Suicide Prevention in the International Context: Progress and Challenges

Symposium
De Rol van de Psychologie in Suicidepreventie
Vrije Universiteit Amsterdam,
11th December 2018

Professor Ella Arensman
School of Public Health, National Suicide Research Foundation
WHO Collaborating Centre on Surveillance and Research in Suicide Prevention
University College Cork, Ireland
International Association for Suicide Prevention
30 years on.....
Overview

- The extent of suicide globally
- Suicide prevention globally and country examples
- Recommended interventions and evidence base
Context

- 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.

- Key targets:
  - 20% increase in service coverage for severe mental disorders
  - 10% reduction of the suicide rate in countries by 2020

- WHO Global Report on Preventing Suicide (WHO, 2014)

- UN Sustainable Development Goals: SDGs 2030, e.g. Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
Suicide rates by WHO region

FIG. 5.2.1 Age-standardized suicide rates per 100,000 population, by region, 2016

- Close to 800,000 people die by suicide every year
- More than e.g. malaria, breast cancer

Mental Health Atlas, 2017
Leading causes of death, age group 15-19 years

Mental Health Atlas, 2017
The quality and availability of data on suicide and suicide attempts is poor globally.

ONLY 20 countries are known to have gathered national survey data and 3 have national hospital-based suicide attempt data.

ONLY 60 countries have good-quality vital registration data on suicide mortality.

Improvement of surveillance and dissemination of data is necessary to inform action.
Suicide viewed by government as significant public health problem

- Yes: 31%
- Under development: 14%
- No: 55%

Has the national strategy been fully or partially implemented?

- Fully: 25%
- Partially: 21%
- No response: 54%

Currently 38 countries with a National Suicide Prevention Strategy, WHO. 2018
Promotion and prevention programmes at global level

FIG. 5.1.3 Promotion and prevention programmes (N = 349): Main types of programme

- Mental health awareness/anti-stigma/human rights protection: 40%
- Suicide prevention: 12%
- Violence prevention (women, child abuse): 7%
- Early childhood development/stimulation: 7%
- Parental/maternal mental health promotion: 7%
- School-based mental health promotion: 10%
- Workplace mental health promotion: 9%
- Other: 7%

Mental Health Atlas, 2017
Challenges in developing and implementing national suicide prevention programmes

- Ineffective planning, co-ordination, collaboration, lack of enforcement of guidelines and insufficient resources

- Lack of independent and systematic evaluations of national suicide prevention programmes

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

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

- National Suicide Prevention Strategy in Development, led by the Public Health Ministry

- In 2014, 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

- The strategy is based on the following key values, respect for diversities; sensitiveness to socio-culture-religious and gender issues; promotion of the society dignity and respect for the human rights of people.
# Core components of national suicide prevention strategies

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Surveillance</td>
</tr>
<tr>
<td>2)</td>
<td>Means Restriction</td>
</tr>
<tr>
<td>3)</td>
<td>Media</td>
</tr>
<tr>
<td>4)</td>
<td>Access to Services</td>
</tr>
<tr>
<td>5)</td>
<td>Training and Education</td>
</tr>
<tr>
<td>6)</td>
<td>Treatment</td>
</tr>
<tr>
<td>7)</td>
<td>Crisis Intervention</td>
</tr>
<tr>
<td>8)</td>
<td>Postvention</td>
</tr>
<tr>
<td>9)</td>
<td>Awareness</td>
</tr>
<tr>
<td>10)</td>
<td>Stigma Reduction</td>
</tr>
<tr>
<td>11)</td>
<td>Oversight and Coordination</td>
</tr>
</tbody>
</table>
Recent systematic reviews

- ‘Suicide prevention strategies revisited: 10-year systematic review’
  - Provides an update of the evidence on effective suicide prevention interventions since 2005

- ‘Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis’
  - Outlines the findings of a Cochrane systematic review and meta-analysis of the effectiveness of psychosocial interventions for self-harm in adults, with consistent evidence for CBT and DBT in terms of reducing the risk of repeated self-harm
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)

While there is a lack of reliable national data on the prevalence of suicide attempts/self-harm presentations to hospital emergency departments, and the demographic and psychosocial profile of those involved, surveillance and follow-up of this high-risk group could be an initial step to building a national suicide prevention programme.
Increasing trend of self harm acts and the use of highly lethal self-harm methods among children, adolescents and young adults.


Eve Griffin1 · Elaine McMahon1 · Fiona McNicholas2,4 · Paul Corcoran1,3 · Ivan J. Perry5 · Ella Arensman1,5

Received: 30 November 2017 / Accepted: 25 April 2018 / Published online: 2 May 2018
© Springer-Verlag GmbH Germany, part of Springer Nature 2018

Abstract
Purpose Rates of hospital-treated self-harm are highest among young people. The current study examined trends in rates of self-harm among young people in Ireland over a 10-year period, as well as trends in self-harm methods.
Methods Data from the National Self-Harm Registry Ireland on presentations to hospital emergency departments (EDs) following self-harm by those aged 10–24 years during the period 2007–2016 were included. We calculated annual self-harm rates per 100,000, by age, gender and method of self-harm. Poisson regression models were used to examine trends in rates of self-harm.
Results The average person-based rate of self-harm among 10–24-year-olds was 318 per 100,000. Peak rates were observed among 15–19-year-old females (564 per 100,000) and 20–24-year-old males (448 per 100,000). Between 2007 and 2016, rates of self-harm increased by 22%, with increases most pronounced for females and those aged 10–14 years. There were marked increases in specific methods of self-harm, including those associated with high lethality.
Conclusions The findings indicate that the age of onset of self-harm is decreasing. Increasing rates of self-harm, along with increases in highly lethal methods, indicate that targeted interventions in key transition stages for young people are warranted.

Keywords Self-harm · Young people · Epidemiology
• 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. This is clearly a major strategy to be integrated in national suicide prevention plans (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.
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 (Niederkrotenthaler et al, 2016)
Challenges related to suicide contagion via internet and social media

Families blame ‘13 Reasons Why’ for the suicides of 2 teens in California (US), April 2017

Netflix drama series blamed for inspiring teens’ attempted suicide (Austria)

‘13 Reasons Why’ copycat suicide in Peru

Netflix officials defend 13 Reasons Why against claims it glamourises suicide

Increase in teen suicidal behaviour linked to ‘13 Reasons Why’, Toronto, June 2017

- Suicide-related searches were **15-44%** higher than expected, 12-19 days after the show’s premiere
- Searches “how to commit suicide” (26%); “commitsuicide” (18%); “howtokillyourself” (9%) were all significantly higher
- Queries related to help seeking were also higher

(Ayers et al., 2017)
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
  
  \( \text{(Wasserman et al, 2012; Kapur et al, 2013; Coppens et al, 2014)} \)

- Sustainability and capacity building of trainers and benefits in terms of knowledge, attitudes and confidence via a Train-The-Trainer model
  
  \( \text{(Coppens et al, 2014; Isaac et al, 2009)} \)

- 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
  
  \( \text{(Mann et al, 2005; Hegerl et al, 2011; Zalsman et al, 2016)} \)
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, resilience and positive coping skills, suicide risk awareness and skills training impacted on reduced suicide attempts and severe suicidal ideation.

Increasing evidence for consistent evidence of mental health promotion programmes in secondary school settings across different cultural contexts (Fleischmann et al, 2016; Zalsman et al, 2016; Arensman et al, 2017)
Multi-level suicide prevention programmes
European Alliance Against Depression:

1. Training for GPs
2. Training for Community Facilitators
3. Awareness campaign for the general public
4. Interventions for patients & family members (evidence based intervi. & guided self-help)

Aim: Improving the treatment for people with depression and prevention of suicide

Reduction in suicide and suicide attempts up to 31% in 3 years (Hegerl et al, 2013)
Next steps

- Legislated national suicide prevention policy is required in order to strengthen government support, implementation and sustainability of national suicide prevention programmes.

- National governments should promote evaluation of the effectiveness of suicide prevention strategies, using research designs which are appropriate to the multi-faceted complexity of the suicide and non-fatal suicidal behaviour.

- National governments need to pay more attention to the delivery phase of national suicide programmes, recognising and engaging with the challenges or barriers to successful implementation.
“People who engage in suicidal behaviour don’t want to die”

Ad Kerkhof