confident, resilient, and socially competent.

The Power of Socio-Emotional Growth

Fostering socio-emotional skills in adolescents is not just about "feeling good". It shapes their overall life trajectory.

Benefits of Socio-Emotional Skills

- Emotional regulation: Teens learn to handle frustration, disappointment, and anger constructively.
- Empathy: Understanding others' feelings helps improve friendships and reduces bullying.
- Resilience: Teens bounce back from setbacks, failures, or stress without long-term harm.
- Decision-making and risk reduction: Well-developed skills guide safer choices regarding relationships, academics, and health.



Research insights:

Studies show that teens with strong socio-emotional skills are less likely to engage in substance abuse, aggressive behavior, or risky sexual activity. They also demonstrate higher academic achievement and better mental well-being.

Global Evidence and Practices

International organizations have emphasized socio-emotional learning (SEL) as a key part of education.

Guidelines and frameworks:

- WHO Advocates for mental health promotion in schools and skill-based learning.
- UNESCO Highlights the role of SEL in creating inclusive, safe, and supportive learning environments.
- CASEL (Collaborative for Academic, Social, and Emotional Learning) provides a framework for teaching SEL skills across five competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.

Evidence-based practices:

• Programs in the U.S., Australia, and Finland show that integrating SEL into school curricula improves emotional regulation and academic performance.

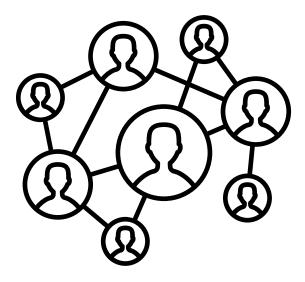
 Combining classroom lessons with experiential activities, mentorship, and community involvement leads to the best outcomes.



The Indian Context

Government Initiatives:

- In March 2025, Andhra Pradesh became the first Indian state to appoint dedicated career and mental health counselors in government schools. A total of 255 counselors were deployed across the state to bridge the long-standing gap in career and mental health guidance. These counselors are organizing awareness workshops for students, teachers, and parents to promote mental well-being.
- The Government of India continues to implement the NMHP (National Mental Health Programme), focusing on addressing the burden of mental disorders and the shortage of qualified professionals in the field of mental health. Recent efforts include strengthening mental health infrastructure and expanding services to meet the growing demand.





Educational Frameworks:

• The Indian Social and Emotional Learning Framework (ISELF), developed by The Teacher Foundation, is a research-based resource designed to enhance social-emotional development in Indian children. It offers guidelines and resources for facilitators to incorporate SEL into educational settings.

• **SEL Shala** is a certificate-based training program designed to deepen participants' understanding of social-emotional competencies and integrate SEL into educational and caregiving settings. The curriculum is enriched by a framework centered on a promotive and preventive mental health approach, tailored to resonate with the cultural nuances of India.

Challenges

- Despite the growing emphasis on SEL, there remains a significant gap in teacher training and awareness about SEL methodologies. This hampers the effective implementation of SEL programs in schools.
- Students in rural and under-resourced schools often lack access to quality SEL programs due to infrastructural and logistical constraints.
- Discussions around emotions and mental health continue to be stigmatized in many communities, affecting the willingness of students and families to engage with SEL initiatives.







Takeaway:

India is steadily integrating socio-emotional learning in schools, with growing government and NGO support, though challenges in access and implementation remain.

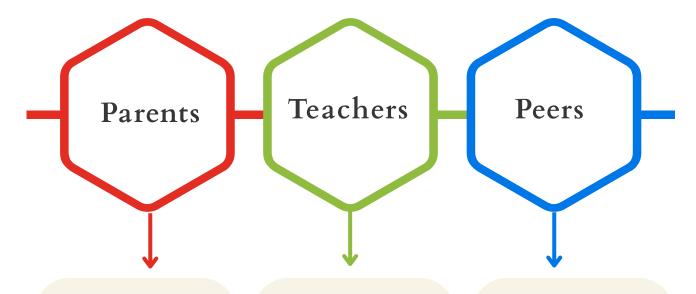
Core Principles of Nurturing Socio-Emotional Life Skills

Developing socio-emotional life skills requires intentional effort, practice, and a supportive environment.

Key principles include:

- Ensure every teen feels seen, valued, and respected.
- Practice and demonstrate socio-emotional skills regularly.
- Adults should exhibit empathy, resilience, and emotional self-regulation.
- · Acknowledge teen experiences without judgment or dismissal.

Role of Support Systems



Promote open conversations about feelings, active listening, and model healthy coping strategies at home.

Embed socio
emotional skills in
lessons, manage
conflicts positively,
and acknowledge
students' emotional
strengths.

Encourage
positive
friendships,
empathy, and
collaborative
problemsolving.

Supporting Adolescents Through Socio-Emotional Life Skills

Professionals, caregivers, and peers play a crucial role in helping teens strengthen their socio-emotional life skills. This involves a mix of guidance, structured activities, and consistent support.

Equipping Adults and Mentors:

- Teachers, counselors, and youth mentors should be trained in mental health, conflict resolution, and crisis management.
- Mentorship programs can nurture empathy, communication, and problem-solving.

Practical Tools and Activities:

- Journaling: Encourage selfreflection by recording thoughts, emotions, and achievements.
- Role-playing: Practice scenarios like conflict resolution, decision-making, or expressing difficult feelings.
- Check-ins / Circle time:
 Regular space to share
 emotions and listen to others.
- Group projects & discussions: Build collaboration, empathy, and perspective-taking.
- Mindfulness exercises: Breathing, meditation, or gratitude practices to manage stress.

Measuring Growth:

- Goal-setting and reflection: Teens set small personal goals (e.g., "I'll listen without interrupting") and reflect on progress.
- Behavioral observations: Tracking improvements in classroom participation, group work, or conflict resolution.
- Emotional vocabulary growth: Ability to identify and articulate a wider range of feelings over time.
- Resilience markers: How quickly and effectively a teen recovers from setbacks or stressful situations.



- Decision-making evidence:
 Noticing more responsible choices in everyday situations.
- Stress management indicators:
 Use of coping tools like
 breathing techniques,
 journaling, or problem-solving
 when faced with challenges.
- Feedback loops: Periodic check-ins with parents, mentors, or counselors to evaluate progress in real-life contexts.
- Participation in SEL activities: Regular and meaningful engagement in discussions, role-plays, or mindfulness practices.
- Confidence and self-expression: Increased willingness to speak up, share opinions, or ask for help when needed.
- Peer relationship quality: Stronger friendships, reduced conflicts, and more cooperative interactions.

My Emotional Toolkit

Objective: This activity helps adolescents build and visualize their own personal "emotional toolkit" for managing feelings and stress.



Instructions:

- On a sheet of paper, draw a large toolbox.
- Think about the different emotions you experience, both positive and challenging ones. For example, stress, joy, anger, calm, sadness, or excitement.
- For each emotion, think of at least one healthy coping strategy or skill that helps you manage it. For instance:

To handle stress: "Listening to my favorite music."

To deal with sadness: "Writing in my journal."

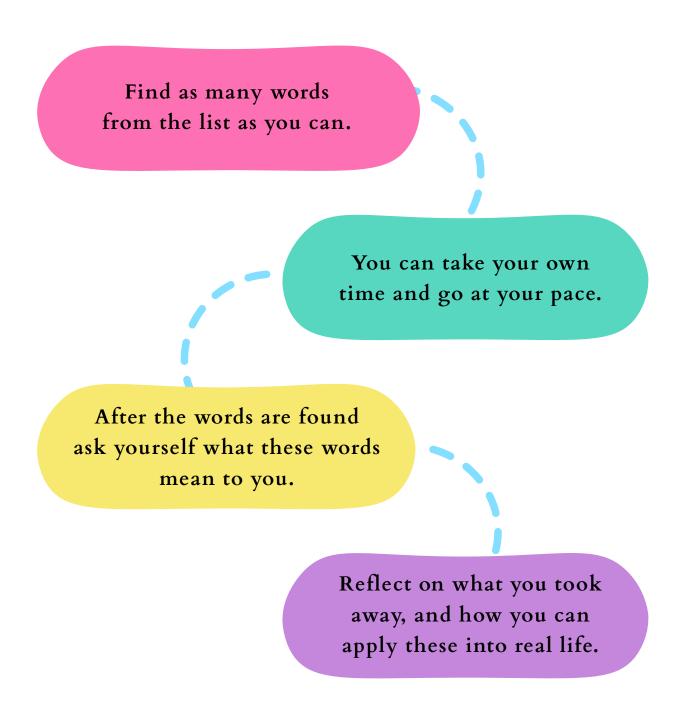
To boost joy: "Calling a friend to chat."

- Draw or write each of these strategies on a separate "tool" and place it inside your drawn toolbox. You can draw things like a music note, a pen and paper, or a phone.
- Keep this toolkit in a place where you can see it easily. When you're feeling overwhelmed, look at your toolkit and choose a "tool" to help you manage the emotion you're experiencing.

Words of Strength, Pathways to Hope

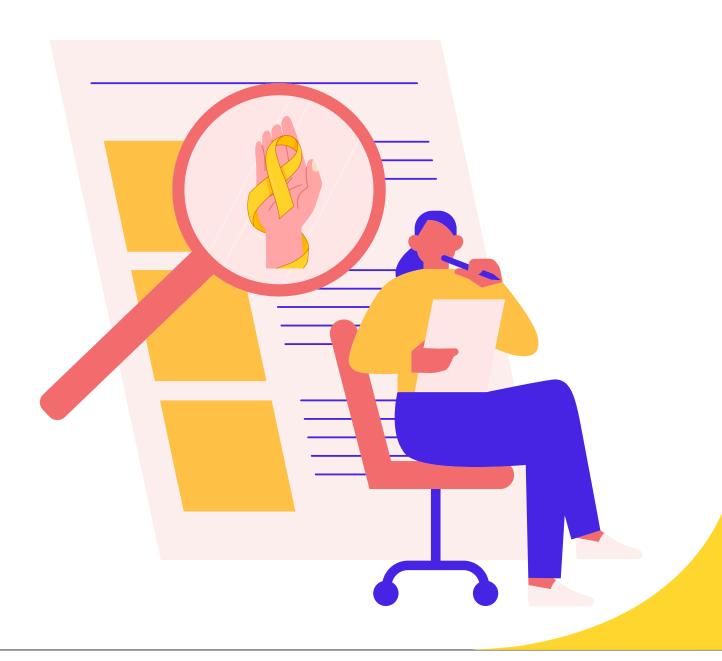
A Socio-Emotional Life Skills Word Search

Welcome to the "Words of Hope" word search, an activity designed to help you discover the language of strength and wellbeing. This is more than a puzzle; it's a tool to help you uncover your inner resilience and find pathways to hope.



Puzzles aren't just games — they are reminders that every small step matters. This word search has been designed with words of strength, care, and resilience drawn from suicide prevention. As you search for each word, take a moment to reflect on what it means in your own life — hope, connection, courage, support.

Every word you find is a thread, and together these threads weave a stronger safety net for all of us. May this simple activity spark both reflection and conversation, reminding us that prevention begins with awareness, and hope is always within reach.



Find the 15 words listed below!

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В	J	С	С	J	J	Х	N	F	N	S	I	Е	Α	R	В	S	G	R	S
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N	S	G	Р	D	I	V	М	J	S	Q	Р	Α	K	Т	М	J	Α	V	F
G	K	Z	S	L	Z	Е	K	N	S	G	I	Н	Т	W	0	R	G	0	V
D	М	R	I	L	V	R	Р	Υ	Е	Е	R	Н	С	Х	В	С	Е	С	G
F	F	S	G	R	G	I	Υ	K	N	Т	G	S	Α	F	Е	Т	Υ	Е	N
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Υ	R	W	Р	V	L	Α	W	Α	R	Е	N	Е	S	S	I	F	R	Р	D
G	J	G	Н	L	С	I	С	Υ	0	С	0	N	N	Е	С	Т	I	0	N
С	U	S	U	K	Н	М	J	В	K	F	K	Z	S	J	Н	K	D	R	U
R	Т	S	Z	Т	С	Н	Н	А	Z	Н	М	С	I	R	С	Х	С	Т	Α

Support	Kindness	Understanding
Mope Hope	Empathy	Awareness
Courage	Resilience	Recovery
Healing	Safety	Connection
Listening	Growth	Strength

Answer key!

Α	Н	Α	М	Е	В	Х	F	0	Е	W	Q	V	N	R	Н	U	Z	W	Q
0	Н	Q	U	Α	М	V	S	С	Z	K	V	U	N	В	Χ	J	Е	Υ	G
В	J	С	С	J	J	Х	N	F	N	S	I	Е	Α	R	В	S	G	R	S
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С	U	S	U	K	Н	М	J	В	K	F	K	Z	S	J	Н	K	D	R	U
R	Т	S	Z	Т	С	Н	Н	Α	Z	Н	М	С	I	R	С	Χ	С	Т	Α

Suicide prevention begins with awareness: noticing signs of distress and creating safety in the spaces we share. Offering support does not always mean having the right words; sometimes presence itself is enough. Through genuine listening and understanding, we communicate empathy, meeting pain without judgment or minimization. This nurtures connection, reminding people that they belong and are not alone.

Even in the darkest moments, hope matters. Choosing to hold on takes immense courage, and every act of survival is already a sign of strength. With time, small steps lead to healing and recovery, reminding us that no one is "too far gone."

From these struggles often comes resilience and growth, the ability to rebuild, adapt, and find new meaning. And at every stage, simple kindness can be a quiet but powerful force for life.



Summary

Socio-emotional life skills help teens manage emotions, build empathy, and make responsible choices. They strengthen mental health, relationships, and academic outcomes while reducing risky behaviors. Global bodies like WHO and CASEL emphasize SEL, and India is gradually adopting it through programs and NGO support. Challenges remain, including teacher training gaps, access issues, and stigma. Core principles like inclusivity, consistency, and active listening, guide skill-building. Parents, teachers, and peers play key roles in modeling and support. Activities such as journaling, role-playing, discussions, and mindfulness bring practice into daily life. Growth can be tracked through self-reflection, feedback, and visible behavior changes. Collaboration across families, schools, and communities ensures wider impact. With sustained effort, SEL empowers teens to thrive with resilience and empathy.





Early
Identification,
Assessment,
Management &
Follow-Up of
Suicidal Behaviours

Why It Matters

Suicidal behaviour rarely happens without signals. According to WHO, nearly 80% of people who die by suicide show some warning signs beforehand — through their words, behaviours, or emotions. In India, suicide is one of the leading causes of death among young people, with 1.64 lakh deaths recorded in 2021 (NCRB). Behind these numbers lie stories of silent struggles that might have been intercepted with timely care.

What makes early identification so critical is that many suicidal crises are time-sensitive and impulsive. Research shows that for some, the time between thinking about suicide and acting on it can be as short as 5–10 minutes. Intervening during this narrow window — by noticing distress, asking the right questions, and offering support — can create the difference between life and loss.

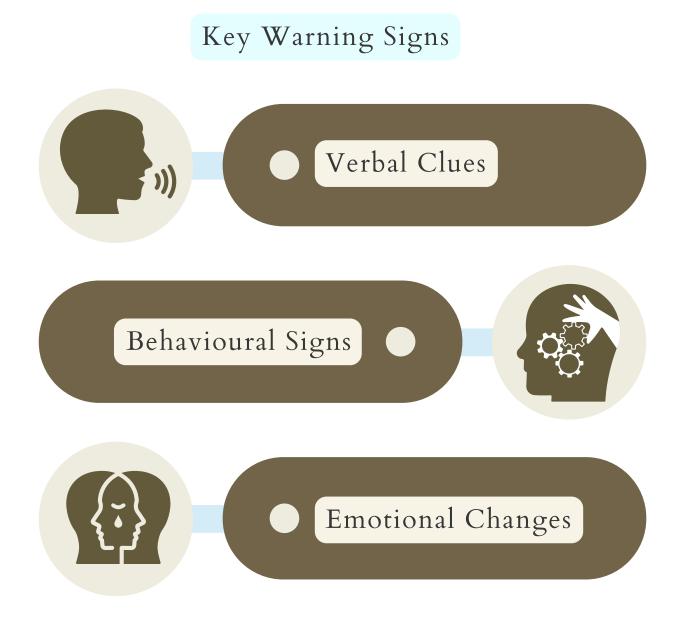


Moreover, early recognition does not just prevent death; it opens the door to healing. People who receive appropriate assessment, compassionate management, and consistent follow-up often report feeling less isolated, more hopeful, and better equipped to cope with future stressors.

In a country like India, where stigma and lack of access delay help-seeking, building systems that catch these early signals is not optional — it is essential.

Early Identification

Noticing distress early creates a window of opportunity to intervene before thoughts of suicide escalate into action. Many people who are struggling don't directly ask for help, but their words, behaviours, and emotional shifts often signal inner pain. Recognising these cues allows family, friends, colleagues, and professionals to step in with timely care.



Verbal Clues

- Direct statements: "I want to end my life," "There's no point in going on."
- Indirect hints: "I can't do this anymore," "Everyone would be better off without me."
- Frequent mentions of death, hopelessness, or feeling like a burden.

• Behavioural Signs

- Withdrawing from social contact or losing interest in previously valued activities.
- Reckless or risky behaviour (e.g., unsafe driving, substance misuse).
- Putting affairs in order giving away possessions, making unexpected goodbyes.
- · Searching online about suicide methods or acquiring means.

• Emotional Changes

- o Persistent sadness, hopelessness, guilt, or worthlessness.
- o Irritability, anger outbursts, or extreme mood fluctuations.
- A sudden sense of calm or relief after a period of turmoil (sometimes signalling a decision to act).

These signs may not always appear together, but any noticeable shift in tone, behaviour, or mood that feels unusual or concerning should be taken seriously.

High-Risk Groups in India

Certain groups in India face unique social, cultural, and economic stressors that **increase their vulnerability** to suicidal behaviours. Recognising these groups helps tailor prevention strategies and direct resources where they are most needed.

Group	Context	Common Risks	Examples / Insights		
Adolescents & Young Adults	Intense academic competition, bullying (offline & online), relationship issues	Impulsivity, shame, fear of failure, lack of coping skills	Student suicides linked to exam pressure are reported annually; the Kota coaching hub has seen alarming trends		
Farmers & Rural Communities	Debt burden, crop failure, unpredictable climate conditions	Easy access to pesticides, hopelessness, financial strain	Pesticide ingestion is among the most common methods in rural India		
LGBTQ+ Youth	Social stigma, family rejection, lack of acceptance in schools/colleges	Isolation, bullying, discrimination, internalised shame	Many avoid seeking help due to fear of outing or judgment from service providers		

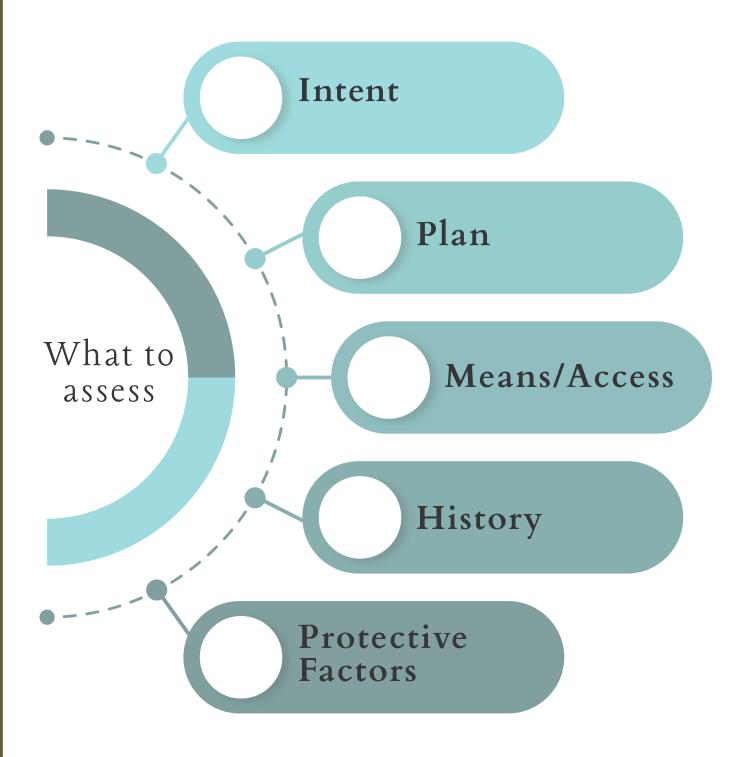
Group	Context	Common Risks	Examples / Insights
Migrant Workers & Daily Wage Earners	Separation from family, unstable jobs, harsh living conditions	Loneliness, financial insecurity, limited access to healthcare or crisis services	During COVID-19 lockdowns, suicides among migrant workers highlighted systemic vulnerabilities
Older Adults	Chronic illness, bereavement, loss of purpose post-retirement	Physical pain, social isolation, neglect	Often under- reported because warning signs are mistaken for "normal ageing"
People with Pre-existing Mental Illness	Depression, bipolar disorder, schizophrenia, substance use	Stigma, treatment gaps, poor follow-up	India faces a severe treatment gap — up to 80% of people with mental illness don't receive adequate care

Action Step: Strengthen community gatekeepers — teachers, ASHA workers, panchayat leaders, peer educators — by training them to identify distress, offer first-line support, and connect individuals to professional care.

Assessment

Once risk is suspected, structured assessment helps determine how immediate and severe the danger is.

Importantly, research shows that asking directly about suicide does not increase the risk — instead, it communicates care, seriousness, and creates trust.



Intent

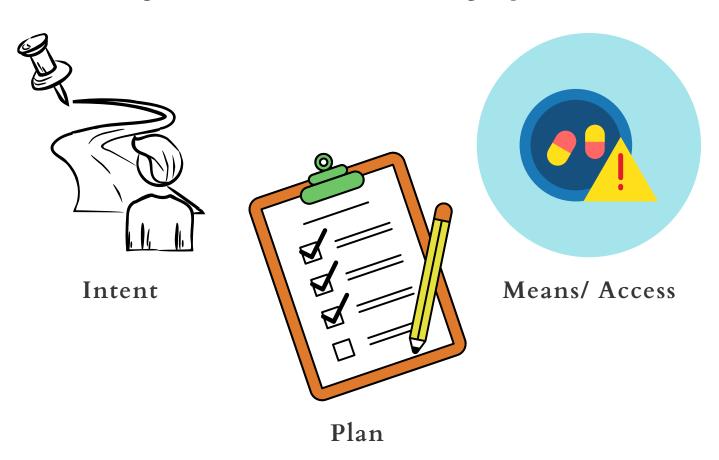
- Explore how strong the person's wish to die is.
- Questions: "Are you thinking about ending your life?" or "How often do these thoughts come to you?"
- Red flag: Persistent, intense thoughts of death or suicide that dominate daily life.

Plan

- Ask if they have a specific method in mind.
- More detailed and feasible plans (e.g., "I will use the pesticide in my shed at night when no one is home") indicate higher risk than vague thoughts.
- Assess the timing: imminent plans require urgent intervention.

Means / Access

- Evaluate if they have access to lethal means such as pesticides, pills, weapons, railway tracks, or high-risk locations.
- Example: In India, easy availability of pesticides in rural homes makes access a key risk factor.
- Restricting access is an immediate life-saving step.

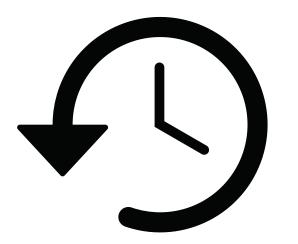


History

- Past attempts are one of the strongest predictors of future suicide risk.
- Also screen for mental health conditions (e.g., depression, substance use, psychosis) or physical illness that can intensify vulnerability.
- Example: A person who attempted suicide by overdose last year and is again expressing intent today needs urgent, higher-level care.

Protective Factors

- Explore what anchors the person to life: supportive relationships, children, responsibilities, spiritual or cultural beliefs, future goals.
- Even small protective elements ("I don't want to hurt my parents") can be crucial points for intervention.
- Encourage these and help strengthen them through followup support.







Protective Factors

Tip for Practitioners / Gatekeepers:

Always approach assessment with empathy, open body language, and without judgment. Your calm presence often makes the difference between someone opening up or shutting down.

Management

Intervention involves immediate safety measures and longer-term strategies.

Immediate Steps

- Stay with the person, ensure they are not alone.
- Remove or restrict access to lethal means.
- Listen actively without judgment.
- Connect them to helplines or emergency services.
- Arrange safe transport to a health facility if needed. Inform a trusted family member or friend so the person is not left unsupported.

Every message, call, or visit may feel small, but together they weave an unbreakable net of hope strong enough to hold a life.

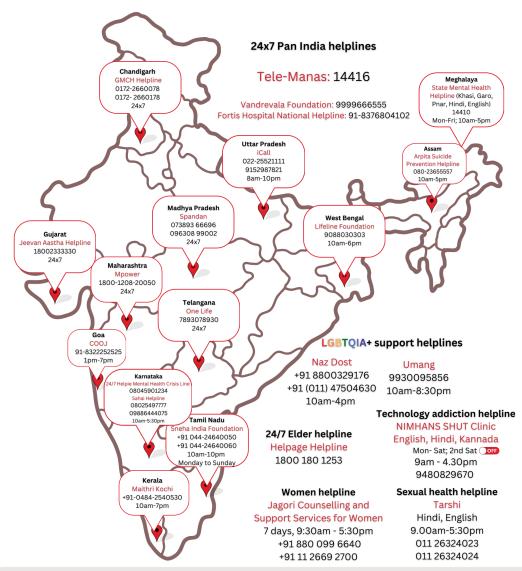


- CBT-SP (Cognitive Behavioural Therapy for Suicide Prevention): helps challenge hopeless thoughts and builds practical coping skills.
- DBT (Dialectical Behaviour Therapy): effective for emotional dysregulation and reducing self-harm.
- Safety Planning: a brief, collaboratively written plan listing triggers, coping strategies, people to contact, and emergency steps.

Families and communities can play a vital role by learning how to respond calmly, avoiding stigma, restricting access to means at home, and offering ongoing practical and emotional support. Follow-up after the crisis—through calls, visits, or scheduled appointments—is essential to reduce repeat attempts and strengthen recovery.

India-wide Verified Mental Health Crisis Helplines

Click on the number, get redirected to the phone dial pad



Collaboratively compiled by the team at the Helpie Mental Health Crisis Helpline

Disclaimer:The Helpie team operates theHelpieMental HealthCrisis Line (Karnataka). Helpie is not in charge of other listed helplines and accepts no responsibility for any changes in the operation or the quality of advice and responses.

User discretion is advised.

www.helpie.co.in

Follow-Up

Recovery does not end after the crisis moment. Without consistent care, risk remains high, and ongoing support often makes the difference between relapse and resilience.

Why Follow-Up Is Critical

- 20-30% of individuals may attempt again within 12 months if not followed up.
- Simple gestures—a call, text, or home visit—reduce repeat attempts.
- Follow-ups show the person that their life matters, reducing feelings of isolation and abandonment.

Best Practices

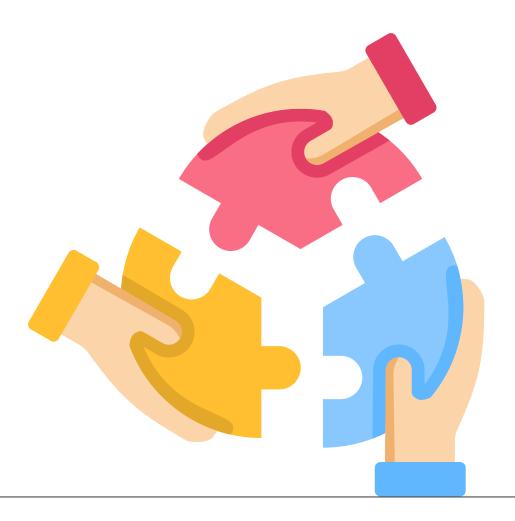
- Post-discharge follow-ups: multiple contacts within the first month, then tapered check-ins.
- Caring messages: "I'm thinking of you today, you matter" short but consistent communication is powerful.
- Community monitoring: ASHA workers or peer groups checking in regularly, especially in rural or high-risk areas.
- Digital tools: WhatsApp reminders, supportive apps, and telecounselling can bridge the treatment gap where services are scarce.



Challenges in India

- Stigma: Families hide attempts out of shame, making early reengagement harder.
- Lack of mental health literacy: Emotional pain mistaken as "weakness," delaying care-seeking.
- Treatment gap: Only 1 in 10 people with mental illness receive care.
- Infrastructure: Rural areas lack trained professionals and crisis facilities, leaving frontline workers overstretched.
- Continuity barriers: Frequent migration, poverty, and lack of transport prevent people from accessing ongoing follow-up.

Overcoming these requires both policy-level changes and community participation, where families, peers, and local leaders normalize help-seeking and follow-through.



Recommendations

Policymakers

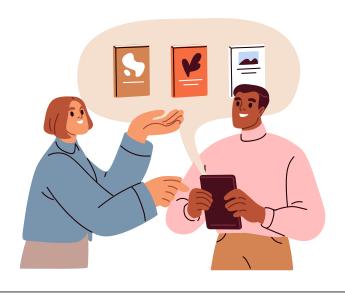
- Integrate suicide screening into primary healthcare
- Strengthen helplines with regional languages and better funding
- Support families post-suicide with "postvention" services
- Develop mobile crisis teams that can reach rural or remote communities

Schools & Workplaces

- Conduct regular workshops on emotional literacy and crisis response
- Provide gatekeeper training to teachers and HR staff
- Create safe reporting systems for distress
- Foster peer-support clubs where students/employees can connect and de-stigmatize mental health struggles

Individuals

- Practice Ask-Listen-Connect:
 - Ask directly: "Are you thinking of suicide?"
 - · Listen without judgement
 - Connect them to help
- Encourage consistency: follow up not just once, but over weeks and months, even with simple "checking in" notes



The Circle of Care Challenge

This activity encourages people to build and strengthen their support systems.

Steps:

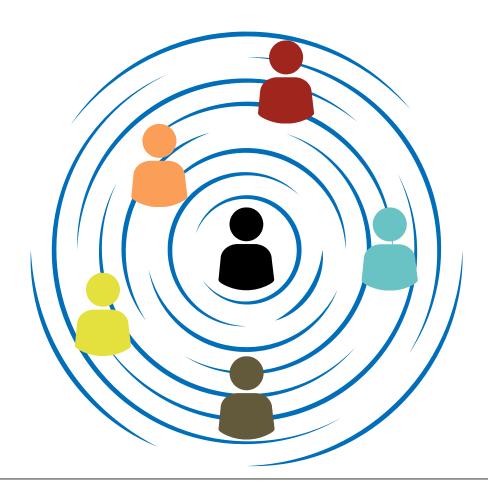
- 1. Draw a circle with your name in the middle.
- 2. Write five names of people you can reach out to in distress.
- 3. For each, list the kind of support they can give (listening, crisis contact, accompanying to a doctor).
- 4. Pick two people from your circle and commit to checking in with them weekly.
- 5. In schools or workplaces, expand this into a Buddy Wall, where participants share the small actions they took to support someone.

This helps everyone recognise both their personal support systems and their role in others' safety nets.



Summary

Suicide prevention is **not only about crisis response but also about consistent care.** By recognising signals early, asking the right questions, offering immediate support, and maintaining regular follow-up, communities can save countless lives. In India, where **stigma and access gaps still exist**, even a single conversation or follow-up message can be the thread that holds a life together. **Every act of care** — whether from a teacher noticing a student's distress, a neighbour checking in on a farmer, or a colleague listening without judgment — strengthens the safety net around us. Prevention is a shared responsibility, and it thrives when families, communities, and systems work together. By normalising open conversations about mental health, we replace silence with connection and despair with hope. Even small, sustained efforts ripple outward, reminding us that every life is worth holding onto, and no one should ever face their pain alone.



Closing Note

Suicide prevention is not only about crisis response but also about consistent care. By recognising signals early, asking the right questions, offering immediate support, and maintaining regular follow-up, communities can save countless lives. In India, where stigma and access gaps still exist, even a single conversation or follow-up message can be the thread that holds a life together.

Every act of care — whether from a teacher noticing a student's distress, a neighbour checking in on a farmer, or a colleague listening without judgment — strengthens the safety net around us. Prevention is a shared responsibility, and it thrives when families, communities, and systems work together. By normalising open conversations about mental health, we replace silence with connection and despair with hope. Even small, sustained efforts ripple outward, reminding us that every life is worth holding onto, and no one should ever face their pain alone.

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