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STUDENT SUICIDES

AN EPIDEMIC SWEEPING INDIA

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"India has the highest number of deaths by suicide in youngsters. Across the world, the largest cause of death in youth is road accidents, but in India, it is suicide."

*Dr Amit Sen, Psychiatrist,
Children First Mental Health Institute, Delhi[1]*

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1 What Drives So Many Indian Students to Commit Suicide? (thequint.com)

Contributors

- **Harish Menon**
  Chair of Averting Student Suicide Research & Advocacy Task Force

- **Ratish Srivastava**
  Academic Manager, IC3 Institute

Tables

Student Suicides: An Epidemic Sweeping India

Introduction

The escalating trend of student suicides in India presents a pressing issue that urgently needs action. There has been a significant surge in student suicides over recent years, triggering concerns about our youth's mental health. The latest figures from the National Crime Records Bureau (NCRB)[2] reveal that in 2021 alone, over 13,000 student suicides were reported, equating to an average of more than 35 lives lost daily. Alarmingly, this translates to a student suicide roughly every 40 minutes in India.

The Ministry of Home Affairs publishes reports on student suicide data annually. Numerous research endeavors have been undertaken to identify primary risk factors and warning signs. A dedicated committee has been established to draft a national suicide prevention policy. The New Education Policy 2020 (NEP 2020) emphasizes student mental health and wellbeing. It is now time for commitment. A time for action. A united and concerted action by all relevant stakeholders, collaboratively designing and implementing data and evidence-based programs and policies to tackle this distressing reality.

Acknowledging the urgency to address this pressing issue, this report offers an overview of the trends and statistics of student suicides in India and explores global best practices. More importantly, it extends an invitation to esteemed experts in leadership positions, urging them to unite in forming a task force that will spearhead the fight against student suicides and foster holistic student well-being across the nation. Only through such collective action can we hope to bring about positive change and safeguard the future of our young generation.

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Crisis in Numbers

The trends related to student suicide cases in India in this report are sourced from NCRB, which uses data from police recorded First Information Reports (FIRs)[3]. However, it is important to note that the actual numbers are likely higher due to under-reporting caused by factors such as social stigma and the criminalization of attempted and assisted suicide under Section 309 of the Indian Penal Code (Note: the 2017 Mental Healthcare Act decriminalizes it for persons with mental illness). Additionally, the lack of a robust data collection system in rural areas compared to urban areas contributes to the data discrepancies. For more accurate data, it is recommended to utilize surveys and medically certified causes of death in conjunction with NCRB reports.

Unprecedented Surge in Student Suicides Grips India

The 2021 NCRB report recorded a total of 13,089 student suicides, representing a considerable increase of 4.5% from the previous year's numbers. Likewise, the 2020 data showed a substantial rise of 21.2% in student suicides compared to the 2019 figures (Table 1).

Over the last decade (2012-21), 97,571 student suicides were recorded, a 57% increase compared to the prior decade (2002-11).

Table 1: Student Suicide Trends (NCRB Data)[4]

| Year	Total Student Suicides	Change in Student Suicides
2001	5,425	1.4%
2002	5,355	-1.3%
...	...	...
2017	9,905	4.5%
2018	10,159	2.6%
2019	10,335	1.7%
2020	12,526	21.2%
2021	13,089	4.5%

3 Accidental Deaths & Suicides in India, National Crime Records Bureau, Ministry of Home Affairs, Government of India, New Delhi, India, Reports from 2000 - 2021
4 Accidental Deaths & Suicides in India, National Crime Records Bureau, Ministry of Home Affairs, Government of India, New Delhi, India, Reports from 2000 - 2021

# Student Suicides Surpassing Population and Overall Suicidal Patterns

The incidence of student suicides is displaying a concerning trend, surpassing both population growth rates and overall suicide trends. Over the last decade, while the population of 0-24 year-old reduced from 582 million to 581 million, the number of student suicides increased from 7,696 to 13,089 (Figure 1).

Figure 1: India Population (0-24-Year-Old), Overall Suicides, and Student Suicides[5]
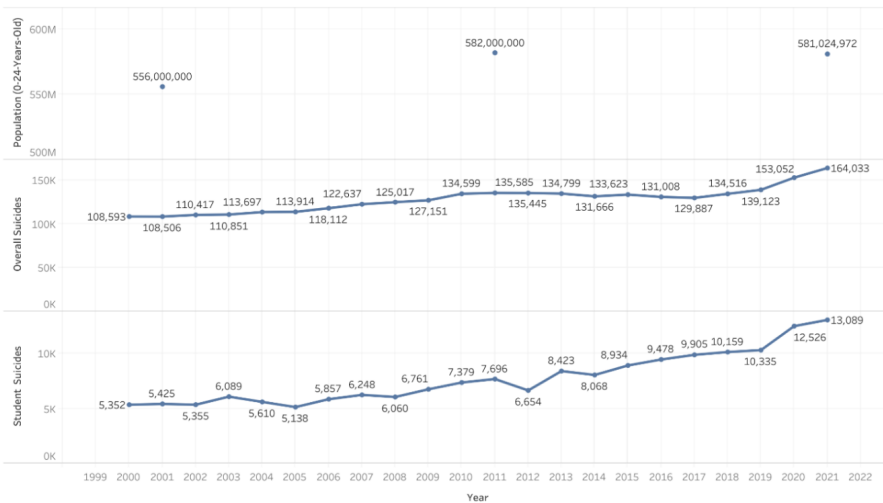
Over the course of the last twenty-year and ten-year periods, the population of 0–24 year-olds has grown 0.2% and -0.02% respectively, student suicides exhibited a compounded annual growth rate of 4% and 7% respectively (Table 2). In comparison, overall suicides grew 2% annually, but this rate surged to 5% over the last five years (Figure 2)[6].

Figure 2: Student suicides and overall suicides trends (trendline smoothened between the years 2001 and 2021)
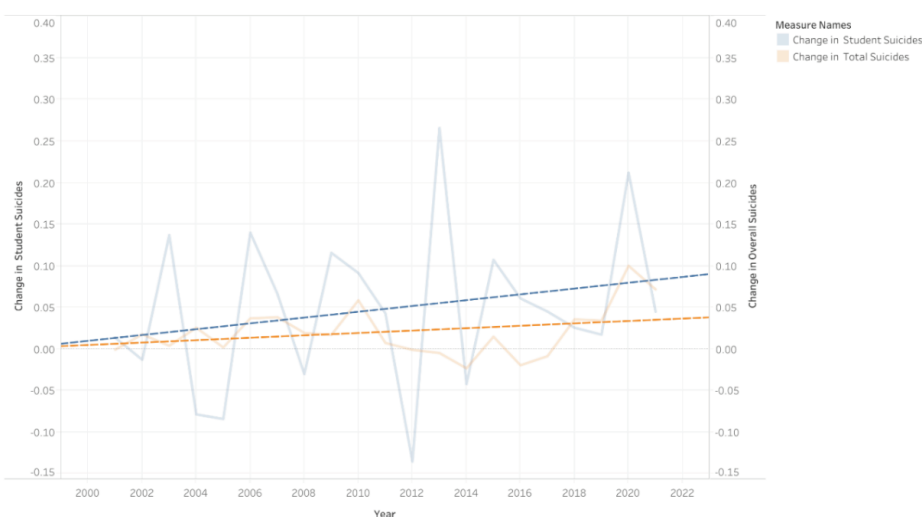
5 Accidental Deaths & Suicides in India, National Crime Records Bureau, Ministry of Home Affairs, Government of India, New Delhi, India, Reports from 2000 - 2021
6 Accidental Deaths & Suicides in India, National Crime Records Bureau, Ministry of Home Affairs, Government of India, New Delhi, India, Reports from 2000 - 2021

Table 2: Compounded Annual Growth Rate [CAGR] of Student Suicides, Overall Suicides, and Population (0-24 Year-Old)

CAGR	Population (0-24 Year Old)	Suicides	Student Suicides
20-year	0.2%	2%	4%
10-year	-0.02%	2%	7%

Rise in Male and Female Student Suicides in Past Decade

In the year 2021, male students constituted 57% of the total student suicides. An analysis of the past decade reveals a staggering 113% surge in male student suicides and a worrisome 79% increase in female student suicides (Figure 3). However, it is essential to acknowledge that comprehensive and accurate data collection, recording, and reporting are imperative for transgender students, as their specific situation remains relatively underrepresented in the data.
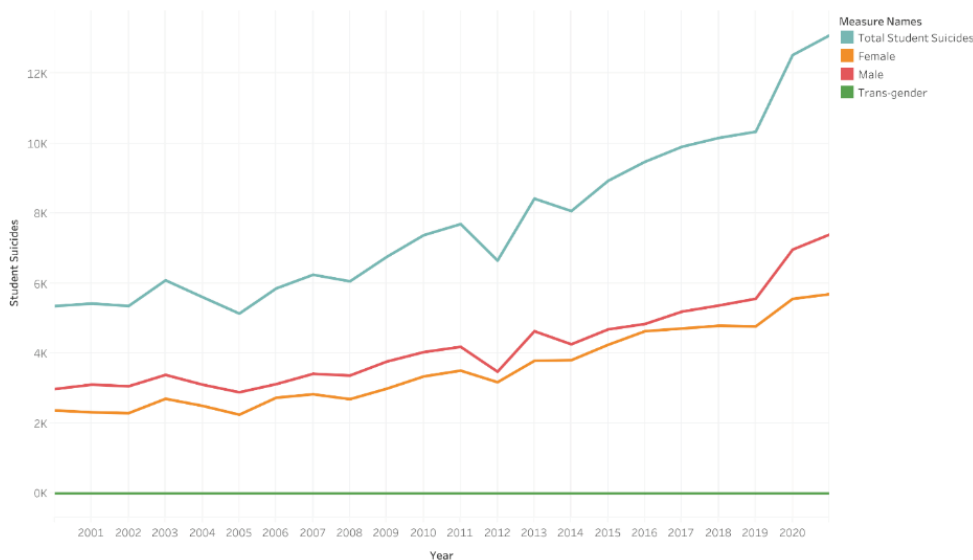

Figure 3: Student Suicides by Gender

Moreover, over the span of the last two decades, both male and female student suicides have experienced substantial percentage increases, particularly evident when observing the data in five-year intervals (Table 3).

Table 3: Gender Trends in Student Suicides

Time Period	# Male Student Suicides	# Female Student Suicides	% Male Student Suicide Δ	% Female Student Suicide Δ
2002-06	15,568	12,481		
2007-11	18,777	15,367	21%	23%
2012-16	21,901	19,655	17%	28%
2017-21	30,488	25,525	39%	30%

Regional Disparities Reveal Concentrated Cases in Certain States

Maharashtra reported the highest number of student suicides at 1,834, followed by Madhya Pradesh with 1,308 suicides, Tamil Nadu with 1,246, Karnataka with 855, and Odisha with 834 [Figure 4]. Remarkably, these five states together account for 46% of the total student suicide cases in the country.

On the other hand, Uttar Pradesh, despite being the most populous state in the country, recorded a comparatively lower percentage of student suicide cases, constituting only 5.3% of the nationwide total. This is particularly significant considering that Uttar Pradesh's population constitutes 17.3% of the country.

Figure 4: Student Suicides by State in India
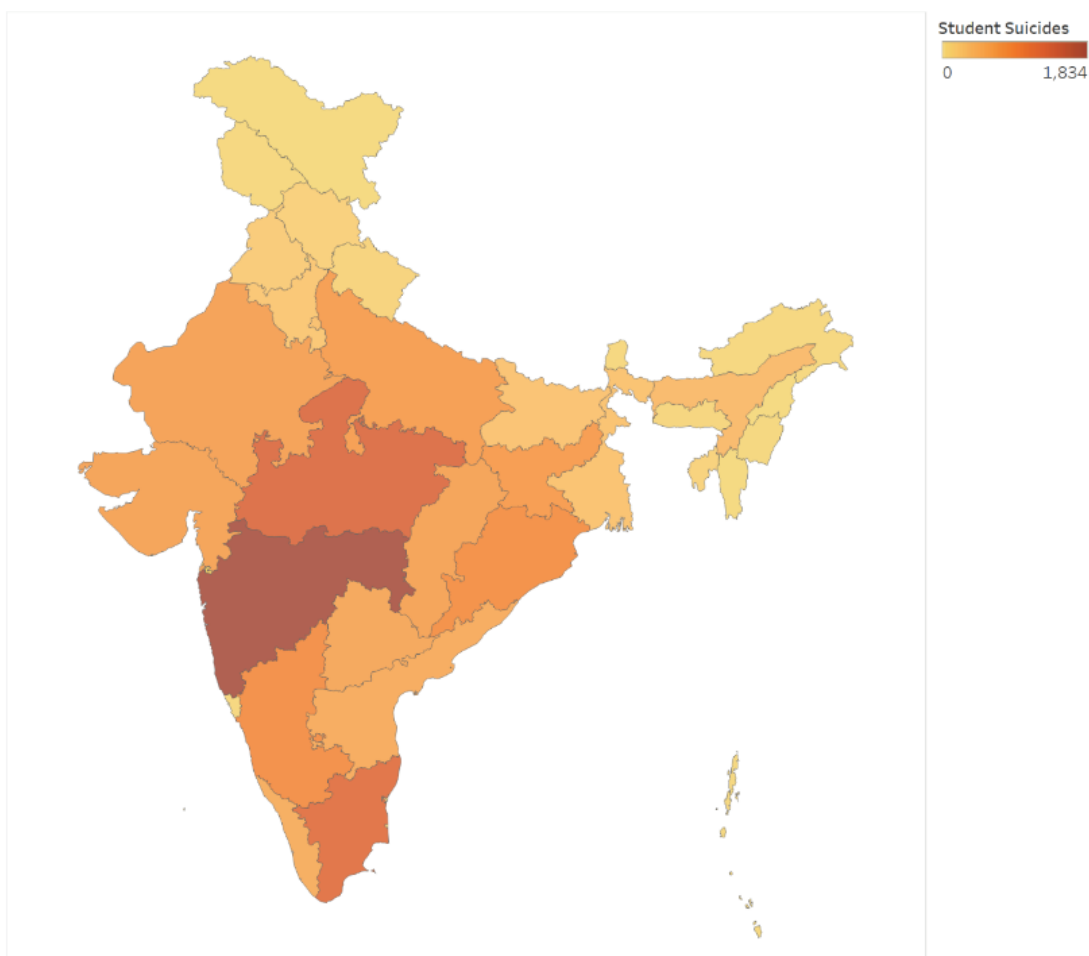
Significant fluctuations in student suicide rates have been observed in several states over the last five years. There was a dramatic increase of 207% in Jharkhand and a considerable surge of 186% in Rajasthan. On the other hand, West Bengal showed a promising improvement, with a notable decrease of 76% in student suicides during the same timeframe [Table 4].

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Table 4: Student Suicides in States With Significant Trends

States	# Student Suicides	% Total Student Suicides	Δ 1-Yr	Δ 5-Yr
MAHARASHTRA	1834	14%	11%	36%
MADHYA PRADESH	1308	10%	13%	55%
TAMIL NADU	1246	10%	34%	27%
KARNATAKA	855	7%	24%	58%
ODISHA	834	6%	-43%	114%
JHARKHAND	716	5%	2%	207%
RAJASTHAN	633	5%	9%	186%
WEST BENGAL	272	2%	-16%	-76%

When examining regional variations, the southern states and union territories of India - namely Andhra Pradesh, Telangana, Karnataka, Kerala, Tamil Nadu, Puducherry, Andaman & Nicobar Island, and Lakshadweep - reported 29% of all student suicides across the nation (Table 5).

Table 5: Student Suicides by Zone

Zone	# Student Suicides	% Total Student Suicides	Δ 1-Yr	Δ 5-Yr
North	1,643	13%	10%	101%
East	2,080	16%	-23%	7%
West	3,142	24%	10%	45%
South	3,747	29%	20%	48%
Central	1,917	15%	12%	30%
North East	560	4%	-16%	4%
Total	**13,089**			

Student Suicides Surpass Farmer Suicides

Student suicides constituted 8% of the total suicides in 2021, a notable increase from the previous seven years when they accounted for 5.6% of the total (Figure 5).

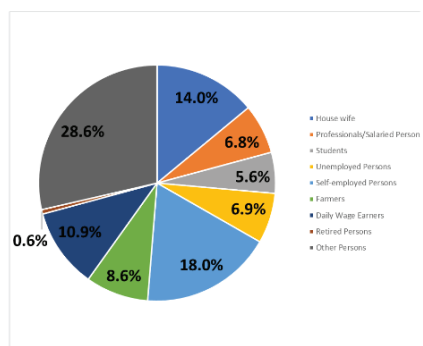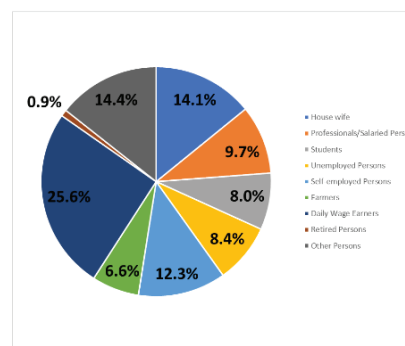Figure 5: Suicides by Profession 2014

Figure 6: Suicides by Profession 2021

During this same period, student suicides experienced a rise of 62%, contrasting with a decline of 12% in farmer suicides. Notably, the year 2021 saw a total of 13,089 student suicides and 10,881 farmer suicides recorded in the country [Figure 7].
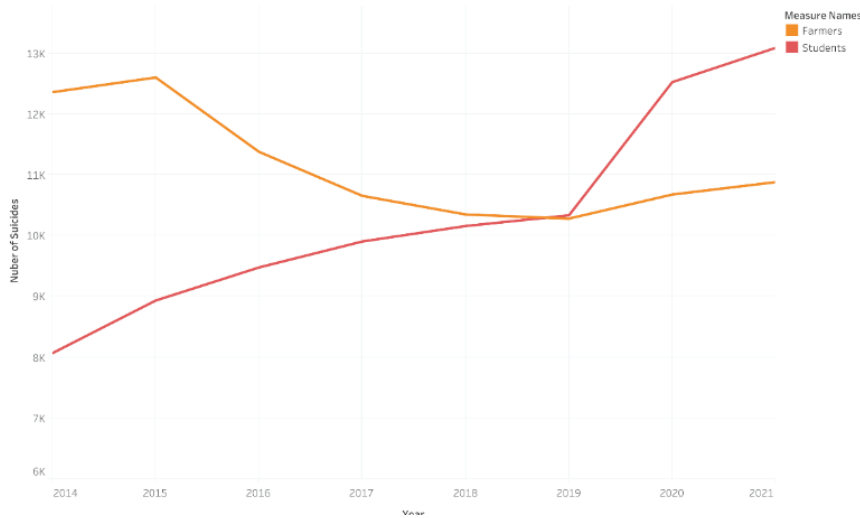

Figure 7: Students and Farmers Suicides 2014-21

COVID Effect: Sharp Drop in Suicide Deaths Linked to Exam Failures

There was a significant decrease in suicide deaths among individuals below 30 years of age, with a sharp decline of 25% from 2019-2020 and 21% from 2020-2021, when accounting for the impact of the COVID years [Table 6]. This decline may be largely attributed to canceling high-stakes exams during the pandemic.
However, the period from 2015 to 2019 shows no noteworthy increase in suicide deaths among individuals below 30 years linked to exam failures.

Table 6: Student Suicide Deaths [Below 30-Year-Old Age Group] - 2015-21

Table 7: Compounded Annual Growth Rate of Suicide Deaths Attributed to "Failure of Examination"

| Year	Suicide Deaths Below 30 Years	YoY Δ
2015	2,543	8%
2016	2,335	-8%
2017	2,473	6%
2018	2,563	4%
2019	2,668	4%
2020	1,989	-25%
2021	1,578	-21%

Moreover, even after excluding the COVID years, the growth rate of suicide deaths linked to exam failure has been decelerating, with annual growth rate changes over 20-year, 10-year, and 5-year periods amounting to 1.5%, 1.0%, and 0.7% respectively [Table 7].

Youth Reluctant to Seek Mental Health Support

In a survey conducted by Gallup on behalf of UNICEF in 21 countries[7] during the first half of 2021, young people expressed a strong preference for seeking help from others when facing mental health issues, rather than trying to deal with them on their own.

A median of 83% expressed agreement that dealing with mental health problems is better achieved through sharing experiences with others and seeking support. Notably, India stood as the sole exception, with 41% of young people supporting the option of sharing experiences and seeking support for mental health challenges [Figure 8].

Figure 8: Percent of 15-24 Year Olds Supporting Option of Sharing Experiences and Seeking Support for Mental Health Challenge

India
41%

Median (Across 21 countries)
83%
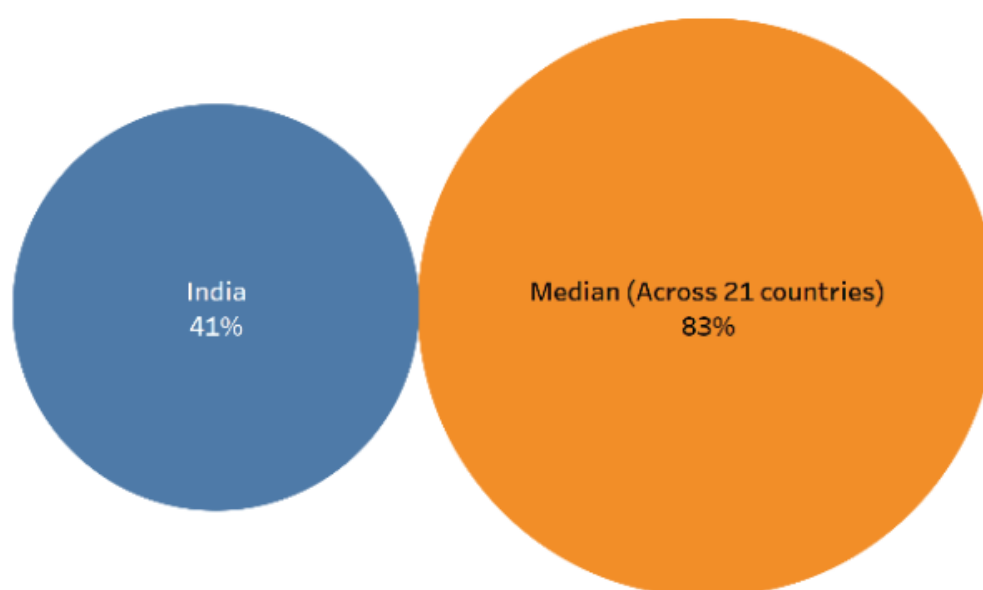
Stigma Toward Mental Illness Among Higher Secondary School Teachers

Children do not develop stigmatization of mental health conditions on their own; often, they emulate behaviors observed in their environment. A cross-sectional[8] study conducted with 566 secondary school teachers in South India revealed that nearly 70% believed that depression was a sign of weakness rather than an illness, and they perceived it as unpredictable but not dangerous.

7 Mental burdens | The Changing Childhood Project | UNICEF x Gallup
8 Venkataraman, Surendran, Rajkumar Patil and Sivaprakash Balasundaram, 'Stigma Toward Mental Illness Among Higher Secondary School Teachers in Puducherry, South India', Journal of Family Medicine and Primary Care, vol. 8, no. 4, 2019, pp. 1401–1407

Young Adults Report Frequent Depression.

In a survey conducted by UNICEF and Gallup[9] across 21 countries in the first half of 2021, approximately one in five young people (19%) reported frequently experiencing feelings of depression or a lack of interest in activities. The prevalence of these sentiments varied, with rates ranging from nearly one in three in Cameroon to as low as one in ten in Ethiopia and Japan (Table 8). In India, it was one in fourteen. Note: In many countries, the available data and regular monitoring of young people's mental health status and requirements are severely limited, resulting in a limited understanding of their overall well-being.

Table 8: Percentage of 15 to 24 year-olds reporting often feeling depressed or having littl interest in doing things.

Country	Percentage
Cameroon	32
Mali	31
Indonesia	29
Zimbabwe	27
France	24
Germany	24
United States	24
Brazil	22
Lebanon	21
United Kingdom	20
Argentina	19
Kenya	19
Peru	16
Bangladesh	14
India	14
Morocco	14
Nigeria	14
Ukraine	12
Spain	11
Ethiopia	10
Japan	10
21-country median	**19**

9 Mental burdens | The Changing Childhood Project | UNICEF x Gallup

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Student Suicide Risk Factors and Protective Factors in India

In various countries, the factors contributing to mental health issues and suicides vary. Suicide arises from a complex interplay of biological, genetic, psychological, sociological, and environmental elements. It has become a growing public health concern globally. Specifically in India, suicides are influenced not only by emotional and psychological factors but also hold significant social dimensions.

Risk Factors	Protective Factors
1) **Academic distress:** Equating success to academic excellence, marks and ranks.	1) **Mental Healthcare Act, 2017:** The Act seeks to ensure the rights of the person with mental illness to receive care and to live a life with dignity.
2) **Forced career choices:** Pressure from family and teachers when selecting courses and careers.	2) **Anti- Ragging Measures:** The Supreme Court makes it mandatory for academic institutions to file official FIR with the police in any instance of a complaint of ragging. University Grants Commission (UGC) passed UGC Regulation on curbing the Menace of Ragging in Higher Educational Institutions, 2009.
3) **Lack of support from Educational Institutions:** Lack of infrastructure and trained human resources for guidance and counseling.	
4) **Ragging and Bullying:** Degradation of astudent's dignity and cyberbullying.	3) **Student Counseling System:** The University Grants Commission in 2016 asked all universities to set up a "students counseling system" to deal with all sorts of problems that the students might face such as anxiety, stress, fear of failure, homesickness, and other academic troubles. The framework for implementation of the Rashtriya Madhyamik Shiksha Abhiyan (RMSA) recognizes the role of guidance and counseling services to students.
5) **Discrimination:** Caste-based discrimination, racism, sexism, and classism.	
6) **Financial stress:** The steep cost of preparatory courses and tertiary education.	

Risk Factors	Protective Factors
7) **Changing family structures:** smaller, nuclear families becoming the norm and the near disappearance of joint or extended families have reduced support systems and increased loneliness among youth.	4) **Gatekeeper's Training for Suicide Prevention by NIMHANS (National Institute of Mental Health and Neurosciences), Suicide Prevention India Foundation (SPIF):** Builds a network of "gatekeepers" and equips them with the knowledge and skills to identify and provide timely help to suicidal persons.
8) **Emotional Neglect:** Childhood trauma and abuse potentially leads to suicidal ideation.	5) **NEP 2020:** Calls for reporting students' progress in cognitive, affective, and psychomotor areas, teachers to emphasize socio-emotional learning, and promotes community involvement in the school system and well-trained social workers and counselors.
9) **Societal apathy:** Society's callousness and indifference towards mental health conditions, stigma, humiliation, and discrimination.	
10) **Undetected psychiatric disorders:** Undetected conditions due to lack of communication by students with teachers, parents or mentors and lack of awareness.	

School-based Approaches to Mitigate Student Suicides

The surge in student suicides in India is a poignant reminder of our young minds' emotional struggles. Schools must embrace a nuanced and multifaceted approach to effectively address this crisis, focusing on academic excellence and nurturing emotional resilience and well-being.

Here is how career counseling can mitigate the risk of student suicides:

- It helps in providing the right career choice for a person
- Students who may not fit into the traditional career options will get to know more options
- It helps to evaluate the strengths, abilities, and interests of a person
- Career counselors understand a student's skills, strengths, weaknesses, interests, personality, and other important factors and give appropriate career advice.

Finding Purpose in Everything A Student Does in and Outside Classroom

A key factor in preventing student suicides is helping young individuals discover purpose and meaning in their academic pursuits and personal lives. Rote learning and high-stakes examinations often overshadow the intrinsic joy of learning. To tackle this, schools must embrace a holistic approach that nurtures creativity, curiosity, and critical thinking. By incorporating arts, sports, and extracurricular activities, students can explore diverse interests and develop a sense of self-identity beyond academic achievements. Educators play a pivotal role in guiding students to identify their passions, strengths, and values, empowering them to pursue fulfilling paths.

Providing Holistic Counseling Support

While career and college counseling are vital aspects of student guidance, they form only one facet of comprehensive support. Emotional counseling is pivotal in addressing underlying issues that contribute to student distress. Trained counselors can create safe spaces where students can share their concerns, anxieties, and personal challenges. Through empathetic listening and tailored interventions, counselors This can help students navigate the emotional turbulence they face during their academic journey.

Creating a Supportive System for Students

The role of school educators extends beyond academic instruction; they serve as mentors and emotional pillars in students' lives. To create a robust support system, educators must be equipped with essential skills to recognize signs of distress and offer appropriate assistance. Regular teacher training on mental health awareness and effective communication can empower educators to build trust and foster open dialogue with their students. By cultivating a caring and empathetic learning environment, educators can reinforce the message that seeking help is not a sign of weakness but a courageous act.

Early Intervention and Timely Support

Addressing student mental health issues at their nascent stage is critical to preventing crises from escalating. Schools must implement early intervention programs to identify vulnerable students and provide timely support. Regular mental health screenings, peer support networks, and student mentoring initiatives can help identify students who may be struggling and offer timely interventions. Schools can empower students to navigate challenges more effectively by providing early resources and coping mechanisms.

The Good Behavior Game[10] is a universal classroom management intervention designed to socialize first and second graders into the student role and reduce aggressive and disruptive behaviors. Not designed to be a suicide prevention program, students who participated in the Good Behavior Game were found to be significantly less likely than students in the control group to report suicidal ideation or attempt suicide at long-term follow-up.

10 Singer J.B., Erbacher T.A., Rosen P. School-based suicide prevention: A framework for evidence-based practice. School Mental Health 2019;11:54–71. doi: 10.1007/s12310-018-9245-8.
11Wilcox, H. C., Kellam, S. G., Brown, C. H., Poduska, J., Ialongo, N. S., Wang, W., et al. (2008). The impact of two universal randomized first- and second-grade classroom interventions on young adult suicide ideation and attempt. Drug and Alcohol Dependence, 95(Suppl 1), S60–S73. https://doi.org/10.1016/j.drugalcdep.2008.01.005.

Encouraging Help-Seeking from Students

The culture of seeking help must be fostered within the school community, where students feel comfortable discussing their emotional well-being without fear of judgment or stigma. Community involvement is pivotal in promoting this culture. Schools can collaborate with mental health organizations, parents, and local community members to organize workshops, seminars, and awareness campaigns. These initiatives educate the community on mental health issues and create a network of support for students in distress.

Role of School Educators in Career Counseling and Suicide Prevention

The impact of educators on students' lives extends far beyond imparting knowledge. To create a strong support system, schools must equip teachers with the necessary skills to recognize signs of distress in their students. Regular professional development workshops should address mental health awareness, suicide prevention, and communication strategies. Moreover, educators must foster compassionate and empathetic classroom environments, encouraging open dialogue about emotions and mental well-being. By forming meaningful connections with students, educators can become a trusted source of support.

School Educator Training

If school counselors do not receive training to mitigate suicide risk amongst students, they must seek continuing education opportunities that address suicide prevention, crisis intervention, and suicide postvention. Appropriate preparation becomes crucial as counselor self-efficacy is enhanced through suicide and crisis training [Mirick et al., 2016; Wachter Morris & Barrio Minton, 2012]. Finally, school counselors and educators should consider training efforts focusing on student suicide attempts. In a study conducted by Becnel, Rangle & Remley [2021], school counselors who encountered a suicide attempt showed higher efficacy compared to their counterparts who had not been exposed to a student suicide attempt.[12]

12 Becnel, Alexander & Range, Lillian & Remley, Theodore. [2021]. School Counselors' Exposure to Student Suicide,
Suicide Assessment Self-Efficacy, and Workplace Anxiety: Implications for Training, Practice, and Research. The Professional Counselor.
11. 327-339. 10.15241/atb.11.3.327.

Steps for School Counselors (ASCA)[13]

The primary role of a school counselor, in case a student is suicidal, is to ensure their safety until the student can be safely transferred to the parents/guardians. According to American School Counselor Association (ASCA), before releasing a student to the parents/guardians, a school should ensure:

- School counselors communicate openly with parents/guardians about the information available concerning the student's suicidal ideation.
- They acknowledge the potential risk of harm without dismissing a student's self-report.
- They refrain from employing terms like "impulse control" or "low risk" to minimize the impact of the message.
- School counselors actively urge parents/guardians to seek a medical or mental health professional for a comprehensive assessment of their child.
- Help the family find resources if needed

While parents/guardians are undoubtedly the primary individuals invested in a child's long-term life, enabling them to exercise custody and control over their child's well-being, there are certain considerations that need to be taken into account. However, in the event the parents/guardians are neglecting the child's mental health needs, school counselors make a report to child protective services. School counselors document these interactions with the parents/guardians and the student.[14]

School Interventions

School-based suicide prevention programs have been integrated into multi-tiered frameworks that address interventions at different levels: universal (Tier 1), selected (Tier 2), and indicated (Tier 3).[15]

As per these models, Tier 1 programs cater to all students within the school population, irrespective of their suicide risk, whereas Tier 2 programs aim to identify and assist students who might be at risk of suicide. Finally, Tier 3 programs are designed to target high-risk students with a current or previous history of suicidal behavior (Miller et al., 2009).

13 The School Counselor and Suicide Risk Assessment (ASCA) - https://schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Suicide-Risk-Assessment
14 Stone, C. (2022). School counseling principles: Ethics and Law (5th Ed.). American School Counselor Association.
15Erbacher, T. A., Singer, J. B., & Poland, S. (2015). Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention. New York: Routledge.

Miller, D. N. (2010). Child and adolescent suicidal behavior: School based prevention, assessment, and intervention. New York: The Guilford Press.

Miller, D. N., Eckert, T. L., & Mazza, J. J. (2009). Suicide prevention programs in the schools: A review and public health perspective. School Psychology Review, 38(2), 168–188.

Global Picture

Overall, suicide stands as the fourth most common cause of death for adolescents aged 10-19 worldwide.[16]

Suicide remains one of the top 10 causes of death even for younger adolescents. Among boys aged 15-19, suicide takes the fourth spot after road injury, interpersonal violence, and tuberculosis. On the other hand, for girls aged 15-19, suicide is the third leading cause of death following tuberculosis and maternal conditions. However, the number of girls who die from suicide is slightly lower (5 per 100,000) compared to boys (6 per 100,000).

The prevalence of suicide as a cause of death varies across regions, with Eastern Europe and Central Asia ranking it as the top cause among adolescents aged 15-19, while it takes the second spot in North America, Western Europe, and South Asia, and the third spot in Latin America and the Caribbean.

Living in wealthy countries does not guarantee happiness for millions of children, as daily realities often fall short of a good childhood. Despite affluence, health, and education, outcomes are not universally positive. Many children suffer from stress, anxiety, and lag academically, while physical well-being is also a concern. The latest UNICEF Innocenti Report Card[17] evaluated 41 countries across mental well-being, covering life satisfaction and suicide rates; physical health including rates of obesity and child mortality; and skills, both academic and social. The Netherlands tops the table with strong mental well-being and skills, followed by other Nordic nations.

Table 9: Child Well-being Outcomes in Wealthy Nations: Mental Well-being, Physical Health, and Academic and Social Skills

Overall ranking	Country	Mental well-being	Physical health	Skills
1	Netherlands	1	9	3
2	Denmark	5	4	7
3	Norway	11	8	1
4	Switzerland	13	3	12
5	Finland	12	6	9
6	Spain	3	23	4
7	France	7	18	5
8	Belgium	17	7	8
9	Slovenia	23	11	2
10	Sweden	22	5	14
11	Croatia	10	25	10
12	Ireland	26	17	6
13	Luxembourg	19	2	26
14	Germany	16	10	21
15	Hungary	15	21	13
16	Austria	21	12	17
17	Portugal	6	26	20
18	Cyprus	2	29	24
19	Italy	9	31	15
20	Japan	37	1	27
21	Republic of Korea	34	13	11
22	Czech Republic	24	14	22
23	Estonia	33	15	16
24	Iceland	20	16	34
25	Romania	4	34	30
26	Slovakia	14	27	36
27	United Kingdom	29	19	25
28	Latvia	25	24	29
29	Greece	8	35	31
30	Canada	31	30	18
31	Poland	30	22	25
32	Australia	35	28	19
33	Lithuania	36	20	33
34	Malta	28	32	35
35	New Zealand	38	33	23
36	United States	32	38	32
37	Bulgaria	18	37	27
38	Chile	27	36	38

[16] UNICEF analysis based on WHO Global Health Estimates, 2019; global estimates were calculated using population data from the United Nations Population Division World Population Prospects, 2019
[17]These are the countries where children are most satisfied with their lives, World Economic Forum, September 4, 2020

The report emphasizes the importance of support networks for children's mental health and reveals that suicide is a common cause of death for adolescents aged 15 to 19. Those with more supportive families tend to experience better mental well-being. While the state of child mental health varies across affluent nations, it is concerning that suicide remains one of the leading causes of death among adolescents aged 15 to 19. Body image significantly influences well-being, especially for girls. More than 10 in 100,000 adolescents aged 15-19 years commit suicide in some rich countries [Figure 6].
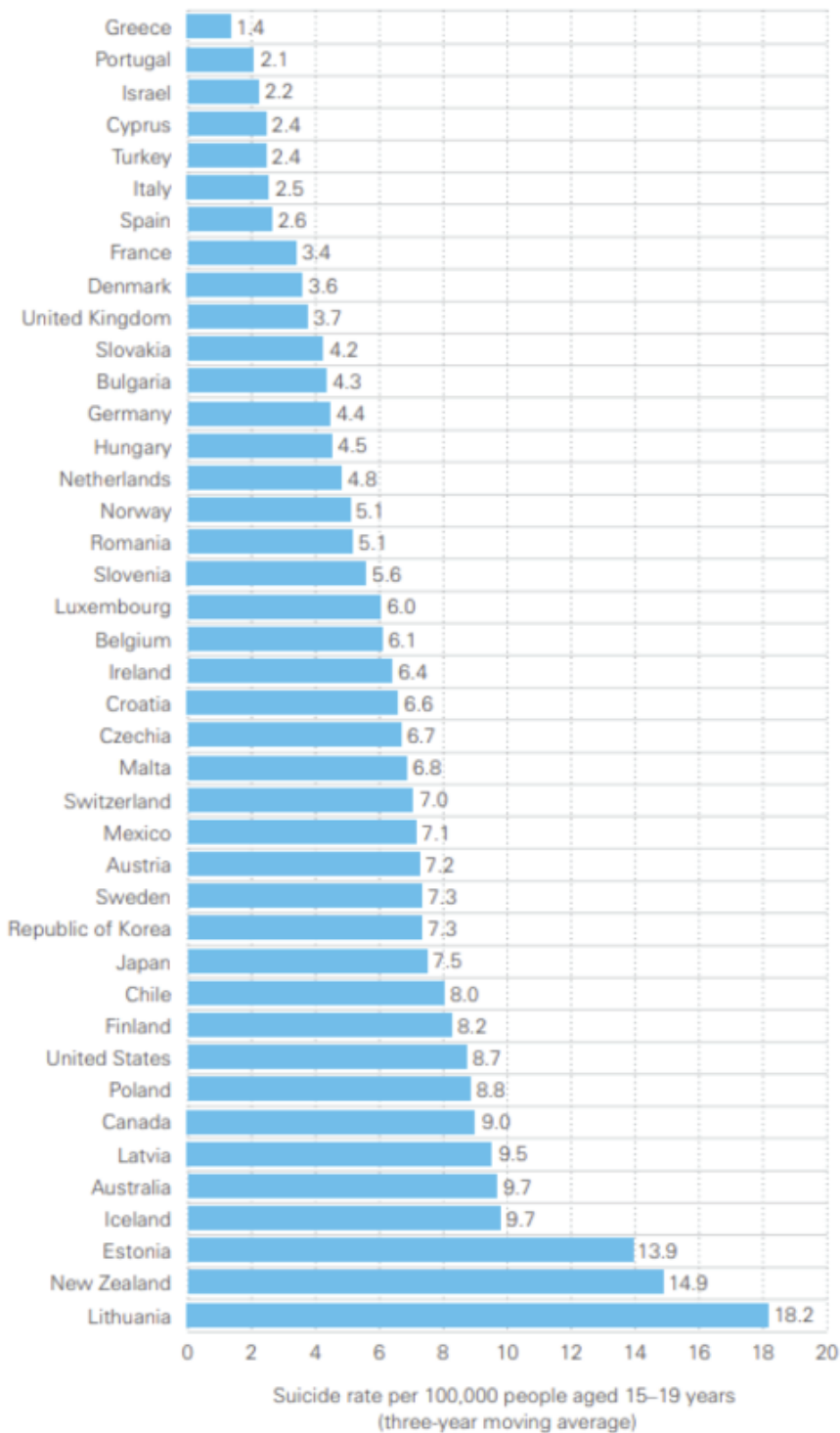
Country	Suicide rate
Greece	1.4
Portugal	2.1
Israel	2.2
Cyprus	2.4
Turkey	2.4
Italy	2.5
Spain	2.6
France	3.4
Denmark	3.6
United Kingdom	3.7
Slovakia	4.2
Bulgaria	4.3
Germany	4.4
Hungary	4.5
Netherlands	4.8
Norway	5.1
Romania	5.1
Slovenia	5.6
Luxembourg	6.0
Belgium	6.1
Ireland	6.4
Croatia	6.6
Czechia	6.7
Malta	6.8
Switzerland	7.0
Mexico	7.1
Austria	7.2
Sweden	7.3
Republic of Korea	7.3
Japan	7.5
Chile	8.0
Finland	8.2
United States	8.7
Poland	8.8
Canada	9.0
Latvia	9.5
Australia	9.7
Iceland	9.7
Estonia	13.9
New Zealand	14.9
Lithuania	18.2

Suicide rate per 100,000 people aged 15–19 years
(three-year moving average)

Figure 6: Suicide Rate per 100,000 adolescents aged 15-19 years

Country Perspective: Netherlands

The Netherlands stands out as a country where teenage life satisfaction consistently ranks highest among OECD nations, in stark contrast to countries grappling with rising rates of depression and anxiety among young people[18]. Researchers attribute this optimism to positive interactions in various social spheres, such as supportive home environments, egalitarian climates at school, and trusting relationships with teachers. Surveys reveal Dutch teenagers' overall contentment, and they excel in areas like eating breakfast, having helpful classmates, and minimal exposure to bullying. Moreover, the country's educational system, which allows flexibility in navigating academic paths, may contribute to lower stress levels. While challenges exist, such as differences in academic achievement among various ethnicities and pockets of poverty, the emphasis on happiness and well-being in Dutch schools continues to support the well-adjusted and fulfilled lives of its youth.

Country Perspective: South Korea

Despite South Korea's global reputation as a cultural powerhouse and trendsetter, beneath the surface lies a grave mental health crisis. The country recorded the highest suicide rate among OECD nations in 2021, with suicide being the main cause of death for those aged 10 to 39. Young people, in particular, are bearing the brunt of this crisis, facing immense societal pressures to succeed, isolation, and feelings of worthlessness. The hyper-competitive society and emphasis on academic achievement contribute to the distressing situation, leading many young individuals to contemplate extreme choices. The situation demands a shift in societal values towards compassion, individuality, and mental health support, as policymakers aim to reduce the country's suicide rate and foster a society where citizens can find true happiness.

[18] These are the countries where children are most satisfied with their lives, Charlotte Edmond, September 2020
[19] South Korea may look perfect, but behind the facade lies a devastating suicide crisis, Raphael Rashid, April 2023

Country Perspective: United States of America

A recent report by the Center for Disease Control and Prevention (CDC)[20] sheds light on the distressing rise in suicide rates among US youth and young adults over the past two decades. The suicide rate for those aged 10 to 24 remained stable between 2001 and 2007 but then increased by 60% from 2011 to 2021, reaching 11.0 per 100,000. Disturbingly, the suicide rate for preteens and teens aged 10 to 14 tripled from 0.9 per 100,000 in 2007 to 2.9 per 100,000 in 2018. The experts attribute the surge to various factors, including stress, social media, and the impact of the COVID-19 pandemic, which caused social isolation and loss of social connectedness among young people. The widespread adoption of smartphones and social media applications has been linked to changes in youth behavior. For a subset of young individuals, smartphone addiction has become a concern, affecting their social and emotional skills. This detachment from meaningful relationships and excessive reliance on technology can lead to mood declines and increased anxiety. To address and reverse these concerning trends, experts emphasize the need for a multi-pronged approach. This includes increasing screenings for anxiety, depression, and suicide risk in primary care and schools. This involves comprehensive screenings for youth at doctors' appointments and implementing school programs to identify high-risk individuals.

Initiatives Around The World

Encouragingly, evidence-based initiatives[21] are being implemented, actively promoting and safeguarding mental health for young individuals facing the greatest challenges. Moreover, nascent projects are being pursued, focused on data collection and research to enhance the efficacy and efficiency of these efforts. However, it is crucial to acknowledge that there is still a considerable amount of work ahead.

[20]Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021, Deborah M. Stone, ScD; Karin A. Mack, PhD; Judith Qualters, PhD; February 2023
[21]The State of the World's Children ON MY MIND, Promoting, protecting, and caring for children's mental health, UNICEF, 2021

Table 10: Initiatives Around the World

Country	Initiative
Lebanon	A national mental health program that provides community-based mental health.
Peru	Community-based mental health care model offering services at the primary health-care level, close to where people live, where they can access their communities' network of support.
Sierra Leone	Caring for the caregiver programs
Kenya	A national open helpline for protecting children
Ireland	A social and emotional learning program offered to 15- to 18-year-olds in schools and youth settings, integrated into the school curricula.
Bangladesh	Adolescent friendly health service programs including recreational and cultural activities, and vocational training.
Philippines	Youth-led wellness chatline where young people express concerns.
Kazakhstan	School-based program that reduces social stigma associated with mental health by reaching out to parents and asking for consent for mental health screenings of adolescents.

Table 10: Initiatives Around the World

Country	Initiative
India	A multicomponent, whole-school health promotion intervention delivered by a counselor or a teacher in government-run secondary schools in Bihar.

Way Forward

While we may not have all the answers, we know enough to act. We need to advocate for and safeguard the mental well-being of every student. Achieving this will require unwavering dedication accompanied by adequate resources, open communication to dismantle taboos and obstacles, and proactive measures to mitigate risk factors and enhance protective factors in key areas of student's lives, particularly within the family and school environments.

In line with IC3's mission and the theme of the 2023 annual conference of finding purpose through counseling, we are launching an initiative to address the student suicide crisis in India. We invite volunteers in leadership positions in education, counseling, and mental health to join the Averting Student Suicide Research and Advocacy Task Force. This task force will be responsible for formulating the agenda of this initiative and advising on programs and policies aimed at addressing the pressing issue of student suicide in India. This task force will aim to contribute to crafting, advocating, and implementing policies and programs in the field in partnership with NGOs, government agencies, schools and universities, and other external organizations whose mission aligns with that of the initiative – counseling every student and safeguarding their mental health.

If you are interested in joining the task force, please contact us at research@ic3institute.org.

List of Tables and Figures