



I A S P

International Association for Suicide Prevention

September 10, 2016

World Suicide Prevention Day

Connect. Communicate. Care.

Current Status of Suicide Prevention Internationally: Enhancing Suicide Prevention in Ireland

WSPD Lecture, University College Cork

Wednesday 21st September 2016

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Overview

- World Suicide Prevention Day 2016
- Suicide Prevention at Global level: Progress and Challenges
- Core components of national suicide prevention programmes:
An update of the evidence base
- Enhancing suicide prevention in Ireland



World Suicide Prevention Day

● Connect. Communicate. Care.



Suva, Fiji, WSPD 2015



Ottawa, Canada, WSPD 2015



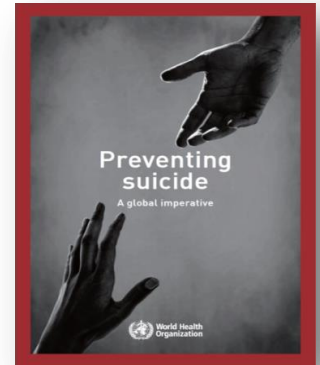
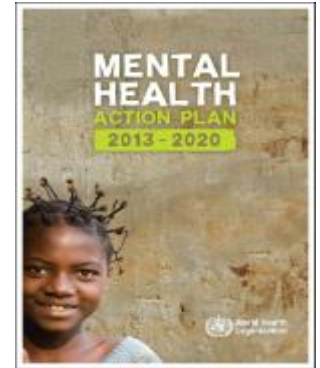
Cork, Ireland WSPD 2015

- World Suicide Prevention Day, initiated by IASP: 10th September 2003
- Since 2003, each year a significant increase in countries involved in activities on this important day in the year; In 2015 over 800 activities in 73 countries recorded on website
- IASP collaborative launch seminars with WHO, e.g. WHO Report: *Suicide Prevention: A Global Imperative* (WHO, 2014)
- Hits IASP website during August/September over 7,000,000

Suicide Prevention at Global Level : Progress and Challenges

Context

- Global Mental Health Action Plan, 2013-2020 (*WHO, 2013*)
- WHO Global Report on Preventing Suicide (*WHO, 2014*)
- Progress in terms of new countries developing national suicide prevention programmes or second programmes
- Emerging evidence supporting key components of national suicide prevention programmes

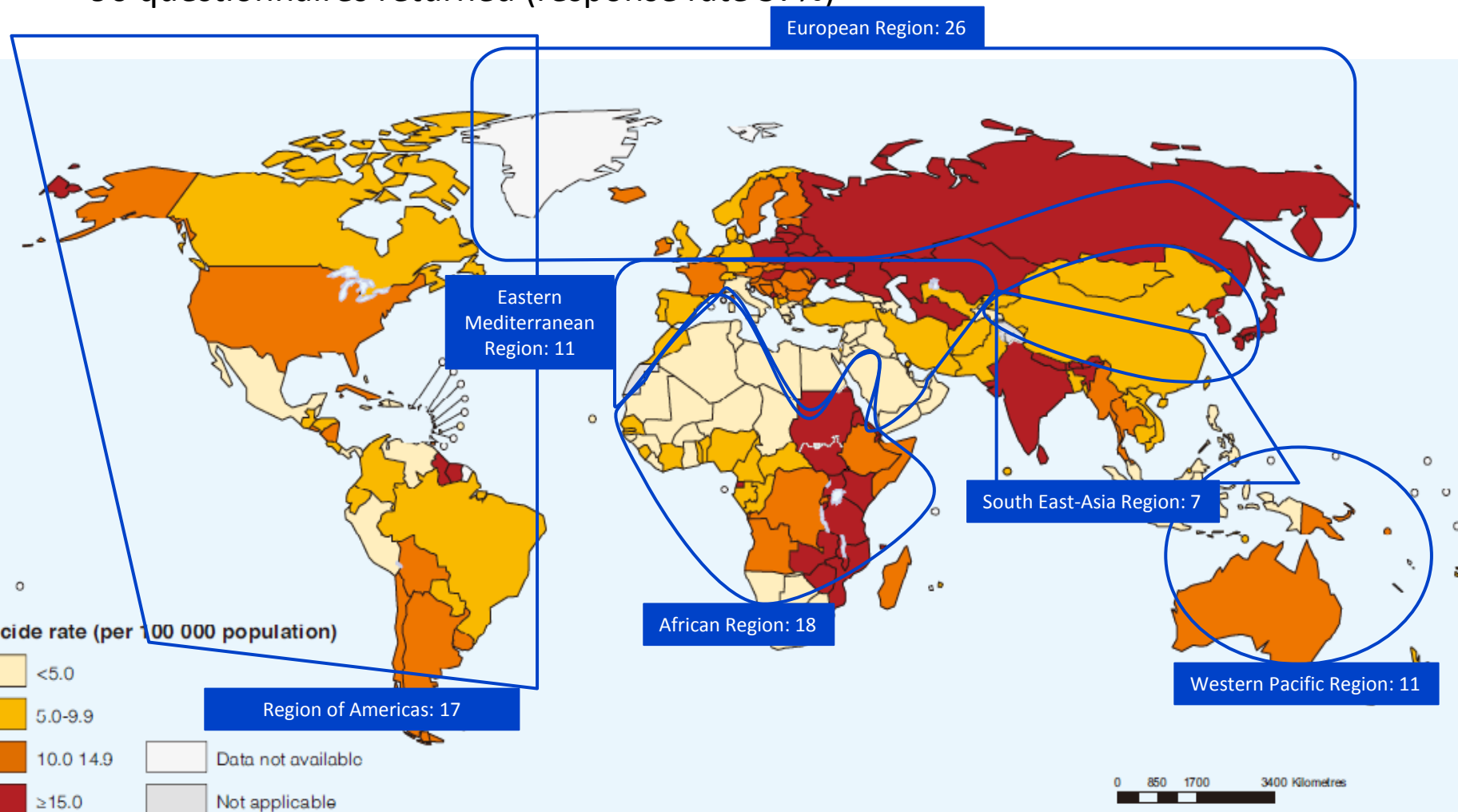


Global Mental Health Action Plan, 2013-2020

- Commitment by Health Ministers in all 194 WHO member states to formally recognise the importance of mental health.
- Commitment by all member states to take specified actions to improve mental health and to contribute to the attainment of a set of agreed global targets.
- Key targets:
 - 20% increase in service coverage for severe mental disorders
 - 10% reduction of the suicide rate in countries by 2020

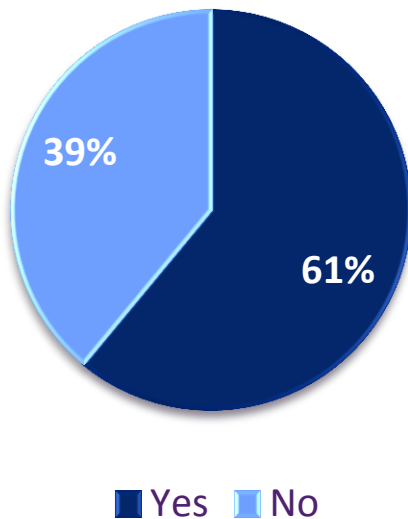
IASP-WHO Global Survey on Suicide and Suicide Prevention

- Survey sent to mainly IASP members in 157 countries
- 90 questionnaires returned (response rate 57%)

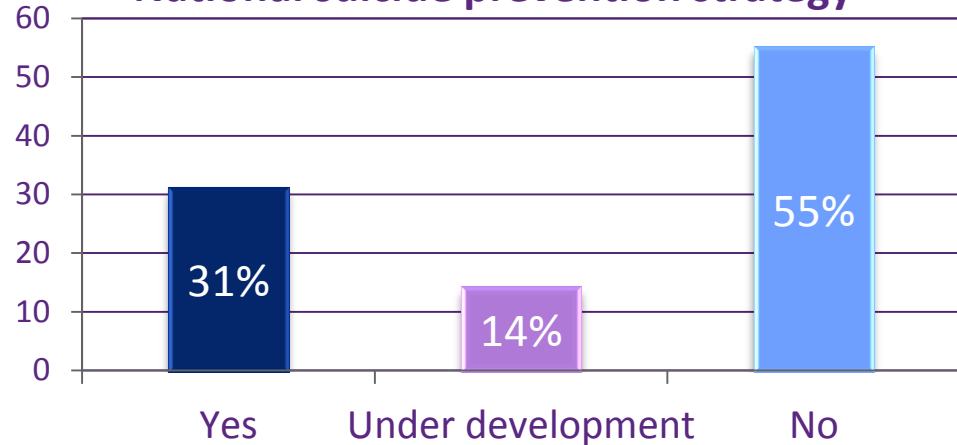


Outcomes IASP-WHO Global Survey on Suicide Prevention

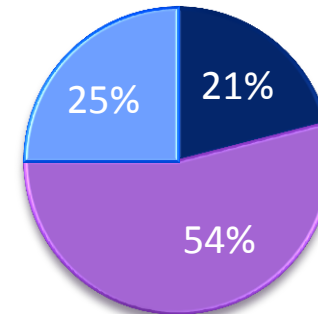
Suicide viewed by government as significant public health problem



National suicide prevention strategy



Has the national strategy been fully or partially implemented?



Challenges in developing and implementing national suicide prevention programmes

- Suicidal behaviour is still criminalised in 23 countries; Sharia law in 10 additional countries
- Challenges related to the use of highly lethal methods of attempted suicide and suicide, e.g. self-poisoning involving pesticides and self-immolation, in particular in the EMRO, WPRO and AFRO regions
- Ineffective planning, co-ordination, collaboration, lack of enforcement of guidelines and insufficient resources
- Lack of independent and systematic evaluations of national suicide prevention programmes

Challenges in developing and implementing national suicide prevention programmes

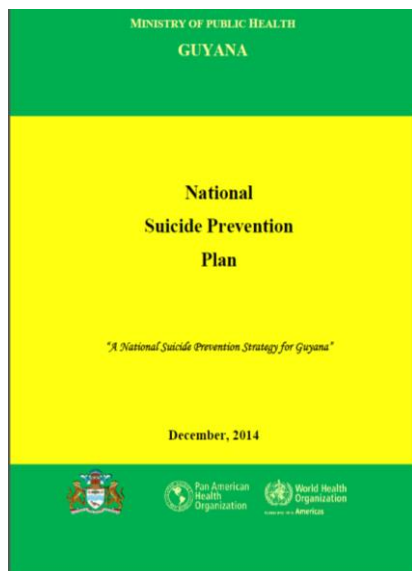
- Address real-time developments, in particular, mental health needs and suicide prevention among refugees and migrants from LMICs



- Despite many challenges, encouraging developments in relation to initiating or completing national suicide prevention programmes, e.g: Lithuania, Guyana, Suriname, Bhutan, Mongolia, Afghanistan

Countries with recently completed/initiated national suicide prevention programmes despite many challenges

Guyana



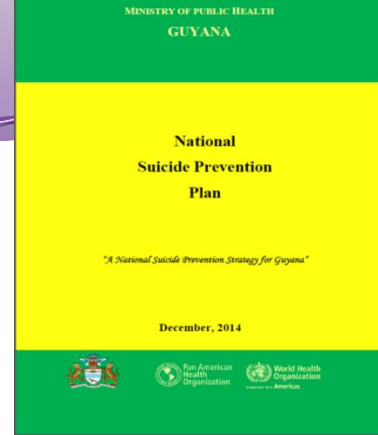
Afghanistan



Guyana



Ministry of Health
Guyana



- National Suicide Prevention Plan (2015-2020)
- High rate of suicide: 44.2 suicides per 100,000 people in 2012 (WHO)
- Long-term criminalisation of suicide and attempted suicide
- The strategy incorporates activities across the continuum of suicide prevention supporting: Universal, selected and indicated interventions

Afghanistan

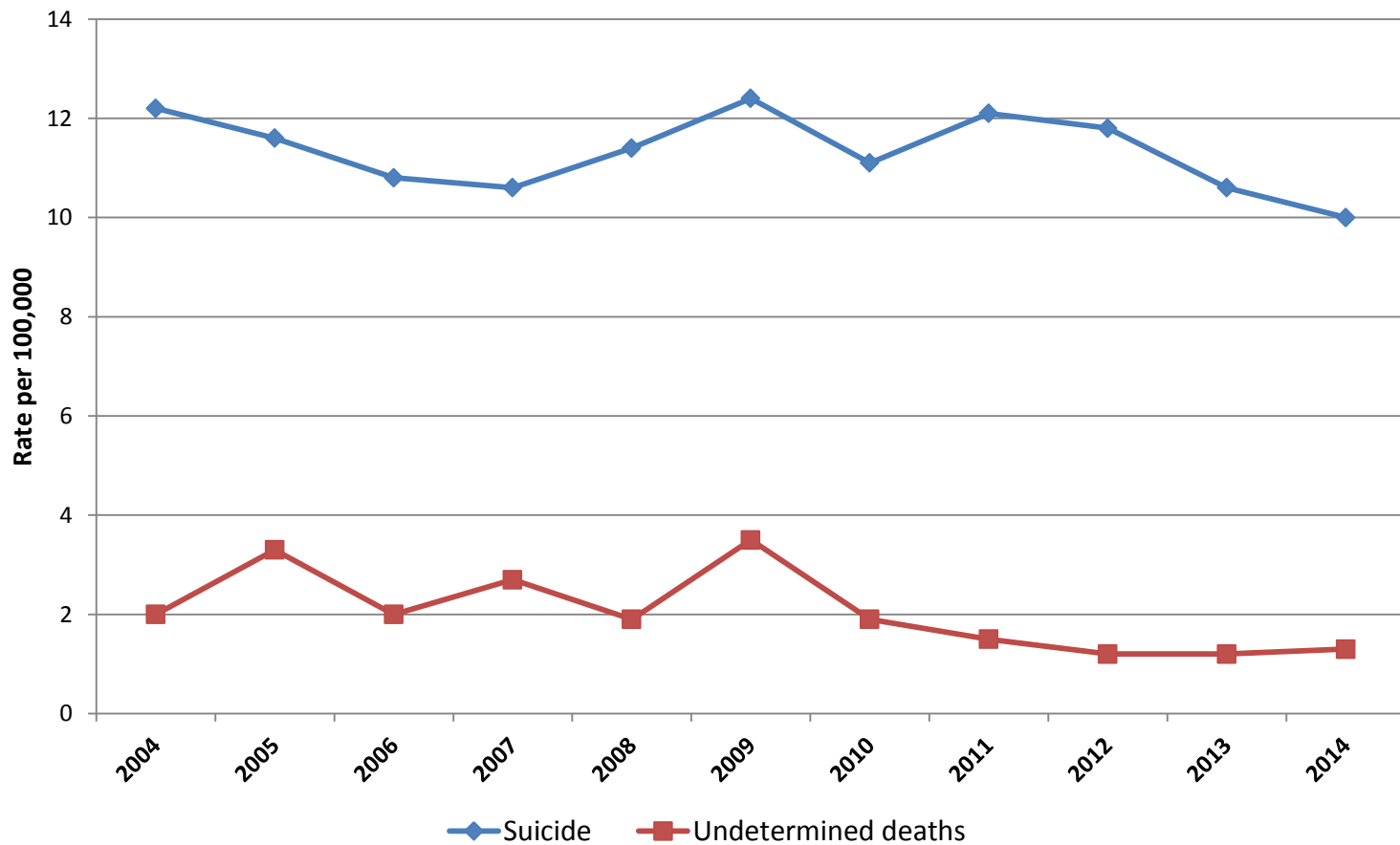


- National Suicide Prevention Strategy in Development
- In 2012, the suicide rate in Afghanistan was 5.7 per 100,000 people (WHO)
 - However, the accuracy of the suicide data is limited
- The Afghan Ministry of Public Health (MoPH) reported 4,466 self-poisoning and 4,136 self-immolation cases in 2014 across Afghanistan, where suicides exceed deaths by homicide and war combined annually
- Of the 4,136 self-immolation cases, at least 2,301 involved women and 2,105 men



Trends in Suicide and Self-Harm in Ireland

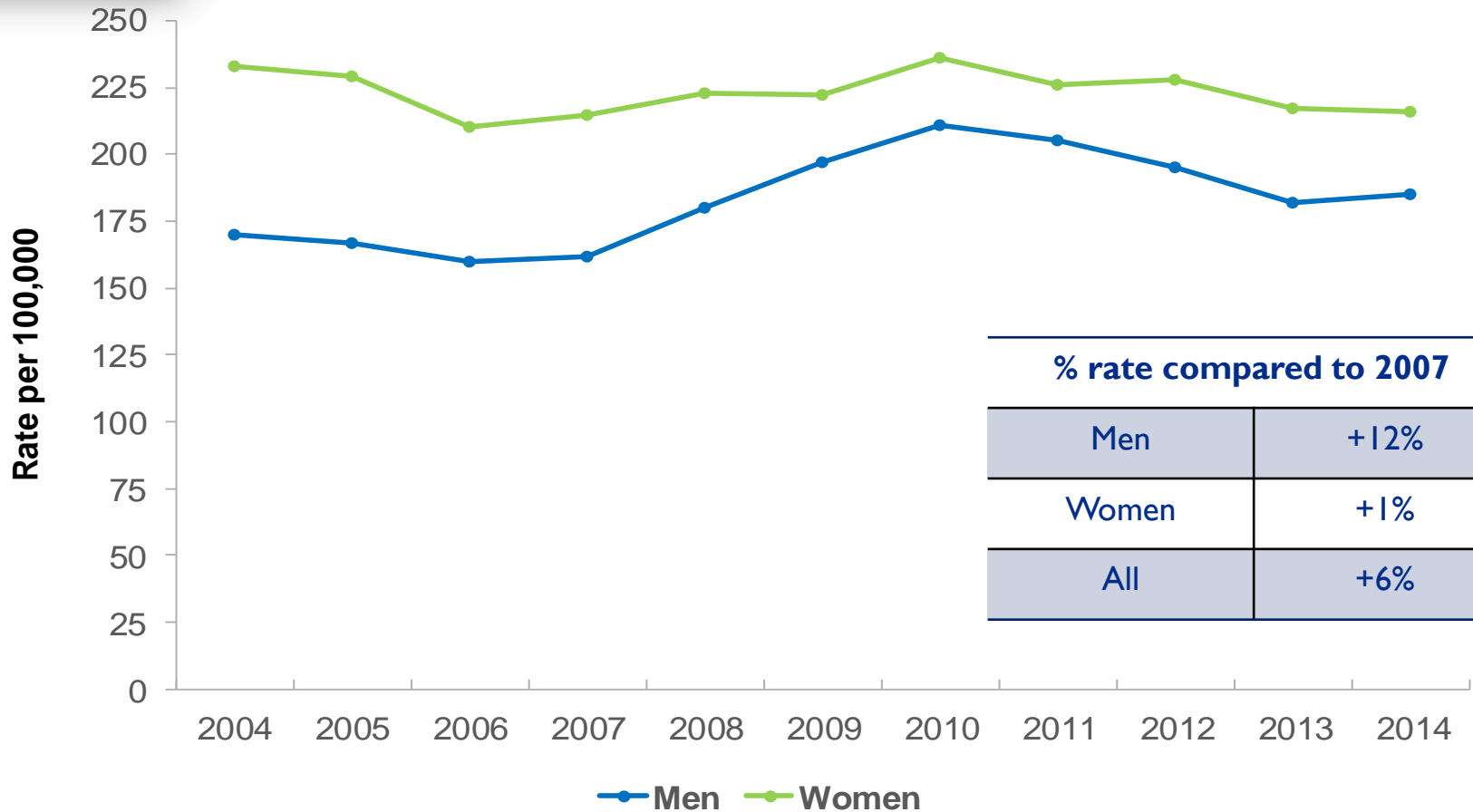
Recent trends in suicide and undetermined deaths in Ireland, 2004-2014



*2014 figures provisional



Trends in self-harm, 2004-2014



% rate compared to 2007	
Men	+12%
Women	+1%
All	+6%



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Ireland's National Strategy to Reduce Suicide, 2015-2020

Ireland's National Strategy
to Reduce Suicide 2015-2020

Innovative aspects:

- Collaborative, cross-sectoral approach to suicide prevention. Statutory and non-statutory agencies pooling expertise and resources and working together in a spirit of real cooperation and mutual respect
- A focus on formal accountability, adequate response, informed evidence and openness for change in line with emerging evidence-based initiatives
- Increased surveillance systems, evaluation and high-quality research with regard to suicidal behaviour by tracking the progress of the strategy against set indicators over the next five years

Core components of national suicide prevention programmes: An update of the evidence base



Core components of national suicide prevention strategies *(WHO, 2014)*

1) Surveillance

7) Crisis Intervention

2) Means Restriction

8) Postvention

3) Media

9) Awareness

4) Access to Services

10) Stigma Reduction

5) Training and Education

11) Oversight and Coordination

6) Treatment

Surveillance

- Provides a tool for countries to use in setting up a public health surveillance system for suicide attempts and self-harm cases presenting to general hospitals, based on medical records

(WHO, 2016)

Practice manual for
establishing and maintaining
surveillance systems for
suicide attempts
and self-harm



National Self-Harm Registry Ireland

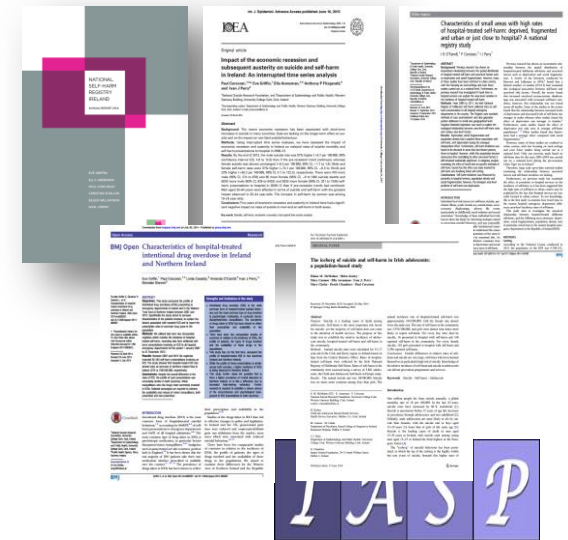
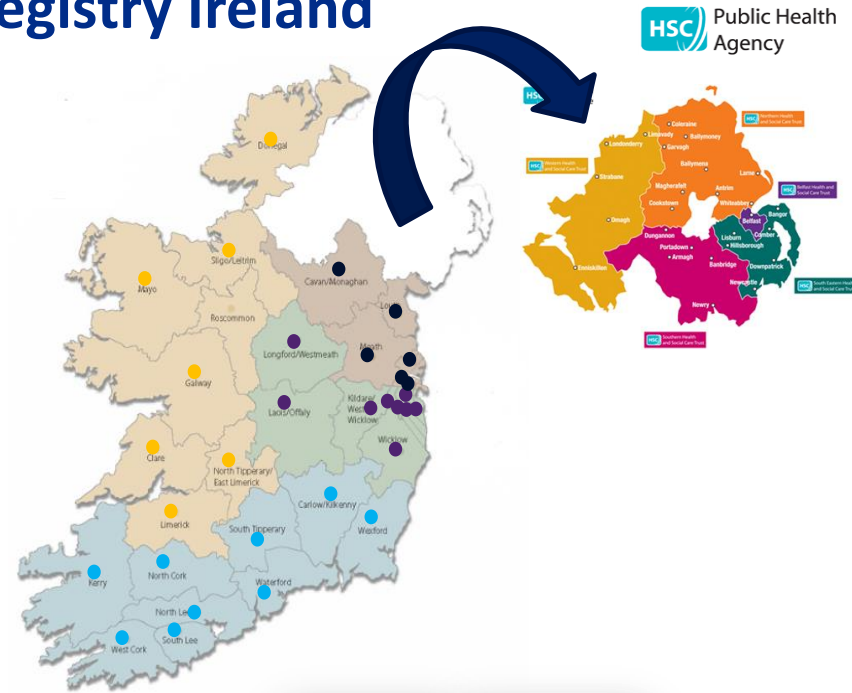
Aims:

- To establish the extent and nature of hospital-treated self-harm;
- To monitor trends over time and also by area;
- To contribute to policy and development in the area of suicidal behaviour;
- To help the progress of research and prevention.

Definition

‘an act with **non-fatal outcome** in which an individual **deliberately initiates a non-habitual behaviour**, that without intervention from others will cause self harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences’.

(Schmidtke et al, 2006)





Restricting access to means

- Consistent evidence that restricting access to lethal means is associated with a decrease in suicide and that substitution to other methods appears to be limited (*Zalsman et al, 2016*)
- Reducing access to frequently used sites for suicide. Evidence from 18 studies showed a consistent reduction of suicide following restricted access and increased safety of the sites involved (*Pirkis et al, 2015*)
- Increasing trends of suicides involving helium gas in the Western Pacific Area and in Europe (*Chang et al, 2016; Gunnell et al, 2015*)
- Restricting access to means to be implemented in conjunction with other suicide prevention strategies/interventions



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Connecting for Life Ireland's National Strategy to Reduce Suicide, 2015-2020

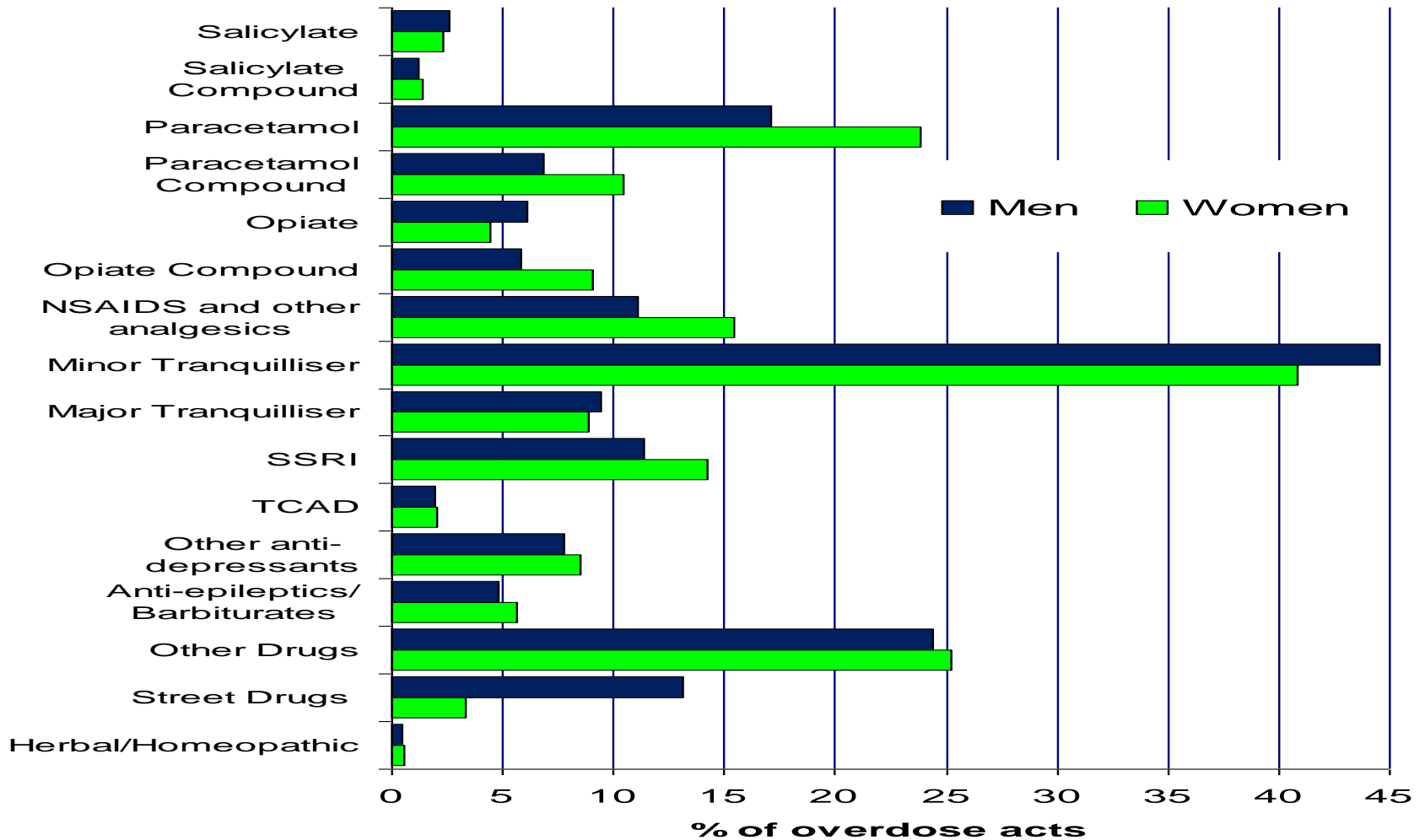
Ireland's National Strategy
to Reduce Suicide 2015-2020

Strategic Goals of the Strategy:

6. To reduce and restrict access to means of suicidal behaviour

Action 6.2 Reduce access to highly lethal methods used in suicidal behaviour

Drugs used in intentional overdose acts, national level NSHRI





Training and education

- Educating health care and community based professionals to recognise depression and early signs of suicidal behaviour are important for determining level of care and referral for treatment and subsequent prevention of suicidal behaviour

(Wasserman et al, 2012; Kapur et al, 2013; Coppens et al, 2014)

- Sustainability and capacity building of trainers and benefits in terms of knowledge, attitudes and confidence via a Train-The-Trainer model

(Coppens et al, 2014; Isaac et al, 2009)

- Some indications for a link between improvements in intermediate outcomes (e.g. improved knowledge, attitudes and confidence) among health care and community based professionals and primary outcomes, e.g. reduced suicide and self-harm rates

(Mann et al, 2005; Hegerl et al, 2011; Zalsman et al, 2016)



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Ireland's National Strategy to Reduce Suicide, 2015-2020

Ireland's National Strategy
to Reduce Suicide 2015-2020

Strategic Goals of the Strategy:

1. To improve the nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing

Action 1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk and protective factors

2. To support local communities' capacity to prevent and respond to suicidal behaviour

Action 2.3 Ensure the provision and delivery of training and education programmes on suicide prevention to community-based organisations

Effectiveness of Depression–Suicidal Behaviour Gatekeeper Training among police officers in three European regions: Outcomes of the Optimising Suicide Prevention Programmes and Their Implementation in Europe (OSPI-Europe) study

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Abstract

Background: Gatekeeper training for community facilitators, to identify and respond to those at risk of suicide, forms an important part of multi-level community-based suicide prevention programmes.

Aims: This study examined the effects of gatekeeper training on attitudes, knowledge and confidence of police officers in dealing with persons at risk of suicide.

Methods: A total of 828 police officers across three European regions participated in a 4-hour training programme which addressed the epidemiology of depression and suicidal behaviour, symptoms of depression, warning signs and risk factors associated with suicidal behaviour, motivating help-seeking behaviour, dealing with acute suicidal crisis and informing bereaved relatives. Participants completed internationally validated questionnaires assessing stigmatising attitudes, knowledge about depression and confidence in dealing with suicidal persons pre- and post-training.

Results: There were significant differences among countries in terms of previous exposure to suicidal persons and extent of previous training. Post-training evaluation demonstrated significant improvements in stigmatising attitudes, knowledge and confidence in all three countries.

Conclusion: The consistently positive effects of gatekeeper training of police officers across different regions support inclusion of this type of training as a fundamental part of multi-level community-based suicide prevention programmes and roll-out, nationally and internationally.

Keywords

Gatekeeper training, suicide, depression, police, community, prevention

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ELSEVIER



Research report

Effectiveness of community facilitator training in improving knowledge, attitudes, and confidence in relation to depression and suicidal behavior: Results of the OSPI-Europe intervention in four European countries



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Gatekeeper training

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ABSTRACT

Background: Community facilitators (CFs), such as teachers, nurses and social workers, are well placed as gatekeepers for depression and suicidal behavior, but not properly prepared to provide preventive and supportive services. The current study aimed: (1) to improve CFs' attitudes toward depression, knowledge on suicide, and confidence to detect suicidal behavior in four European countries and (2) to identify specific training needs across regions and CF groups.

Methods: A standardized training program was provided to 1276 CFs in Germany, Hungary, Ireland, and Portugal. Attitudes toward depression, knowledge about suicide, and confidence in identifying suicidal persons were assessed before training, after training, and at three to six months follow-up. Additionally, several participants' characteristics were registered.

Results: At baseline, CFs showed relatively favorable attitudes toward depression, but limited knowledge on suicide, and little confidence to identify suicidal behavior. Basic skills strongly differed across CF groups and countries. For example, in Germany, carers for the elderly, nurses, teachers, and managers were most in need of training, while in Portugal pharmacists and the clergy appeared to be important target groups. Most importantly, the training program improved the competencies of CF groups across countries and these improvements were sustained after three to six months. CFs with low basic skills benefited most of the training.

Limitations: The observed training effects could be influenced by other external factors as our results are based upon a pre-post comparison with no control group.

Conclusions: Gatekeeper trainings in community settings are successful in improving knowledge, reshaping attitudes, and boosting the confidence of gatekeepers. The most effective strategy to achieve the preferred objectives is to target those CF groups that are most in need of training and to tailor the content of the training program to the individual needs of the target group.

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School based intervention programmes

- Quality of evaluation studies involving school based programmes has improved over the past decade
- Evidence from RCTs addressing mental health literacy, suicide risk awareness and skills training impacted on reduced suicide attempts and severe suicidal ideation





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Ireland's National Strategy to Reduce Suicide, 2015-2020

Ireland's National Strategy
to Reduce Suicide 2015-2020

Strategic Goals of the Strategy:

3. To target approaches to reduce suicidal behaviour and improve mental health among priority groups

Action 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide

Effectiveness of treatments for people who have engaged in self-harm

- Updated Cochrane review (Hawton et al, 2016)
 - Review of 55 RCTs including 17,699 participants
 - Most commonly evaluated intervention: CBT-based psychological therapy
 - Most of the CBT studies: one-to-one; max. 10 sessions
 - At follow-up, people who had received CBT were less likely to self-harm; 6% fewer people self-harm compared to those with treatment as usual.
 - For people with a history of multiple self-harm episodes, other interventions, such as Dialectical Behaviour Therapy, may reduce repeated self-harm. However, this involved only a small number of trials





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Connecting for Life Ireland's National Strategy to Reduce Suicide, 2015-2020

Ireland's National Strategy
to Reduce Suicide 2015-2020

Strategic Goals of the Strategy:

4. To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour

Action 4.2 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide



INTERVENTIONS REVIEW

Overview evidence on interventions for population suicide with an eye to identifying best-supported strategies for LMICs

A. Flaxman¹*, E. Arsenau², A. Barman³, V. Con⁴, G. Du Loo⁵, G. Hordwood⁶, S. Houston⁷, V. Vijayaraj⁸, D. Whiteman⁹ and S. Baines¹⁰

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Global Health Action 2016, 3:45. page 1 of 6. doi:10.1038/gha.2016.017

Collectively, over 800,000 people die by suicide in 2013 and these are indications that for each adult who died of suicide there were likely to be many more attempting suicide. There are many millions of people every year who are affected by suicide, not suicide attempters, using the categorisation the family members, friends, work colleagues and communities who are harmed by suicide. In the WHO Mental Health Action Plan 2013-2030, Member States committed themselves to work towards the global target of reducing the suicide rate to less than 10 by 2020. Hence the first-ever WHO report on suicide prevention, Preventing suicide: a global imperative, published in September 2014, is a timely call to take action using effective evidence-based interventions. Their relevance to low- and middle-income countries is discussed in this paper, highlighting existing systems in place, responsible media reporting, strengthening mental health and alcohol drinking, mental health care and treatment, training of health workers, and following care and community support for bereaved, suicide attempters.

Received 26 November 2014; Revised 23 November 2015; Accepted 4 December 2015

Key words: Evidence-based, intervention, interventions, low- and middle-income countries, suicide, suicide attempt.

Background

Collectively, over 800,000 people died by suicide in 2013, according to World Health Organization (WHO) Global Health Estimates (GHE) 2014. It is the convergence to a global age-standardised suicide rate of 11.4 per 100,000 population (10.8 and 14.4 per 100,000).

Indicators that for each adult who died of suicide there were likely to be many more attempting suicide (Du Loo et al. 2005; WHO, 2014a). Taking into consideration the family members, friends, work colleagues and communities, who are harmed by suicide (Flemer et al. 2013), there are many millions of people

Multi-level suicide prevention programmes

- Community based interventions to improve the care for people diagnosed with depression and simultaneously address awareness and skills in early identification of suicide risk among healthcare and community based professionals (*EAAD, NOCOMIT-J*)
- Reductions in fatal and non-fatal suicidal behaviour combined up to 32% (*Szekely et al, 2013; Hegerl et al, 2013*)
- Proven synergistic effects of simultaneously implementing evidence based interventions (*Harris et al, 2016*)

ARTICLE IN PRESS

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Neuroscience and Biobehavioral Reviews

Journal homepage: www.elsevier.com/locate/neubiorev

Review

Alliances against depression – A community based approach to target depression and to prevent suicidal behaviour

Ulrich Hegerl^{a,*}, Christine Rummel-Klauer^a, Anri Väinik^b, Ella Aremman^c, Nicole Koburger^a

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Suicidal ideation
Suicidal ideation

ABSTRACT

Depression is a major global and non-fatal suicidal behaviour continues to be important mental health issue. Because of the clear relation between depression and suicidal behavior, it is likely that prevention actions targeting the care and supporting treatment of depression will also have an effect on suicidal behavior. However, the current evidence on the effectiveness of such interventions is limited. We therefore conducted a systematic review of the literature on the effectiveness of community-based interventions aimed at reducing suicidal ideation and suicidal behavior. We searched for studies published between 1980 and 2015 in English and in German and in peer-reviewed journals. We included studies that reported on suicidal ideation and suicidal behavior. We included studies that reported on suicidal ideation and suicidal behavior. We included studies that reported on suicidal ideation and suicidal behavior. We included studies that reported on suicidal ideation and suicidal behavior.

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Research Article

Exploring synergistic interactions and catalysts in complex interventions: longitudinal, mixed methods case studies of an optimised multi-level suicide prevention intervention in four European countries (Ospi-Europe)

Flora M Harris^a, Margaret Maxwell^a, Rory O'Connor^a, James C Coyne^b, Ella Aremman^c, Cass Coffey^d, Nicole Koburger^e, Ricardo Garrido^f, Susana Costa^g, Anika Salazar^h, John Carrollⁱ, David McClellan^j, Charan van Audenrooth^k and Ulrich Hegerl^l

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Background: The Medical Research Council (MRC) Framework for complex interventions highlights the need to explore interactions between components of complex interventions, but this has not yet been fully explored within complex, neuropsychological interventions. This paper shows on the process evaluation of a suicide prevention programme implemented in four European countries to illustrate the synergistic interactions between intervention levels in a complex programme, and to present our method for exploring these.

Methods: A realist evaluation approach informed the process evaluation, which drew on mixed methods, longitudinal case studies. Data collection consisted of 42 semi-structured interviews, 13 focus groups, one workshop, behavioural observations of six programme meetings and 20 sub-interviews (delivered at six month intervals to each of the four intervention sites). Analysis drew on the framework approach, facilitated by the use of QSR Nvivo 10. Our qualitative approach to exploring synergistic interactions (QualSI) also developed a matrix of hypothesised synergies that were supported either via workshop and two waves of data collection.

Results: All four implementation countries identified examples of synergistic interactions that added value beyond the sum of individual intervention levels or components in isolation. For instance, the launch ceremony of the public health campaign to lower 3 intervention in Ireland had an impact on the community-based professional training, increasing uptake and visibility of training for journalists in particular. In turn, this led to increased media reporting of ODP activities (increased as part of the public health campaign) and also led to under dissemination of editorial guidelines for responsible reporting of suicidal acts. Analysis of the total process evaluation dataset also revealed the new phenomenon of the ODP programme acting as a catalyst for externally generated and funded activity that shared the goals of suicide prevention.

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Media

- Systematic review of 56 studies (*Sisask & Varnik, 2012*)
- Most studies provided evidence for an association between sensationalised media reporting and suicidal behaviour,

Social media

- Systematic review covering 30 studies on social media sites for suicide prevention (*Robinson et al, 2016*)
- Social media platforms can reach large numbers of individuals and may allow others to intervene following expression of suicidal behaviour
- Challenges: controlling user behaviour, possibility of contagion, and accurately assessing suicide risk, issues relating to privacy and confidentiality

Media awareness campaigns

- The role of mass media in reducing stigma and increasing help seeking behaviour.
- Indications for most promising results based on multi-level suicide prevention programmes (*Niederkrötenhaller et al, 2016*)



Connecting for Life

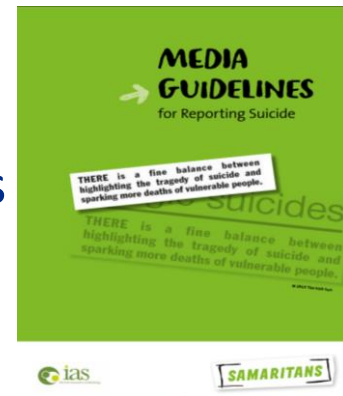
Connecting for Life Ireland's National Strategy to Reduce Suicide, 2015-2020

Ireland's National Strategy
to Reduce Suicide 2015-2020

Strategic Goals of the Strategy:

1. To improve the nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing

Action 1.4 Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media



Media Reporting - Hawe Case

Tributes paid to teacher couple and three children butchered in 'murder-suicide stabbing' horror at countryside home



Police believe Alan Hawe killed his wife and three sons Ryan, 6, Liam, 13, and Niall, 11, before hanging himself

Dad who 'stabbed wife and three sons in murder-suicide' left chilling note to warn visitors

Killed in their pyjamas by father in frenzied attack - before mother-in-law found note

Hatchet and knife used in attack on 'normal, outwardly happy family'

Media reporting of Hawe murder-suicide 'concerning'

National suicide body warns reporting graphic detail can lead to copycat cases



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Ireland's National Strategy
to Reduce Suicide 2015-2020

Primary Outcomes of the strategy

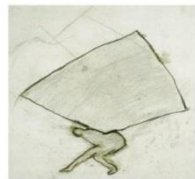
- Reduced suicide rate in the whole population and amongst specified priority groups
- Reduced rate of presentations of self-harm in the whole population and amongst specified priority groups

People who attempt suicide don't want to die, what they want is a different life

(Wieg, 2005; Zwagerman, 2015)



Joost
Zwagerman



Door
eigen hand

Zelfmoord en de nabestaanden





Thank you!

Prof. Ella Arensman

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