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Mind matters

- Policymakers need to invest in mental health to curb rising suicide rates

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SEP 10 -

Last week, Hari Sada, a native of Udayapur



district fell off a six-storey building in Qatar and died. In a cruel twist of fate, on Monday, the very day his dead body arrived in Nepal, his 24-year-old wife, apparently unable to bear the pain of losing him, consumed poison and killed herself. The same day, three other women killed themselves in Rautahat—two after a dispute with their husbands while the other was suffering from chronic depression.

Such news of women killing themselves in

Nepal are worryingly frequent, so much so that suicide is listed as a leading cause of death among women of reproductive age (15-49 years) in the Maternal Mortality and Morbidity Study by the Department of Health Services conducted in 1998 and 2008/09. Instances of suicide have only increased in recent times and among both men and women.

According to the first-ever comprehensive report on suicide by the World Health Organisation (WHO), 15 people kill themselves every day in Nepal. The report, titled 'Preventing Suicide: A Global Imperative', lists Nepal as second among South Asian countries, only after Sri Lanka, with the highest number of suicides per capita. In 2012, there were 5,572 cases of suicide in Nepal—3,104 men and 2,468 women. The numbers, however, could be an understatement, as there is a tendency to not report cases of suicide



as it remains a criminal offence in Nepal. Then, there are issues of social stigma.

Nonetheless, these figures point to a pressing need for research on the increasing occurrence of suicide and the prevalence of mental health problems among Nepalis. Studying societal perceptions and responses to mental illness could be a start. As of now, most people equate any form of mental illness with madness. And more often than not, depression is interpreted as a case of 'bad mood'. This results in the view that suicide is simply an act of cowardice, no matter what hardships a person is facing. The punishment meted out to those who attempt suicide by the law is only an extension of this mindset.

Still, the Mental Health Policy 2006 is the only existent policy document on the issue. But it only talks of 'providing treatment' and 'curing the mentally ill'. While treatment is no doubt important, there is an equal need for discourse on mental health, if suicides are to be prevented. This is not possible with the currently nil investment in suicide prevention in the health budget. Clearly, the WHO report should act as a wake up call for all concerned. In the immediate, operating hotlines to help those who are depressed and suicidal would be a great start. A hotline (01-4102615), operated by Nepal Health Society, an NGO working to prevent suicide, gets around 10 to 15 calls each day, most of them from women. This is a good example.

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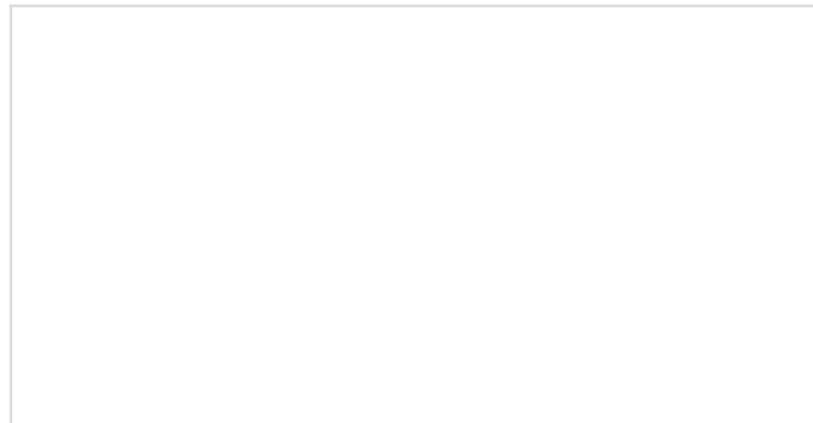
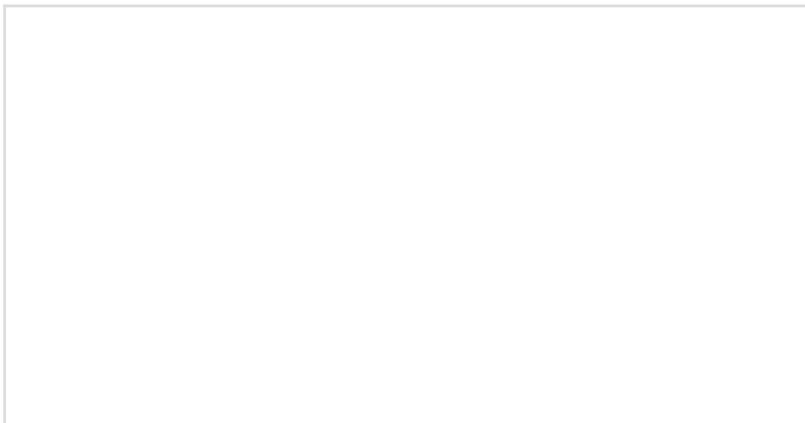
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