

Review on Epidemiology of Suicide and its Preventive Legal Implications in Islam and Pakistani Laws

Muhammad Afzal

Ph.D. Law Scholar/Candidate

ayyanameen@hotmail.com

ORCID: 0000-0001-7538-0835

Dr. Shaukat Hussain Bhatti

Head of the Department ,Department of Law Times Institute Multan

Shaukathussain78682@gmail.com

ORCID: 0000-0001-7232-132X

Abstract

The scientific understanding of suicide has come a long way over the past few decades. Therefore, the legal systems in Pakistan must close the gap between law and science research into suicide has made significant progress in the last few decades due to this exact factor that influences to commit suicide is difficult to judge. Pakistan is a Muslim country where suicide and suicide attempts are punishable by law. Islam does not have any explicit principles against suicide attempts, despite having strong religious sanctions against suicide. Several important aspects of suicide are discussed in this article, such as the latest findings in the field of epidemiology. The key goals of this review article are to identify the causes of suicide and enhance readers' understanding as regard of the legal system in Pakistan. This study aimed to examine, with a particular emphasis on Pakistan, the implications of suicide prevention legislation under both statute and Islamic law.

Keywords: *Suicide, epidemiology, Islam, laws, Pakistan*

Introduction

A suicide attempt is defined as any action that resembles a suicide but does not end in death, while suicide intentionally takes one's own life. Biological, psychological, genetic, sociocultural, and environmental factors all play a role in developing suicidal ideation and subsequent suicide attempts. Approximately 8 lakh people commit suicide annually, and a further 25 times that number attempt suicide, according to the World Health Organization. Criminal penalties for suicide attempts were common in most countries' legal systems until the early 19th century.

During the past fifty years, there has been a change in the pattern described above.

Approximately 25 countries have laws on the books that punish people who attempt suicide, according to a recent study. To name a few: Bangladesh, Pakistan, Ghana, Guyana, Kenya, Malaysia, and Myanmar (Malathesh et al. 2022). Suicide is no longer considered a crime in any civilized country; nevertheless, this is not the case in many developing countries, particularly in many Islamic countries. In diagnosing and registering suicides, there is still a large level of religious and social bias. Families do not report the nature of the act because they are frightened of being harassed by the authorities or stigmatized by society. Instead, they claim that it was either an accident or, in certain cases, a murder (Khan 2005). Pakistan, located in South Asia, is geographically small but has the world's sixth-largest population. Despite being 97% Muslim, Pakistan has sizable minorities of Christians, Hindus, Sikhs, Buddhists, and Zoroastrians. Because Islam considers suicide a sin, Pakistan's legal system outlaws suicidal behaviour and attempts (Oquendo et al. 2014).

Sadly, suicide is a worldwide problem. To compile this review, we looked through PubMed and WHO databases. There were almost 800,000 suicides in 2015, or about 78% of all suicide deaths, as reported by the WHO. About 1.4% of all deaths can be attributed to suicide. Suicide rates, methods, demographics (age, gender, socioeconomic status), and availability of medical care vary widely between regions and nations. In middle age, suicide is the second leading cause of death. Males are three times more likely to commit suicide than females, but the inverse is true for suicide attempts. Suicide attempts are a key predictor of future and completed suicides, although they occur up to 30 times more frequently than completed suicides. Rates of suicide differ between sexes and over the lifespan, and suicide techniques vary widely from country to country. The most common methods include lethal injection, hanging, and gun violence. Mental

disorders are a leading cause of death by suicide around the world. Still, depression, substance abuse, and psychosis are the major risk factors(Bachmann 2018) Suicide is a worldwide public health crisis, according to the World Health Organization (WHO). The suicide rate is rising, making it the second leading cause of death among young people worldwide(Ahmed, Bhati, and Kausar 2019) According to the most recent available statistics, there were approximately 5552 reported cases of suicide in Pakistan, which corresponds to an average of 3.1 suicides per 100,000 people. Given the significantly higher suicide rates in Pakistan, the government and various non-governmental organizations are focusing their efforts on suicide prevention(Bhatti, Ansari, and Khan 2021) Taking one's own life, sometimes known as suicide, is a systematic way of ending one's life. The annual suicide rate is estimated at one million persons, or roughly one death every forty seconds(Wu, Chen, and Yip 2012).

South Asian Pakistan is home to more than 200 million people. The overwhelming majority of Pakistanis are Muslims, so Islamic principles and practices permeate all aspects of daily life(Ahmed et al. 2019) Suicide has been stigmatized in Muslim culture because, as in most organized religions, it is seen as a sinful act(Shekhani et al. 2018) . It is commonly proven that religious countries have lower suicide rates than secular countries(Stack 2014). There are at least two reasons why the connection between Islam and suicide is more significant than with other religions. First, Christianity is the religion that has the most followers around the world, while Islam is the religion that is expanding at the quickest rate(Rezaeian 2009). China, Sri Lanka, Bangladesh, India, Afghanistan, and Pakistan are only some of the nations in Asia that account for almost sixty percent of the world's suicides; yet, countries such as Pakistan and Afghanistan do not have national records on suicide rates(Yip et al. 2012)(Wu et al. 2012).

Suicide Methods

Nine of the 17 countries/regions had the highest hanging suicide rates (Bahrain, Iran, Japan, South Korea, the Philippines, Saudi Arabia, Taiwan, Thailand, and Turkey). China, Pakistan, and Sri Lanka committed the most suicides by poisoning, possibly due to pesticide use in agriculture(Hawton et al. 2009). The majority of those who took their own lives in Hong Kong and Singapore used to commit suicide by jumping or falling from a significant height. A scenario in which over 80 percent of the population is concentrated in high-rise buildings, making it simple for people to commit suicide using one of the most lethal methods. All three countries—

Bangladesh (women aged 10-50, solid/liquid poisoning). In Asia, the most common ways people took their own lives were by hanging themselves or committing suicide by poisoning themselves with a solid or liquid substance (pesticide). Even though allegations of such activities are uncommon in Western nations, they were quite prevalent in several Asian nations.(Gunnell and Nowers 1997)(Bonvoisin et al. 2020)

Suicide and narrative of Islam

Self-murder is considered morally repugnant by the vast majority of faiths around the globe. There is an agreement among the world's four major religions that suicide is wrong. Further, according to Islamic teachings, those who end their lives will spend all eternity in hell. Islamic scholars have taken the opposing view that suicide is an unpardonable sin and have always spoken out against those who engage in it(Madadin et al. 2020)(Khan and Prince 2003)(Wu et al. 2012)(Words n.d.). Rates of suicide in Islamic nations are significantly lower than global averages. Regular participation in religious activities has been linked to a reduced risk of suicidal thinking and behaviour(Oquendo et al. 2014). Islam is the second largest religion, practiced by more than 20% of the global population. Over 56 nations in Asia and Africa practice it as their primary religion. Suicide is considered a major sin in Islam, as in other religions.(Pai and Sciences 2021).

Lack of Research on Suicidal Behavior in Pakistan

Suicide and self-harm is prohibited in Pakistani laws and Islam. Local research Suicide happens across the country; however, research in various parts of the country lacks clarity and standards, making it difficult to determine a national or citywide prevalence. In 2019, the WHO reported 19331 suicides. (There were 4560 females and 1477 males). According to the WHO, 10-20 people self-harm for every suicide. As a result, 140000-3000000 Pakistanis commit suicide each year(Naveed et al. 2017). According to statistics compiled by the WHO in 2008, the number of people who died by hand amounted to 782,000 worldwide. This figure represented 1.4% of the total mortality and 15% of the reported injury mortality. It is estimated that 11.6% of people worldwide will take their own lives in any given year.(Värnik 2012). In Pakistan, very little research on suicide and attempted suicide has been conducted. The small number of studies that have been published reflects this(Khan 1998)(Shekhani et al. 2018).

Characteristics of the disorder

Although the precise causes of suicidal behaviour remain unknown, this phenomenon is the outcome of many components interacting in a complex manner. Women and adolescents' never-married and the socially disadvantaged are at a higher risk of engaging in suicidal behaviour that does not result in death. The highest prevalence of attempted but unsuccessful suicide is among young people (e.g., low-income and educated or unemployed). However, it is unclear how and why these risk variables interact to increase the likelihood that an individual will engage in suicidal behaviour, even though many such factors have been discovered. Despite this, more studies are being undertaken on the subject. One of the most studied risk factors for suicidal behaviour is a history of psychiatric illness (Turecki and Brent 2016). There was no correlation between psychotic features and suicidal ideation or behaviour. Still, there was a correlation between the severity of depressive psychopathology and suicidal ideation or behaviour. First, the second statement states that those with severe forms of psychopathology are more likely to take their own lives. In line with the first assertion, this result supports the second. There was also a notable uptick in danger when people had previously described themselves as feeling hopeless about their situation (Ilgen et al. 2010). Suicide attempts and completed suicides are more common in people with a psychiatric disorder and more common when other health issues are present. Illnesses with a high mortality rate are often discussed in published works, including cancer and HIV/AIDS. Cancer patients had twice the suicide rate of the general population, even after controlling for factors like substance abuse and mental illness (Pompili et al. 2012).

Patients diagnosed with this disorder must undergo a continuous assessment of their risk for suicide as part of their treatment. Depression is strongly linked to both fatal and non-fatal suicidal behaviour. It is also imperative that patients diagnosed with this disorder undergo a continuous assessment of their risk for suicide. Intentionally killing oneself and attempting suicide in an unsuccessful attempt are strongly linked to depression. Because we anticipated that medical professionals would be most concerned about this matter, we decided to concentrate this investigation on the possibility of suicide as the primary focus of our efforts. The results of this search looked at studies regardless of the language in which they were written. Given that depression is the most common diagnosis that is associated with suicidal thoughts and behaviour, this finding might not come as much of a surprise at all. Despite everything that has been said

about suicide up to this point, there is no provision in the law that expressly forbids acts of this kind(Appleby, Shaw, and Amos n.d.).

Factor behind suicide

I. Socio demographic factors

While men still faced a much greater risk of committing suicide than women, while there was a lot of variation between studies that looked at living alone and employment status, it was not related to whether or not a person was married, lived alone, had children, or was employed(Hawton et al. 2013). Socioeconomic factors substantially influence suicide rates because they are co-determinants of risk and mental problems. Several types of determinants have been identified(Bachmann 2018)

- a) Age, gender, race, and other relevant factors are included in the demographic parameters.
- b) Low income, income disparity, unemployment, inadequate education, and inadequate social support contribute to low socioeconomic status.
- c) Changes in society can occur on a societal scale, such as urbanization, or an individual scale, such as a fluctuation in wealth.
- d) Inadequate housing, overpopulation, and other social problems are common in the neighborhood.
- e) Climate shifts, natural disasters, armed conflict, and human migration are all examples of environmental occurrences. Environment-related events include climatic shifts, earthquakes, floods, hurricanes, conflict, and migration.(Aschan et al. 2013)

II. Family and personal psychiatric history

There was a correlation between having a mental disorder in one's family tree and having an increased risk of taking one's own life. Despite this, there was a greater likelihood of suicide when there was a previous instance in the family. Those with a history of a previous psychiatric problem had a trend toward higher risk, but this trend was not statistically significant. Those with no history of a previous psychiatric problem did not have a trend toward higher risk(Aschan et al. 2013)(Legarreta et al. 2018).

III. Social Factor

Social factors contribute to suicide. There is a connection between having a family history of suicide and an increased risk of suicide, but having a family history of mental illness does not have any bearing on this effect(O'Connor and Nock 2014).

IV. Comorbid disorders and behavior

The presence of an axis disorder, which can refer to a personality disorder, was found to have a significant correlation with an increased risk of suicide. Found the presence of current substance abuse to increase the risk of suicide significantly(Hawton et al. 2013)(Mennin and Heimberg 2000).

V. Thought suppression

Consciously preventing oneself from considering unpleasant thoughts is known as "thought suppression. This finding suggests that thought suppression could be a factor in developing multiple types of psychopathology(Wenzlaff and Wegner 2000). Depressed individuals' suicide risk assessments should evaluate these and other factors, such as exposure to others' suicidal behaviour (directly or through the media), recent discharge from psychiatric inpatient care, access to lethal means of suicide, etc.(McGirr et al. 2007). Putting uncomfortable ideas aside is a normal coping tactic, yet it's connected to suicide. Validated is the moderating function of this propensity in the relationship between emotional reactivity and suicidal ideation and behaviour(Najmi, Wegner, and Nock 2007)

VI. Cognitive Factor

To better understand the thought processes that cause some people to decide to terminate their life by committing suicide, researchers have explored numerous cognitive processes that may be weak or malfunctioning in suicidal folks. Several psychological characteristics that tend to elevate suicide risk have been identified through studies of this sort. Evidence for this hypothesis comes from studies that have administered cognitive rigidity measures to suicidal attempters and clinical controls(Turecki and Brent 2016).

VII. Negative life events

Suicide ideation and behaviour in adulthood have been linked to traumatic childhood experiences such as physical, sexual, or emotional abuse, family violence, or the illness or death of a parent. Abuse of any kind, both physical and mental, violence inside the home, and the sickness, separation, or death of a parent qualifies as traumatic life experiences. It encompasses physical and psychological types of abuse, domestic violence, and the illness or death of a parent. Caused by domestic violence, illness, divorce, or the loss of a parent, abuse can take many shapes and forms, including physical, sexual, and emotional abuse. The study found that the greater the number and severity of an individual's problems throughout life. Abuse of any kind, both physical and mental, violence inside the home, and the illness or death of a parent all fall under this category. All forms of physical and mental abuse, domestic violence, and the illness or death of a parent all qualify as forms of abuse. Physical, sexual, and emotional abuse are all possible, and they can have different root causes, such as domestic violence, illness, divorce, or the loss of a parent. Research shows that the more and more severe life challenges an individual has, the greater their risk of attempting suicide (Dube et al. 2001). It discovered that the risk of suicide was significantly higher in males than it was in females, which is also the case with suicide in general (Meehan et al. 2006).

Islamic and penal laws of Pakistan regarding suicide

I. Islamic contemplation about Suicide

“And spend in the cause of God, and do not throw yourselves with your own hands into ruin, and be charitable. God loves the charitable” (Quran, verse 2:195) “O you who believe! Do not consume each other’s wealth illicitly, but trade by mutual consent. And do not kill yourselves, for God is Merciful towards you” (Quran, verse 4:29). Narrated Anas bin Malik: The Prophet (peace be upon him) said, “None of you should wish for death because of a calamity befalling him; but if he has to wish for death, he should say”. “O Allah! Keep me alive as long as life is better for me, and let me die if death is better for me”. (BUKHARI, Volume 7, Book 70, Number 575). It is difficult to determine the impact and influence of Islam on suicidality due to the limited amount of research that has been conducted in this area (Kamal and Loewenthal 2002).

Pakistan's legal system is based on Islamic concepts and rules because Muslims comprise most of the population. According to the Pakistan Penal Code, section 325 specifies that anybody

who "attempts to commit suicide and undertakes any act toward the commission of such offence, shall be punished with simple imprisonment for a time which may extend to one year, or with fine, or with both.(M.Mahmood 2022)(Nosheen Muzamil and Muzamil 2022)

II. Predicament to implication of penal laws

Facts are typically masked because of the rarity of prosecutions for criminal suicide offenses and the importance of maintaining secrecy when dealing with such a sensitive topic. Due to concerns about harassment, embarrassment, and stigmatization at the hands of authorities and fellow citizens, many people choose to avoid visiting MLCs altogether. Because of the difficulties associated with the reporting process, cases are moved to private hospitals without investigation or reporting to the authorities. It contributes to the ongoing misdiagnosis and lack of attention paid to suicide and parasuicide(Naveed et al. 2017).

Limitations

In Pakistan, research on suicide and attempted suicide has been sparse; only three studies on suicide and six studies on attempted suicide have been conducted(Khan et al. 2008). There is no accurate, official data on suicide from Pakistan. The obvious limitation of such a global perspective is the lack of data for many countries, including Pakistan; hence, estimates have been used wherever necessary. Pakistan has not submitted any updated information to the WHO in the many years since the last update. Although there is generally little interest in this topic and relatively little research data accessible, the state is interested in developing guidelines for the prevention of suicide. Because of these obstacles, the scope of my research may be a little bit limited and fall short of the modern world's standards.

Discussion

Social programmes in many underdeveloped countries do little to alleviate people's misery. Problems with poverty, unemployment, illiteracy, and municipal infrastructure contribute to a generally low standard of living. Factors including inadequate access to healthcare, inadequate health insurance coverage, and inadequate social support systems can negatively influence the mental health of a population. Pakistan and India have nuclear weapons, yet roughly 50% of their populations live below the poverty line. Social policies in developing countries should be

fair, just, and egalitarian, aiming to solve people's actual problems rather than merely their appearance of them. This brief review introduces Pakistani suicide literature. Results show large gaps in the evidence.

Despite two-thirds of Pakistan's population living in rural regions, most research is done in cities. Country life is hardly described. It is difficult to statistically analyze the demographics (age, gender, and marital status) of the suicidal community. In the Pakistani Penal Code, a penal provision known as section 325 was intended to be used for this punishment but eventually took it out of the code. According to the statement that the President's House issued, Alvi approved the legislation that would have repealed Section 325 of the Pakistan Penal Code, enacted in 1860 and addresses the criminalization of suicide attempts. Section 325 of the Pakistan Penal Code addresses the criminalization of suicide attempts. In the Pakistan Penal Code, section 325 addresses whether a suicide attempt should be considered a crime. One may recall that the Senate voted to do away with the death penalty provision for people who attempt to take their own lives (Criminal laws amendment Bill , 2021)(Nosheen Muzamil and Muzamil 2022).

Conclusion

Epidemiologic features and current trends in preferred suicide methods reflect the varied and different social, cultural, environmental, economic, and religious circumstances of countries and regions in Asia. How people commit themselves evolves as new technologies become available, and the consequences of suicide are affected differently depending on factors such as age and gender. There must be a strong national campaign to decriminalize suicide. Suicide is strongly condemned in Islam; however, the moral and legal ramifications for people who fail in suicide attempts are not addressed in the Quran. Even while religions have the power to impose a moral code on society, secular lawmakers should proceed with caution when incorporating religious concepts.

It is important to monitor and stop the development of new technology that can be used as a means of suicide in today's digital age. Due to a lack of research, a complete and accurate inventory of risk and protective factors associated with suicide cannot be compiled, making it impossible to build effective preventative programming and laws. Suicide is underreported in Pakistan because of its taboo status and the sensitivity surrounding the topic. Despite being a real

problem, suicide and suicidal conduct have gotten surprisingly little study. There is a significant chasm between the number of people who have attempted suicide and those who have been protected from self-harm by law. The following discussion suggests that Pakistan does not conduct sufficient research on the epidemiology of suicide, and that the Pakistan does not have appropriate protective laws or a national level awareness push to prevent people from committing this act.

Suggestion

To reduce suicide and suicide attempts, there are many population, subpopulation, and individual approaches. These include:

- Reducing suicide tools like pesticides, firearms, and certain medications
 - Accountability on the part of the news media in their reporting.
 - Putting into effect regulations regarding alcoholic beverages to reduce risky drinking;
 - Mental and substance use issues, persistent pain, and significant emotional anguish should be diagnosed and treated immediately.
 - Training in the assessment and management of suicidal behaviour for health professionals who do not specialize in the field.
 - Follow-up care and community support for those who have tried suicide. Suicide is a complicated issue. Thus suicide prevention initiatives must be coordinated and collaborative across different sectors of society, including education, Labour, agriculture, business, justice, law, defence, politics, and the media. These efforts must be comprehensive and interconnected, as no one technique can have an impact on a complicated subject like suicide.
 - Understanding the Islamic perspective on the issue of suicide and its repercussions
- Established stringent penal law and publicized the seriousness of criminal punishment.

References

- Ahmed, Zubair, Ilyas Bhati, and Rizwana Kausar. 2019. "Suicide as a Social Dilemma: Evidence from Pakistan." *Advances in Social Sciences Research Journal* 6(11):418–29. doi: 10.14738/assrj.611.7447.
- Appleby, Louis, Jenny Shaw, and T. I. M. Amos. n.d. "National Confidential Inquiry into MRSA Deaths." 101–2.
- Aschan, L., L. Goodwin, S. Cross, P. Moran, M. Hotopf, and S. L. Hatch. 2013. "Suicidal Behaviours in South East London: Prevalence, Risk Factors and the Role of Socio-Economic Status." *Journal of Affective Disorders* 150(2):441–49. doi: 10.1016/j.jad.2013.04.037.
- Bachmann, Silke. 2018. "Epidemiology of Suicide and the Psychiatric Perspective." *International Journal of Environmental Research and Public Health* 15(7):1425. doi: 10.3390/ijerph15071425.
- Bhatti, Mujeeb Masud, Ahmad Ali Ansari, and Bilal Ahmad Khan. 2021. "IS IT TIME TO DECRIMINALIZE SUICIDE IN PAKISTAN ? A CRITICAL REVIEW." (June):27–33.
- Bonvoisin, Toby, Leah Utyasheva, Duleeka Knipe, David Gunnell, and Michael Eddleston. 2020. "Suicide by Pesticide Poisoning in India : A Review of Pesticide Regulations and Their Impact on Suicide Trends." 1–16.
- Dube, Shanta R., Robert F. Anda, Vincent J. Felitti, Daniel P. Chapman, David F. Williamson, and Wayne H. Giles. 2001. "Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide throughout the Life Span: Findings from the Adverse Childhood Experiences Study." *Jama* 286(24):3089–96. doi: 10.1001/jama.286.24.3089.
- Gunnell, D., and M. Nowers. 1997. "Suicide by Jumping." *Acta Psychiatrica Scandinavica* 96(1):1–6. doi: 10.1111/j.1600-0447.1997.tb09897.x.
- Hawton, Keith, Carolina Casañas I Comabella, Camilla Haw, and Kate Saunders. 2013. "Risk Factors for Suicide in Individuals with Depression: A Systematic Review." *Journal of Affective Disorders* 147(1–3):17–28. doi: 10.1016/j.jad.2013.01.004.
- Hawton, Keith, Lakshmi Ratnayeke, Sue Simkin, Louise Harriss, and Vanda Scott. 2009. "Evaluation of Acceptability and Use of Lockable Storage Devices For." 12:1–12. doi: 10.1186/1471-2458-9-69.
- Ilgen, Mark A., Amy S. B. Bohnert, Rosalinda V. Ignacio, John F. McCarthy, Marcia M. Valenstein, H. Myra Kim, and Frederic C. Blow. 2010. "Psychiatric Diagnoses and Risk of Suicide in Veterans." *Archives of General Psychiatry* 67(11):1152. doi:

10.1001/archgenpsychiatry.2010.129.

Kamal, Zein, and Kate Miriam Loewenthal. 2002. "Suicide Beliefs and Behaviour among Young Muslims and Hindus in the UK." *Mental Health, Religion and Culture* 5(2):111–18. doi: 10.1080/13674670210141052.

Khan, M. M. 1998. "Suicide and Attempted Suicide in Pakistan." *Crisis* 19(4):172–76. doi: 10.1027/0227-5910.19.4.172.

Khan, M. M. 2005. "Suicide Prevention and Developing Countries." *Journal of the Royal Society of Medicine* 98(10):459–63. doi: 10.1258/jrsm.98.10.459.

Khan, Murad M., Haider Naqvi, Durrane Thaver, and Martin Prince. 2008. "Epidemiology of Suicide in Pakistan: Determining Rates in Six Cities." *Archives of Suicide Research* 12(2):155–60. doi: 10.1080/13811110701857517.

Khan, Murad M., and Martin Prince. 2003. "Beyond Rates: The Tragedy of Suicide in Pakistan." *Tropical Doctor* 33(2):67–69. doi: 10.1177/004947550303300203.

Legarreta, Andrew D., Benjamin L. Brett, Gary S. Solomon, and Scott L. Zuckerman. 2018. "The Role of Family and Personal Psychiatric History in Postconcussion Syndrome Following Sport-Related Concussion: A Story of Compounding Risk." *Journal of Neurosurgery: Pediatrics* 22(3):238–43. doi: 10.3171/2018.3.PEDS1850.

M.Mahmood. 2022. "No Title." in *th pakistan penal code 1860*.

Madadin, Mohammed, Houria S. Al Sahwan, Khadijah K. Altarouti, Sarraa A. Altarouti, Zahra S. Al Eswaikt, and Ritesh G. Menezes. 2020. "The Islamic Perspective on Physician-Assisted Suicide and Euthanasia." *Medicine, Science and the Law* 60(4):278–86. doi: 10.1177/0025802420934241.

Malathesh, Barikar C., Sai Krishna Tikka, Vishakha Jain, Yadukul S, and Suresh Bada Math. 2022. "De-Criminalization of Suicide: An Overview, Key Practical Challenges, and Suggestions to Address Them." *Indian Journal of Psychological Medicine* 44(3):290–92. doi: 10.1177/02537176221084075.

McGirr, Alexander, Johanne Renaud, Monique Seguin, Martin Alda, Chawki Benkelfat, Alain Lesage, and Gustavo Turecki. 2007. "An Examination of DSM-IV Depressive Symptoms and Risk for Suicide Completion in Major Depressive Disorder: A Psychological Autopsy Study." *Journal of Affective Disorders* 97(1–3):203–9. doi: 10.1016/j.jad.2006.06.016.

Meehan, Janet, Navneet Kapur, Isabelle M. Hunt, Pauline Turnbull, Jo Robinson, Harriet Bickley, Rebecca Parsons, Sandra Flynn, James Burns, Tim Amos, Jenny Shaw, and Louis Appleby. 2006. "Suicide in Mental Health In-Patients and within 3 Months of Discharge:

- National Clinical Survey.” *British Journal of Psychiatry* 188(FEB.):129–34. doi: 10.1192/bjp.188.2.129.
- Mennin, Douglas S., and Richard G. Heimberg. 2000. “The Impact of Comorbid Mood and Personality Disorders in the Cognitive-Behavioral Treatment of Panic Disorder.” *Clinical Psychology Review* 20(3):339–57. doi: 10.1016/S0272-7358(98)00095-6.
- Najmi, Sadia, Daniel M. Wegner, and Matthew K. Nock. 2007. “Thought Suppression and Self-Injurious Thoughts and Behaviors.” *Behaviour Research and Therapy* 45(8):1957–65. doi: 10.1016/j.brat.2006.09.014.
- Naveed, Sadiq, Tooba Qadir, Tayyaba Afzaal, and Ahmed Waqas. 2017. “Suicide and Its Legal Implications in Pakistan: A Literature Review.” *Cureus*. doi: 10.7759/cureus.1665.
- Nosheen Muzamil, Madem, and Muhammad Muzamil. 2022. “The Incidence of Suicide in Pakistan Day by Day, Especially the Educated Youth Trying to Commit Suicide in 2022 2023.” *Journal of Mental Health Issues and Behavior* (25):12–20. doi: 10.55529/jmhib.25.12.20.
- O’Connor, Rory C., and Matthew K. Nock. 2014. “The Psychology of Suicidal Behaviour.” *The Lancet Psychiatry* 1(1):73–85. doi: 10.1016/S2215-0366(14)70222-6.
- Oquendo, Maria A., Gregory M. Sullivan, Katherin Sudol, Enrique Baca-Garcia, Barbara H. Stanley, M. Elizabeth Sublette, and J. John Mann. 2014. “Toward a Biosignature for Suicide.” *American Journal of Psychiatry* 171(12):1259–77. doi: 10.1176/appi.ajp.2014.14020194.
- Pai, Naveen Manohar, and Neuro Sciences. 2021. *Suicide by Self-Immolation*.
- Pompili, Maurizio, Alberto Forte, Mario Palermo, Henry Stefani, Dorian A. Lamis, Gianluca Serafini, Mario Amore, and Paolo Girardi. 2012. “Suicide Risk in Multiple Sclerosis: A Systematic Review of Current Literature.” *Journal of Psychosomatic Research* 73(6):411–17. doi: 10.1016/j.jpsychores.2012.09.011.
- Rezaeian, Mohsen. 2009. “ISLAM AND SUICIDE : A SHORT PERSONAL COMMUNICATION.” 58(1):77–85. doi: 10.2190/OM.58.1.e.
- Shekhani, Sualeha S., Shagufta Perveen, Dur-e-sameen Hashmi, Khawaja Akbar, and Sara Bachani. 2018. “Suicide and Deliberate Self-Harm in Pakistan : A Scoping Review.” doi: 10.1186/s12888-017-1586-6.
- Stack, Steven. 2014. “The Effect of Religious Commitment on Suicide : A Cross-National Analysis The Effect of Religious Commitment on Suicide : A Cross-National Analysis.” (January 1984). doi: 10.2307/2136402.

- Turecki, Gustavo, and David A. Brent. 2016. "Suicide and Suicidal Behaviour." *The Lancet* 387(10024):1227–39. doi: 10.1016/S0140-6736(15)00234-2.
- Värnik, Peeter. 2012. "Suicide in the World." *International Journal of Environmental Research and Public Health* 9(3):760–71. doi: 10.3390/ijerph9030760.
- Wenzlaff, Richard M., and Daniel M. Wegner. 2000. "<Wenzlaff & Wegner.Pdf>." 59–91.
- Words, K. E. Y. n.d. "No Title." doi: 10.5249/jivr.v2i2.60.
- Wu, Kevin Chien-chang, Ying-yeh Chen, and Paul S. F. Yip. 2012. "Suicide Methods in Asia : Implications in Suicide Prevention." 1135–58. doi: 10.3390/ijerph9041135.
- Yip, Paul SF, Eric Caine, Saman Yousuf, Shu-Sen Chang, Kevin Chien-Chang Wu, and Ying-Yeh Chen. 2012. "Means Restriction for Suicide Prevention." *The Lancet* 379(9834):2393–99. doi: 10.1016/S0140-6736(12)60521-2.