

# Suicide prevention: What works in adults

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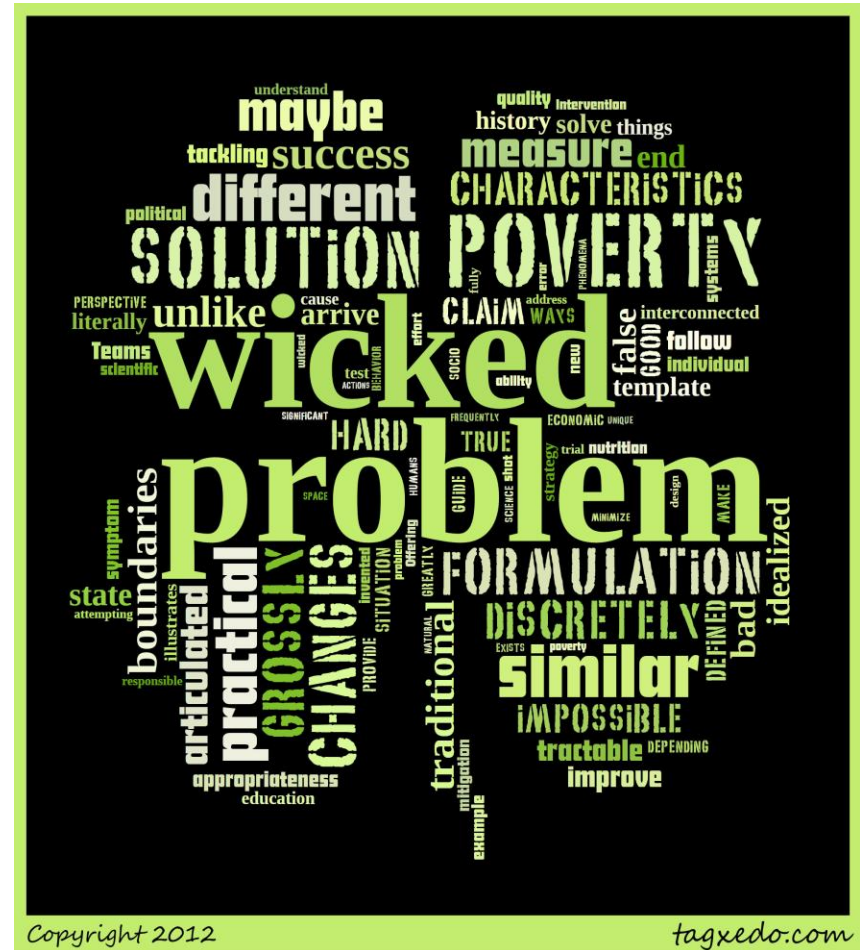
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# Suicide prevention is a “wicked problem”

*“A wicked problem is a social or cultural problem that is difficult or impossible to solve for as many as four reasons: incomplete or contradictory knowledge, the number of people and opinions involved, the large economic burden, and the interconnected nature of these problems with other problems”*



# Suicides in Canada

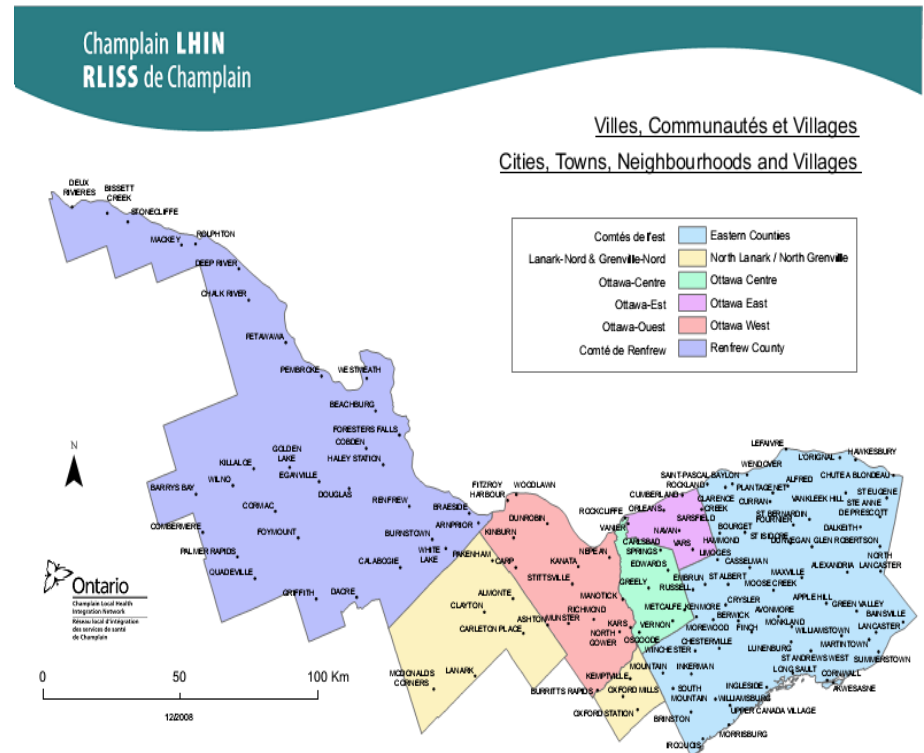
Youth focus and gender blind



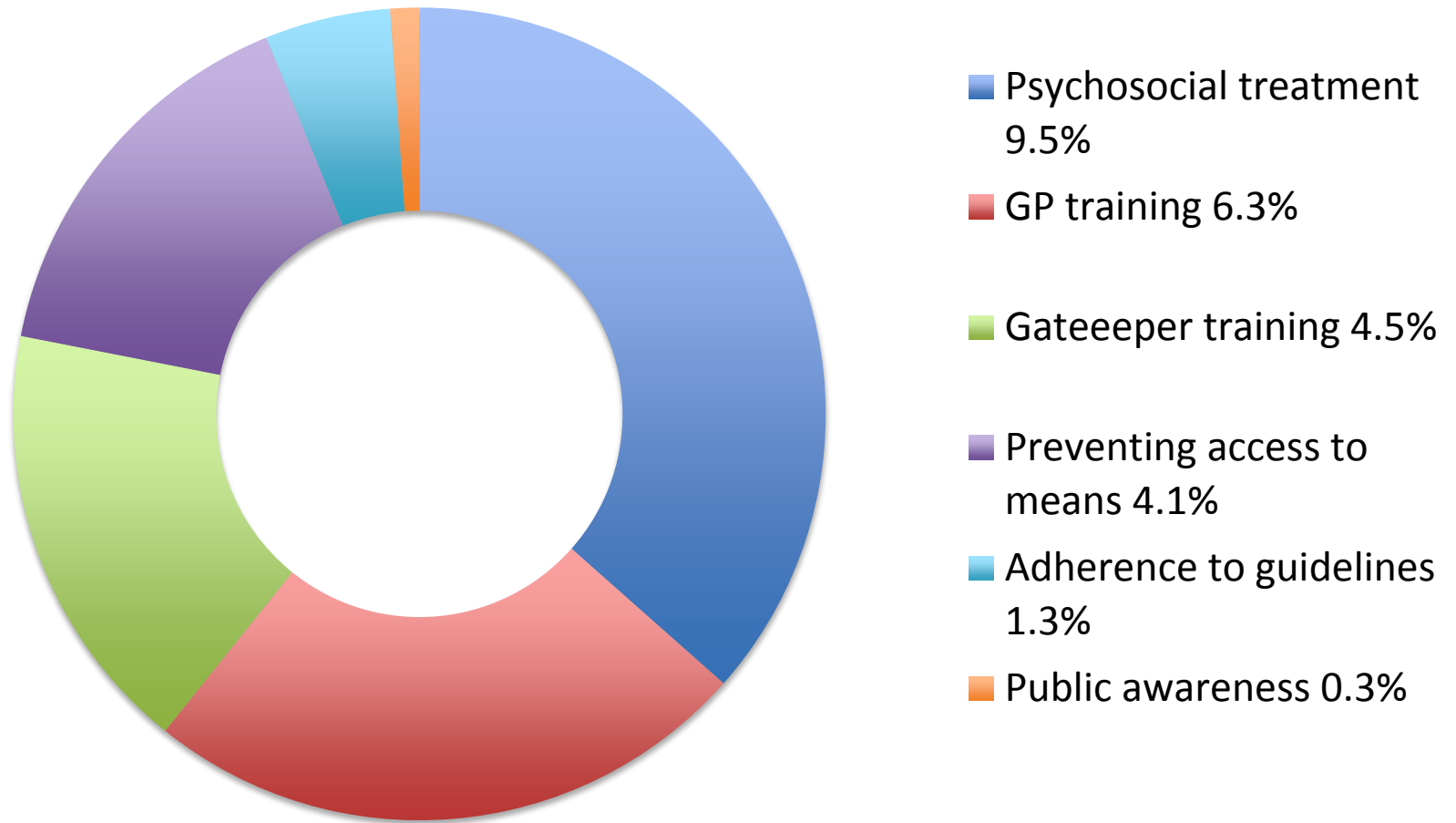
- 2011 3728 suicides
- 227 in ages 19 and under (7% of total)
- 301 in ages 20-24 (8% of total)
- 85% of suicides in Canada in people 25 and over
  
- 2781 suicides in men (75% of total)

# Suicide in Champlain LHIN

- About 138 suicides a year
- 8 suicides in teenagers
- 18 suicides in youth under 25 (includes the 8 teenagers)
- 103 suicides adults 25 to 64
- 17 in adults over 65



# What works in adults for suicide: PAR



# European Alliance Against Depression

## Four step model

1. Improve mental health literacy focus on depression
2. Gatekeeper training
3. Better treatment for high risk populations
4. Improve detection and treatment of depression in primary care

# Nuremberg vs Wuerzburg

- 24% reduction in suicidal acts in Nuremberg compared to baseline
- Most noticeable for high risk methods

Table 1. *Number of suicidal acts in Nuremberg and Wuerzburg during baseline (2000) and intervention (2001–2002)*

	Nuremberg	Wuerzburg	Total
2000	620	183	803
2001	500	182	682
2002	471	196	667
Total	1591	561	2152

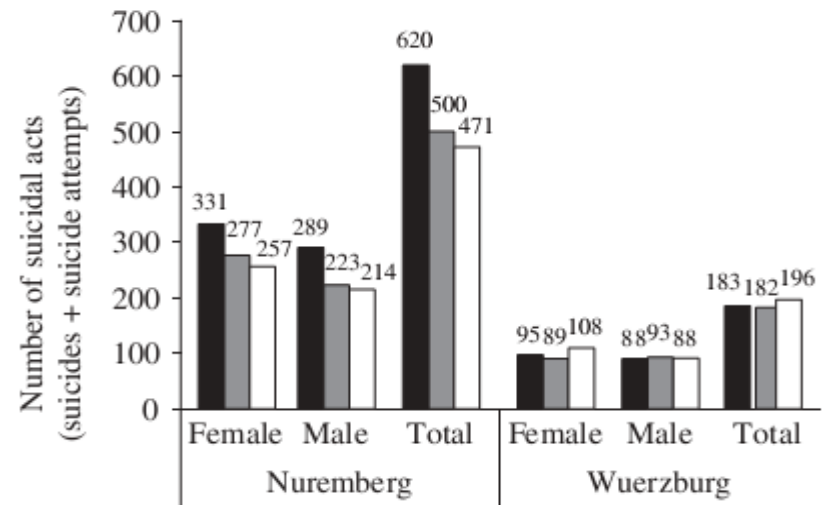


FIG. 1. Frequency of suicidal acts (suicides + suicide attempts) in Nuremberg and Wuerzburg during baseline (2000) and intervention (2001–2002). ■, 2000; ■, 2001; □, 2002.

# What did they actually do?

- 1) Depression literacy campaign – 43 lectures and events; 25,000 brochures; 150,000 information leaflets; posters; cinema trailer; web site; media guidelines.
- 2) Improving support in primary care – focus on detection, drug treatment and dealing with suicidal people. Involved 12 four hour face to face teaching sessions plus videos. 20% of primary care physicians attended.



# What did they actually do?

- 3) Gatekeeper training – 84 training sessions for 2000 “community facilitators”
- 4) High risk groups – eight self-help groups of 8 to 15 people; increased support after self-harm “Green Card” guaranteeing direct phone access to a psychiatrist (84 high risk patients provided with card 43 phone calls made).

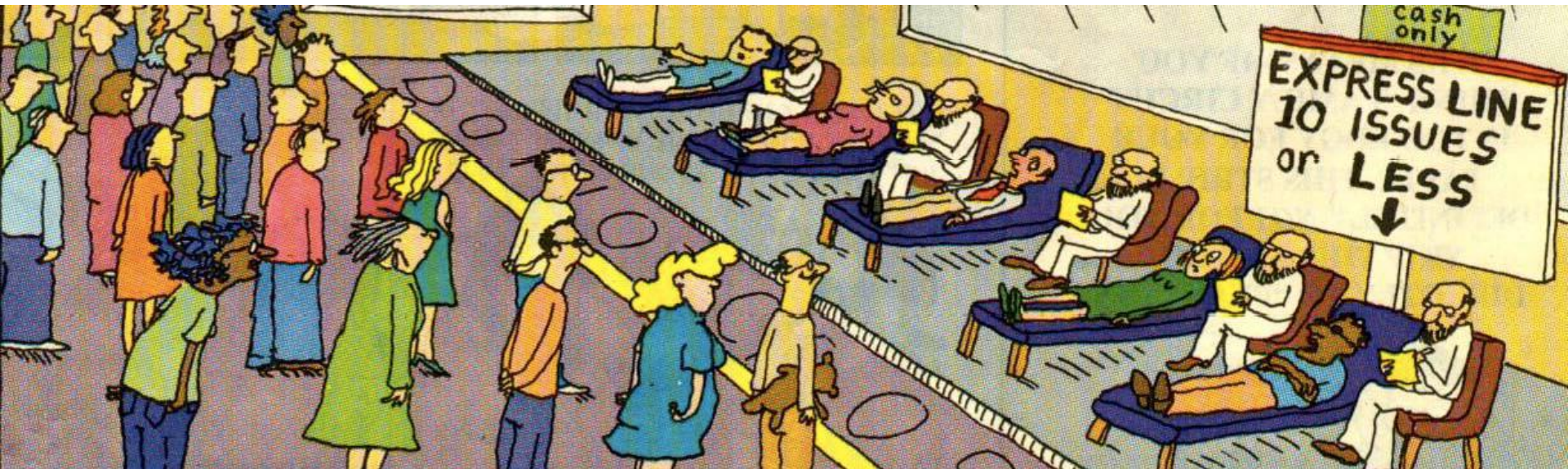


# Problems

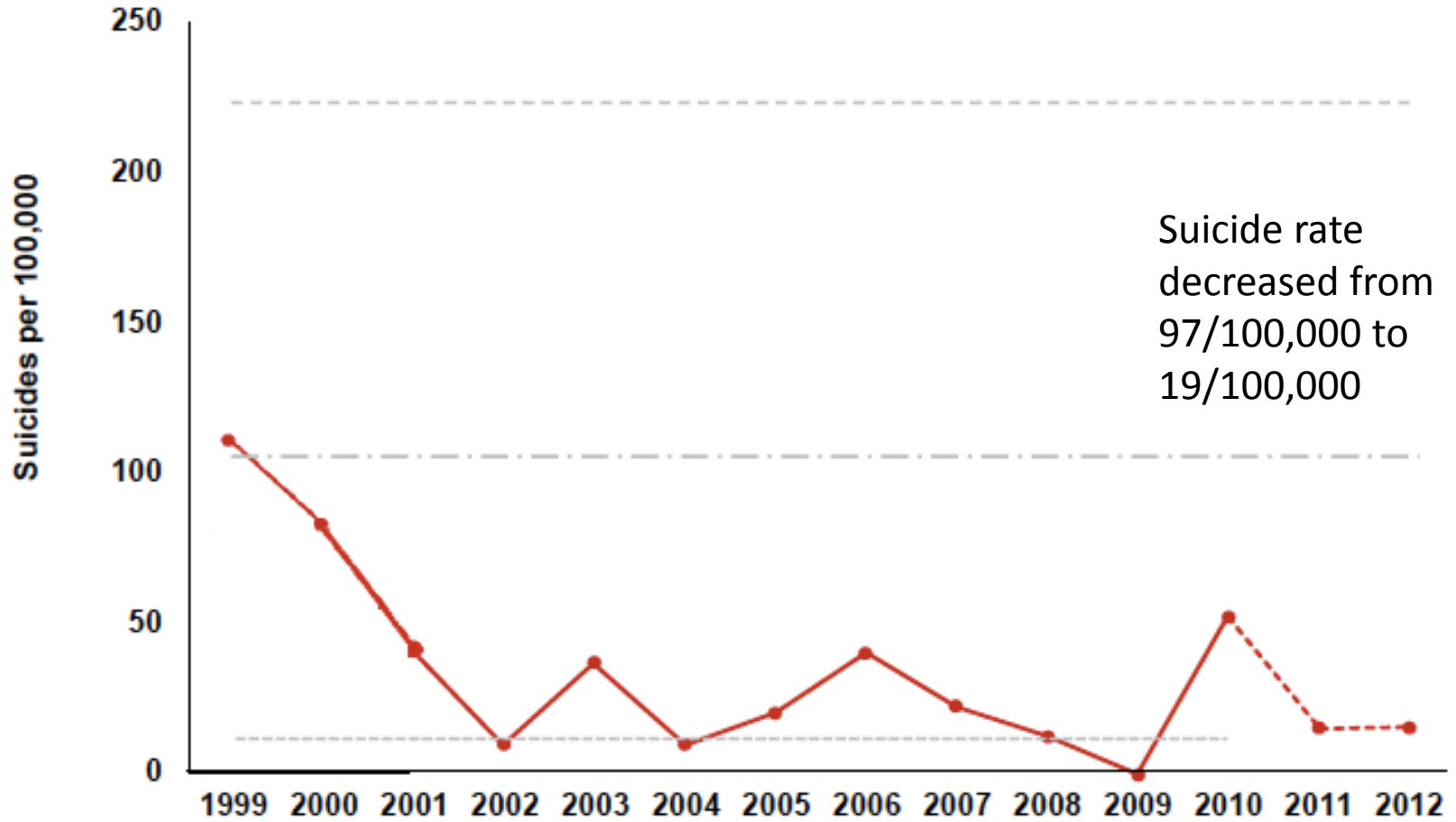
- Doesn't take into account random changes or trends over time
- Only done in “small” cities (less than 500,000) so relatively homogenous
- 15 years ago

# Zero suicide initiative

- Based on Henry Ford Health System Behavioral Health Services in Detroit (2 hospitals, 9 clinics, 419 employees), 200,000 members
- <http://zerosuicide.sprc.org/>
- Quality improvement initiative



# Suicides per 100,000 HMO Patients



--- Expected suicide rate for patients with an active mood disorder (21X)  
- · - Expected rate for euthymic patients with mood disorder (4-10X)  
—●— Number of suicides per 100,000 HAP-HFMG patients  
----- Number of suicides per 100,000 Michigan general population

# US Air Force



- Leadership involvement
- Professional military education
- Community Education and Training
- Investigative Interview Policy (screening in personnel with legal problems)
- Critical incident stress management
- Limited patient privilege
- Suicide event surveillance

# Impact

- 33% reduction in suicides comparing before and after the introduction of the program
- Also reduction in domestic violence, accidental death and homicide
- <https://www.wingmanonline.org/Home>



# Suicide prevention as a “super wicked problem”

*“Those seeking to solve the problem are also causing it”*



# Wicked question

*What are we doing to increase the number of suicides?*