



<b>SPEAKER PARALLEL SESSION</b>	
Event Code: LEE22-00523 World Mental Health Congress London Mental Health a Global Priority, London, UK 28/06/2022-01/07/2022	
<b>Your details</b> (as you want them listed in the programme)	<i>Prof Roy Abraham Kallivayalil</i> <i>Professor and Head, Department of Psychiatry</i> <i>Pushpagiri Institute of Medical Sciences</i> <i>Thiruvalla, Kerala, India</i> <i>Vice President (Asia Pacific), World Federation for Mental Health</i>
<b>Date and time of your invited speaker parallel symposium session</b>	TBC
<b>Duration</b>	15 mins (including discussion)
<b>Proposed title</b> (please complete)	<b><i>A Public Health Approach to Suicide Prevention</i></b>
<b>Learning Objectives</b> (please complete)	<ol style="list-style-type: none"><li>1. Understanding the magnitude of suicides in the world today</li><li>2. Discussing effective preventive strategies.</li><li>3. Focus on public health approach in suicide prevention</li></ol>
<b>Abstract</b> (max 500 words)	<p>Every year, almost one million people die by suicide around the world. Suicide remains a significant social and public health problem. According to WHO, close to 800 000 people die by suicide every year globally; nearly one third of all suicides occur among young people. Suicide is the second leading cause of death among 15–29-year-olds and the second leading cause of death for females aged 15–19 years. It is estimated that for each person who dies by suicide, more than 20 others attempt suicide. In fact, suicide attempts are an important risk factor for subsequent suicide (WHO, 2014). Because suicide remains a sensitive issue, it is very likely that it is under-reported due to stigma, criminalization and weak surveillance systems. Social, psychological, cultural and many other factors can interact to increase the risk of suicidal behaviour, but the stigma attached to suicide means that many people who are in need of help feel unable to seek it.</p> <p>Unfortunately, suicide prevention is too often a low priority for governments and policy-makers. Suicide prevention needs to be prioritized on global public health and public policy agendas and awareness of suicide as a public health concern must be raised by using a multidimensional approach that recognizes social, psychological and cultural impacts. Suicide is a priority condition globally and has been identified as such by the WHO. The lack of resources – human or financial – can no longer remain an acceptable justification for not developing or implementing a national suicide prevention strategy. Suicide prevention is a collective responsibility, and must be spearheaded by governments and civil society throughout the world.</p>
<b>Key references or resources</b> (maximum five)	Aggarwal, S., & Patton, G. (2022). Suicide prevention strategy in India. <i>The Lancet Psychiatry</i> , 9(3), 192-193.



Jacob, K. S. (2008). The prevention of suicide in India and the developing world: the need for population-based strategies. *Crisis*, 29(2), 102-106.  
World Health Organization. (2012). Public health action for the prevention of suicide: a framework.

Vijayakumar, L., Chandra, P. S., Kumar, M. S., Pathare, S., Banerjee, D., Goswami, T., & Dandona, R. (2021). The national suicide prevention strategy in India: context and considerations for urgent action. *The Lancet Psychiatry*.

Ivbijaro, G., Kolkiewicz, L., Goldberg, D., Riba, M. B., N'jie, I. N., Geller, J., ... & Enum, Y. (2019). Preventing suicide, promoting resilience: Is this achievable from a global perspective?. *Asia-Pacific Psychiatry*, 11(4), e12371.

Ramadas, S., Kuttichira, P., John, C.J., Isaac, M., Kallivayalil, R.A., Sharma, I., Asokan, T.V., Mallick, A., Mallick, N.N. and Andrade, C., 2014. Position statement and guideline on media coverage of suicide. *Indian journal of psychiatry*, 56(2), p.107.