Examples of countries where the development and implementation of national suicide prevention programmes recently has been initiated

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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
Visiting Professor, Australian Institute for Suicide Prevention
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

- Road injury
- Interpersonal violence
- Suicide
- Maternal conditions
- Road injury
- Interpersonal violence
- Suicide

Number of deaths in 2016

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 many challenges, encouraging developments in relation to initiating or completing national suicide prevention programmes, e.g: Lithuania, Guyana, Namibia, Afghanistan
Outcomes IASP-WHO Global Survey on Suicide Prevention
(N countries: 157, response rate: 57%)

Suicide viewed by government as significant public health problem
- 39% Yes
- 61% No

National suicide prevention strategy
- 31% Yes
- 14% Under development
- 55% No

Has the national strategy been fully or partially implemented?
- 25% Fully
- 21% Partially
- 54% No response
Core components of national suicide prevention strategies

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<td>1) Surveillance</td>
<td>7) Crisis Intervention</td>
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<td>2) Means Restriction</td>
<td>8) Postvention</td>
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<td>3) Media</td>
<td>9) Awareness</td>
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<td>4) Access to Services</td>
<td>10) Stigma Reduction</td>
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<td>5) Training and Education</td>
<td>11) Oversight and Coordination</td>
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<td>6) Treatment</td>
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Country examples of 1\textsuperscript{st} or 2\textsuperscript{nd} national suicide prevention strategy (2014-2018)

\textbf{First strategy:}
- Bhutan (2\textsuperscript{nd} national strategy in progress)
- Guyana
- Iran
- Republic of Korea
- Switzerland
- Namibia (2\textsuperscript{nd} national strategy in progress)
- Uruguay

\textbf{Second strategy:}
- England
- Ireland
- Sweden
- Japan
- USA
Countries with recently completed/initiated national suicide prevention programmes despite many challenges

Guyana

Afghanistan
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

- Universal interventions, targeting the whole of a population to reduce access to means and reduce inappropriate media coverage of suicide.

- The Strategy relies on cross-cutting values and principles:
  1) Universal health coverage; 2) Human rights; 3) Evidence-based practice – and interventions for treatment and prevention; 4) Life course approach;
Afghanistan

- National Suicide Prevention Strategy in Development

- 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.
Example of country with 2\textsuperscript{nd} National Suicide Prevention Strategy - Ireland
Summary of the full strategy process for Connecting for Life, 2015-2020

Co-ordinated by the National Office for Suicide Prevention

Research and Evidence

- An examination of key learning points from Reach Out;
- 272 written submissions arising from the public consultation;
- Evidence brief on risk and protective factors for suicide;
- Information from the Central Statistics Office (CSO);
- National Self-Harm Registry Ireland research reports;
- A review of the evidence base for interventions for suicide prevention by the Health Research Board;
- The WHO 2014 Report Preventing suicide: A global imperative
Strategic Goals of the Strategy (7 goals and 69 actions):

1. To improve the nation’s understanding of and attitudes to suicidal behaviour (fatal and non-fatal), mental health and wellbeing

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

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

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

5. To ensure safe and high quality services for people vulnerable to suicide

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

7. To improve surveillance, evaluation and high quality research relating to suicidal behaviour
## Strategic Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour

### 7. To improve surveillance, evaluation and high quality research relating to suicidal behaviour

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<th>Objective</th>
<th>Action</th>
<th>Lead</th>
<th>Key Partners</th>
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<td>7.1 Evaluate the effectiveness and cost-effectiveness of Connecting for Life.</td>
<td>Conduct proportionate evaluations of all major activities conducted under the aegis of Connecting for Life; disseminate findings and share lessons learned with programme practitioners and partners.</td>
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<td>7.2 Improve access to timely and high quality data on suicide and self-harm.</td>
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- Develop capacity for observation and information gathering on those at risk of or vulnerable to suicide and self-harm. This includes children/young people in the child welfare/protection sector and places of detention, including prisons. | DJE, DCYA, TUSLA | IPS, Coroners’ Offices (in the context of the recording of deaths), CSO, NSRF |
| 7.2.2 Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Connecting for Life. | | HSE, MH |  |
| 7.2.3 Collect, analyse and disseminate high quality data on suicide and self-harm and ensure adequate access to and understanding of the data among those working in suicide prevention across all sectors. | | NOSP, DOH, NSRF, DJE/IPS, DCYA/TUSLA |  |
| 7.3 Review (and, if necessary, revise) current recording procedures for death by suicide. | The Justice and Health sectors will engage with the Coroners, Garda Síochána, NOSP, CSO and research bodies in relation to deaths in custody, and recording of deaths by suicide and open verdicts, to further refine the basis of suicide statistics. | DJE | DOH, NOSP, Coroners’ Offices, Garda Síochána, CSO, Research Bodies |
Innovative aspects of Connecting for Life

• Whole-of-Government engagement, cross-sectoral collaboration and multi-agency approach to suicide prevention

• Five year implementation plans at regional level

• A focus on formal accountability, adequate response, and openness for change in line with emerging evidence-based initiatives

• Evaluation and high-quality research with regard to suicidal behaviour by tracking the progress of the strategy implementation against set indicators over the next five years

• Outcomes framework including primary, secondary and intermediate outcomes
Connecting for Life Interim Strategy Review 2015-2018

- To provide an assessment of implementation advancements across all *Connecting for Life* actions, objectives and goals

- To identify what is working well and where barriers lie

- To help set strategic priorities for 2019 and 2020

- To identify longer-term strategic goals for *Connecting for Life*, beyond 2020

  - For most of the actions relating to the strategic goals, moderate to good progress was determined.
Developing a national suicide prevention programme in Spain

Suicide prevention in Spain: An uncovered clinical need
Previsión del suicidio en España: una necesidad clínica no resuelta

Pilar A. Zitè1, Julio Bobes

1 Área de Psiquiatría, Facultad de Medicina, Universidad de Extremadura. Centro de Investigación en Salud Mental (CIBERSAM); Instituto Universitario de Neurociencias del Principado de Asturias (INNASA); Servicio de Salud del Principado de Asturias, 33006, Oviedo, Spain

Suicide constitutes one of the most important problems in global public health.1-4 That is why several studies have been published in the last 2 years among other considerations, in which a possible association is established between different economic crises and the increasing suicide rate in the world and, in particular, in Spain where the data were inconclusive.5-13 The results have been mixed. The most consistent data supporting such an association came from developing countries in the Global South.1-4 In contrast, in Spain the data were conflicting. There are studies that pointed to an association between economic crises and an increase in the number of suicides and others that contradicted this association.5-12 The reasons for such discrepancies are not clear. Some of the characteristics of the population and the study population may vary across countries.6-8 We have no data to confirm this apparent resilience to the crisis seen in our population.13 We have no information in the latest studies or the different statistical approaches used to the pointed out of these discrepancies. The analysis performed by our group, using the annual unemployment rate as a proxy variable, showed an association between the suicide rate and the number of suicides, although cases were not comparable given the localization of the number of cases.13 However, a recent study has found that, despite the debates, the rate of suicide in Spain has increased in recent years, with an annual increase of about 3%.14

In this context, the lack of information on the potential association between economic crises and suicide in Spain is a significant limitation in the scientific community and professional practice. However, efforts have been made to address this issue, as demonstrated by the growing number of publications on suicide and "suicide risk" in recent years.15 This has been particularly relevant in Spain, where the number of cases has increased substantially.16

In light of these findings, it is important to highlight the need for new research on the potential association between economic crises and suicide in Spain. This is particularly relevant in light of the current economic crisis and the need for more comprehensive data on suicide rates in Spain.

Epidemiology and Psychiatric Sciences

Suicide prevention: towards an evidence-based policy

Jose L. Ayluso-Mateos1,2,3

1 Department of Psychiatry, Universidad Autónoma de Madrid, Madrid, Spain. 2 Centre for Biomedical Research on Mental Health (CIBERSAM), Madrid, Spain. 3 Instituto de Investigación Sanitaria Ramón y Cajal (IIS-RyC), Madrid, Spain.

Suicide prevention and adequate management of those with suicidal behaviour should be one of the major drivers of designing clinical services and guiding national suicide policies despite the difficulties. In order to respond to this question, the need for relevant and robust evidence covering both the magnitude of the problem and the local level where the decision-making takes place has increased, and the potential role that individual intervention studies may have in suicide and suicidal behaviour of the clinical and population level. This issue of Epidemiology and Psychiatric Sciences includes two valuable contributions to the theoretical framework that need to be seen for an evidence-based policy on this area.

The contribution of the work by Fortuné et al. (2019) provides a new perspective on the potential role of evidence-based intervention studies in suicide prevention at the population level. The most widely used indicator for monitoring suicide at the national level is the annual age-standardized suicide rate per 100,000. It is employed to suicide rates within countries by causes of death but also for cross-country comparisons. To identify suicide rates over the years and to establish global, regional, and/or national targets (WHO, 2014; NCDs Guidelines, 2010; 2013). However, the suicide mortality in Europe and elsewhere needs to be considered as an indicator of public health relevance in its own right. A recent meta-analysis (2019) of several studies in Europe has shown that the suicide rate increases in countries with higher suicide rates and decreased in countries with lower suicide rates. Therefore, the use of suicide rates as an indicator of public health relevance in its own right. A recent meta-analysis (2019) of several studies in Europe has shown that the suicide rate increases in countries with higher suicide rates and decreased in countries with lower suicide rates. Therefore, the use of suicide rates as an indicator of public health relevance in its own right. A recent meta-analysis (2019) of several studies in Europe has shown that the suicide rate increases in countries with higher suicide rates and decreased in countries with lower suicide rates.
Multi-level suicide prevention programmes

European Alliance Against Depression:

1. Training for GPs
   - Aim: Improving the treatment for people with depression and prevention of suicide

2. Training for Community Facilitators

3. Awareness campaign for the general public

4. Interventions for patients & family members (evidence based interv. & guided self-help)

Reduction in suicide and suicide attempts up to 31% in 3 years
(Hegerl et al, 2013)
How IASP and WHO can facilitate the development and implementation of national suicide prevention programmes

- Disseminating information and exchange of information and expertise via IASP National Representatives
- Sharing of best practice and evidence based intervention and prevention programmes via IASP Special Interest Groups and Task Forces
- Supporting the development of national and regional suicide prevention programmes
- World congresses and regional congresses
- World Suicide Prevention Day
- Advisory role and close collaboration with WHO