

● September 10, 2009

# World Suicide Prevention Day

● Suicide Prevention in Different Cultures



An Initiative of the  
International Association for Suicide Prevention (IASP)

World Health  
Organization



## SUICIDE PREVENTION IN DIFFERENT CULTURES

World Suicide Prevention Day is held on September 10th each year as an initiative of the International Association for Suicide Prevention (IASP), and is co-sponsored by the World Health Organization (WHO). The theme in 2009 is "Suicide Prevention in Different Cultures."

Begun in 2003, the purpose of World Suicide Prevention Day is to improve education about suicide, disseminate information, decrease stigmatization and most importantly, raise awareness that suicide is preventable.

World Suicide Prevention Day 2009, "Suicide Prevention in Different Cultures" provides an opportunity to remind people that suicide is influenced by cultural, religious, legal, historical, philosophical and traditional factors, and that these contexts need to be taken into account in considering suicide prevention. Suicide needs to be understood in terms of its cultural background, and, to save lives, suicide prevention programs need to be tailored to different cultural contexts.

### THE MAGNITUDE OF THE PROBLEM

Suicide is a leading cause of death for people worldwide, and one of the three leading causes of death for young people under 25. Every year, approximately one million people die by suicide - one death every two minutes. The World Health Organization estimates that by the year 2020, this annual toll of suicide deaths will have risen to one and a half million, and suicide will represent 2.4% of the global burden of disease.

Suicide deaths account for more than half of all violent deaths in the world - more than all deaths from wars and homicides combined.

Every year, many millions more people make serious suicide attempts which, while they do not result in death, require medical treatment and mental health care, and reflect severe personal unhappiness or illness. Millions more people - the family members and close friends of those who die by suicide - are bereaved and affected by suicide each year, with the impact of this loss often lasting for a lifetime.

Suicide exacts huge psychological and social costs, and the economic costs of suicide to society (lost productivity, health and social care costs) are estimated at many billions of dollars each year.

Because almost a quarter of suicides are teenagers and young adults aged less than 25 years (250,000 suicides each year), suicide is a leading cause of premature death, accounting for more than 20 million years of healthy life lost.

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## SUICIDE IS PREVENTABLE

**Causes of suicide:** During the last three decades we have learned a great deal about the causes of this complex behavior. Suicide has biological, cultural, social and psychological risk factors. People from socially and economically disadvantaged backgrounds are at increased risk of suicidal behaviour. Childhood adversity and trauma, and various life stresses as an adult influence risks of suicidal behaviour. Serious mental illnesses, most commonly depression, substance abuse, anxiety disorders and schizophrenia, are associated with increased risk of suicide. Diminished social interaction increases suicide risk, particularly among adults and older adults.

**Suicide can be prevented.** Despite its often complex origins, suicide can be prevented. Communities and societies that are well integrated and cohesive have fewer suicides. Restricting access to methods of suicide (such as firearms or pesticides) reduces suicides. Careful media reporting of suicide prevents further suicides. Educating communities and health and social services professionals to better identify people at risk of suicide, encourage them to seek help, and providing them with adequate, sustained and professional care can reduce suicides amongst people with mental illness. Providing adequate support for people who are bereaved by suicide can reduce their risk of suicide.

## WHAT YOU CAN DO TO SUPPORT WORLD SUICIDE PREVENTION DAY

**WORLD SUICIDE PREVENTION DAY** is an opportunity for all sectors of the community - the public, charitable organizations, communities, researchers, clinicians, practitioners, politicians and policy makers, volunteers, those bereaved by suicide, other interested groups and individuals - to join with the International Association for Suicide Prevention and WHO to focus public attention on the unacceptable burden and costs of suicidal behaviours with diverse activities to promote understanding about suicide and highlight effective prevention activities. Those activities may call attention to the global burden of suicidal behaviour, and discuss local, regional and national strategies for suicide prevention, highlighting cultural initiatives and emphasising how specific prevention initiatives are shaped to address local cultural conditions.

Initiatives which actively educate and involve people are likely to be most effective in helping people learn new information about suicide and suicide prevention. Examples of activities which can support World Suicide Prevention Day include:

- Launching new initiatives, policies and strategies on World Suicide Prevention Day
- Holding conferences, open days, educational seminars or public lectures and panels
- Writing articles for national, regional and community newspapers and magazines
- Holding press conferences
- Placing information on your website
- Securing interviews and speaking spots on radio and television

- Organizing memorial services, events, candlelight ceremonies or walks to remember those who have died by suicide
- Asking national politicians with responsibility for health, public health, mental health or suicide prevention to make relevant announcements, release policies or make supportive statements or press releases on WSPD
- Holding depression awareness events in public places and offering screening for depression
- Organizing cultural or spiritual events, fairs or exhibitions
- Organizing walks to political or public places to highlight suicide prevention
- Holding book launches, or launches for new booklets, guides or pamphlets
- Distributing leaflets, posters and other written information
- Organising concerts, BBQs, breakfasts, luncheons, contests, fairs in public places
- Writing editorials for scientific, medical, education, nursing, law and other relevant journals
- Disseminating research findings
- Producing press releases for new research papers
- Holding training courses in suicide and depression awareness

A list of initiatives and activities that have been undertaken around the world on previous World Suicide Prevention Days is available on the website of the International Association for Suicide Prevention ([www.iasp.info/wspd/index.php](http://www.iasp.info/wspd/index.php)). We encourage you to consult this list and see what others have done to publicise suicide prevention. Also, please fill out our form on the IASP website to tell us what activities you plan for WSPD 2009. ([https://www.iasp.info/activities\\_mailform.php](https://www.iasp.info/activities_mailform.php))

Further information about suicide and suicide prevention is available in the Resources section of the IASP website ([www.iasp.info/resources/](http://www.iasp.info/resources/)). The following resources provide reading and information about cultural influences on suicide and suicide prevention:

- Farberow, N. (Ed). 1975. *Suicide in Different Cultures*. University Park Press, Baltimore, MA.
- Wasserman, D, Wasserman, C. 2009. *Oxford Textbook of Suicidology and Suicide Prevention*. Oxford University Press, Oxford.
- Articles in CRISIS – the journal of the *International Association for Suicide Prevention*. <http://www.iasp.info/journal.php>

## SUICIDE PREVENTION IN DIFFERENT CULTURES - EXAMPLES OF ACTIVITIES

- **Efforts to decriminalize suicide:** In some cultures (for example, Lebanon and Pakistan) suicide is still a criminal activity. This status determines the way suicide is responded to. It stigmatizes the families of those who die by suicide, inhibits suicide attempters from seeking appropriate help and hinders efforts to establish suicide prevention programs. As a fundamental step in suicide prevention, efforts have been made in India to decriminalize suicide and the International Association for Suicide Prevention is collaborating with the World Health Organization to support and facilitate these efforts.
- **Reduction of pesticide suicide in Asia.** Culture influences the methods people use for suicide. Most suicides in the world occur in Asia, which is estimated to account for up to 60% of all suicides. In many Asian countries (including China, India, Sri Lanka, Malaysia) a large proportion of suicides result from poisoning by swallowing agricultural pesticides. Suicide by this method is particularly common in females in rural areas. Given the large contribution to world suicide rates, reducing pesticide suicides could make a significant impact on global suicide rates. Current efforts to reduce pesticide suicide focus on removing the most toxic pesticides from sale, restricting access to pesticides by the use of locked storage boxes, improving access to emergency treatment and health care, educating about help-seeking and providing crisis support for rural women in stressful situations.
- **Minimizing media reports of suicide methods.** Culture shapes the way suicide is reported by the media. In Hong Kong, media reports of a novel method of suicide, charcoal burning, contributed to the rapid adoption of this method by people who did not previously make suicide attempts. Concerted efforts by suicide prevention experts in Hong Kong focussed on persuading the media to adopt a more cautious and muted approach to reporting suicides by charcoal burning. At the same time, novel efforts were made to restrict access to charcoal by reducing access within supermarkets, and to train community accommodation owners to recognise people who might be at risk of suicide who were seeking a room in which to use charcoal burning to kill themselves. Implementation of these initiatives resulted in a significant reduction in suicides by charcoal burning.
- **Support for Immigrants.** Increasing globalization, ease of international travel, and refugees and asylum seekers from war and disaster have swelled the number of immigrants worldwide. People who are alienated from their country and culture of origin are vulnerable to various stresses, mental health problems, loneliness and suicidal behaviour. Suicide prevention strategies, tailored to the specific needs of migrant groups, exist in many countries. These programs typically focus on understanding the specific cultural and religious attitudes to mental health and suicide of the migrant group, reasons for migration, and family and social structures. Interventions include educational and social programs designed to identify stresses, teach coping skills, promote use of preventative health practices, improve access to health services and encourage socialising. Suicide prevention programs for migrants may require involvement, championship or leadership from religious or community leaders to be successful.

▪ **Promoting community enhancement, awareness and linkages to reduce indigenous youth suicide.** In the US, Canada, New Zealand and Australia, rates of youth suicide are substantially higher amongst indigenous young people compared to their non-Aboriginal peers. Reasons given for this include the impact of change, colonization, disruption of family and social ties and a resulting lack of secure cultural identity. Suicide prevention programs for aboriginal youth focus on community gatekeeper training programs to better recognize at-risk youth and refer them for help, and promotion of activities to promote community involvement. An example is provided by the North Dakota Adolescent Suicide Prevention Project. Within a 4-year time span, this project demonstrated a 47 percent reduction in 10-19 year old suicide fatalities, compared to the 10-year average in the 1990s, and a 29 percent decrease in suicide attempts in North Dakota youth. The project used a multi-faceted approach, including public awareness, education, gatekeeper training, and peer mentoring of teenagers.

▪ **Encouragement of safe drinking.** Alcohol abuse is strongly related to suicidal behaviour and population rates of suicidal behaviour are influenced by population alcohol consumption levels, which in turn are influenced by cultural and religious attitudes towards alcohol consumption. Evidence from the Soviet bloc suggests that the imposition of regulations restricting access to alcohol dramatically reduced both alcohol consumption and suicide rates. Countries in which the dominant religion proscribes against drinking tend to have low suicide rates. Public education programs that encourage safe and moderate drinking may play a role in suicide prevention at a population level.

▪ **Mental Health de-stigmatisation programs.** Cultural attitudes to mental illness influence people's willingness to seek treatment or support for mental illness. Throughout the world investments have been made in public education campaigns tailored to meet the need of specific cultural groups. These programs are designed to promote awareness and understanding of mental disorders. These types of campaigns may contribute to suicide prevention by encouraging better utilisation of services and support for those with mental disorders.

## **FACTS - SUICIDE RATES IN DIFFERENT COUNTRIES**

There are substantial variations in suicide rates among different countries, and, to some extent, these differences reflect cultural differences to suicide. Cultural views and attitudes towards suicide influence both whether people will make suicide attempts and whether suicides will be reported accurately. Suicide rates, as reported to the World Health Organisation, are highest in Eastern European countries including Lithuania, Estonia, Belarus and the Russian Federation. These countries have suicide rates of the order of 45 to 75 per 100 000.

Reported suicide rates are lowest in the countries of Mediterranean Europe and the predominantly Catholic countries of Latin America (Colombia, Paraguay) and Asia (such as the Philippines) and in Muslim countries (such as Pakistan). These countries have suicide rates of less than 6 per 100 000. In the developed countries of North America, Europe and Australasia suicide rates tend to lie between these two extremes, ranging from 10 to 35 per 100 000. Suicide data are not available from many countries in Africa and South America.

## **IASP INTERNATIONAL CONGRESS MONTEVIDEO 27<sup>th</sup>-31<sup>st</sup> October 2009**

The International Association for Suicide Prevention will hold its 25<sup>th</sup> biennial congress in Montevideo, Uruguay from 27<sup>th</sup> to 31<sup>st</sup> October, 2009. The theme of the 2009 congress is the same as this year's World Suicide Prevention Day. At this meeting the theme of Suicide Prevention In Different Cultures will be pursued with hundreds of presentations about suicide prevention from international delegates.

## **UNITED NATIONS LAUNCH OF WSPD 2009**

On World Suicide Prevention Day, 10 September 2009, the Day will be launched at a media briefing during the UN Press Conference at the United Nations Headquarters in New York, where the president of IASP, Professor Brian Mishara, and WHO representatives will announce the latest figures on suicide worldwide as well as suicide prevention activities.

This United Nations media briefing will be preceded by a public conference, organized by IASP, and featuring speakers from the World Health Organization, the Pan American Health Organization, the American Foundation for Suicide Prevention (AFSP), the U.S. National Lifeline Network of Telephone Helplines, the Suicide Prevention Resource Center, and the National Organization of People of Color Against Suicide. This conference will include discussion of suicide prevention approaches in different cultures, the challenges facing suicide prevention in Latin America, preventing pesticide suicide in Asia, and international approaches to supporting people bereaved by suicide.

The public conference, to which everyone is welcome, is from 10:00-11:30 in Room 7 of United Nations Headquarters. If you plan to attend please contact the IASP General Secretary for a letter of invitation which is required for attendance at meetings held at the UN ([annette.beautrais@yale.edu](mailto:annette.beautrais@yale.edu)).