Enabling suicide prevention in India: a call to action



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Lancet Psychiatry 2019

Published Online
December 8, 2019
https://doi.org/10.1016/S2215-0366(19)30471-7

See Online/Articles
https://doi.org/10.1016/S2215-0366(19)30404-3

With more than 200 000 deaths by suicide annually, India's contribution to the global deaths by suicide is disproportionately high and increasing.[1,2] In *The Lancet Psychiatry*, Senthil Amudhan and colleagues[3] report that within the previous month, more than 30 million Indians aged 18 years or older had thought about taking their own lives, 5·2 million had made a suicide plan, and 2·6 million had attempted suicide. As well as addressing an important gap in the understanding of the magnitude and determinants of suicidality in India,[3] this Article has important implications for suicide prevention because India does not have a national suicide prevention strategy and is projected to miss the Sustainable Development Goal 2030 target of suicide reduction unless major action is taken to reduce the suicide death rate.[1]

Until recently, the conversation in India on suicidality was mainly around law and order because suicide attempt was a punishable offence. India decriminalised suicide attempt in 2017, acknowledging that "a person who attempts suicide should be presumed to have severe stress, and shall not be punished to reduce the risk of a recurrence of suicide attempt".[4] This act is a major step in addressing suicidality against the background of the increasing prevalence of major depressive disorders in India, with 3·3% (around 46 million) of Indians, having a major depressive episode in 2017.[2] Major depressive disorders also showed the highest association with suicidality in Amudhan and colleagues' study,[3] which is not surprising given that suicide is intertwined with mental illness. Many of the reasons reported for deaths by suicide in India also highlight the need to address the underlying social determinants of health through macroeconomic policies to protect those who are at risk, in addition to addressing mental health.[5] Several models of suicide behaviour have been proposed; however, prediction of death by suicide remains a difficult task. This complexity is highlighted by the poor correlation between the prevalence of suicidality and that of suicide death by gender, age, and regional distribution.[1,3]

The increased risk of suicidality in the urban metropolitan population and those with poor resources is an important actionable findings by Amudhan and colleagues.[3] Although India has the largest rural population globally, the urban population of 480 million people is expected to increase by 385 million people by 2050—the largest increase in an urban population.[6] With increasing urbanisation and an increased risk of suicidality in urban dwellers, investing in equitable and inclusive urban development that benefits health and reduces poverty in the urban poor cannot be ignored. Amudhan and colleagues also confirmed the known gender difference in suicidality and completed suicides.[1] Although the suicide death prevalence is lower in Indian women than in Indian men, the higher suicidality in women needs to be addressed because the suicide death prevalence in Indian women is twice the average global suicide prevalence rate for women.[1]

Suicidal ideation does not have to end in suicide for anyone. Decriminalisation of suicide attempts is a good beginning, but much more needs to be done to change India's suicide statistics in addition to changing the law. Further action on addressing suicidality and deaths by suicide is yet to be seen. Although the National Mental Health Programme mentions the provision of suicide prevention services, suicide is not listed among the programme's main objectives and has largely been ignored.[7,8] The access to, availability, and quality of mental health services leaves much to be desired.[9] In addition to major depressive disorders, the risk factors for suicide indicate that we also require solutions outside of the health sector because the circumstances in which people live and work affect how they die.[5]

The urgency of strengthening the conversation on suicidality and suicide in India is greater than ever. India needs enabling and inclusive solutions that are related to mental health and beyond to reduce the risks that lead people to consider suicide, to provide accessible and effective support to people in need, to empower people and communities to recognise distress and respond, and to support families bereaved by suicide. This study is a call to action for the Indian Government's thinktank, Niti Aayog, to provide leadership and strategic direction to establish a framework that reflects the multi-faceted approach that is needed for suicide prevention in India. We need hopeful signs that suicide prevention will receive its due attention in India.

For more on **Niti Aayog** see https://niti.gov.in

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I declare no competing interests.

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