



## 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

[Source: TH](#)

### 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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