

---

## **SUICIDE HUGE BUT PREVENTABLE PUBLIC HEALTH PROBLEM, SAYS WHO**

### **World Suicide Prevention Day – 10 September**

GENEVA – Suicide is a huge but largely preventable public health problem, causing almost half of all violent deaths and resulting in almost one million fatalities every year, as well as economic costs in the billions of dollars, says the World Health Organization (WHO). Estimates suggest fatalities could rise to 1.5 million by 2020. Following its successful launch last year, World Suicide Prevention Day, a collaboration between WHO and the International Association for Suicide Prevention (IASP), will be held on 10 September to focus attention and call for global action.

“For every suicide death there are scores of family and friends whose lives are devastated emotionally, socially and economically,” says Dr Catherine Le Gales-Camus, WHO Assistant-Director General, Noncommunicable Diseases and Mental Health. “Suicide is a tragic global public health problem. Worldwide, more people die from suicide than from all homicides and wars combined. There is an urgent need for coordinated and intensified global action to prevent this needless toll.”

Globally, suicides represent 1.4% of the Global Burden of Disease, but the losses extend much further. In the Western Pacific Region they account for 2.5% of all economic losses due to diseases. In most European countries, the number of suicides is larger than annual traffic fatalities. In 2001 the yearly global

toll from suicide exceeded the number of deaths by homicide (500,000) and war (230,000).

Among countries reporting suicide, the highest rates are found in Eastern Europe and the lowest are found mostly in Latin America, in Muslim countries and in a few of the Asian countries. There is little information on suicide from African countries. There are estimated to be 10-20 times the number of deaths in failed suicide attempts, resulting in injury, hospitalization, emotional and mental trauma, although no reliable data is available on its full extent. Rates tend to increase with age, but there has recently been an alarming increase in suicidal behaviours amongst young people aged 15 to 25 years, worldwide. With the exception of rural China, more men than women commit suicide, although in most places more women than men attempt suicide.

WHO today held a special seminar on suicide prevention in Geneva, addressed by Dr Le Gales-Camus; Dr Benedetto Saraceno, Director, WHO Department of Mental Health and Substance Abuse; Professor Lars Mehlum, President of IASP and Professor at the University of Oslo; Ms Sohini Banerjee, a researcher from Calcutta, India; Mr Mark Milton, President of the South-African based International Federation of Telephone Emergency Services (IFOTES), and Reverend Cosette Odier, Chaplain, Centre Hospitalier Universitaire Vaudois.

*Cont. on page 200*

---

## **SUICIDE HUGE BUT PREVENTABLE PUBLIC HEALTH PROBLEM, SAYS WHO**

*Cont. from page 196*

Suicidal behaviour has a large number of complex underlying causes, including poverty, unemployment, loss of loved ones, arguments, breakdown in relationships and legal or work-related problems. A family history of suicide, as well as alcohol and drug abuse, and childhood abuse, social isolation and some mental disorders including depression and schizophrenia, also play a central role in a large number of suicides. Physical illness and disabling pain can also increase suicide risks.

“It’s important to realise that suicide is preventable,” says Professor Mehlum, “And that having access to the means of suicide is both an important risk factor and determinant of suicide.”

The most common methods are pesticides, firearms and me-

dication, such as painkillers, which can be toxic when consumed in excessive amounts. One recent breakthrough was the move by many pharmaceutical companies to market painkillers in blister packs rather than more easily accessible bottles, which had a significant impact on their use as a suicide method.

Currently attention is focused on encouraging a reduction in access to pesticides and encouraging enhanced surveillance, training and community action on their use, for example, safer storage, and proper dilutions. Pesticides are an especially common cause of suicide deaths in rural regions of China. Restrictions on access to firearms have been associated with a decrease in their use for suicide in some countries.

*Cont. on page 206*

---

## SUICIDE HUGE BUT PREVENTABLE PUBLIC HEALTH PROBLEM, SAYS WHO

*Cont. from page 200*

Protective factors include high self-esteem and social „connectedness“, especially with family and friends, having social support, being in a stable relationship, and religious or spiritual commitment. Early identification and appropriate treatment of mental disorders is an important preventive strategy. There is also evidence that educating primary health care personnel in the identification and treatment of people with mood disorders may result in a reduction of suicides amongst those at-risk, as it has been documented in countries such as Finland and in the United Kingdom. Interventions based on the principle of connectedness and easy access to help such as Samaritan-type help lines, and telephone check-up programmes on the elderly, have provided encouraging results. In addition, psychosocial interventions, suicide prevention centres and school-based preventions, are all promising strategies.

WHO has produced, with the assistance of experts from around the world, a series of guidelines for different audiences that have a critical role in suicide prevention, including health workers, teachers, prison officers, media professionals and survivors of suicide. These resources are now available in more than a dozen languages.

„Evidence also suggests that media reporting can encourage

imitation suicides and we would urge that the media show sensitivity in its reporting on these tragic and frequently avoidable deaths,“ says Dr Saraceno. „The media can also play a major role in reducing stigma and discrimination associated with suicidal behaviours and mental disorders.“

WHO contacts: Dr. Jose Bertolote, (Coordinator, Management of Mental and Brain Disorders, Department of Mental Health and Substance Abuse, WHO; tel. +4122 791 3627/3618; e-mail: bertolotej@who.int); David Porter, Media Officer +41-22-791-3774 (o), +41-79-477-1740 (m).

---

Further information on Noncommunicable Diseases, Mental Health and Violence prevention can be found at [http://www.who.int/noncommunicable\\_diseases/en/](http://www.who.int/noncommunicable_diseases/en/) and [http://www.who.int/violence\\_injury\\_prevention/en/](http://www.who.int/violence_injury_prevention/en/).

Further information on the International Association For Suicide Prevention can be found at: <http://www.med.uio.no/iasp/>.

All WHO Press Releases, Fact Sheets and Features as well as other information on this subject can be obtained on the Internet on the WHO home page [www.who.int](http://www.who.int).

Press Release WHO/61, 8 September 2004