A PRELIMINARY ANALYSISOF THE PREVAILING AND RISING CASES OF SUICIDE IN NIGERIA

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ABSTRACT
In Nigeria suicidal behaviors and suicide in itself is against the law. Suicide is a major cause of mortality worldwide. It is a human tragedy that accounts for an estimated one million deaths annually. This translates to at least one death resulting from suicide every forty seconds. The magnitude of the problem is further compounded by the fact that the incidence of attempted suicide is about twenty-five times more than that of completed suicide. The sudden rise of suicide in Nigeria call for concern and the existence of suicide phenomena in the society is a major issue that needs to be looked into with a lot of concern, and creating effective preventative measure is a matter of urgency. This paper therefore is to provide information and preliminary analysis on ways that could assist policy makers to focus and build more robust discussion on suicidal behaviors and suicide. A number of factors have been shown to be consistently associated with depression, suicide and suicidal behaviors amongst Nigerians. This article will highlight recent research evidence that points toward those factors considered to be important risk factors. In so doing, useful strategies for prevention of suicide among young people will be suggested. On a final analysis, the paper would gear members of academia to focus more on suicidal behaviors and suicide in a way to suggest probable solutions to the issue raised. The study will also tries to identify factors leading to suicidal behavior, the impact of suicide on the family and society and recommended methods of prevention. The study will also to further increase, entrench and nourishes different roles society can play to control, prevent and establish interventions.

Keywords: Suicide, Suicidal behaviors, Prevalence, Vulnerability, Effects

INTRODUCTION

Suicide is a major cause of mortality worldwide. It is a human tragedy that accounts for an estimated one million deaths annually. This translates to at least one death resulting from suicide every forty seconds. The magnitude of the problem is further compounded by the fact that the incidence of attempted suicide is about twenty-five times more than that of completed suicide. Every act of suicide impacts on at least six other individuals. Suicide rates have increased by about 60% over the last 45 years, thus constituting a major public health burden (WHO, 2019). These rates are grossly

underreported globally and many developing countries, including Nigeria, do not have meaningful records of deaths and their causes.

The high rise of suicide have geared the world health body – **World Health Organization (WHO),** in collaboration with other global partners, the World Federation for Mental Health, the International Association for Suicide Prevention and United for Global Mental Health, to launch action campaign program tagged **– "Suicide takes a life every 40 seconds across countries".** The campaign which was started on 10th September and finally culminated on **World Mental Health Day,** 10th October, the essence and focus of which is also suicide prevention this year 2019.

These campaigns cannot be far-fetched due to the fact that suicide rate is alarming. Among topmost five (5) countries with high rate of suicide were India with more 215,000 cases in 2016, followed by China that had a total of 136,267 cases while the other three countries are America, the Russian Federation and Japan. Nigeria followed Japan being the sixth highest globally. This call for great concerns. In the same vein, many African countries are struggling with high suicide rates, for which there are no simple explanations. The case of a Tunisian street vendor who set himself on fire on 17 December 2010, which became a catalyst for the Tunisian Revolution and the celebrated Arab Spring against autocratic regimes readily comes to mind. Since that day there have been geometric increase in suicide cases from Cape Town to Cairo. However, one thing is evident: there is a lack of professional help and comprehensive research into the causes of suicide in Africa.

According to the World Health Organization (WHO) in a 2019 report, Nigeria is sixth on the ranking of suicide in the world and absolutely Nigeria is the number one in Africa! In Nigeria or Ivory Coast, the figures are even higher than in most European countries, the US or China, with more than 15 suicides per 100,000 inhabitants per year. With the WHO collaborating this revelation that Nigeria has the highest suicidal rate in Africa in 2016, with over 17,000 lives lost.WHO reported that 17,710 cases of suicide were recorded in 2016 at all ages and of these number of cases, 8,410 were females while 9,300 were males. The percentage ratio of men to women was 53:47. Giving the global estimates, it noted that about 800,000 people die every year by the suicide act. Furthermore, for each suicide, there are more than 20 suicide attempts somewhere else. Suicides and suicide attempts have a ripple effect and impacts on families, friends, colleagues, communities and societies. However, suicides are preventable and much can be done to prevent suicide at individual, community and national levels.

In giving definitions, the World Health Organization (2006) defines suicide as "the act of killing oneself deliberately initiated and performed by the person concerned in the full knowledge or expectation of it fatal outcome". Suicide does not just occur in high-income countries, but is a global phenomenon in all regions of the world. In fact, over 79% of global suicides occurred in low- and middle-income countries in 2016. (WHO, 2008).Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based and often low-cost interventions.

In the same vein, the America Psychology Association (A.P.A.) (2019) defined suicide as an "act of killing yourself, most often as a result of depression or other mental illness". Although suicide can come in different forms such as hanging, pesticide self-poisoning and shooting which were however identified as the three commonest methods by which people commit suicide. Suicides occurs across all ages, sexes and regions of the

world are all affected - each loss is one too many. WHO (2019) identified suicide as "a serious global public health issue". Suicide is a major public health concern. Suicide is also defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.

A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior.

Of the estimated 800,000 people that die by suicide every year, representing an annual age-standardized suicide rate of 11.4 per 100 000 population globally and 6.11 per 100 000 population in Nigeria specifically. Suicide is one of the three leading causes of death among those in the most economically productive age group (15–44 years). It is a public health issue that is estimated to contribute more than 2% to the global burden of disease by the year 2020, especially in the sub-Saharan African countries where services are scarce. (WHO, 2019). Suicide was recently identified by the World Health Organization (WHO) as a priority condition in the Mental Health Gap Action Programme (mhGAP). In its 66th World Health Assembly, the WHO adopted the first-ever Mental Health Action Plan with suicide prevention as an integral part of the plan, with the goal of reducing the rate of suicide in countries by 10% by 2020. With this major shift in attention towards the prevention of suicide, epidemiological research and basic data on the prevalence and risk factors for suicidal behaviors (ideation, plan and attempt) are urgently needed in many countries of sub-Saharan Africa.

Prevalence refers to the degree of common occurrence, widespread, or practice of a thing. It is the total number of cases of a disease or condition in a given population at a specific time. Prevalence in the present context is the total number of persons who have had completed suicide, suicidal ideation or attempted suicide at a given time. In epidemiology, prevalence refers to the number of new and old cases of a disease or occurrences of an event 20 during a particular period. Prevalence is expressed as a ratio in which the number of events is the numerator and the population at risk is the denominator (Mosby, 2000; & Mosby, 2008). There are various forms of prevalence. These include instantaneous prevalence, period/periodic prevalence, cumulative prevalence, point prevalence, and lifetime prevalence (Gerstman, 2003). Instantaneous or spot prevalence refers to the prevalence of a disease or a condition at a particular moment. Period or periodic prevalence refers to the number of cases of a disease or condition which occurs during a specific period, e.g. annually, lifetime, as a percentage of the total or average total number of animals at risk during the same period. Cumulative prevalence refers to the number of cases of a disease or condition spread over a period of time. It shows the trend of that disease or condition; for example, from 2001 to 2005 (Mosby, 2008). Point prevalence refers to the number of cases of a disease or condition which occurs during a specified period. The assessment is made at a specific point in time rather than over a period. In epidemiology, point prevalence is a measure of the proportion of people in a population who have a disease or condition at a particular time, such as a particular date. It is like a snap shot of the disease in time (Gerstman, 2003). It can be used for statistics on the occurrence of chronic diseases. This is in contrast to periodic prevalence which is a measure of the proportion of people in a population who have a disease or condition over a specific period of time, say a season, or a year. Lifetime prevalence refers to the number

of cases of a disease or condition that occurs throughout lifetime. It could be that a core group of chronically suicidal individuals are studied throughout lifetime.

Suicidal behaviour can be further explained as any deliberate action with potentially life-threatening consequences, such as taking a drug overdose, deliberately crashing a car. Suicidal behaviours often occur in response to a situation that the person views overwhelming (Hudgens, 2003), such as social isolation, death of a loved one, emotional trauma, serious physical illness, aging, unemployment, or financial problems, guilty feelings or dependence on alcohol or other drugs.

Apart from the suicide bombers regularly unleashed on hapless individuals by Boko Haram insurgents, such mental health-related deaths include avoidable road accidents that continue to claim many lives as a result of the poor psychological condition of individuals behind the wheels. The recent surge in cases of suicide, which is one of the mental disorders, with not less than 10 incidents reported in the media in May 2019 alone, and the number of psychiatric patients that now roam the streets across Nigeria, only appears to be a mere tip of the iceberg on the challenges associated with mental health which the country is yet to come to terms with. It is no longer news that many young Nigerians are fast developing a passion for substance abuse. There is growing poverty and frustration in many families amid overwhelming challenges, rising unemployment rate (at about 20 per cent), societal pressure, among others. These result in depressive disorder, a major detonator of full-blown madness, incoherent suicidal behavior or suicide. The scores of suicides recorded recently, according to reports, were made possible by a popular brand of pesticide, "***sniper***". Some victims also hanged themselves, others jumped into rivers while drug overdose was not ruled out in a few cases. Hardly a week passes now without a person attempting or committing suicide in Nigeria with most of such incidents missing out on the pages of newspapers as some affected families will prefer to keep mute because of the stigma attached to such dishonorable death.

Although, suicide is a taboo discussion in Nigeria. Traditionally, in some parts of the country, if a person takes his own life, he is deemed to have brought shame on himself and his family, and to have forfeited even the right to be buried where other family members are buried. Nowadays, people read sensational stories in the newspapers and on social media about the Third Mainland Bridge and how it is beginning to acquire notoriety as a favorite Launchpad for "suicide divers". Only recently NAFDAC – the food and drug regulatory agency, came up with a regulation banning the sale of the small bottle of ***"sniper***", the weed killer that has become a quick and convenient tool for people wanting to die by poison. But despite such mentality, many reported suicide cases like the University of Ibadan lecturer, who took his life on April 6, 2019, after an unfulfilled dream of completing his PhD programme; the one committed by a worker in Kogi State over alleged nonpayment of salary, and the over six reported cases of undergraduate suicides in April 2019 only succeeded in eliciting momentary frenzy across the country.

Some other widely reported suicide cases include that of a 100-level student of Kogi State University, Ayingba, who was jilted by her boyfriend and decided to end her life by taking a pesticide, and another year one student of Chemical Engineering at the University of Port Harcourt, Rivers State, who also decided to say bye to the world by drinking two bottles of the deadly pesticide. The list also includes an 18-year-old found dead in her room in Aluu, a community in Rivers State; a 26-year-old hairdresser in Lagos

who ended her life after her boyfriend quit the relationship; and a 17-year-old boy in Jos, reported to have sipped pesticide over failure in a university entrance examination. There have also been two reported (separate) cases of pastors in Abuja and Lagos who got depressed over personal challenges and decided to end their lives.

Suicide process begins when hostility and aggression is directed towards self. In Nigeria, suicide among young men may appear to be on the increase especially among individuals suffering from psychiatric disorders. The posture of local officialdom to citizens who are desperate enough to want to take their lives ranges from the unsympathetic to the frankly bizarre. It is a criminal offence, in Nigeria, to attempt suicide. If a person attempts suicide and does not die, he is liable to be hauled off to jail and not to hospital.

LITERATURE REVIEW

Among the classical sociological thinkers, Emile Durkheim has been the first one who dealt with the issue of suicide within a social context empirically (Germov, 2002). Earlier conceptions and approaches towards suicide revolved around a certain set of personal characters or dispositional patterns that tended individuals to commit such acts of self-annihilation. Surprisingly, the same mind-set is still operative in the general masses that views suicide as a complete personal experience backed by purely personal and psychological problems. In contrast to such a traditional view point, sociological theories, with special focus on Durkheim's frame of reference can be used to understand the problem of suicide as a product of destabilized social and cultural milieu. In this regard, Durkheim's contention was his belief that a high suicide rate was symptomatic of large scale societal problems (Durkheim, 1997 quoted in Khan et al., 2017; Kendall, 2007).

Durkheim's theory of 'suicide' is related in various ways to his study of the division of labor. It is also linked with the theory of 'social constraint'. Durkheim has established the view that there are no societies in which suicide does not occur. Rejecting most of the accepted theories of suicide, Durkheim on the basis of his monographic studies claims suicide as primarily a social phenomenon in terms of the breakdown of the vital bond of life. Durkheim in his classical study of 'Le Suicide' which was published in 1897, demonstrates that neither psycho-pathic factor nor heredity nor climate nor poverty, nor unhappy love nor other personal factors motivate along form sufficient explanation of suicide.

According to Durkheim, suicide is not an individual act nor a personal action. It is caused by some power which is over and above the individual or super individual. He viewed "all classes of deaths resulting directly or indirectly from the positive or negative acts of the victim itself who knows the result they produce" Having defined the phenomenon Durkheim dismisses the psychological explanation. Many doctors and psychologists develop the theory that majority of people who take their own life are in a pathological state, but Durkheim emphasizes that the force, which determines the suicide, is not psychological but social. He concludes that suicide is the result of social disorganization or lack of social integration or social solidarity.

According to Bridge, Goldstein and Brent (2006), suicidal behaviour is the domain of thoughts, images and ideas about committing suicide or a desire to terminate one's life without the suicidal act. Suicidal behaviour can be considered in two ways, namely fatal and non-fatal suicidal behaviour. Fatal suicidal behaviour refers to completed

suicidal behaviour that reflects the person's intent to die and where the person has managed to achieved the pre-determined goal, while non-fatal suicidal behaviour refers to suicidal behaviour that does not end the person's life and embodies several manifestations such as those seen in attempted suicide. People who attempt suicide and survive may have serious injuries such as brain damage, broken bones, organ failure or mental health problems such as depression.

Suicidal behaviour could also be defined as intent to commit suicide or as having ever attempted suicide in lifetime (Walter et al., 2005). It implies all the intentions, ideations or actions pertaining to, leading to, or involving suicide. It is a conglomeration of some seemingly insurmountable personal problems of individuals which make them think that the only solution is to die. Their main purpose is to seek a solution to an overwhelming problem. Suicidal behaviour is sometimes associated with the mental health status of individuals who cannot cope with their lives (WHO, 2006). Suicidal behaviour demonstrates that something is fundamentally wrong, either with an individual or with the situation in which the individual exists, or with both the individual and the situation. It does not show up without any reason. It involves not only pain, but the individual's unwillingness to 30 tolerate that pain, the decision not to endure it, and the active will to stop it (Leming & Dickson, 1994; WHO, 2008).

Suicidal behaviour could be fatal (completed), non-fatal (attempted), ideation (thinking about), or self-destructive behaviours (Lester, 1999; Seiden & Gleiser, 2000; and Canetto, 2001). Robert, (2008) typically call those suicidal actions in which the person dies completed suicide (fatal), and those in which the person survives attempted suicide (non-fatal). Suicidal and self-destructive behaviours represent distinct, although somewhat overlapping phenomena (Seiden & Gleiser, 2000). Suicidal behaviour thus refers to the ideas, intentions, plans and attempts to end one's life immediately, while self-destructive behavioursrefer to indirect, slowly killing behaviour that has no immediate end of life. For example, sex abuse is a self-destructive behaviour because the abuser and the abused can contract HIV which may eventually lead to full blown AIDS and death. This was also supported by WHO (2008) who reported that AIDS patients were more likely to commit suicide than were people with other terminal diseases because of the stigmatization against the AIDS patients.

Suicidal acts are complex human behaviours including several features of an individual's personality, state of health, and numerous life circumstances. Owing to deficiency of consistent, common nomenclature and classification, the dependable identification, evaluation, treatment, and prevention of suicides is a difficult task. In Nigeria, the true scope of the issue is hidden by incomplete surveillance and socio-cultural issues surrounding suicide and its related stigma.

However, the concept of suicide across Nigeria is that it is bad death. Moreso, in many Nigerian cultures, rituals were performed to prevent the spirit of the person that committed suicide from disturbing the living. Nigerian people's concept of suicide is attributed to their belief that man is not the author of his life. Christians, Islamic, And Traditional worshippers in Nigeriabelieve in life after death. Beyond counting the number of suicide and suicidal attempts however, is the often unexplored psychological burden from feelings of guilt, sorrow and anguish, which is often experienced by the family members and associates of individuals who commit suicide. This supports the assertion of

Animasahun and Animasahun (2016) who posit that suicide has negative effects on the health of the community. Family, friends, or acquaintances of people who attempt suicide or commit suicide may feel shock, depression, anger, or guilt.

Types of Suicide

Emile Durkheim's dominance on the issue of suicide cannot be overlooked in the social science parlance and his contributions till date is still essentially very useful. Durkheim's studies revolved around him trying to understand what makes a person actually commit suicide and what influences or factors may have led that person to that final decision or act.

Durkheim believed that various sociologically factors and influences were at work such as work pressure, financial, religious, marital etc. and classified different types of suicides on the basis of different types of relationship between the actor and his society.

(1) Egoistic suicide

According to Durkheim, when a man becomes socially isolated or feels that he has no place in the society he destroys himself. This is the suicide of self-centered person who lacks altruistic feelings and is usually cut off from main stream of the society.Whenever societal integration is weakened, this is when egoistic suicide usually occurs. A good example of this type of suicide is when lady who is graduated, lonely, hardly associate with friends and family coupled with no husband, no children and no employment and as such commit suicide.

(2) Altruistic suicide

This type of suicide occurs when individuals and the group are too close and intimate. This kind of suicide results from the over integration of the individual into social group. This is suicide type that an individual sacrifice one's life to save or benefit others, for the good of the whole or group, or in order to preserve the traditions and honor of a society. Altruistic suicide is always intentional and it is a benevolent suicide that a self-sacrifice of one's own life for the sake of the greater good. A good example is age long culture and tradition amongst the rural Eskimos, where very old members of group will strip naked and walks straight in to the snow and die. That gentricidal mission is to conserve enough for the younger generation to ration the food left in case winters will last longer than expected.

(3) Anomic suicide

Sociologically anomie suicide is a state or condition in which an individuals or a society is characterized by breakdown or absence of social norms and values, as in the case of uprooted people. In this type of suicide, it usually occurred due to certain breakdown of social equilibrium, such as, suicide after bankruptcy or after winning a lottery. In other words, anomic suicide takes place in a situation which has cropped or popped up suddenly. It can be further explained as when a person commits suicide due loose or lack of regulation and anomic suicide is common in situations where society is undergoing major changes or the individual is experiencing a highly stressful situation, which leads to feelings of confusion and disappointment. A good example of anomie suicide is the Tunisian street vendor who set himself ablaze that ignited Arab spring.

(4) Fatalistic suicide

This type of suicide is due to overregulation in society. It's one of four types of suicide proposed in 1897 by Émile Durkheim, involving excessive social regulations that restrict individuation. Feeling controlled by the values and norms of society, the person becomes hopeless and despairs of ever escaping these oppressive external forces. An example is when a society is overregulated, a servant or maid commits suicide ora prisoner, commits suicide due to feeling oppressed by the prison system.

SUICIDIOLOGY ADVOCACY IN NIGERIA

It is commonly argued that there is a dearth of information concerning the prevalence of suicide in Nigeria. This, however, should not stand as an acceptable argument in favour of reduced occurrence of suicide. It is expected that all stakeholders, that is the government, mosque, church, nongovernmental organizations and others, should mount a formidable advocacy towards the reduction of suicide in Nigeria. This can be achieved through the following efforts: First, there is the need to begin an outstanding enlightenment of the citizenry with regards to the negative impact of suicide. Secondly, all religious organizations should be mobilized towards appreciating the harm done to the nation, the victims (who are relatives of the one who has committed suicide) and the one who committed suicide (who would have contributed towards the development and advancement of the society and his immediate family). Thus, appreciating the fact that they are stakeholders in the advocacy for suicide reduction in the nation.

On the other hand, the press and all media organizations should be involved in regular enlightenment of the public on the harm done by suicide. Furthermore, the medical organizations, like the hospitals, should be involved in rendering prompt attention to those who exhibit suicidal behavior and those at risk. This involves those going through depression, mental imbalance and others. It is also necessary to establish counseling centers in various venues where different people have contacts. For example, in schools, hospitals, churches, mosques and others. This would afford the people robust opportunity to seek help on time once they discover the prevalence of suicidal behaviour. As a follow-up to this, it is important for religious leaders to continue to educate their followers, through their sermons, on the value of the sanctity of life. They should be made to appreciate the fact that the creator of life has not given man, the prerogative to take life, no matter how justifiable he sees the reason for engaging in that act. It is conceded by the writer that the situation that man sometimes finds himself may necessitate the contemplation of suicide. However, there is the need for the church, mosque and others to give hope to man. This can be achieved through counseling and preaching of sermons that encourage the adherents. Thus giving them hope for living. In conclusion, the writer opined that the aspect of suicide advocacy is the responsibility of all stakeholders. However, the church and other religious organizations should see this as an onerous task that requires her full support and attention. This is premised on the fact that the church and other religious organizations have the real privilege of reaching vast number of people with the message of hope and joy. This privileged position which is occupied by religious organizations, have further placed a greater moral burden upon them as those who should serve as the harbinger of an enduring suicidology advocacy.

CONCLUSION

This article have chronicled suicide and suicidal behavior and can draw a conclusion of what is obtained in the developed world is quite different from what does not occur in developing countries of the world like Nigeria. The low prevalence rates of suicidal behaviours in Nigeria as found out in this article. Although factors associated with suicidal ideation and behaviours are similar to those found in other studies but the rates of both suicidal ideation and attempts are quite but necessarily to be nipped in the bud.

This paper suggests that there is an urgent need for Nigerian policymakers, academia, social commentators, health educators, the media and health providers to review and address this issue. Since there was low prevalence of suicidal behaviours among Nigerians most especially students, efforts should be intensified to maintain the tempo through public information and education about the dangers inherent in suicide attempt and suicidal behaviours. Health educators should be able to provide preventive and intervention strategies for curbing the ugly situation of suicide in our higher institutions.

On a final note, the findings might help to improve social integration and regulation, and might reduce social isolation and withdrawal. In other words, there might be improvements in the relationship between the individual and the social setting in which they find themselves.
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RECOMMENDATION

For this Paper, it wouldn't be out of point to state that recommendations abounds.

Firstly, education is highly important as a means of curbing suicidal behavior and suicide in itself, more educative programs that can reach a large chunk of the population. There should be the teaching of suicide education and prevention in schools and higher institutions. For this to be meaningful, suicide education should be capable of loading its contents with topics such as signs, myths and facts about suicide, factors associated with suicide and the possible ways of helping the suicidal persons.

Secondly, our various religious institution can also play a vital role to compliment educational roles. Both the mosques and the churches can continuously synthesize the danger inherent in suicide and the beliefs of reward in heaven. Since there was very low prevalence of suicidal behaviours among the Nigerians, efforts should be intensified to maintain the tempo through public information and education about the dangers of known risk factors of suicidal behaviours, this will complement the role of religious bodies.

Thirdly, the government should take the bull by the horn, making provision for specialized health and medical centres, since suicide is a social-health problem, where suicide and suicidal behaviors can tackle headlong. There should be also Nigerian research on the causes of suicidal behaviours, the stigma of suicide victims, and the need for effective reporting of suicidal cases. This will help in formulating a blue print for preventive intervention strategies and service delivery in Nigeria, and effective reporting of suicide cases without molestations.

Fourthly, government should provide suicide counselling personnel who will always be available to offer assistance to those in need. A body for coordinating efforts on suicide prevention should be formed in the universities. Seminars, conferences and

workshop should be organized on dangers of drug abuse, possession of weapons, harmful objects for the general public.

In addition, government should tackle vigorously social health problems. This can be done by sponsoring studies to identify factors that can enhance suicidality and to find solutions to them. Specific university-based mental health services should be established in various Nigerian universities. These services should aim at finding out and taking care of depressed and those at risk in order to prevent incidences of suicidal behaviours.

Moreover, bulletins on suicidology should be mounted; prevention centres whose scope should not only be that of preventing suicide but also handling other psychological and emotional problems of crisis nature should be opened. These centres could be staffed through volunteer agencies, mental health services, public health departments and hospitals. Programmes of preventive intervention strategies should be organized.

Furthermore, sporting activities and night life activities are to be encourage in our communities' most especially competitive sports to encourage people and take their attention from ills of the society. Cinemas and other social recreational activities are very useful tools that can encourage sustainable life and discourage suicide tendencies.

Finally, raising community awareness and breaking down the taboo is important for us all to make progress in preventing suicide. Improved surveillance and monitoring of suicide and suicide attempts is required for effective suicide prevention strategies. On the whole, the populace should be encourage to report cases of suicide and suicide attempt this includes vital registration of suicide, hospital-based registries of suicide attempts and nationally surveyed collection of information about self-reported suicide attempts..

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