



Review Article

Global Perspectives on Suicide: Epidemiology, Risk Factors, and Prevention Approaches

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Abstract

Suicide is a preventable cause of early death and a significant global public health issue. Every year, about 720,000 people commit suicide, with low- and middle-income nations accounting for over 73% of these deaths. All ages, genders, ethnicities, and socioeconomic categories are affected by suicide, yet the prevalence and traits of suicidal behavior differ significantly between nations and societies. According to the Global Burden of Disease Study 2021, there were over 746,000 suicide deaths globally in 2021, with males experiencing significantly higher age-standardized mortality than females. Rather than having a single cause, suicide is impacted by a complex interplay of biological, psychological, social, cultural, economic, and environmental factors. Vulnerability may be increased by mental problems, past suicide attempts, substance abuse, chronic illness, interpersonal challenges, social isolation, and financial hardship, exposure to violence, discrimination, and access to deadly weapons.

Keywords: Public health, mental health, global health, WHO, nursing, epidemiology, risk factors, suicide prevention, and suicidal behavior

INTRODUCTION

One of the most important and complicated issues in international public health is suicide. It has significant psychological, social, and economic repercussions and impacts people, families, communities, health systems, and nations. Suicide affects people of all ages and is not caused by a single psychological or social issue, but rather by a number of interrelated factors. As a result, preventing suicide necessitates an integrated public health approach that incorporates social, educational, legal, economic, and community initiatives in addition to clinical mental health treatments.¹

According to recent estimates, about 720,000 people worldwide commit suicide annually. According to the Global Burden of Disease Study 2021, there were an anticipated 746,000 suicide fatalities in 2021, with roughly 519,000 deaths among men and 227,000 among women. Suicide remains a significant and unfair worldwide burden even though the age-standardized suicide mortality rate decreased from 14.9 per 100,000 people in 1990 to 9.0 per 100,000 in 2021. These numbers also show that significant geographical, sex-based, age-based, and socioeconomic disparities persist despite advancements in overall mortality.²

Adolescents and young adults are more vulnerable to suicide. Suicide was the third most common cause of death among those between the ages of 15 and 29 in 2021, according to the World Health Organization (WHO). Suicidal behavior in young people might be

linked to emotional challenges, interpersonal conflict, pressures from school or the workplace, bullying, abuse, discrimination, substance addiction, familial issues, or social isolation. Therefore, prevention during adolescence is a crucial part of reducing suicide at the population level. The social and cultural milieu in which people live should also be taken into consideration while understanding suicide. Psychological anguish and suicidal behavior may be exacerbated by economic insecurity, unemployment, poverty, marital breakup, violence, migration, conflict, prejudice, chronic pain, and obstacles to healthcare. These factors may function differently in different nations, highlighting the significance of regionally relevant and culturally sensitive preventive measures.³

GLOBAL EPIDEMIOLOGY OF SUICIDE

Worldwide burden: - Globally, suicide continues to be a leading preventable cause of death. While many more people attempt suicide or participate in other suicidal behaviors, the WHO estimates that over 720,000 people die from suicide every year. WHO estimates that there may be more than 20 attempts for every suicide fatality, while the ratio varies significantly depending on age, sex, country, and technique?

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According to the GBD 2021 research, there were 746,000 suicide deaths worldwide in 2021. The age-standardized mortality rate decreased by almost 39.5% from 14.9 per 100,000 in 1990 to about 9.0 per 100,000 in 2021. Suicide mortality is still high in a number of areas and people despite this improvement, highlighting the necessity of ongoing preventative initiatives.⁴

Geographic variation: - Geographically, suicide mortality varies significantly. According to the GBD 2021 analysis, Eastern Europe, Southern sub-Saharan Africa, and Central sub-Saharan Africa have exceptionally high age-standardized mortality rates. Variations in socioeconomic circumstances, alcohol and drug usage, healthcare access, the availability of deadly weapons, cultural customs, conflict, social inequality, reporting systems, and national preventative efforts may all contribute to these disparities.

Low- and middle-income nations account for about 73% of all suicide deaths worldwide. This distribution emphasizes how crucial it is to improve mental health and suicide prevention programs in environments with limited resources. Inadequate monitoring, stigma associated with mental illness, restricted access to mental health specialists, and a lack of emergency and follow-up services can all pose serious obstacles to prevention in many of these nations.⁵

Sex differences: - There is typically a significant sex difference in suicide mortality, with men dying at a higher rate than women worldwide. According to estimates, the global age-standardized suicide death rate in 2021 was 5.4 per 100,000 for females and 12.8 per 100,000 for males. However, there may be discrepancies in patterns of completed suicide and patterns of suicidal thoughts, attempts, and non-fatal self-harm, which are influenced by methodological and cultural factors.

Male mortality has been linked to variations in help-seeking behaviors, masculinity-related social norms, access to deadly weapons, substance abuse, and method choice. Therefore, prevention tactics should identify sex-specific trends while avoiding presumptions that ignore unique situations.⁶

Suicide among young people: - Young people are a crucial demographic for preventing suicide. In 2021, suicide ranked as the third most common cause of death worldwide for people between the ages of 15 and 29. Significant developmental, social, educational, and professional changes occur between adolescence and the early stages of adulthood. Vulnerability may be increased by exposure to bullying, family strife, violence, abuse, relationship problems, academic stress, discrimination, social exclusion, and substance addiction.⁷

CONCEPTUAL UNDERSTANDING OF SUICIDE

Suicidal thoughts, suicidal ideation, suicide plans, suicide attempts, and suicide death are all examples of the spectrum of suicidal behavior. Many people who have suicidal thoughts do not go on to attempt suicide or die, and the development is not always linear. It's critical to comprehend this continuum since there are opportunities for prevention at various stages.

A risk factor does not guaranty that a person will commit suicide. In a similar vein, danger is not eliminated by the lack of a detectable risk factor. Suicide risk can fluctuate quickly, especially in times of extreme hardship. As a result, evaluation should take into account both acute shifts in suicidal thoughts or actions as well as longer-term vulnerabilities.⁸

MAJOR RISK FACTORS FOR SUICIDE

Mental health conditions: - Mental illnesses, including depression, bipolar disorder, psychotic disorders, and substance use disorders, are significant risk factors for suicide. Suicidal behavior can also occur in individuals without a recognized psychiatric diagnosis, therefore suicide should not be viewed exclusively as a result of mental illness. Hopelessness, social disengagement, poor problem-solving skills, emotions of worthlessness, and disinterest are all linked to depressive symptoms and can make people more vulnerable. Thus, early detection and proper treatment of mental health issues are essential elements of suicide prevention.⁹

Previous suicide attempt: - One of the most significant known risk factors for future suicide is a prior attempt at suicide. Appropriate evaluation, safety planning, therapy, and follow-up are necessary for people who have displayed suicidal behavior. Because transitions between providers may indicate times of greater vulnerability, continuity of care is especially crucial following discharge from emergency rooms or hospitals.¹⁰

Substance use: - By causing impulsivity, poor judgment, emotional dysregulation, interpersonal conflict, and increasing mental health symptoms, alcohol and other psychoactive substances may raise the risk of suicide. In certain populations, alcohol-use disorders are very important. Therefore, initiatives aimed at preventing suicide should incorporate screening and treatment for substance abuse.¹¹

Social isolation and interpersonal difficulties: - While social isolation and loneliness can exacerbate psychiatric discomfort, social connectivity is a crucial protective element. Therefore, community-based strategies that promote supportive relationships and increase social connectivity can aid in prevention, especially for older persons, teenagers, migrants, and other socially vulnerable groups.¹²

Economic stress and unemployment: - Suicidal behavior may be exacerbated by financial hardships, unemployment, poverty, debt, unstable work, and social inequality. Relationship problems, substance abuse, depression, and limited access to healthcare can all interact with economic stress to create numerous vulnerabilities at once.

Chronic physical illness and pain: - Persistent suffering, incapacity, diminished independence, sleep disturbance, sadness, and perceived burden are some of the ways that severe physical sickness and chronic pain might make people more susceptible to suicide. For people with chronic illnesses, integrated treatment that treats both physical and psychological symptoms is crucial.²

Trauma, abuse, violence, and discrimination: - Suicidal behavior may be more likely in people who have experienced childhood maltreatment, interpersonal violence, conflict, displacement, and other traumatic events. Marginalized populations may become more vulnerable as a result of discrimination and social isolation. Thus, prevention necessitates social participation, safety from violence, and easy access to mental health services.⁴

Access to lethal means: - The availability of extremely deadly weapons may have an impact on whether a suicidal crisis ends in death. Thus, a key population-level preventive measure is means restriction. Research suggests that limiting access to some deadly weapons can lower the death rate from suicide, and that people may not necessarily switch to a different approach when

access to a particular weapon is restricted.⁵

PROTECTIVE FACTORS

Risk factors should not be the only focus of suicide prevention. Protective factors can lessen susceptibility and assist people in managing stress and suicidal thoughts. These include important social roles, effective coping mechanisms, problem-solving skills, access to mental health resources, hope, emotional control, educational and professional involvement, and a sense of community.

Rather than being constant, protective factors are dynamic. During a crisis, a person who once had a lot of social support may find them alone. Therefore, the goal of prevention methods should be to increase protective variables over the course of a person's life.⁶

GLOBAL SUICIDE PREVENTION APPROACHES

WHO LIVE LIFE framework: - A useful framework for preventing suicide at the national and local levels is offered by the WHO LIVE LIFE strategy. Four important evidence-based interventions are identified. Restrict access to suicide tools; engage the media in responsible reporting; help young people develop socioemotional life skills; and identify, evaluate, manage, and follow up on individuals who exhibit suicidal behaviour early on.

Situation analysis, multispectral collaboration, awareness-raising, capacity building, finance, surveillance, monitoring, and evaluation are some of the fundamental pillars that underpin these interventions. This approach acknowledges that healthcare services by themselves cannot prevent suicide.⁷

Restriction of access to lethal means: - One of the most crucial population-level strategies for preventing suicide is means restriction. Safe pharmaceutical storage, hazardous material control, environmental safety precautions, and other situation-specific procedures intended to limit immediate access to extremely deadly weapons are examples of strategies.

Suicidal episodes may be brief or vary in intensity, according on the reasoning. It may be possible for a person going through an acute crisis to get aid or for the crisis to pass if time and distance are created between them and a highly fatal means.⁸

Responsible media reporting: - While there is still less data on the direct impact of media guidelines on suicide mortality, recent research indicates that they can enhance a number of features of reporting on suicide. Therefore, responsible media coverage should continue to be a crucial part of all-encompassing prevention.⁹

Promotion of socio-emotional skills: - Emotional control, coping, communication, problem-solving, interpersonal skills, and appropriate help-seeking behaviors can all be developed by young people through life-skills programs. Because they can reach large groups before serious mental health crises arise, these treatments are especially pertinent in school and community contexts.²

Early identification and clinical management: - When it comes to detecting individuals who are having suicide thoughts or behavior, healthcare providers play a crucial role. A caring, nonjudgmental, culturally aware assessment should prioritize both immediate safety and underlying needs.

Individuals who have been identified as being at risk may need follow-up, safety planning, psychological support, crisis

intervention, treatment for mental health or drug use disorders, and family involvement as necessary. After an extreme mental crisis or suicide attempt, continuity of care is especially crucial.⁹

Community-based prevention: - Non-governmental organizations, nurses, teachers, social workers, primary healthcare providers, religious and community leaders, and community health workers can all help recognize distress and link vulnerable people to the right services.¹¹

ROLE OF NURSES IN SUICIDE PREVENTION

By fostering an atmosphere where people feel comfortable talking about emotional discomfort and suicide thoughts, nurses can contribute to the reduction of stigma. Suicide is not caused by asking directly and tactfully about suicidal thoughts; rather, prompt intervention and detection can be facilitated by good communication.⁹

Additionally, nurses have a significant role in education. They can offer information about mental health, coping mechanisms, programs that are available, hazards associated with substance use, crisis assistance, and the significance of getting treatment as soon as possible. Nurses can take part in community awareness campaigns, school health initiatives, research, surveillance, and policy implementation at the population level.¹²

SUICIDE PREVENTION IN LOW- AND MIDDLE-INCOME COUNTRIES

Therefore, scalable, reasonably priced, and culturally relevant interventions should be the focus of prevention efforts in places with limited resources. WHO suggests multispectral approaches that include means limitation, ethical media coverage, the development of young life skills, early detection, and suitable follow-up.⁶

In situations when there is a shortage of specialized mental health specialists, task-sharing may also be helpful. Access to early support can be enhanced by teaching primary healthcare professionals and community-based staff to identify mental health issues and suicidal behavior. Clear referral channels and oversight should go hand in hand with these strategies.⁷

CULTURAL AND SOCIAL CONSIDERATIONS

People who are contemplating suicide may be afraid of being judged, discriminated against, rejected, or facing societal repercussions, which makes stigma a significant obstacle to prevention. Public education, compassionate healthcare, ethical media communication, and the normalcy of getting help for emotional distress are all necessary to reduce stigma.⁷

SUICIDE SURVEILLANCE AND DATA QUALITY

Standardized definitions and consistent reporting practices are also important for international comparisons. Researchers should clearly distinguish suicide deaths from suicide attempts, suicidal ideation, and non-suicidal self-injury.⁹

CHALLENGES IN GLOBAL SUICIDE PREVENTION

Suicide is becoming more widely acknowledged as a public health concern, but there are still significant obstacles. Inadequate mental health services may cause therapy to be delayed, while stigma and taboo might discourage people from getting care. In countries where deaths may be misclassified, limited surveillance methods make it challenging to determine the actual scope of the issue.⁶

The availability of lethal means, irresponsible media reporting,

inadequate follow-up after suicide attempts, insufficient crisis services, and limited community awareness can further weaken prevention efforts. Addressing these challenges requires political commitment, sustainable financing, workforce development, and long-term monitoring.⁸

FUTURE DIRECTIONS

A comprehensive, life-course, multispectral strategy should be used more and more in future suicide prevention. Population-level tactics and focused interventions for people and groups with increased susceptibility should be combined in prevention efforts.¹²

Digital health technology may provide potential to increase access to information, psychological support, screening, referral, and follow-up, particularly where conventional services are difficult to obtain. However, where risk is high, digital treatments should be evidence-based, culturally appropriate, protective of privacy, and integrated with professional care.¹⁰

IMPLICATIONS FOR PUBLIC HEALTH

Schools and universities should also incorporate mental health promotion, socio-emotional learning, anti-bullying measures, and accessible referral pathways. Workplaces can contribute through supportive mental health policies, reduction of psychosocial hazards, and employee assistance programs.⁹

CONCLUSION

Suicide is still a serious yet avoidable global public health issue. Significant geographic, socioeconomic, age, and sex-related disparities still exist despite a recent drop in suicide mortality worldwide. Individual vulnerabilities and more general social, psychological, biological, economic, cultural, and environmental elements interact intricately to cause suicide.¹³

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