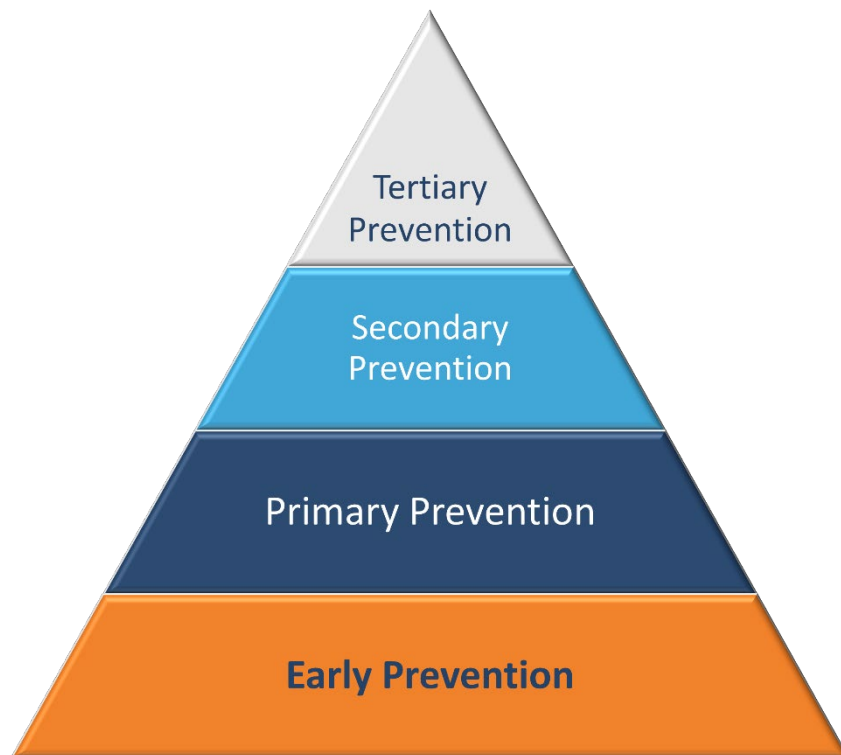


Suicide is Everyone's Business

Steps in Prevention

Suicide is a major public health issue, and we all have a role to play in preventing premature death by suicide. The infographic below outlines four steps of suicide prevention, along with how and/or who can address each step, and examples of promising community-based activities for preventing suicide and promoting life.



Early Prevention

- Early Prevention looks toward preventing the emergence or minimization of risk factors for suicide. This includes providing socioeconomic and cultural conditions for life promotion, mental wellness and well-being in a population.
- Issues of homelessness, equitable access to service, poverty, child maltreatment, intimate partner violence; access to potential means such as firearms, over the counter medication packaging; creating climates of safety in communities, workplaces, schools and homes where talking about bullying and suicide can be engaged in without judgement.

Who: policy makers, primary care physicians and other health professionals, community organizations, pharmacists, gatekeepers, teachers, regulatory bodies, unions, professional associations and health and wellness programs.

What: Education and awareness programs: targeting suicide awareness, mental health, bullying and maltreatment prevention.

Primary Prevention

- Early detection and intervention for potential onset of a mental disorder; social-emotional support upon receiving diagnosis of a physical illness.
- Support for losses including employment, housing, bereavement.
- Developing programs for mental well-being including early childhood parenting courses, substance misuse, elder care, newcomers and marginalized communities including BIPOC, 2SLGBTQIA+, Indigenous youth and young adults.
- Universal interventions educating the public that distress and upheaval are parts of daily life with dissemination of strategies for all to manage emotional challenges and distress

Who: Primary care physicians/health care professionals, school counsellors/teachers, employers, spiritual care providers and community organizations and leaders.

How: Government resources for funding education, initial/continuing education for professionals, training and services and universal accreditation for suicide prevention, intervention and postvention in Canada.

Secondary Prevention

- Early detection of suicide thoughts and non-suicidal self-injury.
- Development of a Safety Plan including emergency contact with the understanding that this cannot be revoked in the midst of a crisis state.
- Early intervention of psychological therapies for those experiencing suicide thoughts or engage in non-suicidal self-injury.
- Early treatment for physical illness, substance misuse, and onset of mental illnesses including but not limited to depression, bipolar illness, schizophrenia, borderline personality disorder, post-traumatic stress disorder, eating disorders.

Who: Health care providers including: family doctors, nurse practitioners, psychiatrists, allied health professionals in collaboration with client and family/friends.

Tertiary Prevention

- Follow up contact after discharge.
- Safety planning and means restriction.
- Active treatment: medication management; treatment for mental disorder, instrumental care for activities of daily living, e.g. bill payments, food insecurity, housing insecurity; suicide-specific intervention and treatment.

Who: Psychiatrists, mental health professionals, community support agencies, government policy makers.

Universal Responsibilities and Interventions

- Responsible media reporting and depictions.

Adequate Government Funding for:

- Accessibility to crisis lines/support and appropriate and timely health care.
- Staff training in suicide prevention and crisis planning by local experts.
- Reduction in access to means (e.g firearms restrictions; proper medication dispensing; over-the-counter medication packaging e.g. quantities).
- Training and Access to bereavement and loss support for individuals and communities.
- Training in community appropriate life promotion, suicide awareness and prevention by local community experts.
- Respite centres for safety from interpersonal violence and suicide related crises beyond 72 hours, including services specific and geared to men and 2SLGBTQIA+.

Community/Healthcare Interventions and Responsibilities

- Provide appropriate care in a modality that is most appropriate for the client (digitally, virtually, individual, group).
- Provide ongoing training and regular support/clinical supervision for healthcare providers and mental health staff.
- Provide, within 24 hours to one week, wellness/safety checks for the person discharged from hospital.
- Ensure proper dispensing of medications.
- Provide resources/treatment for suicidality, substance misuse, PTSD, mood disorders and other mental illness.
- Provide client/family with crisis line numbers and support contacts.
- Collaborative creation of a safety plan for every client at potential risk of self-harm or suicide.
- Support for people who support people with suicide-related thoughts and behaviours.

Sources:

Gunnell, D., Appleby, L., Arensman, E....COVID-19 Suicide Prevention Research Collaboration, (2020). Suicide Risk and Prevention During the COVID-19 Pandemic. The Lancet. DOI: [https://doi.org/10.1016/52215-0366\(20\)3017-1](https://doi.org/10.1016/52215-0366(20)3017-1)

Mann, J.J., Apter, A., Bertolote, J. ...Hendin, H. (2005). Suicide Prevention Strategies. A Systematic Review. The Journal of the American Medical Association. 294(16), 2064-2074. Doi:10.1001/jama.294.16.2064

Pitman, A & Claine, E. (2012). The role of the high-risk approach in suicide prevention. The British Journal of Psychiatry. 201, 175-177. Doi: 10.1192/bjp.bp.111.107805