Ministry of Health
& Family Welfare
Government of India

NATIONAL SUICIDE PREVENTION STRATEGY

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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 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 bought 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.

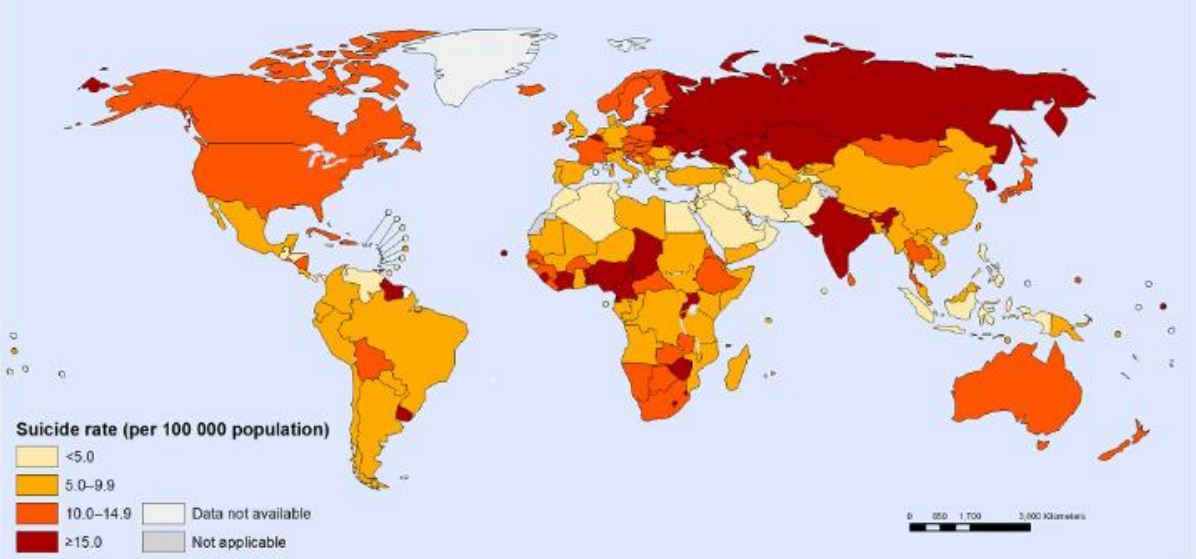
2. SUICIDE: GLOBAL SCENARIO

According to World Health Organization's report (2019) on suicide[1], nearly 8,00,000 people die by suicide every year. This suggests that one person dies by suicide every 40 seconds. Moreover, for every person who dies by suicide, it is estimated that at least 20 people attempt suicide[2].

In 2016, the annual global age-standardized suicide rate was estimated to be 10.5 per 100,000 population[3]. Figure 1 shows the suicide rate (per 100000 population) globally.

Figure 1: Age-strandardized suicide rates (per 100000 population), both sexes, 2016, globally

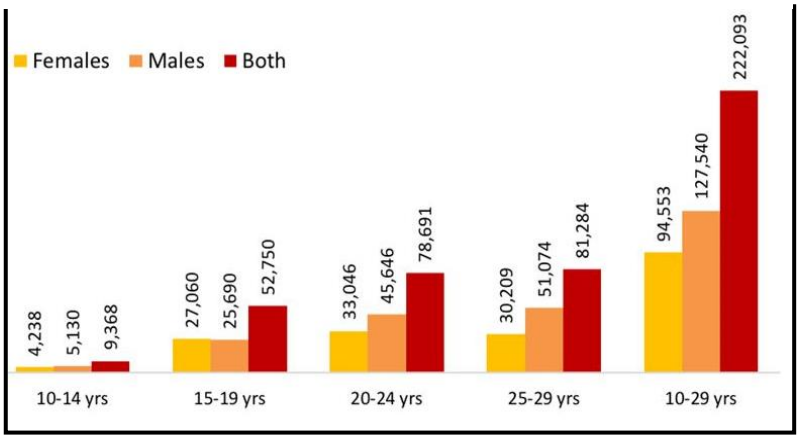
[1]WHO 2019.Suicide data. https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/
[2] WHO website: https://www.who.int/health-topics/suicide#tab=tab_1
[3] WHO suicide in the world: https://apps.who.int/iris/rest/bitstreams/1244794/retrieve#:~:text=The%20global%20age%2Dstandardized%20suicide,100%20000%20(Figure%201).



Source: WHO 2018.Suicide data: https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

Research has also identified sections of the society particularly vulnerable to suicide. Globally suicide is the second leading cause of death amongst those between 15-29 years of age[4], thus making the youth particularly vulnerable. Figure 2 is a graph depicting number of suicides globally in young people in 2016.

Figure 2: Number of suicides globally in young people in 2016



Source: WHO Global Health Estimates (http://www.who.int/healthinfo/global_burden_disease/estimates)

3. SUICIDE: INDIAN SCENARIO

3.1: Prevalence of Suicides

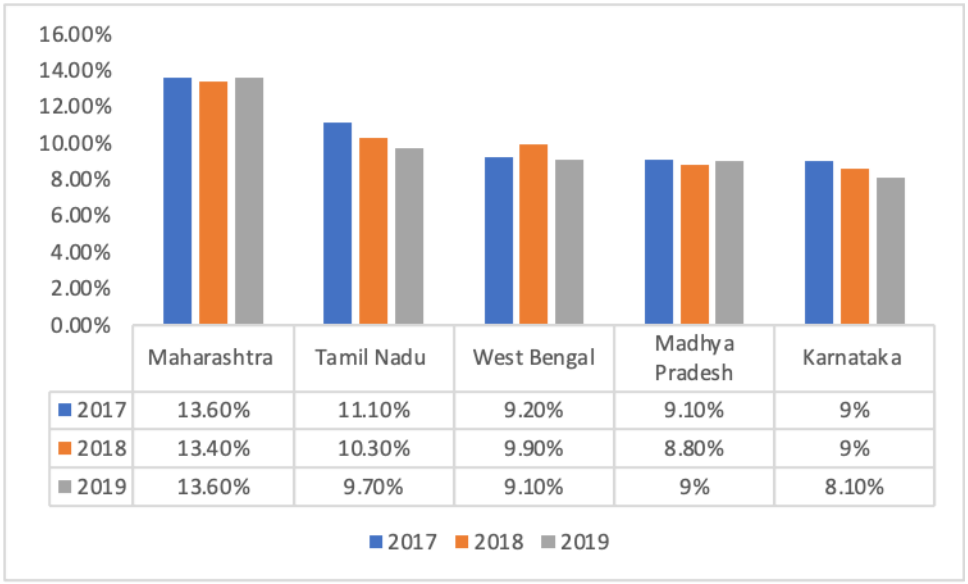
India being a lower-middle income country[5] with the world's leading youth population[6] has a high burden of suicide. In India, suicide has become the number one cause of death among

[4] WHO 2019.Suicide data. https://www.who.int/mental_health/prevention/suicide/suicideprevent/en/
[5] World Bank Data: https://data.worlbank.org/?locations=IN-XN
[6] 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

those aged 15-29 years, exceeding deaths due to road traffic accidents and maternal mortality, among men and women respectively[7]. 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), and from 18·7% to 24·3% among men (one in four men dying from suicide across the world, is from India)[8]. More than one lakh (one hundred thousand) lives are lost every year to suicide in our country[9]. In the past 3 years, the suicide rate has increased from 9.9 to 10.4 per 100,000 population.[10]

Certain states share a disproportionately large burden of suicides in India. These include Maharashtra, Tamil Nadu, West Bengal, Madhya Pradesh, and Karnataka. Figure 3 presents a graph depicting states with highest percentage share of suicides from 2017-2019. These States account for almost half of all suicides in the country.

Figure 3: States with highest percentage share of suicides from 2017-2019



	Maharashtra	Tamil Nadu	West Bengal	Madhya Pradesh	Karnataka
2017	13.60%	11.10%	9.20%	9.10%	9%
2018	13.40%	10.30%	9.90%	8.80%	9%
2019	13.60%	9.70%	9.10%	9%	8.10%

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/Chapter-2-Suicides_2019.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.

[7] https://doi.org/10.1016/S2468-2667(18)30138-5
[8] 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.
[9] 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_2019_FULL%20REPORT_updated.pdf
[10] 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

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.

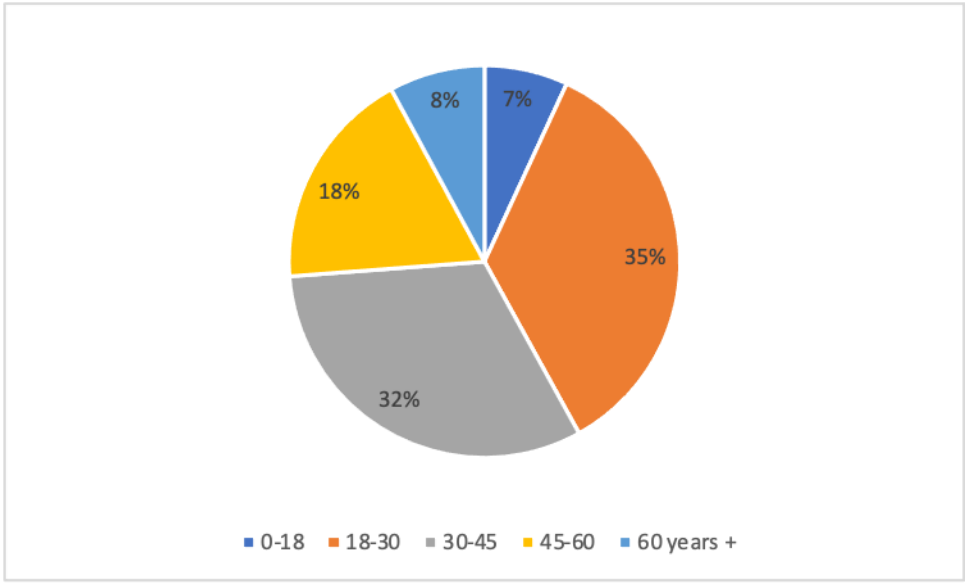
3.2: Vulnerable Groups

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 2019

Most suicides in India are by youth and middle aged adults. Figure 4 depicts distribution of suicide according to age groups in the year 2019 and shows that 67% of suicides are by those in the age group 18-45 years. This is especially true for transgenders where 35% of suicides are in the age group 18-30 years[10]. Additionally, adolescence, a particularly critical period of development, has been noted to have increasing rates of suicides.

Figure 4: Age distribution of suicides in 2019

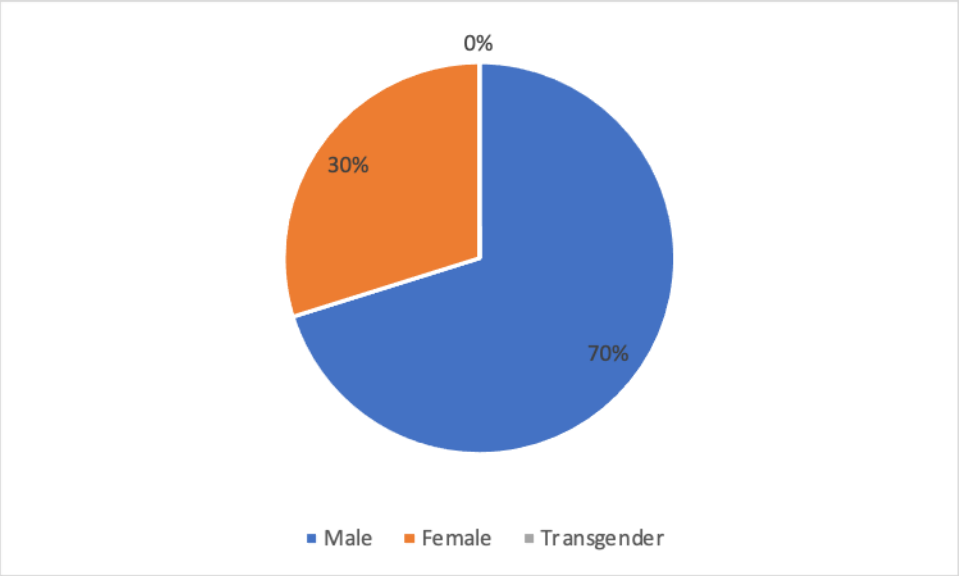


Source: National Crime Research Bureau (NCRB). *Accidental deaths and suicide in India*. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2019_FULL%20REPORT_updated.pdf

3.2.2. Distribution of suicides by Gender in 2019 .

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. Unlike adults, suicide rates are the same for males and females in the adolescent age group. The common reasons behind suicide in adolescents are exposure to trauma, stress, bullying, being victims of abuse (physical and sexual), and academic pressure (self-imposed and societal). Limited coping skills, poor problem-solving capacity, sensitivity to criticism and low self-esteem makes it challenging for adolescents to deal with various life stressors and increases their vulnerability to suicide. Figure 5 depicts gender wise distribution of suicides in 2019.

Figure 5: Distribution of suicide by Gender-2019



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/Chapter-2-Suicides_2019.pdf

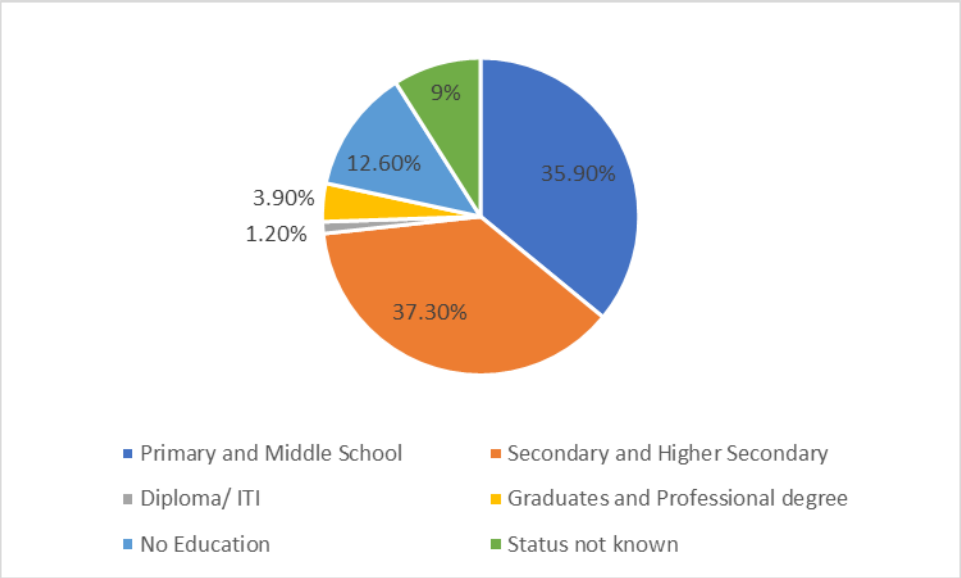
3.2.3. Educational status of persons who died by suicide on 2019

Data from NCRB[10] suggests that higher level of education may be protective as the highest number of suicides have been in those who have had no education or not completed their school education[10].

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 6 presents the distribution of suicides by educational status.

Figure 6: Educational status of persons who died by suicide in 2019

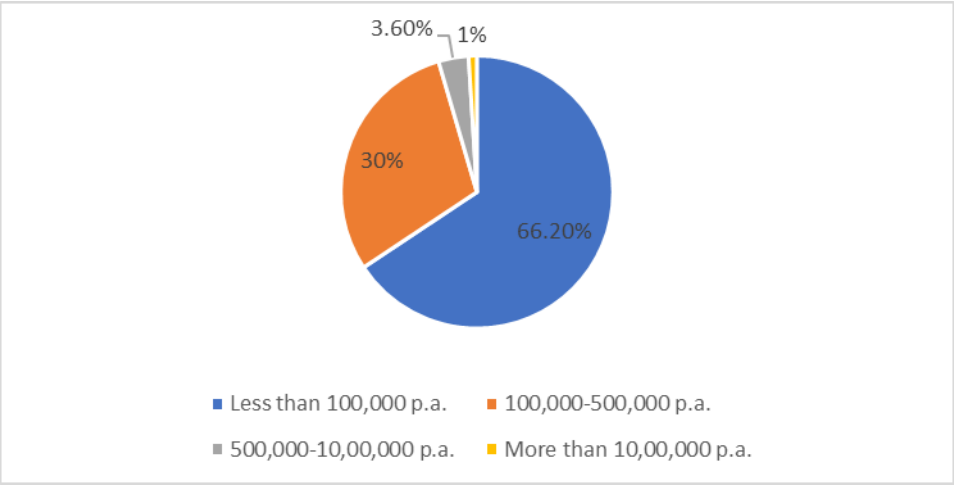


Source: National Crime Research Bureau (NCRB). *Accidental deaths and suicide in India*. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2019_FULL%20REPORT_updated.pdf

3.2.4.Distribuution of Suicides in 2019 by economic and professional status

Economic 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]. Figure 7 presents economic status of persons who died by suicide in India in 2019.

Figure 7: Suicides in 2019 segregated by economic and 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_2019_FULL%20REPORT_updated.pdf

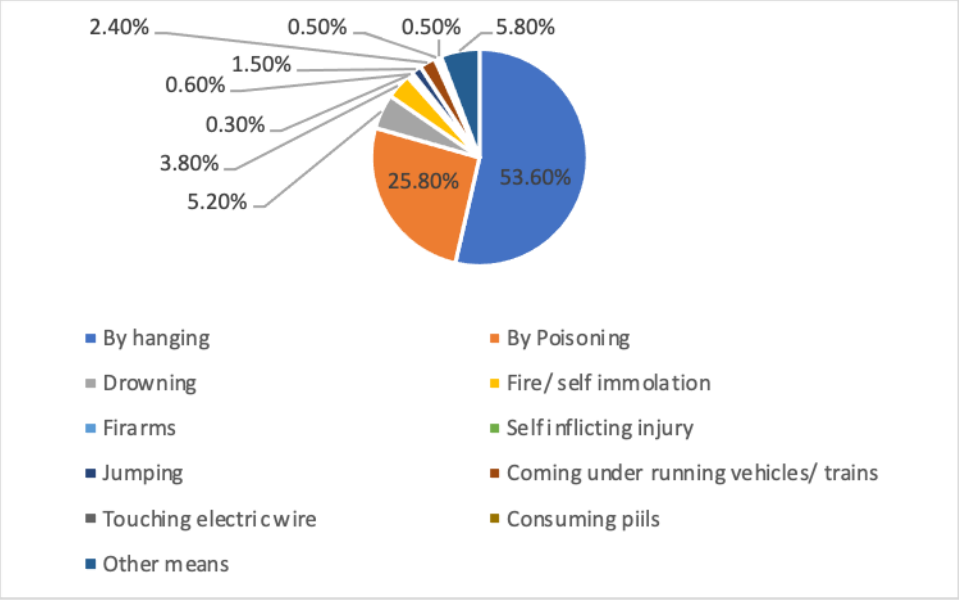
Exhibit A: Family Suicides

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 approx. 80% of all suicides. This is followed by are drowning and self-immolation[10]. Method of suicide is not documented for at least 5% of suicidal deaths indicating the need for more robust collection of data. The methods of suicides are represented in Figure 8.

Figure 8: Most common methods of suicides in 2019

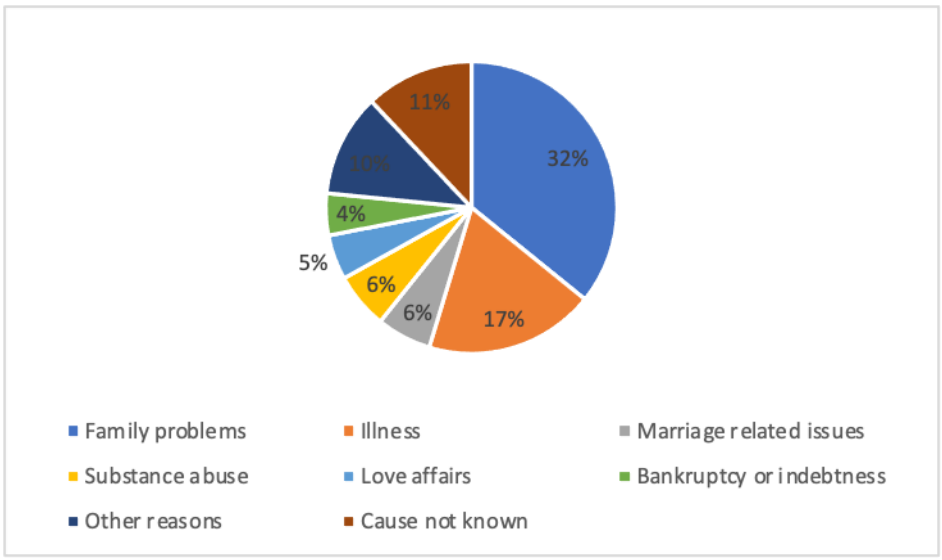


Source: National Crime Research Bureau (NCRB). *Accidental deaths and suicide in India*. New Delhi, India: Ministry of Home Affairs, Government of India: https://ncrb.gov.in/sites/default/files/ADSI_2019_FULL%20REPORT_updated.pdf

3.4 Reasons for Suicide

Most common reasons for suicide include family problems and illnesses which account for 32% and 17% 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 11% of suicides, the cause of the suicide is not documented[10]. Figure 9 presents the common reasons for suicide in 2019.

Figure 9: Common reasons for suicide in 2019



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_2019_FULL%20REPORT_updated.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 10 and 11 respectively outline the risk and protective factors of suicide.

Figure 10: Risk factors for suicide

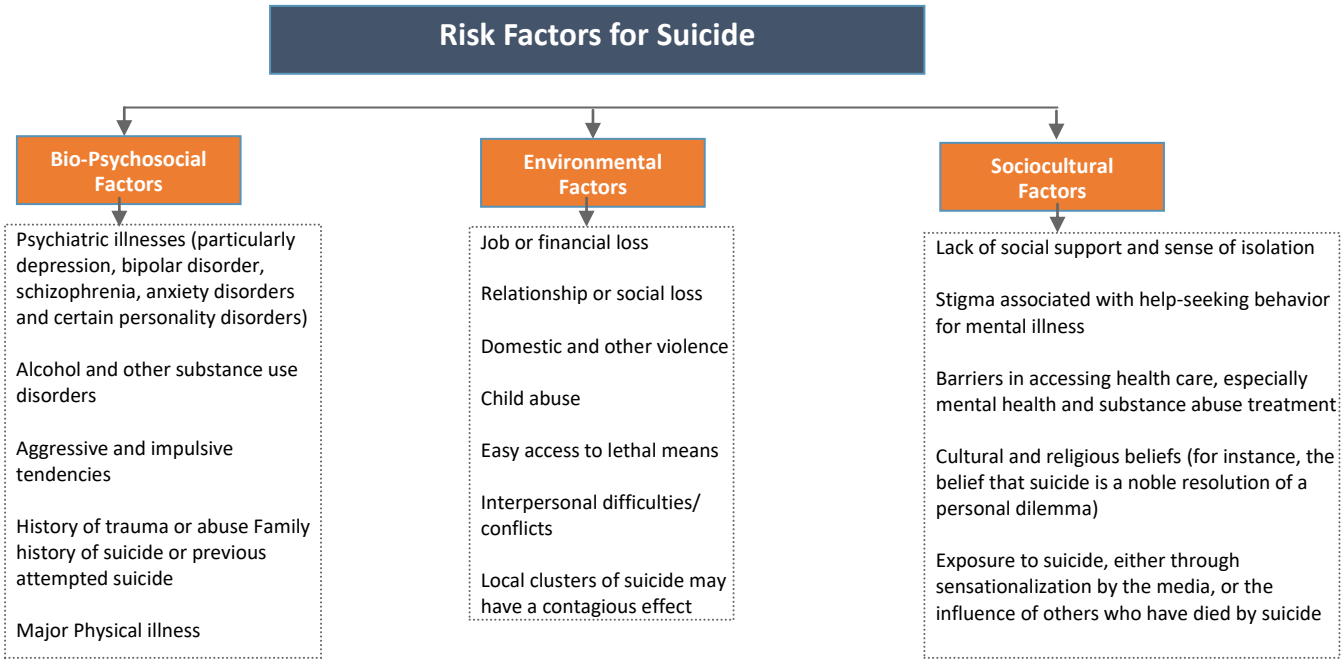


Figure 11: Protective factors against suicide

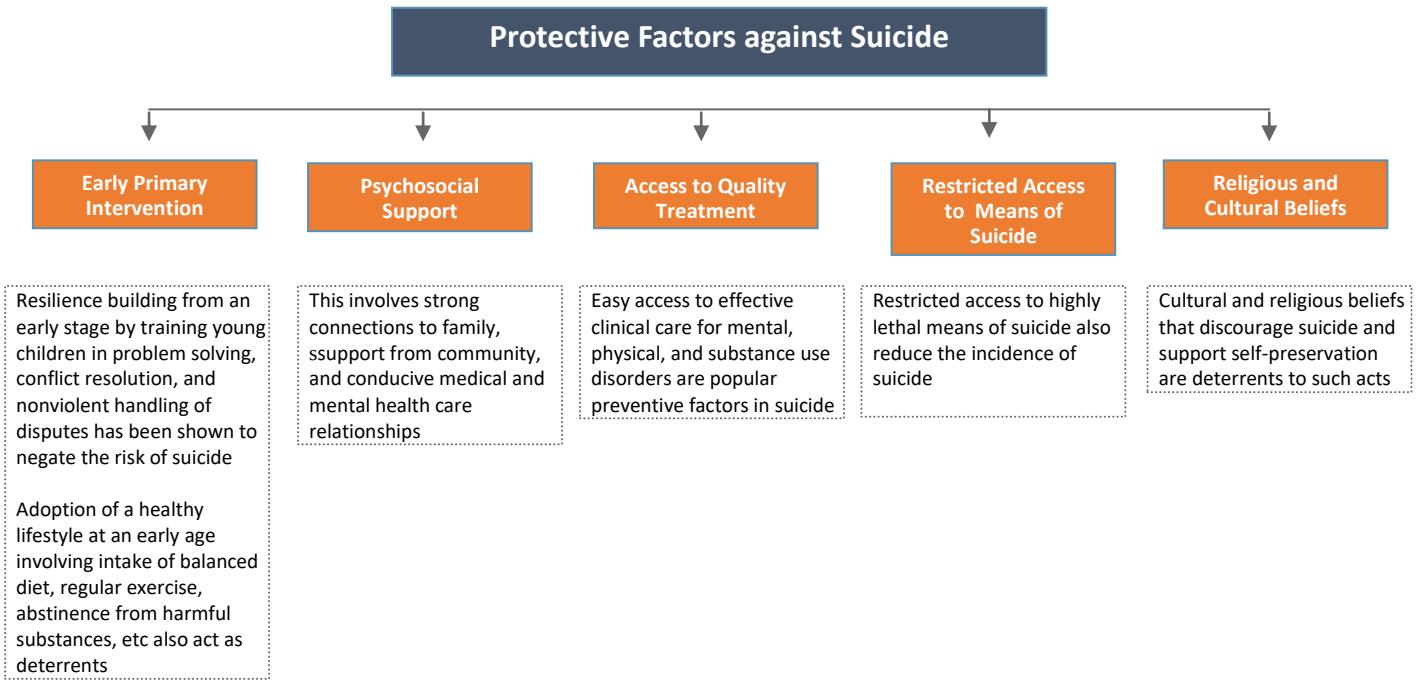


EXHIBIT B: Substance Dependence as a risk factor for suicides

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)[11].

4.1.2. WHO guidance on suicide prevention[12]

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

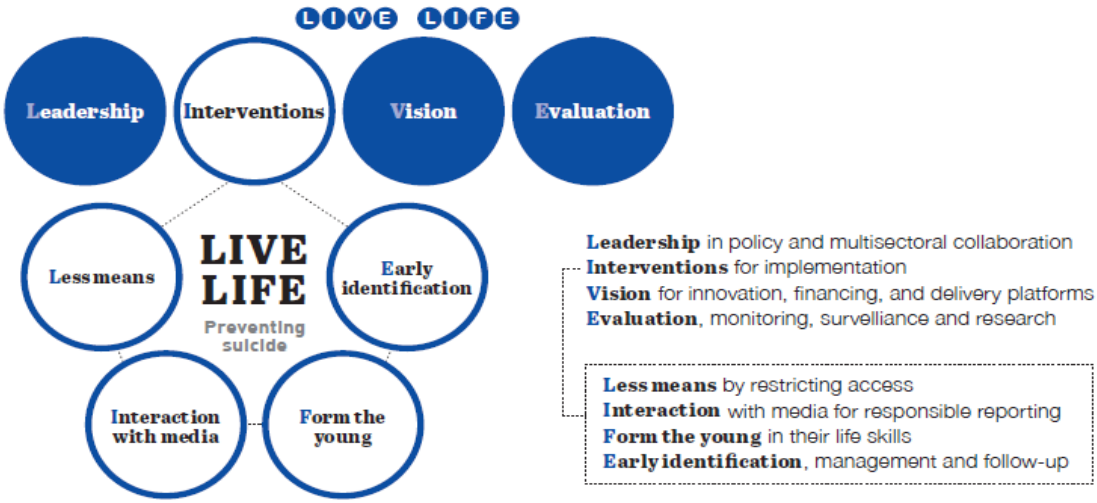
1. Restricting access to means for suicide
2. Working with the media to ensure responsible reporting of suicide
3. Helping young people develop skills to cope with various stressors of daily life
4. Early identification and management of people who are suicidal or who have made a suicide attempt, and 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 12 depicts this approach which provides the basis of a comprehensive multi-sectoral national suicide prevention strategy[13]:

Figure 12: Preventing suicides: LIVE LIFE

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

[13] https://www.who.int/publications/i/item/9789240026629



4. 2 National Initiatives

4.2.1: National Mental Health Policy 2014[14]

National Mental Health Policy (2014) enlists prevention of mental illness, 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[15]:

Mental Healthcare Act brought about necessary transformations. Previously, in India attempted suicide was a punishable offence. Section 309 of the Indian Penal Code stated

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

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"*[14].

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, IPC309 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
- 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 amongst vulnerable population. Details can be accessed from https://mohfw.gov.in/sites/default/files/9903463892NMHP%20detail_0_2.pdf

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

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[16]

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 illnesses 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.

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

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

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[17],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 2019. 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.

[17] 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

- **Develop** community resilience and societal support for suicide prevention and reduce stigma associated with suicidal behaviors.
- **Strengthen** surveillance and evidence generation.

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 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 13: National Suicide Prevention strategy: a multi-sectoral approach

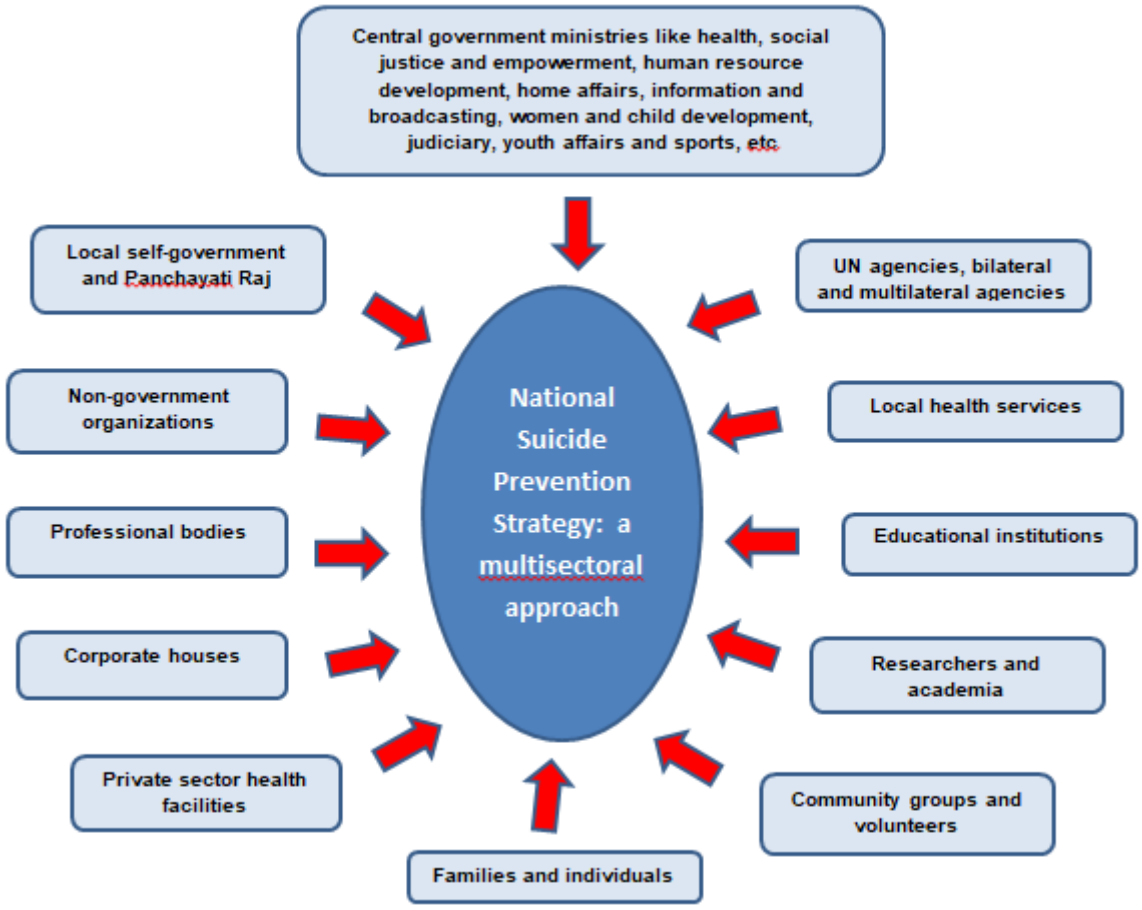
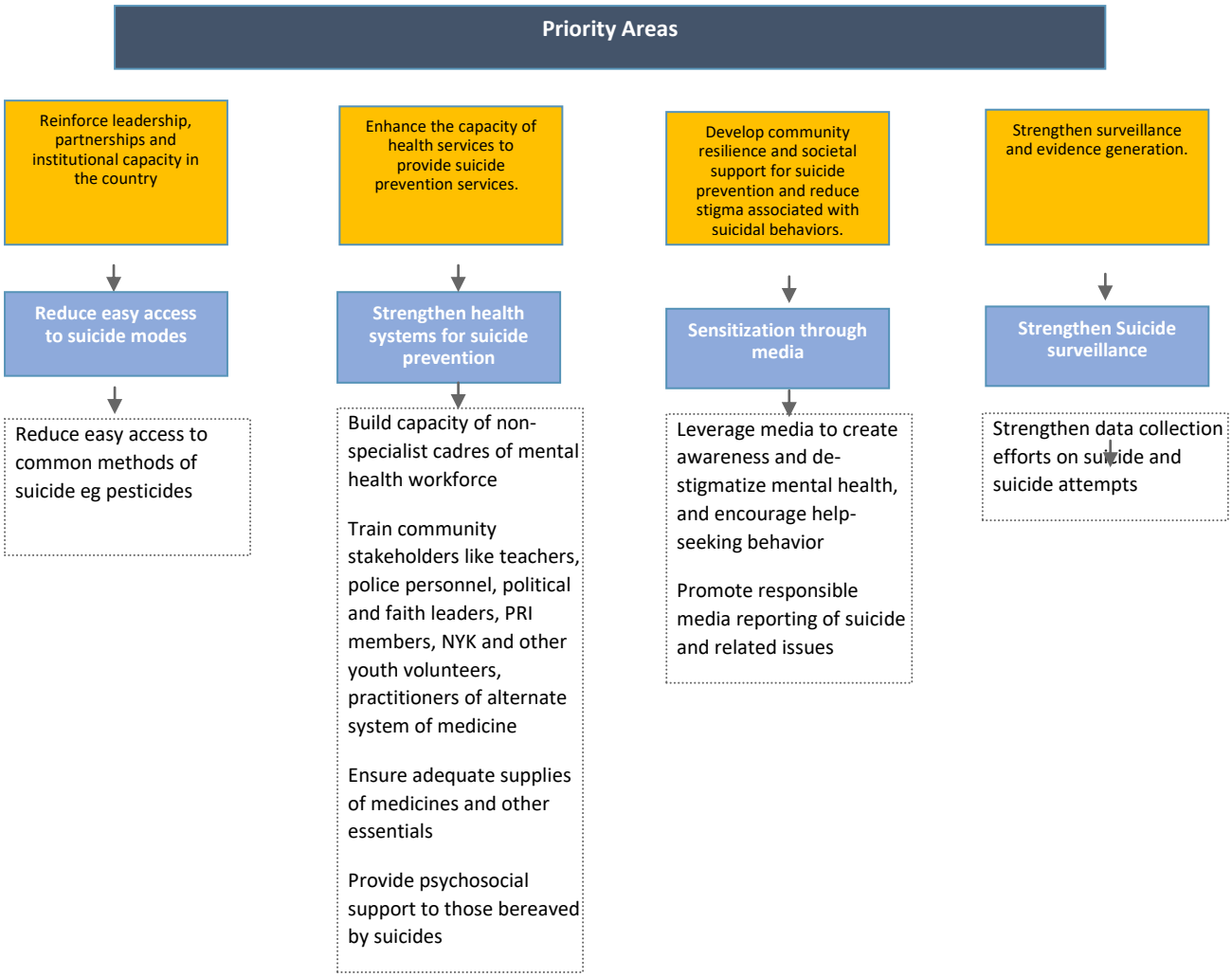


Figure 14: Priority areas of the National Suicide Prevention Strategy



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

Objective 1: Reinforce leadership, partnerships, and institutional capacity in the country				
Rationale: Commitment and support from leadership is required to make suicide prevention efforts effective. Furthermore, effective coordination among multiple stakeholders is key in delivering a range of suicide prevention interventions to the population.				
Strategy	**Action**	**Key Stakeholder**	**Indicators**	**Timeline**
Advocate for suicide prevention and de-stigmatization of mental health illnesses amongst multiple stakeholders	Implement strong advocacy efforts for suicide prevention	Ministry of Health and Family Welfare Ministry of Social Justice and Empowerment Ministry of Women and Child Development Ministry of Information and Broadcasting Ministry of Agriculture and Farmers' Welfare Ministry of Education Ministry of Labor and Employment Ministry of Youth Affairs and Sports Ministry of Home Affairs	Number of ministries engaged in development of guidelines and implementation of suicide prevention efforts	Long-term

Leverage policy level addressal of underlying psychosocial issues such as addiction disorders	Formulate policy focusing on reducing harmful use of alcohol and advocate for reduction of easy access to alcohol	Ministry of Social Justice and Empowerment	National level policy for reducing harmful use of alcohol formulated and implemented	Intermediate
	Prohibit promotion of alcohol through Media	Ministry of Information and Broadcasting	Reduction in the number of surrogate advertisements for alcohol	Intermediate
	Foster commitment to promote safe internet usage and address internet addiction and cyber bullying	Ministry of Electronic and Information and Technology	National guidelines for safe internet usage and overcoming threat of internet addiction developed and implemented	Immediate

Advocacy for provision of psychosocial care to patients with chronic and terminal illnesses	Development and adoption of guidelines for psychosocial care of patients and caregivers as part of treatment plan for chronic and terminal illnesses	Ministry of Health and Family Welfare	National guidelines for psychosocial care of patients and caregivers as part of treatment plan for chronic and terminal illnesses developed and implemented in integration with National Programme for Palliative Care (NPPC) and National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS) and other relevant programs	Intermediate

Advocacy for responsible reporting of suicide by the media	Press Council of India's guidelines to the media on responsible reporting of suicides to be strictly implemented and followed	Ministry of Information and Broadcasting	Number of complaints registered against irresponsible reporting of suicide by the media	Immediate
Reduction in easy access to one of the most common methods of suicide, i.e. poisoning through pesticides/insecticides	Phase out hazardous pesticides as per WHO guidelines	Ministry of Agriculture and Farmer's Welfare	Implementation of 'Banning of Insecticides' Order, 20 by Ministry of Agriculture and Farmer's Welfare with proposed ban to stop Import, Manufacturing, Sale, Transportation, Distribution and Use of 27 Generic Pesticides.	Immediate
	Restrict access to chemical pesticides by safer storage, and disposal.		Reduction in number of suicides caused through poisoning by pesticides	Intermediate

	Promote safe usage of pesticides		Number of pesticides manufacturers adopting labelling with prominent warning signs and helpline number	Immediate
	Increase availability of alternate methods for pest control		Increase in percentage number of farmers using bio-pesticides and those involved in organic farming	Long Term
	Sensitize students from Agriculture and Horticulture colleges and universities	Ministry of Agriculture and Farmer's Welfare Ministry of Education	Sensitization material on suicides by pesticides included in curriculum of students of Agriculture and Horticulture colleges and universities	Immediate

Objective 2: Enhance the capacity of health services to provide suicide prevention services
Rationale: Vulnerable sections of the population have a high risk of suicides due to their difficult situation and other environmental factors. These include individuals with severe mental illnesses, relationship problems, alcohol and substance abuse, history of self-harm and suicide attempts, severe

situational distress such as financial and economic conditions, natural and man-made emergencies. Reaching out to these individuals and providing preventive and promotive services would mitigate suicide risk and consequently suicides.				
Strategy	**Action**	**Key Stakeholder**	**Indicator**	**Timeline**
Build capacity for psychosocial support for persons with mental disorders and substance use disorders	Develop and implement Gatekeeper training program for early identification of mental health issues, and psychological first aid	Ministry of Health and Family Welfare	Number of gatekeepers such as health workers, school teachers, police personnel trained in suicide prevention	Long Term
	Expand and further strengthen District Mental Health Program & AB-Health & Wellness Centres to provide treatment for substance use disorders and assistance with suicide prevention respectively		Number of districts, talukas, PHCs and HWCs providing assistance for suicide prevention	Immediate
Integrate mental health services to general health care services	Expand and strengthen District Mental Health Program to support primary health facilities	Ministry of Health and Family Welfare	Number of DMHPS providing outreach and other support to HWCs, CHCs, PHCs, SC, etc	Intermediate

	Implement mental health package of Comprehensive Primary Healthcare (CPHC) at AB-Health and Wellness Centres (HWC)	Ministry of Health and Family Welfare	Number of HWCs, providing assistance for suicide prevention	Intermediate
	Uniformly implement MHCA 2017 across all states	Ministry of Health and Family Welfare	Number of states with State Mental Health Authority & Review Boards	Immediate
Augment cadre of qualified mental health practitioners to ensure service delivery to mentally ill	Increase the number of Post-Graduate seats in the field of Mental Health	Ministry of Health and Family Welfare Ministry of Education	Percentage increase in the number of Post-Graduate seats in Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing	Immediate

	Augment short-term training of non-specialist doctors, psychologists, social workers, nurses, community health workers under relevant mental health programmes such as NMHP, RBSK/ RKSK, DDAP, etc)		Percentage increase over previous in number of non-specialist doctors, psychologists, social workers and nurses trained in mental health	Immediate
	Training and capacity building of helpline workers and volunteers on handling suicide related calls		Training module for helpline workers developed and disseminated	Intermediate
Build capacity for providing psychological first aid and psychosocial support for those who have attempted suicide and those bereaved by suicide	Maintain regular contact, for at least 18 months, with those persons who have attempted suicide or have been bereaved by suicide by providing psychosocial support to them.	Ministry of Health and Family Welfare	Number of people who attempted suicide/bereaved provided with regular contact	Long Term
Provide support to those diagnosed with substance dependence	Monitor suicidal behaviour during deaddiction treatment	Ministry of Social Justice and Empowerment Ministry of Health	Percentage reduction in number of persons with	Immediate

disorders		and Family Welfare	dependence disorders who die by suicide	
	Provide suicide prevention counselling to family members			
	Employ safety-nets for cases of relapse by building capacity of emergency care centres			

Objective 3: Develop community resilience and societal support for suicide prevention and reduce stigma associated with suicidal behaviors				
Rationale: Promoting opportunities for enhancing resilience, in individuals, families, and communities is an important factor for suicide prevention.				
Strategy	**Action**	**Key Stakeholder**	**Indicators**	**Timeline**
Build help seeking behavior for mental health problems by removing stigma & myths associated with them	Conduct large scale community awareness programs on mental health issues and resources under National Mental Health Program & AB-HWC.	Ministry of Health and Family Welfare	Percentage increase in number of community awareness campaigns launched over the previous year	Immediate
IEC Strategy for suicide prevention	Strengthen the overall IEC Strategy under National Mental Health Programme by incorporating elements	Ministry of Health and Family Welfare	Number of States that have elements of suicide	Intermediate

	of suicide prevention		prevention incorporated in NMHP IEC Strategy	
Leverage educational institutes and youth clubs to promote mental health	Incorporate educational material on promotion of mental health and prevention of substance abuse in the school curriculum	Ministry of Education Ministry of Youth Affairs and Sports	Integrate positive mental health and well-being promotion in core education curriculum	Immediate
	Mandate focus on overall stress free physical and psychological development of children & adolescents in general		Percentage of educational institutions providing extracurricular activities/ compulsory sports period	Long Term
	Identify and train school (through School Health Ambassador Initiative) and college teachers for delivery of life skills education etc.to the students		Percentage of schools/colleges with teachers trained in life skills education	Intermediate
	Increase involvement of youth in the social sector via youth clubs	Ministry of Youth Affairs and Sports	Percentage increase of youth engaged in social service through	Intermediate

			NSS, NYKS	
Strengthen suicide prevention efforts targeting women	Educate, provide economic security and empower women and reduce violence against women	Ministry of Women & Child Development	Elements of suicide prevention incorporated in all programs for women	Immediate
Build farmers capacity to increase productivity despite restrictions on access to pesticides	Sensitize Agriculture officials, Panchayat leaders, and farmers to new pesticide related practices	Ministry of Agriculture and Farmers Welfare	Percentage increase in number of villages in each state where farmers have been sensitized on up-dated practices of storage and usage of pesticides	Immediate
Reduce workplace stressors	Mandate integration of mental wellness programs and facilities in all workplaces	Ministry of Labor and Employment	Guidelines promoting mental wellness at workplace developed and implemented	Intermediate

	Protect welfare of those working in the informal sector		Minimum wage uniformly and strictly adopted across all states	Immediate
	Improve access to employment opportunities especially by the vulnerable population		Percentage increase in number of people from vulnerable groups availing schemes for employment	Intermediate

Objective 4: Strengthen surveillance of suicide and evidence generation

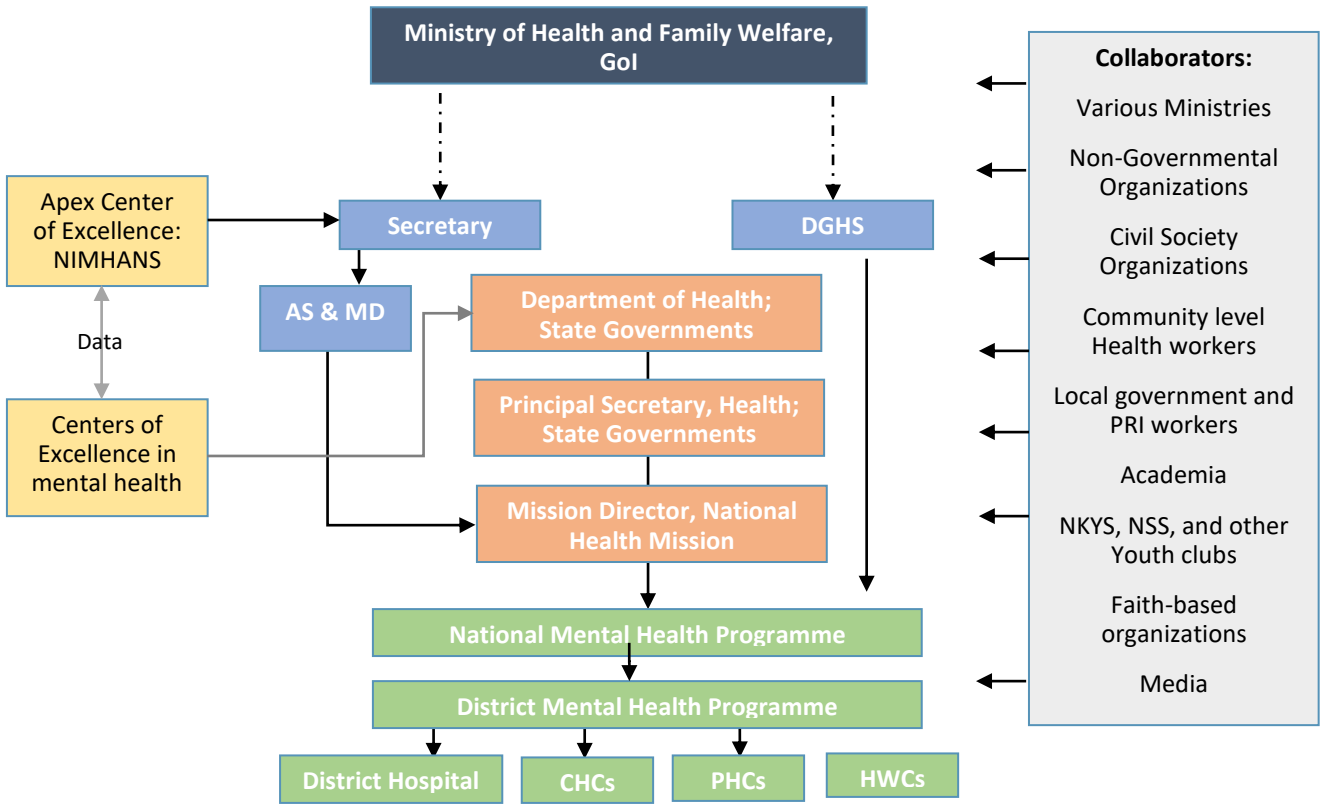
Rationale: Strengthening knowledge base through timely analysis of data and dissemination of information concerning suicide and suicide attempts facilitates planning, implementation and monitoring effectiveness of suicide prevention strategies. Further, generation of evidences through evaluation of interventions ensures improvement in the quality of the program.

Strategy	Action	Key Stakeholder	Indicators	Timeline
Strengthen Self Injury/ Harm Data Collection at the National and State level.	Develop Mental Health MIS and capture data on self injury/ harm	State Public Health Department Ministry of Health and Family Welfare	Timely release of data on self injury/ harm	Immediate
Strengthen Suicide Data Collection at the National and State level.	Collaborate with National and State Crime Records Bureau to improve the collection and classification of data.	Ministry of Health and Family Welfare National Crime Records Bureau State Crime Records Bureau	Timely release of data on suicide	Immediate

5.3 Implementation Framework

The implementation framework of the National Suicide Prevention Strategy envisions five key stakeholders responsible for realizing the objectives outlined. These include: National Level Ministerial Stakeholders, State Level Governmental Stakeholders, District Level Governmental Stakeholders, NIMHANS, Bangalore & other apex mental health institutes, and Strategic Collaborators. Exhibit D provides the pictorial representation of the proposed structure of implementation of the strategy. This structure and further strategy for implementation has been explained in further detail.

Exhibit D: Proposed structure of implementation of the National Suicide Prevention Strategy



National Level Ministerial Stakeholders

The Ministry of Health and Family Welfare will be key in ensuring the adoption of the Suicide Prevention Strategy at the national level and mobilizing various stakeholders from other ministries, including but not limited to, Ministry of Education , Ministry of Women and Child Development, Ministry of Youth Affairs and Sports, Ministry of Information and Broadcasting, Ministry of Social Justice and Empowerment, Ministry of Agriculture and

Farmers Welfare, Ministry of Home Affairs etc. Ministry of Health and Family Welfare will be responsible for achieving the delineated outcomes, by not only collaborating with other ministerial stakeholders and state governments but by also mobilizing partnerships with different collaborators which can provide strategic assistance in implementation. The mental health division will also coordinate with other national health programs to leverage on their outreach to spread the message of psychosocial well-being. More specifically, Ministry of Health and Family Welfare will:

- Promote greater engagement of all the relevant ministries and stakeholders involved in the suicide prevention strategies by constituting and organizing multi-stakeholder Advisory Group meetings.
- Guide state governments in the implementation of the national strategies and will address the grievances at the State level
- Conduct audits on the training programs conducted and suicide prevention implementation
- Implement mass media campaigns (through television and radio) and IT enabled health promotion and suicide prevention campaigns through social media.
- Advocate mental health, suicide prevention among policy makers and law enforcers across the nation.

State Level Governmental Stakeholders

The State Government would play a key role in coordinating efforts with the national and at the ground level. These efforts would be led by the Secretary, Health in each State and will be closely supported by the Mission Director of the National Health Mission. Responsibility at the state level would entail development of a State Strategy for Suicide Prevention, in line/adaptation with the National Suicide Prevention Strategy. The state stakeholders would be responsible for mobilizing and energizing the district level of officials, especially to ensure that District Commissioners are dedicated towards the cause of suicide prevention. State personnel would also be the first point of contact for district personnel, if any assistance is required. More specifically, the State Mental Health Divisions will ensure:

- Engagement of all the involved departments in effective implementation of strategy on suicide prevention.
- Supervise the work of the district teams in their implementation of strategies and address their grievance.
- Ensure the TOT (Training of Trainers) of selected representative officers from each department occurs.

- ❖ Facilitate training of all the personnel at district and block level happens in all the sectors involved
- ❖ Collect and collate the data from each district for further reporting to the National level
- ❖ Advocate mental health, suicide prevention among policy makers and law enforcers.

District & Sub-district Level Governmental Stakeholders

Government personnel at the district level would be key in ensuring implementation at the ground level. The State Nodal Officer of the National Mental Health Programme will lead these efforts in each district. These officerswould be apex in the district in ensuring that the District Mental Health Programme is well-functioning at district & sub-district levels. The district level officers of each department will supervise the block officers of their districts and report to the State Nodal Officers. More specifically, the DMHP will work with other stakeholders in the district for

  - o Outreach programs
  - o Awareness
  - o Early identification
  - o Crisis intervention
  - o Early referral

- ❖ Ensure training of all the personnel at district and block level happens in all the sectors involved
- ❖ The district, block and village level members of the program will undergo GKT (gate keeper training) by the trainers from health or representative trainers from respective departments.
- ❖ Collect and collate the data and send the same to the State Government.
- ❖ The village panchayat/ town panchayat will be the nodal for the implementation of suicide prevention strategies.

Apex Mental Health Institutes for mentoring and surveillance

The Apex Mental Health Institutes would be crucial in capacity building, supporting data collection and analysis. More specifically, National Institute of Mental Health and

Neuroscience (NIMHANS), Bangalore would be responsible for capacity building, skills development/refinement of all stakeholders and overall monitoring of implementation of the strategy. Additionally, it would be responsible for preparing reports and periodically presenting them to the Ministry of Health & Family Welfare.

Strategic Collaborators

These would consist of a group of stakeholders who will provide support to the mission of suicide prevention. More specifically, these will be primarily of two types:

- Governmental: Different ministries will also pledge to the cause of suicide prevention and will mobilize action as delineated by the strategy
- Non-Governmental: NGOs, private sector organizations, faith-based organizations etc. could provide strategic assistance in program formulation and be instrumental in ensuring implementation at the grassroot level.

5.4 Implementation Mechanism

Objective 1: Reinforce leadership, partnerships, and institutional capacity in the country		
ACTION	**OPTIONS FOR IMPLEMENTATION**	**STAKEHOLDERS**
Implement strong advocacy efforts for suicide prevention	• Meeting to converge interests of policymakers of priority sectors towards mental health and suicide prevention	Ministry of Health and Family Welfare Ministry of Social Justice and Empowerment Ministry of Women and Child Development Ministry of Information and Broadcasting Ministry of Agriculture and Farmers' Welfare Ministry of

		Education Ministry of Labor and Employment Ministry of Youth Affairs and Sports • Ministry of Home Affairs
Formulate policy focusing on reducing harmful use of alcohol and advocate for reduction of easy access to alcohol	• Repeal/ Modify legislation that facilitates easy access to alcohol • Collaborate with multiple stakeholders at the National and State level to decide on a uniform legal age for purchase of alcohol and establish sanctions on its violation • Establish mechanism for monitoring illicit distillation and sale of liquor and ensure its adoption by each state	Ministry of Social Justice and Empowerment
Prohibit promotion of alcohol through Media	• Prohibit advertisements of alcohol brands (including surrogate advertisements) in media • Strengthen censorship in cinematic representation of alcohol use • De-link youth activities, cultural and sports events from alcohol	• Ministry of Information and Broadcasting
Foster commitment to promote safe internet usage and address internet addiction and cyber bullying	• Sensitize National/State policy makers to the growing concern of internet addiction and its strong correlation to mental health issues. • Develop national guidelines for safe internet usage • Leverage educational institutes, youth clubs, media, local leaders, district and block officials to disseminate these guidelines	• Ministry of Electronic and Information Technology
Development and adoption of guidelines for psychosocial care of patients and caregivers as part	• Sensitize policy makers to the correlation between chronic and terminal illnesses and suicide • Foster multi-stakeholder collaboration to ensure delivery of psychosocial care to such patients through their programmes/schemes • Within the programmes, mandate compulsory	• Ministry of Health and Family Welfare

of treatment plan for chronic and terminal illnesses	counseling session for those suffering from chronic and terminal illnesses and their caregivers	
Press Council of India's guidelines to the media on responsible reporting of suicides to be strictly implemented and followed	• Establish a mechanism for tracking compliance to PCI's guidelines • Elucidate sanctions that will be levied in case of non-compliance	• Ministry of Information and Broadcasting
Phase out hazardous pesticides as per WHO guidelines	• Foster multi-sectoral collaboration to determine a list of hazardous pesticides to be phased out • Create awareness amongst farmers regarding the necessity to phase out these pesticides • Ensure availability of alternate safer pesticides so that their productivity is not reduced.	• Ministry of Agriculture and Famers' Welfare
Restrict access to chemical pesticides by safer storage and disposal	• Promoting the practice of safer storage of pesticides • Appoint personnel in the community solely responsible for storing and distributing pesticides • Restrict sale of pesticides to only licensed purchasers above the age of 21	• Ministry of Agriculture and Famers' Welfare
Promote safe usage of pesticides	• Mandate displaying prominent hazardous markers and helpline numbers on the pesticide containers.	• Ministry of Agriculture and Famers' Welfare
Increase availability of alternate methods for pest control	• Mobilize resources for development of bio-pesticides or other safer and cost-effective pest control measures	• Ministry of Agriculture and Famers' Welfare
Sensitize students from Agriculture and Horticulture colleges and universities	• Incorporate study material on suicide by consumption of pesticides in the curriculum of students from Agriculture and Horticulture colleges and universities	• Ministry of Agriculture and Famers' Welfare • Ministry of

		Education
Objective 2: Enhance the capacity of health services to provide suicide prevention services		
ACTION	**OPTIONS FOR IMPLEMENTATION**	
Develop and implement Gatekeeper training programmes for early identification of mental health issues and psychological first aid	• Develop training material for different target gatekeepers • Identify and train Master Trainers from different sectors/cadres • Ensure master trainers offer training to relevant community stakeholders and workers • Leverage technology and training aids to facilitate its wide-spread dissemination • Establish monitoring mechanism to assess effectiveness and progress	• Ministry of Health and Family Welfare
Expand and further strengthen District Mental Health Program & AB-Health & Wellness Centres to provide treatment of substance use disorder and assistance with suicide prevention	• Conduct gap analysis in reach of DMHP and mobilize resources to ensure its further expansion. • Expand and strengthen mental health care services and de-addiction services at sub-district levels. • Expand and strengthen tele-consultation services. • The AB-HWC, with the team of ASHA, MPW-F/M, and Community Health Officer at the Sub Health Centre level and the Medical Officer at the PHC level to undertake outreach and provide suicide prevention interventions.	• Ministry of Health and Family Welfare
Expand and strengthen District Mental Health Programme to primary health facilities	• Ensure sufficient manpower at DMHP to conduct outreach • Strengthen mental health services under DMHP at CHCs and below	• Ministry of Health and Family Welfare

Implement mental health package of Comprehensive Primary Healthcare (CPHC) at AB HWCs	• Ensure compliance of guidelines regarding provision of mental health, neurological, and substance use disorders at HWCs and training of relevant personnel in line with the guidelines	• Ministry of Health and Family Welfare
Uniformly implement MHCA 2017 across all states	• Ensure establishment of State Mental Health Authority and Review Boards in all the States/UTs.	• Ministry of Health and Family Welfare
Increase the number of Post-Graduate seats in the field of Mental Health	• Ensure that the Post-Graduate seats in Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing are enhanced by the institutes supported under National Mental Health Programme.	• Ministry of Health and Family Welfare • Ministry of Education
Augment short-term training of non-specialist doctors, psychologists, social workers, nurses, community health workers under relevant mental health programmes such as NMHP, RBSK/ RKSK, DDAP, etc)	• Ensure that there is continuous program of short-term training of non-specialist doctors, psychologists, social workers and nurses by all States/UTs under DMHP in suicide prevention.	• Ministry of Health and Family Welfare
Training and capacity building	• Develop training package for handling of suicide related calls by helpline workers and volunteers	• Ministry of Health and

of helpline workers and volunteers for handling suicide related calls	• Disseminate the same to all States for training of their helpline workers	Family Welfare
Maintain regular contact, for at least 18 months, with persons who have attempted suicide or have been bereaved by suicide by providing psychosocial support to them	• NIMHANS Psycho-social support helpline (080-46110007) to be further strengthened to provide counselling on prevention of Suicide, options to be explored for integration of the helpline with 104, Manodarpan and Kiran. NIMHANS to provide training to counsellors and volunteers in handling suicide related calls. • Mandate all mental health institutes/hospitals/ DMHPs to maintain regular contact, for at least 18 months, with those persons who have attempted suicide or have been bereaved by suicide for providing psychosocial support to them. • Form survivors support groups	• Ministry of Health and Family Welfare
Monitor suicidal behavior during deaddiction treatment	DMHP to establish ties drug de-addiction clinics and provide training for identification of symptoms of suicidal ideation, while providing treatment for de-addiction • Employ mandatory counselling services to prevent suicide if suicidal behaviour is present • If de-addiction clinic is not available in a particular district, DMHP should ensure that they provide these services	• Ministry of Health and Family Welfare • Ministry of Social Justice and Empowerment
Provide suicide prevention counselling to family members	• Provide counselling to family members/ primary caregivers to build capacity to respond to physical and mental health issues through DMHP teams. • Employ mechanisms to ensure follow-up with patients who have been discharged/ are no longer taking treatment.	• Ministry of Health and Family Welfare

Employ safety nets for relapsed patients by building capacity of emergency care centres	• Develop a training program for medical professionals to build their capacity to provide psychological first aid to patients who have suffered a relapse, and to provide them with effective referrals • NIMHANS to develop training manuals for training of all health workers in the emergency care units of hospitals.	• Ministry of Health and Family Welfare
Objective 3: Develop community resilience and societal support for suicide prevention and reduce stigma associated with suicidal behaviors		
ACTION	**OPTIONS FOR IMPLEMENTATION**	
Conduct large scale community awareness programs on mental health problems and suicide prevention with resources available under National Mental Health Programme.	• Leverage experts to develop community awareness programs to create sensitivity towards various mental health problems and suicide prevention utilizing different resources available such as DMHP • The campaigns can be carried out through social media and other media platforms	• Ministry of Health and Family Welfare
Strengthen the overall IEC Strategy under NMHP/DMHP by incorporating elements of suicide prevention	• Customized IEC material on suicide prevention in local language to be developed • Dissemination and display at high visibility points • Use of IT and digital platforms to be encouraged	• Ministry of Health and Family Welfare
Incorporate educational material on promotion of	• Develop a mental health/wellness sensitization material that lays emphasis on promotion of mental health and prevention of substance abuse • Provide guidance/ IEC material on suicide	• Ministry of Education

mental health and prevention of substance abuse in the school curriculum	prevention to the States for further dissemination under DMHP	
Mandate focus on overall stress free physical and psychological development of children & adolescents in general	• Stress of examinations to be reduced by introducing supplementary examinations at all levels • Mandate schools to include extracurricular activities and ensure compulsory sports activities. • Curb the practice of bullying. • Mobilize resources to ensure that schools have the facilities to implement these measures.	• Ministry of Education
Identify and train school and college teachers (through School Health Ambassador Initiative) for delivery of life skills education, etc to the students	• NMHP and RBSK/ RKSK officers to integrate their efforts to sensitize and build parent capacity of teachers identification of mental, emotional, behavioral issues in children Through DMHPs, the teachers are being identified and trained for delivery of resilience building, life skills education • Awareness should also be created regarding Manodarpan, a national toll-free helpline established by HRD Ministry for students (844844632). • Develop school based suicide prevention programmes •	• Ministry of Education • Ministry of Health and Family Welfare
Increase involvement of youth in the social sector via youth clubs	• Implement resilience building, life-skill training, other mental well-being related programmes in the NYKS youth clubs	• Ministry of Youth Affairs and Sports
Educate, provide economic security empower women and reduce violence against	• Incorporate suicide prevention elements in all programs for women • DMHP and one-stop shelters should integrate their efforts to provide psychological support to women who have survived violence	• Ministry of Women and Child Developmen t

women		
Sensitize Agriculture officials, Panchayat leaders, and farmers regarding better pesticide related practices	• Develop training/sensitization programs aimed at Agriculture officials and Panchayat leaders to generate awareness regarding better pesticide related practices and train local farmers	• Ministry of Agriculture and Farmers' Welfare
Mandate integration of mental wellness programs and facilities in all workplaces	• Develop national guidelines for establishing mental health and wellness programs/facilities in all workplaces, which are to be adopted at all workplaces • Engagement of counselors full time or part time at work places to provide stress management counselling	• Ministry of Labor and Employment
Protect welfare of people working in the informal sector	• Strengthen laws for protection of workers (single minimum wage, working hours, overtime pay, etc) employed in the informal sector and ensure strict implementation of labor laws. • Establish easily accessible grievance centers, in case of non-compliance to minimum wage and other labor laws and generate awareness about them	• Ministry of Labor and Employment
Improve access to employment opportunities especially for the vulnerable population	• Create community awareness in each state/ district about the schemes that exist for upliftment/employment of vulnerable population.	Ministry of Labor and Employment
Objective 4: Strengthen surveillance of suicide and evidence		

generation		
ACTION	**OPTIONS FOR IMPLEMENTATION**	
Development of Mental Health MIS to capture data on Self Injury/ Harm at the National and State level.	• Develop Mental Health MIS and utilize other data capturing mechanisms to include data on Self Injury/ Harm.	• Ministry of Health and Family Welfare
Collaborate with National and State Crime Records Bureau to improve the collection and classification of data.	• Expand the data columns of National and State Crime Records Bureau to reduce unknown and other reasons for suicide and attempted suicides and other gaps in the information. • Monitoring of effectiveness of interventions delivered via outcome • Research in development of strategies/interventions in preventing suicides.	• Ministry of Health and Family Welfare • National Crime Records Bureau

5.5 Preventing Suicides during COVID-19

COVID-19 has impacted populations in multiple ways around the world. Fear of being infected and anxiety about an uncertain present and future has impacted mental health severely. Lockdowns have led to isolation, heightening anxiety, and depression in societies and particularly in vulnerable communities.

Physical distancing and lockdowns carry a strong risk of increasing isolation in the population. They also increase stress in families like domestic violence, marital and family conflicts. These factors substantially increase risk of suicide. Students face challenges of on-line classes, disruption of goals, and lack of physical and social activities. Healthcare professionals, frontline workers, police personnel, people with mental illness, migrant workers, persons facing job loss and financial crisis are at greater suicide risk during the pandemic.

Specific interventions to prevent suicide during COVID-19 pandemic

Strategy	Action	Key Stakeholder	Indicators	Timeline

Facilitate access to psychiatric and psychological services	Leverage DMHP & AB-HWC and cadre of trained professionals to provide psychological support to COVID-19 patients and their family members	Ministry of Health and Family Welfare	% of COVID-19 patients being provided psychological services % of families of COVID-19 patients being provided psychological services	Immediate
	Mandate hospitals/ testing centers to facilitate counseling sessions for COVID-19 patients and their family members			
	Promote uptake of mental health helpline numbers			
Ensure continued access to mental health services despite the pandemic	Conduct remote psychiatric assessments and interventions, digitally where possible or by telephone	Ministry of Health and Family Welfare	% increase in number of patients continuing treatment through DMHP	Immediate
	Develop online assessment and care services to reach patients			
Empower sensible media reporting of COVID-19 and suicide	Leverage media to create sensitive reporting of suicides and to counter misinformation	Ministry of Information and Broadcasting	Uniform implementation of PCI guidelines across all	Immediate

	regarding COVID-19		media outlets	
	Ensure widespread dissemination of suicide reporting guidelines of PCI to all newspaper, digital and television outlets			
Promote COVID appropriate behaviors (CAB) within the community with a strong focus on de-stigmatization	Disseminate COVID-19 related messages through community workers and media		No. of states delivering campaigns for CAB	Immediate

5.6 Opportunities and Challenges: Implementation of National Suicide Prevention Strategy[18]

Challenges:

In the course of implementation of the strategy, stakeholders may be met with certain challenges. These include:

- The prevailing stigma regarding mental health issues and myths pertaining to suicide
- Limited skilled human resources in the field of mental health and suicide prevention
- Coordinating and collaborating with multiple stakeholders with differing priorities

However, the National Suicide Prevention Strategy is aimed to channelize existing opportunities to mitigate and overcome such challenges.

Opportunities

These multitude of opportunities may be capitalized by stakeholders to overcome the challenges, and execute the strategy in the most effective manner possible.

[18] World Health Organization, (2019). National Suicide Prevention Strategies: progress, examples and indicators: https://www.who.int/mental_health/suicide-prevention/national_strategies_2019/en/

- Suicide prevention is at the forefront of global health efforts to achieve the UN SDG 3.4.2 regarding reduction of suicide rate
- Legal and programmatic framework such as National Mental Health Policy, Mental Healthcare Act (2017), National Mental Health Program, etc help legitimize suicide prevention efforts
- Overall strong commitment exhibited by the Government towards mental health and suicide prevention

Thus, the National Suicide Prevention Strategy has been designed in a manner that contextualizes implementation challenges, and suggests path the forward to attain the most efficacious results.

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