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According to WHO data from 2018 close to 8,00,000 people die by suicide every year around the world. | Photo Credit: Getty Images

The story so far:

Taking it up as a public health priority, the Union Ministry of Health and Family Welfare last week [released the nation's first-ever National Strategy for Suicide Prevention](#). It posted a copy of the strategy online on its website. Structured closely on the lines of the World Health Organization's guidelines for Suicide Prevention in the South East Asian region, the National Strategy promises to adhere to the cultural and social requirements of India, with specific recognition of its current field-level infrastructure.

The overall vision of the document is to "create a society, where people value their lives and are supported when they are in need". It aims at reducing suicide mortality by 10% in the country by 2030.

Editorial | [Strategy to save: On the National Suicide Prevention Strategy](#)

It provides a framework for multiple stakeholders to implement activities for prevention of suicides in the country. In his introductory note, Health Minister Mansukh Mandaviya said, "Further efforts are now required to prevent suicides as a public health priority. Suicides impact all sections of the society and thus require concerted and collaborative efforts from individuals and the community at large. The aim is to synthesise stakeholder efforts with the motto of 'energise to synergise'. It is with this mindset that the country's first National Suicide Prevention Strategy has been developed."

The national strategy includes an action framework for key stakeholders, providing a path forward for preventing suicides. This will provide guidance to every stakeholder for setting targets, implementing, monitoring and taking corrective actions, to attain the aim of the strategy.

According to the WHO data from 2018, globally, close to [8,00,000 people die by suicide every year](#). Of these, nearly one third of all suicides occur among young people. Suicide is the second leading cause of death among 15-29-year-olds and the second leading cause of death for females aged 15-19 years.

In India, suicide has become the number one cause of death among those aged 15-29 years,

exceeding deaths due to road traffic accidents and maternal mortality. India's contribution to global suicides increased from 25.3% in 1990 to 36.6% in 2016 among women, and from 18.7% to 24.3% among men. More than one lakh lives are lost every year to suicide in India. In the past three years, the suicide rate has increased from 10.2 to 11.3 per 1,00,000 population.

This strategy also incorporates a special focus on preventing suicides during disease outbreaks, such as the [COVID-19](#) pandemic. The pandemic, it argues, has brought unprecedented times with various disruptions. These disruptions and uncertainties have an impact on people's mental health, requiring specific interventions.

"Suicide must be considered as a public health emergency, given the number of people dying from suicides every year. The most important thing is that the government has acknowledged that suicide is a problem. Finally, we have a plan, a well-laid out one at that, to handle the situation and take action, not only to prevent further suicides, but also encourage people to seek help," says Lakshmi Vijayakumar, founder, Sneha, a suicide prevention helpline. The document also acknowledges her inputs in providing the first draft of the strategy which was then discussed and enriched with inputs from multiple agencies and experts.

The document, which was in the works for a long time, also records that the most common reasons for suicide include family problems and illnesses which account for 34% and 18% of all suicide-related deaths in India respectively. Other common reasons include marital conflicts, love affairs, bankruptcy or indebtedness, substance use and dependence. It is also to be noted that in approximately 10% of the suicides, the cause is not documented.

The strategy has constructed a framework for multiple stakeholders to implement activities for prevention of suicides in the country. It is very significant, Dr. Lakshmi explains, that the government did not merely include a suicide prevention component in the pre-existing Mental Health Act, but has outlined a specific set of strategies involving multiple sectors. In addition to the Centre, the State and regional governance institutions and the voluntary sector too have a role to play. "This sort of cascading effect will be key in ensuring that the rollout of the strategy is effective," she added.

Among the Ministries that are to be involved in implementing the strategy are Agriculture, Home Affairs, Information and Broadcasting, Social Justice and Empowerment, Education, Labour, Women and Child Development, Information Technology, Youth Affairs and Sports. The National Institute of Mental Health and Neuro Sciences (NIMHANS) will also play an anchoring role, offering support to the implementation. UN agencies, educational institutions, researchers and academia, volunteers and counsellors will be the spokes of this model.

A time-bound action plan has also been laid out by the government. It has offered commitments to establish effective surveillance mechanisms for suicide prevention in the next three years, establish psychiatric OPD that provide suicide prevention services, through the district mental health plan in all the districts within the next five years, and to integrate mental well-being curriculum in all educational institutes within the next eight years. There is also a huge component for stigma reduction, as stigma is seen as a hurdle in the process of seeking counselling and treatment options.

Dr. Lakshmi says, in addition to the question of stigma, the strategy is sensitive to India-specific issues, including reducing easy access to means of suicide, for instance, pesticides. It also vows to leverage the media in order to spread awareness and de-stigmatise mental health, and promote responsible media reporting of suicide. Strengthening data collection on suicide and attempts to suicide will also be a key part of the strategy. Neither the last nor the least of these initiatives is the effort to develop community resilience and societal support for suicide

prevention and reduce suicide behaviour.

Experts point out that the priority areas would be to reinforce leadership, establish partnerships and institutional capacity, enhance health services to provide suicide prevention, strengthen surveillance and ensure that provisions are made for evidence generation.

Also read | [A strict no to sensationalising, repetition of suicide stories, say psychiatrists](#)

Strong political will to put out a strategy to prevent suicides must be matched with actual, determined ground-level implementation. Co-opting the various State governments in this massive venture will be essential to ensure success in lowering the suicide rate in the country.

Those in distress could seek help and counselling by calling helplines from this [link](#).

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