Suicide among refugees in low- and middle-income countries

A silent disaster

Suicide among refugees in low- and middle-income countries is unfolding as a silent disaster: a social crisis about which little reliable data is available. It is vital that service providers, community members and donors increase their awareness of suicide and initiate prevention measures to limit further loss of life.

by David Nieuwe Weme

'Suicide is the fourth leading cause of death among 15 to 19-year-olds worldwide', according to Lakshmi Vijaya-kumar, an Indian psychiatrist who has worked in suicide prevention for decades. 'Four in five suicides occur in low- and middle-income countries.' Unfortunately, these confronting figures are just part of the picture. It is not possible to provide accurate statistics about suicide for all population groups because research in this area has not been prioritised up to now.

Humanitarian agencies report that rates of suicide are particularly alarming among refugees. In most countries where refugees are living, the percentage attempting suicide nearly always exceeds the average by the host population. There may be multiple reasons for this – a past full of violence and crisis, a troubled present and uncertain future. Unfortunately, it is difficult to be certain, as very little attention has been paid to suicide among refugees.

Photo Frederic Noy/Panos Pictures/ANP

Refugee camp Bidibidi in Northern Uganda, 2017.

Traumatic experiences

Most refugees have experienced poignant and potentially traumatic events. Those who flee conflict, persecution or natural disasters often face enormous economic, social, political and cultural challenges. Some spend years in refugee camps, without prospect of work or reunification with lost family members. In some states, refugees may be waiting years for asylum only to be told that this is not being granted. The mental health and psychosocial consequences for refugees and their families are huge. Depression, post-traumatic stress disorder, anxiety disorders, substance abuse and other psychological problems are common among refugees. Poor living conditions, daily hardship, stress and a lack of future prospects may lead people to reach a point where they lose all hope. Moses Musaka and Leslie Snider report that 59 suicide attempts and 10 suicides were recorded in the first four months of 2020 in Moyo/Obongi Palorinya, refugee settlements in Northern Uganda (1). This equates to one suicide attempt every two days and one suicide every two weeks.

Punishment instead of support

Stigma, shame and fear of compulsory admission to hospital are often barriers to those seeking help. In low- and middle income countries these barriers are enormous and may not be tackled in any meaningful way for lack of awareness and capacity to provide services. A substantial additional barrier is the criminalisation of suicide in certain states.

In some religions, suicide is considered a crime. Taking one's own life is seen as murdering oneself, defying the god who created humanity and life. This means that in certain contexts survivors of a suicide attempt may be sentenced to one or more years in prison leading to

'Suicide is a silent public health crisis that is not getting the attention it requires'

***Intervention*, an international *peer-reviewed* and open access journal on mental and psychosocial support in conflict areas, published a *special section* on the prevention and management of suicide in September 2021, with a specific focus on the Middle East. This article highlights key findings from contributors to the *special* section.**

enormous individual, social and legal misery. Attempts to decriminalise suicide are sensitive as proponents of these laws interpret it as a religious commandment. This makes it nearly impossible to engage in conversation about this topic, and nearly as difficult to identify and help those struggling with suicidal thoughts. This impacts refugees in particular, who often may have very limited social networks and therefore help outside the family is the only way out of negative spiral of thoughts, feelings and emotions. Without relatives or external help, it is virtually impossible to receive the needed support.

Unfortunately, criminalisation of suicide is just one of the many challenges for health providers. Dr Rabih el Chammay, psychiatrist and head of the Mental Health Programme in the Lebanese Ministry of Public Health says: 'What is truly sad, is that we know that suicide can be prevented. We know what needs to be done in that respect, yet we lose many lives every day, especially among the young, because of the stigma, lack of knowledge among the population, and lack of attention from political leaders. Suicide is a silent public health crisis that is not getting the attention it requires.'


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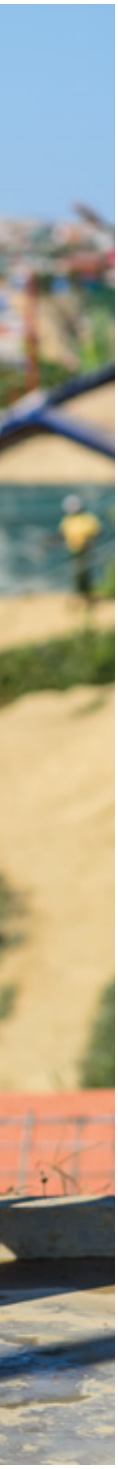
Refugee camp Kutupalong in Cox's Bazar, Bangladesh, 2018

The consequences of stigma

When someone dies by suicide in Kutupalong - the largest refugee camp in the world in Bangladesh with an estimated 700,000 Rohingya refugees - there is little chance that the cause of death will be discussed due to the stigma surrounding suicide. Peter Ventevogel, Senior Mental Health Adviser at the UNHCR can see that stigma prevents people from seeking help: 'Wanting to die is difficult to discuss in many cultures, because suicide is regarded a sin or a crime. That makes discussing the subject a lot harder, while we know how important it is to be able to talk about suicidal thoughts. Discussing these thoughts can be a relief and encourage someone to look for possible ways to feel better.'

Being able to share feelings of hopelessness and suicidal thoughts can break the vicious circle of powerlessness. Johanna Lechner, adviser on mental and psychosocial health for GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) in Jordan, expresses her concern: 'A consequence of this stigma is that the numbers rarely reflect the true extent of the suffering. Rather, they give the wrong impression; that the urgency for suicide prevention is non-existent.' As a result incidents are not recorded accurately, making it extremely difficult



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to plan and implement suicide prevention and response at a national level. The absence of support and a safe place to speak about suicidal thoughts makes refugees even more vulnerable, according to Peter Ventevogel: 'For refugees, expressing those thoughts is often all the more difficult because the familiar social structures (family, friends) are no longer intact.'

The LGBTIQ+ community

Refugees in the LGBTIQ+ community face additional barriers in seeking and receiving mental and psychosocial help related to suicide. Edward Alessi, assistant professor at Rutgers University, comments: 'LGBTIQ+ refugees face a variety of challenges in their host country. For example, experiencing homophobia and transphobia from both other refugees and the host community may result in LGBTQI+ refugees not receiving the support needed to find housing, work, and to learn a new language. This can exacerbate pre-existing trauma, precipitate anxiety and depression, and reinforce feelings of isolation. These negative experiences may increase the risk of suicidal ideation and other forms of self-harm.'

'In predominantly patriarchal societies, shame often means that there is no room for expressing grief,' Johanna Lechner states. Lechner has witnessed how stigma affects specific groups such as the LGBTIQ+ community. 'Expressing grief is seen as a weakness that can undermine one's position in society. The inability to share pain and sadness particularly affects people who have been banned because of experiences for which they are not responsible or liable. Refugees, including other vulnerable groups such as the LGBTIQ+ community and survivors of sexual and gender-based violence, often lack much-needed social and institutional acceptance and support.'

Hope

'Fortunately', Johanna Lechner states: 'organisations and individuals in the Middle East have initiated activities that are the foundations for prevention measures. These measures take into account the wide range of risk factors for suicide.' The September 2021 issue of *Intervention* features a number of articles which describe specific strategies to detect and prevent suicide. These include a national strategy to prevent suicide in Iraq, research on suicide risk among refugees in Cox's Bazar, Bangladesh and a theoretical framework to better interpret the risk of suicide among LGBTIQ+ refugees.

Intervention makes it a priority to publish research and lessons learned to share knowledge and increase awareness amongst communities of practice in the field. We sincerely hope that the special section on suicide prevention and response contributes towards understanding, contextualising and reducing suicide among refugees in low- and middle-income countries.

LINKS

Go to **www.interventionjournal.org**, Twitter and LinkedIn for links to the special section on suicide prevention and response in *Intervention Journal*

REFERENCE

1. Snider, L., Mukasa, M. (2021), 'Despair and Suicide Related Behaviours in Palorinua Settlement, Moyo, Uganda', *Intervention* 19(2).

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