Suicide knows no national boundaries: it is a serious public health problem in high-income countries, as well as in low- and middle-income countries, where nearly 80% of suicides occur.

Despite improved research and knowledge about prevention, many health systems are unable, or fail, to provide care when it is sought. In many communities, resources for suicide prevention are scarce, limited, or nonexistent.

Suicide takes a heavy toll on individuals, families and communities in the Region.

- Every suicide is a tragedy. Over 93,000 people in the Region of the Americas died by suicide annually between 2015–2019, representing an age-standardized rate of 9.0 per 100,000 population.
- Up to 20 times as many may attempt suicide.
- For every female suicide in the Region of the Americas in 2019, there are about 3.5 male suicide decedents.
- Middle-aged adults (40–69 years of age) made up the greatest proportion (38.0%) of suicides in the Region in 2019, followed by older-aged adults (70+ years of age; 32.8%).
- Suicide accounted for 432.3 years of life lost per 100,000 population in 2019.
- Regional suicide rates rose 17% between 2000 and 2019.

There is hope. Suicides are preventable with timely, evidence-based, and often low-cost interventions.

- The Pan American Health Organization (PAHO) is working with Member States to prioritize suicide prevention on regional-, national-, and community-level public health and policy agendas. PAHO is also supporting the development of comprehensive and multisectoral national suicide prevention strategies, and the implementation of tools and guidelines from the World Health Organization (WHO) for suicide prevention.
- Early identification and intervention are key, and healthcare systems and services need to be strong and able to incorporate suicide prevention as a core component.
- Communities play a vital role addressing stigma and isolation, improving knowledge and awareness, and providing social support for at-risk individuals.
- A toolkit to engage communities in suicide prevention has been made available by WHO.

**Burden of suicide: level by country rates per 100,000 population, Region of the Americas**
Burden of suicide: trends over time rates per 100,000 population, Region of the Americas

WHAT PAHO IS DOING

- Supporting countries with higher suicide rates to perform a situation analysis that identifies the extent of the problem in the Region.
- Regional reports:
  Suicide Mortality in the Americas. Regional Report 2010–2014 and Suicide Mortality in the Americas. Regional Report 2015–2019. These reports provide updated data on suicide in the Region of the Americas and are issued every five years. A new report will be published on suicide trends in the Americas over the last 20 years with regional, subregional, and country analysis.
- A study has been conducted on the social determinants of suicide in the Americas.
- An analysis on the impact of COVID-19 on suicide in the Americas is being conducted.

Resources:
- PAHO/NMH/MH/22-0023

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Key Effective Interventions for Suicide Prevention

The interventions that can prevent suicide are:
- Limit access to the means of suicide;
- Interact with the media for responsible reporting of suicide;
- Foster socioemotional life skills in adolescents
- Early identification, assessment, management and follow-up for anyone who is affected by suicidal behaviors.

LIVE LIFE is the WHO approach to suicide prevention. It details the practical aspects of implementing four evidence-based interventions for preventing suicide, plus six crosscutting pillars that are fundamental for implementation.

The core pillars of LIVE LIFE are:
- Situation analysis;
- Multisectoral collaboration;
- Awareness-raising and advocacy;
- Capacity-building;
- Financing;
- Surveillance, monitoring, and evaluation.

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