

BE ALIVE OR LIVE

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WHAT IS LIFE?

Life is a period from birth to death, characterized by growth, learning, experience, and relationships. It's a journey of navigating the world, forming connections, and contributing to society in various ways. The meaning and purpose of life are complex questions that have been pondered throughout history.

ACCORDING TO:

- Kids– Life is a grand adventure filled with play, learning, and making new friends. It's about experiencing the world, discovering new things, and having fun with family. While it involves responsibilities like school and helping at home, it's also about enjoying the simple pleasures of being alive.
- Teen – Life is a dynamic period of significant change, encompassing rapid physical, emotional, and cognitive development. It's a time of exploration, identity formation, and navigating the transition from childhood to adulthood, marked by a blend of challenges and opportunities for personal growth.
- Adult – *'Adulthood means being responsible for where you are going, what you are going to do with the rest of your life and being responsible enough to make the right decisions or the wrong ones, whichever it be.'*
- Old – words of an old person

By the time we begin to reach the end of life, we have hopefully accumulated the evidence and experience to explain to you or to anyone who asks what that purpose has been.

It has been my purpose in life to understand, treat, and alleviate those problems and processes that afflict our minds, our bodies, and our spirits.

WHAT IS HAPPINESS AND UNHAPPINESS?

In the world of psychology, happiness generally means a state of positive well-being in reaction to your personal quality of life. Feelings of happiness are temporary emotions that can be incited by small positive incidents in our lives in the present moment – receiving good news, walking in nature, making a difference in your community, interacting with friends and family, etc. – but happiness as a general life attitude can be harder to achieve.

Unhappiness often stems from a lack of connection, both with others and with us. To cultivate happiness, focus on building meaningful relationships, practicing gratitude, and embracing vulnerability, says Dr. Brené Brown, a licensed psychologist.

In the modern world, every other person could be extremely unhappy due to the uncertainties of life. Unhappiness is such a state in which a person drives himself away from the people around him and thinks pessimistically.

However, it is sometimes very hard for a person to determine the reason for their unhappiness

because, at times, their habits are the cause of their sadness.

And here because of unhappiness the problems of suicide beings

What is suicide?

Suicide is death caused by self-harm with the goal of dying. Suicide may seem like the only solution in your current situation, but help is available. Things typically get better. Call 911 or your local emergency services number if you're in danger. Call or text 988 to reach the Suicide and Crisis Lifeline if you need someone to talk to.

Suicide is death caused by self-inflicted injury with the intent to die. It's common among all age groups and affects a wide range of people. You might smile but still think about suicide or be at what you consider the lowest point of your life. Maybe you're somewhere in between, but if the thought of suicide is frequent, you're at risk.

If you're thinking about suicide, if you've attempted suicide or if you've lost someone to suicide – no matter what situation you're in, help is available.

What are the warning signs of Suicide?

Suicide doesn't always have clear warning signs. It can happen suddenly, without any indication that something was wrong.

Common warning signs of suicide may include:

Experiencing suicidal thoughts (suicidal ideation).

Talking about suicide wishes to others.

Hiding suicide wishes from others.

Making preparations like a will or writing a note, giving away valued or meaningful possessions, saying goodbye to loved ones, tidying up a living space, and researching and purchasing weapons or harmful substances.

Reckless, dangerous or risk-taking behavior without considering the consequences (like self-harm).

Withdrawing from loved ones and social situations.

Expressing feelings of being a burden or being trapped in a situation without a clear exit.

Mood changes (anxious, agitated, angry, depressed) or intense emotions.

A sudden sense of calm after a period of mood changes.

Signs that depression is getting worse, including changes to sleeping patterns (sleeping more or less than usual) or not finding joy in things that usually bring on this emotion.

What is the reason behind suicide?

Research has shown that many people who completed suicide were experiencing multiple risk factors at the time of death. About 85 to 95% of people who die by suicide have a diagnosable mental health condition at the time of their death.

The most common health condition that contributes to suicidal behavior is depression.

Depression, including the depression that is part of bipolar disorder, is involved in over 50% of attempted suicides and an even higher percentage of completed suicides. Depression can occur out of the blue, be triggered by a recent loss or other distressing event, or result from a combination of factors. In people with depression, marital problems, recent arrest or trouble with the law, unhappy or ended love affairs, disputes with parents or bullying (among adolescents), or the recent loss of a loved one (particularly among older people) may trigger a suicide attempt. The risk of suicide is higher if people with depression also have significant anxiety, impulsive behavior, substance use disorders, and sleep disorders.

Traumatic childhood experiences, particularly including physical and sexual abuse, increase the risk of attempted suicide.

Isolation increases the risk of suicidal behavior. People who have been separated, divorced, or widowed are more likely to complete suicide.

Suicide is less common among people who are in a secure relationship than among single people.

Use of alcohol may intensify depression, which, in turn, makes suicidal behavior more likely. Alcohol also reduces self-control and increases impulsivity. About 30% of people who attempt suicide drink alcohol before the attempt, and about half of them are intoxicated at the time. Because alcohol use, particularly binge drinking, often causes deep feelings of remorse during dry periods, people who engage in unhealthy alcohol use are at higher risk of suicide.

Almost all other mental health conditions also put people at higher risk of suicide.

People with schizophrenia or other psychotic disorders may have delusions (fixed false beliefs) that they find impossible to cope with, or they may hear voices (auditory hallucinations) commanding them to kill themselves. Also, people with schizophrenia are prone to depression. As a result, they die by suicide at a much higher rate (10%) than the general population.

People with borderline personality disorder or antisocial personality disorder, especially those with a history of impulsivity, aggression or violent behavior, are also at higher risk of suicide. People with these personality disorders tend to have decreased frustration tolerance and tend to react to stress impetuously, sometimes leading to self-harm or aggressive behavior.

General medical disorders, especially those that are painful and chronic, contribute to about 20% of suicides in older adults. Recently diagnosed medical disorders, such as diabetes, multiple sclerosis, cancer, and infection, can also increase suicide risk. Some health conditions such as AIDS, temporal lobe epilepsy, and head injuries can directly affect people's brain functioning and, thus, increase suicide risk.

About 1 in 6 people who kill themselves leave a suicide note, which sometimes provides clues about why they did it. Reasons given include

mental illness, feelings of hopelessness, feeling like a burden to others, and inability to cope with various life stresses.

Theories of suicide

Completed suicide: An intentional act of self-harm that results in death.

Attempted suicide: An act of self-harm that is intended to result in death but does not. A suicide attempt may or may not result in injury.

Suicidal ideation: Thoughts about and plans and preparatory acts for suicide.

Nonsuicidal self-injury (NSSI) is an act of self-harm that is not intended to result in death. Such acts include inflicting scratches or cuts on the arms, burning oneself with a cigarette, and overdosing on vitamins. Nonsuicidal self-injury may be a way to reduce tension because physical pain may relieve psychological pain. It may also be a plea for help from people who still wish to live. These acts should not be dismissed lightly, because people with a history of NSSI have a higher risk of suicide over the long term.

Suicidal behavior is an all-too-common health problem. It occurs in males and females of all ages, races, creeds, incomes, educational levels, and sexual orientations. There is no typical suicide profile, although some examples of groups of people with higher rates of suicide are middle-aged and older males, American Indian youth, and people who identify as LGBTQ.

MANAGEMENT OF SUICIDAL BEHAVIOUR

Health care professionals take any suicidal act seriously. The plan for safety and treatment is customized to the person's situation.

If people seriously injure themselves, doctors evaluate and treat the injury and typically admit the person to the hospital. If people have taken an overdose of a potentially lethal drug, doctors immediately take steps to prevent absorption of the drug and speed its elimination from the body. People are also given any available antidote and provided with supportive care, such as a breathing tube.

After the initial evaluation, people who have attempted suicide are referred to a psychiatrist, who tries to identify problems that contributed to the attempt and plan appropriate treatment.

To identify problems, psychiatrists do the following:

Listen to the person's story and history leading up to the attempt or crisis.

Try to understand what some of the underlying risk factors for suicide are, what specific events led up to the attempt, and where and how it occurred.

Ask about symptoms of mental health conditions that may increase the risk of suicidal behavior.

Ask whether the person is being treated for a mental illness, including whether the person is taking any drugs to treat it, has been in therapy or any other treatment modalities.

Evaluate the person's mental state, looking for signs of depression, anxiety, agitation, panic attacks, psychosis, severe insomnia, other mental illnesses, and alcohol or substance use.

Take a thorough medical and family history.

Ask about personal and family relationships as well as social networks, because they are often relevant to the suicide attempt and the follow-up treatment.

Talk to close family members and friends, and ask them about the person's use of alcohol, marijuana, pain medications or illicit drugs.

Help the person identify situations, events, places, thoughts, or emotional states that trigger thoughts of suicide and help the person plan ways to deal with the triggers.

Because depression increases the risk of suicidal behavior, doctors carefully monitor people with depression for suicidal behavior and thoughts. For people with depression, suicide risk can increase during periods when depression is more severe, as well as when several other risk factors are also present. Doctors may be able to treat depression

effectively with medications and/or psychotherapy and thereby reduce suicide risk overall.

Some evidence suggests that using lithium, antidepressants, and newer antipsychotics to treat mood disorders in people who are at risk of suicide may reduce the number of completed suicides. Treating schizophrenia with clozapine reduces the risk of suicide.

The risk of suicide changes over time, with the most serious acute risk lasting from hours to days. In a majority of suicides, people had been seen in a variety of health care settings before their suicide, but their suicide risk was not detected. These findings highlight the importance of adopting public health strategies to reduce the risk of suicide in these people. For example, doctors should do the following:

Routinely screen patients for suicidal thoughts, depression, and other symptoms of distress

Use a caring, supportive, nonjudgmental response.

Provide interventions to ensure the person's safety, such as using a safety plan and counseling on lethal means.

Communicate with the person's family.

Other interventions that can reduce suicide risk in high-risk individuals include cognitive-behavioral therapy, dialectical behavior therapy, and some forms of family therapy such as attachment-based family therapy. People who are identified to be at risk for suicide should be encouraged to pursue one of these types of therapy and to consider taking medications individualized to their needs. As with any health condition, adjusting treatment when needed and providing follow-up care are important ways to optimize treatment.

Risk factors

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

Psychological factors:

Health	suicidal behavior, or create a strong sense of purpose or self-esteem.
Mental health conditions	
Depression	Sociological factors:
Substance use problems.	These cultural and environmental factors within the larger society contribute to risk:
Bipolar disorder	Stigma associated with help-seeking and mental illness.
Schizophrenia	
Personality traits of aggression, mood changes and poor relationships	Easy access to lethal means of suicide among people at risk
Conduct disorder	Unsafe media portrayals of suicide
Anxiety disorders	Many factors protect.
Serious physical health conditions including pain.	Biological factors:
Traumatic brain injury	Abnormal functioning of nerve cell circuits
Environmental	A history of trauma or abuse
Access to lethal means including firearms and drugs.	Having a family member with a mental disorder
Prolonged stress, such as harassment, bullying, relationship problems or unemployment	Genetic predisposition
Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss	Brain injury
Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide	Infections or medical illnesses (Lupus, AIDS, or PANDAS, which is linked to the development of obsessive-compulsive disorder)
Discrimination	Fetal development and early infancy
Historical	Health habits (like poor nutrition, poor sleep, or substance abuse)
Previous suicide attempts	Exposure to toxins
Family history of suicide	Pharmacology
Childhood abuse, neglect or trauma	cultural and environmental factors:
Generational trauma	These challenging issues within a person's community contribute to risk:
Protective Factors	Lack of access to healthcare
Access to mental health care and being proactive about mental health.	Suicide cluster in the community.
Feeling connected to family and community support	Stress of acculturation
Problem-solving and coping skills	Community violence
Limited access to lethal means	Historical trauma
Cultural and religious beliefs that encourage connecting and help-seeking, discourage	Discrimination
	Societal Risk Factors
	Age and gender difference:

Gender differences in suicide include different rates of suicides and suicidal behavior between males and females, among both adults and adolescents. While females more often have suicidal thoughts, males die by suicide more frequently. This discrepancy is known as the gender paradox in suicide.

Globally, death by suicide occurred about 1.8 times more often among males than among females in 2008, and 1.7 times in 2015. In the Western world, males die by suicide three to four times more often than do females. This greater male frequency is increased in those over the age of 65. Suicide attempts are between two and four times more frequent among females. Researchers have partly attributed the difference between suicide and attempted suicide among the sexes to males using more lethal means to end their lives. Other reasons, including disparities in the strength or genuineness of suicidal thoughts, have also been given.

females: 10% of suicides by males were with guns, while 3% of suicides by females were with guns. The U.S. had the highest firearm-related suicides in the world: nearly 22,000 or 55% of suicides by males were with guns, while more than 3,000 or nearly 31% of suicides by females were with guns.

“Men tend to choose more violent and lethal methods of suicide such as guns, while women are more likely to choose less fatal means such as poisoning and overdosing, which have a higher survival rate,” said Emily Rosenblad, the study’s second author and project officer at IHME.

Both males and females globally are dying by suicide later in life. In 1990, the average age at death for males was 43 years, and for females it was almost 42 years. By 2021, the average age at death had climbed to 47 for males and nearly 47 for females. The highest mean age was about 58 years for males and 60 years for females, both in East Asia. Conversely, the youngest average age at suicide was found in

Oceania, where it was 36 years for males and 34 years for females.

The study identifies the existing patterns and trends to develop more effective suicide prevention methods around the world, which can help policymakers and health care workers develop better-customized strategies and approaches for specific locations and populations.

Suicide prevention is most effective when communities work together through awareness, intervention, and support systems.

Relationship factor:

These harmful or hurtful experiences within relationships contribute to risk:

Bullying

Family/loved one’s history of suicide.

Loss of relationships

High conflict or violent relationships

Social isolation

Community Risk Factors

Individual:

These personal factors contribute to risk:

Previous suicide attempt

History of depression and other mental illnesses

Serious illness such as chronic pain

Criminal/legal problems

Job/financial problems or loss

Impulsive or aggressive tendencies

Substance use

Current or prior history of adverse childhood experiences

Sense of hopelessness

Violence victimization and/or perpetration

Treatment of non-suicidal self-injury

Here are some helpline numbers for different states.



Assam

Sarathi 104

[104](#)

24x7

Assam

Chandigarh

Asha Helpline

[+91 172 2735436](#), [+91 172 2735446](#)

Monday to Saturday: 8am to 7pm

Chandigarh

Chhattisgarh

Arogya Seva: Health Care and Health
Counseling Center

[104](#)

24x7

Chhattisgarh

Delhi

Sumaitri:

[+91 011 23389090](#)

Mon-Fri 2pm to 10pm and Sat-Sun 10am & to
10pm

New Delhi

Snehi

[+91 011 65978181](#)

Daily: 2pm to 6pm

New Delhi

Sanjeevani:

[011 24311918](#), [011 24318883](#) (Mon-Fri)

[26862222](#), [26864488](#), [40769002](#) (Mon-Sat)

Timings: 10 a.m. to 5.30 p.m.

New Delhi

Fortis Stress Helpline:

[+918376804102](#)

24x7

Delhi

Goa

COOJ Mental Health Foundation:

[+91 8322252525](#), [+91 98225 62522](#)

Weekdays: 3pm to 7pm

Goa

Gujarat

Saath

[+91 79 26305544](#), [+91 79 26300222](#)

Daily: 1pm to 7pm

Ahmedabad

Jeevan Aastha helpline

[1800 233 3330](#)

24x7

Gandhinagar

Jammu and Kashmir

Kashmir Lifeline

[1800 180 7020](#)

Sunday to Thursday: 10am to 5pm

Srinagar

The Sara

[+91-9697-606060](#)

Daily: 10am to 5pm

Jammu Tawi

Jharkhand

Chikitsa Salah: Health Information Helpline

[104](#)

24x7

Jharkhand

Jeevan Suicide Prevention Helpline

[+91 0657 6453841](#), [+91 0657 6555555](#)

Daily: 10am to 6pm

Jamshedpur

Karnataka

Parivarthan Counseling Helpline Services

[+91 7676 602 602](#)

04:00 PM to 10:00 PM | Monday to Friday

Bengaluru

SAHAI

[+91 080 25497777](#), [9886444075](#)

Monday to Saturday: 10 AM to 8 PM

Bengaluru

Sa-Mudra Yuva Helpline

[+91 9880396331](#)

24x7

Bengaluru

Arogya Sahayavani

[104](#)

24x7

Karnataka

Kerala

Thanal Suicide Prevention center



[+91 0495 2760000](tel:+9104952760000)

Daily: 10am to 6pm

Kozhikode

Maithri Kochi

[+91 484 2540530](tel:+914842540530)

Daily: 10am to 7pm

Kochi

Pratheeksha

[+91 0484 2448830](tel:+9104842448830)

Daily: 10am to 6pm

3N Paravur

Prathyasa

[+91 480 2820091](tel:+914802820091)

Irinjalakuda

Sanjeevani

[+91 0471 2533900](tel:+9104712533900)

Monday to Saturday: 1pm to 5pm

Thiruvananthapuram

DISHA

[1056](tel:1056)

24x7

Kerala

Madhya Pradesh

Spandan

[+91 9630899002](tel:+919630899002), [+91 7389366696](tel:+917389366696)

24x7

Indore

Sanjivani

[1253](tel:1253), [+91 0761-2626622](tel:+910761-2626622)

Jabalpur

Jeevan Aadhar- Adolescent Helpline

[1800-233-1250](tel:1800-233-1250)

Daily: 9am to 5pm (Except National Holidays)

Bhopal

Maharashtra

Hitguj help number

[+91 022 24131212](tel:+9102224131212)

Mumbai.

Aasra

[+91 9820466726](tel:+919820466726)

24x7

Navi Mumbai

Nagpur Suicide Prevention Helpline

[8888817666](tel:8888817666)

Nagpur

Connecting NGO

[1800 843 4353](tel:18008434353) (Toll-Free)/[9922001122](tel:9922001122)

Daily: 12 PM to 8 PM

Pune

Vandrevala Foundation

[1860 266 2345](tel:18602662345), [1800 233 3330](tel:18002333330)

24x7

Tata Institute of Social Sciences icall

[022 25521111](tel:02225521111)

Monday to Saturday: 8 AM to 10 PM

Mumbai

The Samaritans Mumbai

[+91 84229 84528](tel:+918422984528) / [+91 84229 84529](tel:+918422984529) / [+91 84229 84530](tel:+918422984530)

Daily: 3 PM to 9 PM

Mumbai

Maitra Helpline

[+91 022 25385447](tel:+9102225385447)

Monday to Saturday: 9am to 9pm and Sunday:
9am to 1pm

Thane

Shushrusha Counseling, Guidance and Training
Institute

[+91 9422627571](tel:+919422627571), [+91 8275038382](tel:+918275038382)

24x7

Islampur

Odisha

Health Helpline

[104](tel:104)

24x7

Odisha

Pondicherry

Maitreyi

[+91 0413 2339999](tel:+9104132339999)

Daily: 2pm to 8pm

Pondicherry

Punjab

Medical Consultation – Health

[104](tel:104)

24x7

Punjab

Rajasthan

Medical Advice and Helpline

[104](tel:104)

24x7

Rajasthan

Hope Helpline for Students

[+91 0744 2333666](tel:+9107442333666) , [+91 0744 2414141](tel:+9107442414141)

24x7

Kota

Sikkim

Suicide Prevention Helpline

[221152](tel:221152), [18003453225](tel:18003453225)

24x7

Gangtok

Tamil Nadu

Sneha India foundation

[+91 044-24640050](tel:+91044-24640050) | 24 Hours | Monday to

Sunday

[+91 044-24640060](tel:+91044-24640060) | 08:00 AM – 10:00 PM |

Monday to Sunday

Chennai

Medical Helpline

[104](tel:104)

24x7

Tamil Nadu

Jeevan Suicide Prevention Hotline

[+91 044 2656 4444](tel:+9104426564444)

24x7

Chennai

Telangana

Roshni Trust:

[+91 40 6620 2000](tel:+914066202000), [+91 40 6620 2001](tel:+914066202001)

Monday to Saturday: 11am to 9pm

Secunderabad

One Life

[+91 7893078930](tel:+917893078930)

24x7

Hyderabad

Sevakendram-Health Information Helpline

[104](tel:104)

24x7

Telangana

Darshika

[+91 040 27755506](tel:+9104027755506), [+91 040 27755505](tel:+9104027755505)

Secunderabad

Makro Foundation – Suicide Prevention Helpdesk

[+91 040 46004600](tel:+9104046004600)

Monday to Friday: 10:00 am to 7:00 pm

Hyderabad

West Bengal

Lifeline Foundation

[+91 033 24637401](tel:+9103324637401), [+91 033 24637432](tel:+9103324637432)

Monday to Sunday: 10:00 AM to 06:00 PM

Kolkata

NIBS Helpline

[+91 98364 01234](tel:+919836401234), [+91 033 2286 5603](tel:+9103322865603)

Monday to Friday: 6 pm and 10 pm

Kolkata

Suicide prevention

The global surge in adolescent suicide necessitates the development of innovative and efficacious preventive measures. Traditionally, various approaches have been used, but with limited success. However, with the rapid advancements in artificial intelligence (AI), new possibilities have emerged. This paper reviews the potentials and challenges of integrating AI into suicide prevention strategies, focusing on adolescents. Method: This narrative review assesses the impact of AI on suicide prevention strategies, the strategies and cases of AI applications in adolescent suicide prevention, as well as the challenges faced. Through searches on the PubMed, web of science, PsycINFO, and EMBASE databases, 19 relevant articles were included in the review. Results: AI has significantly improved risk assessment and predictive modeling for identifying suicidal behavior. It has enabled the analysis of textual data through natural language processing and fostered novel intervention strategies. Although AI applications, such as chatbots and monitoring systems, show promise, they must navigate challenges like data privacy and ethical considerations. The research underscores the potential of AI to enhance future suicide prevention efforts through

personalized interventions and integration with emerging technologies.

References:

<https://www.cdc.gov/suicide/prevention/index.html>

<https://my.clevelandclinic.org/health/articles/suicid>

<https://www.who.int/health-topics/suicide>

<https://www.psychiatry.org/patients-families/suicide-prevention>

<https://sprc.org/effective-prevention/comprehensive-approach>

<https://www.nimh.nih.gov/health/topics/suicide-prevention>

