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EDITORIAL ANALYSIS

# Youth Suicides Tell a Grim Story That Society and Policy Must Heed

THE HINDU

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SUBJECTS COVERED

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CURATED & WRITTEN BY

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# Youth Suicides Tell a Grim Story That Society and Policy Must Heed

The Hindu 23 March 2026 GS1 GS2 GS4

TH The Hindu | MAINS RELEVANCE: GS Paper 1 GS Paper 2 GS Paper 4

**INTERVIEW ANGLE**

*"Youth suicides in India are often attributed to mental health issues alone. Do you think structural social factors like caste, gender, and family control play a more significant role? How should policy respond?"*

**WHY IN NEWS**

The Hindu published an editorial highlighting that India's youth suicide crisis is driven not merely by mental health disorders but by deep structural social factors — caste discrimination, patriarchal control, forced marriages, and denial of autonomy — using recent cases from Rajasthan to illustrate "honour-driven suicides."

## The Scale of the Crisis

India's youth suicide data presents a grim picture:

| PARAMETER | DATA |
|---|---|
| Total suicides annually | ~1.7 lakh (NCRB 2024) |
| Largest demographic group | Youth (18-30 years) |
| Female suicides before age 25 | ~two-thirds of all female suicides |
| India's global suicide rate rank | Highest absolute numbers among large countries |
| Suicide rate | ~12.4 per 1,00,000 population (NCRB 2024) |

## Beyond Mental Health — Structural Causes

The editorial's most important contribution is expanding the suicide discourse beyond clinical psychiatry to include **structural social oppression**:

### *Honour-Driven Suicides*

Using the case of two sisters from Rajasthan who died by suicide after their family arranged forced marriages against their will, the editorial illustrates how "honour" — a social construct rooted in caste endogamy and patriarchal control — can become fatal.

### *Caste-Based Discrimination*

Dalit students in elite educational institutions face systemic humiliation. The cases of Rohith Vemula (University of Hyderabad, 2016) and Darshan Solanki (IIT Bombay, 2023) highlighted how caste discrimination in academic spaces creates unbearable psychological pressure.

### *Economic Pressure on Youth*

The mismatch between educational aspirations and employment opportunities — with over 50% of graduates unemployed or underemployed — creates despair. Competitive exam failures are a major trigger, with coaching hub towns like Kota reporting persistently high student suicide rates.

## The Paradox — Developed States, Higher Rates

Counterintuitively, states with higher HDI (Human Development Index) often report higher suicide rates:

| STATE | SUICIDE RATE (PER LAKH) | HDI RANK |
|---|---|---|
| Kerala | ~26 | High |
| Tamil Nadu | ~22 | High |
| Karnataka | ~18 | Medium-High |
| Telangana | ~17 | Medium-High |
| Bihar | ~1.3 | Low |
| Uttar Pradesh | ~3.6 | Low |

The editorial suggests this reflects **aspiration-stress dynamics** — greater awareness and exposure in developed states heightens the gap between aspirations and reality, while stronger individualism clashes with persistent social constraints.

## Policy Gaps

| GAP | IMPACT |
|---|---|
| Psychiatrist shortage | 0.75 per 1,00,000 population (WHO recommends 3+) |
| Mental Health Act 2017 | Progressive but poorly implemented |
| School counsellors | Absent in 95% of government schools |
| Suicide prevention helplines | Underfunded, understaffed |
| NCRB classification | Categorises causes poorly (misses structural factors) |

## The Mental Healthcare Act 2017

India's Mental Healthcare Act 2017 was a landmark legislation:

- **Right to access mental healthcare** as a legal right
- **Decriminalised suicide** — Section 115 states that any person who attempts suicide shall be presumed to be under severe stress and shall not be punished
- **Advance directives** — Right to specify treatment preferences in advance
- **Mental Health Review Boards** — In every state for grievance redressal

However, implementation remains patchy. Most states have not established adequate Mental Health Review Boards, and district mental health programmes remain underfunded.

## The Ethical Dimension

The editorial raises an important ethical question: when society itself is the source of suffering — through caste hierarchy, gender oppression, and economic exclusion — placing the burden of "resilience" on the individual is a form of victim-blaming. Policy must address root causes, not just symptoms.

## UPSC RELEVANCE

NCRB data on suicides, Mental Healthcare Act 2017 (Section 115), WHO psychiatrist ratio recommendation.

### MAINS GS-1:

Social institutions — family, caste, gender and their impact on youth; urbanisation and aspiration-stress dynamics.

### MAINS GS-2:

Mental health policy; implementation of Mental Healthcare Act 2017.

### GS-4 ETHICS:

Empathy vs structural reform; ethical duty of society towards vulnerable populations.

## 📌 FACTS CORNER — KNOWLEDGEPEDIA

### INDIA SUICIDE STATISTICS (NCRB 2024):

- Annual suicides: ~1.7 lakh
- Suicide rate: ~12.4 per 1,00,000
- Youth (18-30): Largest demographic
- Female suicides before 25: ~two-thirds
- Leading causes: Family problems, illness, marriage-related issues

### MENTAL HEALTHCARE ACT 2017:

- Right to access mental healthcare
- Section 115: Decriminalised attempt to suicide
- Advance directives allowed
- Mental Health Review Boards in every state
- Insurance parity for mental illness

### MENTAL HEALTH INFRASTRUCTURE:

- Psychiatrists: 0.75 per 1,00,000 (WHO recommends 3+)
- NIMHANS (Bengaluru): Premier mental health institute
- District Mental Health Programme (DMHP): Under National Health Mission
- National Tele Mental Health Programme: Tele-MANAS (launched 2022)

### KOTA STUDENT SUICIDES:

- Kota (Rajasthan): India's largest coaching hub
- ~25-30 student suicides annually in recent years
- Rajasthan government mandated anti-suicide measures in coaching centres

### OTHER RELEVANT FACTS:

- World Suicide Prevention Day: September 10
- WHO target: Reduce suicide rate by one-third by 2030 (SDG 3.4)
- Suicide Prevention Helpline (India): iCall 9152987821, Vandrevala Foundation 1860-2662-345

Sources: The Hindu , Legacy IAS

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