



A Proposal for Community Action in Suicide Prevention in Ecuador

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Editorial

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Every year about 700,000 people commit suicide in the world. Suicide is the fourth leading cause of death among young people between 15 and 19 years of age. The ingestion of pesticides, hanging and shooting with firearms is some of the most common methods of suicide in the world. Reducing the suicide mortality rate is one of the indicators of target 3.4 of the Sustainable Development Goals, which aims to reduce the risk of premature mortality from noncommunicable diseases by one-third through prevention and treatment by 2030 [1].

In the Region of the Americas, an average of 81,746 suicide deaths were reported per year between 2010 and 2014, with the suicide rate in North America and the non-Hispanic Caribbean being higher than the regional rate. About 79% of suicides in the Region occur in men. The age-adjusted suicide rate among males is more than three times higher than that of females. Suicide is the third leading cause of death among young people aged 20-24 years in the Americas. Asphyxia, firearms, intoxication with drugs and alcohol, and poisoning with pesticides and chemicals are the four most commonly used methods of suicide, which account for 91% of all suicides in the Region [2].

In Ecuador, about 1,000 people die each year from self-inflicted injuries (suicide). Compared to other countries in the region, the data suggest that suicide in Ecuador is below the average annual rate for the region (Americas: 7.3 per 100,000 inhabitants). According to data obtained from the Ministry of Government, the suicide rate has remained stable in the last five years (6 per 100,000 inhabitants). According to the same source, in 2020 there were 1207 deaths by suicide at the national level [3]. In the country, the suicide

mortality rate varies depending on the provinces and natural regions, being the provinces of the highlands and the Amazon the ones with the highest rates, in addition to the economic, social and cultural characteristics of each locality.

To comprehensively address this public health problem, the Pan American Health Organization has proposed, as one of the main lines of action to prevent suicide, the implementation of strategies that promote the development of skills and community psychosocial support networks. "Communities can play a crucial role in suicide prevention. They can provide social support to vulnerable people, get involved in follow-up care, fight stigma, and support people affected by suicide" [4]. An important point to mention is that communities, after a training process contextualized to their reality, can demand and lead the implementation and monitoring of specific suicide prevention strategies that are relevant to their local and cultural reality.

Understanding the social, economic, cultural and health characteristics of Ecuador also includes the need to use a tool to establish a sustained process that includes the mapping of actors, development of a community action plan, continuous mobilization of the media, monitoring and evaluation of the action plan, and feedback from the community. These actions documented in "Suicide Prevention. Tools for community participation" [4], will strengthen community participation in a structured and planned long-term manner, establishing primary networks and an efficient approach to health services.

Suicide is a preventable public health problem that should be treated in a comprehensive manner and with the participation of all stakeholders, public institutions, municipalities, NGOs, communicators, local leaders and

the community in general. Strengthening local capacities in suicide prevention and mental health is an important strategy that should be implemented urgently in areas where suicide rates are high.

References

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