

## Facts about suicide prevention

The World Health Organization (WHO) has defined suicide as the act of deliberately killing oneself. Every year 500-600 people die by suicide in Norway. Suicide is caused by a range of factors in complex interplay. Suicide prevention is therefore challenging, but it is nevertheless possible and doable! Research has shown that the most important risk factors for suicide are psychiatric disorders, such as depression, and previous suicide attempts, but many more risk factors exist, thus suicide prevention needs to be instigated both on the level of the individual and the society.

### **Prevention on the individual level – what can health care professionals do?**

#### **Screening, risk assessment and treatment**

Studies have shown that somewhere between 50 % and 90 % of people who die from suicide have been in contact with health services the year before their death. There is, thus, a very large potential for preventing suicide through interventions in the health services. Providing training of primary health care providers in suicide risk assessment and management and in identification of mental disorders has been shown to be an effective preventive strategy. To help mental health specialists to improve their suicide risk assessment practices and to provide effective psychosocial and pharmacological treatments for psychiatric disorders are additional important preventive measures. Suicide should be treated directly and specifically. Furthermore, to receive individually tailored treatments and follow-up care will often improve the patient's mental health and reduce the risk of suicide.

#### **Follow-up after self-harm**

People who have self-harmed should receive individually adapted follow-up care for some time after their self-harm episode. To help patients develop a safety plan with details of how to cope with future crises is an important element of such follow-up. Important resources in the follow-up care are primary care physicians (GPs), community mental health professionals, family counseling agencies, school health services, child welfare services or other local services based on the individual patient's needs.

### **Prevention on the individual level – what can families and friends do?**

#### **Pay attention to high-risk signs**

These are some of the most common warning signs for suicide: The person talks about death, a wish for death or about suicidal thoughts, checks available suicide methods on the Internet, purchases pills or gets hold of a firearm, shows notable changes in his/her thoughts, feelings or behaviour or conveys a strong hopelessness or lack of reasons for living. Contrary to popular myths, most people who take their own life speak about their suicide wish to someone before they go through with their suicide. Suicide warning signs should therefore be taken seriously, even though most of those who show these signs will, fortunately, not die by suicide.

#### **Respond to warning signs**

If you are worried that a person you know will commit suicide, you should make an effort to talk to the person to get a clearer picture of the situation. It may feel awkward, but you should ask clear and direct questions about how the other person feels about suicide, suicidal thoughts and plans for suicide. When suicidal, people often feel hopeless and lonely. A caring family member or friend may help reduce this feeling through providing social and emotional support and through listening and expressing empathy.

#### **Seek professional care**

As a next-of-kin you should help the suicidal person seek medical care. If the suicide risk is acute, you should immediately contact local health care providers and make sure that the suicidal person receives emergency care before you leave him. Families and friends are extremely important resources in a suicidal crisis, but they should never be the only care providers. In most cases there is a need for professional care both in the acute phase and after the crisis (see above). Families and friends should encourage the suicidal person to seek and receive treatments that are offered. They should also help reduce the access to suicide means, alcohol and drugs. To help a person with suicidal feelings is very important, but could be a demanding task.

Family members and friends should therefore seek advice and support from professionals when in doubt of how to respond to warning signs or symptoms of psychiatric disorder.

## **Prevention of the societal level**

### **National strategies for suicide prevention**

There is a range of comprehensive and effective strategies of suicide prevention on the societal level. The Directorate of Health has issued the National Strategy for Prevention of Suicide and Self-Harm 2014–2017 (2014) to reduce the prevalence of suicide and self-harm in Norway. The national strategy emphasizes measures to make mental health care more accessible in local communities, to increase the knowledge on suicide risk assessment and management among health care providers, to increase the knowledge on mental health and coping in the young through school-based programmes and improved school health services and to improve the access to specialized care for people with mental health disorders.

### **National guidelines**

The Directorate of Health has issued National Guidelines for Suicide Prevention in Mental Health Care (2008). These guidelines aim to reduce the prevalence of suicide and serious suicide attempts among people who are users of specialized mental health care through improving the quality of suicide risk assessment and management routines, providing more rapid knowledge based treatments for specific high risk disorders, providing better follow-up care for suicide attempters, and providing better support for patients' families and for suicide survivors.

### **Training of first responders**

The training programme VIVAT selvmordsforebygging has been established to train first responders in suicide risk assessment and intervention throughout Norway. The programme provides 2-day courses in every part of the country.

### **Suicide prevention in schools**

A number of school-based prevention programmes aiming to help children and adolescents cope better with social and emotional challenges are available. The programmes focus on coping and mental health and helps participants to know how and when to seek help when needed.

### **Responsible mass media**

Certain forms of non-fictional newspaper and television coverage of suicide are associated with a statistically significant excess of suicide and the impact appears to be strongest among young people. Reporting of suicide in an appropriate, accurate and potentially helpful manner can prevent suicide. Sensational or glorifying coverage of suicide should be avoided; detailed descriptions of the method used and about the time and place should not be given. Suicide should not be reported as unexplainable or in a simplistic way or as a method of coping with problems. Suicide should rather be reported as a problem in its own right and as something that could be prevented. The Norwegian Press Association has issued guidelines for responsible media reporting of suicide.

### **Limiting access to suicide methods**

Limiting access to specific suicide methods has been shown to be an effective strategy for suicide prevention. This may be achieved in several ways, among others through building barriers at bridges or high buildings, limiting access to firearms through legislation and safe storage or through reducing pack sizes of medications or limiting number of packs that could be bought in a single transaction.

### **Providing support for suicide survivors**

People who have been bereaved through suicide have an increased risk of suicide. To provide crisis support and bereavement counseling are important preventive measures for suicide survivors. Self-help groups or guided bereavement support groups are facilitated by several agencies, among them the Norwegian Association for Suicide Survivors (LEVE). Some suicide survivors develop prolonged or complicated grief in the wake of their bereavement. In such cases there is a strong need to help the person to get access to professional care.

## **References**

- Helsedirektoratet (2014). Handlingsplan for forebygging av selvmord og selvskaadning 2014-2017. IS-2182. Oslo: Helsedirektoratet.
- Sosial- og helsedirektoratet (2008). Nasjonale retningslinjer for forebygging av selvmord i psykisk helsevern. IS-1511. Oslo: Sosial- og helsedirektoratet.