Addressing Global Suicide

Comprehensive Strategies for Prevention

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The World Health Organization (WHO) estimates that over 700,000 people die by suicide annually[1]. Suicide prevention has emerged as a global imperative, acknowledged in the Sustainable Development Goals and the World Mental Health Action Plan 2030 with targets to reduce the rate of suicide by one-third by 2030[2,3].

While preventable, suicide is a complex multi-dimensional phenomenon influenced by various systemic, social, economic, and cultural factors beyond the individual.

Suicide risk across the world

For every person who dies by suicide, it is estimated that 20 people have attempted it[4]. While suicide impacts individuals of all ages, it ranked as the fourth leading cause of death for young people aged 15–29-years in 2019, accounting for over 150,000 deaths worldwide[1].

While low-and middle-income countries (LMICs) account for 40% of the world's population, they contribute to 77% of all global deaths by suicides[5] [1]. In high-income countries (HICs), around 90% of suicides are linked to mental health conditions, whereas in LMICs, only 50% can be directly attributed to mental health[6]. This highlights that while mental health conditions pose a significant risk factor, there are other community,

interpersonal and systemic factors that play a substantial role in suicide behavior.

The WHO in 2019 reported that the age-standardized suicide rate was 2.3 times higher in men (12.6 per 100,000) than in women (5.4 per 100,000 females)[1]. Women, however, have a higher likelihood of attempting suicides globally[7].

Marginalized groups, including indigenous communities, refugees, internally displaced individuals, conflict-affected populations, marginalized caste and ethnic identity-based groups, and gender and sexual minorities, face an elevated suicide risk due to systemic challenges like social discrimination and resource limitations[8]. These groups also encounter limited access to vital institutional support, such as government benefits, healthcare, employment, and mental health assistance. To address suicide prevention effectively, it is crucial to recognize and respond to the diverse needs within marginalized communities. Other prominent risk factors for suicide include prior suicide attempts, mental illnesses, substance use, job or financial loss, hopelessness, chronic pain, illness, etc[8].

Suicide prevention strategies and interventions

Suicide prevention requires a multi-layered intersectoral and integrated approach to address the various precipitating factors that lead to suicide. Research points to several interventions that have successfully reduced suicide rates among at-risk groups. Some strategies are listed below:

Formulating a suicide prevention strategy or action plan

According to the Mental Health Atlas 2020, only 21% of 101 reporting countries confirmed having a dedicated suicide prevention strategy. Additionally, 19% reported having an integrated plan addressing suicide prevention[9].

Prioritizing suicide prevention requires the development of a comprehensive strategy and

action plan. This plan should: (i) be grounded in evidence; (ii) incorporate a rights-based perspective; (iii) foster multisectoral collaboration; and (iv) be attuned to diverse needs within the population. Importantly, it should address gaps in the implementation of services related to suicide prevention. This would entail adopting a whole-of-society approach that involves all relevant stakeholders, including government agencies, healthcare providers, mental health professionals, families and communities, and individuals with lived experience[8,10]. The strategy should encompass preventative measures, awareness campaigns, access to mental health services, and ongoing evaluation to ensure its effectiveness and relevance to the evolving needs of the population.

The WHO LIVE LIFE guidelines recommend that each country conduct a comprehensive situational analysis to identify high-risk groups, pinpoint gaps in service implementation, and discern the various factors associated with suicides[11].

> Countries should use the insights from their situation analysis to develop suicide prevention strategies and action plans tailored to the country's unique circumstances.

Decriminalizing suicide and suicide attempts

Suicide and attempted suicide are still criminalized in at least 20 countries[12]. Criminalization of suicide may be intended as a deterrent, but it has discouraged individuals from seeking help, increased stigma surrounding suicide, and exacerbated the distress experienced of those who have attempted suicide[13]. By removing the label of criminality, decriminalization encourages people to seek help when in need.

> Countries should decriminalize suicide which would involve the repeal of existing laws and policies that criminalize suicide and suicide attempts.

Limiting access to means for suicide

The unrestricted availability of means for suicide, such as hazardous substances and firearms, can contribute to the heightened risk of suicide worldwide[11,14].

> Countries are advised to identify common methods, restrict access to hazardous substances like pesticides and firearms, and implement safeguards at potential jump sites.

Improving quality of data on suicides

Quality of data on suicides varies significantly across countries. Out of WHO's 183 Member States, only 87 possessed good-quality vital registration data for direct suicide rate estimation. There was a significant discrepancy between data from HICs and LMICs[15].

This indicates a need for improved reporting mechanisms, especially in countries where insensitivity and legal complexities contribute to under-reporting and misclassification[16].

> Countries should set up robust community surveillance systems to report on both suicide death and attempts to identify at-risk populations and targeted interventions.

Encouraging responsible suicide reporting

Media reporting can have both a positive and negative impact on suicide rates. Sensationalist and insensitive reporting is associated with an increase in suicides worsening distress among those at risk and leading to 'imitation suicides[17]. Conversely, the introduction of positive reporting practices can decrease suicide by encouraging help-seeking behavior[18,19].

> It is essential for countries to establish clear suicide reporting guidelines, implement a monitoring mechanism for adherence, and conduct training sessions with journalists and other key media stakeholders.

Cash transfers to reduce suicides

Financial insecurity, poverty, and suicide are inextricably linked, underscoring the urgent need for interventions targeting these issues.

Cash transfer programs, direct payments to low-income households, are potential tools to mitigate this risk. Notably, Brazil's Bolsa Família Programme (BFP), a conditional cash transfer initiative, exhibited a remarkable 61% reduction in the risk of suicide among its beneficiaries[20].

> Cash transfers are promising interventions that countries can use to target multiple outcomes from alleviating financial strain to reducing suicides and increasing access to essential resources such as healthcare, education, and basic necessities[27].

Life-skills education for young people

Adolescence is marked by vulnerability to distress and mental health conditions, including suicide risk. Socio-emotional and life skills development among young people are useful in preventing suicide [11,21].

> Countries can develop life-skills interventions for adolescents that focus on emotional regulation, crisis management, seeking support, and assisting peers. School staff, including teachers, can be trained to identify and support at-risk students through gatekeeper training sessions. Other strategies include anti-bullying campaigns, peer support groups and offering targeted support for vulnerable students.

Early identification, assessment, management and follow-up for people at risk

The unavailability and poor access of mental health services leaves many without the necessary care. Since persons with mental health conditions are at an elevated risk of dying by suicide, it is crucial to ensure good quality universal mental health coverage[11].

> Countries should embed suicide prevention within their healthcare systems to ensure prompt identification, effective management, and ongoing follow-up for those in need.
>
> Strategies include training health workers on self-harm and suicide and empowering nurses and community health workers to deliver brief interventions to those with a history of suicide attempts. Community gatekeeper training programs, involving volunteers, police officials, civil society organizations, and social workers, play a pivotal role in identifying at-risk individuals for referral to appropriate suicide prevention support.

Establishing crisis helplines

Individuals at risk of suicide may not seek help through traditional channels. There is a need to provide immediate, non-judgmental emotional support during personal crises[11, 22].

> Countries should establish national-level crisis helplines, staffed by trained first-line responders or volunteers who play a pivotal role in delivering on-call psychological first aid and referring individuals to psychosocial support. To ensure effectiveness, crisis helplines should be linguistically and culturally accessible to the target population.

The above-mentioned strategies, while impactful, are not exhaustive. Addressing the global challenge of suicide requires strong political leadership and an integrated, multisectoral approach. This approach must extend its reach to subnational governments, ensuring tailored action plans that address specific regional nuances. However, with the escalating burden of suicide in LMICs, achieving ambitious suicide prevention targets remains uncertain. National suicide prevention strategies should prioritize low-cost interventions, acknowledging resource limitations.

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