

SUICIDE PREVENTION Strategies*

with particular attention to mental health issues

High Efficacy in reducing suicide rates

Restricting access to suicide means:

- Practitioners need to be wary that the restriction of one means of suicide may lead to suicide attempts by other means



Using prescribed medication eg. antidepressants:

- Prescribed medication has been known to benefit adults and elderly, but medication compliance is crucial, especially for persons with mental disorder



Providing mental health services such as psychotherapy:

- Interventions need to be specific in addressing suicidal behaviours or thoughts
- Better client outcome with both medical treatment and psychotherapy



Potential Efficacy* in reducing suicide rates

* More evidence is needed

Screening of suicidal intent:

- Screening increases referral rate to treatment but does not necessarily address suicidal behaviours/ thoughts
- Follow-up needed for individuals at risk or who have attempted suicide



Training stakeholders:

- Training for general practitioners and gatekeepers (e.g. counsellors and social workers) increases sensitivity towards vulnerable persons and can lead to earlier treatment / interventions



Low Efficacy in reducing suicide rates

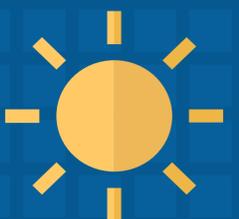
Generic Community & Family-based Interventions e.g. Community Mental Health team

- Not effective in preventing suicide for persons with severe mental disorders, but still able to promote treatment acceptance and reduce hospitalisation



Points to note:

- Prevention strategies should be population-specific (e.g. youth and elderly; low-risk and high-risk clients)
- There should be a balance between using the media to report cases and educating the public as it can trigger suicidal thoughts in vulnerable persons unintentionally



*References:

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Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., ... Zohar, J. (2016). Suicide prevention strategies revisited: 10-year systematic review. *The Lancet Psychiatry*, 3(7), 646-659.