CONVERSATION ON NATIONAL SUICIDE PREVENTION STRATEGIES

Supplementary document

Cécile Bardon, PhD
Camila Corrêa Matias Pereira, PhD
Catherine Goulet-Cloutier

CRISE

Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices

NATIONAL SUICIDE PREVENTION STRATEGIES AROUND THE GLOBE

In 1996, the United Nations (UN) published a guideline for the formulation and implementation of national suicide prevention strategies. It recommended developing intersectoral and multidisciplinary national strategies, as well as identifying stakeholders and a coordinating body to develop, implement and monitor these strategies. In 2013, the World Health Organization (WHO) adopted a 7-year **Mental Health Action Plan**, which set as its target a 10% drop in national suicide rates by 2020. This document defined suicide preventionas a public health and macrosocial intervention issue.

Several countries have developed and implemented national suicide prevention strategies. A **2019 WHO report** identifies over 40 countries that have done so. However, the level of development and implementation of these strategies varies immensely from one country to another; while some have a strategy in name only, others have a dedicated structure and a budget earmarked for suicide prevention.

Furthermore, many countries have implemented strategies that have now expired.

Defining National Strategies

A series of prevention activities planned and implemented by a government, including:

- Close monitoring
- Reducing access to means of suicide
- Promoting best practices in the media
- Reducing stigma
- Raising awareness
- Gatekeeper training
- Intervention services
- Postvention activities

A strategy should be multisectoral, adapted to the local context and evidence-based.

SHARE AND LEARN FROM EXPERIENCE: SUICIDE PREVENTION IN SIX DIFFERENT COUNTRIES

In order to learn from the various ways in which national suicide prevention strategies have been developed, we conducted exploratory interviews with seven key experts from six very different countries: Bhutan, Brazil, Mexico, New Zealand, Portugal, and Québec (Canada). These interviews are summarized in the webinar "Conversation on National Suicide Prevention Strategies".

This document contains supplementary material to that webinar, presenting the various national strategies discussed therein and delving into some of the perspectives offered by the interviewed experts. The facilitating factors and obstacles presented in this document were identified by these experts.

Experiences vary greatly between North and South, and between political and social contexts, with further variations in perceptions of suicide and suicide prevention and in available resources. The participating countries fall into one of the following four main stages of developing, implementing and sustaining national strategies:

PHASE 1: AWARENESS AND MOBILIZATION

Mexico

PHASE 2: INITIAL NATIONAL STRATEGY

Bhutan, Brazil

PHASE 3: STRATEGY RENEWAL

Québec, Portugal

PHASE 4: REFLEXIVITY AND EXPERIENCE

New Zealand

RAISING AWARENESS AND MOBILIZING STAKEHOLDERS AROUND SUICIDE PREVENTION

PHASE 1: AWARENESS AND MOBILIZATION

This first step is crucial and should not be neglected. The experiences in this field vary, but some common issues can be highlighted.

The stigma around suicide and mental illness represents a major challenge to raising awareness. Stakeholders must strive to change values and attitudes in the general population and to facilitate help-seeking behavior, in addition to developing adequate services and resources in the community.

It is also important to have accurate and up-to-date epidemiological data. This is essential to paint an accurate picture of the problem, but it is also key to mobilizing stakeholders and making suicide prevention a national priority.

The capacity to mobilize is often facilitated by:

- Defining suicide as a public health issue, for which national intervention is necessary
- Reducing the stigma of suicide and mental health issues
- Taking into account the needs of vulnerable/at-risk groups
- Developing adequate and accessible prevention and mental health services
- Taking into account the local context (both economic and sociocultural) in efforts to raise awareness and mobilize local stakeholders.

Specific issues and potential pitfalls were also mentioned:

- Defining the issue of suicide in a narrow way, as being only health-related, rather than as a complex and multidimensional phenomenon
- Minimizing the social factors associated with suicide (social inequalities in health, colonialism, etc.)
- Limiting action to the implementation of mental health resources (curative approach) at the expense of prevention

MEXICO: MOBILIZING STAKEHOLDERS TO PROMOTE NATIONAL SUICIDE PREVENTION EFFORTS

PHASE 1: AWARENESS AND MOBILIZATION

Mexico
Conversation with
Angela Beatriz Martinez
and Moises Frutos Cortés

Background

Suicide prevention efforts are in place at the municipal and provincial levels in Mexico, but the central government has yet to initiate concerted action at the national level. However, suicide rates are rising, despite a small drop in 2016, as rates went from 3.6 suicides per 100,000 people in 2000 to 5.1 per 100,000 in 2016 .

Over the last few years, the budget earmarked for mental health has seen several cuts, and the vast majority of dedicated funds are allocated to psychiatric hospitals at the expense of preventive activities and other services. Finally, there are important gaps in access to health services between the various states inside Mexico.

Mobilization

The National Front for Suicide Prevention was established in 2018. It rallies professionals, researchers and academics, as well as associations, all advocating for making suicide prevention a state-wide priority. The Front calls for the implementation of intersectoral public policies at the national level.

Facilitating Factors

- The National Development Plan 2019-2024 brings us closer to improving social determinants of health, a crucial step in preventing suicide
- The recognition of health (including mental health) as a fundamental human right allows for a progressive systemic change, from gaps in access to services to a system in which marginalized people have access to universal and free health services.

Obstacles

- The stigma around mental health issues impairs help-seeking behaviours
- The centralization of the health system leads to an unequal distribution of mental health services
- Corruption in the health system, especially at the local level, leads to a suboptimal use of resources
- The universal approach to health services, rather than a targeted approach, disregards the specific needs of vulnerable populations
- Suicide prevention is not considered a priority by the central government.

FORMULATING AND IMPLEMENTING AN INITIAL NATIONAL SUICIDE PREVENTION STRATEGY

PHASE 2: INITIAL NATIONAL STRATEGY

Facilitating Factors

- Mobilizing key stakeholders at the national, regional and local levels. For instance, involving people who exercise moral or religious authority can help initiate a change in social values and attitudes in the population.
- Developing a better understanding of the problem through accurate data on suicide and suicidal behaviours, on higher-risk populations, on risk and protective factors, etc.
- Taking into account the local context, and differences between regions, notably at the socioeconomic level.

Obstacles

- Differences in levels of socioeconomic development, including between rural and urban areas. These gaps can make it difficult or even impossible to provide the same services throughout the country.
- Meeting the needs of specific at-risk populations, including cultural minorities and marginalized individuals.
- The difficulty of changing values and attitudes regarding mental health in general and suicide in particular.

BHUTAN: A THREE-YEAR ACTION PLAN 2015-2018

PHASE 2: INITIAL NATIONAL STRATEGY

Bhutan
Conversation with Tshering Wangmo

Background

Before the development of this first national strategy, there was no suicide prevention services in the country. The only stakeholder was the Royal Bhutan Police, since suicide was then considered a crime. Thanks to major mobilization efforts, many civil society stakeholders and religious leaders rallied behind suicide prevention.

A **three-year action plan** was implemented in 2015, along with a national mental health strategy (2015-2023). Another **Five-Year National Suicide Prevention Action Plan** was implemented for 2018-2023, but our conversation with Tshering Wangmo concerned the 2015-2018 first action plan.

Facilitating Factors

- The mobilization of religious leaders contributes to raising awareness and reducing the stigma of suicide
- Suicide is now seen as a mental health issue, rather than a criminal behavior
- Activities follow international recommendations, adapting them to the local context.

Obstacles

- Lack of stakeholders and mental health professionals
- Gaps in levels of development between regions complicates provision of services
- The stigma around mental illness and suicide, notably for religious reasons, is an obstacle to help seeking.

Objectives of the 2015-2018 Action Plan

- Improve leadership, multisectoral engagement and partnerships for suicide prevention in communities
- Strengthen governance and institutional arrangements to effectively implement comprehensive prevention plans
- Improve the quality of data, evidence and information for suicide prevention planning, and programming.
- Improve access to suicide prevention services and support for individuals in psychosocial crisis and those most at risk for suicide
- Improve the capacity of health services and gate keepers to provide suicide prevention services
- Improve community resilience and societal support for suicide prevention in communities including schools and institutions

BRAZIL: LAW OF 2019 ESTABLISHING NATIONAL POLICIES ON SELF-HARM AND SUICIDE PREVENTION

PHASE 2: INITIAL NATIONAL STRATEGY

Brazil
Conversation with
Carlos Felipe A. D'Oliveira

Background

Over the last 20 years, suicide rates have been rising in Brazil. Rates were 6.5 per 100,000 people in 2016, up from 4.8 per 100,000 in 2000.

In 2019, the government of Brazil adopted a bill establishing national policies on self-harm and suicide prevention.

Facilitating Factors

- The 2019 Law makes it mandatory for professionals to notify authorities of all cases of self-harm and suicides. This improves epidemiological monitoring and gives a more accurate picture of the situation in the country.

Obstacles

- There is still an important stigma around suicide, reinforced in recent years by a comeback of a religious perspective on suicide, seen as a "lack of God"
- The stigma affecting specific at-risk groups, including LGBTQ+, impairs provision of services and discourages help seeking behaviours
- There is still little training offered to professionals concerning support to people in psychological distress and for people impacted by suicide.

Objectives of the Law of 2019

- Promote mental health
- Prevent self-harm
- Improve determinants of mental health and build environments favourable to mental health
- Guarantee access to psychological services for people in distress
- Raise awareness in the population concerning the importance and relevance of preventing self-harm
- Promote intersectoral coordination of suicide prevention, by involving the sectors of health, education, communication, media, and police forces, among others
- Improve epidemiological monitoring
- Promote training for health professionals of all levels concerning psychological distress and self-inflicted violence.

MOBILIZING STAKEHOLDERS TO RENEW A NATIONAL SUICIDE PREVENTION STRATEGY

PHASE 3: STRATEGY RENEWAL

Several countries have developed and implemented an initial national suicide prevention strategy.

But since such strategies have limited timeframes, many have now expired.

In this context, three scenarios are possible:

- **Absence of a renewal process**: The national suicide prevention strategy is not renewed and there is no current plan to develop and implement a new strategy.
- **Mobilization to renew the strategy**: Stakeholders are mobilizing to prompt governments to develop and implement a new strategy based on past experience with suicide prevention.
- **Regular renewal:** The strategy is renewed each time it expires. Consequently, the country will have implemented several national suicide prevention strategies. These can be included or not in broader public health strategies and plans.

Challenges to renewing strategies appear to be political, economic and social.

QUÉBEC: STRONG MOBILIZATION EFFORTS TO IMPLEMENT A NEW NATIONAL STRATEGY

PHASE 3: STRATEGY RENEWAL

Québec
Conversation with
Jérôme Gaudreault

Background

For over 15 years, there has been no suicide prevention strategy in Québec. The previous strategy, which ran from 1998 to 2004, appears to have been effective, with rates significantly and constantly declining after a peak of 1,620 suicides in 1999. However, this strategy expired in 2004 and was not renewed. Since then, suicide prevention has been included in more general mental health action plans.

Mobilization

Québec's Association for Suicide Prevention initiated numerous mobilization efforts to involve civil society stakeholders and bring suicide prevention to the forefront.

In September 2019, taking advantage of a favourable political context, 35 civil society organizations formed the Collective for a National Suicide Prevention Strategy. The Collective's aim is to obtain a commitment from the government of Québec to implement a national strategy specifically dedicated to suicide prevention, separate from mental health action plans.

Recent Developments

On October 28, 2019, the Health Minister has confirmed that a suicide prevention strategy would be implemented in Québec. The COVID-19 pandemic slowed down the process, which resumed in February of 2021.

Facilitating Factors

- Many existing resources and suicide prevention services in Québec.
- Strong civil society involvement.
- Demonstrated political will to develop and implement a national strategy.

Obstacles

- Suicide is still considered as a mental health issue, which means suicide prevention is done through mental health interventions.
- Lack of budget earmarked for suicide prevention.
- The large number of stakeholders could lead to a multitude of suicide prevention targets, diluting efforts. Compromises are required to reach the overall goal of preventing suicides.

PORTUGAL: NATIONAL SUICIDE PREVENTION PLAN 2013-2017

PHASE 3: STRATEGY RENEWAL

Portugal
Conversation with José Carlos Pereira dos Santos

Background

A **national suicide prevention plan** was put in place in Portugal from 2013 to 2017, but it has not been renewed.

Suicide rates have been increasing since the early 2000s in Portugal. According to the most recent data available, suicide rates were 14 per 100,000 people in 2016.

Traditionally, there has been a North-South divide in suicide rates, with the south of Portugal showing higher overall rates. However, the divide between rural and urban settings tends to eclipse it in importance. In more recent years, rural areas have generally had higher suicide rates. Furthermore, the economic crisis of the early 2010s has had major and enduring socioeconomic impacts, exacerbated even further by the COVID-19 pandemic sanitary crisis.

Key Components of Portugal's National Suicide Prevention Plan

Vision

Suicide is a complex and multidimensional phenomenon. It results from the interplay of numerous factors, philosophical, anthropological, psychological, biological and social.

Any strategy aiming to prevent suicidal ideations, self-harm and suicidal behavior (suicide attempts, deaths by suicide) must involve multisectoral, multicultural and multidisciplinary concerted efforts.

Values and Principles

- Accessibility and equity
- Multicultural and multidisciplinary approach
- Proximity
- Durability
- Evidence-based practices

Target Populations

- General population
- Health professionals
- Adolescents
- Elderly
- Incarcerated people
- Law enforcement
- LGBT
- People with intellectual disabilities

REFLEXIVITY: STRATEGIES SEEN THROUGH THE LENS OF EXPERIENCE

PHASE 4: REFLEXIVITY AND EXPERIENCE

Experience and hindsight allow us to reflect on the importance, impacts and limits of past national suicide prevention strategies. The discussions with our seven experts underscore three key factors that facilitate the success of all four stages of national suicide prevention: initial mobilization, development and implementation of an initial national strategy, renewal of the strategy and sustainability.

1. Involving a diversified set of people and groups at national, regional and local levels.

This aspect stands out as crucial for most experts. For instance, involving individuals representing vulnerable populations, including Indigenous peoples and people with lived experience, makes it possible to ensure that the activities and services provided really do meet their specific needs. A collaborative approach is also deemed necessary, even though the multiplicity of actors and different interests may complicate the process. Rallying around a common general vision of suicide and suicide prevention can help foster unity and focus on a common objective.

2. Broadening the perspective on suicide and suicide prevention by adopting a bio-psycho-social model of suicide.

Most experts underline that it is crucial to move beyond public health and mental health interventions. Stakeholders from all fields need to work together to improve life conditions and reduce the impact of social factors associated with suicide.

3. Monitoring the efficacy and equity of implemented strategies and tools to ensure their sustainability.

- Accountability appears necessary to ensure the adequate and efficient use of invested resources.
- Regular monitoring allows for the development of a critical account of a strategy, and on the means and resources in place to achieve its objectives.
- Monitoring also makes it possible to draw conclusions concerning what works or not, in order to improve the development, implementation, effects and sustainability of subsequent strategies.

NEW ZEALAND: EVERY LIFE MATTERS – HE TAPU TE ORANGA O IA TANGATA 2019–2029

PHASE 4: REFLEXIVITY AND EXPERIENCE

New Zealand
Conversation with Sunny Collings

Background

New Zealand has a long track record in terms of national suicide prevention. A national suicide prevention strategy was in place from 2006 to 2016, along with two action plans (2008-2012 and 2013-2016). A new strategy was implemented for 2019-2029, along with an action plan (2019-2024).

The "Every Life Matters – He Tapu te Oranga o ia Tangata" strategy builds on existing work while also introducing changes aimed at enhancing the approach.

For instance, this new strategy establishes a Suicide Prevention Office, responsible for providing leadership and stewardship to all prevention and postvention activities.

The strategy also intends on working alongside people with lived experience, as well as with the Māori people to enable and support effective Māori leadership in suicide prevention.

Facilitating Factors

- The creation of a Suicide Prevention Office, allowing for a broader perspective on suicide, beyond public health.
- Acknowledgement of the importance of involving people impacted by suicide and amplifying their voice.
- Acknowledgement of the importance of working with the Māori as autonomous and equal partners
- The key lessons learned from the many years of experience, making it possible to improve and do things differently.

Obstacles

- People with mental health problems typically do not have a strong political voice.
- Mental health is generally sidelined and underfunded compared to other healthcare services.
- The involvement of numerous stakeholders means the different interests often collide. Compromises can be difficult.

REFERENCES AND RESOURCES

If you wish to learn more about national suicide prevention strategies, here are some useful references and ressources available online:

Publications of the World Health Organization

- OMS (2019). National suicide prevention strategies: progress, examples and indicators. https://www.who.int/mental_health/suicide-prevention/national_strategies_2019/en/
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Suicide Rates

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