Suicide, what policy can do about it

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Each year 63,000 people die by suicide in EU 27

Source: Eurostat, Statistical Book 2009
In a 10-year period, over 630,000 people will die by suicide in EU 27

- This is the equivalent to the extinction of an entire population in one of the following major European cities
  - Frankfurt, Germany (ca. 640,000)
  - Zaragoza, Spain (ca. 630,000)
  - Rotterdam, Netherlands (ca. 600,000)
  - Glasgow, UK (ca. 600,000)
  - Helsinki, Finland (ca. 600,000)
  - Lisbon, Portugal (ca. 530,000)
  - Copenhagen, Denmark (ca. 500,000)
  - Dublin, Ireland (ca. 470,000)
  - Tallinn, Estonia (ca. 400,000)
  - Florence, Italy (ca. 370,000)

Suicide rates* in Europe, latest available data from the WHO 15 years and over.

- Very high suicide rates: 40.1 (Hungary) – 58.0 (Lithuania)
- High suicide rates: 25.0 (Moldavia) – 35.8 (Belarus)
- Average suicide rates: 11.9 (The Netherlands) – 23.0 (Czech Republic)
- Low suicide rates: 3.4 (Albania) – 9.9 (Portugal)
- Data not available

* The number of suicide estimated per 100 000 inhabitants
Suicide in 27 EU Member States

- 7 out of 27 EU Member States are among the global top 15 countries for suicide rates in males; and 5 for female suicide rates

- Males die 3-4 times more often than females by suicide and intentional self-harm in all Member States

- Suicide is the second largest cause of mortality among young people age 10-24 years

Attempted suicide in Europe

- For every completed suicide, there are an estimated 10-20 suicide attempts made.
Global Gender Differences:

Completed Suicides
- Rate: ~15/100,000
- ~80% men

Attempted Suicides (estimated)
- Rate: ~150 /100,000
- ~70% women

Suicide is a global phenomenon
- Premature death from suicide is a significant cause of mortality in EU 27.
- Registered suicides are equivalent in magnitude to deaths from road traffic accidents.
- Suicide is heavily stigmatized and not all actual suicides are recorded as such.
- The rate of hidden suicides is considerable. The rate of actual suicides may often be double than official suicide rates.
The World Health Organization Health Policy, 1985

- One of its main targets, the reduction of suicide:
  
  - “By the year 2000, there should be a sustained and continuing reduction in the prevalence of mental disorders and improvement in the quality of life of all people with such disorders and a reversal of the rising trends in suicide and attempted suicide.”

WHO recommendations, 1990

- The WHO recommendations were publicized to WHO Member States in order to facilitate and coordinate comprehensive national and international suicide preventive strategies:
  
  1. To recognize the problem as a priority in public health
  2. To develop national suicide preventive programmes, where possible interlinked to other public health policies
  3. Establish national coordinating management bodies
United Nations 1996: five components for national suicide prevention strategies

1. Explicit government policy on suicide prevention
2. A coherent model including aims and goals
3. Measurable objectives
4. Ongoing monitoring
5. Evaluation

WHO Ministerial Conference on Mental Health in Helsinki, 2005

- A mental health declaration was agreed upon and signed by the Ministers of Health of 52 Member States in the European Region.
- The declaration stated:
  - “Mental health is central to the human, social and economic capital of actions and it should be part of other public policy such as human rights, social care, education and employment.”
European Commission’s Green Paper on Mental Health, 2005

- The EU’s green paper highlights:
  - The need to integrate mental health into all policies
  - Increased visibility of mental health policies and other policies
  - The establishment of comprehensive mental health strategies
  - Reducing suicide as an overall target.

EU actions for the prevention of suicide

- EU Sustainable Development Strategy, 2006 (Reviewed 2009)
  - Operational objectives were to improve mental health and tackle suicide risks

- Commission Health Strategy 'Together for Health: A Strategic Approach for the EU 2008-2013
  - Identify prevention of suicide as a public health priority in the EU

- Council Resolution, 2008
  - Closing the gaps in health and life expectancy
  - Importance of prevention activities in the field of major chronic non-communicable diseases
European Pact for Mental Health and Well-Being, 2008

- Prevention of depression and suicide is one of the five priorities for the European Pact
- Provides framework for EU to support Member States’ mental health policy through exchange and cooperation
- European Parliament 2009 Resolution on Mental Health welcomed the European Pact as a policy

Economical Crisis

EU actions for the prevention of suicide

- Commission Communication, 2009
  - Support people through the current economical crisis
  - Reduce its human costs
  - Minimise the harmful impact of the crisis on people’s mental health
WHO/EU Conference

Under the auspices of the Swedish EU Presidency of the Council of the European Union.

“Mental Health and Suicidal Behaviour in Times of Economic Crisis: Impact and Prevention”

Stockholm 14 – 15 October 2009

The Swedish Parliament

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Unemployment rates during 2008 in 27 European Union countries

- 15.4 % among \( \leq 25 \) years
- 5.9 % among 25 – 74 years

Data Source: Eurostat
Unemployment rates during 2009 among \( \leq 25 \) years age-group in 27 European Union countries

Data Source: Eurostat

European countries with \( \geq 18\% \) unemployment rate among \( \leq 25 \) years age-group during 2008

Data Source: Eurostat
Working is a vital sphere in human life

The Labour Market

- In line with the classic theory of Durkheim:

  "...work can be understood as one of the most important ties that integrate individuals into the larger society and regulate their everyday life, providing them with realistic means to fulfill some of their basic needs."

  (Mäkinen and Wasserman 2009)
  D. Wasserman and C. Wasserman, eds.
  The Oxford Textbook of Suicidology and Suicide Prevention: A Global Perspective
Impact of unemployment

- Unemployment is both an individual issue and a macro-economic state of affairs.

- In society, unemployment has indirect effects, affecting more persons than only the unemployed.

Unemployment, Mental Ill-Health and Suicide

- Unemployment is significantly associated to mental ill-health:
  - POOR QUALITY OF LIFE
    (Hultman and Hemlin 2008)
  - DECREASED SOCIAL FUNCTIONING
    (Scanlan and Bundy 2009)
  - ALCOHOL ABUSE
    (Eikason and Storre 2009)
  - DEPRESSION
    (Molarius et al. 2009)
  - ANXIETY
    (Makinen, Wasserman 2009, OUP)
  - SUICIDE
    (Makinen, Wasserman 2009, OUP)
Young people and unemployment

- Unemployment is more problematic among young people
  - Young people lack previous work experience
  - Young people graduating from school with low grades are more vulnerable

Premature death by suicide leaves adverse consequences

- The immediate loss of life
- Direct consequences for the family, i.e. if the person was a parent or financial provider
- Long-lasting psychological trauma for children, friends and relatives
- Loss of economic productivity for the particular country
David Stuckler: presentation at 2009 WHO/EU conference Stockholm, Sweden

Sources: (Ire) Kennelly et al 2005; (NZ) O’Dea & Tucker 2005; (Sco) McDaid 2006

Edward Munch, The scream 1893
Model for Suicide Prevention

Health care and public health approaches

- Effective suicide prevention programs should combine both approaches for optimal impact.
Develop a national suicide prevention strategy

- Governments health policies generally strive to promote health, prevent illness, reduce morbidity, disability and mortality.

- Governments in the developed world have introduced significant inter-ministry concerted action on such mortalities as deaths from:
  - Road traffic accidents
  - Heart disease
  - Cancer
  - HIV

Focus on suicide prevention has not been widely prioritized!

Countries with National Programme for suicide prevention in EU27 Region

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<th>YES EU countries 12/27</th>
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Countries without National Programme for suicide prevention in EU27 Region

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Countries without National programme but with local or regional suicide preventive programmes

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Facilitators of suicide prevention programs

- State, regionally and locally driven:
  - Social protection programs
  - Social integration programs
  - Mental health improving programs

- Programs should be inclusive and sensitive to:
  - Age
  - Gender
  - Ethnicity
  - Culture
  - Deprived neighborhoods and marginalized areas

Facilitators of suicide prevention programs

Social Protection

Active inclusion policies

- Coordination on State and Regional levels

- The crossroads between policies:
  - Social policy
  - Labour market policy (supported employment, promoting job opportunities)
  - Consumer policy
  - Housing policy
  - Health care and rehabilitation policies
Facilitators of suicide prevention programs

Social Protection

- Integrating services to meet the complex need of the user:
  - Social security agencies
  - Employment and welfare services
  - Financial advice
  - Rehabilitation services

"To Give Hope"

Facilitators of suicide prevention programs

Social Integration

Supporting social inclusion and participation beyond the labour market

- NGOs in promoting social participation/empowerment
- Formal and informal networks
- Family
Good News!

- Mental health wellbeing can be safe guarded and suicide prevented in times of crisis  
  J. Mäkinen, D. Wasserman, OUP, 2009

- Suicide prevention is highly cost-effective  
  D. McDaid, D. Stuckler, 2009

Thank you
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