

Media centre

First WHO report on suicide prevention

WHO calls for coordinated action to reduce suicides worldwide

News release

4 SEPTEMBER 2014 | GENEVA - More than 800 000 people die by suicide every year – around one person every 40 seconds, according to WHO's first global report on suicide prevention, published today. Some 75% of suicides occur in low- and middle-income countries.

Pesticide poisoning, hanging and firearms are among the most common methods of suicide globally. Evidence from Australia, Canada, Japan, New Zealand, the United States and a number of European countries reveals that **limiting access to these means can help prevent people dying by suicide.** Another key to reducing deaths by suicide is a commitment by national governments to the establishment and implementation of a coordinated plan of action. Currently, only 28 countries are known to have national suicide prevention strategies.

Suicide is a global phenomenon

Suicide occurs all over the world and can take place at almost any age. Globally, suicide rates are highest in people aged 70 years and over. In some countries, however, the highest rates are found among the young. Notably, suicide is the second leading cause of death in 15-29 year-olds globally.

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Generally, more men die by suicide than women. In richer countries, three times as many men die by suicide than women. Men aged 50 years and over are particularly vulnerable.

In low- and middle-income countries, young adults and elderly women have higher rates of suicide than their counterparts in high-income countries. Women over 70 years old are more than

twice as likely to die by suicide than women aged 15-29 years.

Suicides are preventable

Reducing access to means of suicide is one way to reduce deaths. Other effective measures include responsible reporting of suicide in the media, such as avoiding language that sensationalizes suicide and avoiding explicit description of methods used, and early identification and management of mental and substance use disorders in communities and by health workers in particular.

Follow-up care by health workers through regular contact, including by phone or home visits, for people who have attempted suicide, together with provision of community support, are essential, because people who have already attempted suicide are at the greatest risk of trying again.

“No matter where a country currently stands in suicide prevention”, said Dr Alexandra Fleischmann, Scientist in the Department of Mental Health and Substance Abuse at WHO, “effective measures can be taken, even just starting at local level and on a small-scale”.

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WHO recommends countries involve a range of government departments in developing a comprehensive coordinated response. High-level commitment is needed not just within the health sector, but also within education, employment, social welfare and judicial departments.

“This report, the first WHO publication of its kind, presents a comprehensive overview of suicide, suicide attempts and successful suicide prevention efforts worldwide. We know what works. Now is the time to act,” said Dr Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse at WHO.

The report’s launch comes just a week before World Suicide Prevention Day, observed on 10 September every year. The Day provides an opportunity for joint action to raise awareness about suicide and suicide prevention around the world.

Working towards a global target

In the WHO Mental Health Action Plan 2013-2020, WHO Member States have committed themselves to work towards the global target of reducing the suicide rate in countries by 10% by 2020. WHO’s Mental Health Gap Action Programme, launched in 2008, includes suicide prevention as a priority and provides evidence-

based technical guidance to expand service provision in countries.

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Suicide by WHO region**Suicide in the WHO African Region**

In the WHO African Region, the estimated suicide rate was close to the global average of 11.4 per 100 000 in 2012. Comparing estimates for 2000 with those for 2012, there was an increase of 38% in suicide rates in the African Region. Suicide rates are particularly high among the elderly, but there is also a peak among the young. Suicide by intentional pesticide ingestion is among the most common methods of suicide globally, and of particular concern in rural agricultural areas in the African Region.

Suicide in the WHO Region of the Americas

In the WHO Region of the Americas, estimated suicide rates are generally lower than in other WHO regions. However, Guyana is the country with the highest estimated suicide rate for 2012 globally, and Suriname has the sixth highest. Suicide rates in this Region show a first peak among the young, remain at the same level for other age groups and rise again in elderly men. In high-income countries, hanging accounts for 50% of suicides, and firearms are the second most common method, accounting for 18% of suicides. The relatively high proportion of suicides by firearms in high-income countries is primarily driven by high-income countries in the Americas where firearms account for 46% of all suicides; in other high-income countries firearms account for only 4.5% of all suicides.

Suicide in the WHO Eastern Mediterranean Region

In the WHO Eastern Mediterranean Region, estimated suicide rates are generally lower than in other WHO regions. However, there is evidence that among certain age groups in this region, suicide rates are relatively high, particularly among young women and men aged 15–29 years, and women and men aged 60 years and above.

Suicide in the WHO European Region

In the WHO European Region, the estimated suicide rate is somewhat above the global average of 11.4 per 100 000 in 2012,

and 6 European countries are in the top 20 countries with the highest estimated suicide rates globally. Lithuania has the fifth highest and Kazakhstan has the tenth highest globally. Suicide rates in this Region show a first peak among the young, another for middle-aged men and rise again in the elderly. Of great concern is that suicide is the main cause of death in many European countries for the 15-29 age group. However, European countries are prominent among those that have developed suicide prevention strategies.

Suicide in the WHO South-East Asia Region

In the WHO South-East Asia Region, the estimated suicide rate is the highest as compared to other WHO regions. Suicide rates show a peak among the young and among the elderly. Most suicides in the world occur in the South-East Asia Region (39% of those in low- and middle-income countries in South-East Asia alone) with India accounting for the highest estimated number of suicides overall in 2012. Suicide by intentional pesticide ingestion is among the most common methods of suicide globally, and is of particular concern in rural agricultural areas in the South-East Asia Region.

Suicide in the WHO Western Pacific Region

In the WHO Western Pacific Region, the estimated suicide rate in low- and middle-income countries is lower than the global average of 11.4 per 100 000 in 2012. However, the Republic of Korea is the country with the third highest estimated suicide rate for 2012 globally. Suicide rates in this Region increase steadily with age, with the highest rates among the elderly. A high proportion of suicides in the world occur in the Western Pacific Region (16% in low- and middle-income countries in the Western Pacific alone) with China accounting for the second highest estimated number of suicides overall in 2012. The number of total suicide deaths in the Western Pacific Region is approximately 180 000.

Suicidal behaviour among young people has been a concern in a number of countries, particularly in countries of the Pacific. Low- and middle-income countries in the Western Pacific Region are the only region of the world where the proportion of all deaths due to suicide is greater in females than in males and the rank of suicide as a cause of death is higher in females than in males. Suicide by intentional pesticide ingestion is among the most common methods of suicide globally, and of particular concern in rural agricultural areas in the Western Pacific Region.

Key publication

[World Suicide Report
“Preventing suicide: a global
imperative”](#)

Related publications

[Suicide factsheet](#)

[Mental Health Gap Action Programme Intervention Guide \(mhGAP-IG\)](#)

[Mental Health Action Plan 2013-2020](#)

[Public health action for the prevention of suicide: A framework](#)
pdf, 315Kb

[Preventing suicide: a resource series](#)

WHO's work

[More on suicide prevention](#)

[WHO's work on mental health](#)

Video

Suicide can be prevented



