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IASP Policy Position on National Suicide Prevention Strategies

Background Document

Suicidal behaviour arises through a complex interplay between biological, psychological, psychiatric, social, environmental, economic, and cultural factors. Its prevention therefore requires a comprehensive, multi-level response from governments and policymakers (World Health Organization, 2018). A national suicide prevention strategy is a “complex intervention”, comprising multiple interacting components (programmes and activities) which interact with the context in which the strategy is implemented. It typically adopts a coordinated and sustained multi-sectoral approach to the prevention of suicide, involving a range of governmental and non-governmental agencies working in collaboration, both locally and nationally, to implement evidence-informed universal, selective, and indicated suicide prevention approaches.

About 40 countries worldwide, the majority upper-middle and high income countries, have adopted a national suicide prevention strategy. Many other countries have adopted some interventions and programmes that are typically included components of national strategies, and some regions within countries have their own suicide prevention strategies.

National suicide prevention strategies should adopt a public health approach that promotes a shared societal and governmental responsibility to prevent suicide (Pirkis et al., 2023). Multi-sectoral action can more optimally address the fundamental social determinants of suicide. National strategies enable countries to enhance the visibility of suicide and suicide prevention in their public policy agenda, and to highlight the importance of strong political leadership and coordination across government departments (Platt et al., 2019). Each country’s national strategy is unique: it needs to take into account the national scale and characteristics of suicide as well as the broader socio-cultural context. Ideally, the strategy should be refined over time in line with the most up-to-date evidence on changing patterns of suicide and the evolving knowledge base for population-level suicide prevention interventions.

In a recently published implementation guide, the World Health Organization (2021: 57ff) highlights four “key evidence-based interventions” that prevent suicide at a population level and should be incorporated into national strategies: limitation of access to the means of suicide; interaction with the media for responsible reporting of suicide; fostering socio-emotional life skills in adolescents; and early identification, assessment, management, and follow-up of those who are affected by suicidal behaviors. Implementation is a crucial consideration with respect to national strategies, given evidence of substantial implementation gaps in many countries with existing strategies (Baran & Kropiwnicki, 2015; Ransing et al., 2023; Sheehan et al., 2015).

Current evidence for national suicide prevention strategies and gaps

Suicide prevention experts largely agree that proof of concept has been established: the implementation of a national suicide prevention strategy is, in principle, both

desirable and feasible. A recent overview of findings from the international literature concluded that there is reasonably good evidence in support of the effectiveness of many components of national suicide prevention strategies. However, the evidence with respect to the effectiveness of national strategies overall is more limited (Platt & Niederkrotenthaler, 2019).

Matsubayashi & Ueda (2011) examined the impact of national strategies from 21 nations between 1980 and 2004. They found that suicide rates were reduced after governments initiated national strategies. The impact appeared particularly strong for youth and older adults, but there was a more limited potential impact on suicide in working-age populations. Lewitzka, Sauer, Bauer and Felber (2019) examined the effectiveness of national suicide prevention strategies by comparing eight counties, four with and four without national strategies, over 30 years. They found that strategies were associated with reductions in suicide after they were implemented, although there were variations according to age and sex: among males aged 25-44 and 45-64 years, there was a large decline in suicide rates, while, among females, reductions were observed in those aged 45-64 and >65 years.

While these studies represent some of the most robust available analyses of the impact of national strategies, the evidence base remains mixed, with some studies observing no change or increases in suicides following the creation of national strategies in some countries (De Leo & Evans, 2004; Martin & Page, 2009; Schlichthorst et al., 2022).

Fragmentary and incomplete evidence represents a major gap with respect to evaluating national strategies. Data limitations, methodological weaknesses, and lack of implementation and cost-benefit studies are all issues that must be addressed over time.

Many countries with a national strategy encounter implementation barriers. Low- and middle-income countries (LMICs) often face obstacles, such as poor funding, political instability, and administrative problems (Ransing et al., 2023, Chisholm et al., 2019).

For many countries, including many LMICs, the creation of a national strategy also remains unrealistic at present. Countries in such circumstances are advised to concentrate on undertaking the groundwork and establishing the infrastructure that will subsequently help to facilitate the creation of a comprehensive national approach.

Conclusion

National suicide prevention strategies are an important and logical way of identifying and coordinating effective suicide prevention action within countries. Many countries around the world have already adopted national suicide prevention strategies and are working to adapt them in the context of emerging evidence. Nevertheless, substantial evidentiary gaps and implementation challenges remain. All countries should continue to improve the reliability and comprehensiveness of data collection relating to suicide and related-outcomes. Researchers should synthesize these and other relevant data to improve the evidence base for national strategies. These actions will facilitate more optimal and coordinated suicide prevention efforts worldwide.

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