



Key elements of national suicide prevention strategies in Europe

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Road to Rome

LOCAL / REGIONAL

GLOBAL / NATIONAL /
INTERNATIONAL

Nürnberg Alliance
Against Depression



EAAD



- Cooperation with GPs
- Public awareness campaigns + local media
- Training for multipliers / facilitators

National suicide prevention strategies

Aim

EAAD experience

+

National suicide prevention experience
strategies

=

BEST PRACTICE INTERVENTIONS

define OSPI intervention

Method (1) – Selection of NSPS

- selection of strategies (based upon an agreement between partners in OSPI project)
- limitations:
 - European or developed countries strategies
- retrieving the national suicide prevention strategies

National suicide prevention strategies

- A National Action Plan to Reduce Suicide and Self Harm in Wales, 2008-2013
- Choose life (A National Strategy and Action Plan to Prevent Suicide in Scotland, 2002)
- Reach Out (Irish National Strategy for Action on Suicide Prevention, 2005-2014)
- Protect life – a shared vision (The Northern Ireland Suicide Prevention Strategy and Action Plan, 2006-2011)
- National Suicide Prevention Strategy for England (2002)
- Suizid und Suizidprävention in der Schweiz (Switzerland, 2005)
- Österreichische Suizidpräventionsplan (Austria, 2008)
- Reducing suicidality in Netherlands

Method (2) – Selection of Review articles

- selection of database: PubMed
- selection of key words: suicid*, prevent*, review
- limitations:
 - Published in last 10 years
 - English language
 - Needs to be published in a peer reviewed journal
- PubMed identified 779 articles
- Review of abstracts. Excluded articles:
 - Focused on one group
 - Focus on specific country or region
- 3 final papers
- Additional not published article suggested by partners in OSPI (Effectiveness of Interventions to Prevent Suicide and Suicidal Behaviour: A Systematic Review).

Review articles

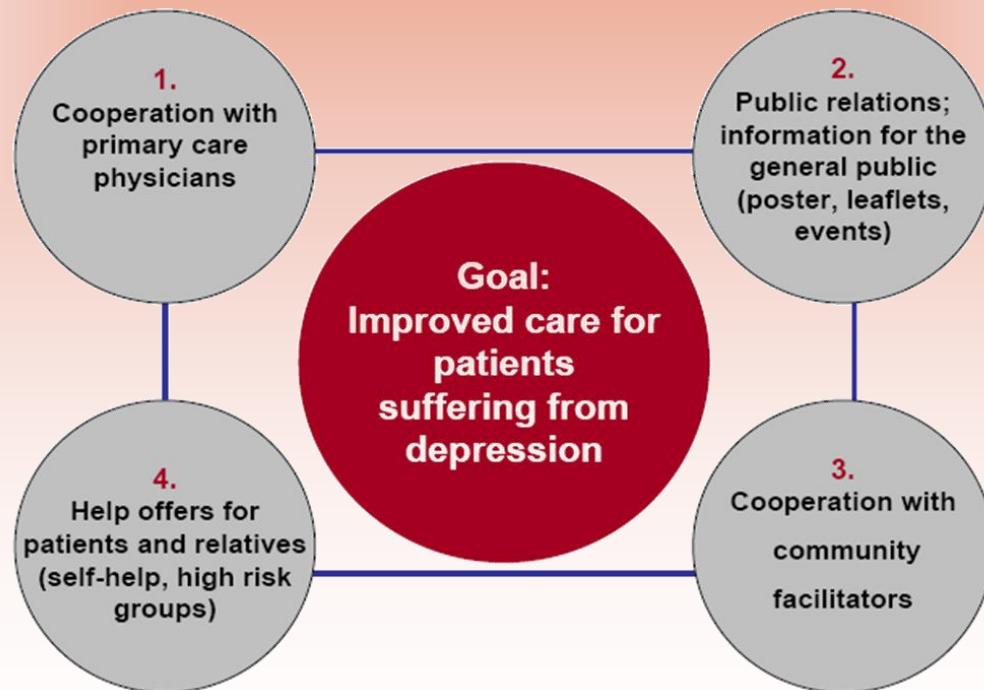
- Mann et al. (2005): Suicide Prevention Strategies: A Systematic Review.
- Rihmer et al. (2004): Suicide prevention strategies – a brief review.
- Goldney (2005): A Pragmatic Review of Recent Studies.
- Leitner et al. (2008): Effectiveness of interventions to prevent suicide and suicidal behaviour: a systematic review.

Analysis of material

- Summarizing core elements of national strategies for suicide prevention strategies (and review articles)
 - See how core elements represent EAAD 4-level concept
 - Specify and identify additional interventions

Results

- Presence of EAAD levels in national suicide prevention strategies



Level 1 – primary care physician

Most attention is aimed at

- training in detection of suicide risk,
- training in treatment of suicidal patients and
- training in treatment of depression
- Wales: aiming at professionals bereaved by suicide of patient

Recommendation: more focus on male depression

Level 2 – Public awareness & media

- Most attention aimed at close collaboration with media (i.e. guidelines for responsible reporting)
- Netherlands and Austria: also covering the area of literature (encouraging responsible dissemination of information on suicide).
- Ireland, Scotland, Wales, Austria: focus on stigma reduction
- Scotland, Wales: focus on attitudes towards suicide
- Recommendation: systematic implementation of evaluation of effectiveness

Level 3 – Multipliers / CF / GK

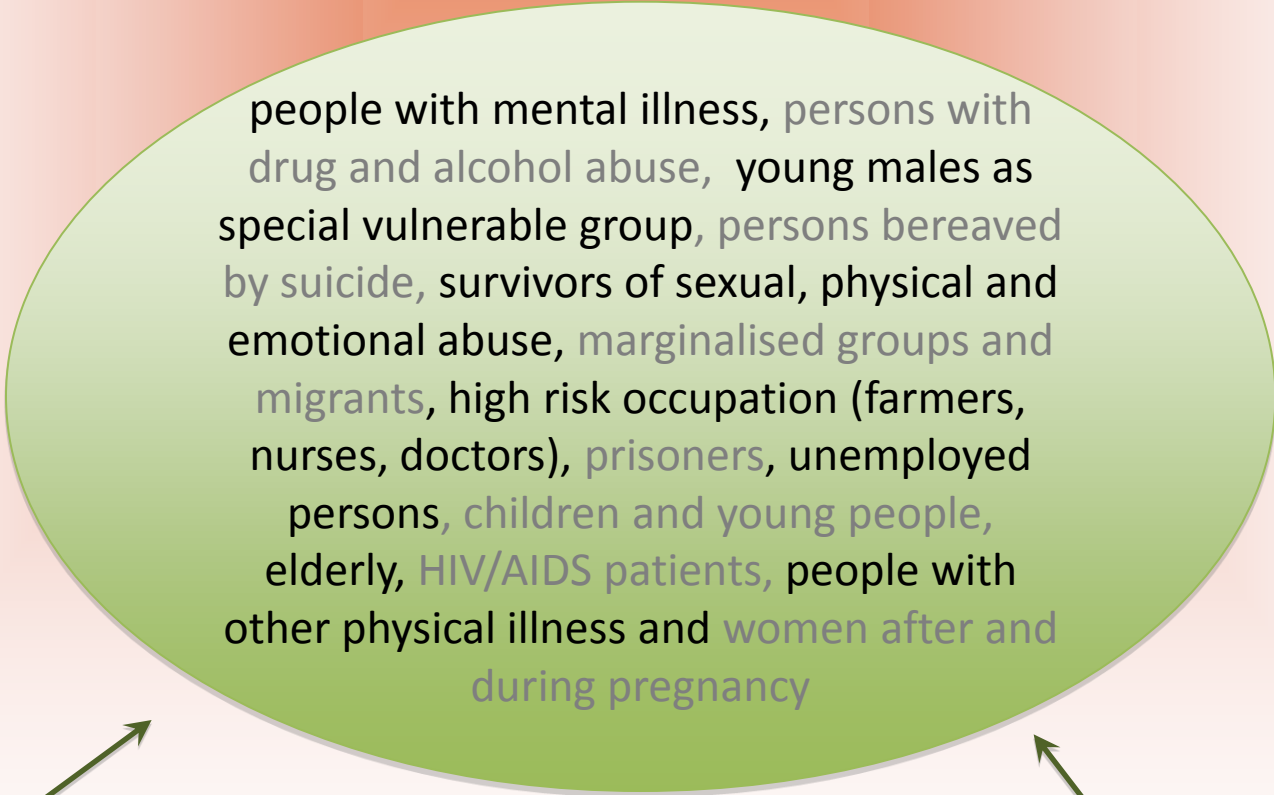
The majority of national suicide prevention programmes include the following multipliers:

- police and emergency services,
- churches and religious bodies,
- teachers,
- social workers,
- nurses and other medical personnel,
- psychologists and psychotherapists and
- persons involved in social care

The work includes: raising awareness, increasing communication skills, recognising signs of suicidal behaviour etc.

Level 4 – high risk groups

In addition to the most common risk groups included in EAAD most national suicide prevention strategies are aiming at:



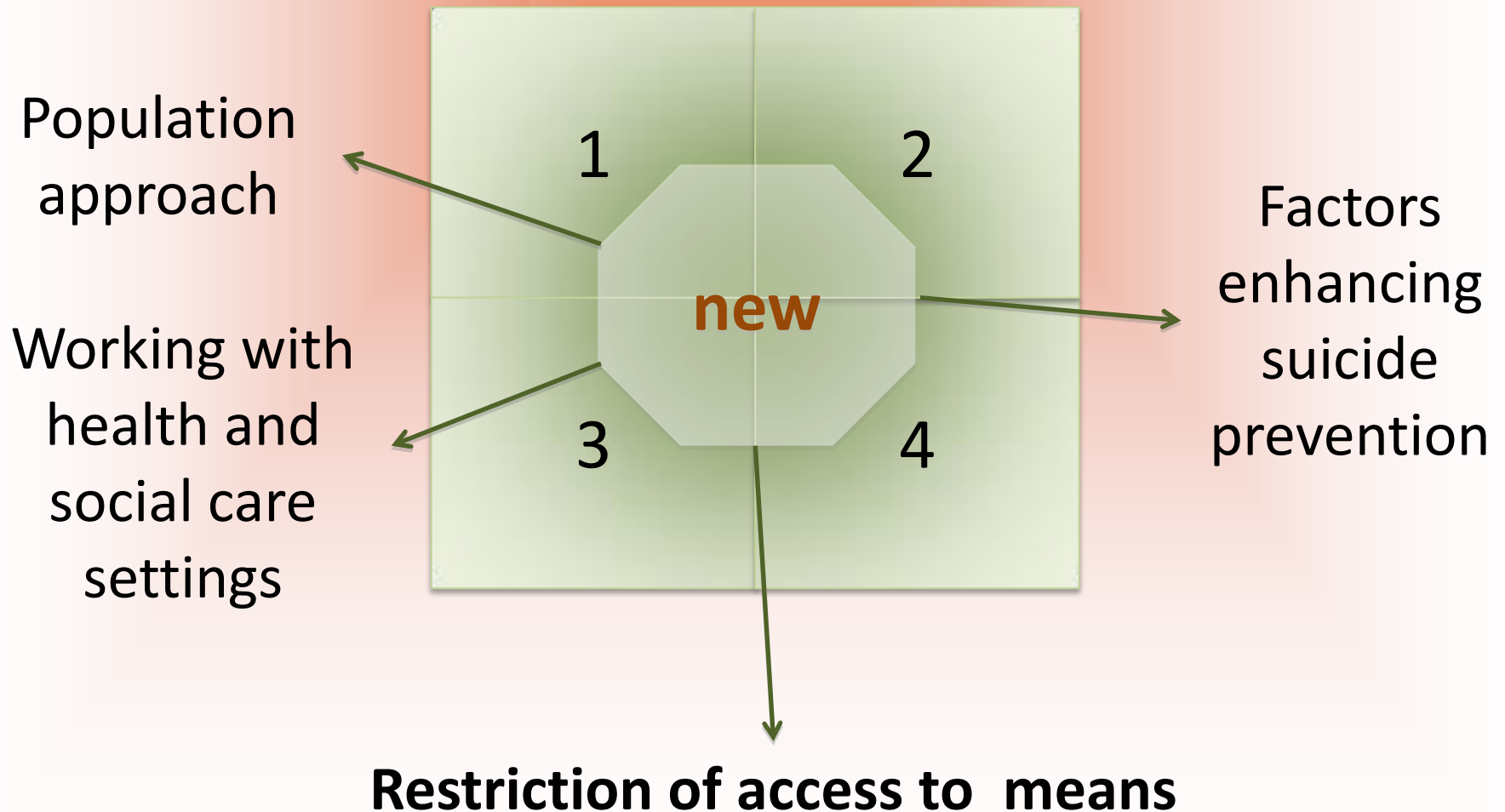
people with mental illness, persons with drug and alcohol abuse, young males as special vulnerable group, persons bereaved by suicide, survivors of sexual, physical and emotional abuse, marginalised groups and migrants, high risk occupation (farmers, nurses, doctors), prisoners, unemployed persons, children and young people, elderly, HIV/AIDS patients, people with other physical illness and women after and during pregnancy

delivery of effective local services and supports and effective liaison between services

counselling

support

Level 5 – new interventions?



Restriction of access to means

Most focused on:

- restrictions of guns, firearms,
- changing package of potentially lethal medication and reduction of number of tablets included,
- restriction of access to some hot spots,
- secure of bridges and high places where people jump from,
- preventing hanging and strangulation in mental health wards and prisons (with appropriate interior arrangement),
- secure of railways.

Austria, Wales and England: address cars (enhancing car equipment, i.e. automatic detectors of carbon monoxide, change motor vehicle exhaust toxicity).

Experts opinions on restrictions of means – OSPI survey

Feasibility:

- Firearm control legislations
- Construction of barriers at jumping sites and secure of hot spots (ie. setting up barriers at railway tracks)
- Detoxification of domestic gas
- Evidence:
- *Changing the packaging of analgesics to blister packets and reduced number of tablets per pack.*

Recommendations ...

5-level approach

