



ELSEVIER

www.elsevier.com/locate/euroneuro



SHORT COMMUNICATION

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

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

<sup>a</sup>Geha Mental Health Center and Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

<sup>b</sup>Division of Molecular Imaging and Neuropathology, Department of Psychiatry, Columbia University, New York, NY, USA

<sup>c</sup>Centre for Suicide Research, University of Oxford, UK

<sup>d</sup>National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institute, Stockholm, Sweden

<sup>e</sup>Unit for Suicide Research, Ghent University, Belgium

<sup>f</sup>National Suicide Research Foundation, Department of Epidemiology and Public Health, University College Cork, Ireland

<sup>g</sup>Department of Medicine and Health Science, University of Molise, Via De Santis Campobasso and National Institute for Health, Migration and Poverty, Roma, Italy

<sup>h</sup>National Institute of Mental Health, Klecany, Czechia

<sup>i</sup>Department of Developmental and Clinical Child Psychology, Institute of Psychology, Eotvos Lorand University, and Vadaskert Child Psychiatric Hospital and Outpatient Clinic, Budapest, Hungary

<sup>j</sup>Institute of Behavioral Sciences, Semmelweis University Budapest, Hungary

<http://dx.doi.org/10.1016/j.euroneuro.2017.01.012>

0924-977X/© 2017 Published by Elsevier B.V.

<sup>k</sup>Université de Lorraine, Pôle de Psychiatrie et Psychologie Clinique,  
Centre Psychothérapique de Nancy-Laxou, France

<sup>l</sup>Department of Psychiatry, University of Oviedo,  
Centro de Investigación Biomédica en Red de Salud Mental, CIBERSAM, Oviedo, Spain

<sup>m</sup>Department of Community Mental Health, Faculty of Social Welfare and Health Sciences,  
University of Haifa, Haifa, Israel

<sup>n</sup>Department of Clinical Psychology, "Iuliu Hatieganu" University of Medicine and Pharmacy, Cluj-Napoca,  
Romania

<sup>o</sup>Department of Psychiatry and Psychotherapy, University of Leipzig, Germany

<sup>p</sup>Department of Psychiatry and Narcology, Riga Stradins University, Latvia

<sup>q</sup>University of Leuven, Belgium

<sup>r</sup>Estonian-Swedish Mental Health and Suicidology Institute (ERSI) AND Tallinn University, Estonia

<sup>s</sup>Yerevan state medical university, Armenia

<sup>t</sup>Department for Psychoanalysis and Psychotherapy, Medical University of Vienna, Austria

<sup>u</sup>Lithuanian University of health sciences, Lithuania

<sup>v</sup>Odessa National Mechnikov University, Odessa, Ukraine

<sup>w</sup>Montpellier University, Montpellier Academic Hospital, Fondamental Foundation, France

<sup>x</sup>Psychiatry department, Sheba Health Center and Sackler School of Medicine, Tel Aviv University, Israel

Received 4 January 2017; accepted 18 January 2017

#### KEYWORDS

Suicide;  
Attempted suicide;  
Suicidal ideation;  
Prevention and control;  
Secondary prevention;  
National program

## 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,

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).

This includes:

\*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).

1. Restriction of access to lethal means (public health).
2. Treatment of depression (pharmacotherapy and psychotherapy) (health care).
3. Ensuring chain of care (health care).
4. School-based universal prevention (public health).

For details see Zalsman et al., (2016).

### 3. Principles of national suicide prevention

The following principles were agreed upon:

1. Every European country should conceptualize a suicide prevention program.
2. A suicide prevention taskforce should be established in each country to implement the program.
3. The suicide prevention strategy should be separate from the general mental health strategy and have independent funding, yet be coordinated with it.
4. A scientific evaluation program should accompany every national program.
5. Each country should monitor standardized validated data on annual rates of attempted and completed suicides.
6. Data regarding the amount of financial support of each national suicide prevention taskforce should be recorded as well as what percentage of the GDP and of the total national budget for prevention represents.
7. The suicide prevention program, the taskforce and the evaluation of the program should be funded by the respective governments.

### 4. National suicide prevention taskforce

We suggest that in each European country the steering committee for a national suicide prevention program should include at least the following participants:

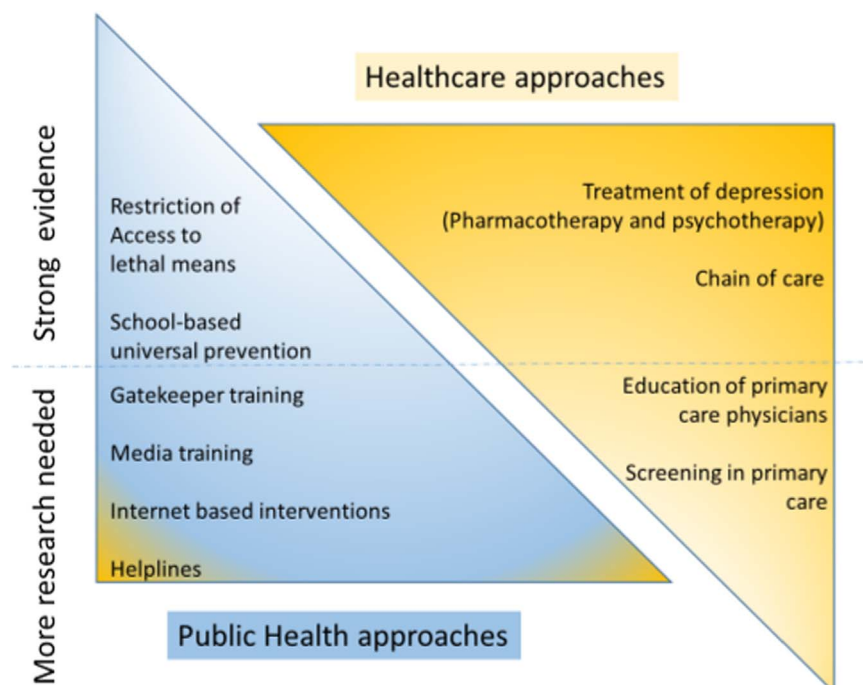
1. A mental health professional with expertise in suicidology.
2. A public health professional with expertise in suicidology.
3. A high rank government representative.

Relevant non-governmental organizations should be able to join the taskforce in an advisory capacity.

We strongly suggest that all European countries should initiate or reinforce current national suicide prevention programs and taskforces, based on these agreed upon principals, in order to decrease the burden of suicide in Europe. Given that a single suicide incurs estimated direct and indirect costs of approx. One million Euro to society (CDC, 2015), thus corresponding to a yearly loss in Europe of 150 billion Euros, suicide prevention also has an significant economic impact and should be prioritized in all European countries.

### Funding statement

This project was supported by the Expert Platform on Mental Health, Focus on Depression (EPD) and the European College of Neuropsychopharmacology (ECNP), who, however, has no further role in any aspect of the project.



**Figure 1** Evidence-based strategies of suicide prevention in mental health care and in public health approaches.

## Author contribution

As described in the Background section of this position paper, all the authors participated in the person in three meetings during which the findings from a previous meta-review were discussed and analyzed and a consensus was reached that resulted in this position paper.

All the contributors participated in the writing of the various drafts of this position paper and in the writing of its final version, and all gave their approval to the final version.

## Conflict of interest

None of the authors declare any conflict of interest regarding data included in this paper. GZ is an advisor for the Jensen es-ketamine project, but declares no conflict of interest with regard to this paper.

## Acknowledgment

None.

## References

- CDC, 2015. Estimated Lifetime Medical and Work-Loss Costs of Fatal Injuries – United States, 2013. *Morbidity and Mortality Weekly Report (MMWR)*. 2 October 2015.
- Mann, J.J., Apter, A., Bertolote, J., Beautrais, A., Currier, D., Haas, A., Hendin, H., 2005. Suicide prevention strategies: a systematic review. *JAMA* 294 (16), 2064-2074.
- Nock, M.K., Borges, G., Bromet, E.J., Cha, C.B., Kessler, R.C., Lee, S., 2008. Suicide and suicidal behavior. *Epidemiol. Rev.* 30, 133-154.
- World Health Organization, 2015. WHO Suicide Data. Retrieved from: [http://www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/).
- Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., Zohar, J., 2016. Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry* 3 (7), 646-659.