NATIONAL STRATEGIC AND ACTION PLAN FOR SUICIDE PREVENTION

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INTRODUCTION

- Malaysia is signatory to 49th World Health Assembly
  - Adopted resolution WHA 49.25 declaring violence, including suicide is a leading worldwide public health problem

- Suicide is a significant and preventable public health problem

- Suicide is among the 10 leading causes of death for all ages in many countries
  - 1 million deaths per year ≈ 1 suicide every 40 secs
    (WHO 2008)

- 10 – 20 million people attempt suicide each year
NSRM

2007 - 2010: Total number of suicide cases is 1156
- Suicide rate of 1.3 per 100,000 population (2009)

NHMS IV, 2011 (Adult Malaysian population)
- Prevalence Suicidal Ideation is 1.7%
- Prevalence of suicide plan is 0.9%
- Prevalence of suicide attempt is 0.5%

Available suicide data is an underestimate due to issues such as stigma, religious and legal factors
(Mandatory reporting of attempted suicide)
<table>
<thead>
<tr>
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<th>2007 (Jul-Dec)</th>
<th>2008</th>
<th>2009</th>
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<tbody>
<tr>
<td><strong>Total number of cases</strong></td>
<td>113</td>
<td>290</td>
<td>328</td>
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<tr>
<td><strong>DEMOGRAPHY</strong></td>
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<tr>
<td><strong>Gender</strong></td>
<td></td>
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</tr>
<tr>
<td>Males</td>
<td>82 (73%)</td>
<td>219 (75.5%)</td>
<td>244 (74.4%)</td>
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<tr>
<td>Females</td>
<td>31 (27%)</td>
<td>71 (24.5%)</td>
<td>84 (25.6%)</td>
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<td><strong>Ethnic Group</strong></td>
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<tr>
<td>Chinese</td>
<td>47 (43%)</td>
<td>131 (53.5%)</td>
<td>156 (48%)</td>
</tr>
<tr>
<td>Malay</td>
<td>12 (11%)</td>
<td>34 (13.9%)</td>
<td>44 (13.5%)</td>
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<tr>
<td>Indian</td>
<td>31 (27%)</td>
<td>67 (27.3%)</td>
<td>70 (21.5%)</td>
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<tr>
<td>Bumis (Sabah, S’wak)</td>
<td>-</td>
<td>11 (4.5%)</td>
<td>11 (3.4%)</td>
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<tr>
<td><strong>Choices of suicide methods</strong></td>
<td></td>
<td></td>
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<tr>
<td>Hanging</td>
<td>164 (56.6%)</td>
<td>176 (54%)</td>
<td></td>
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<tr>
<td>Exposure to pesticides</td>
<td>39 (13.4%)</td>
<td></td>
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<tr>
<td>Jumping from high places</td>
<td>33 (11.4%)</td>
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*Source: National Suicide Registry Malaysia*
Characteristics of Suicide (NSRM)

Features associated with suicide

- Previous suicide: 52
- Life events prior to: 135
- Substance abuse: 80
- Physical illness: 70
- Mental Illness: 72
- Family Hx psy illness: 23

- 2008
- 2009
PRIORITERY AREA I: MENTAL HEALTH PROMOTION

Objectives:

i. To increase awareness and understanding on suicidal behaviour and suicide prevention

ii. To provide access to information on suicidal behaviour and suicide prevention as wide as possible to the public

Activities:

i. Launch mass media campaign in conjunction with World Suicide Prevention Day (10th September)

ii. Publicise information in Portal MyHealth and link to various organization websites (MMHA, Befrienders, MINDA etc)

iii. Provide information on help services in IEC /media

iv. Incorporate messages of mental health and suicide prevention in Khutbah Jumaat / Sunday Sermon

Expected Outcome/Time Frame

1 campaign implemented at national and state, by 2016
Objectives:

i. To promote early detection of sign and symptoms of mental disorders and risk factors of suicide among gatekeepers (primary health care providers, teachers, school counselors, police, fire rescuers, religious leaders, marriage tribunals etc)

Activities:

i. Screening for mental health problems in the community hospitals, primary health care settings

ii. Provide appropriate treatment and follow-up care for those with mental disorders

Expected Outcome / Time Frame:

Number of people/ organizations that is trained on management of persons with suicidal risk
**Objective:**

i. To promote human resources development and training for volunteers and health care providers

**Activities**

i. Develop module/guidelines on Handling Suicidal Persons for: Police School Counselors, Religious Bodies

ii. Training of non-health care providers on handling suicidal persons

iii. Facilitate sharing of resources, guidelines, modules with other government and non-government agencies

**Expected Output/Time Frame**

Number of module/ 2012 - 2016
V. RESEARCH

Objective:

i. To promote more research for evidence based policy making process

Activities:

i. Conduct research on Deliberate Self harm

ii. Review existing research findings

Expected Output/Time Frame

- Research on suicide and suicidal behaviour produced and published / 2012 - 2016

VI. MONITORING & SURVEILLANCE

Objective:

i. To enhance accurate data collection and monitoring of data on suicide and deliberate self-harm

Activities:

i. Strengthen National Suicide Registry Malaysia (NSRM)

ii. Develop simple reporting mechanism of non-fatal intentional self harm

Expected Output/Time Frame

- Written Reports published / 2012 - 2016
Priorities Area VII: Media Reporting

Objective:

i. To promote responsible media reporting on suicide and suicidal behaviour by collaboration with the media

Activities:

i. Disseminate and operationalize the Guidelines on Media Reporting on Suicide

ii. Conduct a seminar for media personnel

iii. Designation of an officer to regularly monitor the trend of media reporting on suicide

Expected Output/Time Frame:
At least 1 seminar per year / 2012 - 2016
PRIORITY AREA VIII : RESTRICTING ACCESS TO LETHAL MEANS

Objectives:

i. To advocate relevant agencies to increase efforts to reduce availability & accessibility to pesticides & herbicides ie:paraquat

Activities:

i. Establish intersectoral collaboration with intersectoral agencies to obtain involvement in advocating restriction of access to lethal means

ii. Disseminate information to relevant agencies regarding commonly used lethal means for committing suicide

iii. Educate public about proper handling, storage & use of pesticide & herbicides

Expected Output/Time Frame :
1 meeting with relevant agencies per year / 2012 - 2016
Conclusion

- Suicide is a public health problem of importance (magnitude, etc)
- It is preventable
- Requires a lot of inputs

EVERYBODY HAS A ROLE / RESPONSIBILITY
WHAT NEEDS TO BE DONE...plenty!!

Suicide prevention will be a mainstay activity under the Community Mental Health Programme, Disease Control Division of the Public Health, MOH

- Obtaining approval of National Strategic and Action Plan for Suicide Prevention
  - Has been presented at Disease Control Division Technical Meeting
- Establishing Suicide Prevention Programme
  - Task force, state coordinators for suicide prevention at every state level
- Improving data collection on suicide and suicidal behaviour
- Strengthening capacity building
  - Training of health care providers, school counsellors and other relevant agencies
- Providing services at Primary Health Care and Community level
- Promoting responsible media reporting
- Encourage more research on suicide and suicidal behaviour
Thank you for your attention.....