

## Dynamics of Student Suicides in Coaching Hub ‘Kota’

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Suicide is a serious matter of concern impacting the public health scenario, not only for India but at the global level. Among young adults, suicide is the fourth leading cause of death. This paper details the implications of a RUSA-2.0 research project aimed to understand and address the issue of student suicides reported in Kota city in Rajasthan, India. The status of suicides in Kota is discussed followed by the causes identified and suggested preventive strategies. Dummy Schooling, severe academic stress and loneliness, shortage of appropriate infrastructure and resources for mental health care, reluctance for mental help seeking, substance abuse, batch segregation policy at coaching institutes, unrealistic self assessment of students, burden of loans and mortgages on parents and social belief systems are the prominent reasons that cause anxiety, depression and suicidal ideation among students. The paper also provides certain policy inputs to augment mental healthcare infrastructure by allocating sufficient budget for mental health infrastructure and manpower. Awareness and motivation for using the suicide prevention help-lines is also needed. Improving teacher-student/counselor-student ratio to facilitate the formation of mentor-mentee relationships is also mandatory. More heterogeneous and inclusive batches should be formed at institutes. Media must follow the guidelines on publishing the suicide related news. Targeted intervention programmes for ‘suicide cluster’ cities must be developed by experts. Suicide gate-keeper training is crucial to identify suicidal signals or hints.

**Keywords:** Suicide, Student Suicide, Coaching Institutes, Depression,

The incidence of student suicides has surpassed India’s students’ population growth rate. The student suicides are also more than the suicide trends for the entire population of India. According to the National Crime Records Bureau (2022), a total of 13089 and 13044 students committed suicides in India in 2021 and 2022 respectively. Student suicides constitute 7.6% of overall suicides in India.

According to NCRB, a total of 1,03,961 students have died by suicide in India during the decade of 2013-2022 which is 64% more in comparison to the previous decade of 2003-2012. In these two decades, the Cumulative Annual Growth Rate (CAGR) of growth in student suicides is 4% which is twice the CAGR of 2% for the overall Indian

population. (Student Suicide: An Epidemic Sweeping India Report)

Table 1: Top Six States of India with Highest Student Suicides

States of India	Number of Student Suicides	Share in total Student Suicides (India)
Maharashtra	1764	14%
Tamil Nadu	1416	11%
Madhya Pradesh	1340	10%
Uttar Pradesh	1060	8%
Jharkhand	824	6%
Karnataka	734	6%

Source: Student Suicide: An Epidemic Sweeping India, Volume 2, IC3 Institute Report

Table 2: Number of Student Suicides in different years (2011 to 2022)

Year	Student Suicides	Year	Student Suicides
2011	7696	2017	9905
2012	6654	2018	10159
2013	8423	2019	10335
2014	8068	2020	12256
2015	8934	2021	13089
2016	9678	2022	13044

Source: NCRB Accidental Deaths and Suicides in India Report 2022

The number of student suicides has increased in the last few years. As shown in Table 2, student suicides have increased by 70% in the year 2022 in comparison to 2011. The incidence of total suicides has also increased as shown in table-3. In 2018, the rate of suicide was 10.2 per one lakh population in India which has increased to 12.4 in 2022.

Table 3: Incidence of Suicides in India per One Lakh population from 2018 to 2022

Year	Total Suicides	Incidence
2018	134516	10.2
2019	139123	10.4
2020	153052	11.3
2021	164033	12.0
2022	170924	12.4

Source: NCRB's Accidental Deaths and Suicides in India Report 2022

The World Health Organization (2025) has also stated in its reports that more than 720000 people die every year by committing suicide. The problem is even more severe among the youth age group from 15 to 29 years among which suicide was the third leading cause of death in the year 2021. Suicide attempts are even more than the suicidal deaths which indicates more

prevalence of challenges, and life problems resulting in mental health issues among the population. Early identification of suicidal ideation can be pivotal for the prevention of suicides.

The data on the reported suicides may not represent the true picture of actual number of suicides. This number could even be more but the exact data on suicide is difficult to obtain due to its underreporting. Such underreporting of suicides prevents us from understanding the actual size of the menace of suicide. Suicides remain unreported due to various reasons. Suicides are kept hidden due to the various social factors such as the stigma associated with suicides, the fear of legal processes, avoidance of police involvement family prestige, etc.

Student suicides have been more reported in some cities which are known as coaching capitals or coaching hubs. Kota is one prominent city where students mainly aiming for medical and engineering entrance examinations are found in large numbers.

### Objectives

The following are the research objectives framed for analyzing the status of suicides in Kota, a city in Rajasthan, India.

- A. To understand the status of student suicides in coaching capital 'Kota'
- B. To find out the causes of the students' suicides in cities identified as coaching hubs
- C. To suggest preventive strategies for controlling student suicides in cities identified as coaching hubs

### A. Student Suicides at Coaching Hub 'Kota'

Kota is known for its consistent track record of successful students. Various coaching centres operating here help the students prepare intensively for tougher

competitive examinations like JEE and NEET. Kota has been identified as the prominent city where lakhs of students come from various states of India. Kota offers a competitive environment and has excellent faculty and infrastructure. However, on the other end, Kota has also been infamous for student suicides that happen here.

According to the reports published in various newspapers, seventeen student suicides have been reported in Kota in 2024. In 2023, twenty-six students committed suicide here. In the first four months of the year 2025, 14 cases of student suicides have been reported. (Hindustan Times, May 4, 2025) However, a decline of 38% in student suicides was reported in 2024 in comparison to the previous year i.e. 2023. (TNN, 2024; The Times of India, December 31, 2024).

Maji et al. (2024) analysed the newspapers articles published in the from 2019 to 2023. Total 491 student suicides were identified with the academic failure, bullying, ragging, toxic institutional culture, mental health issues etc. as the major reasons. The highest number of student suicides among the total 491 students suicides reported in the newspapers articles surveyed by Maji et al were reported from Kota. According to Kar and Arafat (2023), although suicides by students is a serious concern in Kota, however, looking at the huge number of students residing at Kota, the student suicide rate is around the national average of India and regional average of Rajasthan.

Fifty-five percent cases of the total student suicides were from six states of India. Although Kota, a city in Rajasthan is labeled as suicidal cluster city with the increasing number of suicides, Rajasthan is not among the top 6 states considering the total number of student suicides. Kota's coaching institutions and its stakeholders quote the NCRB data which identified that Kota is not among the top 30 Indian cities with the highest

student suicides. The claims of Kota being negatively publicised over the student suicide are also made. (The Times of India, 31 December 2024).

## **B. Causes of Student Suicides at Coaching Hubs**

The causes of student suicides in the cities identified as coaching hubs are discussed in this section.

### **Dummy Schooling**

Researchers have emphasised the regular schooling as an important factor in shaping the personality of students. Dummy Schooling is getting popular where the students can attend the coaching institutes as full-time students simultaneously getting school attendance also. Schooling is pivotal for providing quality education but it has enormous role in shaping the personality of the children and imbibing self-confidence among them. Education is something that remains in an individual after he/she has forgotten whatever is learned in the classroom settings. Education is about shaping people's lives by developing a confident, cultured, well-mannered citizen driven by correct thinking patterns who can contribute to making one's life fruitful, rewarding, joyful, and purposive contributing to the one's own well-being and progress.

### **Socioeconomic Status**

Those students who come to the coaching cities and belong to middle or lower-class families face financial hardships. Their families find it difficult to afford the expenses incurred for education, hostel, mess, study material etc. Some of the families are bound to face the burden of loans and mortgages. The children are well aware of the financial burden and hardships their parents are facing resulting in distress and pressure on the young minds. JEE and NEET preparation already exerts academic stress amidst the fiercely competitive scenario. The additional

burden of the financial status of the family builds up the extreme distress and compulsion to fulfill the family's expectations.

### **Academic Stress and Loneliness**

The students preparing for these toughest examinations with barely 2% success rate had to undergo enormous pressure. Every other student in the coaching institute is perceived as the opponent to whom one has to win. The student restricts sharing thoughts and feelings with others. This loneliness combined with academic stress results in frustration. The failure or inability to achieve the desired level of performance in periodic tests causes further disappointments escalating to severe academic stress and other mental health issues.

### **Batch Formation Policy**

The teachers working at the coaching centers need to teach a massive group of 100 to 250 students and sometimes even more students are kept in a single batch. Such class size disobeys all the norms of an ideal teacher-student ratio. Coaching institutes also follow the practice of segregating students in different batches based on their test performance or past academic performance. By conducting periodic tests, the 'star' performers are identified and are provided more focus with a rationale that these top performers have high chances of getting selected. To increase the probability of selections for these star or apex batches, the coaching institute puts more effort, resources, energy, and reserves best teachers and advanced material for them.

Such segregation and attention could be beneficial for 'star' performers. The coaching institute will also get recognition and business as these star performers have more probabilities to make their mark in the selected students. The mid-range performers

can either get motivated to perform better or they can also develop a feeling of inferiority. The mid-range performers or mediocre; if provided equal opportunities with the best of the resources; can excel to the level of star performers. Due to the lack of such exposure, the mid level performers might not get the success they deserve. They are attending coaching for that very reason of that extra-increment in their academic performances to be on a level-playing field with the star performers.

### **Unrealistic Self Assessment**

Some students are identified as tail-enders in the series of periodic tests. Identification of tail-enders could provide a realistic self-perception. They might possess other qualities to excel in some other domain. Pressurizing these students to prepare, say for JEET or NEET, might not work for them in taking out their best. The tail-enders can be star performers in some other domain, skill, or area of their interest and aptitude. Parents of these tail-ender students should not be lured by coaching institutes to join coaching institutes just to increase revenue. By providing correct guidance to tail-enders, these institutes can help channel their energies in the right direction to make better life and career decisions.

### **Social Beliefs of Success**

Social belief systems and norms of success are associated with a child's passing an examination. In an examination in which the probability of success is 2%, our social expectations and belief system lead us to consider only those 2% as successful and worthy and the remaining 98% are tagged as failures. Such labeling of students by the stakeholders in our social system i.e. parents, relatives, peer groups, and teachers distorts their self concept and develops feeling of incompetence and failure.

### **Stigma associated with Mental Illnesses**

According to UNICEF's report titled 'The State of the World's Children', every seventh person in the age of 15 to 24 years in India faces some form of mental health-related issues. Only 41% of the people felt that they needed support to deal with the mental health challenges they were facing. It indicates unacceptance and reluctance to seek the help of a mental health professional. Lack of awareness regarding the types, and symptoms of mental illnesses and options available to overcome these illnesses could also be a cause for not seeking help. Drug addiction and substance abuse also increases in certain cases. According to a research by Molinaro, Siciliano and Curzio (2011), substance abuse worsens the prevailing mental health issues which can result into more likelihood of self harm behavior and suicidal thoughts. Gili, Castellvi and Vives et al. (2019) reported that mental disorders as risk factors for suicidal behavior in young people. Suicidal attempts were also found to be associated with the presence of a mood disorder.

### **Insufficient Mental Health Support**

Appointment of counsellors and therapists in the schools, colleges and coaching institutes is a necessity considering the status of mental health among adolescents. The mental health professionals are appointed to provide mental health counseling; hence those appointed for this purpose should not be engaged in administrative or other responsibilities that leave less or no time for the 'actual' work of understanding a child's mental health problems and timely executing an appropriate intervention. According to Maji et al. (2024), mental health care should be the biggest priority of the education system to control the suicides.

### **C. Policy Inputs for Suicide Prevention**

The District Administration of Kota has attempted to take some initiatives by

preparing strict guidelines and protocols to be followed by both the coaching centers and hostels operating at Kota. Hostel owners and staff who provide residential facilities and services to aspiring students can be a strong support in identification and intervention in controlling suicides. It was made mandatory for the hostel wardens to undergo a WHO-Protocol 'Gate-Keeper Training' for the prevention of suicides. Such training enables an individual to identify any person who is suicidal by focusing on suicide-related signals or hints. The hostel staff is trained to observe the signs, symptoms, and behavior associated with depression and suicidal ideation.

Programmes such as 'Dinner with Collector' have also been started to increase 'Student Engagement' by providing a stress-free environment. Female students residing in Kota have been helped through a special task force created in the name of 'Kalika Squad' which works to ensure the safety of the girls. Dr Ravindra Goswami, the then District Collector in 2024 had mentioned interacting with more than 25 thousand students throughout the year to assess and understand the types and intensity of the challenges faced by the students so that the problems faced by the students are timely addressed. Many other initiatives have been implemented at Kota both by the district administration and the state government. In this section, the suggestions and policy inputs for suicide prevention by various stakeholders are discussed.

### **Augmenting Mental Healthcare Infrastructure**

Suicide risk was estimated ten times higher in young people who suffered some form of mental illness. Gili, Castellvi, Vives, et al (2019) have found an association between suicide attempts and the presence of affective or mood disorder. Lawrence, Freedman, and McGee-Avila (2023) found

an association between the use of opium use and an increase in suicides. Access to drugs, firearms, and socio-economic factors were also identified as causes for the increase in suicides. Substance abuse worsens mental health issues which result in more suicidal thoughts leading to self-harm behavior. (Molinase, Siciliano, Curzio et al, 2011). Barreto Carvalho, da Motta, Sousa, et al (2017) found the frequency of deliberate self-harm (DSH) as the strongest predictor of suicide after suicidal ideation. DSH is intentionally causing destruction or impairment in own body with or without suicidal intention.

#### **Awareness for Suicide Prevention Help lines**

As a majority of the students live away from their families during their preparation, they miss immediate support if they face any issue such as loneliness, emotional discomfort, academic stress, anxiety, stress etc. The students need to be made aware about the options available for them to seek mental health counseling. Online counseling portals such as Tele Manas and e-Sanjeevani have been developed by the Government of India. Other counseling portals are also run to provide mental health aid to the students undergoing depression, suicidal ideation etc.

#### **Appointment of Mental Health Professionals**

The coaching institutes collect enough revenue from huge number of students attending coaching. The institutes do pay high salaries, incentives and other perks to their faculty members who teach subjects like Physics, Chemistry, Mathematics, Biology or any object academic subject. The coaching institutes' stakeholders must recruit psychologists, psychiatrists, counselors etc. in sufficient numbers who can assist students in dealing with mental health related issues. It has been a usual notion among the

recruiters to assign some other work to the counselors than their actual work. Mental health services have become a pivotal part of academic infrastructure to enable students deal with mental issues.

#### **Mentor-Mentee Relationship**

The teacher is like a foster parent for the students who are staying away from their families to prepare for their examinations. These foster parents in the form of teachers must accept, be trained, and work for the additional responsibility of identifying any signs and symptoms of stress, anxiety, and depression that may lead to suicidal tendencies. The teachers must be trained to engage in deeper one-to-one conversations with the students to understand the child's mental health challenges. Such deeper interactions are only possible when the teacher-student ratio is low. Some teachers can also be appointed and engaged as mentors for the students by developing a mentor-mentee culture providing student-friendly environment thereby promoting the sharing of the issues by the students to their mentors. Such a deeper level of talk cannot be handled by teachers if the teacher-student ratio is kept as high as usually found in coaching institutes. According to the Ministry of Health and Family, Government of India, two teachers including one male and one female must be engaged as 'health and wellness ambassadors' to promote positive mental health among the students.

#### **Support from 'Significant Others'**

Suicidal ideation is a state of mind that gradually builds up in an individual's mind. Such ideas spread with time causing that person to attempt to reach out to family members, peers, friends, or any 'significant other', not directly but indirectly, by providing certain hints or clues of committing suicide. Such attempts to reach out to others are a kind of 'cry for help' which is the moment

when an appropriate talk, support, help, guide, or intervention can help prevent suicide. 'Gate Keeper training' can help a family member, friend, teacher, classmate, hostel staff, etc. to identify suicidal thoughts signals and take an appropriate step for suicide prevention.

### **Suicide Gate-Keeper Training**

People who are 'significant others' in an individual's life or those in close contact or surrounding at a given time must be able to identify any suicidal tendency by observing thoughts, behavior, emotional responses, and actions. The significant other could be a parent, sibling, cousin, spouse, friend, son, daughter, brother, sister, classmate, hostel mate, office colleague, or anyone with whom a person is interacting and sharing the most. The person who is in close contact at a given time could be a hostel warden, teacher, or security guard who can watch the actions of a person on a daily basis. These people should be made aware and trained about what could be an appropriate first action in such sensitive situations when a person's suicidal tendency is identified. They also needed to be trained to identify the signs and symptoms of suicidal ideation. Someone not eating well or skipping meals in the hostel mess, someone showing absenteeism from classes, someone not sleeping or sleeping too much, someone showing withdrawal tendency by avoiding social interactions, sudden drop in academic performance, increasing substance abuse, etc. can be the signs of some issues which need to be addressed. Training of significant others and those in close contact is termed as 'Suicide Gate Keeper' training. In coaching institutes, such training should be made mandatory for the entire teaching and other staff members including the people working in the mess, security, and cleaning departments. Self Harm (DSH) is also an indicator of suicidal tendency which is to be observed by the gate-keepers. DSH is a self directed intentional

injury which is socially unacceptable. Barreto, da Motta and Sousa (2017) also stated that DSH frequency is strongest predictor of suicide after suicidal ideation.

### **Responsible Reporting by Media**

Media could also be an important contributor to the prevention of suicides by responsible reporting of the news and videos related to suicides. The newspapers and television etc should not report the means of suicide. The immediate means of suicide prevention could be by limiting access to the means of suicide. The sale of any object, material, or thing that could be used for committing suicide could be closely monitored and the dealers and shopkeepers should report it to the police or administration if such sale is found suspicious by them. Vijayakumar (2019) stated that the mode of presentation of stories on suicides can have moderating effect on suicidal behaviour among students. The media must follow several guidelines that are available for healthy reporting of suicides. The World Health Organization has also prepared guidelines for responsible reporting of suicides. Shoib and Kar (2024) also found the non-compliance of these guidelines by media unfortunate and emphasised the need of raising awareness among the medial professionals for responsible reporting of suicide stories. Westerlund et al (2025) stated that the more publicity suicides get, the more the copycat suicides by others. Sensational reporting, television portrayals, celebrity suicides reporting also lead to more copycat suicides.

### **Targeted Programmes for Suicide Cluster Cities**

Certain places especially cities have been identified as suicide clusters. Suicide clusters are the places where suicide occurs in proximity to space and time. Cities like Kota where student suicides are happening in more numbers can be considered suicide

clusters. Such cities have specific needs to deal with the vulnerable student groups residing there. Targeted Programmes for the coaching institutes operating there are mandatory to prevent suicide. Sufficient number of well-trained counselors who can provide heart-to-heart counseling to those students must be appointed in Kota. Psychiatrists, psychologists, counselors, and therapists should be hired by the coaching institutes keeping the counselor-student ratio in consideration. Special mental healthcare programme for stress management, time management, mindfulness meditation, yoga should be designed and implemented for the students. Psychological screening of mental health issues would help identify high risk students. Personal interactions are necessary for such risky students in multiple sessions with proper follow-up.

#### **Budget Allocation for Mental Health Care**

According to Desiraju (2024), only 1.41% of the total health budget has been allocated to mental healthcare in the Government of India Union Budget for the financial year 2023-24. Developing mental health care infrastructure and appointment of counsellors and psychologists need sufficient fund allocation. The institutions also need to create mental health awareness among the students for which awareness campaigns cannot be run if sufficient funds are not allocated. The counsellors also require time to time training to improve their services.

Arya (2024) stated that India need to follow a multifaceted approach in preventing suicides. Primary prevention should focus on the whole population, secondary prevention should focus on the individuals or populations that are on high risk of suicide, and tertiary prevention should focus on the people who are affected by suicide. Primary prevention should focus on surveillance of suicidal behavior by various people who are in contact with the suicidal person and the

restriction of the means of suicide. Secondary prevention focuses on health care approach which includes the availability and access to mental health care professionals and crises help lines. Tertiary prevention includes providing support to individual affected by suicides when they are brought to the hospitals for treatment of attempted suicide. Such measures can include stabilizing a person, therapy, rehabilitation, family therapy etc.

#### **Conclusion**

Merely an examination result cannot decide the worthiness of an individual. This must be understood by and inculcated in every student's heart who is preparing for such tougher examinations. We, as a society, need a social framework where we acknowledge and nurture a child's true inner potential by providing the opportunities to train, learn, or engage in an area chosen by them to make a career out of it. Hobbies or extra-curricular aspects also need to be credited and considered, not only the examination marks and performance. Parents, teachers, coaching institute owners, hostel owners, psychologists all have their role to play in supporting the student's facing loneliness, depression and suicidal ideation.

#### **References**

- Accidental Deaths & Suicides in India, National Crime Records Bureau, Ministry of Home Affairs, Government of India, New Delhi, India, Reports from 2000 – 2022
- Arya, V. (2024). Suicide prevention in India. *Mental Health & Prevention*, 33, 200316. <https://doi.org/10.1016/j.mhp.2023.200316>
- Barreto Carvalho, C., da Motta, C., Sousa, M., & Cabral, J. (2017). Biting myself so I don't bite the dust: prevalence and predictors of deliberate self-harm and suicide ideation in Azorean youths. *Revista brasileira de psiquiatria (Sao Paulo, Brazil : 1999)*, 39(3), 252–262. <https://doi.org/10.1590/1516-4446-2016-1923>

- Desiraju K. Union budget for mental health 2023-2024: An analysis, <https://cmhlp.org/wp-content/uploads/2023/02/Budget-Brief-2023-v3.pdf>
- Gili, M., et al. (2019). Mental disorders as risk factors for suicidal behavior in young people: A meta-analysis and systematic review of longitudinal studies. *Journal of affective disorders*, 245, 152–162. <https://doi.org/10.1016/j.jad.2018.10.115>
- Kar, S. K.; Arafat, S. M. Y. Student suicide in Kota, India: Losing life is the cost of the pursuit of career!. *Odisha Journal of Psychiatry* 19(2):p 29-30, Jul–Dec 2023. | DOI: 10.4103/OJP.OJP\_22\_23
- Lawrence, W. R., et al. (2023). Trends in Mortality From Poisonings, Firearms, and All Other Injuries by Intent in the US, 1999-2020. *JAMA internal medicine*, 183(8), 849–856. <https://doi.org/10.1001/jamainternmed.2023.2509>
- Maji, S., Jordan, G., Bansod, S., Upadhyay, A., Deevela, D., & Biswas, S. (2024). Student Suicide in India: An Analysis of Newspaper Articles (2019–2023). *Early Intervention in Psychiatry*, 19(1), e13616. <https://doi.org/10.1111/eip.13616>
- Ministry of Health and Family Welfare. School Health & Wellness Programme: National Health Mission, <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1384&lid=746>
- Molinaro, S., Siciliano, V., Curzio, O., Denoth, F., Salvadori, S., & Mariani, F. (2011). Illegal substance use among Italian high school students: trends over 11 years (1999-2009). *PloS one*, 6(6), e20482. <https://doi.org/10.1371/journal.pone.020482>
- Shoib S, Kar SK. Student Suicide Prevention in India: Moving Towards a Feasible Solution. *Indian Journal of Psychological Medicine*. 2024;46(6):600-601. doi:10.1177/02537176241236636
- Student Suicide: An Epidemic Sweeping India, Volume 2* (n.d.) [ic3institute.org](https://ic3institute.org). Available at: <https://ic3institute.org/wp-content/uploads/2024/09/Student-suicides-report-Digital.pdf> (Accessed: 23 June 2025).
- TNN. (2024, December 30). *Kota sees 38% dip in student suicides as initiatives bear fruit*. The Times of India; Times of India.
- Vijayakumar L. Media matters in suicide—Indian guidelines on suicide reporting. *Indian J Psychiatry*, 2019; 61: 549–551.
- Westerlund, M., Sylvia S, and Armin S (2025), 'The role of mass-media in suicide prevention', in Danuta Wasserman, and Camilla Wasserman (eds), *Oxford Textbook of Suicidology and Suicide Prevention*, 1 edn, Oxford Text books (Oxford, 2009; online edn, Oxford Academic, 1 July 2011),

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