

# PREVENTING SUICIDE



## IMPLEMENTATION

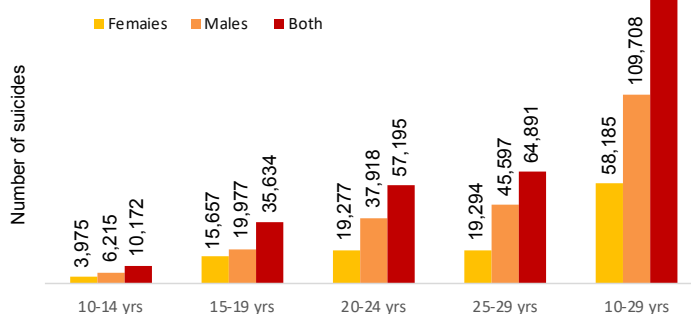
More than 700 000 people took their own lives in 2019. Reducing suicide is an indicator (the only one for mental health) in the United Nations Sustainable Development Goals (SDGs). The aim of LIVE LIFE is for all countries to advance political will, national strategic action, and delivery of key effective interventions for preventing suicide. LIVE LIFE serves as a starting point upon which countries can build further evidence-based suicide prevention interventions. To support sustained implementation of LIVE LIFE, the World Health Organization (WHO) seeks to raise funding. WHO works with Member States, UN agencies, local and international partners, and people with lived experience. Help us in alleviating suffering and achieving the prevention of unnecessary deaths worldwide.

## SUICIDE TAKES A HEAVY TOLL ON FAMILIES, FRIENDS AND COMMUNITIES WORLDWIDE

Suicide is among the top twenty leading causes of death worldwide, with more deaths due to suicide than to e.g. malaria, breast cancer, or war and homicide. Globally, in every 100 deaths, more than one (1.3%) was by suicide in 2019. Every suicide is a tragedy. For every suicide there are likely to be 20 suicide attempts. (Preventing suicide: a global imperative; World Health Organization, 2014).

Suicide knows no national boundaries: it is a serious public health problem in high-income countries, and especially in low- and middle-income countries where 77% of global suicides occurred in 2019. Adolescents and young adults are highly vulnerable. Suicide is the fourth leading cause of death in the 15-to-29-year age group. Suicides among young people account for nearly a quarter of all suicides globally. More than half of global suicides occur before the age of 50 years. More men die by suicide than women, but this difference is less pronounced in low- and middle-income countries.

### Number of suicide deaths among young people, by age group and sex, globally, 2019



Source: Suicide worldwide in 2019: global health estimates; World Health Organization, 2021 (<https://www.who.int/publications/i/item/9789240026643>).

Despite improved research and knowledge about effective prevention, resources for suicide prevention are scarce, limited or non-existent. Suicide prevention is too often a low priority for governments and policy-makers. The stigma, taboo and laws around suicide mean people do not seek help and policy makers are hesitant to address it.



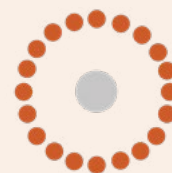
More than **700 000** people died by suicide in 2019



Suicide was the fourth leading cause of death among 15-29-year-olds in 2019; **58% of suicides happened before the age of 50 years in 2019**



**77%** of global suicides occurred in low- and middle-income countries in 2019



For every suicide there are likely to be **20** suicide attempts

Suicide is multi-factorial, driven by a range of socio-cultural, economic, psychological, biological, and environmental factors, such as financial loss, interpersonal conflict, loneliness, chronic illness, mental health and substance abuse problems, discrimination, difficulties accessing health care. Given the interplay of factors, multi-sectoral action is essential.

It is important to note that most people who engage in suicidal behaviour are ambivalent about wanting to die, and suicides can be an impulsive response to acute stressors.

SUICIDE PREVENTION IS A GLOBAL PRIORITY

The urgency to act to prevent suicides has been recognized and prioritized at the highest levels. The global targets for measuring the world’s progress in preventing suicides are to reduce suicide rates:



Between 2020 and 2030, if there is no acceleration of efforts in suicide prevention, global targets to reduce suicide mortality will not be met. The world is not on track to reach the UN SDG target to reduce the suicide mortality rate by one third by 2030.

Further action and strengthening of ongoing and renewed efforts in the implementation of key effective suicide prevention interventions are crucially needed to prevent unnecessary loss of lives.

WHAT LIVE LIFE AIMS TO DO

LIVE LIFE is WHO’s package of key effective and evidence-based multisectoral interventions for suicide prevention. Our vision is a world where death by suicide is no longer a leading cause of death and where people who are attempting or thinking about suicide feel comfortable seeking help which is provided capably and respectfully to all. The ultimate goal of LIVE LIFE, through its multisectoral implementation, is the reduction of mortality by suicide.

The LIVE LIFE approach emphasizes the scale-up of four key suicide prevention interventions:



**Limit access to means of suicide**  
(e.g. pesticides, firearms) is the key universal intervention.



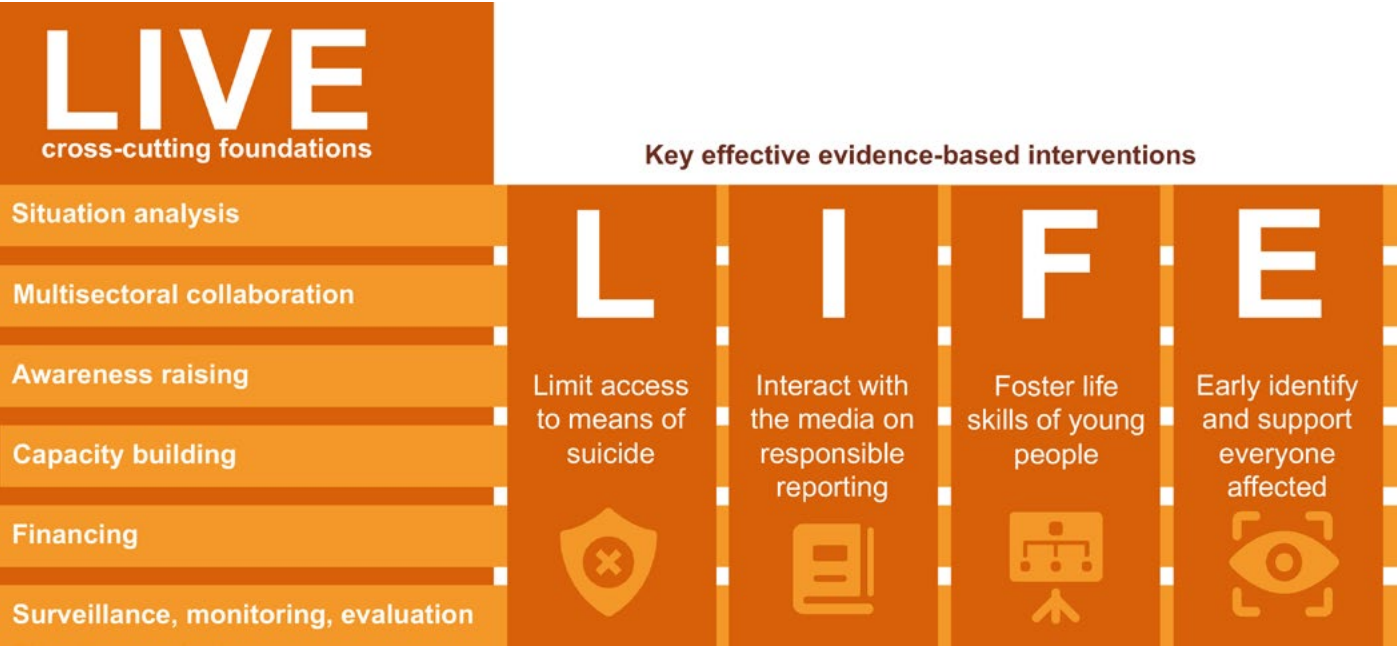
**Interact with the media on responsible reporting**  
Media professionals should communicate stories of successful coping and of seeking and receiving help but refrain from the glamorized presentation of suicide and thereby avoid imitation.



**Foster life skills of young people**  
Enhancing young people’s problem-solving and coping skills has been shown to be an effective intervention in school-based programmes.



**Early identification, management and follow-up**  
Health-care systems need to incorporate suicide prevention as a core component and train health workers to early identify, assess, manage and follow-up those who attempted suicide or are at risk. Universal health coverage needs to ensure that all people can access care.



THE TIME TO IMPLEMENT LIVE LIFE IS NOW

The successful implementation and scale-up of LIVE LIFE interventions relies on six cross-cutting foundational pillars:

- 1) Situation analysis:**  
To inform planning and implementation of suicide prevention activities, we must understand the profile of suicide and suicide prevention. Analysis can be done nationally or regionally in consultation with policy-makers, epidemiologists, persons with lived experience, and service providers.
- 2) Multisectoral collaboration:**  
Suicide prevention takes leadership and political will. All sectors of society must work together. Alongside health and mental health, there are critical roles, such as for agriculture, education, social welfare and judicial systems, businesses, communities, civil society, and the media. A strong health system and universal health coverage are fundamental to improved mental health and suicide prevention as well as mobilization and coordination of non-health sectors and the creation of strategic partnerships.
- 3) Awareness-raising and advocacy:**  
To ensure suicide prevention remains a priority, awareness-raising activities that draw people’s attention to suicide as a serious public health issue are needed. Advocacy aims to bring about changes such as decriminalization or a national suicide prevention strategy. Initiatives should have a clear focus and a call to action.

- 4) Capacity-building:**  
Enhanced training around suicide and suicide prevention of people both inside and outside the health sector will be critical in building capacity for suicide prevention. It may be directed to health workers, emergency service staff, teachers and youth workers, and others such as religious leaders and community workers.
- 5) Financing:**  
Requests for funds should include a focus on the development and implementation of policies, strategies and plans, as well as surveillance systems and provision of services. Concerned groups are encouraged to share stories that demonstrate the impact of well-funded suicide prevention interventions.
- 6) Surveillance, monitoring and evaluation:**  
Key data, including rates and trends in suicides and self-harm, can help guide prevention activities. Data sources such as civil registration and vital statistics, health and police records, verbal autopsies and nationally representative population-based surveys are crucial sources of information. Clearly defined outcomes and indicators are also needed to evaluate progress and justify funding following implementation of interventions.

Implementing LIVE LIFE pillars alongside interventions will likely have a synergistic effect in which different components interact to produce additional benefits.

# IMPLEMENTATION PLAN FOR LIVE LIFE

The LIVE LIFE approach emphasizes the scale-up of four key evidence-based interventions for suicide prevention:

- Limit access to means of suicide
- Interact with the media on responsible reporting
- Foster life skills of young people
- Early identify and support everyone affected

Wider implementation and scale-up of the four key evidence-based LIVE LIFE suicide prevention interventions are expected to contribute initially to the reduction of the suicide rate by 15% as per the WHO's 13th General Programme of Work (GPW 13).



By 2030, the global target is to achieve a reduction of the global suicide rate by one third.

However, the world is currently not on track. Much more needs to be done to reduce the number of people who die by suicide. LIVE LIFE serves as a catalyst for governments to take evidence-based actions to prevent suicide. It enables countries to protect the lives of people who find themselves in severe distress and are at risk of suicide.

While a funded national suicide prevention strategy that includes LIVE LIFE interventions and foundations remains the pinnacle of a government-led response to suicide, the absence of such a strategy should not prevent a country from starting LIVE LIFE implementation. By implementing LIVE LIFE, countries will be able to build a comprehensive national suicide prevention response.

Financing for suicide prevention is scarce, often because of factors such as poor economic conditions, lack of recognition that suicides are preventable, and lack of prioritization of suicide as a serious public health problem.

WHO seeks to mobilize resources to support countries in the implementation of LIVE LIFE across two phases: six countries initially (one country per WHO region), and twelve additional countries across WHO regions by 2030.

Source of data: Suicide worldwide in 2019: global health estimates;  
World Health Organization, 2021 (<https://www.who.int/publications/i/item/9789240026643>).

**More information:**  
[mhgap-info@who.int](mailto:mhgap-info@who.int)

[www.who.int/health-topics/suicide](http://www.who.int/health-topics/suicide)  
Department of Mental Health and Substance Use

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