

IASP world congress, Piran, September 2023

Symposium proposal: National suicide prevention strategies: progress and challenges

In this symposium five presentations explore progress and challenges relating to the development, implementation and evaluation of national suicide prevention strategies.

Considerations in planning national suicide prevention program: experience from India

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India recently released its National Suicide Prevention Strategy (NSPS) to address the significant burden of suicide deaths in the country. We argue that a nuanced utilisation of the available epidemiological evidence on suicide deaths could have enhanced the reach of NSPS to achieve its desired outcomes. Hanging is increasingly the preferred method of suicide in India (58%), and the reasons for suicide deaths range from family problems (34%), illness (18%), other causes (20%) to substance abuse (6%). The method of and reasons for suicide suggest a need for public health measures that can work at scale and are accessible to the wider population who are not in contact with mental health services. However, the recommended actions in NSPS are predominantly situated within mental health, despite only a modest positive relationship documented between depressive disorders and suicide death rates for India. Restriction of access to pesticides is recommended in the NSPS. Given that hanging does not lend itself easily to restriction, however, particular attention will be needed to understand the reasons of suicide deaths *per se* to develop appropriate safety pathways and interventions. The gendered-context of suicide deaths in India is not explicitly acknowledged in the NSPS for action. It recommends strengthening of suicide death data but falls short on specific guidance to address the under-reporting and inadequacy of these data. Finally, the NSPS could benefit from involvement of people with lived experience as important stakeholders to guide prevention planning, treatment, and education based on their personal experience and journey.

What do people with lived experience of suicide want to see in suicide prevention strategies?

*Bronwen Edwards, *Roses in the Ocean*, Australia*

Suicide prevention strategies set priorities for how governments, NGOs, research and the community will work together to reduce the suicide rate. People with lived experience of suicide have an enormous stake in these strategies and seek to be meaningfully included in their development, implementation and evaluation. All suicide prevention strategies must have their own governance arrangements and funding streams that are exclusive to suicide prevention and not merged with other policy areas such as mental health and drug and alcohol treatment, where the focus on suicide prevention is likely to be subsumed or diluted, and where lived experience representation diverges from a focus on lived experience of suicide specifically. This presentation will offer 12 minimum inclusions that people with lived experience of suicide expect from jurisdictional suicide prevention strategies in the 2020s. It has been formulated based on the policy expertise of people with lived experience of suicide, our knowledge of the most effective approaches in suicide prevention, and our paramount desire to see fewer people in our communities in crisis,

attempting suicide, and dying from suicide. The checklist also contains elements relevant for regional, local and organisational suicide prevention strategies. It is the minimum that is required for strategies to have the most relevance for people with lived experience of suicide.

Evaluation of suicide prevention in 10 municipalities with the highest suicide rates in Lithuania

Paulius Skruibis, Jurgita Rimkevičienė, Said Dadašev, Dovile Grigienė, Miglė Marcinkevičiūtė, Austėja Agnietė Čepulienė, Suicide Research Centre, Vilnius University, Lithuania.

This study has evaluated the readiness to respond to a suicide crisis in 10 Lithuanian municipalities with the highest suicide rates. The study included a four-level analysis: examination of documents regulating the assistance system for suicide prevention throughout Lithuania, and in each municipality separately; analysis of indicators, including changes in suicide rates, the scope of psychological and psychiatric assistance provided by healthcare institutions, and assistance given to individuals in suicide crises; survey of specialists' attitudes towards suicide prevention, behaviour when dealing with individuals at risk of suicide, and burnout level; and analysis of specialists' needs and emerging difficulties. In the studied municipalities, the suicide prevention system is underdeveloped, providing little real support for people in suicidal crises. According to objective indicators and specialist feedback, the role of mental health centres is still minimal. Specialists emphasise a lack of outpatient care and insufficient specialised assistance for individuals with long-term suicide-related difficulties. These results do not provide evidence of the effectiveness of the Suicide Prevention Action Plans (2014-2016, 2016-2020), which emphasise assistance descriptions for individuals attempting suicide, training for gatekeepers and specialists, and the development of psychological assistance for individuals experiencing suicide crises.

The IASP Partnerships for Life (P4L) program and its significance for the Eastern Mediterranean Region (EMRO)

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The WHO Eastern Mediterranean Region Office (EMRO) consists of 22 countries, of which 18 share a common language (Arabic). Islam is the dominant religion in the region. Suicide and self-harm are strongly condemned in Islam and criminalised in more than half the EMRO countries. Official suicide data are available for only a few countries, the rest relying on WHO estimates. Between 2000-2019 there were an estimated annual average of over 41,000 suicides (rate of 6.7/100,000) in the region, with a 3:1 male: female ratio. Suicide prevention is generally neglected in EMRO countries, with only seven countries addressing it in some form (six as part of their national mental health program, one in a stand-alone strategy). The IASP Partnerships for Life (P4L) program can be usefully leveraged to build international collaborations, support professionals working in suicide research and prevention in the EMRO countries, facilitate dialogue with different governments, and help establish surveillance systems and stimulate research. It can also provide mentorship of experts from countries with well-developed national strategies to those at an early stage in the development of national action on suicide prevention. Due to a variety of factors, suicide research and prevention remain huge challenges in the region. The P4L program,

with its ethos of inclusive, culturally-sensitive and evidence-based suicide prevention approach, is excellently placed to take up this challenge.

Transfer and pilot implementation of (selected elements of) the Austrian Best Practice on Suicide Prevention “SUPRA” in 17 EU-countries (JA ImpleMENTAL): The way to national suicide prevention strategies?

Joy Ladurner, Alexander Grabenhofer-Eggerth, Austrian National Public Health Institute; Alexandr Kasal, National Institute of Mental Health, Czech Republic; Eva Tušková, Ministry of Health, Czech Republic.

The development or scaling-up of suicide prevention strategies on a national/regional level is one of the key objectives of the EU-funded [Joint Action ImpleMENTAL](#). Two best practice examples were selected by the EU Steering Group on Promotion and Prevention for implementation in defined EU-countries. SUicide PRevention Austria (SUPRA), the Austrian multilevel national suicide prevention programme, is one of these practices. SUPRA is based on WHO recommendations for suicide prevention. In total, 17 participating countries aim to transfer and pilot implement selected elements of SUPRA within the timeframe of the JA (Oct. 2021-Oct 2024), taking into account the respective national/regional context. The presentation will briefly describe the objectives and scope of the project, before highlighting main achievements and findings. Finally, JA ImpleMENTAL’s contribution to promoting a sustainable change in suicide prevention – e.g., by guiding the participating countries to scale-up national strategies for suicide prevention – will be critically reflected.