



WORLD SUICIDE PREVENTION DAY

World Suicide Prevention Day is observed on **September 10** each year to promote world-wide action to prevent suicides. Various events and activities are held during this occasion to raise awareness that suicide is a major preventable cause of premature death.

World Suicide Prevention Day gives organizations, government agencies and individuals a chance to promote awareness about suicide, mental illnesses associated with suicide, as well as suicide prevention. Organizations such as the International Association for Suicide Prevention (IASP) and World Health Organization (WHO) play a key role in promoting this event.

Nearly 3000 people on average die by suicide daily, according to WHO. For every person who completes a suicide, 20 or more may attempt to end their lives. About one million people die by suicide each year. Suicide is a major preventable cause of premature death which is influenced by psychosocial, cultural and environmental risk factors that can be prevented through worldwide responses that address these main risk factors. There is strong evidence indicating that adequate prevention can reduce suicide rates.

World Suicide Prevention Day aims to:

- ▶ Raise awareness that suicide is preventable.
- ▶ Improve education about suicide.
- ▶ Spread information about suicide awareness.
- ▶ Decrease stigmatization regarding suicide.

Suicide affects everyone, but some groups are at higher risk than others:

1. People with historical suicide attempts or self-harm.
2. People with a psychiatric disorder and/or substance-related disorder.
3. Those who experience stressful life events.
4. Strengthening protective factors and instilling hope.

Protective Factors

Despite the wide experience of the above-cited risk factors in populations, the fact that completed suicide is a relatively rare event indicates that there are a range of protective factors that act to mitigate the effects of exposure to risk factors.

Among psychological factors, resilience (the ability to cope with adverse life events and adjust to them), a sense of personal self-worth and self-confidence, effective coping and problem-solving skills, and adaptive help-seeking behaviour are often considered to be protective against the development of suicidal behaviours.

Social and cultural factors such as religious and social integration, social connectedness and maintenance of good relationships with friends, colleagues and neighbours, access to support from relevant others and ready access to health care are associated with a reduced risk of suicide and reduced repetition of attempted suicide.

In addition, a healthy lifestyle, with maintenance of good diet and sleep habits, regular physical activity, abstinence from smoking and illicit drug use, is also associated with a reduced risk of suicidal behaviour.

Suicide prevention is possible.

Suicide is a multi-determined phenomenon that occurs against a background of complex interacting biological, social, psychological and environmental risk and protective factors. Despite the complexity of this phenomenon, suicide can be prevented.

Primary prevention of suicide requires broad modifications of social, economic and biological conditions to prevent members of a population from becoming suicidal.

Primary preventive interventions include restricting access to lethal methods, promoting physical health and positive mental health, promoting a responsible representation of suicide in social and other media, seeking to reduce stigmatization of mental illness and suicide and encouraging help-seeking behaviour through public awareness and education campaigns.

Secondary prevention is aimed at minimising suicide risk in high-risk populations.

In this sense, early identification of suicidal individuals, accurate diagnosis and effective treatment of mental health problems, especially mood disorders and substance-related disorders are crucial.

More than half of the patients who die by suicide have seen their primary care physician within the month before their death. Therefore, improving primary care physicians' recognition of psychiatric symptoms and disorders, suicide risk evaluation, treatment interventions and referral skills are key components of suicide prevention.

Tertiary prevention is aimed at preventing relapses of suicidal behaviour after a suicide attempt.

This also involves the critical work of post-vention -- the care, support and treatment of those impacted by suicide.

Risk. Reinsurance. People.

Priorities for suicide prevention - and a focus on protective factors:

- a. Need to address both risk and protective factors.
- b. Need to develop and implement awareness campaigns, with the aim of increasing awareness of psychosocial issues behaviours in the community, incorporating evidence on both risk and protective factors.
- c. Need to target our efforts not only to reduce risk factors but also to strengthen protective factor, especially in childhood and adolescence and families.
- d. We need to increase use of and adherence to treatments shown to be effective in treating diverse conditions; and to prioritise research into effectiveness of treatments aimed at reducing self-harm and suicide risk.
- e. We need to increase the availability of mental health resources and to reduce barriers to accessing care.
- f. We need to develop prevention policy at work place to support staff and families and assist them cope with psychosomatic issues
- g. We need to reduce stigma and promote mental health literacy among the general population and health care professionals.
- h. We need to reach people who don't seek help, and hence don't receive treatment when they are in need of it.

MINET SUPPORT SYSTEM

Minet has a 24/7 psychosocial support centre that assist corporate clients address staff psychosocial issues telephonically, face to face sessions and referral to expert counsellors.

**Toll free line:
Counsellor Contacts - 0800720029**