3 A joint approach to suicide prevention

Suicide is the most devastating outcome of depression, so any programme tackling depression should encompass effective strategies for suicide prevention. Prevention of suicide is complex, however, as it may have multiple causes that must be understood and addressed at the individual, social, clinical and policy levels.

This is the third in a series of briefs based on a policy report entitled *A sustainable approach to depression: moving from words to actions*. This brief considers the need for joined-up policies to tackle suicide prevention.

How can we address the complexity of suicide?

'Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based and often low-cost interventions. For national responses to be effective, a comprehensive multisectoral suicide prevention strategy is needed.'

—World Health Organization[1]

Nearly 800,000 people globally die due to suicide every year, and far more people attempt suicide.[1] Given these statistics, preventive interventions should be implemented as a matter of urgency at every level of care for people with depression, starting with primary care.

The causes of suicide may vary considerably

Depression is a leading cause of suicide,[2] and nearly 15–20% of people with depression end their life by suicide.[3] However, there are several other risk factors for suicide including unemployment, lack of social support, limitations in activities of daily living, recent stressful life events[4] and losing a loved one to suicide.[5] These may vary considerably from one person to the next.

Preventive interventions should be tailored to each individual's needs

Suicidality is not just the act of taking one's life; it is a behavioural spectrum covering suicidal ideation, suicide planning and suicide attempt.[2] Suicide prevention thus cannot take place only once someone has reached a severe stage of mental illness – appropriate interventions must be tailored to the severity of depression and individual circumstances of each person. This requires collaborative care models, integrating professional care from multiple disciplines to implement effective suicide prevention, with social support and rehabilitation programmes alongside clinical treatment.

Suicide is the world's second leading cause of death for people aged **15 to 29**[1]

1 in 3 people who contemplate suicide will attempt it[6]

Across Europe, suicide is four times more common in men than in women[7]

Why is joint accountability important to prevent suicide?

'More appropriate and accessible community services need to be developed to treat mental health illness before it progresses.'

—Global Alliance of Mental Illness Advocacy Networks (GAMIAN) – Europe

Looking at the social roots of suicide

While depression is a leading cause of suicidality, there are many others. The experiences of abuse, violence and conflict are strongly linked with suicidality, and vulnerable groups who experience discrimination are also at higher risk.[1] People with other chronic illnesses or who are facing unemployment, have limited social support or are isolated are also at a greater risk of attempting suicide.[4] These underlying social causes must be addressed at a governmental level, alongside clinical interventions, in order to successfully implement suicide prevention programmes.

Creating accountability across multiple sectors

Given this complexity, no single sector has sole responsibility for suicide prevention, so effective programmes require a cross-sectoral approach. This includes the involvement of not just the health sector but also education, labour, agriculture, business, justice, law, defence, politics and the media.[1] Organisations from these areas must cooperate, practising greater empathy and implementing joined-up awareness and prevention programmes for people experiencing suicidality. This requires buy-in from the upper levels of government to ensure a cross-functional approach that trickles down to all relevant departments and levels of implementation.

As a society, we can help create empathy for those at risk of suicidality

In addition to government action, we as citizens can help by shifting our attitudes towards suicide – and mental health more generally. People who have previously attempted suicide can also be most affected by stigma, and we all have a role to play in creating environments where people who contemplate suicide feel safe – in the community, healthcare and social care. Empathy and engaging with the individual are crucial in managing depression – especially when a person is experiencing suicidality. People who have previously attempted suicide are at greater risk of future attempts and eventually dying by suicide.[8] On average, one in three people contemplating suicide progresses to suicide attempt[6] and one in five people who attempt suicide will eventually die by suicide.[9]

How can preventive approaches work in practice?

The following are some examples of effective interventions to prevent suicidality.

National Office for Suicide Prevention: cross-departmental collaboration

The Irish National Office for Suicide Prevention (NOSP) uses a cross-departmental dashboard to support, inform, monitor and coordinate the implementation of Connecting for Life, Ireland's national suicide-prevention strategy. The NOSP has monitoring and evaluation support, allowing staff to liaise with other departments to identify and overcome barriers. By collaborating with national partners, the NOSP is also working to define a pathway for suicide prevention. It aims to improve surveillance via data collection to better understand the link between self-harm risk factors and suicide.

Speech can Save: encouraging conversation to reduce stigma

The Speech can Save campaign uses algorithms to identify people at high risk of suicide by their use of trigger words online, and then advertises helplines to them and their family and friends. The campaign focuses on promoting a solution rather than allowing the problem of suicidality to take centre stage. It tries to encourage the open discussion of suicidal thoughts to facilitate prevention and remove the stigma around suicide. The campaign's inclusion of friends and family means it can encourage people experiencing suicidality to reach out for support.

Attempted Suicide Short Intervention Programme: creating self-empathy

Empathy is central to managing depression. By empowering people who have attempted suicide to empathise with themselves, further attempts can hopefully be prevented. This Finnish programme offers a talking therapy service originally developed in Switzerland,[10] in which people are filmed telling the story of their suicide attempt. They then watch the film and identify trigger points that make/made them feel suicidal, and are given practical tools to change their thought patterns. They bring a trusted person to the final session and explain why they tried to kill themselves and what they will do if they start thinking about suicide again. The programme has found that the transformative experience of listening to their own story can enable people to empathise with themselves.

For more information about these interventions, and to read other case studies of best practice in services for people with depression, please see the report: *A sustainable approach to depression: moving from words to actions*

References

1. World Health Organization. Suicide. [Updated 02/09/19]. Available from: **https://www.who.int/news-room/fact-sheets/detail/suicide** [Accessed 22/08/19]

2. Scocco P, de Girolamo G, Vilagut G, *et al*. 2008. Prevalence of suicide ideation, plans, and attempts and related risk factors in Italy:: Results from the European Study on the Epidemiology of Mental Disorders-World Mental Health study. *Compr Psychiatry* 49(1): 13-21

3. Miret M, Ayuso-Mateos JL, Sanchez-Moreno J, *et al*. 2013. Depressive disorders and suicide: epidemiology, risk factors, and burden. *Neurosci Biobehav Rev* 37(10): 2372-74

4. Bebbington PE, Minot S, Cooper C, *et al*. 2010. Suicidal ideation, self-harm and attempted suicide: Results from the British psychiatric morbidity survey 2000. *Eur Psychiatry* 25(7): 427-31

5. Maple M, Cerel J, Sanford R, *et al*. 2017. Is Exposure to Suicide Beyond Kin Associated with Risk for Suicidal Behavior? A Systematic Review of the Evidence. *Suicide Life Threat Behav* 47(4): 461-74

6. Wang Y-y, Jiang N-z, Cheung EFC, *et al*. 2015. Role of depression severity and impulsivity in the relationship between hopelessness and suicidal ideation in patients with major depressive disorder. *J Affect Disord* 183: 83-89

7. World Health Organization Europe. 2017. Suicide prevention – new resource for media professionals. Available from: **http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2017/09/suicide-prevention-new-resource-for-media-professionals** [Accessed 10/04/19]

8. Oquendo MA, Kamali M, Ellis SP, *et al*. 2002. Adequacy of Antidepressant Treatment After Discharge and the Occurrence of Suicidal Acts in Major Depression: A Prospective Study. *Am J Psychiatry* 159(10): 1746-51

9. Isometsä E. 2014. Suicidal Behaviour in Mood Disorders—Who, When, and Why? *Can J Psychiatry* 59(3): 120-30

10. Gysin-Maillart A, Schwab S, Soravia L, *et al*. 2016. A Novel Brief Therapy for Patients Who Attempt Suicide: A 24-months Follow-Up Randomized Controlled Study of the Attempted Suicide Short Intervention Program (ASSIP). *PLoS Med* 13(3): 1-21