Regional strategy on preventing suicide

World Health Organization
REGIONAL OFFICE FOR South-East Asia

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Foreword

Globally, every year, more than 800 000 people die due to suicide and there are many more who attempt suicide. Suicide was the second leading cause of death among 15–29-year-olds globally in 2012. Almost 75% of all suicides take place in low- and middle-income countries. The estimated suicide rate is the highest In the WHO South-East Asia Region, compared with other WHO regions, and almost 39% occur in low- and middle-income countries. This makes prevention of suicide a high priority for the Region.

Suicide is preventable, and prevention efforts are to be directed towards reducing risk factors and strengthening protective factors, with the aim of preventing vulnerability to suicide and strengthening people's resilience. The Regional Suicide Prevention Strategy presents a vision, a plan, and a set of strategies, and identifies the role of Member States and the World Health Organization in providing comprehensive, integrated and responsive mental health and social-care services in community-based settings.

The strategy is informed by data and is based on the principles of the WHO Mental Health Action Plan 2013–2020, which was adopted by the Sixty-third World Health Assembly. Suicide prevention is an integral part of the plan, with the goal of reducing the rate of suicide in countries by 10% by 2020.

Given that individual vulnerabilities and sociocultural factors differ between and within populations, the Regional Suicide Prevention Strategy will guide Member States to develop their own national strategies and action plans for suicide prevention.

I believe by working together towards achieving the objectives of the Regional Suicide Prevention Strategy, we can develop a multisectoral public health approach for suicide prevention, which will complement our efforts towards prevention and promotion in mental health.

Dr Poonam Khetrapal Singh
Regional Director

1 Introduction

1.1 Global situation[1]

Over 800 000 people die due to suicide every year and many more attempt suicide. Therefore, several million people are affected by or experience suicide bereavement every year. Suicide occurs throughout the lifespan and was the second leading cause of death among 15–29 year olds globally in 2012. Suicide is a global phenomenon in all regions of the world. Seventy-five per cent of global suicides occurred in low- and middle-income countries in 2012.

In May 2013, the Sixty-sixth World Health Assembly adopted the first-ever Mental Health Action Plan of the World Health Organization (WHO). Suicide prevention is an integral part of the plan, with the goal of reducing the rate of suicide in countries by 10% by 2020.

1.2 Situation in the WHO South-East Asia Region[2]

In the WHO South-East Asia Region, the estimated suicide rate is the highest among all the other WHO regions. Suicide rates show a peak among the young and the elderly. Most suicides in the world occur in the South-East Asia Region (39% of those in low- and middle-income countries in South-East Asia alone), with India accounting for the highest estimated number of suicides overall in 2012. Suicide by intentional pesticide ingestion is among the most common methods of suicide globally, and is of particular concern in rural agricultural areas in the South-East Asia Region.

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1 Suicide data. In: World Health Organization: Mental health [website], 2016 (http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/, accessed 19 July 2017).

2 First WHO report on suicide prevention (news release). In: World Health Organization: Media centre [website]. (http://www.who.int/mediacentre/news/releases/2014/suicide-prevention-report/en/, accessed 19 July 2017).

1.3 Means of addressing suicide[3]

Suicides are preventable. Effective and evidence-based interventions can be implemented at population, subpopulation and individual levels to prevent suicide and suicide attempts. These include:

- reducing access to the means of suicide such as pesticides, firearms, certain medications;
- responsible reporting of suicide by the media;
- implementation of policies to reduce the 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 the assessment and management of suicidal behaviour;
- follow-up care for people who attempted suicide and provision of community support.

This Regional Policy takes into account all of the above strategies..

Notes

(1) In this document, the term "prevention of suicide" encompasses primary prevention, interventions for those at risk, and treatment and other services provided for persons who have attempted suicide.

(2) The two WHO publications *Preventing suicide: a global imperative* (2014)[4] and *Public health action for the prevention of suicide: a framework* (2012)[5] contain technical details relating to policy measures, interventions, risks and determinants of suicide.

3 Suicide. Fact sheet 398. In: World Health Organization; Media centre [website]. Updated March 2017 (http://www.who.int/mediacentre/factsheets/fs398/en/, accessed 19 July 2017).

4 Preventing suicide: a global imperative. Geneva: World Health Organization; 2014 (http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/, accessed 19 July 2017).

5 Public health action for the prevention of suicide: a framework. Geneva: World Health Organization; 2012 (http://www.who.int/mental_health/publications/prevention_suicide_2012/en/, accessed 19 July 2017).

2

Objectives of the regional strategy

(1) To strengthen advocacy, effective leadership and governance for prevention of suicide

(2) To provide comprehensive, integrated and responsive mental health and social care services in community-based settings to address suicide

(3) To implement strategies for promotion of mental, social and physical health, and well-being, aimed at preventing suicide

(4) To strengthen information systems, evidence and research on suicides.

3

Cross-cutting principles and approaches

(1) **Universal health coverage.** Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, and following the principle of equity, persons at risk and persons who have attempted suicide should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve the highest attainable standard of health.

(2) **Human rights.** Strategies, actions and interventions for prevention, treatment and promotion must be compliant with international and regional human rights instruments.

(3) **Evidence-based practice.** Strategies and interventions for the prevention of suicide, treatment of persons at risk and persons who have attempted suicide, and promotion of the health of vulnerable groups should be based on scientific evidence and/or best practice, taking social and cultural considerations into account.

(4) **Multisectoral approach.** A comprehensive, coordinated and convergent response requires partnerships with multiple public sectors such as health care, education, employment, judicial, as well as social and other relevant sectors, including the private sector, as appropriate to the country situation.

(5) **Empowerment of persons at risk of suicide and those who have attempted suicide.** These groups must be empowered and involved in advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation related to suicide.

4

Strategic areas and action

4.1 Strengthening advocacy, effective leadership and governance for the prevention of suicide

Leadership and governance for suicide prevention should be strengthened by developing, updating and implementing national policies, strategies and laws aimed at prevention of suicide. Allocating budgets in all relevant sectors (such as health, education, social welfare, employment, the judicial system, human rights protection and poverty reduction) and engaging all stakeholders on this issue in a manner consistent with United Nations (UN) Conventions and other international and regional human rights conventions is required to strengthen the response.

Actions by Member States

(1) Develop, strengthen, update and implement national policies, legislation, strategies, plans and programmes to address prevention of suicide in line with evidence, best practices, and international and regional human rights conventions.

(2) Establish appropriate institutional, legal, financial and service arrangements (human resource, technological, logistic), including an institutional focal point for prevention of suicide.

(3) Integrate prevention of suicide as an agenda in the existing relevant national legislations, policies, plans, partnerships and programmes (e.g. health, social welfare, education, judicial system), and strengthen national policies, legislation and programmes on alcohol control.

(4) Involve affected persons/families and their organizations, and civil society/nongovernment organizations involved in this field to help in creating and implementing more effective and accountable policies,

legislations and services consistent with other international and regional human rights instruments.

(5) Allocate appropriate budgets to implement plans and actions to address suicide across all relevant sectors.

(6) Establish, strengthen and implement policies, laws and regulation to restrict access to the means of suicide, such as poisons, pesticides, weedicides, pharmaceuticals, firearms, charcoal, and construct appropriate physical barriers on bridges, buildings, railroads, as appropriate.

(7) Initiate steps to decriminalize attempted suicide in countries where suicide is considered an offence.

Indicator/verification

(a) Availability of legislation/policy/plan/programme on addressing suicide that is in accordance with international and regional human rights standards and conventions.

Actions by WHO

- Collaborate with Member States and partner agencies to provide support and strengthen national capacities to address prevention of suicide and the required treatment services.
- "Work with Member States of WHO, includig those of other Regions to facilitate resource mobilization for SEAR countries, in line with the approved programme budget, which addresses prevention of suicide"
- Obtain the support of other UN and international agencies to strengthen actions by Member States.
- Compile and disseminate knowledge and best practices for – and build capacity in – the development, multisectoral implementation and evaluation of policies, plans, programmes and legislations relevant to suicide prevention.
- Provide best practices and tools to strengthen collaboration and interaction at the international, regional and national levels between stakeholders for the development, implementation and evaluation of policy, strategies, programmes and laws relevant to suicide

prevention, including the health, social sectors, civil society groups and organizations in the UN system and human rights agencies.

- Offer technical assistance to countries in multisectoral resource planning and budgeting for suicide prevention.

4.2 Providing comprehensive, integrated and responsive mental health and social care services in community-based settings for prevention of suicide

Systematically shift the focus of care towards non-specialized health settings for persons at risk and those who have attempted suicide.

Actions by Member States

(1) Develop comprehensive community-based health and social care services for persons at risk of suicide and those who attempt suicide. This should preferably be done through integration with primary care and hospital care, enabling such care to be available within and across health and social services.

(2) Ensure continuity of care between different providers and levels of the care system, and effective collaboration between formal and informal care providers for providing such care.

(3) Develop and mainstream programmes for early detection of those at risk and provide appropriate, accessible interventions in health and social care services.

(4) Take steps to strengthen identification, treatment and referral of those at risk for suicide, and increase compliance to treatment for depression and other mood disorders associated with suicide.

(5) Establish community-based service delivery that puts the emphasis on health promotion, treatment of underlying conditions and sequelae of suicide attempts. The aim is to meet the social, mental and physical health-care needs of affected persons to achieve optimal functioning, quality of life, and their own aspirations and goals.

(6) Develop or adapt protocols and practices for persons at risk and those who have attempted suicide at different stages of life.

(7) Provide services to support persons at risk and those who have attempted suicide to facilitate their access to housing, educational opportunities and employment, and participation in community activities, programmes and meaningful activities. Support workforce participation in partnership with the nongovernment and private sectors.

(8) Establish greater collaboration between informal health-care providers, traditional or indigenous practitioners, as well as religious leaders, schoolteachers and others, and nongovernmental organizations for early detection and improving treatment compliance where appropriate.

(9) Ensure the availability of an appropriate number and equitable distribution of competent, sensitive and appropriately skilled professionals and workers who can offer appropriate services for persons at risk of suicide, persons who have attempted suicide and affected families. Improve the capacity of care workers in the field to promote early detection, and deliver evidence-based psychosocial interventions and referral as appropriate to other levels of care and services.

(10) Strengthen services, accessibility and capacity for providing interventions for alcohol users"

(11) Provide adequate services to address the mental health needs and psychosocial well-being of persons at risk, those who have attempted suicide and affected families.

(12) Improve access to health-care and social welfare services of the general population, especially access to mental health services.

Indicators

(a) Extent, distribution, affordability, accessibility and quality of services

(b) Subjective experiences of users of such services.

Actions by WHO

(1) Develop technical guidelines for identification and management of persons at risk of suicide.

(2) Support capacity-building of the health and other sectors for provision of high-quality health services for those at risk of suicide and those who attempt suicide.

4.3 Implementing strategies for promotion of mental, social and physical health and well-being aimed at preventing suicide

Comprehensive, multisectoral approaches to promote health and prevent suicide can have a significant impact.

Actions by Member States

(1) Develop and implement multisectoral strategies for promotion of physical and psychosocial well-being of the general population/ communities as well as persons and groups who are at risk of suicide.

(2) Ensure that relevant determinants that promote suicide (e.g. portrayals in the media, availability of means, alcohol use, etc.) are addressed in all suicide prevention programmes.

(3) Encourage communities to restrict access to the means of suicide (e.g. poisons and pesticides) through community action.

(4) Establish a system to continuously monitor and engage all types of media to ensure responsible reporting of suicides.

(5) Develop, implement and, where appropriate, strengthen community-based interventions to address the use of alcohol.

(6) Identify and address beliefs, myths and other cultural aspects that promote suicide among specific populations and communities.

(7) Include issues related to suicide in all mental health literacy programmes.

(8) Provide mental health promotion and support services to persons who attempt suicide. This should include aspects such as social inclusion and destigmatization.

(9) Ensure early detection of persons at risk of suicide through community empowerment along with provisions for early intervention.

(10) Ensure that interventions and programmes aimed at suicide prevention do not in any way promote and glamorize suicidal ideation and increase suicide attempts, as interventions effective for a specific target group (e.g. older age groups) may promote suicide in a different group (e.g. younger groups).

Indicators

(a) Functioning programmes for promotion of health and well-being for those at risk of suicide

(b) Functioning programmes for restriction of means of suicide, responsible reporting, preventing the use of alcohol, destigmatization, etc.

Actions by WHO

(1) Assist with the development and implementation of multisectoral strategies for promotion of health and psychosocial well-being of the general population and identified target groups in Member States.

(2) Provide technical guidance for implementation of evidence-based early interventions for those at risk of suicide.

4.4 Strengthening information systems, evidence and research on suicide

Establish and strengthen existing surveillance systems related to health and law enforcement, and promote context-specific research (including national and international collaborative research) on the public health treatment aspects of suicide.

Actions by Member States

(1) Create, expand and improve health information and surveillance systems to gather appropriate sex- and age-disaggregated data, as well as other relevant information on suicide. Collate and routinely report findings. The data could also include:

   (a) epidemiological data;

   (b) hospital-based suicide data, and maintenance of a suicide registry;

   (c) coverage of policy and legislations, programmes that have been implemented and programmes that are continuing, and the direct and indirect costs of suicide and attempted suicide;

   (d) effective programmes and best practices developed in other countries in order to ensure that data are nationally relevant and internationally comparable.

(2) Promote research on suicide prevention through improving research capacity and academic collaboration, and establishing centres of excellence.

(3) Prioritize research on the social and public health aspects, and operational research with direct relevance to the development and implementation of population, community and treatment models of early detection of those at risk of suicide This requires the engagement of all relevant stakeholders, including service providers of both the government and nongovernment sectors.

Indicators

(a) Core set of identified and agreed indicators on establishement of surveillence systems,inititating research on prevention of suicides and early identification of those at risk of suicide routinely colllected every year"

Actions by WHO

- Monitor the global situation of suicide, and evaluate the progress made by different initiatives and programmes in collaboration with

international partners, as part of the existing monitoring efforts embedded in related action plans and initiatives.

- Share best practices and knowledge on suicide prevention.
- Coordinate with the Mental Health Gap Action Programme (mhGAP) of the WHO Secretariat for facilitating evidence generation and sharing of best practices on implementation of programmes on suicide prevention.

Over 800 000 people die due to suicide every year and there are many more who attempt suicide. Suicide was the second leading cause of death among 15-29 year olds globally in 2012. 75% of global suicide occurred in low- and middle-income countries in 2012. In May 2013, the Sixty-sixth World Health Assembly adopted the Mental Health Action Plan of the World Health Organization. Suicide prevention is an integral part of the plan, with the goal of reducing the rate of suicide in countries by 10% by 2020. The Regional Suicide Prevention Strategy presents a vision, a plan, and a set of strategies and identifies the role of Member States and the World Health Organization in providing comprehensive, integrated and responsive mental health and social care services in community-based settings.

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