

# World Suicide Prevention Day

● Many Faces, Many Places: Suicide Prevention Across the World



## The Scope of Suicide

The World Health Organization (WHO) estimates that about one million people die by suicide every year; this represents a "global" mortality rate of 16 per 100,000, or **one death every 40 seconds**. Suicide rates in many developing countries have been steadily rising in recent years.

## Suicide Prevention across the World

On World Suicide Prevention Day, September 10, 2010, the theme "**Many Faces, Many Places: Suicide Prevention across the World**" offers us a broad perspective for suicide prevention. There are significant differences in the profiles and circumstances of suicidal individuals in different parts of the world. At the same time, it is clear that the experience of connectedness is important in the mental health of all people.

It is often asked, how can we best connect with each other in a world that appears so disconnected?

We strongly believe that if our communities work towards being better connected, through sharing information, expertise and time, we can do a great deal to help those who are in need, desperate, and vulnerable to suicide.

We believe that through a combined effort at an international and local level, a difference to the lives of many will be made.

## Suicide Can be Prevented

- The WHO has noted that **not all suicides can be prevented, but a majority can**.
- Developing and implementing national strategies as well as specific local interventions can lower rates of suicide in diverse populations.
- Successful approaches to suicide prevention have included:
  1. **restricting access to means;**
  2. **establishing community prevention programs;**
  3. **establishing guidelines for media reporting;**
  4. **engaging with frontline professionals through gate keeper training programs.**

Listed below are some recent examples of suicide prevention programs that have demonstrated effectiveness in reducing suicide rates. Certainly, the list is not exhaustive.

The IASP is appealing for your support and participation in developing **more evidence-based suicide prevention programs throughout the world**. It is time for all countries to explore public health approaches to suicide prevention.

### 1. Restricting Means of Access

#### Charcoal Burning

Charcoal burning is a common means of suicide in Asian cities. A program was created in **Hong Kong** to create a barrier to charcoal access in supermarkets. This action produced **a 66.7% reduction in suicide by charcoal burning within a 12-month period**.

#### Restriction of Pesticides

In **Sri Lanka**, a program was established to restrict access to lethal pesticides (commonly used in fatal self-harm), especially in rural areas of developing countries which have high suicide rates. The goal of the program was to evaluate acceptability and use of lockable storage devices for pesticides.

The introduction of lockable boxes to farming households appeared to be acceptable and might assist self-poisoning prevention.

Another study was carried out to investigate responsibility of Sri Lanka's regulatory controls on the pesticides import and sale towards the incidence of suicide. It was discovered that the import and sales of WHO Class I toxicity pesticides and endosulfan were restricted in 1995 and 1998, respectively, in Sri Lanka. **Suicide rates halved, between 1995-2005**, which coincided with the restrictions.

For more than a decade, self-poisoning has come to the attention of the WHO. Clinical Management of an acute pesticide intoxication program has been launched with the aim of reducing the number of pesticide-related deaths.

#### Gun Control

A study was carried out relating to gun control in **Australia**. It was found that stricter firearm legislation coincided with **a significant reduction in the number of firearm suicides**; neighboring states in which legislation was not implemented found an increase in firearm suicides.

## Restriction of Access to Analgesics

A **UK program** was established to restrict access (changed packaging) to over-the-counter medication commonly used in overdose to attempt suicide. This resulted in a **34% reduction in the number of deaths by intentional overdose** and a 22% reduction in the number of overdose-related admissions to hospitals for paracetamol-caused liver damage.

## 2. Community Suicide Prevention Programs

A program was created to detect suicide indicators and reduce the prevalence of risk factors associated with suicide within the **United States Air Force**. With the implementation of this program, **suicide rates declined** from 15.8 per 100 000 in 1995 to about 6 per 100 000 in 2002.

An Integrated Community Suicide Prevention Program in Cheung Chau, **Hong Kong**, was established. Cheung Chau holiday-flats were popular locations to commit suicide by charcoal burning between 1998-2002 (a total of 37 visitor suicides). In 2002, a multidisciplinary team with mental health professionals, police officers, social workers, holiday flat owners and managers and members of local community committees was set up to design a program to prevent visitor suicides. Access to flat renting was restricted. Mental health programs were conducted to improve literacy and awareness of suicide. Total number of **visitor suicide cases dropped to five in 2002-2006**.

## 3. Guidelines for Media Reporting

In **Hong Kong**, a goal was established to follow WHO guidelines of providing no media details of suicidal behaviour (e.g. photographs, suicide methods), no sensationalization of suicide, and no stories of blame; and to prevent adoption of “copycat” methods of suicide. After implementing media awareness programs, two out of five major Hong Kong newspapers, in both Chinese and English, had a **significant decrease in frequency of stories about suicide** – and a significant reduction in pictorial descriptions and headlines mentioning suicide.

## 4. Engagement with the Frontline Professionals: Gate Keeper Training Programs

A **UK study** demonstrated effective suicide prevention by improving attitudes toward suicidal behaviour and increasing clinical knowledge about suicide. It was found that **those with suicide ideation could be identified** by general practitioners, and intervention or referral services were offered.

## Training Primary Care Professionals

A brief 90-minute **UK training program** focused on recognizing and responding to suicide risk was created and implemented. This program **led to increased rates of inquiry about suicide risk and referral of suicidal youth to outpatient behavioral healthcare centers**.

## The Many Faces of Suicide Prevention

- **In view of the number of precious lives lost** to suicide every year and the plight of the many families, friends and colleagues who are affected by these losses, **strategic suicide preventive measures are critical**. They have to be well planned and integrated as core elements of mental health policies in all health systems.
- **Only one-quarter of the people who die by suicide are in contact with health care services before they die**; specific measures are required to provide early identification and effective intervention for those who are contemplating suicide, before it is too late.
- **Prevention measures have to be personalized and de-stigmatized** to cater for those in need, or at risk of suicide, according to their cultural differences, developmental stages, and living situations.
- **Individualized care and concerted efforts at follow-up for people with deliberate self-harm are important** in reducing the incidence of repeat self-harm and attempted suicide.
- **Apart from strengthening the existing treatment and rehabilitation programs** for mentally ill patients, **community support services should also be widely developed** to meet the emotional needs of vulnerable individuals.
- **It is important to understand help-seekers' thoughts, views and needs** in providing appropriate Befriending support systems to reduce the suicidal behaviour of people in crisis.

## The Many Places of Suicide Prevention

**The recent global financial crisis and associated unfavorable economic conditions in many countries may well be associated with greater suicide risk**. In contrast, an improved economy does not necessarily mean an automatic reduction in suicide rates, especially if the economic recovery only benefits a minority.

In many places, death registration and surveillance systems (of suicide and suicide attempts) have not been adequately developed. **It is of great importance to enhance the quality of surveillance and monitoring of suicide and suicide attempt rates across the world**, to detect real changes in rates and to be able to evaluate interventions and circumstances that might explain such changes. This will guide further interventions and prevention strategies.

**In developing countries, models of suicide prevention employed in the developed world may need to be significantly adapted and tested.**

For example, in countries lacking a significant mental health infrastructure, models of prevention based on mental health care (early detection, referral, and treatment) simply would not apply; environmental models (means of

## The Many Places of Suicide Prevention (cont.)

restriction approaches, for example) might have greater likelihood of being implemented and shown to be effective.

**With a collective global effort, we *can* reduce the tragic deaths of many people, and also the sorrow and pain felt by those that survive such losses, at the local level.**

**Suicide prevention is the business of each and every one of us.** IASP welcomes your involvement in World Suicide Prevention Day, September 10, 2010.

## WHAT YOU CAN DO TO SUPPORT WORLD SUICIDE PREVENTION DAY

WORLD SUICIDE PREVENTION DAY is an opportunity for all sectors of the community - the public, charitable organizations, communities, researchers, clinicians, practitioners, politicians and policy makers, volunteers, those bereaved by suicide, other interested groups and individuals - to join with the International Association for Suicide Prevention and the WHO to focus public attention on the unacceptable burden and costs of suicidal behaviours with diverse activities to promote understanding about suicide and highlight effective prevention activities.

Those activities may call attention to the global burden of suicidal behaviour, and discuss local, regional and national strategies for suicide prevention, highlighting cultural initiatives and emphasising how specific prevention initiatives are shaped to address local cultural conditions.

Initiatives which actively educate and involve people are likely to be most effective in helping people learn new information about suicide and suicide prevention. Examples of activities which can support World Suicide Prevention Day include:

- Launching new initiatives, policies and strategies on World Suicide Prevention Day, September 10th.
- Holding conferences, open days, educational seminars or public lectures and panels
- Writing articles for national, regional and community newspapers and magazines
- Holding press conferences
- Placing information on your website and using the IASP World Suicide Prevention Day banner, now available in over 30 languages, promoting suicide prevention in one's native tongue ([http://www.iasp.info/wspd/2010\\_wspd\\_banner.php](http://www.iasp.info/wspd/2010_wspd_banner.php))
- Securing interviews and speaking spots on radio and television
- Organizing memorial services, events, candlelight ceremonies or walks to remember those who have died by suicide

- Asking national politicians with responsibility for health, public health, mental health or suicide prevention to make relevant announcements, release policies or make supportive statements or press releases on WSPD
- Holding depression awareness events in public places and offering screening for depression
- Organizing cultural or spiritual events, fairs or exhibitions
- Organizing walks to political or public places to highlight suicide prevention
- Holding book launches, or launches for new booklets, guides or pamphlets
- Distributing leaflets, posters and other written information
- Organising concerts, BBQs, breakfasts, luncheons, contests, fairs in public places
- Writing editorials for scientific, medical, education, nursing, law and other relevant journals
- Disseminating research findings
- Producing press releases for new research papers
- Holding training courses in suicide and depression awareness
- Becoming a Facebook Fan of the IASP (<http://tinyurl.com/nfqgcy>)
- Following the IASP on Twitter ([www.twitter.com/IASPinfo](http://www.twitter.com/IASPinfo)), tweeting #WSPD or #suicide or #suicideprevention
- Creating a video about suicide prevention

## IASP 4th ASIA PACIFIC REGIONAL CONGRESS BRISBANE, AUSTRALIA - 17th - 20th November 2010

The Congress theme will be **Suicide Prevention: A Dialogue Across Disciplines and Cultures** and is in keeping with this year's World Suicide Prevention Day. (<http://www.suicideprevention2010brisbane.org/>)

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