

Self-directed violence

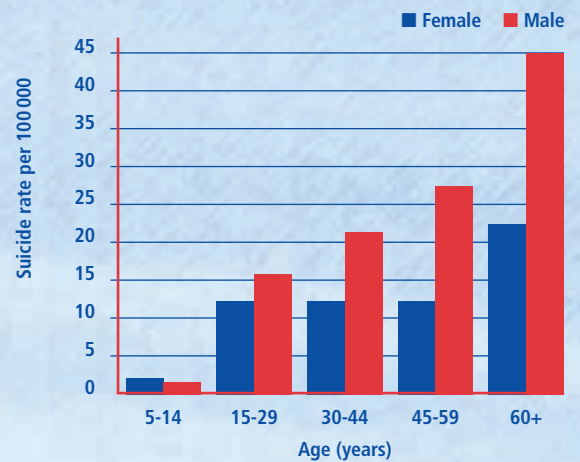
Suicide is one of the leading causes of death worldwide and is an important public health problem. Among those aged 15-44 years, self-inflicted injuries are the fourth leading cause of death and the sixth leading cause of ill-health and disability.

In much of the world, suicide is stigmatized and condemned for religious or cultural reasons. In some countries, suicidal behaviour is a criminal offence punishable by law. Suicide is therefore often a secretive act surrounded by taboo, and may be unrecognized, misclassified or deliberately hidden in official records of death.

THE EXTENT OF THE PROBLEM

- An estimated 815 000 people killed themselves in 2000 – a rate of 14.5 per 100 000 or roughly one death every 40 seconds.
- The highest rates of suicide in the world are found in Eastern European countries. The lowest rates are found mainly in Latin America and a few countries in Asia.
- Within countries, suicide rates are frequently higher among indigenous groups – notable examples include the Aboriginal and Torres Strait Islander populations in Australia and the Inuit in Canada's arctic north.
- In general, suicide rates increase with age. Rates among people aged 60 and older are about three times the rates among people 15-29 years of age. The absolute numbers are, however, higher among those below 45 years of age.
- Even though women are more prone to suicidal thoughts than men, rates of suicide are higher among men. On average, there are about three male suicides for every female one – though in parts of Asia, the ratio is much narrower.
- Suicidal thoughts and attempts are common among young people. The ratio of attempts to completed suicides among people under 25 years of age may reach as high as 100-200:1.
- In general, about 10% of people who attempt suicide eventually kill themselves.

Global rates of suicide by age and sex, 2000



WHAT ARE THE RISK FACTORS FOR SELF-DIRECTED VIOLENCE?

A variety of stressful events or circumstances can put people at increased risk of harming themselves including the loss of loved ones, interpersonal conflicts with family or friends and legal or work-related problems. To act as precipitating factors for suicide, though, they must happen to someone who is predisposed or otherwise especially vulnerable to self-harm.

Predisposing factors include:

- alcohol and drug abuse
- a history of physical or sexual abuse in childhood
- social isolation
- psychiatric problems such as mood disorders, schizophrenia and a general sense of hopelessness.

Other significant factors include:

- having access to the means to kill oneself (most typically guns, medicines and agricultural poisons)
- physical illnesses, especially those that are painful or disabling
- having made a previous suicide attempt.

Certain social and environmental factors also increase the likelihood of suicide. Rates of suicide, for instance, are higher during economic recessions and periods of high unemployment. They are also higher during periods of social disintegration, political instability and social collapse.



WHAT CAN BE DONE TO PREVENT SELF-DIRECTED VIOLENCE?

Treatment of mental disorders

The early identification and appropriate treatment of mental disorders is an important prevention strategy – especially given the relevant contribution of depression and other psychiatric problems to suicidal behaviour. Equally important is early identification and treatment for people with alcohol and substance abuse problems.

Behavioural approaches

People who are suicidal generally express difficulty in solving problems. Behavioural therapy approaches are designed to probe underlying factors and to help patients develop problem-solving skills. While conclusive answers are not yet known, there is some evidence to suggest that behavioural therapy approaches are effective in reducing suicidal thoughts and behaviour.

Community-based efforts

Local communities are important settings for suicide prevention activities. Some of the more common measures include:

- suicide prevention centres that offer telephone hotlines, counselling, and outreach
- community-based programmes in youth centres and centres for older people
- support groups for people who have attempted suicide as well as for family members and friends who have lost someone to suicide
- media and other educational campaigns to raise awareness of the problem and reduce the taboo attached to suicidal behaviour.

School-based interventions are important for reaching young people. While school staff cannot replace mental health professionals, they can be trained to identify the signs and symptoms of suicidal behaviour and refer those at risk to appropriate mental health services. Educational programmes for students can also be beneficial.

Social and environmental strategies

A major factor determining whether suicidal behaviour will be fatal or not is the method chosen. Shooting, jumping from a height and hanging are among the most lethal methods of suicide.

Reducing access to the means of self-harm is thus an important prevention strategy and one that has proved effective. Notable reductions in suicide have occurred, for instance, in countries that have removed carbon monoxide from domestic gas and car exhausts or restricted access to concentrated agricultural poisons among people. Restrictions on the ownership of firearms has been associated with a decrease of their use for suicide.