

spectra

136



Subscribe to
spectra
Newsletter

Suicide prevention

2 Progress in suicide prevention in Switzerland

An interim review of the Suicide Prevention Action Plan: the action plan was launched in 2016 with the objective of reducing the number of suicides and attempted suicides in Switzerland. What's its current status? Where has progress been made? spectra takes a look at suicide prevention in Switzerland.

3 Coordinated suicide prevention: an interplay of many actors

Many players at a national, cantonal and communal level are involved in suicide prevention in Switzerland: NGOs, foundations, actors in the economic, healthcare and social arenas, etc. The wide range of actors requires increased networking.

4 "Suicide prevention works – all over the world"

Five questions for Alexandra Fleischmann, suicide prevention expert at the World Health Organization (WHO). The new WHO guidelines focus on four evidence-based measures. People need to get away from the idea that there is nothing that can be done about suicide – and act now, Fleischmann says.



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH

Progress in suicide prevention in Switzerland

An interim review of the Suicide Prevention Action Plan: the action plan was launched in 2016 with the objective of reducing the number of suicides and attempted suicides in Switzerland. What's its current status? Where has progress been made? spectra takes a look at suicide prevention in Switzerland.

Suicide is a serious problem, both globally and in Switzerland. Suicide causes more deaths globally than malaria or breast cancer, for example. According to the World Health Organization (WHO), 700,000 people lost their lives to suicide in 2019. This makes suicide the fourth most common cause of death among men aged 15 to 29 worldwide; among women of the same age, suicide ranks third.

Switzerland is affected too. Suicide rates have been in decline in this country since the 1980s, yet even today roughly three people die in Switzerland every day as a result of suicide, 75 per cent of them men. Suicide is one of the most common causes of premature mortality (measured in potential years of life) after cancer and cardiovascular diseases. Moreover, it always affects the individual's family and friends.

Suicidality can affect anyone

Suicidality, i.e. suicidal thoughts and behaviour, can affect each and every one of us, whether man or woman, old or young, rich or poor. Suicidality often arises through a complex interaction between different factors such as existential crises, precarious relationships or mobbing, which leads to escalation. Suicidality is a human reaction to enormous suffering, and it often goes hand in hand with symptoms of depression. In most cases, though, suicidal people don't want to die.

Suicide prevention works

This means that suicides can be prevented – by timely, evidence-based measures. It is important for all parts of society to be included: healthcare, social services, education, civil engineering and the police. In 2016 the federal government and the cantons joined forces with the Health Promotion Switzerland foundation and many other players to develop the Suicide Prevention Action Plan at the behest of the Swiss Parliament with the objective of providing the players in this field with a shared orientation framework.

The action plan aims to make a contribution to reducing suicidal actions. The objective is to achieve a 25 per cent reduction in the suicide rate in Switzerland by 2030 (compared with 2013). The action

Suicides can be prevented – by timely, evidence-based measures. It is important for all parts of society to be included: healthcare, social services, education, civil engineering and the police.

plan comprises ten objectives and 19 key measures. Many actors are involved in the individual key measures, and it is often possible to build on existing activities. The FOPH supports the implementation of measures by performing networking and coordination tasks and providing knowledge management.

Five years after the action plan was launched, the FOPH commissioned a study to produce an interim assessment. Infrac, a research and consultation company, subsequently analysed the status of activities in Switzerland, talked to the actors and developed recommendations.

There is still a lot to be done

The interim assessment report shows that major progress has been made in some areas of the

action plan, and in these areas, such as those linked to the promotion of mental health in general, the level of attainment is high. In these areas there are nationally established actors and many cantons are participating. Nearly all the cantons, for example, have an action programme with an emphasis on increasing resources, and there are many online platforms in Switzerland that provide information on mental health, publicise sources of assistance and also address the topic of suicidality.

Conversely, there are objectives for which only isolated initiatives could be identified and for which the national level of attainment was evaluated as low. This applies particularly to the aim of reducing the availability of means and methods for committing suicide, aftercare for surviving relatives, research and data. This final aspect is one of the reasons why the interim status analysis was not able to provide a comprehensive evaluation in the form of an impact analysis.

Outlook for the action plan

Where does the action plan go from here? The FOPH discussed the findings of the report, future cooperation and task allocation with select-

ed actors (core group). On the basis of this exchange the core group defined its involvement in suicide prevention for the period 2022–2024 in September 2022 (see Table 1).

Do you need help or advice?

Children and young adults:

Pro Juventute

Telephone (around the clock) and SMS: 147

Mail and chat: www.147.ch

Adults: Dargebotene Hand / Sorgentelefon

Telephone (around the clock) and SMS: 143

Mail and chat: www.143.ch

Further information

www.reden-kann-retten.ch
(in German, French or Italian)

Contact:

Esther Walter, National Health Policy Section,
esther.walter@bag.admin.ch

Link:

Suicide Prevention (FOPH):
<https://tinyurl.com/yk6644pm>

Action area	Planned activities 2022–2024
1 Boost resources, inform / raise awareness, simply offer help	– Leverage synergies with the NCD strategy, e.g. within the cantonal action programmes (CAP) and CAP funding for mental health projects – reden-kann-retten.ch website (“Talking can save lives”)
2 Responsible media reporting	– No systematic activities, engagement is examined selectively
3 Early identification and early intervention (E+E) outside the healthcare system	– Digital awareness or learning offering for specialists outside the health service
4 E+E in the health service, supervision and treatment	– Funding for “prevention in healthcare” (PiH) projects specific to suicide prevention – Working and information materials / brochures on suicide prevention
5 Propagate examples of good practice	– Leverage synergies with the National Strategy for the Prevention of non-communicable Diseases (NCD), e.g. within CAP, CAP project funding and PiH project funding – www.bag-blueprint.ch online platform (in German) – Events organised by the Mental Health Network
6 Reduce availability of means and methods	– No targeted activities, minimal involvement is being reviewed
7 Data, research, evaluation	– Ad hoc involvement (e.g. evaluation of routine data) – List of specialist publications
8 Cross-sectional task / community-building	– Network and coordinate with actors in suicide prevention, actors in the NCD and addiction strategies, joint meetings with stakeholders, dissemination of knowledge through the communication channels of the core group

Table 1: Overview of planned involvement of the core group for the period 2022–2024.

Coordinated suicide prevention: an interplay of many actors

Many players at a national, cantonal and communal level are involved in suicide prevention in Switzerland: NGOs, foundations, actors in the economic, healthcare and social arenas, etc. The wide range of actors requires increased networking.

Suicide prevention can only be successful if all actors work together with common goals. Their commitment has resulted in progress in a number of areas in recent years, yet there is still a great need for action. This is illustrated by an analysis of the implementation status of the National Action Plan on Suicide Prevention in Switzerland carried out by Infrac in 2021 on behalf of the FOPH (see lead article on p. 2).

Several federal offices active

At the federal level, the implementation of the action plan is under the leadership of the FOPH, which performs networking and coordinating tasks to support the players and provides knowledge management. But other federal offices also play a role in suicide prevention. For example, the Federal Social Insurance Office (FSIO) has been working for many years to promote media skills in adolescents and therefore plays an important role in implementing the item from the Suicide Prevention Action Plan “Increase adolescents’ awareness of the need to engage with the internet and digital communication channels responsibly and respectfully, and support them in doing so”. And in 2022 the State Secretariat for Migration (SEM) published a report on suicide prevention in the federal asylum centres in French-speaking Switzerland.

Cantonal activities intensified

Many cantons are also involved in suicide prevention, some actively, some by implication, through their focus on mental health (which is also part of the Suicide Prevention Action Plan). The canton of Zurich, for example, actively pursues its own suicide prevention programme. “Ideally, suicide prevention happens in various settings and with different actors”, says Martina Blaser, who heads the priority programme, “because suicide and attempted suicide have multiple causes. A cross-cutting cantonal programme enables these



Civil society plays a central role in suicide prevention: Pictured here is a public exhibition on suicide prevention for young people in Geneva in June 2021, organised by Children Action together with the Hôpitaux Universitaires Genève.

tasks to be bundled and implemented systematically. This approach has proven effective in the canton of Zurich since 2015.” Suicide prevention in Zurich covers a wide range of activities from comprehensive public relations work and projects focusing on method-specific suicide prevention to continuing training for specialists.

In other cantons suicide prevention is organised on the basis of service level agreements. In Aargau, for example, the association Suizid-Netz Aargau carries out information and education activities and initiates service offerings (with support from the Mental Health cantonal action programme). “A coordinated and effective offering has been established over a number of years”, says Vilma Müller, Head of the Mental Health Aargau priority programme. “Two or three continuing training events are held every year for multipliers, a group that includes school social workers and the Spitex home nursing service. We recently introduced an e-learning course for specialists to enable them to identify risks and find ways of approaching at-risk individuals. Every year we organise events for the general public to tie in with World Suicide Prevention Day.”

A committed civil society

Civil society also plays an important role. For example, Stop Suicide, an NGO operating in French-speaking Switzerland, organises prevention workshops for adolescents and training events for specialists. “We are also active in the social media and organise sports and cultural events to increase awareness”, says Léonore Dupanloup, Head of Communica-

tion and Media Prevention. “Our activities aim to break the taboo surrounding suicide, promote self-help and goodwill, and make the help available for mental health issues better-known.”

More networking needed

In Switzerland the task of achieving interplay between the numerous actors in suicide prevention – a major requirement if the action plan is to be implemented jointly – is often challenging because of the lack of resources, federal structures and inconsistent responsibilities. The analysis of the implementation status shows that the task for the future will be to expand cooperation and networking between the actors and make better use of the potential synergies between the many offerings available.

Contact:

Esther Walter, National Health Policy Section,
esther.walter@bag.admin.ch

Links:

- «Studie zur Suizidprävention in den Bundesasylzentren» (SEM, in German):
<https://tinyurl.com/27ynmedp>
- Youth and media – Information portal for the promotion of media skills:
www.youthandmedia.ch
- Suicide prevention (canton of Zurich, in German):
<https://tinyurl.com/2p8vvr3c>
- Association Suizid-Netz Aargau (in German):
<https://www.suizid-netz-aargau.ch>
- Stop Suicide (in French):
www.stopsuicide.ch

At first hand



Anne Lévy,
Director of
the Federal
Office of Public
Health

Suicide prevention is important and effective

I’m shocked by the fact that half a million people in Switzerland have suicidal thoughts – and that some of them may be people around me. How desperate must they be if ending their life seems to be the only way of liberating themselves from their situation. Time and again I am horrified by how common false assumptions about suicide prevention are. I often hear, for example, that there is no point to suicide prevention because people who want to die will always find a way to end their lives. The first false assumption is that people with suicidal thoughts want to die. In most cases they don’t want to end their lives, they just want to put an end to their unbearable mental suffering. The second false assumption is that suicide cannot be prevented.

Evidently still too few people know that effective preventive measures exist. It is important to spread this knowledge because suicide prevention is a task for society as a whole and everyone can contribute to preventing suicide in their working and social environments. I am pleased that we are providing information about suicide prevention in this issue of spectra. There is still too little information about and discussion on this topic. As a society we must do our utmost to help people with suicidal thoughts and stop them turning thoughts into action in their desperation. It has been shown, for example, that measures that tackle structural framework conditions are effective. Here I am thinking of things like safety barriers erected on bridges, as has been done in Bern. This example clearly shows that suicide prevention is by no means a task for healthcare professionals alone – or for psychiatrists and psychologists alone, come to that. In this issue of spectra we want to show that effective suicide prevention can only be implemented if a wide range of measures covering various areas of policy are adopted in concert. There is still a lot to be done!

“Suicide prevention works – all over the world”

Five questions for Alexandra Fleischmann, suicide prevention expert at the World Health Organization (WHO). The new WHO guidelines focus on four evidence-based measures. People need to get away from the idea that there is nothing that can be done about suicide – and act now, Fleischmann says.

1 Why did the WHO issue guidelines on suicide prevention last year?

Worldwide, more than 700,000 people die by suicide every year. Yet many of these suicides are preventable. The WHO called on its member states to act in 2014 in its first global report on preventing suicide. In this report we have presented the epidemiological background and provided a detailed analysis of the protective and risk factors associated with suicide. More countries did indeed develop a national strategy in response to the report, but we were hoping for more, and we think that with hindsight the report was perhaps too long-winded.

We have now simplified the content. In the new guidelines we have highlighted four central measures that are generally accepted and whose benefit is documented. The guidelines also list examples showing that suicide prevention works – all over the world. We want to address more countries with these new guidelines and transmit the message that, no matter the situation of a country at present, and regardless of whether or not it has developed a national action plan, it is important to start acting now.

2 One of the central interventions is restriction of access to means of suicide. Can you give us a specific example?

Around one fifth of all suicides worldwide are due to self-poisoning with pesticides, and this is a topic that is especially acute in low-income countries. Tens of thousands of suicides could be prevented by banning the most toxic pesticides. In Sri Lanka, for example, this measure resulted in some 93,000 fewer suicides between 1995 and 2015, without negatively affecting agricultural production. Cost-effectiveness analyses of banning pesticides show that such measures have a major impact and, compared with other measures, at a very low cost. In addition to pesticides, firearms are another common cause of suicide. Here too, when fewer weapons are available, fewer suicides occur.

3 Where does suicide prevention work especially well?

The WHO database contains the mortality data from the 194 member states. However, nearly half of all countries do not have a death register that records cause of death. In such cases the WHO uses mathematical models that produce relatively rough figures. We therefore have no way of knowing how well suicide prevention is working in these countries. Among the countries with high-quality data, though, Japan stands out. In this country decades of suicide prevention efforts have helped to lower the figures substantially. Sweden and the United Kingdom have also managed to demonstrably reduce their suicide rates.

“We want to address more countries with these new guidelines and transmit the message that, no matter the situation of a country at present, and regardless of whether or not it has developed a national action plan, it is important to start acting now.”

4 How does Switzerland compare internationally?

Switzerland has taken a major step forward with its national action plan. For a long time it was felt that the cantons were responsible and that progress could not be made with our federal system. But it turned out that it was possible. In suicide prevention it is important to take a comprehensive approach because this allows several sectors – not just the health sector but civil engineering and education as well – to think things through together.

What matters now is the implementation. And evaluation – something that is often mentioned but rarely actually done. Evaluation is usually viewed as an unpleasant appendage, but it is vital because it closes the circle: projects that are evaluated contribute to the evidence on which the WHO bases its work when it issues new recommendations for suicide prevention.

The field can only progress if what works and what doesn't is put down in writing.

5 What would you like to see going forward?

In addition to a supportive social environment, strength of character – for example in the form of receptiveness, humour, gratitude or empathy – plays a major and primary role. These strengths are not predetermined; they can be trained. This is why mental resilience can also be learned to a certain extent – and promoted through targeted offerings. Individual differences need to be borne in mind. Research has shown, for example, that men find it more difficult than women to ask for support from the people around them after the loss of a partner. They usually suffer far more from loneliness and the associated negative impact on their health. Loneliness is unfortunately a taboo subject in our society. Loneliness must become a public health concern, and all the more so since it is becoming more common in today's individualistic society and is affecting a growing number of people. This is why effective prevention also takes the societal framework into account, and enables people to participate in society through mobility services and leisure activities.

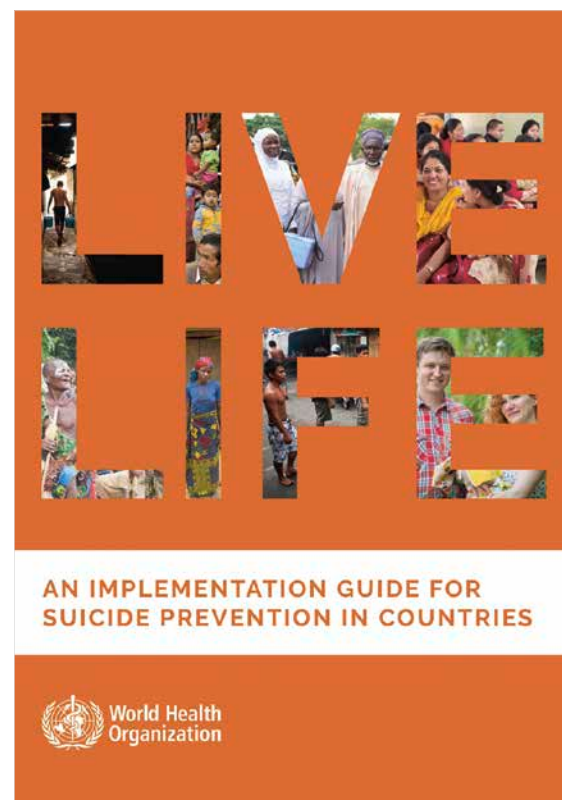
“Loneliness is unfortunately a taboo subject in our society. Loneliness must become a public health concern, and all the more so since it is becoming more common in today's individualistic society and is affecting a growing number of people.”

Contact:

Alexandra Fleischmann, Department of Mental Health and Substance Abuse, World Health Organization (WHO), fleischmanna@who.int

Link:

WHO (2021). LIVE LIFE: An implementation guide for suicide prevention in countries: <https://tinyurl.com/bdkpxx2m>



The WHO guide for suicide prevention published in 2021 lists, among other things, examples that show that suicide prevention works – all over the world.

Impressum: spectra 136, December 2022

spectra is a newsletter of the Federal Office of Public Health published four times a year in German, French and English. Some of the views expressed in it may diverge from the official stance of the Federal Office of Public Health.

Published by: Federal Office of Public Health (FOPH), CH-3003 Bern, tel. +41 (0)58 463 87 79, fax +41 (0)58 464 90 33

Realisation: Adrian Heuss, Miriam Flury, advocacy ag

Head of Editorial Board: Adrian Kammer, adrian.kammer@bag.admin.ch

Editorial Board: Rahel Brönnimann, Claudia Brunner, Daniel Dauwalder, Adrian Kammer, Nadja Stirnimann, Esther Walter

Contributors: advocacy ag, members of staff of the FOPH, as well as external authors, Ori Schipper

Photos: authors, Fotolia, iStock by Getty Images

Layout: bom! communication ag, Basel

Printed by: Büetiger AG, 4562 Biberist

Print-run: German: 5,000, French: 2,500, English: 800.

Individual issues and free subscriptions to spectra can be ordered from: Bundesamt für Gesundheit, Sektion Gesundheitsinformation und Kampagnen, 3003 Bern, kampagnen@bag.admin.ch

www.spectra-online.ch