Table of Contents

Introduction

> ***"We all know that suicide doesn't happen in a vacuum. There is historicity to it, there is politics to it, there is economic history to it."- Ratnaboli Ray.***

The notion of suicide and, thereof, the death by the same is laced with stigma, anxiety and distress in the popular imagination, despite suicidal ideation being a common experience for many individuals at some point in their lifetime. The Western bio-medical model has pathologized suicide, often placing blame on the individual rather than examining broader societal and institutional structures that systematically oppress historically marginalized populations and neglect individual needs and narratives. This covert invisibilization further limits conversations about care, suffering, and the right to a life with dignity for select groups.

In India, for example, the caste system is deeply entrenched in society, but its invisibilization extends to conversations about mental health as well. Women, queer, and trans individuals, especially at the intersections of caste, class, and religion, among other social markers, remain vulnerable to oppressive forces that work in tandem to normalize their struggles by reinforcing traditional and colonial mindsets around categories such as gender, sex, family, labour, and suicide. Examples include deaths by suicide due to dowry demands, domestic violence, online trolling, farmer suicides, and lesbian suicides, among others.

Conversations around suicide prevention must not only emphasize immediate steps for individuals in distress but also extend to systematic change and reform in institutions that need to center intersectionality. A discussion on livability is also necessary, wherein the state and its institutions must ensure that death by suicide is not seen as a last resort by marginalized strata of society.

To broaden the conversation around socio-cultural-political-economic contexts of mental health and suicide, Anjali, a mental health rights organisation based in Kolkata, convened a conference titled 'Looking at Suicide through an Intersectional Lens' - a national conference on suicide prevention. The two-day conference was held on February 3 and 4, 2025, in Kolkata, India.

The conference began with an introduction and welcome address by Ratnaboli Ray, Founder and Managing Trustee of Anjali, who outlined the organization's efforts in mental health through programs such as *Pratyay*, an assisted living facility; *Voices*, a program to create person-centric

care and treatment in public mental hospitals and promote social inclusion; and *Janmanas*, an initiative to de-institutionalize mental health services and make them available, affordable, and accessible to marginalized sections of the community.

Two ***plenary sessions*** followed, featuring Dr Lakshmi Vijaykumar and Dr Aniruddha Deb, who shared their experiences as mental health professionals and highlighted the need for a shift in narratives from individual vulnerability to sociocultural dynamics to understand suicide and the mind of those experiencing suicidal thoughts.

Following the plenary sessions, a captivating ***Chhau*** performance was presented by a group of recovered residents from the Institute for Mental Care, a public mental health institution in Purulia, West Bengal. The Chhau performance served as a symbol of these individuals' journey from patienthood to personhood as they reclaimed their identities and navigated their environment through this expressive art form.

The first-panel discussion of the day focused on ***Medico-Legal Issues around Suicide***, addressing institutional apathy, erasure of the structural problems, lack of policy implementation, and effects of regressive laws on mental health in medical and legal settings. The discussion emphasized the importance of recognizing the impact of systemic barriers on individuals' mental health and the need for comprehensive legal reforms to support suicide prevention efforts.

The second day began with an open house session for questions and comments regarding the previous day's discussions. The first panel of the day explored ***Cultural Constructs around Suicide***, highlighting multiple cultural meanings of suicide, structural profit-making industries contributing to alcohol addiction, constructions of suicide in media, invisibility and erasure of queer and trans suicides, the meaninglessness of suicides in cases of lesbian couples, and dispensability of women in society across intersections.

The second session focused on ***Youth Mental Health and Well-Being***, exploring diverse aspects of mental health care for individuals with different identities and experiences. Drawing from their lived experiences, speakers brought a nuanced perspective to suicide prevention and challenged traditional mental health paradigms. The discussion covered alternative forms of care, questioned the meaning of self-harm for different individuals, and emphasized the need for youth-led solutions. The importance of creating safe spaces for youth to express their concerns and develop

tailored coping strategies was highlighted. The session also addressed the responsible use of social media in tackling mental health issues and the value of sharing personal stories to reduce stigma and promote help-seeking behavior.

The final session explored ***Strategies and Ways Forward***, addressing structural and individual solutions, how mental health professionals can accommodate diverse needs, and collaboration among stakeholders while amplifying marginalized voices. Participants discussed the importance of community-based interventions, peer support networks, and culturally sensitive approaches to suicide prevention.

The conference successfully brought together perspectives from various fields, including leading suicidologists, mental health professionals, anti-caste, queer, and women's health activists, legal practitioners, artists, and policy implementation experts. Discussions highlighted personal experiences of societal stigma, oppression, and internal challenges in mental health professions.

A common theme throughout the sessions was the need for a holistic rather than individual-centric approach to address persistent inequalities in understanding suicide, the language surrounding mental health and suicide, and care and preventive measures. Panelists emphasized the importance of challenging dominant narratives and incorporating diverse perspectives in suicide prevention strategies.

This report, based on the conference proceedings, provides an analytical understanding of the discussions held during the sessions, organized into the following chapters: ***Understanding Suicide*** (a primer based on plenary sessions), ***Medico-legal Issues Around Suicide***, C***ultural Constructs Around Suicide***, ***Youth Mental Health and Suicide***, and ***Strategies and Way Forward.***

Understanding Suicide

India reports the highest number of suicide deaths in the world, with 1,70,924, that is 12.4 per 100,000 population-recorded suicide deaths in 2021, according to the National Crime Records Bureau. Recent studies suggest that each suicide death affects nearly 15 people, highlighting the far-reaching consequences of this crisis. One of the most consistent findings in suicide research, in the Indian context, is that women make more suicide attempts than men, but men are more likely to die in their attempts than women (Vijayakumar, 2015).

The panelists emphasised that low- and middle-income countries are disproportionately affected by suicide, underscoring the significant socio-economic challenges these populations face. Although suicide is often considered an individual act, its impact extends far beyond the individual, affecting families, communities, and societies at large. Alongside this, socio-economic and gender dynamics play critical roles in understanding the underlying factors contributing to suicide, further complicating efforts to prevent it.

Individual vulnerability or socio-cultural dynamics?

Genetic factors account for only a small percentage of suicidal thoughts and behaviors. The speakers discussed individual, community, and societal factors in this context, drawing on Emile Durkheim's sociological model of suicide. Durkheim shifted the focus of suicide from an individual to a social cause, categorizing it into four types:

I. **Egoistic Suicide**: Arises from a lack of social integration, leading to feelings of meaninglessness, indifference, and depression.

II. **Altruistic Suicide**: Occurs when social integration is excessive, causing individuals to sacrifice their lives to fulfill societal obligations.

III. **Anomic Suicide**: Stems from a lack of social regulation during times of stress and abrupt changes in circumstances.

IV. **Fatalistic Suicide**: Results from extreme social regulation, where individuals lose their sense of self due to high expectations or oppressive rules.

This sociological approach shifts the understanding of suicide from a personal issue to one rooted in cultural and societal contexts, urging a broader perspective that considers social institutions.

The keynote address also highlighted the risk and protective factors for suicide, with the family being both a potential source of support and conflict. While the family plays a crucial role in providing care and connection, family disputes can also contribute to suicide risk. Similarly, marriage, though often seen as a protective institution, can exert significant pressure on women, leading to higher suicide rates among married women. Media is another such institution that can either serve as a protective or risk factor, depending on how it reports on suicide. For example, sensationalized coverage of celebrity suicides can trigger a rise in suicides, whereas sensitive reporting can promote awareness and encourage help-seeking behavior.

While genetic factors do play a role, focusing too heavily on genetics and brain structure risks viewing suicide as inevitable diverts attention from the critical societal and environmental factors that can be addressed to prevent it.

"Suicide is an outcome that requires several things to go wrong all at once. There is no one cause of suicide, and similarly, there is no one kind of suicidal person." (Dr. Lakshmi Vijayakumar).

Different Models and Theories: Different Ways of Understanding Suicide

Suicidal behavior is a global issue, yet it often receives limited empirical attention. The conference explored various theories to shed light on the complex nature of suicide and to enhance our understanding of its underlying causes. A comprehensive understanding of suicide and its contributing factors is crucial for implementing effective preventive measures.

One key model discussed was the **Integrated Motivational–Volitional (IMV) Model** of Suicidal Behavior, a tri-partite framework that explains suicidal ideation and behavior. It consists of three phases: the pre-motivational phase, which involves the bio-psychosocial context; the motivational phase, where factors lead to the emergence of suicidal thoughts; and the volitional phase, which governs the transition from ideation to suicidal attempts or death.

Another theory addressed was the **Interpersonal Theory of Suicide** by Joiner, which posits that the most dangerous form of suicidal desire arises from the combination of two interpersonal constructs: thwarted belongingness and perceived burdensomeness. According to Joiner, the

capability to engage in suicidal behavior is distinct from the desire itself, highlighting that both factors must be present for suicidal acts to occur.

The **Social-Ecological Suicide Prevention Model (SESPM)** was also discussed, offering an integrated approach that combines general and population-specific risk and protective factors. This model emphasizes the need to consider broader societal and environmental contexts in suicide prevention efforts.

While these theories and models offer valuable insights into understanding suicide, the speakers also emphasized that every suicidal act is unique. No single model or framework can fully capture the complexity of suicide, underscoring the need for multifaceted approaches to prevention and intervention.

The Mind of the Suicidal Person

As important as it is to understand suicide, it is similarly important to understand the minds of the individuals who are on the verge of ending their lives. Understanding them can make us equipped with the ways to be there and care for them. Difficulties in maintaining interpersonal relationships, along with difficulties in communication and social exclusion of self, were discussed as some common characteristics of suicidal persons. Impulsiveness, ambivalence, recurring suicidal thoughts, obsession with perfection, rumination, rigidity or tunneled vision were recognized as some of the mental conditions a suicidal person deals with.

The risk and protective factors of suicide are dynamic, constantly evolving with changes in an individual's life stages and social contexts. For example, rejection can have particularly devastating effects during adolescence, as this is a critical period when personal identity is forming, making young people more sensitive to experiences of rejection or acceptance. Additionally, memory dynamics play a significant role in the development of suicidal thoughts. By the age of six, individuals begin to form specific memories, and any child who experiences trauma, such as sexual abuse, during this formative period is at a heightened risk for suicide later in life.

> *"Everyone who dies or thinks of dying by suicide is thinking about a solution, which is the reason behind suicide" (Aniruddha Deb).*

It is associated with the emotional state of hopelessness, aimlessness and ambivalence, where the mind actively seeks an escape. The socio-economic context the individual is situated in determines their state of mind thus impacting their behaviour and actions.

Understanding suicide requires a shift in how we perceive it, moving away from the common narratives that stigmatize and label the act. As C. Wright Mills suggests, what is often viewed as a "personal trouble" must be understood in the context of broader "social issues." This perspective allows us to see suicide not as an isolated individual problem but as a complex issue influenced by social, cultural, and structural factors.

Medico-Legal Issues Around Suicide

> ***"The whole idea of decriminalizing suicide also comes from an understanding of suicide as being more of a structural and sociocultural issue." – Soumitra Pathare.***

Suicide prevention in India exists at the fraught intersection of law, medicine, and societal norms. This chapter is based on the panel on medico-legal issues around suicide, discussing legal frameworks and medical systems that alternately criminalize, pathologize, or neglect suicidal behavior, often overshadowing its structural roots in caste, gender, and economic inequities. The discussion centered on how medico-legal systems amplify or alleviate despair, with a focus on legislative shifts, institutional failures, and the politicization of suicide prevention. This chapter mainly explores India's approach to suicide and discusses pathways toward more compassionate and effective interventions by exploring the tensions between punitive colonial-era laws, evolving mental health paradigms, and the lived realities of vulnerable populations.

The Legal Framework and Decriminalization of Suicide

The decriminalization of suicide attempts under India's Mental Healthcare Act (MHCA) 2017 marked a pivotal shift from moral condemnation to public health prioritization. For more than 150 years, Section 309 of the Indian Penal Code (1860) classified suicide as a "crime against God," reflecting colonial Judeo-Christian principles that punished despair rather than addressing its roots. This paradigm allowed for widespread harassment, reinforcing stigma rather than fostering care.

The MHCA's Section 115 redefined suicide attempts as manifestations of "severe stress," mandating rehabilitation over prosecution. However, ambiguities persist. The 2023 Bharatiya Nyaya Sanhita (BNS) introduced regressive measures like Section 107, prescribing the death penalty for abetting suicide among minors or mentally ill individuals. This conflates systemic drivers with criminal intent, risking misuse against marginalized communities.

Decriminalization aimed to reframe suicide as a sociocultural issue rather than individual failure. Structural interventions like poverty alleviation programs in other countries have shown significant reductions in suicide rates, underscoring this ethos. Yet India's implementation remains fragmented, with law enforcement often moralizing survivors and institutions prioritizing liability prevention over systemic reform.

The law's contradictions mirror societal attitudes. While the MHCA recognizes suicide as a public health concern, the BNS perpetuates colonial-era punitive logic. This duality reflects the tension between progressive intent and regressive enforcement, highlighting the need for a more comprehensive approach to suicide prevention that addresses underlying structural issues, such as quotidian violence, that is often overlooked yet all-pervasive at the crossroads of various marginalized identities.

"What about the everydayness of violence? What about quotidian violence?... There are intersectional possibilities. There may be because a woman may not necessarily be… marked by the identifier of her sex or sexuality or gender. There may be intersecting systems of caste, class, and other factors which are involved."- Jhuma Sen.

Moreover, the implementation of these laws remains fragmented and inconsistent. Police and judiciary routinely conflate individual distress with criminality, perpetuating stigma rather than providing support. Institutional responses often prioritize liability prevention over systemic reform.

Structural Factors and Socioeconomic Determinants of Suicide

The discourse on suicide prevention in India has to definitively make more of an effort toward recognizing the critical role of structural and socioeconomic factors in driving suicidal behavior. While individual interventions remain essential, there is a growing emphasis on addressing the broader societal issues that create environments of despair and vulnerability.

Economic policies and poverty emerge as significant drivers of suicide risk. The doubling of suicide rates among daily wage workers highlights the devastating impact of economic precarity. Cash transfer programs, like Brazil's Bolsa Família, have shown remarkable success in reducing suicide rates by up to 60% among recipients, particularly benefiting women and youth.

Caste discrimination continues to be a major structural failure in India, with an entrenched caste system that continues to be increasingly and systematically invisibilized by the dominant state actors. The concept of "minority stress" explains how being part of a minority group in certain contexts can significantly increase suicide risk. Despite its importance, research on the intersection of caste and mental health remains severely lacking.

Gender inequity manifests in alarming statistics, with housewives consistently accounting for over 51% of female suicides in India. The COVID-19 pandemic exacerbated this crisis, with female suicide rates rising 10% in 2020 due to increased caregiving burdens, domestic violence, and economic stress. Kerala's maternal mortality reviews further highlight this issue, revealing that 17% of postpartum deaths are suicides.

The pervasive nature of violence against women in India has significant implications for fundamental rights. Complicating the question of the right to body and a right to a life of dignity becomes particularly pertinent when considering the systematic erosion of the constitutional right to life of the marginalized strata of society through normalized violence.

This can be exemplified by how institutional failures and systemic apathy contribute significantly to the suicide crisis. For a holistic approach to suicide prevention, Lakshmi Vijayakumar opined, *"We should look at individual changes, structural changes, political changes, economic changes, cultural changes and even religious changes. You have to look at everything."*

Medical and Psychiatric Perspectives

The role of mental health professionals in addressing suicide extends far beyond clinical diagnosis, encompassing the need to confront structural drivers of suicidal behavior. Mental health practitioners face the challenge of navigating a landscape where legal retribution often overshadows care ethics. There is a growing recognition that effective suicide prevention requires engagement with political and socioeconomic factors that dictate vulnerability. This includes integrating assessments of debt traps, domestic abuse, and other structural stressors into clinical practice.

The implementation of trauma-informed protocols has shown promise in some institutional settings. For instance, a reduction in campus suicides might be possible by training peers to recognize distress signals and embedding counsellors in common areas to reduce stigma. However, such initiatives often face resistance from institutional leadership that is more concerned with avoiding liability than addressing the root causes of student distress.

Resource fragmentation remains a significant hurdle, with only 30-40% of suicidal individuals accessing mental health care services. Rural areas face particularly acute shortages of crisis care

despite mandates in the Mental Healthcare Act 2017. The treatment and care gap exceeds 80% in some regions, exacerbated by overburdened primary health centers and persistent stigma.

The reliance on Western diagnostic frameworks has been criticized for pathologizing culturally specific stressors, such as dowry abuse or caste discrimination, as individual "personality disorders." This disconnect between lived experiences and clinical categorizations can lead to misdiagnosis and inappropriate interventions.

Ethical dilemmas abound, particularly around confidentiality and coercive treatments. Mental health professionals must balance patient autonomy with safety concerns, often navigating unclear legal boundaries. The lack of crisis infrastructure in many settings further complicates these decisions, sometimes leading to harmful practices like forced expulsions from educational institutions.

There is a pressing need for a paradigm shift that integrates individual care with advocacy for systemic change. This includes pushing for policy reforms, challenging discriminatory social structures, and promoting economic interventions proven to reduce suicide rates.

Ultimately, addressing suicide from a medical and psychiatric perspective requires an approach that acknowledges the limitations of individualized treatment and care in the face of overwhelming structural inequities. It calls for mental health professionals to step beyond traditional clinical roles and engage with the broader socio-political determinants of psychological distress.

Accountability and Systemic Reform

The panelists highlighted a critical gap in India's approach to suicide prevention: the lack of accountability across various sectors of society.

Institutional accountability across sectors like education, prisons, and healthcare often prioritizes avoiding liability over providing comprehensive care. For example, universities may expel suicidal students rather than address underlying issues. Prisons also often lack adequate mental health screening and support systems, contributing to higher suicide rates among inmates.

The role of law enforcement in perpetuating stigma was also scrutinized. Police often moralize survivors *(*"How dare you think of suicide?"*)* instead of providing support, reflecting a broader

societal attitude that criminalizes despair rather than addressing its root causes. This approach not only fails to prevent suicides but also discourages help-seeking behavior.

There is a vigorous need for trauma-informed practices across these institutions. Training judicial officers, public prosecutors, and other stakeholders to recognize systemic drivers of suicide, such as economic distress or gender-based violence, could lead to more compassionate and effective interventions. However, the current system often re-victimizes survivors through insensitive questioning and inadequate support.

Policy implementation gaps were identified as a significant barrier. Despite progressive legislation like the Mental Healthcare Act 2017, the lack of resources and training for frontline workers has resulted in poor execution.

The panelists emphasized that creating a more accountable system requires collective action. Civil society must educate itself about rights and hold institutions responsible for failures in suicide prevention. As Kaushik Gupta noted, *"If we do not continue to be eternally vigilant, very soon we will lose our liberty."* The path forward involves not just changing the law but transforming societal attitudes and institutional practices to create a more supportive environment for those at risk of suicide.

Towards a Holistic Approach

The convoluted nature of suicide prevention necessitates a holistic approach that bridges individual interventions with broader systemic reforms. The panelists grappled with the limitations of focusing solely on either personal or structural factors, emphasizing the need for a more comprehensive strategy.

Apart from the necessity for trauma-informed practices, an essential aspect of this comprehensive approach is the implementation of postvention services - activities and interventions following a suicide aimed at supporting the bereaved and preventing further suicides. These services can include counseling, support groups, crisis intervention, and community outreach programs. Effective postvention can help reduce the risk of suicide contagion, address trauma in affected communities, and provide crucial support during the grieving process.

The panel converged on the need for an enhanced understanding of suicide that acknowledges both individual vulnerabilities and structural pressures.

"Individuals always carry a vulnerability... it is the structure which exposes that vulnerability or puts pressure on that vulnerable point, which causes it to break." (Soumitra Pathare.)

This integrated approach calls for policies that address poverty, combat discrimination, reform educational and correctional institutions, and implement evidence-based interventions at both the individual and societal levels.

Cultural Constructs Around Suicide

Suicide is a complex issue that impacts many people each year. Society often views it as an act of personal failure or giving up, which leads to negative emotions, including stigma surrounding it. Speakers discussed three main perspectives on suicide: the medical lens, media representations, and the voices of individuals who have been there or experienced it personally. These personal voices are essential in suicide prevention efforts.

Alcoholism and Suicide

Understanding the factors that contribute to suicide risk is crucial for prevention. Suicide often results from a complex combination of mental health disorders, a history of trauma or abuse, chronic illness or pain, personal stress, and social factors. Alcohol consumption plays a significant role in this mix, as it can influence mental health and heighten the risk of suicidal behavior.

The link between alcoholism and suicide is typically examined from a clinical and individual perspective, which often leads to limited public discussion. However, alcohol should also be viewed through a socio-cultural lens. It is not only a commodity central to the nation's profit-driven industry but also a powerful social force that contributes to greater risk.

In India, a “dry drinking culture” prevails, where discussions and norms about alcohol consumption are minimal, but stigma is prevalent. Alcoholism can lead to impulsive suicides due to its impact on the body at a biological level. Social factors such as unemployment and intimate partner violence further exacerbate the risk associated with alcohol use.

Gender violence and suicide

Gender-based discrimination and violence perpetuated by patriarchal structures within social institutions significantly impact suicide rates and the narratives surrounding suicide.

The overall burden of suicidal behavior, encompassing both morbidity and mortality, is higher in women than in men. This heightened vulnerability is largely due to gender-specific factors, including increased susceptibility to mental health disorders and exposure to psychosocial stressors. In India, gender-based violence is often normalized as part of daily life, making it

difficult to politicize or challenge. This violence is intersectional, encompassing both physical and emotional abuse. Beyond overt acts of violence, the everyday discrimination and feelings of being unwanted by family and society contribute to a sense of devaluation, leading women to question the worth of their lives. The normalization of violence in both private and public spaces further diminish women's quality of life, prompting existential questions such as, "Is this life worth living?"

The traditional structures of family and marriage deprive women of a safe space of their own and a sense of personal identity, pushing them towards choosing death by suicide over a life of violence and oppression. In such a social context, women are often viewed as dispensable, with their worth measured solely by their emotional, domestic, and sexual labor.

"When women ask if their life is worth living, this is a question to society—what are we doing to make life unworthy of living? We must interrogate our role as a society." (Anuradha Kapoor)

While these social structures drive women to the brink of suicide, popular narratives often blame women for their deaths, portraying them as impulsive and emotional. This victim-blaming narrative overlooks the fact that suicide is, in many ways, an institutional murder—a result of the societal systems that oppress and devalue women.

Suicide rate and suicidal tendencies among the transgender community have been reported to be high compared to the general population. The suicide rate among transgender individuals in India is about 31%, and around 50% of trans persons have attempted suicide at some point in their life. The high prevalence of depression and suicidal tendencies among transgender persons seems to be highly influenced by societal stigma, lack of social support or societal welfare mechanisms and violence-related issues. Furthermore, there is a lack of tools to recognize intimate partner violence within trans/queer relationships.

In our society, there is a lack of understanding and consciousness regarding trans-persons, resulting in their invisibility or the trial for complete erasure from society. Thus, the violence in trans-suicide was identified by the speakers as an attempt to make a mark and be visible through deliberate absence. Transfeminist and social policy advocate Anindya Hajra discussed how death by suicide of trans and queer persons is both invisible and hyper-visible. The reporting of death by suicide of

trans-persons also indicates how we as a society view such deaths and how we pick up from the range of the identities and present.

Sexuality and Suicide

The intersection of sexual orientation with societal rejection, discrimination, and stigma creates a deeply distressing environment that can lead to significant mental health challenges. The fear of ostracization, pressure to conform to heteronormative standards, and internalized homophobia can severely impact an individual's sense of self-worth and belonging, making them more vulnerable to suicidal thoughts and behaviors. To effectively address these issues, it is crucial to understand the social and psychological factors that disproportionately affect same-sex individuals. The speakers explored this intersection of sexual identity and suicide, focusing on the politicization of lesbian suicide within the Indian context.

Although suicide is deemed to be a deeply personal act, it cannot be fully understood in isolation. The tendency to individualize suicide often goes hand-in-hand with the desire to exceptionalize and pathologize it, allowing society to distance itself from the issue. Politicizing suicide, however, requires a deeper, more critical engagement. Lesbian suicide, in particular, has been discussed in the conference as a means to bring visibility to lesbian lives—where their bodies become a text, and their deaths serve as a form of coming out. It represents a process of meaning-making for lives that were previously invisible, offering a way to reframe their existence and struggles within the broader social and political context.

Media Representation

"When I was looking at the headlines of some of the media…I will just read out two or three- '72-year-old cancer patient in Bangalore dies by suicide.' '2 Kochi students die by suicide.' '24-year-old NEET aspirant dies by suicide in Kota.'- all these headlines speak about the multiplicity of the reasons. All these headlines speak about the multiplicity of the reasons. Therefore, the most popular notion that people die by suicide due to the singular causality of depression is not right."(Ratnaboli Ray)

Along with community participation and awareness programmes, responsible media can play a critical role in suicide prevention. According to the National Crime Records Bureau (NCRB), 1,70,924 people (12.4 per 100,000 population) died by suicide in India in 2021 people died by

suicide in India in 2021. Additionally, it is estimated that for every person who dies by suicide, more than 20 others attempt it. Despite these alarming figures, the media continues to focus on sensational cases and individual stories by spicing up and dramatizing the events to ensure public attention. Unfortunately, there is an absence of a proper checklist for suicide reporting to measure if they are following the guidelines, and most of these reports are done by crime reporters instead of health reporters. Responsible media reporting can reduce suicides by up to 2 per cent. With more than 700,000 people choosing to take their own lives each year, this means that responsible reporting can save over 14,000 lives.

Research shows that celebrity suicides trigger 'copy-cat' suicide attempts, particularly in the immediate aftermath. Studies that measured the effect of either an entertainment or political celebrity suicide story found that they were 14.3 times more likely to observe a copycat effect than studies pertaining to suicides of other individuals. For instance, the media coverage of actor Sushant Singh Rajput's death by suicide, including reports on the method of suicide, led to a surge in suicide-related internet search queries in India. There was a spate of reports from smaller cities and towns of deaths using the same method of suicide as the actor. Thus, how suicide events are reported and how much is reported has a powerful impact on the community. It is important for the media to present alternative perspectives and solutions to crises as a way of promoting suicide prevention. Instead of the dark and sensational reportage that further increases stigma, there is a need to cover stories of hope of individuals who came back after going to brink. In this regard, the speakers discussed the importance of monitoring systems like Project SIREN, an initiative of the Keshav Desiraju India Mental Health Observatory in collaboration with CMHLP (Centre for Mental Health Law and Policy), to assess and ensure media adherence to Press Council of India's guidelines.

The National Suicide Prevention Strategy of India (2022) identifies "advocacy for responsible reporting of suicide by the media," alongside the "strict implementation of the Press Council of India's guidelines," as a key priority for suicide prevention. However, the vast scope of media platforms and the varied methods of suicide reporting across them pose a significant challenge, particularly with the difficulty of monitoring social media. This is further complicated by the platform-specific algorithms and the reporting by individuals who lack proper media training.

Consequently, it is crucial to shift our perspective and reduce our reliance on media, acknowledging its commercial influences and the role it plays in shaping public discourse.

Youth Mental Health and Suicide

> ***"Prevention is a daily work. Prevention where, in what context? And therefore, prevention in the context of law, in the context of healthcare, in the context of educational institutions, in the context of families." - Aritra C.***

The session on "Youth Mental Health and Suicide" brought together experts and activists to explore the intersections of identity, marginalization, and mental health among young people. The discussion highlighted the urgent need to address systemic barriers, challenge traditional mental health paradigms, and center marginalized youth voices in suicide prevention efforts. Panelists shared personal narratives revealing the impact of caste, gender, sexuality, and disability on mental health, emphasizing the importance of intersectional approaches. The session unveiled shortcomings in existing mental health systems. It proposed innovative, youth-led solutions, including the role of art and chosen families in healing and the need for more inclusive, culturally sensitive care practices.

Intersectionality and Marginalized Identities

Understanding intersectionality is crucial in addressing youth mental health and suicide prevention. An emphasis on youth not as a homogeneous group but as individuals with diverse experiences shaped by overlapping identities such as caste, gender, sexuality, and disability is imperative. These intersections create unique challenges, often leading to compounded discrimination and marginalization that significantly impact mental well-being.

Traditional mental health paradigms often fail to account for these diverse experiences, necessitating more inclusive and culturally sensitive approaches. Intersectionality influences how young people experience and express mental health struggles, shaping the manifestation of issues beyond conventional clinical frameworks. Addressing systemic issues like caste discrimination, homophobia, transphobia, and ableism must serve as an instrumental part of a comprehensive approach to youth mental health.

The panel stressed the importance of addressing marginalized youth voices in developing effective strategies to recognize their lived experiences as valuable sources of knowledge, making way for

an approach that looks beyond individual pathology to consider broader social, cultural, and structural factors contributing to mental health challenges and suicidal behavior.

Structural and Systemic Barriers

The marginalized youth, such as those from Dalit, queer, and trans communities, face pervasive structural and systemic barriers. These barriers, deeply entrenched in societal structures and institutions, create a labyrinthine web of challenges impacting mental health and well-being. Healthcare settings are one of the primary areas of concern, with a lack of appropriate care for queer, trans individuals due to insufficient knowledge and sensitivity among healthcare professionals. The rigid adherence to binary gender norms and traditional family structures in medical situations further complicates access to care, often failing to recognize the importance of chosen families for many queer trans youths who have experienced family rejection.

"Even housing, shelter, safety, basic necessities, are compromised for queer trans youth. So, when we are talking about queer, trans youth at risk for suicide, so to speak, we are dealing with poverty, we are dealing with homelessness, we are dealing with minority stress across the lifespan, and how do you, therefore, create livable contexts?" (Aritra C.)

Educational institutions are also identified as sites of persistent structural barriers, with panellists sharing experiences of discrimination and microaggressions that create hostile environments for marginalised students. The discussion touched on how caste-based discrimination continues to manifest subtly within these spaces, impacting the mental health and academic experiences of Dalit students. The 2016 suicide of Rohith Vemula, a Dalit PhD scholar at the University of Hyderabad who faced caste-based discrimination, brought attention to the systemic issues within Indian educational institutions.

Highlighting the the lack of inclusion of Dalit experiences in traditional mental health discourse and the importance of Vemula's suicide note which was featured in the conference, Neeraj Kumar pointed out, *"And here, if you find any symptoms of illness, I would be happy to debate with any psychiatrist, any psychologist. My training is in psychology and social work, so I'm happy to speak and problematize where you see any depressive symptoms....this person is saying I have been loved a lot....this person still chose to end their life, and there is a reason...how the mental health movement had betrayed us and continue to betray us."* Vemula’s suicide is a testament to the fact

that marginalized experiences surrounding suicide must not be reduced to individual mental health issues since, more often than not, these are products of a much larger history of invisibilization, making suicide not only an act of retaliation but also an ultimate attempt at visibility.

Broader societal structures perpetuating discrimination and inequality were a central focus, with an emphasis on how normative timelines and expectations, often rooted in upper-caste, heteronormative, and able-bodied perspectives, create additional pressure for non-conforming youth. Affordable, accessible, and culturally sensitive mental health services are lacking, particularly for Dalit, queer, and trans youth.

The systemic barriers in policy-making and implementation also have much to do with the lack of representation and involvement of marginalized youth in developing relevant policies and programs. There is an urgent need for a call for systemic change involving the need for institutions and systems to evolve and become more inclusive. Intersectional approaches in addressing these structural barriers are crucial, considering the overlapping of various identities and experiences rather than adopting one-size-fits-all solutions. The panel concluded that addressing these deep-rooted challenges requires a comprehensive approach that challenges existing norms, reforms institutions, and centers on the voices and experiences of marginalized communities in developing effective solutions.

Alternative Forms of Care and Support

Alternative forms and non-conventional methods of care and support beyond traditional clinical approaches are powerful tools for healing, self-expression, and community building, particularly for marginalized youth who may feel alienated from mainstream mental health services. A significant focus ought to be placed on the therapeutic potential of creative expression, with one of the panelists specifically citing art and tattoos as their personal method to cope. They described tattoos as acts of self-affirmation and resilience, with some individuals using them to transform sites of self-harm into symbols of strength and survival.

"All of these tattoos are stories from different parts of my life that I was in and I needed something to bring me back to the now. So, I think we also need to redefine the pathologized, medicalized terms that we've been using, because tattooing is self-harm. For me, that is one it's more

acceptable in society compared to. And second, it's more acceptable to me also because it makes my hand look pretty." (Muskan).

Artistic practices provide solace and a means of reclaiming one's identity. This perspective challenges the conventional view of self-harm, suggesting that certain forms of body modification can be reframed as acts of self-care and healing when approached mindfully.

Moreover, the importance of peer support programs and youth-led initiatives is immense in addressing mental health challenges and suicide prevention. These approaches have proved to be more accessible and relatable alternatives to traditional mental health professionals. An innovative online chat-based peer support program, *Outlive Chat*, was discussed by panelist and Program Director of Outlive, Arjun Kapoor, demonstrating the potential of technology-driven, youth-centric approaches to mental health support. There is a crucial role for chosen families and communities, particularly for queer trans individuals who may face rejection from their biological families. These self-created support networks act as vital components of mental health care for marginalized youth.

Furthermore, it is vital to create tailored spaces and initiatives for diverse youth populations, stressing the need for culturally sensitive and linguistically appropriate mental health resources. The potential of community-based interventions and grassroots initiatives in addressing mental health challenges was highlighted, leveraging local knowledge and cultural practices to create more holistic and contextually relevant forms of support.

Challenging Traditional Mental Health Paradigms

A compelling critique of conventional practices was drawn out by the speakers, emphasizing the necessity for more inclusive, culturally sensitive, and holistic approaches to addressing mental health issues among young people. The limitations of medication-based treatments ought to be questioned, particularly for complex issues rooted in social, cultural, and structural factors. While acknowledging medication's benefits in certain cases, panelists argued it often fails to address underlying causes of mental distress, especially for individuals from marginalized communities that are shaped by systemic oppression and discrimination. The current mental health system's focus on individual pathology overlooks broader societal factors contributing to mental health

challenges. A shift from a purely medical model to one recognizing the impact of social determinants such as poverty, discrimination, and lack of access to resources is essential.

Mental health professionals have to work on developing a deeper understanding of diverse lived experiences to avoid perpetuating harm and reinforcing existing inequalities. The discussion challenged binary thinking in mental health discourse, advocating for a fluid understanding of mental health as a spectrum. Traditional power dynamics in conventional mental health practices need to be replaced by collaborative approaches recognizing individuals' expertise in their own experiences. There is a pressing need to decolonize mental health practices, moving away from Western, Eurocentric perspectives that systematically look away from structural problems to make suicide an individual issue while simultaneously stripping those same individuals of agency.

"Unless we prevent these systemic and structural factors, we really end up not tending to that whole majority of population who probably needs that care, and care not just in an individualized framework, but care on a population level." (Aritra C).

Access to education, employment opportunities, and inclusive social environments should be central to addressing structural issues contributing to mental health challenges. For mental health care to be effective, it must extend beyond individual therapy sessions to encompass advocacy for social justice and systemic change. The importance of language and framing in mental health discourse was also discussed to make a move to empowering and affirming ways of discussing mental health that recognize individuals' strength and resilience.

Social Media's Impact on Youth Mental Health

Social media's pervasive influence on young people's lives necessitates a nuanced understanding of its impact on their mental health. While offering avenues for connection and support, it also presents challenges, particularly concerning identity, self-perception, and exposure to harmful content.

Social media platforms can be valuable tools for engaging with young people who may be struggling with mental health concerns. The accessibility of bite-sized posts, streams, and calls for support on platforms like Instagram can be particularly appealing to youth. These platforms can

provide a space for young people to connect with resources and support networks, especially when accessing traditional therapy is difficult due to privacy constraints or family awareness.

However, social media can also be a site of violence, where individuals are targeted based on their identities, leading to impaired mental health. The discussion also highlighted the potential for social media to be a powerful tool for advocacy, citing the example of Anjana Harish, whose story of surviving conversion therapy sparked widespread dialogue and policy changes. However, it also raised the critical question of why it often takes a tragedy to ignite action and systemic change.

Youth Empowerment and Advocacy

Empowering young people and involving them directly in the design, implementation, and advocacy of mental health services and policies should be one of the first steps towards ensuring the well-being of youth, especially marginalized voices. This approach challenges traditional top-down methods, recognizing youth as the experts in their own experiences rather than passive recipients of services. A fundamental shift towards collaborative and participatory approaches that center youth voices and lived experiences are indispensable in developing mental health programs and policies.

"How do we engage young people in developing and designing youth suicide prevention programs in a manner that matters to them...moving away from that idea of the expert and the mental professional to saying that the expert is actually young people themselves...the best people who are actually suited to provide that care are young people themselves." (Arjun Kapoor.)

The creation of spaces and platforms for youth to actively shape mental health initiatives is crucial. This includes involving youth in program co-design to ensure interventions are relevant, accessible, and resonate with their realities. The role of social media emerged as a significant area of reflection, recognized for its potential in awareness-raising and support, as well as its challenges, such as privacy issues and misinformation. There is a need for digital literacy and critical engagement with social media to equip young people with skills to navigate online spaces safely and use digital platforms effectively for advocacy. The discussion also touched on the potential of youth-led social media campaigns to challenge stigma and discriminatory societal norms.

Youth empowerment should extend to policy advocacy, and it is important to create pathways for young people to engage with policymakers and influence mental health policies at various levels. This includes educating youth about existing policies and empowering them to articulate needs and propose solutions based on their experiences. The need for capacity-building initiatives to equip young people with advocacy skills was emphasized.

The discussion underscored the transformative potential of youth empowerment in challenging traditional mental health paradigms and creating more inclusive, responsive, and effective approaches to youth mental health and suicide prevention. By recognizing young people as agents of change, mental health initiatives can tap into their creativity, resilience, and insights to develop innovative solutions to complex challenges.

Preventive Strategies and Way Forward

> ***"Can all suicides be prevented? Why not? Theoretically, we can prevent all suicide. If we decide to put as much effort as we can for every individual who thinks that their life has reached a point where it has become meaningless to continue, we can prevent all suicide" (Aniruddha Deb).***

Suicide has become one of India's fastest-growing public health crises, with rising rates, particularly among younger populations. Despite the high number of suicides each year, the country has limited resources to address this issue, making prevention strategies crucial. The focus must shift from merely assessing risk levels to actively preventing suicide. Every risk factor offers opportunities for intervention if proper strategies are implemented, such as crisis management to ensure safety and stability and the development of suicide safety plans, which include supportive contacts and reasons to live, such as happy memories or meaningful objects.

On November 21, 2022, India launched its National Suicide Prevention Strategy (NSPS), marking the first policy to prioritize suicide prevention as a public health issue. The strategy aims to reduce suicide mortality by 10% by 2030, focusing on building surveillance systems, expanding suicide prevention services through the District Mental Health Programme by 2027, and incorporating mental well-being education in schools by 2030. It also involves collaboration among national and local stakeholders, mental health organizations, and strategic partners.

As Dr. Lakshmi Vijayakumar suggests, practitioners must extend their work beyond clinics and engage with communities directly to prevent suicides across all socio-economic sectors. Being active in the community and thinking of others can drive effective prevention. Speakers also emphasized the importance of establishing a robust data collection system, as there is currently no registration for suicide attempts—individuals who attempt suicide are at high risk and require care. Additionally, the education system must integrate resilience and emotional management training to help prevent suicide. Given India's diversity, state-specific strategies are essential for addressing the issue effectively.

Macro and Micro Strategies

> *"I think mental health and suicide prevention needs to be seen from the lens of a movement, and we can do that by inverting the pyramid and start with the institutions right at the bottom" (Arjun Kapoor)*

Before discussing strategies for suicide prevention, it is essential to recognize that suicide is not merely a personal issue but a governance problem, a development challenge, and a social justice concern. As such, prevention strategies must focus on the broader policies and frameworks that influence mental health outcomes. Suicide is a multifaceted and complex issue that cannot be addressed with a single approach. In India, various intersecting inequalities—cultural, social, and economic—combined with pervasive prejudices and societal barriers complicate our understanding of suicide and the development of effective preventive measures.

One key factor exacerbating the risk of suicide is the decline in real wages, which is causing material and mental stress in both urban and rural sectors. This economic pressure is a significant contributor to the mental health crisis. Prof. (retd.) Ashok Sircar highlighted the potential role of cash transfers as an important macroeconomic strategy to alleviate financial stress and reduce its impact on mental health.

In addition to such macro strategies, the speakers emphasized the importance of micro-level interventions. These include fostering personal connections through peer groups and community outreach programs, creating safe spaces for individuals to express themselves, and promoting suicide safety plans. These micro strategies are crucial for providing immediate support and helping individuals feel heard and valued in their communities.

Ultimately, a comprehensive approach to suicide prevention requires both macro-level policies and micro-level interventions, working together to address the underlying economic, social, and psychological factors that contribute to suicide risk. By integrating both types of strategies, we can build a more supportive and resilient society that is better equipped to prevent suicide.

Importance of care and connections

In addition to fostering hope, it is essential to cultivate human connections, as we are inherently social beings. Genuine warmth, care, and understanding can be life-saving, where each of us can contribute through empathy, support, and active listening. Many suicides occur because individuals feel ignored or dismissed when they speak out, particularly during moments of impulsive despair. Offering a listening ear and providing support during these times can make a significant difference.

To develop meaningful care and connection, it is crucial to acknowledge that suicide is not solely a mental health issue. The responsibility for preventing suicide does not rest with mental health professionals alone. It is a collective responsibility that requires collaborative contributions from all sectors of society. We, as individuals, can play an active role in suicide prevention by fostering open conversations and creating alignments between different sectors. It is our duty to build support systems, and engage in integrated dialogues. We must reach out at the micro level by establishing safety networks and empathy circles, moving beyond the "one problem, one solution" approach. By doing so, we can create a more compassionate, connected, and proactive environment for suicide prevention.

Documentation of feelings and emotions

Documenting feelings and emotions is a crucial step in suicide prevention, as it helps shift the narrative and brings awareness to the complexities of suicidal thoughts.

> *"Suicide is a behavior continuously coming from the moment where dying is better action than living- not death is better than life. It arises from the moments when one thinks- 'I just want to end it'" (Anuttama Banerjee).*

The panelists emphasized the importance of exploring the fantasies surrounding death, such as the belief that "death is like a comfort blanket" or "I will finally find peace through death." These misconceptions about death often stem from a lack of understanding and need to be addressed to counter suicidal ideation. Decoding death and creating open spaces for discussion can help individuals confront and challenge these harmful thoughts. Building dialogues, sharing

experiences, and supporting each other are essential in dismantling the false consciousness around death.

In suicide prevention programs, it is important to focus on lived experiences rather than offering sympathy. This approach needs to involve co-creating and co-designing solutions with those who have experienced suicidal thoughts firsthand, ensuring their voices are central to the process. In India, where there are countless diverse ways of living, these varied experiences must be recognized and prioritized, particularly beyond the perspective of the English-speaking, middle-class demographic. Thus, integrating the narrative practice framework gives the agency to individuals to frame their experiences in the ways they want.

Furthermore, the language of suicide prevention should shift from one of charity to one of rights. Suicide prevention must be framed as a matter of social justice, with an emphasis on individual rights to safety and well-being. We also need to move away from dominant, institutionalized notions of sexuality, monogamy, relationships, life, and death. Challenging these norms is crucial in fostering a more inclusive and empathetic approach to suicide prevention.

Schedule

DAY 1: 3rd February, 2025

- 10:15 AM - 11:00 AM

  Introduction and Welcome

  Speaker: Ratnaboli Ray
- 11:00 AM - 11:50 AM

  Plenary Session 1

  Speaker: Lakshmi Vijayakumar
- 12:00 PM - 12:50 PM

  Plenary Session 2

  Speaker: Aniruddha Deb
- 1:00 PM - 2:00 PM

  Lunch
- 2:00 PM - 2:20 PM

  Chau Performance
- 2:35 PM - 4:35 PM

  Panel Discussion: Medico-Legal Issues Around Suicide

  Speakers: Lakshmi Vijayakumar, Soumitra Pathare, Kaushik Gupta, Jhuma Sen

DAY 2: 4th February, 2025

- 10:30 AM - 12:30 PM

  Panel Discussion: Cultural Constructs Around Suicide

  Speakers: Paramita Chakravarti, Anuradha Kapoor, Abhijit Nadkarni, Soumitra Pathare, Anindya Hajra

  Moderator: Chandana Bakshi
- 12:30 PM - 1:00 PM

  Q&A Session
- 1:00 PM - 2:00 PM

  Lunch
- 2:00 PM - 4:00 PM

  Panel Discussion: Youth Mental Health and Suicide

Speakers: Arjun Kapoor, Neeraj Kumar, Aritra C., Muskan

Moderator: Kathakali Biswas

- 4:00 PM - 4:15 PM

  Tea Break

- 4:15 PM - 6:00 PM

  Panel Discussion: Strategies and Way Forward

  Speakers: Soumitra Pathare, Anuttama Banerjee, Arjun Kapoor, Ashok Sircar

  Moderator: Abhijit Nadkarni

Panel Members

Speakers

Dr. Abhijit Nadkarni	Dr. Abhijit Nadkarni is a renowned psychiatrist and global mental health researcher. As the NIHR Professor of Global Health Research at the London School of Hygiene and Tropical Medicine, he has pioneered efforts to enhance access to mental healthcare in low-resource settings. His work as Co-Director of the Centre for Global Mental Health and Director of the Addictions Research Group at Sangath has been pivotal in shaping mental health policies and interventions, both in India and globally.
Dr. Aniruddha Deb	Dr Aniruddha Deb is a distinguished Consultant Psychiatrist. With over 30 years of experience as a mental health practitioner, he is associated with Crystal Minds. He is also a Life Fellow of the Indian Psychiatric Society and the Indian Association for Private Psychiatry.
Anindya Hajra	Anindya Hajra is a transfeminist and social justice advocate whose work navigates the intersections of caste, gender, and labour. Through arts-based practices and community collaborations, she pushes critical conversations forward, amplifying voices often left unheard.
Anuradha Kapoor	Anuradha Kapoor, Founder and Managing Trustee of Swayam, is a pioneering gender rights activist dedicated to combating gender-based violence and advancing women's rights. She played a vital role in drafting The Protection of Women from Domestic Violence Act, 2005, and has represented Swayam at global forums, including the Commission on the Status of Women.
Aritra C	Aritra is a clinical psychologist registered with the Rehabilitation Council of India and currently works with Rocket Health, a leading

	digital platform for psychotherapy. Alongside being a PhD candidate at the University of Calcutta, she mentors the Youth Changemaker Fellowship under Pride Circle's Pride-Ed initiative. Her research on queer/trans mental health, service-user perspectives, and lived experiences has been widely published in journals and book chapters.
Arjun Kapoor	Arjun Kapoor, a leading lawyer and psychologist, is deeply involved in mental health advocacy and policy reform. Alongside being the Program Director at the Centre for Mental Health Law & Policy, he has worked extensively on the implementation of the Mental Healthcare Act, 2017, and the National Mental Health Policy, 2014. He co-developed the Keshav Desiraju India Mental Health Observatory and leads initiatives like Outlive, which focuses on youth suicide prevention, and ENGAGE, a program that trains teachers to support at-risk adolescents.
Dr Anuttama Banerjee	Dr Anuttama Banerjee is a renowned Consultant Psychologist associated with Medica Super Speciality Hospital, Crystal Minds, and Sunrays Clinic. With a compelling presence in both clinical practice and the media, she addresses vital psychosocial issues and advocates for community wellbeing. Her work includes experiential workshops that explore intersectional perspectives on queer lives and relationships, as well as acclaimed writings on mental health. Recipient of the Kriti Sahitya Samman Award for poetry in 2020, she brings a unique blend of expertise and creativity to her work.
Adv. Jhuma Sen	Adv. Jhuma Sen, an advocate at the Calcutta High Court and the Supreme Court of India, is a renowned expert in anti-discrimination law, gender justice, and constitutional law. Her extensive legal work includes representing survivors of violence, advocating for disability rights, and supporting marginalised communities. As an academic and global

	fellow, she has made significant contributions to advancing women's rights and reforming legal frameworks.
Adv. Kaushik Gupta	Adv. Kaushik Gupta, distinguished advocate at the Calcutta High Court, has been at the forefront of legal battles for over two decades, specialising in criminal, matrimonial, and human rights law. His unwavering commitment to LGBTQ+ rights and social justice has made a lasting impact, offering legal support to queer individuals and working towards gender and sexual orientation protections.
Dr. Lakshmi Vijayakumar	Dr. Vijayakumar is a pioneer in mental health and suicide prevention. She founded SNEHA, a Chennai-based NGO that has saved countless lives through its work in suicide prevention. As the Head of Psychiatry at Voluntary Health Services in Adyar, she continues to lead transformative initiatives in mental health care. A key member of WHO's International Network for Suicide Research and Prevention, her groundbreaking efforts have shaped global strategies to address one of the most urgent public health challenges of our time.
Muskan	Muskan is a psychotherapist & interdisciplinary artist. Their work focuses on mental health equity, accessible care, and community-driven support, with a practice rooted in empathy, advocacy, and intersectionality.
Neeraj Kumar	Neeraj Kumar is the Founder and Lead of The Unsound Project, working at the intersection of mental health and social justice. A Teaching Fellow at Ashoka University's Department of Psychology, he brings a deep understanding of mental health, gender studies, and social work, shaping conversations on inclusivity and well-being.
Prof. Paromita Chakravarti	Prof. Paromita Chakravarti, a distinguished academic, has been a pioneering force in

	gender and queer studies in India. Alongside being the former Director of the School of Women's Studies at Jadavpur University, she has played a key role in shaping critical discourse on gender, sexuality, and the rights of marginalised women. Her contributions span across academia, film, and literature, making her an influential voice in the field.
Prof. (Retd.) Ashok Sircar	Prof. (Retd.) Ashok Sircar is a renowned scholar. With extensive experience at Azim Premji University and his pivotal role at the Centre for Local Democracy, Prof. Sircar brings unparalleled insights into addressing socio-economic challenges.
Dr. Soumitra Pathare	Dr. Soumitra Pathare, renowned psychiatrist and director of the Centre for Mental Health Law & Policy (CMHLP), will be one of the key speakers at the National Conference on Suicide Prevention. With vast experience in mental health policy, he was instrumental in drafting India's Mental Healthcare Act, 2017, and the first National Mental Health Policy in 2014. A WHO consultant, he has been a consistent advocate for rights-based care and suicide prevention initiatives.

Moderators

Dr. Aniruddha Deb	Dr Aniruddha Deb is a distinguished Consultant Psychiatrist. With over 30 years of experience as a mental health practitioner, he is associated with Crystal Minds. He is also a Life Fellow of the Indian Psychiatric Society and the Indian Association for Private Psychiatry.
Dr. Abhijit Nadkarni	Dr. Abhijit Nadkarni is a renowned psychiatrist and global mental health researcher. As the NIHR Professor of Global Health Research at the London School of Hygiene and Tropical Medicine, he has pioneered efforts to enhance access to mental healthcare in low-resource settings. His work as Co-Director of the Centre for Global Mental Health and Director of the Addictions Research Group at Sangath has been pivotal in shaping mental health policies and interventions, both in India and globally.
Chandana Bakshi	Senior Mental Health Consultant at Swayam.
Kathakali Biswas	Kathakali is a mental health rights worker and is the Head of Programs of Anjali