

Suicide Prevention in an International Context: Progress and Challenges

1st National Suicidology Congress:
Prospects for the Prevention of Suicide and Depression in Poland

Thursday 22nd March 2018, Łódź



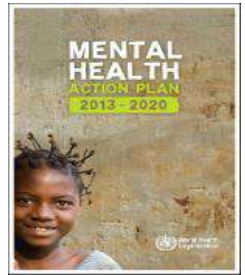
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Past President, International Association for Suicide Prevention

Overview

- Suicide Prevention at Global level: Progress and Challenges
- Core components of national suicide prevention programmes:
An update of the evidence base
- 1st and 2nd national suicide prevention programmes:
Country examples

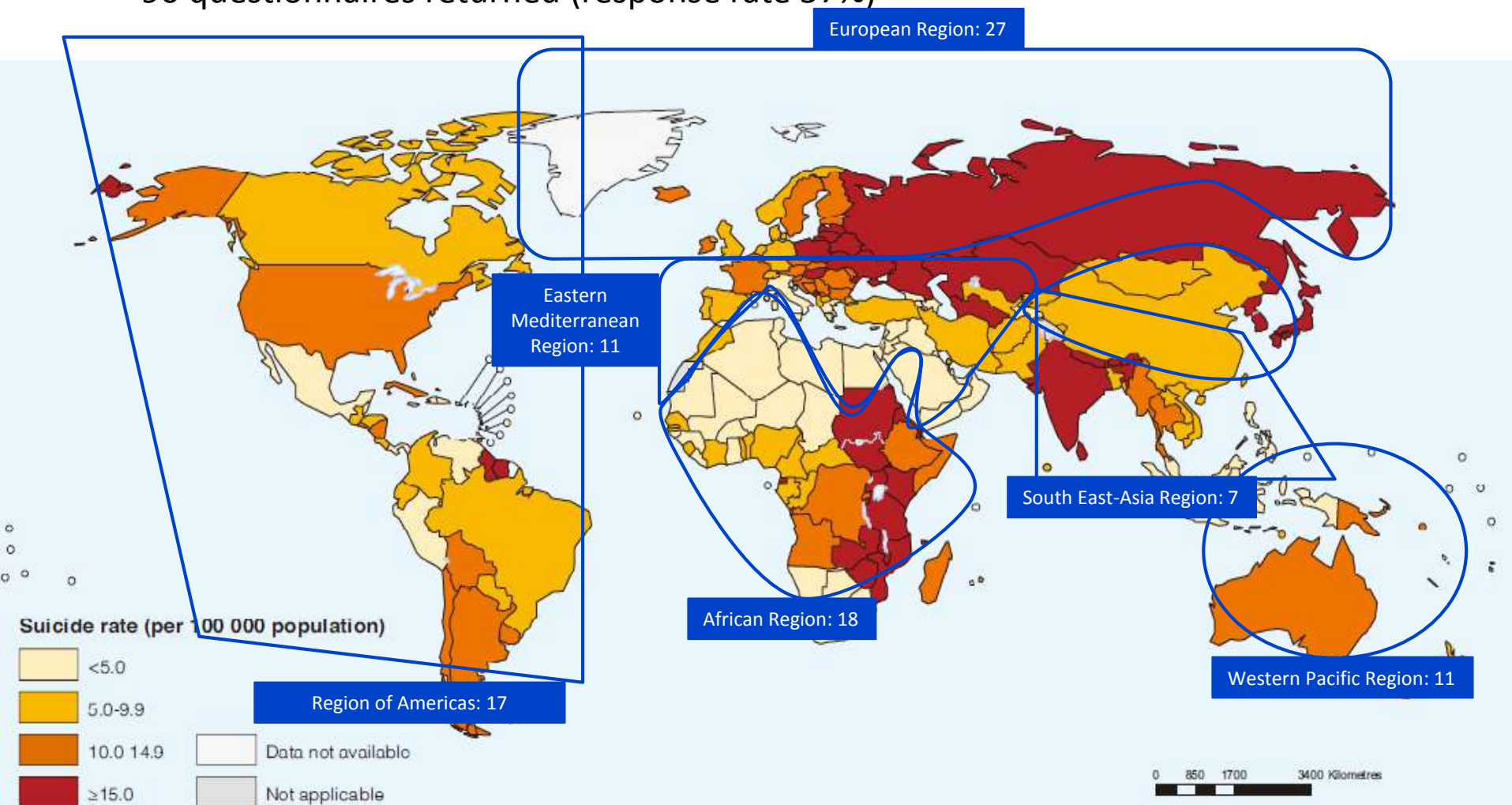
Context

- 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:
2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.



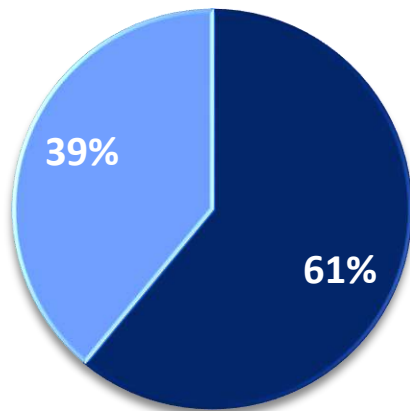
IASP-WHO Global Survey on Suicide and Suicide Prevention

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



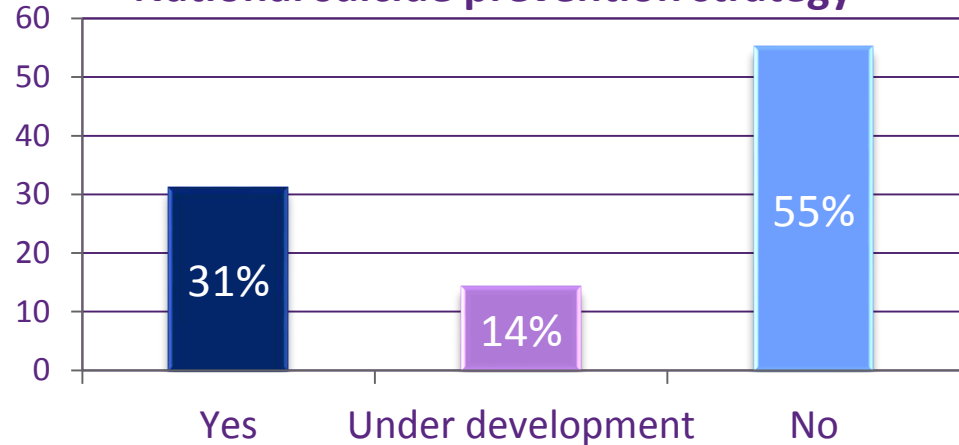
Outcomes IASP-WHO Global Survey on Suicide Prevention

Suicide viewed by government as significant public health problem

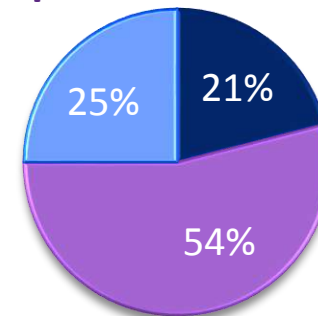


■ Yes ■ No

National suicide prevention strategy



Has the national strategy been fully or partially implemented?



■ Fully ■ Partially ■ No response

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
- 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

Challenges in developing and implementing national suicide prevention programmes

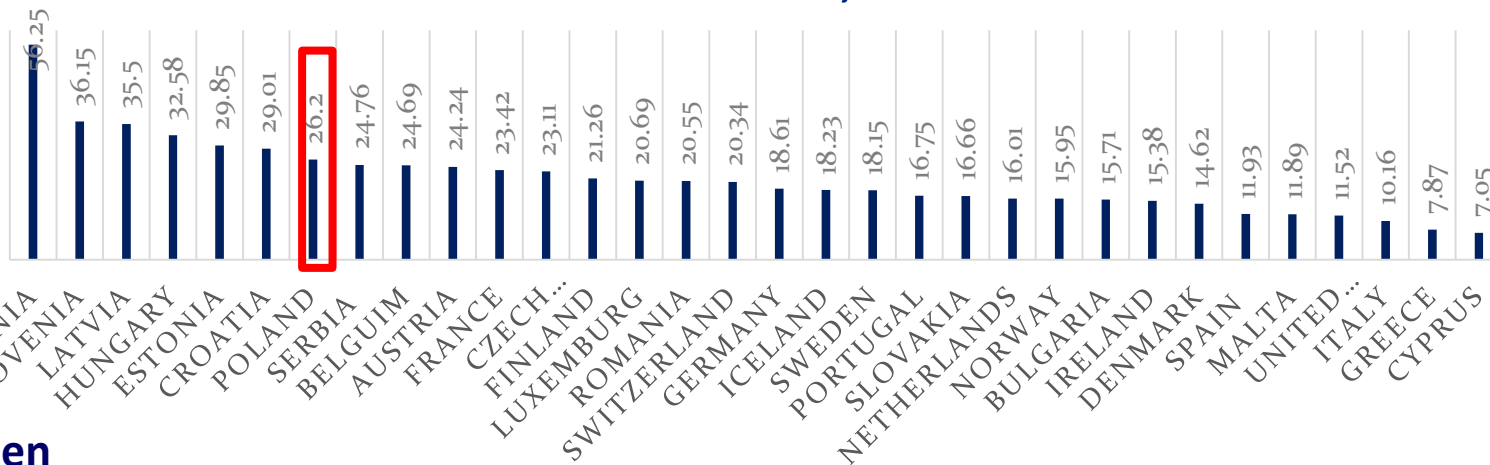
- Address real-time developments, in particular, mental health needs and suicide prevention among refugees and migrants from LMICs



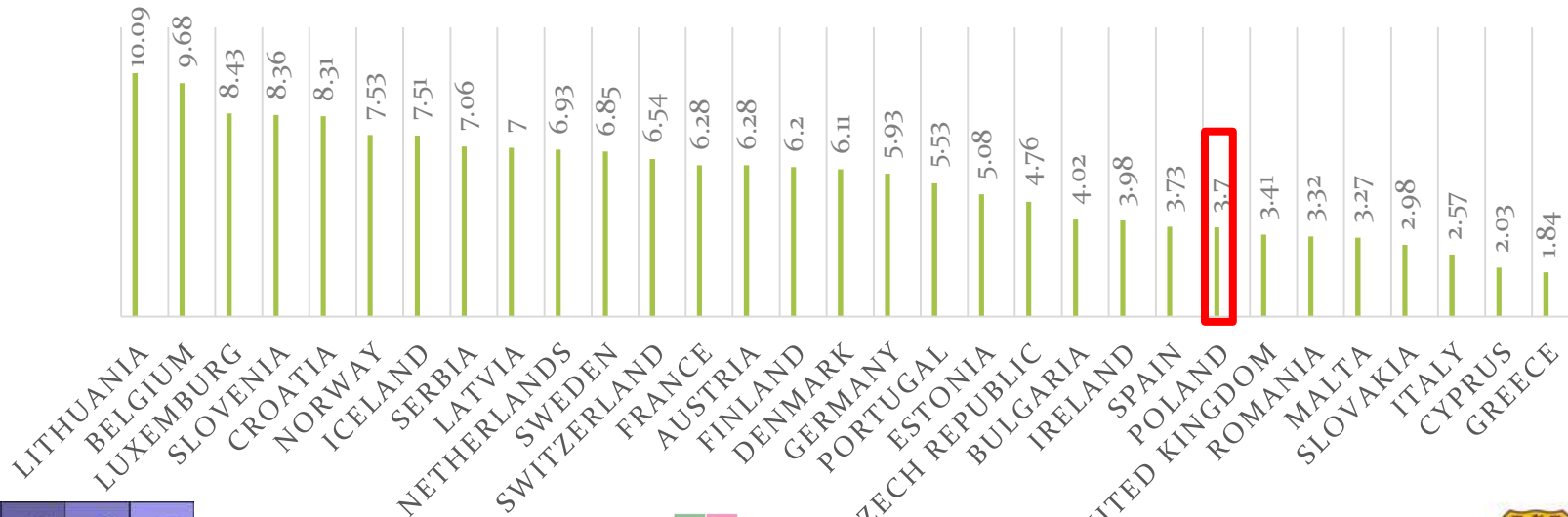
- Despite many challenges, encouraging developments in relation to initiating or completing national suicide prevention programmes, e.g: Lithuania, Guyana, Namibia, Mongolia, Afghanistan

Suicide rates per 100,000 among men and women in Poland, *EuroStat, 2015*

Men



Women





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’ (*Zalsman et al, 2016*)
- Provides an update of the evidence on effective suicide prevention interventions since 2005.

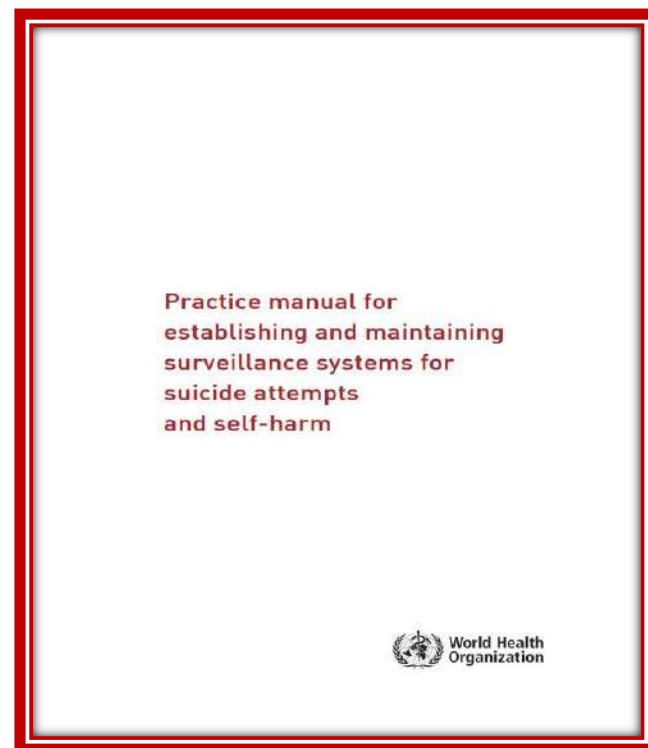


- ‘Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis’ (*Hawton et al, 2016*)
- Outlines the findings of a Cochrane systematic review and meta-analysis of the effectiveness of psychosocial interventions for self-harm in adults.

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)



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

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

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

- 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



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



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

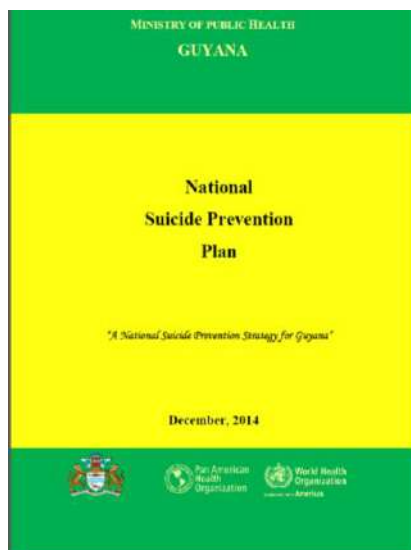
Media awareness campaigns

- 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*)



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

Guyana



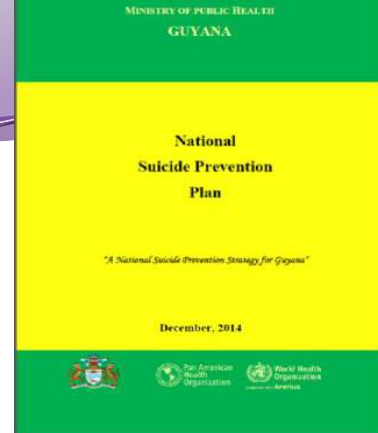
Afghanistan



Guyana



Ministry of Health
Guyana

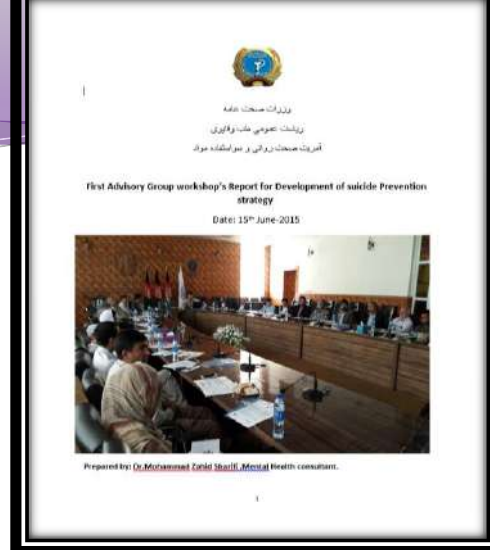


- National Suicide Prevention Plan (2015-2020)
- High rate of suicide: 44.2 suicides per 100,000 people in 2012 (WHO)
- Long-term criminalisation of suicide and attempted suicide
- Universal interventions, targeting the whole of a population to reduce access to means and reduce inappropriate media coverage 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.



2nd National Suicide Prevention Strategy, Ireland

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*





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 (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





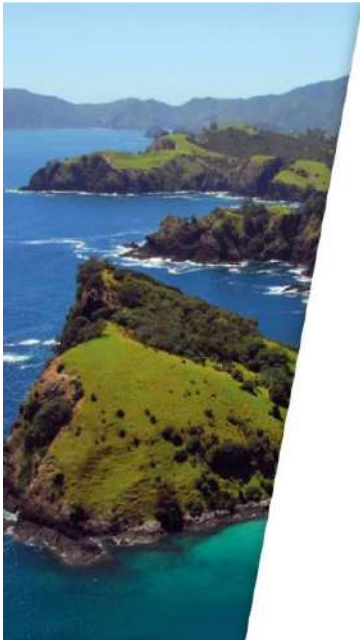
Ireland's National Strategy
to Reduce Suicide 2015-2020

Innovative aspects of *Connecting for Life*



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





IASP 2018 ASIA PACIFIC REGIONAL CONFERENCE

Turning the tide together - Tai pari, Tai timu ngātahi ai

Register at iasp.info/newzealand

In partnership with

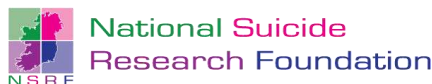


8th Asia Pacific Regional Conference on Suicide Prevention

May 2nd-5th 2018

‘Turning the tides together’

www.iasp.info/newzealand/



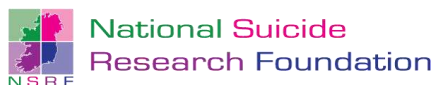


**30th World Congress of the International Association for
Suicide Prevention**

Sept 17th-21st 2019

‘Breaking Down Walls and Building Bridges’

www.iasp2019.com



World Suicide Prevention Day 2018

September 10th 2018

Theme announcement:

Working Together to Prevent Suicide

This WSPD, join with many others across the world who are playing their part in the prevention of suicide.



Show your support by taking part in the annual IASP Cycle Around the Globe



Light a Candle near a window at 8pm on WSPD to support suicide prevention, and/or remember a loved one

Organise or take part in a local, regional or national WSPD event



Connect with IASP on Facebook, Twitter and YouTube

For more information visit: iasp.info/wspd2018/



Dziękuję!

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