Regional Director’s message on
World Suicide Prevention Day: 10 September 2015

Every 40 seconds, a person dies by suicide somewhere in the world. World Suicide Prevention Day on 10 September, designated by the United Nations General Assembly, is a call for action by countries, organizations, communities and individuals for joint action to raise awareness about suicide and suicide prevention. The theme for World Suicide Prevention Day 2015, “Preventing suicide - reaching out and saving lives”, encourages all to make collective efforts to reach out to those in need of support.

Suicide, the act of taking one’s own life, is a tragedy that affects families and communities, leaving long-lasting effects on the people left behind. Every year, more than 800,000 deaths are caused by suicide and there are several cases of attempted suicide, making it the second leading cause of death among 15–29-year-olds globally. The survivors of suicidal attempts and their family members face stigma and discrimination, which makes life a burden for them.

Although suicide is a global phenomenon, low- and middle-income countries bear the brunt. In 2012, nearly 75% of global suicides occurred in these countries, thus making it an important public health problem to be addressed.

The WHO South-East Asia Region has the highest estimated suicide rate as compared to other WHO regions. Member States of the Region account for nearly 26% of the global population and contribute to 39% of global suicides. Suicide in this Region is mainly a problem of the younger age groups. As large numbers of people in the Region are predominantly rural, the occurrence of suicides is generally much higher in the rural parts of South-East Asia. The common methods of suicides in the Region are hanging, poisoning, self-immolation, with small numbers resorting to falls from heights and drowning.

Preventive strategies for suicide in the WHO South-East Asia Region focus on reducing access to pesticides, firearms, certain medications and high buildings. Harmful use of alcohol and depression are also major factors contributing to suicide in the Region. The WHO Regional Office for South-East Asia has been vigilant about the risk factors of suicide and has taken appropriate preventive measures to address these problems. Depression has been identified as a prioritized mental health condition by the Regional Office, and innovative strategies and programmes have been developed for reducing the harmful use of alcohol.
Large-scale advocacy efforts are required to reduce the stigma related to suicides. At the individual level, early identification of mental disorders and appropriate management and recognition of suicidal behaviours is helpful.

In the WHO Mental Health Action Plan 2013-2020, WHO Member States have committed themselves to work towards the global target of reducing the suicide rate in countries by 10% by 2020. WHO’s Mental Health Gap Action Programme (mhGAP), launched in 2008, includes suicide prevention as a priority and provides evidence-based technical guidance to expand suicide prevention services in countries. The Regional Office has developed a regional suicide prevention strategy to identify measures to prevent suicide in the Region. Support is being provided to Member States to develop their national suicide prevention strategies and action plans.

Suicide needs attention as a public health problem not only because of the huge social and emotional burden it has on the family and society, but also because of the scope of prevention that it presents. Suicide is preventable with timely, evidence-based low-cost interventions. Measures can be taken at population, subpopulation and individual levels to prevent suicide and suicide attempts.

"Preventing suicide: a global imperative” is the first WHO global report on suicide that aims to increase awareness of the public health significance of suicide and suicide attempts; to make suicide prevention a higher priority on the global public health agenda; and to encourage and support countries to develop or strengthen comprehensive suicide prevention strategies in a multisectoral public health approach.

We set targets and develop prevention strategies, but realization of these targets would require concerted efforts towards a common goal. I firmly believe that the South-East Asia Region can address this huge challenge by strengthening health systems to provide quality mental health care.

Dr Poonam Khetrapal Singh
Regional Director