Suicide Prevention in International Context: Progress and Challenges

Windhoek, Namibia, 25th October, 2018

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

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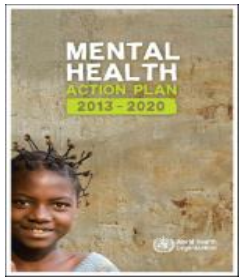
Overview

- The extent of suicide globally
- Suicide prevention globally and country examples
- Evidence informed interventions
- Evaluation of national suicide prevention programmes

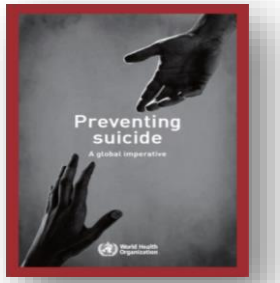
Context

- 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.*

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SUSTAINABLE DEVELOPMENT GOALS

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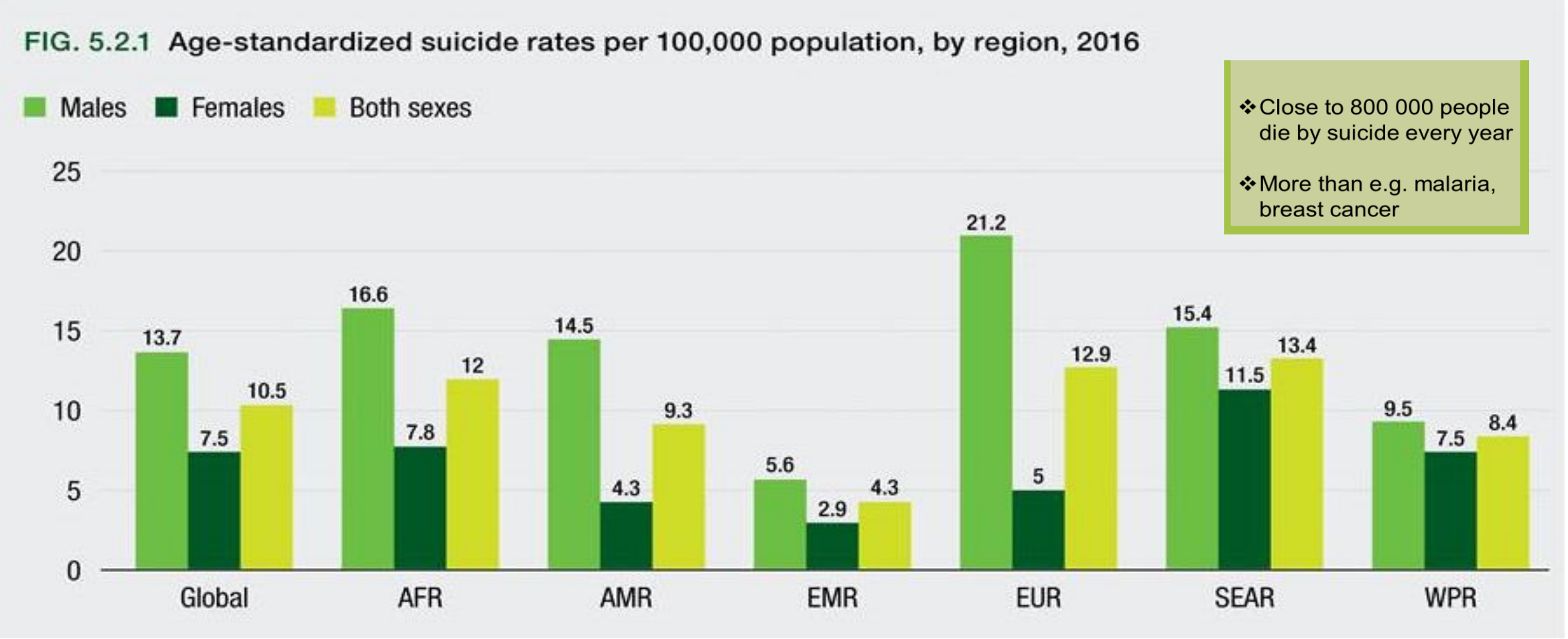
Suicide rates by WHO region



Mental Health Atlas, 2017

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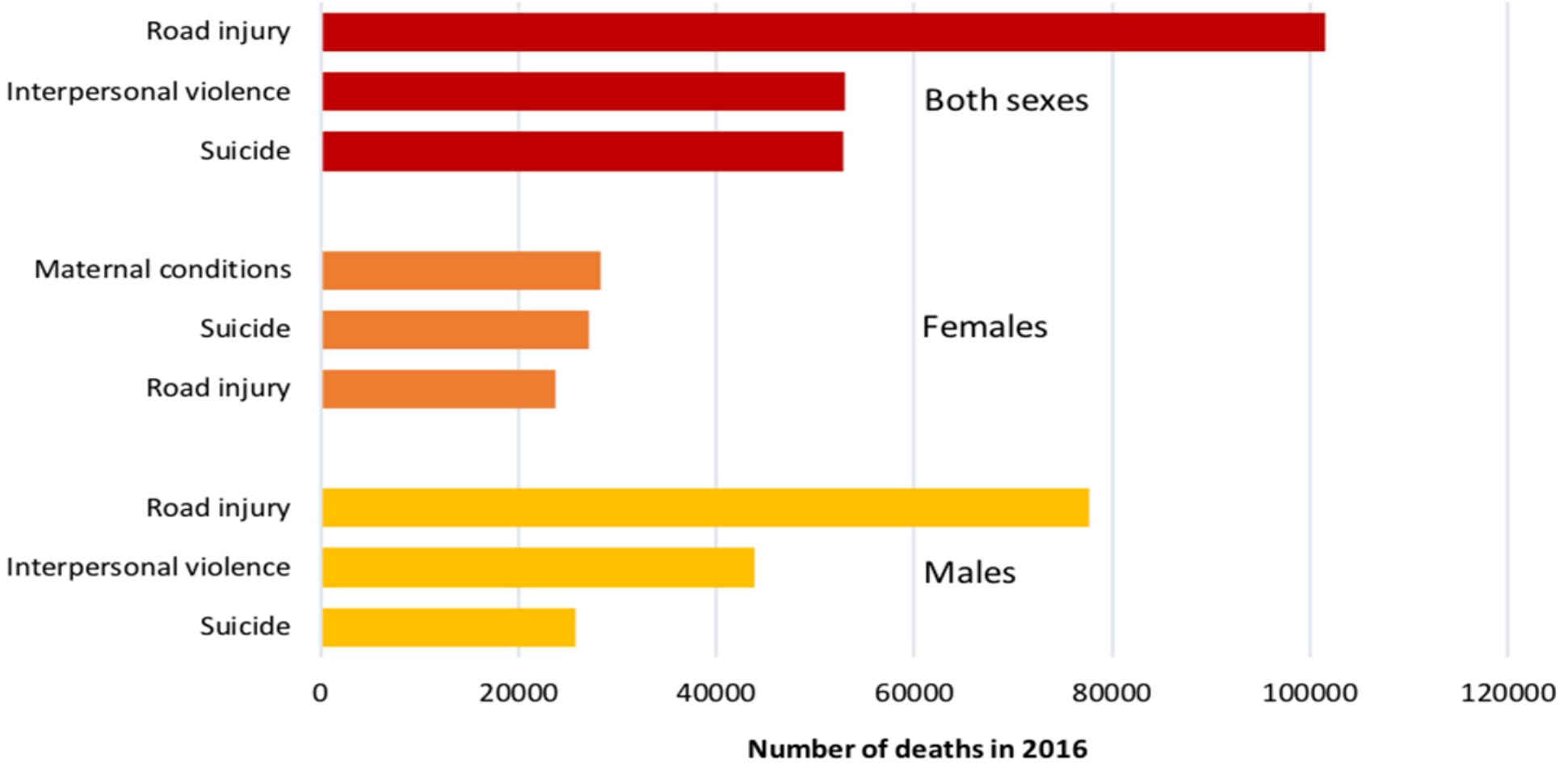
Leading causes of death, ages 15-19 years



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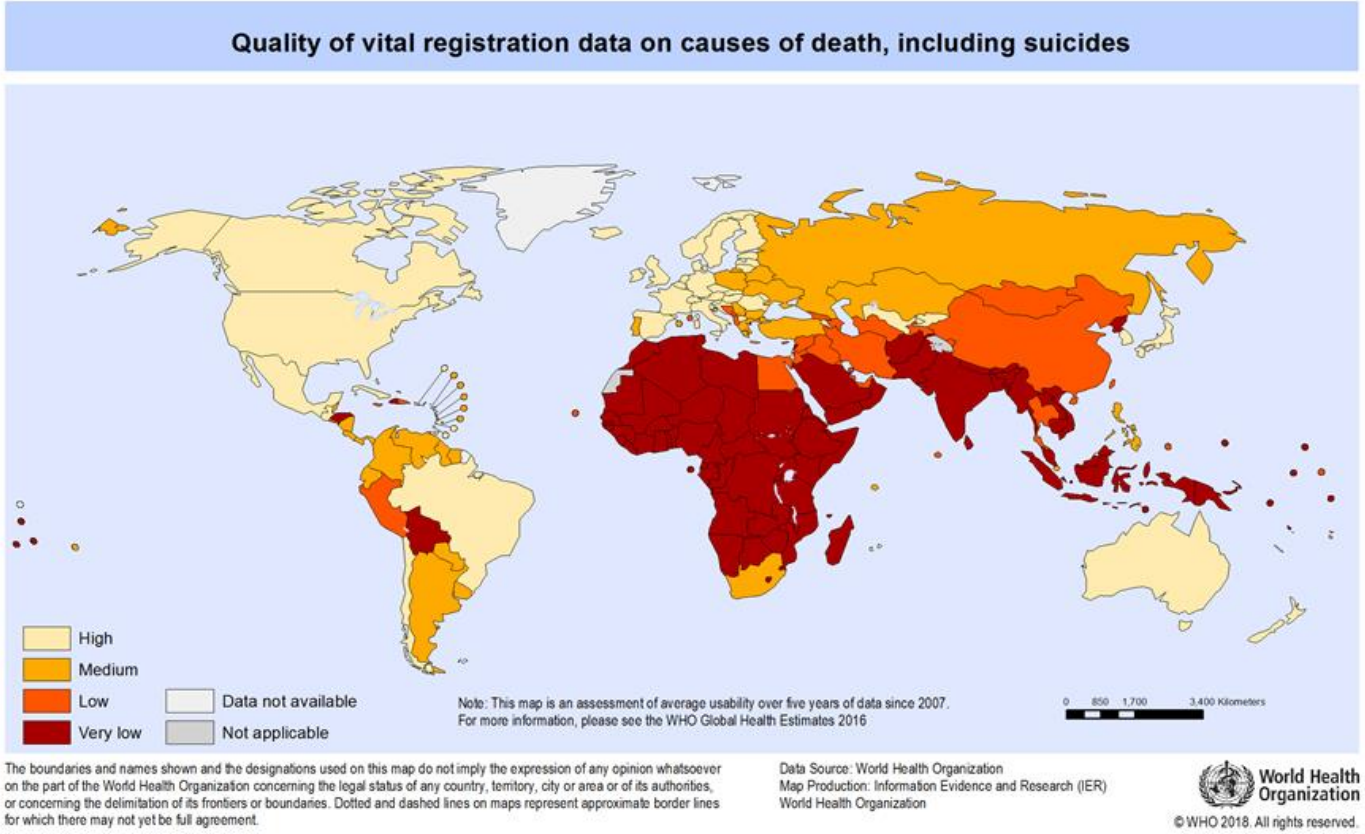
Data Quality

- 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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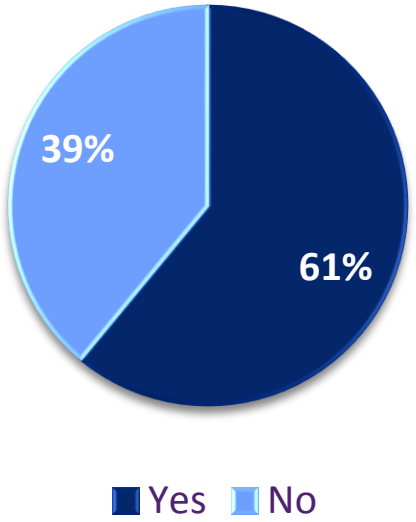
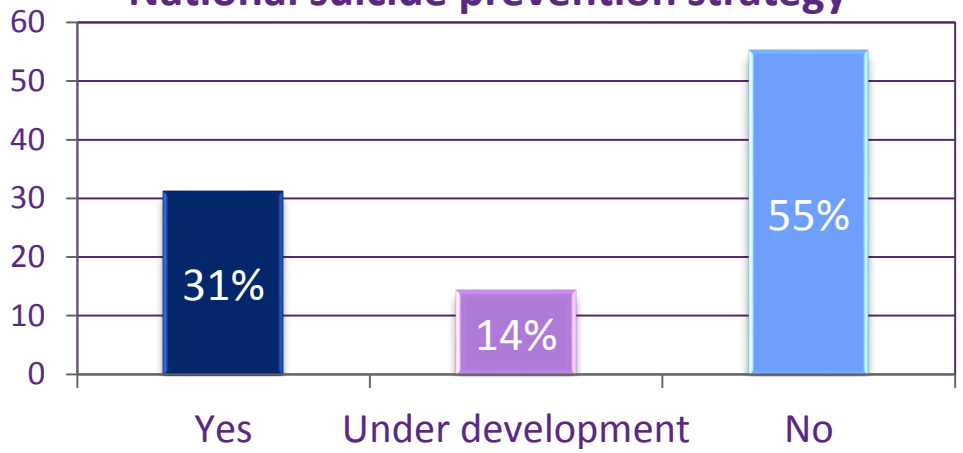
Outcomes IASP-WHO Global Survey on Suicide Prevention

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

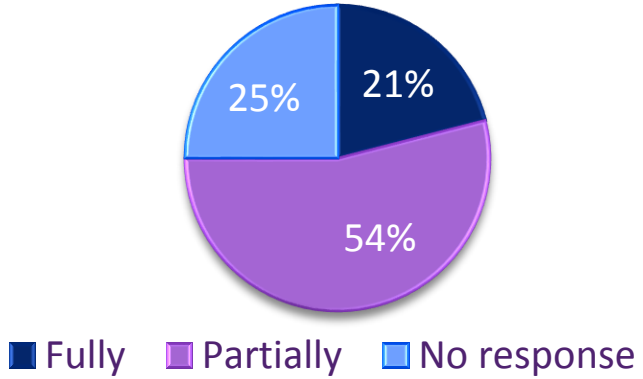
Suicide viewed by government as significant public health problem



National suicide prevention strategy



Has the national strategy been fully or partially implemented?



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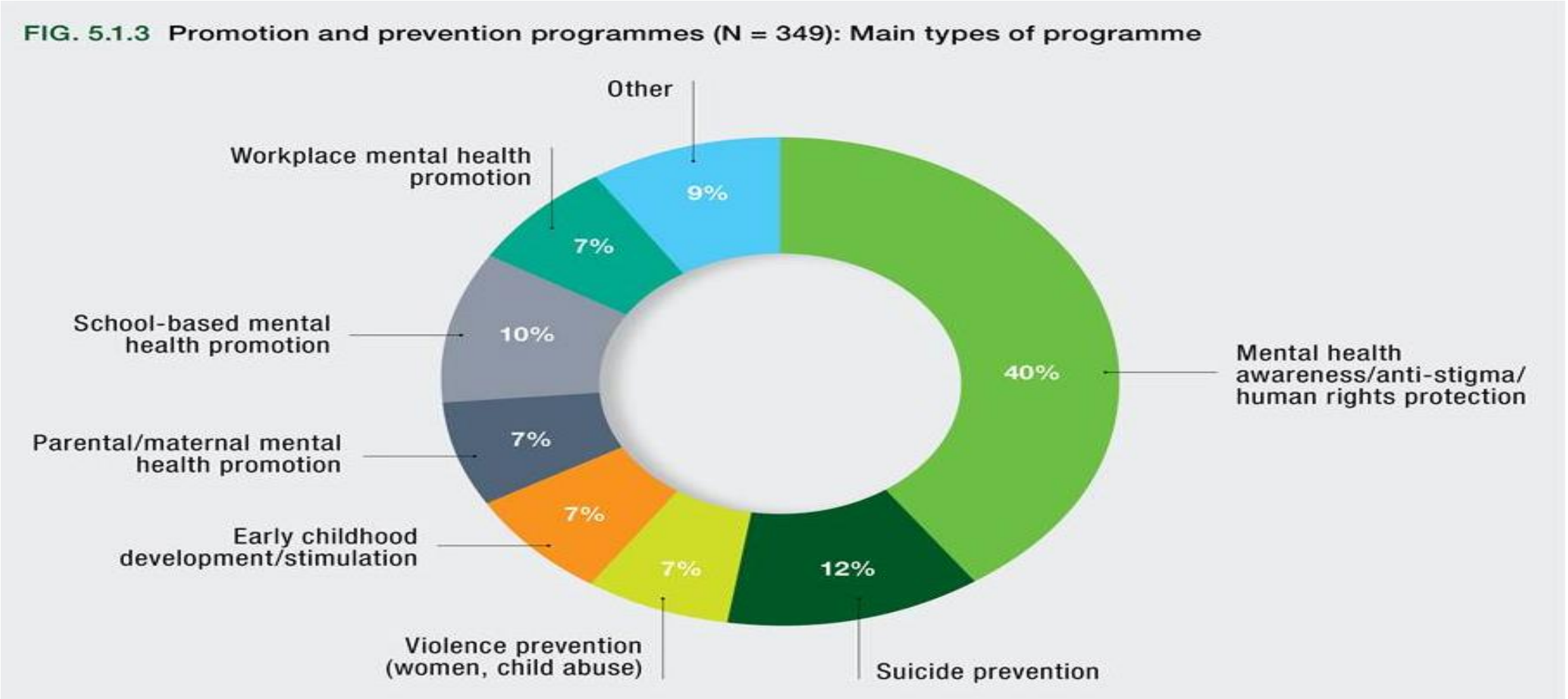
Promotion and prevention programmes at global level



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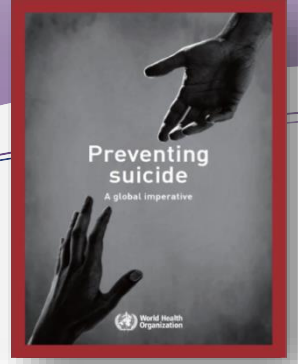
Challenges in developing and implementing national suicide prevention programmes

- 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

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

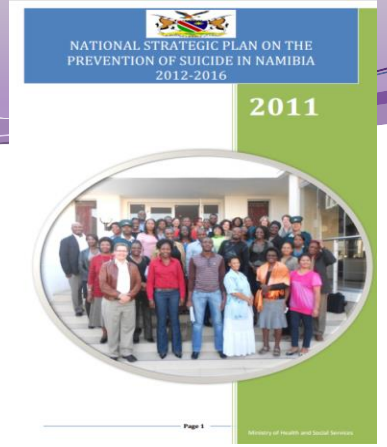


Core components of national suicide prevention strategies

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	

Country examples

Namibia



- Leadership role in developing the 2nd national suicide prevention strategy in the WHO African Region

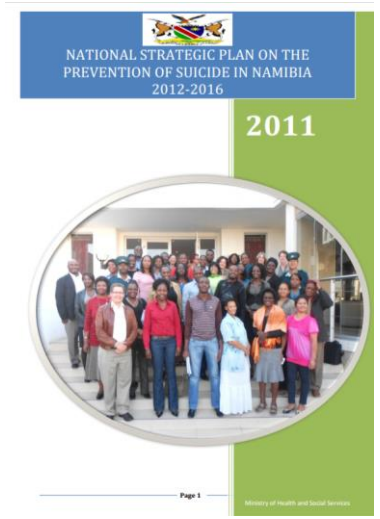
- National Strategic Plan on the Prevention of Suicide in Namibia, 2012-2016, supported by the Ministry of Health and Social Services, and developed with all stakeholders in the field of suicide

- Mission: To provide comprehensive, affordable and accessible services by relevant stakeholders pertaining to suicide.

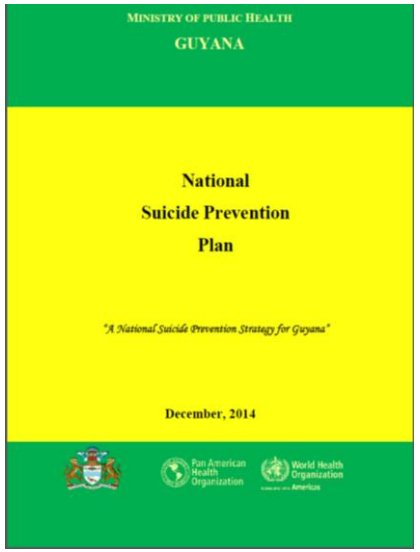
- 24 objectives, strengthening key areas in suicide prevention, including involvement of stakeholders, internal processes, learning and growth, and budgetary and financial aspects

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

Namibia



Guyana



Afghanistan

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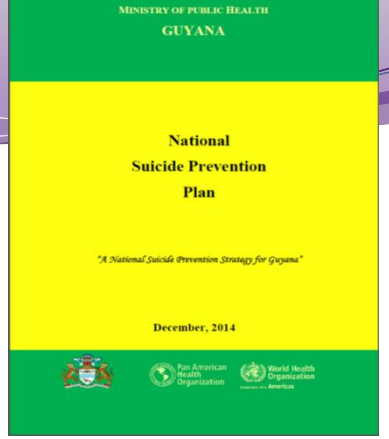
Guyana

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
- 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;

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Afghanistan


وزارت صحت عامه

ریاست عمومی طب وقایوی

آمریت صحت روانی و مواسلفاده مواد

First Advisory Group workshop's Report for Development of suicide Prevention strategy

Date: 15th June-2015

Prepared by: Dr.Mohammad Zahid Sharifi ,Mental Health consultant.

- 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.

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Evidence informed components of a national suicide prevention programme

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global mental health

INTERVENTIONS

REVIEW

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

A. Fleischmann[1]*, E. Arensman[2], A. Berman[3], V. Carli[4], D. De Leo[5], G. Hadlaczky[4], S. Howlader[6], L. Vijayakumar[7], D. Wasserman[4] and S. Saxena[1]

[1] Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland
[2] Department of Epidemiology and Public Health, National Suicide Research Foundation, University College Cork, Cork, Ireland
[3] American Association of Suicidology, USA
[4] National Centre for Suicide Research and Prevention of Mental Ill-Health, Karolinska Institutet, Stockholm, Sweden
[5] Australian Institute for Suicide Research and Prevention, Brisbane, Australia
[6] University of Melbourne, Melbourne, Australia
[7] SNEHA, Voluntary Health Services, Chennai, India

Global Mental Health (2016), 3, e5, page 1 of 8. doi:10.1017/gmh.2015.27

Globally, over 800 000 people died by suicide in 2012 and there 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 and suicide attempts, taking into consideration the family members, friends, work colleagues and communities, who are bereaved by suicide. In the WHO Mental Health Action Plan 2013–2020, Member States committed themselves to work towards the global target of reducing the suicide rate in countries by 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 for low- and middle-income countries is discussed in this paper, highlighting restricting access to means, responsible media reporting, introducing mental health and alcohol policies, early identification and treatment, training of health workers, and follow-up care and community support following a suicide attempt.

Received 28 November 2014; Revised 23 November 2015; Accepted 3 December 2015

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

Background

Globally, over 800 000 people died by suicide in 2012, according to World Health Organization (WHO) Global Health Estimates (WHO, 2014*a*, *b*, *c*). This corresponds to a global age-standardized suicide rate of 11.4 per 100 000 population; 15.0 and 8.0 per 100 000 indications that for each adult who died of suicide there were likely to be many more attempting suicide (De Leo *et al.* 2005; WHO, 2014*a*). Taking into consideration the family members, friends, work colleagues and communities, who are bereaved by suicide (Pitman *et al.* 2014), there are many millions of people

Editorial

Suicide Prevention in an International Context

Progress and Challenges

Ella Arensman

President, International Association for Suicide Prevention (IASP)
Director of Research, National Suicide Research Foundation, Department of Epidemiology and Public Health, University College Cork, Ireland
WHO Collaborating Centre for Surveillance and Research in Suicide Prevention, Cork, Ireland

Strategic Global Developments in Suicide Prevention

In recent years, the World Health Organization (WHO) *Global Mental Health Action Plan, 2013–2020*, has been a major step forward in pushing the agenda of suicide prevention globally (WHO, 2013; Saxena, Funk, & Chisholm, 2013). This plan was adopted by health ministers in all 194 WHO member states to formally recognize the importance of mental health, which was a remarkable achievement. Among WHO member states are 25 countries where suicide is currently still criminalized and an additional 20 countries where according to Sharia law suicide attempters may be punished with jail sentences (Mishara & Weisstub, 2016). The action plan covers specified actions to improve mental health and to contribute to the attainment of a set of agreed global targets, in particular to aim for (a) a 20% increase in service coverage for severe mental disorders, and (b) a 10% reduction of the suicide rate in countries by 2020.

The subsequent publication of the WHO report *Preventing Suicide: A Global Imperative*, in 2014 (WHO, 2014), was strategically a major and timely next step to increase the commitment of national governments and health ministers to move from agreement to action in relation to suicide prevention. Many members of the International Association for Suicide Prevention (IASP) representing all regions in the world were involved in preparing this report. IASP in collaboration with WHO's Department of Mental Health and Substance Abuse has initiated workshops inviting country representatives to discuss and share experiences in the development and implementation of national suicide prevention programs, during IASP world congresses and regional seminars. In addition, IASP is in the process of establishing an International Special Interest Group to support the development and implementation of national suicide prevention programs at a global level.

In all six WHO regions, both IASP and WHO underline the importance of national suicide prevention programs on World Suicide Prevention Day on a yearly basis. The WHO report provides guidance in developing and implementing national suicide prevention programs while taking into account the different stages at which a country is, that is, countries where suicide prevention activities have not yet taken place, countries with some activities, and countries that currently have a national response. Within geographic regions, countries that have adopted a national suicide prevention program can impact positively on surrounding countries and increase prioritization of suicide prevention in countries that do not yet have a national program and do not want be an exception in a negative sense, that is, they do not want to be left behind!

Are We Making Progress in Suicide Prevention at Global Level?

We are indeed! Since the publication of the WHO *Global Mental Health Action Plan* and the WHO report on preventing suicide, there are several indications that the development and the implementation of national suicide prevention programs have accelerated, in particular in countries and regions where so far little or no suicide prevention initiatives were present, such as Guyana (Ministry of Public Health, 2014), Suriname (Ministerie van Volksgezond-

Crisis (2017), 38(1), 1–6
DOI: 10.1027/0227-5910/a000481

In countries where a fully developed, comprehensive national strategy is not yet in place, this should not delay targeted suicide prevention programmes, while these can contribute to a national response.

Regardless of the current level of implementation and context, countries can commence with strategic actions for suicide prevention (bottom up), e.g:

- Engaging with relevant stakeholders
- Training of health and community based professionals, and changing attitudes.
- Reducing access to means
- Building surveillance
- Raising awareness
- Engaging with the media

A community driven, regional action plan, can draw national interest and provide a basis for wider implementation.

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Recent systematic reviews


Articles

Suicide prevention strategies revisited: 10-year systematic review

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


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.

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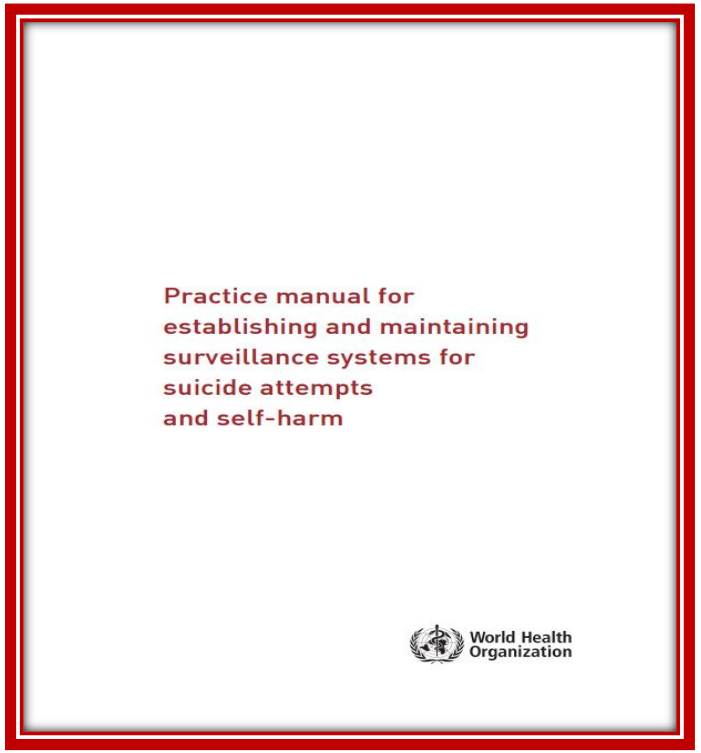
Surveillance

- 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 in low- and middle income countries, 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.


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/interventions.

Restricting access to pesticides (Zalsman et al, 2016)

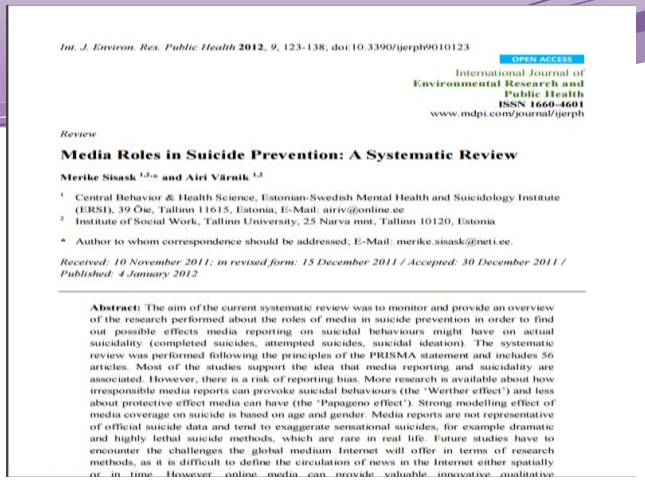
- Restrictions on the availability of pesticides contribute to reduced suicides in countries where this method of suicide is prevalent (Mann et al, 2005)

- The withdrawal of more toxic pesticides (Gunnell et al, 2007), restriction of access to these pesticides (Lin & Lu, 2011), and measures related to decreasing absorption of toxic substances (Wilks et al, 2008) are likely to reduce suicide in such countries

- Safer storage of pesticides is another promising approach to suicide prevention in Sri Lanka (Hawton et al, 2009) and India (Vijayakumar, 2013)

Media

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



Int. J. Environ. Res. Public Health **2012**, *9*, 123-138; doi:10.3390/ijerph9010123

OPEN ACCESS

International Journal of Environmental Research and Public Health
ISSN 1660-4601
www.mdpi.com/journal/ijerph

Review

Media Roles in Suicide Prevention: A Systematic Review

Merike Sisask [1,2,*] **and Airi Värnik** [1,2]

[1] Central Behavior & Health Science, Estonian-Swedish Mental Health and Suicidology Institute (ERSI), 39 Õie, Tallinn 11615, Estonia; E-Mail: airiv@online.ee
[2] Institute of Social Work, Tallinn University, 25 Narva mnt, Tallinn 10120, Estonia

* Author to whom correspondence should be addressed; E-Mail: merike.sisask@neti.ee.

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

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)*

Based on international evidence, responsible media reporting is recommended as an important intervention in low- and middle income countries. However, evaluation of the quality of the implementation and effectiveness in these countries is required *(Fleischman et al, 2016)*

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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

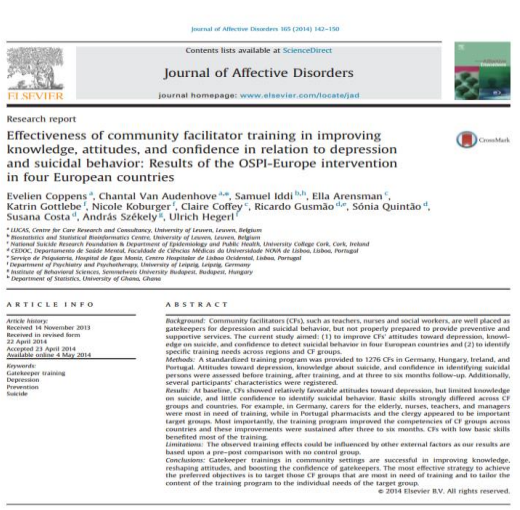
(Wasserman et al, 2012; Kapur et al, 2013; Coppens et al, 2014)

- 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[d], Nicole Koburger[d], Claire Coffey[e], Ricardo Gusmão[f,g], Sónia Quintão[g], Susana Costa[g], András Székely[h], Ulrich Hegerl[i]

[a] LUCAS, Centre for Care Research and Consultancy, University of Leuven, Leuven, Belgium
[b] Biostatistics and Statistical Bioinformatics Centre, University of Leuven, Leuven, Belgium
[c] National Suicide Research Foundation & Department of Epidemiology and Public Health, University College Cork, Cork, Ireland
[d] CESOC, Departamento de Saúde Mental, Faculdade de Ciências Médicas da Universidade NOVA de Lisboa, Lisboa, Portugal
[e] Serviço de Psiquiatria, Hospital de Egas Moniz, Centro Hospitalar de Lisboa Ocidental, Lisboa, Portugal
[f] Department of Psychiatry and Psychotherapy, University of Leipzig, Leipzig, Germany
[g] Institute of Behavioral Sciences, Semmelweis University Budapest, Budapest, Hungary
[h] Department of Statistics, University of Ghana, Ghana

ARTICLE INFO

Article history:
Received 14 November 2013
Received in revised form
22 April 2014
Accepted 23 April 2014
Available online 4 May 2014

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

In LMIC coutries, training and education could be implemented via the WHO mhGAP programme (Fleischmann et al, 2016)

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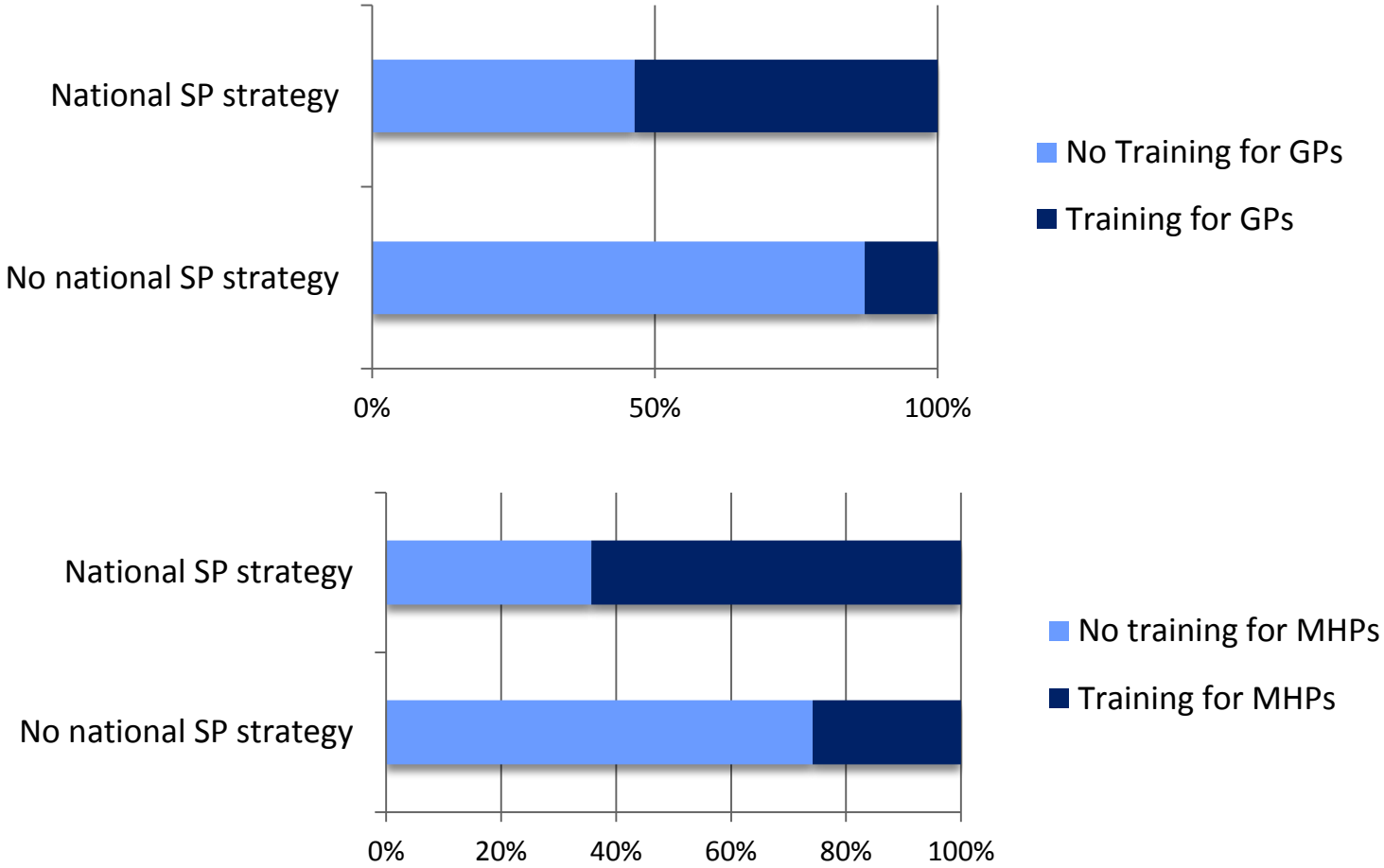
Availability of training programmes on suicide risk assessment & intervention



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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, resilience and positive coping skills, suicide risk awareness and skills training impacted on reduced suicide attempts and severe suicidal ideation


Articles

Suicide prevention strategies revisited: 10-year systematic review

Summary

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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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

Approaches like CBT and DBT may currently be too costly and not feasible due to the lack of trained personnel in some LMIC countries *(Fleischmann et al, 2016)*

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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)*

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European Alliance Against Depression:
Multi-level suicide prevention programme

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

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From the Nuremberg Alliance to the European Alliance Against Depression (www.EAAD.net)

- EU-funded project
- To promote the implementation of regional alliances against depression
- Adaptation to different cultures and languages

→ Implementation in more than 100 regions in 19 countries incl. Countries outside Europe, e.g. Chili, South Korea, French Polynesia

Hegerl et al, 2013; 2008

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Reducing stigma associated with mental health

https://www.youtube.com/watch?v=EhwXUyM9V7g

https://www.youtube.com/watch?v=aSAeOhCrv_s

Evaluation of national suicide prevention programmes from an international perspective

- Evaluation of implementation in 6 countries; reports from 3 countries: Finland, Scotland and Northern Ireland
- Evidence of impact of national suicide prevention programmes: inconsistent
- Challenges related to evaluating complex interventions, incl. multiple interacting components, change over time, quality of implementation, synergistic effects

How IASP and WHO can facilitate the development and implementation of national suicide prevention programmes

- Disseminating information and exchange of information and expertise via National Representatives
- Sharing of best practice and evidence based intervention and prevention programmes via 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

Thank you!

Prof. Ella Arensman
National Suicide Research Foundation, School of Public Health
WHO Collaborating Centre on Surveillance and Research in Suicide Prevention
University College Cork, Ireland
International Association for Suicide Prevention
T: 00353 214205551
E-mail: earensman@ucc.ie
www.nsrf.ie

National Suicide Research Foundation

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ucc
Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland