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Summary report on the

Regional consultation on suicide and attempted suicide

Cairo, Egypt
14–16 May 2012



World Health
Organization

Regional Office for the Eastern Mediterranean

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1. Introduction

Suicide is a significant public health problem. Every year, almost one million people die by suicide around the world, and suicide accounts for 1.4% of the total disability-adjusted life years (DALYs) lost and it is projected to rise to 2.4% by 2020. In the WHO Eastern Mediterranean Region, suicide accounts for an estimated 36 000 deaths annually and 0.8% of the total DALYs lost. Worldwide, suicide is one of the three leading causes of death among those in the most economically productive age group (15–44 years), and the second leading cause of death in the age group of 15–19 years. Data from the global school health survey carried out in countries of the Region indicate high rates of suicidal ideation and behaviour. The elderly are also at high risk in many countries.

Only six countries of the Region have ever reported national suicide rates to WHO, and these reported rates are extremely low compared to global rates. This can be explained partly by the religious and sociocultural taboos surrounding the subject of suicide and partly by the weak civil registration and health information systems in Member States. The result is lack of accurate information as to the extent of the problem, the methods used for attempted and completed suicide and the groups particularly at risk for attempted and completed suicide.

In this context, the WHO Regional Office for the Eastern Mediterranean, in coordination with WHO headquarters and in line with the provisions of the mental health gap action programme (mhGAP) and regional strategy for mental health and substance abuse, took the initiative to develop a recording and reporting system on suicide and suicide attempts for use by Member States.

A regional consultation on suicide and attempted suicides was held in Cairo, Egypt on 14–16 May with participation of experts from different countries of the Region, international experts and WHO staff from the Regional Office and headquarters. The objectives of the consultation were to:

- review the global and regional situation with regard to suicide and attempted suicide;
- finalize standardized tools for data collection and reporting on suicide/attempted suicide in countries of the Region;
- discuss and recommend suicide prevention strategies including safer access to pesticides in selected countries.

2. Summary of discussions

Unrest, conflict and humanitarian crises which are prevailing in the Region have a negative impact on the health and well-being of populations. This also has a bearing on the rates of suicide and attempted suicide in the Region. Limited political commitment, translating into limited resources for mental health in most countries, hinders development and implementation of mental health services including prevention and care programmes for suicide. Many of the religious, social and cultural mores and traditions in the Region contribute to the stigma attached to mental disorders in general and suicide in particular, which is codified through criminalization of suicide in some countries. These factors have retarded the development of prevention strategies and resulted in underreporting of suicides and attempted suicides.

National civil registration systems are weak in most countries of the Region and may not include suicide among “cause of death” reports. Requirement of issuance of death certificates and their registration is

not mandatory for all deaths in some of countries of the Region, and in some cases even if it is mandatory it is not implemented.

Mental health interventions, including suicide prevention programmes, are not integrated into general health care systems. Health workers and caretakers are not well trained to deal with suicide, especially among vulnerable population groups in particular schoolchildren and youth. Furthermore, cases of suicide and attempted suicide are not included among the information routinely collected through the health management information systems. Specific measures such as performing psychological autopsy in case of completed suicide may be challenging as they require obtaining family consent.

3. Recommendations

To Member States

1. Review legislation to decriminalize suicide and suicidal attempts.
2. Legislate for mandatory registration and reporting of suicide cases in public and private hospitals.
3. Develop national suicide prevention strategies as part of the mental health strategies with a multisectoral mechanism for coordinated implementation across health and non-health sectors such as education, labour, the police, the judiciary, religion, law, politics and the media.
4. Adopt feasible measures to set up registration and reporting for suicide and attempted suicides preferably as part of the umbrella of wider information systems. Efforts should include:
 - strengthening civil registration systems (e.g. include suicide as a cause of death in death certificates, develop

- standardized death certificates and add manner of death to death certificates);
- integrating items on suicidal behaviours into existing survey questionnaires such as household surveys and the multiple indicator cluster survey, global school health survey, etc;
 - setting up a recording and reporting system for suicide attempts at sentinel sites including casualty and emergency departments of major public and private hospitals;
 - building a national picture based on data from sentinel sites and scale it up to be integrated in national health management information systems;
 - establishing mechanisms such as verbal autopsy where the requirement of death certificates cannot be implemented (e.g. rural areas);
 - developing the human resources required to implement the registration and recording of suicides and attempted suicides.
5. Initiate suicide prevention programmes side by side with setting up of suicide reporting systems, through raising awareness and addressing social stigma, initiating suicide prevention programmes as part of school health programmes and providing training for health care providers and gatekeepers in early recognition and management of priority mental disorders.

To WHO

6. Organize high-level meetings (e.g. a side meeting during Regional Committee) to highlight the issue of suicide/attempted suicide, secure political commitment and mobilize financial resources.
7. Develop advocacy tools such as pamphlets and booklets on suicide awareness and prevention.

8. Review and finalize the draft manual for case registration of suicide and attempted suicide, specifically in order to cover countries where issuance and registration of death certificates is not in place.
9. Develop a package of evidence-based interventions and tools to help countries set up suicide prevention interventions, including for vulnerable groups such as adolescents, women and IDPs.
10. Assist countries in the development of suicide prevention strategies and adaptation of the regional package, and in phased implementation and scaling up of the agreed-upon suicide registration system.



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