

WORLD SUICIDE PREVENTION DAY

September 10 2005

September 10, 2005 is World Suicide Prevention Day. Each year the International Association for Suicide Prevention, in collaboration with the World Health Organisation, uses this day to call attention to suicide as a leading cause of premature and unnecessary death, and to highlight the ways in which suicide can be prevented.

The significance of suicidal behaviour

Although suicide is a rare cause of death the worldwide impact of suicide is significant. Each year approximately one million people die in the world from suicide and many more make suicide attempts which, although they do not result in death, are a serious emotional burden for individuals and families. Suicides and suicide attempts have significant personal, family, community, economic and health care costs. Internationally, the annual economic costs of suicidal behaviours are estimated to be in the billions of dollars.

The Causes of Suicide

Suicidal behaviour is a complex issue, with multiple and inter-related causes. However, this complexity does not mean that we do not know why people take their own lives. Far from it. Much has been learned from research in recent years about the causes of suicidal behaviour.

The most common causes of suicidal behaviour are mental disorders including depression, alcohol and substance abuse and antisocial and offending behaviours. A family history of suicide is also a strong risk factor for suicidal behaviour. Having made a previous suicide attempt increases the risk of further non-fatal suicide attempts and of suicide, especially in the first 6 to 12 months after an attempt. Poor socio-economic, educational and social circumstances, and poor physical health are also associated with suicidal behaviour.

Against this background, stressful events such as relationship breakups, loss of loved ones, arguments with family or friends, financial, legal or work-related problems, and events which lead to shame or humiliation can precipitate suicide attempts. Having access to lethal means of killing oneself is an important risk factor in itself and an important determinant of whether an attempt will result in death.

Preventing Suicide

We know that suicide can be prevented in a number of ways. The early identification and appropriate treatment and management of people with mental disorders, particularly depression, is an important strategy for prevention. Restricting access to lethal means of suicide is an important approach when access can be readily controlled.

A series of interventions based on encouraging at-risk people to seek help from family doctors and mental health care workers appear promising. Examples of this approach, based on encouraging social connectedness and providing easy access to mental health care, include using telephone checks to keep in touch with isolated elderly individuals, and providing 'green cards' to ensure ready access for suicidal individuals to emergency psychiatric care.

The way in which the media report about suicide can influence suicidal behaviour. This potential impact of media reporting about suicide has been known for a long time. Responsible, muted and cautious reporting of suicide by the media minimises the risk of imitative suicidal behaviour by vulnerable members of the community. For these reasons the World Health Organisation and many countries have developed recommendations for responsible media reporting of suicide and both the WHO and the International

Association for Suicide Prevention regard responsible reporting by the media as an important suicide prevention strategy.

The loss of a loved one by suicide can be experienced differently from the loss of loved ones from natural causes. Bereavement and grief may be more intense and there may be fewer opportunities for the bereaved to gain support after deaths by suicide. Providing appropriate support is important in reducing the impact of suicide on families bereaved in this way.

The Future for Suicide Prevention

In the last 10 to 15 years much progress has been made in identifying the causes and risk factors for suicidal behaviour. Currently, work in suicide research and prevention is focussed on using this “first generation” risk factor research as a basis to develop “second generation” interventions and prevention programmes, and to conduct research to assess the effectiveness and cost-effectiveness of these interventions.

There are several important current challenges for suicide prevention. One clear area in which it is important to make progress is in finding ways to improve the treatment and management of individuals with mental disorders or substance abuse problems, or those who have made suicide attempts, by developing new medications and new behavioural and counselling therapies, and by improving follow-up and long-term management.

Another important area of need is to encourage the identification of those at risk of suicide and to increase awareness of where appropriate help can be sought. Many more people need to be aware of the signs and symptoms of depression and of suicidal behaviour and of where help can be sought – from doctors, mental health workers, school and tertiary institution staff, employers, religious leaders, for example. In particular, doctors and other health care providers should be educated and trained to better identify, treat and manage those at risk of suicide, especially those with depression.

Suicide prevention is likely to be most effective if it is developed as a collaborative effort engaging both health care workers and people from outside the health sector, including representatives from central and local government, education, justice, police, law, the employment sector, religion, politics, and the media. To be effective suicide prevention will require major, guaranteed, long-term funding for both research and prevention activities.

New Zealand

In New Zealand, 460 people died by suicide in 2002, the year for which we have most recent data. This represents very positive trends in suicide reduction from the high numbers of the mid-1990s. Particularly pleasing is the reduction in the male youth (15-24 years) suicide rate which halved from 1995 to 2002. The suicide rate amongst older adults (65 and over) also halved over this time, and rates amongst adults 45-64 years reduced by 20%.

These significant reductions, and the gains made in identifying causes of suicide from New Zealand and international research conducted during the last two decades are “good news” stories about suicide. Unfortunately, stories about suicide tend not to report this encouraging news. Rather, New Zealand news reports about suicide tend to frame stories in a negative, dramatic or despairing way which conveys to the public that suicide is prevalent, increasing and that it is an issue about which little is known. This is *far* from the case. Suicide rates have reduced in New Zealand, significant world-class research about suicide has been conducted in New Zealand and New Zealand is currently developing a national suicide prevention strategy which will hopefully provide a framework and funding for suicide research and prevention for at least the next decade.

This year World Suicide Prevention Day is an opportunity to highlight recent reductions in New Zealand’s suicide rates, and to disseminate factual information about what is known about the causes of suicidal behaviour and what approaches to preventing suicide seem likely to be effective.