

National Suicide Prevention Strategies

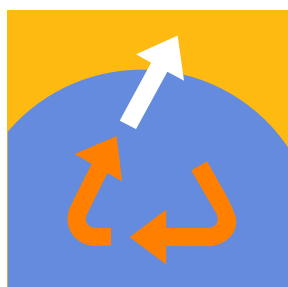
CHANGING THE NARRATIVE ON SUICIDE



Background

Suicidal behaviour is a complex problem impacted by numerous biological, psychological, social, cultural and other factors. To meet the immense challenge of suicide prevention, both the World Health Organization (WHO) and the International Association for Suicide Prevention (IASP) recommend that every country should have, or be working towards, a national strategy aimed at preventing suicide. National suicide prevention strategies are recommended to use a public health approach, involving governmental and non-governmental agencies working in collaboration, both locally and nationally. They aim to develop government policies and broad initiatives that use scientific evidence to lower a whole population's risk of suicide. More than 40 countries have adopted a national strategy, including nearly 10% of all low-income and lower-middle-income countries (LMICs). However, most national strategies are found in high-income countries (HICs), despite the fact that approximately three-quarters of all suicides worldwide occur in LMICs.

In 2021 IASP launched the Partnerships for Life global initiative to prevent suicide, which is dedicated to supporting the creation and study of national strategies worldwide. Partnerships for Life promotes a strategic, integrated and scientific approach to national suicide prevention through the collaboration of internationally recognised academics, clinicians, civil society leaders and key partners with lived and living experience of suicidal behaviour.



Facts

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Only roughly 40 countries worldwide, the majority upper-middle and high income countries, have adopted a national suicide prevention strategy.



Matsubayashi & Ueda (2011) examined the impact of national strategies from 21 nations between 1980 and 2004. They found that suicide rates were reduced after governments initiated national strategies. The impact appeared particularly strong for youth and older adults, but there was a more limited potential impact on suicide in working-age populations.

National Strategies

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How does Partnerships for Life work?

Partnerships for Life networks are active in each of the six World Health Organization global regions (Africa, The Americas, Eastern Mediterranean, Europe, South-East Asia, Western Pacific), working on an initial five-year programme (2020–2025) that takes into account the stage of suicide prevention strategy development in each country. More information about regional coordinators and reports of activities of each regional network can be found at <https://www.iasp.info/partnershipsforlife>.

Take action

- ▶ Direct enquiries and offers of help and involvement to [Seimon Williams](#) at IASP, in the first instance.
- ▶ Find out if your country or region has a national or regional suicide prevention strategy by visiting <https://www.iasp.info/partnershipsforlife/global-information/>
- ▶ If your country has a national/regional suicide prevention strategy, consider getting involved and help make sure it achieves its goals.
- ▶ If no national/regional strategy has been established in your country, reach out to your local and national politicians and urge them to create such a strategy.
- ▶ Seek out opportunities to volunteer for a crisis helpline (if available in your country)

Resources

[IASP Policy Position on National Suicide Prevention Strategies.](#)
[IASP Partnerships for Life.](#)
[Pirkis J, Gunnell D, Hawton K, et al. A public health, whole-of-government approach to national suicide prevention strategies. Crisis 2023; 44\(2\): 85–92.](#)

Facts



In a recently published implementation guide, the World Health Organization (2021: 57ff) highlights four “key evidence-based interventions” that prevent suicide at a population level and should be incorporated into national strategies:

1. limitation of access to the means of suicide;
2. Interaction with the media for responsible reporting of suicide;
3. Fostering socio-emotional life skills in adolescents;
4. Early identification, assessment, management, and follow-up of those who are affected by suicidal behaviors.