

Suicide Incidents in Settlements

Interagency Coordination Meeting
28 February 2020

Increase in suicide incidents in West Nile

Arua

- 2018: 17 (10 attempted, 7 complete)
- 2019: 26 (22 attempted, 4 complete)
- 2020: 2 (2 complete)

Bidibidi

- 2018: 25 (23 attempted, 3 complete)
- 2019: 29 (27 attempted, 2 complete)
- 2020: 8 (6 attempted, 2 complete)

Palorinya

- 2017-2018: 5
- 2019: 44 (29 attempted, 15 complete)
- 2020: 8 (7 attempted, 1 complete)

Factors influencing increase in suicide cases

MSNA 2018: 22% refugee households reported at least one member was in psychological distress or scared.

Discussions with survivors / relatives identified some 'trigger' events:

- Ongoing effects of trauma/violence from country of origin
- Poverty, lack of livelihood opportunities, inability to meet basic needs, inability to attend school, missing food distribution as names not on the log
- SGBV, domestic violence, forced early marriage
- Single parents / caregivers overwhelmed by burden of being sole provider / carer
- Substance abuse
- Idleness, dramatic shifts in social status
- Reduction in food rations

Factors influencing increase in suicide cases

Mix of factors pushing refugees beyond coping capacity - 'trigger' events not occurring in isolation:

- Limited access to clinical mental health support / psychosocial support services
- Lack of hope in SSD peace process & for future generally
- Disruption / lack of social support structures, social isolation, family separation
- Exposure to deadly violence = social fragmentation, undermines social connectedness
- Limited access to information on available services and who to turn to
- Reduction in food rations

Responses

- Strengthening multi-sectoral coordination
- Recruitment of Crisis Response teams / community-based counselors & sensitization of community structures, volunteers and partner staff to identify and refer cases with signs of suicidal tendency
- Supporting and monitoring diagnosed mental health patients
- Formation of group of suicide survivors (Palorinya)
- Formation of suicide taskforce, focus group discussions, community engagement (Bidibidi)
- Need to strengthen / scale up MHPSS response (at all levels of the MHPSS pyramid) to a level ensuring adequate coverage for the needs with focus on particularly at-risk communities