

Suicide Prevention : International Efforts and Cultural Themes

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by

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We live in a world where the media bombards us daily with stories of violent deaths occurring in the context of wars, terrorist attacks and homicides. Yet, worldwide each year, more human beings kill themselves than are killed in all wars, terrorist attacks and homicides combined. Each year, over 1 million people die by suicide worldwide; there is one suicide every 40 seconds. Between 20 and 100 million people attempt suicide each year and the deaths by suicide leave between 5 and 6 million people bereaved by the loss of a dear friend or relative. In this context, it is important to emphasize that suicides are preventable. However, it is tragic that suicide prevention does not receive sufficient attention, and a large proportion of the extremely troubled individuals who take their own lives have died for want of help and support during a crisis situation and a timely and appropriate treatment of their mental health problems. On this 7th World Suicide Prevention Day, on behalf of the International Association for Suicide Prevention, a non-governmental organization, in official relations with the World Health Organization, I call upon individuals, organizations and governments around the world to reach out to troubled individuals who consider suicide as a desperate means of stopping their suffering and to provide them the help and support they need.

The first step in suicide prevention involves recognition of the extent of suicidal behaviors around the world. Suicide exists in every country, every religious group and every age group. Although suicide has always existed since the earliest records of human history, and no known group of people are spared the tragedy of suicidal deaths, there are important cultural variations. An understanding of these cultural differences can help us provide the most effective suicide prevention activities. There are important differences in the way that suicide is expressed. Although suicide is the leading cause of deaths in very young adolescents under age 15 in several countries such as Australia, China, Ireland, New Zealand and Sweden, it is generally not young people who have the highest suicide rates. Young people in many countries die more often by suicide than other causes, those 15 to 24 in many countries, because younger people are less likely to die by disease in developed parts of the world. However we often ignore the fact that in most western countries, suicide rates are highest among the very old, people 85 and older. Countries that have developed

national suicide prevention strategies have done a lot to prevent suicides. However, these strategies generally emphasize suicide prevention in the young and very little suicide prevention efforts have focused on one of the most vulnerable age groups in many countries, the elderly.

There are also important gender differences in suicide that vary in different cultures. In rural areas of China and India, there are equal proportions of men and women who take their own lives. However, in the majority of countries, there are 4 or 5 men who die by suicide for each woman.

Suicide is the result of a complex interaction of causal factors, including mental illness, poverty, substance abuse, social isolation, losses, relational difficulties and workplace problems; and the causal factors vary across the lifespan. In Western countries, the majority of people who die by suicide suffer from a diagnosable mental disorder, the most frequent being a clinical depression. However research in several Asian countries indicates that the majority of suicides are not by people with a mental disorder, but are very often impulsive acts, where easy access to convenient means, such as pesticides, increases the risk of a fatal outcome.

Because of the complexity of suicide and the fact that it is related to many causal factors, effective suicide prevention strategies need to take a multi-faceted approach that acknowledges the needs of different age groups, the multiple pathways and causes to suicidal behavior, and involves health and mental health professionals, volunteers, researchers, families and people bereaved by suicide, as well as central and local governments, educators, justice, police, employers, religious leaders, politicians and the media.

Some cultural differences and influences are quite evident. For example, the leading method of suicide in the United States is using firearms, whereas in several Asian countries it is ingesting poisons, often pesticides, while in Singapore it is jumping from high buildings and in Hong-Kong burning charcoal. Cultural beliefs about the acceptability of methods may incite their use or protect against using certain methods for suicide attempts. These cultural beliefs can change, sometimes for the better and sometimes for the worse. For example, burning charcoal as a suicide method was almost non-existent in Hong-Kong before this method was publicized in sensational media reports of suicide deaths. In Montreal, where I come from, suicide rates using the metro, the Montreal subway system, have declined in recent years. It is possible that this decline is related to a change in commonly shared beliefs. Research has shown that people who attempted suicide in the metro often thought that this would result in an instantaneous, painless and certain death. However, each year, the transportation authority has been publicizing the fact that two-thirds of suicide attempters in the Montreal metro do not die and they often suffer painful and debilitating handicaps following their attempt.

There are local phenomena related to cultural beliefs and practices that can orient suicide prevention activities. For example, there have been increases in youth suicides just after examination periods at the end of the school year in India. After an intensive publicity campaign in Chennai to encourage students to call helplines, suicides during the exam period declined.

In the countries of the former Soviet Union where a high proportion of people who die by suicide have been drinking, suicide rates go up and down in relation to the levels of consumption of alcohol. Several countries, such as Hungary, which once had the highest suicide rate in the world, have had declines in their suicide rates as more attention was given to reducing problem drinking.

One of the greatest challenges facing people involved in suicide prevention concerns the large proportion of men dying by suicide. Although men, as I mentioned, die by suicide 4 to 5 times more frequently than women in most countries, men are less likely to consult for mental health problems and when they do seek help, they more often wait until their problems are severe. Also, women tend to confide in family and friends when they are troubled and men more often try to solve their problems “by themselves.” One of the important challenges is to change the myth of the American hero who we find in so many Hollywood films. At the end of the film one man, without help from anyone, will destroy hundreds of evildoers, save the world, and the gorgeous young woman, without accepting or asking for any help whatsoever.

I would like to invite every person present in this room to help spread the word that suicide is not a small problem that merits only minor attention; suicide is a major problem worldwide. It is tragic that far too many people who are feeling desperately suicidal do not receive the help and support that they need. People who are bereaved by suicide can also benefit greatly from support, and these suicide “survivors” are becoming an important force in convincing politicians and policy makers that they can do much more to prevent suicides.

The International Association for Suicide Prevention would like your support. Please consider joining IASP or giving a donation. Suicide is preventable, and we all have an important role to play.

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