

LIVE LIFE: Preventing suicide

Suicide takes a heavy toll on individuals, families and communities worldwide.

Every suicide is a tragedy. Although commonly under-reported, it is estimated that close to 800 000 people take their lives each year. As much as twenty times as many may attempt suicide. The devastating impact reaches families, friends and communities.

Every
40
seconds,
someone dies by **suicide**



Suicide knows no national boundaries: it is a serious public health problem in high-income countries, and even more in low- and middle-income countries where nearly 80% of suicides occur.

Alarming, adolescents and young adults are highly vulnerable. **Suicides among young people account for nearly a third of all suicides globally, and suicide is the second leading cause of death in the 15 to 29 year age group.** Suicide rates can be highest in people over the age of 70 and men are about twice as likely as women to die by suicide – in some regions it is as high as four times.

Often the stigma, taboo and laws around suicide mean people do not seek help. Despite improved research and knowledge about prevention, many health systems are unable, or fail, to provide care when it is sought. In many communities, resources for suicide prevention are scarce, limited or non-existent. Suicide prevention is too often a low priority for governments and policy-makers.

There is hope. Suicides are preventable. It is a global imperative.

The urgency to act to prevent suicides is recognized and prioritized at the highest levels:

- **The United Nations** has held two high-level meetings on NCDs and mental health, with another in 2018. The UN has also published *Prevention of suicide: guidelines for the formulation and implementation of national strategies*.
- **The UN Sustainable Development Goals (SDGs)** include target 3.4 to address NCDs and mental health with an indicator to reduce suicide by a third by 2030.
- **The World Health Assembly** adopted the first-ever WHO Mental Health Action Plan in 2013. Suicide prevention is an integral component with the goal of reducing the rate of suicide in countries by 10% by 2020.
- **The World Health Organization (WHO)** published the landmark report, *Preventing suicide: a global imperative*, in 2014 calling for global, national and multisectoral action.

Global targets for the reduction of suicide rates:

10% By **10%** in the WHO Mental Health Action Plan 2013-2020



By **1/3** in the UN Sustainable Development Goals 2030

Our youth are at risk. We must prevent the high levels of adolescent suicide.

Our young people are self-harming and taking their own lives at alarming rates. Suicide was the second leading cause of death for adolescents aged 15 to 19 years in 2015.

While in most other age groups men die by suicide at a much higher rate than women, **adolescent girls from 15 to 19 years take their lives in nearly the same numbers as boys.** We must work towards preventing this tragic cause of death in youth among both sexes.

Young people around the world face daunting issues such as poverty, migration, war and violence, family instability, bullying and mental health challenges including depression and substance abuse.

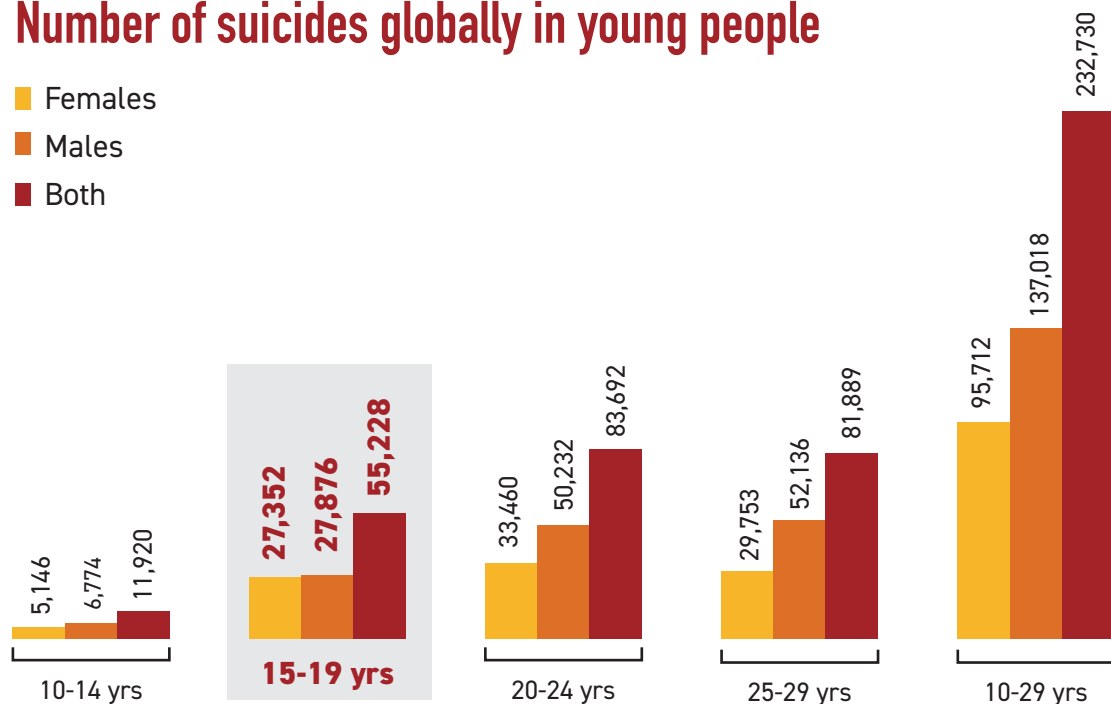
Preventing suicide and improving mental health in this vulnerable age group can be achieved by addressing their risk factors and through better health services, education, skills training and social support.

The World Health Organization is focussing efforts on achieving the SDGs, which include the goal of ensuring adolescents survive and – importantly - thrive. **WHO is developing an evidence-based, open-access package of psychological interventions to specifically address the issue of adolescent self-harm and suicide.**

The package will focus on **promotion and prevention**: promoting good mental health, while preventing self-harm and risk behaviours such as substance abuse, bullying, violence, and school failure. It aims to equip young people with problem-solving, stress management, interpersonal and emotional regulation skills to fulfill their potential and overcome adversity.

Number of suicides globally in young people

- Females
- Males
- Both



Source: WHO Global Health Estimates for 2015

Risk factors for suicide are varied. Responses must be tailored to be effective.

Suicidal behaviours are complex. Research and evidence indicate that **no single cause or stressor alone can explain a suicidal act**. The foundation of prevention is to understand what puts a person at risk.

Chronic illness: a deadly risk

There is a potentially deadly interplay between chronic pain and illness, and suicidal behaviour. Evidence shows the risk is two to three times higher in those with chronic pain. All illnesses that are associated with pain, physical disability, neurodevelopmental impairment and distress increase the risk of suicide.

These include chronic diseases such as **cancer, diabetes and HIV/AIDS** which can create a deadly risk for suicide.

Experts call it multicausality – an interplay of biological, psychological, social, environmental and cultural factors. For example, the communities that people live in and the support available, as well as stigma, religious and legal factors can be involved.

With awareness, commitment and action we can save lives. Together.

A person's immediate relationships with family, friends and significant others as well as psychological and cognitive functions play important roles. Identifying and restricting access to the means of suicide are also key to prevention, such as limiting access to pesticides and firearms, or barriers on subways and bridges.

It is important to note that most people who engage in suicidal behaviour are ambivalent about wanting to die, and suicides can be impulsive responses to acute stressors.

Suicide prevention takes leadership and will. All sectors of society must work together. It can be done.

Every sector of society has a role to play. Alongside health and mental health professionals and organizations, **there are critical roles for schools, businesses, community and religious leaders, the social welfare and judicial systems, and the media.**

National and regional governments need to mobilize and coordinate the various sectors and define a culturally-specific response through a national strategy which aims for at least a 10% reduction in the suicide rate initially, as agreed in the WHO Mental Health Action Plan 2013-2020, and a reduction by one third by 2030 according to the SDGs. A strong health system and universal health coverage are fundamental to improved mental health and suicide prevention.

Global, national and community efforts are helping to prevent suicide

World Suicide Prevention Day: Organized by the International Association for Suicide Prevention (IASP), World Suicide Prevention Day on 10 September recognizes suicide as a major public health problem. It has spurred global, national and local campaigns that are raising awareness and reducing stigma around the world.

National suicide prevention strategies: In recent decades, and particularly since 2000, many national suicide prevention strategies have been developed. As of 2014 there were 28 countries known to have national strategies demonstrating commitments to suicide prevention, and the number is increasing steadily.

Awareness about suicide and its prevention: Training and education on suicide prevention is increasing in schools, workplaces, military environments and prisons. National suicide prevention organizations and centres work to support research, raise awareness and advocate for policies and interventions in many countries and communities.

Working with countries, communities and organizations to prevent suicide.

WHO is working with member states to prioritize suicide prevention on global, national and community level public health and policy agendas. WHO is also supporting the development of comprehensive and multi-sectoral national strategies, and implementation of WHO tools and guidelines.

Early identification and intervention are key, and **healthcare systems and services need to be strong and able to incorporate suicide prevention as a core component. Universal health coverage (UHC) ensures that the most vulnerable can access care.** Strong surveillance and data collection are critical to understanding and addressing the issue effectively.

Communities play a critical role by addressing stigma and isolation, improving knowledge and awareness, and providing social support to vulnerable individuals. A toolkit to engage communities in suicide prevention has been made available by WHO.

Additionally, tailored interventions to prevent suicide and risk behaviours in communities, particularly among indigenous peoples, are critically needed.

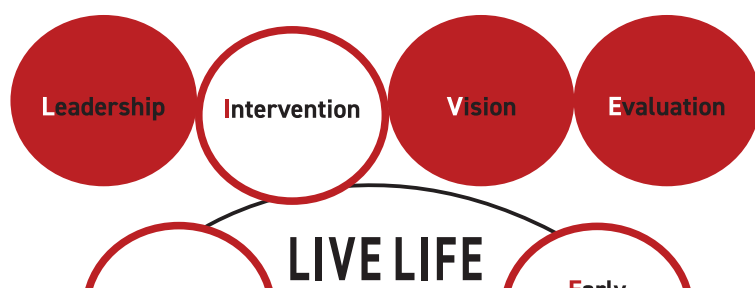
Increased resources for suicide prevention are urgently needed. We must act.

We have knowledge and cost-effective tools, but necessary awareness, commitment and resources do not match needs. **Suicide has for too long remained a low public health and policy priority.**

WHO's Mental Health Gap Action Programme (mhGAP) and Intervention Guide (mhGAP-IG) provides evidence-based technical guidelines, tools, training packages and a mobile App to improve mental health care – including suicide prevention – especially in low-resource settings.

However, WHO tools and guidance must be available and implemented more widely, such as: mhGAP-IG, the community engagement toolkit, guidance for the media in reporting on suicide and for other social and professional groups, and a manual for suicide attempt surveillance. Equally, support is needed for the development of a new adolescent suicide prevention package which will focus on promotion of mental health and prevention of risk behaviours, self-harm and suicide.

With adequate resources, WHO's Department of Mental Health and Substance Abuse can also support countries to implement a comprehensive package of suicide prevention interventions across different sectors that embody the **LIVE LIFE** approach.



Leadership in policy and multisectoral collaboration
Interventions for implementation
Vision for innovation, financing, and delivery platforms
Evaluation, monitoring, surveillance and research

Less means by restricting access

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