

# Early identify, assess, and manage to prevent suicide

STAR HEALTH DESK

Every year 703,000 people take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind. Suicide was the fourth leading cause of death among 15–29-year-olds globally in 2019.

Suicide does not just occur in high-income countries, but is a global phenomenon in all regions of the world. In fact, over 77% of global suicides occurred in low- and middle-income countries in 2019.

Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based and often low-cost interventions.

## Who is at risk?

While the link between suicide and mental disorders (in particular, depression and alcohol use disorders) is well established in high-income countries, many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness.



In addition, experiencing conflict, disaster, violence, abuse or loss and a sense of isolation are strongly associated with suicidal behavior. Suicide rates are also high amongst vulnerable groups who experience discrimination, such as refugees and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, intersex (LGBTI) persons; and prisoners. By far the strongest risk factor for suicide is a previous suicide attempt.

## Methods of suicide

It is estimated that around 20% of global suicides are due to

pesticide self-poisoning, most of which occur in rural agricultural areas in low- and middle-income countries. Other common methods of suicide are hanging and firearms.

## Prevention and control

Suicides are preventable. There are a number of measures that can be taken at population, sub-population and individual levels to prevent suicide and suicide attempts. LIVE LIFE, World Health Organisation (WHO)'s approach to suicide prevention, recommends the following key effective evidence-based

## interventions:

- limit access to the means of suicide (e.g., pesticides, firearms, certain medications);
- interact with the media for responsible reporting of suicide;
- foster socio-emotional life skills in adolescents;
- early identify, assess, manage and follow up anyone who is affected by suicidal behaviours.

These need to go hand-in-hand with the following foundational pillars: situation analysis, multisectoral collaboration, awareness raising, capacity building, financing, surveillance and monitoring and evaluation.

Suicide prevention efforts require coordination and collaboration among multiple sectors of society, including the health sector and other sectors such as education, labour, agriculture, business, justice, law, defence, politics, and the media. These efforts must be comprehensive and integrated as no single approach alone can make an impact on an issue as complex as suicide.

## Challenges and obstacles

Stigma, particularly surrounding mental disorders and suicide, means many people thinking of taking their own life or who have attempted suicide are not seeking help and are therefore not getting the help they need.

The prevention of suicide has not been adequately addressed due to a lack of awareness of suicide as a major public health problem and the taboo in many societies to openly discuss it.

To date, only a few countries have included suicide prevention among their health priorities and only 38 countries report having a national suicide prevention strategy.

Raising community awareness and breaking down the taboo is important for countries to make progress in preventing suicide.

Source: World Health Organisation

## CHILD CARE



## Keeping children safe

Emergencies can occur with little or no warning—even during the school day. As children head back to school, take a few steps to help protect your child quickly and safely from an emergency.

## Protecting your child is as easy as A-B-C

Ask how you would be reunited with your child in an emergency or evacuation

- If students had to evacuate, where should you go to pick them up?
- How would the school notify you in the event of emergency?

Bring extra medication, special foods, or supplies your child would need if you were separated overnight

- What essential supplies would your child need if separated from you overnight? (Medications? Inhaler? Milk? Diapers? Battery pack for special equipment?)
- Does the school have an emergency stockpile of these items or could you bring extras to be kept at school?

Complete a backpack contact information card and tuck one in your child's backpack and your wallet

Emergencies are chaotic! Make sure your child or their school knows how to reach you, and who should be called if your phone is not working.

Follow these A-B-C's so that emergencies are less chaotic, children can be kept safe, and families can be reunited safely as soon as possible.

Source: CDC

## HEALTH bulletin



## Feasibility of a wide-ranging vaccine against SARS-CoV-2 and its present (and future) variants

Since 2003, outbreaks of severe respiratory disease caused by the Coronaviruses SARS-CoV-1, MERS-CoV, and SARS-CoV-2 have occurred, raising concerns that still more outbreaks may arise. Given that a pan-coronavirus vaccine clearly would be beneficial, researchers assessed the immune responses to the Pfizer mRNA vaccine (BNT162b2) in 10 survivors of SARS-CoV-1 infection, 10 survivors of SARS-CoV-2 infection, and 10 healthy (i.e., uninfected) individuals. Specifically, the investigators sought to characterise the immune responses to multiple SARS-related coronaviruses.

Before vaccination, eight SARS-CoV-1 survivors had detectable neutralising antibodies to SARS-CoV-1 but not SARS-CoV-2. After receiving two doses of the Pfizer vaccine, SARS-CoV-2 infection survivors and healthy vaccine recipients only had neutralising antibodies to SARS-CoV-2 clade isolates; by contrast, the SARS-CoV-1 survivors now also had neutralising antibodies to seven SARS-CoV-2 clade viruses (including the original strain and the Alpha, Beta and Delta variants) in addition to SARS-CoV-1.

The production of cross-clade antibodies was confirmed by the identification of B cells dually stained for antibodies to SARS-CoV-1 and SARS-CoV-2 spike protein receptor binding domain in the vaccinated SARS-CoV-1 survivors but not in the SARS-CoV-2 survivors or the healthy vaccinated participants.

## Governments must undertake emergency action to rapid reduction of global emissions

STAR HEALTH REPORT

Health is already being harmed by global temperature increases. The health risks of increases over 1.5°C are well established. Heat-related mortality among elderly has increased by over 50% in the last 20 years. Recently, health journals across the world simultaneously published an editorial calling for world leaders to take emergency action to limit climate change, restore biodiversity, and protect health.

More dehydration and renal function loss have been linked to higher cardiovascular and pulmonary morbidity and mortality. Global heating is also contributing to the decline in global yield potential for major crops, falling by 1.8–5.6% since 1981; this, together with the effects of extreme weather and soil depletion, is hampering efforts to reduce undernutrition. Many countries are aiming to protect at least 30% of the world's land and oceans by 2030.

The global response must prioritise equity. To be fair to the global effort, reduction commitments must take into account each country's historical emissions, current emissions, and response capacity.

To achieve these targets, governments must intervene to support the redesign of transport systems, cities, production and distribution of food, markets for financial investments, health systems, and much more.

Huge investment will be needed, beyond what is being considered



or delivered anywhere in the world. But such investments will produce huge positive health and economic outcomes. These include high quality jobs, reduced air pollution, increased physical activity, and improved housing and diet.

Better air quality alone would realise health benefits that easily offset the global costs of emissions reductions. These measures will also improve the social and economic determinants of health. Cooperation hinges on wealthy nations doing more.

Professor Abdullah H. Baqui, Editor-in-Chief, Journal of Health, Population and Nutrition said, "No temperature rise is safe. The environmental crisis is already damaging health across the world, falling disproportionately on those countries and communities who've contributed least to the problem and are least able to mitigate the harms.

Wealthy nations must do more to support those on the frontline."

High income countries must meet and go beyond their outstanding commitment to provide US\$100 billion a year, making up for any shortfall in 2020 and increasing contributions to and beyond 2025. Funding must be equally split between mitigation and adaptation, including improving the resilience of health systems.

Financing should be through grants rather than loans, building local capabilities and truly empowering communities, and should come alongside forgiving large debts, which constrain the agency of so many low-income countries.

Additional funding must be marshalled to compensate for inevitable loss and damage caused by the consequences of the environmental crisis.



## Scale-up routine immunisation along with COVID-19 vaccination

The World Health Organisation recently urged countries in South-East Asia Region to enhance routine immunisation along with the ongoing efforts to rapidly increase COVID-19 vaccination coverage.

By 2019, the Region has achieved 91% coverage with 3 doses of DTP vaccination, (DTP3). 10 of 11 nations have 90% DTP3 coverage.

In 2020, the Region's DTP3 coverage dropped to 85%. Child immunisation rates rose to 4.9 million from 3 million in 2019. Surveillance of vaccine preventable diseases was also hampered.

The COVID-19 pandemic has hampered efforts to eradicate measles and rubella, a top goal in the Region. The Region's estimated coverage with the first dose of MCV1 dropped to 88% from 94% in 2019. Similarly, coverage with the second dose of measles-containing vaccine reduced to 78% in 2020 from 83%. The COVID-19 pandemic has also delayed mass vaccination programs and other immunisation initiatives in several countries.

Despite the challenges posed by the pandemic, the Region has maintained its status of having eradicated polio and eliminated maternal and neonatal tetanus. Measles elimination has been achieved and maintained in five countries, while two of these countries have also achieved rubella elimination. Four countries have been verified as having achieved Hepatitis B control through immunisation.

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