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SHORT COMMUNICATION

Evidence-based national suicide prevention taskforce in Europe: A consensus position paper



Gil Zalsman^{a,b,m,*}, Keith Hawton^{c,m}, Danuta Wasserman^{d,m}, Kees van Heeringen^{e,m}, Ella Arensman^{f,m}, Marco Sarchiapone^{g,m}, Vladimir Carli^{d,m}, Cyril Höschl^{h,m}, Petr Winkler^{h,m}, Judit Balazs^{i,m}, György Purebl^{j,m}, Jean Pierre Kahn^{k,m}, Pilar Alejandra Sáiz^{l,m}, Julio Bobes^{l,m}, Doina Cozman^{n,m}, Ulrich Hegerl^{o,m}, Elmārs Rancāns^{p,m}, Gergö Hadlaczky^{d,m}, Chantal Van Audenhove^{d,m}, Haggy Hermesh^{l,m}, Merike Sisask^{r,m}, Armen Melik Peschayan^{s,m}, Nestor Kapusta^{t,m}, Virginja Adomaitiene^{u,m}, Vesta Steibliene^{u,m}, Iwowa Kosiewska^{v,m}, Vsevolod Rozanov^{v,m}, Philp Courtet^w, Joseph Zohar^x, European Evidence-Based Suicide Prevention Program [EESPP] Group by the Expert Platform on Mental Health, Focus on Depression

^aGeha Mental Health Center and Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel ^bDivision of Molecular Imaging and Neuropathology, Department of Psychiatry, Columbia University, New York, NY, USA

^cCentre for Suicide Research, University of Oxford, UK

^dNational Centre for Suicide Research and Prevention of Mental III-Health (NASP), Karolinska Institute, Stockholm, Sweden

^eUnit for Suicide Research, Ghent University, Belgium

^fNational Suicide Research Foundation, Department of Epidemiology and Public Health, University College Cork, Ireland

^gDepartment of Medicine and Health Science, University of Molise,

Via De Santis Campobasso and National Institute for Health, Migration and Poverty, Roma, Italy

^hNational Institute of Mental Health, Klecany, Czechia

ⁱDepartment of Developmental and Clinical Child Psychology, Institute of Psychology,

Eotvos Lorand University, and Vadaskert Child Psychiatric Hospital and Outpatient Clinic, Budapest, Hungary

¹Institute of Behavioral Sciences, Semmelweis University Budapest, Hungary

^kUniversité de Lorraine, Pôle de Psychiatrie et Psychologie Clinique,

Centre Psychothérapique de Nancy-Laxou, France

¹Department of Psychiatry, University of Oviedo,

Centro de Investigación Biomédica en Red de Salud Mental, CIBERSAM, Oviedo, Spain

^mDepartment of Community Mental Health, Faculty of Social Welfare and Health Sciences,

University of Haifa, Haifa, Israel

ⁿDepartment of Clinical Psychology, "Iuliu Hatieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania

°Department of Psychiatry and Psychotherapy, University of Leipzig, Germany

PDepartment of Psychiatry and Narcology, Riga Stradins University, Latvia

^qUniversity of Leuven, Belgium

Estonian-Swedish Mental Health and Suicidology Institute (ERSI) AND Tallinn University, Estonia

^sYerevan state medical university, Armenia

^tDepartment for Psychoanalysis and Psychotherapy, Medical University of Vienna, Austria

^uLithuanian University of health sciences, Lithuania

^vOdessa National Mechnikov University, Odessa, Ukraine

*Montpellier University, Montpellier Academic Hospital, Fondamental Foundation, France

*Psychiatry department, Sheba Health Center and Sackler School of Medicine, Tel Aviv University, Israel

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1. Background

More than 150,000 in Europe and 800,000 people worldwide, die every year by suicide (WHO, 2015), accounting for 1 · 4% of all annual deaths. Suicide is the second, and in some European countries even the first leading cause of death amongst young people aged 15-24 years (WHO, 2015), thus exceeding the number of accidental deaths. In Europe, suicide rates are highest in Eastern Europe (Nock et al., 2008). Mann et al. (2005) identified a number of effective, national level, suicide prevention strategies.

The European parliament resolution on Mental Health 2008/2209 (INI) adopted a series of recommendations for European member states. It proposed areas for priority action as defined in the European Pact on Mental Health and Well-Being. Therein, the European Parliament emphasizes the need to implement cross-sectorial programs for the prevention of depression and suicide across all member states.

In 2005 Ministers of Health from the WHO - European region signed an agreement stating that suicide prevention programs should be implemented in all European countries. Since then, many countries have developed such programs,

*Corresponding author at: Geha Mental Health Center, Aviv University, P.O. Box 102, Petach Tikva 4910002, Israel. Fax: +972 3 9241041.

E-mail address: zalsman@post.tau.ac.il (G. Zalsman).

however, no up-to-date, evidence-based cross-European minimal standard for effective national suicide prevention exists as yet. Recently, 29 suicide prevention experts from 17 European countries (The Task Force for the European Evidence-Based Suicide Prevention Program, EESPP) performed a systematic review of evidence for the effectiveness of suicide prevention interventions that has been published over the last decade (Zalsman et al., 2016). During three face-to-face meetings, the EESPP group developed a consensus declaration that, based on the findings of the systematic reviews, summarizes the minimal requirements for a national suicide prevention programs and of the strategies to employ.

2. Evidence-based suicide prevention strategies

Every national suicide prevention program should rely on evidence-based strategies.

The suicide prevention strategies that were found to have the highest levels of evidence according to the 2016 systematic review published in the Lancet Psychiatry (Zalsman et al., 2016) may be divided into two complementary approaches, public health policy strategies and health care strategies (Figure 1).

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