Preventing suicidal behaviours

18 million people attempt suicide each year

Over 800,000 people kill themselves each year. For every committed suicide, there are at least 20 suicide attempts. Suicide rates have increased by 60% worldwide in the last 45 years. In particular suicide rates among young people have been increasing and suicide is now ranking among the three leading causes of death around the world among those aged 15-44.

Suicide rates among males are mainly found in developed countries, where the main risk factor is depression. Depression can be reliably diagnosed and managed at primary health care level. Antidepressant medications and brief, structured forms of psychotherapy, are effective for 3 to 4 out of 5 affected and can be delivered in primary care. However, fewer than 35% of those affected, receive such treatments.

The highest rates of suicidal behaviour among females are found in rural areas of Asian countries, where the main risk factor is the availability of pesticides - which turns impulsive attempts to commit suicide through poisoning into deadly acts within 3 hours.

Similarly, efforts to develop a systematic and sustainable approach to the prevention and management of pesticide poisoning remain inadequate in spite of the possibilities of an intersectoral global public health initiative that would dramatically reduce the number of deaths from pesticide poisoning.

WHO’s response

Suicide is a complex phenomenon and its prevention requires a multifaceted approach.

According to the best evidence available, the following interventions have demonstrated efficacy in preventing some forms of suicidal behaviour:

- Control of availability of toxic substances (particularly pesticides in rural areas of Asian countries)
- Detoxification of domestic gas and car exhaustion
- Treatment of people with depression, alcoholism and schizophrenia
- Reduction of access to firearms
- Toning down of press reports about suicides.

In 2000, WHO has launched a worldwide initiative for the prevention of suicide aimed at

- Reducing mortality and morbidity due to suicidal behaviour
- Breaking the taboo surrounding suicide
- Bringing together national authorities and the public to overcome challenges.

WHO’s proposed Medium-term Strategic Plan 2008-2013 and the WHO’s two-year Programme Budget 2006-2007 build on WHO’s work over recent bienniums, and set out new and emerging areas of global concern. The latter is implemented through operational plans prepared by country and regional offices and headquarters, which define the results to be achieved and draw up their work plan on the basis of products needed to achieve those results. These work plans form the basis for corporate and coordinated resource mobilization aimed at increasing non-earmarked budgetary support. This global programming note highlights activities which are included in the work plan, but lack critical voluntary resources.
The next step

WHO’s vision is to reduce both deaths from suicide and suicide attempts.
WHO’s immediate objective, between now and the end of 2007, is to bring together national authorities, civil society and the private sector in 6 partner countries - where the need is greatest - to agree on action plans to address the main local risk factors for suicide.

WHO is committed to achieving the following outputs (subject to the availability of critical voluntary resources) toward the end of 2007:

- Improved capacity of partner countries to adopt and implement policies supportive of the effective management of depression in primary health care
- Improved capacity of countries to adopt and implement policies related to pesticides (licensing, surveillance and management of poisoning)
- Increased capacity of primary health care to identify and manage depression
- Community programmes in place that minimize risks of intentional and unintentional pesticide poisoning
- Educated parents, family members, health care providers, policy makers and the public at large about main local risk factors for suicide.

WHO will be undertaking the following activities:

- Preparation of evidence-based guidelines for the treatment of depression, a manual on quality improvement of care for people with depression, and a manual on the management of pesticide intoxication in health care facilities
- Awareness raising about risk factors for suicidal behaviour
- Improving pesticide policies
- Surveilling and monitoring pesticide poisoning
- Using existing training centres to deliver training programmes

Financial needs

WHO is seeking the following critical voluntary resources:

<table>
<thead>
<tr>
<th>2006-2007</th>
<th>US$</th>
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<tbody>
<tr>
<td>Manuals</td>
<td>339,000</td>
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<tr>
<td>Training</td>
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<tr>
<td>Surveillance</td>
<td>170,000</td>
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<tr>
<td>Awareness</td>
<td>152,500</td>
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<tr>
<td>On-site assistance</td>
<td>147,000</td>
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<tr>
<td>Support costs</td>
<td>129,900</td>
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<tr>
<td>Total</td>
<td>1,129,400</td>
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</tbody>
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Additional information is available on www.who.int/nmh

Achieving results

Overcoming challenges and obstacles

1. Breaking the taboo
   Worldwide, the prevention of suicide has not been adequately addressed due to a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it.

2. Suicide certification
   Reliability of suicide certification and reporting is an issue in great need of improvement

3. Going outside the health sector
   Suicide prevention requires interventions wider than just the health sector. It calls for an innovative, comprehensive multi-sectoral approach, inclusive of education, labour, police, justice religion, law, poli-