



South Africa's Suicide Crisis

"The lack of hope or negative expectations about the future are possibly the most important and best predictive factors of suicide risk".

Tiffon and Fernández¹

1. Introduction

Suicide is death caused by injuring oneself with the intent to die. A suicide attempt occurs when someone harms themselves with any intent to end their life, but they do not die as a result of their actions. About one million people commit suicide each year. This means that every 40 seconds, "the loss of a person who killed themselves shatters the lives of family and friends".² Dr Matshidiso Moeti, World Health Organization (WHO) regional director for Africa, comments that "suicide is a major public health problem and every death by suicide is a tragedy. Unfortunately, suicide prevention is rarely a priority in national health programmes".³

The world over, suicide, suicide attempts, suicidal ideation, and self-harm are major public health concerns, especially as the COVID-19 pandemic has compounded uncertainty, hopelessness, and inequality for so many.⁴ A BBC article emphasizes that "suicide is a hugely sensitive, complex issue with a tangled multitude of causes – and the very nature of a death by suicide means we can never fully know the reasons behind it".⁵

Thanatologist Cynthia Birrer observes that "a suicide is one of the most traumatic deaths faced by any family. For whatever reason, the person is motivated by great unhappiness to lose everyone and everything by rejecting life itself. Often it is not the death the person seeks, but help with a problem. However, if the suicide attempt is successful, it is too late to help and both the one who cries out and the survivors lose. Too often the person who attempts self-destruction – and often succeeds – is a child performing the ultimate act of separation".⁶

2. The Incidence of Suicide

Research conducted by Shilubane *et al* on the rate of high-school suicide points out that "suicidal behaviour is complex. The process ranges from suicidal ideation, that can be communicated through verbal or non-verbal means, to the planning of suicide, attempting suicide, and in the worst case, actual suicide. Worldwide, suicide has been found to be one of the three leading causes of death among those in the most productive age group (15-44) and the second leading cause of death in the 15-19 years age group".⁷

According to the WHO, Africa has the world's highest rate of deaths by suicide and is home to six of the ten countries with the highest suicide rates worldwide. Lesotho has the highest incidence of suicide in the world while South Africa has the tenth highest incidence.⁸ Dr Moeti says that "this is due in part to insufficient action to address and prevent the risk factors, including mental health conditions which currently affect 116 million people, up from 53 million in 1990".⁹ Studies show that in Africa for each completed suicide, there are an estimated 20 attempted ones. And Africa has only one psychiatrist for every 500 000 people, which is 100 times less than the ratio proposed by the WHO.

According to the second *Annual Mental State of the World Report 2021*, published in March 2022, South Africa ranks as one of the worst countries regarding mental health, having scored the lowest average score on the mental health wellbeing scale. The rate of 'distressed' or 'struggling' people on the scale increased from 28.5% in 2020 to 36% 2022.¹⁰

The South African Depression and Anxiety Group (SADAG), which operates a crisis helpline, estimates that there are 23 reported suicides a day and 230 serious attempts. During the COVID-19 pandemic there was an exponential increase in the number of calls received from those experiencing a crisis and seeking help. This was similarly the case for other helplines operated by Lifeline, Childline and FAMSA. The number of calls continuing to be received has not dropped significantly in the post COVID-19 period. Poor mental health can result in depression and anxiety, but it also impacts the physical health and livelihood of the affected individuals. SADAG reports that “many people at some time in their lives think about suicide. Most decide to live because they eventually come to realize that the crisis is temporary and death is permanent. On the other hand, people having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control”.¹¹

Some of the common means of suicide in the African region are hanging, pesticide self-poisoning, and to a lesser extent drowning, use of a firearm, jumping from a height, or medication overdose.¹² The WHO estimates 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.¹³ Suicidal ideation and attempted suicide are a huge problem in South Africa’s rural areas.¹⁴

Experiencing conflict, disaster, violence, abuse, or loss, and a sense of isolation, are strongly associated with suicidal behaviour. Suicide rates are also high amongst vulnerable groups who experience discrimination, such as refugees and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, intersex (LGBTQI+) persons; and prisoners.¹⁵

3. Men and Suicide

More men than women commit suicide, in spite of women reporting a higher incidence of depression and anxiety. The 2019 *World Health Report* indicated that of the 13 774 suicides reported in South Africa, 10 861 were men.¹⁶ SADAG operations director Cassey Chambers says, “We do know that SA men are four times more likely to die by suicide than women. When we look at suicide, it’s never one reason or one contributing factor – it is a combination of issues and each case is unique and different and it could be a relationship with families, partners, husbands, wives and friends”.¹⁷

Melusi Simelane, writing for the Southern Africa Litigation Centre (SALC), posits that several other factors contribute to the high suicide rate among men, “including patriarchy and the fear of vulnerability. Patriarchy is a system of social structures and practices that give men power and privilege over women. This system can harm men’s mental health in several ways. For example, men may feel pressure to be successful, strong, and self-sufficient. They may also be reluctant to seek help for mental health problems because they fear being seen as weak or inadequate. The fear of vulnerability is probably one factor contributing to the high suicide rate among men, particularly in Africa. Men are often taught that showing emotions such as sadness, fear, or weakness is unacceptable. This often leads men to bottle up their feelings and avoid seeking help when struggling. [A]mong African men, mental health challenges may arise because of underlying loneliness, depression, anxiety, and stress which accumulate over time”.¹⁸

While depression in men is not different from that in women, the signs are different. Mentalhealth.UK lists the most common symptoms of depression in men as “irritability, sudden anger, increased loss of control, risk-taking and aggression”. Furthermore, “men may also be more likely to use alcohol and drugs to cope with their depression rather than talking about it”.¹⁹

South Africa is characterized by extraordinary levels of interpersonal violence. The incidence of violent crime is high, and gender-based violence is extreme. Unemployment is common. The conditions of life are stressful and fuel a mentality in which violence and anger are seen as acceptable emotions among men. Psychiatrist Dr Natasha Bijlani points out that “the idea that expressing emotions is a sign of weakness contributes to the increasingly alarming statistics of suicide amongst men. These toxic stereotypes, or patriarchal systems, harm women and men, including men who may identify or express less ‘masculinity’ than society expects”.²⁰ Studies indicate that there are strong linkages between men’s mental health and their perpetration of gender-based violence. Research conducted by Siyabonga Gema for the Health Systems Trust found that “men’s mental health issues have previously been swept under the carpet or dismissed as signs of weakness. However, there is a growing need for men, and society as a whole, to take a different approach”.²¹ Men and masculinity are not the problem; rather, *toxic masculinity* is.

South Africa has high levels of homicide-suicides where family members are killed, followed by the suicide of the perpetrator. Doctoral research by Coenraad van den Heever found that Homicide-Suicide (H-S) is a rare but violent event in which an individual commits homicide and thereafter commits suicide. Although research on H-S is sparse, several South African studies have implicated the SAPS as a high risk occupational group for such killings.²²

4. Suicide in South African Prisons

In South Africa approximately 37% of deaths in prison are due to suicide, making it the primary cause of unnatural death among prisoners. "Estimates suggest that the prevalence rate for suicide in South African prisons is 52 per 100 000, more than four times higher than the national suicide rate. A number of factors contribute to high rates of suicides in SA prisons, including endemic psychopathology, substance abuse, and violence".²³ There are also a number of systemic factors which make SA prisons conducive to suicide, including overcrowding and under-staffing, the easy availability of drugs, inadequate access to mental health care, and the dominance of gangs and gang culture.

5. Adolescents and Suicide

Death by suicide is a leading cause of death among young people. Globally, the morbidity from suicide attempts among young people is also significant, with a reported 20.5% of the total population of young people attempting suicide in low- and middle-income countries.²⁴ An alarming 9% of all teenage deaths are suicides, according to statistics released by SADAG in 2022.²⁵ The youngest victim was a six-year-old child! Suicide is the second leading cause of death among youth all over the world, with low- and middle-income countries accounting for 78% of all suicides.²⁶

Lebo Mhambi, a psychologist at Mediclinic Denmark Mental Health Services, comments that these statistics are not surprising. She points out that "adolescence is already a difficult time characterised by physical, cognitive and social changes. When you add school stress, potential bullying and peer pressure to the mix, many teens start to question their identity and relationships. Those who don't find quick answers may start believing that suicide is the only solution".²⁷ Adolescents typically live in the moment,

act on impulse and lack perspective.

Parents, teachers and care givers should be mindful that 75% of teens contemplating suicide give warning signs such as prolonged sadness, tearfulness and hopelessness, which are typical symptoms of depression. Shilubane *et al* comment that "they tended to talk about suicide, have sleeping and eating problems, withdraw from friends, give away prized possessions, lose interest in their personal appearance, use alcohol or drugs, and take unnecessary risks".²⁸

Similarly, research published in the *South African Journal of Family Practice* found that students of higher educational institutions also constitute a vulnerable group. The study identified "a history of sexual abuse, bullying, perceptions of abnormal body weight and underlying medical conditions as associated risk factors of suicide attempts among the participants. The high prevalence of suicide attempts among the participants (16%) demonstrates the urgent need for campus-based interventions and prevention strategies aimed at addressing the identified associated factors".²⁹

6. Suicide Causation

As is apparent from the above, many factors predispose people to suicide. As an opinion piece in the *Mail & Guardian* points out, "the prevalence of suicidality in our community points to the mental health crisis we are facing as a society. We cannot talk about suicide without talking about depression, which is one of the prevalent mental health issues in South Africa. The lifetime prevalence of depression in South Africa is 9.7% or 4.5 million, and 70% of people who attempt suicide have a mental health illness".³⁰ Mental disorders are predictive of the onset of suicide ideation; it is clear that mental health challenges are a severe issue that could lead to suicide if not properly addressed.

Shilubane *et al* emphasize that suicidal behaviour is complex. "The process ranges from suicidal ideation, that can be communicated through verbal or non-verbal means, to the planning of suicide, attempting suicide, and in the worst case, actual suicide".³¹ Edeh and Eseadi's research regarding the mental health implications of suicide rates in South Africa found that those "exposed to violence are at risk, and people who have access to health-care have less chance of committing suicide. Violence exposure among

adolescents can result in exposure to other types of violence, implying that experiences of victimization could amass over time. When people face a series of troubles, social isolation, and anxiety, they may slip into depression and begin to think of terminating their lives".³²

7. The Importance of Social Context

Pioneering sociologist Émile Durkheim's theory of suicide greatly contributes to the understanding of the phenomenon because it emphasizes that suicide is not only the result of psychological or emotional factors but that social factors play an important role as well. He concluded that the more *socially integrated and connected* a person is, the less likely he or she is to commit suicide. As social integration decreases, people are more likely to commit suicide.³³ The more socially integrated a person is – that is, the more he or she is connected to society, possessing a feeling of general belonging and a sense that life makes sense within the social context – the less likely he or she is to commit suicide.

Durkheim argued that suicide is an extreme response by a person who experiences "a sense of disconnection from society and a feeling of not belonging resulting from weakened social cohesion".³⁴ Such suicides occur during periods of serious social, economic, or political upheaval and social change. Other factors contributing to a sense of social dislocation include unemployment, retrenchment, retirement, serious illness, bereavement and the progressive losses associated with old age.

The tragic deaths by suicide of desperate mothers Bongeka Buso and Ntombizanele Mtsizela, and the deaths of their children last year, brutally illustrates the impact of extreme poverty which results in the such marginalization and social dislocation. The conditions of life of so many are those of extreme social and economic alienation. In addition, gender-based violence and violent crime are endemic, further eroding a sense of belonging and security.

8. Stigma

Unfortunately, there is still a stigma surrounding mental disorders and suicide. This means that those thinking of taking their own lives or who have attempted suicide are not seeking help and are therefore not getting the help they need. According to the WHO, "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".³⁵

An article by the Sharp News Team suggest that "stigma, misunderstanding and lack of knowledge about mental illness and suicide can lead many people to feel hesitant or frightened to talk about it. Adjusting the words we use to discuss suicide is an important step in lessening the harmful stigma and ultimately, a way to start saving lives".³⁶ They suggest that the term *died by suicide* rather than *committed suicide* is less judgmental and pejorative. Raising community awareness and breaking down the taboo is important for countries to make progress in preventing suicide.

9. Suicide Prevention

Shilubane *et al* emphasize that "suicide impacts on the most vulnerable of the world's population and places a large burden on low- and middle-income countries that are often ill-equipped to meet the general and mental health needs of their populations".³⁷ Many factors can increase the risk for suicide or protect against it. Edeh and Eseadi highlight that South Africa has a significant burden of mental health issues, which contributes to the soaring rate of suicide. Adequate mental health-care provision could reduce the high suicide rate.³⁸ While mental health is recognized as a public health priority in South Africa, mental health-care remains largely underfunded.

The WHO stresses that 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, 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; and early identify, assess, manage and follow up anyone who is affected by suicidal behaviours".³⁹

The reduction of suicide mortality is considered by the WHO as a public health priority, and it is

included as an indicator in the United Nations Sustainable Development Goals (UN SDG) under target 3.4. The goal is to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and by promoting mental health and well-being.⁴⁰

Target 3.4 requires that by 2030 there must be “improved surveillance and monitoring of suicide and suicide attempts [...] for effective suicide prevention strategies. Cross-national differences in the patterns of suicide, and changes in the rates, characteristics and methods of suicide, highlight the need for each country to improve the comprehensiveness, quality and timeliness of their suicide-related data. This includes vital registration of suicide, hospital-based registries of suicide attempts and nationally representa-

tive surveys collecting information about self-reported suicide attempts”.⁴¹

10. Conclusion

Suicide is preventable and everyone has a role to play to save lives and create healthy and strong individuals, families, and communities. The WHO emphasizes that “suicide prevention requires a comprehensive public health approach which requires co-ordination 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”.⁴²

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³ <https://www.un.org/africarenewal/magazine/october-2022/reversing-suicide-mental-health-crisis-africa>

⁴ <https://www.safmh.org/world-suicide-prevention-day-2022/>

⁵ <https://www.bbc.com/future/article/20190313-why-more-men-kill-themselves-than-women>

⁶ ‘Wages of love: The Experience of Loss’, Cynthia Birrer, Pathways Institute of Thanatology, 1977

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⁸ https://files.aho.afro.who.int/afahobckpcontainer/production/files/iAHO_Suicide_Regional_Fact_sheet_August2022.pdf

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¹² <https://www.aa.com.tr/en/africa/africa-has-worlds-highest-rates-of-suicide-who/2705644#>

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