Preventing suicides

Burden

Global
- In 2015, it is estimated that 788,000 people died due to suicide, accounting for close to 1.5% of all deaths, bringing it to the top 20 leading causes of death.
- There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide.

India
It is estimated that in 2012, India had over 258,000 suicides, with the age-group of 15-29 years being the most affected.

Risk factors
Risk factors for suicide include mental disorder such as depression, personality disorder, alcohol dependence or schizophrenia, and some physical illnesses, such as neurological disorders, cancer, and HIV infection.
However, suicides may happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness.
In addition, experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation are strongly associated with suicidal behaviour. By far the strongest risk factor for suicide is a previous suicide attempt.

Methods of suicide
It is estimated that around 30% of global suicides are due to pesticide self-poisoning, most of which occur in rural agricultural areas in low- and middle-income countries. Other common methods of suicide are hanging and firearms. Knowledge of the most commonly used suicide methods is important to devise prevention strategies, which have shown to be effective, such as restricting access to means of suicide.

Key messages
- Suicides are preventable.
- Every forty seconds a person dies by suicide somewhere in the world.
- For every suicide, there are many more who attempt suicide.
- A prior suicide attempt is the single most important risk factor for suicide in the general population.
- For the national response to be effective, a comprehensive multisectoral suicide prevention strategy is imperative.
- Suicides affect 15-29-year-olds the most, thus affecting a productive population.
- Health-care services need to incorporate suicide prevention as a core component.
- It is important to encourage people with suicidal tendencies to talk and seek appropriate help.
Prevention and control

Suicides are preventable. There are a number of measures that can be taken at population, sub-population and individual levels to prevent suicide and suicide attempts. These include:

- reducing access to the means of suicide (e.g. pesticides, firearms, certain medications);
- reporting by media in a responsible way;
- introducing alcohol policies to reduce the harmful use of alcohol;
- early identification, treatment and care of people with mental and substance use disorders, chronic pain and acute emotional distress;
- training of non-specialized health workers in identifying and managing suicidal behaviour;
- follow-up care for people who attempted suicide and provision of community support.

Suicide is a complex issue and therefore suicide prevention efforts require coordination and collaboration among multiple sectors of society, including the health sector and other sectors such as education, labour, agriculture, business, justice, law, defense, politics and the media. These efforts must be comprehensive and integrated as no single approach alone can make an impact on an issue as complex as suicide.

An important component of the prevention strategy is to reach out to those with tendencies for self-harm or have attempted suicide in the past, help them share their concerns and worries, and seek appropriate help.

**National programme strategies**

**National Mental Health Programme (NMHP) -** aims at ensuring availability and accessibility of quality mental healthcare for all at the primary health care level. The District Mental Health Programme has added outreach components of life skills training and counselling in schools and colleges, work place stress management and suicide prevention services.

**Mental Health Care Bill 2016 -** passed by the Parliament of India in March 2017, decriminalizes the 'attempt to commit suicide'.

**Central Board of Secondary Education (CBSE) Exam Helpline -** In order to provide psychological support to students and parents cope with the examination-related stress, the CBSE provides a helpline before and during the exams.

**UN Sustainable Development Goals**

While defining the targets and indicators for the Sustainable Development Goal 3, mental health in general and suicide in particular has been given due attention.

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

- **Indicator 3.4.2:** Suicide mortality rate
## Myths and facts about suicide

<table>
<thead>
<tr>
<th>Myths</th>
<th>Facts</th>
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<tbody>
<tr>
<td>Once someone is suicidal, s/he will always remain suicidal</td>
<td>Heightened suicide risk is often short-term and situation-specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long and happy life.</td>
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<td>Talking about suicide is a bad idea and can be interpreted as</td>
<td>Given the widespread stigma around suicide, most people who are contemplating suicide do not know whom to speak to. Rather than encouraging suicidal behaviour, talking about it to a trusted one can give an individual other options or the time to rethink his/her decision, thereby preventing suicide.</td>
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<td>encouragement</td>
<td>Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder.</td>
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<td>Only people with mental disorders are suicidal</td>
<td>The majority of suicides are preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are, and look out for them.</td>
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<td>Most suicides happen suddenly without warning</td>
<td>On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively and commit suicide, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.</td>
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<td>Someone who is suicidal is determined to die.</td>
<td>People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.</td>
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<td>People who talk about suicide do not mean to do it</td>
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## WHO recommends

- Suicide is one of the priority conditions in the WHO Mental Health Gap Action Programme (mhGAP). It provides evidence-based technical guidance to scale-up service provision and care for mental, neurological and substance use disorders at primary health care settings.
- In the WHO Mental Health Action Plan 2013-2020, WHO Member States have committed to working towards the global target of reducing the suicide rate in countries by 10% by 2020.
- WHO also encourages and supports countries to develop or strengthen comprehensive suicide prevention strategies in a multisectoral public health approach.
For more information, please visit: