



## Medical students and suicide: are we okay?

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### **\*\*Trigger Warning\*\***

This piece discusses suicide and suicidal ideation, and some people might find it disturbing. If you or someone you know is suicidal, please contact your physician, go to your local hospital's emergency department, or call the suicide prevention hotline in your country. In India, this is 18005990019.

I (CD) was in the library when I overheard someone saying, "Posting in medicine ward has been cancelled today because a postgraduate resident committed suicide." Before the shock of that statement could fully register, I began to wonder if it was only a nasty rumour. I quickly picked up my phone and google searched about it, and the first article I saw stated: "A 28-year-old doctor pursuing postgraduation was found dead at his rented accommodation..." My heart sank.

I read that statement over and over again, and I kept looking at the innocent face that stared back at me through the phone screen. I couldn't place his face, and that scared me. He could have been anyone, someone standing beside me in the line at the canteen or the person who had walked past me in the corridor just yesterday. It wasn't the anonymity that scared me; it was the fact that I could have - we all could have - overlooked a person in such obvious distress. Maybe if I had known him, I would have been able to perceive the shift in his mood or catch

the mismatch between his words and his expressions, but then again, maybe I would have been too self-involved to notice.

I was so thoroughly disturbed that this time I google searched "doctor suicide" and got more than a thousand hits about young doctors from around the country who had died by suicide that year itself. These students, who'd once had a dream to save others, why hadn't they been able to take the right steps to save themselves? I couldn't help but wonder - were five years of the medical curriculum along with a concurrent rigorous coaching for the postgraduate entrance examination not enough to tell us what to do in case of personal distress? It hadn't been enough this time, apparently.

Later that day, I was sitting with my friends in the canteen and was wanting to discuss the same issue. I was in a hurry to tell them that our medical books were not adequate to help us diagnose a person in mental distress. I was in a rush to tell them that we needed to talk about

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this issue and find those who need help, but before I could begin, a friend of mine said - “you know what? A doctor [committed] suicide in our hospital!” to which another person replied, “Why do people do this? We sit 12 hours in coaching to score a postgraduate seat and look how people waste it!” I wondered what made him say such a thing. Was he just a heartless soul? Did he consider mental health a joke? Did he belong to the school of thought that thrives on victim-blaming? Or was it mere ignorance?

### Are we ignoring cries for help?

Imagine this: you are standing alone somewhere and you notice smoke wafting up about you. You look to the distance trying to spot the source of the smoke, but then, suddenly, you feel heat radiating upwards from your toes, and you look down and there it is, the source of the fire. It's you! You are burning up. As you struggle, the flames start growing. You try to put them out yourself, by stomping on them, but it does not work. There is water at some distance, but you cannot reach it alone. So, you call for help. You yell, and the yell soon turns into a scream, and that turns into a howl which grows louder and louder. You hope and pray that someone hears it - someone, anyone - before the life burns out of you. In many cases nobody else notices the smoke; nobody hears the screams. Is this what happens to people who suffer from depression?

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I (SM) was once an ignorant bystander to something like that. I remember it like it was yesterday - receiving a call in the afternoon of a sunny April day. It was a friend who wanted to make sure that I had heard the latest news. Our batchmate had died by suicide. I immediately disconnected the call. Something about it felt disgustingly like gossip. At the time, I felt eerily detached from my surroundings, but now I realise how that he had been screaming right till the very end, till the life went out of him. Unfortunately, he'd been screaming in a college full of people too busy to listen or too ignorant to understand.

I vividly remember seniors, juniors and batchmates, alike, talking to the media, trying to

explain why he had taken such a drastic step. The explanations ranged from substance abuse problems to the stress of studies. It shocked me how his death was suddenly made into a mystery, and the focal cause - mental health, completely lost focus. I watched people blame him for “committing” suicide, and then I saw people romanticize his death. Neither is appropriate.

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Have we really become so apathetic and callous that suicide is treated as a crime? Is suffering equated to theft or murder? He probably did not want to die, but he felt that he had to, whatever the reason be.

The romantics all take to social media, and it sparks a discussion on mental health for a full three days and then it is forgotten. Again. The discussion will restart when another person who is suffering dies. It is scary how fast the human mind forgets no matter the magnitude of the event.

At memorial services, there is the customary 2-minute silence, during which we look around at the people gathered there and we wonder how many are desperately hoping someone will hear their muffled screams. We scan faces looking for signs - any sign that the person wakes up every night drenched in their own sweat, ready to call it quits. We try to spot people who may be hiding from their demons, or who are running out of options because they cannot hide. It isn't so simple, though, to identify them, but we have to try.

If someone had asked him - “are you okay?” - would he have had the strength to wake up another morning to fight his demons? In the blur that is life, we need someone to tell us that “the world is not perfect, but if we have each other we will be fine”. We need people to ask, “are you okay?” and for them to wait long enough for a response.

### Working towards Suicide Prevention

A few of us like-minded students, after hearing of similar incidents from all over the country, started a student-led mental health support group

called “SPACE” – Safe Place for Affective Counseling and Empathy – under the aegis of the Health Humanities Group at the University College of Medical Sciences in Delhi. This safe place is where we collectively learn more about mental health, and we talk about the issues that we have faced and are currently facing. We motivate each other and try to stay motivated. We try to keep the discussions around mental health flowing year-round and offer support to anyone in need. We learn to ask questions like, “are you okay?” and notice if the answer matches the demeanour.

Over the last two years, we have been working particularly to create awareness around mental health and the problem of substance abuse. We do not have a psychologist or psychiatrist member in our group, but we do have access to psychiatrists in the hospital. Further, we have subject experts advising us during the interactive sessions where they sensitize us to identify the red flags of mental health problems. These sessions will, hopefully, make it easier for students to identify if they themselves or someone around them needs help. The field experts enlighten medical students about how and where to seek help. During the COVID-19 pandemic, wanting to avoid a discontinuation in the support the group provides, we organized

virtual sessions on our social media platforms.

Inspired by the Student Support Center (SCC) at the Manipal Academy of Higher Education, we hope, in the near future, to collaborate with a psychologist who can volunteer their services to medical students who need help. The inclusion of mental health experts or trainees into this group can be of benefit in that formal assessments can be made without students having to go to the psychiatry department. These experts can also provide basic mental healthcare training, like for psychiatric first aid. The SSC, as an example, offers therapy sessions with qualified clinical psychologists (covered by student medical insurance - Medicare) and arranges for appointments with psychiatrists - where required - with the consent of the student.

We continue to look for ways to grow SPACE into a more meaningful body that can help those who need it in even better ways. We’re learning to offer help wherever we can and in the best ways that we can. We’re learning, we’re fighting, and we’re growing. Together, groups like ours could make a huge difference for students worldwide - even if we save just one life or help just one soul, it is worth everything because no one can put a value on a smile.

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