

Short Communication:**Evidence-Based National Suicide Prevention Taskforce in Europe:****A Consensus Position Paper**

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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.

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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.

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). In 2005 Mann et al. identified a number of effective, national level, suicide prevention strategies (Mann et al., 2005).

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.

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:

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).

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.

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.

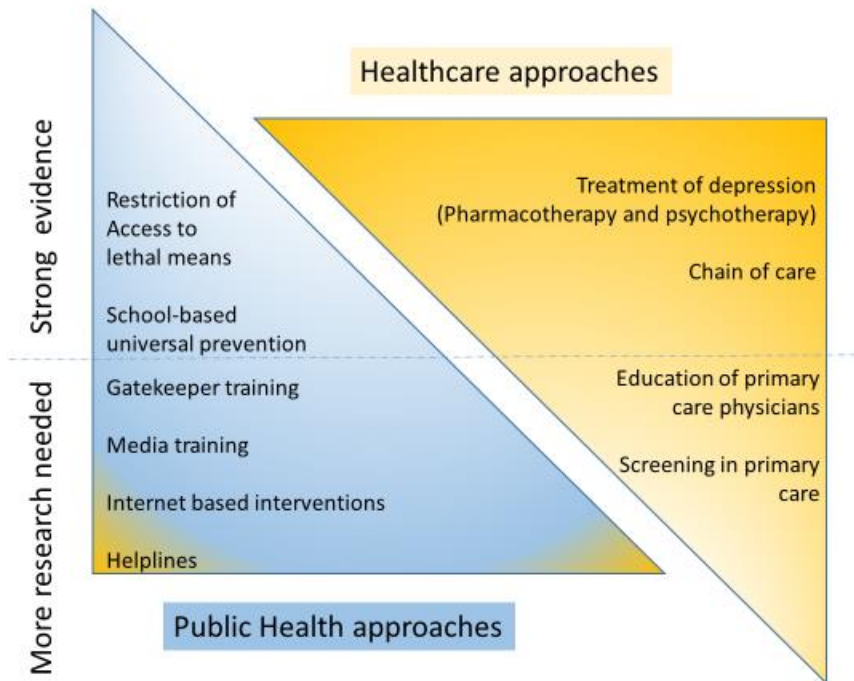


Figure 1: Evidence-based strategies of suicide prevention in mental health care and in public health approaches

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