who identify as the same race will not necessarily share the same genetic ancestry. Furthermore, genomic variants robustly associated with clozapine plasma concentrations are sparse, and no single or combination of variants is ready for clinical use. However, one could imagine that in the not-too-distant future, decision-support systems[6] capable of ingesting pharmacogenomic, ancestry, and non-genomic (eg, smoking, sex, and concomitant medications) information will be used to create personalised clozapine titration schedules. Until then, current clozapine dosing guidelines provide a suitable alternative.[2]

CAB received grants from the Alberta Children's Hospital Foundation, Alberta Innovates, and Australian Medical Research Future Fund; received speaker honoraria from Ontario Pharmacist Association; speaker honoraria and travel support from the Canadian Society of Clinical Chemists; and is founder, chief executive officer, and shareholder of Sequence2Script.

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India's National Suicide Prevention Strategy: considerations to enhance desired outcomes

India released its National Suicide Prevention Strategy (NSPS) in 2022 to address the significant burden of deaths by suicide.[1] This strategy finally assigns death by suicide and suicide prevention their rightful place as a public health priority in India. Although this is a welcome development, a nuanced use of the available epidemiological evidence on death by suicide would help the planning of interventions to enhance the desired outcomes.

The NSPS has predominantly used data on deaths by suicide from the 2020 Indian National Crimes Record Bureau report.[2] However, using trends over time would allow for the strategy to be prepared to respond to the changing patterns of deaths by suicide. Trends in the National Crimes Record Bureau data show that hanging is an increasingly common method of suicide in India (58% in 2020), with the proportion of other methods decreasing.[3] Given that hanging is not easily reduced by means restriction as, for example, the access restriction to pesticides that is recommended in the NSPS, a focus on how to address the reasons for suicide is required. The reasons cited for deaths by suicide in the NSPS range from family problems (34%) to illness (18%), other causes (20%), and substance misuse (6%);[2] this pattern has not changed much over time.[4] The recommendations in the NSPS are predominantly situated within mental health. There is only a modest positive association documented between depressive disorders and rates of death by suicide for India at the state level,[5] implying that there are many other factors at play that need to be addressed.

If the NSPS were augmented by greater attention to understanding the reasons underlying suicide, such as family problems, this would be of great value in developing appropriate safety pathways and interventions for suicide prevention. Also, careful targeting of interventions is needed by age, sex, and other factors, as there are no universal solutions.[6] For example, the suicide death rate for Indian women is twice the global rate for women,[7] and this gendered context of deaths by suicide in India is not explicitly acknowledged in the NSPS for preventative action. The gender-specific recommendations in NSPS include incorporating suicide prevention elements in all programmes for women and provision of psychosocial support to women who have survived violence.[1]

Importantly, the rate of death by suicide in women is higher in the southern Indian states, where women have higher levels of education and empowerment than women in the northern Indian states,[7] suggesting suicide prevention to be a complex phenomenon. The NSPS could consider intentionally looking at gender to advocate for actions and relevant research to increase the reach of suicide prevention in women.

The reasons for suicide and the commonly used methods for suicide in India suggest a need for public health measures that can work at a large scale and are accessible to the wider population who are not in contact with mental health services.[6] The NSPS could generate momentum for research that improves our ability to identify people at risk of suicide, to develop and improve effective interventions within local contexts, and to implement effective suicide prevention and intervention programmes across different groups. One of the recommendations of the NSPS is to strengthen the National Crimes Record Bureau's data on deaths by suicide,[1] which are based on the cases filed with police as an intentional injury (crimes including suicide).[2] Under-reporting of death by suicide, due to it being recorded as a criminal offence, and the inadequacy of injury data in National Crimes Record Bureau for suicide prevention planning is known[4,7,8] and will need to be addressed upfront for these data to guide appropriate actions and to monitor the effect of the NSPS over time. With death by suicide accounting for 2% of all deaths in India and only 22·5% of all deaths in India having a medically certified cause of death,[7,9] the NSPS is also well placed to highlight the issue of the robustness of the number of deaths by suicide within the broader inadequacy of the vital registration system in the country.

Lastly, the NSPS could benefit from involvement of people with lived experience as important stakeholders to guide prevention planning, treatment, and education based on their personal experience and their journey, and to provide hope and resilience to people at risk of suicide and support people in their recovery journey.[10] In conclusion, the goal of the NSPS to reduce deaths by suicide would benefit from situating proposed action in a more nuanced use of the available evidence on the various dimensions of suicide in India, and through addressing the crucial data gaps related to identifying those at high risk of attempting suicide.

We declare no competing interests.

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National Suicide Prevention Strategy of India: implementation challenges and the way forward

The prevalence of suicide in India is higher than the global average,[1] with a suicide rate of 11·3 per 100 000 population in 2020.[2] The 2017 Mental Health Care Act (MHCA 2017) decriminalised suicide in India,[3] but the absence of a national suicide prevention strategy was a major barrier to effective suicide prevention.[4] India launched its National Suicide Prevention Strategy (NSPS) on Nov 21, 2022.[5] This is the first policy in India to make suicide prevention a public health priority. The strategy primarily aims to reduce suicide mortality by