



Folkhälsomyndigheten  
PUBLIC HEALTH AGENCY OF SWEDEN

NATIONAL ACTION PROGRAMME FOR

# Suicide prevention





# National action programme for suicide prevention

**IN 2008 THE SWEDISH PARLIAMENT DECIDED** on an action programme with nine strategic areas of action for reducing the number of suicides (1). The vision of the programme is that no one should have to end up in a situation of such vulnerability that suicide is seen as the only way out. Corresponding work is being carried out globally, with the World Health Organization, WHO, setting as a target in 2013 that the number of suicides in member countries should be reduced by at least ten per cent by the year 2020 (2). Since May 2015, the Public Health Agency of Sweden has been charged with coordinating the preventative work at national level.

**THIS BROCHURE** offers an overall description of Sweden's national action programme for suicide prevention and its nine areas of action. It is primarily directed at those who already work in suicide prevention or are about to initiate prevention initiatives, in a municipality or region, for example, or in some other type of organisation. Whether you need to produce a local action plan or are seeking inspiration for developing suicide prevention, this action programme with its nine areas of action can be of assistance.



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## **Content of the brochure**

The text is a reworking of parts of the government bill, *A renewed public health policy*" (1) and the reports produced by the Swedish National Board of Health and Welfare (3) and the former Swedish National Institute of Public Health (4) as a basis for the government's proposal for a national action programme for suicide prevention.

# Nine areas of action for preventing suicide

A SEPARATE SECTION in the government bill *A renewed public health policy* consists of nine areas of action for preventing suicide. They are based on both an individual perspective and a population perspective. These perspectives complement each other, and both are necessary if preventative work is to be effective (3). The individual-oriented work is carried out mainly within healthcare services, in order to best support people at risk of suicide. The population-oriented work encompasses many different societal stakeholders, and aims to create supportive environments that are less exposed to risk. It also involves increasing people's awareness of the suicide problem and attempting to remove the taboos surrounding suicide.

## Fewer suicides in Sweden – but not among young people

Over the past 15 years the suicide rate\* in Sweden has reduced by around 20 per cent. Internationally, Sweden's suicide rate is around the EU average. This positive trend in Sweden does not, however, apply to children and young adults in the 15–24 age group, where suicide has remained at the same level for a long time. Among young women, the rate of suicide attempts has risen (5).

In Sweden approximately 1,500 people commit suicide every year. For men in the 15–44 age group, suicide is the most common cause of death, and for women in the same age group, suicide is the second most common cause of death after cancer (6).

In all age groups almost everywhere in the world, more men than women take their own lives. In Sweden more than twice as many men as women commit suicide. Other over-represented groups in Sweden are LGBT and those born abroad (7).

\* The number of individuals per 100,000 inhabitants who have committed suicide

# 1 Promote good life opportunities for less privileged groups

**FUNDAMENTAL FACTORS RELATED TO PEOPLE'S** living conditions have a clear link to the incidence of suicide. For example, the risk of suicide is higher in socially less privileged groups, such as those with a low income and low educational level. Being unemployed also increases the risk of suicide (5).

**EXAMPLES OF INITIATIVES:** Social insurance and labour market policies are important factors in the work of promoting life opportunities for less privileged groups. It is also important to have good conditions for succeeding in school and to have preventative measures in pre-school, school and after-school recreation facilities in order to reduce the risk of young people being affected by mental illness, both at a young age and as they get older.



## 2 Reduce alcohol consumption in the population and in groups at high risk for suicide

**THERE IS A LINK** between alcohol consumption and the incidence of suicide in the population, primarily among young men (8). At an individual level there is also scientific support for the notion that a high consumption of alcohol increases the risk of suicide (9). For example, alcohol makes it more difficult for the individual to handle impulses, which in turn leads to riskier behaviour (10).

**EXAMPLES OF INITIATIVES:** Alcohol prevention initiatives are conducted on several levels and areas in society. They largely concern reducing access to alcohol and reducing harmful drinking habits. They include strategies such as regulating the retail price of alcohol, sales bans and monitoring of those bans. Preventative work also involves regulating opening hours for points of sale and age restrictions for purchasing. The measures need to focus on both the availability of alcohol and drinking norms.



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# 3 Reduce access to means and methods of suicide

**REDUCING ACCESS** to various methods of suicide has an overall positive effect. One important reason is that a person often prefers certain methods over others. If it is harder to use a certain method, the risk of the suicide actually being carried out is reduced (11). At the same time, there is a greater likelihood of the person surviving if he or she chooses a less lethal method when there is reduced access to highly fatal methods.

**EXAMPLES OF INITIATIVES:** Initiatives that reduce access to means and methods of suicide include, for example, legislation for control of guns, restrictions on access to pesticides, restrictions on prescription and sale of sleeping pills, and use of new, less toxic antidepressants. Also, protective barriers at high bridges and other exposed places, such as railway and underground tracks, have been shown to reduce the number of suicides. Another example that can reduce suicide through hanging is to change exposed environments where there are attachment points, such as shower brackets, ceiling hooks and door handles.



# 4 View suicide as a psychological mistake

**VIEWING SUICIDE** as a psychological mistake means that it is regarded as the consequence of mental and physical strains in a similar way to a physical accident. When it is no longer possible to overcome the strains, the accident happens. This perspective lifts the focus from the individual to the environments and systems people are in, and helps reduce the shame and stigmatisation suicide continues to be associated with.

**EXAMPLES OF INITIATIVES:** Initiatives should target both individuals and environments. Individual-oriented initiatives focus, among other things, on people's ability to solve problems and handle negative feelings, including suicidal thoughts, without being overwhelmed by them. Initiatives targeting environments may concern physical factors such as how to design packs of medication and having safety railings on high bridges. But also aspects such as how other people treat those with mental illness is significant for the psychosocial environment. On a local level, there are often groups that work on managing risks to prevent injuries from accidents, for example. Experience shows that local injury-prevention work can be extended to also include self-inflicted injuries.

## Working to reduce risks

In accident-prevention work people often talk about managing risks (3). One example concerns the risk of traffic accidents. While action is taken to prevent accidents, the road transport system is also designed on the basis of the insight that people sometimes make mistakes. Preventative work therefore focuses on reducing risks linked to both the traffic environment and to people's behaviour, for example, by building safer cars and cable barriers, and by training drivers (12). Since the Swedish Parliament decided on a Vision Zero policy for traffic, the number of fatalities has gone down despite the fact that the number of vehicles has gone up (13).

With this approach, suicide is an expression of a failure in society's handling of suicide risks. The risks may be psychological, in the form of, for example, depression, and physical, for example in the form of easily available lethal medication (3). If the number of suicides is to be reduced, society needs to work more systematically to manage suicide risks.



## 5 Improve medical, psychological and psychosocial initiatives

**MOST SUICIDES ARE** preceded by some form of mental illness, and according to some studies, this applies to as much as 90 per cent of all those who take their own lives (14). Preventative measures within the scope of the health-care services must therefore be initiated at an early point. But even if many people who take their own lives have been in contact with the healthcare services before their deaths, their suicidal thoughts were perhaps never touched upon in their conversations with healthcare staff (15).

**EXAMPLES OF INITIATIVES:** The initiatives must include the best possible care of individuals with suicidal problems. This includes initiatives within emergency care, primary care and specialist somatic care, as well as psychiatry, student healthcare, elderly care and social services. Within primary care and psychiatry, medication and counselling, for example, are important methods, while the student healthcare service can work on increasing students' awareness concerning mental health and the ability to manage stress and negative life events. Support may also be offered at a distance via telephone or the internet.

## 6 Distribute knowledge about evidence-based methods for reducing suicide

**DECISION-MAKERS** and various professions must have up-to-date knowledge of suicide and suicide prevention strategies and methods. This knowledge may cover risk and protective factors for preventing suicide, preventative measures and approaches, and follow-up and reporting of developments and action taken. There is still insufficient knowledge of the effect of various suicide prevention initiatives, but it is nevertheless important to proceed from, and distribute, the knowledge that exists, while new research is being conducted (7).

**EXAMPLES OF INITIATIVES:** Authorities, universities and R&D units have the task of obtaining, compiling and distributing knowledge within their area of activity. In addition to the internet there are several ways of distributing knowledge, for example courses, conferences, seminars and online meetings at various levels of society. This also includes increasing awareness of the suicide problem among the general population, and working to remove the taboos that surround suicide. Cooperation between different authorities, care providers and other stakeholders makes it easier for all parties to get hold of the best available knowledge.



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# 7 Raise skill levels among staff and other key individuals in the care services

**THE WORK TO PREVENT** suicide demands special skills among various professional groups. The healthcare services need, among other things, knowledge of, and skills in, identifying suicidal thoughts and making risk assessments, which in turn help to prevent mental illness – and ultimately suicide. This requires continuous training initiatives to raise skill levels in the care of suicidal persons.

In addition to staff within the healthcare and social services, there are other professional groups that through their work come into direct contact with suicidal individuals. These could be priests, for example, or family guidance officers, pharmacy staff, elderly care staff, personnel administrators and staff within the police, the emergency services, the Swedish Social Insurance Agency, the Public Employment Service, schools, colleges, the prison service and the defence forces.

**EXAMPLES OF INITIATIVES:** Key individuals within professional groups that may come into contact with suicidal individuals should be offered training that aims to increase knowledge of and skills, in identifying suicide problems, e.g. through recognising signs of increased suicide risk, and determining what action is needed.



## 8 Perform “root cause” or event analyses after suicide

A **“ROOT CAUSE”** or event analysis after suicide is performed in order to find out how and why a suicide occurred, and what action may be taken to ensure it does not happen again. These analyses can also be an important part of the support offered to relatives, staff groups and other survivors. In Sweden, an event analysis is performed if the individual who committed suicide had had contact with the health services in the four weeks prior to death. The reason is that in 2006, a mandatory reporting requirement for such suicides was introduced in accordance with “Lex Maria”. But far from all of those who commit suicide have been in contact with healthcare services prior to their suicide, so many suicides are never investigated and important lessons may be lost. There is therefore a need for event analyses that cover more than just the health and medical care field.

**EXAMPLES OF INITIATIVES:** Healthcare services can work to ensure that all suicides that occur during ongoing care or within four weeks of contact with the care services are investigated and take action to improve patient safety. Municipalities can also play an important role in increasing the number of event analyses of suicides, since it is likely that the individual who committed suicide had been in contact with one of the municipality’s various departments, such as social services or a school.



Municipalities can also play an important role in increasing the number of event analyses of suicides.

## 9 Support voluntary organisations

**THE INITIATIVES OF** the non-profit-making sector are important and a clearer survivor-oriented perspective is needed in suicide prevention work. The role of voluntary organisations is often to strengthen and complement the initiatives of the state, county councils and municipalities via their work in education, information, opinion forming and various forms of support work. Often these stakeholders can raise other perspectives on an issue more freely than public bodies are able to do, and suggest solutions suited to the need.

**EXAMPLES OF INITIATIVES:** It is important that multi public body groups working with suicide prevention include representatives from survivor and service-user organisations in their network. At the same time, working methods must be adapted so that they do not pose obstacles for including patients and their families in the prevention work.



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In order to effectively prevent suicide, broad collaboration is needed between the Swedish government and the Swedish Parliament, authorities, municipalities and county councils, universities and colleges, voluntary organisations and organisations that support bereaved families. We all have an important shared duty to work so that fewer people in the future take their own lives. The national action programme adopted by the Swedish Parliament in 2008 contains nine strategic areas of action to reduce the incidence of suicide. This brochure provides examples of what initiatives can be used in order to achieve this goal, and is directed at everyone working on, or about to start working on, suicide prevention work in, for example, a municipality, region or other type of organisation.

*The Public Health Agency of Sweden is a national expert agency striving for better public health. The Agency does this by developing and supporting society's work to promote health, prevent illness and protect against health threats. Our vision is public health that strengthens society's development.*



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