

POLICY BRIEFING

National Suicide Prevention Strategies

Governments and devolved administrations in all five nations across the UK and ROI have developed and published their own national suicide prevention strategies aimed at supporting a wide range of interventions to reduce suicide. The development of national suicide prevention strategies raises questions about what their purpose is, what interventions should be included, how effective they are and how the most relevant organisations can be engaged and supported at national and local level. This briefing sets out the public policy approach that Samaritans believes needs to be taken to most effectively establish a national strategic approach to reduce suicide.

Summary of Key Points:

- Samaritans believes that national suicide prevention strategies are a key component of suicide prevention work as they establish the strategic framework needed for a range of interventions to be implemented nationally, regionally and locally in a systematic way. It does this by:
 - Making suicide prevention a stated policy objective at national level and ensuring that it is prioritised by the relevant government departments.
 - Providing the mandate and the guidance that enables regional co-ordinators and local commissioners to commit resources towards suicide prevention given the many competing priorities for resources they are likely to be facing.
- Samaritans believe that government is directly responsible for providing the leadership and resources necessary to ensure that the interventions defined in the national strategy can be delivered in local communities across the country. However, the full implementation of a national strategy cannot be delivered by government alone and requires the active engagement of a wide-range of partner organisations.
- At a local level it is important that there are structures in place to facilitate multi-agency working and to clearly allocate responsibility for implementation. Ideally this should involve the development of a co-ordinated local action plan, guided by the national strategy but tailored for the local population by a multi-agency suicide prevention group with membership from across the public, private and voluntary sectors.

Developing a national strategic approach to reduce suicide

Suicide is a major public health issue, resulting in the deaths of over 800,000 people worldwide each year, including over 6,000 in the UK. Each and every suicide is a tragedy, and one that has a devastating effect on friends, family and the wider community. Suicide also has a high economic cost, estimated at £1.7m for each life lost¹.

Public policy approaches to reduce the risk of suicide that have been researched and implemented in various countries across the world are numerous and varied, overlapping with many other major areas of government responsibility including mental health, public health, criminal justice, education, transport, media policy and welfare. While voluntary organisations, such as Samaritans, deliver our own services to support people at risk of suicide, some of our callers may have complex needs and risk factors which may be influenced by wider societal issues such as alcohol/drug misuse, relationship breakdown, bereavement, experience of abuse, socio-economic deprivation, unemployment or housing issues and the prevalence of mental health problems. They may also be put at greater risk of suicide by irresponsible media reporting or easy access to the means of suicide.

An overall whole-government national approach to address all of these issues and to deploy the most effective range of interventions, based on existing research evidence, requires action from many different agencies in the public, private and voluntary/community sectors. Some of the interventions are best delivered by national government departments while others are most effective when delivered by local organisations in local communities. In this context, the purpose of a national suicide prevention strategy is to establish a framework, led by government and supported by a wide range of partner agencies and organisations, to enable the circumstances in which the full range of known interventions can be implemented in a systematic way.

The other main purpose of establishing a national strategy is to cement suicide prevention as a national policy objective in an environment where there are many other competing priorities. This helps to ensure that suicide prevention is both prioritised by the lead department which co-ordinates the cross-government work (usually Health) and then also supported by the other departments that have a secondary role (such as Justice or Education). To reinforce the prioritisation of suicide prevention across other parts of government, it can be beneficial to formally link the national suicide prevention strategy to other relevant strategic objectives such as alcohol/drug harm reduction strategies or welfare-to-work schemes. Given the complex range of risk factors associated with suicide

¹ Impact Assessment – consultation on *Preventing Suicide: a cross-government strategy to save lives*, DH (July 2011)



risk, it is important that suicide prevention strategies are integrated into other areas and not simply seen as an independent policy strand.

The effectiveness of national suicide prevention strategies was explored in the 2011 research paper, *The effect of national suicide prevention programs on suicide rates in 21 OECD nations*², published in the 'Social Science & Medicine' journal. The authors acknowledge that despite many countries developing comprehensive suicide prevention strategies, "no prior research has offered a systematic test of their effectiveness using cross-national data." The study examined the impact of national suicide prevention strategies on suicide rates by comparing 11 OECD countries that had introduced national strategies against 10 OECD countries that do not have national strategies. The study concluded that the data analysis strongly suggests that suicide rates become lower after the initiation of a nationwide suicide prevention strategy, with the most significant decline in suicide rates being among the youth and the elderly.

In 2014, the World Health Organisation published a detailed report entitled *Preventing Suicide: A Global Imperative*, which it described as providing "a global knowledge base on suicide and suicide attempts as well as actionable steps for countries ... to move forward in suicide prevention". The report examines the interventions that can be deployed to prevent suicide and recommends that "an overarching conceptual framework – ideally a comprehensive national strategy – must be created in a culture-specific manner and informed by data in order to guide development, implementation and evaluation with vision, political will, leadership, stakeholder buy-in and, last but not least, funding for the prevention of suicide."

The report notes that there are now national suicide prevention strategies in 28 different countries but concludes that "despite being a leading cause of death worldwide, suicide has remained a low public health priority. Suicide prevention and research on suicide have not received the financial or human investment they desperately need."³

What is Samaritans calling for?

The establishment of a national strategy also provides the mandate and guidance that enables local commissioners to commit resources towards suicide prevention, particularly when taking into account the many competing priorities for resources that they are also likely to be facing. The priorities that are outlined in a national strategy can also help to

² Matsubayashi T, Ueda M, *The effect of national suicide prevention programs on suicide rates in 21 OECD nations*, Social Science & Medicine 73 (2011) 1395-1400

³ p.12, *Preventing suicide: A Global Imperative*, World Health Organisation (2014), http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/



provide a sense of direction to voluntary sector organisations and other relevant stakeholders which better enables them to produce an effective and cohesive response in support of the national policy objectives.

Many of the most important interventions need to take place within local communities and so it is important that there are the right structures in place at a local level to facilitate multi-agency working and to clearly allocate responsibility for implementation. Evidence-based interventions need to be tailored to meet the varying needs of different local communities. This should be done by assessing the local need, gathering data concerning local patterns of suicide, identifying local high risk groups and developing a co-ordinated local action plan - based on joint activities undertaken by local organisations and guided by the national strategy. Strong local leadership is an important part of ensuring that local statutory agencies and voluntary organisations have sufficient support to be able to contribute towards this work. A senior local public health or mental health commissioner should be responsible for assembling a local multi-agency suicide prevention group with the authority and resources to develop a joint local suicide prevention action plan.

Although local decision making is a vital part of developing local action plans there is also a role for national governments in ensuring that the intended policy of their national strategies has an impact in all areas of the country. Samaritans believes that the development of a local suicide prevention strategy should be a mandatory requirement for local authorities/health trusts. In larger countries, the appointment of regional co-ordinators can help to improve local implementation by providing local agencies with access to specialised advice and support, facilitate joint working and the sharing of knowledge and best practice across districts and improve the visibility that national government has on what is happening at local level.

Most national suicide prevention strategies specify the targeting of identified high risk groups, which has an influence on where resources are directed. This highlights the importance of national policy-makers having access to detailed and accurate suicide statistics and of local commissioners having access to data from local suicide audits and strategic needs assessments based on the demographics of the local community. However, irrespective of the specified high-risk groups there are several categories of intervention that always tend to, and should be, included in national suicide prevention strategies because of the solid evidence base for their effectiveness. These include the use of media guidelines on the reporting of suicide, the commissioning of suicide prevention training for frontline public service staff, and the restriction of access to lethal means. Treatment and follow-up support for people who self-harm should always be addressed by national strategies due to the close link that is known to exist between self-harm and suicide risk. It is

also clear that gender and social class are highly relevant to suicide risk. In the UK, the suicide rate of men is three times higher than that of women (a trend that is similar across the western world) and men living in the most deprived areas are at ten times more at risk of suicide than men living in the most affluent areas. Suicide prevention strategies should therefore include explicit aims to reduce socio-economic inequalities and gender inequalities in suicide.

What is Samaritans doing to support the national suicide prevention strategy?

In England, the National Suicide Prevention Strategy Advisory Group (NSPSAG), hosted by the Department of Health and chaired by Professor Louis Appleby, provides national oversight of the government's strategy. The group provides advice and support to the Department of Health in the development and implementation of the strategy. The Chief Executive of Samaritans, Catherine Johnstone, is a member of NSPSAG and this advisory role provides an opportunity for Samaritans to bring our expertise to national policy discussions on emerging issues relating to suicide prevention and potential changes to priorities.

Samaritans has also been at the forefront of coordinating the Call to Action for Suicide Prevention in England, an initiative that was jointly launched alongside the national suicide prevention strategy and aimed to bring together a coalition of national organisations that could work together to reduce suicide. This has led to the establishment of the National Suicide Prevention Alliance (NSPA)⁴, comprising of over 50 organisations, which complements the national strategy by identifying priorities for coordinated joint action to prevent suicide and helping to ensure that people affected by suicide receive the right support.

⁴ Further information available at: <http://www.samaritans.org/about-us/our-organisation/national-suicide-prevention-alliance-nspa>

