



Strengthening Suicide Prevention Efforts in India

For Prelims: [National Suicide Prevention Strategy](#), [National Crime Records Bureau](#), [Supreme Court](#), [District Mental Health Programme](#), [Ayushman Arogya Mandirs](#), [Ayushman Bharat](#).

For Mains: Suicide in India, National Suicide Prevention Strategy, Mental Health Initiatives in India

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Why in News?

The recent *Lancet* article highlights the **need for greater political will** to address the pressing public health issue of [suicide prevention in India](#), where over 1 lakh lives are lost annually.

- It also discusses the [National Suicide Prevention Strategy \(NSPS\)](#) launched in 2022, aimed to tackle this issue but has seen little progress since its inception.

What is the National Suicide Prevention Strategy?

- The National Strategy for Suicide Prevention in India aims to reduce **suicide mortality by 10% by 2030** through multisectoral collaboration, inclusiveness, and innovation.
 - It provides an action framework for key stakeholders to implement, monitor, and take corrective actions towards achieving the strategy's goal.
- Vision:** Establish a society where individuals value their lives and receive the support they need during critical times.
- Objectives:** It plans to set up psychiatric outpatient departments in all districts within five years through the **District Mental Health Programmes**.
 - It seeks to integrate a **mental well-being curriculum into all educational institutions within eight years**.
 - Calls for developing guidelines for responsible media reporting of suicides and restricting access to means for suicide.

What is the Suicide Scenario in India?

- Annual Deaths:** The [National Crime Records Bureau \(NCRB\) annual report for 2022](#) revealed that India reported a total of over 1.7 lakh suicides in 2022, with nearly one-third of the victims being daily wage earners, agricultural laborers, and farmers.
 - From 2019 to 2022, the suicide rate increased from 10.2 to 11.3 per 1,00,000.
- Primary Affected Groups:** 9.6% of suicides were of self-employed or salaried professionals. 9.2% of suicides were of unemployed persons, and over 12,000 students died by suicide.
 - Among the approximately **48,000 women who died by suicide, over 52% were homemakers, constituting about 14% of the total suicides**.
 - Maharashtra reported the highest number of suicides (22,746)**, followed by Tamil Nadu (19,834), Madhya Pradesh (15,386), Karnataka (13,606), Kerala (10,162), and Telangana (9,980).

- **Causes of Suicides:** The most common causes were family problems, **unemployment, Farmers Distress, financial problems and illness**, accounting for almost half of all suicides.
 - Other causes included **drug abuse, alcohol addiction, and marriage-related issues**, with a significant number of women citing **dowry-related problems**.
 - The rise of suicides among young women in India is driven by multiple factors, including the clash between increased **education and rigid societal norms, leading to feelings of relative deprivation**.
 - The shift toward modern relationships, such as **love and inter-caste marriages**, fosters individualism but also loneliness. Persistent **patriarchy and gender discrimination**, alongside high rates of **domestic violence** affecting 31% of married women, exacerbate these challenges.
 - Limited **social and financial opportunities** further compound their struggles, contributing to the alarming suicide rates in this demographic.
- **Academic performance pressures** are frequently cited as a leading cause of student suicides, linked to exam failures in the 18-30 age group.
 - The **Supreme Court** noted that intense competition and parental pressure are significant contributors to rising suicide rates, highlighting the need for balanced expectations from children.

What is the Need to Address the Suicide Prevention in India?

- **Impact on Individuals and Society:** Each suicide death profoundly impacts close individuals, including family and friends, underscoring the widespread social and emotional ramifications.
- **Mental Health Stigma:** Cultural and social stigma surrounding mental health issues often prevent individuals from discussing their challenges openly or seeking help.
 - Suicide is misinterpreted as an act of cowardice, a crime, or a sin, rather than a **manifestation of deep psychological distress**, deterring preventive measures.
 - Societal norms regarding academic and career achievements, gender roles, and marital expectations exert significant pressure, making it challenging for many to speak out or seek help against these norms.
- **Economic Burden:** The economic cost of suicide includes healthcare expenses and loss of productivity, which affects the nation's economy.

What are the Challenges Related to Suicide Prevention in India?

- **Lack of Resources:** The healthcare system in India often lacks the resources to provide adequate mental health support.
 - Despite recent efforts, **India still faces a shortage of mental health professionals and limited access to affordable mental healthcare**, especially in rural areas, amplifying the mental health crisis and contributing to the rise in suicides.
- **Insufficient Data Collection:** Inadequate reporting, lack of comprehensive studies, and **under-reporting of suicide attempts** hinder understanding the extent of the crisis and designing effective interventions.
- **Lack of Political Will:** Both central and state governments show insufficient commitment.
 - Political leaders often exhibit a **fatalistic attitude towards suicide prevention, believing it cannot be completely eliminated**.
 - **Despite the introduction of the Mental Healthcare Act, 2017 and the NSPS, there are significant gaps in the implementation of policies.**
- **Inadequate Media Involvement:** The media often lacks the **will to educate itself on responsible reporting of suicides**. Proper guidelines for media reporting of suicides need to be developed and followed.

What are the Initiatives Related to Suicide Prevention in India?

- **National Mental Health Programme (NMHP):**
 - **District Mental Health Programme (DMHP)** is Implemented in 738 districts, offering outpatient services, counselling, continuing care, and a 10-bedded inpatient facility at the

district level.

- **National Tele Mental Health Programme:** Launched in 2022 to improve access to quality **mental health counselling and care services across the country.**
 - As of December 2023, 34 States/UTs have established 46 Tele MANAS Cells, handling over 500,000 calls on the helpline.
 - The Ministry of Social Justice and Empowerment has launched a **24/7 toll-free helpline "KIRAN" to provide mental health support.**
- **Ayushman Arogya Mandirs:** More than 1.6 lakh Sub-Health Centres (SHCs), Primary Health Centres (PHCs), Urban Primary Health Centres (UPHCs), and Urban Health and Wellness Centres (UHCs) have been upgraded to **Ayushman Arogya Mandirs.**
 - Mental health services are included in the Comprehensive Primary Health Care package at these centres.
 - Guidelines on Mental, Neurological, and Substance Use Disorders (MNS) have been released under **Ayushman Bharat.**
- **Manodarpan Initiative:** Manodarpan is an initiative of the **Ministry of Education under Atmanirbhar Bharat Abhiyan** to provide psychosocial support for mental health and well-being during Covid-19.

Note:

- **Section 309 of the Indian Penal Code, 1860** deals with the provision regarding attempt to **commit suicide, which is punishable** with simple imprisonment for up to one year or fine, or both.
 - The legality and correctness of this provision have been subject to judicial debate, with some courts condemning it as unconstitutional, while the **Supreme Court** has upheld its validity.
- The new **Bharatiya Nyaya Sanhita, 2023 (BNS)** **removes the section on attempting suicide but retains the provision for punishing** those who attempt suicide with the **intent to compel or restrain a public servant from discharging their official duty.**
 - This amendment aligns the law with the **Mental Healthcare Act, 2017.**

Way Forward

- **Workplace Wellness: Mandate mental health support in workplaces, especially in high-stress sectors. Public health strategies, such as gatekeeper training and awareness programs, are needed.**
- **Strengthen Mental Health Infrastructure:** Expand access to mental health services, especially in rural and underserved areas. Increase the number of trained mental health professionals.
 - Develop targeted interventions for high-risk groups such as farmers, students, women, and the elderly. Establish support networks specifically for these groups.
 - Even a 20% drop in suicides would save 40,000 lives annually.
- **Addressing Root Causes:** Create jobs, reduce inequality and poverty, strengthen social safety nets. Promote gender equality, address domestic violence and dowry harassment.
 - Enforce guidelines to prevent suicide copycat behavior, promote mental health awareness.
 - Implement **comprehensive mental health education programs**, foster open dialogue, and promote stress management techniques.
- **Technology and Mental Health:** Expand access to mental health services through digital platforms. Facilitate peer support through online communities.
 - Develop user-friendly apps for self-care and stress management. Utilise data to identify patterns and target interventions effectively.

Drishti Mains Question:

Q. Evaluate the need for improving mental health infrastructure in rural and underserved areas in India. What steps should be taken to strengthen mental health services in these regions?

UPSC Civil Services Examination, Previous Year Question:

Mains

Q. Why suicide among young women is increasing in Indian society? **(2023)**

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