

Suicide Prevention in the Region of the Americas

World Suicide Prevention Day
September 10, 2021

Department of Noncommunicable Diseases and Mental Health
Pan American Health Organization

PAHO



Pan American
Health
Organization



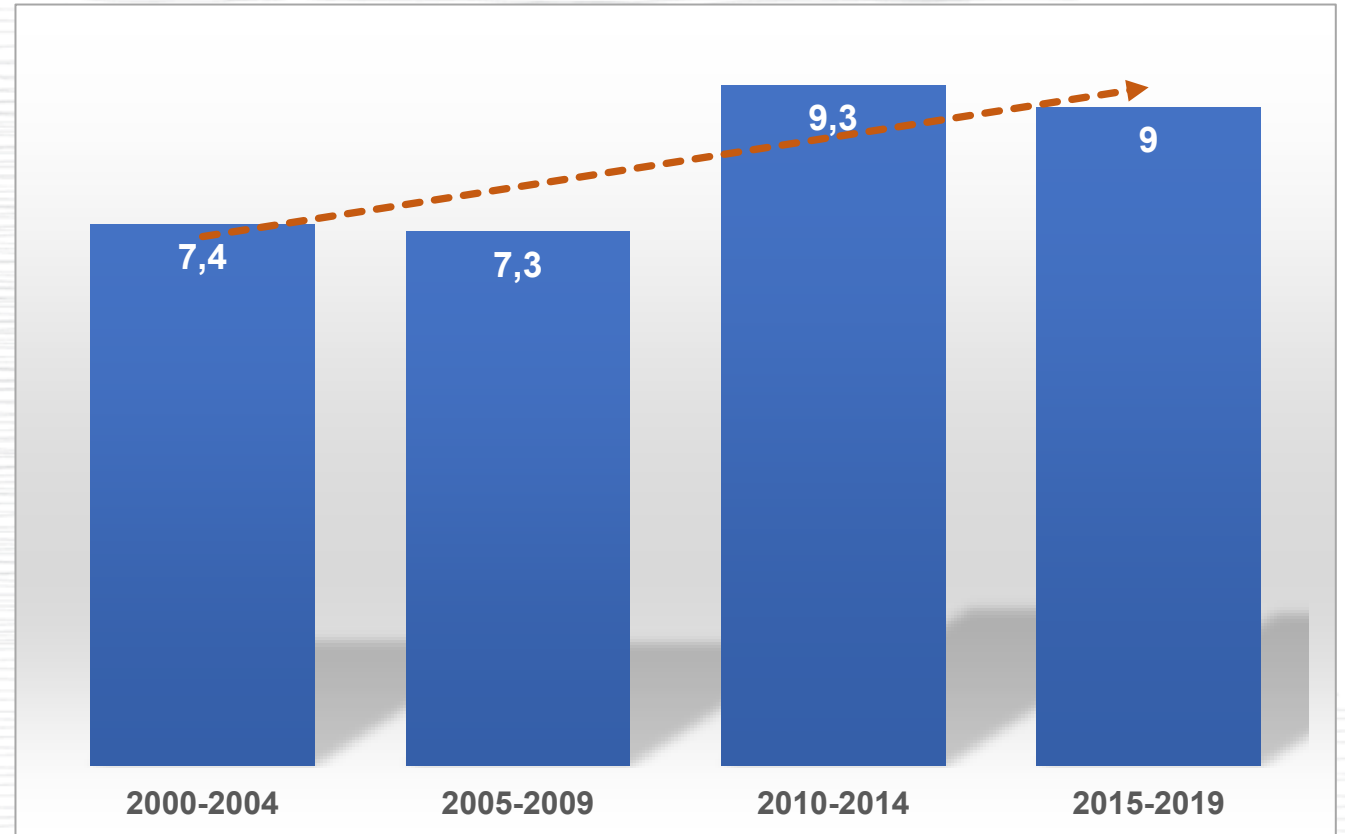
World Health
Organization
REGIONAL OFFICE FOR THE
Americas

Suicide in the Americas: Key Messages

- Suicide in the Region of the Americas continues to be a major public health problem.
- There is an urgent need to implement effective suicide prevention strategies.
- Health authorities should prioritize public health strategies aimed at suicide prevention.

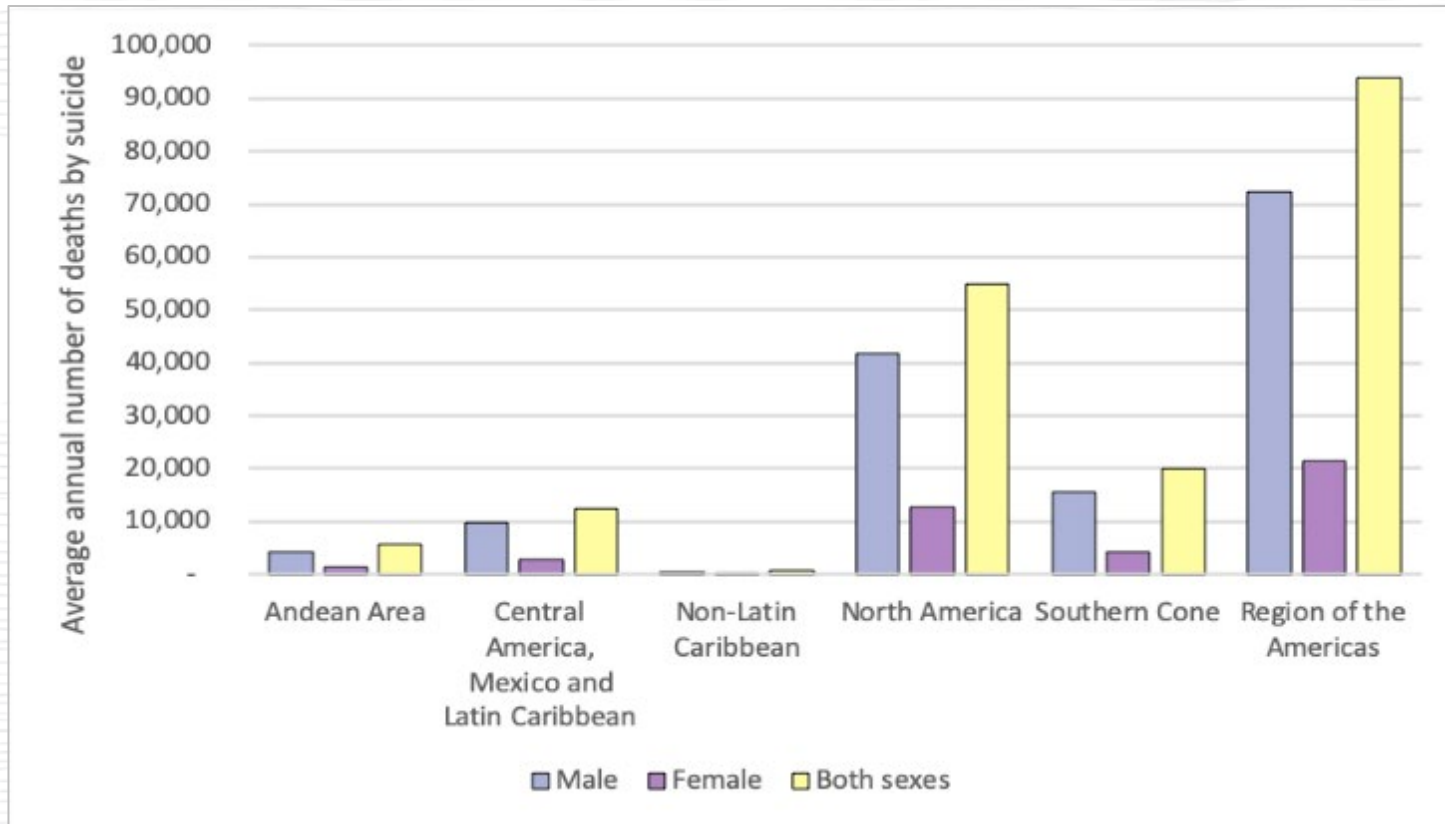
Regional burden of suicide

- There was an average of **93,737 deaths** by suicide per year between 2015-2019 in the Region of the Americas.
- In 2019, the regional suicide mortality rate was **9.0 per 100,000 population**.
- The suicide mortality rate in the region has increased by 17% between 2000 and 2019.



Regional suicide rates per 100,000 for five-year periods between 2000 and 2019

Burden of suicide by sub-region

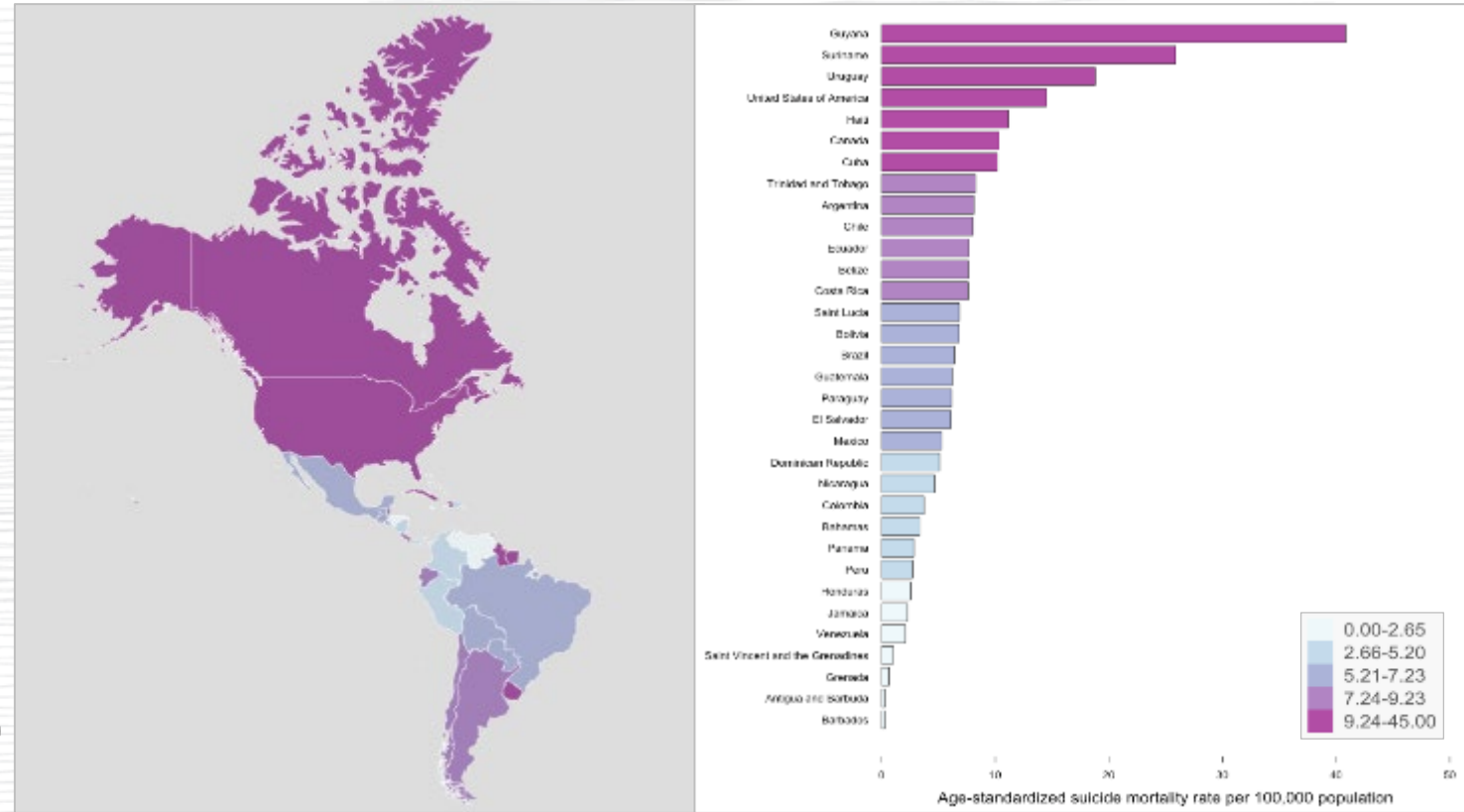


- The majority of deaths by suicide in the region were in the North America sub-region.
- The sub-region with the lowest number of deaths by suicide was the Non-Latin Caribbean.

Average annual number of deaths by suicide in the Region of the Americas and sub-regions, 2015-2019

Burden of suicide by country

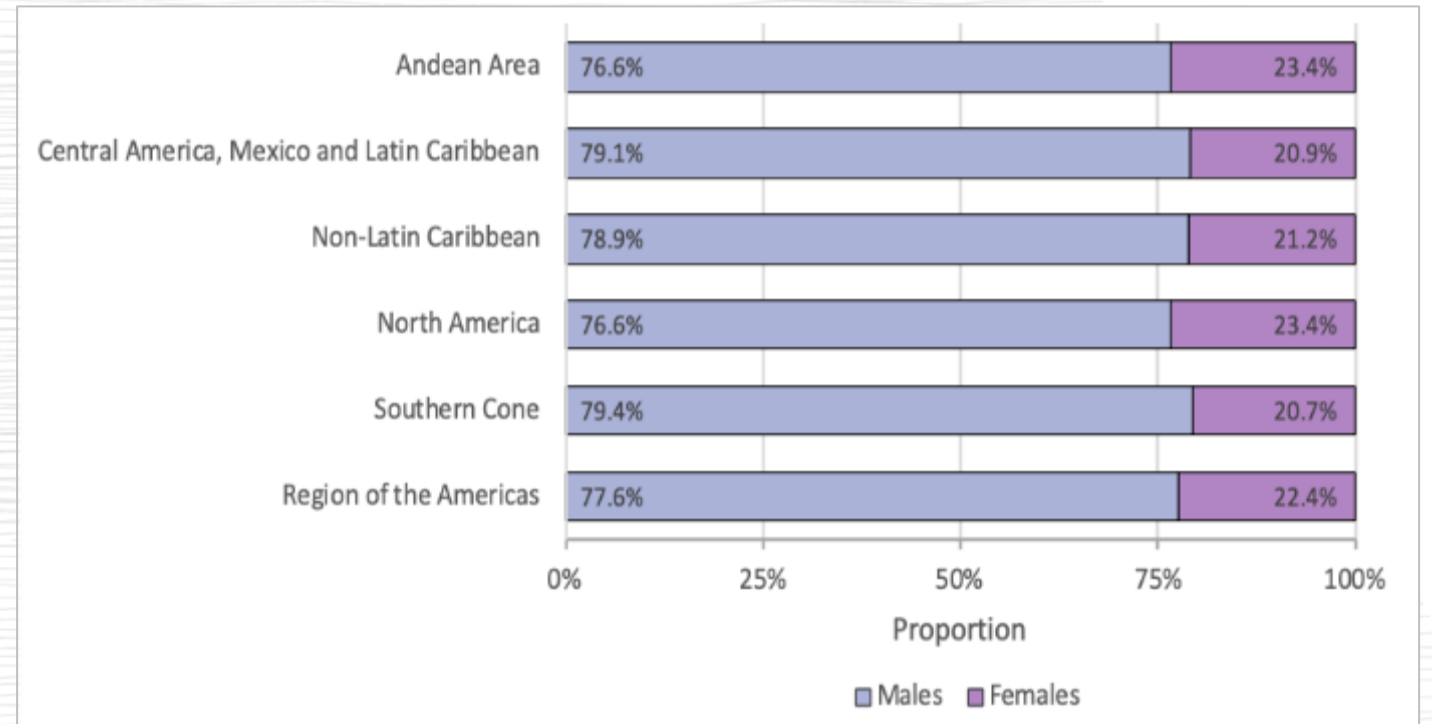
- In 2019, the vast majority of countries (78.8%) had a suicide mortality rates below 10 per 100,000 population.
- 7 countries had a rate above 10 per 100,000, including (from highest to lowest):
 - Guyana: 40.8 per 100,000
 - Suriname: 25.9 per 100,000
 - Uruguay: 18.8 per 100,000
 - United States: 14.5 per 100,000
 - Haiti: 11.2 per 100,000
 - Canada: 10.3 per 100,000
 - Cuba: 10.2 per 100,000



Age-standardized suicide mortality rates per 100,000 population among both sexes (males and females) in the Region of the Americas by country, 2019

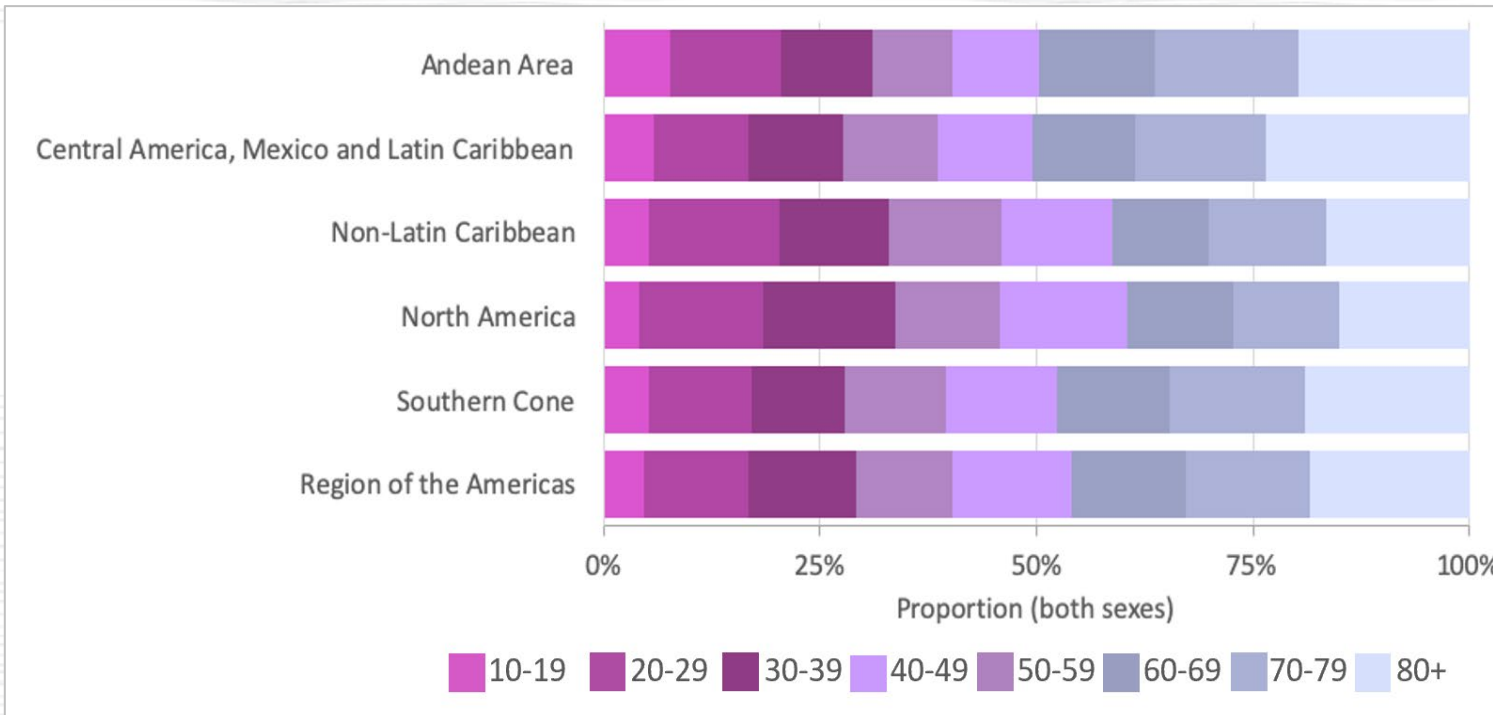
Suicide burden by sex

- Overall, males have a higher suicide mortality rate compared to females in the Region of the Americas and its sub-regions.
- The proportion of male suicide deaths was 77.6% in the region and ranged from 76.6% to 79.4% in the sub-regions.



Sex-specific proportion of total age-standardized suicide mortality rates in the Region of the Americas and its sub-regions, 2019

Suicide burden by age



Proportion of the total suicide mortality rate by 10-years age groups for the Region of the Americas and its sub-regions, 2019

- In 2018, the highest suicide mortality rate was among individuals 85+ years of age (20.1 per 100,000) in the region and all sub-regions.
- Middle aged adults (40-69 years of age) made up the greatest proportion (38.0%) of suicides in the region in 2019, followed by older aged adults (70+ years of age; 32.8%).

COVID-19 and suicide

- The COVID-19 pandemic has brought on and worsened many established risk factors for suicide, including:
 - Job or financial loss
 - Mental disorders
 - Harmful use of alcohol
 - Barriers to accessing health care
 - Trauma or abuse
 - Sense of isolation/lack of social support

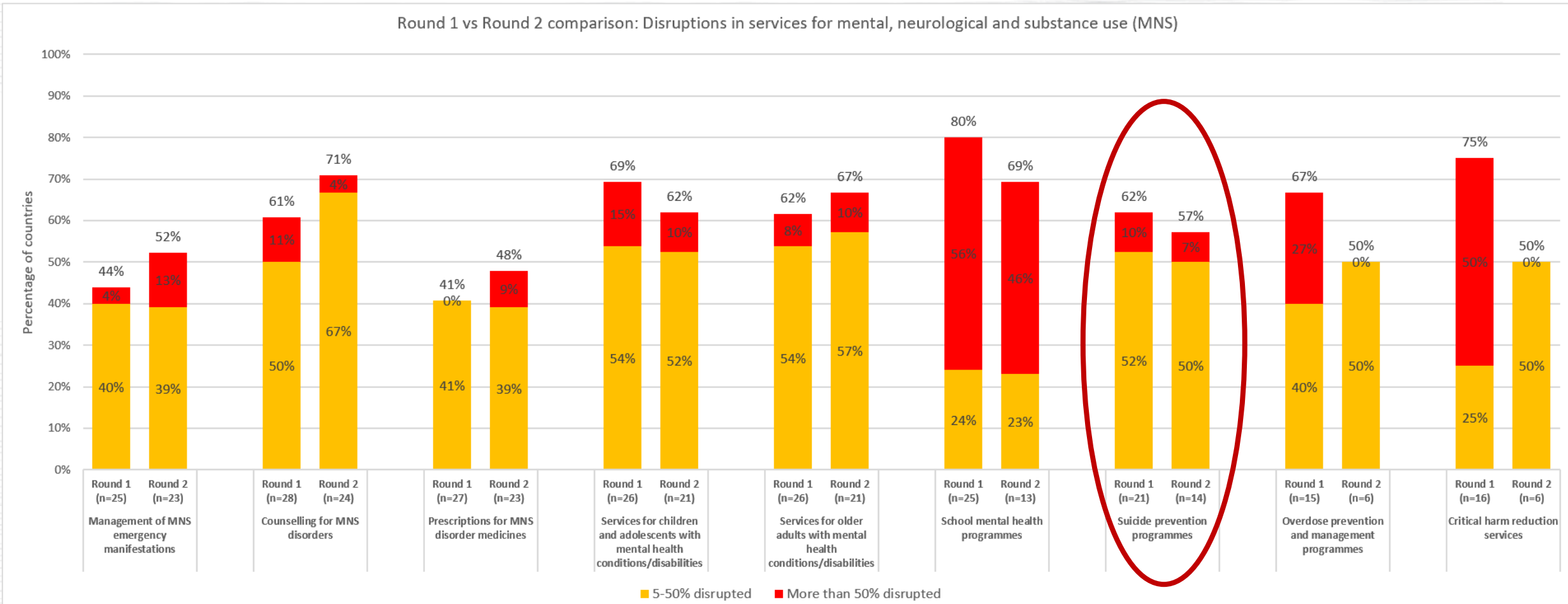
INDIVIDUAL	Previous suicide attempt
	Mental disorders
	Harmful use of alcohol
	Job or financial loss
	Hopelessness
	Chronic pain
	Family history of suicide
	Genetic and biological factors

HEALTH SYSTEMS	Barriers to accessing health care
SOCIETY	Access to means
	Inappropriate media reporting
	Stigma associated with help-seeking behaviour
COMMUNITY	Disaster, war and conflict
	Stresses of acculturation and dislocation
	Discrimination
	Trauma or abuse
RELATIONSHIPS	Sense of isolation and lack of social support
	Relationship conflict, discord or loss

Source: WHO Preventing suicide: A global imperative

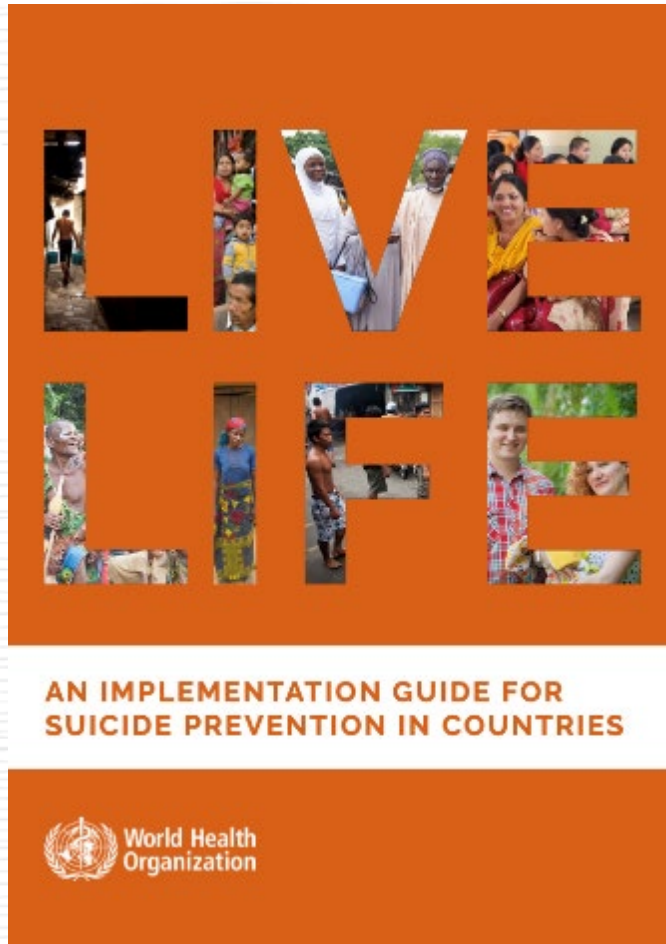
COVID-19 suicide prevention disruptions

Round 1 vs Round 2 comparison: Disruptions in services for mental, neurological and substance use (MNS)



Source: WHO PULSE Survey on Continuity of Essential Health Services During the COVID-19 Pandemic

Evidence-based suicide prevention



LIVE LIFE: A WHO implementation guide for suicide prevention in countries

7 core pillars:

1. Situation analysis
2. Multisectoral collaboration
3. Awareness-raising and advocacy
4. Capacity-building
5. Financing
6. Surveillance, monitoring and
7. Evaluation

Evidence-based suicide prevention

LIVE LIFE's 4 Key Effective Interventions for Suicide Prevention



Limit access to the means of suicide



Interact with the media for responsible reporting of suicide



Foster socio-emotional life skills in adolescents

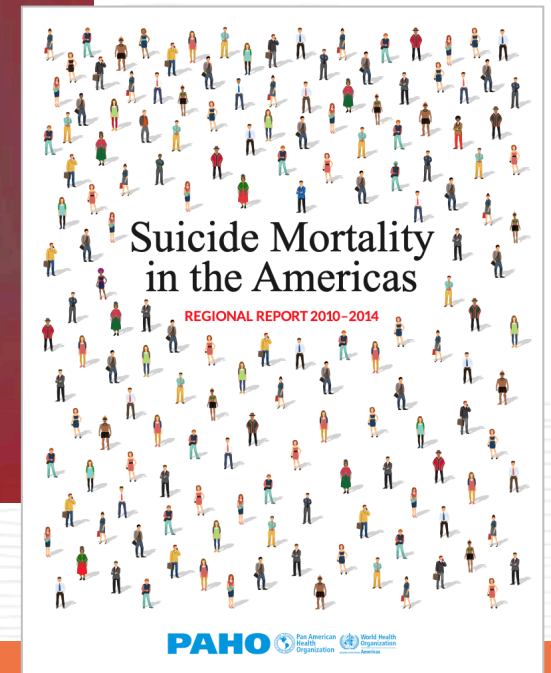
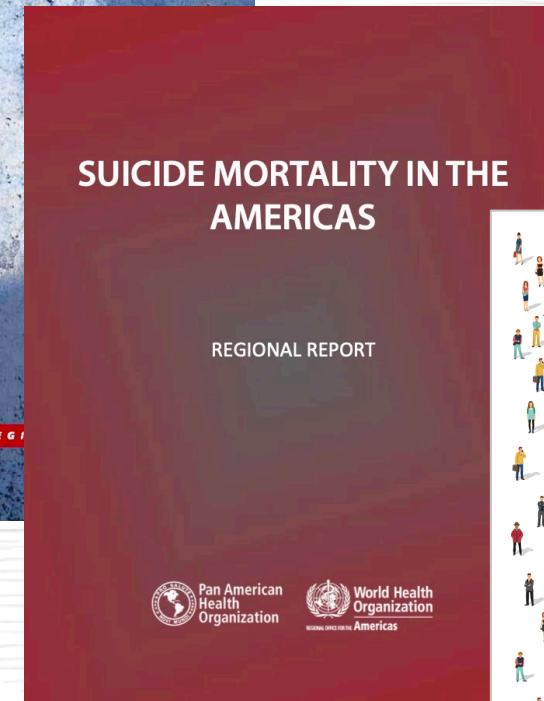
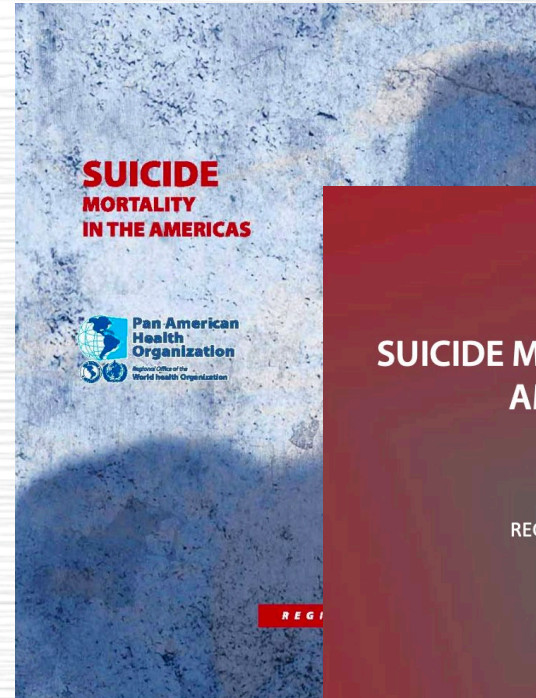


Early identify, assess, manage and follow up anyone who is affected by suicidal behaviors

PAHO suicide prevention initiatives

Collecting and reporting data on suicide prevention in the region

PAHO Suicide Mortality in the Americas publications



PAHO suicide prevention initiatives

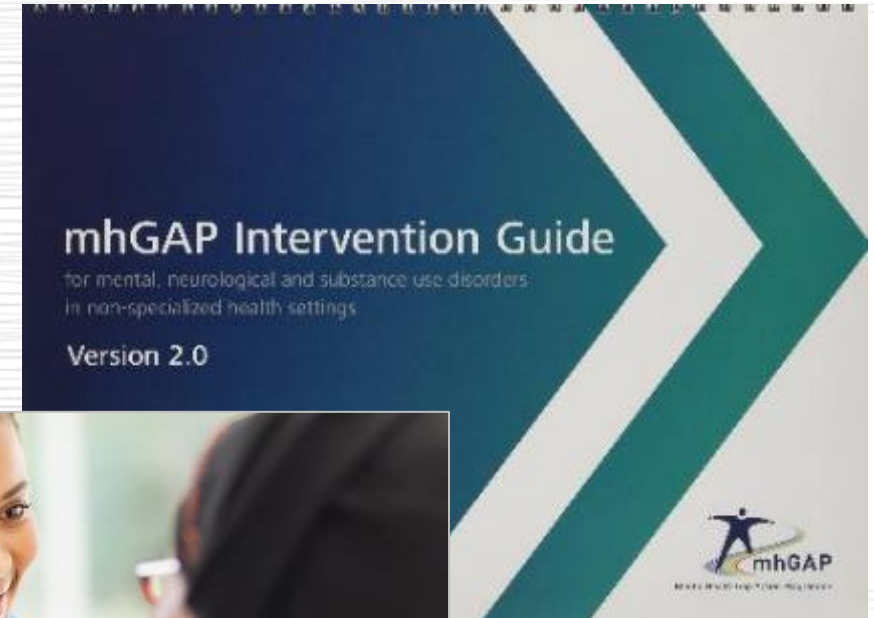
Objective 3.2: Implement suicide prevention programs	
Indicator, baseline, and target	Status
<p>3.2.1 Annual number of suicide deaths per 100,000 population. No increase in the regional suicide rate by 2020 compared to 2013.</p> <p>Baseline (2013): 7.3/100,00 population Target (2020): ≤ 7.3/100,00 population</p>	<p>This target has not been achieved. The average regional suicide rate was 9.2 per 100,000 population according to available data for 2016. Nineteen countries reported an annual suicide rate below this regional rate (11).</p>
<p>3.2.2 Number of countries that develop and implement national suicide prevention programs</p> <p>Baseline (2013): 6 Target (2020): 20</p>	<p>This target has been exceeded, as 22 countries report having national suicide prevention strategies (8, 9).</p>

Providing technical support for developing and implementing suicide prevention plans, strategies and programs

PAHO Plan of Action on Mental Health 2015-2020 Final Report

PAHO suicide prevention initiatives

Building the capacity of primary care providers to detect, manage and provide follow-up for self-harm and suicide



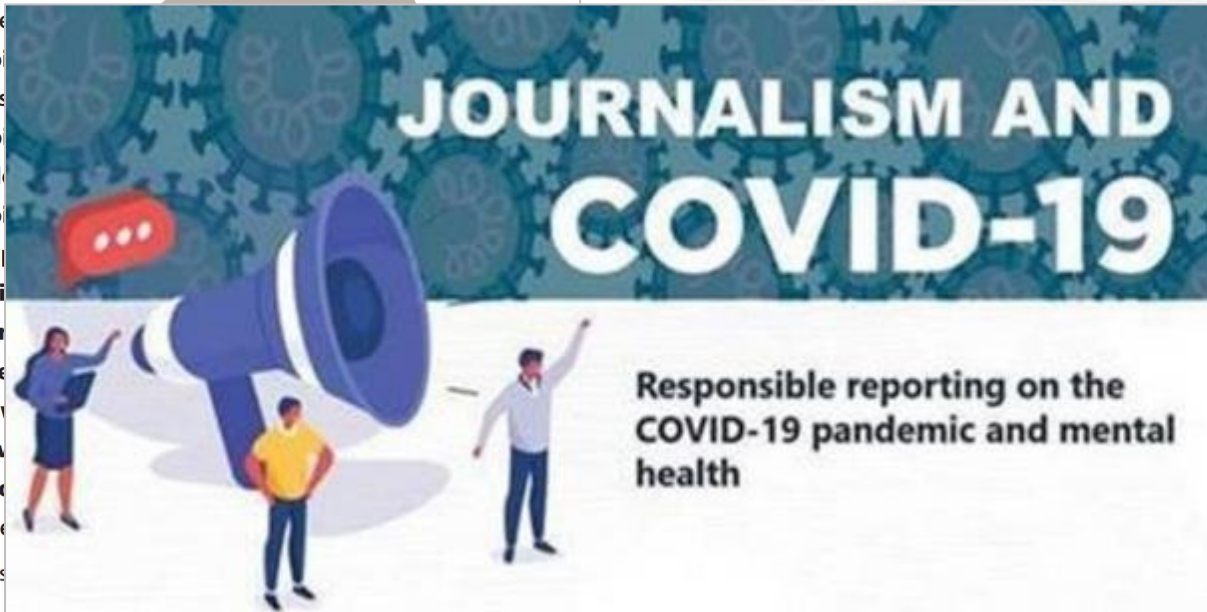
WHO mhGAP Intervention Guide and PAHO's Virtual Course on Preventing Self-Harm and Suicide

PAHO suicide prevention initiatives

Best practices for reporting on suicide

- Take the opportunity to educate the public about suicide
- Avoid language which sensationalizes, normalizes

suicide
• Av
stories
• Av
compl
• Av
a com
• Util
• Exer
• Take
• Sho
• Prov
• Rec
affect

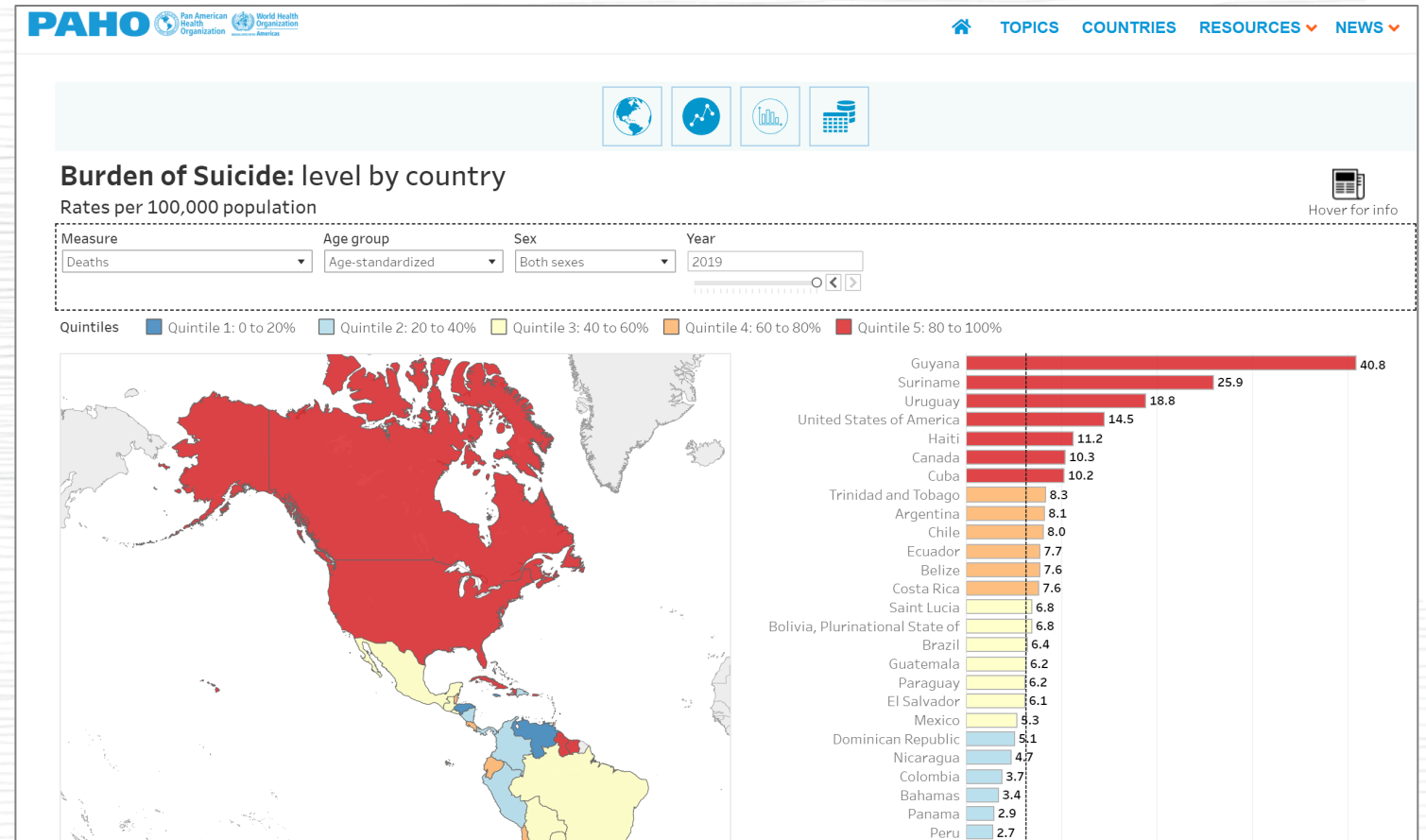


Training media professionals in responsible reporting on mental health and suicide



PAHO suicide prevention initiatives

Supporting countries in strengthening suicide prevention surveillance systems



PAHO's Noncommunicable Diseases and Mental Health Data Portal

Action Must Be Taken

- Suicide prevention must remain **a public health priority** in the Region of the Americas.
- **Effective suicide prevention interventions** exist.
- **Multi-sectoral collaboration** at various levels allows for the sharing of resources, knowledge, voices and experiences.

The Role of Countries

- Limiting access to the means of suicide through policy regulation and coordination with other government sectors.
- Reviewing the existing legal framework regarding the availability of services and resources.
- Strengthening the national systemic surveillance-information system and evaluation of available epidemiological data, including on risk factors.

Available Resources

For more information on suicide prevention, please visit:

World Suicide Prevention 2021:
<https://www.iasp.info/wspd2021/>

Suicide Mortality in the Americas 2010-2014:
<https://iris.paho.org/handle/10665.2/53348>

Helping Adolescents Thrive Toolkit:
<https://www.who.int/publications/i/item/9789240025554>

Live Life: An implementation guide for suicide prevention in countries
<https://www.who.int/publications/i/item/9789240026629> (English)
<https://iris.paho.org/handle/10665.2/54718> (Spanish)

Suicide worldwide in 2019
<https://www.who.int/publications/i/item/9789240026643>

Thank you!

<https://www.paho.org/en/campaigns/world-suicide-prevention-day-2021>

