As part of the regional Suicide Prevention 2022 campaign, the Community Engagement (CEA) and Mental Health and Psychosocial Support (MHPSS) teams have joined forces to create a series of new audiovisual resources in addition to those made at the beginning of 2022 (the Depression Prevention Toolkit), with the aim of raising awareness of the public health issue of suicide among the general population.

These resources are from Vol. 2 of Preventing Stigma towards Mental Health Problems: Suicide Prevention. This toolkit contains statistical data and figures, messages, graphics, suggested stickers, and recommendations for actions National Societies can take in different spaces and platforms.

### Current Situation

A look at the situation globally and in the Americas region with some key developments:

**Recommendation for use:** The following figures can be used to raise awareness within the internal community (volunteers and staff) or externally (people with whom we work). Several strategies can be used (some ideas):

**Internally:**
- E-mails
- Institutional billboards
- Digital newsletters
- Printed newsletters, magazines
- Talks

**Externally:**
- Radio, press, TV
- Social Media, podcast
- Community meetings
- Forums, community bulletin boards
- Phone lines, WhatsApp messages

- An estimated **703,000 people** die by suicide worldwide each year. (1)
- **97,339 people died by suicide in the Americas in 2019** and, it is estimated that suicide attempts may have been 20 times that number. **Males** accounted for about **77% of all deaths** from this cause and, although progress has been made in evidence-based interventions in suicide prevention, many countries continue to have increased rates of suicide attempts and suicide attempts. (2)
Although the **suicide mortality rate** has decreased worldwide (down 36% between 2000 and 2019), in the Region of the Americas it has increased (up 17% over the same period). (3)

- The **global list of countries** with the **highest suicide rates** includes Guyana in second place with 40.3 and Suriname in eighth place with an average of 25.4 (the rate is measured in the number of suicides per 100,000 inhabitants. (4)
- **Guyana, Suriname, and Uruguay** have the **highest suicide rates** in the Americas region. (5)
- Healthcare workers in eleven Latin American countries have high rates of depressive symptoms, suicidal thinking, and psychological distress. [The COVID-19 Health care workers study](https://www.who.int/publications/m/item/covid-19-health-care-workers-study) report shows that between 14.7% and 22% of healthcare workers interviewed in 2020 presented symptoms that led to a suspected depressive episode, while between 5 and 15% of staff said they thought about suicide. (6)
- Marginalized minorities such as **indigenous peoples** face a significant set of stressors such as stigma, rejection, misunderstanding, social exclusion, environmental degradation, and expropriation of their living space that led to despair, hopelessness, and often suicidal behavior. (7)
- Suicide is the third most common cause of death among **adolescents** aged 15-19 years in Latin America and the Caribbean. Every day, 10 young people lose their lives to suicide. (8)
- Suicide rates among the **elderly** (aged 70 years and older) remain the highest in the world (27%) and particularly among men over 80 years of age. Risk factors for suicide in the elderly include bereavement, loneliness, and physical illness. It is often attributed to the development of depression due to bereavement or loss of physical health and independence. (9)
- **Migrants, refugees, and forcibly displaced** persons may be disproportionately affected by the risk of suicide, as their mental health may be negatively affected by displacement, by stressors during voluntary or forced departure from their country of origin and upon arrivals in the host country, such as discrimination, detention, language, and cultural barriers, and by "loss of attachments" including family and friends, homeland, status, community contact, language, financial assets, income, and financial security. (10)
- **LGBTQ+ people** experience high levels of discrimination, rejection, and harassment at social, school, work, and religious levels that expose them to greater mental problems such as anxiety and depression, where depression leads to a high percentage experiencing constant suicidal ideation. (11)
- Men's **gender-based violence against women** is one of the main reasons why women attempt to take their own lives. (12)

**Recommendation for use:** The graphics that are part of this kit can be used to raise awareness within the internal community (volunteers and staff) or externally (people with whom we work). Several strategies can be used (here are some ideas):
There are 17 messages in a visual format focused on the following areas:

1. **Recommendations: (5 messages)**
   - How to help and what to do to prevent suicide?
   - We must keep in mind: not to judge what we do not understand
   - Did you know that there are questions that open a window of rescue and support?
   - Be more aware of how the people around you really feel
   - Listen beyond words

2. **Identifying Warning Signs and Suicide Risk: (1 message)**
   - Warning signs and suicide risk

3. **Messages of help and hope: (5 messages)**
   - If you feel and think that life has no meaning or is not worth it... Remember we are with you, asking for help is valid.
   - If you are going through a complicated emotional situation, try to...
   - We can all have silent battles...
   - We must keep in mind:
   - Facing pain, fear, and insecurities are possible...

4. **Raising awareness of the figures: (2 messages)**
   - The numbers are people
   - There are people behind the numbers

5. **Breaking the stigma: (4 messages)**
   - Talking about suicide is important and can even help prevent it
   - Emotions have no gender
   - Labels and judgments cost lives
   - A Suicide attempt is not an act of cowardice

**Internally:**
- Institutional mailings
- Billboards
- Digital newsletters
- Printed newsletters and/or magazines
- Projection on screens
- Institutional WhatsApp groups

**Externally:**
- Social Media
- Projection/printing at community meetings
- Community bulletin boards
- Community WhatsApp groups

---

**Download here the graphics with IFRC logo**

**Download here the graphics to add your NS's logo**
They are a series of six (6) images to deal with aspects related to suicide and promote solidarity, mainly aimed at the adolescent and general population.

These resources can be shared through different applications such as WhatsApp, Telegram, etc.

**How to customize stickers with your NS logo?**

1. Access the editable images in this [link](#).
2. Insert your National Society's logo in the images.
3. Download them to your cell phone.
4. Download an application to create stickers on your cellphone, e.g. [sticker.ly](#).
5. Upload the images to the application.
6. Follow the application instructions.
7. Ready!

**#Hashtags**

To make the campaign visible and contribute to social awareness at the same time, we recommend using these hashtags in publications on social media, launches, posts of graphics with messages, and invitations to events:

Those will be used permanently in this campaign by the IFRC:

- #YellowSeptember22
- #You’reNotAlone
- #TheNumbersArePeople
Become familiar with the legislation, policies, strategies, and suicide prevention programs in your country.

Map the suicide prevention services available in your locality (including suicide prevention hotlines) so that you can share it with the community at large through different avenues such as social media, hotlines, and face-to-face. Keep this mapping updated.

Establish a referral system (numbers, e-mails, addresses, and/or persons in charge of specialized mental health services) for the referral of those cases that need it.

Conduct awareness actions to reduce mental health stigma throughout the year in different environments such as schools, universities, community meetings, and social networks, among others. You can also do it internally with your volunteers and staff.

Join efforts with other actors working on suicide prevention. For example, psychologists’ associations, associations, and foundations focused on this issue, NGOs, among others.

## Other suggested actions

- #SuicidePreventionMonth22
- #LetsTalk
- #Hope
- #BeLight
- #NoEstigmahaciaLaSaludMental
- #MentalHealthItMatters
- #DoYourPart

## References

1. SuicideWorldwide 2019 PAHO
2. La OPS insta a priorizar la prevención del suicidio tras 18 meses de la pandemia
3. Mortalidad por suicidio en la Región de Las Américas. Informe regional 2015-2019 OPS
4. Suicide rate by country 2022
5. Mortalidad por suicidio en la Región de Las Américas. Informe regional 2015-2019 OPS
6. América Latina; El personal de salud muestra elevados niveles de depresión y pensamientos suicidas debido a la pandemia
7. Suicide in the indigenous population of Latin America
8. The state of the world’s children 2021 On my mind UNICEF
9. Late-life suicide in an aging
10. Suicide rate and suicide behaviour in displaced people systematic review 2022
11. Discrimination, Mental Health, and suicide ideation among sexual minority adults in Latin America 2022
12. Comprender el suicidio desde una perspectiva de género 2019

Community Engagement and Accountability (CEA)
- Carla Guananga: carla.guananga@ifrc.org
- Diana Medina: diana.medina@ifrc.org

Mental Health and Psychosocial Support (MHPSS)
- Greisy Trejo: greisy.trejo@ifrc.org