San José, Costa Rica, May 2016

Suicide prevention from a global perspective

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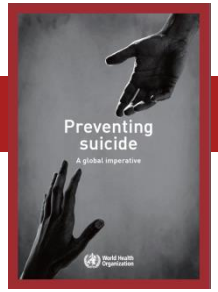

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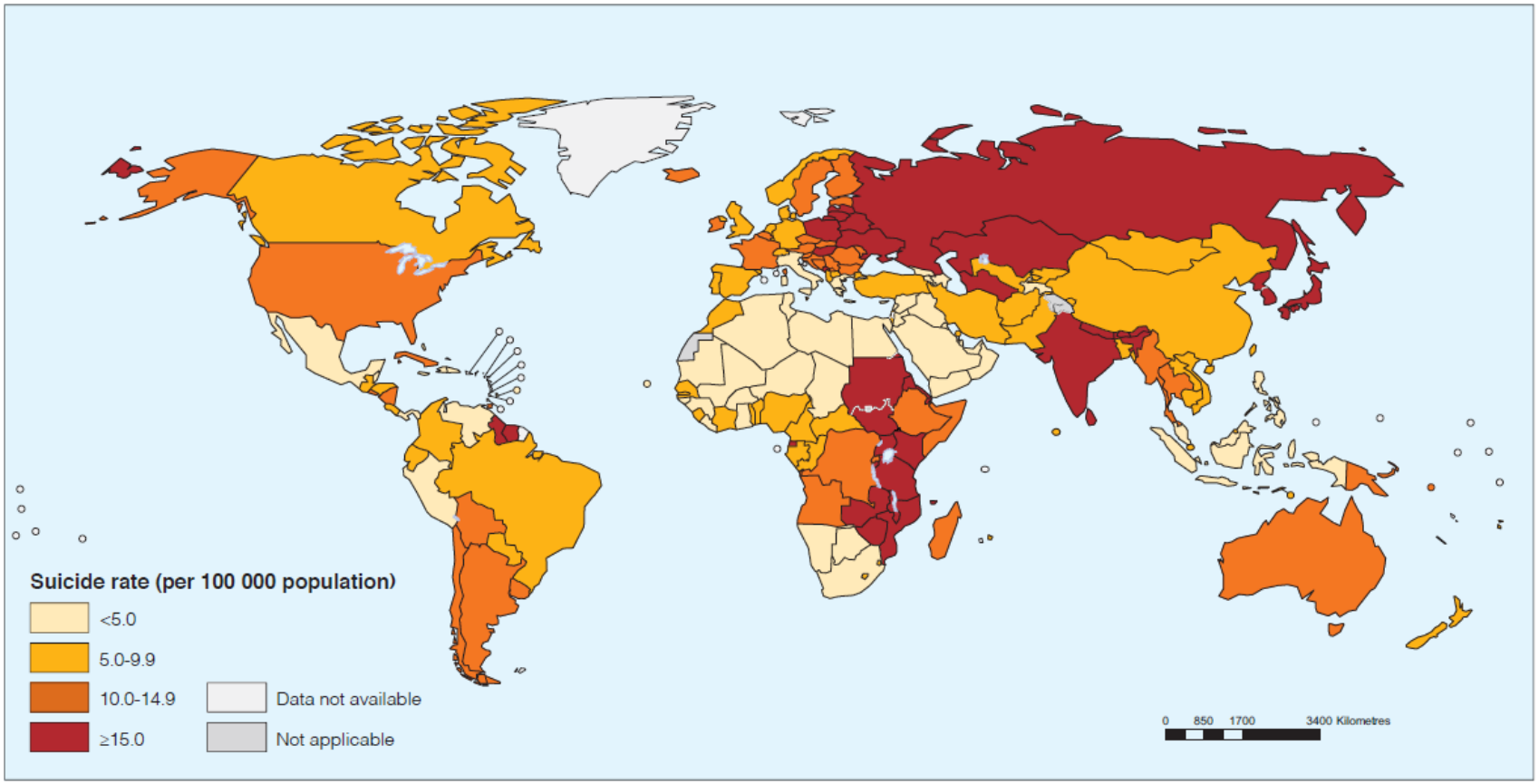
Suicide facts (1)

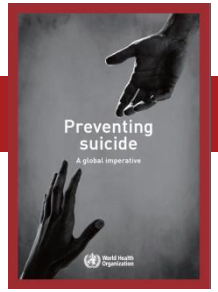
- Over 800 000 people die by suicide every year
- More than e.g. malaria, breast cancer, dementia

Suicide rates across countries

WHO estimations

Map 1. **Age-standardized suicide rates (per 100 000 population), both sexes, 2012**





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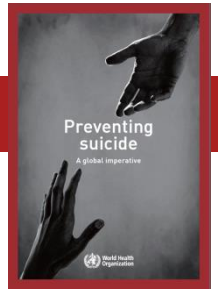
Suicide facts (2)

- For each suicide, there are likely to be more than 20 others making an attempt.

- For each suicide, there are likely to be hundred of bereaved persons who suffer.



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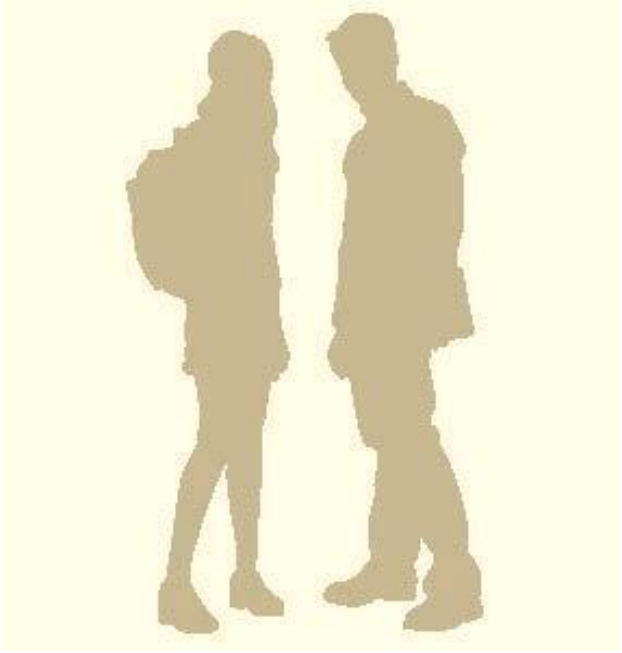
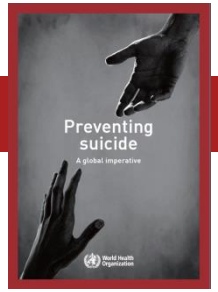
Suicide facts (3)

- Second leading cause of death among 15-29 year-olds globally
- First leading cause of death among 15-19 year-old girls globally





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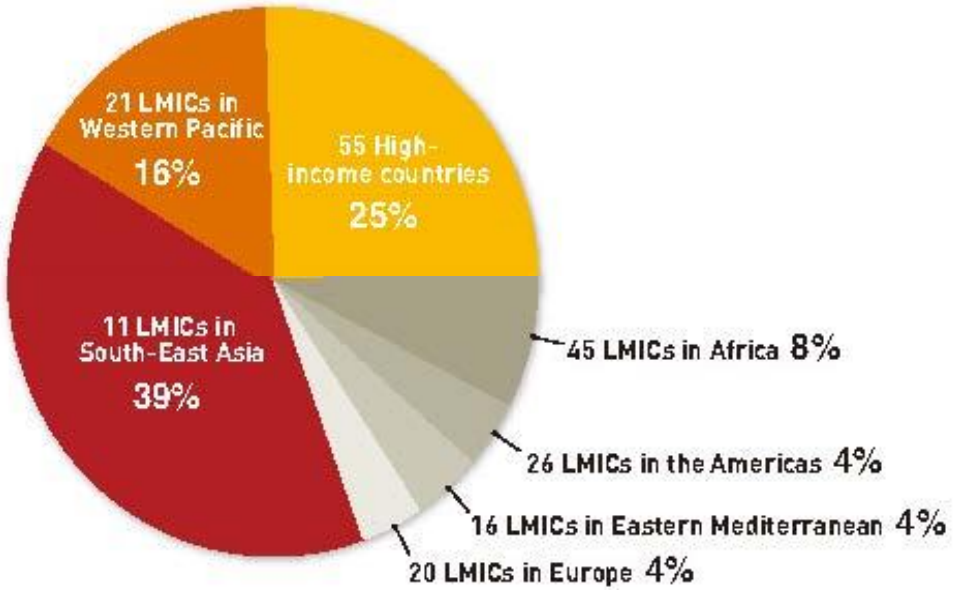
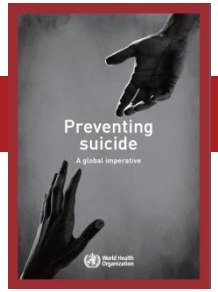
Suicide facts (4)

- 75% of suicides occur in Low and Middle Income countries
- Rates are higher among the young in LMICs than in HIC





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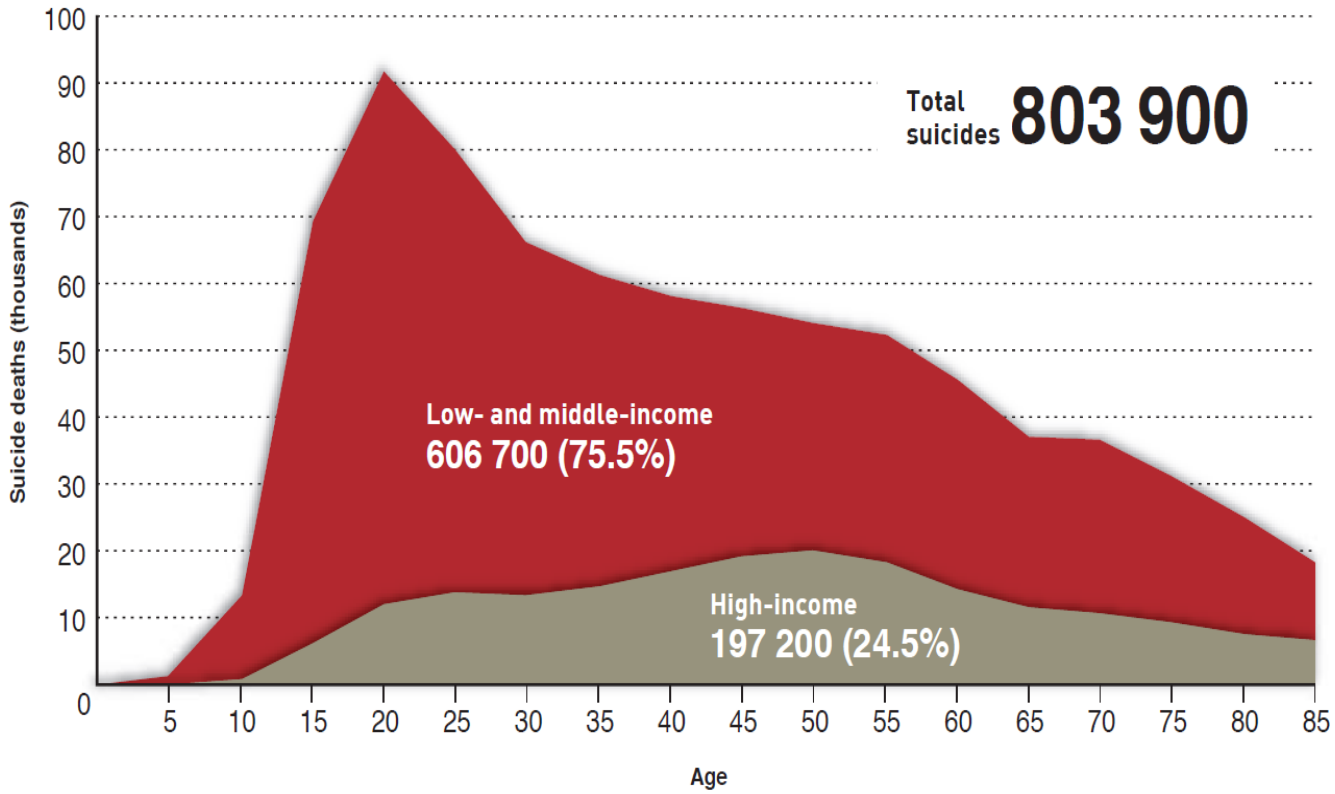
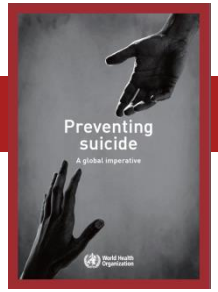
Suicides by age and income level

Figure 2. Global suicides by age and income level of country, 2012





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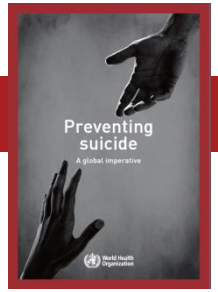
Age-standardized suicide rates (per 100 000) and total number of suicides, both sexes, 2012

Rank	Country	Suicide rate	Rank	Country	Total number
1	Guyana	44.2	1	India	258075
2	Republic of Korea	28.9	2	China	120730
3	Sri Lanka	28.8	3	United States of America	43361
4	Lithuania	28.2	4	Russian Federation	31997
5	Suriname	27.8	5	Japan	29442
6	Mozambique	27.4	6	Republic of Korea	17908
7	Nepal	24.9	7	Pakistan	13377
8	United Rep of Tanzania	24.9	8	Brazil	11821
9	Kazakhstan	23.8	9	Germany	10745
10	Burundi	23.1	10	Bangladesh	10167
11	India	21.1	11	France	10093
12	South Sudan	19.8	12	Ukraine	9165
13	Turkmenistan	19.6	13	Indonesia	9105
14	Russian Federation	19.5	14	Thailand	8740
15	Uganda	19.5	15	Poland	7848



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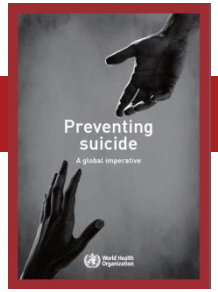
AMRO/PAHO Region

- AMR LAMICs: 6.1 per 100,000 both sexes; 2.7 females ; 9.8 males
- Global: 11.4 per 100,000 both sexes; 8.0 females ; 15.0 males

- **Each suicide is one too many !**



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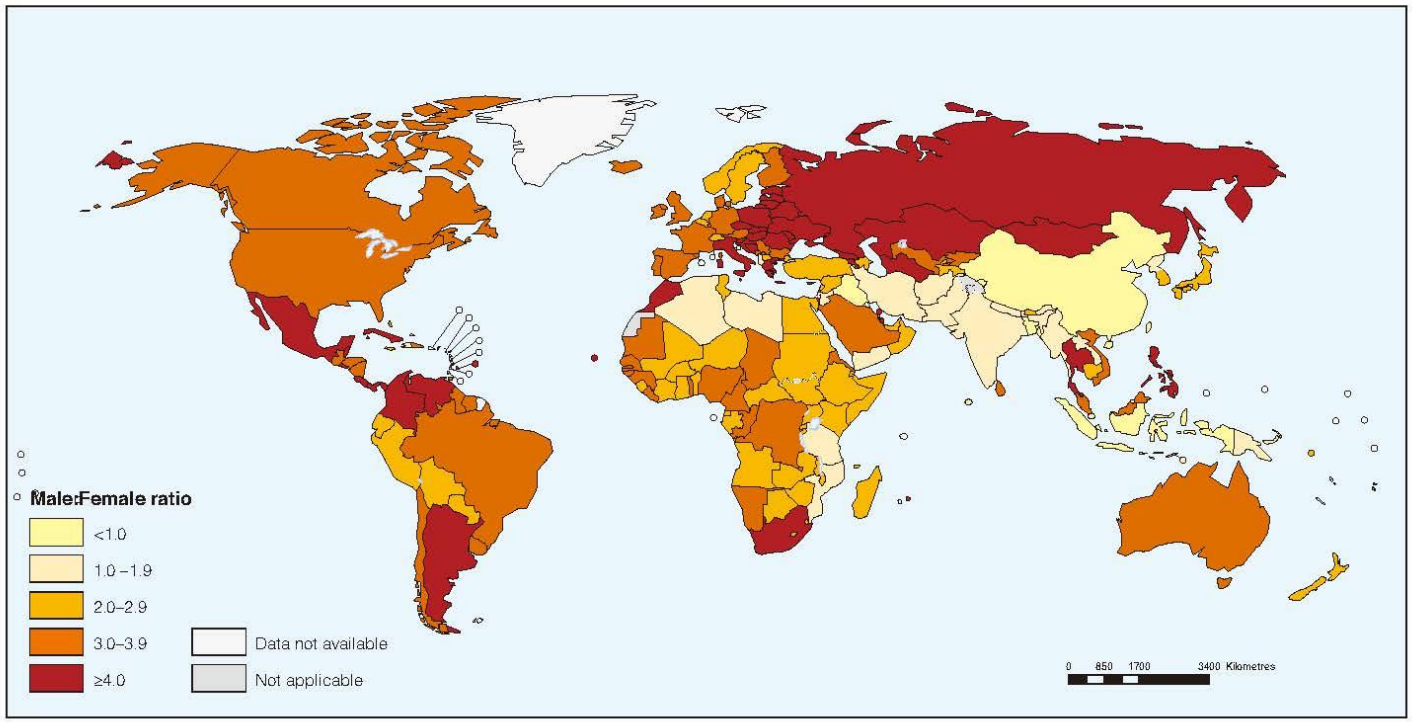
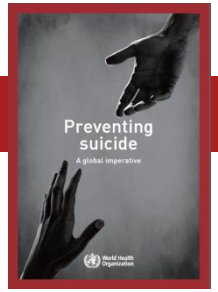
Suicide Facts (5)

- Male: Female ratio is lower in LMICs

Map 3. **Male:Female ratio of age-standardized suicide rates, 2012**





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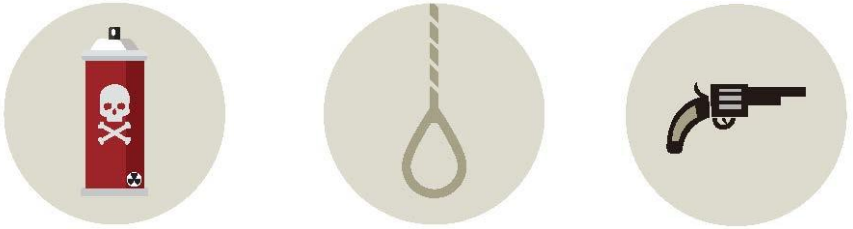
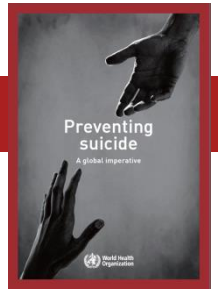
Suicide Facts (6)

- Pesticides, hanging and firearms are among the most common means of suicide globally

- Pesticides account for an estimated **1/3** of the world's suicides





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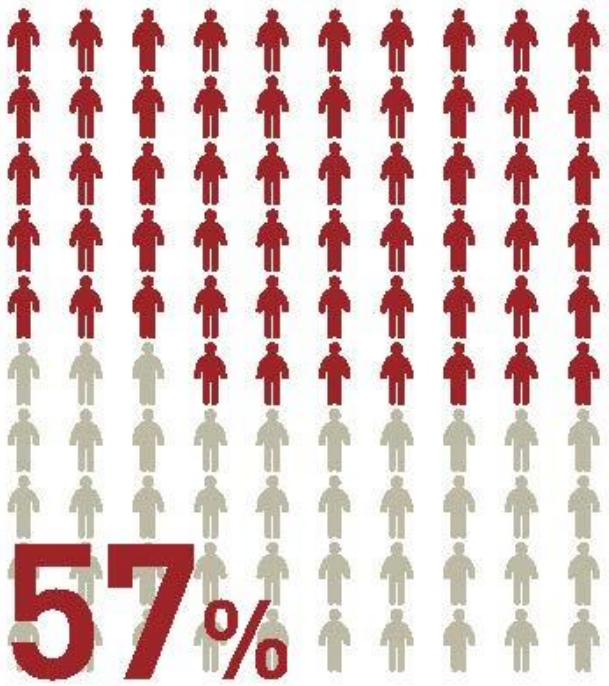
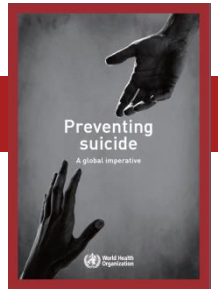
Suicide facts (7)

- Suicide causes 57% of all violent deaths
- More than from war and homicide together





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Suicide Facts (8)

- Suicide accounted for 1.4% of all deaths worldwide
- 15th leading cause of death in 2012

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Launched in September 2014

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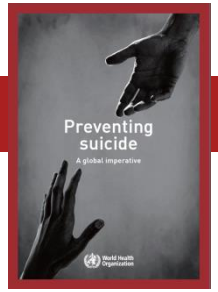
What can be done ?



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A multisectoral approach

→ A complex issue with a multitude of factors, there is no one answer to this problem

→ Governments must assume their role of leadership in suicide prevention

→ Multisectoral collaboration is key

HEALTH SYSTEMS	Barriers to accessing health care
SOCIETY	Access to means
	Inappropriate media reporting
	Stigma associated with help-seeking behaviour
COMMUNITY	Disaster, war and conflict
	Stresses of acculturation and dislocation
	Discrimination
	Trauma or abuse
RELATIONSHIPS	Sense of isolation and lack of social support
	Relationship conflict, discord or loss
INDIVIDUAL	Previous suicide attempt
	Mental disorders
	Harmful use of alcohol
	Job or financial loss
	Hopelessness
	Chronic pain
	Family history of suicide
	Genetic and biological factors

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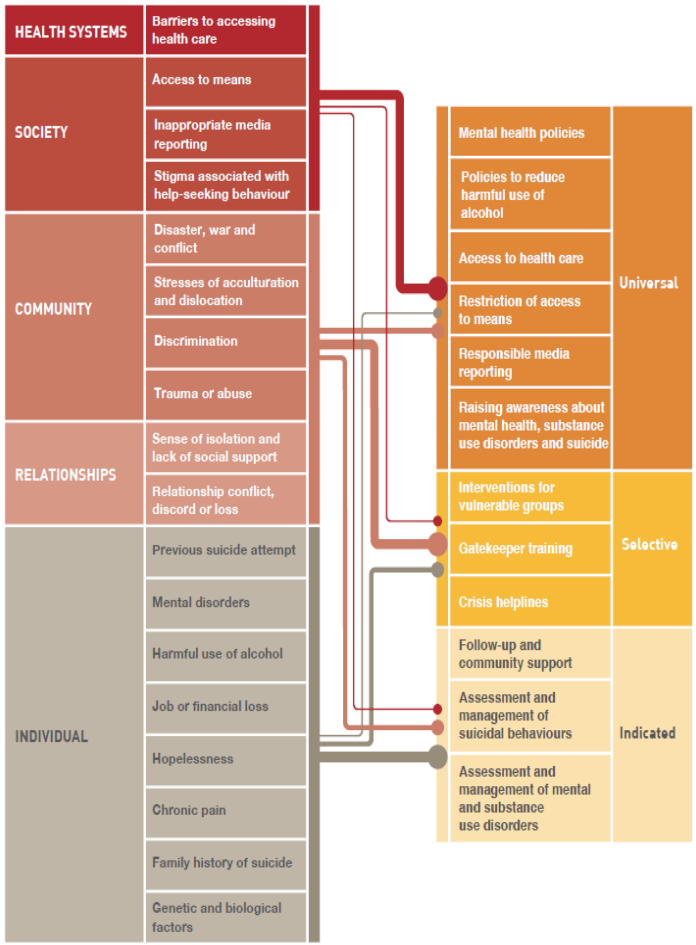
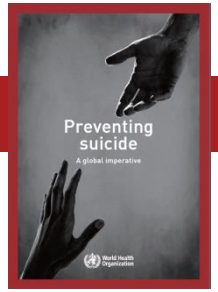
Evidence-based interventions

Figure 7. **Key risk factors for suicide aligned with relevant interventions**
(Lines reflect the relative importance of interventions at different levels for different areas of risk factors)



- → **Reducing access to means**
- → **Responsible media reporting**
- → **Introducing alcohol policies**
- → **School-based interventions**
- → **Early identification and treatment**
- → **Training of health workers**
- → **Follow-up care and community support**



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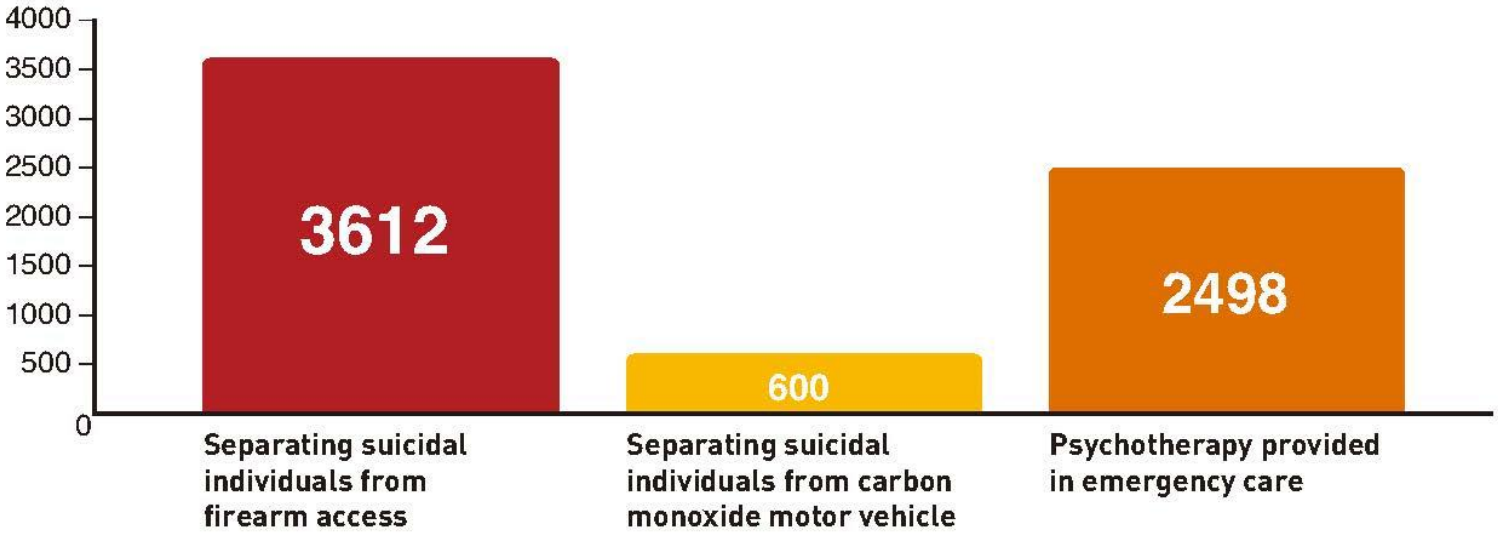
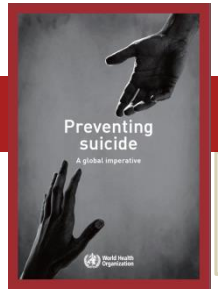
Modelling of optimal implementation

Many thousands of lives could be saved in just one year in the USA

Figure 8. Suicide deaths prevented by proposed interventions approximating a 20% reduction in 2010 suicide deaths in the USA (55)



National Institute of Mental Health and Research Prioritization Task Force, 2014



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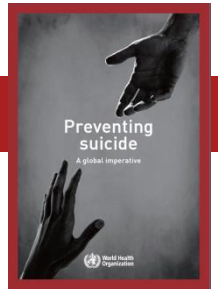
The time to act is now….

Table 5. **Proposed strategic actions for suicide prevention (categorized by current implementation levels)**

Areas of strategic action	Lead stakeholders	No activity (currently there is no suicide prevention response at national or local level)	Some activity (some work has begun in suicide prevention in priority areas at either national or local level)	Established suicide prevention strategy exists at national level
Engage key stakeholders	Ministry of Health as lead, or other coordinating health body	Initiate identification of and engagement with key stakeholders on country priorities, or where activities already exist.	Identify all key stakeholders across sectors and engage them comprehensively in suicide prevention activities. Assign responsibilities.	Assess the roles, responsibilities, and activities of all key stakeholders on a regular basis. Use the results to expand sector participation and increase stakeholder involvement.
Reduce access to means	Legal and judicial system, policy-makers, agriculture, transportation	Begin efforts to reduce access to means of suicide through community interventions.	Coordinate and expand existing efforts to reduce access to the means of suicide (including laws, policies and practices at national level).	Evaluate efforts to reduce access to the means of suicide. Use the evaluation results to make improvements.
Conduct surveillance and improve data quality	Ministry of Health, Bureau of Statistics, all other stakeholders, and particularly the formal and informal health systems to collect data	Begin surveillance, prioritizing mortality data, with core information on age, sex and methods of suicide. Begin identification of representative locations for development of models.	Put a surveillance system in place to monitor suicide and suicide attempts at national level (including additional disaggregation) and ensure the data is reliable, valid and publicly available. Establish feasible data models that are effective and can be scaled up.	Monitor key attributes such as quality, representativeness, timeliness, usefulness and costs of the surveillance system in a timely manner. Use the results to improve the system. Scale up effective models for comprehensive data coverage and quality.
Raise awareness	All sectors, with leadership from the	Organize activities to raise awareness that	Develop strategic public awareness campaigns	Evaluate the effectiveness of public



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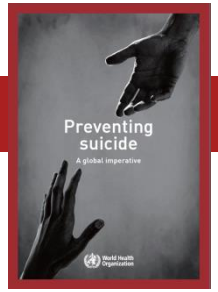
Why a National Strategy ?

- Recognizes suicide and suicide attempts as a major public health problem.
- Signals the commitment of a government to tackling the issue.
- Recommends a structural framework, incorporating various aspects of suicide prevention.
- Provides authoritative guidance on key evidence-based suicide prevention activities, i.e. identifies what works and what does not work.
- Identifies key stakeholders and allocates specific responsibilities among them. It outlines the necessary coordination among these various groups.
- Identifies crucial gaps in legislation, service provision and data collection.
- Indicates the human and financial resources required for interventions.
- Shapes advocacy, awareness raising, and media communications.
- Proposes a robust monitoring and evaluation framework, thereby instilling a sense of accountability among those in charge of interventions.
- Provides a context for a research agenda on suicidal behaviours.



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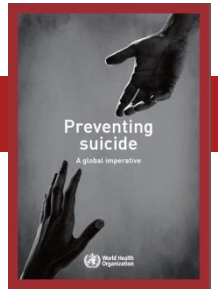
How does WHO help ?

By providing technical assistance



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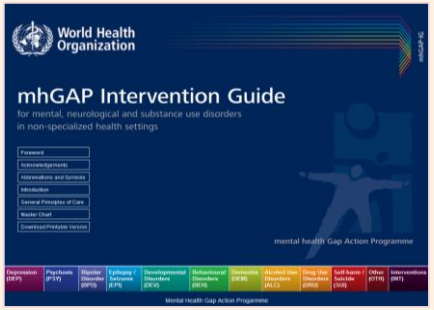
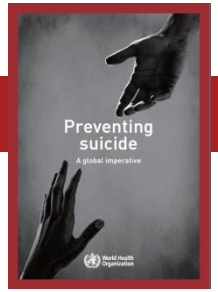
Technical tools for implementation

- mhGAP Intervention Guide: self-harm/suicide module
- mhGAP recommendations for assessment and management of self-harm/suicide



- STEPS survey: module on suicidal behaviours



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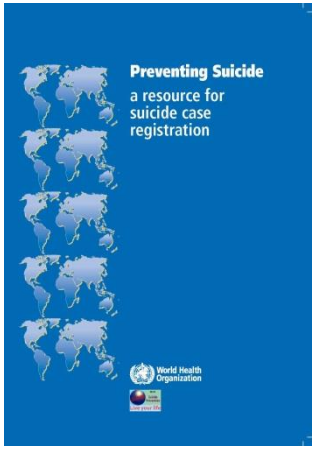
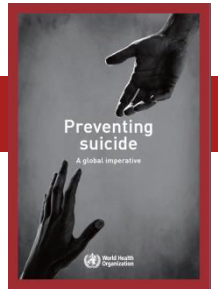
Preventing Suicide: a resource series

1. for General physicians
2. for Media professionals (updated 2008)
3. for Teachers and other school staff
4. for Primary health care workers
5. in Jails and prisons (updated 2007)
6. How to start a survivors' group (updated 2008)
7. for Counsellors
8. at Work
9. for Police, firefighters and other first line responders
10. for suicide case registration
11. for registration of non-intentional self-harm



Available in:

Bengali, Bulgarian, Chinese, Dutch, English, Estonian, French, German, Hungarian, Italian, Japanese, Latvian, Norwegian, Polish, Portuguese, Russian, Serbian, Slovenian, Swedish, Spanish, Turkish, Vietnamese



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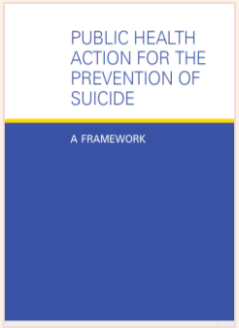
Resources (continued)

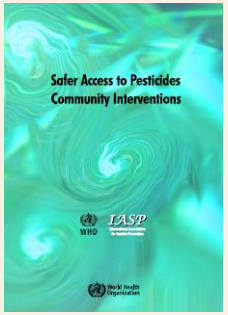
- Public Health Action for the Prevention of Suicide: A Framework



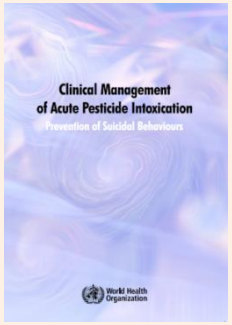
- MiNDbank online platform

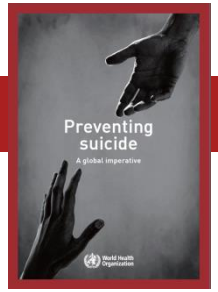
Act, Unite & Empower for Mental Health
QualityRights

- Safer Access to Pesticides: Community Interventions



- Clinical Management of Acute Pesticide Intoxication





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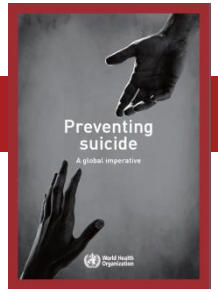
Better availability and quality of suicide and suicide attempt data

- **Suicide** as a cause of death reported to WHO Mortality Database:
  - Online query tools
- Fatal injury surveillance in mortuaries and hospitals: a manual

- **Suicide attempt** is the single most important risk factor for suicide
- Suicide attempts result in significant social and economic burden for communities
- Monitoring suicide attempts provides important information for development and evaluation of suicide prevention strategies

➢ Collaboration with National Suicide Research Foundation, Ireland on a Practice manual for establishing and implementing suicide attempt and self-harm surveillance systems



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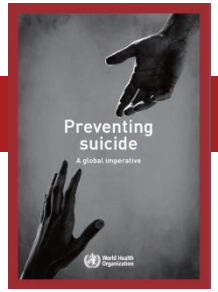
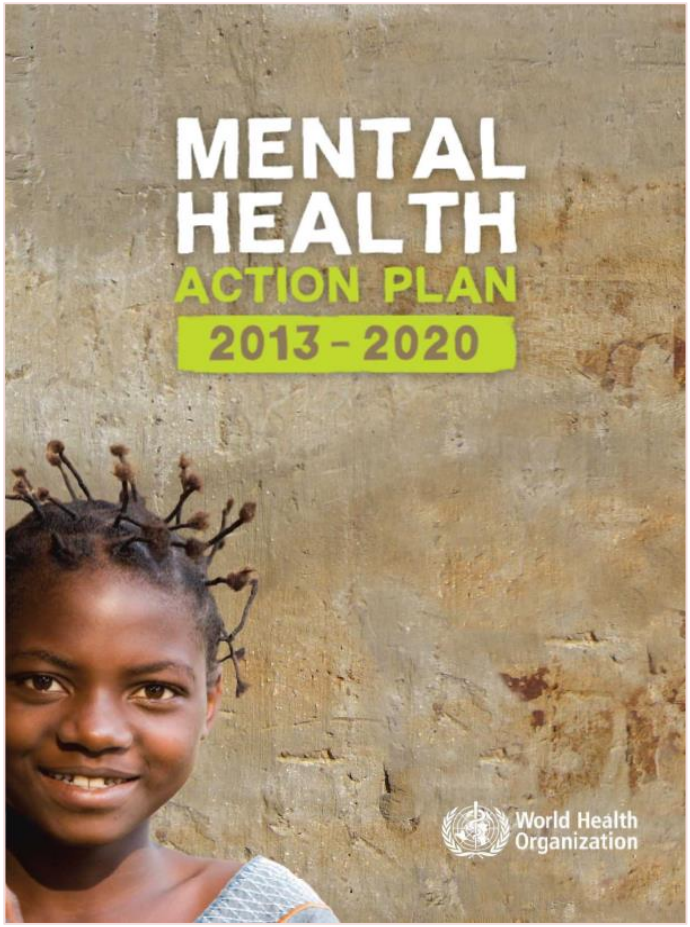
Communities play a critical role in suicide prevention

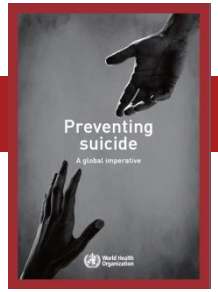
- Provide social support to vulnerable individuals
- Provide help in crisis situations
- Engage in follow-up care
- Fight stigma
- Support those bereaved by suicide

➢ Collaboration with Mental Health Commission of Canada on a Community Engagement Toolkit for suicide prevention



Adopted by the World Health Assembly in May 2013



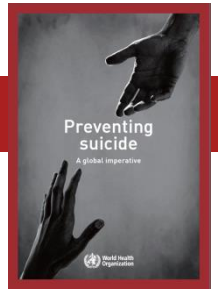


Objective 3

To implement strategies for promotion and prevention in mental health

Target 3.2:

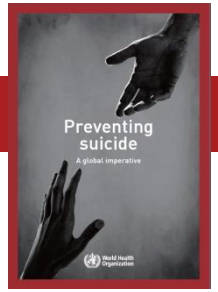
- Rates of suicide in countries will be reduced by 10% by year 2020



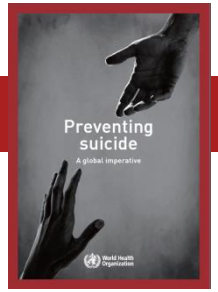
Post-2015 Agenda
Sustainable Development Goals:

- Target 3.4: By 2030, reduce by one third premature mortality from **non-communicable diseases** through prevention and treatment and promote **mental health** and well-being

- Important to include an indicator on Suicide rate



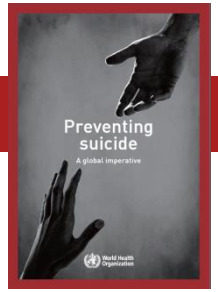
- 10% reduction in suicide rate will not happen unless we all act together and now !
- This workshop and WHO World Health Day 2017 on *Depression and suicide*, provide excellent and timely opportunities !
- World Suicide Prevention Day, 10th September (www.iasp.info/wspd)



World Suicide Prevention Day

10th September

www.iasp.info/wspd



World Health Organization

Thank You

www.who.int/mental_health/suicide-prevention