Ministry of Health
& Family Welfare
Government of India

सत्यमेव जयते

NATIONAL SUICIDE PREVENTION STRATEGY

Ministry of Health & Family Welfare

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Ministry of Health & Family Welfare
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मनसुख मांडविया
MANSUKH MANDAVIYA

स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक मंत्री
भारत सरकार
Minister for Health & Family Welfare
and Chemicals & Fertilizers
Government of India

MESSAGE

Healthy population is an asset to the nation, as they contribute effectively to the nation's growth and development. An individual can be called "Healthy" when there is complete physical, mental, and social wellbeing. Instabilities in any of these fundamental pillars of health may create long-lasting consequences. Self-harm and attempted suicides are such examples, which have multifactorial genesis, and require deep understanding and outlasting support.

The Government has long been committed to promoting health and well-being for all. 'Mental Health Policy 2014' and 'Mental Healthcare Act 2017' provide the much-needed policy and legal framework to fortify efforts to promote mental well-being of the population. These documents have also addressed suicide as a public health issue. They have been instrumental in decriminalizing suicides, an imperative feat for the country.

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 synthesize stakeholder efforts with the motto of 'energize to synergize'. It is with this mindset that the country's first National Suicide Prevention Strategy has been developed.

I congratulate the entire team of the Ministry of Health and Family Welfare; and all the experts who contributed to developing this crucial document. I am positive that this will pave the path for streamlining efforts for suicide prevention and will further enhance the quality of lives of all in India.

With best wishes to all concerned.

(Mansukh Mandaviya)

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Dr. Bharati Pravin Pawar

सत्यमेव जयते

सर्वेसन्तु निरामया

एक कदम स्वच्छता की ओर

स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री
भारत सरकार
MINISTER OF STATE FOR
HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

Message

In 2016, the annual global suicide rate was estimated to be 10.5 per 100,000 population. According to the Accidental Deaths and Suicides in India report by NCRB, the suicide rate in India has increased from 9.9 to 10.4 per 100,000 population from 2017 to 2019. Suicide is a tragic loss of life, impacting those living with the loss and the society as a whole. However, it is encouraging that with the right interventions suicide is preventable. Keeping this in view, our country's first National Suicide Prevention Strategy has been formulated.

This strategy utilizes the guidance established by National and International documents for mental health and suicide prevention. National frameworks are already in place that prioritize mental health initiatives in the country. The National Mental Health Policy, 2014 and Mental Healthcare Act, 2017 are bound to fortify stakeholder efforts for suicide prevention in the country.

I congratulate the officers of the National Mental Health Programme, and all expert contributors for formulation of this important document. I am confident that multi-stakeholder efforts in this sensitive arena will save lives.

BPw

(Dr. Bharati Pravin Pawar)

"दो गज की दूरी, मास्क है जरूरी"

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स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

Message

For a healthy individual, physical, mental, and social well-being is of critical importance. Imbalance in any of these facets can be tumultuous, and sometimes this turmoil may lead to extreme events like suicide. If the country is to ensure health and well-being for all, the growing concern of increasing suicides also must be addressed.

I am pleased to note that National Suicide Prevention Strategy has been formulated. Suicide is a devastating loss of life, but it is also preventable. This Strategy document charts a multi-stakeholder action plan to protect vulnerable lives.

The National Suicide Prevention Strategy has been developed keeping in view a multi-sectoral approach including various departments of Central and State Governments, local self-government and Panchayati Raj, community volunteers and civil society groups, UN agencies, professional bodies, etc.

I thank the officers of the National Mental Health Program (NMHP), and all contributors who have worked hard to develop this Strategy document.

It gives me great satisfaction that the efforts of NHMP and all contributors have led to the development of this crucial document. I urge all concerned to utilize the document for effectively implementing the strategy for the benefit of community at large.

Place : New Delhi
Date : 05-08-2021

(Rajesh Bhushan)

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MESSAGE

Every year more than 700000 people take their own life and there are many more people who attempt to do so. Every suicide is not a lonely tragedy but one that affects families, communities and entire countries and has long-lasting effects on people left behind. Although, suicide can occur at any time through a lifespan, it most commonly occurs in the 15– 29 - year age group.

Suicide is a global phenomenon in all regions of the world. Factually, over 77% of global suicides occur in low - and middle - income countries.

Suicide is a serious public health problem; however, most suicides are preventable with timely, evidence-based, low-cost interventions. For national responses to be effective, a comprehensive multi-sectoral suicide prevention strategy is needed.

Situations and events that end in episodes of suicide are generally short-lived and can be easily overcome by timely help through counselling and social support systems.

As a country, one must think retrospectively as to whether giving up of one's cultural values in favour of so called modern western society was prudent at all. One of the strongest support systems for such events in ancient India was the joint family system, India had from times immemorial. Individual ambitions made one embrace small unit families, and with both parents working children and adolescents are often left to fend for themselves in times of need for emotional support.

Another issue is unrealistic aspirations in one's life that are largely restricted to physical pressures and material needs, to which there is a failure to differentiate between need and greed. This leads to a general and constant feeling of dissatisfaction and uselessness, something that is worsened with peer pressures and the need to identify with peers.

Although, Mental Health Policy - 2014 is a step in the right direction and the Ministry of Health and Family Welfare needs to be congratulated for the same, but these policies will need to be supported by restoration of the social fabric of the Nation in terms of joint families which offered strong emotional support at the time of need.

(Atul Goel)

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Additional Secretary & Mission Director (NHM)

MESSAGE

Suicide has emerged as a significant public health concern, both globally, and in our country , requiring strategic interventions coupled with concerted action. We are all now aware that suicide is preventable. Reducing individual's exposure to risk factors and enhancing protective factors can strengthen suicide prevention efforts. It is in this backdrop that the National Suicide Prevention Strategy has been formulated.

This strategy document addresses the factors underlying suicide by delineating suitable interventions. However, action across various sectors requires collaboration from stakeholders from a myriad of industries. These include agents from governmental and non-governmental arenas across sectors of Health, Education, Media, Women and Child Development, Social Justice and Development, etc.

The National Suicide Prevention Strategy maps the interventions to multiple stakeholders to encourage commitment to this pivotal cause. I commend the officers of the National Mental Health Program, and the experts for their contribution. I also urge all the States/UTs to effectively utilize this strategy document to operationalise their respective suicide prevention strategies.

Roli Singh

(Roli Singh)

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Message

As per National Mental Health survey 2015-16, Suicide prevalence in our country is 10.4 per 100,000 population. The reasons behind suicide vary by age, gender, educational and economic status. Suicide is not a single faceted phenomenon. The mental burden that results in suicide is often caused by multiple psychosocial factors. Effective interventions for suicide prevention, therefore, require multi-stakeholder efforts to cater to the needs of the vulnerable sections of population.

National Suicide Prevention Strategy is a novel document that will set the stage for promotion of mental health and prevention of suicides in the coming decade. The strategy delineates a multi-sectoral Action Plan and maps important stakeholders to prevent suicides. The strategy sets the goal to reduce suicide mortality in the country by 10% by 2030. I am confident that, through collaborative efforts, the country will achieve this envisaged goal.

I laud the efforts of the team of the National Mental Health Programme, and of all the experts for their invaluable contribution to this document. I wish all success to the stakeholders in their future endeavors in this important arena of mental health programme.

(Vishal Chauhan)

ACKNOWLEDGEMENT

We acknowledge the contributions of the members of the technical committee, comprising of Dr. Lakshmi Vijayakumar, SNEHA, Chennai; Dr. S.K. Chaturvedi, NIMHANS, Bengaluru; Dr. Rajesh Sagar, AIIMS, New Delhi; Dr. V. Senthil Kumar Reddi, NIMHANS, Bengaluru, Dr. Prashant Mishra, ITBP, Ministry of Home Affairs; Dr. Varun S. Mehta, CIP, Ranchi; Dr. Sonia Pereira Deuri, LGBRIMH, Tezpur, Assam; Mr. Kamal Arora, Ministry of Agriculture and Farmers' Welfare; and Dr. Atreyi Ganguli, WHO India. Officials from Mental Health Division of the Directorate General of Health Services, Ministry of Health and Family Welfare, who formed a part of this committee included Dr. Deepak Sule, DDG (IH-MH); Dr. Alok Mathur, Addl DDG; and Dr. Indu Grewal, CMO (O-MH)

Dr Laxmi Vijayakumar developed the first draft of this document, which was deliberated extensively at the Technical Committee Meeting, and inputs were extended by other members of the Committee.

The document was further reviewed by Dr. Rajani P, Deputy Director (Mental Health), Government of Karnataka; and Ms Nandika Chaubey, Consultant, Psychosocial support, WHO India. We acknowledge their valuable inputs.

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EXECUTIVE SUMMARY

The National Strategy for Suicide Prevention provides a framework for multiple stakeholders to implement activities for prevention of suicides in the country

It sets the stage for facilitation and coordination of efforts of all relevant sectors and stakeholders.

The overall vision of this strategy is to create a society, where people value their lives and are supported when they are in need. This national strategy aims to reduce suicide mortality by 10% in the country by 2030. The approach towards implementation includes multisectoral collaboration, effective and sustainable action, inclusiveness and innovations.

This strategy also gives special focus to preventing suicides during COVID-19 pandemic. The pandemic has brought unprecedent times with various disruptions. These disruptions and uncertainties have an impact on people's mental health. It is in view of this situation that specific actions have also been highlighted to prevent suicides during the pandemic.

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

LIST OF ABBREVIATIONS

AIIMS	All India Institute of Medical Sciences
ANM	Auxiliary Nurse Midwives
ASHA	Accredited Social Health Activist
CHC	Community Health Center
CSO	Civil Society Organizations
DMHP	District Mental Health Program
FLW	Front Line Workers
GER	Gross Enrollment Ratio
GoI	Government of India
HMIS	Health Management Information System
HWC	Health and Wellness Center
ICMR	Indian Council of Medical Research
IHIP	Integrated Health Information Platform
MHCA	Mental Healthcare Act 2017
MoE	Ministry of Education
MoHA	Ministry of Home Affairs
MoHFW	Ministry of Health and Family Welfare
MoIB	Ministry of Information and Broadcasting
MoLE	Ministry of Labor and Employment
MoSJE	Ministry of Social Justice and Empowerment
MoYAS	Ministry of Youth Affairs and Sports
NGO	Non-Governmental Organization
NIMHANS	National Institute of Mental Health and Neurosciences

NHP	National Health Policy
NMHP	National Mental Health Policy 2014
NPCDCS	National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease, and Stroke
NPPC	National Programme for Palliative Care
NSS	National Service Scheme
NYKS	Nehru Yuva Kendra Sangathan
PHC	Primary Health Center
PMJAY	Pradhan Mantri Jann Arogya Yojna
RBSK	Rashtriya Bal Swasthya Karyakram
RKSK	Rashtriya Kishor Swasthya Karyakram
SC	Scheduled Caste
ST	Scheduled Tribe
ToT	Training of Trainers
UN	United Nations
UT	Union Territory
WHO	World Health Organization

TABLE OF CONTENTS

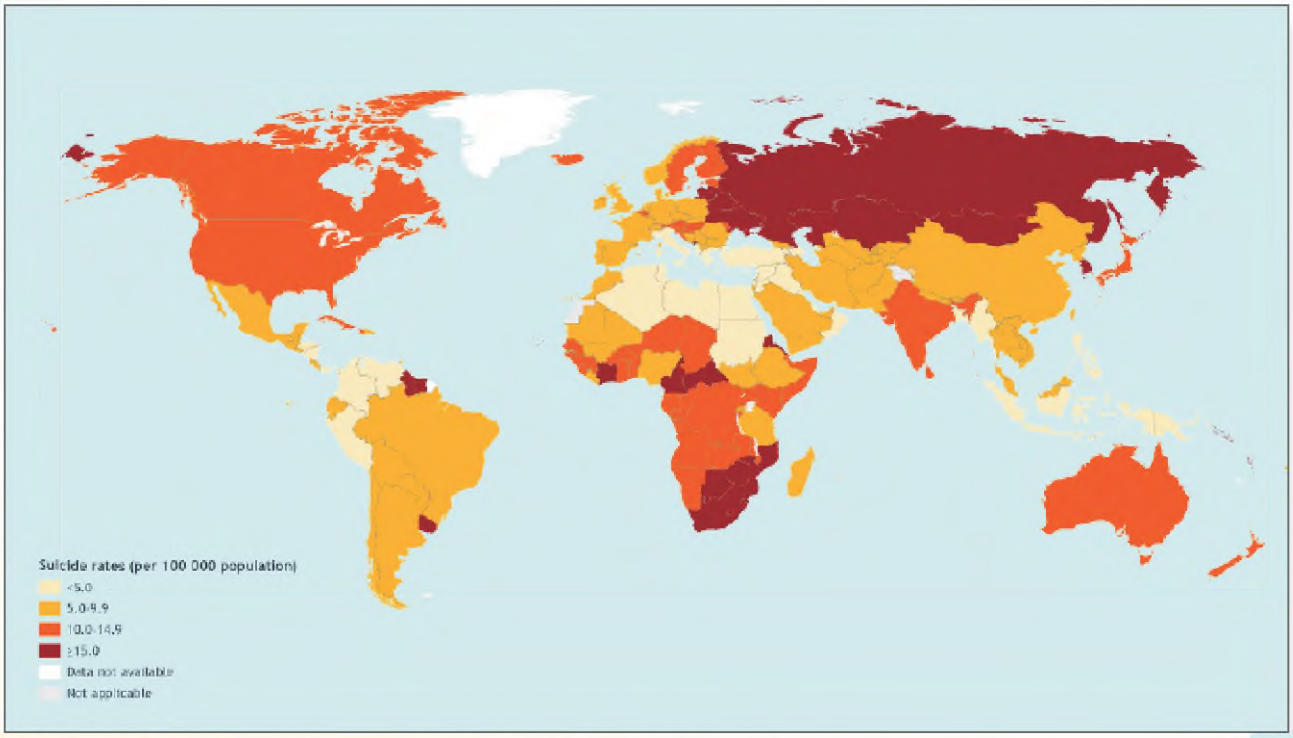
1. INTRODUCTION

Suicide is a public health issue of major concern and creates a burden on loved ones, and the society at large. Suicide is one of leading causes of deaths globally and in our country. Contrary to popular belief majority of suicides are preventable. This document offers a brief overview on the global and national burden of suicide and proposes the national suicide prevention strategy.

2. SUICIDE: GLOBAL SCENARIO

According to World Health Organization's report, "Suicide Worldwide in 2019: Global Health Estimates", an estimated 703 000 people died by suicide in 2019[1]. The annual global age-standardized suicide rate was estimated to be 9.0 per 100 000 population for 2019[1]. Figure 1 shows the suicide rate (per 100000 population) globally.

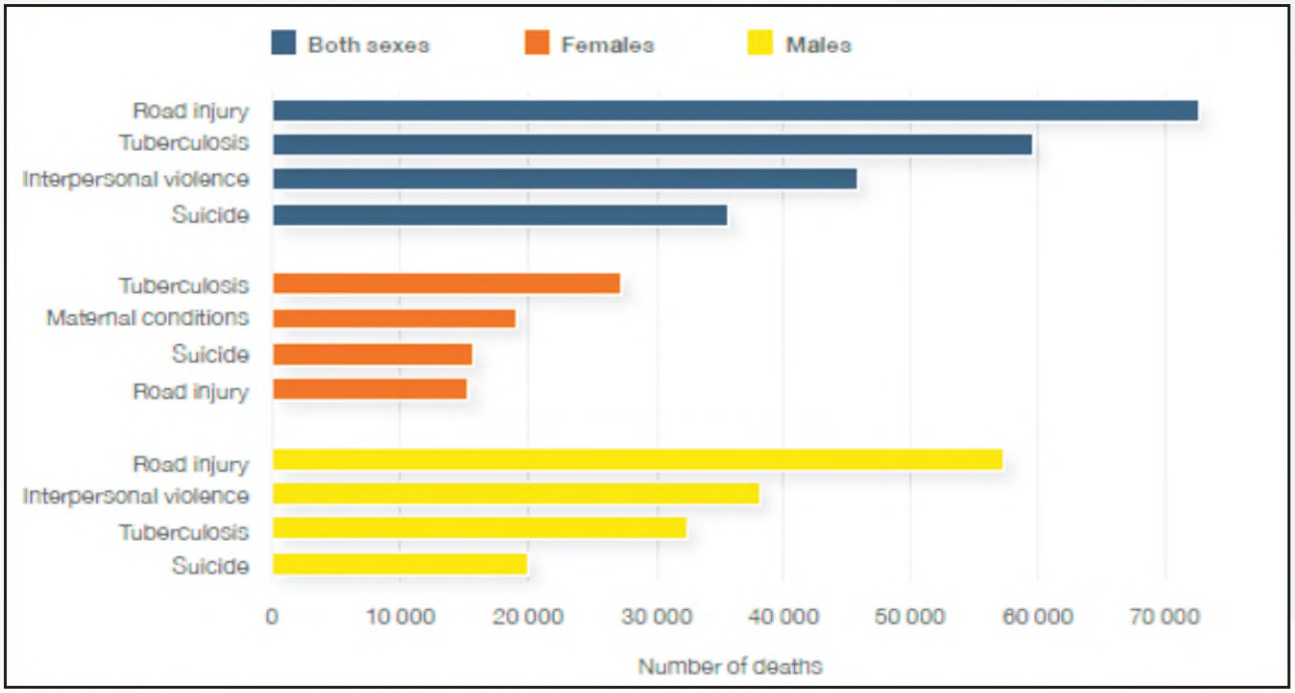
Figure 1: Age-strandardized suicide rates (per 100000 population), both sexes, 2019, globally



Source: WHO 2019. Suicide worldwide in 2019: Global Health Estimates:
https://www.who.int/publications-detail-redirect/9789240026643

Research has also identified sections of the society particularly vulnerable to suicide. Globally suicide is the fourth leading cause of death amongst those between 15-29 years of age[1], thus making the youth particularly vulnerable. Figure 2 is a graph depicting Global top 4 causes of death, ages 15-29 years, in 2019.

Figure 2: Global top 4 causes of death, ages 15-29 years, in 2019



Source: WHO 2019. Suicide worldwide in 2019: Global Health Estimates:
https://www.who.int/publications-detail-redirect/9789240026643

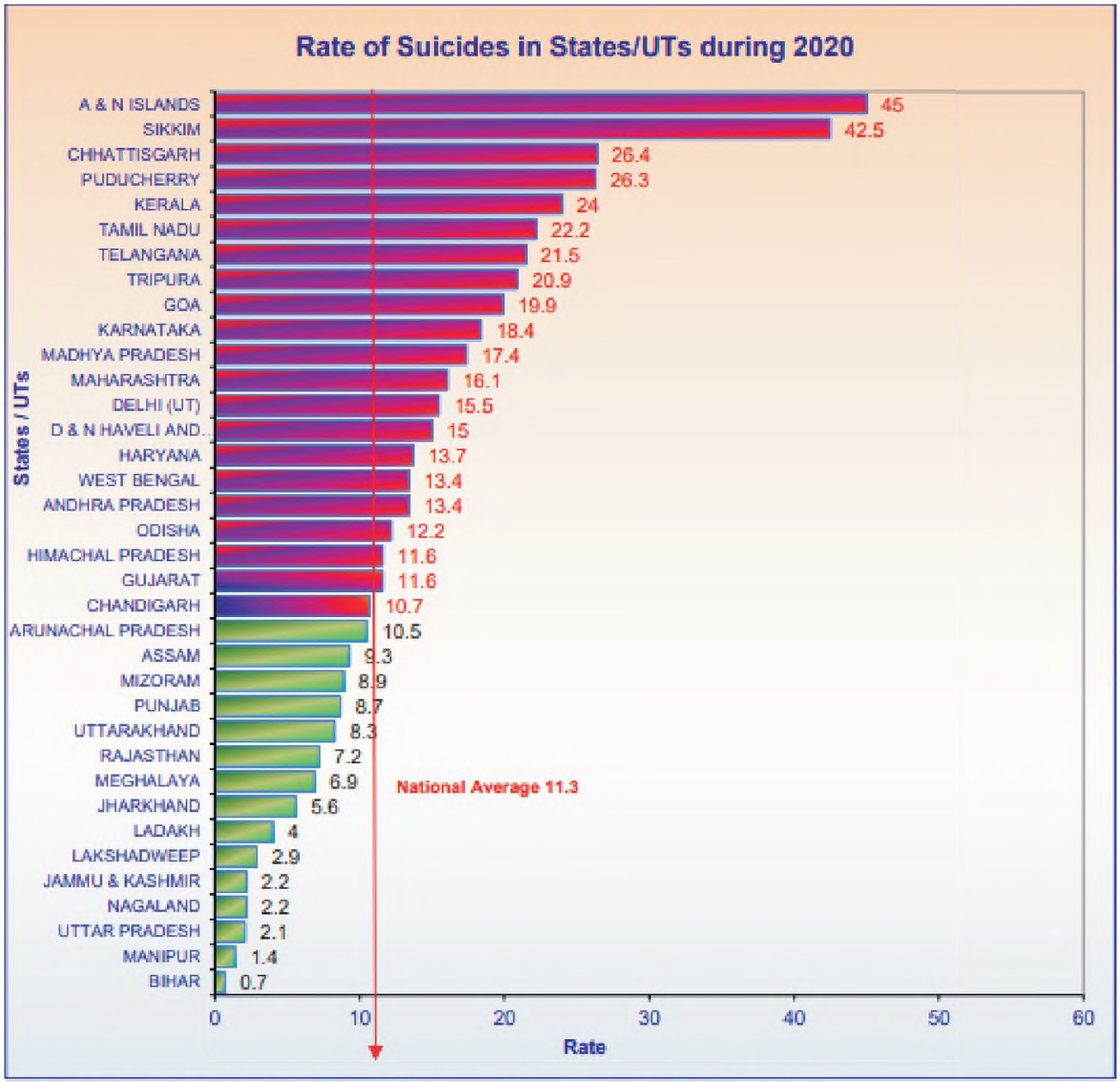
3. SUICIDE: INDIAN SCENARIO

3.1: Prevalence of Suicides

India being a lower-middle income country[1] with the world's leading youth population[2] has a high burden of suicide. 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, among men and women respectively[3]. India's contribution to global suicides increased from 25·3% in 1990 to 36·6% in 2016 among women (one in three women dying from suicide across the world, is from India)[4], and from 18·7% to 24·3% among men (one in four men dying from suicide across the world, is from India). More than one lakh (one hundred thousand) lives are lost every year to suicide in our country[5]. In the past 3 years, the suicide rate has increased from 10.2 to 11.3 per 100,000 population[6]. Figure 3 presents the Rates of Suicides in State/UT during 2020.

[1]World Bank Data: https://data.worlbank.org/?locations=IN-XN
[2]Center Statistics office: Youth in India Report, (2017), Ministry of statistics and program implementation, New Delhi, Government of India, : http://mospi.nic.in/sites/default/files/publication_reports/Youth_in_India-2017.pdf
[3]https://doi.org/10.1016/S2468-2667(18)30138-5
[4]https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30138-5/fulltext#:~:text=There%20were%20230%20314%20(95,24%C2%B73%25%20among%20men.
[5]National Crime Research Bureau (NCRB). Accidental deaths and suicide in India. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/adsi_reports_previous_year/table-14_1997.pdf; https://ncrb.gov.in/sites/default/files/adsi_reports_previous_year/table-2.1_1.pdf
[6]National Crime Research Bureau (NCRB). Accidental deaths and suicide in India. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2020_FULL_REPORT.pdf

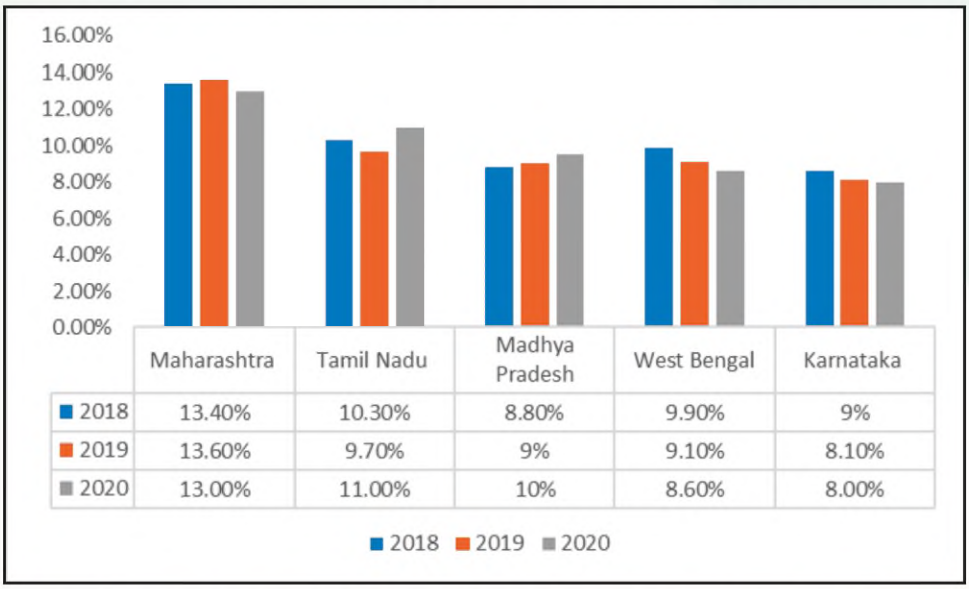
Fig 3: Rates of Suicide in States/UTs during 2020



Source: National Crime Research Bureau (NCRB). Accidental deaths and suicide in India. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2020_FULL_REPORT.pdf

Certain states share a disproportionately large burden of suicides in India. These include Maharashtra, Tamil Nadu, Madhya Pradesh, West Bengal, and Karnataka.

Figure 4: States with highest percentage share of suicides from 2018-2020



	Maharashtra	Tamil Nadu	Madhya Pradesh	West Bengal	Karnataka
2018	13.40%	10.30%	8.80%	9.90%	9%
2019	13.60%	9.70%	9%	9.10%	8.10%
2020	13.00%	11.00%	10%	8.60%	8.00%

Source: National Crime Research Bureau (NCRB). Accidental deaths and suicide in India. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2020_FULL_REPORT.pdf

The high burden of suicides in India calls for an effective strategy to bring down suicide related deaths in India which in turn will reduce the global suicide deaths. For an effective suicide prevention strategy, it is important to consider various factors such as the vulnerable population for suicide, the methods, reasons, and risk and protective factors.

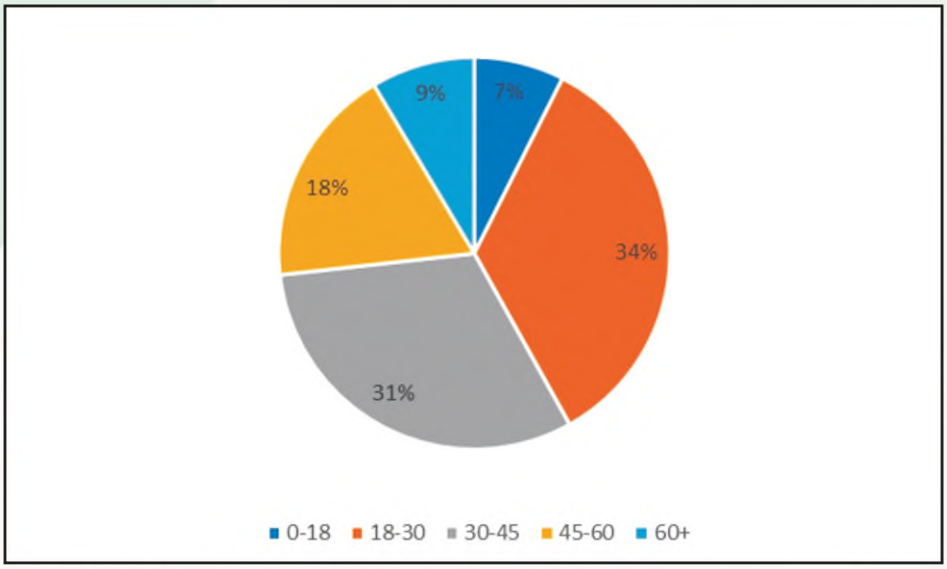
3.2: Vulnerable Groups

Data collected from National Crime Record Bureau's reports provides us with trenchant picture of suicides in India. The compiled information in the report is obtained from States/UTs Police. It also highlights vulnerable sections of the society.

3.2.1. Age distribution of suicide in 2020

Most suicides in India are by youth and middle aged adults. Figure 5 depicts distribution of suicide according to age groups in the year 2020 and shows that 65% of suicides are by those in the age group 18-45 years. This is especially true for transgenders where all suicides have been reported from the age group 18-45 years[10].

Figure 5: Age distribution of suicides in 2020

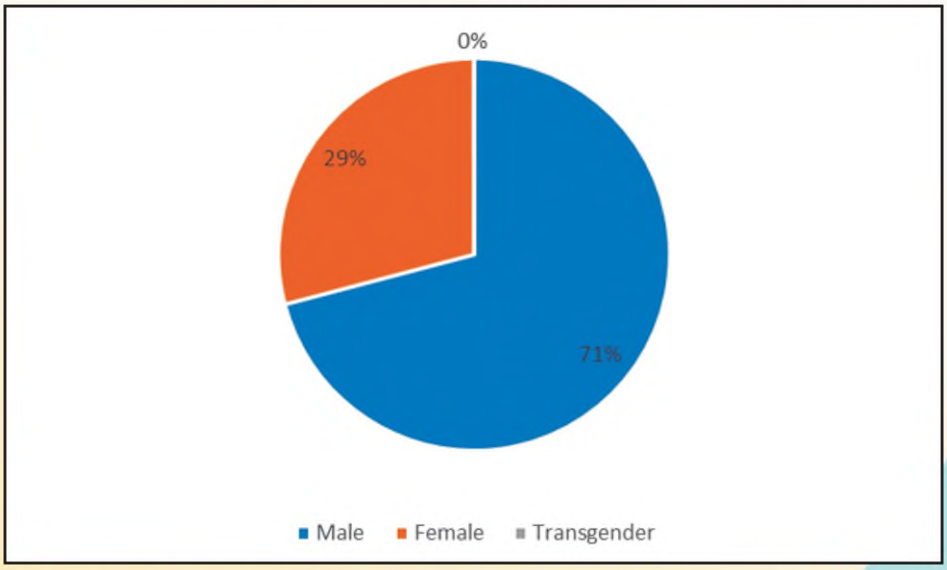


Source: National Crime Research Bureau (NCRB). Accidental deaths and suicide in India. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2020_FULL_REPORT.pdf

3.2.2. Distribution of suicides by Gender in 2020 .

According to NCRB data, males are more likely to die by suicide than females in India. However, in both cases, the leading reasons for suicides remain family problems and illnesses. Figure 6 depicts gender wise distribution of suicides in 2020.

Figure 6: Distribution of suicide by Gender-2020

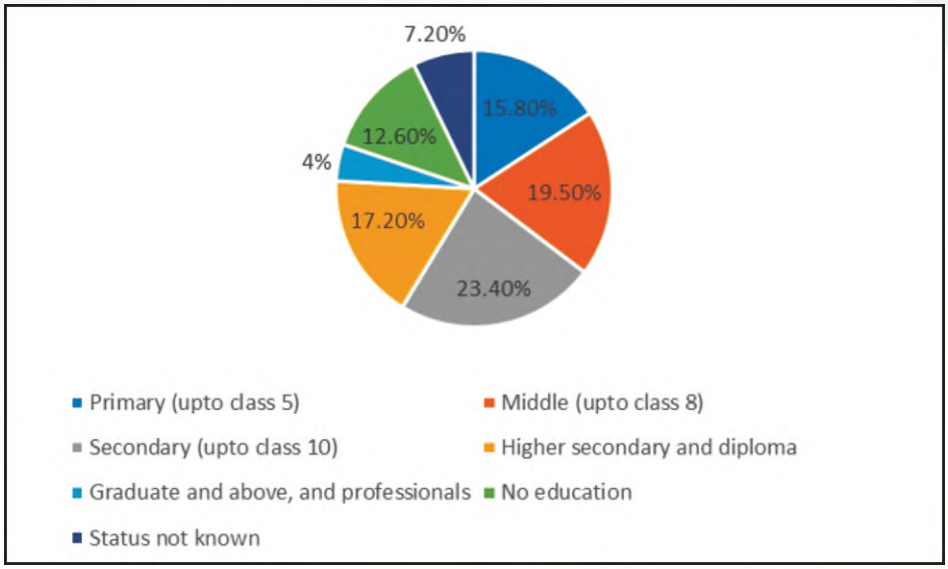


Source: National Crime Research Bureau (NCRB). Accidental deaths and suicide in India. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2020_FULL_REPORT.pdf

3.2.3. Educational status of persons who died by suicide on 2020

Data from NCRB[10] suggests that higher level of education may be a protective factor as the those who have completed graduate or professional degrees constitute only approx. 4% of suicides in India. On the other hand, approx. 60% of those who died by suicide had not completed school education and over 12% were uneducated[10]. Figure 7 presents the distribution of suicides by educational status.

Figure 7: Educational status of persons who died by suicide in 2020



Source: National Crime Research Bureau (NCRB). Accidental deaths and suicide in India. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2020_FULL_REPORT.pdf

3.2.4. Distribution of Suicides in 2020 by economic and professional status

Economic and professional status of an individual also has a bearing on suicides. Majority of suicides occur amongst those who earn less than 100,000 per annum[10]. Daily wage earners accounted for majority of the suicides in the year 2020[10]. Figures 8 (A) and 8 (B) presents economic and professional status of persons who died by suicide in India in 2020.

Figure 8 (A): Suicides in 2020 segregated by economic status

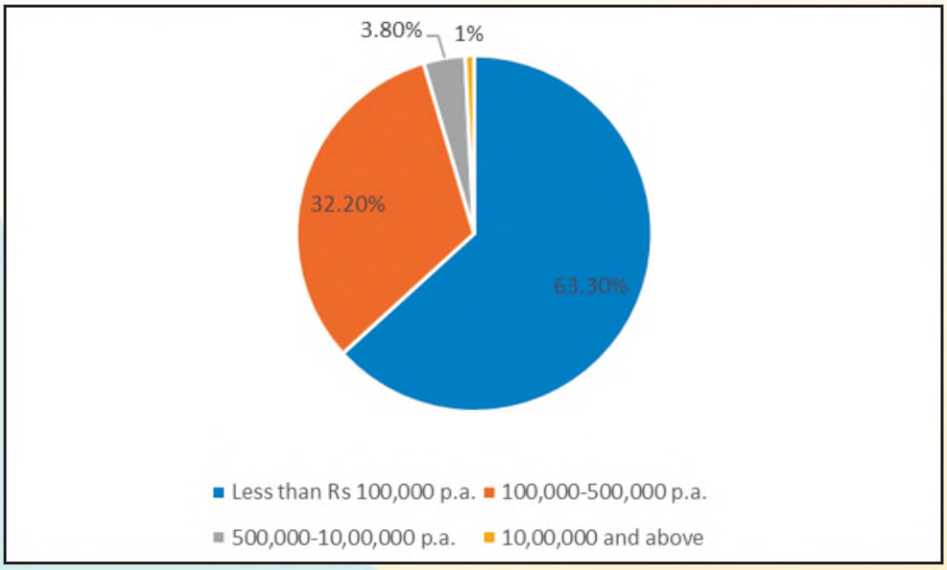
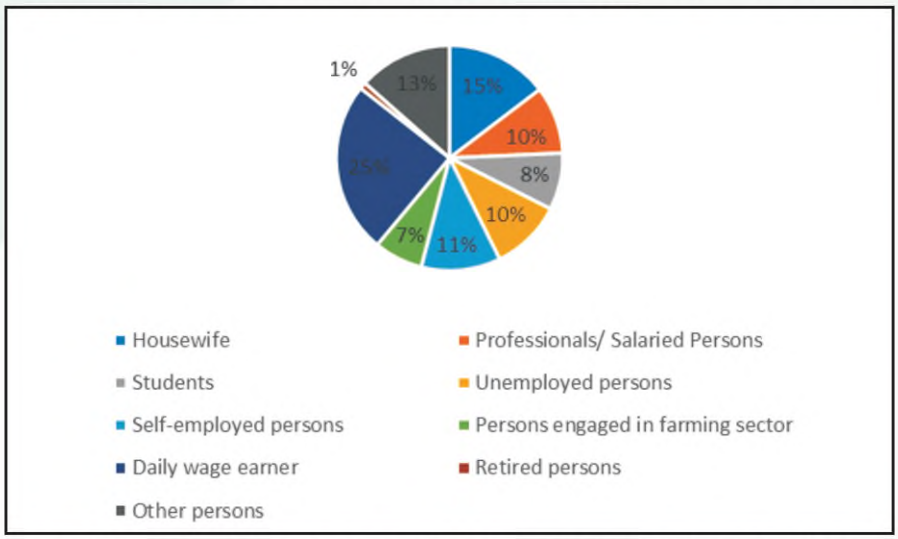


Figure 8 (B): Suicides in 2020 segregated by professional status



Source: National Crime Research Bureau (NCRB). Accidental deaths and suicide in India. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2020_FULL_REPORT.pdf

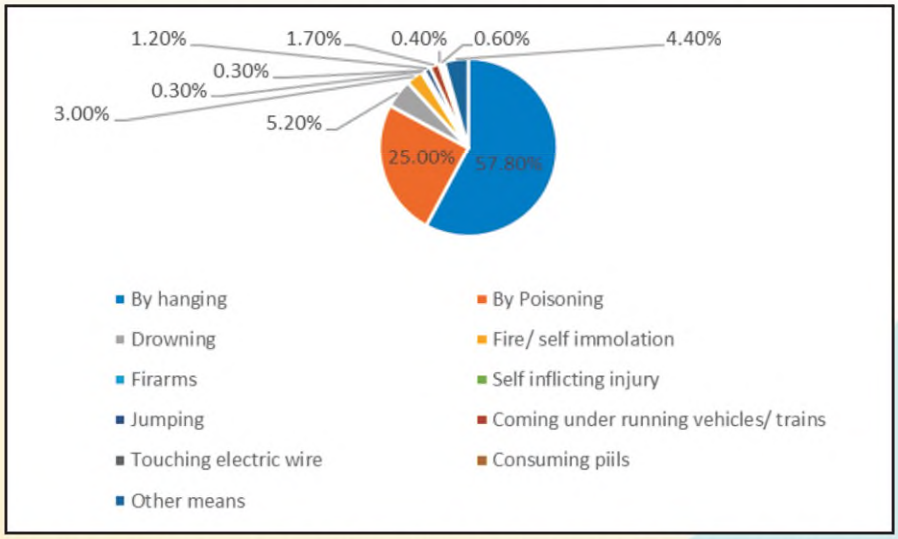
Exhibit A: Family Suicides

Family members dying by suicide together is a dangerous trend that is on the rise. Common reason for such pacts seems to be extreme poverty and debts. Other factors that may contribute include intractable ailments of family members, humiliation faced by the family, and superstitious beliefs.

3.3 Methods of Suicide

The common methods of suicide in India are hanging and poisoning. They account for over 80% of all suicides. This is followed by are drowning and self-immolation[10]. Method of suicide is not documented for approx. 5% of suicidal deaths indicating the need for more robust collection of data. The methods of suicides are represented in Figure 9.

Figure 9: Most common methods of suicides in 2020

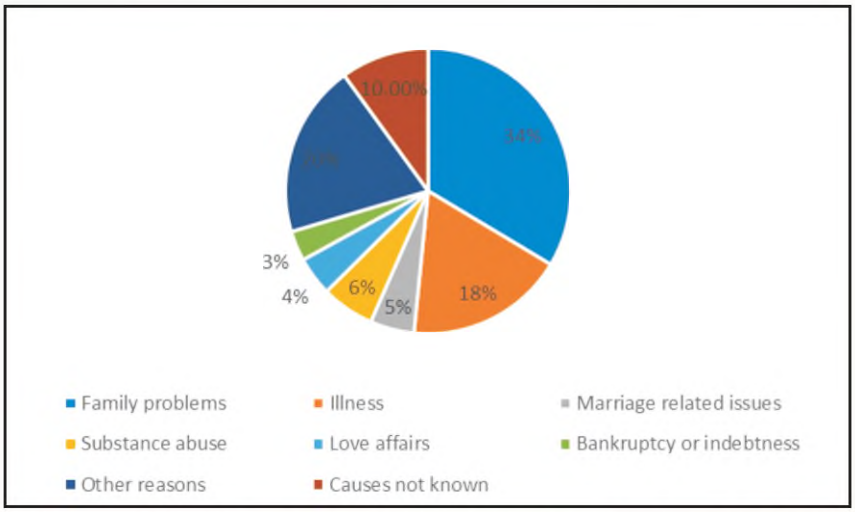


Source: National Crime Research Bureau (NCRB). Accidental deaths and suicide in India. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2020_FULL_REPORT.pdf

3.4 Reasons for Suicide

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, etc. However, it is to be noted that in approximately 10% of suicides, the cause of the suicide is not documented[10]. Figure 10 presents the common reasons for suicide in 2020.

Figure 10: Common reasons for suicide in 2020



Source: National Crime Research Bureau (NCRB). Accidental deaths and suicide in India. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2020_FULL_REPORT.pdf

3.5 Suicide: Risk and Protective factors

Suicidal behavior is a complex phenomenon that is influenced by several interacting factors, including personal, social, psychological, cultural, biological, and environmental factors. Nevertheless, various factors have been identified that have the potential to exacerbate the risk of suicide, i.e. Risk factors; and multiple factors have been found to prevent the act of suicide, i.e. Protective factors. Figures 11 and 12 respectively outline the risk and protective factors of suicide.

Figure 11: Risk factors for suicide

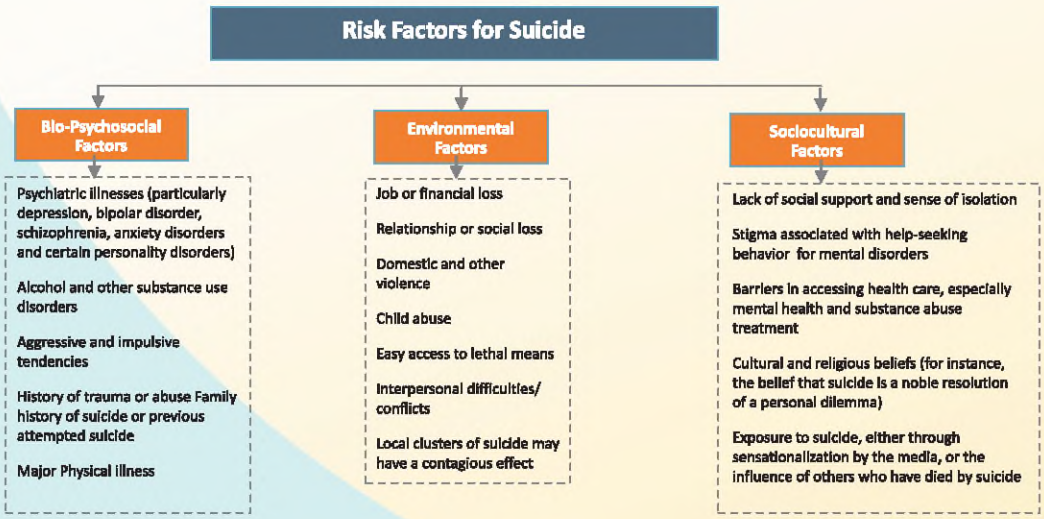


Figure 12: Protective factors against suicide

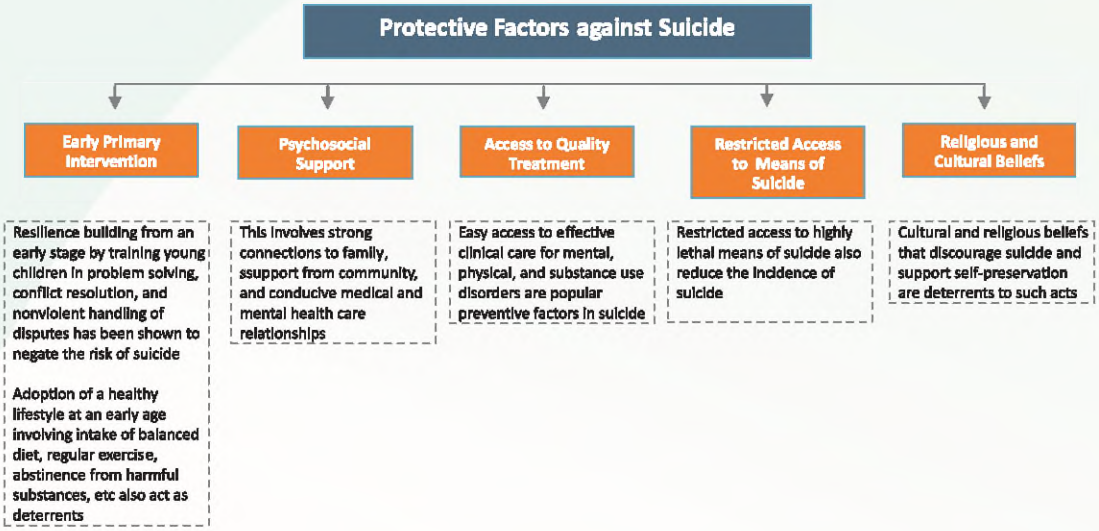


EXHIBIT B: Substance Dependence as a risk factor for suicides

Substance use (referring to use, harmful use and dependence) is among the common risk factors for suicide, but importantly a modifiable one. Not only all substances (alcohol, tobacco, cannabis, illicit drugs, non-medical use of prescription drugs) but all aspects of substance use (intoxication, use, harmful use and dependence) have been associated with a greater risk for suicide.

Substance use has a multidimensional impact on individuals as well as families. Early exposure to substance use is often for coping with stress, influenced by peer pressure, curiosity to experiment, induced by adverse environmental circumstances, mental/ physical abuse or trauma, and importantly, availability of substances. The same also enhances concurrent risk for both suicide and future development of substance harmful use or dependence disorders.

Given the well-established role of substance use contributing to suicide risk and behaviour, this poses additional challenges to suicide prevention arising from the limited infrastructure for managing substance use disorders and a lack of integration of suicide prevention strategies into the same.

Integrating early substance use prevention strategies as well as developing systematic focused suicide prevention strategies for this particular sub-group of vulnerable population is essential for effective suicide prevention.

3.6 Suicide surveillance

Current data on suicides in India is limited. Important information such as widely used means or most common methods used for suicide is incomplete. Research and evidence are critical to build evidence-based programs for suicide prevention that especially target vulnerable population. Such extensive empirical data is necessary to provide a framework for suicide prevention policy and implementation.

It is felt necessary to improve case registration of both, attempted suicides and suicides. It would also be beneficial to encourage publication of well-researched articles on suicide and its prevention.

4. ONGOING SUICIDE PREVENTION INITIATIVES

Considering the devastating consequences suicide have at a personal and societal level, efforts to prevent them are underway at a global and national level.

4.1. Global Initiatives

4.1.1. United Nations Sustainable Development Goals

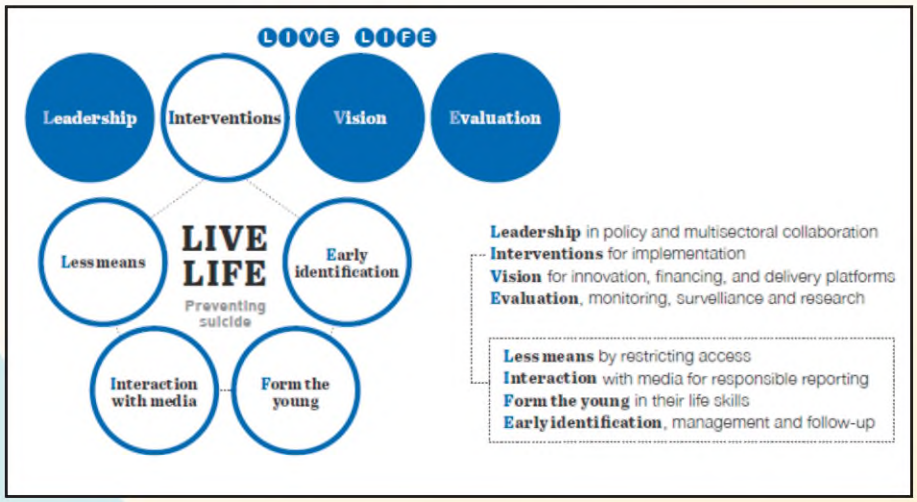
Suicide has a direct link to one's mental health. In this view, UN has highlighted the importance of mental wellness in their Sustainable Development Goal (SDG) 3, which aims at ensuring healthy lives and promotion of well-being across all age groups. Within this goal SDG 3.4 aims to reduce by a third, premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. Reducing suicide rate has been established as an indicator of achievement of this goal (Indicator 3.4.2). Considering the deep link between suicide and substance dependence UN has also aimed to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (SDG 3.5)[7].

4.1.2. WHO guidance on suicide prevention[8]

WHO recommends four key interventions which have been proven to be effective:

1. Restricting access to means for suicide
2. Working with the media to ensure responsible reporting of suicide
3. Helping young people develop skills to cope with various stressors of daily life
4. Early identification and management of people who are suicidal or who have made a suicide attempt, and keeping contact with them in the short and longer-term to ensure follow up.

Collectively, WHO's approach to suicide prevention is known as LIVE LIFE, comprising Leadership, Interventions, Vision, and Evaluation (LIVE), and Less means for suicide, Interaction with Media, Form the young, Early identification (LIFE) as cross-cutting strategies. Figure 13 depicts this approach which provides the basis of a comprehensive multi-sectoral national suicide prevention strategy[9]:



[7]United Nations Sustainable Development Goal 3: https://sdgs.un.org/goals/goal3
[8]https://www.who.int/docs/default-source/mental-health/suicide/live-life-brochure.pdf?sfvrsn=6ea28a12_2
[9]https://www.who.int/publications/i/item/9789240026629

4. 2 National Initiatives

4.2.1: National Mental Health Policy 2014[10]

National Mental Health Policy (2014) enlists prevention of mental disorders, reduction of suicide and attempted suicide as core priority areas. The Policy suggests multiple interventions to prevent suicides. These involve:

- Creating awareness about and de-stigmatizing mental health issues
- Addressing discrimination and exclusion associated with mental disorders
- Addressing substance abuse and dependence
- Establishing crisis intervention centers and helplines
- Establishing guidelines for responsible media reporting of suicides
- Restricting access to means of suicide
- Monitoring of both, mental health of the population and impact of mental health programmes

4.2.2: Mental Healthcare Act 2017[11]:

Mental Healthcare Act brought about necessary transformations. Previously, in India attempted suicide was a punishable offence. Section 309 of the Indian Penal Code stated that "whoever attempts to commit suicide and does any act towards the commission of such an offense shall be punished with simple imprisonment for a term which may extend to one year or with a fine or with both".

In 2017, this law was deemed counter-productive and was revised under the Mental Healthcare Act (MHCA). Progressive clauses under the Section 115 of MHCA, 2017, state "Not withstanding anything contained in section 309 of the Indian Penal Code, any person who attempts to commit suicide shall be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished under the said Code". The section also states "The appropriate Government shall have a duty to provide care, treatment and rehabilitation to a person, having severe stress and who attempted to commit suicide, to reduce the risk of recurrence of attempt to commit suicide".

With this Act, the Government has taken upon itself the duty to provide care, treatment and rehabilitation of a person, having severe stress and who attempted suicide, to reduce the risk of recurrence of attempted suicide and suicide. However, IPC 309 still exists and it is unclear whether attempted suicide needs to be reported to the police.

4.2.3 National Programmes

A. Programs by Ministry of Health and Family Welfare

National Mental Health Programme

Mental health conditions are an important predisposing factor for suicide. National Mental Health Programme (NMHP) puts forward important proponents:

- Ensure availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population
- Encourage the application of mental health knowledge in general healthcare

[10]https://nhm.gov.in/images/pdf/National_Health_Mental_Policy.pdf
[11]Ministry of Law and Justice. The Mental Health Care Act, 2017.Government of India.

- Promote community participation in the mental health service development and to stimulate efforts towards self-help in the community

The program also has inbuilt out-reach activities, directed specifically to reduce suicides

Exhibit C: Relevant documents launched by the NMHP regarding mental health and suicide prevention
1) Facilitator's Manual on life Skill Education, Stress Management and Suicide Prevention Workshops:
http://nhm.gov.in/images/pdf/programmes/NMHP/Training_Manuals/Living_Life_Positively.pdf
2) Hand Book-Assessment and Management of Mental Health Problems in General Practice:
http://nhm.gov.in/images/pdf/programmes/NMHP/Training_Manuals/Hand_Book-Assessment_and_Management_of_Mental_Health_Problems_in_General_Practice.pdf
3) Manual for Medical Officers - Assessment and Management of Mental Health Problems in General Practice:
http://nhm.gov.in/images/pdf/programmes/NMHP/Training_Manuals/Manual_for_Medical_Officers-Asswssment%20_and_Management_of_Mental_Health_Problems_in_General_Practice.pdf
4) Hand Book-Guide to Mental Health for Social Worker:
http://nhm.gov.in/images/pdf/programmes/NMHP/Training_Manuals/Hand_Book-Guide_to_Mental_Health_for_Social_Worker.pdf
5) Manual of Mental Health for Social Worker:
http://nhm.gov.in/images/pdf/programmes/NMHP/Training_Manuals/Manual_of_Mental_Health_for_Social_Worker.pdf
6) Manual of Mental Health for Psychologists:
http://nhm.gov.in/images/pdf/programmes/NMHP/Training_Manuals/Training_Manual_for_Psychologists.pdf
7) Guidelines for implementing District level activities under the National Mental Health Programme during thr 12th Five Year Plan:
http://nhm.gov.in/WriteReadDatas/pdf/programmes/NMHP/District_Level_Activities.pdf
8) Guidelines for implementing Tertiary/Central level activities under the National Mental Health Programme during thr 12th Five Year Plan:
http://nhm.gov.in/WriteReadDatas/pdf/programmes/NMHP/Central_Level_Actvities.pdf

amongst vulnerable population. Details can be accessed from

https://mohfw.gov.in/sites/default/files/9903463892NMHP%20detail_0_2.pdf

Mental Health and Psychosocial support In emergencies

Emergencies create adversities, like poverty, unemployment, depression, alcoholism, drug abuse, etc. which often lead to suicides. Special care needs to be extended to people living in such conditions to enable them to cope with the situation. Under the targeted intervention activities of District Mental Health Program (DMHP), provisions are available to cater to the needs of this sub-group.

National Palliative Care Program

This program aims to improve availability and accessibility of rational, quality pain relief and palliative care to the needy, as an integral part of Health Care at all levels. Multiple elements of this program are critical for suicide prevention efforts, especially vis-à-vis pain relief and management as a sizeable

number of suicides are by individuals suffering from physical illness. This includes ensuring access and availability of opioids for medical use while ascertaining prevention of misuse, increasing awareness regarding pain relief and palliative care.

https://dghs.gov.in/content/1351_3_NationalProgramforPalliativeCare.aspx

Ayushman Bharat[12]

Ayushman Bharat was launched in response to the recommendations made by the National Health Policy 2017. This scheme aims to holistically address the healthcare system at the primary, secondary and tertiary level and envisions its achievement through two primary components:

- Ayushman Bharat - Health and Wellness Centers: Under its first component, 1,50,000 Health & Wellness Centres (HWCs) will be created to deliver Comprehensive Primary Health Care, that is universal and free to users, with a focus on wellness and the delivery of an expanded range of services closer to the community, including mental healthcare services. It entails the transformation of Sub Health Centres and Primary Health Centres to Health and Wellness Centres (HWCs). The AB-HWC, with a primary health care team in place, is mandated to provide home, community, outreach and primary health care related to Mental, Neurological, and Substance Use disorders. It has a substantial focus on wellness and Is critical for promotion of mental and physical well-being.
- Pradhan Mantri Jan Arogya Yojna (National Health Protection Mission): This health assurance scheme offers coverage for mental disorders amongst other illnesses. It has 17 packages for mental health disorders, which also includes psychoactive substance use, and covers facilities such as Electroconvulsive Therapy, Transcranial Magnetic Stimulus and majority of related blood tests. Through such efforts Ayushman Bharat has paved the path for stronger suicide prevention efforts.

National Programme for Prevention of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

In order to prevent and control major NCDs, Government of India is implementing the NPCDCS in all States across the country with the focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral. To achieve its goals, NPCDCS utilizes multiple strategies such as community outreach, establishment of NCD clinics and capacity building.. Under the programme, harmful use of alcohol and stress are also considered as risk factors for NCDs. To address this, health promotion, awareness generation and promotion of healthy lifestyle are delineated as major strategies.

https://dghs.gov.in/content/1363_3_NationalProgrammePreventionControl.aspx

Rashtriya Bal Swasthya Karyakram and Rashtriya Kishore Swasthya Karyakram: Programs under this scheme promote mental wellbeing, along with other crucial health issues, of children and adolescents. Earlier limited to sexual and reproductive health, the programme has now expanded to include nutrition, injuries and violence (including gender-based violence), noncommunicable diseases, mental health and substance misuse. There has been a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities. Mental health promotion remains one of the key activities under this flagship scheme. Details can be accessed from https://rbsk.gov.in/RBSKLive/, and http://www.nrhmhp.gov.in/content/rksk

[12]https://pmjay.gov.in/

School Health Ambassador Initiative:

The central Government launched the School Health Ambassador Initiative in 2020 for promotion of health and well-being amongst students. Under the initiative, two teachers will be identified in every government school as 'health and wellness ambassadors'. It aims to foster growth, development and educational achievements of school-going children by promoting their health and well-being. It also aims to strengthen the concept of preventive, promotive and positive health, which forms a fundamental part of the health and wellness centres of the Ayushman Bharat scheme.

Nasha Mukti Abhiyaan Task Force

The National Health Policy 2017 of the Government of India identifies coordinated action on 'Addressing tobacco, alcohol and substance abuse' as one of the seven priority areas as outlined for improving the environment for health. Accordingly, Nasha Mukti Abhiyan Task Force (including tobacco, alcohol and substance abuse) was constituted to formulate a detailed 'Preventive and Promotive Care Strategy' for addressing tobacco, alcohol and substance abuse.

http://pibarchive.nic.in/newsite/erelease.aspx?relid=199751

B. Programs by other Ministries

Nasha Mukt Bharat

Nasha Mukt Bharat Annual Action Plan for 2020-21 demonstrates GoI's active efforts to prevent alcohol abuse and dependence disorders. This program by the Ministry of Social Justice and Empowerment seeks to implement interventions across 272 districts of the country aimed at. These interventions are targeted to those who have easy access to such substances. These programs would include reaching out to Children and Youth to create awareness about ill effect of drug use; increasing community participation and public cooperation, Supporting Government Hospitals for opening up De- addiction Centers in addition to existing Ministry of Social Justice and Empowerment's Supported de-addiction Centers, etc. MoSJE has also established a 24x7 National Toll-Free drug de-addiction helpline number 1800110031 to help the victims of drug abuse, their family and society at large.

http://socialjustice.nic.in/UserView/index?mid=77869

5. NATIONAL SUICIDE PREVENTION STRATEGY

5.1 Goals and Objectives

It is evident that suicide is a major public health concern in India. Majority of suicides are preventable. National suicide prevention strategy has been developed to address this need. In line with WHO's South East Asia Regional strategy on suicide prevention[13],The National Suicide Prevention Strategy aims to reduce suicide mortality by 10% in the country by 2030. This is in comparison to the suicide prevalence in the year 2020. It delineates the 'REDS' path for suicide prevention, and intends to:

- **Reinforce** leadership, partnerships and institutional capacity in the country
- **Enhance** the capacity of health services to provide suicide prevention services.
- **Develop** community resilience and societal support for suicide prevention and reduce stigma associated with suicidal behaviors.
- **Strengthen** surveillance and evidence generation.

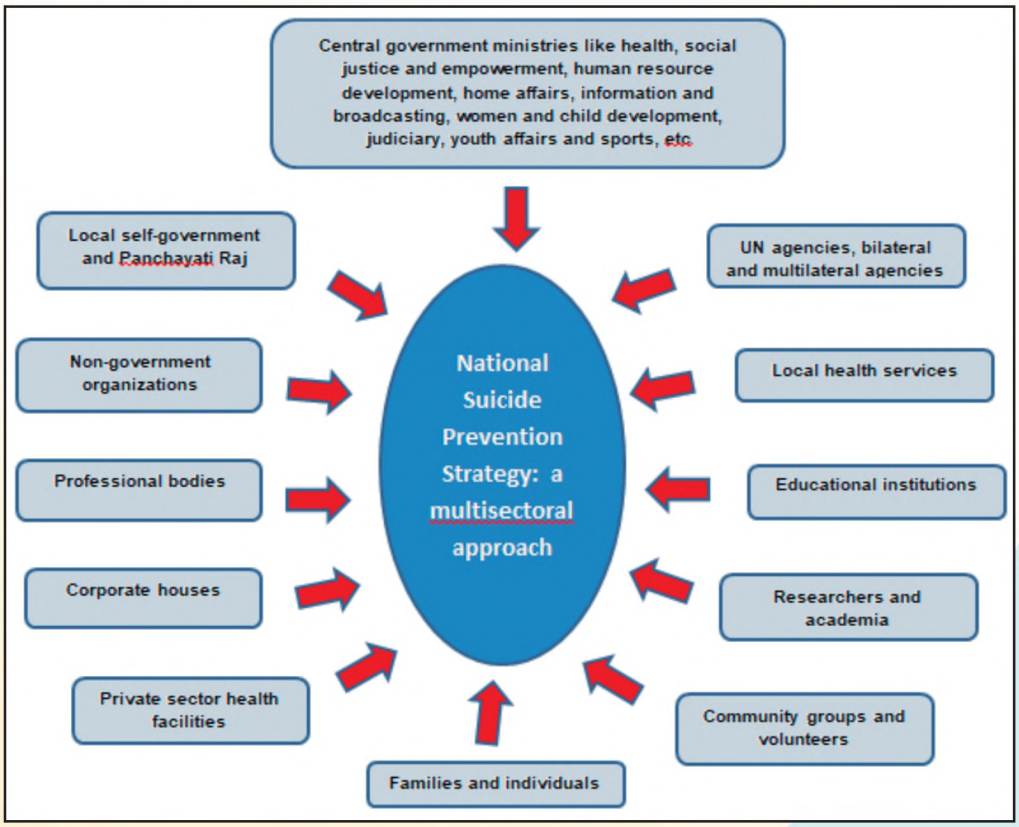
Given the aforementioned goals and path, the following objectives have been delineated:

1) To establish effective surveillance mechanisms for suicide within the next 3 years
2) To establish psychiatric OPD that provide suicide prevention services, through the DMHP in all the districts within the next 5 years
3) To integrate mental well-being curriculum in all educational institutes within the next 8 years

The process of developing the strategy involves identification of key stakeholders (figure 13) and multiple priority areas (figure 14). It has been ensured that strategy remains in line with India's cultural and social milieu.

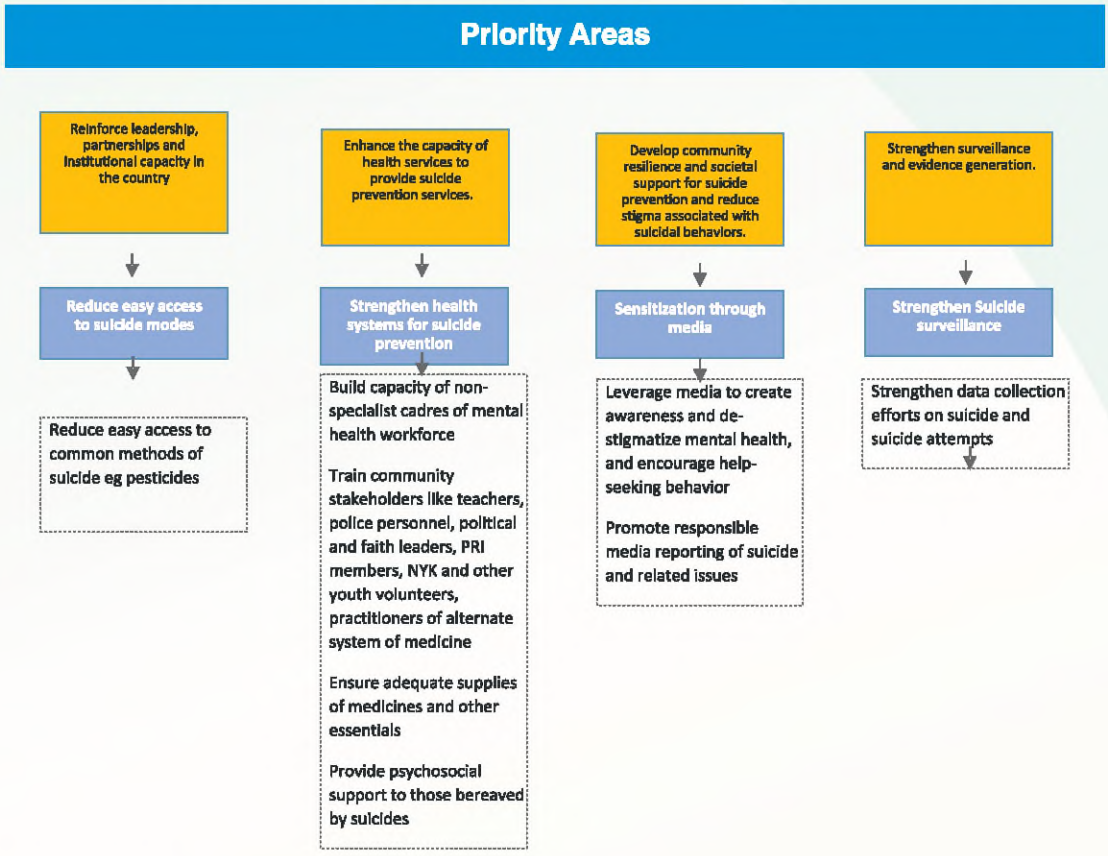
Further, the REDS path is in line with the multiple interventions delineated by the National Mental Health Policy to prevent suicides. For example, the policy calls for establishing guidelines for responsible media reporting of suicides, and restricting access to means of suicide. These are the examples of reinforcing leadership, partnerships, and institutional capacity in the country. Establishing crisis intervention centers and helplines is an example of enhancing the capacity of health services to provide suicide prevention services. The need to develop community resilience and societal support for suicide prevention and reduce stigma associated with suicidal behaviors is reflected in the policy's guidance to create awareness about and de-stigmatizing mental health and address exclusion associated with mental disorders. Lastly, the policy calls for monitoring of both, mental health of population and impact of mental health programmes. This is an example of strengthening suicide surveillance and evidence generation.

Figure 14: National Suicide Prevention strategy: a multi-sectoral approach



[13]World Health Organization, (2017). South East Asia Regional Strategy on Suicide Prevention: https://www.who.int/docs/default-source/searo/mhs/regional-strategy-suicide-prevention.pdf?sfvrsn=e8aab13c_2

Figure 15: Priority areas of the National Suicide Prevention Strategy



5.2. Action framework

The national strategy has been formulated in accordance with WHO's South East Asia Regional strategy on suicide prevention.

To realize this path, an action plan has been formulated which is crucial to achieving the objectives . The action plan has the following key themes:

1) Strategy: Delineates how the envisioned strategy can be achieved for each of the stated objectives, by the year 2030
2) Action: Outlines the specific steps that need to be undertaken to achieve the objectives envisioned by the national strategy
3) Indicators: Specifies the key benchmarks to be achieved that would signal progress towards the realization of the overall objective
4) Key Stakeholders: Identifies the stakeholders responsible for ensuring, both, implementation and subsequent achievement of the specified objectives
5) Timeline: Defines the timeframes within which each of the indicators should be achieved. Three time-frames have been identified:
    - Immediate: This suggests that efforts should begin immediately, and the outcome should be achieved in the next 1-3 years
    - Intermediate: This suggests that efforts should begin immediately, and the outcome should be achieved in the next 4-7 years
    - Long-term: This suggests that efforts should begin immediately, and the outcome should be achieved in the next 8-10 years