Suicide Prevention amongst Students in India: Need of Policy and Praxis

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In 2010, overall 7379 students committed suicides which amounted to 5.5% of total mortality by suicide in India (Government of India, 2010). Research had identified the role of various problems in suicidal behavior among students (Verma, Sharma & Larson 2002; Guar, Murthy, & Nathawat, 2001; Lalwani et al., 2004; Sharma, Grover, & Chaturvedi, 2008) in India. Suicidal behaviours are generally attended by the health services and in India. The health services appear to be scarce in addressing the issue. However, there is an urgent need for some tangible solutions to this problem. It is expected that government should come up with a national policy for suicide prevention for students and in general.

The analysis of annual reports on Accidental Deaths and Suicides in India (ADSI) published by National Crime Records Bureau (NCRB), under the Ministry of Home Affairs, Government of India indicates that situation is devastating (table 1). Maximum numbers of suicides take place in the age group of 15-29 years among student population in India. More male students than female are found to be committing suicides. The second largest age group is students' upto 14 years of age. In this age group there is no much difference between numbers of suicides by male and female students. Suicides are also found among students who continue their education in the latter age groups.

Table 1 Students suicide in India from 1995 to 2010

	up to 14 years			15 - 29 years			30 - 44 years			45 - 59 years			60 & above			total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1995	639	676	1315	2027	1433	3460	312	172	484	35	14	49	8	60	68	3021	2311	5332
1996	719	701	1420	1859	1540	2399	217	103	320	59	22	81	22	2	24	2876	2368	5244
1997	696	701	1397	1999	1617	3616	153	128	281	20	17	37	4	1	5	2864	2464	5328
1998	751	640	1391	2267	1645	3912	243	133	376	28	15	43	10	3	13	3299	2436	5735
1999	713	645	1358	2263	1704	3967	213	106	319	24	30	54	7	15	22	3220	2500	5720
2000	684	687	1371	2129	1593	3722	142	69	211	16	14	30	11	7	18	2982	2370	5352
2001	683	546	1229	2234	1730	3964	164	66	230	27	22	49	0	2	2	3108	2366	5474
2002	586	679	1265	2258	1527	3785	199	86	285	19	1	20	0	0	0	3062	2293	5355
2003	574	599	1173	2485	1915	4400	288	174	462	37	15	52	2	0	2	3386	2703	6089
200	64	62	127	228	183	411	17	44	21	0	1	1	0	1	1	310	250	561

4	9	6	5	9	0	9	0		4							8	2	0
2005	584	585	1169	2145	1585	3730	157	78	235	3	1	4	0	0	0	2889	2249	5138
2006	562	636	1198	2421	2009	4430	107	84	191	25	5	30	8	0	8	3123	2734	5857
2007	603	637	1240	2644	2090	4734	159	91	250	8	6	14	2	8	10	3416	2832	6248
2008	514	573	1087	2627	2053	4680	188	62	250	35	4	39	4	0	4	3368	2692	6060
2009	649	629	1278	2934	2272	5206	173	89	262	12	3	15	0	0	0	3768	2993	6761
2010	717	693	1410	3134	2568	5702	137	71	208	42	10	52	7	0	7	4037	3342	7379

Note: M= Male, F= Female, T= total

Data Source: *Accidental deaths and suicide in India, various issues.*

In a diverse country like India, if we glimpse through the factors that leads to suicide among students, the list of reasons is overwhelming. The problems cover a wide range of issues pertaining to bio-psycho-socio-economic-personal and cultural facets of life. Set of problems for students in educational institutes differ from rural to urban and from cities to metropolitans. In rural there is scarcity of recourses. Metro cities are overcrowded, and there is struggle for resources ultimately vitiating the social atmosphere. In such circumstances, failure is attributed to personal incompetence; a sense of personal rejection is induced and imposed by the society; rather than "inner voice". Above all the unemployment, corruption and favoritism is responsible for persistent stress in anticipation of non-accommodation in world of work. Ignoring the inequalities experienced by individuals in the society, merit is the norm for education and employment. There is a wide gap between the inequalities and ideal human being in the globalised model of the country; a recent example is the problem of farmer's suicide, which is rooted in unequal distributions of resources among peasants society (Bansode, 2008). Similar consequences can be observed in students' society. Sustaining in education with higher chances of employability like management studies etc. is difficult for students belonging to lower socio-economic status. This scenario appraises the dynamic complexity of the situation in which the suicidologists has to frame suicide prevention strategies along with the policy makers. These complex circumstances need interventions at multi-levels i.e. at policy, institution and individual level. Let us consider this possibility one by one.

Policy level interventions:

Government frames policies to deal with various problems. It is expected that people involved with framing educational policies need to be consulted, incorporated while framing the policies to address particular problem. The same is applicable in case of suicide prevention policies initiated by the government. The government may ponder over the following suggestions/guidelines while framing the policies.

1. One of the many conditions, establishment of suicide prevention centre as a mandatory condition for educational institutes.
2. Full time appointment of the staff necessary for suicide prevention centers.
3. Formulate more accommodative and inclusive policies for students.

4. Funding for suicide prevention centers.

Significantly, the Government of Maharashtra has taken initiative in countering the problem of students' suicide in a form of guidelines. The Higher and Technical Education Department of Government of Maharashtra has taken a welcome step to sensitise teachers and educational institutions on the problem of students suicide by issuing a circular on 26/05/2010 (Government of Maharashtra, 2010) appealing the educational institutes to actively intervene in the matter of suicide prevention amongst students. The circular is issued to all educational institutes for implementation. Highlights of the circular are; to appoint counsellors in all colleges and universities, stress management component to be part of refresher courses at teachers training, orientation courses to be run for teachers, raging related notices to be display at the institutions, community centers for students in each college. It is also suggested in the circular that at the opening of the academic year the institution organise a common meeting comprising students, parents, teachers and psychologist-advisor. In response to the above circular University of Mumbai has taken an immediate action and systematically intervene in the issue (Times of India, 14/07/2010).

Institution level interventions:

Educational institutes i.e. universities, colleges and any other private institute or organizations dealing with education are the destinations that can work as a gate-keeper. These destinations need to be located and considered for suicide prevention programs.

1. If made mandatory by the policies than establishing suicide prevention centers and the required staff.
2. Facilitating research and training in suicidology.
3. Effectively involving employee's in the suicide prevention program.
4. Mandatory teachers training in suicide risk assessment, possible interventions and referrals.

Individual level interventions:

Some factors responsible for suicide demands interventions at individual level also. General counseling services for the students to deal with their personal issues can serve this purpose.

1. Career and vocational guidance programs for students. Haphazard decisions regarding subject and carrier choice can be timely dealt thus preventing one of the major reasons for suicide.
2. Managing academic stressors like competition, completion of assignments, study skills, language problems and comprehending lectures, presentations in class, exam anxiety will serve as an excellent support for a student.
3. Other than academic stressors managing psychological distress like depression, anxiety and other emotional turmoil can be best dealt at individual level.
4. Protective mental health programs for various other life skills could prepare and strengthen the students in anticipation of future world of work and in their general course of life.

Finally, serious implementation of interventions at different levels can definitely enable to identify and deal with the students at risk. Along with the above mentioned interventions family and community participation can yield better results in suicide prevention programs.

Training of the Gate-Keepers: plan one

Gate-keeper is one who identifies the student at risk for suicide. More than training component for gate-keepers, getting the gate-keepers for training is important as well. A person

who is in direct contact with the students and has an opportunity to interact with the students is a teacher. Teachers can play an important role as a gate-keeper. These gate-keepers will identify the at-risk student and if possible manage the student's problem at their level or refer him to the school counselors/psychologist or to the mental health professional. In this respect we can divide the teachers group into two; one, teachers for the school and junior colleges and second, teachers for graduation and above. School and junior college teachers can be trained by adding an independent component on suicide prevention in there course syllabus in diploma, bachelors and masters program for education. Aiming at suicide prevention this should made mandatory with training from expert with some practical component. This will help in getting trained resource at the entry point. Teachers for graduation and above can be trained through the Academic Staff Colleges of the Universities. As it is compulsory to attend orientation and the refresher courses, this group also can be made resourceful. Aiming at suicide prevention like the school and junior college teachers this group should also receive mandatory training from expert with some practical component. The third group comprising the teacher's already in service and had completed the requirements of mandatory courses can be involved in the summer schools. Summer school is the recent program started by University Grant Commission. A component on suicide prevention can be made mandatory in this program. It is also important to note that teachers are also experiencing burden of training for various purposes. Imposing a training may add to their existing stress of the teachers.

Training of the Gate-Keepers: plan two

Another important resource for suicide prevention can be the student population itself Peer support is very important positive subjective experience for a student. If the students are trained as gate-keepers who can identify his fellow peer's distress and could navigate him for healthier modes of help-seeking appears a significant step towards suicide prevention in the given scenario. It is essential to elaborate on the mode of involvement of students as a key person for suicide prevention among students. In the beginning of every academic year students can be exposed to identification of peers in distress and work on the modalities of how to support a peer in distress and what are the resources for help-seeking. This exposure will not only equip the students to help peers but also themselves.

Multicultural counseling: An approach for intervention in suicide prevention centers in educational institutes.

This approach is prescribed for suicide prevention/mental health centres in educational setups. Students' enrolment in the given scenario depicts diversity and plurality across all variety and stages of education i.e. gender, religion, caste, class, region and culture. Valuing the specificity of the representation among students population is the necessity of the circumstances too also. In educational scenario specificity needs to be indentified and further classified. Considering the nature of Indian society, classification should be comprehensive rather than reductionist. Grouping of the students for specificity need not be restricted to the levels (elementary, higher secondary, graduate etc.) but age and gender should also be focused. Further, some of the possible dimensions are socio-economic status, urban-rural differences, the belief system of the student (religion, caste, ideologies etc), region specific differences (state-wise and within the state), and language etc. However, functioning with this approach requires multicultural competencies in the gate-keepers (teacher/counsellor). Information from multi and cross disciplines is required. This exercise will foster the in-depth and cultured conceptualization of students' culture in the country with the flavour of diversity. Research has confirmed psycho-

social aetiology over psychopathology (depression etc.) for suicides (across age, gender, profession etc.) in India compare to those of Western and European countries. Such finding has widened the scope to identify suicide risk beyond psychopathology. However, incorporating student-culture specific conceptualization of students' suicide for framing intervention strategies will serve the purpose of identifying and dealing with the students at risk for suicide.

Conclusion

Student suicide is escalating in India. There is urgent need that every section of the society responds to the need of preventing suicide among students. However, indispensability of policy intervention for suicide prevention in general and students in particular is the need of hour in India.

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