6.I. Workshop: Suicide prevention strategies

Organised by: EUPHA-section on Public mental health
Contact: johan.bilsen@vub.ac.be

Chairperson(s): Johan Bilsen - Belgium, Jutta Lindert - Germany

Suicide is a major public health issue. According to the WHO worldwide over 800000 people die from suicide every year. The rate of suicide attempts is estimated to be even more than 10 times higher. In Europe, suicide rates vary from about 3/100000 inhabitants in Greece to about 28/100000 in Lithuania. Suicidal behavior is known to be a multifactorial phenomenon, resulting from an complex interplay of various bio-psycho-social factors, often unique for the involved individuals. Although there is already a great body of scientific evidence about important risk factors and processes that makes people vulnerable for suicide ideation and suicidal behavior, there is still a lot to discover and to explain, and continuously discussions are going on about key factors with regard to origin and development of suicidal thoughts and behavior. Especially regarding effective suicide prevention strategies, there are a lot of divergent opinions about the most appropriate steps to take going from rather restricting actions to broad pro-active health promotional approaches, population as well as, high risk group or even individual oriented. In this workshop we want to share recent insights about effective suicide prevention strategies, based on sound scientific research findings from different countries, and stimulate discussions about their concrete applicability and feasibility.
Dr. E. Dumon will present us the development, aims, and content of an updated overall suicide prevention strategy in Flanders, the northern part of Belgium, a country with among the highest suicide rates in Europe. She will discuss the lessons learned from an earlier strategy in the country, dealing with specific criteria such as suicide-specificity, quality of evidence, feasibility, etc. Prof. U. Hegerl emphasizes the usefulness of an multifactorial approach regarding suicide prevention, and will explain the community based 4-level-intervention concept, which has shown its effectiveness in several countries and is already implemented in more than hundred regions in Europe. He will discuss the main factors influencing this effectiveness based on a systematic implementation research and process analysis. Dr. O. Kirtley points to the importance of knowledge about associated factors that differentiate between suicide ideation and suicide enactment, for effective suicide prevention. She will explain this by presenting an integrated motivational-volitional model and showing evidence from several studies in the UK and Ireland. Among other things, she stresses the importance of social modelling of self-harm as an important key target for suicide prevention. Prof. M. Stricka finally gives us an overview of the suicide epidemiology and highlights the different suicide prevention initiatives in Lithuania, a country with among the highest suicide figures worldwide.

Key messages:

- Suicide is still a major public health issue, resulting from a complex interplay of various bio-psycho-social factors
- To address suicide sufficiently a comprehensive, tailored, evidence-based and feasible multisectorial suicide prevention strategy is necessary

The development and progress of a regional suicide prevention strategy in Flanders (Belgium)

Eva Dumon

E Dumon[1,2], K van Heeringen[1,3], G Portzky[1,2]
[1]Department of Psychiatry and Medical Psychology, Ghent University, Ghent, Belgium
[2]Flemish Expertise Centre for Suicide Prevention, Ghent University, Ghent, Belgium
[3]Unit for Suicide Research, Ghent University, Ghent, Belgium
Contact: Eva.Dumon@ugent.be

Introduction
Suicide rates in Belgium have been consistently high compared to suicide rates in the EU. The first Suicide Prevention Strategy was implemented in Flanders (northern part of Belgium) during 2006-2010. A revised prevention strategy was launched in 2012, aiming to decrease the Flemish suicide rate with 20% by 2020 (reference year 2000).
Methods
The first Flemish Suicide Prevention Strategy was evaluated and a team of experts developed a revised prevention strategy to incorporate new knowledge in suicide prevention and to capitalize on lessons learned from the first strategy. Specific and selected criteria (such as suicide-specificity, cost-effectiveness, quality of evidence, feasibility,. . .) were used to define a broad range of new suicide prevention actions. For the coordination and scientific evaluation of the revised strategy, the 'Flemish Centre of Expertise in Suicide Prevention' (VLESP) was launched by the Flemish Government in 2013.
Results
The second Flemish Suicide Prevention Strategy contains five evidence-based prevention strategies, including 1) mental health promotion, 2) providing helplines and online help, 3) educating (mental) health professionals and community facilitators, 4) developing programmes targeting high risk groups, 5) developing and implementing guidelines for suicide prevention. In the framework of the strategy, a range of new innovative suicide prevention actions and studies targeting different population groups have recently been launched.
Conclusions
A targeted action plan for the prevention of suicide was recently developed in Flanders. The plan consists of a health target and a broad range of evidence-based strategies and actions. The development, goals, components and progress of

the revised Flemish Suicide Prevention Strategy will be presented and discussed.

Prevention of suicidal behaviour in Europe by community based interventions

Ulrich Hegerl

U. Hegerl, and the ''European Alliance against Depression'' (EAAD) consortium
Department of Psychiatry and Psychotherapy, University of Leipzig, Leipzig, Germany
Contact: ulrich.hegerl@medizin.uni-leipzig.de

Introduction
The community based 4-level-intervention concept developed within the ''European Alliance against Depression'' (www.EAAD.net) combines two important aims: to improve care and treatment of patients with depression and to prevent suicidal behavior. It has found to be effective concerning the prevention of suicidal behavior in different countries and, in the meanwhile, has been implemented in more than 100 European regions.
Methods
The 4-level intervention concept comprises training and support of primary care providers (level 1), a professional public relation campaign (level 2), training of community facilitators (teacher, priests, geriatric care givers, pharmacists, journalists) (level 3), and support for self-help of patients with depression and their relatives (level 4). To deepen the understanding of factors influencing the effectiveness of the intervention, a systematic implementation research and process analysis was performed within an EU-funded study (www.OSPI-europe.com). These analyses were based on data from four intervention and four control regions from four European countries. In addition to intervention effects on suicidal behaviour, a variety of intermediate outcomes (e.g. changes in attitude or knowledge) were considered.
Results
Strong synergistic as well as catalytic effects were identified as a result of being active simultaneously at four different levels. Predictable and unpredictable obstacles to a successful implementation of such community-based programs will be discussed. Via the EAAD, the intervention concept and materials (available in eight different languages) are offered to interested region in and outside Europe. Internet based self management tools have recently been added to the catalogue of intervention materials.
Conclusions
The community based 4-level intervention is the most broadly implemented and evaluated approach to improve the care of patients with depression and to prevent suicidal behavior.

Using the integrated motivational-volitional model of suicidal behaviour for suicide prevention

Olivia Kirtley

O Kirtley, R O'Connor
Suicidal Behaviour Research Laboratory (SBRL), University of Glasgow, Glasgow, UK
Contact: Olivia.Kirtley@glasgow.ac.uk

Background
Identifying variables that differentiate between those who think about suicide (ideate) and those who engage in (enact) suicide is a critical area for research focus, and represents key targets for intervention and treatment development. Recently, a new model of suicidal behaviour, the Integrated Motivational-Volitional model (IMV), has been proposed. The model posits that certain psychological, biological, and environmental factors are differentially associated with ideation and enactment. Evidence from several studies is presented to demonstrate the potential of the model for developing suicide prevention interventions.
Methods
Adults and adolescents from across the UK and Ireland have taken part in a series of studies investigating self-harm thoughts and behaviours, including defeat, entrapment, humiliation, hopelessness, depression, impulsivity and social modelling.
Results
The self-harm ideation and enactment groups do not differ significantly in pre-motivational phase (background and vulnerability factors) or motivational phase (ideation/intention formation) variables, including defeat, entrapment, and social perfectionism. Those in the enactment group, however, score significantly higher than the ideation group on volitional phase variables (behavioural enactment), namely exposure to social modelling of self-harm and impulsivity. Another volitional phase variable, implementation intentions, also offers promise in reducing suicidal behaviour.
Discussion
The results support the validity of the IMV model as a framework for identifying variables that differ between those who think about and engage in self-harm. Differences between the ideation and enactment groups, particularly in exposure to social modelling of self-harm, highlights this as a potential key target for suicide prevention. Furthermore, initiatives that socially model positive problem-solving behaviours and other protective factors may have utility.

Suicide prevention: a case of Lithuania

Marius Stricka

M Stricka[1,2], M Jakubauskiene[3]
[1]Department of Preventive Medicine, Lithuanian University of Health Sciences, Kaunas, Lithuania
[2]Suicide Prevention Bureau, State Mental Health Centre, Vilnius, Lithuania
[3]Faculty of Medicine Institute of Public Health, Vilnius University, Vilnius, Lithuania
Contact: stricka.marius@gmail.com

Background
In Lithuania suicide is a key public mental health challenge affecting people throughout life time. For more than two decades suicide rates in Lithuania are at the epidemic level, and prevalence of risk factors is high. Urgent actions for comprehensive suicide prevention are needed, an several prevention pilots based on different policy approaches – push or pull - are being implemented in the country. This presentation aims to give an overview of the epidemiology of suicide and suicide prevention approaches in Lithuania.
Methods
Descriptive analysis of national administrative data on mortality, consumption of health care services, synthesis and analysis of suicide prevention approaches and practices.
Results
In Lithuania SMR from suicides in 2014 was 28.3/100 000 population, which is twice higher that the EU average. The main risk group is the middle aged men living in rural areas (SMR is almost 86/100 000). However recent trends show growing suicide rates among young people (3 times increase from 4.8 to 13.7 deaths per 100 000 in recent years in the age group 9-19 years) and elderly women (SMR is 20.5/100 000). Prevention strategies seek to enable GPs to identify depression and suicidal ideation and direct individuals to proper healthcare services, and ensure follow-up aftercare for patients with suicidal behavior.
Conclusions
Suicide mortality trends in Lithuania for two decades remain the highest in Europe and are among the highest in the world. Identified risk groups allow targeting suicide prevention policy approaches more specifically. Comprehensive suicide prevention and responsive health system contribution is needed to manage the suicide mortality trends in the country.