How do we prevent suicide? Listen up

June 1 2016, by Jacob Gerner Lawaetz And Chloé Pedersen-Arseneau

Jacob Gerner Lawaetz and Chloé Pedersen-Arseneau from NCDFREE's Copenhagen team share highlights from the recent NCDFREE Copenhagen Long Lunch on Suicide Prevention. NCDFREE's Long Lunch series bring emerging and established leaders from a variety of disciplines together to address a particular health issues relevant to non-communicable disease action and advocacy.

Every 40 seconds someone dies by suicide. According to the World Health Organisation (WHO) this is the second leading cause of death among 15-29 year olds globally. Suicide takes an enormous toll on individuals, families, communities and our health system. It is a serious global health problem – but in spite of these horrifying numbers, suicide is still a taboo with many myths and misunderstandings surrounding it.

To breakdown this invisible barrier and start a very important discussion, we gathered 30 young and established professionals on a sunny Sunday afternoon in Denmark. Participants and speakers were selected from a great variety of fields, backgrounds and nationalities, with an aim to foster new and creative thoughts on suicidal ideation and suicide prevention.

The event was held in Copenhagen, the capital of the current "happiest country in the world", yet a country that consistently experiences high suicide rates. Meik Wiking, CEO of the Happiness Research Institute and one of the Long Lunch presenters, studies happiness. He believes that part of the happiness-suicide paradox can be explained by the difficulty of being unhappy in an otherwise happy society. At a

population-level, most suicides in Denmark occur in the month of April. Curiously, this is also the time when the city starts vibrating with weather-induced positive energy. Winter has departed and brighter and longer days are becoming more frequent. At least for some of us.

According to another of our esteemed presenters, Professor of Psychiatry Merete Nordentoft, suicidal acts can be considered severe and preventable complications from a range of diseases and conditions in which social aspects play an important role. The majority of suicides are preceded by warning signs and associated with risk factors, such as the accessible means for suicide that might be used in a moment of despair. Data from the UK supports this, showing a significant reduction in the frequency and severity of suicide attempts with paracetamol, a drug often used for suicide in the western world, when availability is limited by smaller package size. As health professionals, friends or relatives – we need to be mindful of these indications of suicide risk.

As with all other complications related to Non-Communicable Diseases (NCDs), suicide is a global phenomenon. Despite historical misconceptions, it is not restricted to western countries. Pesticides are commonly used for suicide in developing countries, but the cause of these deaths may never be reported as "suicide" despite this being one of the three most used methods globally. (Hanging and jumping from a height are also common methods). Restricting access to toxic pesticides might be an effective way to lower the suicide rate in low and middle-income countries. This has already been discussed in a recent documentary completed by NCDFREE and the Copenhagen School of Global Health, but global progress to realising this is slow.

A new and creative tool for suicide prevention that is gaining popularity, is the use of mobile technology. Around 75% of suicides occur in low and middle-income countries, where people have limited access to mental health care – but many have access to smartphones. According to

presenter Thomas Lethenborg, CEO of the mHealth App Monsenso, the use of mobile phones for data collection and patient monitoring has a high level of compliance, because most people carry their smartphone around with them at all times.

This powerful tool for suicide prevention has literally been in our hands and back-pockets for years, but we are only now starting to utilise its potential. Not all people who takes their own lives have a mental disorder, but mental illness is a significant risk factor for suicide. Similarly, mental health care is an important part of suicide prevention. Using mobile phones gives the opportunity to reach people who would not otherwise have access to help.

Thanks to the captivating and inspiring talks briefly mentioned above, the Long Lunch fostered great discussions on the topic of suicide prevention, but what resonated most of all is that despite many recent achievements in the field of suicide prevention, there is still a long way to go.

It is clear that people from diverse fields are interested and motivated to combine their skills and share their stories to elaborate on new and innovative ways to tackle the issue. It is also clear that we have many innovative avenues through which we can create effective prevention strategies. What's important is never to lose sight of the person these strategies are designed to help. As Ellis Pedersen, an ambassador from the One-Of-Us campaign and presenter at the Lunch emphasised her personal story of depression, sometimes the most fundamental skill in suicide prevention could be just to listen.

Listen to what is happening, listen to the solutions that are rapidly evolving and (for the wider health system), listen to the many individuals from all fields who understand that suicide is a health issue we must address.

So let's keep listening and talking.

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