Report on Suicide Prevention among Youth

Duration:
September 6th to 10th October 2018

Places of Intervention:
RGU Secondary Schools, Hostels, Community

Resource Person:

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With
Team of MSW III Students-2018

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Contents:

1. Background
2. Introduction
3. Rationale
4. Objectives
5. Theoretical Framework and Review of Literature
6. Form of Communication in Suicide Prevention
7. Programmes Implemented on Suicide Prevention (September-October 2018)
8. Previous Intervention (2016 & 2017)
9. Conclusion
10. Annexure

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1. BACKGROUND

The Centre for Youth development and Leadership Studies (CYDLS) was established in the year 2016 by the Department of Social Work. It aims to promote psychosocial wellbeing of youth, develop their leadership qualities, sustainable development of community through youth engagement by providing them training and guidance. In order to operationalise the various objectives; the centre have three specific Cells to have a focused and dedicated approach: Counselling Resource Cell (CRC), Youth and Community engagement Cell and Training and Leadership Cell. Each cell is coordinated by one faculty each from the Department of Social Work. The Counselling Resouce Cell (CRC) is coordinated by Miss Chaphiak Lowang, Assistant Professor Dept. of Social Work.

The CRC aims to develop life skills among youth of the university with a larger focus on building resilience against day to day struggles and challenges. With this aim to achieve the Centre acknowledges and planned to organize an awareness programme on 'Suicide Prevention' through which the students of the department could help themselves in identifying their risk and warning signs for appropriate intervention. Further, their learning could be implemented in the field through one-to-one or community engagement which could develop their leadership qualities and achieve professional growth at the same time.

2. INTRODUCTION

Suicide or Intentional self Harm is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result (Durkheim). Suicide in India is distinctive from western countries. In India it is because of psychosocial reasons and in the west it's more with alcohol use disorder and impulsive personality traits [2]. The NCRB, 2015 records says that "Every hour, one student commits suicide in India" which accounts for the world's highest suicide rates among the age group 15-29 years [1].

The centre for Youth development and leadership studies (CYDLS) hence aims to prevent suicide among youth in the university through various interventions. To obtain the objective the coordinator of Counseling Resource Cell (CRC), CYDLS acknowledged

the students of Master in Social Work (MSW) on various suicide concepts like suicidality, suicidal ideation, suicide attempt, and suicide completers through lectures, discussions, programme media, case analysis and providing factsheets from the journal like Pubmed. The students were guided to know the suicide risks and differentiate it from warning signs of suicide. And to understand that suicide can be prevented by strengthening our protective factors we can prevent suicide. Also for professional competency and development they were assisted on how to use suicidal and depression assessment tools while performing psychosocial intervention with the client and understand the suicidal mind and suicide theories for empathetic skills. Lastly factsheet on suicide were also provided. Later the students were to conduct an awareness programme on suicide prevention through various progammes and activities using various modus operandi.

With this objective of preventing suicide the students conducted 5 awareness programme at school, hostels and community of Rajiv Gandhi University. An awareness programme was also conducted at Indo Global Social Service society (IGSSS) for the youth of 6 villages identified by the organization. In total, 207 participants have endorsed as a participant in suicide prevention excluding the student participants (45 in total) of Himalayan University where suicide prevention programme was conducted by IGSSS in collaboration with students of MSW from Department of Social Work, RGU. Lastly the report highlights some previous intervention implemented in an attempt to prevent suicide by building resilience in the year 2016 and 2017.

3. RATIONALE

Suicide is a leading cause of death worldwide, killing more than 800,000 people each year says World Health Organization [WHO], 2014. It is the second leading cause of death globally among young people of 15-29 years of age (WHO, 2012) and India accounts for the world's highest suicide rates of this age specified. A GOI report in 1999 revealed that more than 65% of all suicides are committed by persons between ages of 15 to 24 years [3]. In 2015 as per NCRB, Maharashtra reported highest student suicides rates of 1230(14%) of 8,934, followed by Tamilnadu (955) and Chhattisgarh (625) at the national level [1].

Therefore with the aim to curtail suicide rate in India, organizing an Awareness Programme on Suicide prevention for the university students and community at large of the region is a significant step. Secondly as per the study by Levy and Deykin (1989) it indicates that suicide ideation occurs frequently in the absence of clinically significant depressive symptoms amongst first year college students [10]. Also a study from Chennai shows that 25% suffered from depressive disorders and majority of 60% had mild or moderate depression and majority of them attempted suicide in the first episode [2]. Hence to identify a student with ideation we need not rely solely on depression screening tools and professionals experts but a simple awareness programme by anyone with a knowledge of identifying risk and warning factors and acknowledging the importance of protective factors in preventing suicide could contribute a lot in preventing suicide.

4. OBJECTIVES

The Centre for Youth development and Leadership Studies (CYDLS) in participation with students of social work aim to prevent suicide in the university campus and community at large through the following objectives:

4.1 To aware the students of third semester on suicidality, risk factors, warning signs and preventive measures through class lectures using programme media, discussions and case analysis.

4.2 To familiarize the students with suicidal assessment and Depression assessment tools used by Psychiatric social worker in psychosocial intervention by self assessment.

4.3 To reach out to community at large through various programmes conducted by the students and the coordinator through grapevine mode of communication.

4.4 To develop a professional competency among social work students on preplanning, implementation and evaluation of a programme by intervening in field individually or in group.

5. THEREOTICAL FRAMEWORK and REVIEW OF LITERATURE

5.1. Concepts of Suicide

Sir Emile Durkheim states that, "the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result". It is also termed as "Intentional Self Harm" (ISH). For an effective suicide prevention intervention the students were acknowledged and discussed on various terminologies for concept clarity. Some of these concepts were Suicidality, Suicide Ideation, Suicide attempt, Suicide Survivors.

Suicidality is a term denoting all the suicidal behavior comprising of suicidal ideation, suicidal attempt with the extreme end of killing oneself. It includes the whole process from 'Ideation-to-Action' (Klonsky & May, 2014). It indicates intensification of risk factors or weakening of protective factors. Suicide Ideation is an occurrence of passive thoughts of wanting to be dead ('It would have been better if I were dead', It's better to die than live') or active thoughts of killing oneself like surfing for painless dead or being observed acting out the dead with a rope or cloth around the neck. Suicide Attempt is the ideation carried out in action leading the person in need of medical intervention. It may be fatal and nonfatal. It is a cry out for help or conscious act of killing oneself. Intervention at the level can prevent attempt in future and save someone from killing oneself. Suicide Survivors is denoted to family members and friends who have lost a loved one to suicide. The terminology is mostly mistaken with those who have attempted suicide but survived. Suicide survivors are the grievers in suicide death. It leaves an impact on the survivors [5].

5.2. Understanding Risk Factors, Warning Signs and Protective factors in Suicide prevention.

Secondly being aware of the risk factors and able to identify warning signs could assist in strengthening protective factors. Hence prevent suicide. Risk factors are characteristics that make it *more likely* that individuals will consider, attempt, or die

by suicide. Protective factors are characteristics that make it *less likely* that individuals will consider, attempt, or die by suicide. *Risk factors are not warning signs.* Risk factors are often confused with warning signs of suicide, and frequently suicide prevention materials mix the two into lists of "what to watch out for." But the two are very different. Warning signs indicate an immediate risk of suicide, whereas risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk (Rudd et al., 2006). An examples of Risk and Protective Factors and Warning Signs for Heart Attack and Suicide in shown in the table below:

	Heart Attack	***Suicide***
Examples of Risk Factors (Individual level) Indicate that someone is at higher risk for heart attack or suicide	Tobacco use • Obesity • High LDL cholesterol • Physical inactivity	Prior suicide attempt • Mood disorders • Substance abuse • Access to lethal means
Examples of Protective Factors (Individual level) Indicate that someone is at lower risk for heart attack or suicide	Exercise • Sound diet • High HDL cholesterol • Stress management	Connectedness • Availability of physical and mental health care • Coping ability
Examples of Warning Signs Indicate that someone is having a heart attack or is seriously considering suicide	Chest pain • Shortness of breath • Cold sweat • Nausea • Lightheadedness	Threatening to hurt or kill oneself • Seeking a means to kill oneself • Hopelessness • Increasing alcohol or drug use • Dramatic mood changes

5.3. Understanding the Suicidal Mind

The 10 psychological commonalities of suicide from the book of 'the Suicidal Mind' by Edwin Shneidman says that the mind of a suicidal person is constricted in its ability to perceive options, and, in fact, mistakenly sees only two choices-either continue suffering or die. They use consistent pattern of life long styles of coping like 'black or white thinking'. They are unable to see the middle range path of solving problems. Their act of attempting suicide is an act of escapism from psychological pain which is destructing them. Suicide thus is the process of seeking solution by 'cessation of consciousness'. Yet deep down they are ambivalent in nature. They wish to die and at the same time they simultaneously wish to be rescued [14].

5.4. Traditional and New generation Theories of Suicide

Many theorists have sought to explain suicide. For example, Shneidman (1985, 1993) explained suicide as a response to overwhelming pain (i.e., psychache), Durkheim (1897/1951) emphasized the role of social isolation, Baumeister (1990) described suicide as an escape from an aversive state of mind, and Beck and Abramson (Abramson et al., 2000; Beck, 1967) highlighted the role of hopelessness. These theories have been tremendously useful in guiding suicide research and prevention efforts. At the same time, these theories share a particular feature that may be limiting progress in understanding suicide: They fail to differentiate explanations for suicidal thoughts and suicidal behavior. Klonsky and May (2014) argued that an "ideation-to-action" framework should guide suicide theory, research, and prevention.

Joiner's Interpersonal Theory and Rory O'Connor's (2011) Integrated Motivational-Volitional model are new generation theories of suicide. Thomas Joiner (2005) introduced his Interpersonal Theory of Suicide. He introduced a framework by which (a) suicidal ideation and (b) the progression from ideation to attempts were treated as separate processes that come with separate sets of explanations and risk factors. Joiner proposed a specific application of the framework: Perceptions of low belongingness and high burdensomeness combine to bring about desire for suicide, whereas high capability for suicide facilitates potentially lethal suicide attempts. Another recent theory of suicide, Rory O'Connor's (2011) Integrated Motivational-Volitional model, also proposes separate explanations for suicidal ideation and suicide attempts. O'Connor suggests that defeat and entrapment are the primary drivers of suicidal ideation, and that acquired capability along with others factors (e.g., access to lethal means, planning, impulsivity) explain the propensity to act on suicidal thoughts [6]. Thus, the theory hypothesizes that suicide ideation results from the combination of pain (usually psychological pain) and hopelessness. Second, among those experiencing both pain and hopelessness, connectedness is a key protective factor against escalating ideation. Third, the theory views the progression from ideation to attempts as facilitated by dispositional, acquired, and practical contributors to the capacity to attempt suicide.

5.5. *Tools in Assessing suicide and Depression*

The SADPERSONS and Beck Depression Inventory (BDI) were the tools acknowledged on its psychosocial applicability to the students. The tools were first assessed by themselves in identifying their scale and status on suicide and depression. The SADPERSONS and BDI are reliable tools as given by WHO. It is used by mental health professionals widely across the globe and the tools are applicable in the county like India.

5.6. *Factsheets and Distinctive Epidemiological Patterns in India*

Indian suicides are due to complex psychosocial reasons. On the contrary, western countries are seen more with alcohol use disorder and impulsive personality traits [2]. According to National Institute of Mental Health (NIMH) Factsheet, 2016 the risk factors for suicide include depression and other mental disorders and substance abuse disorders often in combination with other mental disorders [7]. Depression is a

significant risk factor, with nearly 10-15% of depressed persons successfully committing suicide. It is the major contributor to suicide deaths, which number close to 800,000 per year (WHO, 2015). The WHO report that the total cases of depressive disorders in 2015 in India were 5,66,75,969 i.e 4.5% of the population in 2015 and the total cases of anxiety disorders were 3,84,250,93 i.e 3% of the population the year 2015. The report also indicates the total Years Lived with Disability (YLD) in India for Depressive Disorders was 1,00,504,11 i.e. 7.1% of the total YLD, the largest contributor to global disability and for anxiety disorders, total years for YLD was 35,19,527 (2.5%) of total YLD [8].

Studies show high proportions of teens and youth especially female with suicidal ideation. Sharma, et al. in their study on adolescent students found the prevalence of suicidal ideation 16% and 5% having attempted suicide. Females were seen as being more vulnerable. The study conducted by Siddhartha and Jena, 2006 show the age group from 12-19 years old, more female than male having suicidal ideation of 21.7% and 8% attempt. The study by Sharma et. al also indicate that 14-19 years old, more female than male have the suicidal ideation of 15.8% and 5.1% of attempters. Besides the suicidal ideation of 6% and attempters 0.4%, study by Arun and Chavan 2009 for the age group 12-17 years old also reported high proportions of psychological problems [9].

Alcohol use disorders, financial problems, interpersonal problems like family conflicts and domestic quarrels or marital problems, chronic physical illness, and academic and romantic failures form important issues causing psychological distress. The various other risk factors which correlate with higher percent of ideation and attempt are single parent alive, working mother, role models using substance and part time work [2]. Risk for suicide also occurs when combine with external circumstances. Examples of these stressors are disciplinary problems, family violence, sexual orientation confusion, physical and sexual abuse and being victim of bullying [7].

'Data on suicide attempts indicate suicide attempts may be up to 20 times higher than the number of completed suicide"[12]. All the attempters were less than 30 years of age says the study by Srivastava and Kumar [10]. This is comparable to the study by Narang et al (73%) and Srikumar et al. (47.5%) of the attempters were less than 30 years of age. [10,11] Similar findings are seen in other Indian studies by Chandrasekaran et al[13], Ponnudurai et al [3] and Venoka Rao (age between 16 to 30 years). Also a study by Singh et. al in the year 2014, also indicates that majority of the suicide attempters belonged to 21-30 years age group (65%), followed by less than and equal to 20 years of age with 22%.

5.7. *Is India suffering from deficiency of mental health professionals?*

According to Union Ministry of Health and Family Welfare, the country needs 11,500 psychiatrists but has just 3,500. In India, the entire mental health workforce, comprising clinical psyhiatrists, psychologists, psychiatric social workers and psychiatric nurses stands at 7000, while the actual requirement is 54,750 (WHO 2011). A study by Murthy in the year 2000, also indicates that to meet the mental health

needs in India, there are 3,500 psychiatrist, 1000 psychitric social worker, 1,000 clinical psychologists and 900 psychiatric nurses.

At present, India spends around 0.06% of its health budget on mental health whereas most developed nations spend over 4% of their budgets on mental health research, infrastructure, frameworks and talent pool (2011 WHO).

6. Grapevine form of Communication in Suicide prevention

The following flowchart indicates the grapevine form of communication used by the CRC coordinator to spread the awareness to the majority masses. The total number of the programme recipients in record is 207 with 45 beneficiaries from Himalyan University conducted by IGSSS. With the aim of these 207 participants each one teach one or each one teach two or three on suicide prevention, the centre CYDLS concluded the month long intervention on 10th October 2018.

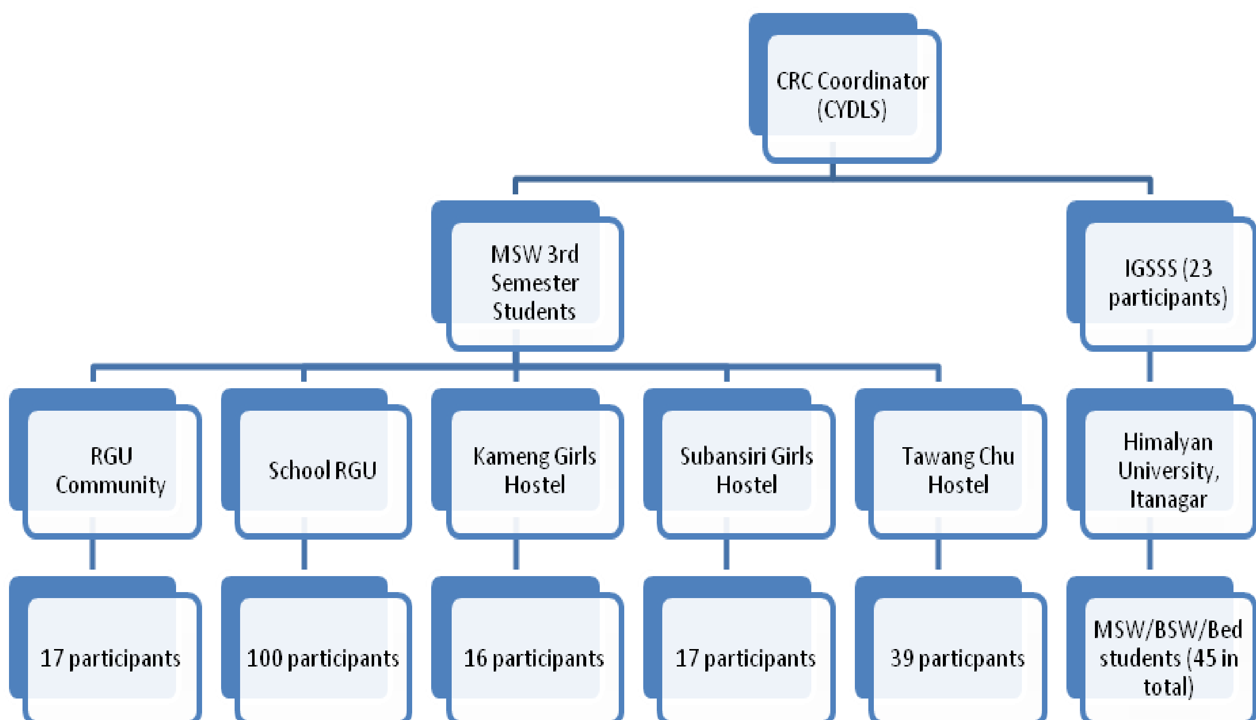

Figure 1: Form of Communication implemented in suicide prevention awareness among youth in Papumpare District, Arunachal Pradesh.

7. Programmes Implemented on Suicide Prevention

September 10th is World Suicide Prevention Day. Observing the day, the Centre for Youth development and Leadership Studies (CYDLS) through its Counseling Resource Cell (CRC) have organized an awareness programme on Suicide Prevention for the students of 3rd semester 2018. The awareness program aims to acknowledge the students on various suicide concepts and its importance in suicide prevention. It also emphasis in understanding the risk factors and identifying the warning signs in preventing suicide. This schedule of programme implemented is as shown below with brief contents and expected outcome:

Date	Time/Place	Programme	Activities/Modus Operandi	Resource Person	Target	Expected Outcome
6th Sept 2018	11 am to 1 pm in RGU	Suicidality (Ideation-Attempt-Completers)	Lectures, Discussions, programme media, case analysis, articles from pubmed	Ms Chaphiak Lowang, Cordinator CRC, CYDLS	MSW 3rd Semester students ()	Concept clarity on suicide, know risk/waning/protective factors, suicide and depression assessment, learn preplanning, implementation and evaluation of a programme
9th Sept 2018	10 am to 4.30 pm at IGSSS	Life Skills and Sexual Reproductive & Health Rights Workshop organized by Indo Global Social service Society (IGSSS)	Lectures, Discussions, exercises: Suicide and Depression Assessment (BDI & SADPERSONS), SWOT Analysis, Self Awareness	Ms Chaphiak Lowang, Assistant professor, Dept. of social Work, RGU	Students from 6 villages near Itanagar (total participants =)	Enhance Interpersonal skills through communication skills, develop empathy through family life cycle stages, self assessment of suicide and Depression, significance & prevalence of suicide and depression in India and in Arunachal Pradesh

Table 1: Awareness programme on Suicide prevention organized by the CRC Coordinator, CYDLS for the students and community.

The awareness programme did not end at this. Further, the students were encouraged and guided to organized such awareness programme at hostels, home, colleges, universities and communities as per their outreach feasibility. The programmes implemented in the month of September and October by the MSW 3rd students are given below:

Date	**Time/Place**	**Programme**	**Activities/Modus Operandi**	**Name of MSW 3rd semester**	**Target**	**No of participants**
19th Sept. 2018	2 pm to 3 pm	Awareness on Suicide Prevention	Discussion and Interaction	Govin Burman, Juni Taku, Taro Romi, Simi Mena, Deyir Tali, Mebing Tsangdo	Govt. Seconday School, RGU (class VII, IX, X)	100 students participated (97 students & 3 teachers)
20th Sept. 2018	6.00 pm to 7.30 pm	Awareness on Suicide Prevention	Ice breaking, Programme media, power point, exercise on BDI, discussion	Miss Toko Jiri	Girl Hostelers at Kameng Halls of residence	16 hostel participants
23rd Sept. 2018	7 pm to 8 pm	Awareness on Suicide Prevention	Programme media, power point, pamphlets, BDI & SADPERSONS assessment	Partha Jyoti, Khiapgi Agi, Bharat Gyadi, Eha Migri.	Male Hostelers at Tawang Chu halls of residence	39 male hostellors participated
8th October 2018	5 pm to 6 pm	Awareness on Suicide Prevention	Interaction and Discussion	Ngurang Amang, Kasimang Jamoh, Tana Nadap	Subansiri halls of residence	17 participants
24th Sept. 2018	4.00 pm to 7.00 pm	Suicide Prevention	Ppt, SADPERSONS, Interaction	Yapi, Priyanka, Bamin,	Shiv Mandir Colony,	08 participants

				Ishiya, Rimashree, Amo, Dani, Goda	RGU	

Table 2: An awareness programmes conducted by the MSW 3rd Semester students.

8. PROGRAMMES AND ACTIVITIES IN PREVIOUS YEARS (2016 to 2017) ON SUICIDE PREVENTION

The Department of Social work and the Centre for Youth development and Leadership Studies have emphasized on developing resilience and promoting psychosocial well being of the students of the department as well as the students of the university. The Department and Centre have previously organized lectures and workshop through resources available in the department and near to the state. The following table briefly highlights the programmes and activities undertaken by the department and centre on suicide prevention and on mental health well being of the youth in the university:

Date	Time	Programme	Resource Person	Target	Outcome
9th/10th March 2016	10 am to 3.30 pm	Awareness on Depression and Substance Abuse	Dr Bornali Das, Psychiatric Social worker, GMCH, Assam	Social Work students	Identify self in risk factors for suicide, 9 students in one to one counseling
19th to 20th April 2017	10 am to 4.00 pm	Two days Workshop on Mental health and Emotional well being	Mental Health professionals from LGBRIMH, Tezpur, Vice Principal School of Nursing Guwahati, Psychiatrist Itanagar, Psychaitric Social worker, GMCH Guwahati	2 students from every dept in University & Dept. of SW students	Prevalence of Depression and Suicide among youth, identifying risk and protective factors, suicide prevention: enhancing skills for self confidence and self esteem, positive mental health, strengthening gatekeepers, Training Emotional First Aid
September 2017 (Monday to	1.30 pm to	Stress Management and Crisis	Ms Chaphiak Lowang, Asst. Professor Dept.	Open Elective Students,	Facilitating problem solving skills, use time

Thurday)	2.30 pm	Intervention	Of Social Work, RGU	MSW students	management matrix in problem solving, critical thinking in decision making, understand crisis model and crisis intervention

9. CONCLUSION

Suicide among youth in India is a matter of concern. The country accounts for the world's highest suicide rate among the age group between 15-29 years. The NCRB report in the year 2015 says that every hour on student commits suicide. Suicide an act of killing oneself is a cry for help. The individual are in psychological pain which is unbearable for them and cessation of this pain is the only option they view. For the style of coping they mostly use is 'black or white thinking'. They fail to see the middle path. Deep down they are ambivalent in nature. They wish to die and at the same time they simultaneously wish to be rescued. Therefore we need to look out for warning signs and through awareness at primordial, primary and secondary level intervene in reducing the risks factors. Awareness programme in the form of brief intervention could reduce the intake of ethanol and workshop on life skills could enhance an individual's life competency making him more resilience.

Suicide occurs when there is intensification of risk factors, failure in identifying warning signs and weakening of protective factors. The theory by Klonsky and May 2014, says that the combination of pain and hopelessness is required to bring about suicidal ideation. Someone in pain but with hope for a better future will continue to engage with life. Similarly, someone who feels hopeless about the future but without day-to-day pain will not consider suicide. Thus Pain + Hopelessness = Suicide. And the best way to prevent suicide is by strengthening protective factors to minimize hopelessness. Being a good listener, an empathetic person and an acceptance over social stigma could assist in suicide prevention. The provision of suicide hotline in every state and availability of professional counselor at school, colleges and universities could prevent suicide at a great extent.

Suicide prevention is the need of the hour. But with the present deficit status of mental health professionals, high social stigma and 0.06% of mental health national budget; we have a long way to go. But it is not impossible. With awareness programme and guidance we can prevent suicide to a great extent. The month long Suicide Prevention Programme outreached a total of 46 participants by Coordinator of CRC and a total of 189 participants by the MSW III Semester students. And in an extended programme by IGSSS a total of 45 students participated in the suicide prevention programme. Thus, the suicide prevention programme benefited a total of 280 participants in list.

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Annexures:

A. Photo Gallery

Photo 1: Shiv Mandir Colony, RGU

Photo 2: Subansiri Halls of residence

Photo 4: Govt. Seconday School, RGU (class VII, IX, X)

Photo 5: Tawang Chu Hostels for boys

Photo 5: Kameng halls of residence

Photo 6: At Indo Global Social Service Society (IGSSS)