



Suicides in 2020:

An urgent need for a national suicide prevention strategy

The National Crimes Record Bureau (NCRB) of India recently released their annual Accidental Deaths & Suicide in India (ADSI) report. The numbers reported on deaths by suicide in the country in 2020 are cause for grave concern. Deaths by suicide increased by 10% from 1,39,123 in 2019 to 1,53,052 in 2020 (1). Researchers have repeatedly highlighted that such figures on deaths by suicide are in fact an underestimate. Poor data quality may be due to inconsistencies in data capture systems between states and relying solely on police records. Further, the NCRB does not collect data on attempted suicides, that occur at a higher rate of 4 to 20 incidents for every death by suicide (2,3) which means that attempted suicides in the country may be anywhere from 0.5 million to 5 million each year. Regardless, the NCRB data signals an immediate need for intervention at the highest level. In this policy brief, we assess the NCRB data on suicides for specific vulnerable groups that were impacted by the COVID-19 pandemic and resulting social and economic fallout in 2020.

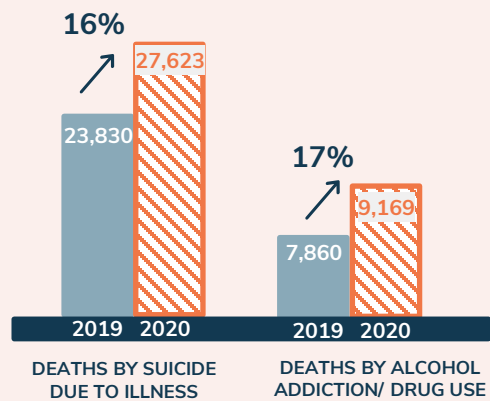
DEATHS BY SUICIDE IN INDIA IN 2020



COVID-19 and suicide →

Deaths by suicide due to an illness in 2020 increased by 16% from 2019. While, the sub-categories of illness exclude COVID-19, it is noteworthy that deaths by suicide as a result of mental illness increased by 25% from 2019. This points to a possible association between the psychological impact of the pandemic on distress experienced by individuals and communities (4). In a systematic comparison of news reports, 157 cases of suicide were attributed to a fear of contracting COVID-19, lockdown restriction or isolation due to quarantine. This evidence reiterates the known impact of COVID-19 on suicide deaths and attempts (5).

INCREASE IN DEATHS BY SUICIDE DUE TO ILLNESS



A similar increase (by 17% from 2019 to 2020) was observed in deaths by suicide due to the alcohol addiction and drug use. The initial lockdown in March 2020 spurred several reports on deaths by suicide owing to the psychological and health impact of a nation-wide ban on sale of alcohol (5,6).

Financial & economic uncertainty →

The COVID-19 pandemic precipitated economic insecurity in 2020. In India, the number of people living under the poverty line (with incomes of \$2 or less a day) was estimated to have increased by 75 million (7). The NCRB data shows economic concerns and suicide are interconnected.



A major proportion of individuals who died by suicide belonged to lower socio-economic groups. 64% of deaths by suicide were among people who received an annual income of less ₹ 1,00,000 while 32% were among individuals in an income group of ₹ 1,00,000 - 5,00,000. Indebtedness, unemployment, poverty and professional problems were recorded as causes for 8% of deaths by suicide in 2020. All deaths that occurred because of these causes had a sharp increase from 2019 (ranging from 4% to 69%). A closer look at the data on professional status highlights that over 50% of suicides were among professions that may have been impacted by financial insecurity .

DEATHS BY SUICIDE AMONG SPECIFIC PROFESSIONS



24% of deaths by suicide were among daily wage workers; increased by 16% from 2019.

11% of the deaths by suicide took place among self-employed persons an increase of 8% from 2019.



10% of those who died by suicide were unemployed; a 12% increase from 2019.

10% of the deaths by suicide occurred among salaried professionals; 17% higher compared to 2019.



7% of those who died by suicide were involved in the agricultural sector.

The largest proportion of people who died by suicide in 2020 were daily wage workers., a group known to be impacted by the sudden loss of income owing to lockdown related restrictions.

Suicide among children and young people →

In India, suicide is the leading cause of death among young people aged 15-29 years (8). Data from NCRB highlights that young people between 18 to 30 years accounted for 34% of all suicides in 2020, the highest across all age categories. 11,396 children below the age of 18 years died by suicide in 2020 (7% of all suicides) – both figures are of an alarming concern emphasizing the vulnerability of this age group to social and psychological distress.

INCREASE IN SUICIDES AMONG CHILDREN & YOUNG PEOPLE

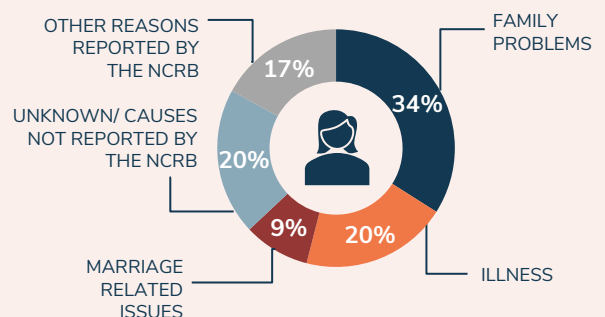


Also, worth noting that while overall suicides increased by 10%, the number of suicides in those below 18 years increased by 19%. There was a 21% increase in suicides amongst students in 2020 compared to the previous year.

Suicides among women & girls →

44,498 women and girls died of suicide in 2020, accounting for 29% of all suicides – a 7.2% increase since 2019.

REPORTED CAUSES OF SUICIDES AMONG WOMEN & GIRLS





Housewives accounted for 50% of the women who died by suicide in 2020 constituting nearly 15% of all deaths. There was a higher representation of women and girls in deaths due to dowry related issues (86%) and impotency/ infertility (57%) compared to their male counterparts, signaling the social and cultural pressures faced by women.

It is evident that the NCRB data does not capture the nuances of stresses experienced by women, i.e. gender-

based violence, domestic abuse and harassment are not captured under causes for suicide. While physical abuse is captured, this category accounted for less than 1% of all suicides in 2020, a major underestimate (9).

Recommendations →

The table below summarises key issues related to suicide and corresponding policy recommendations, highlighting the need for a national suicide prevention policy.

ISSUE	RECOMMENDATIONS
<p>Absence of a national suicide prevention strategy and policy: Suicide is an urgent crisis in India, influenced by socio-economic and cultural factors that impact suicides beyond mental illness. Despite the creation of a committee to draft a policy in 2018, India has not yet formulated a national suicide prevention policy.</p>	<p>To develop a national suicide prevention strategy on priority:</p> <ol style="list-style-type: none"> i. The composition of the committee should be revised to involve broader stakeholders, including members of community ii. An intersectoral approach to suicide prevention should be adopted iii. Data-driven interventions targeted for specific vulnerable groups must be developed
<p>Limitations in NCRB data: NCRB data is the only official source of suicide data in India. Gaps in the framework and collection affect the quality of data, creating barriers in developing targeted interventions</p> <ol style="list-style-type: none"> i. Data on suicides is collected by police officials. However, suicides and attempted suicides are a public health concern. Data is underreported due to the stigma attached to suicides and non-standard practices among police agencies. ii. The data quality is compromised as the framework is restrictive, often with single explanation for suicides that are multi-causal iii. Lack of access to the raw data limits analysis beyond the report iv. No data on attempted suicides, despite this being a vulnerable population v. The NCRB report is published only once a year and not in real time 	<p>To create a national registry on suicide & attempted suicide to capture data from multiple sources in a more effective and reliable manner.</p> <ol style="list-style-type: none"> i. Data on suicides should be captured by the Health Information Management System alongside networks for community surveillance. In India, this system has been tested and was found to be comprehensive, cost-effective and scaleable (10). ii. A revised and more nuanced framework to capture data should be developed iii. Raw data on suicides must be made publicly available iv. Data on attempted suicide should be captured as this population is at high risk of suicide and require interventions v. Data must be captured and published in real time
<p>Increased suicides in 2020 can be attributed to effects of the pandemic: A rise in suicide rate in 2020 due to various stressors, including economic insecurity and uncertainty.</p>	<p>High-quality research required to understand suicide in relation to the COVID-19 pandemic. Challenges faced by individuals over the pandemic have been multifold. Efforts to understand and develop relevant suicide prevention interventions must be prioritised.</p>



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