Sikkim *Integrated Mental Health & Suicide Prevention Strategy,* 2025–2030

GOVT. OF SIKKIM

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ओम प्रकाश माथुर
Om Prakash Mathur

राज्यपाल सिक्किम
GOVERNOR OF SIKKIM

राज भवन
गान्तोक–737103
(सिक्किम)
RAJ BHAVAN
GANGTOK-737103
(SIKKIM)

SKM/GOV/MSG/2025/34
Date: 14/05/2025

MESSAGE

It is with great pride that I present the Integrated Mental Health & Suicide Prevention Strategy, a testament to Sikkim's unwavering commitment to the well-being of its people. Mental health is not merely an individual concern but a collective responsibility, demanding holistic, inclusive, and evidence-driven solutions.

This strategy stands as a beacon of hope, embodying the wisdom of our communities and the expertise of national and international stakeholders who have shaped its vision. Its participatory approach ensures that it reflects the realities, aspirations, and challenges faced by the people of Sikkim.

As we embark on this transformative journey, I urge every citizen, institution, and stakeholder to embrace this strategy with dedication. Let us work together to foster resilience, compassion, and a future where mental health is prioritized, and every individual has the support they need to thrive.

On behalf of the Government of Sikkim, I extend my deepest appreciation to all those who have contributed to this initiative. May this strategy serve as a cornerstone for a more inclusive, healthy, and empowered Sikkim.

(Om Prakash Mathur)

प्रेम सिंह तामाङ (गोले)
Prem Singh Tamang (Golay)

मुख्य मन्त्री, सिक्किम
CHIEF MINISTER, SIKKIM

सिक्किम सरकार
GOVERNMENT OF SIKKIM

MESSAGE

On the historic and momentous occasion of Sikkim's 50th Statehood Anniversary, I am proud to present our state's first Integrated Mental Health & Suicide Prevention Strategy-a vital step toward a healthier, more resilient Sikkim.

Mental health is a growing concern across India, and Sikkim is no exception. With rising suicide rates, it is clear that we must come together and act upon it. This strategy places mental well-being at the heart of our public health agenda.

Developed through an inclusive, research-based process, it reflects the voices and needs of our communities. I thank the Health & Family Welfare Department, Sikkim INSPIRES, and our expert partners from the Centre for Mental Health Law and Policy, Indian Law Society, Pune, and all stakeholders for their valuable contributions.

As we embark on this new chapter, I urge all stakeholders-government, civil society, community leaders, and citizens-to unite in making Mental Health a priority. Together, we will work towards reducing stigma, preventing suicides, and building a society where mental well-being is accessible, understood, and embraced by all.

Let this strategy be a testament to our collective commitment to a healthier, happier Sikkim-where mental health is not an afterthought but a fundamental right which stand as a symbol of hope, healing, and our shared responsibility for a better Sikkim.

10/05/25
(Prem Singh Tamang)

Date: 10.05.2025

Place: Gangtok

Tashiling Secretariat, Gangtok, Sikkim- 737101
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Shri G.T. Dhungel
MINISTER
Health & Family Welfare and Culture Department
Government of Sikkim

MESSAGE

It is well known that mental health is just as vital as physical health. Suicide is a deeply personal tragedy, but it is also a public health issue in Sikkim that demands a coordinated, inclusive response.

Today, the government takes an important step forward in our collective commitment to the mental well-being of every individual in our state. The launch of the “Integrated Mental Health and Suicide Prevention Strategy” marks a renewed dedication to addressing the urgent and complex challenges of mental health towards creating a healthier and more resilient Sikkim.

This strategy is also a call to action. A commitment that our government, our health system, and our communities will work together to improve mental health outcomes and save lives. This strategy highlights the need for a new mental healthcare paradigm that transcends the limitations of institutions and focuses on community-based support.

As we continue on our mission to serve the people better, I would like to commend the Sikkim INSPIRES team, the many individuals, organizations, health professionals, community leaders, the Health & Family Welfare Department, other stakeholders and all involved for taking the lead in drafting this holistic strategy.

I urge all stakeholders whether in the government or the community to work with enthusiasm to work in collaboration and enthusiasm. Together, we can build a future for our beloved state where mental health is a foundation of our shared well-being and where every life is valued, protected, and supported.

(Shri G.T. Dhungel)

MINISTER

GOVERNMENT OF SIKKIM
OFFICE OF THE CHIEF SECRETARY
TASHILING SECRETARIAT
GANGTOK - 737101

R. TELANG, IAS
CHIEF SECRETARY

MESSAGE

The Integrated Mental Health and Suicide Prevention Strategy, being launched by the Planning and Development Department on the occasion of the 50th State Day, 2025, marks a proud milestone in our ongoing efforts to address and overcome the mental health challenges faced by the State. It stands as a testament to our continued commitment to promoting emotional well-being and psychological resilience throughout Sikkim.

Amidst Sikkim's peaceful and breathtaking serene surroundings and strong community bonds, we are reminded of true development lies not just in economic or infrastructural progress, but in nurturing the emotional and psychological well-being of every citizen. With rising mental health challenges, the Government of Sikkim remains committed to breaking stigma, raising awareness and ensuring timely support. Prioritizing mental well-being and suicide prevention is not just timely, but necessary. By addressing these challenges with compassion and understanding, we are dedicated to ensuring that no one suffers in silence and that every life is valued and supported.

Let this publication serve as a beacon of hope and unity. As we celebrate our State's achievements and also commit to building a society where no one faces their struggles alone, where empathy and support guide us. Together, we can create a future that values every life and makes mental well-being a shared priority for all.

With best wishes to all.

(Ravindra Telang)

GOVERNMENT OF SIKKIM
COMMISSIONER CUM SECRETARY
HEALTH & FAMILY WELFARE
DEPARTMENT

Shri Prabhakar, IAS

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HEALTH & FAMILY WELFARE DEPARTMENT
GOVERNMENT OF SIKKIM
GANGTOK-737103

FOREWORD

Mental health is foundational to the health and wellbeing of our communities. It is with great pride and a deep sense of responsibility that I present the release of our "Integrated Mental Health & Suicide Prevention Strategy" with which we reaffirm our commitment to supporting every person in our state to live with good health and wellbeing.

In Sikkim, as in the rest of the world, mental health challenges affect many individuals and families. Despite the progress we have made in improving healthcare, mental health has often remained an area where stigma and coordinated efforts have hindered meaningful change. It is time to work on these barriers and ensure that every person in our state has access to the support and care they need to live healthy and fulfilling lives.

This strategy represents a comprehensive, coordinated approach to one of the most pressing public health challenges we face in our state. It acknowledges that suicide is not inevitable—it is preventable. And it recognizes that mental health is not a fringe issue, but central to the health of our people, our workplaces, our schools, our families and our communities.

Developed in partnership with people who have lived experience, service providers, clinicians, community organizations, and national and state level experts, this strategy

places people at the center. Taking a holistic approach borne out of a participatory approach, this strategy brings together mental health services, suicide prevention, community-based support, and public education. It is informed by the unique needs of our state's diverse population, including our rural communities and taking an inclusive stance, ensuring that support is accessible and effective for all.

I am deeply proud of the work that has gone into shaping this strategy—and fully aware of the work that lies ahead. We are committed to creating an environment where mental health is seen as a crucial aspect of overall wellbeing, where seeking help is a sign of strength, and where every person can access the care they deserve. This strategy will be a collaborative effort, involving government agencies, healthcare providers, local communities, and individuals with lived experience.

The Health and Family Welfare Department will continue to work tirelessly to ensure that this strategy translates into real, lasting change. Together, we can reduce the burden of mental health challenges in Sikkim and create a future where everyone is empowered to lead a life of dignity, strength, and well-being.

Place: Gangtok

Date: 8.05.25

Prabhakar IAS

Commissioner cum Secretary

Planning & Development
Department Government of Sikkim
Tashiling Secretariat
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Rinzing Ghewang Bhutia (IAS)

Secretary

MESSAGE

It is with great pride and a deep sense of responsibility that I announce the completion of the urgently needed roadmap for addressing the mental health challenges and suicides that our state has been grappling with. This strategic framework has been meticulously developed and is now ready to guide us in forging a new path towards a society that is happier, healthier, and more resilient.

This strategy is more than a document; it embodies our collective commitment to reach out and support individuals suffering in silence. It aims to break the stigma surrounding mental health, fostering an environment where mental illness is recognized and treated with the same urgency and compassion as any other health concern.

Given the multifaceted social determinants influencing mental health, its successful implementation necessitates convergence and collaboration across all sectors and stakeholders. Mental health issues are not solely the responsibility of the health department; rather, they are a shared concern that requires concerted efforts from government agencies, community organizations, educational institutions, the private sector, and civil society. Mental health is a reflection of our collective well-being, and addressing it effectively demands a unified, multi-sectoral approach.

I would like to extend my sincere appreciation and congratulations to the Sikkim INSPIRES team, the Department of Health and Family Welfare, all stakeholders, and our technical partner, the Centre for Mental Health Law and Policy, Pune for their dedication in developing such a comprehensive and impactful strategy.

Furthermore, I reaffirm my commitment to ensuring the effective implementation of this roadmap, for building a resilient and compassionate society.

Date: 14.05.2025

Place: Gangtok

(Rinzing Chewang Bhutia)

GOVERNMENT OF SIKKIM
PLANNING & DEVELOPMENT DEPARTMENT

Rohini Pradhan, SCS
Programme Director,
Sikkim INSPIRES

FOREWORD

Mental health conditions contribute significantly to the world's noncommunicable disease burden (NCD) and is a global public health challenge. The release of the Sikkim Integrated Mental Health & Suicide Prevention Strategy, 2025 – 2030 marks a pivotal step towards fostering a society that promotes the mental health and well-being of the people of Sikkim and works towards the prevention of mental health conditions and suicide.

Over the past fifty years, our state has shown incredible progress and made significant contributions towards social, economic and cultural development.

However, we also face several challenges connected to access to mental healthcare and stigmatisation of mental health. These factors contribute to a growing prevalence of mental health conditions and suicides in the state.

Mental health is integral to our overall health and hence, this strategy aims to debunk myths around mental health and suicide, promote well-being, and work towards ensuring that all individuals have access to inclusive, accessible, affordable, good-quality mental health and social care.

The development of Sikkim Integrated Mental Health & Suicide Prevention Strategy involved the active engagement persons with lived experience of mental health problems (PLE), and key community stakeholders (educators, media, young people, panchayat members, self-help group members etc.) and collaborative efforts by Sikkim INSPIRES, Planning & Development Department and Health & Family Welfare Department. I whole-heartedly thank all key stakeholders involved in this process.

This strategy is a call-to-action to relevant stakeholders in the government and civil society to ensure that the strategy does not remain as a mere document, but instead a commitment to change and a promise to build a future where every citizen of Sikkim can thrive.

As we embark on this path, let us be guided by compassion, driven by purpose, and united in our resolve to make mental health a priority for all.

(Rohini Pradhan, SCS)
Programme Director, Sikkim INSPIRES

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MESSAGE

Post transition from a monarchy, the state of Sikkim has seen significant transformation across political, cultural, social, and economic landscapes whilst maintaining its unique identity. Despite this progress, the state continues to deal with challenges around the lack of adequate mental health services, substance use, negative effects of climate change, unemployment, and more. For the past decade, the National Crime Records Bureau (NCRB) has consistently reported Sikkim to have the highest rate of suicide in the country.

Emphasising the urgency to address this global public health challenge, the Sikkim Integrated Mental Health & Suicide Prevention Strategy 2025-2030, developed under the Sikkim INSPIRES program, led by the Planning & Development Department and the Heath & Family Welfare Department, Government of Sikkim is a pivotal step to promote the prosperity, mental health and well-being of the people of Sikkim, and prevent mental health problems and suicide.

This strategy was co-developed using a participatory approach and involved key stakeholders such as government officials, mental health service providers, panchayat members, educators, people with lived experience, media personnel, self-help groups, young people, and other community representatives. The strategy highlights strategic areas of action for mental health and suicide prevention interventions in Sikkim drawing from multi-stakeholder consultations and an extensive review of existing evidence and best practices in India and across the world.

The Centre for Mental Health Law & Policy, Indian Law Society, Pune (CMHLP) is honoured to have provided technical support in drafting the strategy. CMHLP's mission to strengthen and transform the mental health of communities to be holistic and responsive in addressing individual and collective well-being aligns with the strategy's vision and strategic areas of action that aim to provide inclusive, affordable, accessible, and good-quality mental health and social care using a rights-based, and intersectoral approach rooted in social justice.

The Government of Sikkim's proactive approach in addressing the state's mental health challenges is commendable and CMHLP remains steadfastly dedicated to assist the government achieve its commitment to supporting the people, fostering a community of care, and building a prosperous future for Sikkim.

Dr Soumitra Pathare

DIRECTOR
Centre for Mental Health Law & Policy,
Indian Law Society, Pune

Contents

Abbreviations & Acronyms

AFHC	Adolescent Friendly Health Clinics
BNS	Bharatiya Nyaya Sanhita, 2023
CHCs	Community Health Centres
CMHLP	Centre for Mental Health Law & Policy, Indian Law Society
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CWC	Child Welfare Committees
DIKSHA	Digital Infrastructure for Knowledge Sharing
DMHP	District Mental Health Programme
ED	Education Department, Government of Sikkim
HFWD	Health & Family Welfare Department, Government of Sikkim
IEC	Information, Education & Communication
IPC	Indian Penal Code, 1860
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
MEL	Monitoring, Evaluation & Learning
MHCA	Mental Healthcare Act, 2017
MHRB	Mental Health Review Board
MoHFW	Ministry of Health & Family Welfare
NCERT	National Council of Educational Research & Training
NCPCR	National Commission for Protection of Child Rights
NCRB	National Crime Records Bureau
NEP	National Education Policy, 2020
NIMHANS	National Institute of Mental Health and Neurosciences
NGO	Non-Governmental Organisation
NHM	National Health Mission
NMHP	National Mental Health Policy, 2014
NMHS	National Mental Health Survey, 2016
NSPS	National Suicide Prevention Strategy, 2022
OBC	Other Backward Classes
PCI	Press Council of India
PDD	Planning & Development Department, Government of Sikkim
PDO	Program Development Objectives
PHCs	Primary Health Centres
RKSK	Rashtriya Kishor Swasthya Karyakram
RPDA	Rights of Persons with Disabilities Act, 2016
SADA	Sikkim Anti-Drugs Act, 2006

SC	Scheduled Castes
SCERT	State Council for Educational Research & Training
SCPCR	State Commission for Protection of Child Rights
SCW	State Commission for Women
SDGs	Sustainable Development Goals
SHWP	School Health & Wellness Programme
Sikkim INSPIRES	Sikkim Integrated Service Provision and Innovation for Reviving Economies Program
SMHA	State Mental Health Authority
SPAN	Suicide Prevention Action Network
ST	Scheduled Tribes
SUDs	Substance Use and Addiction Disorders
SWD	Social Welfare Department, Government of Sikkim
ToC	Theory of Change
WCSDWD	Women, Child, Senior Citizen, and Divyangjan Welfare Department, Government of Sikkim
WHO	World Health Organisation

1. Introduction

1.1 Socio-Economic and Demographic Overview of Sikkim

Sikkim is one of India's smallest states in terms of population (approximately 6,00,000) and area (7096 sq. km). Located in the Eastern Himalayan region, Sikkim is predominantly known for its syncretic culture, geographical landscape, and biodiversity. Sikkim is home to the majestic Kanchenjunga, the highest peak in India and the third highest on Earth. Almost 35% of the state is covered by the Kanchenjunga National Park, home to a rich variety of flora and fauna, as well as the globally recognised endangered red panda. The state is also known for its rich art, architecture, languages, festivals and historical monuments—a legacy of its diverse people and cultures.

Sikkim has the highest per capita income among the north-eastern states of India and is economically one of the fastest-growing states in the country[1,2]. Between 2005–2021, the state successfully reduced its poverty rate from 30.9% to 3.82%[3]. In 2023, Sikkim was recognised by the NITI Aayog as holding the position of the third lowest Multi-dimensional Poverty Index (MPI) in the country, determined by measures of health, education, and standard of living in the state[4].

Agriculture is a critical sector of Sikkim's economic growth, employing nearly 47% of the state's workforce[5]. With a climate well-suited for agriculture, horticulture, and forestry, Sikkim was certified by the Ministry of Agriculture & Farmers' Welfare, Government of India as the world's first fully organic state in 2016. Sikkim's female labour force participation rate is 58%—one of the highest rates among all states in the country[1,2]. More recently, the state has been experiencing increasing growth and investment in other sectors such as tourism, hydropower, and pharmaceuticals, with potential for job creation and diversification in these sectors[6].

Nearly 30% of Sikkim's population consists of youth, with 1,98,873 young people between the ages of 15–29 residing in Sikkim[7]. As citizens of one of India's fastest-growing states, this is a critical phase for Sikkim's youth to contribute to the overall development of the state towards a strengthened and sustainable economy.

In 1975, Sikkim renounced its status as a monarchy to join India as its 22nd state. The year 2025 will mark fifty years of Sikkim's statehood. Over the past fifty years, the state has undergone significant transformation across political, social, economic, and cultural landscapes, while maintaining its unique historical and cultural identity. Like any society in transition, Sikkim faces several socio-economic challenges such as unemployment, inclusive growth, climate change, and access to quality health care. These interconnected factors are also significant contributors to the growing prevalence of mental health problems and increased suicides in the state and impact the state's capacity to address these issues.

1.2 Mental Health and Suicides in Sikkim

Mental health and suicides are a serious public health concern in Sikkim. Since 2008, the state has reported the highest suicide rate among all states in the country. In 2022, the National Crime Records Bureau (NCRB) reported a total of 1,70,924 suicide deaths in India, and a suicide rate of 12.4 per 100,000 population. The same year, Sikkim reported

293 deaths by suicide, and a suicide rate of 43.1 per 100,000 population[8]. This is more than three times the national suicide rate for the year, though the high rate may also be attributable to Sikkim's small population, among other factors. Sikkim also has high prevalence of mental health conditions such as bipolar disorder and eating disorders as well as substance use compared to other states in India[9]. According to a national survey on substance use, published by the Ministry of Social Justice & Empowerment, Government of India, Sikkim reported higher prevalence of alcohol use (26.4%), opioid use (more than 10%), sedatives (8.6%) and cannabis use (7.3%) than other states[10].

In 2022, as per NCRB records, men accounted for 77%, and women accounted for 23% of total suicide deaths in the country. In terms of professions, the highest suicide deaths were among unemployed persons (28%), daily wage earners (14%), salaried professionals (13%), and housewives (13%)[8]. Data from a 10-year retrospective study conducted between 2006 and 2015 in Sikkim found that individuals aged 21–30 years were the most affected age group, accounting for 24.4% of the total suicides in the state during this period, consistent with global and national trends of high suicide rates in this age group[11]. In 2023, a survey by the Government of Sikkim and the World Bank found that 6% of youth in Sikkim reported experiencing symptoms of anxiety or depression in the two weeks prior to the assessment[12].

While these estimates indicate prevalence trends, it is important to highlight that mental health problems and suicides do not occur in isolation and are linked to various social and environmental factors, including socio-economic status, identity, relationships, violence, as well as employment, financial stability, access to health and social care. These factors indicate the need for an integrated and intersectoral response.

1.3 Mental Health and Suicide Prevention Services in Sikkim

According to the National Mental Health Survey, 2016 (NMHS), the treatment gap (percentage of people who require treatment but don't have access to the same) for mental health conditions is 86% at a country-level[13]. However, corresponding data for the treatment gap in Sikkim is unavailable. Estimates suggest there are 2.3 psychiatrists per 100,000 population in Sikkim[14]. This is significantly higher than the national average of 0.75 psychiatrists per 100,000 population[15]. However, the state lacks adequate number of other trained mental health professionals such as clinical psychologists or psychiatric social workers.

The District Mental Health Programme (DMHP), an initiative under the National Mental Health Programme, was first introduced in Sikkim in 2002. The DMHP is currently being implemented in the state to provide mental health services at the community level with the objective of integrating mental health into primary health care.

In addition to the provision of mental health services, the DMHP is responsible for building institutional capacity of health care professionals for early detection and treatment of mental health conditions, and promoting community awareness and participation for mental health. Other mental health services in Sikkim include (1) a 24x7 crisis helpline centre at the state-level to provide free and confidential emotional support to persons in distress or having suicidal thoughts or plans; (2) Suicide Prevention Action Network (SPAN), an initiative implemented in collaboration with the National Institute of Mental Health and Neurosciences (NIMHANS) which trained medical professionals at primary

health centres (PHCs) and district hospitals to screen for mental health problems, assess suicide risk, provide appropriate counselling services and make referral linkages; and (3) Tele-MANAS, a 24x7 national tele-mental health counselling service provided by mental health professionals at the state level.

In pursuance of the Mental Healthcare Act, 2017 (MHCA), Sikkim constituted the State Mental Health Authority (SMHA) and Mental Health Review Board (MHRB) in 2022 and 2023 respectively to further rights-based care for individuals with mental health conditions in the state.

The state also provides specialised services for adolescents through the Rashtriya Kishor Swasthya Karyakram, 2014 (RKSK). The RKSK is a comprehensive adolescent health program which focuses on six strategic priority areas including (a) nutrition; (b) sexual and reproductive health rights; (c) non-communicable diseases; (d) substance misuse, injuries, violence; (e) gender-based violence; and (f) mental health. The state has implemented the RKSK since 2014, providing adolescent friendly health services at Adolescent Friendly Health Clinics (AFHCs) and regularly conducting Adolescent Health Days. The state has also trained over 400 peer educators and implemented the Ayushman Bharat School Health & Wellness Programme (SHWP). To strengthen infrastructure and human resources for mental health, the Government of Sikkim is working towards building model AFHCs across all health facilities, capacity building of health care professionals and community stakeholders, and developing monitoring systems for better implementation of the RKSK.

Further, several facilities for the treatment of substance use and alcohol-related disorders have been set up across districts through collaboration between the Health & Family Welfare Department (HFWD) and the Social Welfare Department (SWD).

1.4 Law and Policy Framework for Mental Health & Suicide Prevention in India

India's law and policy framework for mental health and suicide prevention are guided by the Mental Healthcare Act, 2017 (MHCA); the Rights of Persons with Disabilities Act, 2016 (RPDA); the National Mental Health Policy, 2014 (NMHP); and the National Suicide Prevention Strategy, 2022 (NSPS). Together, they lay the vision for advancing mental health and suicide prevention programs and services in the country.

The MHCA, enacted in pursuance of India's obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD), regulates the treatment and care of persons with mental health conditions through a rights-based approach. The MHCA recognises, protects, and fulfils the rights of people with mental health problems, including the right to make informed decisions about their treatment, confidentiality, protection from abuse, and supported decision-making. The MHCA decriminalises attempt to suicide and mandates the central and state governments to provide care, treatment, and rehabilitation to a person who has attempted suicide. The MHCA also highlights the obligations of the central and state governments to plan, design, and implement programs to promote mental health and prevent mental health problems and suicides, while ensuring accessible, affordable, available, and culturally acceptable mental health services for all. In line with the MHCA's position of decriminalising suicide, the Bharatiya Nyaya Sanhita, 2023

(BNS) has repealed Section 309 of the Indian Penal Code, 1860 (IPC), thus conclusively indicating that attempted suicide is no longer a criminal offence.

The NMHP lays the vision and strategic direction for a rights-based, intersectoral, and holistic approach to mental health in India. The NMHP outlines a range of strategic interventions to promote mental health, prevent mental health problems and suicides, reduce stigma, and ensure comprehensive community-based care for all. The NMHP lays special focus on the social determinants impacting specific vulnerable groups such as poverty, homelessness, violence, and other related factors. The NMHP also prioritises the need for intersectoral collaboration between the health sector and other sectors such as education, employment, housing, and social care along with non-governmental sectors (non-profit and private).

The NSPS aims to reduce suicide mortality by 10% in the country by 2030 and provides a framework for multi-stakeholder collaboration to achieve this goal. The NSPS's objectives are to reinforce leadership and institutional capacity for suicide prevention in the country; enhance the capacity of health services to provide suicide prevention services; develop community resilience and social support for suicide prevention and stigma reduction; strengthen suicide surveillance and evidence generation; and design and implement activities for prevention of suicides and attempted suicides in India. The NSPS's vision is aligned with the World Health Organization's (WHO) recommendations to reduce suicides through intersectoral strategies including reducing access to means, addressing substance use, improving media reporting, implementing community-based suicide surveillance, and early identification and referral of persons vulnerable to suicide.

1.5 UN Sustainable Development Goals and WHO's Comprehensive Action Plan for Mental Health, 2012–2030

Additionally, the WHO's Comprehensive Action Plan for Mental Health 2012–2030 aims to reduce premature mortality by suicide by one-third of its current rate by 2030 and promote mental health and well-being. This is aligned with Goal 3 of the United Nations Sustainable Development Goals (SDGs) to 'ensure healthy lives and promote well-being for all at all ages.' This is more specifically outlined in Target 3.4 to 'reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.' Here, suicide mortality rate is identified as one of the indicators for achieving the overarching goal of reducing premature mortality from non-communicable diseases.

2. Development of the Strategy

Sikkim INSPIRES (Integrated Service Provision and Innovation for Reviving Economies) is a flagship initiative of the Government of Sikkim, supported by the World Bank, which aims to promote economic inclusion opportunities for women and youth. Sikkim INSPIRES aims to do this through collaboration and capacity building to achieve three Program Development Objectives (PDOs):

1. Strengthened state system to deliver inclusive growth.
2. Improved employment linkages for women and youth in priority sectors.
3. Enhanced delivery of enabling services for the economic inclusion of women and youth[16].

Through different activities under PDO 3, the program seeks to enhance access to quality mental health services to address barriers to employment. The Planning & Development Department (PDD) and the HFWD, Government of Sikkim will support the capacity building of mental health care professionals, work with community members to increase identification of mental health conditions, pilot community-based interventions for mental health, and integrate and strengthen the delivery of life skills curriculum in educational settings[2].

The Centre for Mental Health Law & Policy (CMHLP) was founded in 2007, as a unit of the Indian Law Society, Pune which was established in 1923 as a public charitable trust. CMHLP's mission is to strengthen and transform the mental health of communities to be holistic and responsive in addressing individual and collective well-being. CMHLP adopts a rights-based and intersectoral approach to focus on mental health and suicide prevention through implementation research, law and policy strengthening, and capacity building across different thematic areas. CMHLP is providing technical support to Sikkim INSPIRES to co-create a roadmap for identifying and implementing interventions for mental health and suicide prevention, including the development of an integrated mental health and suicide prevention strategy for the state.

During September–December 2024, the Government of Sikkim, through Sikkim INSPIRES and in collaboration with CMHLP undertook a series of scoping activities and multi-stakeholder consultations to identify priority areas within Sikkim's mental health landscape and develop a roadmap for mental health and suicide prevention in the state. A multi-pronged approach was adopted to understand the current context of youth mental health and suicides in Sikkim. The methodology comprised (1) formative scoping interviews and field visits ; (2) multi-stakeholder consultations ; (3) online qualitative survey; and (4) a Theory of Change (ToC) workshop with key government and non-government stakeholders to identify priority areas and strategies for addressing mental health and suicide prevention in Sikkim's context.

The formative scoping interviews were conducted with 10 stakeholders working across government departments, including nodal representatives from the HFWD, Education Department (ED), and SWD, Government of Sikkim in Gangtok and Pakyong. The interviews aimed to understand Sikkim's current mental health landscape and understand on-ground challenges in the implementation of mental health and suicide prevention programs.

On 9th & 10th September 2024, the PDD and HFWD with CMHLP's technical support, jointly hosted the 'Multi-Stakeholder Consultations on Youth Mental Health & Suicide Prevention' under Sikkim INSPIRES in Gangtok, Sikkim. The multi-stakeholder consultations engaged key stakeholders (n=100) including government officials, civil society organisations, young people, mental health professionals, media, and other stakeholders at the state level. The consultations focused on three primary themes: (1) identifying the factors which impact youth mental health and suicides in Sikkim; (2) addressing challenges in developing and implementing mental health and suicide prevention policies; and (3) exploring good practices to develop a comprehensive mental health and suicide

prevention strategy for Sikkim. The two-day consultations were followed by a ToC workshop with a select group of stakeholders (n=24) based on a rapid synthesis of insights from the multi-stakeholder consultations to (1) identify and shortlist key priority areas for mental health and suicide prevention in the state; and (2) co-develop a ToC framework with outcomes, activities, and pathways to develop a roadmap for mental health and suicide prevention for the state. These consultations were complemented with a state-level online qualitative survey to invite citizens' comments and suggestions on contributing factors, systemic gaps, and key recommendations to address mental health and suicide prevention in the state. A synthesis of the insights from the scoping interviews, multi-stakeholder consultations, and online qualitative survey identified the following themes as priority areas: (a) policy and service gaps; (b) education; (c) stigma and discrimination; (d) changing lifestyles; (e) family and relationship issues; and (f) individual factors.

Subsequently, strategic recommendations were developed based on insights from the multi-stakeholder consultations and evidence-based interventions recommended by the WHO for mental health and suicide prevention. The recommendations centred around 11 thematic areas, including foremost the need to develop an integrated mental health and suicide prevention strategy tailored to Sikkim's context and diverse population. Other recommendations suggested improving availability and accessibility of mental health services; suicide prevention interventions; substance use prevention, treatment, and recovery; strengthening mental health initiatives in community, education, and family settings; facilitating skill development for persons with mental health problems; strengthening monitoring and evaluation efforts across programs and initiatives; and augmenting research on mental health and suicide prevention in the state.

Detailed information on the insights and strategic recommendations from the formative scoping and multi-stakeholder consultations in Sikkim can be accessed in the 'Report on Multi-Stakeholder Consultations on Youth Mental Health and Suicide Prevention in Sikkim' published on the website of the PDD, Government of Sikkim.

The Sikkim Integrated Mental Health and Suicide Prevention Strategy, 2025–2030 draws on the priority areas, systemic gaps, and strategic recommendations identified through the consultative processes described above. The strategy outlines key strategic areas of action with expected outcomes and is aligned with the MHCA; RPDA; NMHP; NSPS; Sikkim State Mental Healthcare Rules, 2020; Ayushman Bharat Scheme 2018; state-level policies; UN Sustainable Development Goal 3; and the World Health Organisation's evidence-based recommendations for mental health and suicide prevention. The draft strategy was presented during a consultation in Gangtok on 17th March 2025, where it was reviewed by a select group of government and non-government stakeholders including civil society representatives.

3. Vision

The vision of the Sikkim Integrated Mental Health and Suicide Prevention Strategy, 2025–2030 ("strategy") is to promote the prosperity, mental health, and well-being of the people of Sikkim, and to prevent mental health problems and suicide. This will be

accomplished by providing inclusive, accessible, affordable, good-quality mental health and social care through a recovery-oriented, rights-based, intersectoral approach informed by principles of social justice, tailored to the needs of Sikkim's diverse population.

4. Guiding Principles

4.1 Comprehensive Approach to Mental Health & Suicide Prevention

Mental health and suicide are complex issues shaped by a range of factors. There is a need to shift from a purely biomedical approach to a comprehensive and holistic framework that recognises the social, economic, cultural, and political determinants of mental health and suicides alongside biological factors. Such an approach moves beyond the *treatment gap* to recognising and addressing the *psychosocial care gap* which includes treatment, social care, and psychosocial support for promotion, prevention, and recovery from mental health problems and suicide-related behaviours.

4.2 Rights, Equity and Social Justice

A rights-based approach implies that the rights of persons with mental health problems must be respected, protected, and fulfilled. It places obligations on service providers and duty bearers to fulfil the autonomy and liberty of persons with mental health problems and prevent violations of their rights. Equity implies preventing discrimination and facilitating equal opportunities for accessing social welfare services, and other entitlements such as education, housing, and employment for persons with mental health problems or experiencing distress. A social justice approach also recognises and addresses structural inequalities and social determinants which disadvantage and oppress certain groups and communities which further result in violations of rights and denial of equal opportunities.

4.3 Participation and Social Inclusion

Social participation refers to empowering people, communities, and civil society, through inclusive participation in decision-making processes that affect health, across policy processes and at all levels of governance. Therefore, the involvement of service users, caregivers, and community members is essential in the design, delivery, and evaluation of mental health and suicide prevention services. Further, it is critical to actively engage and include individuals and groups who are structurally disadvantaged due to socio-economic factors including ethnicity, caste, gender, sexuality, and disability in the development and evaluation of mental health services to ensure policies and services are rights-based, equitable and address the systemic factors which make individuals vulnerable to mental health problems and suicide.

4.4 Evidence-based

A scientific approach and evidence-based decision-making must inform the design, delivery, and evaluation of mental health and suicide prevention programs. All policies,

programs, and activities for prevention, recovery, and treatment of mental health and suicide should be informed by evidence, research data (both qualitative and quantitative), and feedback from relevant stakeholders.

5. Strategic Areas of Action

This strategy is envisioned to guide policies, programs, and activities across the following strategic areas of action:

5.1 Strengthening governance and leadership for mental health & suicide prevention
5.2 Ensuring comprehensive, integrated, and community-based mental health care
5.3 Promotion of mental health & suicide prevention
5.4 Evidence-based suicide prevention interventions
5.5 Prevention, treatment & recovery for substance use, alcohol and other addictions
5.6 Research for mental health & suicide prevention

5.1 Strengthening Governance and Leadership for Mental Health & Suicide Prevention

5.1.1 Increase budgetary allocation for mental health & suicide prevention

Adequate and equitable budgetary allocations are crucial for ensuring quality, accessible, and affordable mental health care for all. There is a need to proportionally increase funding allocations based on the current population and prevalence of mental health problems in Sikkim's context as well as forecasted population estimates. This includes promotion, prevention, and treatment of mental health problems, and investments to prevent suicide, in addition to ensuring social benefits and entitlements for individuals experiencing mental health problems.

The government is committed to increasing the budgetary allocation of mental health to the state's total health budget to ensure mental health service delivery, promotion, and prevention across the state. Additionally, Sikkim INSPIRES has also allocated dedicated funds for its mental health initiative which will be implemented through the HFWD and will include the implementation of the strategy over the course of four years. There is a need to prioritise mental health funding across non-health sectors, such as social welfare, education, women and child development, law enforcement, etc., to integrate mental health and suicide prevention in programs and ensure persons with mental health problems, particularly persons from socio-economically vulnerable groups, are recipients of existing programs.

Additionally, the government will make budgetary allocations for mental health literacy, capacity building and improved access to infrastructure for promoting well-being in schools, colleges, and other occupational spaces.

SPECIFIC OUTCOMES:

a. Increase in budgetary allocations to the state health budget for mental health and suicide prevention programs and activities.

b. Utilising funds allocated by Sikkim INSPIRES for the implementation of the strategy until 2029, along with state funding for mental health.

c. Increase in budgetary allocations by other state departments for mental health and suicide prevention activities.

5.1.2 Implement the Mental Healthcare Act, 2017 (MHCA) and relevant state rules and regulations

The MHCA protects, promotes, and fulfils the rights of persons with mental health problems in alignment with India's obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The MHCA recognises the right to access mental health treatment from a range of services run or funded by the government provided across all levels of the public health system.

Such services include provision of acute mental health care, inpatient and outpatient services, half-way homes and sheltered accommodations, hospital and community-based rehabilitation, services to support family and caregivers, and specialised mental health services for children and elderly, as necessary.

The legislation is to be implemented in accordance with the Sikkim State Mental Healthcare Rules, 2020 to ensure accessible, affordable, available, acceptable, and good quality mental health services for all. This requires establishing statutory bodies, training relevant stakeholders, and building awareness about its provisions in the community.

SPECIFIC OUTCOMES:

a. The State Mental Health Authority (SMHA) and Mental Health Review Boards (MHRB) are established and functional in the state.

b. Number of MHRB members, state officials, mental health professionals, law enforcement officials, service users, caregivers, and civil society organisations trained to implement the MHCA's provisions.

c. Mental health services listed in Section 18 of the MHCA are provided across all levels of the public health system.

5.1.3 Ensure active participation of persons with lived experience of mental health problems, youth, families, caregivers, panchayats, civil society organisations, and other community representatives in policy-making processes for mental health & suicide prevention

It is a well-established principle to actively engage persons with lived experience of mental health problems (PLE), youth, families, caregivers, and other community representatives through formal policy-making processes in the development, implementation, and evaluation of laws, policies, and programs for mental health and suicide prevention.

It is crucial to draw upon the local wisdom and expertise of individuals and communities that form a part of Sikkim's rich social, cultural, linguistic, and geographical diversity to ensure that laws, policies, and programs are culturally acceptable and aligned with their local contexts and needs. Additionally, engaging community representatives such as panchayats, gram sabhas, urban local bodies, samaj groups (including religion or faith-based groups), civil society organisations, media professionals, professional unions and associations, and self-help and advocacy groups, can facilitate the timely implementation of policies and programs, improve mental health services, address systemic gaps and barriers, and facilitate last-mile delivery of services to the most vulnerable across Sikkim's diverse context.

The NMHP further recommends that PLE and caregivers should also be involved in Village Health, Sanitation, Water and Nutrition Committees and Jan Arogya Samitis to participate in community planning, action, and monitoring for health. To ensure that PLE, youth, caregivers, and other community representatives are actively involved in policy-making processes and community planning, policymakers, urban local bodies (such as municipalities and ward committees), statutory authorities, and mental health professionals should be sensitised and trained on meaningful inclusion practices.

Other strategies to engage key stakeholders in policy-making processes include leveraging existing discussion platforms such as social media, radio or podcast shows, monthly school programs, and other dedicated platforms aimed to bridge gaps between the public and relevant policymakers.

SPECIFIC OUTCOMES:

a. Number of PLE, caregivers, youth, families, and community representatives (1) actively engaging in policy-making processes through formal mechanisms at the state and panchayat/urban local bodies level ; and (2) received educational and training programs to strengthen their leadership capacity to engage in policy processes.

b. Number of panchayats and urban local bodies (1) sensitised to include PLE and civil society representatives in planning, implementation, monitoring and evaluation processes; and (2) actively participating in the design and implementation of policies and programs for mental health and suicide prevention with the inclusion of PLE, caregivers and other community representatives.

c. Number of PLE and caregivers actively participating in Village Health, Sanitation, Water and Nutrition Committees and Jan Arogya Samitis.

5.1.4 Intersectoral coordination with relevant stakeholders to plan, implement, and evaluate activities under the strategy

To achieve this strategy's vision, intersectoral coordination will be essential between key government departments including health, planning and development, education, social welfare, law enforcement, rural development, women and child development, employment, tourism, and others. Additionally, regular collaboration will be required within departments and between the government and non-government sectors (civil society and private) to share responsibility and accountability for design, implementation & evaluation of mental health programs, and to provide feedback to policymakers.

SPECIFIC OUTCOMES:

a. Intersectoral coordination committees on mental health and suicide prevention are set up and functioning through regular meetings at the state, district, and block levels with a dedicated liaison officer from each department.

b. Number of programs and activities designed, implemented, and evaluated through intersectoral coordination between government departments, and between government departments and non-government stakeholders.

5.1.5 Monitoring and evaluation through the mental health information system

Regular monitoring and evaluation through a robust mental health information system is essential to implement and evaluate the impact of this strategy to facilitate evidence-based decision-making. Systematic and reliable data is crucial for identifying existing gaps and improving the delivery of services and care. This will be achieved by strengthening the existing mental health information system to collect and integrate data on quantitative and qualitative indicators at the panchayat/urban local body, block, district, and state levels with the support of health centres, hospitals, and DMHP records. Adequate safeguards for patient confidentiality will be ensured to protect patient privacy and prevent data breaches.

Common Review Missions (CRMs) and State Review Missions (SRMs) under the National Health Mission (NHM), will continue to assess the functioning of the health programs (including mental health) under the NHM, document key challenges in implementation, and highlight best practices to inform better health outcomes. Additionally, regular audits of facilities and services through standardised monitoring, evaluation, learning frameworks and feedback from service users will inform the evaluation of implementation and outcomes of activities and programs envisioned under this strategy.

SPECIFIC OUTCOMES:

a. The state's mental health information system is on a quarterly basis collecting monitoring, evaluation, and learning data as per identified indicators at the panchayat/urban local body, block, district, and state level, and number of facilities, services, and programs reporting data as per standard operating protocols.

b. Number of annual audits conducted in facilities and services using standardised key performance indicators, and number of service users representing different demographic groups who have been consulted for feedback regarding quality, accessibility, and acceptability of services.

c. Monitoring and evaluation data is utilised for decision-making in improving

design, implementation and delivery of programs, activities, and services.

5.2 Ensuring Comprehensive, Integrated and Community-Based Mental Health Care

5.2.1 Integrate mental health services into primary and secondary care

Integration of mental health services in primary and secondary care is an evidence-based strategy recommended by the WHO's Mental Health Gap Action Program (mhGAP) for increasing access to mental health care in low-resource settings. As a large proportion of Sikkim's population lives in rural and geographically complex areas, there is a need to reduce the gap between the requirement and availability of trained mental health personnel and provide accessible mental health services in the community. As part of the Ayushman Bharat 2018 scheme, the government aims to provide holistic health and mental health care services at the primary, secondary, and tertiary levels.

To ensure integration at the primary level, it is crucial to train health personnel such as general practitioners, nurses, social workers, and community health workers at sub-health centres, primary health centres (PHCs), community health centres (CHCs) and Ayushman Arogya Mandirs to provide mental health care in the community and make appropriate referrals to secondary and tertiary care units such as district hospitals and state hospitals for specialised care. Primary care personnel should be provided with ongoing mentoring and supervision for developing competencies to deliver mental health services at the primary care level.

At the same time, it is crucial to strengthen the DMHP, secondary care facilities such as district hospitals, and tertiary care facilities such as state hospitals to provide specialised mental health care including outpatient and inpatient services across all districts. Health personnel including mental health professionals such as psychiatrists, psychologists, social workers, nurses, occupational therapists, etc. are to be trained to provide specialised care.

A detailed comprehensive review of the existing workforce will be undertaken by the HFWD along with the identification of training and development needs of the workforce and any suitable actions to be taken.

SPECIFIC OUTCOMES:

a. Number of primary care personnel (across different cadres) trained in and providing mental health services and making referrals in primary care facilities.
b. Number of patients accessing services at primary care level and referred to secondary and tertiary care facilities for specialised care.
c. Number of primary care personnel mentored and supervised through regular sessions and refresher training (number of sessions, number of refreshers).
d. Number of health professionals in secondary and tertiary care facilities trained and providing specialised care in proportion to the population as per internationally accepted standards.

5.2.2 Increase availability of community-based rehabilitation services for recovery and independent living.

The MHCA, RPDA and NMH recognise the importance of living in one's community as

essential for the rehabilitation, recovery, and re-integration of persons with mental health problems and psychosocial disabilities in society. In pursuance of these commitments, the government will increase the availability of community-based rehabilitation facilities such as day-care centres, open shelters, half-way homes, supported and sheltered accommodations to facilitate recovery and independent living of persons with mental health problems and psychosocial disabilities who are homeless, abandoned by families or require other forms of support.

Additionally, such persons may require access to social care including clothing, community kitchens, medical support, and other social entitlements such as disability pensions, identity documents, bank accounts, scholarships, health insurance, and other benefits or may require other physical care accommodations in the form of assistive devices, ramps, or sign language translation in the form of personalised and tailored interventions. This requires intersectoral coordination between the HFWD, SWD, panchayats and urban local bodies to facilitate the delivery of social entitlements and benefits.

SPECIFIC OUTCOMES:

a. Number of community-based rehabilitation services established in proportion to the number of persons requiring the same.

b. Number of persons receiving social benefits and entitlements including disability pensions, identity documents, health insurance, and other benefits.

c. Number of health and social welfare personnel trained and authorised to facilitate making referrals and applications for appropriate social entitlements and benefits.

d. Number of Information, Education and Communication (IEC) materials on existing social entitlements and benefits disseminated through health facilities, government offices, websites, social media, and other channels to increase awareness.

5.2.3 Implement community-based programs for informal care, peer support and psychological first aid

Informal care and peer support are evidence-based strategies to reduce the psychosocial care gap and improve mental health outcomes in communities. This involves training community volunteers to provide mental health support to individuals experiencing common mental health problems. Such strategies are particularly relevant for Sikkim's context where communities live across complex geographical terrains (rural and urban), practice culturally diverse customs and speak different languages. In this context, community-based programs can reduce the care gap by ensuring culturally acceptable, preventive, and community-based care and reducing dependence on mental health professionals.

Community-based programs will focus on training community health workers, samaj groups, self-help groups, religious leaders, elders, teachers, co-workers in workplaces, volunteers, and youth to provide evidence-based methods of emotional support, psychological first aid and referral linkages to individuals experiencing mental health problems or emotional distress. It is crucial to also train first responders who regularly engage with vulnerable populations including the State Commission for Women (SCW), State

Commission for Protection of Child Rights (SCPCR), Child Welfare Committees (CWC), Juvenile Justice Boards, One Stop Centres, and State Juvenile Police Units to provide basic mental health support and make appropriate referrals for specialised care.

The community-based programs should ensure inclusion of in-built systems to support volunteers via mentoring, supervision, and refresher trainings to monitor and maintain basic quality and standards of care.

SPECIFIC OUTCOMES:

a. Number of community members trained, mentored, and supervised through regular training, and providing informal mental health care and peer support.
b. Number of first responders trained, mentored, and supervised, and providing mental health support including making appropriate referrals.
c. Number of persons who have sought support from trained community members.
d. Number of persons referred for specialised care.

5.3 Promotion of Mental Health & Suicide Prevention

5.3.1 Implement interventions to strengthen family relationships to promote mental health and prevent suicides

Families play a crucial role in shaping the mental health and well-being of its members, particularly children, adolescents, and young adults. Stable family environments, healthy communication, and parenting skills can positively impact mental well-being. Similarly, unstable environments due to domestic violence, substance use, socio-economic conditions or inter-generational conflict can lead to mental health problems among older and younger family members. As these factors are prevalent in Sikkim's context, family-based interventions will be promoted to focus on strengthening parenting skills, empathetic dialogue, and social care for families to safely and sensitively address diverse challenges faced by youth and families. Such interventions can be implemented in collaboration with parents, teachers, ASHA workers, panchayats, religious leaders, self-help groups, community associations, community elders, and samaj groups to support families in addressing their challenges, facilitating access to social entitlements, and shaping attitudes around mental health and well-being.

NCRB records also indicate that relationship conflicts among young couples are risk factors of suicide. To strengthen communication and support within relationships, it is crucial to provide counselling sessions for young couples.

SPECIFIC OUTCOMES:

a. Number of programs designed, implemented, and evaluated to strengthen family environments, parenting skills, and empathetic dialogue in collaboration with families and key community stakeholders.

b. Number of couples counselling sessions provided to young couples.

c. Number of religious leaders, community associations, panchayats, self-help groups, samaj groups, community elders, law enforcement officials, and leaders sensitised, and trained to support families and young people experiencing challenges.

d. Number of IEC resources developed in multiple formats and languages for families on navigating conflicts and improving communication.

e. Number of sensitisation sessions conducted for families to create awareness about mental health and suicide prevention (number of sessions, families engaged, etc.).

f. Number of health personnel at primary, secondary, and tertiary care units trained to counsel families and caregivers.

5.3.2 Implementing interventions for promoting mental health and suicide prevention in schools, higher educational institutions and community settings

There is sufficient evidence that life skills and social-emotional learning enable adolescents and young adults to handle life challenges and crisis situations which can prevent mental health problems and suicides. In Sikkim, there is a need to focus on interventions which promote mental health and enable adolescents and young adults with skills to deal with life challenges. To achieve the above, the HFWD and Education Department (ED) will collaborate to:

1. Issue guidelines to schools and colleges to implement systemic initiatives and safeguards to ensure a safe, supportive, and holistic learning environment to promote mental well-being of students, teachers, and staff, including ensuring availability of trained counsellors, teachers, faculty, and non-teaching staff to support mental health needs of students.

2. Strengthen the Ayushman Bharat School Health & Wellness Programme (SHWP) to address existing gaps in content and delivery of life skills curriculum for adolescents in the state's context. The SHWP's modules on mental health will be strengthened to include suicide prevention, peer support skills, and linkages with other themes of adolescent health and well-being in an age-appropriate and culturally contextual manner.

3. Mainstream life skills in the curricula and pedagogy for schools and colleges using interactive learning methods which are age and context-appropriate. Life skills curricula for students and young adults should also address age-appropriate themes such as coping with challenges related to sexual and reproductive health, interpersonal relationships, social exclusion, gender & sexuality, bullying, addiction, suicidal ideation etc., which impact the mental health of adolescents and young adults. Similarly, teachers and staff in schools and colleges will be trained in mental health promotion, life skills education, and providing emotional support. Further, life skills education will be provided to adolescents and young adults who have dropped out of school and colleges through civil society groups, youth clubs, National Service Scheme, Niyukti

Kendras, Nehru Yuva Kendras, etc.

4. Ensure academic and career guidance support in schools and colleges to support adolescents and young adults in managing academic stress and identifying viable career pathways as mentioned in the National Education Policy, 2020 (NEP).
5. Strengthen the RKSK's peer educator program by training adolescents in peer support skills such as active listening, emotional support, and making referral linkages for adolescents experiencing emotional distress.
6. The AFHCs will be reviewed and strengthened in consultation with adolescents to provide holistic adolescent health services in youth-centric community settings which address the preferences of adolescents.
7. Co-design, develop, and implement with young people, peer support programs in schools and colleges to train adolescents and young adults in skills such as active listening, providing emotional support, crisis support, and referral linkages for peers who are in distress or vulnerable to attempting suicide.

SPECIFIC OUTCOMES:

a. Guidelines issued to schools and colleges to ensure a safe, supportive, and holistic learning environment to promote mental well-being of students, teachers, and staff.
b. Number of counsellors, teachers, and peer educators trained, mentored, and supervised, and providing life-skills training to adolescents and young adults.
c. Number of teachers, faculty, and non-teaching staff trained to provide mental health support, and academic and career-related counselling to students in schools and colleges.
d. Number of peers trained, mentored, and supervised, and providing peer support to adolescents and young adults in schools, colleges, and community settings.
e. Number of adolescents and young adults who have received (1) life skills training; (2) peer support; and (3) adolescent-friendly health services.

5.3.3 Promoting skill development, vocational training, and employment opportunities for youth with mental health problems

In Sikkim, unemployment is a major factor which impacts the mental well-being of young people. Strategies such as skill development and vocational training with a focus on emerging job markets across different sectors can provide young people including persons with mental health problems with diverse pathways to employment. Further, it is crucial to refer youth who have dropped out from schools and colleges to these opportunities through community fora such as Niyukti Kendras, National Service Scheme, Nehru Yuva Kendras, etc., if they cannot be reintegrated in school and college.

SPECIFIC OUTCOMES:

a. Number of youth and persons with mental health problems who have received

skill development and vocational training.

b. Number of youth and persons with mental health problems who have accessed employment opportunities through skill development and vocational training programs.

5.3.4 Addressing stigma and discrimination related to mental health and suicides

Mental health and suicides are stigmatised issues. Stigma is a barrier to help-seeking and timely prevention of mental health problems and suicides. Prevalent myths and superstitions in communities add to the stigma and further lead to discrimination against persons with mental health problems. It is important to engage community stakeholders through public awareness campaigns to de-stigmatise and prevent discrimination. Additionally, there are other groups who are stigmatised based on their identities such as ethnicity, gender, sexuality, disability and are vulnerable to mental health problems and suicides. The government will ensure intersectoral coordination with different departments to address stigma and discrimination through the following activities:

1. Implement a public awareness campaign for mental health and suicide prevention across schools, colleges, workplaces, panchayats, health facilities, public spaces, remote, and rural areas. The campaign will disseminate information on helplines, mental health services, dispel myths, amplify lived experience stories and encourage timely help-seeking through different modalities such as multi-lingual IEC resources, social contact programs, cultural events, performing and fine arts, social media, and other media formats.
2. Collaborate, train, and incentivise young social media influencers to develop appropriate content to disseminate messages promoting mental health and suicide prevention.
3. Conduct sensitisation programs for the elderly to reduce isolation and promote community interactions.
4. Amending policies, programs and regulations which directly or indirectly discriminate against persons with mental health problems.
5. Train health personnel, relevant non-health personnel, and community stakeholders to provide affirmative and non-stigmatising mental health care to stigmatised and vulnerable groups such as gender and sexual minorities, persons living with HIV and other permanent health conditions, persons with disabilities, ethnic and religious minorities, etc.

SPECIFIC OUTCOMES:

a. Number of campaign activities designed and implemented.

b. Number of persons reached through the campaign activities across different community settings and groups.

c. Number and type of campaign materials and IEC resources prepared.

d. Number of health personnel trained to provide affirmative and non-stigmatising mental health care.

5.3.5 Developing community spaces for mental health & well-being

1) Develop community programs in public spaces for engaging with sports, culture, recreation, and green spaces

It is important to facilitate access to public spaces such as playgrounds, green spaces, sports clubs, and other spaces which can foster creativity and recreation to promote mental health and well-being. There is a need to develop or leverage existing public spaces in urban and rural areas of Sikkim in collaboration with different civil society groups and community associations to promote activities for people of all ages such as arts-based practices, health melas, cultural activities and festivals, physical exercise and exposure to green spaces, clear air and sunlight. Such interventions can enhance mental health by fostering social connection, raising awareness, and destigmatising mental health and suicide prevention.

SPECIFIC OUTCOMES:

a. Number of community-based programs promoting recreation, creativity, culture, green spaces, sustainable living, and sports developed and implemented in public spaces across urban and rural areas of Sikkim.

2) Develop community-based spaces to promote youth mental health & well-being

It is well accepted that community-based programs to promote youth mental health must engage young people based on their needs and preferences. To achieve this, youth-centric spaces in urban, rural and remote areas such as shopping malls, gyms, sports centres, cafes, parks, or playgrounds, etc. will be leveraged to provide adolescents and young adults with age-appropriate youth mental health services such as information resources, counselling, peer support and referral linkages to national, state, and local government and non-governmental services and skill-development opportunities. Further, to promote social connectedness, life skills, and holistic well-being, community-based programs will be developed to engage young people as active participants through 1) sports; 2) arts-based and cultural programs drawing on Sikkim's rich cultural heritage and practices; and 3) community engagement for designing and developing public services across inter-disciplinary areas such as urban design, architecture, art, environment, tourism, food, farming, technology, science, etc. to promote mental health and well-being.

SPECIFIC OUTCOMES:

a. Number of community-based programs to promote youth mental health developed and implemented in youth-centric spaces in Sikkim.

b. Number of youth participating in community-based programs and accessing youth mental health services.

5.4 Evidence-Based Suicide Prevention Interventions

5.4.1 Improve data on suicide, attempted suicide, and self-harm data through a community surveillance system

It is essential to collect reliable data on suicidal behaviours to plan effective suicide

prevention strategies. However, there are challenges in collecting reliable data on suicidal behaviours due to various factors such as stigma, fear of reporting or other gaps in classification of suicides. The WHO recommends community-surveillance systems as a best practice for collecting adequate and reliable data on suicides and attempted suicides and also provides important data on contributing factors which can ensure accurate classification of suicidal behaviours. Such a community-surveillance system should be adapted and integrated within the public health system to inform the planning and implementation of suicide prevention strategies for population sub-groups who are vulnerable to suicidal behaviours in Sikkim's social context.

SPECIFIC OUTCOMES:

a. A community-surveillance system is developed and regularly collecting reliable and accurate data on suicide deaths, attempted suicides, and self-harm.

b. Data informs the planning and implementation of suicide prevention strategies for different population sub-groups.

5.4.2 Provide gatekeeper training for early identification, assessment, management, and follow-up for people with suicidal thoughts or plans to attempt suicide

The WHO Live Life implementation guide for suicide prevention (2021) recommends early identification, management, and follow-up of persons vulnerable to suicide. Gatekeeper training programs are an evidence-based suicide prevention strategy which provides community members with the skills and knowledge to identify, support, and refer persons showing signs of suicide and self-harm to mental health professionals and helplines. Community members can play an important role as gatekeepers to create awareness, reduce stigma, and provide support to individuals having thoughts or plans of suicide. Gatekeeper training programs can be adapted for a range of community members and first responders including police officials, prison authorities, co-workers at workplaces, teachers, and young people (schools and colleges), frontline workers and community volunteers.

Additionally, health personnel across primary, secondary, and tertiary care units need to be trained to conduct suicide risk assessments and provide suicide prevention support to patients showing signs of suicide and self-harm.

SPECIFIC OUTCOMES:

a. Number of gatekeepers (teachers, co-workers, religious leaders, panchayat members, frontline workers etc.) across different stakeholder groups trained, mentored, and providing suicide prevention support in the community.

b. Number of gatekeeper training and refresher sessions completed.

c. Number of health personnel such as general practitioners, nurses, community health workers trained in suicide risk assessments and providing support to patients showing signs of suicide and self-harm.

5.4.3 Implementing guidelines for responsible media reporting of mental health, suicides and attempted suicides

Existing evidence points to the role of media as a risk and protective factor of suicides. Irresponsible media reporting, with sensational messages, incessant coverage and sensitive details can increase imitative suicides and suicidal behaviour among vulnerable populations, whereas responsible media reporting which dispels myths and provides supportive information can increase help-seeking behaviour and prevent suicides. Media reporting impacts the understanding and perception of mental health and suicides, and can reduce stigma, encourage individuals to seek support, and improve well-being. The WHO has issued guidelines for media professionals with recommendations of evidence-based strategies for responsible media reporting of suicides and the Press Council of India (PCI) has issued guidelines to media professionals for the same. The NSPS also highlights the role of the media in strengthening advocacy efforts for suicide prevention through strict implementation of PCI guidelines, promoting safe internet usage, preventing cyber bullying, and addressing portrayal of substances in media.

In Sikkim, there are various media organisations disseminating news in English and regional languages. There is a need to adapt the media reporting guidelines for suicide across relevant languages, in collaboration with media organisations working in different media such as print, television, and social media. Further, a monitoring and evaluation framework should be developed with media organisations to build capacity of media professionals to implement the media reporting guidelines and monitor adherence to the guidelines.

SPECIFIC OUTCOMES:

a. Media reporting guidelines are adapted in relevant languages for Sikkim's context and disseminated to media organisations.

b. Number of media professionals trained to report stories on mental health and suicides in accordance with the media reporting guidelines.

c. Monitoring system to track the implementation of guidelines by media organisations is co-developed with media organisations and implemented by the Information & Public Relations Department, Government of Sikkim.

5.4.4 Implementing targeted suicide prevention interventions for specific vulnerable groups

There is sufficient evidence that distress caused by structural factors such as domestic violence, substance use, identity-based discrimination, etc., can make certain groups vulnerable to suicide. In Sikkim's context, these groups include those experiencing factors such as substance use and addiction disorders (SUDs), previously attempted suicide, gender and sexuality-based violence, child sexual abuse, chronic and terminal illnesses, living in prisons, experiencing high-stress occupations and settings including police, medical and paramedical services, and informal labour. Therefore, there is a need for suicide prevention interventions which support vulnerable groups and address the factors which impact their specific contexts.

Suicide and attempted suicide is an extremely distressing event for friends and family,

and their communities. It is essential that after a death by suicide, postvention steps are taken to provide emotional support and appropriate resources to reduce distress and the risk of bereaved persons attempting suicide. Colleges, schools, workplaces, primary, secondary, tertiary care units etc., must have postvention guidelines in place to ensure persons bereaved by suicide receive necessary support.

SPECIFIC OUTCOMES:

a. Evidence-based suicide prevention interventions focusing on specific vulnerable groups and factors impacting them are implemented across all settings, particularly in community, education, health care, and workplace settings.

b. Number of specific programs integrating suicide prevention such as programs for domestic violence, chronic and terminal illnesses, elderly persons, SUDs, informal labour, prisons, workplaces, armed forces, police, and paramilitary.

c. Number of health personnel in primary, secondary, tertiary care units trained in and ensuring regular contact and safety planning with persons who have attempted suicide for at least 18 months.

d. Number of primary, secondary, tertiary care units and organisations such as schools, colleges, workplaces etc., develop and implement suicide postvention guidelines.

5.5 Prevention, Treatment & Recovery for Substance Use, Alcohol and Other Addictions

5.5.1 Prevention of substance use, alcohol and other addictions

In Sikkim, there are higher rates of substance use such as opioids (more than 10%) and cannabis (2.9%) compared to the national average[10]. Substance use and addictions have a significant impact on the physical and mental well-being of individuals. There is sufficient evidence that substance use and alcohol addiction are a contributing factor of suicides and domestic violence. The WHO recommends population-level interventions for prevention, treatment, recovery, and harm reduction.

There is a need to prevent substance use and addictions among youth in and out of schools and colleges and other vulnerable populations, while ensuring harm reduction among those who already have SUDs. To achieve this, intersectoral coordination between departments of health, education, social welfare, and employment will be required to do the following:

1. Develop a public campaign to disseminate IEC resources, conduct training programs, and sensitisation sessions across community settings including schools, colleges, community, and workplaces in urban and rural areas in collaboration with DMHP and Nasha Mukt Bharat Abhiyaan, panchayats, self-help groups, peer educators, teachers, samaj groups and other civil society partners.

2. Develop and implement de-addiction programs for schools and colleges to sensitise and train students and teachers in prevention, identification and making referrals to primary, secondary, and tertiary care units in collaboration with RKSK and SHWP.

3. Sensitise persons with SUDs in harm reduction techniques and provide counselling for harm reduction.
4. Review and amend existing laws, rules, and policies for ensuring harm reduction, curb advertising of alcohol, and restrict points of sale of alcohol specially around schools and colleges as well as restrict points of sale during large-scale cultural or social events linked to high substance use.
5. Develop and disseminate guidelines on safe usage of internet, social media and online gaming in educational institutions, health facilities, youth clubs, media, panchayats, and other community spaces.

SPECIFIC OUTCOMES:

a. Number of persons reached through the public campaign.
b. Number of adolescents and young adults reached through the de-addiction programs in schools and colleges.
c. Number of persons who have received harm reduction counselling.
d. Relevant laws, rules, and policies which are implemented, reviewed, or amended.

5.5.2 Treatment of substance use, alcohol and other addictions

The provision of evidence-based treatment, de-addiction facilities and rehabilitation services are crucial strategies for the treatment and care of persons with SUDs. This will be achieved by:

1. Training health personnel such as community health workers, general practitioners, nurses, social workers, etc., in primary, secondary, and tertiary care units to provide evidence-based treatments including screening, brief interventions, counselling, crisis management, and referrals for persons with SUDs and persons in emergency situations who are intoxicated and experiencing withdrawal symptoms.
2. Increasing availability of de-addiction and rehabilitation facilities in proportion to the persons with SUDs (in different population groups) requiring the same.
3. Integrating suicide prevention support by training health personnel in de-addiction and rehabilitation facilities.
4. Strengthening and increasing availability of psychosocial and peer support groups (such as Alcoholics Anonymous, Narcotics Anonymous and other recovery groups) in a structured and supervised manner through the DMHP and de-addiction facilities.

SPECIFIC OUTCOMES:

a. Number of persons who have received treatment and care for SUDs.
b. Number of health personnel who have been trained to provide treatment and care for SUDs in primary, secondary, and tertiary care units.

c. Increase in de-addiction and rehabilitation facilities in proportion to persons with SUDs requiring the same.

d. Number of persons accessing psychosocial and peer support.

5.5.3 Recovery and re-integration of persons with SUDs in the community

It is important to prevent relapses and re-integrate persons with SUDs into their community by facilitating social care, peer support, and pathways to employment. This will be achieved by:

1. Continued implementation of psychosocial and peer support groups (such as Alcoholics Anonymous, Narcotics Anonymous, and other recovery groups) in a structured and supervised manner through the DMHP and de-addiction facilities. Training persons who have recovered to develop skills to provide peer support in the community.
2. Developing vocational training and skill development programs followed by employment opportunities.
3. Providing counselling services for families and caregivers through the DMHP, secondary, and tertiary care units.
4. Addressing stigma through IEC resources, sensitisation sessions, and contact programs to facilitate re-integration of persons with SUDs in the community.
5. Facilitating access to social care such as housing, assistance for independent/assisted living, and social entitlements (identity documents, allowances, bank accounts, etc.).

SPECIFIC OUTCOMES:

a. Number of persons accessing 1) psychosocial and peer support; and 2) re-integrated into families and communities.

b. Number of persons trained in skill development and vocational training.

c. Number of persons employed through skill development and vocational training programs.

d. Number of families and caregivers who have received counselling support.

e. Number of persons reached through de-stigmatisation activities.

f. Number of persons who have been re-integrated into their community by reuniting with families or independent/assisted living and accessing social entitlements.

5.6 Research for Mental Health & Suicide Prevention

The development of an interdisciplinary research agenda to advance mental health and suicide prevention is a state priority. Considering Sikkim's social, economic, and geographical uniqueness, it is crucial to use multiple research methodologies to generate good

quality evidence on different thematic areas including health systems, epidemiology of mental health problems, determinants of suicide and suicidal behaviour, implementation research outcomes for interventions, and mental health impact of social determinants unique to Sikkim's context. It is important that the research agenda is developed and fulfilled with the active participation of community members including persons with lived experience, families, caregivers, civil society partners, local self-government institutions, and other community representatives.

To achieve this, research capacity within the state will be augmented by fostering partnerships with domestic and international research institutions, Centres of Excellence, DMHP, medical college departments, mental health professionals, people with lived experience, youth, and civil society partners. The research findings and evidence generated will be translated into the design, implementation and delivery of mental health and suicide prevention services and programs for different population groups and the contributions of relevant collaborators will be duly acknowledged.

SPECIFIC OUTCOMES:

a. An interdisciplinary research strategy reflecting the priorities and needs of the state is developed for mental health and suicide prevention.

b. Number of research collaborations and partnerships between the government, research institutions, civil society partners, persons with lived experience, and health personnel.

c. Increase in funding allocations for research collaborations.

6. Way Forward for Implementation of the Strategy

Between 2025 to 2030, the Government of Sikkim commits to the implementation of activities highlighted in the strategic areas of action based on the needs and priorities identified by key stakeholders and the people of Sikkim. An implementation and action plan detailing the implementation process with activities, outputs, outcomes, timelines, nodal authorities, stakeholder roles and responsibilities will be developed.

The implementation of the strategy will be monitored and evaluated periodically by the Government of Sikkim. A comprehensive progress review of the strategy will be undertaken at the end of three years. Strategic areas of action and implementation plans are subject to amendment based on the review evaluation as well as the changing needs and priorities of the Government of Sikkim. The strategy will be laid before the Sikkim Legislative Assembly.

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