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REVIEW ARTICLE

Review of National Suicide Prevention Strategy and Other Suicide Prevention Initiatives in India

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Abstract
India's launch of the National Suicide Prevention Strategy in 2022 underscores the gravity of suicides as a pressing public health issue. Globally, suicides rank as the fourth leading cause of death among individuals aged 15 to 29, with low and middle-income countries bearing the brunt. Within India, suicides increased by 7.2% from 2020 to 2021, with Maharashtra and Tamil Nadu reporting the highest numbers. Despite decades of initiatives, including the National Mental Health Program (NMHP) since 1982, challenges persist in policy implementation, skilled manpower, and political hurdles, impeding desired outcomes. While commendable, the recent National Suicide Prevention Strategy faces limitations in execution. A critical review of government efforts reveals gaps in resource allocation and execution, hindering the impact of mental health programs. Addressing these challenges demands enhanced policy implementation, mental health infrastructure, and resource allocation. Additionally, public awareness and destigmatization are crucial components. In conclusion, India's efforts in suicide prevention reflect progress, yet significant gaps remain. Sustained commitment and innovative strategies are needed to mitigate the escalating burden of suicides. This review underscores the urgency for comprehensive measures to combat rising suicide rates effectively.

Keywords: Suicide, National Suicide Prevention Strategy, India

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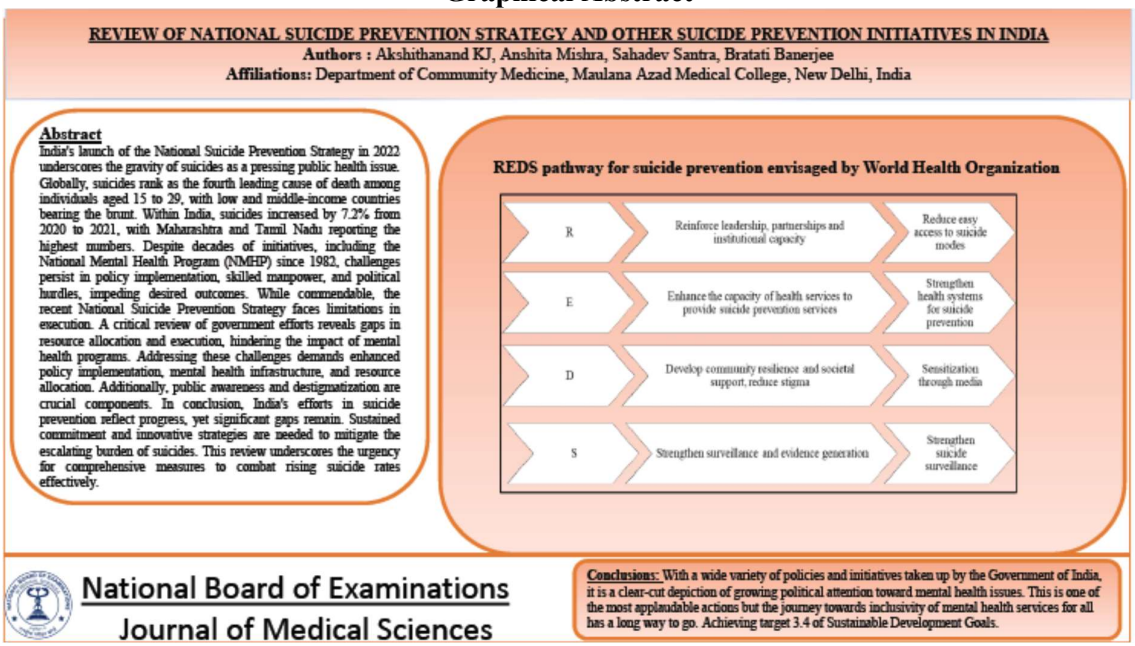
Graphical Abstract



Background

Mental health, as defined by the World Health Organization (WHO), is integral to overall well-being and is affected by disorders present worldwide, affecting approximately 1 in 10 individuals, with depression and anxiety being the most common [1]. Severe cases of mental health disorders can escalate to suicide, a critical public health concern across all age groups. The Sustainable Development Goals (SDGs), particularly Goal 3, aim to ensure healthy living and promote well-being, with Target 3.4 specifically addressing mental health promotion. The Suicide mortality rate serves as an indicator for measuring progress toward reducing suicide [2].

Suicide surpasses malaria, HIV/AIDS, breast cancer, war, and homicide in causing mortality globally. While the global age-standardized suicide rate decreased by 36% from 2000 to 2019, over 700,000 deaths were attributed to suicide in 2019, making it the fourth leading cause of death among individuals aged 15-29 worldwide [3]. Men are 2.3 times more likely to die by suicide than women, though the Southeast Asia region exhibits a higher female age-standardized suicide rate than the global average, warranting attention to factors influencing young women's high suicide rates [4].

Over half of all suicides occur before age 50, emphasizing its significance as a leading cause of death among young people [5]. Pesticide self-poisoning is a prevalent method, particularly in rural agricultural regions of low- and middle-income countries, with hanging and firearms also commonly employed. Low and Middle-Income Countries account for 77% of total suicide deaths, with most adolescent suicides occurring in these regions. India, ranking 38th globally, reported a suicide rate of 12.7 per lakh population in 2019, marking a gradual decline over two decades [6,7,8].

In 2021, India experienced a 7.2% increase in reported suicides compared to 2020, with Maharashtra and Tamil Nadu recording the highest numbers [9]. Mental health disorders like depression and alcohol

use disorders often precede suicide, but impulsive acts during crises, financial difficulties, relationship strains, and chronic illness also contribute [10]. Previous suicide attempts pose a significant risk, yet suicide is preventable, with interventions possible at population, sub-population, and individual levels.

The article aims to critically review India's efforts to address rising mental health concerns, including the recently launched National Suicide Prevention Strategy, recognizing the multifaceted approach required to combat suicide trends effectively.

Indian Mental Health Programs

In 1974, the WHO expert committee recognized that there is a heavy burden and huge treatment gaps concerning mental health disorders and that mental health has become a severe public health problem without any fundamental guidelines or infrastructure to meet the population's mental health needs, and asserted mental health care of the developing countries as its priority [11]. Following this, in 1979, the WHO Mental Health Advisory Group advised all member nations to prepare their own National Mental Health Programme (NMHP) to meet the mental health needs of the population, making use of the existing healthcare facilities and in 1982, per the WHO directives, India became one of the first nations to launch its own NMHP [12]. In 1982, it was through dedicated and relentless efforts that the senior psychiatrists of India drafted the NMHP after multiple reviews and workshops before it was tabled in the Central Council of Health and Family Welfare, where the NMHP was adopted [13].

The NMHP was adopted with the objectives of increasing accessibility and availability of mental health care for all, encouraging the application of mental health knowledge in general health care, and promoting community participation in mental health services. However, the program faced many challenges from its inception due to various ambiguities like the absence of proper budgetary allocation, lack of clarity funding for the program, and the lack of support from psychiatrists. Later, in 1996, as the government tried to set the district as the basic unit for implementing and monitoring the program to cover for the shortcomings of NMHP, the District Mental Health Program (DMHP) was launched. This was done based on the Bellary model shown by the National Institute of Mental Health and Neuro-Sciences (NIMHANS). NMHP was re-strategized in 2003 with increased budgetary allocations for the program, and later, in 2009, along with the development of the Center of Excellence in Mental Health, manpower development became important. Over the years, there has been an increasing need to focus on community mental health using Information Education and Communication (IEC) activities. Further along, the NMHP was gradually inculcated into the National Health Mission (NHM) to meet the needs of both rural and urban areas [14].

Various other acts, policies, and programs have come into place over time to support the mental health framework of the country like the National Mental Health Policy (NMHP), The Mental Health Care Act (MHCA) 2017, the National Tele Mental Health Program, the National Suicide Prevention Strategy.

In 2014, the National Mental Health Policy (MHP) was launched with the vision

to promote mental health, prevent mental illness, enable recovery from mental illness, promote de-stigmatization, and ensure socio-economic inclusion of persons affected by mental illness by providing accessible, affordable, quality health and social care. The National Mental Health Policy, with its 3 goals and 10 objectives, aims to bridge the treatment gap, thereby reducing mortality and morbidity along with an enhanced understanding of the issue and strengthening the leadership at all levels in the mental health sector [15].

The Mental Health Care Act 2017 was passed on 7 April 2017 and came into existence on 29 May 2018, it superseded the previous Mental Health Act 1987. The major highlight of the act was that it decriminalized suicide attempts. Also, it focused on promoting and fulfilling the rights of people during the delivery of mental healthcare and services for matters connected therewith or incidental thereto and created provisions for the registration of mental health-related institutions and their regulations [16].

The launch of the National Tele Mental Health Programme in 2022, known as Tele Mental Health Assistance and Networking Across States (Tele MANAS), underscores the government's commitment to providing universal, accessible, and quality mental health care through tele-mental health counseling services across all states and union territories. [17].

Despite these various programs and acts in action, the government has consistently failed to meet the manpower needs that form its backbone. From the data depicted in Table 1, India faces a significant shortfall of mental health professionals, including psychiatrists and clinical psychologists, compared to the growing demand for mental healthcare services. Addressing this shortage is crucial to improving our country's mental health support and services [18,19,20].

Table 1. Current scenario of mental health professionals in India [18,19,20]

Manpower	**Requirement (per lakh population)**	**Availability (2012)**	**Availability (per lakh population)**
Psychiatrist	36,000 (>3)	3,800	Approx 9000 (0.75)
Clinical psychologist	17,250 (1.5)	898	0.05
Psychiatric social worker	23,000 (2.0)	850	0.07
Psychiatric nurse	3000 (1.0 per 10 psychiatric beds)	1,500	N/A
Total	**79,250**	**7,048**	-

National Suicide Prevention Strategy

In line with WHO's Strategy on suicide prevention, the National Suicide Prevention Strategy (NSPS) was launched in November 2022, with the aim to reduce suicide mortality by 10% in the country by 2030 in comparison to the prevalence in the year 2020. It is the first of its kind in India, making suicide prevention a public health priority. The NSPS intends to reach this objective by implementing efficient surveillance systems by 2025, ensuring the availability of suicide prevention services and incorporating a mental well-being curriculum into all educational institutions by 2030 [21].The NSPS has mapped out the 'REDS' pathway for suicide prevention as shown in Figure 1.

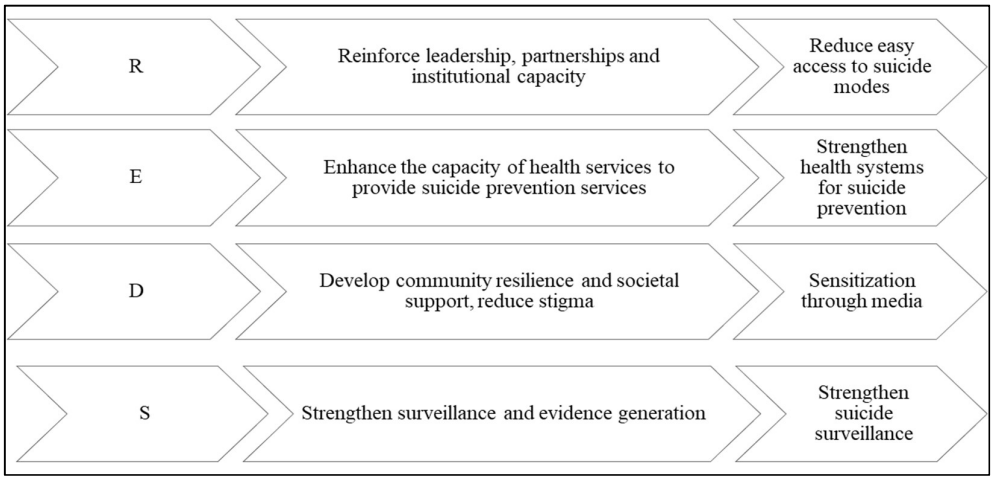


Figure 1. REDS pathway for suicide prevention envisaged by World Health Organization [21]

The Action plan formulated to realize these crucial objectives has five key themes: recognizing strategies, delineating actions to be taken, specifying the indicators that will help us plot our progress, identifying key stakeholders, and defining the timelines to achieve our objectives [21]. NSPS has taken a multi-sectoral approach to suicide prevention involving international, national, and regional agencies and NGOs, as shown in Figure 2.

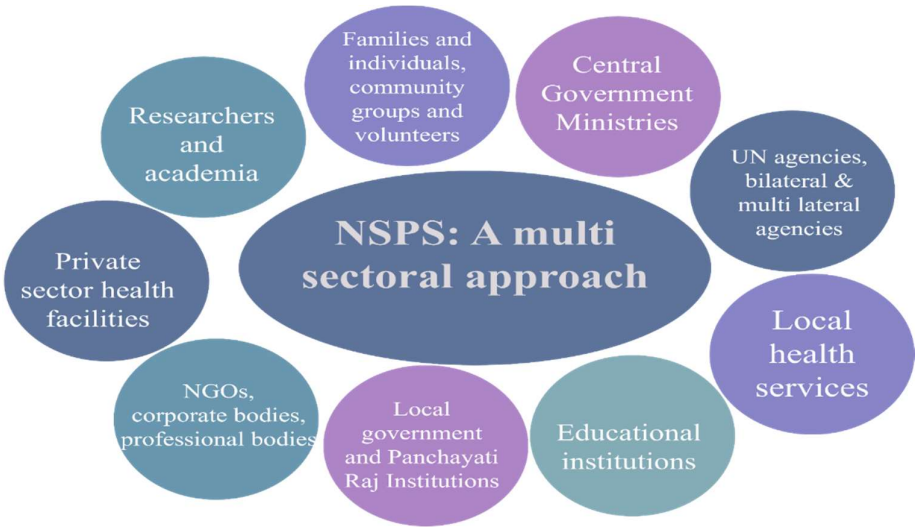


Figure 2. A multi sectoral approach under National Suicide Prevention Strategy [21]

Swoc Analysis

Even with extreme efforts put in by various agencies, there is always a scope for improvement. Hence, NSPS has been identified with its shortcomings, its strengths, and the opportunities it has to prevent the coming mental health pandemic along with certain challenges that are to be kept in mind. Figure 3 highlights some of the points of Strength, Weakness, Opportunities, and Challenges (SWOC) analysis that can be further utilized to improve the policy-making process and more importantly its implementation.

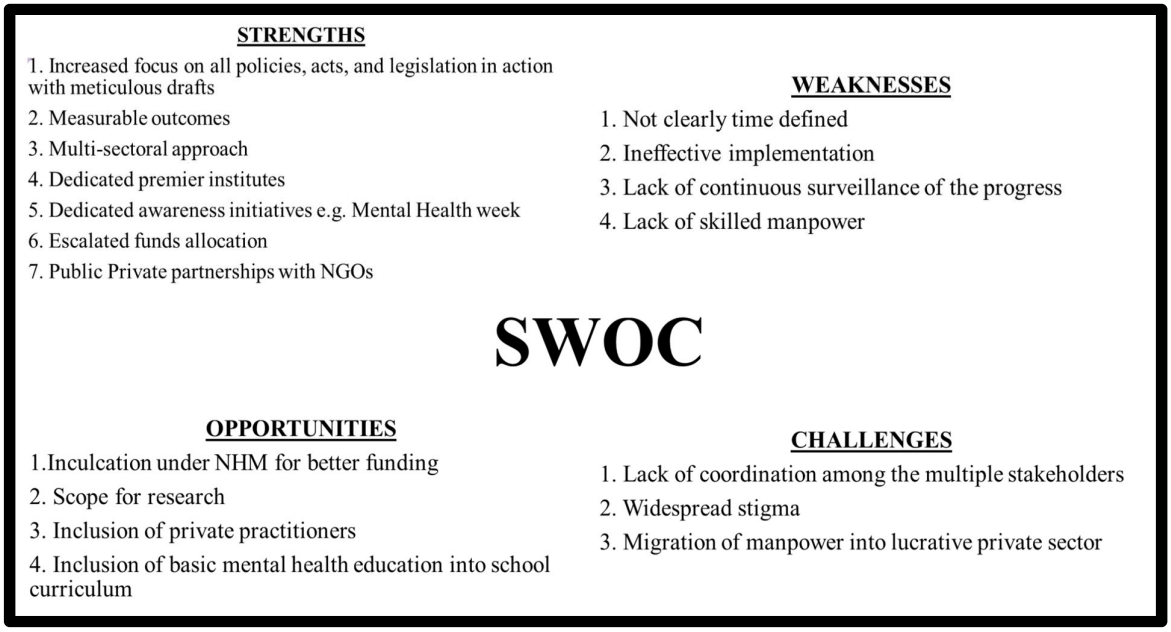


Figure 3: SWOC analysis of Mental health initiatives in India

Conclusion

With a wide variety of policies and initiatives taken up by the Government of India, it is a clear-cut depiction of growing political attention toward mental health issues. This is one of the most applaudable actions but the journey towards inclusivity of mental health services for all has a long way to go. Achieving target 3.4 of Sustainable Development Goals i.e.: Reducing mortality from non-communicable diseases and promoting mental health is just witnessing a start from these initiatives but full-fledged implementation with appropriate man-power both in terms of quantity and quality needs to be urgently deployed to achieve better results. We advocate for better funding, improving mental diseases surveillance, increasing research activities and political will for a mentally healthier nation.

Conflicts of interest

The authors declares that they do not have conflict of interest.

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