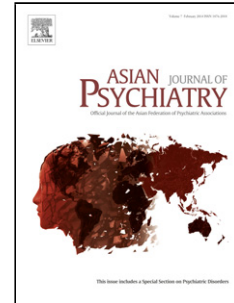


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Bangladesh is a densely populated country in the south Asia with 1063 per square kilometer population density and about 160 million population (Arafat, 2017). Health sector is advancing dramatically with its existing manpower significantly empowering the primary health care. However, suicide is still under attended public health problem in the country (Arafat, 2017; Arafat et al., 2018; Shah et al., 2017). The country lacks any surveillance activity for suicide and nationwide study on suicide (Arafat, 2017; Shah et al., 2017). Moreover, suicide is still counted as criminal offence and religious, social, legal consequences hinder the suicide disclosures (Khan, 2005; Shah et al., 2017; Arafat, 2017). Fortunately, few activities have been started in different levels of the country

recently. A specialized clinic “**Suicide Prevention Clinic (SPC)**” has been started at department of Psychiatry of Bangabandhu Sheikh Mujib Medical University in September 2016 to provide the specialized care of the patients with suicidal behavior. Patients with suicidal behavior are being referred to SPC. Most of the referrals happen from outpatient department of the psychiatry. The clinic runs on Saturday for 2 hours from 11.00 am to 1.00 pm weekly basis. Currently, the clinic is headed by an Associate Professor of Psychiatry and supported by residents, trainees, psychotherapy unit and others supporting staffs. The referred patients are being assessed thoroughly to identify the risk and protective factors of suicidality for an individual. Subsequently management is provided considering both short and long-term outcomes. Regular follow up is requested. Follow up over mobile calls are ensured routinely and periodically. Admission is advised if the person seems to be risky. For others, medications are prescribed based on the comorbid clinical status. The clinic has psychotherapy support but lacks the social support unit. Recent publications from the clinic data revealed, about 73% of the respondents were below 25 years, about 70% were females, depression was found as the most common psychiatric disorder followed by personality disorder (Shah et al., 2018).

**Society for Suicide Prevention Bangladesh (SSPB)** was formulated in 2016 with the hope to start the prevention activities in the country freshly. Unfortunately, as a new society, it is struggling to be visible with impactful activities to prevent suicides in Bangladesh. Any collaboration with other local as well as international societies is yet to be started. **KAAN PETE ROI** is hot line-based suicide prevention activity which is also known as Bangladesh–Befrienders, is an initiative of International Association for Suicide Prevention (IASP). However, the mobile numbers are not unique and widely distributed. Numbers are as like other casual personal numbers. Mobile communication is

not available in every day and every time even. Usually, it is open in fixed times of the day with different time schedule in different days of the week. Suicide prevention is still in the hatching stage. These initiations bear hope for further activities in this yet un-established area in Bangladesh. As a country Bangladesh needs an intense stimulus to create and maintain volitional force to initiate and maintain suicide prevention activities in national, international, government and non-government area. Author aimed to report the inadequate activities to the global communities so that further prevention steps can be initiated with international collaborations.

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