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SUICIDE AMONG YOUNG ADULTS OF SIKKIM, INDIA:AN EXPLORATION OF CAUSES AND POSSIBLE SOLUTIONS

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Abstract

Suicide has long been among Sikkim's most immediate social issues. The purpose of the study, conducted among university and college students of Sikkim, is to understand the causes of high suicide rates among young adults and explore ways to address the issue. The study found several factors like failed relationships, addiction, unemployment, mental health issues and family conflict to be the leading causes of suicide. The researchers felt that the state, the community and its institutions and the family have to work together to address the problem.

Keywords: Suicide, Young Adults, Mental Health, Copy Cat Suicide.

1.INTRODUCTION

Suicide is the final outcome of complex interactions of biological, genetic, psychological, sociological and environmental factors (Rane &Nadkarni,2014). It is a social problem and a pressing public health issue. According to NCRB (2021) a total of 1,64,033 suicides were reported in India during 2021. The rate of suicide at the national level was 12.0. Andaman & Nicobar Islands reported the highest rate of suicide (39.7) followed by Sikkim (39.2), Puducherry (31.8), Telangana (26.9) and Kerala (26.9). The high rate of suicide is a cause of concern and demands immediate attention from all stakeholders. Suicide is a life lost-an abrupt end to innumerable possibilities. It harms the family, the community and the nation. For a welfare state, cases of suicide points to the failure of the government in taking care of its citizens. So immediate steps should to taken to address and contain the problem.

Among the north eastern states, Sikkim has the highest rate of suicide (NCRB,2021). Sikkim, the golden state of India, with high literacy rates, has been referred to as the suicide capital of the Northeast in the last decade. (Chhetri,2022). Between 2004-05 and 2011-12, the state witnessed the highest net state domestic product in the country, and was the third richest state in India (Gahatraj,2019). Despite such financial advancement in June 2022 there were 46 cases of suicide and 18 cases of SADA reported in the state (Chhetri,2022). Hence an enquiry into the causes of suicide is of utmost importance for the wellbeing of the people and the country.

II. Literature Review

Lhasungpa(2022) states that Sikkim is referred to as the ‘Suicide capital of the Northeast’ and has witnessed high suicide rates since 2008. According to the author the rapid socio-economic-political transitions; the emerging social stratifications based on class, occupation, income, property ownership etc; exposure to western culture, increase in female education, modernisation in the state; rural to urban migration etc have caused the problem of suicide in the state. Suicide is high among the unemployed and self employed and low among government servants. Common people do not talk about the problem and those who have lost their loved ones to suicide remains silent. Most of the suicides happen in the age group 15-44 years, more men die of suicide than women and death by hanging is the most common method of committing suicide. The GDP of the state is high but the benefits have not trickled down in the society and new forms of deprivations have emerged. Problems of drug addiction, alcoholism, suicide and domestic violence have been rising in Sikkim. The rate of unemployment is also high causing vulnerability, relationship difficulties or financial problems. The author suggests that awareness programmes and open discussion should be conducted at the community level to find solutions to the problem. It will also be helpful to re-evaluate the present curriculum and design the education system to suit the needs of contemporary times. Life skill education, vocational and livelihood oriented academic programmes, involving the youth and non-government organisations in suicide prevention programmes, can help in finding solutions to the problem of suicide in Sikkim.

Rathee et al.(2018) in order to understand the prevalence of depression in Sikkim, conducted a questionnaire-based cross-sectional study among 982 denizens of Sikkim, within the age range of 16-63 years using nonprobability sampling technique. It was found that females were in a depressive mood for an average of 5 months and males for 7 months. Majority of the females said that their depression was due to problems related to relationships such as extramarital affairs and cheating whereas for males unemployment was seen as the biggest cause of their depressive symptoms. Depression and depressive symptoms can lead to serious health consequences or death of patients and so the authors suggested that the primary health care system should be strengthened to provide treatment to patients. Health education packages should be developed on prevention of depression. Common people should be informed that treatment for mental is



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available. Government should provide comprehensive services to the people including family support and suicide helplines. People need to be encouraged to talk about their problems and motivated to take steps to cure themselves of their ailments. Understanding depression is the need of the hour and must be given more importance than it is given at present. Depression needs to be tackled actively rather than behind closed doors and hushed tones.

Chettri et al.(2016),conducted a study to investigate the socio-demographic profile of individuals who had committed suicide in Sikkim to throw light on the vulnerable groups. The authors collected ten-year suicide data (2006-2015) from Police Headquarters, Crime Branch, Gangtok, and statistically evaluated them to study the socio-demographic profile of those who have committed suicide. The researchers found that out of 1604 suicide cases recorded for the past 10 years, 1051 were males (65.5%) and 553 (34.5%) were females. Suicide was found to be common among the age group of 21-30 years (24.4%), people belonging to the Rai community (15.8%), population of rural areas (82.6%), and among the population of eastern districts (50.6%). Hanging (94.8%) was found to be the most common method adopted for committing suicide. The study provides information about the vulnerable groups for suicide in the state which will help in preventing suicides and in policy formulation to control the problem.

III.OBJECTIVES OF THE STUDY

- 1.To understand whether the students were aware about the problem of suicide in the state
- 2.To explore what the students felt could be the causes of suicide
- 3.To explore ways to prevent suicide

IV.METHODOLOGY

The study was conducted on university & college students of Sikkim. Students from all four districts of the state participated in the research. The study is descriptive in nature.100 respondents in the age group of 19 to 25 years were interviewed to conduct the study. Interview schedules were used for data collection. Snowball sampling was used to reach out to respondents. The researchers collected primary data from the respondents and secondary data from books and journals. Case studies have been added to substantiate the findings of the study. In order to gain in depth understanding about the problem of suicide, the researcher interviewed three key informants working with the youth for more than ten years.

V. ETHICAL ISSUES

The researchers obtained the information through informed consent. Respondents were free to choose whether or not to participate in the study. The respondents were reassured that their identity would be kept anonymous.

VI.FINDINGS

The findings of the study are presented below.

Table 1 a. Socio-demographic profile of respondents (in percentage)

Gender		Religion				Caste			
Male	Female	Hindu	Christian	Buddhist	Atheist	General	SC	ST	OBC
44	56	59	21	19	1	27	2	31	40
100		100				100			

Of the 100 respondents, 56 (56%) respondents were females and 44 (44%) were males. Majority (59%) of the respondents were Hindus followed by Christians (21%) and Buddhists (19%).1 was an atheist. 40% of the respondents were from Other Backward Classes,31% were scheduled tribes,27 % were general castes and 2% were from scheduled castes.

Table 1 b. Socio-demographic profile of respondents (in percentage)

Place of stay		Marital status		Educational status	
Rural	Urban	Unmarried	Married	Graduation	Post-graduation
49	51	97	3	55	45
100		100		100	

Table 1.b shows that 49% came from rural areas and 51% from urban areas 97% of the respondents were unmarried.55% of the respondents were doing their graduation and 45% were into their post graduation.



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Table 2: Respondents who have earlier been asked about suicide

Questions asked about suicide earlier	Numbers of respondents	Percentage
Yes	66	66%
No	34	34%
Total	100	100%

Table 2 shows that 66% of the respondents had taken part in some discussion regarding the problem of suicide. 34% of the respondents have never been asked about the problem.

Table 3: Distributuion of respondents according to their exposure to literature on suicide.

Exposure to articles on suicide	Numbers of respondents	Percentage
Yes	96	96%
No	4	4%
Total	100	100

Table 3 shows that 96% of the respondents had exposure to articles on suicide. So they know about the problem of suicide and have read about the problem.

Table 4: Distribution of respondents on their opinion on predictibility of suicide occurrence

Suicide is predictable	Numbers of respondents	Percentage
Yes	11	11%
No	29	29%
Maybe	60	60%
Total	100	100%

The above table shows that 11% of the respondents felt that occurrence of suicide could be predicted. A huge number of respondents were not sure about the occurrence of suicide.

Table 5: Distribution of respondents according to their opinion whether suicide is an impulsive behaviour

Suicide is an impulsive behaviour	Numbers of respondents	Percentage
Yes	35	35%
No	7	7%
Not sure	58	58%
Total	100	100

Table 5 shows that 35% of the respondents felt that people who committed suicide were impulsive.7% did not feel so and the rest 58% were not sure about the personality traits of such individuals.

Table 6: Representation of the respondents who consider younger generation is at highest risk of committing suicide

Younger generation are at highest risk of committing suicide	Numbers of respondents	Percentage
Yes	91	91%
No	9	9%
Total	100	100%

Most of the respondents felt that it was the younger generation that were vulnerable to committing suicide.

Table 7: Opinion of the respondents on the causes of suicide in Sikkim

Components that leads to younger generation to commit suicide in Sikkim	Numbers of respondents	Percentage
Academic pressure	45	45%



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Family issues	52	52%
Financial difficulties	47	47%
Substance abuse	62	62%
Love related matters	60	60%
Chronic disease of self or loved ones	18	18%
Unemployment	50	50%
The victim only knows the reason	1	1%
All of the above	1	1%
One or more reasons may cause problems like depression resulting in suicide	74	74%

The above table shows the reasons why the younger generation commits suicide in Sikkim. Substance abuse (62%) was the most frequently mentioned reason for committing suicide. Love related matters (60%), family issues (52%), unemployment (50%) financial conditions (47%), academic pressure (45%) were the other reasons mentioned by the respondents. 37% of the respondents mentioned chronic disease of self and loved ones, 18%, said that lack of support system was an important reason to commit suicide, 1%, said that only victims could say why they committed suicide and 1% said that all the reasons mentioned in the table could be a cause of committing suicide. Respondents shared that suffering from varied problems as mentioned above, individuals face mental health issues and commits suicide (74%). Individuals lacking in social support system face greater challenges.

Table 8: Respondents opinion on the most frequently adopted method of committing suicide in Sikkim

Methods of committing suicide	Frequency	Percentage
Hanging	90	90%
Drug overdose	57	57%
Fall from height	19	19%
Catching fire	4	4%
Drowning	10	10%
Intake of Poison	17	17%
Using Sharp Weapons	19	19%

90% of respondents from their experiences said had hanging was the most frequently adopted method for committing suicide. Drug overdose (57%) was the second most frequently adopted method of committing suicide.

Table 9: Opinion of the respondents on where suicide happened frequently

Place of suicide	Number of respondents	Percentage
Urban	63	63%
Rural	37	37%
Total	100	100%

Table 9 shows that respondents believed that suicide cases (63%) happens more in urban than in rural areas (37%).

Table 10: Respondents knowing someone who had or is having suicidal thoughts

Respondents knowing someone who had or is having suicidal thoughts	Number of respondents	Percentage
Yes	40	40%
No	46	46%
Not sure	14	14%
Total	100	100

Table10 shows that 40% of the respondents definitely know somebody who had/have suicidal thoughts.

The respondents were asked what they could do to help a person having suicidal thoughts. The table below shows the response of the respondents.



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Table11: Representation of respondents on how to help people having suicidal thoughts/tendencies

Ways to help people with suicidal thoughts/tendencies	Frequency	Percentage
Talking, listening, supporting or always being with them	74	74%
Taking to a counselor	71	71%
Informing family members	47	47%
Taking to a doctor or hospital	34	34%
Giving counseling myself	2	2%

The table above shows that 74% of the respondents thought that talking, listening, supporting or always being with a person who has suicidal thoughts or has attempted suicide, would be helpful. 71% of the respondents thought that taking to a counsellor was the right thing to do. 47% thought that they would inform the family members and 34% thought that taking to a doctor or hospital would be the right thing to do. 2 % thought that they would give counselling themselves to such a person.

According to 2020 data, Sikkim had the highest rates of suicide in the country. Respondents were asked whether they felt that such data was adversely affecting the image of the state. The response of the respondents is shown in the table below.

Table 12: Opinion of the respondents on the high rates of suicide affecting the image of the state.

Suicide rates affecting the image of Sikkim	Number of respondents	Percentage
Adversely affecting the state	88	88%
Has no relation with the image of state	12	12%
Total	100	100%

The table shows that 88% of the respondents felt that the high rates of suicide has adversely affected the image of Sikkim.

Respondents were asked whether the government of Sikkim had taken necessary steps to contain the problem. Their opinion is shown below.

Table 13: Opinion of the respondents on government initiatives to control the problem

Respondent's opinion on government initiatives to control suicide	Number of respondents	Percentage
Government is doing enough to control the problem	4	4%
Government initiatives are inadequate	27	27%
Government initiatives are rare	21	21%
Not certain about what government has done	18	18%
Never noticed any government initiatives	15	15%
No government can prevent suicide hence such initiatives are not needed	1	1%
No response	14	14%
Total	100	100%

The table above shows that 4% of the respondents felt that Government was doing enough in regard to the problem of suicide. 1% thought that no government can prevent suicide and hence there was no need of such initiatives. 14% did not respond to the question. 27% felt that government services were inadequate, 21% felt that initiatives were rare, 18% were not certain about government initiatives, 15% have not noticed what the government has done and 1% had hardly seen any government initiatives.

Media-both old and new are sources of information for all. Media generates awareness, acts as a pressure group, advocates, are agents of social change. Respondents were asked to share whether they felt that media had done enough to generate awareness about the problem of suicide and ways to deal with the problem. The response of the respondents is shown below-



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Table 14: Opinion of respondents on role of media in generating awareness about the problem of suicide

Response of the respondents	Numbers of respondents	Percentage
The media has done its work	8	8%
The media has not done enough	51	51%
The media rarely takes up the issue	31	31%
Never noticed anything regarding the problem on media	10	10 %

It was found that that only 8 % respondents felt that media was doing enough in generating awareness about the problem of suicide and ways to prevent it. 92% of the respondents had negative views about the role of media.

Respondents were asked to suggest how government could help in generating awareness about the problem of suicide.

Table 15: Initiatives that government should take to reduce suicide cases in Sikkim

Initiatives that government should take to prevent/ reduce suicide cases in Sikkim	Frequency	Percentage
The government should adopt all possible ways to generate awareness among the people of the state about the problem of suicide.	80	80%
The government should provide job opportunities for young adults within the state both in the public and private sector.	66	66%
The government should set up more institutions for the treatment/counselling of mental health problems.	66	66%
The government should make jobs in the private sector as attractive as those in the government sector.Labour laws should be made applicable in the private sector too.	50	50%
Take all steps to de-stigmatize mental health issues	1	1%
Rationalise academic load in all levels of academics	1	1%
Generate awareness about the suicide prevention help line numbers, make appointment of counsellor/ psychologist compulsory in all academic institutions.	1	1%
The Government should reserve jobs for inhabitants of the state	1	1%

The above table shows that 80% of the respondents felt that government should adopt all possible ways to generate awareness about the problem. According to the respondents creation of job opportunities (66%) and setting up of mental health care institutions (66%) was essential to control the problem of suicide in the state. The fourth suggestion was to implement labour laws in the private sector and make government jobs and private jobs equally remunerative (50%). Some respondents felt that mental health issues should be de-stigmatised (1%), academic load should be rationalized(1%),generate awareness about the suicide help line numbers and appoint counsellors in all educational institutions(1%) and reserve jobs for the original inhabitants of the state(1%).

Case studies

Respondents shared with the researchers cases of suicide that they had witnessed themselves. The cases narrated by the respondents are discussed below-

Mr. X, a 22-year-old young man, with strong social, educational and financial background started a partnership business with his friends. To arrange capital, he borrowed money from his close associates. The business went on well for sometime but soon he suffered losses. With his hopes crumbling down, he became anxious and worried about repayment of his borrowings. Mr X had a warm personality and would always wear a smile on his face. He did share his problems with his friends, but nobody understood the turmoil going on inside him. One day he committed suicide. Unable to accept the loss of Mr.X, his girl friend committed suicide within a few days after his death.

Mr.Y,a 22 year old young man was the eldest son of his parents. He lived with his parents and two siblings in a rental accommodation and worked in private firm. He had a working father and a housewife mother. Mr. Y developed a relationship with a Christian girl and got converted to Christianity in order to marry her. Some months later the girl got a good job offer from outside Sikkim and wanted to shift there. Mr Y tried to discuss about the future of their relationship to which the girl expressed her dissatisfaction with Mr Y's job and his future career. Mr Y,a happy and a jovial person, gradually withdrew himself from social interactions. He realized



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how he had brought a bad name to his family and the social humiliation that his family had faced after his conversion. Unable to accept his personal loss and humiliation of his parents, he committed suicide.

Respondents shared the stories of suicide-survivors known to them.

Ms. B, a 19-year-old young lady, studying in one of the colleges of Sikkim, tried committing suicide after quarrelling with her partner. The partner did not want to continue with the relationship and stopped responding to her calls and messages. Ms. B tried her best to get back to her partner but failed. Thinking that her boyfriend would respond if she threatened to commit suicide (as she had seen happening in movies) she did so but failed to get any response from the partner. Unable to accept the situation, the young lady consumed pheneyol. Fortunately, her family members found her and took her to the nearest medical facility and her life was saved. She went through months of counselling and is doing well now.

Mr.D is the only son of a working couple. After graduation he got addicted to alcohol and would express anger and misbehave with his parents when questioned by them. One night while driving under the influence of alcohol, he met with an accident and damaged the family car. His parents scolded him for his addiction, driving while he was drunk and the damage made to the car. Mr. D was angry at the behaviour of his parents and took poison to end his life. The domestic help found him lying unconscious in his room and rushed him to hospital. Mr. D was referred to counsellors by the hospital where he went through months of counselling. He has given up addiction, is able to manage his anger and has given up suicidal thoughts.

The researchers interviewed three experts from three different professions to understand their perspectives regarding the problem of suicide among young adults of Sikkim.

An expert from a developmental organization shared that psychological problems, alcoholism, and substance abuse were the leading causes of suicide in Sikkim. He added that copy cat suicide was increasing in Sikkim and shared a case where a couple committed suicide (hanged themselves) because the parents of the couple disapproved of their relationship and objected to their marriage. Two days later, in the same neighbourhood, another couple facing similar difficulties committed suicide. He felt that the government should generate awareness particularly in rural Sikkim, about the problem of suicide and set up mental health care facilities so that individuals facing mental health problems and suicidal tendencies can seek professional help. The government can involve the development sector in prevention work.

A psychologist, working in a government hospital in East Sikkim said that mental health issues, substance abuse and suicide are interconnected. Mental health problems may lead to drug addiction, substance abuse, and impulsive behaviour thus increasing the chances of suicide. The COVID 19 pandemic has also caused crisis situations resulting in suicide. The government is taking initiatives such as operating suicide helpline numbers and working to raise awareness through various suicide prevention programmes. Training ASHA workers, counselors, and social workers to counsel people and refer them to district hospitals as and when necessary may help in reducing cases of suicide.

A counselor who works in a government hospital in East Sikkim shared that youngsters are committing suicide due to relationship problems, anger issues etc. When they are emotionally hurt the only thing that comes to their mind is to commit suicide. She also shared that rape victims facing social stigma, humiliation etc suffer from isolation, depression and to solve their endless problems they commit suicide. She shared that the government of Sikkim has been conducting different awareness programmes in schools, colleges, communities and especially in villages. Different organizations are collaborating with the government to spread awareness about mental health problems and suicide to change people’s perspective regarding suicide. She also informed that Sikkim Suicide Prevention Action Network Project has collaborated with NIMHANS, Bangalore to find a solution to the problem of suicide.

VII.DISCUSSION

The authors found that the respondents were aware about the problem of suicide in Sikkim. 66% of the respondents had taken part in some kind of discussion regarding the problem of suicide (Table 2) and 96% of the respondents have read about the problem (Table 3). They were also aware that the rates of suicide was high among the youth of the state (Table 6).40% of the respondents knew somebody who had suicidal thoughts (Table10). Despite such high levels of awareness, the problem of suicide continues to be severe in the state. So urgent steps should be taken to address the problem.

The respondents shared what they thought drove people to commit suicide (Table7). According to them mental health problems, substance abuse, relationship issues (love related matters), family issues, unemployment, financial difficulties and academic pressure



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are the leading causes of suicide among the youth. The findings can help in formulating strategies to deal with the problem of suicide in the state. For example a reassessment of the academic load of school, college and university students can help in reducing stress for the students thus lessening some of their problems. Life skill sessions can also be conducted for students to help them plan their time better, accept normal work load as a challenge and not as stress etc. Sessions on family life education can also help them to understand their duties vis a vis their rights. Similarly, problems of financial stress or unemployment can be solved by extending unemployment allowance, scholarship or emergency loans to families in financial distress.

A few respondents (11%) felt that suicide could be predicted (Table 4) while others were not sure about the predictability of suicide occurrence.35% of the respondents felt that suicide was impulsive behaviour (Table 5) and so cannot be predicted. 40% of the respondents shared that they knew somebody having suicidal thoughts (Table 10).The researcher found that 71% of the respondents knew that individuals with suicidal thoughts should be referred to counsellors (Table 11).Few thought that family members of those contemplating suicide should be informed (47%).Suicide being such a serious problem for the state all the above findings have relevance in planning strategies to prevent the occurrence of suicide. The problem of suicide, causes and ways of preventing suicides should be a topic of everyday discourse.

Respondents (90%) shared that they have found hanging to be the most frequently adopted way of committing suicide followed by drug overdose (Table 8).They felt that people in urban areas were vulnerable to committing suicide (63%) than those from rural areas (Table 9).The respondents felt that 'Copy Cat' suicide has also been one of the reasons for increasing suicide rates among young adults in Sikkim.

The researchers found that 80% of the respondents felt that government should adopt all possible ways to generate awareness about the problem of suicide among the general population (Table 15).66% of the respondents felt that creation of job opportunities and setting up of mental health care institution was essential to control the problem of suicide in the state. The third suggestion was to implement labour laws in the private sector and make government jobs and private jobs equally remunerative(50%). It can be seen that most of the respondents felt that job creation was vital to contain the problem of suicide. Some respondents felt that society has to de-stigmatise mental health issues (1%),rationalize academic load(1%),generate awareness about help line numbers and appoint counsellors in all academic institutions(1%) and reserve jobs for the original inhabitants of the state(1%) to contain the problem of suicide.

When asked about the role of the state in controlling the problem of suicide, only 4%of the respondents shared that the government had done enough (Table 13). The respondents had similar responses regarding the role of media. Only 8% thought that media had played the desired role in prevention and awareness of the problem of suicide (Table 14). So, it can be inferred that respondents expected both the government and the media to play an active role to control the problem of suicide in the state.

The four case studies show financial issues, failure in relationships and addiction to be the reasons for young adults committing suicide. The three experts also cited the same reasons.

VIII. SUGGESTIONS & CONCLUSIONS

Suicide being a state problem, the government of Sikkim has to adopt comprehensive preventive programmes and play an active role in prevention of suicide.

Mental health is highly stigmatized and the general population are unaware that mental health problems are treatable. In situations of mental illness, most of the people prefer to seek assistance of traditional healers and not from professionals. It is a challenge to talk about mental illness to people. So intensive awareness programmes on the causes and treatment of mental health problems should be conducted all over the state involving all age group of the population. The government can take help of non-government organisations, community based organisations, religious leaders to generate awareness in the communities about mental health problems, and discourage the stigmatization of victims of mental health problems and their families. Information about counsellors, social workers and mental health hospitals should be made easily available to the general population. People should be encouraged to seek medical help for mental health problems.

The state government should conduct sensitization programmes for school/college teachers about mental health problems, issues of substance abuse, suicide etc faced by the youth of the state. Educational institutions play a significant role in the personality development of children. Teachers as role models influences the growing up years of children and can play an important role in identification of students with emotional disturbances, get in touch with the families of the students and refer them to mental health



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professionals. Quality education, recreational activities, cultural programmes, vocational training programmes, life skill education, personality development sessions etc in schools can go a long way in the personality development of students, solving their life challenges and preventing the commission of suicides. Every educational institution should appoint qualified counselors and form self help groups of children with mental health problems under the guidance of the counsellor to help children in emotional distress.

Sensitization programme for students on the harmful effects of drug abuse, causes and treatment of mental health problems, causes of suicide and consequence of suicide on the family members of the victim, responsibilities and duties of children/youth towards their parents should be conducted in schools, colleges and universities. Sessions on family life education should be made compulsory in educational institutions.

Vocational training centers, career guidance centers should be set up all over the state within the easy reach of the youth to reduce the problem of unemployment in the state. Schemes for self employment, credit facilities, guidance on self employment should be made available to the youth of the state. Unemployment allowances should be provided to the unemployed. Government should also generate employment opportunities for the youth of the state and encourage the private sector to follow labour laws of the state.

Government staff at Health sub-centers, Primary health centers, anganwadi centers, panchayats, members of self help groups should be sensitized about the problem of suicide in the state, the vulnerable groups and their challenges, mental health issues that arise out of psychosocial problems, signs and symptoms of mental health problems, government and private services available to address such problems and help line numbers available for people in distress. Panchayats may also recognize community volunteers who can assist in emergencies and make referrals to hospitals and mental health care professionals.

Involving religious leaders/institutions can also be useful. All religions focus on protection of life. Religious leaders for example priests in churches, can talk to people regularly in the Sunday prayers about the problem of suicide in the state and urge people to proactively support those in distress. The abbot or the pundit can do the same for other religious groups. The religious leaders are the right people to inform their followers that mental health problems arise out of physiological issues and are treatable with modern medicines.

There is dearth of mental health professionals in the state. The government should appoint social workers, counselors, and psychiatrists in the state of Sikkim. These educated and committed individuals can help young people understand the importance of appreciating their life and valuing it. Information about the availability of mental health professionals should be easily available to the people of the state. Daily news papers should include contact details of mental health experts in the section where they publish details of emergency contact numbers.

Families, friends, communities should be more sensitive to the problems of the youth and understand that young people face enormous challenges and are vulnerable to mental health issues like depression. Family members should be sensitized about signs and symptoms of mental health problems and suicidal tendencies so that they can take immediate steps to help the person in distress. Signs of depression etc should not be ignored and immediate steps have to be taken to provide professional help to such individuals. Individuals who have lost a loved one to suicide are more likely to engage in suicidal behavior in future. It is important to extend professional support to such an individuals and work on his/her grief/loss etc. Survivors of suicide attempts should be specially taken care by family members. Parents should spend time with their children and be mindful of what is going on in their child's life, know their friends, learn and discuss about the problems that are affecting their children etc. Parents must be friendly, approachable and non-judgemental so that children are able to express their thoughts and concerns with them without fear or hesitation. Single parents, parents in troubled homes should pay more attention to their children. Parents should guide and supervise all aspects of their child's life including the time spent on of social media, with friends etc. Social media influencers may be harmful for some and so such influences should be avoided. Parents should instill positive values in their children and not force children into unhealthy career competition. Media and particularly social media platforms portrays the lives of the rich and the powerful. The youth try to imitate such life styles. Unable to afford the lavish lifestyle, many young people in Sikkim commits suicide. The introvert young men/women do not want to share their problems with others while some may not have good support system to fall back on. Young people are unable to share their problems freely because they are afraid of being humiliated/considered weak etc. Confidants like friends, family members, teachers etc should keep sensitive information confidential, respect the emotions of the troubled youth and extend all possible help to them. A committed government with the support of all stakeholders can help in reducing the rates of suicide in the state of Sikkim.



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