

## EDITORIAL

## RISING SUICIDE RATES IN PAKISTAN: IS IT ABOUT TIME TO BREAK THE SILENCE?

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Suicide is a public health problem worldwide. More than one million people kill themselves every year. Suicide is a complex issue with biological, psychological and social etiological factors. Depression is the main pathway which leads to suicidal behavior. Suicide is the second leading cause of death in the young age group. There is a steady rise in suicides over the last decade, globally. The rise is more alarming in Asian countries, contributing more than 60% to the world statistics. Pakistan is a South Asian country with a weak health system and meagre mental health resources. In Pakistan, various reports point towards shocking suicide rates with exponential rise over the years. There is a dire need to address the issue by adopting a holistic approach, taking into account the biological, psychological and social factors.

**Keywords:** Suicide; Suicidal behaviour; Depression; Common mental disorders

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There is an increasing concern in the scientific community about the rise of suicide rates globally. Latest reports indicate that one million people kill themselves each year, accounting for one person every 40 seconds. For every completed suicide, there are 20 attempts on average and roughly 100 ideations-underscoring the painful struggle of the victims; they usually go through.<sup>1</sup>

Suicide is a complex phenomenon with varied phenomenological descriptions. The victims of suicide are put to cultural shaming and religious condemnations. But what triggers a person to end his/her life? There are various neurobiological and social theories, explaining the suicidal behavior, but the common pathway seems to be through clinical depression which affects almost two-third of the victims.<sup>4,5</sup>

The pathway through depression follows a pattern of vulnerabilities, encompassing predisposing, perpetuating and precipitating risk factors. Biological predisposition usually being triggered by psychological or social stressors to make the individual prone to commit or attempt suicide. Various reports suggest that suicide is preventable, the rate-limiting factor being the effective treatment of depression, implying bio-psychosocial model of management.<sup>6</sup>

It is estimated that the magnitude of suicidal deaths is equal to fatalities caused by all types of violence across the globe. It makes around 50% for all violent deaths in men and 70% in women.<sup>2</sup> Various reports inform that about 60% of the world suicides happen in Asia. Some 60 million Asians are affected each year by suicide or attempted suicide.<sup>2</sup>

Pakistan is a South Asian, lower middle-income country, with an agrarian economy and abysmal mental health services.<sup>7</sup> Total health budget is less than 4% of the GDP, with no dedicated share for mental health services.<sup>9</sup> There are 400 psychiatrists in the country, mostly practising in urban settings. The country has less than 5000 psychiatric beds available, in public and private hospitals, combined.

Available research shows shocking mental health statistics. For instance, a meta-analysis revealed that one-third of the population is suffering from Common Mental Disorders.<sup>10</sup>

Pakistan is one of the few countries, which doesn't report suicide statistics to the World Health Organization (WHO), making it difficult to retrieve credible statistics on suicidal behaviour in the country.<sup>3</sup> However, according to the WHO estimates, there were 13,377 suicides in Pakistan in 2012, making a suicide rate of 7.5 per 100,000 population per year.<sup>3</sup> The WHO also estimates that for every suicide, there are approximately 20 acts of attempted suicides.<sup>1</sup> By these estimates, there may be some 130,000 to 270,000 acts of attempted suicide in Pakistan each year.<sup>3</sup>

The weak health system, social stigma and religious condemnation for suicidal ideations, people at-risk don't get the required psychosocial support. The social impediments also complicate the collection and aggregation of national data on suicide in the country. Reports on secondary data, nonetheless, provides some insights into various facets of the problem.<sup>6</sup>

One study, reporting the suicide data from Pakistan, noted a steady rise in the suicide rate over 15 years. This study analyzed the police data on

suicide from 1985 to 1999. A total of 2,568 cases of suicide were recorded. In this study, a minimum of 87 suicides were recorded in 1987, while a maximum of 360 cases were reported in 1999. The gender ratio of suicide cases was 1.8, with 71% of the cases documented in men while 39% in women.<sup>3,6</sup>

Another study calculated the suicides rates for six major cities across Pakistan. The study found a suicide rate of 0.43/100,000 in Peshawar and a rate of 2.86/100,000 in Rawalpindi. The study concluded that suicide rates were higher among men compared to women and that most of the suicides occurred in 20-40 years group. The authors, however, termed their values as underestimated, considering the sociotechnical lacuna in available data.<sup>3</sup>

Recently, various press and electronic media reports highlighted the exponential rise of suicide in Pakistan. According to police reports from Malakand, 346 people committed suicide in the first eight months of 2018.<sup>7</sup> Similarly, in a recent report published in lay press, suggested that more than 1300 people have committed suicide in three districts of interior Sindh, a relatively underdeveloped part of Sindh province over past five years.<sup>8</sup> Likewise, there is an increasing trend of suicide among students. Over the last one year, more than five medical students committed suicide in Pakistan, which is an alarming situation.<sup>11</sup> Recently, a senior police officer ended his life, making it the fifth suicide among senior police officers in the last three years.

Keeping in view the staggering mental health statistics, enormous psychosocial issues, political instability, economic turmoil and poorly planned health services; perhaps we are least prepared to address the mental health needs of the Pakistani population.

The time is ripe to speak about the rising suicide rates in the country. We urgently need to reset priorities and adopt creative and innovative strategies to address the mental health issues. The least, we

shall raise awareness in public about the psychosocial dimensions of suicide, destigmatize mental disorders and decriminalize suicidal behaviour. With a health system perspective, we need to adopt a public health approach, encompassing primary, secondary and tertiary prevention of suicidal behavior.

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