Those without a voice

TALKING POINT

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No one is immune from suicide; it can affect any age group. PHOTO: SHUTTERSTOCK.COM

An individual's sudden death is like a thunderclap in a clear sky. Social media is immediately flooded with messages of shock and grief.

Through one-to-one communications, people try to understand what happened and find out the cause of death. Was it another fatality at the place of work or at a roadside accident? Was it because of a sudden illness? Some say they have just met him or talked to him!

But then suddenly there is a soft whisper. This was a suicide and everyone goes silent! The victim gets in everyone's prayers, and so they write. Indeed a noble gesture. Silently friends start to ruminate: "How come we did not recognise the person's grim intentions?"

At the victim's residence, there is more disbelief, crying and exasperation. Even the first responders who answered the call are distraught and feel helpless. Debriefing is organised for them but duty calls – time is limited, they need to respond to another accident!

A police investigation ensues to establish the facts, but information may be scant. The victim's letter of intent and the type of death will help establish the real dreadful diagnosis. Toxicological tests may be ordered by the inquiring magistrate, but these will not be available to any researcher studying these cases.

At the funeral mass, friends turn up in large numbers but who can comfort them? How will their life be without him around?

Days and weeks start to pass by. Friends and neighbours do their utmost to support the loved ones. It is as if the victim's family are stuck with a black spot as in Robert Louis Stevenson's novel, a spot they will have carried all along and on their own.

This is the stark reality of suicide. Some may have different opinions or experiences.

Outside this grim reality, researchers, policymakers, journalists try to make sense of all this and ask questions. Some run after numbers – "They seem to be on the increase". Others calm the situation and say: "the numbers are stable, about two per month or so, and these compare well with other European countries".

The reality is that even one victim is a matter of concern. During the victim's difficulties, did the helplines and support services cross his mind? If not, a serious rebranding of our services is called for. Only research can help us answer these and other queries.

Between 2011 and May 25, 2024, 339 persons lost their lives to suicide, predominantly males, with an average age of 55 years. As highlighted above, the exact intent of deaths due to substance misuse may not be known and hence the number of suicides may be higher.

Studying the suicide deaths between 2015 till 2021, assuming a pensionable age of 65 years, an average of 20 productive years of life were lost per person.

No one is immune from suicide, and it can affect any age group, predominantly the middle aged.

According to Jackie Hoare a professor from the University of Cape Town in South Africa, depression and suicide show no boundaries and neither do they discriminate. They affect young and old across all sectors of society.

This is also true in Malta, and we can further say that foreigners, whether resident or on holiday, are also affected. These range from 5% in 2011 to 32% in 2013.

Researchers argue that suicide may be preventable if there is more mental health literacy among the general population and more awareness about where to seek help when acutely needed. The significant others, relatives, mates at the place of work and professionals need to be more vigilant to pick up signs of suicidal ideation or intent and refer persons to the necessary services, which should be readily accessible and socially acceptable and supportive.

> *The prevalence of mental health problems in the young are on the increase*

A study carried out by Richmond Foundation in 2021 showed that 2% of male and 4.3% of female respondents, aged between 13 to 25 years, already had suicidal thoughts. Indeed, suicide cases have been reported in the 14 and 15 age brackets. The prevalence of mental health problems in schoolchildren, adolescents and young adults are all on the increase.

In a recent podcast organised by the American Mental Health Academy on Suicide in Schools, Jonathan Singer highlighted how monitoring of schoolchildren by trained counsellors and school psychologists can help identify high-risk students and hence offer psychological support.

The risk of further suicide attempts in persons admitted to hospital with self-harm, suicidal ideation and actual suicide attempts are high in the first few weeks. This calls for a more intense follow up by possibly the Crisis Resolution Home Treatment Team. Mount Carmel Hospitalisation may not be the best option for such persons. Such feelings were expressed to me by persons who passed through this experience and are now back in the community.

Relatives and friends of suicide victims should be actively followed up for a prolonged period. This holds especially true for children and adolescents at school. Life for all of them has changed irreversibly. It needs to be established who will be offering this psychosocial support which should be free of charge knowing the financial impact of such a loss.

Significant others need to be more vigilant for signs of suicidal ideation or intent and refer persons to the necessary services.

Last year, the NGO Walk and Talk organised a walk, Darkness into Light, to increase awareness on suicide prevention. An open question remains: should a memorial be set up in remembrance of these unfortunate victims? Would such a memorial offer repose, peace and silence to the relatives and friends?

We cannot forget these brothers and sisters. Their voice is still with us.

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