

ACTIVITIES FOR WHICH STRONG EVIDENCE OF EFFECTIVENESS EXIST

ACTIVITY	NATURE OF IMPACT
Education of GP and other health professionals in recognition and treatment of depression and other mental illnesses including substance use disorders.	Results in improved treatment of people experiencing depression and lower suicide rates.
Restriction of suicide methods E.g. control of guns and toxic substances, implementing guidelines for preventing hanging in institutional settings, installing safety barriers at sites where a number of suicides have occurred.	Reduces suicide attempts by that means and can reduce the total suicide rates.
Gatekeeper education E.g. training in early mental health intervention for caregivers, military or prison personnel, school staff, pastors or others.	Improves identification and referral of people at risk of suicidal behaviour.



Even with the increasing amount of information and evidence now available, suicide is very hard to predict at an individual level. However, the population rate of suicide can be reduced with safe and effective activities on a number of levels and across a range of sectors.

KEY MESSAGES

- No single activity is proven to reduce suicide substantially on its own.
- Some activities are promising, especially as part of a comprehensive, collaborative and co-ordinated approach.
- Other activities, even when they seem to be helping people, may not be a good use of resources and may even do harm to vulnerable people.
- Finding out what is safe and effective in suicide prevention is paramount.

All suicide prevention initiatives should be based on the best available research and supported by the experiences and knowledge of those working in suicide prevention.



REFERENCES

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FOR MORE INFORMATION CONTACT

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The information provided supports the New Zealand Suicide Prevention Strategy 2006-2016 Goal 7: Expand the evidence about rates, causes and effective intervention by promoting current knowledge about the rates of suicidal behaviour and contributing factors.

FOR HELP IN A CRISIS

- In an emergency, call **111**
- Contact a doctor or your local mental health crisis service - see the medical section at the front of the phone book, or phone Healthline on **0800 611 116**
- Call Lifeline on **0800 543 354**
- Call Youthline on **0800 376 633**

 **Mental Health Foundation of New Zealand**
www.mentalhealth.org.nz

SPINZ is part of the Mental Health Foundation

AT A GLANCE PREVENTING SUICIDE - WHAT MAKES A DIFFERENCE?

Information for those planning and/or funding suicide prevention programmes and interventions



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www.spinz.org.nz

ACTIVITIES THAT APPEAR PROMISING

ACTIVITY	NATURE OF IMPACT
Promote responsible and informed media coverage of suicide Work collaboratively with media to disseminate best evidence and information about suicide prevention.	Media can help or hinder suicide prevention efforts by being an avenue for public education or by exacerbating suicide risk.
Public awareness of depression/mental health literacy E.g. challenging stigma around mental illness, depression recognition programmes.	May lead to better recognition, help seeking and support for those with depression or other mental illness.
Telephone hotlines and crisis centres, internet based tools, text messaging on mobile phones	Offers callers crisis counselling and encourages them to seek assessment and treatment from mental health services.
Competency promoting and skills enhancing programmes E.g. improving individuals or group problem solving and coping skills.	May protect vulnerable young people against adverse outcomes including suicidal behaviour.
Screening for depression and suicide risk Screening young people or groups who are at increased risk (such as those in the care of Child, Youth and Family) for depression or suicide risk.	Can identify high-risk individuals.
Support for family, whānau, and friends bereaved by suicide E.g. active outreach to the scene of a suicide; group interventions led by professionals.	May prevent suicidal behaviour in this vulnerable group.
Providing support after suicide attempts Sending letters to people after discharge, pre-arranging immediate access to emergency mental health services, follow-up services.	Reduces the risk of repeated suicidal behaviour.
Pharmacological interventions E.g. medications for depression and other specific mental illnesses.	Treating mental illness effectively and providing long-term mental health care and support are major approaches to preventing suicide.
Psychotherapy and psychosocial interventions for mental illness E.g. several psychological therapies and approaches (cognitive behavioural therapy, interpersonal behavioural therapy, dialectical behavioural therapy), and some forms of problem-solving therapy.	Can reduce suicidal behaviour, hopelessness and depressive symptoms either alone, or in combination with medication.

ACTIVITIES FOR WHICH NO EVIDENCE OF EFFECTIVENESS EXISTS BUT WHICH MAY BE BENEFICIAL

ACTIVITY	NATURE OF IMPACT
Improving the control of alcohol Laws and policies about the advertising and sale of alcohol, drink-driving, and trading hours of bars and alcohol retailers.	May reduce alcohol intoxication (associated with impulsive suicide attempts) and the incidence of alcohol-use disorders (which are a risk factor for suicide).
Community-based mental health services and support services Multidisciplinary teams working with people with mental illness.	Establish care, treatment, management and follow-up of suicidal people with integration between services and clear protocols.
Whānau, hapū, iwi, taitamariki development and Māori models of health E.g. Te Pae Mahutonga, Whare Tapa Whā, Te Wheke.	Recognises international best practice and subscribes to unique Māori values, processes and social institutions. Secure cultural identity and access to te reo, whenua, whakapapa, marae, iwi, hapū and whānau are protective factors against suicide for Māori.
Interventions which strengthen families and individuals E.g. decreasing family violence, child abuse, maternal depression, child behaviour problems; building resiliency and protective factors.	May reduce the risks of future mental ill-health.

ACTIVITIES FOR WHICH EVIDENCE OF HARMFUL EFFECTS EXIST

ACTIVITY	NATURE OF IMPACT
School-based suicide awareness programmes	There are concerns that such programmes may not be safe - that the format and content may inadvertently normalise suicidal behaviour or promote imitation.
Generic public health messages raising awareness of suicide and unsafe media coverage of suicide issues	There are concerns that such messages might risk normalising suicide rather than preventing it. It is safer for public health messages to encourage people to ask for help in difficult or distressing times.
Fictional suicides (drama, film, television, print)	Some findings show a link with actual suicides.
No-harm and no-suicide contracts	There are concerns that the use of such contracts may induce a sense of false security in the therapist and anger or inhibit clients.
Recovered or repressed memory therapies	They may increase rates of suicide attempts.