



WORLD

# SUICIDE PREVENTION MONTH 2025



Behind every **struggle** is a chance for healing.

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## **Introduction**

Suicide can be defined as the deliberate act of ending one's own life, often arising from overwhelming psychological, social, or emotional distress. Globally, more than 700,000 people die by suicide each year, a tragedy that occurs once every 40 seconds making it one of the leading causes of death among young people aged 15–29. Beyond the statistics, each life lost represents untold pain for families, workplaces, and communities, underscoring the urgent need for awareness, prevention, and collective action. The importance of this conversation therefore cannot be overstated. Suicide not only devastates individuals and their loved ones, but also leaves lasting impacts on organizations, economies, and national well-being.

Choose Life International (CLI), which has been championing suicide prevention for 17 years, continues to play a leading role in advancing this mission in Jamaica and the world. CLI hosted the 17th Annual World Suicide Prevention Day Seminar, themed “*Change the Narrative: Let's Continue the Conversation, Nation Building Strategies for Suicide Prevention*,” on Wednesday, September 10, 2025, at the Terra Nova All-Suite Hotel in Kingston, Jamaica. Hosted in hybrid format from 8:30 a.m. to 4:00 p.m., the event brought together stakeholders from the Business community, education, healthcare, law enforcement, churches, and civic organizations.

The Jamaica Institute of Financial Services (JIFS) proudly sponsored this initiative in recognition of the social realities of the communities it serves. This Sponsorship aligns with JIFS's mission to advance thought leadership, research, and professional development across the industry, while also contributing to national conversations that safeguard lives and build resilience. By supporting such events, JIFS affirms its role as a socially responsible institution committed to the holistic well-being of people and communities.

**Figure 1: Global Suicide Rates by World Health Organization (WHO) Region (per 100,000 population)**

WHO Region	Suicide Rate (per 100,000)
Africa	11.2
South-East Asia	10.2
Europe	10.5
Americas	9.0
Western Pacific	7.8
Eastern Mediterranean	6.4

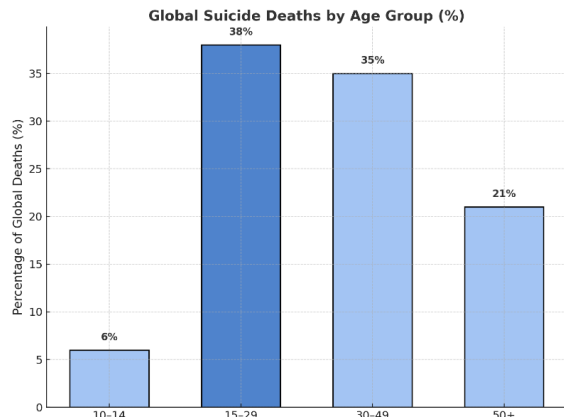
## **Suicide Prevention & Trauma Intervention: A National Strategy for Suicide Prevention**

*Presented by: Dr. Roger Ball, Licensed Clinical Social Worker & Suicide Prevention Lecturer*

### **Key Points:**

- Suicide is the 17th leading cause of death worldwide, with more than 700,000 deaths annually, 77% occurring in low- and middle-income countries
- Suicide is the 4th leading cause of death among 15–29-year-olds, highlighting the need to prioritize youth-focused interventions.
- Risk factors are multi-layered, spanning the individual (mental illness, trauma, substance use), family (domestic violence, divorce, history of suicide), workplace (stress, harassment, job loss), and community (isolation, lack of access to care, discrimination)
- Trauma and chronic stress increase vulnerability to suicidal ideation, underscoring the importance of trauma-informed care.
- Social connectedness through families, schools, workplaces, and faith-based groups can serve as powerful protective factors.

**Figure 2: Global Suicide Deaths by Age Group**



### Recommendations from Dr. Ball:

1. **Develop a coordinated National Strategy:** aligned with WHO and Pan American Health Organization frameworks.
2. **Invest in research and surveillance:** establish a national suicide registry to track cases in real time.
3. **Strengthening access to care:** increase the number of mental health professionals and make services affordable and accessible island wide.
4. **Promote safe messaging** in media and public campaigns to reduce stigma and encourage help-seeking.
5. **Foster multi-sectoral partnerships:** no single entity can address suicide alone; schools, churches, businesses, and government must collaborate.
6. **Embed postvention practices** (support after a suicide): to reduce contagion and provide healing in communities.

### Key Takeaway:

*Dr. Ball concluded by stressing that suicide prevention must be treated as a collective responsibility. A comprehensive, community-based approach is the only way to reduce risk, strengthen resilience, and ultimately save lives.*

### **Foundations of Suicide Prevention and Intervention**

*Presented by: Dr. Donovan Thomas, Suicidologist, Dr. Faith Thomas, Psychologist, Dr. Maureen Irons-Morgan, Consultant Psychologist)*

### Key Points:

- Suicide is both a mental health and public health issue, requiring a bio-psycho-social-spiritual approach to prevention. For example, effective suicide prevention often combines psychological support (such as counselling), medical treatment, social interventions like community outreach, and spiritual care where appropriate. Risk factors include untreated mental illness, trauma, substance abuse, financial strain, and social isolation.
- Warning signs: talking about hopelessness, withdrawal, sleep disturbances, and changes in behaviour should never be ignored
- Protective factors include strong family ties, peer support, faith communities, and accessible mental health care.
- Intervention strategies:
  - **Safety Planning:** Develop personalized coping steps during crisis.
  - **Lethal Means Counselling:** reduce who can access methods of self-harm significantly lower risk.
- **Postvention** (support after a suicide) is essential to reduce contagion and help families and communities heal. For example, providing counselling in schools or community groups after a suicide can support grieving individuals and lower the risk of further attempts.

### Recommendations from the Panel:

1. Normalize **talking about suicide** in workplaces, school and churches to break stigma.

2. Increase training for first responders and community leaders to identify risk and respond appropriately.
3. Strengthen community-based support systems that combine professional care with peer and faith-based interventions.

### Key Takeaway:

*Suicide prevention is not only about stopping death but also about promoting life, resilience, and hope. A holistic, community-cantered strategy offers the best chance of saving lives and strengthening national resilience.*

### **Figure 3: Foundations of Suicide Prevention and Intervention**

Risk Factors	Protective Factors
Untreated mental illness (depression, bipolar, PTSD)	Strong family and community support
Trauma or history of abuse	Faith and spiritual involvement
Substance abuse	Peer support networks
Financial stress	Accessible and affordable mental health care
Social isolation	Resilience and coping skills training
Access to lethal means	Safe environments (reducing access to lethal means)

### **Teenage Suicide and Parasuicide Prevention**

*Presented by: Dr. Grace Kelly, Crisis Interventionist, Grief & Trauma Therapist/Coach*

### Key Points:

- Teenage suicide is a growing crisis globally and locally. According to the WHO, suicide is the 3rd leading cause of death among ages 15–29, and UNICEF reports that 53% of Jamaican youth have considered suicide
- In Jamaica (2023), there were 64 recorded suicides, including 4 under the age of 18

- Adolescence is a critical developmental window, marked by rapid social, emotional, and psychological changes that heighten vulnerability.
- Parasuicide (non-lethal self-harming behaviour such as cutting) should never be dismissed as “attention-seeking”; it is often a desperate cry for help.

### Recommendations from Dr. Kelly:

1. Build age-appropriate supportive environments at workplace, home, in schools, and in community spaces.
2. Increase training for teachers, parents, and peers to recognize warning signs early.
3. Provide accessible, youth-friendly mental health services (e.g., hotlines like 888-NEW-LIFE)
4. Foster resilience and hope through work places, family support, peer networks, and spiritual engagement.
5. Integrate prevention programs and campaigns that normalize conversations about mental health.

### Key Takeaway:

*Dr. Kelly stressed that prevention is not only about stopping death but about shaping the future of young people. Empowering families, schools, and communities to act as safe havens can transform risk into resilience.*

### **Understanding the Phenomenon of “Suicide by Cop”**

*Mr. Lloyd B. Smith, CEO & Editor-in-Chief, Western Publishers Ltd,*

### Key Points:

- “Suicide by Cop” is when an individual deliberately provokes law enforcement to use lethal force, effectively turning officers into instruments of their suicide.
  - This poses trauma risks for officers, who may experience guilt, PTSD, and long-term emotional strain.

### Recommendations:

- Expand crisis de-escalation and negotiation training to reduce lethal outcomes.
- Provide immediate and ongoing counseling support for officers involved in such incidents.
- Develop media guidelines to ensure responsible reporting that avoids sensationalism.
- Foster public awareness about “Suicide by Cop” to encourage empathy and reduce stigma for affected officers.

### Key Takeaways:

*“Suicide by Cop” is both a tragedy for the individual and a traumatic burden for law enforcement. Addressing this issue requires balanced measures: protecting public safety, supporting officers, and promoting awareness. Proper post-incident care and education can reduce long-term harm for all parties.*

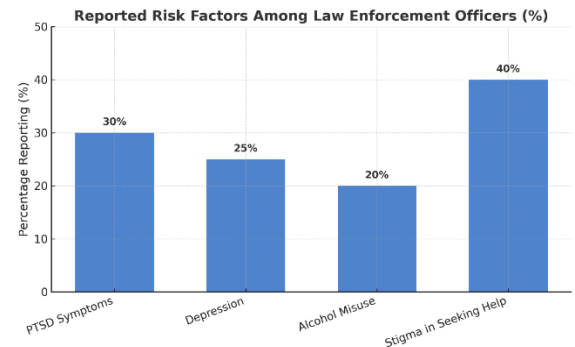
### Addressing Suicidality Among Law Enforcement Officers

*Dr. Jewell A. Williams, Clinical Psychologist*

### Key Points:

- Law enforcement officers (LEOs) face higher suicide risks due to repeated exposure to violence, trauma, and organizational stressors
- Stigma around seeking mental health support often prevents officers from accessing help.
- Stressors outside of work (family breakdown, financial strain, health problems) compound risks.
- Trauma and chronic stress alter brain function, impairing emotional regulation and decision-making.

**Figure 4: Reported Risk Factors Among Law Enforcement Officers**



### Recommendations:

- Create a culture that normalizes mental health care and routine wellness checks.
- Implement trauma-informed approaches and resilience training from recruitment to retirement.
- Establish peer support teams trained to recognize warning signs and provide immediate assistance.
- Improve access to confidential counseling services tailored to police culture.
- Develop clear postvention protocols to support colleagues and families after a suicide.

### Key Takeaways:

*Law enforcement suicide prevention must address both occupational and personal stressors. Normalizing help-seeking and removing stigma are critical to saving lives. Departments that integrate resilience-building, peer support, and trauma-informed practices foster safer, healthier officers.*



## **Trauma-Informed Approaches to Suicidality and Self-Harm**

*Dr. Roger Ball, Lecturer in Suicide Prevention & Trauma Intervention*

### **Key Points:**

- **Trauma:** whether from abuse, violence, accidents, or systemic oppression is a critical driver of suicidality and self-harming behaviours.
- Many individuals who attempt suicide have a history of unresolved trauma, often beginning in childhood.
- Trauma affects the brain's stress systems, increasing impulsivity, emotional dysregulation, and hopelessness.
- **Self-harm** is often a coping mechanism to relieve overwhelming emotional pain rather than a direct intent to die.
- A trauma-informed approach recognizes that “what happened to you” is more important than “what’s wrong with you.”

### **Recommendations from Dr. Ball:**

1. Train Workplaces, health workers, educators, and first responders in trauma-informed care principles (safety, trust, choice, collaboration, empowerment).
2. Integrate trauma screening into primary healthcare and mental health services.
3. Create safe spaces (workplaces, school and churches) where survivors can share experiences without stigma.
4. Strengthen community resilience programs to break cycles of trauma across generations.

### **Case Example:**

Dr. Ball used a role-play to illustrate how professionals can intervene with someone expressing suicidal intent. He emphasized active listening, validation, and collaborative safety planning as immediate tools to de-escalate crises.

### **Key Takeaway:**

Addressing suicidality and self-harm requires a shift from judgment to understanding. By embedding trauma-informed practices across workplace, healthcare, education, and community settings, Jamaica can reduce stigma, foster healing, and build long-term resilience.

### **Conclusion**

The *17th Annual World Suicide Prevention Day Seminar* successfully created a safe, collaborative space for dialogue on one of the most urgent public health and social issues facing Jamaica and the world today. Across all sessions from national strategy and youth risk to law enforcement, mental illness, and trauma-informed care presenters emphasized that suicide prevention requires a collective, multi-sectoral effort.

### **Overall Impact & Key Takeaways:**

- Suicide is both a public health and nation-building challenge that requires government, civil society, faith groups, schools, workplaces, and communities to work together.
- Youth remain at heightened risk, highlighting the need for family and school-based interventions.
- Law enforcement and first responders need specialized support and trauma-informed care to mitigate high occupational risk.
- Mental illness (depression, bipolar disorder, PTSD) is a central driver of suicidality, underscoring the urgency of reducing stigma and expanding access to treatment.
- Trauma-informed approaches offer practical tools for intervention, healing, and resilience-building.
- The seminar reinforced the importance of partnerships and sponsorships, with JIFS’s support underscoring the financial sector’s role in advancing community well-being.

### **Recommendations:**

1. Develop and implement a National Suicide Prevention Strategy, aligned with WHO/PAHO frameworks.
2. Expand youth-focused prevention programmes in schools, universities, and communities.
3. Strengthen training for law enforcement, educators, and healthcare workers on suicide prevention and trauma-informed care.
4. Increase investment in accessible, affordable mental health services across Jamaica.
5. Foster multi-sector partnerships, ensuring sustainability through shared responsibility.

ensuring that professionals are well-equipped to meet the evolving demands of the sector.

### **Next Steps:**

The Jamaica Institute of Financial Services (JIFS), in partnership with Choose Life International and other stakeholders, reaffirms its commitment to this life-saving cause. The 18th Annual World Suicide Prevention Day Seminar will be held next year on World Suicide Prevention Day, September 10, 2026, continuing the conversation under the global theme of resilience, hope, and collective responsibility.

### **About The Jamaica Institute of Financial Services**

The Jamaica Institute of Financial Services (JIFS) is a key player in the professional development of individuals within the financial services sector in Jamaica and the wider Caribbean. Committed to elevating industry standards, JIFS offers a wide range of educational training programs, workshops, and seminars designed to enhance the knowledge and skills of financial practitioners. In addition to its educational offerings, JIFS fosters a collaborative environment for networking and knowledge sharing among industry professionals. By connecting members with industry leaders and experts, JIFS creates opportunities for mentorship and guidance,