



Fact sheet 2

The evidence base of suicide prevention

If we can identify the critical components of effective suicide prevention activities, we will be better placed to ensure that resourcing and effort is applied to those activities that are most likely to reduce suicide in Australia.

This fact sheet outlines some of the current information and knowledge about suicide prevention in Australia.

The importance of research and evidence in suicide prevention

Approximately 1 million people die by suicide each year worldwide and in Australia more than 1 in every 10,000 people take their own life each year. The size and scope of the impact of suicide on individuals, families and the community is difficult to accurately measure, but it is generally agreed that this tragic loss of life should be prevented. It is therefore important that as a community we develop and apply research and evidence to all suicide prevention activities in an effort to reduce the impact of suicide:

- research and evaluation will provide us with tested information about the appropriateness and effectiveness of initiatives and activities; and
- accurate information about which suicide prevention activities work best will avoid wasted effort on activities that are not effective, or even harmful.

A key component of the LIFE Framework is the focus on continued research into suicide prevention. This includes an emphasis on systematic evaluation of suicide prevention activities, programs and interventions.

What we know about effective suicide prevention

Research and evaluation in suicide prevention have been fragmented and there is a very limited body of evidence about what preventive activities work, with whom and under what conditions. However the available evidence suggests that the following activities can assist in reducing suicide rates:

- restricting access to the means of suicide (eg guns, bridges);
- training and education for health professionals, including GPs, about the treatment of mental illnesses, particularly depression, which is strongly linked to suicide;
- training people who are likely to come into contact with people who are feeling suicidal (gatekeeper training);
- providing follow-up and support for people who have attempted suicide; and
- encouraging the responsible reporting of suicide and suicidal behaviours in the media.



Other suicide prevention activities have shown promising results, although there is not yet sufficient evidence to prove that they reduce the incidence of suicide. They include:

- public awareness, education and mental health literacy programs;
- crisis centres and counselling services;
- school-based programs to build resilience and coping skills;
- wide-scale screening for depression and suicide risk in schools and primary health care settings (eg hospitals, psychiatric institutions);
- building stronger social support networks in communities, and local sporting and recreational clubs; and
- providing specific support for people and communities bereaved by suicide.

It is also evident that a range of personal and professional relationships and environments significantly contribute to suicide prevention, including:

- supportive family and friends;
- social connectedness (friends, workmates and colleagues);
- communities that understand and support suicide prevention activities;
- effective support, care and health environments;
- sensitive, professional carers;
- a quick response capability for people in need; and
- coordinated and integrated care and service delivery at the local level.

Continuing to build the evidence base

Australia has moved towards ensuring that all suicide prevention activities are based on the most up-to-date research and evidence. Since the late 1990s, governments in Australia have funded suicide prevention services and projects with a requirement that they be evaluated and documented, to continue to grow the evidence base on effective interventions. Government funding now requires that each initiative must be independently evaluated.

To achieve significant improvements in our knowledge of what works in suicide prevention, with whom and under what conditions, coordinated effort needs to continue and expand in:

- longitudinal studies of suicide prevention activities; and
- establishing consistent outcomes measurements to enable the effectiveness of initiatives to be assessed and compared.

Consistent and careful evaluation of every suicide prevention program, and the use of measurable and meaningful outcomes, will go a long way towards ensuring that our knowledge about suicide prevention continues to improve.

There is a fact sheet in the LIFE (2007) resources covering approaches to evaluation of suicide prevention activities, projects and programs. See Living Is For Everyone Fact sheet 14: Project evaluation.

Further information and links to resources can be found at the Living Is For Everyone website: livingisforeveryone.com.au

More information

- American Association of Suicidology (AAS) – a broad range of information about suicide and suicide prevention including fact sheets on warning signs for suicide: www.suicidology.org
- Australian Institute for Suicide Research and Prevention (AISRAP) – a World Health Organization Collaborating Centre for Research and Training in Suicide Prevention: www.griffith.edu.au/health/australian-institute-suicide-research-prevention
- Lifeline – 24 hour crisis counselling available across Australia: Ph: 13 11 14; www.lifeline.org.au
- *Living Is For Everyone (LIFE) – A Framework for Prevention of Suicide in Australia* (2007). Commonwealth Department of Health and Ageing: Canberra.
- *Living Is For Everyone (LIFE) – Research and Evidence in Suicide Prevention* (2007). Commonwealth Department of Health and Ageing: Canberra.
- Mental health & well being – information on the Australian Government's role and contributions to mental health reform activities in Australia: www.mentalhealth.gov.au
- Ministerial Council for Suicide Prevention (WA) ASPIRE Database of publications: www.mcsp.org.au
- World Health Organization (WHO) – direction and coordination authority for health within the United Nations system: www.who.int