



WPA POSITION STATEMENT ON SUICIDE PREVENTION

Suicide is a global public health problem and WHO estimates show that in 2012, 804,000 individuals died by suicide. Men are more likely to kill themselves and less likely to seek help, with an annual rate of 15/100,000 population, compared with 8.0/100,000 for women. For each suicide there are at least 20 others attempting intentional self-harm especially women¹. Rates of suicide and suicidal thoughts are much greater in vulnerable groups such as prisoners, children and young people, the elderly and LGBT individuals. A prior suicide attempt is seen as the single most important risk factor for the suicidal act². In some countries, the act of suicide remains illegal and hence data collection is often incomplete. The rates of suicide and intentional self-harm vary across nations for a number of reasons.

Risk factors for suicide include underlying mental illness as well as social factors such as economic downturn; stressors related to war and disasters; acculturation; migration status; discrimination, alienation and isolation; abuse and violence among others. Various risk factors at an individual level include a past suicidal attempt, addictions, chronic pain and family history of suicide. Risk factors for suicide and intentional self-harm in children and young people include bullying, academic and peer pressure as well as underlying mental ill-health³.

Identifying the extent of the problem and risk and protective factors is the first step using local and cultural parameters. This should lead to subsequent specific development of interventions which must be evaluated in a pilot stage and then and only then implemented nationally. Men are more likely to use violent methods of suicide including guns, hanging, jumping off bridges or in front of trains or ingest pesticides, while women frequently, overdose on medication and over the counter drugs such as aspirin and paracetamol or ingest pesticides.

1. WPA calls countries where the **act of suicide or attempted suicide is illegal to change the laws.**
2. WPA calls all countries in the world to **collect accurate data on suicide and attempted suicide in order to understand the extent of the problem.**
3. A comprehensive **multi-agency suicide prevention strategy** is needed.
 - WPA proposes that each government sets achievable targets over a specific period of time. For example, specific reduction in rates by 10% is achievable within a relatively short time frame (such as five years).
4. WPA recommends that **preventive strategies for suicide and mental health policies should be linked clearly.** Strategies should focus on universal interventions aimed at reaching the entire population as well as specific vulnerable individuals and groups. These must include public education, media guidelines, stigma reduction, promoting mental health and improved access to health care services.
5. In addition, attempts should be made to **reduce access to means of suicide such as firearms pesticides, over the counter medications and to reduce rates of addictions including alcohol abuse and promote media reporting in a responsible manner.**
6. WPA urges all nations to **develop strategies and plans to reach more vulnerable groups through better training of health professionals across all specialities and disciplines.**
7. WPA recommends that indicated strategies target specific vulnerable groups and individuals with community support and education, **through increasing personal support and positive coping strategies.** Younger age groups and elderly are more at risk as are men who are also reluctant to seek help, so specific interventions are needed.

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References

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2. WHO: Preventing Suicide: a global imperative. The global suicide report. 2014 Geneva: WHO
3. Saunders K. Risk Factors for suicide in children and young people: common yet complex. *Lancet Psychiatry*. 2016;6:699-700