Background sheet: Preventing suicide

Problem statement

Suicide is a major cause of death in the European Union.

Indicators to be considered

Eurostat collects data on the standardised death rate for suicide in EU-Member states. Rates range between 44 deaths per 100,000 people in Lithuania (2002) to 3.6 in Greece (latest figure available).

Objectives

• Reduce suicide rate in population.

Possible Actions (examples developed from Commission Green paper, WHO Action Plan on Mental Health and IMHPA-Action Plan)

- Identify groups at risk of suicide
- Restricting the access to methods for committing suicide
- Training of health care providers, especially in emergency services, to identify suicide risk and to collaborate with mental health services
- Collaboration between secondary care and follow-up care after suicide attempts
- Maintain evidence based support services for suicide prevention
- Establish self-help groups, telephone help-lines and websites to reduce suicide, particularly targeting high-risk groups.
- Set up in partnership with other ministers evidence-based education programmes addressing suicide, depression, alcohol and other substance use disorders for young people at schools and universities and involve role models and young people in the making of campaigns.
- Create regional networks of information between the health sector, patients and their relatives, community facilitators and the general public.

Some activities in Member States (source: IMHPA-country stories report)

•	Several:	Regions are members of the EU-cofinanced project "European Alliance
		Against Depression"

• Austria: There are numerous helplines for people in despair, offered by pastoral and non-pastoral providers. A specific suicide prevention programme is being run in Vienna.

• Belgium: Several projects on the prevention of depression and suicide have been initiated in the Flemish and the French-speaking Communities.

• Denmark: In the period 1999 to 2004, The National Committee on Prevention of Suicidal Behaviour under the Ministry of Social Affairs and the

Ministry of the Interior and Health, followed up on recommendations for suicide prevention. Some of the most important initiatives were the generation and dissemination of knowledge, capacity building, support of networks and research, and establishing model projects with process evaluation. The National Board of Health has published guidelines to professionals for the assessment and management of people at risk of suicide. The Danish Network of Health Promoting Hospitals has launched suicide prevention as a special focus area, and is in the process of securing implementation of the national guidelines for health professionals. The Ministry of Social Affairs has granted new monies (DKR40millions) for the next four years, 2005-2008, in order to increase suicide prevention activities, with special focus on young girls, elderly people and the mentally ill.

• Estonia: The Estonian-Swedish Mental health and Suicidology Institute's (ESSI) main statutory objective is research and development in the field of mental health and suicide.

• Italy: Some local telephone helplines and emergency response services targeted older people.

• Ireland: A Strategic Action Plan for Suicide Reduction has been adopted in 2005. A wide range of suicide prevention programmes has been established.

• Lithuania: Despite serious efforts, attempts to develop and implement an effective national plan on suicide have not been successful.

• Luxembourg: Educational courses (for both teachers and pupils) are regularly organised, for example by the Centre d'Information et de Prévention, and educational films have been produced.

• Norway: The prevention of suicide is recognised by the Government as a shared responsibility. The Government's strategy has three elements.

• Sweden: A national programme for suicide prevention was established in 1995 in a collaboration between the National Board of Health and Welfare and interested researchers. There is a national organisation of relatives to persons who have committed suicide (SPES).

 United Kingdom: In Scotland, a National Implementation Support Team and Local Co-ordinators have been established to implement the national suicide prevention strategy and action plan and related local level action plans. This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.