

Current Health Event

Suicide

Every year more than 800 000 people worldwide take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind. Suicide occurs throughout the lifespan and was the second leading cause of death among 15–29-year-olds globally in 2012.

Editorial note:

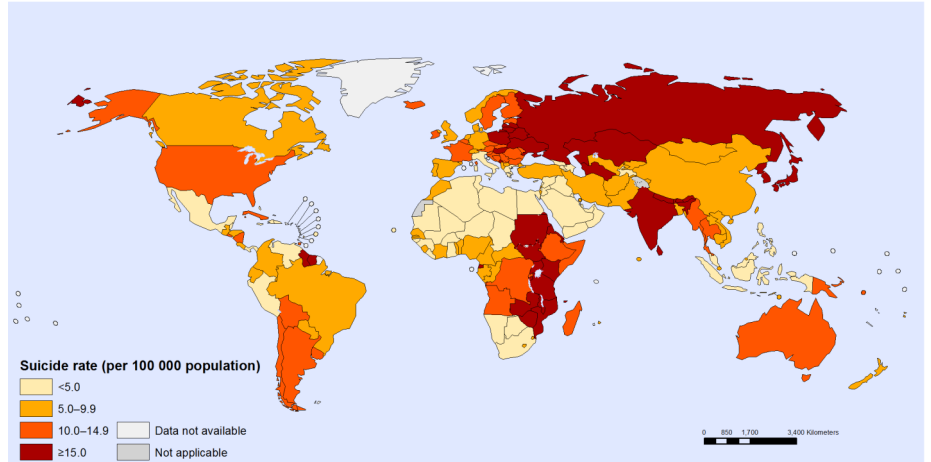
Suicide does not just occur in high-income countries, but is a global phenomenon in all regions of the world. In fact, 75% of global suicides occurred in low- and middle-income countries in 2012.

The median suicide rate for the countries of the Eastern Mediterranean Region is 4.90 per 100.000 people, compared with 6.55 for all countries of the world.

In Lebanon, major depression remains the single most common disorder, with a relatively low prevalence of suicide ideation (2.57/100) and attempts (0.92/100) (Karam et al. 2008), knowing that suicide remains under-reported mainly due to stigma. The Global school-based student health survey in Lebanon during 2005 and 2011 reported an increase in mental health diseases among children aged 13-15, including depression and suicide ideations.

Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based

Figure: Age-standardized suicide rates (per 100 000 population), both sexes, 2012. WHO



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Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

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and often low-cost interventions.

For national responses to be effective, a comprehensive multisectoral suicide prevention strategy is needed. Suicide is a complex issue and therefore suicide prevention efforts require coordination among multiple sectors of society.

There are a number of measures that can be taken at population, sub-population and individual levels to prevent suicide and suicide attempts.

Some of these include:

- reducing access to the means of suicide;
- follow-up care and provision of community support; and
- Ensuring timely access to treatment of mental health conditions.

WHO recognizes suicide as a public health priority. Suicide was identified as one of the priority conditions of the WHO mental health Gap Action Programme (mhGAP). In Lebanon, the MoPH, in collaboration with WHO, has been conducting training workshop on the mhGAP since 2013 for the Primary Healthcare Centers part of the MoPH network for the early recognition and management of mental disorders.

Cumulative Notifiable Diseases in Lebanon*				
Disease	2015	2016**	Aug.	Sep.
Vaccine Preventable Diseases				
Polio	0 (0)	0 (0)	0 (0)	0 (0)
AFP	75(9)	60 (6)	0 (0)	0 (0)
Measles	37(11)	39 (15)	6 (3)	2 (0)
Mumps	1400 (337)	442 (69)	11 (4)	1 (0)
Pertussis	37(6)	31 (8)	0 (0)	0 (0)
Rabies	0(0)	0 (0)	0 (0)	0 (0)
Rubella	9(1)	8 (2)	0 (0)	0 (0)
Tetanus	3(0)	0 (0)	0 (0)	0 (0)
Viral Hep. B	140(22)	182 (23)	0 (0)	0 (0)
Water/Food Borne Diseases				
Brucellosis	333(57)	254 (104)	17 (7)	0 (0)
Cholera	0(0)	0 (0)	0 (0)	0 (0)
Hydatic cyst	14(1)	0 (0)	0 (0)	0 (0)
Typhoid fever	473(50)	317 (3)	49 (2)	15 (0)
Viral Hep. A	877(159)	217 (28)	29 (2)	7 (1)
Other Diseases				
Leishmaniasis	32(23)	12 (11)	0 (0)	0 (0)
Meningitis	309(53)	352 (37)	34 (3)	17 (1)
Viral Hep C	65(3)	42 (4)	0 (0)	0 (0)

*Numbers in brackets refer to Syrian **as of 23 Sep. 2016