



Letter to the Editor

Future strategies to combat the hidden burden of suicide among farmers in South East Asia



Southeast Asia accounts about 40% of annual global suicide (WHO, 2014). Among the different professions farmers encounter higher rate of suicide than the general population due to the easy availability of toxic pesticides, economic uncertainties, psychological stress, bureaucratic apathy, illiteracy and lack of friendly policies (Milner et al., 2013). Despite the higher reporting rate of suicide among the farmers, the real magnitude of the problem hardly comes to the surface in the South East Asia due to multiple sociocultural and economic factors, wide spread stigma, and political views (Hendin et al., 2008). Due to rural area residence, farmers have less access to healthcare and most of the urban-life associated benefits. However, the mobile phone and other electronic devices are connecting them with the central facilities. Poor farmers are now able to enjoy mobile phones due to mobile phone and call rate price reductions. A technology-based mental health service or Telepsychiatry can be a cost-effective and attractive service for these farmers as it provides easy and ready access to the mental health professionals (Sorón, 2016). Telepsychiatry allows the farmers to bypass widespread stigma associated with suicidal thoughts in addition to the travel time to the centrally located hospital for stress management and get rid of the suicidal thoughts. Moreover, we can inform the farmers and their family members on the importance of early help seeking by sending regular short text messages (SMS) and voice calls. Interactive social media posts and promotional videos on when, how, and where to seek help can add value in facilitating overall awareness of the existing services and the importance of timely help seeking. Primary care physicians should be trained to detect suicide intentions among farmers when they visit to healthcare centers for different medical conditions and disorders. We need to establish innovative technology based on freely available screening tools for the professionals to examine who is at risk of suicide. The local community health workers and community leaders can be trained to provide primary mental health care by distance training by the experts. Moreover, health workers can report suspected suicide prone farmers early by using their phones and can communicate with the farmers by phone without the need of home visits. In addition to mental health service, mobile phones and other information technologies can be a source of information how they can increase the production, market price and other micro-credit economic activities-the indirect interventions to reduce the suicide. According to Keshavan et al. (2013), we need to restrict the access to lethal methods in addition to expanding mental health services and improving access. Pesticide is the most common method of suicide among farmers and the practice of keeping the pesticide in locked boxes showed promising results in Srilanka (Pearson et al., 2017). Suicide is considered as a criminal offence in Bangladesh and Pakistan and it should be decriminalized from all the countries in the region (Sorón, 2019). Moreover, the financial activities of local Non-Government Organizations (NGOs) need to bring under regional regulation. We need to develop a regional media guideline to reduce the unethical and unprofessional reporting of suicide in print and electronic media. The countries need active

collaboration among environment, economics, human rights, education, politicians and religious leaders (Murthy, 2018). We suggest text book authorities to add a chapter on importance of early help seeking for common mental health and suicide, the school going children will disseminate the information to the family and will reduce the stigma. Moreover, every nation should have a holistic implementable national suicide prevention plan and a regional annual suicide plan will be more helpful

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Conflict of interest

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