

World Suicide Prevention Day

September 10th 2018

Working Together to Prevent Suicide

Facts and Figures



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Over **800,000** people die by suicide annually,
representing 1 person every 40 seconds





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- Suicide is the **15th leading cause of death** globally, account for 1.4% of all deaths and
- The global suicide rate is **11.4** per 100 000 population

15.0/100 000 for males



8.0/100 000 for females





- Suicide is the leading cause of death in **people aged 15-24** in many European countries
- Globally suicide rates among this age group are **higher in males** than females
- Self-harm largely occurs among older adolescents, and globally is the **2nd leading cause of death for older adolescent girls**



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- In 2012, **76%** of global suicide occurred in low- and middle-income countries 39% of which occurred in the South-East Asia Region





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- In **25 countries** (within WHO member states) suicide is currently still criminalized
- In an additional **20 countries** suicide attempters may be punished with jail sentences, according to Sharia law





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- Suicide is the result of a **convergence of risk factors** including but not limited to genetic, psychological, social and cultural risk factors, sometimes combined with experiences of trauma and loss





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- **Depression** is the most common psychiatric disorder in people who die by suicide
- **50%** of individuals in high income countries who die by suicide have major depressive disorder at their time of death





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- For every 1 suicide **25** people make a suicide attempt





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- **135 people** are affected by each suicide death
- This equates to **108 million** people bereaved by suicide worldwide every year





Relatives and close friends of people who die by suicide are a **high-risk group** for suicide, due to:

- The psychological trauma of a suicide loss
- Potential shared familial and environmental risk
- Suicide contagion through the process of social modelling, and
- The burden of stigma associated with this loss



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Suicide prevention strategies aim to prevent suicide among targeted high-risk groups but also at a universal level

Effective suicide prevention strategies need to incorporate public health policy strategies and healthcare strategies, incorporating measure with the **strongest evidence of efficacy** such as:

- Restriction of access to lethal means
- Treatment of depression
- Ensuring chain of care, and
- School-based universal prevention





Suicide prevention programmes face ongoing challenges including:

- Insufficient resources
- Ineffective coordination
- Limited access to surveillance data on suicide and self-harm
- Lack of enforced guidelines
- Lack of independent and systematic evaluation



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I A
S P
International
Association
for
Suicide
Prevention

- Since the 2014 WHO Global Report Preventing Suicide, **progress in suicide prevention is ongoing**, particularly in countries where no suicide initiatives were active, such as Guyana, Suriname and Bhutan
- Many countries have initiated their 2nd national suicide prevention programme, including: Scotland, England, Ireland and the United States





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- This World Suicide Prevention Day and everyday **take a minute** to reach out to someone - a complete stranger, close family member or friend - this can **change a life**



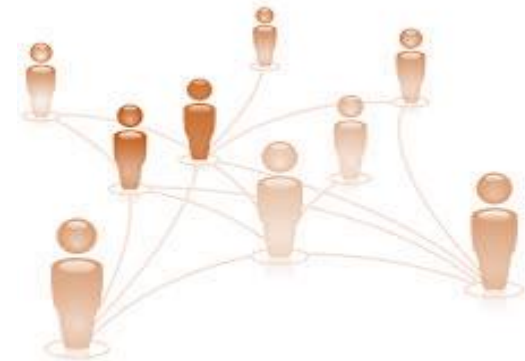


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The importance of community

- We are all part of a community, linked to family, friends, work colleagues, neighbours or teams.
- Sometimes we become isolated and disconnected from our communities.
- We have the responsibility to support and empower those who become vulnerable in our communities.





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Reaching out to those in the community

- If you are worried about someone in your community reach out and ask them **“are you okay?”**
- By simply checking in with them and offering non-judgemental support you can make a difference.



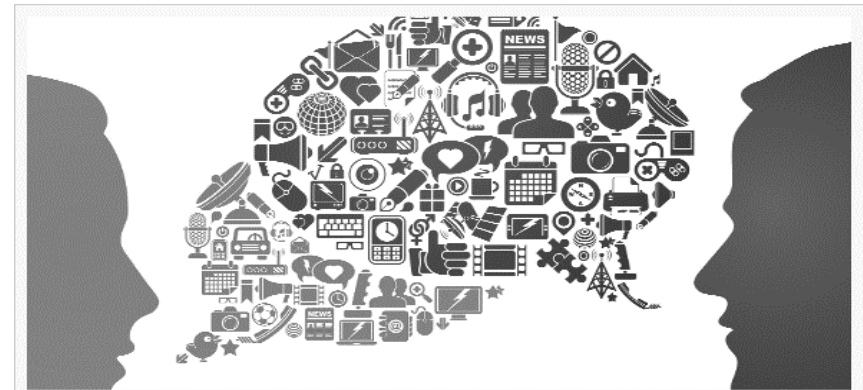


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Empowering our community

- Encourage those in distress to tell their own story in their way and at their pace.
- By engaging in active listening and reaching out to those who are vulnerable in the community together we can build resilient and strong communities





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No one has all of the answers

- People are often reluctant to intervene when they are worried for others.
- They may not feel knowledgeable enough or may not feel like the right person.
- It is important to know that people in distress are often not looking for specific advice, but merely to be listened to with compassion and empathy.





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Learn from people who reach out

- People with lived experience of suicidal behaviour or suicide bereavement have a lot to teach us.
- By listening to these often inspiring individuals we are learning and they may become empowered to seek help.



To find out more visit our WSPD webpage at:
<https://iasp.info/wspd2018/>

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References:

WHO, 2014; Mishara & Weisstub 2016; Arsenault-Lapierre *et al.*, 2004;
Cavanagh *et al.*, 2003; Pitman *et al.*, 2016; Zalsman *et al.*, 2017