Contributing factors of Suicide and Mental health accessibility under the jurisdiction of Aryanad police station

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SUBMITTED BY

Name: Ms. VARSHA V S

Examination Code:

Candidate code: LC24PSW23

Subject code: SW 2.4.5

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CERTIFICATE OF APPROVAL

This is to certify that this dissertation entitled **"Contributing factors of Suicide and Mental health accessibility under the jurisdiction of Aryanad police station"** is a record of genuine work done by **Ms. VARSHA V S**, fourth semester Master of Social Work student of this college under my supervision and guidance and that it is hereby approved for submission.

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Thiruvananthapuram

Research Dissertation Supervisor:

Dr. Jasmine Sarah Alexander

Department of Social Work

Loyola College of Social Sciences (Autonomous)

Sreekariyam, Thiruvananthapuram

Recommended for forwarding to the University of Kerala

Dr. Francina P X

HoD, Department of Social Work

Loyola College of Social Sciences, (Autonomous)

Sreekariyam, Thiruvananthapuram

Forwarded to the University of Kerala

Dr. Prakash Pillai R

Principal

Loyola College of Social Sciences (Autonomous)

Sreekariyam, Thiruvananthapuram

DECLARATION

I, **VARSHA V S**, do hereby declare that the dissertation **"Contributing factors of Suicide and Mental health accessibility under the jurisdiction of Aryanad police station"** is the result of my original research conducted during the academic years 2024-2026. This work is submitted to the University of Kerala as part of the requirements for the Master of Social Work Degree Examination. I confirm that it has not been previously submitted for any other degree, diploma, fellowship, or similar academic recognition.

Candidate Name: VARSHA V S

Place: Sreekariyam

Date: 10-07-2026

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ABSTRACT

Suicide is a major public health concern with significant social, psychological, and economic consequences for individuals, families, and communities. Kerala continues to report one of the highest suicide rates in India, highlighting the need for local-level research to understand the factors contributing to suicide. In 2024, fifty-four suicide cases were reported under the jurisdiction of Aryanad Police Station. The present study was undertaken in response to a request from the District Crime Records Bureau (DCRB), Thiruvananthapuram, during the researcher's block placement at Aryanad Police Station. The study aimed to examine the suicide history of the deceased, identify the psychosocial factors contributing to suicide, and assess mental health awareness, help-seeking behaviour, and accessibility of mental health services among family members of suicide victims. A Convergent Parallel Mixed-Methods Design was adopted. Using non-probability purposive sampling, primary data were collected from 30 respondents through a structured questionnaire and 12 respondents through in-depth interviews. Secondary data were obtained from suicide case files, DCRB records, and NCRB reports. Quantitative data were analysed using SPSS while qualitative data were analysed through thematic analysis.

The findings revealed that suicide was influenced by multiple interacting psychosocial factors, including previous suicide history, chronic illness, disability, psychological distress, alcohol use, family conflicts, relationship issues, social isolation, financial difficulties and unemployment. The study also found limited mental health literacy, poor help-seeking behaviour and inadequate awareness and utilisation of available mental health services. Stigma, lack of awareness and financial constraints emerged as major barriers to accessing professional support.

The study concludes that suicide prevention requires a comprehensive community-based approach that integrates mental health awareness, early identification of psychosocial risk factors, accessible mental health services and coordinated interventions involving healthcare professionals, police, local self-government institutions, and social workers.

Keywords: Suicide, Psychosocial Factors, Mental Health Awareness, Help-Seeking Behaviour, Accessibility of Mental Health Services, Aryanad Police Station.

CHAPTER 1
INTRODUCTION

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INTRODUCTION

1.1 Introduction

Suicide is the act of intentionally ending one's own life and represents one of the most serious public health challenges facing societies across the world (Organization, 2025) complex and multifaceted phenomenon that affects individuals, families, communities, and nations irrespective of age, gender, culture, religion, or socioeconomic status. Beyond the tragic loss of life, suicide leaves profound emotional, psychological, social, and economic consequences for surviving family members, friends, and communities (WHO, 2025). The impact of a suicide often extends far beyond the individual, creating long-lasting grief, trauma, stigma, and disruption in social relationships.

According to the World Health Organization (2025), approximately 727,000 people die by suicide every year globally, while many more attempt suicide or experience suicidal thoughts. Suicide remains one of the leading causes of preventable death worldwide and was identified as the third leading cause of death among individuals aged 15–29 years in 2021 (WHO, 2025). These statistics highlight the magnitude of the problem and emphasize the urgent need for effective prevention strategies. Although suicide is often linked to mental health disorders such as depression, anxiety, bipolar disorder, and substance use disorders, research indicates that suicidal behaviour results from the interaction of multiple factors rather than a single cause (Turecki, 2019). Suicide is influenced by a wide range of psychological, social, economic, cultural, biological, and environmental factors (Turecki, 2019). Psychological factors may include feelings of hopelessness, loneliness, emotional distress, trauma, and mental illness. Social factors such as family conflicts, relationship breakdowns, social isolation, discrimination, and lack of social support can significantly increase vulnerability to suicidal behaviour (WHO, 2025). Economic hardships, unemployment, indebtedness, poverty, and financial insecurity have also been identified as major contributors to suicide in many societies (Patel, 2012). Furthermore, chronic physical illnesses, disability, substance abuse, exposure to violence, and adverse life events can increase the risk of suicidal thoughts and actions (Turecki,

2019). The complexity of these interacting factors makes suicide a challenging issue that requires comprehensive and multidisciplinary approaches for prevention and intervention.

Suicide is not merely an individual problem but a social issue that reflects broader societal conditions (Durkheim, 1951). Rapid social changes, urbanization, migration, changing family structures, increasing academic and occupational pressures, and the growing influence of technology and social media have altered the way individuals experience stress and cope with life challenges. In many cases, individuals who die by suicide may have experienced prolonged emotional suffering without receiving adequate support or professional assistance. Stigma surrounding mental health problems often prevents individuals from seeking help, thereby increasing their vulnerability during periods of crisis (Corrigan, 2004).

Globally, suicide affects both developed and developing countries. Nearly three-fourths of all suicides occur in low- and middle-income countries, where access to mental health services is often limited and social vulnerabilities are more pronounced (WHO, 2025). Factors such as poverty, unemployment, inadequate healthcare infrastructure, social inequalities, and limited awareness regarding mental health contribute significantly to suicide risk in these settings (Patel, 2012). Recognizing suicide as a preventable public health issue, the World Health Organization advocates for comprehensive suicide prevention strategies that involve governments, healthcare systems, educational institutions, community organizations, families, and individuals (WHO, 2025). Such strategies include promoting mental health awareness, reducing stigma, improving access to mental healthcare, strengthening social support systems, and identifying individuals at risk through early intervention programmes.

In recent decades, suicide has gained increasing attention as a major public health concern in India. The country accounts for a substantial proportion of global suicide deaths due to its large population and diverse social and economic conditions (Patel, 2012). Data from the National Crime Records Bureau (NCRB, 2022) indicate that the suicide rate in India increased from 9.9 per lakh population in 2017 to 12.4 per lakh population in 2022. This upward trend reflects growing concerns regarding mental health, social stressors, economic challenges, and changing lifestyles. Suicide in India is associated with a variety of factors, including family problems, marital conflicts, financial difficulties, academic pressure, unemployment, chronic illness, substance abuse, and mental health disorders (NCRB, 2022). The increasing number of

suicides highlights the need for stronger mental health policies, improved service delivery systems, and community-based prevention initiatives.

Significant variations in suicide rates exist across different states of India. Kerala has consistently reported one of the highest suicide rates in the country despite its remarkable achievements in literacy, healthcare, gender development, and overall human development indicators (NCRB, 2022). This apparent contradiction has attracted the attention of researchers and policymakers for several decades. Various studies have suggested that factors such as changing family structures, migration, unemployment, alcohol use, indebtedness, social expectations, mental health issues, and lifestyle-related stress may contribute to the high prevalence of suicide in the state (Joseph & Prasad, 2020). The persistence of high suicide rates despite relatively better social development indicators suggests that economic and educational advancement alone may not be sufficient to address the underlying psychosocial determinants of suicide.

Kerala's unique social context further underscores the importance of studying suicide at the community level. The state has experienced rapid social transformation, increased migration, changing interpersonal relationships, and evolving patterns of social support (Joseph & Prasad, 2020). While these developments have contributed to economic growth and modernization, they have also introduced new forms of stress and social challenges. Mental health concerns such as depression, anxiety, substance dependence, and emotional distress have become increasingly visible, emphasizing the need for localized research that explores the lived realities of affected individuals and families. (Leela, 2024).

Within Kerala, Thiruvananthapuram district has reported a considerable number of suicide cases over the years (NCRB, 2022). The district comprises both urban and rural regions, each characterized by distinct social, economic, and cultural dynamics that may influence suicidal behaviour. Understanding suicide within specific local contexts is essential because risk factors and protective factors often vary across communities (WHO, 2025). Local-level studies can provide valuable insights into the unique circumstances that contribute to suicide and help develop interventions tailored to the needs of specific populations.

Among the various police station jurisdictions in Thiruvananthapuram Rural, Aryanad has emerged as an area of concern due to the comparatively high number of suicide cases reported

in recent years. The increasing incidence of suicides in this locality highlights the need for a detailed community-level investigation to understand the underlying psychosocial, economic, and environmental factors contributing to these deaths. Such localized research is essential for identifying context-specific risk factors and developing evidence-based interventions that address the unique needs of the community.

Against this background the present study focuses on the jurisdiction of Aryanad Police Station, which includes Aryanad and parts of Vellanad, Uzhamalakkal, and Tholikkode Panchayats. During the year 2024, a total of 54 suicide cases were reported within this jurisdiction (DCRB, 2024). The occurrence of such a large number of suicides within a relatively small geographical area raises serious concerns regarding the well-being of the community and highlights the need for systematic investigation. Each suicide case represents a unique combination of personal experiences, social circumstances, and environmental influences that require careful examination. Understanding the factors associated with these deaths is crucial for identifying vulnerable groups, recognizing warning signs, and developing effective prevention strategies (WHO, 2025).

The study of suicide in the Aryanad region is particularly important because local-level evidence can contribute to more targeted and practical interventions. Examining the social, psychological, physical, and economic circumstances surrounding suicide cases can help identify patterns and risk factors that may otherwise remain unnoticed. Such knowledge can support the development of community-based mental health programmes, strengthen support systems for vulnerable individuals, and improve access to mental health services (WHO, 2025). Furthermore, understanding the experiences of affected families can provide valuable insights into barriers to help-seeking behaviour and the availability of support mechanisms within the community (Corrigan, 2004).

Given the increasing concern regarding suicide in Kerala and the significant number of cases reported within the Aryanad Police Station jurisdiction, there is a pressing need for empirical research that explores the underlying causes and contributing factors associated with suicide. The present study seeks to address this need by examining suicide history, psychosocial determinants, and accessibility of mental health services among suicide victims reported during the year 2024. Through a comprehensive analysis of these factors, the study aims to

contribute to the broader understanding of suicide as a complex public health and social issue and to support efforts aimed at preventing future loss of life.

1.2 Background of the Study

The present study emerged from a field-based concern regarding the increasing number of suicide cases reported within the jurisdiction of Aryanad Police Station. During the block placement programme undertaken as part of the Master of Social Work curriculum, the researcher was placed at Aryanad Police Station under the supervision of the District Crime Records Bureau (DCRB), Thiruvananthapuram Rural Police, for a period of one month.

During the placement period, officials from the District Crime Records Bureau expressed concern regarding the unusually high number of suicides reported within the Aryanad Police Station limits during 2024 (DCRB, 2024). The DCRB requested a systematic study to explore the possible causes and contributing factors associated with these suicide cases. In response to this request, the researcher reviewed all available suicide case records maintained at the police station and conducted field visits to the homes of deceased individuals.

The study adopted a mixed-method approach to understand the circumstances surrounding suicide cases reported during the year. Information was collected from family members who were willing to participate and provide informed consent. Through interactions with respondents, the study sought to understand suicide history, psychosocial factors contributing to suicide, and awareness and accessibility of mental health services. The study was undertaken with the intention of generating evidence that could assist local authorities, healthcare systems, and community stakeholders in developing effective suicide prevention interventions.

1.3 Statement of the Problem

Suicide has emerged as a significant public health and social problem in Kerala, with the state consistently reporting one of the highest suicide rates in India (NCRB, 2022). Despite various mental health programmes and healthcare initiatives, the number of suicides continues to increase, indicating the presence of complex and unresolved psychosocial challenges within

communities. Suicide not only results in the loss of life but also creates profound emotional, social, and economic consequences for families and society (WHO, 2025).

The Aryanad Police Station jurisdiction reported 54 suicide cases during the year 2024 (DCRB, 2024), raising serious concerns among law enforcement authorities and community stakeholders. The high number of cases within a limited geographical area suggests the need for a detailed examination of the underlying factors associated with suicide. Existing records provide information regarding the occurrence of suicide but offer limited understanding of the personal, social, psychological, physical and economic circumstances that may have contributed to these deaths.

Furthermore, little information is available regarding suicide history within families, mental health awareness, help-seeking behaviour and accessibility of mental health services among the affected population. Without a clear understanding of these factors, the development of effective prevention and intervention strategies becomes challenging. Therefore, the study seeks to analyse the suicide history, contributing factors and mental health service accessibility among suicide victims reported under the jurisdiction of Aryanad Police Station during the year 2024.

1.4 Relevance and Significance of the Study

The study is particularly relevant because it was undertaken in response to concerns raised by the District Crime Records Bureau (DCRB), Thiruvananthapuram Rural Police, regarding the high number of suicide cases reported within the jurisdiction of Aryanad Police Station during the year 2024 (DCRB, 2024). The increasing incidence of suicide within a relatively small geographical area highlighted the need for a systematic investigation into the factors contributing to these deaths. By examining suicide history, psychosocial factors, and mental health awareness among the families of suicide victims, the study seeks to generate evidence that can support the development of effective suicide prevention strategies and strengthen existing mental health interventions at the community level.

The study is significant because it addresses an important public health issue affecting the Aryanad region. By examining suicide cases reported during 2024, the study provides valuable

insights into the psychosocial, social, economic, and mental health factors associated with suicide. It contributes to a better understanding of the challenges faced by vulnerable individuals and families and highlights the need for early identification of suicide risk factors, timely intervention, and accessible mental health services.

The findings of the study are expected to benefit multiple stakeholders. For mental health professionals and healthcare providers, the study offers information regarding common risk factors, psychosocial vulnerabilities, and barriers to help-seeking behaviour (Corrigan, 2004). For police authorities, local self-government institutions, policymakers, and community organizations, the findings can facilitate the development of community-based suicide prevention programmes, strengthen mental health awareness initiatives, and improve access to counselling and support services. The study also contributes to the field of social work by emphasizing the importance of psychosocial assessment, crisis intervention, family support, community participation, and mental health advocacy in suicide prevention.

Furthermore, the study contributes to the limited body of local-level research on suicide and mental health accessibility in rural Kerala. The findings provide evidence that can be utilized for future research, policy formulation, programme planning, and the implementation of context-specific interventions aimed at reducing suicide risk. Ultimately, the study seeks to promote a deeper understanding of suicide as a complex public health and social issue while supporting efforts to improve mental well-being, strengthen community resilience, and prevent future loss of life.

1.5 Chapterization

Chapter 1: Introduction

This chapter provides an overview of the study by introducing the concept of suicide as a public health and social issue. It includes the background of the study, statement of the problem, relevance and significance of the study.

Chapter 2: Review of Literature

This chapter presents a review of relevant international, national, and regional studies related to suicide, psychosocial factors, mental health and help-seeking behaviour. It also discusses theoretical perspectives.

Chapter 3: Methodology

This chapter explains the research methodology adopted for the study. It describes the research design, study area, universe and unit of study, sampling procedure, tools and techniques of data collection, data analysis methods, ethical considerations, scope and limitations of the study.

Chapter 4: Data Collection and Case Description

This chapter presents the data collected from the respondents through quantitative and qualitative methods. It includes the socio-demographic profile of the deceased, details related to suicide history, psychosocial factors, awareness of mental health services, and detailed case descriptions based on interviews with family members.

Chapter 5: Data Analysis Interpretation

This chapter analyses and interprets the findings of the study in relation to the research objectives. The chapter presents thematic analysis of qualitative data and discusses the findings using relevant theories and supporting literature to understand the factors contributing to suicide.

Chapter 6: Findings, Suggestions and Conclusion

This chapter summarises the major findings of the study based on each research objective. It provides practical suggestions and recommendations for suicide prevention, mental health promotion and community interventions. The chapter concludes by highlighting the implications of the study and the need for a comprehensive approach to address suicide as a public health concern.

CHAPTER 2
REVIEW OF LITERATURE

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2.1 Introduction

A review of literature provides the conceptual and empirical foundation for a research study by critically examining existing knowledge related to the research problem. It enables the researcher to understand the current state of research, identify theoretical and methodological developments, compare research findings across different contexts, and recognize gaps that warrant further investigation. A systematic review of previous studies also strengthens the conceptual framework of the study by providing evidence for the selection of research objectives, variables, methodology, and interpretation of findings.

Suicide has been extensively studied from public health, psychological, sociological, medical, and social work perspectives across different countries. Existing research demonstrates that suicide is a multidimensional phenomenon influenced by the interaction of biological, psychological, social, cultural and economic factors rather than a single determinant. Over the years researchers have examined suicide trends, family history, psychosocial vulnerabilities, mental health conditions, substance use, help-seeking behaviour, and accessibility of mental health services among different population groups. Although these studies have contributed substantially to understanding suicide, the focus, methodology and findings vary considerably across geographical settings and study populations.

For the present study a comprehensive review of 30 empirical studies published between 2021 and 2026 was undertaken. The review included 13 international studies, 11 Indian studies and 6 Kerala-based studies, selected from peer-reviewed journals, systematic reviews, scoping reviews, government reports and international publications. The literature was collected from databases such as Google Scholar, PubMed, Scopus, PsycINFO, Web of Science, WHO publications and NCRB reports. Preference was given to recent studies that examined suicide from epidemiological, psychosocial, mental health and community perspectives.

The review has been organized thematically in accordance with the specific objectives of the study and in each thematic section studies are discussed in chronological order.

2.2 Major Themes

- The first section reviews studies related to suicide history and suicide patterns, including previous suicide attempts, family history of suicide, demographic characteristics, gender differences, age-specific trends and patterns of suicide observed across different populations.
- The second section examines literature related to the contributing factors of suicide, corresponding to the second objective of the study. Since suicide is influenced by multiple interacting determinants, this section is further organized into four sub-themes: physical factors, psychological factors, social factors and economic factors. These studies explore the influence of chronic illness, mental health disorders, family conflict, substance use, unemployment, financial stress, relationship issues and other psychosocial vulnerabilities associated with suicidal behaviour.
- The third section focuses on mental health awareness, help-seeking behaviour and accessibility of mental health services. The reviewed studies examine mental health literacy, stigma associated with mental illness and suicide, barriers and facilitators to professional help-seeking, utilization of mental health services and community-level accessibility of psychological support.

2.2.1 Suicide History and Trends

(Ramesh, 2022) The study titled A scoping review of gender differences in suicide in India. examined the existing research on suicide among men and women in India. The objective of the study was to understand the differences between genders in suicide rates, suicide methods, risk factors, and related factors in the Indian context. The methodology used was a scoping review following the Joanna Briggs Institute (JBI) guidelines. Researchers searched the PsycINFO and Embase databases using the terms *suicide* and *India* to identify relevant studies published from 2014 onwards. After screening the studies, 17 research articles that met the inclusion criteria were selected and analyzed. The findings showed that female suicide rates in India are higher compared to many high-income countries, and the difference between male

and female suicide rates is smaller than in those countries. The study also found that hanging is the most common method of suicide among both men and women in India. In addition, the review identified gaps in research, such as limited studies on transgender individuals and gender-specific risk and protective factors, and issues like under-reporting of suicide data. The remark of the study emphasizes the need for better suicide monitoring systems and more research on gender-related factors in suicide in India so that effective and culturally appropriate suicide prevention strategies can be developed. The key words include suicide, gender differences, India, suicide methods, risk factors, and scoping review.

(Yadav, 2023) Examined suicide mortality patterns in India from 2014 to 2021. The study shows that suicide rates have increased more sharply among men than women during this period. Men now account for about 2.5 times more suicide deaths than women, indicating a widening gender gap. The findings highlight that suicide is a serious public health issue, especially among working-age men. The study found that young and middle-aged men between 18 and 59 years are the most affected group. Daily wage workers and unemployed individuals showed a significant rise in suicide deaths suggesting that financial insecurity and job instability play an important role. Educational level was also linked to suicide risk with individuals who completed classes 9–12 experiencing higher rates. Family-related problems and health issues were reported as the most common reasons for suicide. Interestingly married men had a much higher suicide rate compared to married women which shows that marriage does not always act as a protective factor for men. The authors emphasize the need for gender-sensitive mental health services and targeted suicide prevention programs. They suggest that economic stress, social pressure, and family responsibilities may increase emotional burden among men. Researcher understand about how social expectations and economic challenges deeply affect men's mental health. It shows the importance of creating support systems for working-age men especially those facing unemployment or financial stress. Researcher suggest that gender-sensitive and socially inclusive approach is essential for effective suicide prevention in India.

(Bertuccio, 2023) The study titled "Global Temporal and Geographical Patterns in Suicide Mortality among Youth (1990–2020)" aimed to examine the changes and differences in suicide deaths among young people aged 10–24 years across different countries. The objective of the

study was to understand the global trends and geographical variations in youth suicide over time. The researchers used data from the World Health Organization (WHO) mortality database and selected 52 countries with reliable suicide data. The methodology included calculating age-standardized suicide rates by gender, country, and year and using joinpoint regression analysis to identify changes in suicide trends from 1990 to 2020. The findings showed that suicide rates varied greatly between countries and that males had higher suicide rates than females. Many European countries showed a decrease in suicide rates, while some countries such as the United Kingdom and the United States showed increasing trends among young people. The lowest suicide rates were found in Southern European countries like Italy and Spain, while higher rates were seen in Central-Eastern Europe and the United States. The remark of the study states that global comparisons should be made carefully because suicide deaths may sometimes be under-reported or wrongly recorded in some countries. The key words include suicide, mortality, global trends, youth, and official statistics.

(Dandona, 2023) Analyzed suicide trends among women in India between 2014 and 2020 using data from the National Crime Records Bureau (NCRB). The study aimed to understand the sociodemographic profile of women who died by suicide and the major contributing factors. The findings show that suicide rates were higher among women who had education beyond class 6 compared to those with little or no formal education. This suggests that education alone does not protect women from suicide risk and may sometimes be linked with higher expectations and social pressures. The study found that most women who died by suicide were married and primarily housewives. Family-related problems were reported as the leading cause. Marital conflict, domestic responsibilities, and relationship stress may increase emotional burden. Hanging was identified as the most common method of suicide among women. However, the use of poison increased gradually over the years, indicating a change in patterns over time. The authors highlight that social pressures, marital status, and gender roles strongly influence women's suicide risk in India. Cultural expectations placed on married women combined with limited decision-making power and family stress, may contribute to mental distress. The study emphasizes the need for gender-sensitive prevention strategies and stronger social support systems for women.

(Abhijita, 2024) Identified the key suicide trends in India based on the NCRB *Suicide in India 2022* report. The study highlights changes in suicide patterns between 2017 and 2022. During this period, the suicide rate increased from 9.9 to 12.4 per lakh population which shows a clear upward trend. The authors also point out that suicide rates vary widely across different states which suggest that regional factors play an important role. The study found a rise in suicides related to alcohol and drug use particularly among adults aged 30–45 years. This age group appears to face high stress linked to work, family, and financial responsibilities. Student suicides remained consistently high which indicate the ongoing pressure related to education and career expectations. Hanging was identified as the most common method of suicide that reflect a shift in method patterns over time. The authors emphasize the urgent need for stronger suicide prevention efforts. They recommend expanding mental health services, reducing access to common lethal methods, and increasing awareness about substance misuse. The study also highlights national initiatives such as TeleMANAS and the National Suicide Prevention Strategy as important steps toward addressing the crisis. However effective implementation and monitoring are necessary for real impact. This review shows that suicide in India is increasing and requires immediate, coordinated action. It highlights the importance of community awareness, early identification of substance abuse problems and mental health support for students and working adults.

(De Leo, 2025) conducted a study titled "Revisiting Cultural Issues in Suicide Rates: The Case of Western Countries." The study aimed to examine the persistence of cultural differences in suicide rates across Western countries by comparing suicide patterns among different age groups over time. The researchers adopted a quantitative comparative research design, using secondary suicide data from Latin-origin countries (Italy, Spain, and Portugal) and Anglo-Saxon countries (Canada, New Zealand, and Australia). Suicide rates from 1990–1994 were compared with those from 2016–2020 to determine whether the cross-cultural suicide patterns identified in an earlier study published in 1999 had remained consistent. The findings revealed that suicide rates among younger populations continued to be lower in Latin-origin countries than in Anglo-Saxon countries, whereas older adults in Latin countries experienced comparatively higher suicide rates. The study confirmed that these age-specific suicide patterns have remained largely unchanged over the past twenty-five years, indicating that cultural values, traditions, and social norms continue to influence suicidal behaviour. The authors

concluded that suicide should be understood not only through psychological and medical perspectives but also through interdisciplinary approaches incorporating anthropology, sociology, ethnography, and geography to better explain culture-related variations in suicide. The keywords of the study include suicide trends, cultural factors, Western countries, Latin countries, and Anglo-Saxon countries.

(Uzun, 2025) conducted a study titled "Suicide Attempts History and Affecting Psychosocial Challenges in Individuals with Substance Use Disorders: A Qualitative Study from a Rural Region of Türkiye." The study aimed to evaluate the history of suicide attempts and explore the psychosocial challenges experienced by individuals with substance use disorders (SUD). A qualitative inductive research design was adopted. The researchers used purposive sampling to recruit participants receiving treatment at an Alcohol and Substance Addiction Treatment Center in the eastern region of Türkiye. The study included 13 individuals with substance use disorders who had attempted suicide at least once. Data were collected through in-depth audio-recorded interviews conducted between August and October 2023, and interviews continued until data saturation was achieved. The collected data were transcribed and analysed using thematic analysis in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines. The findings revealed three major themes and ten sub-themes related to suicide attempts among individuals with substance use disorders. The major themes included etiological factors associated with substance use disorders, challenges in coping with substance use disorders, and experiences related to suicide. The sub-themes comprised family-related factors, environmental influences, traumatic experiences, personal factors, psychological, physical and social challenges, causes and methods of substance use, and emotional experiences. The study concluded that individuals with substance use disorders are at a significantly higher risk of suicide due to the interaction of multiple psychosocial factors. The authors emphasized the importance of comprehensive psychosocial interventions, peer support programmes, continuity of psychiatric care, and mental health nursing services to strengthen coping skills, improve self-management, and reduce suicide risk among individuals with substance use disorders. The keywords of the study include substance use disorders, suicide attempts, psychosocial challenges, qualitative study, mental health, peer support, and suicide prevention.

(Suraweera, 2026) The study titled "Trends and risk factors for suicide mortality in India from 2001–2019: National mortality study" examines the pattern and causes of suicide deaths in India. The objective of the study was to understand the trends of suicide deaths in India and to identify the major risk factors related to suicide. The methodology used a large national mortality dataset collected from about 1% of Indian households between 2001 and 2019. The study analysed over 20,000 suicide deaths out of 829,000 recorded deaths, using lay field reporting and medical verification of causes of death. Statistical methods were used to estimate national suicide rates and identify risk factors. The findings showed that India accounts for about one-fourth of global suicide deaths. Even though the suicide rate decreased slightly each year, the total number of suicides remained around 200,000 per year because of population growth. The study found that most suicides occurred among people aged 15–29 and 30–69 years. Poisoning and hanging were the most common methods, although deaths from poisoning decreased while hanging increased over time. Suicide risk was higher in some southern states such as Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, and Telangana compared to northern states. The study also found that rural residents, men who consumed alcohol, and individuals living with in-laws had higher suicide risk. The remark of the study emphasizes that suicide is preventable but requires strong prevention policies, reduction of harmful means such as pesticides, better monitoring of suicide data, and addressing social stress factors. The key words include suicide mortality, risk factors, adolescents and adults, poisoning, hanging, and India.

(Fathah, 2026) conducted a study titled "Modelling Suicide Mortality in Kerala (2018–2022): A Multi-Dimensional Statistical Analysis of Demographic and Spatial Determinants." The study aimed to examine suicide mortality patterns in Kerala by analysing temporal, demographic, and spatial determinants of suicide between 2018 and 2022. A quantitative retrospective research design was adopted using suicide data obtained from the Kerala State Vital Registration System. District-wise population estimates were generated through cubic spline interpolation to calculate suicide rates per 100,000 population. The data were analysed using descriptive statistics and inferential statistical techniques, including the Mann–Kendall test to assess temporal and age-specific trends, Welch's two-sample t-test to examine gender differences, and Chi-square tests to analyse the association between religion and place of residence. The findings revealed that although the overall trend in suicide mortality remained

statistically stable during the study period, the population-adjusted suicide rate increased sharply after 2020, rising from 14.66 per 100,000 population in 2020 to 20.94 per 100,000 population in 2022. The study further found that approximately 80% of suicide deaths occurred among males, with the majority of cases reported from rural areas. Spatial analysis indicated a higher concentration of suicide deaths in the southern and central districts of Kerala, particularly Kollam, Thiruvananthapuram, and Thrissur. Middle-aged and older adults accounted for the highest proportion of suicide deaths, while a significant association was observed between religion and place of residence, suggesting that socio-spatial factors play a greater role than religious affiliation alone. The study concluded that suicide in Kerala is a persistent and geographically uneven public health challenge, emphasizing the need for district-specific, gender-sensitive, and rural-focused suicide prevention strategies, supported by strengthened surveillance systems and predictive modelling. The keywords of the study include suicide mortality, Kerala, demographic determinants, spatial determinants, rural population, gender differences, public health, mental health, and statistical modelling**.**

Table 2.1 Suicide History and Trends

Sl.No.	Reference	Focus of the Study	Category
1	Bertuccio (2023)	Global temporal and geographical patterns of youth suicide	International
2	De Leo (2025)	Cross-cultural patterns in suicide rates	International
3	Radu (2026)	Sociodemographic characteristics and suicide mortality	International
4	Ramesh (2022)	Gender differences in suicide	National
5	Yadav (2023)	Suicide mortality patterns in India	National
6	Dandona (2023)	Suicide trends among women	National
7	Abhijita (2024)	NCRB suicide trends (2017–2022)	National

8	Suraweera (2026)	National suicide mortality trends and risk factors	National
9	Fathah (2026)	Demographic and spatial determinants of suicide mortality	Regional

2.2.2 Contributing Factors of Suicide

(Stack, 2021) Contributing factors to suicide: Political, social, cultural and economic examined how different environmental factors affect suicide deaths. The objective of the study was to understand how political, social, cultural, and economic factors influence the risk of suicide. The methodology used was a review of recent research studies that analyzed the relationship between environmental conditions and suicide rates. The findings showed that government policies that improve social welfare, increase minimum wages, and support people with low income can reduce suicide rates. Laws that limit access to firearms and alcohol were also found to help in preventing suicides. Social factors such as marriage and parenting were identified as protective factors, while religious involvement was often linked with lower suicide risk because it may provide social support and better mental well-being. The study also found that cultural expectations about male roles, such as the pressure to be the main financial provider, may contribute to higher suicide rates among men. Economic factors like unemployment and low socio-economic status were strong predictors of suicide. The remark of the study highlights the need for better policies, social support systems, and further research to understand how cultural and social factors influence suicide. The key words include suicide, environmental factors, social welfare, unemployment, cultural roles, and suicide prevention.

(Amiri, 2022) conducted a study titled "The Impact of Unemployment on Suicidality: A Systematic Review and Meta-analysis." The study aimed to examine the relationship between unemployment and suicidality by systematically reviewing and synthesizing existing research evidence. A systematic review and meta-analysis research design was adopted. Relevant studies were identified through searches in PubMed and Scopus using MeSH keywords, with the search limited to English-language publications available until April 2020. The pooled odds

ratio (OR) was calculated using a random-effects model, and subgroup analyses were performed based on gender, suicide mortality, suicide attempts, and suicidal ideation. Publication bias and heterogeneity analyses were also conducted to ensure the reliability of the findings. The study found that unemployment was significantly associated with an increased risk of suicidality (OR = 1.85), suicide mortality (OR = 1.87), suicide attempts (OR = 1.54), and suicidal ideation (OR = 1.94). The findings further revealed that unemployment increased the risk of suicidality among both men and women, with a slightly higher risk observed among men. The authors concluded that unemployment is an important economic determinant of suicidal behaviour and emphasized the need for employment support and mental health interventions as part of suicide prevention strategies. The keywords of the study include meta-analysis, unemployment, suicide, and systematic review.

(Patel, 2022) The study titled "Vulnerability as determinant of suicide among older people in Northern Indian states." examines the increasing problem of suicide among the elderly. The objective of the study was to understand the nature of suicide among older people and to identify the major causes that lead to suicide in later life. The methodology used in the study was document analysis, where the researcher collected information from news reports published in Indian newspapers, magazines, and online news portals. A total of 60 cases of old-age suicide reported in newspapers from Northern Indian states between March 2022 and June 2022 were analysed. The findings showed that suicide among older people is increasing because many elderly individuals face vulnerable conditions in later life. The study identified several major factors such as family abuse, chronic illness, depression, poverty, and social rejection, which lead to feelings of loneliness and hopelessness among older people. These challenges make elderly individuals more likely to develop suicidal thoughts. The remark of the study highlights the need for better social support, family care, health services, and community awareness to improve the wellbeing of older people and prevent suicide in later life. The key words include old-age suicide, elderly people, social rejection, family abuse, chronic illness, and mental health.

(Carretta, 2023) The study titled "Gender Differences in Suicide Risk in the United States" examined recent research published between 2018 and 2023 to understand how suicide risk varies by gender. The objective of the study was to explore the changing patterns of suicide

and suicidal behavior among males, females and gender minority groups. The methodology used in the study was a review of recent research studies related to suicide risk and gender differences in the United States. The findings showed that although males still have higher suicide death rates, suicide rates are increasing faster among young girls in recent years. The study also found that substance use especially heavy alcohol consumption and binge drinking increases the risk of suicidal thoughts and attempts among women. The male veterans in the military were found to have a higher suicide risk than female veterans. The study also highlighted that gender minority youth face a higher suicide risk due to stigma, discrimination, bullying, and lack of social support. The remark of the study emphasizes the need for gender-sensitive suicide prevention strategies and early intervention programs in schools and communities. The key words include suicide, gender differences, youth, substance use, and suicide prevention.

(Cory R. Weissman, 2024) The study titled "Suicidal ideation as a risk factor for suicide: Insights from hypertension screening" examined the role of suicidal thoughts as an important warning sign for future suicide. The objective of the study was to understand how suicidal ideation increases the risk of suicide and why early identification is important for prevention. The methodology of the study involved reviewing existing research and public health data related to suicidal thoughts and suicide deaths. The findings showed that suicidal ideation is a strong predictor of suicide, especially when the thoughts are frequent, intense, or long-lasting. The study also compared suicidal ideation with hypertension, explaining that just as high blood pressure increases the risk of heart disease, suicidal thoughts increase the risk of suicide. Even though fewer people report suicidal thoughts compared to hypertension, both conditions lead to a similar number of deaths. The study also pointed out that suicide mostly affects younger people, which results in many years of life lost and creates social and economic problems for families and communities. The remark of the study highlights the need for early screening for suicidal thoughts and better mental health support systems to prevent suicide. The key words include suicidal ideation, suicide risk, public health, early screening, and suicide prevention.

(Senapati, 2024) The study titled "The patterns, trends and major risk factors of suicide among Indian adolescents–a scoping review" examines the increasing suicide rate among adolescents in India. The objective of the study was to map the patterns and trends of suicide among Indian

adolescents and to identify the major risk factors that influence suicidal behaviour. The research questions focused on what evidence exists about suicide patterns and trends among adolescents in India and what factors increase the risk of suicide among them. The methodology used was a scoping review based on the Arksey and O'Malley framework and the Joanna Briggs Institute guidelines. Relevant studies were searched in databases such as PubMed, Google Scholar, EMBASE, and PsycINFO, and after screening, 35 articles were selected according to the inclusion criteria. The findings showed that suicide among adolescents in India has increased in recent years. The most common methods of suicide were hanging and poisoning. The review also identified several major risk factors such as mental health problems, family conflicts or traumatic family situations, academic stress, social and lifestyle issues, violence, economic problems, and relationship issues. The remark of the study highlights that there is an urgent need for strong and targeted suicide prevention programs for adolescents, including mental health support, family support, and awareness programs. The key words include adolescent suicide, risk factors, mental health, academic stress, suicide trends, and India.

(Leela, 2024) The study titled "Suicide trends in Kerala: A sociological understanding" examines suicide as a social problem rather than only a mental health issue. The objective of the study was to understand how social factors such as family structure, financial stress, and cultural changes influence suicide in Kerala. The methodology of the study involved a sociological analysis of suicide cases and existing literature to understand the social conditions related to suicide in the state. The findings show that Kerala continues to have a high suicide rate even though the state has good education and health services, which indicates that social development alone does not ensure emotional wellbeing. The study found that family conflicts, financial problems, and social pressure are major causes of suicide. It also highlights the increase in family suicides where more than one member of a family dies together. Another important finding is that many victims are married individuals, showing that marriage may sometimes create stress due to responsibilities instead of providing support. The growth of nuclear families has reduced support from extended family members, and women face additional pressure from balancing work, family duties, and social expectations. Modern lifestyle changes such as consumerism and higher social expectations also increase stress. The remark of the study emphasizes that suicide should be understood as a social issue influenced

by family relations, economic pressure, and cultural changes, not only by individual mental health problems. The key words include suicide, sociological perspective, family conflict, financial stress, nuclear family, and Kerala.

(Raj, 2024) Explores why suicides are often underreported in rural parts of Bihar. In India, suicide data are mainly collected by the National Crime Records Bureau but many experts believe that the real number of suicides may be higher than what is officially recorded. Underreporting is especially common in rural areas due to social and cultural reasons. The researchers conducted focus group discussions with 93 participants from 12 rural areas where suicide cases had occurred in the previous year. Using qualitative analysis they identified three major themes explaining underreporting. The first theme was fear and apprehension. Many people worried about society's reaction and the involvement of police and legal procedures. Families feared shame, gossip, and social exclusion if a suicide was officially reported. The second theme was religious beliefs. Some participants believed that suicide affects the soul which leads to ideas such as the soul wandering or not finding peace after death. These beliefs influenced how families handled such deaths and sometimes discouraged open reporting. The third theme focused on gender. The study found that suicides of women were more likely to be hidden to protect family honor. Social norms and concerns related to women's issues also contributed to concealment. The study shows that psychosocial and cultural factors strongly influence how suicide cases are reported in rural India. Stigma, fear, religious views, and gender norms act as major barriers. The authors suggest that a community-based and multisectoral approach is necessary to reduce stigma and improve accurate reporting which is important for effective suicide prevention.

(Rawat, 2025) Conducted a qualitative study in Telangana, India, to understand the experiences and perceptions of individuals who had attempted suicide. The study included 46 in-depth interviews with suicide attempters and four focus group discussions with their family members. The aim was to explore the reasons behind suicide attempts and suggest possible prevention strategies especially in rural settings. The findings show that suicide attempts are complex and influenced by multiple social and economic factors. Many participants were taken to public hospitals for emergency treatment after their attempts. The consequences of suicide attempts varied including physical, emotional, and social effects. Some participants reported

an improvement in their quality of life after the attempt, mainly due to increased family attention and support. The study identified poverty, debt, unemployment, and family conflicts as major reasons for suicide attempts. Families described certain groups as more vulnerable particularly those facing financial hardship. Some attempts involved non-violent methods. The study also found that suicide attempts are often underreported and, in many cases, there were no clear warning signs noticed by family members. However, some individuals had reached out to others before attempting suicide showing the importance of timely support. The authors recommend a two-pronged strategy: ensuring stable livelihoods throughout the year and providing psychological counseling at household and community levels. This study highlights the strong link between economic hardship and mental distress in rural India. It shows that suicide prevention must include livelihood support, community awareness, and accessible counseling services.

(Gupthan, 2025) The study titled "Alcohol Use Disorder and Suicidal Intent among Adult Male Suicide Attempt Survivors" examined the relationship between alcohol use and suicidal behavior. The objective of the study was to find the proportion of adult males with Alcohol Use Disorder (AUD) who survived a suicide attempt and to examine the relationship between alcohol use and high suicidal intent. The methodology used was a cross-sectional study involving 230 male inpatients aged 18–70 years who were admitted after a non-fatal suicide attempt. Data were collected using a structured proforma for socio-demographic and alcohol-related information. The Beck Suicide Intent Scale was used to measure suicidal intent, the Alcohol Use Disorders Identification Test (AUDIT) was used to identify alcohol use disorder, and the Severity of Alcohol Dependence Questionnaire (SADQ) was used to assess the severity of alcohol dependence. The findings showed that 43.9% of the participants had alcohol use disorder, and 15.2% had high suicidal intent. Many participants had consumed alcohol on the day of the suicide attempt, and some used alcohol to help carry out the attempt. The study also found that both alcohol use disorder and the severity of alcohol dependence were strongly associated with high suicidal intent. The remark of the study emphasizes that early identification and treatment of alcohol use disorders can help reduce suicide risk among adults. The key words include suicide attempt, alcohol use disorder, suicidal intent, risk factors, and suicide prevention.

(Sudheer, 2025) The study titled Psychological Determinants of Suicide and Suicidal Ideation among Youth in Kerala and Intervention Strategies examined the reasons behind increasing suicide cases among young people in Kerala. Psychological Determinants of Suicide and Suicidal Ideation among Youth in Kerala and Intervention Strategies. The methodology used in the study was a review and analysis of existing literature and psychological theories related to suicide and youth mental health. The findings showed that several mental health problems such as depression, anxiety, emotional stress, and past trauma increase the risk of suicide among youth. The study also found that substance use, family conflicts, lack of emotional support, bullying, and academic pressure are important social factors that contribute to distress and feelings of hopelessness. The research highlights that early warning signs such as social withdrawal, mood changes, and expressions of hopelessness should be identified at an early stage. The remark of the study emphasizes that suicide prevention requires strong mental health support systems, counseling services in schools and colleges, better family communication, and increased community awareness about mental health. It also stresses that education and economic development alone cannot prevent suicide; emotional wellbeing and supportive environments are equally important. The key words include youth suicide, mental health, depression, academic pressure, substance use, and suicide prevention.

(Nalavade, 2026) The study titled "Individual and sociocultural determinants of suicide in an Indian community: a qualitative study" explored the experiences of people who have lost someone to suicide and how they cope and recover from the trauma. The objective of the study was to understand the experiences of suicide survivors and to examine the factors that help or hinder their healing process. The methodology used was a qualitative research design based on in-depth interviews with suicide survivors who received support through home visits before COVID-19 and through helpline services during the COVID-19 lockdown. Support was provided by trained volunteers from the organization Connecting Trust in Pune, using mindfulness-based active listening and SALT-based supportive conversations. A total of 12 survivors from the home-visit group and 20 survivors from the helpline group participated in interviews, and the data were analysed using thematic and phenomenological analysis. The findings showed that recovery after suicide is influenced by both personal and socio-cultural factors. Protective factors included religious or spiritual beliefs and having a sense of purpose in life, which helped survivors cope with loss. However, lack of social support, stigma, lack of

understanding from others, and unrecognized emotional struggles made recovery more difficult. The remark of the study highlights that support programs for suicide survivors should consider psychological, social, cultural, and spiritual needs and should provide safe and compassionate spaces where survivors can express their feelings and receive support. The key words include suicide survivors, healing process, social support, stigma, mindfulness-based active listening, and suicide prevention.

(Soyuz, 2026) conducted a study titled "Exploring Factors Contributing to Adolescent Suicide Using Psychological Autopsy: A Scoping Review." The study aimed to explore and synthesize the major risk factors contributing to adolescent suicide and to develop a comprehensive understanding of the trajectories leading to suicidal behaviour among adolescents. The researchers adopted a scoping review design using the psychological autopsy (PA) approach. A systematic search of relevant literature was conducted to identify psychological autopsy studies focusing on adolescent suicide. Based on the inclusion criteria, 15 studies were selected and analysed using thematic synthesis to identify recurring patterns and risk factors associated with adolescent suicide. The findings revealed four major themes contributing to adolescent suicide: individual risk factors, including psychiatric disorders, substance use, and previous self-harm; familial factors, such as parental mental illness, family dysfunction, abuse, and neglect; life events, including academic failure, interpersonal conflicts, and childhood trauma; and environmental factors, such as access to lethal means, media influence, and limited access to mental health support. The study concluded that adolescent suicide is influenced by a complex interaction of psychological, familial, social, and environmental factors, emphasizing the need for multidimensional suicide prevention strategies that address individual vulnerabilities, strengthen family functioning, and improve mental health support systems. The authors also recommended further research to strengthen the evidence base and inform policy development and intervention programmes. The keywords of the study include adolescent suicide, psychological autopsy, psychiatric disorders, family dysfunction, substance use, childhood trauma, mental health support, and suicide prevention.

(Acosta-Ramírez, 2026) The study titled “Dataset on Mental Health, Family Functioning, Substance Use, and Suicide Risk among Undergraduate Health Sciences Students in Colombia” aimed to develop an open-access database to examine mental health, family

functioning, substance use, and suicide risk among undergraduate students enrolled in health sciences programmes at a private university in Cali, Colombia. The study sought to generate reliable data that could support future research and assist educational institutions in developing evidence-based mental health interventions for university students. A quantitative descriptive research design was adopted, and data were collected from 574 undergraduate students pursuing medicine, dentistry, psychology, nursing, prehospital care, and dental mechanics. Information was gathered using three standardized instruments: the Family APGAR Scale to assess family functioning, the Drug Abuse Screening Test (DAST-10) to evaluate substance use, and the Positive and Negative Suicide Ideation Inventory (PANSI) to measure suicidal ideation. Sociodemographic details were also collected, and the data were organized into four sections: family and peer support, substance use, suicidal ideation, and background characteristics. The findings resulted in a comprehensive database that provides valuable information on the relationship between family functioning, peer support, substance use, and suicidal ideation among university students. The authors concluded that the dataset can be effectively utilized by researchers and higher education policymakers for secondary analyses and for designing interventions aimed at promoting mental health, strengthening family support, preventing substance abuse, and reducing suicide risk among undergraduate students. The keywords of the study include mental health, family functioning, suicidal ideation, substance use, young people, undergraduate students, and Colombia.

(Radu, 2026) conducted a study titled "Sociodemographic and Toxicological Characteristics of Suicide Deaths: Implications for Suicide Prevention and Public Health Communication." The study aimed to examine the sociodemographic and toxicological characteristics of suicide deaths and explore their implications for suicide prevention and public health communication. A retrospective observational research design was adopted, involving 210 confirmed suicide deaths recorded at a single forensic centre between 2023 and 2025. Data on sociodemographic characteristics, including age, sex, education, marital status, and employment status, along with toxicological findings related to alcohol consumption, were collected and analysed. Descriptive statistics, chi-square tests, and multivariate logistic regression were employed to examine the association between these variables and the methods of suicide. The findings revealed that the majority of suicide deaths occurred among males (82.86%), with hanging being the most common method of suicide. Alcohol was detected in 43.81% of the cases,

indicating its frequent presence among the deceased. However, multivariate logistic regression analysis did not identify any statistically significant independent predictors of suicide method based on sex, age, or alcohol intoxication. The study concluded that although sociodemographic and toxicological factors are important in understanding suicide mortality, suicide behaviour is multifactorial and cannot be explained by a single predictor. The authors emphasized the need for integrated clinical, behavioural, and public health approaches, along with responsible communication of suicide-related information, to strengthen suicide prevention efforts. The keywords of the study include suicide mortality, sociodemographic characteristics, alcohol intoxication, toxicological analysis, suicide methods, public health, mental health, communication ethics, responsible suicide reporting, Werther effect, and Papageno effect.

Table 2.2 Contributing Factors of Suicide

Sl.No.	Reference	Major Contributing Factors Examined	Category
1	Stack (2021)	Political, social, cultural and economic determinants of suicide	International
2	Amiri (2022)	Unemployment and suicidality	International
3	Carretta (2023)	Gender differences, substance use and suicide risk	International
4	Weissman (2024)	Suicidal ideation as a predictor of suicide	International
5	Uzun (2025)	Substance use disorders and psychosocial challenges	International
6	Soyuz (2026)	Individual, familial, life-event and environmental risk factors for adolescent suicide	International

7	Acosta-Ramírez (2026)	Family functioning, substance use and suicide risk	International
8	Patel (2022)	Chronic illness, family abuse, depression and social rejection among older adults	National
9	Senapati (2024)	Mental health, academic stress, family conflict, relationship and economic factors	National
10	Raj (2024)	Stigma, religious beliefs and gender norms influencing suicide reporting	National
11	Rawat (2025)	Poverty, debt, unemployment and family conflicts	National
12	Nalavade (2026)	Individual and socio-cultural determinants of suicide	National
13	Leela (2024)	Family conflict, financial stress, nuclear family and cultural changes	Regional
14	Gupthan (2025)	Alcohol use disorder and suicidal intent	Regional
15	Sudheer (2025)	Depression, anxiety, substance use, family conflict and academic pressure	Regional

2.2.3 Mental Health Awareness, Help-Seeking Behaviour and Accessibility of Mental Health Services

(Vu, 2025) The study titled "Who Will Be More Likely to Seek Help? The Relationship between Suicidal Ideation, Suicide Literacy, Attitudes toward Suicide and Help-Seeking Intention in Male and Female Adolescents examined suicide-related factors among Vietnamese adolescents. The objective of the study was to understand the relationship between suicidal ideation, suicide literacy, attitudes toward suicide, and help-seeking intentions, and to identify

differences between male and female adolescents. The methodology involved a school-based survey conducted between October and December 2023 among 2,976 adolescents aged 13–18 years from five schools in Vietnam. The students completed self-report questionnaires that measured anxiety, depression, suicidal thoughts, suicide knowledge, attitudes toward suicide, and help-seeking behavior. The findings showed that more than one-fourth of the adolescents experienced some level of suicidal thoughts. Suicide literacy was generally low, especially among male students, who also showed higher stigma toward suicide. Most adolescents preferred to seek help from family and friends rather than mental health professionals. Interestingly, the study found that males, those with higher stigma, and those with lower suicidal thoughts showed stronger intentions to seek help, which was different from the researchers' initial expectations. The remark of the study highlights the importance of culturally sensitive and gender-based suicide prevention programs for adolescents, as cultural values and gender roles influence how young people understand suicide and seek help. The key words include help-seeking, suicidal ideation, suicide literacy, stigma, gender differences, and Vietnamese adolescents.

(Wyllie, 2025) The study titled "Suicide-Related Stigma and Its Association with Mental Health, Help-Seeking, Suicide Risk and Grief: A Scoping Review" examined how stigma related to suicide affects individuals who experience suicidal thoughts, suicide attempts, or suicide bereavement. The objective of the study was to understand the relationship between suicide-related stigma and mental health, help-seeking behavior, suicide risk, and grief among different groups of people. The methodology used in the study was a scoping review registered in PROSPERO. Researchers searched five databases (Web of Science, APA PsycInfo, Embase, ASSIA, and PubMed) for studies published between 2000 and May 2024. Out of 14,994 studies screened, 100 studies were selected for detailed analysis. Both quantitative and qualitative studies were included, and the results were analysed using narrative and thematic synthesis. The findings showed that suicide-related stigma is commonly linked with higher suicide risk, poor mental health, lower help-seeking behavior, and greater difficulties in coping with grief after suicide loss. The study also developed a model explaining the relationship between stigma and these factors. The remark of the study highlights that reducing stigma related to suicide is very important for improving mental health support, encouraging help-seeking, and preventing suicide. The study also points out the need for more research to better understand the impact

of stigma on people affected by suicide. The key words include suicide, stigma and discrimination, self-harm, prevention, and scoping review.

(Krishna K, 2025) The study titled "Mental health literacy and help-seeking behaviour among adolescents in Kerala, India" examined how mental health knowledge and background factors influence adolescents' willingness to seek help. The objective of the study was to understand how mental health literacy (MHL) and demographic factors affect help-seeking behaviour among adolescents. The methodology used was a quantitative research design, where 200 students aged 14 years and above were randomly selected from public and private schools in Ernakulam district, Kerala. Data were collected using a structured questionnaire that included demographic details and standard tools to measure mental health literacy and help-seeking behaviour. The findings showed that the average age of students was 14.5 years, most belonged to nuclear families and the majority were boys. The results also indicated that help-seeking attitudes were different for boys and girls. Among male students the ability to recognize mental health disorders was negatively related to help-seeking while female students showed a positive attitude toward recognizing mental health problems and seeking help. The study also found that boys from extended families were more likely to seek help while this factor was not significant among girls. The remark of the study suggests that interventions should be gender-sensitive focusing on improving mental health awareness among boys and promoting positive help-seeking attitudes among girls, with support from families and schools. The key words include mental health literacy, help-seeking behaviour, adolescents, gender, mental health gap, and India.

(Cecchin, 2026) The study titled "Help-Seeking Behavior among College Students with Suicidal Ideation: Barriers, Facilitators, and Social Actors" examined the factors that influence whether university students with suicidal thoughts seek professional help. The objective of the study was to identify the barriers and facilitators of help-seeking behavior and to understand the role of different people in the university environment who help students access support. The methodology used a mixed-methods approach, combining both qualitative and quantitative data. Qualitative data were collected through interviews with 20 students, interviews with 12 course coordinators, and a focus group with 6 administrative staff members. Quantitative data were collected through a questionnaire completed by 22 mental health

professionals, and the results were analyzed using content analysis and simple descriptive statistics. The findings identified 17 barriers and 12 facilitators that influence help-seeking at individual, interpersonal, organizational, and social levels. Major barriers included low awareness of the need for professional help, self-stigma, emotional avoidance, lack of social support, and weak institutional systems. Important facilitators included mental health awareness, encouragement from friends or teachers, positive experiences with therapy, financial support for treatment, and accessible campus counseling services. The study also found that professors, peers, and administrative staff play an important role in guiding students to mental health support. The remark of the study highlights that suicide prevention in universities should involve strong institutional support, increased mental health awareness, and reduced stigma, along with active involvement from faculty and peers. The key words include suicidal ideation, help-seeking behavior, college students, barriers, facilitators, and suicide prevention.

(Morgiève, 2026) The study titled "Sorry to call. —a narrative approach to overcoming help-seeking barriers among suicidal men" examined how personal stories can encourage men to seek help for suicidal thoughts. The objective of the study was to design, share, and evaluate lived-experience stories to promote the use of the French national suicide prevention helpline (3114) among men. The methodology followed a five-phase action research process based on co-design principles. First, semi-structured interviews were conducted with five men who had positive experiences with the helpline. Their stories were then rewritten and validated collaboratively, shared online through the 3114 website and social media, and later follow-up interviews were conducted with seven male readers to understand the impact of these stories. The data were analyzed using thematic analysis and web analytics. The findings showed that traditional masculine norms, such as fear of shame, pressure to appear strong, and prioritizing others' needs, often prevent men from seeking help. However, when men read stories from others with similar experiences, they felt understood, gained confidence, and were more willing to seek help. Some readers even reported contacting the helpline after reading the stories. The remark of the study highlights that sharing real-life stories can reduce stigma and encourage men to seek support, making it an effective strategy for suicide prevention. The key words include suicide prevention, masculine norms, help-seeking, lived experience, narrative intervention, and men's mental health.

(Kallakuri, 2026) conducted a study titled "Barriers and Facilitators for Adolescents Seeking Mental Health Care in India: A Systematic Review." The study aimed to identify and synthesize the barriers and facilitators influencing help-seeking behaviour for common mental disorders, psychological distress, self-harm, and substance misuse among adolescents in India. A systematic review was conducted following the MOOSE guidelines and reported according to the PRISMA 2020 framework. Relevant studies published between January 2010 and April 2025 were identified through PubMed, EMBASE, PsycINFO, and CINAHL. The review included qualitative, quantitative, and mixed-method studies involving adolescents aged 10–19 years in India. A total of 26 studies (reported in 27 articles) met the inclusion criteria and were synthesised using an integrative thematic analysis. The findings revealed that stigma, including self-stigma, public stigma, and structural stigma, was the most significant barrier to seeking mental health care. Other major barriers included low mental health literacy among adolescents, parents, and teachers, negative experiences with healthcare providers, concerns about confidentiality, academic pressure, and socioeconomic constraints. The study also identified several facilitators of help-seeking, including supportive family members and peers, positive relationships with counsellors, school- and community-based psychoeducation programmes, and the involvement of trained lay counsellors. Although technology-enabled mental health services showed potential, their acceptance within families remained limited. The study concluded that adolescent help-seeking behaviour is influenced by multiple individual, social, and structural factors, emphasizing the need for youth-friendly interventions that improve mental health literacy, reduce stigma, strengthen social support systems, and enhance the accessibility and acceptability of mental health services. The authors also highlighted the lack of evidence from vulnerable settings, particularly urban slums, and recommended further research to support adolescent-focused mental health policies and programmes. The keywords of the study include adolescent mental health, help-seeking behaviour, mental health literacy, stigma, mental health services, psychological distress, substance misuse, and India.

Table 2.3 Mental Health Awareness, Help-Seeking Behaviour and Accessibility of Mental Health Services

Sl. No.	Reference	Focus of the Study	Category
1	Vu (2025)	Suicide literacy, stigma and help-seeking intentions among adolescents	International
2	Wyllie (2025)	Suicide-related stigma, mental health and help-seeking behaviour	International
3	Cecchin (2026)	Barriers and facilitators of help-seeking among college students	International
4	Morgiève (2026)	Narrative intervention and help-seeking among suicidal men	International
5	Kallakuri (2026)	Barriers and facilitators to adolescent mental health care	National
6	Krishna K. (2025)	Mental health literacy and help-seeking behaviour among adolescents	Regional

2.3 Theoretical Framework

2.3.1 Biopsychosocial Model

The Biopsychosocial Model proposed by Engel (1977) explains that human behaviour and health outcomes result from the interaction of biological, psychological and social factors. Biological factors include chronic illnesses, disabilities, age-related health problems and substance use. Psychological factors include stress, anxiety, depression, hopelessness, insomnia, emotional distress and suicidal ideation. Social factors include family relationships, social support, financial difficulties, employment status and community interactions. The model is highly relevant to the present study as the findings revealed that suicide was influenced by multiple psychosocial factors such as chronic illness, alcohol use, stress, anxiety, social isolation, family conflicts, relationship issues, and economic difficulties. The model

provides a holistic framework for understanding how these factors interact to increase vulnerability to suicide.

2.3.2 Durkheim's Theory of Suicide

Émile Durkheim (1897) viewed suicide as a social phenomenon influenced by the degree of social integration and social regulation within society. According to Durkheim, individuals who are poorly integrated into family, community, or social groups are more vulnerable to suicide. He argued that weak social bonds, social isolation, and lack of social support contribute significantly to suicidal behaviour. This theory is relevant to the present study because many respondents reported that the deceased experienced loneliness, withdrawal from social interaction, family conflicts, relationship difficulties, and reduced social support. Several elderly individuals also experienced isolation after retirement, illness, or reduced social participation. Durkheim's theory helps explain the role of social disconnection in increasing suicide risk.

2.3.3 Joiner's Interpersonal Theory of Suicide

Joiner's Interpersonal Theory of Suicide (2005) proposes that suicide occurs when an individual experiences perceived burdensomeness and thwarted belongingness. Perceived burdensomeness refers to the belief that one has become a burden to family or society, while thwarted belongingness refers to feelings of loneliness, rejection, and lack of meaningful social connections. The findings of the present study support this theory. Several deceased individuals suffering from chronic illness, disability, unemployment, and financial dependency expressed concerns about being a burden to their families. Similarly, individuals experiencing relationship problems, family conflicts, and social isolation reported feelings of rejection and loneliness. These experiences contributed to emotional distress and hopelessness, increasing suicide risk.

2.4 Research Gap

The review of literature indicates that suicide is a complex public health issue influenced by a combination of demographic, psychological, social, economic, cultural and environmental

factors. Previous international studies have primarily focused on suicide trends, cross-cultural variations, substance use disorders, unemployment, adolescent suicide and barriers to mental health care. National studies have largely examined suicide patterns, gender differences, adolescent suicide, and socio-economic determinants using secondary data, systematic reviews and epidemiological approaches. Similarly, regional studies in Kerala have concentrated on suicide mortality, demographic and spatial patterns, alcohol use and mental health literacy. Although these studies have contributed significantly to understanding suicide, most have examined specific aspects of suicidal behaviour in isolation. There is a scarcity of research that simultaneously explores family suicide history, psychosocial contributing factors, mental health awareness, help-seeking behaviour and accessibility of mental health services within a single study. Moreover, very few studies have employed primary data collected directly from family members of suicide victims to understand the lived experiences and circumstances preceding suicide. Research at the local community level, particularly within rural Kerala and specific police station jurisdictions also remains limited despite considerable geographical variations in suicide rates. Therefore, the present study seeks to address these gaps by comprehensively examining the suicide history, psychosocial factors contributing to suicide and mental health awareness, help-seeking behaviour, and accessibility of mental health services among families of suicide victims under the jurisdiction of Aryanad Police Station, thereby providing context-specific evidence to support community-based suicide prevention strategies.

CHAPTER 3
METHODOLOGY

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter describes the methodology adopted for conducting the present study. It outlines the research title, objectives of the study, operational definitions of the key concepts, and the pilot study undertaken prior to the main data collection. The chapter further explains the research design, study area, universe and unit of study, sampling method and sample, inclusion and exclusion criteria, sources of data, tools and techniques of data collection, data collection procedure, methods of data analysis, ethical considerations, scope and limitations of the study. These methodological procedures provide the framework for systematically collecting, analysing, and interpreting the data to achieve the objectives of the study.

3.2 Title of Study

“Contributing factors of suicide and Mental health accessibility under the jurisdiction of Aryanad police station”

3.3 General Objective

To analyze the suicide history, contributing factors and mental health accessibility under the jurisdiction of the Aryanad police station.

Specific Objectives

- To study the suicide history in the family of the suicide victims.
- To identify the contributing factors (physical, psychological, social and economic factors) leading to suicide
- To assess awareness, help-seeking and accessibility of mental health services among residents of the locality.

3.4 Definition of Concepts

Table 3.1: Definition of Concepts

Concept	**Theoretical definition**	**Operational definition**
Suicide	Suicide is the act of intentionally carrying out an action to kill oneself. *(WHO, 2019)*	Suicide refers to the intentional act of ending one's own life. It is a multifaceted phenomenon influenced by a combination of psychological, social, economic, cultural, and environmental factors. Suicide is often associated with severe emotional distress, mental health problems, adverse life events, and a lack of effective coping mechanisms.
Suicide history	Suicide history refers to an individual's past record of suicidal ideation and/or suicide attempts, including any thoughts, planning, or self-injurious behaviors with intent to die, whether or not they resulted in injury or death. It is commonly used in clinical and public health assessment to identify risk patterns and guide prevention strategies *(National Institute of Mental Health)*	Suicide history is a multidimensional concept that includes a family history of suicide, an individual's previous suicide attempts, and the experience or expression of suicidal thoughts and intentions**.**

Physical Factor	Physical factors refer to an individual's physical health conditions, including chronic illnesses, disabilities, injuries or other medical conditions that may affect daily functioning, quality of life and overall well-being. *(WHO,2022)*	Physical factors refer to the health issues and medical conditions experienced by the deceased such as chronic illness, disability or prolonged physical suffering
Psychological factors	Psychological Factors refer to cognitive, emotional, and behavioural disturbances that interfere with daily functioning and cause significant distress in social, occupational, or other important areas of life. *(American Psychiatric Association, 2013)*	Psychological factors refer to the mental health problems and emotional difficulties experienced by the deceased such as depression, anxiety, stress, hopelessness or other psychological conditions that may have contributed to suicidal behaviour.
Social factors	The social factors of health are the conditions in which people are born, grow, work, live and age and the wider forces that shape the conditions of daily life. Most of our health is determined by these non-medical root causes of ill health, which include quality education, access to nutritious food, and decent housing and working conditions. *(WHO,2008)*	Social factors refer to the social conditions and life events experienced by the deceased such as social isolation, relationship issues and the death of a loved one which may have affected their emotional well-being and contributed to suicidal behaviour.

Economic factors	Economic factors refer to the financial and material conditions that influence an individual's health and well-being, including income, employment, financial security, and access to economic resources. *(WHO,2008)*	Economic factors refer to the financial difficulties faced by the deceased such as debt, unemployment, loss of employment and financial instability which may have contributed to emotional distress and increased the risk of suicidal behaviour.
Mental health awareness	Mental health awareness refers to the knowledge and beliefs about mental disorders that aid their recognition, management, or prevention. *(Jorm, 1997)*	Mental health awareness refers to an individual's knowledge regarding the mental health services.
Help – seeking behaviour	Help-seeking behaviour is defined as an active process of seeking assistance from other people to obtain help for a mental health problem or psychological distress. *(Rickwood, 2005)*	In this study it refers to the efforts made by the deceased to seek professional help for difficulties before death.

3.5 Pilot Study

Researcher conducted a pilot study to analyse whether a full-scale study could be conducted using the prepared set of questionnaires so as to check whether any other sort of changes to be made on the components included for the study. The pilot study conducted using the google forms in which the respondents filled the response by themselves have helped the researcher to understand how to change the question structure to make the questions easier for the respondents to understand and respond with further conviction. Based on the result of the pilot study the researcher scheduled time for further data collection.

3.6 Research Approach

The study adopted a **mixed-methods research design** which combines both quantitative and qualitative methods in a single study. This approach enables the researcher to collect numerical data as well as detailed qualitative information, thereby providing a more comprehensive understanding of the research problem than either method alone. Quantitative research helps measure and describe the characteristics of the study population using numerical data while qualitative research explores the experiences, perceptions and meanings associated with the phenomenon under study.

A mixed-methods approach was considered appropriate for the study because suicide is a complex issue influenced by multiple psychosocial, economic and environmental factors. The quantitative component helped identify patterns related to the socio-demographic profile of the deceased, suicide history, psychosocial factor and mental health awareness among the respondents. The qualitative component provided deeper insights into the circumstances, lived experiences and contributing factors that could not be fully understood through numerical data alone. By integrating both forms of data, the study was able to obtain a more comprehensive understanding of the factors contributing to suicide and the accessibility of mental health services under the jurisdiction of Aryanad Police Station.

3.7 Research Design

The research design is intended to provide an appropriate framework for a study. A very significant decision in research design process is the choice to be made regarding research approach since it determines how relevant information for a study will be obtained; however, the research design process involves many interrelated decisions (Sileyew, 2020). Mixed methods research is an approach to inquiry that combines or associates both qualitative and quantitative forms. It involves philosophical assumptions, the use of qualitative and quantitative approaches, and the mixing of both approaches in a study. The study adopted the **Convergent Parallel Design** in which quantitative and qualitative data were collected concurrently during the same phase of the research process. Both components were given equal importance, analysed independently and integrated during the interpretation of the findings to provide a comprehensive understanding of the research problem (Creswell & Plano Clark, 2011).

3.8 Research Site

The study was conducted in the jurisdiction of Aryanad Police Station under Thiruvananthapuram Rural Police which includes Aryanad and parts of Vellanad, Uzhamalakkal, and Tholikkode Panchayats.

3.9 Sampling Technique and Sample Size

The study employed a non-probability purposive sampling technique. Purposive sampling involves the deliberate selection of respondents based on specific characteristics relevant to the objectives of the study. This sampling method was considered appropriate because the study required information from individuals who possessed direct knowledge about the suicide victims and the circumstances surrounding their deaths. Family members were selected purposively as they were the most suitable sources of information regarding the victim's personal history, behavioural changes, mental health status, family relationships, financial conditions, and other relevant factors. A total of 30 respondents participated in the quantitative survey, while 12 participants were selected for in-depth qualitative interviews to obtain detailed insights into the psychosocial factors associated with suicide.

3.10 Universe and Unit of Study

The universe of the study consisted of the family members of all suicide victims whose cases were reported under the jurisdiction of Aryanad Police Station during the year 2024. A total of 54 suicide cases were recorded during this period and the family members of these deceased individuals considered as universe for the study. The unit of study was one family member of each suicide victim who was willing to participate in the study and provide information about the deceased.

3.11 Inclusion- Exclusion Criteria

3.11.1 Inclusion criteria

The study included family members of suicide victims whose cases were reported under the jurisdiction of Aryanad Police Station during the year 2024. Participants were required to be 18 years of age or older, reside within the study area and be capable of providing informed

consent. Only those family members who were willing to participate and share information regarding the deceased were included in the study.

3.11.2 Exclusion criteria

The study excluded individuals who were unwilling to provide informed consent for participation. Family members who were currently hospitalized for psychiatric disorders or whose mental health condition prevented them from participating effectively in the interview process were also excluded from the study. The individuals who declined to participate at any stage of the research were not included.

3.12 Source of Data Collection

The study utilized both primary and secondary sources of data to obtain a comprehensive understanding of the factors associated with suicide cases reported under the jurisdiction of Aryanad Police Station during the year 2024.

3.12.1 Primary data

Primary data were collected directly from the respondents through a structured questionnaire and interview guide. Family members of the deceased provided first-hand information regarding the demographic characteristics, educational and occupational background, family relationships, social support systems, physical and mental health conditions, financial circumstances, previous suicide attempts or self-harm behaviour, help-seeking behaviour, accessibility of mental health services and significant life events or stressors that preceded the suicide. The collection of primary data enabled the researcher to gather detailed information relevant to the objectives of the study.

3.12.2 Secondary data

Secondary data were collected from various official and academic sources to supplement and validate the primary data. These sources included suicide case files maintained at Aryanad Police Station, records available at the District Crime Records Bureau (DCRB), National Crime Records Bureau (NCRB) reports, government publications, statistical reports, research articles, academic journals, books related to suicide and mental health and other relevant documents and online resources. The use of secondary data facilitated a broader understanding

of suicide trends, supported the interpretation of findings and provided a contextual framework for analysing the information collected from respondents.

3.13 Tools of Data Collection

3.13.1 Structured Questionnaire

A structured questionnaire was prepared to collect quantitative information from respondents. The questionnaire consisted of closed-ended and multiple-choice questions covering various aspects such as demographic details, socio-economic status, family background, health conditions, and circumstances related to the suicide.

3.13.2 Interview Guide

An interview guide was used to collect qualitative information. The guide contained open-ended questions designed to encourage participants to share their experiences, perceptions, and observations regarding the victim and the factors that may have contributed to the suicide. The interviews provided detailed narratives and contextual information that enriched the quantitative findings and helped identify underlying themes.

3.14 Pre-test

Inorder to test the feasibility and accuracy of the data collection tools the researcher conducted a pre-test of the questionnaires prepared in google form among three respondents. On analysing the data, flaws in the responses and questions were identified and tool was modified to be more respondent friendly. Though no new questions were added the structure of the questions and answer options were slightly modified so as to get a clearer response.

3.15 Data Analysis

The data thus collected is documented through google forms, written and recorded. The researcher went through the data and organised the data collected under the specific objectives set. The themes that are not addressed through quantitative questions are embedded with the qualitative set of data.

3.16 Ethical Consideration

Ethical principles were strictly followed throughout the study to ensure the rights, dignity, and well-being of the participants. Prior to data collection informed consent was obtained from all respondents after providing them with adequate information about the purpose and nature of the study. Participation in the study was entirely voluntary and respondents were informed that they could withdraw from the study at any stage without any consequences. Confidentiality and privacy were maintained by ensuring that all information provided by the respondents was kept secure and used solely for research purposes. Personal identities and sensitive information were not disclosed in any part of the study thereby protecting the anonymity of the participants.

3.17 Limitations, and Scope Assumptions

3.17.1 Limitations

The study had certain limitations that should be considered while interpreting the findings. Time constraints were a major limitation during the data collection and analysis process. Although 54 suicide cases were reported during the study period only 30 family members were willing to participate in the survey which may limit the representativeness of the findings. The availability and willingness of respondents to participate also affected the sample size. The information collected was based on the recollections and perceptions of family members which may have influenced the completeness and accuracy of the data obtained.

3.17.2 Scope Assumptions

The study focused on suicide cases reported under the jurisdiction of Aryanad Police Station during the year 2024. It examined the socio-demographic profile of the deceased and explored the physical, psychological, social, and economic factors associated with suicide. The study also assessed suicide history within families, help-seeking behaviour, awareness of mental health services and the accessibility of such services in the locality. By collecting information from family members of the deceased, the study provides insights into the circumstances and factors that may have contributed to suicide and offers evidence for developing preventive interventions and improving mental health support systems within the community.

CHAPTER 4
DATA COLLECTION AND CASE DESCRIPTION

CHAPTER 4

DATA COLLECTION AND CASE DESCRIPTION

4.1 Introduction

This chapter presents the data collected from family members of suicide victims reported under the Aryanad Police Station during 2024. The information was gathered through both quantitative and qualitative methods to meet the objectives of the study. The chapter begins with an examination of the socio-demographic profile of the deceased, including age, gender, marital status, education, occupation and family background. It also explores factors such as suicide history, physical and mental health conditions, substance use, social and economic circumstances, help-seeking behaviour, and awareness of mental health services. Quantitative findings are presented through tables and figures for clear understanding.

The chapter includes case descriptions based on interviews with family members of selected suicide victims. These narratives provide insights into personal experiences, family situations, psychosocial stressors and important life events that may have contributed to suicide. The case studies help explain the quantitative findings by showing how different factors interact in individual situations.

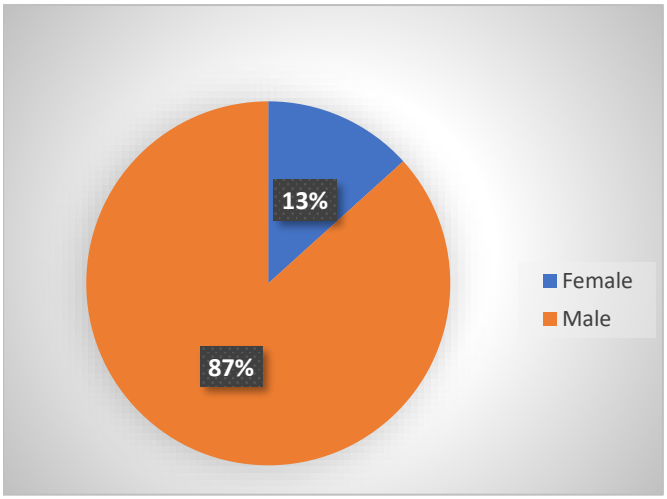
4.2 To understand the socio-demographic profile of the deceased

Table 4.1: Age of the Deceased

Category	Frequency	Percent
Adolescent	2	6.7
Early Adulthood	9	30.0
Middle Adulthood	9	30.0
Old Age	10	33.3

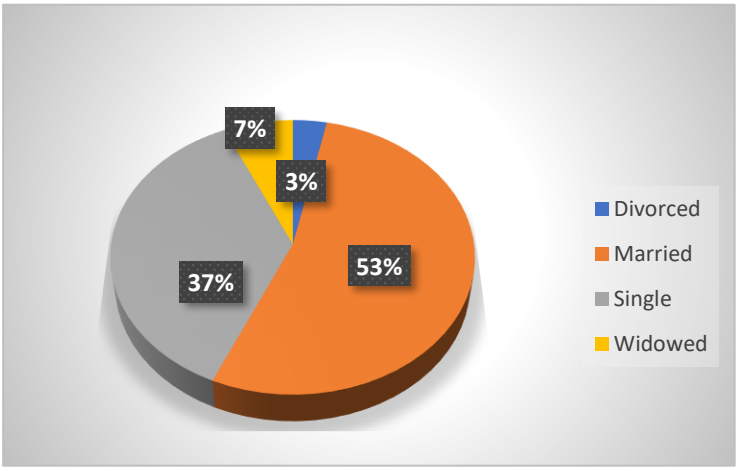
Table 4.1 shows the age distribution of the deceased. Among the 30 deceased individuals the highest proportion belonged to the old age group (33.3%, n=10), followed by those in early adulthood (30.0%, n=9) and middle adulthood (30.0%, n=9). Only a small proportion were adolescents (6.7%, n=2). The findings indicate that suicide deaths were more prevalent among older adults while adolescents constituted the least represented age group.

Figure 4.1. Gender



The figure shows the gender distribution of the deceased. Out of the total 30 deceased persons 87% were male while 13% were female. This indicates that the majority of suicide deaths were among males.

Figure 4.2. Martial Status



The figure illustrates the marital status distribution of the deceased. More than half of the deceased (53%) were married followed by 37% who were single. A smaller proportion were widowed (7%), while only 3% were divorced. The findings indicate that married individuals constituted the largest group among the deceased.

Table 4.2. Education

	Frequency	**Percent**
Do not know	1	3.3
Graduate	2	6.7
High School with 10th Pass	5	16.7
High School with 12th Pass	6	20.0
Intermediate or Post high school diploma	4	13.3
Middle School (6-8)	8	26.7
No Schooling and illiterate	1	3.3
Primary School (1-4)	3	10.0
Total	30	100.0

The table presents the educational status of the deceased individuals. The largest proportion of the deceased (26.7%) had completed middle school education (Classes 6–8), followed by 20.0% who had completed high school with 12th pass and 16.7% who had completed high school with 10th pass. Additionally, 13.3% had attained an intermediate or post-high school diploma while 10.0% had only primary school education (Classes 1–4). A smaller percentage were graduates (6.7%) whereas 3.3% were illiterate with no schooling, and for 3.3% of the deceased educational status was not known. The findings indicate that the majority of the deceased had attained only a moderate level of education, with relatively few having completed higher education.

Table 4.3 Occupation

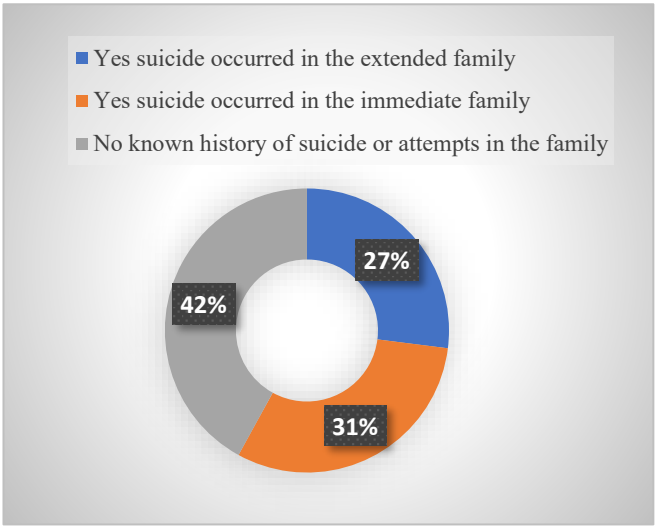
Occupation	**Frequency**	**Percentage**
Agriculture	1	3.3

Auto driver	1	3.3
Daily wage	14	46.7
Driver	1	3.3
Government Job	1	3.3
Lottery shop	1	3.3
None	2	6.7
Student	7	23.3
Tea shop	1	3.3
Workshop	1	3.3
Total	30	100.0

The table depicts the occupational status of the deceased individuals included in the study. Nearly half of the deceased (46.7%) were engaged in daily wage work, making it the most common occupation among the sample. This was followed by students (23.3%), while 6.7% of the deceased had no occupation. The remaining occupations, including agriculture, auto driver, driver, government job, lottery shop worker, tea shop worker, and workshop worker, each accounted for 3.3% of the cases.

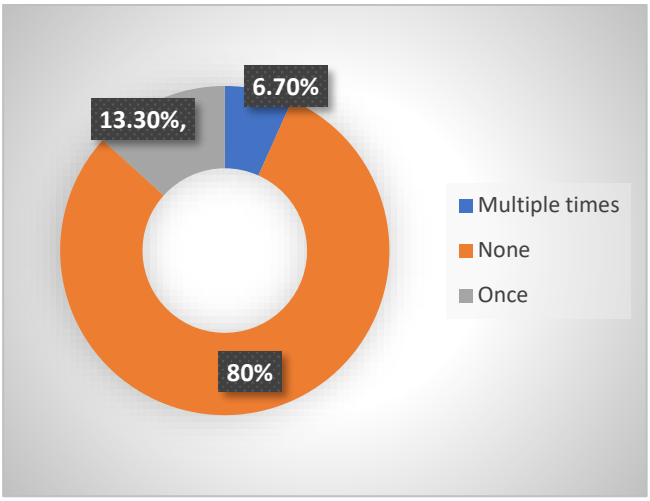
4.3 Objective 1: To study the suicide history in the family of the suicide victims.

Figure 4.3. History of suicide in deceased family



The figure illustrates the family history of suicide or suicide attempts among the deceased individuals. A majority of the respondents (58%) reported a history of suicide or suicide attempts within the family, 31% indicating that suicide had occurred in the immediate family and 27% reporting suicide in the extended family. In contrast 42% reported no known history of suicide or suicide attempts in the family.

Figure 4.4. Previous suicide attempt



The figure shows the distribution of previous suicide attempts among the deceased. The majority of the deceased (80%, n = 24) had no history of prior suicide attempts. In contrast, 13.3% (n = 4) had attempted suicide once before, while 6.7% (n = 2) had attempted suicide multiple times. Based on this, it is clear that while previous suicide attempts are important predictors of completed suicides, there are individuals who commit suicide without showing any signs of such behaviors before the actual attempt. These results are consistent with the Stress-Diathesis Model and Psychache Theory which state that an individual can commit suicide under the influence of extreme distress and stress in life despite not having made suicide attempts previously. On the other hand, the fact that 20% of the subjects had previously attempted suicide concurs with the Interpersonal Theory of Suicide as developed by Joiner.

Figure 4.5 Experienced suicidal thoughts or intentions

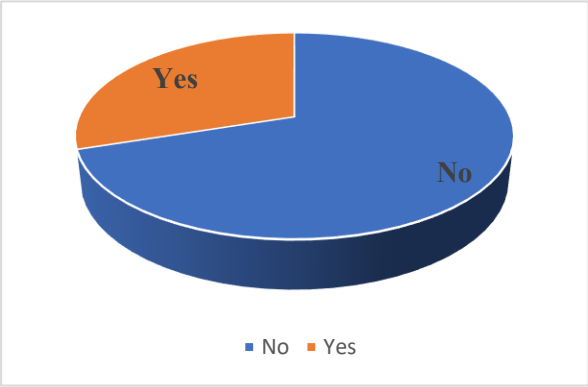
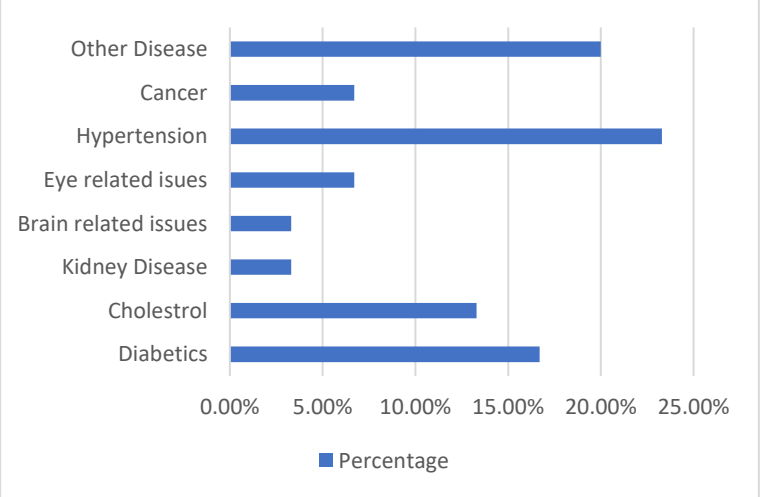


Figure illustrates whether the deceased has shown any suicidal intention or thoughts prior to death. Majority of the deceased (73.3%, n = 22) have not shown any indication of suicidal intention or thoughts, whereas 26.7% (n = 8) showed indication of suicidal intention or thoughts prior to their death. It is evident from the result that while about a quarter of the deceased have shown signs of suicidal intention or thoughts a substantial majority has not communicated their suicidal concerns. The result implies that even if there are indications of suicidal tendencies, the same can be difficult to recognize.

4.4 Objective 2: Factors contributing to suicide

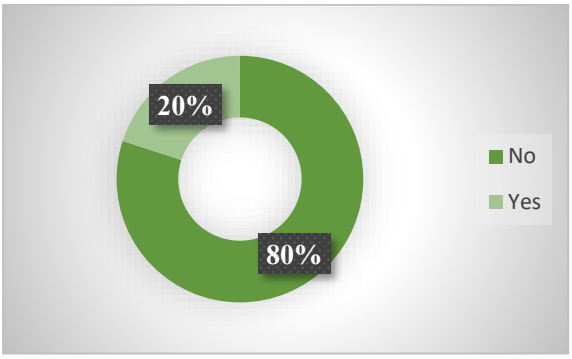
Physical Factors

Figure 4.6 Health Issues faced by Deceased



The figure above shows the different health problems faced by the deceased before death. From the different health problems mentioned it is clear that those people suffered from health problems such as high blood pressure (23.3%), other diseases (20.0%) and diabetes (16.7%). High blood pressure was the most dominant health problem followed by other disease and diabetes. Other problems included high cholesterol (13.3%), cancer (6.7%), eye problems (6.7%), kidney problems (3.3%) and brain problems (3.3%). The findings show that a majority of the deceased suffered from physical health conditions mainly high blood pressure and diabetes.

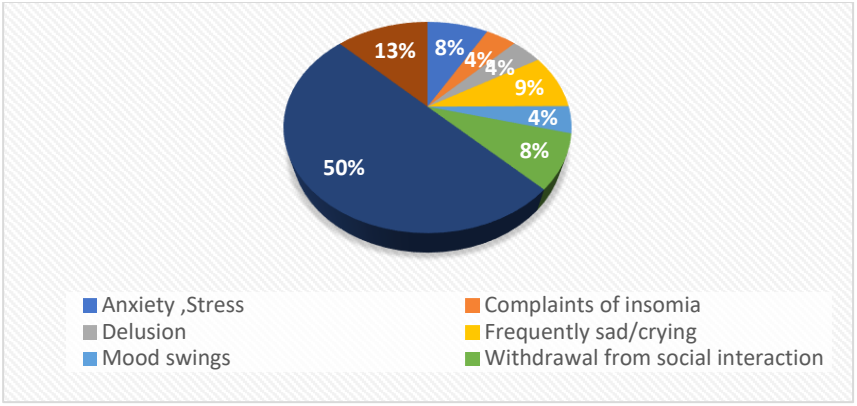
Figure 4.7 Elderly Disease Diagnosed with age-related or chronic illness



The figure shows that 80% of the deceased elderly individuals had been diagnosed with an age-related or chronic illness, while 20% had no reported diagnosis of such illnesses. This indicates that a large majority of the elderly deceased were living with chronic health conditions prior to their death.

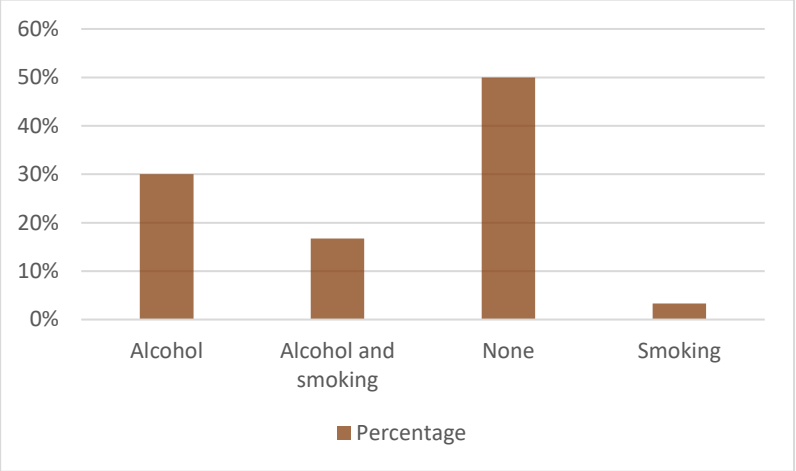
Psychological Factor

Figure 4.8 Mental Health issues faced by Deceased



The figure illustrates the various mental health issues experienced by the deceased prior to their death. The most commonly reported issue was depression accounting for 50% of the cases. This was followed by complaints of insomnia (13%) and frequent sadness or crying (9%). Anxiety and stress as well as withdrawal from social interaction were each reported in 8% of the cases. Mood swings, delusions, and other psychological symptoms each constituted 4% of the reported mental health issues.

Figure 4.9 Substance use of Deceased



The figure presents the pattern of substance use among the deceased. Half of the deceased (50%) had no history of substance use while 30% reported alcohol use. Additionally, 16.7% of the deceased used both alcohol and smoking and a small proportion (3.3%) reported smoking alone.

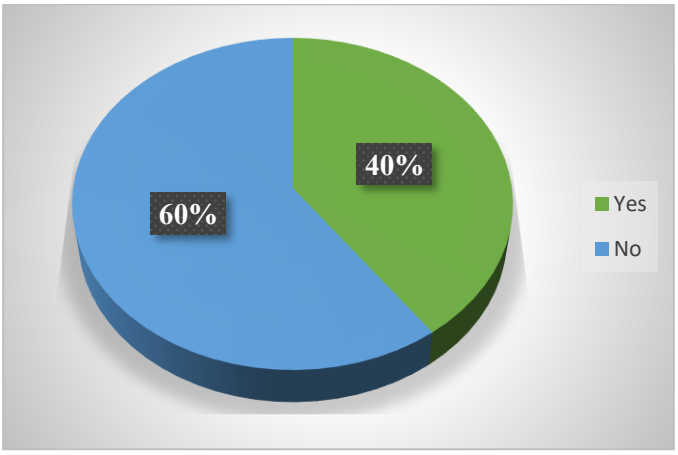
Table 4.4. Consumption of Alcohol

	Frequency	**Percent**
Daily	10	33.3
NA	16	53.3
Rarely	3	10.0
Weekly	1	3.3
Total	30	100.0

The table presents the frequency of alcohol consumption among the deceased. More than half of the deceased (53.3%) were reported as not consuming alcohol (NA). Among those who consumed alcohol 33.3% reported daily consumption making it the most common pattern of alcohol use. Additionally, 10.0% consumed alcohol rarely while 3.3% reported weekly consumption.

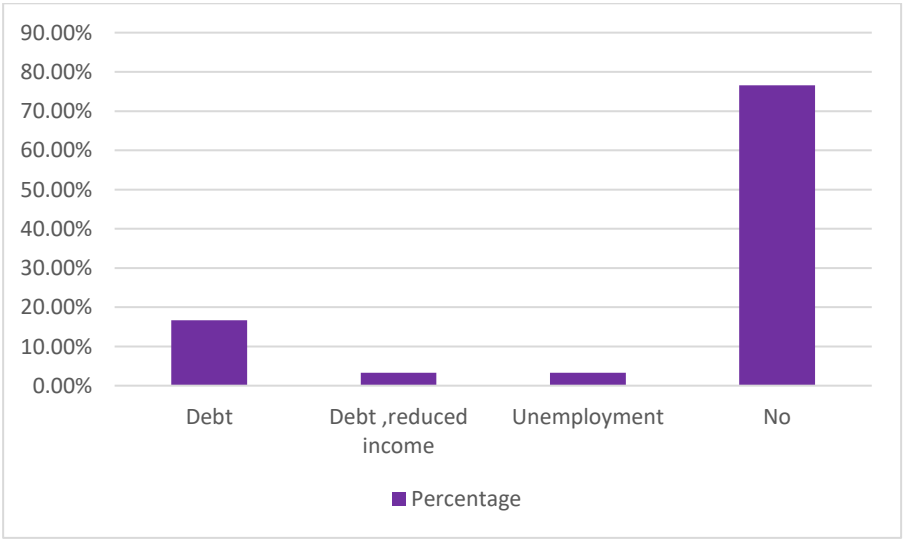
Economic Factors

Figure 4.10 Financial Responsibility



The figure illustrates the financial responsibility borne by the deceased. It shows that 40% of the deceased had financial responsibilities while 60% did not have significant financial responsibilities.

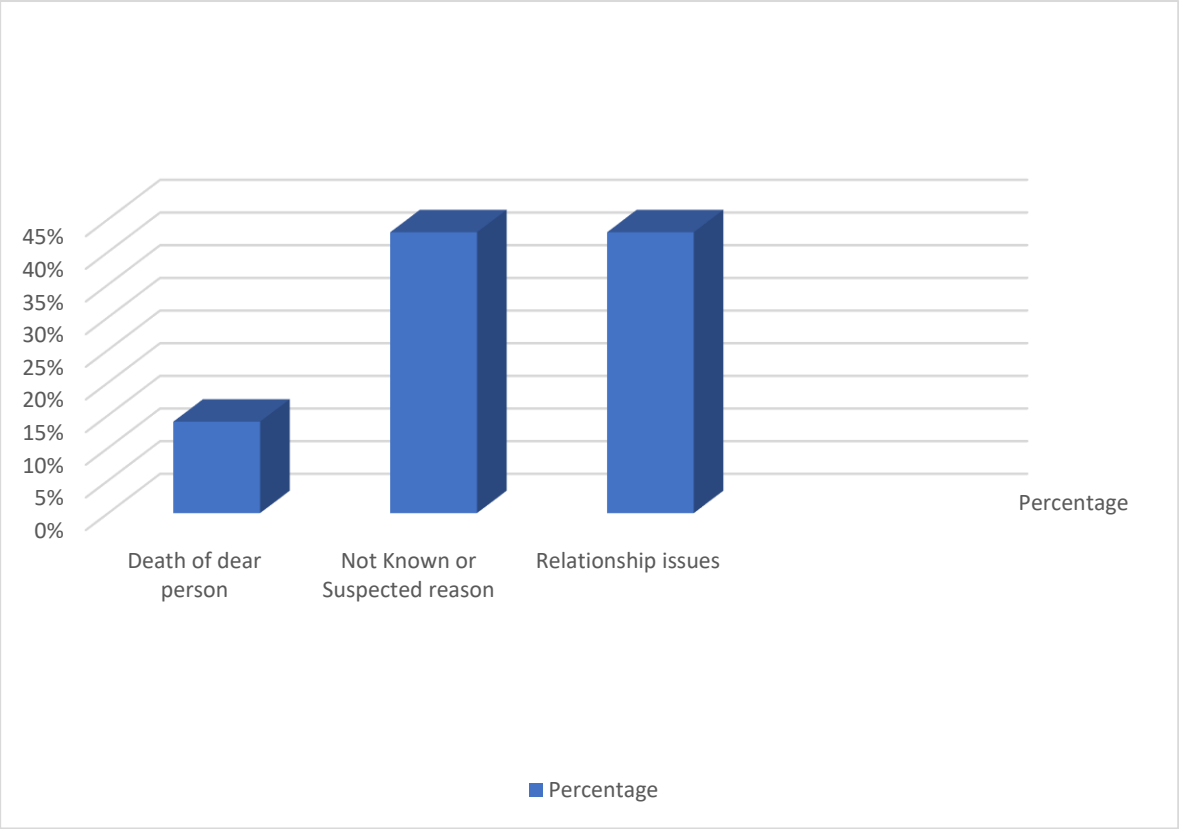
Figure 4.11 Financial challenges faced by Deceased



The figure depicts the financial challenges experienced by the deceased. A majority of the deceased (76.7%) were reported as having no significant financial challenges. Among those who experienced economic difficulties, 16.7% faced debt, while 3.3% reported debt coupled with reduced income, and another 3.3% experienced unemployment.

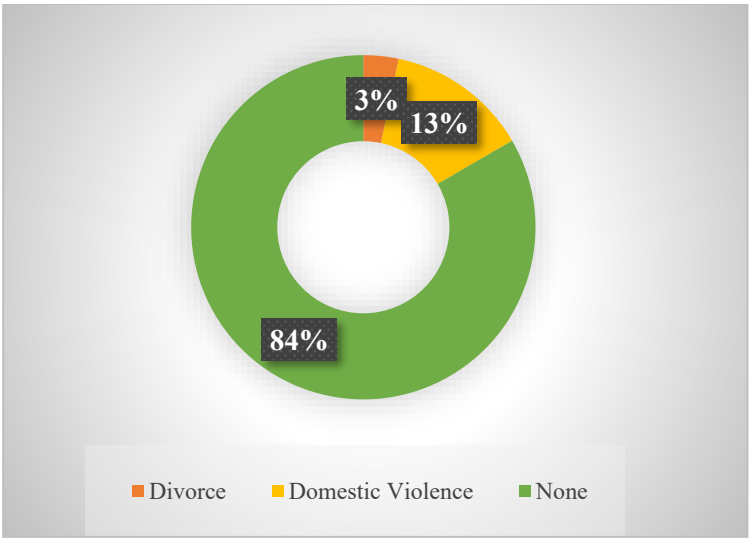
Social Factor

Figure 4.12 Known or suspected reason among Adolescent / Young Adults



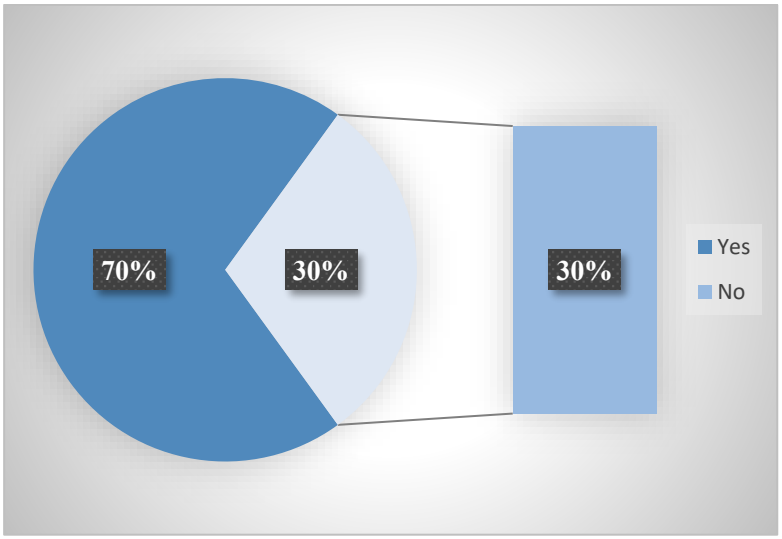
The figure presents the known or suspected reasons associated with suicide among adolescents and young adults. The most frequently reported factor was relationship issues (50%) of the cases. An equal proportion (50%) fell under the category of not known or suspected reason indicating that no clear precipitating factor could be identified. Additionally, 16.7% of the cases were associated with the death of a dear person, suggesting the impact of bereavement and emotional loss.

Figure 4.13 Family Conflicts



The figure illustrates the prevalence of family conflict among the deceased. A majority of the deceased (84%) were reported as having no family conflict. Among those who experienced family-related issues 13% faced domestic violence and 3% had undergone divorce.

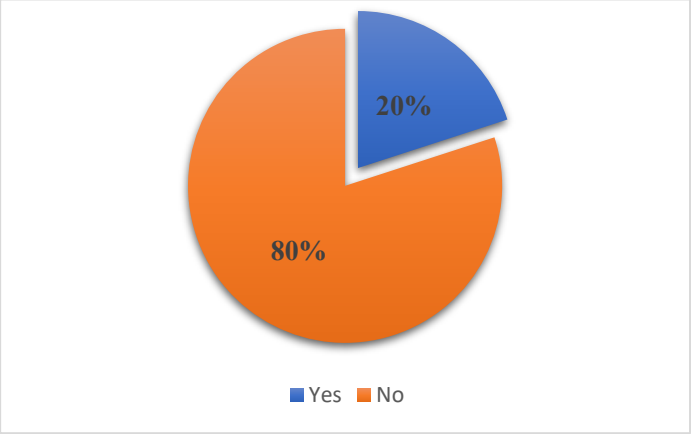
Figure 4.14 Deceased Felt Isolation



The figure depicts the prevalence of perceived isolation among the deceased prior to their death. The findings reveal that 70% of the deceased experienced feelings of isolation, whereas 30% did not report feeling isolated. This indicates that social isolation was a prominent issue affecting a majority of the deceased individuals.

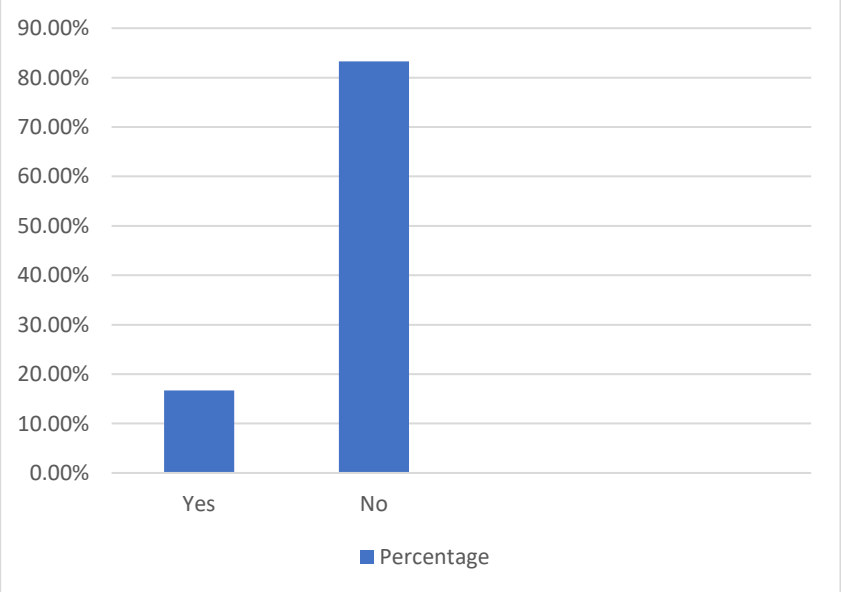
4.5 Objective 3: To examine the level of awareness and accessibility of mental health services among residents of the locality.

Figure 4.15 Deceased seeked professional help



The figure illustrates whether the deceased had sought professional help for their emotional, psychological or personal difficulties prior to their death. The findings show that only 20% of the deceased had sought professional help whereas a substantial majority (80%) had not sought any professional assistance. This indicates a notably low level of professional help-seeking behaviour among the deceased.

Figure 4.16 People openly talk about mental health and suicide



The figure illustrates that 83.3% of the deceased did not openly discuss mental health issues or suicide whereas only 16.7% had openly talked about mental health and suicide prior to their death. This indicates that conversations surrounding mental health and suicidal thoughts were largely absent among the majority of the deceased.

Table 4.5 Accessibility to mental health services

Accessibility	Frequency	Percent
No	17	56.7
Not sure	8	26.7
Yes	5	16.7
Total	30	100.0

The table presents the accessibility of mental health services among the deceased. The findings reveal that 56.7% of respondents reported that mental health services were not accessible while 26.7% were not sure about the availability or accessibility of such services. Only 16.7% reported that mental health services were accessible.

Table 4.6 Awareness about mental health services provided in the community

Services	Awareness
DMHP	9
Dale view	22
Panchayat Counselling Services	5
Private clinics	4

The table shows different levels of awareness regarding mental health services available within the community. Dale View emerged as the most widely recognized mental health service with 73.3%. This was followed by the District Mental Health Programme (DMHP) which was known to 30.0%

of respondents. Awareness of Panchayat Counselling Services was reported by 16.7% of respondents while 13.3% were aware of mental health services provided through private clinics. These findings suggest that awareness of mental health services is largely concentrated around Dale View, whereas knowledge of other community-based mental health resources remains comparatively limited.

4.6 CASE DESCRIPITION

4.6.1 **CASE 1:** The respondent was the deceased's elder sister. During the interview, she explained that significant behavioural changes were observed after the relationship ended. According to her, the deceased became increasingly aggressive at times, remained silent for long periods, and showed signs of hopelessness. He also expressed suicidal thoughts on several occasions.

Sister stated, *"He became quiet, angry and hopeless after the breakup. When we asked him what was troubling him, he said it was because of the relationship."* However, the family believed that the emotional distress was temporary and expected that he would recover with time. As a result, the seriousness of his situation was not fully recognised.

The respondent further shared that the deceased rarely communicated openly with family members and preferred discussing personal matters with his friends. She stated, *"He never shared everything with us. He mostly talked to his friends."* Following the breakup, the deceased repeatedly threatened suicide and attempted to use these threats to persuade the girl to resume the relationship. Family members became aware of these incidents through the girl and her family.

On the day of the incident the deceased informed his family that he was going to attend nearby Onam celebrations. When he failed to return home and did not respond to phone calls, family members began searching for him. Later they found him dead.

4.6.2 **CASE 2:** The respondent was the wife of the deceased. During the interview she explained that her husband started consuming alcohol after losing his arm in the accident. According to her the accident left him feeling hopeless and emotionally distressed. She stated *"He was not a drinker before the accident. After that, he became hopeless and started drinking."*

The respondent reported that his alcohol uses often led to conflicts within the family. He frequently argued with family members, verbally abused his wife and scolded the children. These behaviours

created tension at home and weakened family relationships. She also mentioned that he gradually withdrew from social interactions and preferred to stay away from relatives and community activities.

The family was also facing financial difficulties due to a loan taken from a scheduled bank. The respondent stated, *"We had a loan and there was no way to repay it."* Because of the financial burden, she had to start working to support the family. The combination of physical disability, alcohol dependence, family conflict, social withdrawal and financial stress appeared to increase his emotional distress over the years.

4.6.3 **CASE 3:** The respondent was the deceased's son. He explained that his father had been experiencing health problems for several years and was deeply concerned about his condition. According to the respondent, the deceased often worried about becoming dependent on others and felt that he was a burden to his family.

The respondent stated, *"He often said that he was becoming a burden to us."* Family members regularly reassured him and provided emotional support, telling him that he was an important part of the family. Despite their efforts, he continued to express worries about his health and future.

The respondent also reported that the deceased gradually withdrew from social interactions and preferred to stay at home. Over time, he appeared hopeless and less interested in engaging with others. Family members noticed these changes but believed that they were mainly related to his health problems and old age.

On the day of the incident while his wife and daughter-in-law were away at the hospital, the deceased died by suicide by hanging himself from a window.

4.6.4 **CASE 4:** The respondent was the deceased's wife. She reported that her husband had been struggling with alcohol dependence for many years. His drinking often led to conflicts within the family and created emotional strain for family members. She stated, *"After drinking, he often created problems at home."*

Wife explained that the deceased rarely shared his personal concerns with family members and was more comfortable discussing his problems with friends. She also mentioned that he experienced emotional hurt from interpersonal relationships which appeared to affect him deeply. Although family members tried to support him, he often kept his feelings to himself. She stated that he had

received treatment for alcoholism, but his drinking habit continued to affect his daily life and relationships.

4.6.5 **CASE 5:** The respondent was the deceased's mother. She explained that her son had never expressed suicidal thoughts and was strongly against the idea of suicide. According to her he was generally positive about life and had recently been happy after successfully passing a bank examination.

The respondent stated, *"He never talked about suicide and was against it."* She explained that the family was shocked by the incident because there had been no warning signs, emotional problems, or behavioural changes that suggested he was at risk. According to information shared by family, the deceased had a late-night argument with his girlfriend after discovering that she was involved in another relationship. The respondent believed that the emotional shock and distress caused by this discovery led him to act impulsively. At the time of the incident, the family was returning home from a trip to Bangalore, while relatives living nearby had also not noticed any signs of distress.

4.6.6 **CASE 6:** The respondent was the deceased's daughter. She explained that her father found it difficult to adjust to life after the accident. Before the injury he was independent and regularly went to work. After the accident he experienced constant pain in his hip and spine and had difficulty moving around. Being unable to work and carry out his usual activities appeared to affect his self-confidence and emotional well-being.

Daughter stated, *"After the accident, he could not work like before and often worried about the family's future."* Family members noticed that he became more concerned about his physical condition and the changes in his daily life.

The deceased had also taken loans which added to his worries. She shared, *"He often spoke about the loans and how difficult it was to repay them."* In addition, he consumed alcohol regularly which may have further affected his coping ability during this period. The family also reported a history of suicide in the immediate family. The respondent stated *"A suicide had occurred in our family earlier."*

4.6.7 **CASE 7:** The respondent was the deceased's nephew. He explained that the deceased had been emotionally affected by her ongoing health problems. Although she received care and support from family members, she appeared worried about her future and her role within the family.

Nephew stated, *"She was very religious and never supported suicide."* Family members were therefore shocked by the incident as she had never expressed suicidal thoughts or intentions.

He stated about certain changes in her behaviour were noticed shortly before her death. She cleared her Kudumbashree loan, bought clothes and chocolates for the children, visited relatives and spent time with family members. She also cleaned and prepared a traditional lamp that had remained unused for a long time. At that time family members did not recognise these actions as possible warning signs. He explained that the deceased became emotionally distressed when her son decided to build a new house in his wife's native place. Since she had not agreed to renovate her own house son made alternative plans. Even though the family continued to care for her she may have developed feelings of abandonment and feared being separated from her son and grandchildren. The respondent stated, *"She felt that she might be left out when they moved to the new house."*

4.6.7 **CASE 8:** The respondent was the deceased's sister. She explained that her brother found it difficult to cope with the physical limitations caused by his health problems. After fracturing his leg, he was unable to move around independently and often felt that he was becoming a burden to the family.

Sister stated *"He often said that he was troubling us because he depended on us for everything."* She explained that he struggled with the loss of independence and became emotionally distressed during the last few months of his life. The deceased also felt disappointed that some of his friends became less involved in his life after he stepped away from politics. This reduced social interaction appeared to affect him emotionally. Family members noticed that he frequently cried, complained about poor sleep and appeared stress. He had expressed a desire to speak with a mental health professional about his emotional difficulties. She stated *"He asked if he could talk to a professional, but we told him we would discuss it later."*

Shortly before his death doctors informed him that he might require another surgery. According to the respondent, this news increased his emotional distress. He was also facing debt and reduced income which added to his worries. On the day of the incident he consumed poison mixed with alcohol and died by suicide.

4.6.9 **CASE 9:** The respondent was the deceased's father. He explained that his daughter had been living with a seizure disorder since childhood and required continuous medical treatment. Despite her health condition she continued her education with the support of her family.

The respondent stated *"She had seizures from childhood and was under regular treatment."* According to him during her most recent hospital visit the doctors advised the family to take her for counselling to help her cope with the emotional and psychological challenges associated with her condition. The family was planning to follow the medical advice. However, before counselling could be arranged the deceased died by suicide. Family members were shocked by the incident and were unable to identify any clear warning signs beforehand.

4.6.10 **CASE 10:** The respondent was the deceased's wife. She explained that her husband regularly consumed alcohol and spent much of his time alone at home when she was away for work. Although he did not openly discuss any major personal problems, family members noticed that he would occasionally make remarks about suicide while under the influence of alcohol.

She stated *"After drinking, he would sometimes joke that he might commit suicide."* However family members did not consider these statements serious because they were usually made casually while intoxicated.

The respondent also reported that the deceased had financial liabilities. She stated, *"We had some loans, and he used to worry about them."* Despite this the family could not identify any specific reason that may have directly led to the incident.

The family further reported that a suicide had previously occurred in the immediate family. However, they were unaware of any suicidal thoughts, plans, or significant behavioural changes in the deceased before his death. According to the respondent the reason for the deceased's suicide remains unclear. The family was unable to identify any major event that may have triggered the incident.

4.6.11 **CASE 11:** The respondent was the deceased's brother-in-law. He explained that the deceased had been struggling with both physical pain and emotional distress due to his cancer treatment. According to the respondent the deceased was constantly worried about his health and became increasingly anxious in the months before his death.

He stated *"He was always worried about his illness and the treatment."* Family members noticed that he frequently discussed his health problems and appeared stressed about upcoming medical

procedures. The deceased was particularly anxious about undergoing surgery for piles. Even though family members, relatives and doctors repeatedly reassured him that the procedure was safe but he continued to worry. The respondent shared, *"We all told him not to be afraid, but he kept thinking about the surgery."* He further added, *"Even doctors in the family tried to convince him that there was nothing to fear."*

The deceased was also facing financial pressure due to a large loan. The respondent stated *"He often worried about the loan and how the family would manage.* The family members observed signs of stress and anxiety especially when discussing his health and finances. The respondent also mentioned that the deceased had been emotionally affected by the recent suicide of a person with whom he was very close. According to him *"He was deeply disturbed after that person's death."*

On the day of the incident the deceased woke up early in the morning and appeared restless. He was seen walking around the house and told family members that he felt cold. Shortly afterwards he went missing. After a search his body was discovered in a nearby waterlogged quarry.

4.6.12 CASE 12: The respondent was the deceased's uncle. He explained that she was emotionally sensitive and often became deeply affected by personal problems. The respondent stated, *"Although she would tell everything with us, but I felt that she did not openly communicate all of her emotional struggles*. *She used to keep many things to herself."* According to him the deceased was an overthinker and often reacted strongly to situations that upset her. Family members noticed changes in her behaviour including periods of silence, irritability and withdrawal from social interactions.

The respondent further reported that she frequently appeared sad and would sometimes cry without clearly explaining the reason. He stated, *"She often looked upset and worried."* Family members also observed feelings of hopelessness and emotional distress especially during periods of conflict in her relationship. The deceased had expressed suicidal thoughts in the past and had engaged in self-harm behaviours. Despite support from her family, she continued to experience emotional difficulties. The father explained *"We knew she was emotionally affected, but we did not realise how serious it had become."*

Table 4.7 Background of Deceased

Name	Age	Gender	Cause of Death	Deceased Background
D01	17	Male	Hanging	The Deceased was a 12th-grade student who lived with his parents and older brother. He showed little interest in academics or forming friendships. He connected with a girl on Instagram, and their relationship lasted for two years. However, when she blocked his number, he became devastated, which ultimately led to him taking his own life.
D02	23	Male	Hanging	The deceased was a young adult from a nuclear family comprising his father, mother, brother, and himself. Post-mortem findings confirmed that the cause of death was suicide; however, neither his parents nor his friends were aware of any specific factors that may have led to the emotional distress resulting in such a tragic decision.
D03	29	Male	Hanging	The deceased was living with his mother, while his elder brother, who is married, resided separately. Their father had abandoned the family years ago. Although his brother denied any alcohol use, the deceased was known to consume alcohol. He previously worked as an auto driver at the Parandode stand and, at the time of his death, was employed as a daily wage laborer and also engaged in farming nearby. He had a history of mental health issues, including delusional symptoms, and had been admitted to Peroorkada Hospital for several months. After discharge, he continued medication and interacted normally with others. Additionally, three months before his death, he was convicted of arson for burning a neighbour's motorcycle. He died

				by suicide, hanging himself from a window panel.
D04	74	Male	Hanging	The Deceased worked as a quarry driver until the quarry became nonfunctional, after which he found employment at a workshop. He had a history of heavy drinking, and about a month before his death, his wife took her own life. Prior to that, his eldest son and his family had moved away due to family problems. These factors were considered as possible motivations for his suicide. His youngest (second) son the last ones to see him alive.
D05	66	Male	Hanging	The deceased was an elderly man whose family could not identify any specific reason for his death. However, the investigation report indicated that emotional distress may have been a contributing factor. The post-mortem confirmed that the cause of death was hanging.
D06	42	Male	Hanging	The deceased, worked as a mechanic at a workshop in Nedumangad and lived with his mother, wife, and son. Witnesses reported that he had heart issues for which he was receiving treatment and had recently lost his grandmother. It is believed that the combination of his illness and the grief from his grandmother's death

				may have caused emotional distress, potentially leading to his suicide.
D07	70	Female	Hanging	The deceased resided with her husband, son, and son's family. She struggled with heart problems and felt emotionally distressed about her health not improving despite surgery. As her son and daughter-in-law worked in other districts, visiting only once a month, she took care of her grandchildren. However, when her son began building a new home in his wife's hometown (since she rejected the idea of rebuilding or renovating her home so that the son and his family can live more comfortably in a bigger home), the deceased may have felt abandoned and worried about being left out of her son's and grandchildren's lives. This emotional distress, combined with her ongoing health issues, may have contributed to her decision to take her own life.
D08	19	Female	Hanging	The deceased, lived with her parents and sister. She had completed her 12th standard and had a medical history of seizures since childhood, which sometimes caused her to collapse unexpectedly. Due to her condition, she used a scribe for exams. Arya received treatment at SAT Hospital in Trivandrum until age 10, after which her care continued at the Medical College Hospital. During her last visit before the incident, doctors referred her for counseling. She was later found hanging from the ceiling in her room, indicating death by suicide.
D09	74	Male	Hanging	The deceased lived with his wife, eldest daughter, son-in-law, and two grandchildren. He worked at a teastall but had to quit after a motorbike accident that broke his hip, leaving him with difficulty moving. His family believes he took his

				own life due to the emotional strain caused by the significant changes in his life following the accident.
D10	65	Male	Hanging	At the time of his death, the deceased was living with a woman he was in a live-in relationship with, having initially moved in with his mother due to her illness. After her recovery and return home, he chose to stay. Though still legally married with two children, he was separated from his wife and did not live with them. He and his partner had briefly run a thattukada. The deceased, who suffered from asthma and had a history of alcohol addiction, visited his daughter's home regularly. For the month before his suicide, he had been alone as his partner was staying with her daughter in Sreevaraham due to health issues. He had also faced public verbal humiliation from his brother-in-law. On the morning of 15/06/2024, a neighbor, noticing his absence, looked through the window and found him hanging, then alerted the police.
D11	29	Male	Hanging	The deceased, an employee in the SBI credit card division, lived with his parents and siblings. On the day of passing, after returning home from work, he had a brief conversation with his parents before locking himself in his room. Around 7:30 p.m., when he didn't respond to knocks or calls, his sister looked through the keyhole and saw his legs suspended. His father broke the window and they forced the door open, rushing him to the hospital, but he was already deceased. Witnesses mentioned he faced financial struggles, including bike EMI payments and other loans, which may have contributed to his suicide.
D12	76	Male	Hanging	The deceased, who had been managing diabetes and blood pressure in his old age,

				had been living with emotional distress since losing his wife a decade earlier. Although he appeared normal the night before, on the morning of 25/06/2024, he was found hanging from the window rails of his house. His family had moved to a new home three years earlier, which may have increased his feelings of isolation. Additionally, he had recently been diagnosed with a brain condition requiring surgery and was dealing with a worsening leg wound due to diabetes, raising fears of amputation. These health issues, along with the fear of becoming a burden to his son, likely contributed to his emotional distress and suicide.
D13	18	Male	Hanging	The deceased, 18-year-old boy, lived with his parents and brother. He had completed his higher secondary education and was pursuing an ITI course. He died by suicide, reportedly due to emotional distress, though the specific cause remains unknown. The post-mortem confirmed hanging as the cause of death.
D14	67	Male	Drowning	The deceased ,a 67-year-old man, had been undergoing cancer treatment for a year and had surgery six months before his death. He often experience d severe pain and emotional distress due to his illness. He lived with his wife ,daughter ,son-in-law, and grandchildren. On the day of the incident, he woke up early and was seen walking restlessly, mentioning he felt cold. An hour later, he was found missing, and his body was later discovered in a waterlogged quarry nearby. He was also known to be close to another individual who had recently died by suicide.
D15	49	Female	Hanging	The deceased, lived with his wife and daughter. He had a long-standing addiction to alcohol and was physically

				and verbally abusive toward his wife, often spending all his earnings on alcohol. His wife reported that his father was also an alcoholic and abusive, and his mother had died by suicide when the deceased was two. He had attempted suicide multiple times, including once before marriage. Witnesses believe his alcohol addiction may have led to his suicide. He died by hanging near their home.
D16	55	Male	Poisoning	The deceased, a 55-year-old unmarried man, lived with his father and sister and had dedicated much of his life to social work and politics, even serving as a ward member. He suffered from severe diabetes, which led to the amputation of his left big toe. In the months leading up to his death, he fractured his leg twice due to falls, limiting his mobility and leaving him dependent on his sister and niece for daily tasks—something he found emotionally burdensome. Despite expressing a desire to seek professional help for his declining mental health, his concerns were dismissed by family members. After being told he might need another surgery, he fell into emotional distress and died by suicide through poisoning.
D17	21	Male	Hanging	The deceased, a 21-year-old male, lived with his parents and sister near his aunt's home. He died by suicide following a late-night argument with his girlfriend after discovering her infidelity. His family mentioned he seemed happy earlier that week after passing a bank exam. His aunt also observed no signs of distress. At the time of the incident, his family was away on a trip to Bangalore and was returning home.
D18	19	Male	Hanging	The deceased lived with his parents and older sister and had been in a relationship

				with a girl who was a year younger than him from his previous school. They had gotten close through Instagram. About two months before his death, the girl received slut-shaming messages from an anonymous Instagram account, which she later found out was from the deceased, leading her to end the relationship. After that, the deceased began sending her suicide threats, prompting her to contact his family. They advised her to block him, which led him to attempt suicide. His sister and mother then asked her to unblock him. He continued to send suicide threats unless she got back together with him, and his sister urged her to block him again. Later that evening, the deceased left home, claiming he was going to participate in nearby Onam festivities. When he didn't return and stopped answering calls, his family went out to search for him, and that's when they found his body.
D19	23	Female	Hanging	The 23-year-old deceased woman had her marriage arranged with her lover, who came from a wealthier and more socially established background, with full support from both families. However, their relationship faced challenges, and the emotional distress from these issues may have led her to take her own life.
D20	68	Male	Hanging	The deceased, a 68-year-old man, lived with his wife, daughter, son-in-law, and grandchildren. He had an undisclosed illness for which he was under medication and had previously lost his elder child at a young age. He was severely addicted to alcohol and often caused disturbances at home after drinking. According to witness statements, he was receiving treatment for his condition. The post-mortem report confirmed the cause of death as hanging.

D21	86	Male	Hanging	The deceased was an 86-year-old man with three married children. He lived with his wife in their own home and had been diagnosed with cancer. He died by suicide through hanging, with emotional distress from his illness believed to be the cause.
D22	65	Male	Hanging	The deceased, lived with his wife and son. He had lost his eyesight 4–5 years before his death and was receiving treatment at an eye hospital in Thiruvananthapuram. Doctors had informed him that surgery would not restore his vision, which led to significant emotional distress. The post-mortem confirmed that the cause of death was hanging.
D23	19	Female	Hanging	The deceased was a college student in Thiruvananthapuram and the only child of her parents. She had been in a long-term, emotionally intense relationship since 8th grade, which was marked by possessiveness from her side and frequent breakups. Both families were aware of the relationship, though communication between the deceased and her parents appeared limited despite her claims of openness. According to witness statements and entries in her personal journal, she experienced significant emotional distress, was an overthinker, revenge-minded, and often acted out of strong emotions. She had a history of self-harm, with visible scars noted in the postmortem report. She had previously expressed suicidal thoughts, and her death was confirmed to be due to hanging.
D24	40	Male	Hanging	The deceased, a man from a nuclear family with his wife and children, had lost his left arm in an accident en route to Sabarimala 15 years before his death. He regularly consumed alcohol and often created disturbances at home, verbally abusing his wife and children, which led to strained family relations and emotional

				isolation. This distress ultimately led him to die by suicide. The post-mortem confirmed hanging as the cause of death.
D25	65	Male	Hanging	The deceased had been diagnosed with stage 4 cancer and was receiving treatment at RCC. In his final days, he endured unbearable pain and was unable to eat or drink, which caused severe emotional distress. This ultimately led him to die by suicide. The post-mortem confirmed hanging as the cause of death.
D26	22	Male	Poisoning	The deceased lived with his parents. He had been married twice, but tragically, both wives passed away—the second just a month after their wedding due to a heart condition. Struggling to cope with the emotional loss, he consumed rodenticide. Despite being hospitalized, he could not be saved due to the high toxicity of the poison.
D27	54	Male	Burning	The deceased lived with his wife and two children. His elder daughter was working abroad, while his younger son was studying nursing in Varkkala. He had a long-standing issue with alcohol, which often led to conflicts within the family. One day, while home alone, he consumed alcohol and died by setting himself on fire.
D28	81	Male	Hanging	The deceased lived with his wife, eldest son, and family. Previously employed at a plant nursery, he quit due to age-related health issues. The prolonged stay at home caused him significant emotional distress. On the day of his passing, while his wife and daughter-in-law were away at the hospital, he took his own life by hanging himself from a window.
D29	65	Male	Poisoning	The deceased lived alone at his sister's house. He had a history of heavy alcohol consumption, which led to his legal

				separation from his wife. His family often isolated him because of his drinking habits, and only a few maintained contact with him. The post-mortem report confirmed that the cause of death was poisoning.
D30	64	Male	Poisoning	The deceased resided with his wife and youngest son, while his eldest son lived separately with his wife. The deceased had a history of alcohol abuse and frequently engaged in physical and verbal confrontations with family members and neighbours. The day before his death, he punched his cousin in the face, and his youngest son reprimanded him for the incident. The cousin then filed a police report against the deceased. Following this, the deceased left home, mixed acid with alcohol, and consumed it. His body was later discovered by his youngest son, who took him to Aryanad Hospital and then to Thiruvananthapuram Medical College, where he passed away. The deceased had previously attempted suicide multiple times.

CHAPTER 5

DATA ANALYSIS, INTERPRETATION AND DISCUSSION

CHAPTER 5

DATA ANALYSIS, INTERPRETATION AND DISCUSSION

5.1 Introduction

This chapter presents the interpretation of both quantitative and qualitative data collected from the family members of suicide victims reported under the jurisdiction of Aryanad Police Station during the year 2024. The analysis was carried out in accordance with the objectives of the study to understand the socio-demographic profile of the deceased, suicide history within families, factors contributing to suicide, and awareness and accessibility of mental health services.

While the quantitative findings provide statistical information regarding the characteristics of the deceased and the prevalence of different risk factors, the qualitative findings offer a deeper understanding of the lived experiences, family perceptions, and circumstances surrounding the suicides. Through thematic analysis, recurring patterns and underlying issues were identified from the narratives shared by respondents.

The findings are organised under major themes and sub-themes derived from the research objectives. Relevant verbatim statements from respondents are included to support the analysis and provide insight into the experiences of the deceased and their families. The interpretations are further explained using relevant theoretical perspectives such as Joiner's Interpersonal Theory of Suicide, Durkheim's Theory of Suicide, the Stress-Diathesis Model, Psychache Theory, and Erikson's Psychosocial Theory to better understand the complex interaction of social, psychological, physical, and economic factors that contributed to suicide.

Objective 1

To study the suicide history in the family of the suicide victims

The study explored the history of suicide and suicidal behaviour among the deceased and their families. Suicide history was examined through family history of suicide, previous suicide attempts, suicidal thoughts and suicidal communication. The findings indicate that suicide history

is an important factor in understanding suicide risk as it may influence attitudes towards suicide, coping mechanisms and responses to emotional distress.

5.2 Theme 1: Family History of Suicide

The findings revealed that 58% of the deceased had a history of suicide or suicide attempts within the family. Among them, 31% reported suicide in the immediate family, while 27% reported suicide in the extended family. Family history of suicide refers to the occurrence of suicide deaths or suicide attempts among biological relatives or family members. Such exposure may affect individuals through genetic vulnerability, learned behaviours, family attitudes towards coping and the emotional consequences of losing a loved one to suicide. The findings suggest that exposure to suicide within the family environment may influence how individuals perceive and respond to emotional difficulties.

Sub-theme 5.2.1: Intergenerational Transmission of Suicidal Behaviour

Verbatim

"My father died by suicide and my grandfather also died by suicide. When problems come, suicide sometimes feels like an option."

" There were two suicide deaths in our family before. We never thought it would happen again, but now another family member has died in the same way."

"My uncle had died by suicide many years ago. Whenever there were family problems, people would talk about how he ended his life because he could not handle the situation."

Interpretation

The findings indicate that previous suicide incidents within the family may influence how individuals perceive and respond to emotional distress. Several respondents reported a history of suicide among immediate or extended family members. Such repeated exposure may contribute to the normalization of suicide as a possible response to personal or family crises. Respondents described how memories of earlier suicides remained part of family discussions, particularly during periods of stress or conflict. In some cases, suicide appeared to become an accepted or familiar way of understanding severe emotional suffering.

Family members also experienced unresolved grief, trauma and emotional distress following earlier suicide deaths, which may have reduced their ability to recognise warning signs or provide timely emotional support. The findings suggest that the impact of suicide extends beyond a single individual and may affect the emotional well-being and coping patterns of subsequent generations. These observations highlight the importance of identifying families with a history of suicide and providing long-term psychosocial support and mental health interventions to reduce future suicide risk.

Discussion

The present finding is consistent with previous research reviewed in this study. (Radu, 2026) observed that understanding suicide requires consideration of sociodemographic and behavioural characteristics rather than viewing suicide as an isolated event. Similarly, (Soyuz, 2026) in their psychological autopsy review, identified family-related factors as one of the major contributors to suicidal behaviour among adolescents, highlighting the influence of family environment and previous adverse experiences. Studies by (Senapati, 2024) also reported that family-related stressors and dysfunctional family environments significantly increase vulnerability to suicide, particularly among young people. Together, these studies support the present finding that family experiences play a crucial role in shaping attitudes towards suicide and coping responses during periods of emotional distress.

The findings can be explained using Bandura's Social Learning Theory, which proposes that individuals learn behaviours, attitudes, and coping patterns through observation and modelling. Repeated exposure to suicidal behaviour within the family may influence how individuals perceive suicide as a response to overwhelming life problems. The findings are also supported by the Stress-Diathesis Model, which suggests that suicidal behaviour results from the interaction between pre-existing vulnerabilities such as genetic or familial predisposition, and stressful life events. In families with a history of suicide, inherited vulnerabilities combined with unresolved grief, emotional trauma, and subsequent psychosocial stressors may increase the likelihood of suicidal behaviour. These findings emphasize the need for family-centred suicide prevention strategies, including postvention services, grief counselling, routine screening of high-risk families, and early psychosocial interventions to break the cycle of intergenerational suicide.

Sub-theme 5.2.2: Suicide Exposure and Emotional Vulnerability

Verbatim

“A suicide had happened in the family before and everyone was deeply affected by it."

"The family never really recovered from the previous suicide. The memory remained painful for many years."

"When he started facing problems, we became concerned because we had already experienced a suicide in the family."

Interpretation

The findings indicate that exposure to suicide within the family leaves a profound and lasting emotional impact on surviving family members. Respondents who had previously experienced the suicide of a close relative described persistent feelings of grief, guilt, fear, helplessness and emotional distress. Several respondents stated that the family had never fully recovered from the earlier loss and that the memory of the suicide continued to influence their emotional well-being even after many years. Previous exposure to suicide appeared to increase emotional vulnerability among family members. When another family member experienced personal or emotional difficulties, respondents often became anxious because of their past experience with suicide. However, despite recognising the emotional distress, many families reported difficulty discussing the previous suicide openly due to stigma, shame or emotional discomfort. This lack of open communication may have limited opportunities for emotional support and early intervention.

The findings suggest that suicide has long-term consequences that extend beyond the individual who dies, affecting the emotional health, coping abilities, and family relationships of surviving members. These observations highlight the need for long-term psychosocial support, grief counselling, and family-based interventions for families bereaved by suicide to reduce emotional vulnerability and strengthen resilience.

Discussion

The present findings are consistent with the existing literature, which emphasizes that exposure to suicide within the family has significant psychological and emotional consequences for surviving members. (Soyuz, 2026) identified family-related experiences and adverse life events as major

contributors to suicide vulnerability, highlighting the importance of the family environment in influencing mental health outcomes. Similarly, (Senapati, 2024) reported that family stressors and traumatic experiences increase vulnerability to suicidal behaviour among adolescents. These studies support the present finding that the emotional impact of a previous suicide may continue to affect family members and increase their vulnerability during future crises.

The findings are also supported by Family Systems Theory which proposes that changes affecting one family member influence the functioning of the entire family system. A suicide death disrupts family relationships, emotional stability, and coping patterns, often leaving long-lasting effects on surviving members. In addition, the findings are consistent with the concept of suicide contagion, which suggests that exposure to suicide may increase suicide risk among vulnerable individuals, particularly when unresolved grief, limited coping resources, and inadequate psychosocial support are present. Although exposure alone does not inevitably lead to suicidal behaviour, it may increase emotional vulnerability when combined with other psychosocial stressors.

The findings emphasize the importance of bereavement counselling, family-focused mental health interventions, and long-term follow-up for families affected by suicide. Strengthening emotional support, encouraging open communication within families and reducing stigma associated with discussing suicide can help improve coping, reduce psychological distress, and contribute to suicide prevention among individuals at increased risk.

Theme 5.3: Previous Suicide Attempts

Previous suicide attempts emerged as an important indicator of suicide risk among the deceased individuals. The narratives shared by family members revealed that a history of suicide attempts often reflected persistent emotional distress, unresolved psychological struggles and vulnerability to future suicidal behaviour. While some individuals had attempted suicide before their death, others died by suicide without any known history of previous attempts. This theme highlights the complexity of suicide risk and demonstrates that both individuals with and without prior suicide attempts require careful attention and support.

Sub-theme 5.3.1: Previous Attempts as Warning Signs

Verbatim

"He had attempted suicide earlier, but we believed he had recovered from that phase. After that incident, he seemed normal and continued with his daily activities."

"He once tried to hang himself when he was facing financial problems."

"After his first attempt, he promised us that he would never think about suicide again. We trusted him and thought the problem was over."

Interpretation

The findings indicate that previous suicide attempts were frequently perceived by family members as isolated incidents rather than indicators of persistent psychological distress. After the initial attempt, respondents reported that the deceased appeared to resume normal daily activities, leading family members to believe that the crisis had passed. Consequently, continued emotional support, professional mental health care, and long-term monitoring were often not sought.

Several respondents stated that the deceased had promised not to repeat the act, which further reassured the family that the individual had recovered. However, the recurrence of suicidal behaviour suggests that emotional distress may continue even when outward signs of recovery are observed. Feelings of hopelessness, unresolved personal problems, financial stress, or emotional pain may persist without being openly expressed. The findings therefore indicate that a previous suicide attempt should be recognised as an important warning sign requiring sustained psychological assessment, family support, and regular follow-up. The results highlight the need to improve awareness among families that recovery from a suicide attempt is a gradual process and that continuous care is essential to reduce the risk of future suicide.

Discussion

The findings are consistent with previous studies reviewed in the literature which identify a history of suicide attempts as one of the strongest predictors of future suicidal behaviour. (Soyuz, 2026) through a psychological autopsy review reported that previous self-harm and suicide attempts were among the major individual risk factors contributing to suicide among adolescents. (Uzun, 2025) found that individuals with substance use disorders who had attempted suicide continued to

experience significant psychological, social and emotional challenges even after the initial attempt, indicating that the underlying distress often remains unresolved. These findings support study where respondents believed that the deceased had recovered because they resumed their normal routines while the emotional problems persisted.

The findings also correspond with the observations of (Senapati, 2024) who identified mental health problems, family conflicts and psychosocial stressors as important contributors to suicidal behaviour among adolescents in India. The review emphasized that suicide prevention should not end with the management of the initial crisis but should include continuous psychosocial support and long-term monitoring.

The study reinforces the importance of recognising previous suicide attempts as critical warning signs rather than isolated events. Continuous follow-up, family education, timely mental health interventions and sustained emotional support are essential to reduce the likelihood of repeated suicide attempts and prevent future suicide deaths. These findings underscore the need for strengthening post-attempt care and improving awareness among families regarding the long-term nature of suicide risk.

Sub-theme 5.3.2: Suicide Without Previous Attempts

Verbatim

"We never expected this because there had never been any attempt before. He never showed any signs that he would take such a step."

"There was no history of suicide attempts. We were completely shocked when we heard the news."

"He looked normal and continued going to work every day. We did not know he was struggling so much inside."

Interpretation

The findings reveal that many suicide deaths occurred among individuals with no previous history of suicide attempts which makes difficult for family members to anticipate the risk. Respondents consistently reported that the deceased appeared to carry out their daily routines, attend work and

behave normally without displaying obvious warning signs. As a result family members were shocked and unprepared when the suicide occurred. These findings suggest that suicidal distress is not always expressed through previous attempts or visible behavioural changes. Some individuals may conceal their emotional pain due to fear of stigma, reluctance to burden others, or difficulty expressing their feelings. The absence of previous suicide attempts should therefore not be interpreted as the absence of suicide risk. The findings emphasize the importance of promoting mental health awareness, encouraging open communication, and strengthening early identification of psychological distress, even among individuals who appear to function normally.

Discussion

The present findings are consistent with previous studies reviewed in the literature which indicate that not all individuals who die by suicide have a history of previous suicide attempts. (Radu, 2026) highlighted that suicide is a complex phenomenon influenced by multiple interacting sociodemographic and psychological factors, and that many individuals may not exhibit identifiable warning signs before their death. (Soyuz, 2026) reported that suicidal behaviour often results from the interaction of individual, family and environmental factors, and that some individuals may conceal their emotional distress until the point of crisis. (Senapati, 2024) also found that psychological distress, family conflicts, academic pressure, and relationship issues may accumulate without being openly communicated, making early identification challenging. The findings of the study emphasise the need for universal suicide prevention strategies that extend beyond individuals with known suicide attempts. Strengthening mental health literacy, encouraging emotional expression, reducing stigma surrounding help-seeking and improving community awareness are essential to identify hidden psychological distress and facilitate timely intervention.

Theme 5.4: Expression of Suicidal Thoughts and Communication of Distress

The findings revealed that communication of suicidal thoughts was an important but often overlooked aspect of the suicide process. In several cases, the deceased had expressed emotional distress, hopelessness, or suicidal intentions before their death. These expressions occurred in different forms, including direct verbal statements, indirect remarks made through jokes or casual

conversations, and concealed emotional suffering that was shared only with selected individuals or not disclosed at all. Family members frequently reported that they did not recognise these communications as warning signs at the time, often interpreting them as temporary reactions to stress, anger, disappointment, or frustration. The findings suggest that suicidal communication is rarely a sudden event. Rather, it often develops gradually through verbal and behavioural cues that indicate underlying psychological distress. Understanding these forms of communication is important because they provide opportunities for early identification and intervention before a suicide attempt occurs.

Sub-theme 5.4.1: Direct Expression of Suicidal Thoughts

"He told me that one day he would consume poison and end everything. I thought he was speaking out of anger and would forget about it later."

"Whenever he faced financial problems, he would say that death was better than living with so much burden. We thought he was only expressing stress."

Interpretation

The findings indicate that several deceased individuals had openly expressed suicidal thoughts before their death. These verbal statements reflected feelings of hopelessness, emotional exhaustion and an inability to cope with ongoing personal, financial or family-related problems. Although the deceased directly communicated their desire to end their lives, family members often interpreted these statements as temporary emotional reactions, expressions of anger or attempts to cope with stress. As a result, the seriousness of these warning signs was underestimated and professional help or timely intervention was rarely sought. The findings suggest that direct verbal expressions of suicidal thoughts should be recognised as significant warning signs rather than dismissed as casual remarks or emotional outbursts. Improving family awareness about the importance of responding appropriately to such expressions may facilitate early intervention and suicide prevention.

Discussion

The present findings are consistent with previous studies reviewed in the literature which emphasize that verbal expressions of suicidal thoughts are important indicators of suicide risk. (Soyuz, 2026) identified suicidal ideation as one of the major individual risk factors preceding suicide and highlighted the importance of recognising such warning signs at an early stage. (Senapati, 2024) reported that adolescents experiencing psychological distress often expressed hopelessness and emotional difficulties before suicide, but these expressions were frequently overlooked by family members. (Kallakuri, 2026) further found that low mental health literacy and stigma delayed appropriate responses to individuals expressing emotional distress, thereby reducing help-seeking behaviour. The findings of the study highlight the need to improve mental health awareness among families and communities so that direct expressions of suicidal thoughts are recognised as serious cries for help requiring immediate emotional support, professional assessment and appropriate intervention.

Sub-theme 5.4.2: Subtle Warning Signs

Verbatim

"When I asked him why he bought a rope, he laughed and said it was for suicide. I Laughed because I thought he was joking."

“She cleared her Kudumbashree loan, bought clothes and chocolates for the children, visited relatives and spent time with family members. She also cleaned and prepared a traditional lamp that had remained unused for a long time.”

Interpretation

The findings indicate that suicidal intent was not always communicated through direct verbal expressions but was often reflected in subtle behavioural and verbal warning signs. Respondents described instances where the deceased made seemingly casual remarks about suicide, joked about ending their life or engaged in unusual preparatory behaviours such as settling debts, purchasing gifts for loved ones, visiting relatives and completing unfinished personal responsibilities. These actions were generally interpreted by family members as ordinary behaviour or temporary

emotional reactions rather than indicators of suicide risk. Consequently, opportunities for timely intervention and emotional support were missed. Several respondents expressed regret during the interviews, stating that they recognised the significance of these behaviours only after the suicide had occurred. The findings highlight that subtle behavioural changes and indirect expressions of distress should be recognised as potential warning signs requiring careful attention and appropriate support.

Discussion

The findings are consistent with previous studies reviewed in the literature which indicate that individuals at risk of suicide often communicate their distress through subtle behavioural changes rather than explicit statements. (Soyuz, 2026) reported that psychological autopsy studies identified life events, emotional distress and behavioural changes as important indicators preceding suicide, emphasizing that warning signs are not always direct or easily recognised. (Senapati, 2024) found that adolescents experiencing psychological distress frequently displayed behavioural changes associated with family conflict, relationship issues and emotional suffering before suicide. (Kallakuri, 2026) also highlighted that limited mental health literacy among family members often results in the misinterpretation of warning signs, delaying timely help-seeking and intervention. These findings support the study where family members interpreted suicidal remarks as jokes and failed to recognise preparatory behaviours as indicators of suicide risk. The findings underscore the importance of improving community awareness regarding subtle warning signs of suicide, enabling families and communities to identify behavioural changes early and facilitate timely psychological support and professional intervention.

Objective 2

To identify the psychosocial factors contributing to suicide among the deceased

Theme 5.5: Psychosocial Factors Contributing to Suicide

Psychosocial factors emerged as the central theme influencing suicidal behaviour among the deceased. The analysis identified four major dimensions within this theme: physical factors, psychological factors, social factors, and economic factors. Although these dimensions are

discussed separately, the findings indicate that they were closely interconnected and collectively contributed to the emotional distress experienced by the deceased.

The findings revealed that suicide was rarely the result of a single event. Rather, it developed through the interaction of multiple stressors that gradually affected the individual's emotional well-being and coping capacity. Physical illnesses often reduced independence, productivity, and quality of life. Psychological difficulties such as stress, anxiety, hopelessness, insomnia, and alcohol dependence further weakened emotional resilience. Social problems, including relationship conflicts, family disputes, social isolation, and withdrawal from social interactions, reduced opportunities for emotional support. Economic challenges such as debt, loans, unemployment, and financial insecurity created additional stress and uncertainty.

A significant finding was the interconnected nature of these psychosocial stressors. For example, chronic illness frequently resulted in loss of employment and increased medical expenses, leading to financial difficulties. Economic strain often contributed to stress, anxiety, hopelessness, and family conflicts. Similarly, social isolation and withdrawal reduced access to emotional support, intensifying psychological distress. Thus, the impact of one problem often extended into other areas of life, creating a cycle of distress that became increasingly difficult to manage.

The findings also showed variations across age groups. Younger individuals were more affected by relationship issues and social acceptance, whereas middle-aged individuals commonly experienced financial pressures and family responsibilities. Among older adults, chronic illness, dependency, loneliness, and concerns about becoming a burden to family members were more prominent. Despite these differences, a common pattern across cases was the gradual accumulation of stressors that overwhelmed the individual's ability to cope.

Sub-theme 5.5.1: Physical Factors

"After the accident, he could not work like before and became hopeless."

"He often said that he was becoming a burden to us because of his illness."

Interpretation

The findings indicate that physical health problems were significant contributors to suicide among several of the deceased. Respondents described how chronic illnesses, physical disabilities, accidents and age-related health conditions reduced the individual's ability to work, perform daily activities and maintain their previous lifestyle. Many experienced persistent pain, limited mobility, and increasing dependence on family members for care and financial support. As their physical condition deteriorated they developed feelings of hopelessness, helplessness and low self-worth. Several respondents reported that the deceased frequently expressed concerns about becoming a burden to their families because of medical expenses, caregiving needs and their inability to contribute economically. These physical limitations gradually affected their emotional well-being, reduced social participation and led to withdrawal from family and community life. The findings suggest that the psychological impact of physical illness extends beyond the disease itself and may increase vulnerability to suicidal behaviour when adequate emotional and social support is lacking.

Discussion

The findings are consistent with previous studies reviewed in the literature which identify chronic illness and physical disability as important risk factors for suicide (Patel, 2022) reported that older adults with chronic illnesses, physical dependence, and declining functional ability experienced increased psychological distress and feelings of hopelessness, thereby increasing suicide vulnerability. (Senapati, 2024) identified physical health problems as one of the major factors contributing to suicide, particularly when accompanied by family stress, psychological distress, and reduced coping ability. (Soyuz, 2026) also found that physical health conditions together with psychological and social challenges contributed significantly to suicidal behaviour, emphasizing the interaction of multiple risk factors rather than illness alone. The findings highlight the need for an integrated approach to suicide prevention among individuals with chronic illnesses and disabilities. Along with timely medical treatment, psychosocial counselling, family support, and rehabilitation services are essential to help individuals cope with illness-related stress. Strengthening awareness and utilisation of government health insurance schemes such as Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Karunya Arogya Suraksha Padhathi (KASP) in Kerala can reduce the financial burden associated with long-term treatment and improve access to healthcare. Ensuring comprehensive health insurance coverage, coupled

with mental health screening for patients with chronic illnesses may reduce feelings of hopelessness, dependency, and financial stress, thereby contributing to suicide prevention.

Sub-theme 5.5.2: Psychological Factors

"He became quiet, hopeless and stopped talking after the breakup."

"He used to cry often and complained that he could not sleep at night."

"He was always worried about his illness and future."

"After the accident, he started drinking and became emotionally withdrawn."

Interpretation

The findings indicate that psychological factors were among the most significant contributors to suicide. Respondents described persistent feelings of hopelessness, sadness, anxiety, stress, insomnia and emotional withdrawal among the deceased prior to their death. In many cases these emotional difficulties developed gradually following stressful life events such as relationship breakdowns, chronic illness, financial problems or accidents. Family members observed that the deceased became quieter, socially withdrawn and less interested in daily activities, while some frequently cried or expressed constant worry about their future. Sleep disturbances particularly insomnia was also commonly reported and appeared to intensify emotional distress and reduce the individual's ability to cope with life challenges. Alcohol use emerged as another important psychological factor with several respondents stating that the deceased began consuming alcohol to cope with emotional pain or physical disability. However continued alcohol use often worsened psychological distress by increasing impulsive behaviour, family conflicts and social withdrawal. These findings suggest that untreated psychological distress when combined with inadequate emotional support and ineffective coping strategies may substantially increase vulnerability to suicide.

Discussion

The findings are consistent with previous studies reviewed in the literature, which identify psychological distress as one of the strongest contributors to suicidal behaviour. (Senapati, 2024)

reported that mental health problems, emotional distress and relationship difficulties were major risk factors for suicide among adolescents in India. (Uzun, 2025) found that individuals with substance use disorders experienced persistent psychological challenges including hopelessness, emotional distress and impaired coping abilities can increased suicide risk. (Soyuz, 2026) also identified psychiatric disorders, substance use, previous self-harm, and emotional difficulties as major individual risk factors contributing to suicide. The study similarly found that symptoms such as hopelessness, insomnia, emotional withdrawal and alcohol misuse were often overlooked or considered temporary reactions by family members. These findings emphasize the importance of early identification of psychological distress, routine mental health screening, timely counselling, de-addiction services and strengthening family awareness to promote help-seeking and prevent suicide.

Sub-theme 5.5.3: Social Factors

Verbatim

"After the relationship ended, he became silent and avoided everyone."

"He mostly stayed at home and stopped meeting relatives and friends."

"After drinking, he often created problems at home and argued with family members."

"She felt that her son and grandchildren would leave her when they moved to the new house."

Interpretation

The findings indicate that social factors significantly influenced the emotional well-being of the deceased and contributed to suicidal behaviour. Respondents frequently reported relationship conflicts, family disputes, social isolation, loneliness and withdrawal from social interactions prior to the suicide. Among adolescents and young adults, romantic relationship problems such as breakups, rejection and betrayal resulted in feelings of sadness, hopelessness and emotional withdrawal. Family conflicts, particularly those associated with alcohol use, domestic violence, and poor communication weakened emotional support within the household. Several respondents also observed that the deceased gradually reduced contact with relatives and friends preferred to remain alone and avoided social gatherings. Elderly individuals persons with chronic illnesses, and those experiencing disability were especially vulnerable to loneliness and fears of abandonment.

These findings suggest that weakened social relationships and the absence of supportive interpersonal networks reduced the ability of individuals to cope with life stressors thereby increasing their vulnerability to suicide.

Discussion

(Senapati, 2024) identified family conflicts, relationship problems, violence and social stressors as major contributors to suicidal behaviour among adolescents in India. (Soyuz, 2026) reported that family dysfunction, interpersonal conflicts, childhood trauma and environmental factors significantly increased suicide risk. (Uzun, 2025) also found that family-related problems, social challenges and substance use negatively affected coping abilities among individuals with suicide attempts. The findings of the study indicate the importance of strong family relationships and social connectedness in promoting mental well-being.

The findings also highlight the need to strengthen the implementation of existing social legislations and welfare programmes that protect vulnerable individuals and families. The Mental Healthcare Act, 2017 promotes access to mental healthcare, protects the rights of persons with mental illness, and emphasises community-based care and rehabilitation. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 seeks to protect older adults from neglect and abandonment by ensuring family responsibility for their care and maintenance. Effective implementation of these legislations along with family counselling services, community support groups and awareness programmes can strengthen social support systems, reduce isolation, improve family functioning, and contribute to suicide prevention.

Sub-theme 5.5.4: Economic Factors

"He often worried about the loans and how they would be repaid."

"After the accident, there was no income and the debts started increasing."

"We had a loan and there was no way to repay it."

Interpretation

The findings indicate that economic hardship was a major contributing factor to suicide among several of the deceased. Respondents described how financial difficulties including loans, mounting debts, reduced income and unemployment created persistent stress and uncertainty. In many cases, economic problems worsened after accidents, chronic illness or disability reduced the individual's ability to work and support the family. Several respondents stated that the deceased constantly worried about repaying loans and meeting household expenses which affected their self-esteem and emotional well-being. The inability to fulfil financial responsibilities often led to feelings of helplessness, inadequacy and hopelessness. These findings suggest that prolonged financial strain, particularly when combined with other psychosocial stressors significantly increased vulnerability to suicide.

Discussion

(Amiri, 2022) reported that unemployment significantly increases the risk of suicidal behaviour by creating financial insecurity and psychological distress. (Senapati, 2024) identified economic problems, academic pressures and family conflicts as important risk factors contributing to suicide among adolescents in India. (Rawat, 2025) also found that poverty, debt, unemployment and financial instability were strongly associated with increased suicide risk, particularly among economically vulnerable households. These findings are further supported by (Uzun, 2025) who observed that financial stress often coexisted with psychological and social challenges, reducing individuals' ability to cope with life difficulties. The study similarly found that debt, reduced income and financial responsibilities created persistent emotional pressure especially among individuals who were previously the primary earners in their families.

The findings highlight the importance of strengthening financial assistance and social security measures for economically vulnerable families. Greater awareness and effective utilisation of government welfare schemes, such as the National Rural Livelihoods Mission (NRLM/Kudumbashree), Pradhan Mantri Mudra Yojana (PMMY) for livelihood support, and Karunya Arogya Suraksha Padhathi (KASP) for reducing medical expenditure, can help lessen financial hardship. Access to financial counselling, debt management services, livelihood rehabilitation programmes and social welfare assistance through Local Self-Government

Institutions can reduce economic stress and strengthen resilience among individuals and families at risk of suicide.

Objective 3

To assess awareness, help-seeking and accessibility of mental health services among residents of the locality.

Theme 5.6: Mental Health Awareness, Help-Seeking Behaviour and Accessibility of Mental Health Services

Mental health awareness, help-seeking behaviour and accessibility of mental health services emerged as important themes in understanding suicide among the deceased. The findings revealed that although many deceased individuals experienced emotional distress, psychological difficulties and behavioural changes before their death awareness regarding mental health problems and available support services remained limited. Family members often failed to recognise warning signs, while many deceased individuals were reluctant to seek professional help. In addition uncertainty regarding the availability and accessibility of mental health services further reduced opportunities for early intervention.

The findings suggest that mental health challenges were frequently viewed as personal or temporary problems rather than conditions requiring professional support. Emotional distress was often managed within the family or ignored in the hope that it would improve over time. Consequently, several opportunities for prevention and timely intervention were missed. The findings highlight the importance of strengthening mental health literacy, promoting positive help-seeking behaviour, and improving access to mental health services at the community level.

Sub-theme 5.6.1: Mental Health Literacy

Verbatim

"We thought he would become normal after a few days. We never realised that the problem was serious."

"He became silent and stayed alone, but we thought it was just because of his personal problems."

Interpretation

The findings indicate that limited mental health literacy among family members contributed to the delayed recognition of suicide risk. Respondents frequently interpreted behavioural changes such as social withdrawal, silence, sadness, irritability and emotional distress as temporary reactions to personal, financial or relationship problems rather than possible indicators of deteriorating mental health. Consequently, the need for professional mental health support was often overlooked. Several respondents expressed regret during the interviews stating that they realised the seriousness of the deceased's condition only after the suicide had occurred. These findings suggest that inadequate awareness of mental health problems and suicide warning signs reduced opportunities for timely intervention, emotional support and referral to appropriate mental health services.

Discussion

The findings are consistent with previous studies reviewed in the literature which identify low mental health literacy as a significant barrier to suicide prevention. (Kallakuri, 2026) found that inadequate mental health literacy among adolescents, parents, and teachers delayed the recognition of psychological distress and reduced help-seeking behaviour. (Vu, 2025) reported that greater suicide literacy was associated with improved recognition of warning signs and more positive help-seeking intentions. (Wyllie, 2025) also highlighted that poor understanding of mental health and suicide contributed to stigma and prevented individuals and families from responding appropriately to emotional distress. The findings of the study reinforce the need for community-based mental health awareness programmes, school and family education and suicide prevention campaigns that improve public understanding of suicide warning signs and promote early identification, timely intervention and appropriate utilisation of mental health services.

Sub-theme 5.6.2: Help-Seeking Behaviour

Verbatim

"He asked whether he could talk to a professional, but we told him we would discuss it later."

"She never wanted others to know about her problems and kept everything to herself."

"I thought the problem would go away on its own."

Interpretation

The findings indicate that help-seeking behaviour among the deceased was limited despite the presence of significant emotional distress. Respondents reported that psychological problems were often perceived as temporary difficulties that would resolve on their own resulting in delays in seeking professional support. In several cases family members underestimated the seriousness of the deceased's emotional condition while some individuals were reluctant to disclose their problems because of fear of judgement, embarrassment or being labelled as mentally ill. Stigma surrounding mental health emerged as a major barrier to seeking help. Respondents also reported that the deceased preferred discussing their concerns with friends rather than family members or mental health professionals. Although peer support provided temporary emotional comfort, it was often insufficient to address severe psychological distress. These findings suggest that both personal and family-related barriers contributed to poor help-seeking behaviour, limiting opportunities for timely intervention and suicide prevention.

Discussion

The present findings are consistent with previous studies reviewed in the literature. (Kallakuri, 2026) found that stigma, low mental health literacy, concerns about confidentiality and negative perceptions of mental health services significantly delayed help-seeking among adolescents in India. (Wyllie, 2025) reported that suicide-related stigma discouraged individuals from discussing emotional problems and seeking professional care. (Cecchin, 2026) identified stigma, fear of judgement and preference for informal support as common barriers to accessing mental health services among young adults. The findings state the need to reduce stigma through community awareness programmes, strengthen mental health education and encourage families to recognise psychological distress as a health issue requiring professional intervention. Creating supportive environments where individuals feel safe to discuss emotional problems can promote early help-seeking and contribute to suicide prevention.

Sub-theme 3: Accessibility of Mental Health Services

Verbatim

"I was not sure where mental health services were available."

"I had heard about Dale View, but we did not know much about other services."

"I did not know that counselling services were available nearby."

"Mental health services were available, but we never thought of using them because it is expensive"

Interpretation

The findings indicate that although mental health services were available awareness and utilisation of these services remained limited among the respondents. While a few respondents were familiar with specialised institutions such as Dale View, knowledge of community-based mental health services including the District Mental Health Programme (DMHP) and Panchayat counselling services was comparatively low. Several respondents were unaware of where mental health services could be accessed or how to obtain professional support. In addition to limited awareness among respondents perceived mental health services as expensive which discouraged them from seeking care. Psychological barriers such as stigma, lack of trust in mental health services and the belief that emotional problems would improve without treatment further reduced service utilisation. These findings suggest that the accessibility of mental health services depends not only on the physical availability of services but also on public awareness, affordability and positive attitudes towards mental healthcare.

Discussion

The present findings are supported by previous studies reviewed in the literature (Kallakuri, 2026) reported that fragmented mental health services, shortages of trained professionals, limited awareness and structural barriers reduced adolescents' access to mental healthcare in India. Similarly, (Cecchin, 2026) identified lack of information about available services, concerns regarding affordability, and fear of stigma as major barriers to service utilisation. (Krishna,2025) also found that limited awareness of community mental health services and poor mental health literacy reduced help-seeking behaviour among adolescents in Kerala. The findings highlight the need to strengthen community awareness regarding existing mental health programmes such as

the District Mental Health Programme (DMHP), DISHA 1056, e-Sanjeevani tele-mental health services, and counselling services available through Primary Health Centres and Local Self-Government Institutions. Improving the affordability of mental health care, expanding community outreach and disseminating information about available services can enhance accessibility, promote early intervention and strengthen suicide prevention efforts.

CHAPTER 6
FINDINGS, SUGGESTION AND CONCLUSION

CHAPTER 6
FINDINGS, SUGGESTION AND CONCLUSION

6.1 FINDINGS

6.1.1 Objective 1: To study the suicide history in the family of the suicide victims

1. The study found that a considerable proportion of the deceased had a history of suicide within either the immediate or extended family. This suggests that exposure to suicide may influence attitudes towards coping with emotional distress and increase vulnerability among family members. The finding indicates the importance of understanding suicide as a family and community concern rather than solely an individual issue.
2. Although most deceased individuals had no previous history of suicide attempts some had attempted suicide before their death. This finding highlights that previous suicide attempts remain an important indicator of future suicide risk and should be considered seriously by family members and professionals.
3. The study revealed that a majority of the deceased had not clearly communicated suicidal intentions before the incident. This finding demonstrates the difficulty in identifying suicide risk and highlights the hidden nature of emotional distress among many individuals.
4. In several cases family members reported that the deceased had made comments about suicide or expressed distress through jokes, casual remarks, or indirect statements. However, these expressions were often dismissed as temporary emotional reactions rather than warning signs. This finding suggests limited awareness regarding suicidal communication within families.
5. Respondents frequently reported behavioural changes such as social withdrawal, sadness, irritability, and hopelessness among the deceased. However, these signs were not always interpreted as indicators of suicide risk, resulting in missed opportunities for intervention

6.1.2 Objective 2: To identify the contributing factors (physical, psychological, social and economic factors) leading to suicide

1. Many deceased individuals suffered from chronic illnesses such as hypertension, diabetes, cancer and other long-term health conditions. Physical illness often reduced mobility, independence and quality of life. Several respondents reported that the deceased felt like a burden to their families due to treatment expenses and caregiving needs.

2. The study identified psychological factors such as stress, anxiety, hopelessness, sadness, insomnia, emotional distress and withdrawal from social interaction among the deceased. These emotional difficulties often remained unaddressed and gradually affected the individual's ability to cope with life challenges.

3. Family members frequently reported behavioural changes including silence, irritability, aggression, frequent crying, social withdrawal and loss of interest in daily activities. These behavioural indicators suggest that many deceased individuals experienced emotional distress prior to their death.

4. A substantial proportion of the deceased had a history of alcohol consumption. Alcohol use was associated with family conflicts, emotional instability, impaired judgement and increased vulnerability to suicidal thoughts. Daily alcohol consumption was particularly common among those with a history of suicidal ideation.

5. Among adolescents and young adults, relationship conflicts, breakups, rejection, and emotional attachment issues emerged as important factors. These experiences often resulted in sadness, hopelessness, and emotional crises that affected mental well-being.

6. The study found that feelings of isolation and loneliness were common particularly among elderly individuals and those suffering from chronic illnesses. Reduced social interaction and withdrawal from family and community activities limited emotional support and increased psychological vulnerability.

7. Domestic conflicts, strained family relationships and communication difficulties reduced emotional support systems for some deceased individuals. Family conflicts were found to negatively affect the availability of supportive relationships.

8. Debt, loans, reduced income, unemployment and fear of job loss were identified as important economic stressors. Financial strain often coexisted with physical illness and psychological distress, creating additional pressure on the deceased and their families.
9. The findings indicate that suicide rarely occurred due to a single reason. Instead, physical illness, psychological distress, social problems, and economic challenges interacted and accumulated over time, reducing the individual's ability to cope effectively with life stressors.

6.1.3 Objective 3: To assess awareness, help-seeking behaviour and accessibility of mental health services among residents of the locality

1. Only a small proportion of the deceased had sought professional mental health support before their death. This finding indicates that mental health services were underutilised despite the presence of emotional distress and behavioural changes.
2. Most respondents reported that the deceased rarely discussed mental health problems or suicidal thoughts with family members. This suggests the continued presence of stigma and discomfort surrounding conversations related to mental health.
3. Respondents commonly believed that the deceased's problems would resolve naturally with time. Emotional distress and behavioural changes were therefore not always viewed as requiring professional intervention.
4. Awareness was highest for Dale View Mental Health Centre, while awareness regarding the District Mental Health Programme (DMHP), Panchayat counselling services, and private mental health services was comparatively lower. This indicates uneven knowledge regarding available mental health resources within the community.
5. Many respondents reported that mental health services were either inaccessible or that they were unsure about their availability. This uncertainty may have prevented individuals from seeking professional support when needed.

6. The findings suggest that low mental health literacy, poor help-seeking behaviour, and limited accessibility of services collectively reduced opportunities for early identification and intervention among individuals experiencing psychological distress.
7. The study highlights the need for stronger mental health awareness programmes, improved service visibility and greater community engagement to promote timely help-seeking behaviour and suicide prevention.

6.2 SUGGESTIONS

6.2.1 Objective 1: To study the suicide history in the family of the suicide victims

- Conduct family-based suicide prevention awareness programmes to improve understanding of suicide risk factors, warning signs and suicidal communication.
- Strengthen psychoeducation programmes for families with a history of suicide to enhance coping skills and emotional support within the family.
- Establish support groups for suicide-bereaved families to address grief, trauma and emotional distress.
- Train ASHA workers, community health workers and local leaders to identify high-risk families and facilitate early intervention.
- Promote open communication within families regarding emotional difficulties and mental health concerns.
- Strengthen community-based suicide prevention initiatives through collaboration between health departments, local self-government institutions, and community organizations.
- Ensure regular follow-up and psychosocial support for families affected by suicide through the District Mental Health Programme (DMHP).

6.2.2 Objective 2: To identify the contributing factors (physical, psychological, social and economic factors) leading to suicide

- Integrate mental health screening and counselling services into the care of individuals with chronic illnesses, disabilities and age-related health conditions.
- Strengthen de-addiction services and alcohol awareness programmes to address alcohol-related psychological distress and family conflicts.
- Establish counselling and life-skill education programmes in schools and colleges to support adolescents and young adults experiencing emotional and relationship-related difficulties.
- Expand community-based elderly care initiatives such as Palliative Care Units and Paka Veedu programmes to reduce loneliness and social isolation among older adults.
- Strengthen family counselling services to improve communication, resolve conflicts, and enhance emotional support within households.
- Link vulnerable individuals facing unemployment, debt, and financial stress with livelihood programmes, social security schemes, and financial counselling services.
- Develop integrated suicide prevention strategies that simultaneously address physical health, psychological well-being, social support and economic challenges.

6.2.3 Objective 3: To assess awareness, help-seeking behaviour and accessibility of mental health services among residents of the locality

- Conduct regular community mental health awareness campaigns to improve knowledge about mental health issues, suicide warning signs, and available support services.
- Strengthen outreach activities under the District Mental Health Programme (DMHP) to improve awareness and utilization of mental health services.
- Promote awareness and use of Tele-MANAS, Panchayat counselling services and other community-based mental health resources.

- Provide mental health literacy and suicide prevention training for teachers, ASHA workers, Anganwadi workers, Kudumbashree members and community volunteers.
- Establish or strengthen counselling centres at the Panchayat level to improve access to mental health services in rural areas.
- Encourage open discussions on mental health and suicide within families, educational institutions and community settings to reduce stigma and promote help-seeking behaviour.
- Strengthen referral systems between Primary Health Centres, Family Health Centres, DMHP units, and specialized mental health institutions to ensure timely access to care and continuity of support.

6.3 CONCLUSION

The study examined suicide history, psychosocial factors contributing to suicide and the awareness and accessibility of mental health services among suicide victims reported under the jurisdiction of Aryanad Police Station during 2024. The findings revealed that suicide is a complex phenomenon influenced by the interaction of physical, psychological, social and economic factors. Chronic illnesses, psychological distress, alcohol use, relationship problems, family conflicts, social isolation, financial stress and debt emerged as significant factors associated with suicide among the deceased. The study also found that many individuals experienced emotional distress and behavioural changes prior to their death but these warning signs were often overlooked or underestimated by family members. A notable proportion of the deceased had a family history of suicide indicating the importance of understanding suicide risk within a broader familial and social context.

The study further highlighted low levels of help-seeking behaviour and limited awareness of mental health services and most individuals not accessing professional support despite experiencing emotional difficulties. These findings underlying the need for a comprehensive and community-based approach to suicide prevention that includes strengthening mental health awareness, improving access to counselling and psychiatric services, addressing substance abuse, supporting individuals with chronic illnesses, reducing social isolation and enhancing family and

community support systems. Suicide should be viewed not only as an individual act but also as a significant public health and social issue. Coordinated efforts involving healthcare professionals, local self-government institutions, educational institutions, law enforcement agencies, non-governmental organizations, and the wider community are essential for early identification, timely interventionand the development of accessible support systems to promote mental well-being and prevent suicide in the Aryanad region.

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APPENDIX

CONTRIBUTING FACTORS OF SUICIDE AND MENTAL HEALTH ACCESSIBILITY UNDER THE JURISDICTION OF ARYANAD POLICE STATION

Instructions to the Respondent

Dear Respondent,

I am a postgraduate student of the Department of Social Work. This questionnaire is intended solely for academic research purposes. The information provided by you will be kept strictly confidential and used only for research. Your participation is voluntary, and you may withdraw from the study at any time.

Socio-demographic Profile of the Respondent

1. Age: _____ years

2. Gender

- ☐ Male
- ☐ Female
- ☐ Other

3. Relationship with the deceased

4. Educational Qualification

☐ No formal education

☐ Primary (1–4)

☐ Upper Primary (5–7)

☐ High School

☐ Higher Secondary

☐ Diploma

☐ Graduate

☐ Postgraduate

☐ M.Phil./Ph.D.

5. Monthly Family Income

☐ Below ₹10,000

☐ ₹10,001–25,000

☐ ₹25,001–50,000

☐ ₹50,001–75,000

☐ ₹75,001–1,00,000

☐ Above ₹1,00,000

6. Religion

☐ Hindu

☐ Muslim

☐ Christian

☐ Other _____

7. Category

☐ General

☐ OBC

☐ OEC

☐ SC

☐ ST

Household Information

8. Present household members

9. Sources of income (Tick all that apply)

☐ Agriculture

☐ Business

☐ Employment

☐ Pension

☐ Rent

☐ Other _____

10. Major household expenditure

☐ Food

☐ Education

☐ Healthcare

☐ Electricity

☐ Transportation

☐ Other _____

11. Assets owned

☐ House

☐ Land

☐ Two-wheeler

☐ Four-wheeler

☐ Mobile phone

☐ Water connection

☐ Other _____

12. Has the family taken any loan?

☐ Yes

☐ No

13. Source of loan

☐ Bank

☐ Cooperative

☐ Kudumbashree

☐ SHG

☐ Friends/Relatives

☐ Money lender

☐ Other _____

14. Amount of loan

15. Major household stressors during the past one year

☐ Illness

☐ Job loss

☐ Alcoholism

☐ Death in family

☐ Family conflict

☐ Other _____

Profile of the Deceased

16. Deceased Code: _____

17. Age

18. Gender

19. Marital Status

20. Educational Qualification

21. Occupation

Suicide History

22. Was there any previous history of suicide in the family?

☐ Yes

☐ No

23. Had the deceased attempted suicide previously?

☐ Never

☐ Once

☐ More than once

24. Did the deceased express suicidal thoughts before death?

☐ Yes

☐ No

25. If yes, mention the possible reasons.

Contributing Factors of Suicide

Physical Factors

26. Did the deceased suffer from any chronic illness?

☐ Diabetes

☐ Hypertension

☐ Heart disease

☐ Cancer

☐ Kidney disease

☐ Arthritis

☐ Other _____

Psychological Factors

27. Did the deceased experience any of the following?

☐ Anxiety

☐ Depression

☐ Stress

☐ Insomnia

☐ Social withdrawal

☐ Crying frequently

☐ Other _____

28. Did the deceased seek professional help?

☐ Yes

☐ No

Social Factors

29. Did the deceased experience

☐ Family conflict

☐ Relationship problems

☐ Domestic violence

☐ Social isolation

☐ Loneliness

☐ Abuse

☐ Other _____

30. Was there any support system available?

☐ Family

☐ Friends

☐ Professionals

☐ None

Economic Factors

31. Did the family experience

☐ Debt

☐ Reduced income

☐ Unemployment

☐ Financial burden

☐ Other _____

32. Was the deceased financially responsible for the family?

☐ Yes

☐ No

Alcohol and Substance Use

33. Did the deceased consume alcohol or drugs?

☐ Alcohol

☐ Drugs

☐ Smoking

☐ None

34. Frequency of alcohol consumption

☐ Daily

☐ Weekly

☐ Monthly

☐ Occasionally

35. Did substance use create family problems?

☐ Yes

☐ No

If yes, specify

Mental Health Awareness and Accessibility

36. Are you aware of the following mental health services?

Service	Yes	No
DMHP	☐	☐
Dale View	☐	☐
Panchayat Counselling	☐	☐
Private Mental Health Services	☐	☐

37. Are mental health services easily accessible?

☐ Yes

☐ No

☐ Not sure

38. Do people openly discuss mental health and suicide in your community?

☐ Yes

☐ No

☐ Not sure

Additional Information

39. Is there anything else you would like to share regarding the circumstances that may have contributed to the suicide?

40. In your opinion, what measures can help prevent suicide in your locality?