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The Norwegian Plan for Suicide Prevention 1994-1999 Evaluation findings

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The evaluation of the Norwegian Plan for Suicide Prevention has now been completed. The research firm Agenda Utredning & Utvikling AS has been evaluating the National Plan since it was launched in the autumn of 1994. Irene Sørås has managed the evaluation process, and in this article she describes the main findings.

The Norwegian Plan for Suicide Prevention was completed at the end of 1999 after six years of activity. In line with good management philosophy the action plan has been evaluated both while it was active, with continuous feedback to the National Board of Health, and as a final result assessment. Thus the National Board of Health has been willing to learn and to adjust strategies during the project's activities. A final report shows what has been achieved under the auspices of the Norwegian Plan for Suicide Prevention.

What has been evaluated?

Generally it should be expected that an evaluation of the Norwegian Plan for Suicide Prevention would examine any effects the plan has on the suicide rate in the population or groups on which special focus has been directed. What has the National Plan meant for persons who are threatened by suicide? Even though the overarching aim of the National Plan has been that "the health service shall contribute to reducing the frequency of suicides in Norway", the evaluation has had no mandate to establish whether or how this may have happened. The mandate of the evaluation has rather been to assess the degree to which four of the objectives of the action plan have been attained. The four objectives have been:

- To establish a national and three regional resource communities
- To stimulate more and systematic research
- To initiate systematic knowledge distribution
- To operate information activities.

A final objective, to establish systematic model tests with treatment schemes and follow-up measures, has been evaluated separately by Nils Petter Reinholdt, the head of the National Plan, and is thus not mentioned here.

In addition to goal attainment the evaluation has focused on the implementation of the Norwegian Plan for Suicide Prevention and the strategies employed along the way.

What has been attained with the Norwegian Plan for Suicide Prevention?

In general we may conclude that the four objectives of the National Plan that have been evaluated here by and large have been attained. Resource communities were established, albeit at different points in time: The National Suicide Research and Prevention Unit at the University of Oslo was established first, followed by regional centres in Bergen, Trondheim and Tromsø. Even though the four centres have developed in slightly different ways, we have found that they supplement each other in many ways both as to form and content. Activity levels at the centres have generally been high and well targeted, in spite of a slightly fumbling start at the regional centres.

Through our evaluation we have found that the National Plan has triggered research, and that the research now has a greater thematic range. In the period prior to the National Plan (1990-93) there were approximately 10 substantial suicidology research projects involving around 20 researchers, while there were 33 research projects of a corresponding scope from 1997 to 2000, now involving up to 47 researchers. At the same time there has been a thematic turn from previous general epidemiological studies with a psychiatric basis to a greater thematic range, such as evaluation of the effects of treatment schemes. Research on suicides among children and young persons has now gained a prominent place. The academic background of the researchers now has a wider range, currently comprising such disciplines as psychology, pedagogy, sociology and nursing, in addition to psychiatry. It is also worth noting that more cooperation among research communities has been achieved. The resource communities, particularly the Suicide Research and Prevention Unit in Oslo and the resource community in Bergen, have played an important role by establishing special research forums. It is also promising that Norway is now distinguishing itself internationally more prominently than before the advent of the action plan. More Norwegian researchers are now participating in international cooperation projects and contributing a large number of presentations in international forums such as IASP (the International Association for Suicide Prevention).

One of the other objectives has been to distribute and impart knowledge about suicidology. The chosen strategy has involved developing teaching aids and teaching programmes for basic, secondary and further training in relevant professional groups that encounter people with suicidal tendencies. We have concluded that the distribution of knowledge has been generally successful but highly demanding on resources.

Good teaching aids and teaching programmes have especially been developed for colleges and universities. A campaign has been undertaken to influence colleges and universities to include suicidology in their curricula. The evaluation concludes that this campaign has been relatively successful in medical and psychology studies, and at some teaching, nursing and social worker colleges.

However, this work has brought an important experience into focus: the ambition of placing a health topic on the curricula of colleges and universities faces major challenges. As the autonomy of education institutions includes full control of their own syllabi and curricula, efforts to gain acceptance for suicidology as part of the instruction given have needed to address each individual institution. This is very demanding on resources, with a fairly modest result in comparison to the efforts

expended. This work could perhaps have been made easier if some amount of pressure had been exerted by the Ministry of Health and Social Affairs/the National Board of Health on the Ministry of Education, Research and Church Affairs.

"Living Works" is the name used for a special intervention course for persons working with people who are suicidal, and this has been given special attention by the evaluation. This course uses a special method for handling persons with suicidal tendencies and for distributing knowledge in a very difficult academic field. We conclude that the Living Works programme features a good pedagogic structure and lends itself well as a "first-aid course" for many groups. The course has also fared well based on the evaluations of participants. Moreover, this course is very cost-effective as new course leaders are certified continuously, and thus an increasing number of persons can be used to teach the course.

The final objective of the Norwegian Plan for Suicide Prevention, the information activities, was perhaps the most effective in terms of result attainment. Even though much information has been distributed by the regional centres, the Suicide Research and Prevention Unit has been responsible for the national information strategy. Information activities have typically featured high professional standards and a wide range of techniques has been used. This has included Internet presentations with a description of the National Plan and the activities under its direction, and information about courses, conferences and research activities. A special crisis aid site has also been posted on the net. Another distribution channel has been the designing and publication of brochures, while a third channel has been to use the media. The last channel has been publishing this magazine, now reaching a circulation of approximately 5 500 copies and published three times annually.

Some experiences of the implementation

There are many ways to implement an action plan. The Norwegian Plan for Suicide Prevention features two measures we wish to commend as particularly successful: 1) Draw up a good planning document, a project plan. In this case this has been the real guideline for the work, and 2) Establish resource communities. In this case they have been able to take responsibility for the major tasks both nationally and regionally. However, we also see that when such centres are established they may need additional impetus and active assistance to an extent which may be impossible or unnatural for the National Board of Health or other central public authorities to supply. In spite of these initial problems we assess the Norwegian Plan for Suicide Prevention as a successful enterprise both for the National Board of Health's interests and in terms of what has been attained at the national and regional centres.