
STATEMENT OF EUFAMI'S POSITION ON SUICIDE PREVENTION

This statement reflects the views of families and friends of people with psychiatric disability on the subject of suicide prevention.

EUFAMI's Position on Suicide Prevention

Suicide is a personal tragedy which causes profound and long lasting psychological trauma for both families and friends, sometimes affecting several generations. On average a single suicide affects a minimum of six persons. In addition to being a serious public health problem; suicide has a serious impact on the economy of a nation, resulting in high costs for hospitalisation and treatment following suicide attempts. There is also a considerable increase in life time costs related to disability and premature death. Untreated depression and acute psychosis are lead factors (especially in combination with other predisposing factors like drug or alcohol abuse) - conditions which are treatable.

EUFAMI believes that family members and friends require support in times when events or warning signs potentially indicate suicidal tendencies. However in some cases, suicide cannot be anticipated or prevented due to several underlying causes which are correlated and complex.

Families should

- not be blamed or discriminated against as a result of suicide in the family
- be consulted and involved in the treatment and recovery process following a suicide attempt of a family member
- have the right to be informed about any potential risks and warning signs of suicide that may be evident in their relative as well as accessible interventions that are available for both the family member at risk and families
- be given quality information about the multiple risks of suicide associated with severe mental illness and its treatment
- receive training and information about both suicide prevention and protective factors as part of an empowerment process and/or family therapy in order for them to support their relative when risks are high
- have access to training and information so that they can become advocates in their own on the subject and engage in public discourse in order to assuage the public perception that exists around suicide in order to reduce stigma amongst the general population.
- be able to access high quality consultation and health care services for their ill relative and themselves at all times, but especially in critical times when risk of suicide is greatest.
- receive regular and relevant information on support structures and services that are available to themselves and the wider family circle affected by suicide threats, attempted suicide or bereaved by suicide; this information should address the threat of possible depression amongst family members, who should be treated both on an individual basis as well as in the family grouping.
- have knowledge of and access to local support groups with suicide prevention expertise who offer measures to cope with suicide on an ongoing basis and especially at times of crisis

Recommendations

- A public health approach is needed at national level to define policies, guidelines and programmes for the prevention of suicide, health promotion and for appropriate services focused at families affected by suicide and attempted suicide. Where necessary, legislation should either be implemented or amended to cater for such programmes. All stakeholders, including families, should be involved in the preparation, implementation and subsequent monitoring of such programmes.
- Awareness amongst the general public about suicide must be heightened, especially amongst those who work at the front line in the medical and service sectors in order for them to understand the importance of identifying suicide risk and the factors which prevent possible suicide. All programmes should have a multi sectoral dimension, be relevant to different age groups and be tailored for specific groups.
- 'At risk' groups should be targeted in a special way. Identification of these groups should be based on epidemiological and other research. Disadvantaged or vulnerable individuals or population sub-groups such as ethnic minorities, migrants, asylum seekers, prisoners, older people, unemployed persons and people with a mental illness should also be targeted for special prevention and education programmes.

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- Both the physical and mental health of all citizens should be promoted and enhanced in a non discriminatory environment through building psycho-social capabilities, healthy lifestyle and the promotion of firmly based family, school and workplace structures.
 - Isolation of individuals should be addressed by protecting and developing community and family settings and by promoting employment or re-integration into the workforce.
 - Journalists should be informed about the international codes of practice which are in existence about the reporting of suicide and be aware of the implications for families which arise from careless reporting.
 - Discrimination and social exclusion are risk factors for suicide and need to be addressed by innovative and tangible anti-stigma campaigns in place such as schools and workplaces. Media involvement is essential for success.
 - Research should be supported to increase knowledge on the complex interplay between risk and protective factors amongst different individuals and population groups. Research should also look into the effectiveness and efficacy of mechanisms of health promotion and suicide prevention.

EUFAMI will lobby for:

- The promotion of good mental health in communities and among individuals, which address the issue of suicide and the prevention of suicide
- The provision of high quality primary healthcare services with ready access to them
- The easy access to advice about suicide and mental health problems
- The provision of a clear care plan to individuals with severe mental illness that meets their needs, alongside this access
- The provision of safe hospital accommodation for individuals who need it at times of risk of suicide
- Help and support for families who have been affected by suicide and attempted suicide