



**GLOBAL
MENTAL
HEALTH**
PEER NETWORK



FACT SHEET: SUICIDE AND ITS PREVENTION

This fact sheet explores suicide and its prevention, with insight from existing research and perspectives of the Global Mental Health Peer Network (GMHPN) on the facts, myths, risk and protective factors and warning signs of suicide, as well as suicide prevention, supporting someone at risk, and the response of the World Health Organization (WHO) and the GMHPN.



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SUICIDE

Suicide, as a means to ending one's own life, is sometimes used as a way for people to escape pain or suffering (WHO, 2023). Suicide-related behaviors include suicide attempts, where an attempt to die by suicide results in survival (Centers for Disease Control and Prevention, n.d.), as well as "thinking about or planning taking one's own life (suicidal ideation)" (Australian Institute of Health and Welfare, 2023).

Around the world:

- Close to 800,000 people die by suicide every year- 1 death every 40 seconds;
- Suicide is a leading cause of death among 15-29 year old youth and adolescents;
- 78 percent of suicides occur in low- and-middle income countries; and,
- Pesticides, hanging, and firearms are the most common methods used (WHO, 2019).

Myths

The following myths adapted from here to help (Canadian Mental Health Association, 2022) are common across communities worldwide, and exacerbate stigma and impede upon the likelihood of people at risk of suicide seeking help and accessing support.

1 Myth 1: Suicide is not very common.
Fact: Someone dies by suicide almost every day.

2 Myth 2: Thinking about suicide is not very common.
Fact: One in 9 people have thought about suicide at some time.

3 Myth 3: Someone who wants to die by suicide just wants to die.
Fact: People who die by suicide do not necessarily want to end their lives. They want to get rid of pain and bad things in their lives. They do not know what else to do.

4 Myth 4: People who survive a suicide attempt will never try to end their life again.
Fact: Most people who die by suicide have attempted suicide in the past.

Myths Part 2

5 Myth 5: People who attempt suicide just want attention.

Fact: People who attempt suicide often think it is the only way to stop their pain. Their feelings are real, valid, and very hard to deal with. A suicide attempt shows that someone needs help.

6 Myth 6: Only people with mental ill health think about suicide.

Fact: Many people who attempt suicide or die by suicide have mental ill health, however they may not know they have a mental illness at the time. You do not need to have poor mental health to think about suicide. Some people think about suicide because of helplessness and hopelessness; they do not know what else to do.

7 Myth 7: Talking about suicide will make people think about dying by suicide.

Fact: Talking about suicide does not give people ideas. Talking honestly about suicide is a good way to find out if someone needs help. Talking about suicide lowers the risk of suicide and improves awareness

Risk factors

Suicide is a complex social and public health problem, rarely caused by a single circumstance or event. A range of factors combine at an individual, relationship, community, and societal level to increase suicide risk and the possibility that a person will attempt suicide.

Individual factors

- Previous suicide attempts
- Age, gender, and culture
- Personality factors, including impulsivity, emotional dysregulation, helplessness, hopelessness
- Harmful use of alcohol and substances
- Financial and job problems/loss
- Legal and criminal problems
- History of suicide of mental ill health and serious illness including chronic pain
- Adverse Childhood Experiences and Trauma

Relationship factors

- Social isolation and withdrawal
- Loss of relationships
- Abuse, violence, bullying and conflict in relationships
- Previous history of suicide for family/loved ones

Community and societal factors

- Geographical location, with risk increasing with remoteness
- Wars, disasters, and community violence
- Historical trauma
- Stress of acculturation (such as among indigenous or displaced persons)
- Lack of access to health care and support services
- Discrimination and stigmatization
- Access to lethal means
- Unsafe media portrayals of suicide
- Suicide clusters/contagion

Protective factors

A range of factors can also protect people from suicide, also present at an individual, relationship, community, and societal level.



Individual and relationship factors

- Having effective problem-solving and coping skills
- Connection to others
- Family and social relationships – as reasons for living and sources of support
- Religious and cultural beliefs – including having a strong sense of cultural identity

Community and societal factors

- Access to quality healthcare
- Reduced access to means of suicide
- Community involvement and feeling connected to community and other social institutions
- Religious, cultural, and moral objections to suicide (CDC, 2022a).

SUICIDE PREVENTION

Suicide is largely preventable. Strategies are needed at all levels of society to create protective environments, lessen harms, and prevent future risk, promote healthy connections, teach coping and problem-solving skills, and identify, and support people at risk, to strengthen economic supports and improve access and delivery of services (CDC, 2022b).

Warning signs

When concerned if a person is at risk of suicide, a number of warning signs may be noticed related to how a person is talking, what they're saying, their behaviors, and moods.

Some common warning signs:

- Talking about wanting to kill themselves and not having reasons to live.
- Increased drug or alcohol use.
- Feeling trapped, that there is no way out of a situation.
- The person feeling unbearable pain, seeing no hope for the future.
- Social withdrawal, not wanting to spend time with others.
- Sleeping too much and constant fatigue.
- Saying goodbye to people, giving prized possessions away.
- Impulsivity, doing dangerous things without thinking/caring what might happen.
- Mood changes – depression or anxiety, loss of interest in activities, irritability or anger, shame or humiliation, relief, or sudden improvement.
- Actively exploring ways to end their own life, i.e., internet search (American Foundation for Suicide Prevention, 2023).

SUPPORTING SOMEONE AT RISK OF SUICIDE AND SELF-HARM

The following strategies may be provided to help someone who appears, or has indicated, to be at risk of suicide. When talking about suicide, find the right time and place. If someone is suicidal, don't keep it to yourself. Encourage a person to get help, to delay their decision to hurt themselves. Be available to support them. Taking action is the best choice when someone appears to be at risk of suicide, with the first step being asking sensitive, direct questions around whether the person is at risk of acting on suicidal feelings. Asking about suicide won't push someone into doing it. Rather, it offers an opportunity to talk about feelings, that may reduce the risk of acting on these (Mayo Clinic, 2022).

You may want to explore a person's feelings first and then ask if they have any plans to suicide, for example:

"Are you thinking about hurting yourself?"

"Are you thinking about suicide/killing yourself?"

"I can see that you are going through a very difficult period. In your situation many people feel like life is not worth it. Are you feeling this way?"

For imminent risk of suicide

- Do not leave the person alone.
- Contact the person's family/close contacts to get them to check on them.
- Remove means of self-harm/suicide.
- Attend to mental state and emotional distress.
- Listen and encourage them to talk about what they are feeling.
- Discuss the ways they can be provided help. If they agree follow up and get help.
- Call emergencies services (where appropriate) or suicide crisis services.
- Be mindful of cultural appropriateness of services.
- Consider peer support and outreach services.
- Collaboratively develop a safety plan.
- Create a secure and supportive environment, offer a separate, quiet space while waiting for treatment.



For risk of self harm

- Offer and activate psychosocial support.
- Consult a mental health specialist if available.
- Maintain regular contact and follow ups.

For medically serious act of self-harm

- Do not leave the person alone.
- Medically treat injury or poisoning.
- Consult mental health specialist.
- Collaboratively develop a safety plan.
- Where possible, place the person at a secure and supportive health facility.
- If hospitalization is needed, continue to monitor the person closely while they access this.
- Provide psychosocial support and maintain regular contact and follow up.

*Additional references used and resources on suicide first aid and suicide response in relation to COVID-19 are provided at National Institute for Health and Care Excellence,2022; International Association for Suicide Prevention., 2022; Coluccier al., 2014; Gunnell et al., 2020; Caelear et al., 2014.

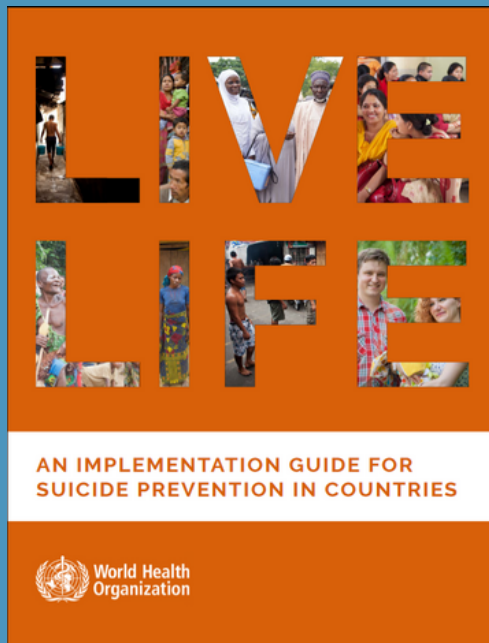
WHO RESPONSE AND THE PERSPECTIVE OF THE GMHPN

The WHO recognizes suicide as a public health priority; a priority condition in the WHO Mental Health Gap Action Programme (mhGAP) launched in 2008. In the WHO Mental Health Action Plan 2013–2030, WHO Member States committed themselves to working towards the global target 3.4 of the Sustainable Development Goals: by 2030, to reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well-being (WHO, 2021a).



The GMHPN recognizes the value of coordinated suicide prevention efforts at a global level, and support the recommendations made in the WHO Mental Health Action Plan 2013–2030 and the 'LIVE LIFE Implementation Guide for Suicide Prevention in Countries (WHO 2021a;2021b) stressing the importance of initiatives and programs to follow the following core pillars, at a minimum:

- Situation analysis
- Multisectoral collaboration
- Awareness-raising and collective advocacy
- Capacity-building
- Financing
- Surveillance, monitoring and evaluation



The Global Mental Health Peer Network strongly encourages peer and evidence-based practices for preventing suicide. The GMHPN engages with a broad network of peers, providers, and worldwide communities to address issues related to mental health and suicide prevention. We are experts with experience, building on the expertise and representing the views of primarily peers who seek to provide direction and support across the mental health spectrum. The GMHPN peer network stresses the importance of including people with a lived experience of suicide in suicide prevention, at a policy and program level, recognizing the profound impact that including these people in suicide prevention efforts can have on reducing suicide and related behaviours.



Global Mental Health Peer Network - Statement
Mental Health and Suicide Prevention
World Suicide Prevention Day

The GMHPN stands to enhance suicide prevention efforts, by creating communities where persons with lived experience are valued as equal citizens of the world, free from stigma, discrimination, inequality, and inequity, and by seeing suicide as both tragedy and a cry for systemic change.

Together we can create CHANGE through ...

- * A world free from stigma, discrimination, inequality, and inequity
- * Person-centred, holistic mental health and suicide prevention responses
 - * A human rights approach
 - * Lived experience leadership
- * Collaborate to build the lived experience movement

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