SUICIDES
An Emerging Social Problem in India

Globally, nearly 800,000 lives are claimed by suicide every year, that is one person every 40 seconds! Further, for each completed suicide, there are more than 20 suicide attempts. As per Lancet, India has the highest number of suicide deaths in the world. The issue of suicide stands as a significant social concern as well as a critical public health challenge requiring a deeper understanding to combat it effectively. Unfortunately, conversations around suicide tend to be heavily stigmatised and is almost always seen as a personal choice, rather than something that can be prevented.

IN THIS DOCUMENT

1. What defines an act of suicide?

Understanding suicide necessitates a profound analysis of its defining characteristics.

➢ **According to Emile Durkheim,** the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim, which he/she knows will produce this result.

➢ **National Crime Records Bureau (NCRB)** considers suicide as a **personal tragedy** that **prematurely takes the life** of an individual and has a continuing **ripple effect**, affecting the lives of **families, friends** and **communities**.

➢ It is a **complex interplay of personal and social factors,** which is rarely caused by a single circumstance or event.

Box 1.1. Durkheim's Views on the Collective Nature of Suicide

Durkheim argued that suicide can be a result not only of psychological or emotional factors but of social factors as well. Durkheim reasoned that **social integration, in particular, is a factor.** The more socially integrated a person is, the less likely he or she is to commit suicide.

➢ **Durkheim classified suicides into following types:**

  ▷ **Egoistic:** It results from **lack of integration of the individual into society.**
    » The greater the density of the family, the greater the immunity of individuals to suicide.
  ▷ **Altruistic:** It occurs when **social group involvement is too high.**
    » Individuals are so well integrated into the group that they are willing to sacrifice their own life in order to fulfil some obligation for the group. **e.g.,** Hijackers that crashed the airplanes into the World Trade Centre, religious sacrifices, etc.
  ▷ **Anomic:** It results from **lack of social regulation** and occurs during high levels of stress and frustration.
    » Triggers of such suicides include financial loss, divorce, etc.
  ▷ **Fatalistic:** It occurs when **individuals are kept under tight regulation** or high expectations, which removes a person's sense of self or individuality.
    » **e.g.,** Slavery, persecution, etc.

Figure 1.1. Suicide Trends in India

1,64,033 suicides were reported in India during 2021 showing an **increase of 7.2% as compared to 2020.** (NCRB)

Rate of suicides is India (incidence of suicides per 1 Lakh population)

12.0 (2021)
9.9 (2017)
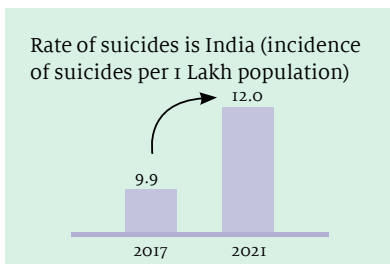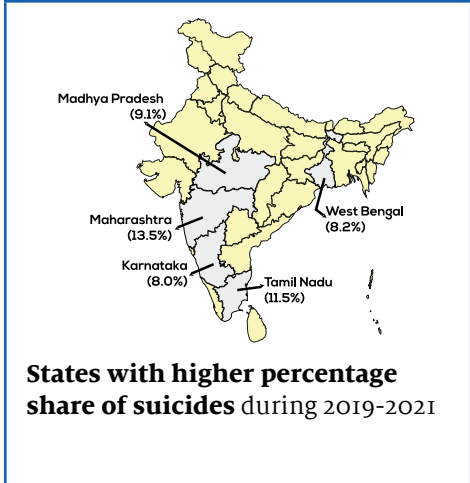
'**Rate of Suicides**' has increased. (NCRB)

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

The **age-group 18-45 years remains the most vulnerable** and accounted for around 2/3rd of the suicides in 2021.

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States with higher percentage share of suicides during 2019-2021

Madhya Pradesh (9.1%)
Maharashtra (13.5%)
Karnataka (8.0%)
Tamil Nadu (11.5%)
West Bengal (8.2%)

India's contribution to global suicides was around **24.65%** in 2019 (WHO).

Suicide rate among **Indian women and girls** is **twice that of global average.** (Lancet)

2. What are the main drivers of suicide risk in India?

The reasons for suicide are complex and differ from individual to individual. Major drivers often involve a combination of psychological, social, and environmental factors. These include:

➢ **General factors:**

  ▷ **Individual:** Mental health issues, substance abuse, precipitating events like relationship problems, psychological distress due to a life-threatening illness, history of suicide attempts, personality traits like 'dichotomous thinking', low self-esteem, etc.

  ▷ **Social:** Lack of social support, bullying and harassment at workplace, stigmatization of mental health issues, discrimination based on primordial factors such as race, gender, sexual orientation, etc.

  ▷ **Economic:** Financial hardships such as overwhelming debt, unemployment, crop failures leading to suicide among farmers, lack of access to adequate social security, etc.

  ▷ **Others:** Incarceration under the criminal justice system, family history of suicides, inadequate access to mental healthcare services, easier access to lethal means such as firearms, sensationalized media reporting, etc.

➢ **Factors for rising suicides among women:** In 2021, **women constituted around 27% of all suicides in India.** Major factors responsible for this are:

  ▷ **Socio-cultural norms:** Early marriages, challenging circumstances such as limited mobility, restricted financial autonomy, **Empty nest-syndrome** (after children have grown up and left home), etc.

    » In 2021, **housewives made up over 14% of all suicides** and over 50% of all female suicides.

  ▷ **Issues related to marriage:** Domestic physical and emotional abuse, dowry related issues, social taboo against impotency/ infertility, etc.

    » Social taboo against **remarriage of widows** and **loneliness among widows,** etc., are also reported as other factors responsible.

➢ **Victims of crime:** Social taboo against victims of sexual crime, marital rape, etc.

    » **Social media and technology** resulted in **new forms of crimes** against women such as **revenge pornography,** etc.

  ▷ **Peri-menopausal symptoms (PMS),** which can cause depression and crying spells, is a **major cause of mental health disorders** among women aged between **42 and 52 years.**

➢ **Factors for rising suicide among students:** In 2021, 13089 students were the victims of suicide, which accounted for almost **8% of all suicide cases in India** (NCRB). Major factors responsible for this are:

  ▷ **Young age:** Changing psychological and physical process, relative immaturity resulting in impulsive behavior, etc.

  ▷ **Academic distress:** Inability to get admission in premier educational institutions, failure to get 'dream jobs', discrimination faced by students from marginalized sections, etc.

  ▷ **Social expectations:** Social and familial expectations of being an 'ideal child' or an 'ideal student' compels students to grim and bleak mental state.

  ▷ **Isolation and lack of familial support system:** Coaching hubs for distant students contribute to loneliness. Factors like '**affectionless control**' in family structure and the absence of support in **nuclear families with working parents** can exacerbate this issue.

  ▷ **Social media and internet:** Excessive time on social media correlates with negative mental health outcomes, including **poor self-rated mental health,** unmet needs for mental health support, heightened psychological distress, and **suicidal ideation**.

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Box 2.1. Beyond the Uniform: Understanding Suicides in the Armed Forces

➤ The Indian Army, in a recent statement, acknowledged that **an average of 100 to 140 soldiers have succumbed to suicide/self-inflicted injuries annually since 2001.**

➤ Over the past three years, 436 personnel from the **Central Armed Police Forces (CAPFs)** have tragically taken their own lives. Disturbingly, **a total of 1,532 personnel have died by suicide since 2011.**

➤ Responding to this alarming trend, the Union Ministry for Home Affairs established a task force dedicated to studying and analyzing these incidents. The task force found **three major factors:**

 ▷ **Service conditions** such as lack of job satisfaction as compared with their counterparts of other sectors, lack of robust grievance redress mechanism, etc.

 ▷ **Working conditions** such as extended working hours, inadequate time to rest and recreation, etc.

 ▷ **Personal/individual issues** such as sense of isolation and lack of social as well as familial support, domestic problems, illness and financial problems, etc.

➤ **Remedial Measures undertaken**

 ▷ Art of Living courses are being conducted for CAPFs/AR personnel.

 ▷ **Transparent policies** pertaining to **transfer and leave** of CAPFs.

 ▷ Training and deployment of **psychological counsellors.**

 ▷ A **'Mansik Sahayata Helpline'** has been established by Army & Air Force to take professional counselling.

 ▷ **Provision of better quality of facilities** such as clothing, food, married accommodation, travel facilities, schooling, recreation, etc., and periodic welfare meetings.

 ▷ **Family welfare organization** in units to educate spouses of soldiers and promote care, cordiality and harmony in the family.

 ▷ **Institutionalization of projects 'MILAP' and 'SAHYOG'** by Army in Northern & Eastern Command to reduce stress among troops.

3. What are the far-reaching consequences of suicides?

The consequences of suicides extend far beyond individual tragedies, leaving a profound impact on families, communities, and society as a whole. Some of these consequences are:

➤ **For family**

 ▷ **Emotional trauma:** Long-lasting emotional trauma due to experience of intense grief, guilt, anger, and sadness.

 ▷ **Financial hardships:** The loss of a family member can result in financial hardships due to lost income and increased healthcare costs.

 ▷ **Family disruption:** Suicides can tear families apart, leading to strained relationships, divorces, and conflicts among surviving family members.

➤ **For society**

 ▷ **Stigmatization:** Societal attitudes toward mental health can contribute to stigma, making it challenging for survivors to openly discuss the circumstances surrounding the death.

 ▷ **Increased Risk of Copycat Suicides (Cluster Suicides):** Publicized suicides can lead to copycat suicides, especially among vulnerable individuals who may be influenced by media reporting.

 ▷ **Educational Impact:** Suicides among students or school staff can impact the educational environment, leading to trauma, and potential decline in academic performance.

➤ **Loss of productivity:** Suicides can contribute to a loss of productivity in society as a result of workforce depletion, training and replacement costs, negative impact on innovation, etc.

➤ **For country**

 ▷ **Impact on Healthcare Systems:** Suicides put additional strain on healthcare systems, particularly in terms of emergency services and mental health care.

 ▷ **Loss of Human Capital:** Suicides result in the premature loss of individuals which affects workforce diversity, skills, and expertise.

 ▷ **Long-term economic impact:** Reduced contribution of high-risk population, increased social welfare costs for surviving family members, etc.

 ▷ **Potential impact on national image:** High suicide rates can indicate social issues, such as social isolation, inequality, and lack of support systems and negatively affect a country's rankings **in measures of well-being, happiness, and quality of life**.

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4. What steps have been taken in India for suicide prevention?

In the ongoing battle against suicide, various steps and strategies have been implemented to prevent these tragic losses, at the national level.

Table 4.1. Steps taken for suicide prevention in India	
Policies and Programs	▷ **National Suicide Prevention Strategy:** Unveiled in 2022 by the MoHFW, it aims to reduce suicide mortality by 10% in the country by 2030. ▷ **National Mental Health Policy (2014):** It suggests multiple interventions including creating awareness and de-stigmatizing mental health issues, restricting means to suicides, monitoring mental health of population etc. ▷ **Mental Health and Psychosocial support in emergencies:** Targeted intervention under District Mental Health Programme (DMHP) to cater to the needs of people during emergencies, which creates adversities like poverty, unemployment, depression, alcoholism, etc. ▷ **National Palliative Care Programme:** It aims to improve the quality of life of individuals with serious or life-threatening disease. ▷ **Ayushman Bharat (AB):** AB-Health and Wellness Centers (now-Ayushman Arogya Mandirs), are mandated to provide home, community, outreach and primary healthcare to mental, neurological and substance use disorders. ▷ Health assurance under the PM Jan Arogya Yojana offers coverage for mental disorders as well. ▷ **Rashtriya Bal Swasthya Karyakram and Rashtriya Kishore Swashtya Karyakram:** It aims to promote mental wellbeing of children and adolescents. ▷ **Toll free Helplines to provide psychological support: KIRAN** by Ministry of Social Justice and Empowerment and Manodarpan by Ministry of Education Abhiyan. ▷ **Draft guidelines titled UMMEED (Understand, Motivate, Manage, Empathize, Empower, Develop) by Ministry of Education** to address rising concern of self-harm and suicide among students.

Evolving Legal framework	▷ **Indian Penal Code (IPC): Section 309** made attempt to commit suicide a punishable offense with simple imprisonment up to 1 year.
	
	▷ **Mental Healthcare Act, 2017: Section 115** of the act presumes that a person who has attempted suicide is under severe stress. Hence, instead of punishment, the act **urges governments to provide mental health support and rehabilitation.**
	  ▷ It has **not repealed or decriminalized Section 309** of the IPC; it has just **reduced the scope** for the use of Section 309.
	
	▷ **Provisions under the proposed Bharatiya Nyaya Samhita (BNS) Bill:** It **removes the section** that criminalizes suicide from the statute book.
	  ▷ However, **Section 224** of the bill criminalizes the attempt to commit suicide to compel or restraint exercise of lawful power.
	
	▷ **Law Commission** in its 42nd and 210th reports **recommended repealing the Section 309 of the IPC**.

Judicial Interpretations	▷ **P. Rathinam vs. Union of India (1994):** The Supreme Court (SC) held that **'right to life'** under the **Article 21** also includes **'right not to live a forced life'.**
	  ▷ Hence, declared **Section 309 of the IPC as unconstitutional.**
	
	▷ **Gian Kaur VS. State of Punjab (1996):** SC held that **right to life** under Article 21 **does not include right to die or right to be killed.**
	  ▷ The court accordingly held that **section 309 of IPC is not violative of Article 21** of the constitution.

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Box 4.1. From Policy to Action: National Suicide Prevention Strategy (2022)

➤ For the first time, **suicide prevention is made a public health priority.** The strategy is in line with the **World Health Organisation's South East-Asia Region Strategy for suicide prevention** and aims to achieve **reduction in suicide mortality by 10% by 2030.**

➤ **Objectives**:

  ➤ To establish **effective surveillance mechanism** for suicides in next 3 years.

  ➤ To establish **psychiatric OPD** that provides suicide prevention services in all districts within next 5 years.

  ➤ To integrate **mental well-being curriculum** in all educational institutions within the next 8 years.

➤ It delineates **'REDS'** path for suicide prevention:

  ➤ **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 behavior.

  ➤ **Strengthen** surveillance and evidence generation.

4.1. What new factors are emerging as challenges in suicide prevention?

As the landscape of suicide prevention evolves, new factors are emerging, presenting unique challenges that demand attention and innovative solutions. It includes:

➤ **Media message and publicity of suicide:** Continuous press reports of suicidal attempts by celebrities and public figures increases the vulnerability of the general population to suicides.

➤ **Impact of internet and other communication networks:** Teenagers being lured to risk-taking behaviors such as substance abuse and promiscuous sexual relationships over mobile phones and internet.

  ➤ Such activities might end in suicide due to eventual psychosocial problems. The online **'Blue Whale Challenge'** in 2019 is one such instance.

➤ **Emerging technologies: AI-powered virtual companions** which have been on the rise since the pandemic can also isolate people. These virtual entities are designed to learn and adapt to users' preferences, providing a seemingly "perfect" relationship experience devoid of real-life ups and downs.

  ➤ **e.g.,** The **rise of AI girlfriends is exacerbating loneliness,** endangering emotional stability & increasing solitude amongst men in the US.

➤ **Pandemic-related mental health issues:** The risk of pandemics such as COVID-19, has exacerbated mental health challenges for various marginalized and vulnerable groups.

➤ **Lacunae in Indian research on suicide:** Lack of comprehensive research on psychosocial and biological determinants of suicide in Indian context adversely affects policy making on suicide.

➤ **Implication of changes in legal trends:** Legal confusion over Euthanasia, recognition of homosexual marriages, etc., increases the risk factors for suicides.

  ➤ In the **absence of clear options for Euthanasia or assisted dying,** individuals may resort to suicide as a means to end their suffering.

  ➤ **Sexual orientation is reported to be a risk factor,** with increased rates of suicidal behavior by 2–6 times among youth who identify themselves as gay, lesbian, or bisexual.

Box 4.2. Euthanasia: A Complex Dilemma at the Intersection of Life and Death

➤ Euthanasia, also called **mercy killing**, is the practice of **ending the life of a patient to limit the patient's suffering.**

➤ The idea is that instead of condemning someone to a slow, painful, or undignified death, euthanasia would allow the patient to **'die with dignity'.**

➤ **Types of Euthanasia**

  ➤ **Active: Also known as Assisted Suicide.** It involves **ending life of a patient by active means,** such as, injecting a patient with a lethal dose of a drug.

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- ▷ **Passive:** It involves intentionally letting a patient die by **withholding/ withdrawing artificial life support** such as a ventilator or feeding tube.
- ▷ **Status in India:** As of now, **there is no law on Euthanasia.** Only **passive Euthanasia is allowed in India by the Supreme Court.** Major cases and judicial interpretations related to it are:
  - ▷ **Aruna Ramachandra Shanbaug vs Union of India (2011):** The SC held **passive euthanasia as permissible** and could be given a nod **in case of exceptional circumstances.**
  - ▷ **Common Cause vs. Union of India & Anr. (2018):** SC held that a person in **persistent vegetative state** can opt for **passive euthanasia.**
    - » A person can execute a **living will to refuse medical treatment** in case of a terminal illness.
    - » **Right to die with dignity** is an **intrinsic facet** of the right to life under **Article 21** of the Constitution of India.
    - » Court also issued **comprehensive guidelines** on the procedure for execution of an advance directive as well as for giving effect to passive euthanasia.

5. In what ways can we promote holistic approaches to suicide prevention?

Approaches to suicide prevention must recognize that the well-being of individuals is interconnected with communities, and addressing this complex issue **requires multi-stakeholder strategies.**

WHO advocates for countries to take action to prevent suicide, ideally through a **comprehensive suicide prevention strategy "LIVE LIFE"** that recognizes the role that both governments and communities play in implementing actions for suicide prevention.

Following are the roles of various stakeholders:

- ▷ **Role of the state:**
  - ▷ **Institutional measures:** Setting up a cross-sectoral/ ministerial commission to prioritize, implement and evaluate strategies for reducing suicides.
  - ▷ **Effective monitoring:** Improve data collection and reporting on deaths by suicide and attempts of suicide.
  - ▷ **Budgetary allocations:** Ensure adequate financial allocations for a concerted effort towards suicide prevention, in line with the National Suicide Prevention Strategy.
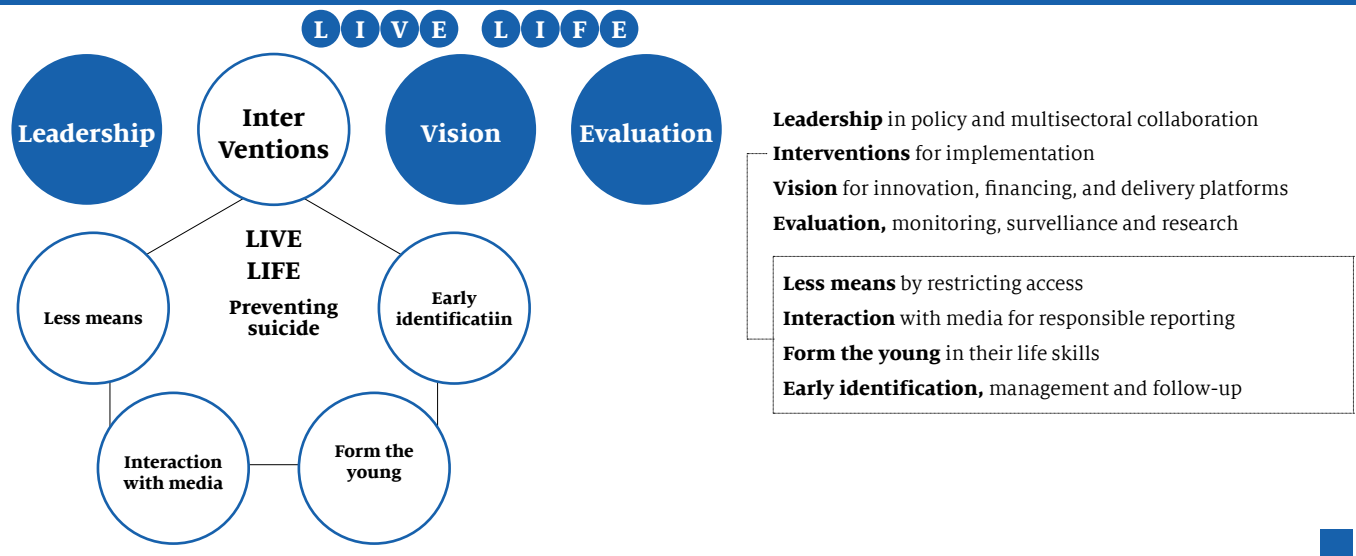- ▷ **Role of civil society and media:**
  - ▷ **Capacity building:** To provide crisis support to individuals in need such as victims of gender-based violence.
  - ▷ **Policy advocacy:** Participate in the process of legal reforms and strategic litigation to demand state action on mental health priorities and suicide prevention.
  - ▷ **Responsible media reporting:** Use of **non-stigmatizing language** while reporting cases of suicides and respecting the privacy of the bereaved and their family.

- ▷ **Role of educational institutions:**
  - ▷ **Mental health support:** Strengthen easy and safe access to counselling in schools, support to girl children especially victims of abuse and violence, etc.
  - ▷ **Curriculum reforms:** Emphasis on development of life skills, including coping with failure/ crises and stress management, allowing different tracks of education, remedial education programmes.
- ▷ **Learning from the best practices:**
  - ▷ **Tamil Nadu, for example, allowed students to write supplementary exams** in the event that they failed to secure the minimum percentage to pass in their first attempt. It **resulted in drop in number of suicides** from 407 in 2004, to 247 in 2014 among students of 10th and 12th grade.
  - ▷ **Sri Lanka** successfully halved its suicide rate between 1995 and 2005. Measures taken in the country include Appointing 'Registrar of Pesticides' to set **regulations and standards for pesticides,** Established **National Poisons Information Centre,** Created **Presidential Task Force on Suicide and De-criminalized suicide in 1998.**

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Figure 5.1. WHO LIVE LIFE guidance on Suicide prevention

L I V E   L I F E

Leadership
Inter Ventions
Vision
Evaluation

LIVE LIFE
Preventing suicide

Less means
Early identificatiin
Interaction with media
Form the young

Leadership in policy and multisectoral collaboration
Interventions for implementation
Vision for innovation, financing, and delivery platforms
Evaluation, monitoring, survelliance and research

Less means by restricting access
Interaction with media for responsible reporting
Form the young in their life skills
Early identification, management and follow-up

Box 5.1. In Conversation! Role of Media in preventing suicides

Vinay. Isn't it fascinating how media can either positively influence or inadvertently harm suicide prevention efforts?

Absolutely. Media sensationalising high profile suicides can sometimes glamorize suicide and make it appear as a solution to problems.

You are right. The media shapes public perceptions and therefore plays a crucial role in suicide prevention by reporting responsibly.

I agree. It's important for media outlets to avoid sensationalizing suicide and to provide accurate and balanced information.

Yes. That's vital. At the same time, media must report proactively. Instead of just covering incidents, media must promote awareness about mental health, available resources, and preventive measures.

That's true. This way, media can contribute to breaking the stigma around mental health issues.

Indeed, Vinay. Responsible and informed media coverage can contribute significantly to fostering a supportive and understanding environment for mental health issues.

Vini

Vinay

Conclusion

Reducing suicide rate has been established as an indicator of the achievement of the SDG 3 (Ensure healthy lives and promote well-being for all at all ages). Suicide prevention efforts are evolving in India, and they extend beyond mental health services, encompassing education, policy changes, community support, and de-stigmatization. With increased awareness, collaboration, and a commitment to providing the necessary resources, lives of countless individuals can be transformed, fostering a more resilient and compassionate society.

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TOPIC AT A GLANCE

Suicides: An Emerging Social Problem in India

As per Lancet, India has the highest number of suicide deaths in the world (**1,64,033** cases during 2021). **National Crime Records Bureau (NCRB)** considers suicide as a personal tragedy that has a continuing ripple effects across families and communities. **Emile Durkheim** argued that suicide can be a result of social factors, particularly the lack of social integration.

Rate of suicides (incidence of suicides per 1 Lakh population) has **increased from 9.9 in 2017 to 12.0 in 2021.** (NCRB)

Age-group 18-45 years remains the most vulnerable.

Drivers of suicide risk in India

- **Individual:** Mental health issues, substance abuse, relationship problems, etc.
- **Social:** Lack of social support, bullying and harassment, stigmatization of mental health issues.
- **Economic:** Financial hardships, unemployment, crop failures.
- **Factors for rising suicides among women:** Domestic, physical and emotional abuse, taboo against victims of sexual crime, marital rape, Peri-menopausal symptoms (PMS), etc.
- **Factors for rising suicide among students:** Young age, academic distress, Isolation and lack of familial support system, etc.
- **Factors for rising suicide among armed forces:** Poor Service and working conditions, Personal issues such as sense of isolation.

Far-reaching consequences of suicides

- **For family:** Emotional trauma, financial hardship, family disruptions, etc.
- **For society:** Stigmatization for survivors of suicide attempt, copycat suicides, decline in academic performance for students, workforce depletion, etc.
- **For country:** Strain on healthcare system, loss of human capital, increased social welfare costs, potential impact on national image, etc.

Steps taken for suicide prevention

- **Policies and Programs:** National Mental Health Policy (2014), National Suicide Prevention Strategy (2022), National Palliative Care Programme, UMMEED guidelines by Ministry of Education, etc.
- **Legal framework:** Decriminalization of suicide attempt under the Mental Healthcare Act, 2017.
- **Law Commission (42nd and 210th reports)** recommended repealing the Section 309 of the IPC(which made suicide a punishable offense).
- **Proposed Bharatiya Nyaya Samhita (BNS) Bill** removes the section that criminalizes suicide from the statute book.
- **Judicial Interpretations:** SC held that right to life under **Article 21 does not include right to die or right to be killed.** [Gian Kaur V. State of Punjab (1996)]

Emerging challenges in suicide prevention

- **Media message and publicity of high-profile suicide** increases the vulnerability of the general population.
- **Impact of internet and other communication networks:** Risk-taking behaviors such as substance abuse and promiscuous sexual relationships through mobile phones, etc.
- **Emerging technologies:** Rise of AI girlfriends and virtual companionship exacerbating loneliness.
- **Pandemic-related mental health issues** particularly for marginalized and vulnerable groups.
- **Implication of changes in legal trends:** Legal ambiguities on issues like euthanasia, recognition of non-heterosexual relationship, etc.

Way forward

- **Role of the state:** Setting up a cross-sectoral/ministerial commission to prioritize suicide prevention, effective monitoring, adequate financial allocations, etc.
- **Role of civil society and media:** Provide crisis support to individuals, advocacy for legal reforms, Responsible media reporting, etc.
- **Role of educational institutions:** Strengthen easy and safe access to counseling in schools, curriculum reforms to emphasize on development of life skills, etc.
- **Learning from the best practices:** Tamil Nadu allowed students to write supplementary exams, Sri Lanka appointed 'Registrar of Pesticides' and established National Poisons Information Centre.

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Boxes and Figures