Suicide Prevention Attempts in Nepal

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6th International Zero Suicide Summit™

Introduction

Background: *Nepal is an ancient country where about 30million people, with nearly 126 different ethnicity, inhabit. Nepal was isolated from rest of the world till 1950. Modern psychiatry commenced in the country for the first time in 1962 only. Nepal has one of the highest suicide rates of about 7000 per year*
Many organizations and individual have been trying multiple traditional as well as modern approaches to address the issue. Individual and government-/ non- organizations have introduced activities and tools like suicide helpline, websites, suicide abatement law, mental health support groups, school nursing program, art therapies etc. with mixed sort of results. Scientific researches and evidences are however only a few.

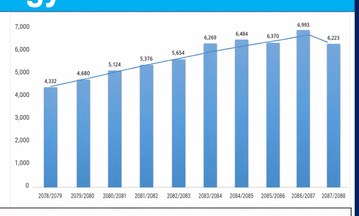
Attempts/ Efforts framework

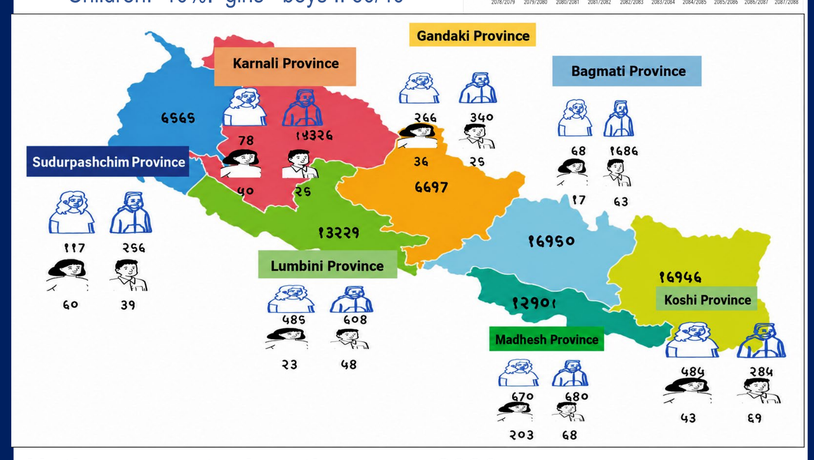
In accordance to WHO 2017
"Preventing Suicide: A Global Imperative"

1. Analysis of situation
2. Inter-sector collaboration
3. Increasing public awareness
4. Capacity building
5. Resource management
6. DATA-collection/ management/ monitoring/ evaluation

Epidemiology

- Nepal Police records: Av 7000 per year
 - 24/ 100K
 - Attempts x 10 times
 - 4th leading cause of death of 15-29 yr
 - Adults: male > female:: 55% vs 35%
 - Children: 10%. girls> boys :: 60/40





National mental health survey 2020

Table 4. Distribution of Suicidality as per Socio-Demographic Characteristics among Adult Participants.

Characteristics	Total Number(N)	Suicidality (95% CI)	Current Suicidal thought (95% CI)	Suicidality Lifetime attempt (95% CI)	Suicide behaviour disorder (95% CI)
Total	8929	7.2 (5.9-8.8)	6.5 (5.3-7.9)	1.1 (0.8-1.4)	0.9 (0.7-1.3)

Table 7. Prevalence of Suicidality and Suicide Behaviour Disorder among Adolescents.

Suicidality and Suicide Behaviour Disorder	Percent (95% CI)
Suicidality	4.1 (3.3 - 5.2)
Current suicidal thoughts	3.9 (3.1 - 5.0)
Future likelihood of suicidal attempt	0.5 (0.3 - 1.0)
Lifetime Suicide Attempt	0.7 (0.4 - 1.1)
Severity	
Low Suicidality	3.1 (2.4 - 4.0)
Moderate Suicidality	0.3 (0.2 - 0.6)
High Suicidality	0.7 (0.4 - 1.2)
Suicide Behaviour Disorder	0.5 (0.3 - 0.9)

Prevalence: Suicide in Special Population

- Maternal Mortality and Morbidity Study (MMMS) women of reproductive age -17% suicide death (-Suvedi et al., 2009)
- Antenatal mothers (P4 suicide screen) 25. 8% of 124 positive - *Associated factors: unemployment, previous suicide attempt, history of mental illness (Shrestha et al, 2022)*
- Participants on opioid agonist (231) *26%* life time suicidality
 - *Associated factors:Psychotic disorder, antisocial personality, life time major depressive disorder (Pant et al, 2022)*

Suicide-Underreported?

- Weak evidence on the burden
- Poor report/ registry/ record/statistics keeping system
- Improper classification
- Poor co-ordination between health and law sector
- Stigma / misinformation / superstitions

Etiology-

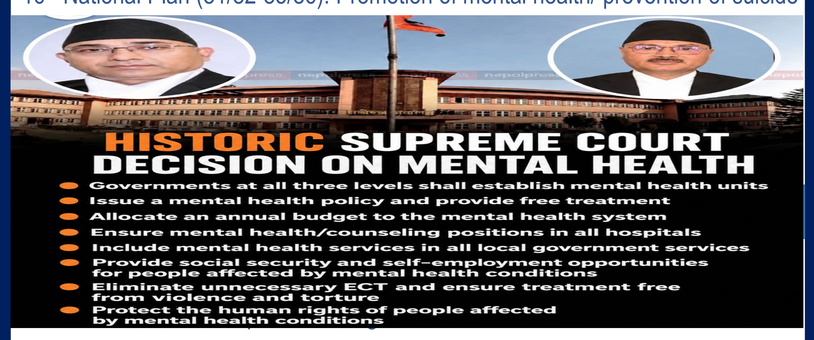
- Mental disorder 2/3
- Psycho-social issues/ Associated factors:
 - Domestic violence
 - IPR problems
 - Poverty, unemployment, failure
 - Social inequality/ Discrimination
 - Disabled/ Marginalized/ disadvantaged/ disaster hit/ victims of violence/ migrant workers

Suicide Modalities

1. Hanging
2. Poisoning
3. Jumping from height
4. Drowning
5. Using sharp weapon: Cut throat/ wrist/ stab
6. Self immolation
7. Others (rare) e.g. gun shot, electrocution

Achievements (Legal Sector)

- Nepal Constitution 2072: ensures right to live respectfully with free/ equal access to basic health services , including mental health
- Public health service act 2075. sec 3.4 :mental health service basic right to mental health
- Public health regulations 2077: basic + Emergency service at all 3 level
- Disability Act 2074: sec 35/36: privilege access / care
- Nepal Penal Code 2074: chapter 12,sec 145: Suicide abetment law
- Nepal Civil code 2074, Sec 20(1)- immediate investigation in suicide/ accident/ suspicious cases
- Domestic violence act 2066- recognition of mental / emotional violence
- Pesticide management act: 2076- regulation of production, import export, purchase, storage, sale, use
- 16th National Plan (81/82-85/86): Promotion of mental health/ prevention of suicide

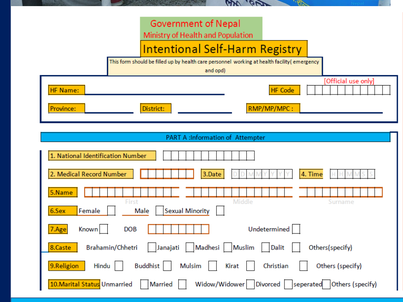


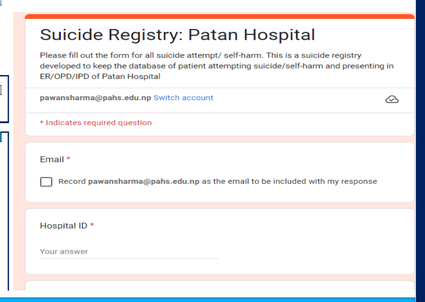
- National Suicide Prevention Hotline 1166. since 2022
- NHTC- training packages for health workers
- NHEICC -Responsible media reporting guideline 2025
- HMIS- self harm registry (pilot in 2 govt hosp)



National Help line: 1166
Nepal Police 100

Other help lines
- Patan Hospital
- TUTH, BPKIHS
- NGOs like TPO Nepal





Ongoing Effort

- National mental health act – ongoing revision, target 2026 end
- National suicide risk assessment and treatment guideline 2082
- National suicide reduction work-plan (2083-88)
- School mental health curriculum
- Medical Education curriculum revision

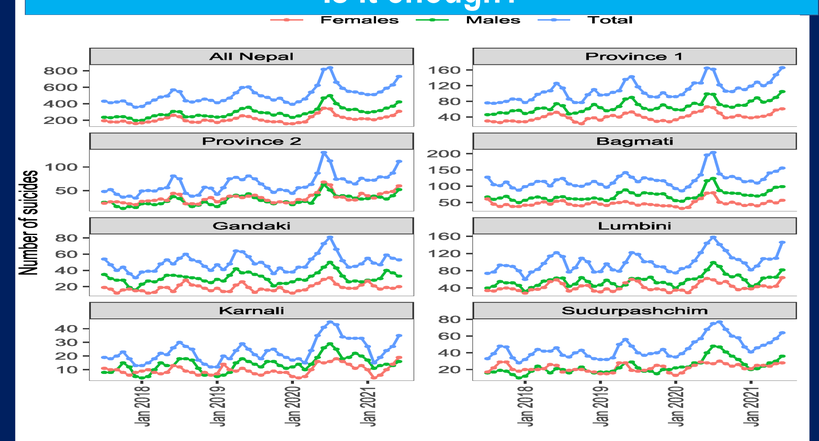
Psychiatry syllabus of MBBS ,mhGAP training -suicide module

➢MD Psychiatry program ,M Phil. Clinical psychology ,MN in psychiatric nursing

Achievements (summary)

- Change in Narratives- interest by all, stigma reduction – increase in service seeking/reporting behavior
- Increase health care service accessibility
 - Psychiatric services in 68 general hosp
 - 550 psycho-social counselors- govt./development partners, support groups
 - mhGAP for >6000 health workers
- Increasing awareness- public / gatekeepers
- OCMC services in 98 hospitals
- Important legal / policy frameworks
- Involvement of Nepal Police
- Reducing access to means/ modality-29 lethal pesticides banned since 2019

Is it enough?



- Suicide death on a rise- SDG target 4.5/ 100K
- Implementation of theoretical strategies in practice
- Mental health literacy
- Reporting pathways (governmental health, police, and administrative systems)

Challenges

- *Limited resources/ tough terrain/ living conditions*
- *Low literacy/ heterogenicity - misunderstanding, superstitions, stigma, discriminations*
- *Disaster prone- priorities keep changing*
- *Rapid turnover: HR, political system*
- *Poor data management*
- *Substance use problem – still a neglected field*
- *Migrant work culture/ social instability*

Way forward

RESEARCH Open Access

Identification of research priorities for suicide prevention in Nepal: a Delphi study

Elisha Joshi[1*], Santosh Bhatta[2,3], Sunil Kumar Joshi[1,4] and Julie Mytton[2,3]

- Better understand the epidemiology of suicide
- Strengthen evidence-based practice on healthcare prevention and response service
- Studies to better understand the needs of those at risk of self-harm and their families

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ORIGINAL RESEARCH

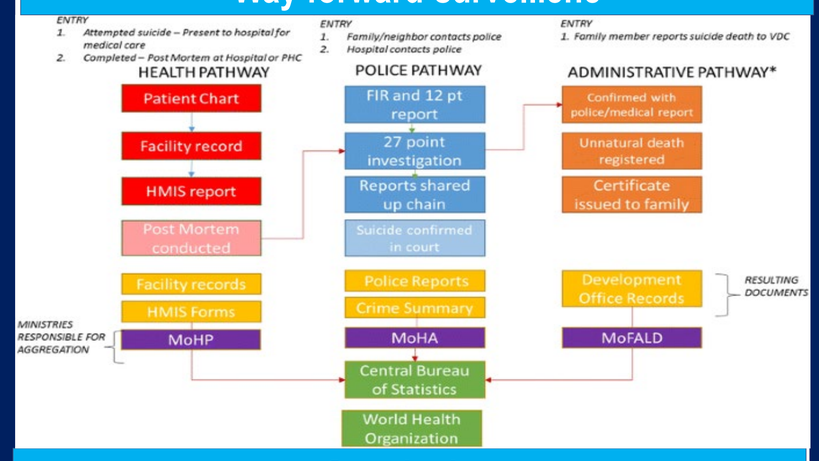
Health Science Reports Open Access WILEY

Newspaper reporting of suicide in Nepal: Quality assessment against World Health Organization media guidelines

Rakesh Singh[1,2] | Sharika Mahato[3] | Seema Khadka[4] | Pragyan Basnet[5] | Kalendra Bista[5] | Ritika Karki[5] | S. M. Yasir Arafat[6]

- **Need to develop/ implemet national guidelines**
- **Conduct regular workshops**
- **Adequate training and support to media professionals**

Way forward-survellienc



Conclusion

In spite of multiple efforts by institutions and individual, the suicide rate however is in rising trend. The challenges are many and needs meticulous planning and implementation

Recommendation*: it is high time that the comprehensive national strategies/ guidelines are formulated and collectively and effectively implemented.*

Acknowledgements

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