PUBLIC HEALTH ACTION FOR THE PREVENTION OF SUICIDE

A FRAMEWORK

World Health Organization

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FOREWORD

Suicide is largely preventable. Unlike for many other health issues, the tools to significantly reduce the most tragic loss of life by suicide are available. With collective action to acknowledge and address this serious problem, as well as commitment to effective interventions, supported by political will and resources, preventing suicide globally is within reach.

Suicide is estimated to contribute more than 2% to the global burden of disease by the year 2020. Significantly, this figure fails to take account of the huge impact of suicide beyond the individual and the ripple effect it has on the lives and mental health of many families and communities. Suicide among youth is of particular concern.

Suicide impacts the most vulnerable of the world's populations and places a larger burden on low- and middle-income countries, which are often ill-equipped to meet the general health and mental health needs of their populations. Services are scarce and when they do exist, they are difficult to access and are under-resourced. Access to appropriate services as well as improved help seeking are essential to health and wellbeing.

While factors contributing to suicide can vary among specific demographic and population groups, the most vulnerable, such as the young, the elderly and the socially isolated, are in the greatest need of suicide prevention efforts. It is important to address the specific underlying causes of suicide and develop action plans to suit each country and its communities.

This framework provides the strategies needed to achieve this goal. Importantly, it is a national suicide prevention strategy that allows communities to come together, and begin to tackle suicide and the issues specific to their needs without stigmatization.

Governments, international organizations, nongovernmental organizations and local communities all have a part to play in combating suicide. This framework builds on the 1996 United Nations Prevention of Suicide Guidelines and outlines the contribution everyone can make. With almost one million people dying from suicide around the world each year, and with a disproportionate impact on the world's youth, we owe it to future generations to act now.

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INTRODUCTION

Every year, almost one million people die by suicide around the world. Suicide remains a significant social and public health problem. In 1998, suicide constituted 1.8% of the total disease burden; this is estimated to rise to 2.4% by 2020 (Bertolote, 2009). Young people are increasingly vulnerable to suicidal behaviours. Worldwide, suicide is one of the three leading causes of death among those in the most economically productive age group (15-44 years), and the second leading cause of death in the 15-19 years age group (Patton et al., 2009). At the other end of the age spectrum, the elderly are also at high risk in many countries.

Suicidal behaviours can be conceptualized as a complex process that can range from suicidal ideation, which can be communicated through verbal or non-verbal means, to planning of suicide, attempting suicide, and in the worst case, suicide. Suicidal behaviours are influenced by interacting biological, genetic, psychological, social, environmental and situational factors (Wasserman, 2001).

Risk factors for suicide include mental and physical illness, alcohol or drug abuse, chronic illness, acute emotional distress, violence, a sudden and major change in an individual's life, such as loss of employment, separation from a partner, or other adverse events, or, in many cases, a combination of these factors. While mental health problems play a role which varies across different contexts, other factors, such as cultural and socio-economic status, are also particularly influential. The impact of suicide on the survivors, such as spouses, parents, children, family, friends, co-workers, and peers who are left behind, is significant, both immediately and in the long-term.

Although suicide continues to remain a serious problem in high income countries, it is the low and middle income countries that bear the larger part of the global suicide burden. It is also these countries that are relatively less equipped to prevent suicide. Unable to keep pace with the rising demand for mental health care, they are especially hindered by inadequate infrastructure and scarce economic and human resources. These countries have also lower budgetary allocations for health in general and for mental health in particular. As a result, there are few sustained efforts and activities that focus on suicide prevention on a scale necessary to reduce the number of lives lost to suicide (Vijayakumar, 2005). Beyond financial realities, for all countries political will is an essential ingredient to bring about change at the policy and programme level. Suicidal behaviour is considered a criminal offence in some countries, which poses additional challenges for suicide prevention activities.

In the early 1990s, there were growing concerns in several countries about increased suicide mortality (suicidal deaths) and morbidity (suicide attempts). These concerns were in part due to effective control of other causes of death and prolonged life expectancies, which created a larger pool of individuals at risk of suicidal behaviours. Accordingly, a few of those countries approached both the United Nations (UN) and the World Health Organization (WHO) asking for help in designing comprehensive national plans that would tackle the issue in a cost- effective manner.

After consultations with a variety of experts and with technical support from WHO, the UN published a document titled "Prevention of Suicide: Guidelines for the formulation and implementation of national strategies" (United Nations, 1996). This seminal document

emphasized the need for intersectoral collaboration, multidisciplinary approaches, and continued evaluation and review, and also identified key elements as necessary means to increase the effectiveness of suicide prevention strategies, including:

- Support from government policy;
- Conceptual framework;
- Well-defined aims and goals;
- Measurable objectives;
- Identification of agencies and organizations capable of implementing those objectives;
- Ongoing monitoring and evaluation.

At the same time, the UN document highlighted some activities and approaches to attain the goals of national strategies, which included the following:

- Promote the early identification, assessment, treatment and referral of persons at risk of suicidal behaviours for professional care;
- Increase public and professional access to information about all aspects of preventing suicidal behaviour;
- Support the establishment of an integrated data collection system, which serves to identify at-risk groups, individuals, and situations;
- Promote public awareness with regard to issues of mental well-being, suicidal behaviours, the consequences of stress and effective crisis management;
- Maintain a comprehensive training programme for identified gatekeepers (e.g. police, educators, mental health professionals);
- Adopt culturally appropriate protocols for the public reporting of suicidal events;
- Promote increased access to comprehensive services for those at risk for, or affected by, suicidal behaviours;
- Provide supportive and rehabilitative services to persons affected by suicide/suicidal behaviours;
- Reduce the availability, accessibility, and attractiveness of the means for suicidal behaviour;
- Establish institutions or agencies to promote and coordinate research, training and service delivery with respect to suicidal behaviours.

When the UN guidelines were initially prepared, only Finland had a government-sponsored systematic initiative to develop a national framework and programme for suicide prevention. Fifteen years later, more than 25 countries – in the high, middle and

low income categories – have adopted a national (or regional, in some federal countries) strategy for the prevention of suicidal behaviours. Most of these countries acknowledge the fundamental importance of the UN guidelines in the development of their national strategies.

Along with the growing attention given to national suicide prevention strategies, a major shift has been observed in suicide-related research, from being basically oriented to suicide in general to being much more oriented towards the prevention of suicide, based on sound epidemiological research. This shift coincides with the growing importance of evidence-based recommendations throughout the field of public health.

More recently, in 2008, suicide was identified by the World Health Organization as a priority condition in the Mental Health Gap Action Programme (mhGAP), the programme to scale up care for mental, neurological and substance use disorders, particularly in low- and middle-income countries (World Health Organization, 2008a).

As suicide is largely preventable, it is imperative that governments – through their health, social and other relevant sectors – invest human and financial resources in suicide prevention. The purpose of this document is a resource to assist governments to develop and implement such a strategy for the prevention of suicide as well as to help those that have already begun the process of conceptualizing national suicide prevention strategies. It draws on the evidence base built in the 15 years since the publication of the UN guidelines to outline the processes involved in developing a national suicide prevention strategy. It also identifies the critical elements of a framework (see Figure 1 in the Annex) for taking public health action to prevent suicide.