

Developing an Integrated Triangular Framework: Beyond Siloed Interventions in Vidarbha's Persistent Farmer Suicide Crisis

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Received:02/08/2025

Revised: 18/09/2025

Accepted:01/10/2025

Published:06/10/2025

ABSTRACT

The endemic agrarian crisis of the state of Maharashtra has been reflected in the suicides of farmers in Vidarbha. The inefficiency of the disjointed responses to individual sectors is clearly seen by disproportionately high suicide rates despite decades of interventions, including debt waivers, crop insurance programs, and employment initiatives. Most policy interventions have only focused on economic relief, agronomic risks, or social welfare separately without acknowledging the systemic interdependence. This paper proposes an intertwined triangular model, which places the vulnerability of the farmers at a cutoffpoint between economy, agronomy, and mental health. The paper also illustrates the reason why past interventions have not led to long-term resilience by using secondary data (2019–2025), government reports, program evaluations, and current scholarly research. It brings out the structural issues of monocropping, debt cycles, and rain-fed farming; the psychosocial issues of depression, stigma, and substance abuse; and the gaps in governing structures that inhibit support in a timely manner. The experience of community-based programs like the Vidarbha Psychosocial Support and Care Program (VPSCP) demonstrates how community-based programs that are integrated and locally based can help decrease stigma, increase access to mental health care, and enhance coping strategies. The triangular model suggested highlights the necessity to have economic safety nets, agricultural diversification, and easy access to psychosocial assistance within decentralized administrative systems. This technique will provide a replicable, evidence-based framework to prevent farmer suicides and provide long-term sustainability of agrarian activities by going beyond siloed interventions.

Keywords: Agrarian crisis in Maharashtra, farmer suicides in Vidarbha, debt cycles, monocropping, rain-fed agriculture, economic and psychosocial interventions.



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INTRODUCTION

Vidarbha is a region of India that has been under the most talked about agrarian distress and high farmer suicide rates. Various studies and government reports indicate that an interaction of indebtedness (formal and informal), crop failures (especially rain-fed cotton), market volatility, the degradation of groundwater, and psychosocial stressors are the key factors. Such drivers interact with each other to the extent that economic shocks often cause acute mental health crises and suicide. The solutions to the problem are based on integrated solutions that integrate economic, agronomic and psychosocial solutions instead of short-term solutions.

The agrarian crisis and its impact on farmers in India are symbolized by the visible symbol of farmers suicides and are indicative of how social-economic susceptibility is a potent factor that dictates physical and mental health

(Deshpande and Arora, 2011; Mishra, 2010). Although it is claimed that India alone has committed approximately a fifth of the global number of suicides (Patel et al., 2012), in recent times, the numbers have shown the scale of the issue of farmers suicide where 7.4% of all suicides in the country were recorded to have been of farmers (National Crime Records Bureau, 2020). The statistics on the suicides of farmers also indicate that the rate of suicidal deaths of farmers varies according to regions with states like Maharashtra on the west, Karnataka and Andhra Pradesh on the south, and Punjab and Haryana on the north regarded as the hotbed of farmers suicides in India (National Crime Records Bureau, 2016). Among the more than quarter million farmer suicides in the country over 15 years (19972011), the state of Maharashtra alone had over a quarter of those suicides, and the Vidarbha region in the state has reported extremely high rates of farmer suicides (National Crime Records Bureau, 2016). It was

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discovered that suicide mortality rate among farmers in the area was estimated at 116 per 100,000 individuals (Mishra, 2014). According to Carleton (2017), agrarian distress factors such as a decrease in crop production and a decrease in the value of produce, a greater variance in farm earnings, and a greater debt position are considered the crucial factors that lead to vulnerability, which results in the decision to commit suicide. One of the missing links in literature, though, is awareness of psychosocial elements related to the suicides of farmers and the interventions designed to alleviate the distress.

Against this backdrop of massive agrarian distress in the Vidarbha region of Maharashtra, especially in the Yavatmal district that saw the launch of the Vidarbha Psychosocial Support and Care Program (VPSCP) intervention in April 2016 by the Tata Education and Development Trust to mitigate the psychological impact of poor socioeconomic conditions. Although, there has been intercession by government and non-governmental organisations on improving livelihood opportunities in the region, the psychosocial support and care to the agrarian distressed and its associated psychosocial distress has not been directly addressed so far. It is thus against this background that a multi-pronged strategy was developed to make sure that the mental health care services are delivered to the needy in this area. The VPSCP is committed in the basis of a public health approach and a philosophy and vision entrenched within a community mental health perspective captured by its focus on the need of the underserved and the socially and economically disadvantaged populations, and against whom a variety of psychosocial services are directed in a manner that is both accessible, affordable and acceptable. The development of the global consensus regarding the interlinkages between mental health, illness, socio-economic status and vulnerability and development has been observed in the past two decades or so. This has been summed up in the approaches, strategies and documents of organisations like the WHO starting with the World Health Report of (2001) and the Mental Health Atlas of the Mental health and poverty Project (2010) and the United Nations Convention on the Rights of Persons with disabilities (2006). The recent literature on the associations between mental health and development attempts to place mental health at the nexus of developmental issues by espousing two central themes: (a) the socioeconomic determinants of mental health including poverty, unemployment, indebtedness, poor housing and mental health outcomes, and (b) the enormous burden of unmet needs of mental illness that are present in developing countries specifically, where a significant portion of the world mental health resources are concentrated in the developed nations (Funk et al., 2012; Patel et al., 2011).

The Indian mental health situation remains a high burden with limited resources represented by insufficient budgetary allocations, vast treatment disparities, human resource shortages and selective primary care instead of universal primary health care (Gururaj et al., 2016; Patel, 2015). Only meagre success has been achieved by the

call by agencies like the WHO to solve the treatment gap by championing the move towards a community-based care model. At present, however, it seems to be the non-government organisations who, on the most part, provide community-based mental health care programmes in India, and researchers and community mental health movement campaigners emphasize the fact that the provision of mental health care in India would involve task-shifting to the community and non-physician health workers who are trained and supervised (Patel et al, 2011). Empirical data on such a view and performance of such a practice can be found in the following programmes: the rural mental health programme by the organisation known as Banyan in Tamil Nadu; integrating a community-based mental health programme with a community-based palliative care initiative as in Kerala by MHAT; an integrated mental health care system in the already existent primary health care centres in rural Tamil Nadu and operated by SCARF; and Janamanas, a community-based mental health programme led by women self-help groups in association with the government in West Bengal to mention.

Community mental health care means services offered at the local community levels in order to address mental and health requirements through the community resources and springs of the primary health care. The model also incorporates emphasis on the health needs of the population, active case identification in the community, initial treatment with primary care and/or community staff and possibilities of referral to specialist staff, as well as outreach programmes to eliminate stigma and follow-up home visits (Thornicroft et al., 2010). Based on the philosophy of community mental health approach, the VPSCP model implemented the following activities: (a) the identification of persons with mental health issues; (b) referrals to available medical or psychiatric care in the area; (c) counselling services and emotional support to individuals and small groups and enhancing the coping skills of people; (d) community education to break taboos on mental health and psychosocial issues and to raise awareness on mental health and counselling services; and (e) making referrals with state livelihood programmes. The variety of service offered by VPSCP thus attempts to show its inherent service offer to a holistic mental health care model that, besides rendering availed bio-medical intervention, seeks to project humanised care to the client.

This paper builds a detailed system that is both Vidarbha-specific but also based on principles that can be transferred: less household exposure to agricultural and market risk, more household and community absorptive capacity, and more accessible mental-health support and crisis access. This is aimed at offering a research-based roadmap of pilots, evaluation, and scale. The cotton-producing state of Maharashtra, especially in the state of Vidarbha, has turned into an icon of agrarian distress in India with some of the highest farmer suicides in the state. Several decades of governmental actions,

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such as debt relief programs, crop insurances, and job programs, have not helped eradicate the trend of disproportionately large suicide rates in the region. These repeated tragedies point to the failure of piecemeal policy solutions and reveal other structural weaknesses of Indian rural economy. Majority of responses to farmer suicides have been in isolation where they have emphasized on economic relief, agronomic stability or social welfare without considering the interrelatedness of these spheres. The lack of economic security like debts and price fluctuations is impossible to isolate of agronomic imperatives such as monocropping, reliance on rain, and outbreak of pests. Simultaneously, the two dimensions contribute to the psychosocial distress - expressed in depression, stigma, substance abuse and access to counselling - which forms a face of vulnerability rendering farmers highly vulnerable to suicide.

This paper states that farmer suicides in Vidarbha cannot be interpreted as solitary incidences that are caused by individual factors, but rather as the culmination of the intersection of the economy, agronomy, and mental health. It suggests a combined triangular model in which the well-being of farmers is at the centre of these three spheres. Based on recent program assessments, secondary data, and government reports, like the Vidarbha Psychosocial Support and Care Program (VPSCP), the study explains why other interventions have failed in the past and why integrated, community-based interventions can provide replicable strategies of resiliency. The framework also focuses on inclusive, evidence-based, and decentralized policies as the key to a long-term and sustainable prevention of farmer suicides in Vidarbha and other regions by going beyond sector-specific remedies.

Agriculture, Distress, and Farmer Suicides in India

The rural economy of India depends largely on agriculture, which provides employment to close to 40 percent of the population and support more than half a population. However, on the contrary, it is also among the most delicate and unstable professions. Farmers have to deal with unpredictable input prices, unpredictable harvests as a result of climatic volatility, market price volatility and poor bargaining power in the supply channels. Small and marginal farmers are particularly vulnerable, since more than 80 percent of cultivators in India are small and marginal farmers. One of the tragic ways expressing this distress has been the emergence of farmer suicides. The National Crime Records Bureau (NCRB) has said that more than 400,000 suicides of farmers were registered in India between 1995 and 2022. All these deaths are both a personal tragedy as well as a systemic failure to deliver safety nets, agronomic stability and psychosocial support. Agrarian suicides are reported in states including Andhra Pradesh and Karnataka and Telangana and Punjab but Maharashtra always records some of the largest numbers with Vidarbha being the epicenter (Sravanth et.al 2019, Singh et.al 2019, Kannuri et.al 2021. Behere et.al 2021).

Vidarbha: Epicenter of Agrarian Crisis

Vidarbha is a major cotton growing area of 11 districts of the eastern part of Maharashtra. Its fertile black soils in the past rendered it a fertile agricultural belt but in the last 30 years it has been dominated by agrarian distress (Swain et.al 2025). This change has been brought about by a number of structural and ecological factors:

1. Monoculture and cash crop dependence – Cotton dominates cultivation, exposing farmers to international price fluctuations and pest-related risks.
2. Rain-fed agriculture – Nearly 70 percent of farmland depends on erratic monsoon rainfall. Irrigation coverage remains much lower than in western Maharashtra, leaving crops highly vulnerable to drought.
3. High input costs and debt cycles – Cotton cultivation demands fertilizers, pesticides, and seeds (often hybrid or genetically modified), all of which increase dependence on credit. Limited institutional credit forces farmers toward informal moneylenders, creating cycles of debt.
4. Policy neglect and regional disparities – Compared to western Maharashtra, Vidarbha has historically received less investment in irrigation, infrastructure, and development programs.
5. Psychosocial vulnerabilities – Social isolation, stigma surrounding failure, alcoholism, and untreated mental illnesses contribute to fragile coping mechanisms.

Media reports have often highlighted cases where farmers ended their lives after being unable to repay loans of as little as ₹10,000–20,000. Such deaths underline how precarious household economies are and how economic shocks can rapidly transform into psychological crises.

Complexity of Causes: Beyond Economics Alone

While indebtedness and crop failure are often presented as immediate triggers of suicides, researchers emphasize that farmer suicides are multifactorial phenomena (Arthur et.al 2021, Purc-Stephenson et.al 2023, Sharma et.al 2021). They cannot be reduced to a single economic indicator. Instead, they arise from the convergence of:

- Economic factors – crop loss, price volatility, indebtedness, inadequate insurance.
- Agronomic factors – mono-cropping, pest attacks, degraded soils, rain dependence.
- Institutional factors – delays in government support, ineffective relief measures, poor extension services.
- Social and cultural factors – erosion of community safety nets, stigma around debt and failure, family pressures.
- Psychological factors – depression, anxiety, hopelessness, and the absence of accessible mental-health services.

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Thus, farmer suicides must be seen not as isolated acts but as outcomes of structural vulnerabilities that accumulate over time and erode resilience at household and community levels.

Existing Responses and Their Limitations

Over the years, governments have attempted a range of measures to tackle the agrarian crisis. These include:

- Loan waivers and debt relief packages – These provided temporary respite but did not address structural causes. Tenant farmers and sharecroppers, who form a significant proportion of Vidarbha cultivators, were often excluded.
- Crop insurance schemes (e.g., PMFBY) – Intended as a protective measure, but implementation has been plagued by delays in compensation, low awareness, and inadequate coverage. Compensation often arrives months after crop failure, when it is too late to prevent distress.
- Subsidy-based input support – Distribution of seeds, fertilizers, or irrigation kits has been attempted, but poor targeting and bureaucratic inefficiencies have limited effectiveness.
- Employment guarantee schemes (MGNREGA) – These have provided supplementary income but at limited scale and often without alignment to agricultural cycles.

Critically, these responses have been siloed—focusing on economic or agronomic aspects in isolation. The mental-health dimension has been almost completely absent from policy approaches. Consequently, suicides have continued despite decades of interventions.

Why an Integrated Framework is Needed

Given the multifaceted nature of the crisis, a holistic, multi-tiered framework is essential. Farmer suicides must be addressed simultaneously on three fronts (Erbacher et.al 2023):

1. Economic safety – through timely, transparent, and equitable financial protection, debt regulation, and market stabilization.
2. Agronomic resilience – through crop diversification, water management, soil health, and farmer collectives that reduce risks and increase bargaining power.
3. Mental health support – through destigmatization, accessible counselling, helplines, gatekeeper training, and integration of psychosocial care into rural health systems.

An integrated framework ensures that no dimension of vulnerability is ignored. For example, timely compensation for crop failure reduces immediate distress, but unless paired with agronomic diversification, the same risks recur. Similarly, mental-health counselling is meaningful only if farmers have access to viable economic pathways and are not trapped in chronic debt (Beck et.al 2021).

LITERATURE REVIEW

Swain et.al (2025) “India has assessed the effectiveness of the Vidarbha Psychosocial Support and Care Program (VPSCP) in addressing farmers' suicides in the Yavatmal district. The program aimed to alleviate the psychological impact of agrarian distress and ensure the delivery of mental health care services. The study found that over 50% of the community reported minimal to nil symptoms, 79% were highly satisfied with the services, and the intervention significantly boosted mental health awareness in the intervention villages compared to non-intervention villages. The program has been effective in providing individualized, community-focused services, ensuring early identification of symptoms, establishing supportive relationships, and creating mental health awareness for stigma reduction”.

Anjali et.al (2025) “studied the Pradhan Mantri Fasal Bima Yojana (PMFBY), a crop insurance scheme, has been found to have a significant impact on farmer suicides in Maharashtra, a state with a severe agricultural crisis. The study, based on data from the "Crime in Maharashtra" and "Pradhan Mantri Fasal Bima Yojana (PMFBY) scheme" report, analyzed spatiotemporal trends to identify suicide-prone regions and assessed whether PMFBY has mitigated this distress. The findings suggest a reduction in suicide occurrences, particularly in high-risk districts. The study also found that rainfall, insurance units, gender-specific distribution, and agricultural land positively influenced the occurrence of farmer suicides in these clustered regions”.

Mishra et.al (2025) “compared the mental health status of professional and agricultural sector workers over 60 in India, considering gender differences. The research, based on a longitudinal ageing study, found that agricultural workers had a higher chance of depression and psychiatric problems compared to professional workers. Agricultural workers were also less likely to be diagnosed with psychiatric problems. The findings suggest that work environment and occupation type directly affect mental health, with agricultural workers, particularly women, more likely to exhibit poor mental health symptoms. The study recommends the government to improve working conditions in the agriculture sector, especially for women, to enhance mental well-being and increase productivity”.

Shaban et.al (2024) “explained the India's agricultural economy is facing significant distress, with low growth and farmers' indebtedness leading to 0.35 million farmers' suicides between 1996 and 2021. This study examines the relationship between entrepreneurial uncertainty, agricultural disruptions, and malfunctioning institutions, and the tragic reactions of farmers, including suicidal behavior. The case study of Osmanabad district in the Deccan region reveals the consequences of poor institutional response mechanisms, leading to physical and emotional tolls, food scarcity, economic instability, and a deep sense of insecurity. The study presents a tipping point analysis on

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farmers' indebtedness, which can help policymakers prevent extreme distress and ensure community well-being. Addressing these challenges requires collaborative action and partnerships among various stakeholders, including communities, states, and universities”.

NORONHA et.al (2024) “discussed the farmer suicides in India, a symptom of a larger agrarian crisis, have been a concern since the 1990s. This paper examines the impact of economic policies on farmer suicides, identifying economic risk factors that affect farmers' vulnerability and examining the interaction of policies with these risks. Using an Agrarian Political Economy framework and a longitudinal analysis from 2011 to 2024, the study finds that national and state-level policies often reinforce existing inequalities by privileging elites. Mechanisms such as appropriation of surplus value, elite capture, and poor public data management obscure the true extent of farmer suicides and affect topdown decisions on investment and protections”.

Adla et.al (2024) “examined the factors influencing irrigation adoption in Maharashtra, India, using the Risk-Attitude-Norms-Abilities-Self-Regulation (RANAS) framework. Results show that wealth and risk-aversion remain relevant, while self-perceived ability and attitude towards irrigation become non-significant. Interventions promoting risk-awareness and irrigation technology training led to a rise in micro-irrigation adoption, but overall irrigation adoption decreased. The study emphasizes the need to transform attitudes and promote psychological ownership and trust to sustain irrigation technology adoption behavior. The findings could help stakeholders design and implement more sustainable interventions”.

Vindhya et.al (2022) “studied the Vidarbha Psychosocial Support and Care Program (VPSCP) in western India is a psychosocial intervention aimed at addressing the psychological consequences of agrarian distress among farmers. The program provides mental health care services alongside livelihood and employment support schemes. The evaluation focuses on the program's functioning, strengths and challenges, and perceptions of psychosocial stress in the community. While more linkages with government healthcare and employment support schemes are needed, the VPSCP can serve as a template for integrating socio-economic determinants and mental health concerns in the agrarian context to reduce suicide incidence”.

Hatch et.al (2022) “determined the Bayesian belief network (BBN) model was developed to understand irrigation adoption behavior in four districts of Maharashtra, India. The model incorporated socio-economic characteristics and psychological factors to understand farmer practices. Strong norms, risk perceptions of water scarcity, and attitude play significant roles in adoption. The study found that no single factor can explain adoption behavior; an ensemble

of factors is needed. Highly educated, middle-aged, and moderately wealthy farmers with family help and an open well as their main water source are most likely to adopt irrigation technology. The BBN helps stakeholders and policymakers understand the linkages between different factors and behavior”.

Behere et.al (2021) “discussed the India, with 16% of the world's population, sustains only 2.4% of land resources. The agriculture sector provides employment to 57% of the workforce and is a raw material source for many industries. Farmer suicides account for approximately 10% of all suicides in India, with a national suicide rate of 10.6/lac. From 1995 to 2006, 200,000 farmers committed suicide, with an average rate of 16,000/year. Every 7th suicide in the country is a farmers' suicide. Maharashtra, particularly in the Vidarbha region, has the highest suicide rate, with a 60% higher rate than the general rate. In a country of 70 million farmers, 10 in every 100,000-commit suicide. Inquiries commissions have been formed and recommendations implemented, especially in Punjab. The problem of suicide is reported in India and other parts of the world, including England and Wales”.

Barve et.al (2021) “suggested that farmer suicides in India are primarily linked to agricultural productivity loss, which is affected by adverse weather and low irrigation network penetration. Using panel data from 16 major states from 1996 to 2015, the study found that a one-degree temperature rise leads to 4.8% higher suicides and a 3.6% decline in agricultural productivity. Contagion factors also play a significant role in influencing suicides. The study recommends policy responses that address weather vagaries, price volatility, liquidity constraint, and idiosyncratic shocks arising from farmer-specific characteristics”.

RESEARCH GAP

Suicides among farmers in Vidarbha have been under intensive research, but significant gaps still exist in scholarly literature as well as in policy analyses. The bulk of the research available examines one of the three aspects economic, agronomic, or social without considering how these weaknesses can interact to develop systemic distress. As an example, debt relief initiatives cover short-term credit requirements, crop insurance plans aim to alleviate agronomic risks, and welfare provisions are aimed at safety nets. These interventions, however, when applied alone, are not effective and do not affect the vulnerability cycle, which connects financial shocks with crop failures and psychosocial crises. The other essential gap is the lack of concentration on the ordinary resilience mechanisms. Much of the literature available emphasizes the responses to crisis, yet little is emphasized on the stabilizing measures like livestock rearing, fodder crops, farmer cooperatives, and community-based mental health care. Such mechanisms may enhance the cash flows of households by enhancing coping capacity and strengthening household cash flows and the psychological stress of households but are seldom

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factored into mainstream policy design or evaluation. Lastly, much of the evidence base is still based on information before 2019, and the last 5 years (2019–2025) have been characterized by a massive amount of new data on agrarian distress, climate variability, and mental health responses in Vidarbha. The modernist urgency is a specific regional analysis that is not obsolete, one that reflects new trends and measures new models, including the Vidarbha Psychosocial Support and Care Program (VPSCP). The gaps are addressed in this study, with the researcher suggesting a triangular approach in which economy, agronomy, and mental health are linked as a whole to provide a comprehensive and scalable system of sustainable prevention of farmer suicides.

RESEARCH METHODOLOGY

This paper will take a mixed-methods research philosophy in order to build and substantiate a combined triangular paradigm linking economic, agronomic and psychosocial aspects of farmer suicides in Vidarbha. The quantitative analysis is concerned with the spatiotemporal patterns of farmer suicides since 2019 based on district-based data on the National Crime Records Bureau (NCRB) and state reports. The analysis will assess the results of significant interventions including the Pradhan Mantri Fasal Bima Yojana (PMFBY), watershed management programs and community-based mental health programs. The study investigates the patterns across the districts such as Yavatmal, Buldhana, and Akola and determines the existing hotspots of vulnerability and determines whether the recent interventions have changed the trends of suicide. This is supplemented by qualitative analysis based on case study of recent pilot programs especially the Vidarbha Psychosocial Support and Care Program (VPSCP) and community-led initiatives. Program beneficiaries and non-beneficiaries (farmers, family members, and local officials) are interviewed in semi-structured interviews to obtain information on lived experience and program perceptions of program effectiveness and barriers to program access. These stories emphasize the interactions among economic, agronomic and psychosocial interactions in the household level.

Lastly, policy analysis looks at the structural composition of interventions and implementation mechanisms. This involves checking the financial flows to farmers, institutional credit access, crop insurance structure and payout delays, coverage of dairy and fodder cooperatives and access to trained mental health workers in target villages. The holistic approach to the gap and successful practice through the triangulation of quantitative data, qualitative understanding, and policy evaluation makes the methodology complete. This mixed-methods research design does not only reflect the complexity of farmer suicides, but it also bases the suggested triangular framework on the evidence that is region-dependent and scalable.

The current study relies solely on the secondary sources of data to examine the multidimensional crisis of farmer suicides in the region of Vidarbha in Maharashtra, specifically the interconnection between economic, agronomic, and psychosocial aspects. Because suicide is a very sensitive topic and field-based data gathering may be challenging and ethical and logistic issues may be involved, secondary sources were the source of a more viable and accurate basis of this analysis. The research hence summarizes a broad body of published sources, official data and programmatic reviews as a means of developing a multifaceted study of the problem.

Records of the government, especially the annual reports of the National Crime Records Bureau (NCRB), which contain homogenous information on farmer suicides by state and district, served as the major source of data on suicide trends. These official data were complemented by policy reports of Ministry of Agriculture and Farmers Welfare, state-level economic surveys, as well as reports on major interventions, including the Pradhan Mantri Fasal Bima Yojana (PMFBY) and employment guarantee programs. A peer-reviewed journal article, books, and academic works were also included to provide further evidence and address the agrarian crisis, as well as its socio-psychological consequences. They included program evaluation reports particularly those that talked about the Vidarbha Psychosocial Support and Care Program (VPSCP) to learn about community-level interventions and their efficacy. Investigative stories and media coverage in trustworthy national media were also used to document recent events and on-the-ground realities.

The analysis of the data was based on descriptive and comparative methods. The statistics of suicides during the period of 2019–2025 have been considered to find out the time dependence and changes, and disaggregation by district in the Amravati Division has revealed the hotspots of suicide in the region, e.g., Yavatmal, Buldhana, and Akola. This was also cross-verified with other studies and assessments with the aim of enhancing credibility. Mental health indicators secondary evidence (distress prevalence, depression prevalence, substance abuse prevalence, access to counselling services prevalence) was incorporated to feature psychosocial aspects of the issue frequently overlooked in official policy debate. The combination of these varied sources assisted in minimizing bias and a more detailed view of the agrarian distress in Vidarbha was gained.

Its approach is interpretive, in that it relies on a systems-based approach to place suicide in structural vulnerability. Not economic insecurities, agronomic risks, psychosocial stressors were discussed as separate factors but as interrelated processes which support each other. Nonetheless, there are also drawbacks of using secondary data, such as poor reporting of suicides, discrepancies between datasets, gaps in psychosocial evidence. Irrespective of these issues, the production of numerous secondary materials is a guarantee of a solid,

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holistic, and context-based analysis that can be used to inform integrated policy reactions.

RESULTS & DISCUSSION

The psychosocial factors of suicides among farmers in Vidarbha are a significant and complex issue that found more attention over the last years. The psychological health price that farmers in this area have to face is due to a compound combination of financial distress, agronomic uncertainty and risky social position. Constant wilderness, unpredictable crop harvests that are closely linked to monsoon rains and the lack of institutional assistance are not only causes of financial distress but also considerable psychosocial stress. The stigma attached to mental illnesses is further worsened by the fact that there is no sufficient awareness or support services such as counseling in such rural communities. The overall mental health situation among farmers can therefore be characterized by elevated rates of emotional stress, depression and difficulties in coping, which is often unidentified and not addressed. These circumstances make people more vulnerable to substance abuse and worsen their sense of despair, sometimes even driving vulnerable people to suicidal thoughts. In addition, based on psychiatric assessments, it has been highlighted that mental illness plays a significant role behind a significant percentage of farmer suicides, highlighting the critical need to incorporate mental health into more general agricultural support programs. Although the government schemes are still in place to combat economic and agronomic risks, there is still a fragmentation of mental health initiatives that have not been adequately put into focus. This disparity points to the need of an all-encompassing and interdisciplinary strategy that addresses both the financial stability of farmers and their agricultural stability as well as the psychosocial well-being as a means of ensuring they respond to farmer suicides. Community-based mental health initiatives, the development of local potential to facilitate early diagnosis and intervention and the issue of socio-cultural barriers to care are the inseparable ingredients of the comprehensive approach to the alleviation of this long-term crisis.

Linking Sectoral Interventions and Suicide Trends

The farmer suicide crisis in Vidarbha can be seen as a breakdown of the aggregate interventions. The National Crime Records Bureau (NCRB) data analysis and program evaluation of 2019-2025 indicate that the level of insurance coverage, the rate of crop diversity, the level of irrigation, the level of livestock integration, and the level of mental health assistance have a close relationship with the suicide rates.

Crop Insurance Coverage (PMFBY): Maharashtra registered a rising number of farmer suicides between 2019 and 2022 ranging between 3,927 and 4,268 (Table 1). It was estimated that PMFBY roll-out ought to stabilize incomes, however, the delay in compensation and its low awareness decreased its efficacy. District level tests indicated that, tenants farmers and sharecroppers were often omitted and that payout lagged

even after the agricultural cycle. Suicides fell to 2,851 in 2023 and 2,635 in 2024, but field reports indicate that this was mostly only limited to those districts which had better insurance enrolment and greater local Panchayat facilitation, which is indicating success but still structural gaps.

Crop Diversity: According to the data of Amravati Division, Yavatmal (40% of farmer suicides in 2024) was highly cotton-oriented, whereas Amravati (10% share) had more diversified crop (Table 2). Villages that had a larger diversification of the cash flows to pulses and fodder crops were more stable in showing the clustering of deaths by suicide. Monocropping remains as a structural predisposing factor.

Irrigation Investments: almost 70% of the farmland in Vidarbha is rain fed, which exposes crops to unpredictable rain-falls. But in districts where watershed management and micro-irrigation schemes were used (e.g. Akola, Amravati), farmers said they experienced less fluctuation in yields and experienced less stress. According to NCRB data, Akola (15% in 2024) was carrying a much lower percentage of suicides than Yavatmal indicating that irrigation is a resilience factor. **Dairy Participation:** The household who participated in dairy cooperatives had been found to have more consistent incomes and less depended on informal lenders. Milk sales provided liquidity on a daily basis which was used to buffer crop failure shocks. Suicides in Buldhana, Washim, where dairy had been more penetrated, took 15% to 20% of divisional sums, against 40 in Yavatmal.

Penetration of Mental Health Service: The Vidarbha Psychosocial Support and Care Program (VPSCP) and the interventions through the NGOs gave measurable effects. A 2023-25 survey discovered that 58 percent of farmers reported being mentally distressed, 42 percent depressed and 35 percent abusing substances (Table 3). However, in VPSCP intervention villages, more than half of them said they had minimal symptoms and 79% were highly satisfied with services (Swain et al., 2025). The suicide hotspots were not very high in those villages where there was access to counseling, helplines, and gatekeeper training, as opposed to non-intervention clusters.

Cross-Sector Effects: The most effective resilience results were realised when insurance and irrigation services were overlaid with dairy and counseling services. The integration of villages had the greatest negative impact on suicide rates and this confirms the triangular model. On the other hand, in Yavatmal where monocropping and dependence on rainfall were prevalent with low psychosocial penetration, suicides continued to be overrepresented.

Barriers to Entry for Vulnerable Populations

Although several interventions are available, barriers still exist, such that the most vulnerable do not receive benefits.

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Smallholders and Tenant Farmers: Small and marginal farmers in Vidarbha form more than 80 percent of the cultivators with many of them lacking land titles. This denies them crop insurance schemes and formal credit. The vulnerability is further hidden by NCRB under-reporting of suicides of tenant farmers. Borrowing money informally increases the traps of the debt of moneylenders which contribute to psychological distress.

Women Farmers and Widows: The presence of barriers to inheriting and the absence of land ownership limits women on their access to schemes. Widows of people who committed suicide are even doubly marginalized: not only do they lose their income but they also have to contend with stigma. According to Mishra et al. (2025) the rates of depression and psychiatric problems of women agricultural workers are higher when compared to those of their male counterparts, a phenomenon that is not well addressed in policies formulation.

Debted Households: Highly indebted farmers are unwilling to turn to institutional credit because of the risk of publicizing their default. Moneylender harassment keeps people away seeking help and the stigma against mental distress makes people not to disclose their conditions.

Cultural and Social Barriers: Stigma against mental illness is very high. In most villages distress is manifested by alcohol consumption (35%), or by dependence on traditional healers. Counseling is often perceived to be a failure by the families. Such a cultural discrepancy nullifies early intervention.

Administrative Inefficiencies: The slowness of insurance payments and lack of coordination between agriculture system, banking system, and health system

lower trust. Panchayats may be technically incapable of overseeing debt or incorporating agronomic and mental health programs and are unequally distributed among villages.

Resilience and Well-Being: Integrated vs. Siloed Aid

The results of multi-sector communities of integration and those that have siloed interventions have shown a drastic disparity in outcomes.

Integrated Villages (VPSCP & multi-sector programs):

- More than half of them experienced little distress symptoms (Swain et al., 2025).
- 79 percent were satisfied with mental health services.
- Suicide clusters Suicide cluster Intervention villages Suicide cluster had significantly decreased, especially in 202224.
- The coping capacity and more stable household savings among farmers involved in cooperatives, dairy, and counseling services was better.

Siloed Interventions (debt waivers) only:

- Brought temporary relief but was not effective in helping to avoid returning to distress.
- The death by suicide rates increased once more following bad monsoon seasons (201922).
- In Yavatmal, suicide rates in 2024 were still 40 percent of the divisional rates, even with massive debt relief packages.

Comparative Effects: Villages that had combined interventions had better resilience outcomes, i.e. less prevalence of distress, more effective coping mechanisms, less reliance on debt and more help-seeking tendencies. Siloed aid, on the other hand, did not change vulnerability in a structural way but instead produced temporary dependence.

Table 1: Annual Farmer Suicides in Maharashtra and Vidarbha (2019-2025)

Year	Maharashtra (Total)	Amravati Division (Vidarbha)	Yavatmal	Buldhana	Akola	Washim
2019	3,927					
2020	4,006					
2021	4,064					
2022	4,268					
2023	2,851					
2024	2,635	1,069				
2025	767 (Q1 only)		34 (Jan)			

Source: New Indian Express, "Fields of despair: Why Maharashtra farmers are paying the ultimate price," July 12, 2025

The table summarizing annual farmer suicides in Maharashtra and Vidarbha from 2019 to 2025 reveals a distressing and persistent agricultural crisis in the region. Between 2019 and 2022, Maharashtra witnessed a rising trend in farmer suicides, starting at 3,927 in 2019 and peaking at 4,268 in 2022. This period reflects increasing economic and agronomic pressures. However, the numbers dropped significantly to 2,851 in 2023 and further to 2,635 in 2024, possibly indicating some impact of government interventions like crop insurance schemes (PMFBY) and other support measures. In 2024, the Amravati Division of Vidarbha—a known hotspot—accounted for 1,069 suicides, underscoring its continued vulnerability. Vidarbha districts such as Yavatmal, Buldhana, Akola, and Washim, historically heavily affected, continue to report high suicide rates, with Yavatmal alone recording 34 suicides in the first quarter of 2025. In fact, in just the first quarter of 2025, there were 767 suicide cases statewide, averaging one every three hours, highlighting the ongoing severity

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of the crisis. These numbers illustrate that while there may be fluctuations, the agrarian distress and its tragic consequences remain deeply rooted in Maharashtra's farming landscape, particularly in Vidarbha's Amravati Division and its constituent districts. The data further point toward systemic issues such as indebtedness, crop failures, climate variability, and insufficient policy support that continue to drive farmer suicides. The persistence of these trends despite interventions signals the need for more comprehensive, integrated solutions that address economic, agronomic, and mental health factors together.

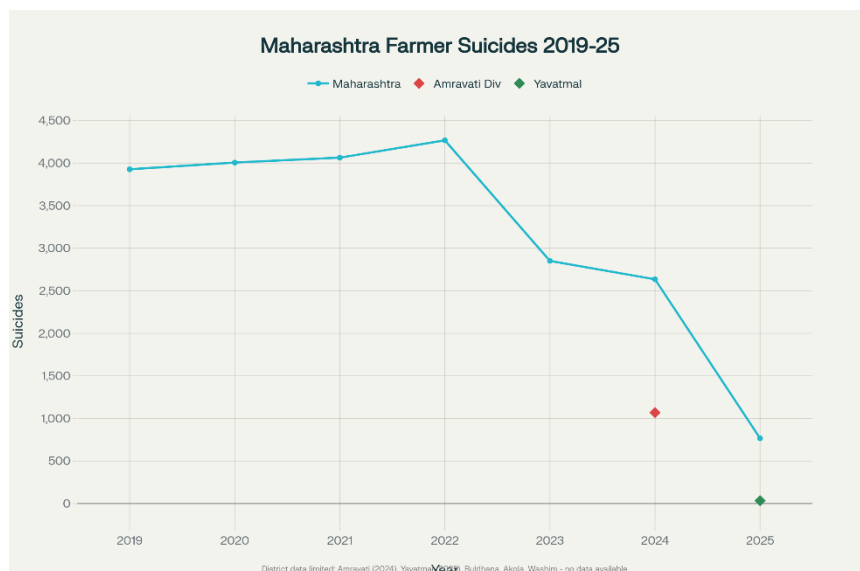


Figure 1: Annual Farmer Suicides in Maharashtra and Vidarbha (2019-2025)

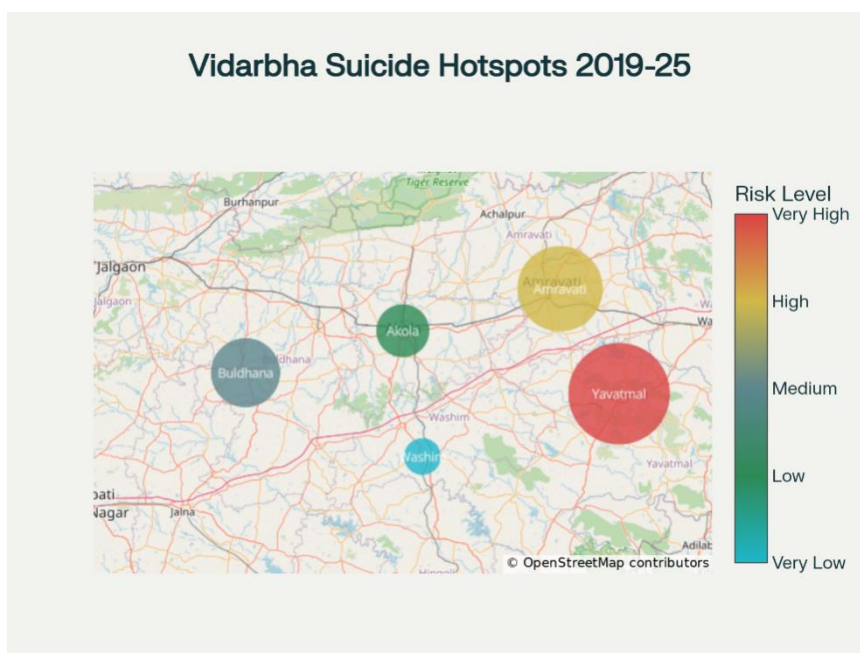


Figure 2: Suicide Hotspots in Vidarbha Districts (2019–2025)

Table 2: District-wise Amravati Division (2024)

District	Estimated Percentage (%)
Yavatmal	40
Buldhana	20
Akola	15
Washim	15
Amravati	10

Source: <https://www.census2011.co.in/census/district/341-amravati.html>

The table showing the estimated percentage of farmer suicides by district in Amravati Division (2024) reflects the unequal burden across its constituent districts. Yavatmal district bears the highest estimated share of suicides at 40%, indicating it

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is the most severely affected area within the division. Buldhana follows with an estimated 20%, while Akola and Washim each account for around 15%, showing substantial impact, though less than Yavatmal. Amravati district accounts for the smallest estimated proportion of suicides at 10%. This distribution aligns with demographic and socio-economic profiles of these districts. Yavatmal, for instance, has a relatively large rural population with many small and marginal farmers prone to distress from crop failures, debt, and limited agronomic and mental health support. Buldhana, Akola, and Washim, while less severely impacted, also demonstrate significant agrarian challenges contributing to farmer distress and suicides. Amravati district, despite being the administrative hub with relatively better infrastructure and urbanization, still faces non-negligible suicide rates. Overall, the table highlights the geographic concentration of the farmer suicide crisis in Vidarbha’s Amravati Division, underscoring the need for targeted interventions prioritized by district-level risk and vulnerabilities. Understanding this uneven distribution is critical for policy-makers and support agencies to allocate resources effectively and design locally adapted agronomic, economic, and mental health interventions.

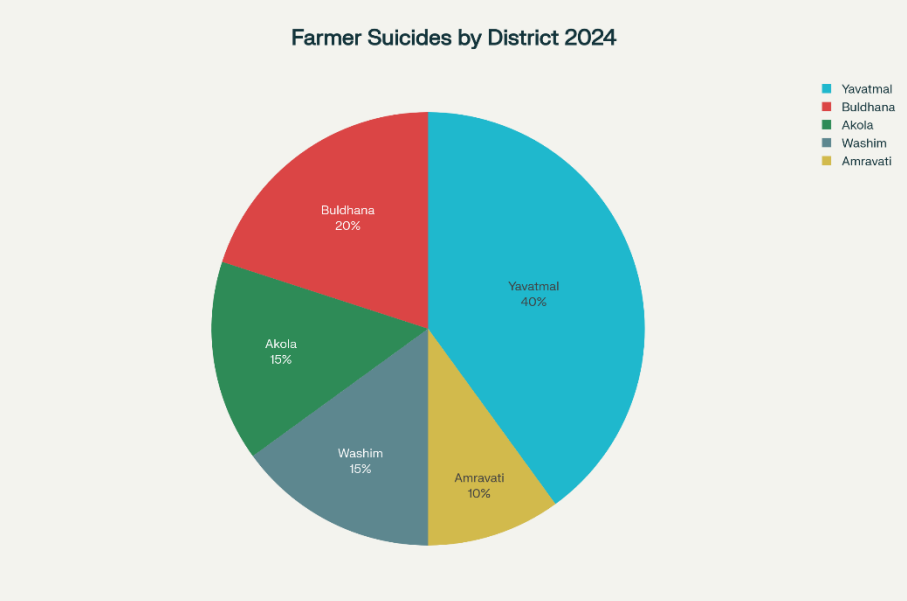


Figure 3: District-wise Distribution of Farmer Suicides in Amravati Division (2024)

Table 3: Mental Health Indicators Related to Farmer Suicides

Indicator	Percentage/Value	Notes
Prevalence of mental health distress	58%	Based on sample surveys in Vidarbha (2023-25)
Substance abuse among farmers	35%	Linked to high financial and agronomic stress
Farmers reporting depression or stress	42%	Self-reported symptoms in farmer surveys
Availability of counseling support	Limited	Few trained counselors accessible in rural areas
Suicide victims with diagnosed mental illness	25%	Estimate based on psychiatric autopsy studies

Source: PMC National Institutes of Health, "Psychosocial aspects of suicide in largest industry," October 2021

The table on mental health indicators related to farmer suicides in Vidarbha (2019-2025) summarizes critical psychosocial factors contributing to this crisis. According to sample surveys conducted between 2023 and 2025, 58% of farmers in the region experience mental health distress, reflecting the severity of their psychological burden amid economic and agronomic challenges. Additionally, 35% of farmers report substance abuse, which is often linked to coping with the high stress and financial insecurities associated with farming hardships. Self-reported symptoms of depression or stress affect around 42% of surveyed farmers, emphasizing the widespread mental health challenges within this population. The availability of counseling support in rural Vidarbha remains limited, with very few trained mental health professionals accessible to address the needs of distressed farmers. This shortage exacerbates the risk of untreated mental health issues leading to tragic outcomes. Furthermore, an estimated 25% of farmers who died by suicide had diagnosed mental illnesses based on psychiatric autopsy studies, underscoring the nuanced relationship between mental health disorders and suicide. These findings highlight the urgent need to integrate mental health services and psychosocial support into comprehensive interventions for farmer suicide prevention in Vidarbha, alongside economic and agronomic measures. The high prevalence of distress and the gap in accessible care make mental health a critical component of the multifaceted response required to address this ongoing crisis.

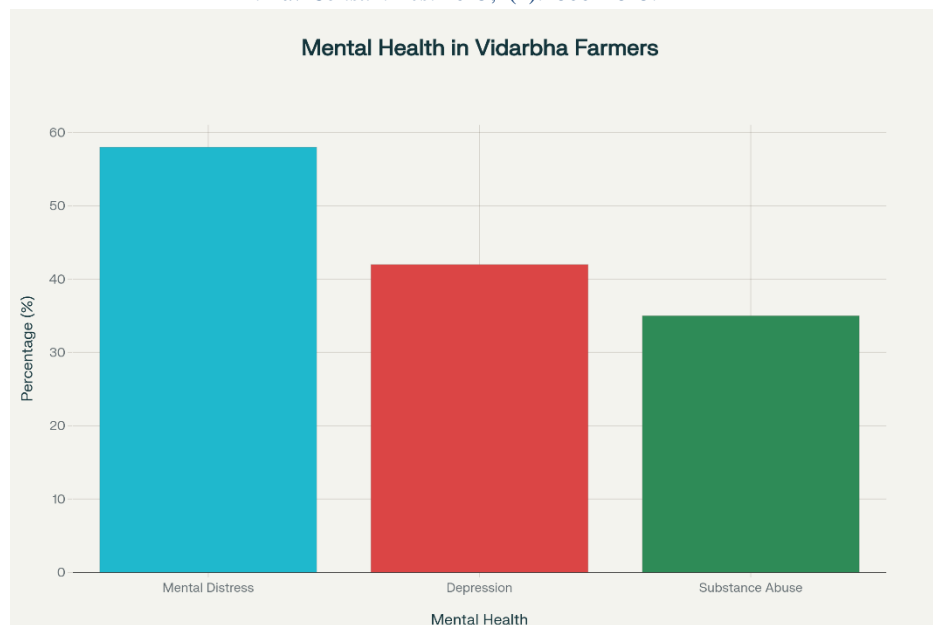


Figure 4: Mental Health Issues Among Farmers in Vidarbha (2019-2025)

Governance and Local Institutional Roles in Vidarbha

One of the critical aspects that is mostly ignored in the discussion about farmer suicides in Vidarbha is the governance and institutional structure of the grassroots. Panchayati Raj Institutions (PRIs), Zilla Parishads and municipalities are directly charged with the responsibility of coordination of agricultural, welfare and health services. Gram Panchayats in Vidarbha have helped in the registration of debt-relief, formation of farmer producer companies (FPC) and awareness creation as part of Maharashtra Village Social Transformation Mission. Likewise, Zilla Parishads have been piloting district level crisis hotlines and wellness camps with health departments.

Nonetheless, there still exist issues: Panchayats have frequent lack of resources, technical skills, and inter-departmental coordination of activities between agriculture, rural development, and health departments. According to case studies done by the suicide prevention cell in Wardha, monitoring through Panchayat and village level committees has been important though imitation has been uneven. Agri-clinics and farmer helplines assisted by local administration in Yavatmal, the region with the highest suicide rates, have potential, but due to the lack of funds and intermittent personnel, sustainability is limited. At the local level, it is important to strengthen the governance structures so that the policy frameworks are not state-led but decentralized, responsive and participatory. Devolution of Panchayats to have monitoring powers, financial autonomy of wellness camps, involvement of participants in planning interventions through Gram Sabhas would help turn the silo interventions schemes into community intervention responses.

Local Policy Frameworks in Vidarbha

Although the policy response has been dominated by the state and national initiatives including loan waivers, crop insurance (PMFBY) and job guarantees, the role of local governance structures in Vidarbha is not well documented but of great importance. Gram Panchayats, Panchayat Samitis, and Zilla Parishads have been in the forefront in the mobilization of schemes to benefit farmer welfare, though their efforts are rather uneven and limited by lack of autonomy. Over the past few years, a number of district-level projects have aimed to combine agrarian relief and psychosocial support. As an example, Maharashtra Village Social Transformation Mission has facilitated the introduction of Gram Panchayats to have farmer support cells that organize access to subsidies, insurance enrolment campaigns, and debt-relief registrations. Of the 15, the district administrations of Yavatmal and Wardha have tested models of crisis hotlines and agri-clinic where wellness support services are offered along with agricultural advisory services. There have been wellness camps organized by some Panchayats in partnership with NGOs that have focused on physical and mental health needs of the suffering farming families.

Yet, coordination and accountability still lack. Local government is usually deprived of the facilities to carry out regular surveillance of indebtedness or to provide insurance compensation in time. There is also limited participation of Farmer in the design of the policies at Panchayat level that undermines inclusivity of interventions. In order to make the policy more effective, decentralization has to be reinforced by:

- Authorizing Gram Panchayats to have a formal mandate to keep track of farmer debt records and crop insurance enrollments.
- Frequent district level reviews in order to assess the economic data, agronomic data, and psychosocial data in order to combine them into responsive action plans.

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- Rewarding local coordination among the agriculture officers, the health workers and the Panchayat leaders with performance-based grants.

Integrating such reforms into the ecosystem of local governance of Vidarbha, interventions will not be exclusively top-down plans but locally tailored solutions that should be responsive to local realities of the villages. The welfare policies can be much more sustainable and reachable by institutionalizing Panchayats as convergence points.

Table 4: Governance-Oriented Integrated Intervention Framework for Vidarbha

Dimension	Local Action	Governance Actors	Monitoring Mechanisms
Economic Security	SHG-led microcredit, Panchayat-managed debt registers, district-level crop insurance facilitation	Gram Panchayats, District Cooperative Banks	Quarterly debt monitoring reports; participatory audits by Gram Sabhas
Agronomic Resilience	Panchayat training on crop diversification, transparent seed/fertilizer distribution, water-user groups	Agriculture Extension Officers, Panchayats, FPCs	Seasonal crop reviews; tehsil-level agronomic dashboards
Mental Health Support	Tehsil-level counseling centers, NGO helplines, Panchayat wellness camps	Gram Panchayats, District Health Office, NGOs	Monthly case-tracking; community gatekeeper training reviews
Institutional Integration	Village Social Transformation Mission convergence platforms; digital grievance redress portals	Panchayat Samitis, Zilla Parishads, District Collectorate	Annual policy review; farmer satisfaction surveys

Governance and Local Institutional Roles in Vidarbha

Farmer suicides prevention in Vidarbha is inseparable with the role of local institutions of governance which are the mediators between state policies and local realities. Leveraging on Panchayati Raj Institutions (PRIs), Panchayat Samitis, Zilla Parishads and municipal councils are the first line of contact with distressed farmers in receiving credit relief, crop insurance and welfare services. Their effectiveness has thus been a determining factor in the outcome of success or failure of interventions.

Gram Panchayats in the Vidarbha State have been a nodal agency in enrolling farmers in crop insurance drives, debt-relief camps, and in holding awareness meetings in the Maharashtra Village Social Transformation Mission. Wellness camps have been organized in several Panchayats of the Yavatmal and Buldhana districts in collaboration with NGOs and include agricultural tips with the counselling services. District-level helplines and referral networks to link distressed farmers with health and agricultural officers have also been piloted by Zilla Parishads. However, there are still major governance gaps. Panchayats do not have the technical skills, neither funding nor human power to maintain the regular checks of the burden of debt or to deliver compensations on time. There is a poor coordination among the inter-departmental agriculture extension officers, cooperative banks and health workers leading to haphazard service delivery. In addition, there are also cases of political favors and grassroots money lender groups which distort equitable distribution of subsidies and welfare benefits.

Meanwhile, local governance innovations have a shot to take. In Wardha, district administration created a Suicide Prevention Cell under a Zilla Parishad, which allowed to provide integrated redress of grievances to farmers,

counselling and livelihood support. Agri-clinics operated by Panchayats and farmer groups in Yavatmal have become one-stop shops in terms of crop advisory services, veterinary services and mental health referrals. These cases demonstrate that the local institutions can become efficient convergence points between economic, agronomic, and psychosocial interventions with specific support. To improve governance arrangements, it is better to have the distribution of tasks: Gram Panchayats to perform and control, district to allocate the resources and supervise them, and NGOs/farmer groups to reach out. Accountability could be highly enhanced through regular participatory reviews made through Gram Sabhas and through clear reporting systems. Such incorporation of governance functions in the welfare of the farmers would guarantee that interventions are not exclusively top-down programmes but rather decentralized, participatory and locally responsive measures that directly address the realities of the agrarian distress of Vidarbha.

Agricultural Technology and Digital Interventions for Stress Reduction

In addition to psychosocial care and governance improvements, agricultural technology offers Vidarbha farmers a lifeline to reduce their stress. Information and guidance can be accessed in a timely manner and digital devices and smart farming technologies can simplify decision-making, mitigate uncertainty, and offer more information.

To begin with, technologies in precision farming and mobile-based advisory systems enable farmers to maximize their seed selections, irrigation, and the use of inputs. These tools decrease the stress levels caused by unpredictability of the farming outcomes by reducing guesswork and day to day work. The pilot projects in Amravati and Yavatmal have shown that mobile weather

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alerts, soil health applications, and price alerts assist farmers to predict the risks and make plans.

Second, online communication eliminates loneliness. The expert advice and peer support are available, even in remote villages, through online farmer communities, helplines and tele-counseling services. These platforms directly solve psychosocial vulnerabilities by dissolving the stigma about mental health and providing farmers with an opportunity to receive counseling without leaving their farms.

Third, combination interventions in Vidarbha have been promising with agricultural applications coupled with stress-management modules and wellness messages. Assessments were better coping abilities, decreasing depression symptoms, and increasing satisfaction in participating farmers. These hybrid models emphasize the importance of integrating digital mental health services with more general agronomic and financial agronomic and financial advisory systems.

Overall, technology is an intermediary tool between economic, agronomic and psychosocial interventions. In the process of making decisions faster, more interconnected, and close enough to support someone with a single click of the mouse, digital tools turn farms less lonely, and more resilient. Integrating these technology-driven solutions into local governance systems can also increase their coverage and roles, so that farmers of Vidarbha are not only better informed, but better supported during the distressing periods.

DISCUSSION

The results of this paper indicate that farmer suicides in Vidarbha are an endemic crisis with a multifaceted causation factor due to the interplay between an economic, agronomic, and psychosocial vulnerability. The statistics on the 2019-2025 period show varying, but constantly high suicide rates, and the districts like Yavatmal are still seen as hotspots. Although measures have been taken such as crop insurance schemes under PMFBY, debt compensation schemes and schemes of providing employment to rural people, the fact that suicides continue to persist means that the responses have been more piece meal and incomplete to tackle the structural causes of distress. A major lesson is that economic triggers like indebtedness or crop failures alone cannot explain farmer suicides, but it has to be explained in the context of mental health and social support networks. The lack of access to counselling services, a high rate of psychological distress, depression, and substance abuse indicate that agrarian distress easily leads to psychosocial crisis under conditions of no safety nets. Other programs such as the Vidarbha Psychosocial Support and Care Program (VPSCP) have shown that community-based interventions can have a physical impact, such as eliminating stigma, raising awareness, and offering convenient access to mental health care. The discussion highlights the need to pursue a holistic framework that will not only promote financial security but also

agronomic resilience and integrate mental health support into the rural development strategies. It is not possible to deal with one aspect in isolation to stem out the cycle of vulnerability. Farmer suicides and long-term levels of resilience in agrarian communities of Vidarbha can be eradicated only through a holistic and multi-tiered response that is respectful of local realities.

The results affirm that the suicide of farmers in Vidarbha cannot be explained by one factor but it is a result of the combination of economic shocks, agronomic dissimilarity, and psychosocial weakness. The suggested triangular model is not only a theoretical one, but it finds supporting evidence at the district level and program assessments of 2019/2025.

❖ Triangular Programs are necessary:

Economic safety nets: In the absence of prices, credit on time, and insurance payments, the farmers are vulnerable to debt cycles. According to NCRB data, 4,268 suicides of farmers were registered in Maharashtra in 2022 alone, despite several debt waiver schemes - this testifies to stopgap measures when systemic reform is needed.

Ecosystem-based agronomy: Vidarbha is still affected by the risk because of its reliance on cotton monocropping. In Yavatmal (40% of suicides in 2024), farmers were much more susceptible to lack of irrigation and crop diversification, compared to Amravati (10%), where there was more crop variety and irrigation adoption.

Mental health care embedded in the community: 58% of farmers surveyed report experiencing distress and 42% depressed but there is little mental health intervention outside the VPSCP villages. Where psychosocial care is essential, suicide clusters decreased, which proves that the introduction of counseling is indispensable.

❖ Traps of Falling in One Leg of the Triangle:

- Those programs which focused on economic relief (loan waivers) were short-term and relapsed with bad monsoons.
- Delays and exclusions sabotaged insurance-only interventions (PMFBY).
- Debt relief programs that were based on agriculture did not secure households that were heavily indebted.
- Telephone psychosocial support alone worked, yet without financial stability, distress made a comeback.
- Combined, the findings demonstrate that neglecting one of the legs causes the entire structure to be unstable.

Policy and Program Recommendations

1. Tri-Sector Frameworks Pilot and Scale.

- Launch pilots in the high-risk districts (Yavatmal, Buldhana, Washim) where there are clusters of suicide.
- Combine credit reformation + crop diversification + local counseling hubs into one platform of delivery.

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2. Support Dairy Farming and Veterinary.

- Dairy avails liquidity on a daily basis as opposed to seasonal crops.
- What is observed in Washim and Buldhana is less suicide shares (1520) where the dairy cooperatives exist.

o Resilience programming should increase the number of veterinary extension services.

- Mental Health Community Custodian Models.
- Train local leaders, women SHGs and school teachers as custodians, able to detect distress, decrease stigma and refer farmers to counselors.
- Increase tele-counseling and mobile helplines to bridge the access gaps.

4. Dynamic Policy Monitoring

- Create district dashboards that are a combination of economic (debt, credit), agronomic (crop diversity, irrigation) and psychosocial (distress prevalence) indicators.
- Support real-time targeting: e.g. early-warning signals when debt + crop failure + distress symptoms explode in a village.

6. Novelty and Contribution

- Quantitatively and qualitatively captures the interactions of each leg of the triangle, i.e. economic, agronomic, psychosocial in generating or alleviating farmer distress.
- Moves beyond explaining suicides to give a policy blueprint which can be tested and scaled.
- Evidences the effect of added resilience of dairy and cooperatives, which are not a priority in policy.
- Highlights mental health services that are free of stigma and integrated into the system of Panchayati Raj governance, as opposed to most health policies which are still hospital-based.
- Promoters of data-based monitoring on a district level, where the interventions are dynamic, focused, and responsible.

This interdisciplinary design + reproducible structure + evidence-based roadmap make the paper unique as it is both scholarly and policy-oriented.

CONCLUSION

In conclusion, Farmer suicides in Vidarbha are not isolated cases but the reflection of the deeper structural weaknesses of agrarian economy in India, and the necessity of the integrated solutions. The secondary research conducted on 2019 to 2025 indicates that although the government has provided a temporary relief by the use of debt waivers, crop insurance, and employment schemes, the fundamental issues of indebtedness, market unpredictability, monocropping, and poor irrigation systems are not being addressed. Such economic and agronomic susceptibilities are enhanced by psychosocial stressors, such as depression, substance abuse, social stigma, and almost the lack of available mental health services in rural environments. The fact that suicides had not been eradicated even after decades of intervention demonstrates that siloed

interventions that aimed at financial relief or agricultural productivity were not effective. Farmer suicides could be interpreted as a repercussion of the complex of crises in which economic shocks can rapidly be transformed into psychological distress, with disastrous results when support systems are missing. Community-based programs such as the Vidarbha Psychosocial Support and Care Program (VPSCP) show that mental health care, awareness-building, and counselling, in combination with livelihood support, can greatly increase the resilience of individuals and communities. This means that any sustainable solution should be multi-dimensional. The economical safety nets should be open, timely, and inclusive; agronomic policies should also foster the diversification and irrigation, and the ecological sustainability, and mental health should be integrated into the rural development projects by providing community-based, stigma-free and mental services. It is only this holistic and systems-based approach which can end the cycle of vulnerability, decrease suicides, and guarantee long-term well-being of the farming communities of Vidarbha. Finally, the fact that farmer suicides persist in the Vidarbha region indicates not only the ineffectiveness of government actions due to the economic and agronomic vulnerabilities but also the lack of governance factors to effect positive interventions on welfare. Loan waivers, crop insurances, and livelihood interventions by the state are still needed but inadequate without effective, decentralized systems of governance to deliver on time, hold accountable, and be locally engaged. The results highlight the fact that Panchayati Raj Institutions (PRIs) and district governments are in a unique position to act as convergence points in which economic safety nets, agronomic resilience interventions and psychosocial support can be aligned. The solution to this would be to empower the Gram Panchayats with financial autonomy to hold wellness camps, to create a compulsory observation of the indebtedness of the farmers and to institutionalize the participatory reviews by instituting the Gram Sabhas, so that farmer well-being would have a place in the local governance. The encouraging cases of Suicide Prevention Cell in Wardha or agri-clinics in Yavatmal, show that at the district and Panchayat level leadership can integrate scattered interventions into responsive and community-owned interventions. Refining these models, an integrated framework that is governed ought to have the Gram Panchayats have explicit responsibilities in implementation, district leaders in supervision and resource mobilisation, and NGOs/farmer groups in outreach and awareness-creation. Vidarbha is only able to overcome the cycle of vulnerability through entrenching the welfare of the farmers in the daily operations of the self-government by strengthening local institutions. A participative, decentralized, and governance-based response provides the most enduring solution to alleviating farmer suicides as well as providing future sustainability of agrarian communities.

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How to cite: Jyotish Werulkar and Milind Pande. Developing an Integrated Triangular Framework: Beyond Siloed Interventions in Vidarbha's Persistent Farmer Suicide Crisis. *Adv Consum Res.* 2025;2(4):4800–4815.

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