Memo

Date: Aug 3, 2025
Subject: Suicide Trends and Prevention Efforts in Israel Post-October 7
To: First Lady **Michal Herzog,** Director General of the President's Residence **Eyal Shviki**
From: Gila Tolub, Executive Director, ICAR Collective; Prof. **Eyal Fruchter**, Chair, PTSD National Council, Israel Ministry of Health; Director of Medical and Scientific Affairs, ICAR Collective; Prof. **Yossi Levi-Belz**, Chair of The Lior Tsfaty Center for Suicide & Mental Pain Studies, Ruppin Academic Center; Member, ICAR Collective Scientific Advisory Board; Prof. **Gil Zalsman**, Director Geha Mental Health Center; Chair, Suicide National Council, Israel Ministry of Health. **Roy Peled,** Director of Government and Community, ICAR-Collective.

Table of Contents

Introduction

Nearly 730K people die by suicide every year worldwide[1]. For every suicide, there are many more people who attempt suicide.

Each suicide is a tragedy— a life cut short, a family shattered, friends left broken, and a community in shock. Research shows that every suicide affects up to 135 people, with a close circle of **15–30 severely impacted** (Cerel et al., 2014[2]; 2018[3]). Studies in Israel found that about one-quarter of the adult population has experienced the loss of someone close to them by suicide.

In just the past two weeks, the media has reported on six soldiers and reservists who died by suicide. These are not just numbers— they are young people who are no longer with us, families in deep pain, military units in shock, and a nation struggling to cope with the psychological toll of a war that is still not over.

[1] World Health Organization. (2025). Mental Health, Brain Health and Substance Use (Special Initiative for Mental Health). Suicide Worldwide in 2021: Global Health Estimates. Geneva: WHO. ISBN 978-92-4-011006-9
[2]Cerel, J., et al. (2014). How many people are exposed to suicide? *Suicide and Life-Threatening Behavior, 44*(3), 210–216.
[3] Cerel, J., et al. (2018). Suicide exposure in the population: Perceptions of impact and closeness. *Suicide and Life-Threatening Behavior, 48*(1), 36–46.

Trends and Key Numbers

- **Baseline:** According to the *National Suicide Prevention Program Report (2020)*, **~370 people die by suicide** and **6,370 attempt suicide** in Israel each year. Numbers usually have a 2-year delay. Current estimates ~500-600 suicides per year. This is 1.5 times higher than the number of deaths from road accidents. Expert estimate ~40% under-reporting given the number of suicides that go unreported.
- **Economic Impact:** In addition to the immense emotional toll, the economic impact of suicide in Israel is substantial, with an estimated annual cost of **2–2.5 billion NIS**.
- **Benchmarks:** The *Suicide in Israel: Trends and Insights Report (2023)* suggests a relatively low suicide rate in Israel (**6.4 per 100,000** people in 2020 - closer to the ~600 cases per year) compared to **10.9 per 100,000** in other high-income countries.
- **Population at-risk:** However, certain populations face disproportionately high risks:
    - **Senior Citizens and Youth/Young Adults** are at high risk; among youth, suicide is the second leading cause of death.
    - **Immigrants**: account for one-third of all suicides in Israel; Russian-speaking Israelis (13% of the population) make up 25% of suicides (~2× risk) and Ethiopian-rooted Israelis (1.7% of the population) account for 5% of suicides (~3× risk).[4]
    - **Individuals experiencing psychological distress** or living with any type of mental illness.
    - **Displaced:** People who were forced to leave their homes during a crisis or ongoing conflict.
- **Crisis paradox:** Currently, no excess suicides have been recorded. During war, suicide rates often remain stable or even drop because people feel a strong sense of purpose and community. Daily survival and collective action provide meaning and structure.
- **Unexpected cases:** However, we see suicides among people who were not considered at risk (e.g., survivors of the October 7 attacks, parents of October 7 victims).
- **Army suicides:** Absolute numbers are up since October 7, but reflect doubling of mobilization (from ~200,000 serving to >400,000) so rates remain stable.
- **The Day After:** Experts are concerned as historically, wars and collective disasters show surges in suicide after the adrenaline drops, once unity fades and people struggle to return to "normal life". (Somasundaram & Sivayokan, 2013).[5]

[4] Rate-based data by country of birth shows similar trends: 8 suicides per 100,000 among Russian-born immigrants (~1.25× the national rate of 6.4) and 24 per 100,000 among Ethiopian-born immigrants (~3.7×). This likely underestimates risk for Ethiopian-rooted Israelis, as many younger cases were born in Israel.

[5] Niederkrotenthaler, T., et al. (2010). Role of media reports in completed and prevented suicide: *The Papageno Effect*. *British Journal of Psychiatry, 197*(3)

Understanding Suicidality and Link to Trauma

Suicidal ideation is more common than many realize and most individuals do not want to die, they want the pain to stop. A 2021 study found that **8 % of adults experience suicidal ideation**, while less than **2 %** made a plan or attempt (Nock et al., 2021)[6].

The reasons for suicide are multi-faceted, influenced by social, cultural, biological, psychological, and environmental factors present across the life-course. Trauma is directly linked to **suicidality**:

- **External trauma trigger:** rooted in life-threatening experiences (combat, terror)
- **Hopelessness & isolation:** avoidance and dissociation erode hope and connection
- **Moral injury:** especially among soldiers, survivor guilt and shame increase risk

A Matter of Life and Silence

Many wonder why Israel hides data when it comes to suicide. This is actually a life-saving public health measure. Evidence shows that sensationalized or detailed suicide reporting increases risk of "contagion," particularly when coverage frames suicide as caused by a single factor or details the method or location (the "Werther effect"). Responsible coverage, on the other hand, can have a protective effect; emphasizing that suicide is preventable, showing how to recognize crisis signs, and providing hotline information can reduce suicide rates. (Niederkrotenthaler et al., 2010)[7]

Israel therefore restricts detailed reporting to reduce risk. New AI tools like **DAFNI** are being piloted to help media outlets automatically review and improve suicide coverage to align with WHO best practices and journalist training programs are being developed to promote responsible reporting and reduce risk for vulnerable individuals.

[6] Nock, M. K., et al. (2021). Suicidal ideation and behavior in low- and middle-income countries. JAMA Psychiatry, 78(4), 384–392.
[7] Somasundaram, D., & Sivayokan, S. (2013). Rebuilding community resilience post-war. International Journal of Mental Health Systems, 7(1), 3.

Strengthening Prevention & Care

When trauma is **unaddressed and unsupported**, suicide risk rises sharply. **Intervening now** is essential to mitigate delayed risk.

1. **Professional training:** Many health professionals feel unequipped today to treat individuals with suicidal ideation. Training can improve detection and treatment and was associated with decreased suicide rates in studies.
2. **Support NGOs**: Organizations such as Bishvil HaChaim, Moshe, and Gila's Way, that provide training, crisi response and postvention (supporting families/communities after death by suicide or suicide attempts)
3. **Adapted psychoeducation:** Develop and deliver culturally tailored suicide prevention education for high-risk populations (e.g., young adults, seniors, Russian-speakers, Ethiopian-Israeli), including information on mental health literacy and accessible NGO/*kupa* resources. School-based awareness programs have been shown to reduce suicide attempts and ideation and wider public awareness campaigns increase help-seeking behavior.
4. **Safety planning:** Ensure every person discharged from an ER or hospital stay receives a safety plan. Follow-up interventions (brief contact, next-day appointment, chain-of-care) significantly reduce repeat attempts and can lower suicide deaths.
5. **Postvention:** Provide support to families, units, and communities impacted by suicide, given each death deeply affects 15–30 people and indirectly touches up to 135 people. Postvention programs show positive effects in mitigating contagion risk.
6. **Media responsibility:** Train journalists and use AI tools (e.g., "Dafni") to promote safe reporting—avoiding harmful details and emphasizing prevention and support resources—to reduce suicide risk.
7. **Alternative care settings:** Invest in safe non-hospital alternatives for people in suicidal crisis—settings that allow stabilization and family reconnection without full psychiatric hospitalization ("Bayit MeAzen"). Most of the existing facilities in Israel refuse patients with suicidal ideation.
8. **New Methods:** More research and evidence-generation are needed on short and focused methods to reduce suicidal behavior, both at the individual and at the population level.

If there is interest, we can help create a more detailed workplan and an estimated budget focused on supporting and scaling existing efforts.

We thank you, Mrs Herzog, for your steadfast commitment to mental health and trauma recovery. Your leadership has already elevated this critical issue to national attention. With your continued support, we can work together to ensure every person in Israel, especially those most at risk, has access to care, hope, and community.