

# Reduce Risk - Increase Safety II Suicides and Firearms Misuse

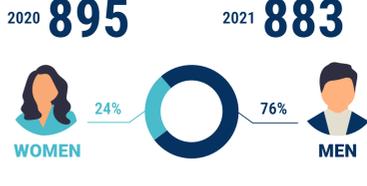
REPUBLIC OF SERBIA



**SUICIDES ARE NOT ONLY TRAGIC ACTS AFFECTING INDIVIDUALS AND FAMILIES, BUT ARE BOTH GENDER- AND PUBLIC HEALTH PROBLEMS.**

**SUICIDE PREVENTION REQUIRES A MULTI-SECTORAL APPROACH AND LONG-TERM COMMITMENT IN PLANNING AND IMPLEMENTATION OF COMPREHENSIVE MEASURES, AS WELL AS ACTIONS INVOLVING MULTIPLE STAKEHOLDERS.**

## RECORDED SUICIDES<sup>1</sup>



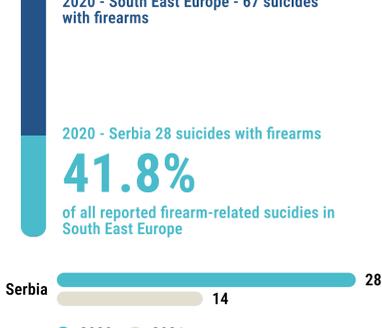
The majority of persons who commit suicide are men.

Age is not negligible. As the age of men increases, so does the number of persons who commit suicide, especially after the age of 40, with the highest proportion of men over 60 years old.

<sup>1</sup> Deaths by violent death, origin of violent death, age and sex 2020 and 2021, Statistical Office of the Republic of Serbia, <https://data.stat.gov.rs/home/result/18030304?languageCode=en-US>

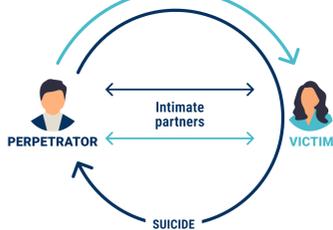
## NUMBER OF RECORDED SUICIDES WITH FIREARMS<sup>2</sup>

In 2020, Serbia was the highest-ranking country in South East Europe with regards to firearm-related suicide.



## FEMICIDE-SUICIDE IN INTIMATE PARTNER RELATIONSHIPS

Suicide threats and mental health problems represent additional risks in violent partner relationships.



Femicide in an intimate partner relationship is often followed by the suicide of the perpetrator, especially if the femicide is committed with a firearm.

Femicides followed by suicide of perpetrator in Serbia during the period 2010 - 2020.<sup>3</sup>



% of femicides followed by suicide

<sup>2</sup> Fire-arm related suicides in South East Europe in 2020/Fire-arm related suicides in South East Europe in 2021, UNDP SEESAC, available at: [https://www.seesac.org//docs/Armed-Violence/In-Focus-Armed-Violence-Monitor-Firearm-related-Suicides-in-SEE-in-2020\\_1.pdf](https://www.seesac.org//docs/Armed-Violence/In-Focus-Armed-Violence-Monitor-Firearm-related-Suicides-in-SEE-in-2020_1.pdf) and <https://www.seesac.org//docs/Armed-Violence/In-Focus-Armed-Violence-Monitor-on-Firearm-related-Suicides-in-SEE-in-2021.pdf>

<sup>3</sup> Characteristics and Prevention of Intimate Partner Femicide-Suicide cases Committed with a Firearm, UNDP Serbia, 2023, available at: <https://www.unp.org/serbia/publications/characteristics-and-prevention-intimate-partner-femicide-suicide-cases-committed-firearm>

## OUR FOCUS

**REDUCE THE NUMBER OF SUICIDES COMMITTED WITH FIREARMS BY PERSONS WHO HAVE ACCESS TO FIREARMS AS CIVILIANS, OR BASED ON THEIR OCCUPATION OR HOBBY, AS WELL AS THOSE WHO HAVE ACCESS TO ILLEGAL FIREARMS, THROUGH FINDING SOLUTIONS TO:**

1. REACHING PERSONS AT RISK OF SUICIDE WHO DO NOT SEEK SUPPORT FROM INSTITUTIONS OR SPECIALIZED ORGANIZATIONS.
2. LOWERING RISK OF FIREARMS MISUSE BY CIVILIANS, AS WELL AS PERSONS WHO CARRY A FIREARM BASED ON THEIR PROFESSION.

## STAKEHOLDERS PARTICIPATING IN PROCEDURES OR COMING INTO CONTACT DIRECTLY OR INDIRECTLY WITH PERSONS WHO POSSESS FIREARMS AND/OR ARE AT RISK OF COMMITTING SUICIDE:



**Institutions**

e.g. Ministry of Health, Ministry of Interior, Ministry of Defence, healthcare institutions, police departments, schools



**Civil society organizations/community**

e.g. CSOs providing support regarding mental health, professional associations of police or military personnel, shooting ranges, media (especially those with national coverage), veterans' associations, associations of psychologists and psychiatrists



**Private Sector**

e.g. arms production and distribution companies, agencies for physical-technical security, private detective agencies, companies responsible for training on firearms handling

## THE HEALTHCARE SYSTEM

A key entry point for tracking changes in mental health, family dynamics and personal circumstances that could be triggers and risks for committing suicide.



Role of healthcare system before weapon permit issuance

Role of healthcare system once a weapon permit has been obtained.

Follow-up check-ups after attempted suicide lower the probability of new attempts by 45%.<sup>4</sup>

\*armed forces personnel, law enforcement staff, forest guards, customs officers, correctional service staff

<sup>4</sup> Mann, J. J., Michel, C. A., & Auerbach, R. P. (2021). Improving suicide prevention through evidence-based strategies: A systematic review. *American Journal of Psychiatry*, 178(7), 611–624.

## CHALLENGES OF THE HEALTHCARE SYSTEM IN TAKING A MORE ACTIVE ROLE IN PREVENTING FIREARMS MISUSE FOR SUICIDE

Psychological assessment of persons applying for a firearm license does not sufficiently support detection of risk of suicide.

Interpretation of doctor-patient confidentiality can sometimes hinder suicide prevention.

Risk assessment in reported cases of domestic/partner relationship violence should include assessment of risk of suicide by the perpetrator.

Some information is available to general practitioners only if their patient communicates it, but not through the electronic data system. This reduces the chance of effective recognition of mental health problems or suicide risk and provision of support.

Prejudice and stereotypes about mental health protection and wellbeing, especially among persons whose profession involves access to firearms, keeps them from reaching out for support.

Awareness raising and informing channels on mental wellbeing and suicide prevention do not sufficiently target all population groups.

## OPPORTUNITIES FOR BETTER DETECTION OF RISK AND PREVENTION OF SUICIDES:

More effective communication between healthcare centers, social welfare centers and police to enable timely sharing of information concerning firearm permit issuance.



Investing more resources in education of general practitioners on mental health, risk factors for suicide and communication styles with patients.



Making all relevant information available to general practitioners through digitalization of the healthcare system.



More efficient mobilization of human resources, such as nurses and medical technicians, who could facilitate the diagnostic process while receiving patients and interacting with them in health center waiting rooms.



Better use of waiting rooms in health centers to support patients in volunteering information about suicide and educate them about mental health.



Introducing a designated space within the health center where the patient could stay, thus signaling that he/she needs psychological support or diagnostics in the field of mental health.



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