tragedy.

September 10 is World Suicide Prevention Day, a day on which the World Health Organization shines the spotlight on a phenomenon that kills one hundred million people every year. These statistics reflect a "global" mortality rate of one death by suicide every 40 seconds.

Every 40 seconds, someone is so engulfed by darkness that no light infiltrates... Being the daughter of a man who was so overwhelmed by darkness that he was compelled to take his own life at the age



of 48, news and research about suicide are often picked up by my mental radar. So when the US Centre for Disease Control and Prevention recently revealed changing trends in who is most likely to die at their own hands, I was curious.

The CDC report revealed that in the USA, older Americans (75 and up) have historically been most likely to kill themselves, followed by people between 35 and 44. American men succumb at almost four times the rate of women. As the baby boomer generation ages however, these trends are changing. New statistics reveal that since 2006, middle aged Americans (45-54), again, particularly men, are now the most likely to kill themselves. Morbidly, my dad was ahead of his time... In some countries, self-inflicted death ranks among the top three leading causes of death in some age groups. For every successful suicide, there are up to 20 attempted suicides. In the last 45 years suicide rates have increased by 60% worldwide. As with all statistics, these suicide numbers are fraught with problems of diverse definitions and reporting methods, but even with problems, the numbers tell a compelling global

The numbers also tell us that the propensity to take one's own life does not just vary with age. Who we are – our gender, ethnic background, our nationality, as where we live – all make a big difference to our psychosocial health and our capacity to manage through emotional darkness. For example, in the late 1990s the World Health Organisation analysed regional differences in suicide rates across Europe – noting the contrasting high rate of suicide in Finland (30 per 100,000) with Greece (only 3.5 per 100,000). Hypotheses abounded. As the northernmost country in continental Europe, maybe Finland's higher rate of suicide was a product of its citizens spending too many hours in literal darkness each day? In contrast, the quintessential postcard image of sunny Greece connotes images of a Greek citizenry bathed in light on sandy beaches for hours, days and months on end... While such hypotheses resonate with research about changes in mood according to season (some people report experiencing depression as the days grow shorter in the autumn and winter – reacting negatively to less sunlight and the colder temperatures). But sunlight does not explain

the massive suicide rates in the outback-Australian mining town where I grew up. Historically, Broken Hill has two to four times the national Australian suicide average, yet with only 9 inches of rainfall annually, sunlight rains down on Broken Hill year round. Researchers suspect Australian regional cultural differences are at work: in places like Broken Hill similar to that in the military or some Asian countries – in such macho mining town cultures, any signs of weakness, particularly psychological, are preyed upon with vengeance. Combine this with limited problem solving or support resources and continued stigma of depression and psychological illness, and the combination can be fatal.

Cultural differences are reflected in higher suicide rates in countries like Sri Lanka, Japan and South Korea. Over the last twenty years, the tendency for South Koreans to take their own lives has escalated from relatively low to the highest rate among industrialized countries. This meteoric rise is attributed to inordinate amounts of stress that have accompanied South Korea's rapid journey to modernity combined with their innate cultural aversion to publicly acknowledging psychological distress, seen as an admission of failure. According to the OECD, South Koreans work more, sleep less and spend more money per capita on "cram" schools than residents in any other industrialized OECD country. Combined with their tendency to struggle through the darkness alone, this modern mixture has proved fatal for too many South Koreans. Apparently when we move countries or regions, we can take with us the same patterns of suicide as our country of origin... giving new meaning to the word "baggage."

Suicide rates also vary around extraordinary traumatizing events whether individual – such as the loss of a loved one, a divorce, a major accident, a business failure; or collective – such as exposure to a natural disaster or violent conflict or terror attack. A recent report documenting New Orleans health issues since Hurricane Katrina note that the percentage of people suffering from psychological difficulties, mostly depression, has tripled since 2005, and the suicide rate has doubled. Many of these problems also relate to other related factors such as increased poverty, reduced employment opportunities, ongoing environmental threats, and few resources for managing the distress.

The way tragic events are reported in the media can also dramatically affect suicidal behavior. Over 50 international studies reveal strong support for the relationship between media reporting and increases in successful and attempted suicide rates. In Australia, one key study found that rates of male suicide increased following media reports of suicide, peaking on the third day after the story first appeared. These imitation or 'copycat' suicides are more likely under certain circumstances. The more prominent and repetitive the coverage, the more the reader or viewer identified with or admired with the person, the greater the incidence of subsequent suicidal behaviour. Young people and people experiencing a mental illness may be particularly vulnerable.

The good news is that just as media reports can exacerbate suicidal behavior, there is also evidence that the way suicide is reported can reduce suicide rates. For example in another Australian study following Kurt Cobain's suicide, rates of suicide among 15 – 24 year olds fell during the month following reporting of Cobain's death. Researchers attributed this to the highly critical media coverage of Cobain's decision to kill himself. Equally important, where reports include simple strategies for coping with seemingly unbearable distress, such as telling someone who can help, or seeking professional advice; and referencing local support resources, suicide rates can go down.

The further good news is that the overall picture about suicide is not as dark as it might appear from the statistics – although we clearly have a long road to travel to prevent so many preventable deaths. Improvements in suicide rates have and can result from a diversity of sources – and diversity is apparently the key. Where multisectoral approaches are adopted, involving many levels of intervention and activities, substantive reductions in the number of people taking their own lives can and does result. In developing countries, the World Health Organization has noted that strategies involving restriction of access to common methods of suicide, such as firearms or toxic substances like pesticides, have proved to be effective in reducing national and regional suicide rates. Equally important, there is compelling evidence indicating that adequate prevention and treatment of depression and alcohol and substance abuse can reduce suicide rates in both developed and developing countries, (although most developing countries, still struggling to achieve gains in the most basic of health indicators, have few resources to apply to psychosocial health). In industrialized countries where psychosocial health is increasingly assuming its rightful place equal to physical health, great strides have been made at improving national and regional suicide rates. Successful strategies include increased medical practitioner awareness and treatment of depression; increased follow up contact with those who have attempted suicide; and increased community awareness and education, although results of such programs are mixed. In some cases, high school education about suicide has actually correlated with increased post program rates of suicide – suggesting that in some cases that increased awareness about suicide just adds a more potent solution for the distressed teen.

My father's tragic inability at the time of his decision to kill himself to see beyond the black abyss of that fatal alternative, I also noted that the rest of my family, despite being at times deluged by darkness, could and do see the light every day. Our challenge, as a global community, is to do what we can to help people not only detect the light in their darkness, but to expand that light so they can see alternatives to the angst that so engulfs them.