

## SUICIDE AS A GLOBAL HUMAN PROBLEM: WAYS TO TAKE OVER

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**Abstract:** The relevance of this article is due to the extremely high dynamics of suicide rates in the world (according to World Health Organization – 1 death every 40 seconds). The purpose of the article is to define the administrative and legal mechanism of prevention of suicides in Ukraine and in the world. The leading research methods are general scientific and specific research methods, including methods of logic, analysis, comparison and others. The results of this study are to identify ways of introducing positive foreign experience and to develop their own algorithm for reducing suicide in Ukraine, taking into account the specific development of the country. The significance of the obtained results is reflected in the fact that this study can serve as a basis for outlining

future changes to the current legislation of Ukraine on the prevention of suicide in Ukraine.

**Keywords:** mechanism of prevention, central executive authorities, mental state, psychological depression, accident.

### Introduction

The World Health Organization (hereinafter WHO) states that approximately 800.000 people a year die from suicide, representing a global mortality rate of 16 people per 100.000 or one death every 40 seconds. The mortality rate is projected to rise to one every 20 seconds by 2020. Ukraine is one of the leading states and ranked 8th

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in the suicide rate with a rate of 22.4 per 100.000 people. However, in modern Ukraine, the problem of suicide is not regulated by law, and there is no administrative and legal mechanism for the prevention of suicide, which is a global state problem that needs immediate resolution. Ukraine is one of the ten world leaders in the number of suicides. According to the State Statistics Service of Ukraine, about 200.000 people committed suicide during the years of independence (State Statistics Service of Ukraine, 2020). According to WHO research Ukraine had 36.9 suicides per 100.000 people in 2000. Analyzing the statistics for the subsequent years, we can see that the suicide rate in our country decreased slightly to 22.4 cases per 100 thousand in 2016. With this indicator, Ukraine ranked 8th in the WHO global ranking (World Health Organization, 2012). Among European countries, our country has been a firm leader for many years (Riabovol et al., 2019).

In the course of our research, we have come to the conclusion that in the published official statistics the data cannot be completely true, since they only take into account the recorded cases of suicide that resulted in the death of a

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 person. Unsuccessful suicide attempts, which are committed 20 times more often according to statistical surveys, are not included in the total number of suicides. Another factor affecting the reliability of statistics is the incorrect identification of causes of death. Current practice shows that suicide cases are often qualified as accidents, such as falls from a height, accidents on the roads, drug overdoses, etc. Therefore, it can be argued that the real figure is much higher and the official statistics show only approximate figures (Matthieu, Hensley, 2013).

Suicide in Ukraine is the seventh most common cause of death after a heart attack and cancer. According to official statistics, 7575 suicide cases were recorded in 2015, of which 6149 were committed by men. For better understanding of the criticality of the situation, a comparison should be made. Thus, 2111 homicides and 4807 road accident deaths were registered in the same year, which is less than the official number of suicide victims. If we consider the suicide rate in the regional context, the Sumy region with 34 suicide cases per 100 thousand is the leader, Chernihiv – 33 per 100 thousand, Kropyvnytskyi – 32 per 100 thousand,



Kherson – 30 per 100 thousand, Mykolaiv – 28 per 100 thousand. The smallest number of suicide attempts were recorded in Kyiv, Lviv, Ternopil and Kharkiv oblasts with rates of 6, 5, 9 and 8 cases per 100 thousand respectively (Mandebura, 2018).

Almost  $\frac{1}{4}$  of suicides are committed by persons over 60 years of age. But this does not mean that this negative phenomenon is not widespread among young people and adolescents, on the contrary, suicide is the second cause of death after an accident in persons aged 5 to 29 years (State Statistics Service of Ukraine, 2020). There are no official statistics on the number of suicides in the above-mentioned category of persons in Ukraine, so we can only assume the probable figures. It is a pity, but according to our observations, the increase in suicide rates among children and young people is becoming catastrophic every year, given how often we find publications about teen suicide. Equally regrettable cases are observed with the participation of students of Ukrainian universities (Riabovol et al., 2019). Young people and adolescents today most need support and protection from the state. They are gradually

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becoming the category of people among whom suicide peaks in popularity.

Another category of people who is at the forefront of suicide in Ukraine today is the military. The starting point for the spread of suicide in the Ukrainian army was the war with the Russian Federation, which still takes the lives of young soldiers. In the face of military aggression, psychological depression is exacerbated and the mental state of people is impaired, which leads to suicide. At present, there is no official data on the number of suicides in the area of the United Forces Operation (hereinafter referred to as UFO), however, according to ex-Central Military Procurator of Ukraine A. Matios, 1294 non-combat casualties were reported between 2014 and 2016, 259 of them are suicides, accounting for 20% of all cases (Romanenko, 2018). According to the Defense Ministry, there were 256 non-combat deaths recorded in the non-UFO area in 2016, 63 of which were suicides, which accounts for 25% (Romanenko, 2018). The number of such cases is increasing dramatically. Thus, as of April 1, 2018, according to the Unified Register of Pre-trial Investigations (URPI), about 554 people have died as a result of suicide since the



start of the anti-terrorist operation (Matios, 2018). That means, that the number of suicides in the Armed Forces of Ukraine, which are in the area of conducting the UFO, has doubled in 2017. But this problem is not just about the area of the UFO conduction. According to the General Staff, about 66% of suicides are committed not in the war zone, but in military bases or after service in the Armed Forces of Ukraine (hereinafter referred to as AFU). Suicide in military units is often attributed to non-combat losses for silencing such cases (Matios, 2019).

Another category of persons is convicted persons. According to the press service of the State Criminal Enforcement Service of Ukraine 263 people who are serving sentences have committed suicide in the penitentiary institutions during 2014-2018. 62 suicides were committed in 2014, 49 cases in 2015, 58 suicides in 2016, 48 – in 2017, 46 suicides in 2018. Suicide in penitentiaries accounts for 70% of all cases, and in pre-trial detention centers – 27%, other attempts happen at correctional centers. According to the Ministry of Justice of Ukraine, 55.078 convicts were registered in 148 penitentiary institutions located in the

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controlled territories as at 1 January 2019 (excluding Crimea institutions and occupied Donetsk and Luhansk regions (Pchelina et al., 2019). Thus, we can conclude that the suicide rate in 2018 in the penitentiaries amounted to 59.9 cases per 100 thousand people, and in pre-trial detention centers – 23.6 per 100 thousand. The figures have reached critical levels, although there is a recent trend of reducing suicide rates (National Statistics, 2018-2019).

Therefore, given the above mentioned facts, it is safe to say that Ukraine is at the center of a suicide epidemic. Suicide rates among Ukrainians are not only figures and statistics, but above all an indicator of how the state treats suicide. An important component of state anti-suicide policy is the regulatory support and activities of state bodies in the field of protection of life and health of citizens. Unfortunately, so far our country is not on the list of states that actively and comprehensively combat suicide.

### **Materials and Methods**

The following methods were used during the research: general theoretical (analysis, synthesis,



concretization, generalization, analogy method, modeling); empirical methods (study of suicide experience in Ukraine, development of administrative and legal mechanism of suicide prevention in Ukraine, identification of suicide problem in developed countries of the world, research of legal and scientific-methodological literature on the subject, scientific research and conclusions). Undoubtedly, the fundamental legal act directly related to the problem under study is the Constitution of Ukraine (1996), which in Art. 3 states that a person, his/her life and health in Ukraine are recognized as the highest social value. In the context of this provision, it can be argued that it is the state's duty to protect every citizen whose life or health is under threat. Suicide is one such threat. That is why anti-suicide policy in Ukraine should be recognized as a priority. However, the statistics above prove that there is a suicide problem in Ukraine today, especially at the state level.

The Cabinet of Ministers of Ukraine (hereinafter – CMU) Resolution No. 14 “On Approving the Inter-Sectoral Comprehensive Program “Health of the Nation for 2002-2011”, enshrined the implementation of suicide reduction

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measures by developing a nationwide suicide prevention system for adolescents and young people through crisis in-patient facilities in general hospitals (Cabinet of Ministers of Ukraine..., 2002). Although this regulation did not provide for a comprehensive suicide prevention program, it was the first step towards resolving suicide problem in Ukraine.

The Mental Health Action Plan for 2013-2020, adopted by WHO in 2013, envisaged the development of national suicide prevention strategies by participating countries. Unfortunately, the Government of Ukraine has long been not actively involved in the prevention of suicide. Only in 2017 the CMU approved the Concept for the Development of Mental Health Care in Ukraine for the Period up to 2030 (hereinafter referred to as the Concept) (Ordinance of the Cabinet of Ministers..., 2017). The adoption of this normative act is directly aimed at the implementation of the norms of the Association Agreement (hereinafter – the Agreement) between Ukraine and the European Union (hereinafter – the EU). With the signing of the Agreement, Ukraine pledged to implement health care reforms in line with EU law. The



Action Plan for the Implementation of the National Human Rights Strategy for the period up to 23 November 2015 No. 1393, as well as the 2015 Sustainable Development Goals approved at the UN Summit, were the stimulus for the development and adoption of the Concept.

The concept recognizes the problem of deliberate self-harm as requiring immediate intervention. It became one of the first documents in the current national legislation that initiated the anti-suicide policy in the country. The main purpose of the Concept is to create a unified and effective system of mental health care for Ukrainians. According to it, the Ministry of Health is obliged to develop a draft Action Plan aimed at implementing this Concept (hereinafter referred to as the Plan) in cooperation with other central and local governments (Concepts of mental health..., 2018). The regulated procedure for carrying out suicide prevention measures has been adopted at the legislative level and strategies have been developed in many countries around the world. And in Ukraine the Government Resolution approved a plan of future actions, which may have a positive result, only in 2018. However,

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the problem is that it will take several decades to create the desired comprehensive mechanism, but suicides are taking place today, and we need to implement a policy of active opposition to suicide as soon as possible.

### **Results and Discussion**

An effective anti-suicide policy of the state is a holistic system, one of the main components of which is the activity of the authorized bodies. The latter include central and local executive authorities in Ukraine. According to the Ukrainian legislation, the Cabinet of Ministers of Ukraine is central in the system of central executive authorities, which is why it should play a key role in the process of designing and implementing suicide prevention measures. Thus, according to Art. 20 of the Law of Ukraine “On the Cabinet of Ministers of Ukraine” No. 22, the main powers of the CMU include activities in the field of social policy, healthcare, science, namely ensuring the development and implementation of state social programs (Law of Ukraine..., 2014). The CMU’s regulations on the adoption and approval of suicide prevention programs, referred to in Section 2.1., have become a legal

lever in reducing suicide in Ukraine. Therefore, we can say that the Government plays a decisive role, as it is not only aimed at developing and approving suicide prevention measures, but also at coordinating the work of ministries, services and agencies in providing them with social policies, including anti-suicidal ones.

The key role in the implementation of the approved Concept is played by the ministries, among which are the following:

1. Ministry of Health (hereinafter – MOH). Its main function is to ensure public health policy. MOH directly relates to the prevention of suicide and further work with persons prone to suicidal ideation.

2. Ministry of Education and Science (hereinafter – MES). MES is responsible for developing and implementing suicide prevention measures among schoolchildren, students, and employees of educational institutions. The activities of psychological services, psychologists and pedagogical staff in educational institutions are controlled by MES.

3. Ministry of Social Policy (hereinafter – MSP). Its main function in the context of our study is to conduct psychological rehabilitation of participants in the anti-terrorist operation, victims of the Revolution of Dignity and others. It is MSP that provides rehabilitation for such persons.

4. Ministry of Internal Affairs of Ukraine (hereinafter – MIA). Suicide among police officers is quite common in Ukrainian society. That is why MIA is responsible for implementing suicide prevention measures among these individuals, as well as training law enforcement officials to respond quickly to suicide attempts, especially with regard to patrol officers.

5. Ministry of Defense of Ukraine (hereinafter – MD). In its activities, MD should contribute to the reduction of suicide rates among the military, UFO participants, and other law enforcement agencies.

6. Ministry of Justice of Ukraine. According to statistics, suicide in penitentiary institutions has become commonplace. Therefore, under the



Plan, the ministry was required to develop a suicide prevention program for convicts.

7. State Statistics Service. In the course of the study, we were faced with the problem of the lack of up-to-date statistics on suicide among the population of Ukraine. This fact has a negative impact on the work of other executive bodies, because it is through statistics that one can estimate the mortality rate due to self-harm and develop strategic suicide prevention programs on the basis of it. In the future, statistics should be used to analyze the effectiveness of the measures implemented.

Thus, we come to the conclusion that only effective work of each executive body can save the lives of thousands of Ukrainians.

The scientific community in many countries around the world demonstrates a caring attitude towards the problem of suicide, as it actively engages in anti-suicide policies and conducts detailed and regular statistical surveys. According to them, suicide is gradually becoming one of the leading causes of death worldwide. Thus, suicide

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ranks 15th among the leading causes of death (Matios, 2019). WHO statistics show that suicide is committed twice as often as murder, and emphasizes that this phenomenon is global and reaches critical levels every year. Over the past 45 years, suicide rates worldwide have increased by 60% (Concepts of mental health..., 2018). These figures do not account for suicide attempts, which are up to 20 times more frequent than successful suicide attempts. These statistics show that a high percentage of people today are in a socio-economic, individual or psychological crisis that leads to spontaneous and ill-considered decisions. A striking example of the fact that suicide has gained popularity in recent years is the so-called “suicide forest”, which is located in the Aokigahara Forest at the foot of Mount Fuji. This place became known for committing an incredible number of suicides there (Portiakova, 2019).

According to global statistical surveys, more than half of suicides are elderly people. In recent years, they have become the highest risk category. Thus, 55% of those committing suicide are 45 to 70 years of age or older, and 45% are between 5 and 44 years of age (Portiakova, 2019). It is also worth





noting that men are more prone to suicidal behavior. In most countries, the suicide rate for men is twice as high as for women. Thus, the global suicide rate for women was 6.3 deaths per 100.000 in 2017, and twice as high for men, namely 13.9 per 100.000 people (Portiakova, 2019). Analyzing the results of research, most scientists argue for the need to create a special global strategy for reducing suicide, which would take into account the peculiarities of the psychological status of each category of persons.

The suicide phenomenon is relevant in all parts of the world, it affects people of all nations, cultures, religions, genders and classes. Therefore, in our opinion, special attention should be paid to the prevention of suicide at the national level, especially among adolescents and young people, since suicide is the second leading cause of death among this population category. This is evidenced by WHO statistical surveys showing that the highest number of suicides occurs in incredibly different countries. The first global step in the worldwide fight against suicide is the Mental Health Gap Action Programme (mhGAP) adopted by WHO in 2008. This international act recognizes suicide

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prevention as one of its priority objectives. The purpose of mhGAP is to create tailor-made strategies for the treatment of mental and neurological diseases, including the reduction of suicide rates. The program provides for a restriction of access to basic means of suicide and a reduction in alcohol consumption (Matthieu, Hensley, 2013). An important step in encouraging countries to develop suicide prevention strategies is the development of a guide “Suicide prevention: a global imperative” by WHO experts in 2014, that clearly outlines the directions and ways to prevent suicide.

The first ever WHO Mental Health Action Plan for 2013-2020 was adopted in May 2013, at the sixty-sixth session of the World Health Assembly. The main objective of this Plan is to reduce the incidence and number of suicides in the world by 10% by 2020 (Comprehensive mental health..., 2013). Accordingly, all WHO member-states should demonstrate their attitudes towards mental health care by adopting the suicide prevention strategies at the national level, or by actively pursuing suicide prevention measures. But unfortunately, according to WHO, only a handful of countries in the world have



included suicide prevention in their health priorities, and only 38 countries, such as the US, Japan, Australia, have a national suicide prevention strategy (Matthieu, Hensley, 2013).

When the number of suicides in Japan increased many times in 2005-2006, it was only then that the Government of that country drew attention to the high level of suicide and began to take the first steps towards improving the situation. A major driving force in the process of suicide reduction was the Japanese Law “On Suicide Prevention” adopted in June 2006, which became the basic legal act for the prevention of suicide in this country. In 2007, the Japanese Government urgently developed and adopted the “General Principles of Suicide Prevention”, the primary purpose of which was to carry out preventive measures for suicide and to provide psychological assistance to persons who have failed suicide attempts, in order to prevent recurrence of suicide. Thanks to these regulations and a nationwide large-scale suicide prevention campaign in Japan, suicide rates have been gradually declining since 2009, indicating the effectiveness of the laws passed (Portiakova, 2019). Recognizing suicide as one of the major

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problems among the Japanese, in 2015 the country adopted a National Suicide Prevention Strategy for 2016-2020, which anticipates a 30% reduction in suicide rates by 2026.

The United States Government (hereinafter referred to as the US) encountered this problem somewhat earlier. In May 2001, David Satcher, MD, US Surgeon General and Assistant Secretary of Health, introduced the National Suicide Prevention Strategy, which outlined the major areas of suicide prevention in the US. The main goals of this Strategy are to identify suicidal ideation in the early stages of psychological abnormalities in people. Today a new National Suicide Prevention Strategy for 2012-2022 is in place in the United States, with the primary goal of reducing suicide rates by up to 20% by 2025 (National Strategy for suicide prevention..., 2001).

Bulgaria, Denmark, Finland, France, Ireland, Norway, Sweden and the United Kingdom are among the European countries that were among the first to create comprehensive suicide prevention strategies. Subsequently, they were joined by Lithuania, Estonia, Slovenia, Scotland and other European countries. Thus, over the last 17 years,



the Scottish Government, in collaboration with the National Health Service, prioritizing efforts to reduce and prevent suicide, has adopted a number of regulations on the subject. These include the “Choose a Life” Plan (2002-2013), “Suicide: A Prevention Strategy” (2013-2016), and a new suicide prevention action plan, “Every Life Matters” (2018). Due to the quality approach to the implementation of the action plan for 2002-2006 and 2013-2017, the suicide rate in Scotland has fallen by 20%. The figures are lower than in 53 European countries each year (National Strategy for suicide prevention..., 2001).

In Sweden, the National Suicide Prevention Program was created by the National Institute of the Public and the National Council on Health and Wellbeing with the support of National Association of School Psychologists (NASP) experts. It was ratified by the Swedish Parliament in 2008 and implemented by the Government of Sweden, which has announced “Vision Zero” policy (National suicide prevention strategies..., 2018). Azerbaijan’s penitentiary facilities have a very effective way of finding out the causes and conditions that preceded the suicide of prisoners. As soon as a suicide

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attempt is made, criminal proceedings are opened to consider the possible fact of incitement to suicide. The penitentiary system thus prevents suicide among convicts as a result of gambling (dependence on gambling), which has a fairly high prevalence in penitentiary institutions (Carli et al., 2013; Ahaiev et al., 2018).

There is a comprehensive system for the prevention of psychological deviations in the behavior of the military in Israel today. Its first level is the diagnosis and vocational guidance of recruits. At the initial stage of admission to the ranks of military personnel the in-depth psychological testing is conducted, which includes specially adapted questions according to the categories of persons. The test results determine the mental health of the recruiter as well as the direction of service most appropriate to his or her psychological status and skills. The state of physical and mental health of a person is estimated on a 100-point system. A potential serviceperson must score at least 21 points, as the lower numbers indicate a person’s unwillingness to serve. Persons who have scored the required number of points are sent to the service according to the direction they



are most suited to by the results of the test. The methodology for such testing has proven to be very effective and has begun in the US, France and the United Kingdom (Agayev, 2018).

In our opinion, in order to create an effective administrative and legal mechanism for suicide prevention, we need to introduce the following algorithm of actions:

1. Develop and adopt a Law “On Suicide Prevention”, which will become a basic legal act aimed directly at reducing suicide rates in Ukraine.

In the course of our research, we have found that there is no specific legal framework governing suicide at the national level. Today it is declarative and purely formal in nature, because the only domestic systemic normative act that defines and acknowledges the problem of suicide is the Concept for the Development of Mental Health Care in Ukraine for the period up to 2030. Although the Concept provides a clause on the need to reduce suicide rates, we believe that this is not enough, since there is no effective state mechanism for the prevention of suicide in Ukraine.

According to the practice of other countries, only in the presence of a

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special law adopted by the legislature, the likelihood of reducing suicide increases tenfold. Therefore, based on the experience of foreign countries, we consider it expedient to develop and adopt the Law on Suicide Prevention (hereinafter – the Law), which will become the basic normative legal act aimed directly at reducing suicide rates in Ukraine. The law should define the main directions of its action, set the purpose and the body authorized for its implementation.

2. Create a special body within the MES, which is responsible for the implementation of preventive measures and procedures aimed at reducing suicide rates among the population of Ukraine, namely the Department of Suicide Prevention.

3. Develop a “Gatekeepers” Training Program, i.e. persons who, in accordance with it, will undergo special training in approved courses or in the discipline of providing psychological assistance and will receive a state certificate. The main idea of the Program is to train pedagogical staff, military personnel, law enforcement officers, firefighters to provide emergency immediate or



ongoing psychological support and assistance to suicidal persons.

4. Develop a Suicide Prevention Program for Servicemen, which includes:

- the procedure for testing among youth undergoing pre-prescription military training for the detection of suicidal ideation;
- activities of military psychologists prepared under the “Gatekeepers” Training Program;
- procedure for dismissal from military service in connection with a mental illness or a critical psychological condition;
- the functioning of the Support Center for servicemen’s families;
- a new procedure for the rehabilitation of servicemen.

5. Develop a Suicide Prevention Program for kindergartens, schoolchildren and students:

- the procedure for identifying persons prone to suicide;
- suicide prevention and prevention procedures.

6. Develop a Program for the functioning of the National Online Psychological Assistance Platform.

7. Collaborate with social networks such as Facebook and Instagram.

### **Conclusion**

Suicide prevention has been demonstrated by the “Gatekeeper” Training Program, which is enshrined in national Suicide Prevention Strategies in Australia, Canada, New Zealand, the US and other highly developed countries. Those most prone to suicidal ideation and behavior rarely seek help. At the same time the “gatekeeper” is any person who is able to identify a person’s suicidal plans and provide the necessary psychological help.

They include: 1) emergency ambulance or psychiatric services workers and other medical professionals; 2) teachers, lecturers and other scientific and pedagogical workers, including psychologists; 3) National Police workers, firefighters, social, personnel and emergency services workers; 4) the military; 5) community leaders, volunteers; 6) spiritual and religious mentors. The main purpose of the Program is to improve knowledge of the main methods of suicide prevention, skills of quick response to suicide attempts, as well as to educate



“gatekeepers” to identify persons with a propensity for suicidal ideation and their level of risk, to refer them to specialized medical institutions.

Given that suicide is the second cause of youth death in the world, the European Community has launched an EU funded project “Saving and Empowering Young Lives in Europe” (SEYLE). This project has developed a multi-component program on youth awareness in the field of mental health. It is school-based and aimed at children between the ages of 6 and 18. Its main components are the training of the above-mentioned “gatekeepers”, information and preventive activities, random testing and individual work with at-risk children. SEYLE has been tested in 11 European countries, namely Austria, Estonia, France, Germany, Italy, Romania, Slovenia, Spain, Sweden, Hungary and Ireland. Therefore, the experience of foreign countries is the basis on which it is possible to create a domestic suicide prevention program among the population of Ukraine, which will be aimed at overcoming the causes and prerequisites of committing suicide by Ukrainians.

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