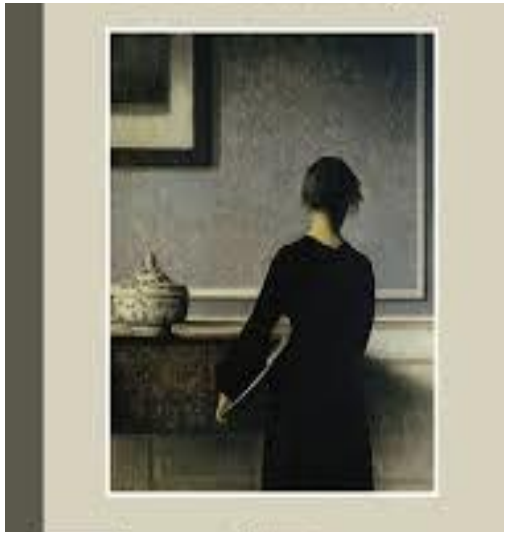
Suicide Prevention in the International Context: Progress and Challenges



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

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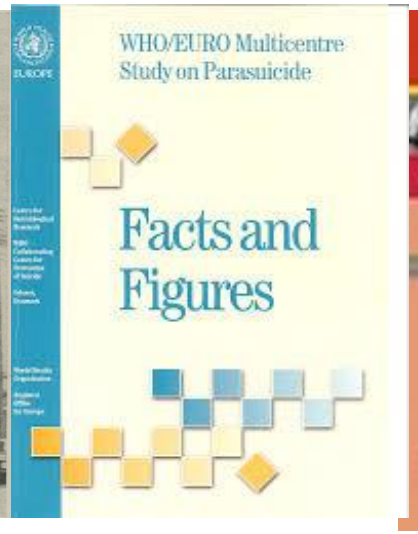
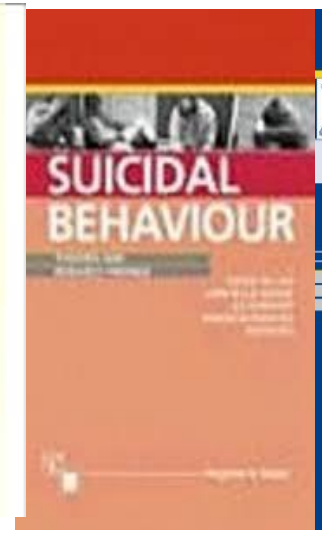
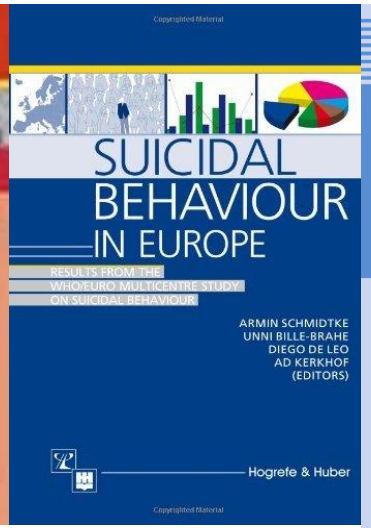
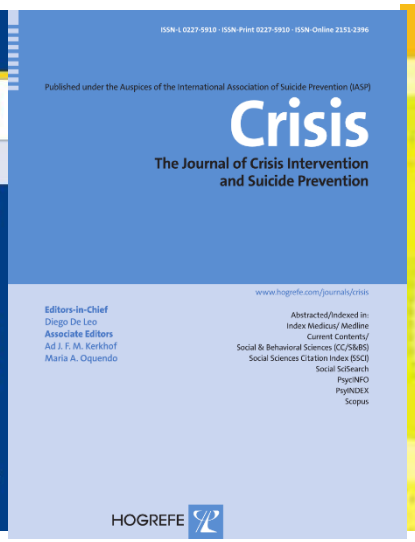
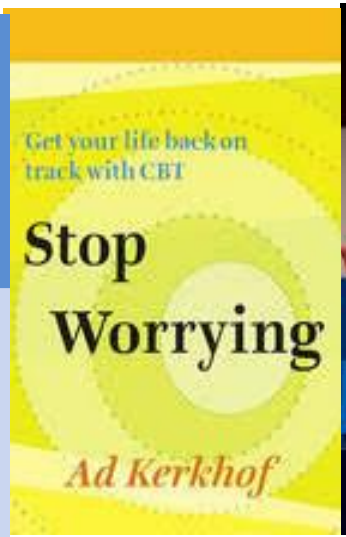
30 years on…..











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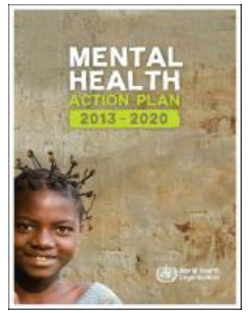
Overview

- 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.*

SUSTAINABLE DEVELOPMENT GOALS

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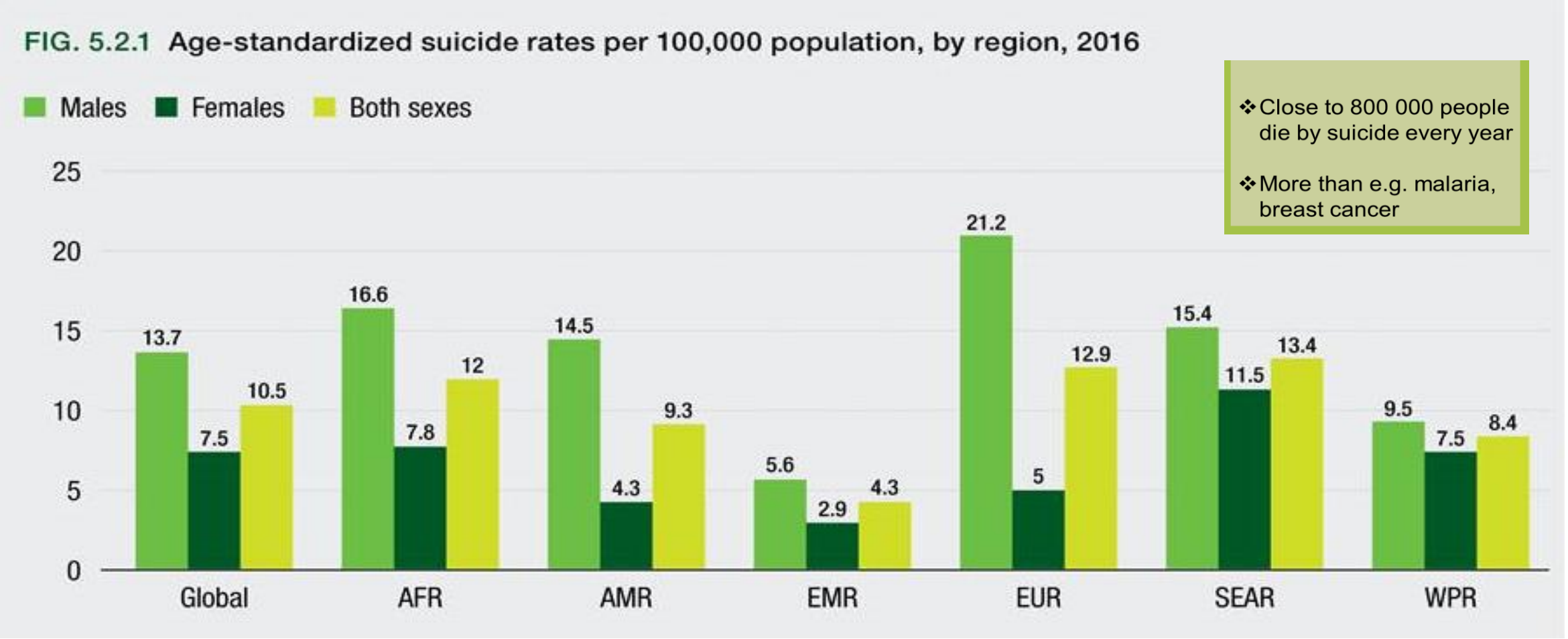
Suicide rates by WHO region



Mental Health Atlas, 2017

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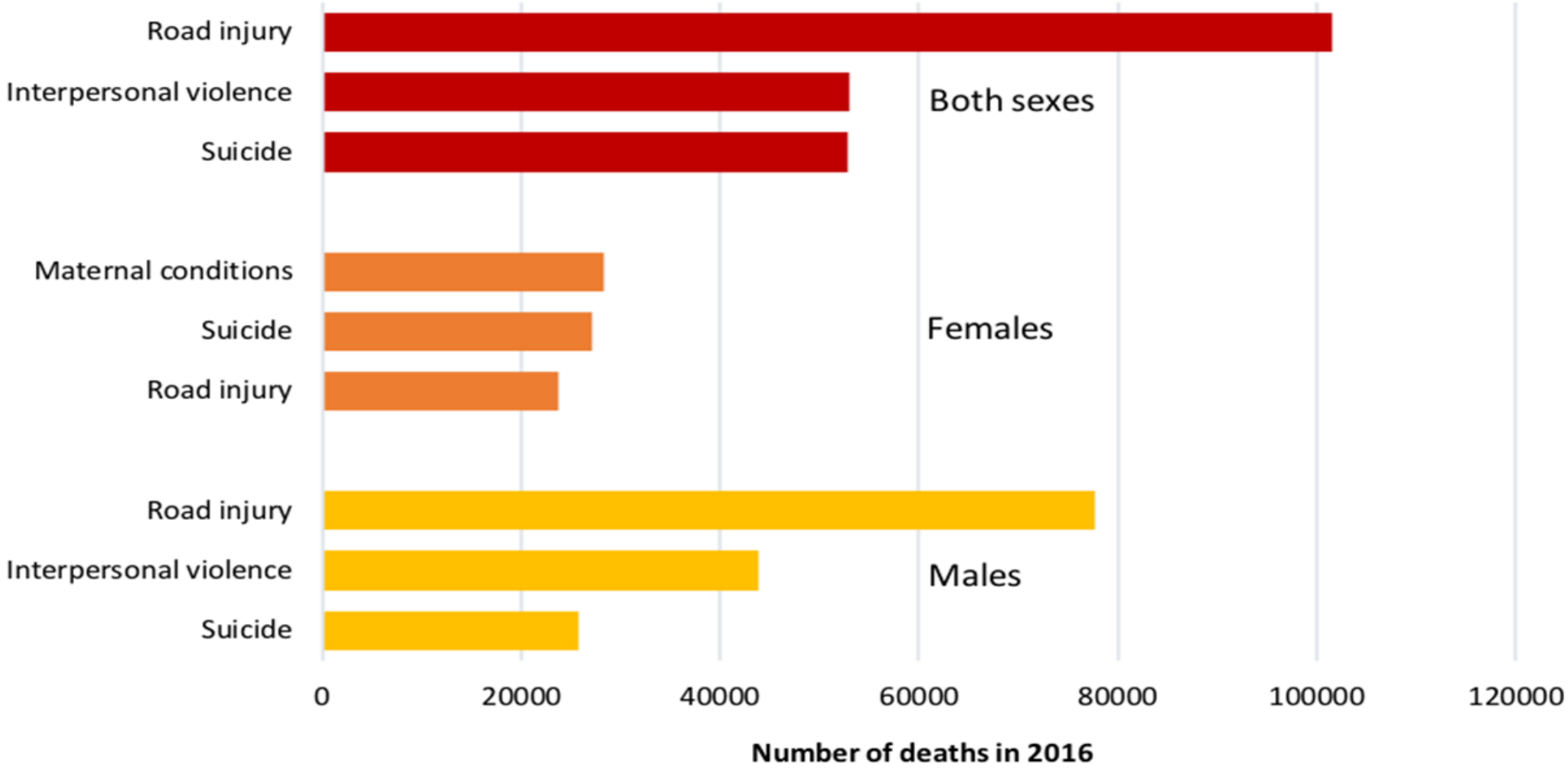
Leading causes of death, age group 15-19 years



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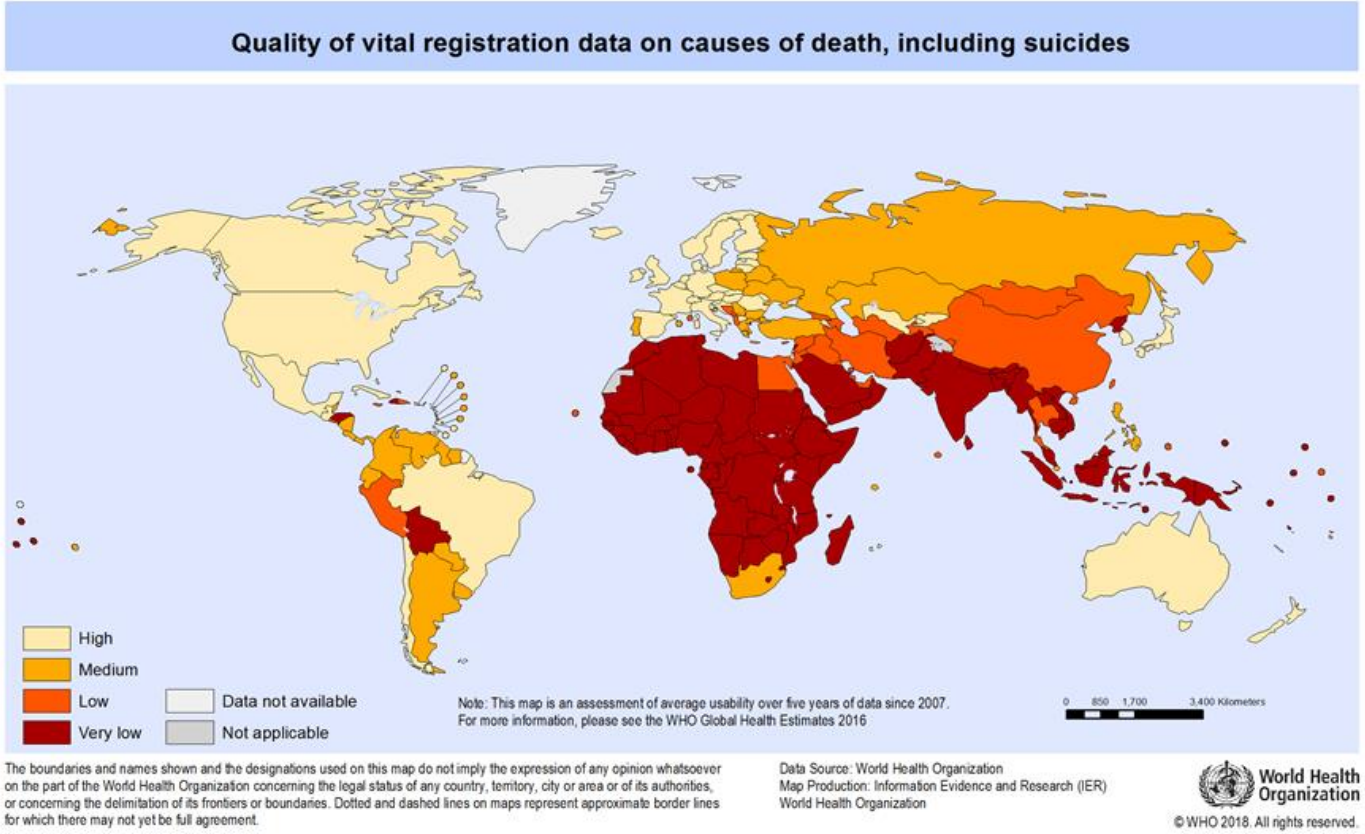
Data Quality

- 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



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Editorial

Suicide Prevention in an International Context

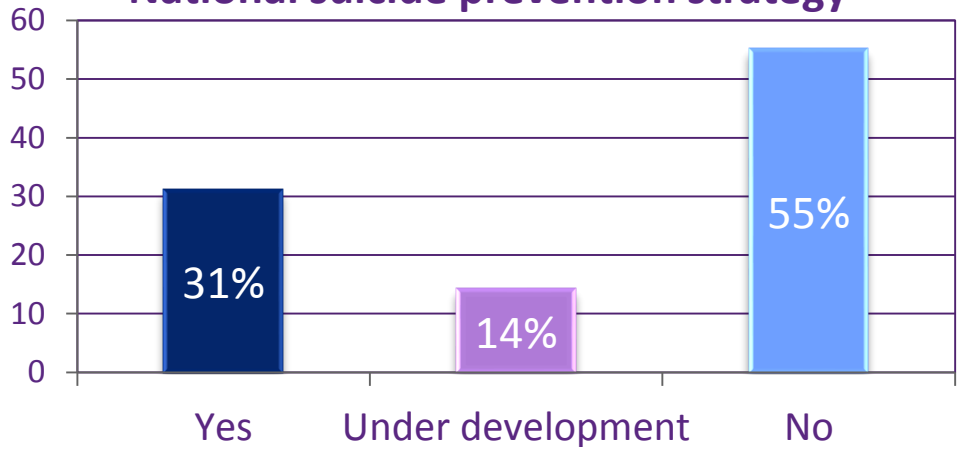
Progress and Challenges

Ella Arensman

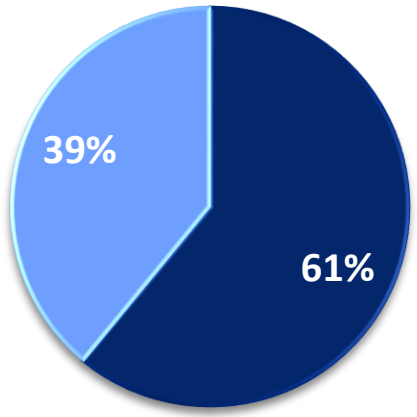
Outcomes IASP-WHO Global Survey on Suicide Prevention

(N countries: 157, response rate: 57%)

National suicide prevention strategy

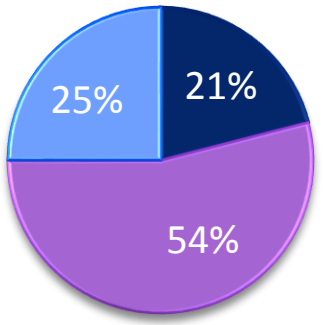


Suicide viewed by government as significant public health problem



Yes No

Has the national strategy been fully or partially implemented?



Fully Partially No response

Currently 38 countries with a National Suicide Prevention Strategy, *WHO. 2018*

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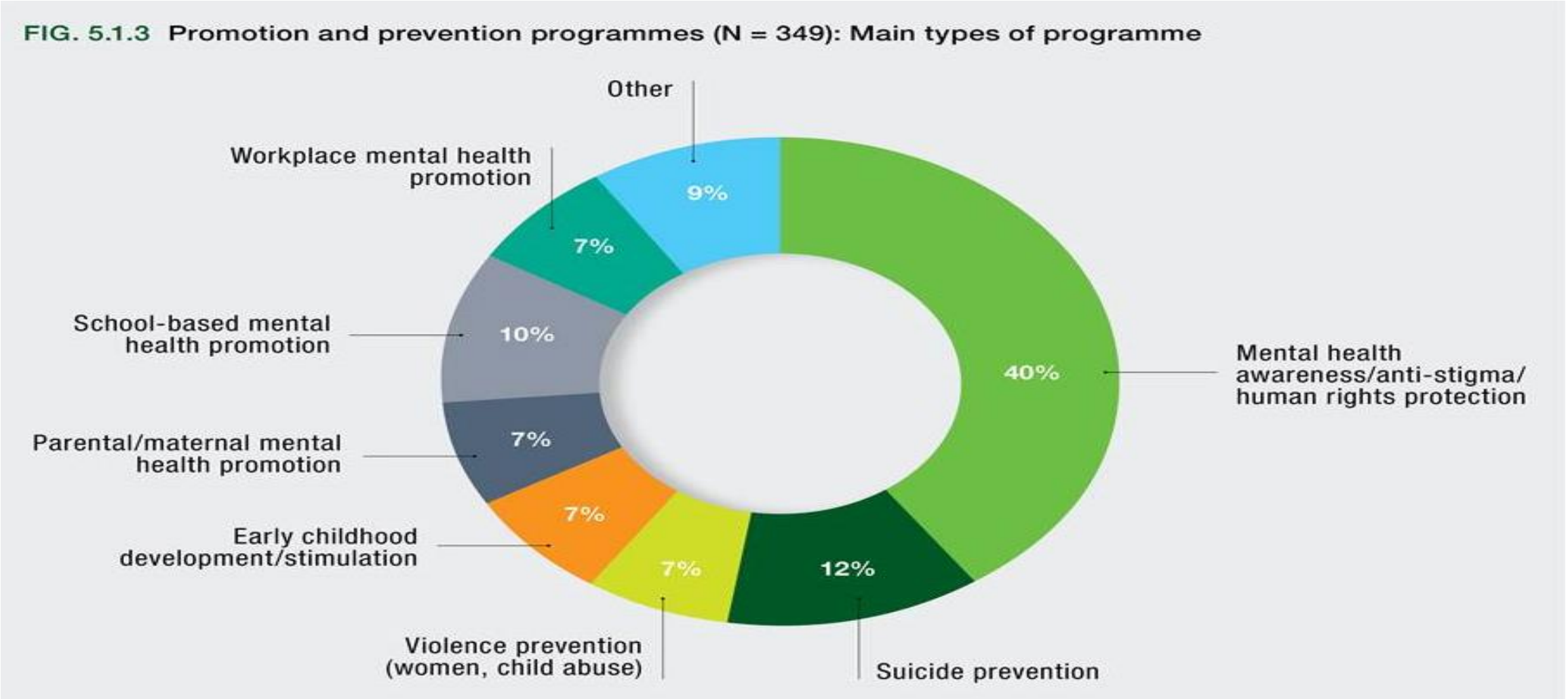
Promotion and prevention programmes at global level



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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

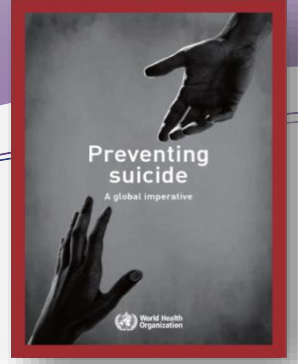
Afghanistan

- 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

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	

Recent systematic reviews

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


Articles

Suicide prevention strategies revisited: 10-year systematic review


Articles

Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis

- ‘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

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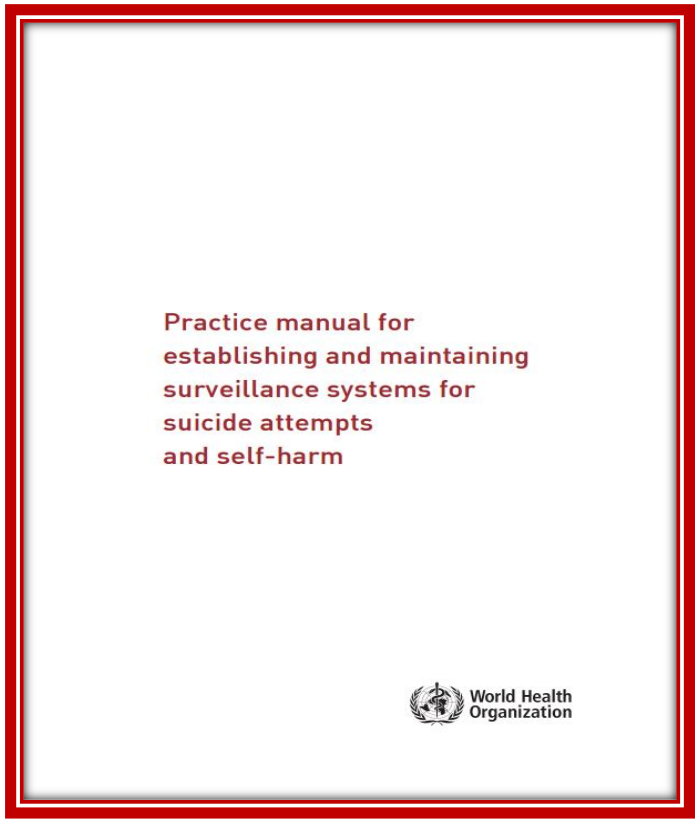
Surveillance



- 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

Social Psychiatry and Psychiatric Epidemiology (2018) 53:663–671
https://doi.org/10.1007/s00127-018-1522-1

ORIGINAL PAPER

Increasing rates of self-harm among children, adolescents and young adults: a 10-year national registry study 2007–2016

Eve Griffin[1] · Elaine McMahon[1] · Fiona McNicholas[2,3,4] · Paul Corcoran[1,5] · Ivan J. Perry[5] · Ella Arensman[1,5]

Received: 30 November 2017 / Accepted: 25 April 2018 / Published online: 2 May 2018

Abstract

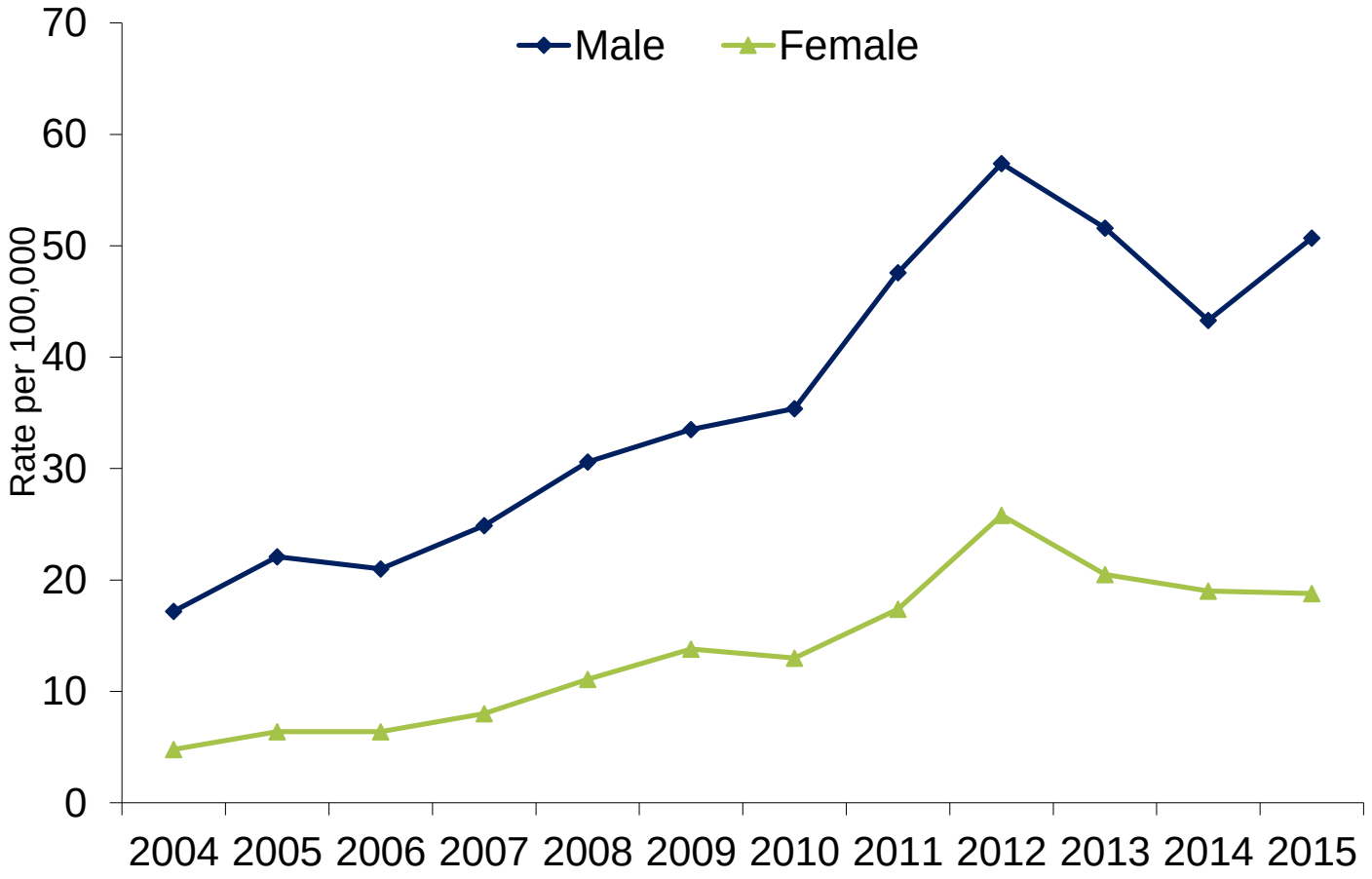
Purpose Rates of hospital-treated self-harm are highest among young people. The current study examined trends in rates of self-harm among young people in Ireland over a 10-year period, as well as trends in self-harm methods.

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



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Articles

Suicide prevention strategies revisited: 10-year systematic review


MENTAL HEALTH

The effectiveness of structural interventions at suicide hotspots: a meta-analysis

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. 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)*

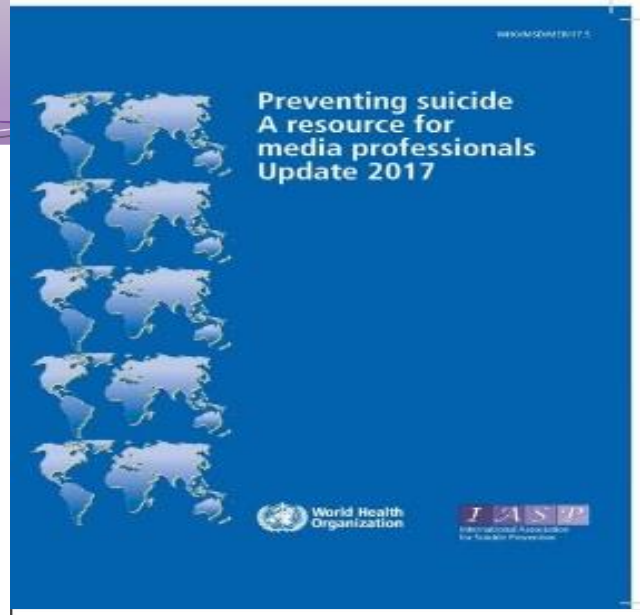
- Most studies provided evidence for an association between sensationalised media reporting and suicidal behaviour,

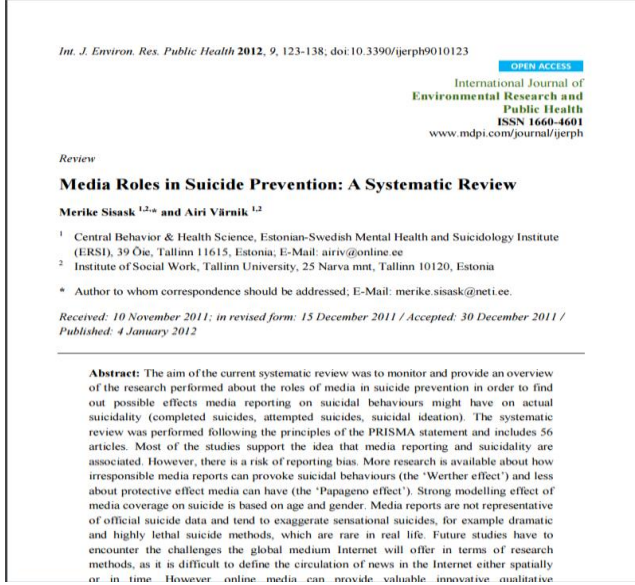
Social media

- 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)*





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Review

Media Roles in Suicide Prevention: A Systematic Review

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Received: 10 November 2011; in revised form: 15 December 2011 / Accepted: 30 December 2011 / Published: 4 January 2012

Abstract: The aim of the current systematic review was to monitor and provide an overview of the research performed about the roles of media in suicide prevention in order to find out possible effects media reporting on suicidal behaviours might have on actual suicidality (completed suicides, attempted suicides, suicidal ideation). The systematic review was performed following the principles of the PRISMA statement and includes 56 articles. Most of the studies support the idea that media reporting and suicidality are associated. However, there is a risk of reporting bias. More research is available about how irresponsible media reports can provoke suicidal behaviours (the 'Werther effect') and less about protective effect media can have (the 'Papageno effect'). Strong modelling effect of media coverage on suicide is based on age and gender. Media reports are not representative of official suicide data and tend to exaggerate sensational suicides, for example dramatic and highly lethal suicide methods, which are rare in real life. Future studies have to encounter the challenges the global medium Internet will offer in terms of research methods, as it is difficult to define the circulation of news in the Internet either spatially or in time. However, online media can provide valuable innovative qualitative

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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)

'13 Reasons Why' copycat suicide in Peru

Netflix officials defend 13 Reasons Why against claims it glamourises suicide

Dylan Minnette and Katherine Langford in 13 Reasons Why

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

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)

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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

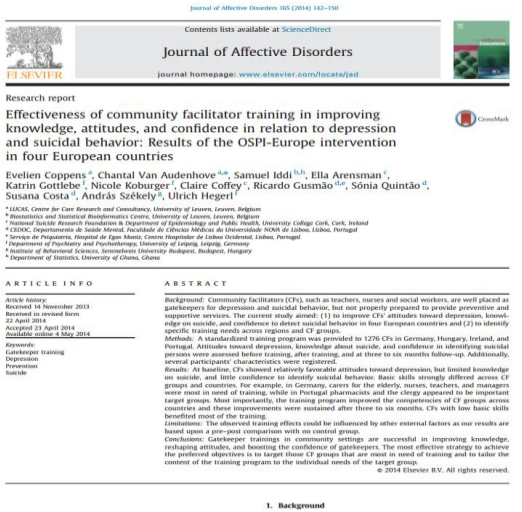
(Wasserman et al, 2012; Kapur et al, 2013; Coppens et al, 2014)

- 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)



Journal of Affective Disorders 165 (2014) 142–150

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

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

Evelien Coppens [a], Chantal Van Audenhove [a,*], Samuel Iddi [b,h], Ella Arensman [c], Katrin Gottlebe [c], Nicole Koburger [c], Claire Coffey [c], Ricardo Gusmão [d,e], Sónia Quintão [d], Susana Costa [d], András Székely [g], Ulrich Hegerl [f]

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Keywords:
Gatekeeper training
Depression
Prevention
Suicide

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.

1. Background

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Articles

Suicide prevention strategies revisited: 10-year systematic review

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)*

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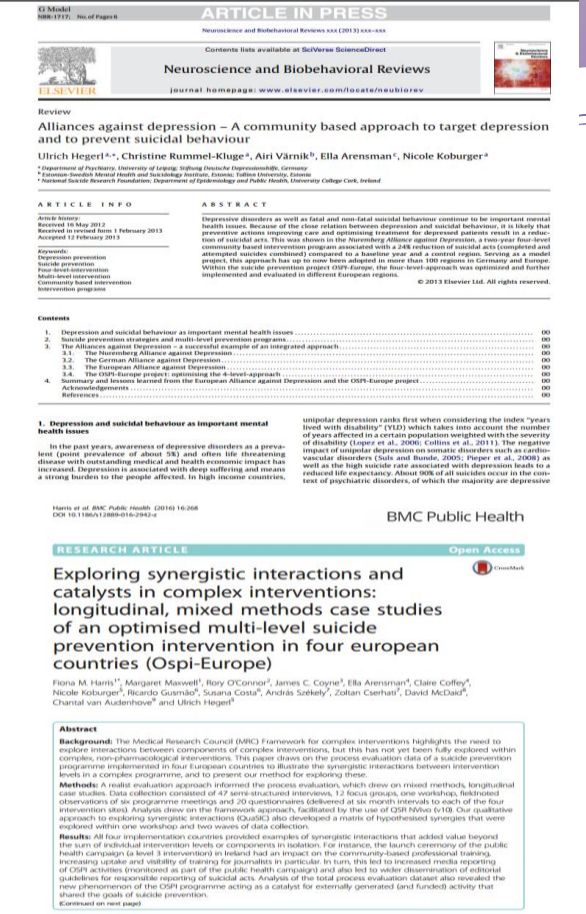

ARTICLE IN PRESS

Neuroscience and Biobehavioral Reviews

Review

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

Ulrich Hegerl[a,*], Christine Rummel-Kluge[a], Airi Värnik[b], Ella Arensman[c], Nicole Koburger[a]

ARTICLE INFO

ABSTRACT

Depressive disorders as well as fatal and non-fatal suicidal behaviour continue to be important mental health issues. Because of the close relation between depression and suicidal behaviour, it is likely that preventive actions improving care and optimising treatment for depressed patients result in a reduction of suicidal acts. This was shown in the *Nuremberg Alliance against Depression*, a two-year four-level community based intervention program associated with a 24% reduction of suicidal acts (completed and attempted suicides combined) compared to a baseline year and a control region. Serving as a model project, this approach has up to now been adopted in more than 100 regions in Germany and Europe. Within the suicide prevention project OSPI-*Europe*, the four-level-approach was optimized and further implemented and evaluated in different European regions.

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1. Depression and suicidal behaviour as important mental health issues

In the past years, awareness of depressive disorders as a prevalent (point prevalence of about 5%) and often life threatening disease with outstanding medical and health economic impact has increased. Depression is associated with deep suffering and means a strong burden to the people affected. In high income countries, unipolar depression ranks first when considering the index "years lived with disability" (YLD) which takes into account the number of years affected in a certain population weighted with the severity of disability (Lopez et al., 2006; Collins et al., 2011). The negative impact of unipolar depression on somatic disorders such as cardiovascular disorders (Sulo and Bunde, 2005; Pieper et al., 2008) as well as the high suicide rate associated with depression leads to a reduced life expectancy. About 90% of all suicides occur in the context of psychiatric disorders, of which the majority are depressive

Harris et al. *BMC Public Health* (2016) 16:268
DOI 10.1186/s12889-016-2942-z

BMC Public Health

RESEARCH ARTICLE Open Access

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)

Fiona M. Harris[1*], Margaret Maxwell[1], Rory O'Connor[2], James C. Coyne[3], Ella Arensman[4], Claire Coffey[4], Nicole Koburger[5], Ricardo Gusmão[6], Susana Costa[6], András Székely[7], Zoltan Cserhati[7], David McDaid[8], Chantal van Audenhove[9] and Ulrich Hegerl[5]

Abstract

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, non-pharmacological interventions. This paper draws on the process evaluation data 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 47 semi-structured interviews, 12 focus groups, one workshop, fieldnoted observations of six programme meetings and 20 questionnaires (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 9/10. Our qualitative approach to exploring synergistic interactions (QuaSIC) also developed a matrix of hypothesised synergies that were explored within one workshop and two waves of data collection.

Results: All four implementation countries provided 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 (a level 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 OSPI activities (monitored as part of the public health campaign) and also led to wider dissemination of editorial guidelines for responsible reporting of suicidal acts. Analysis of the total process evaluation dataset also revealed the new phenomenon of the OSPI programme acting as a catalyst for externally generated (and funded) activity that shared the goals of suicide prevention.

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Multi-level suicide prevention programmes

European Alliance Against Depression:

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

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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

National Suicide Research Foundation

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