Current Status of Suicide Prevention Internationally: Enhancing Suicide Prevention in Ireland

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Overview

- World Suicide Prevention Day 2016

- Suicide Prevention at Global level: Progress and Challenges

- Core components of national suicide prevention programmes: An update of the evidence base

- Enhancing suicide prevention in Ireland
World Suicide Prevention Day, initiated by IASP: 10\textsuperscript{th} September 2003

Since 2003, each year a significant increase in countries involved in activities on this important day in the year; In 2015 over 800 activities in 73 countries recorded on website

IASP collaborative launch seminars with WHO, e.g. WHO Report: *Suicide Prevention: A Global Imperative* (WHO, 2014)

Hits IASP website during August/September over 7,000,000
Suicide Prevention at Global Level: Progress and Challenges
Context

- WHO Global Report on Preventing Suicide (WHO, 2014)
- Progress in terms of new countries developing national suicide prevention programmes or second programmes
- Emerging evidence supporting key components of national suicide prevention programmes
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.

- Commitment by all member states to take specified actions to improve mental health and to contribute to the attainment of a set of agreed global targets.

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

- 39% Yes
- 61% No

Has the national strategy been fully or partially implemented?

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

National suicide prevention strategy

- 31% Yes
- 14% Under development
- 55% No
Challenges in developing and implementing national suicide prevention programmes

- Suicidal behaviour is still criminalised in 23 countries; Sharia law in 10 additional countries

- 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

- 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 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, Suriname, Bhutan, Mongolia, Afghanistan
Countries with recently completed/initiated national suicide prevention programmes despite many challenges

**Guyana**

![Guyana National Suicide Prevention Plan](image1.png)

The Ministry of Public Health, Guyana, has recently completed the development of a National Suicide Prevention Plan titled "A National Suicide Prevention Strategy for Guyana". This plan was developed in December 2014.

**Afghanistan**

![Afghanistan Suicide Prevention Report](image2.png)

Afghanistan has also initiated a national suicide prevention programme, as evidenced by the publication of a report titled "First Advisory Group workshop's Report for Development of suicide Prevention strategy". This report was prepared for the Ministry of Health, Afghanistan, in 2015.
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
- The strategy incorporates activities across the continuum of suicide prevention supporting: Universal, selected and indicated interventions
Afghanistan

- National Suicide Prevention Strategy in Development

- In 2012, 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

- Of the 4,136 self-immolation cases, at least 2,301 involved women and 2,105 men
Trends in Suicide and Self-Harm in Ireland
Recent trends in suicide and undetermined deaths in Ireland, 2004-2014

*2014 figures provisional

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<th>Year</th>
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% rate compared to 2007

- Men: +12%
- Women: +1%
- All: +6%
Connecting for Life
Ireland’s National Strategy to Reduce Suicide, 2015-2020

Innovative aspects:

• Collaborative, cross-sectoral approach to suicide prevention. Statutory and non-statutory agencies pooling expertise and resources and working together in a spirit of real cooperation and mutual respect.

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

• Increased surveillance systems, evaluation and high-quality research with regard to suicidal behaviour by tracking the progress of the strategy against set indicators over the next five years.
Core components of national suicide prevention programmes:
An update of the evidence base
### Core components of national suicide prevention strategies *(WHO, 2014)*

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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>
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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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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)*
Aims:

- To establish the extent and nature of hospital-treated self-harm;
- To monitor trends over time and also by area;
- To contribute to policy and development in the area of suicidal behaviour;
- To help the progress of research and prevention.

Definition

‘an act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences’.

(Schmidtke et al, 2006)
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 (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
Connecting for Life
Ireland’s National Strategy to Reduce Suicide, 2015-2020

Strategic Goals of the Strategy:

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

Action 6.2 Reduce access to highly lethal methods used in suicidal behaviour
Drugs used in intentional overdose acts, national level NSHRI

Salicylate
Salicylate Compound
Paracetamol
Paracetamol Compound
Opiate
Opiate Compound
NSAIDS and other analgesics
Minor Tranquilliser
Major Tranquilliser
SSRI
TCAD
Other anti-depressants
Anti-epileptics/Barbiturates
Other Drugs
Street Drugs
Herbal/Homeopathic

% of overdose acts

Men
Women

National Suicide Research Foundation
UCC
IASP
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)
Connecting for Life
Ireland’s National Strategy to Reduce Suicide, 2015-2020

Strategic Goals of the Strategy:

1. To improve the nation’s understanding of and attitudes to suicidal behaviour, mental health and wellbeing

   Action 1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk and protective factors

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

   Action 2.3 Ensure the provision and delivery of training and education programmes on suicide prevention to community-based organisations
Effectiveness of Depression–Suicidal Behaviour Gatekeeper Training among police officers in three European regions: Outcomes of the Optimising Suicide Prevention Programmes and Their Implementation in Europe (OSPI-Europe) study

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Abstract

Background: Gatekeeper training for community facilitators, to identify and respond to those at risk of suicide, forms an important part of multi-level community-based suicide prevention programmes.

Aims: This study examined the effects of gatekeeper training on attitudes, knowledge and confidence of police officers in dealing with persons at risk of suicide.

Methods: A total of 828 police officers across three European regions participated in a 4-hour training programme which addressed the epidemiology of depression and suicidal behaviour, symptoms of depression, warning signs and risk factors associated with suicidal behaviour, motivating help-giving behaviour, dealing with acute suicidal crisis and informing bereaved relatives. Participants completed internationally validated questionnaires assessing stigmatizing attitudes, knowledge about depression and confidence in dealing with suicidal persons pre- and post-training.

Results: There were significant differences among countries in terms of previous exposure to suicidal persons and extent of previous training. Post-training evaluation demonstrated significant improvements in stigma attitudes, knowledge and confidence in all three countries.

Conclusions: The consistently positive effects of gatekeeper training of police officers across different regions support inclusion of this type of training as a fundamental part of multi-level community-based suicide prevention programmes and rollover, nationally and internationally.

Keywords

Gatekeeper training, suicide, depression, community, prevention.

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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

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Keywords

Gatekeeper training

Depression

Suicide

A B S T R A C T

Background: Community facilitators (CFs), such as teachers, nurses and social workers, are well placed as gatekeepers for depression and suicidal behavior, but are often poorly prepared to provide preventive and supportive care. The current study aimed (1) to improve CF attitudes toward depression, knowledge on suicide, and confidence to detect suicidal behavior in four European countries and (2) to identify skills training needs across regions and CF groups.

Methods: A standardized training program was provided to 1,738 CFs in Germany, Iceland, 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 in identifying suicidal behavior. While skills strongly differed across CF groups and countries, for example in Germany, nurses and teachers were more in need of training, while in Portugal pharmacists and the clergy appeared to be important target groups. More importantly, the training program improved the characteristics of CF groups across countries and these improvements were maintained after three to six months. CFs with low basic skills benefited most of the training.

Conclusions: The observed training effects could be influenced by other external factors as our results are based upon a previous comparison with control group.

Goodness: Gatekeeper training in community settings is needed to improve knowledge, networking skills, and boost the confidence of gatekeepers. To achieve this aim, the primary objective 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.

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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, suicide risk awareness and skills training impacted on reduced suicide attempts and severe suicidal ideation
Strategic Goals of the Strategy:

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

Action 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide
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.
Strategic Goals of the Strategy:

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

Action 4.2 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide
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)
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*)
Strategic Goals of the Strategy:

1. To improve the nation’s understanding of and attitudes to suicidal behaviour, mental health and wellbeing

Action 1.4 Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media
Tributes paid to teacher couple and three children butchered in 'murder-suicide stabbing' horror at countryside home

Dad who 'stabbed wife and three sons in murder-suicide' left chilling note to warn visitors

Killed in their pyjamas by father in frenzied attack - before mother-in-law found note
Hatchet and knife used in attack on 'normal, outwardly happy family'

Media reporting of Hawe murder-suicide ‘concerning’

National suicide body warns reporting graphic detail can lead to copycat cases
Primary Outcomes of the strategy

• Reduced suicide rate in the whole population and amongst specified priority groups

• Reduced rate of presentations of self-harm in the whole population and amongst specified priority groups
People who attempt suicide don’t want to die, what they want is a different life

(Wieg, 2005; Zwagerman, 2015)
Thank you!

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