Commentary



SMS-SOS: a randomised trial of the efficacy of a short message service (SMS) brief contact intervention in reducing repetition of hospital-treated self-harm: commentary, Prakash

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Keywords

SMS-SOS intervention; suicide prevention; mobile health; telemedicine; mental health care.

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I am writing in response to the recent article titled 'Efficacy of a short message service brief contact intervention (SMS-SOS) in reducing repetition of hospital-treated self-harm' published in *The British Journal of Psychiatry*.¹ I commend the authors for their groundbreaking research in the field of suicide prevention.

The article highlights the effectiveness of SMS-SOS in reducing self-harm repetition, a critical aspect of mental healthcare. I would like to further underscore the significance of this intervention, particularly in light of the increasing prevalence of mobile phone usage worldwide, including in countries like India, where it can play a pivotal role in addressing the dire issue of suicide.

The latest data on mobile phone usage underscores the relevance of SMS-based interventions in our modern society. Mobile phone adoption has witnessed an unprecedented increase globally, with India experiencing a particularly steep rise in numbers of mobile phone users. According to a recent report by the International Telecommunication Union (ITU), India had over 1.2 billion mobile phone subscribers as of 2023,² making it one of the largest mobile phone markets in the world.

Alarming data from the National Crime Records Bureau (NCRB) and the National Institute of Mental Health and Neuro-Sciences (NIMHANS) Survey reveal a distressing rise in suicide rates in India. According to the most recent NCRB report, India reported over 135 000 suicides in 2020,³ with a worrying upward trend in self-harm cases. The NIMHANS Survey data corroborate these findings, emphasising the urgent need for effective suicide prevention strategies.

The Government of India, through the Ministry of Health and Family Welfare (MOHFW), has made commendable efforts through the National Mental Health Programme, including the National Suicide Prevention Strategy.⁴ However, it is crucial to recognise suicide as a medical emergency, necessitating coordinated and immediate responses to save lives. One vital step in this direction is the establishment of a national suicide helpline, similar to those available in many Western countries, which can offer immediate support and resources to individuals in crisis.

Regarding telemedicine platforms, Tele Mental Health Assistance and Networking Across States (Tele-MANAS) has made significant progress in addressing various mental health issues, including suicide.⁵ The latest call data from Tele-MANAS indicate a substantial increase in the utilisation of their services, demonstrating a growing demand for mental health support. These platforms can serve as essential components of a comprehensive approach to suicide prevention.

In conclusion, the SMS-SOS intervention featured in the article holds immense promise, particularly in countries like India, where mobile phone usage is on the rise and suicide rates are deeply concerning. It is imperative that we continue to explore innovative approaches to suicide prevention and mental health care to save lives and enhance the well-being of our communities. The establishment of a national suicide helpline, along with support for telemedicine platforms, can be pivotal steps forward. Such interventions will definitely be aimed at curbing self-harm and suicide rates in India and globally.

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Data availability

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Declaration of interest

None

References

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