Parliamentary Assembly
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CONSEIL DE L'EUROPE

Resolution 1608 (2008)[1]

Child and teenage suicide in Europe: A serious public-health issue

Parliamentary Assembly

1. Teenage suicide has become a serious public health issue. The importance of the problem is underestimated, as there are tens of thousands of suicides every year – more deaths than are caused by road accidents. The underlying causes of suicide are often both psychological and social. Very often it is a call for help and a sign of deep suffering.

2. Childhood and adolescence are stages in life which need our full attention because it is then that young people are forging their future adult personality, integrating into society and learning to live in the community. It is therefore very important that this integration should take place in the best possible psychological and social conditions. Numerous Council of Europe legal instruments, such as the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS No. 201), the European Convention on the Exercise of Children's Rights (ETS No. 160) and the Council of Europe Convention on Action against Trafficking in Human Beings (CETS No. 197), guarantee this integration.

3. The Parliamentary Assembly refers to its previous work on the subject, in particular Recommendation 1532 (2001) on a dynamic social policy for children and adolescents in towns and cities and Recommendation 1632 (2003) on teenagers in distress: a social and health-based approach to youth malaise.

4. The Assembly also wishes to remind member states that ratification of the European Social Charter (ETS No. 35) implies that member states are encouraged to introduce policies for preventing illness, in particular mental illness, and to ensure that people who are mentally ill enjoy a supportive environment. Although several member states have already undertaken preventive measures as regards adolescent suicide, these measures should be universally adopted.

5. It strongly condemns all psychological, physical and economic forms of violence against children and teenagers. It knows that the damage caused and the consequences of such violence for the equilibrium of children and teenagers may be irreversible and push them into committing suicide.

6. The Assembly is also concerned by the increase in risk behaviour, suicide and attempted suicide. It believes that suicide prevention plans aimed at teenagers must be more widely implemented and invites its Social, Health and Family Affairs Committee to look into this matter.

7. There should be specific measures and activities to shape children's and teenagers' attitudes to suicide and to death in general. Cross-sectoral programmes, with social, medical and educational components, must be adopted to forestall suicide and encourage and equip troubled teenagers to open up and discuss their fears and worries with someone who can help them.

8. The Assembly believes that certain innovatory methods, such as "psychological autopsies", could be used more extensively to improve both understanding of the problem and risk evaluation.

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1. *Assembly debate* on 16 April 2008 (15th Sitting) (see Doc. 11547, report of the Social, Health and Family Affairs Committee, rapporteur: Mr Bernard Marquet). *Text adopted by the Assembly* on 16 April 2008 (15th Sitting).

9. It reaffirms the importance it attaches to respecting political, economic, social, cultural, sexual and physical differences. It therefore strongly condemns all forms of religious, ethnic and sexual discrimination and reasserts its commitment to combating racism, homophobia and the stigma attached to all sexual behaviours, including transexualism.

10. The Assembly is obviously concerned that suicide rates among young lesbian, gay, bisexual and transgender people are significantly higher than among young people as a whole. It notes that this heightened risk is not a function of their sexual orientation or gender identity, but of the stigmatisation, marginalisation and discrimination which they experience as a result. As such, this heightened risk has a significant human rights dimension.

11. The Assembly has, over the past few years, also noted the dangers of the misuse of the Internet and the need for rules governing its use. Suicide is very often glorified, particularly through websites and in certain blogs, and this may result in major tragedies. Moreover, the way in which the problem is presented by the media needs close attention particularly where adolescents, who are easily influenced by the Internet and television, are concerned.

12. As a corollary, the Assembly is concerned by the risk of harm from online information which promotes suicide. While such content may not be illegal or conclusively proven by research evidence to induce suicide, there is a risk to the physical, emotional and psychological well-being of young people, in particular with regard to the portrayal and glorification of self-harm. The Assembly notes that the protection of children and young people from such risks forms part of the general obligations of member states pursuant to the European Convention on Human Rights (ETS No. 5).

13. In this connection, the Assembly considers that, as a means of counterbalancing promotional Internet information on suicide, the provision of information, by member states and other stakeholders, about suicide forms part of the public service value of the Internet.

14. The expert knowledge of associations and non-governmental organisations (NGOs) working on the subject must also be reflected in government decisions. The Assembly firmly believes that the NGOs concerned and their institutional partners should work more effectively in this field.

15. Finally, the prevention of repeat attempts must be made a priority. Of those teenagers who attempt to commit suicide, 15% make repeat attempts and 75% are not taken to hospital. The risk of repeat attempts must therefore be addressed through specialised medical treatments following the first attempt and immediate and appropriate social follow-up should be given in order to prevent any further attempts at suicide.

16. Consequently, with a view to identifying people at risk and to preventing suicide, the Assembly invites member states to:

16.1. address this question and make it a political priority;

16.2. support existing scientific research on this subject and promote new research;

16.3. provide health education in primary and secondary schools but also take action to prevent violence and bullying in schools;

16.4. set up training for care staff to help them identify persons at risk and make suicidology an academic subject in its own right;

16.5. strengthen policies to combat drug and alcohol abuse among minors;

16.6. promote family support policies to help families ensure that teenagers successfully integrate into society;

16.7. put in place and/or establish walk-in centres or helplines, so as to be in a better position to hear the cries for help coming from teenagers and to prevent crises from occurring;

16.8. improve teenagers' medical knowledge of suicide and suicidal symptoms;

16.9. take steps to ensure that teenagers do not trivialise suicide;

16.10. restrict, as far as possible and particularly in public places, all means of suicide;

16.11. foster co-operation with the media to make people more aware of the problem of suicide;

16.12. provide targeted information, advice and assistance on suicide as part of the implementation of the Committee of Ministers Recommendation Rec(2007)16 on measures to promote the public service value of the Internet;

16.13. reinforce measures to combat homophobia through educational activities and discussion groups encouraging self-acceptance and the acceptance of others;

16.14. combat the inhumane practice of forced marriages and intensify awareness concerning this matter;

16.15. strengthen networks involving associations, NGOs and public services.

17. With a view to preventing repeat attempts, the Assembly also invites member states to:

17.1. provide systematic psycho-social support measures;

17.2. provide psychological assistance not only to the young people concerned but also to parents and close friends;

17.3. introduce a multidisciplinary approach encompassing health, education, employment, the police, the justice system, the religious and political authorities and the media.