Key elements of national suicide prevention strategies in Europe

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Road to Rome

LOCAL / REGIONAL

Nürnberg Alliance Against Depression

GLOBAL / NATIONAL / INTERNATIONAL

• 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)
- 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.
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
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?

- Population approach
- Working with health and social care settings
- Restriction of access to means
- Factors enhancing suicide prevention

new
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