Odessa National Mechnikov University
NGO “Human Ecological Health”

With the organizational and methodological aid of the Swedish National Centre for Suicide research and Prevention of Mental-Ill Health (NASP) and of the International Steering Committee

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HOW WE CAN REDUCE SUICIDES IN UKRAINE

The draft of the National Action Plan (public initiative)

Odessa – 2007

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Ukrainian Association of Family Doctors
Ukrainian Red Cross
Institute of Rehabilitation after J. Korchak
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Ukrainian Journalist Association
Odessa city Public Health Council
Ukrainian Association for Prevention of Auto-Aggressive Behavior

Foreword

Suicide is an important problem of public health in the world. In the last decade the interest towards the problem of suicides in a society has grown, and in spite of the fact that myths regarding suicide are still remaining in human minds, it is possible to tell, that general unwillingness to discuss the given problem gradually gives up the place to interested discussion, both in a society, and in professional circles. This was promoted by numerous publications regarding suicide, activities of volunteering agencies and other public organizations, and also by the position of the World Health Organization. WHO, as it is known, has included suicide prevention in the list of priorities in public health and in 1989 recommended to participating countries to develop and introduce national preventive programs [1]. WHO has formulated a number of important issues which can act as the starting points giving to the public and professionals a background for positive practical measures. Thus, in the WHO report for the year 2001 the following conclusions were formulated:

- suicide is an important public health problem which causes immense economic loss and bring suffering both to individuals, families and society as a whole
- a large part of suicides can be prevented
- suicide prevention programs have to be comprehensive, multidisciplinary and should involve different aspects of life as well as different sectors of society
- National strategies and policies have to be developed, addressing specific problems and respecting the cultural patterns, values and societal structures of each individual country [2].

In Ukraine until recent time the problem of suicide prevention was discussed basically from theoretical point of view [3,4]. However recently, after the WHO European conference in Helsinki and acknowledgement by Ukraine of the European Mental Health Action Plan [5], there is more activity in the sphere of suicide prevention. The first Ukrainian handbook on clinical suicidology appeared in press [6]. The working group under the Ukrainian Ministry of Public Health on development of policy in the field of mental health started its activity (with active participation of the WHO representative). The proposed strategy in the field of suicide prevention can become the important component of wider measures, which are being developed now and which are of great importance for improvement of public health in the country.

* * *

Who we are?
Where are we now?
Where are we going?

These questions are useful to think over when undertaking any serious business. We tried to do the same, and here are the results.

Short history of this initiative

NGO "Human Ecological Health" which is registered in Ukraine since 1997 has been involved in research, development and implementation of educational suicide prevention programs since 1999. One of the first initiatives was implementing a series of educational seminars in a big military unit in Ukraine which resulted in substantial reduction of the number of suicides [7]. Further the same technology was used in the Ukrainian penitentiary system. After that the number and variety of the attendants of seminars and training courses have grown rapidly. For 5 years 20 seminars of professional quality were implemented with the total number of participants 700 people. Among them were ambulance doctors, family doctors, military doctors and psychologists, reanimatologists, psychiatrists, school psychologists, hot lines volunteers and telephone counselors, Red Cross patronage personnel, representatives of NGOs supporting HIV/AIDS victims and alcohol/drug addicts, representatives of mass-media.

Printed resources on suicide prevention (for the Army, penitentiary system, for the wide public) have been developed and widely distributed. In coordination with a publishing department the WHO the WHO booklets on suicide prevention [8] have been translated into Russian and published. In total about 5000 various information-methodical resources in the field of suicides prevention were distributed.

Since the year of 2000 «Human Ecological Health» in cooperation with Odessa National Mechnikov University has been a collaborating center of the

European Network on Monitoring and Prevention of Suicide Attempts and Suicides. Within the frame of this project regular monitoring of suicide attempts is performed in Odessa and completed suicides statistics is analyzed. Since 2001 the NGO was the Ukrainian partner in the joint Ukrainian-Swedish project «Suicide prevention and research of suicidal behavior in Ukraine». Along research activity and ongoing education the network of professionally prepared experts in 14 cities of Ukraine was created. This network has become the important resource in promotion of direct practical measures on suicide prevention.

«Human Ecological Health» communicates and cooperates with WHO, the Swedish National Centre of Suicide Research and Prevention of Mental-Ill Health, public organization «Mental Health – Europe», the International Association for Suicide Prevention (IASP), a number of public organizations and movements in Ukraine.

* * *

Current status of suicides in Ukraine

According to the official WHO data [8] Ukraine today is in first ten countries in the world with the highest levels of suicides. Data about suicides became widely accessible only during the post-Soviet period. While analyzing completed suicides we were taking into consideration different sources [3,4,6,9] but basically the statistical "Health for all" database available at the WHO web-site [8]. As can be

seen from fig. 1, in the period from 1981 to 1985 (while Ukraine was still part of the USSR) the tendency to lowering in number of cases of suicide has started, which resulted in their minimal level for the last 20 years in 1988. This phenomenon was the result of the wide anti-alcoholic company in the former USSR from on side [9], and from another – with quickly emerging democratic changes in a society which have generated significant social optimism and activation of market processes.

However further, when inevitable economic difficulties of a transitional period started, especially since 1992 the number of suicides started to grow again, which in combination with migratory processes and depopulation in the country has led to significant rise of a level of suicides, which has reached the maximum in 1996. This high level remained almost constant down to the year of 2000, but then some lowering has followed (even in spite of the shortening of the population). This decrease in suicides level has coincided with the period of economic stabilization. Nevertheless, the minimal level which was observed in 1988 still is not achieved and Ukraine remains in the first ten top suicide rates countries.

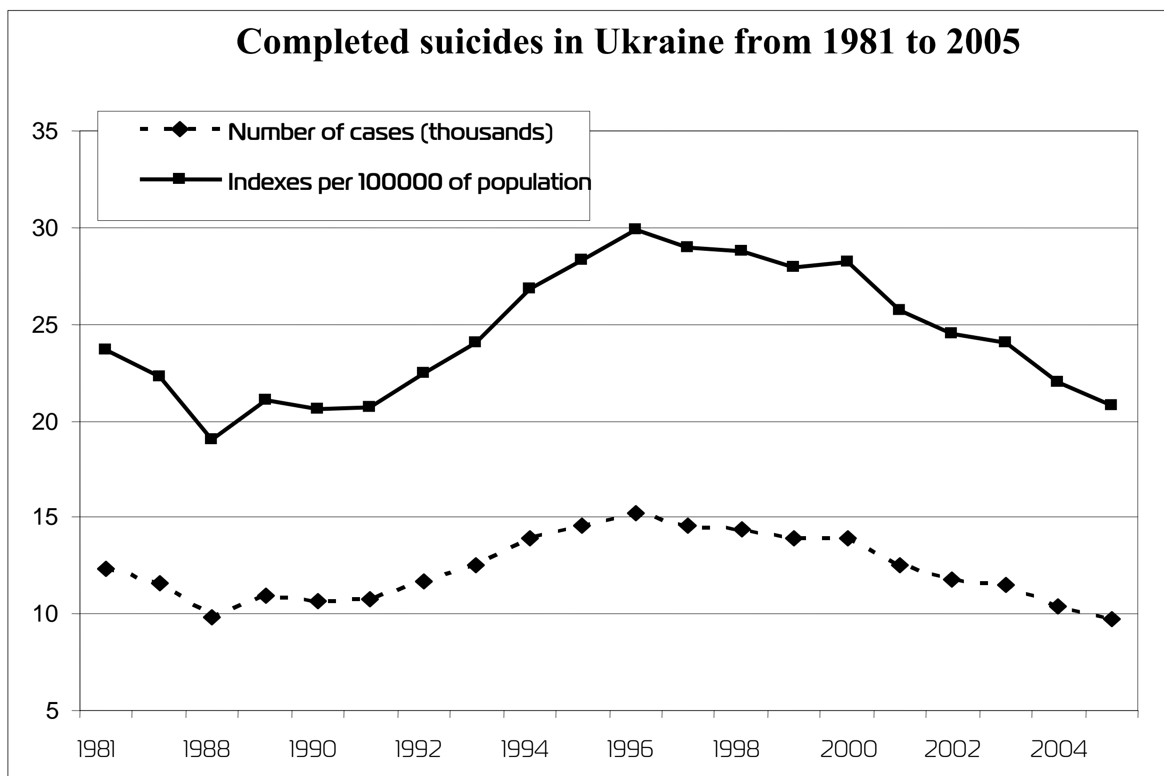

Fig. 1 General number of cases and suicide indexes in Ukraine in 1981-2005. (Sources – [3,6,8])

One of issues of any suicidological research is gender differences in suicidal behavior. In different cultures gender differences of suicide indexes vary, however the general tendency in the countries of the Europe is prevalence of men's suicides [10]. As can be seen from fig. 2 in Ukraine men commit suicides 4-5 times more often, than women. The Fig. 2 also indicates that observable levels of suicides in Ukraine among women for the last 25 years are more or less stable, while suicides among men are the subject of sharp fluctuations. Actually changes in frequency of suicides among men in the second half of the 80th and in the subsequent periods have defined fluctuations of general levels of suicides in the whole country. Thus, social and economic and other external factors in a greater degree affect suicidal behavior

of men, while women remain less susceptible both to negative, and to positive influences of the environment.

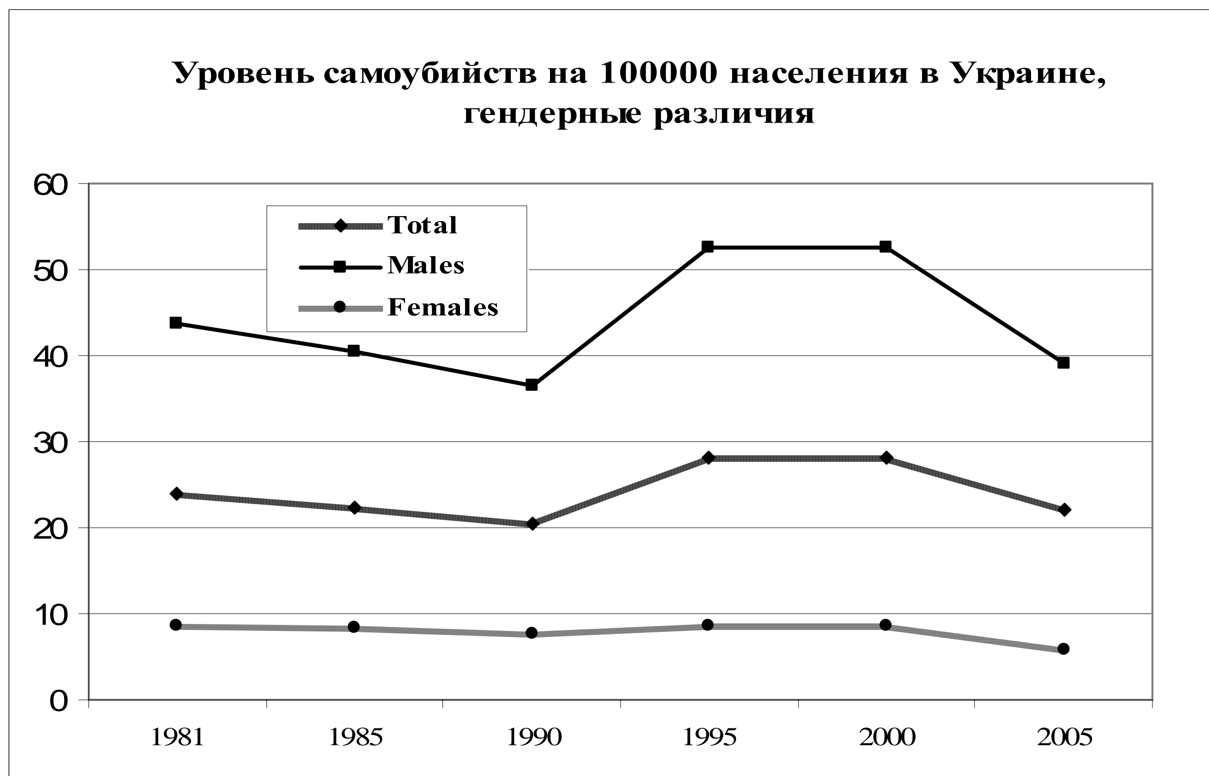

Fig. 2 Suicide levels in men and women in Ukraine in the period 1981-2005. (Source – [6,7,8])

It is necessary to note, that observable distinctions in suicide behavior of men and women in Ukraine unambiguously specify that men are group of the highest risk which is in the compliance with the world tendencies.

It is necessary to consider such factor as age. As can be seen from fig. 3, when calculating suicide indexes with regards of the numbers of men and women living in every age group, it becomes clear, that among women frequency of suicides grows steadily with age. In men another tendency is observed – indexes of suicide reach the first maximum in age group 45-54 years and the second – in the age of 75 years and more.

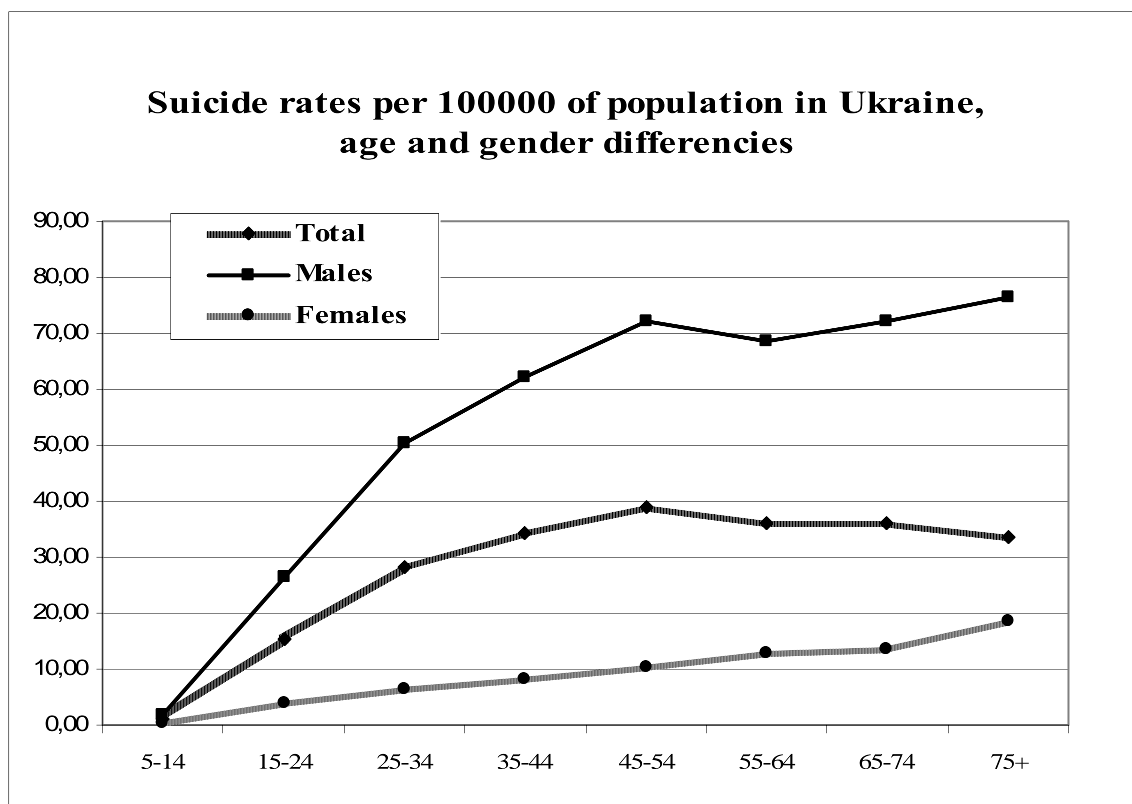

Fig. 3 Age and gender peculiarities of suicidal behavior in Ukraine (data for the year 2002, source [7,8])

The tendencies observed help to specify the group of the highest risk – in Ukraine it is men of the middle age, the period of life which is often called the period of the peak of creative power or achievement the highest professional level. At the same time groups of the highest risk are men and women of older age, and also young men, considering especially heavy consequences of their suicides for a society and their families.

All data described above are summarizing situation with suicide in the country as a whole. At the same time, considering significant heterogeneity of social and economic development of regions of Ukraine, various national, ethnic structure and others social and cultural peculiarities emphasizing distinctions between regions of

the country, it is of interest to estimate a situation with suicides in different parts of Ukraine. The given aspect is reflected in tab. 1

Table 1

Suicide indexes in 1991-1998 in different parts of Ukraine (per 100000 of population)

"Oblast"	Years							
	1991	1992	1993	1994	1995	1996	1997	1998
Southern Region								
Odessa	26.0	26.2	26.1	29.3	31.0	34.0	36.5	34.6
Kherson	25.6	28.4	31.7	31.0	39.5	37.2	40.1	38.5
Nikolaev	25.6	23.5	24.3	25.2	28.1	29.4	30.9	28.8
Range and median: 23.5 – 40.1; **30.4**								
Western Region								
Ivano-Frankovsk	7.4	10.2	11.8	12.8	10.3	13.0	13.0	-
Lwow	7.7	6.6	8.8	9.1	8.8	9.2	9.9	11.1
Ternopol	8.7	10.2	9.8	11.0	11.8	12.0	10.1	13.2
Zakarpatye	13.1	13.4	15.0	16.2	16.4	19.4	16.5	18.4
Chernovtsy	10.2	13.0	14.8	10.6	11.4	13.2	13.3	12.2
Range and median: 6.6 – 19.4; **11.9**								
Eastern Region								
Dniepropetrovsk	20.4	25.0	27.1	29.4	30.3	33.3	34.8	34.1
Donetsk	23.5	25.9	29.2	34.1	36.2	38.2	37.9	39.5
Kharkov	21.9	22.8	26.1	31.3	34.6	37.0	36.5	34.3
Sumy	28.8	32.6	34.4	42.6	43.0	44.4	43.2	42.6
Zaporozhye	23.5	31.0	30.5	32.3	37.6	40.6	35.3	36.1
Lugansk	26.2	26.6	29.5	35.5	36.8	39.2	39.0	39.2
Range and median: 20.4 – 44.4; **33.6**								
Central Region								
Kiev	20.2	21.1	23.8	27.7	27.4	29.7	28.2	30.0
Kirovograd	27.2	31.6	29.7	34.8	35.4	38.2	39.6	37.3
Chernigov	29.5	31.3	32.5	35.1	40.1	39.5	40.7	43.0
Poltava	26.4	27.7	29.5	31.9	35.8	35.2	39.9	37.3
Tcherkassy	26.7	29.4	28.3	29.6	30.2	31.9	33.7	35.8
Vinnitsa	25.5	26.0	27.9	28.0	29.2	28.8	29.7	29.7
Zhytomir	18.6	19.6	22.8	25.7	27.3	29.2	25.2	26.8
Range and median: 18.6 – 43.0; **30.4**								

Sources: [4].

As can be seen from tab. 1, the highest average level of suicides for the analyzed 8 years was observed in the Eastern part of Ukraine, and the highest level is noted in the Sumy area. The lowest level for many years is observed in the Western region, in particular, in Lvov and Chernovtsy areas. In the Central and Southern regions for the analyzed period practically identical levels of suicides are observed which are very similar to the level in the Eastern region.

There may be many possible reasons of the described differences. It is known, that Eastern regions are much more industrial and are more urbanized. These regions to the greater degree experienced economic difficulties of the period of transition. The Western regions of Ukraine are substantially less urbanized, basically are agrarian. Possibly, features of national-ethnic structure of the population of the listed regions, religious and other social factors may matter. It is important not to forget also, that Eastern industrial regions of Ukraine are most polluted in the ecological cense. The situation with pollution of ground, air, water, foodstuff in the east of Ukraine is often considered as catastrophic, and a degree of technogenic influence on the environment – as one of the most expressed on the territory of Europe. The western region, unlike East, is much more safe from the ecological point of view [11]. The urbanization, industrial development and pollution may cause complex stressful influence.

The data above allow formulating a conclusion that regions of the greatest risk in Ukraine are the East, the Center and the South while the population of the West of the country is more or less safe regarding suicide.

With regards of the mentioned possible role of urbanization a comparison of the situation in the rural and city areas is of interest. It is necessary to note, that

aggregate data of this kind were not revealed in accessible sources. In this case it is possible to cite regional data, in particular, results of our research in the Odessa region [12]. The general number of the population in Odessa "oblast" makes 2404,6 thousands (data for the year 2005), from them in Odessa lives 989,5 thousands; Odessa region is one of the largest in Ukraine by territory. Regarding social and economic development the region is characterized by rather good parameters.

First general numbers of suicides may be compared with regards of rural and urban population and with gender differences (tab. 2).

Table 2

General numbers of suicides, and in males and females in Odessa region in the period of 2000-2002

Year	Totally in Odessa region			In the city of Odessa			In Odessa "oblast"		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
2000	873	695	178	226	175	51	647	520	127
2001	796	669	127	205	157	48	591	512	79
2002	854	713	141	213	162	51	641	551	90
Average	**841**	**692**	**149**	**216**	**165**	**50**	**626**	**527**	**99**

As can be seen from the data presented, in the Odessa region for the period of research the average number of suicide committed annually is 841, from them men posses 82,3 %. The greatest portion of suicides (almost 75 %) is committed in countryside and only 25 % in the city of Odessa. The men/women ratio differs greatly in the city and in countryside: in the urban environment the average number of suicides among men exceeds those among women in 3,30 times, and in the countryside – in 5,32 times.

Let's consider indexes of suicides for the same period of time (tab. 3).

Table 3

Suicide indexes (per 100000 of population) in the Odessa region in the period of 2000-2002

Year	Totally in Odessa region			In the city of Odessa			In Odessa "oblast"		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
2000	35,40	60,23	13,57	21,99	36,47	9,30	44,99	77,14	16,62
2001	32,28	57,98	9,68	19,94	32,72	8,76	41,10	75,95	10,34
2002	34,63	61,79	10,75	20,72	33,76	9,30	44,57	81,74	11,78
Average	**34,10**	**60,00**	**11,33**	**20,88**	**34,31**	**9,12**	**43,55**	**78,28**	**12,91**

As can be seen from tab. 3, level of suicides in the Odessa region exceeds the average level for Ukraine. In the Odessa "oblast" the general frequency of suicides is twice higher, than in Odessa city. Gender differences in suicidal behavior in a rural and urban population are even more marked: in rural area males/females ratio constitutes 6,06, in the city – 3,76. Attracts attention extremely high rate of suicides among men in a countryside, much exceeding average on the country for this category (78,3 per 100000 against 51,7, data for the year 2000). Rate of suicides among men in the rural area is 2,3 times higher, than in the urban. At the same time, there are no great differences in indexes of suicides in women in city and in countryside. Thus, social and economic factors which differentiate city and village in Ukraine to the greatest degree affect suicidal behavior of men (such factors as level of employment, opportunities to earn money, presumably level of alcohol consumption, access to specialized medical aid can be important).

The data presented allow specifying the group of the greatest risk concerning completed suicide in Ukraine: men in the villages in the age of 45-54 years. Very similar conclusions have appeared recently in the handbook by Prof. L. Yuryeva

(based not only on statistical, but also on epidemiological studies performed recently by the Psychiatric Association of Ukraine) [6].

It is obviously important to characterize briefly methods of suicides in Ukraine. From the data of the Odessa region, it can be seen, that majority of completed suicides (81,0 %) are hangings, further in the decreasing order go jumping from height, firearms, self-cutting, drowning and self-poisonings. There are certain differences in methods of suicides in the city and in a countryside – in a countryside percent of self-hanging exceeds one in the city, on the other hand in the urban environment there are more jumping from height (which is quite natural), drowning is more rare, while self-cutting and poisoning with medicaments are more common. In the city also the greater percent of suicides is committed with falling under moving transport. Among women (as compared with men) greater percent of falling from height is observed (12,5 % against 3,4 %), drowning (4,5 % against 0,9 %), and various poisonings, especially with medicines are more often. Among women firearms cases are absolutely uncommon while in men they make about 3,2 % of all cases. The observed distinctions are well-known so far as men usually select more violent methods. A lot of researches testify, that the significant part of suicides and suicide attempts are made on a background of alcoholic intoxication [6,13].

Speaking about suicidal behavior it is necessary to give a brief characteristic of such phenomenon as suicide attempts. In Ukraine it is possible only on the basis of suicide attempts monitoring in Odessa, performed within the frame of the European network on monitoring and prevention of suicide attempts and suicides [14]. By various estimations, in general the number of suicide attempts exceeds number of the completed suicides from 5 to 10 times [15]. This ratio depends very much on completeness of registration of attempts. In our case when attempts were

monitored on the basis of registration of attempts by city ambulance, the ratio between the completed suicides and attempts in a city population appeared to be 1:3. According to 5-years monitoring 46 % of all attempts belong to men, and 54 % - to women. Thus, in contrast to completed suicides, attempts are made almost with equal frequency by both genders. In more details age and gender characteristics of suicide attempts are presented on fig. 4.

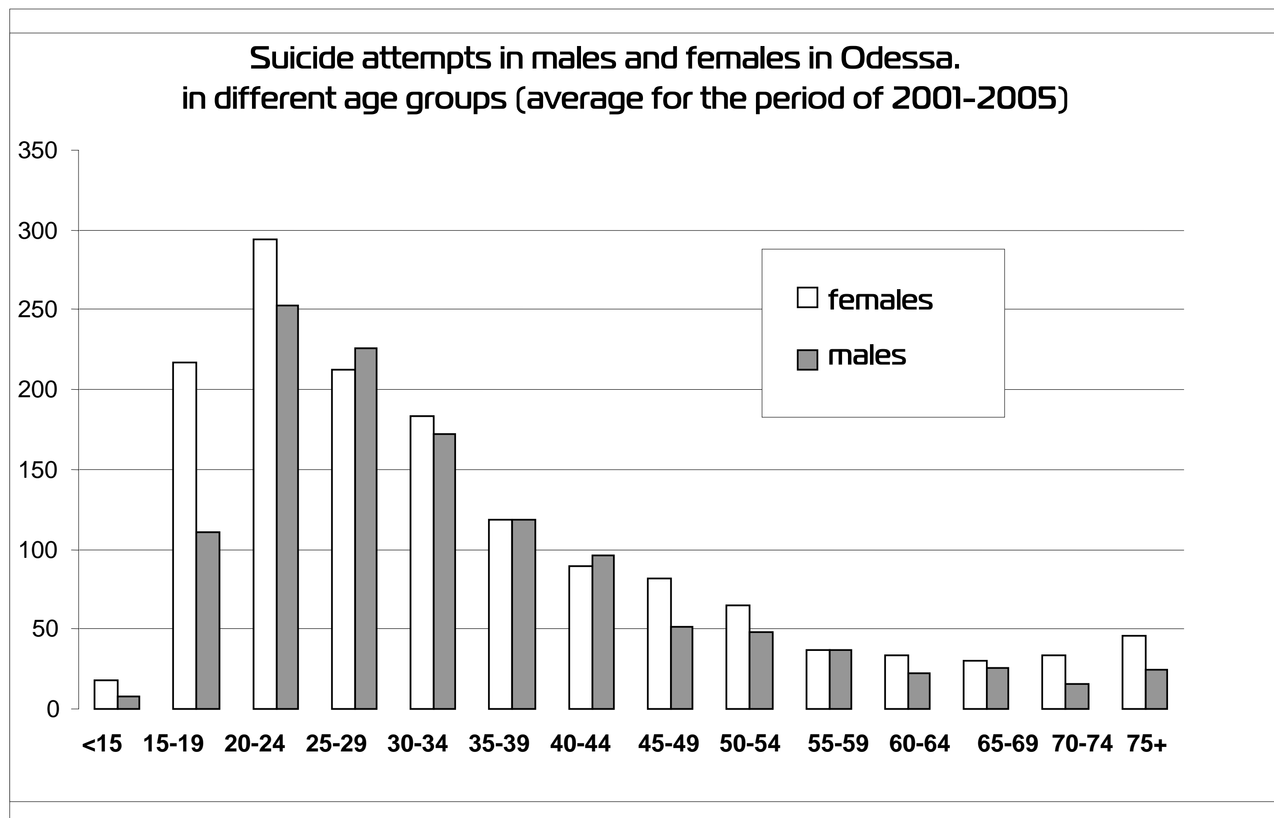

Fig.4 Male and female suicide attempts in different age groups (Odessa city, cases, average for the period of 2000-2005)

As can be seen from fig. 4 suicide attempts mostly belong to persons of young age, the maximum is observed in the age of 20-24, till this age period the number of attempts at women noticeably exceeds those in men, in older age groups there is a reverse tendency or distinctions are insignificant.

For the sake of prevention the analysis of methods of suicide attempts is of interest. Unlike the completed suicides, about half of all attempts are self-poisonings with medicines (49,7 %), self-cuts (35 %) followed by poisonings with other toxic substances, hangings and falling from height (each makes 3,5-4 %), gunshot wounds are very rare.

The data presented allow defining groups of the highest risk concerning suicide attempts - they are people of young age, including teenagers, and among them – mainly girls.

This brief review of suicidal behavior in Ukraine shows many well known in suicidology, i.e. very common tendencies. The situation in Ukraine has basically the same characteristics, as a situation in many countries of Europe or Northern America. At the same time, the situation in Ukraine has also some specific features to which it is possible to include extreme heterogeneity of numbers and rates of suicides in various parts of the country, and also much greater extend of the problem in a countryside in comparison with urban population. The last is analyzed on an example of only one of the regions, however it is possible to suggest, that in the regions with similar levels of suicides, social and economic and national-ethnic characteristics the tendency will be the same.

All above-stated is important for a formulation of the basic goals and purposes of the National Plan of Suicide Prevention.

* * *

Do you know that...

The number of people dying yearly of suicide in Ukraine for the last 10 years are about 13.000...

For the period from 1995 to 2005 the total number of people who dyed of suicide in Ukraine exceeded 230.000...

Every day in Ukraine 40 people dye of suicide and about 500 attempt suicide...

The number of those who dies of suicide in Ukraine exceeds the number of homicides and the number of those who dies in traffic accidents....

And there is still no National Strategy for suicide prevention in Ukraine ....

The figures above are taken or calculated on the basis of official WHO statistics [8]

Main concepts of suicide prevention and their perspectives in Ukraine

The experience from different countries in developing and implementing National suicide prevention programs [16-23], reviews of internationally known experts in this field [1,24] and methodological resources of different associations and NGOs [25,26] provide an important information which can be used as a background for development of the National action plan for Ukraine. Main concepts of prevention can be outlined as follows.

One of the approaches is the three-component approach, which became rather traditional. It includes:

- primary
- secondary, and
- tertiary prevention

Another very close approach foresees implementations also on three levels:

- measures regarding public health in general
- early and timely interventions for mental disorders which predispose to suicides
- comprehensive community care to provide services to those stricken by mental illnesses

The Swedish national program which proved to be effective in the period from 1996 to 2006 suggests a similar three-component involvement:

- general suicide prevention which involves measures for increasing resilience (measures of psychological, educational and social nature aimed to enhance public health and prevent trauma is general)
- indirect suicide prevention, aimed to intervene mainly in risk groups and among those in the risk situations, also intended to reduce suicidal acts by changing background factors, including availability of suicide means
- direct suicide prevention, directed on those experiencing suicidal thoughts or having suicidal tendencies and aimed to correction of the suicidal process and prevention of suicides and parasuicides

In the textbooks published for the last 5 years theoretical backgrounds can be found that propose 2 general dimensions in suicide prevention on the national level. The first approach is the so-called health care approach, the second – a public health approach [20]. These two perspectives foresee different focus groups, aims and strategies (fig. 5).

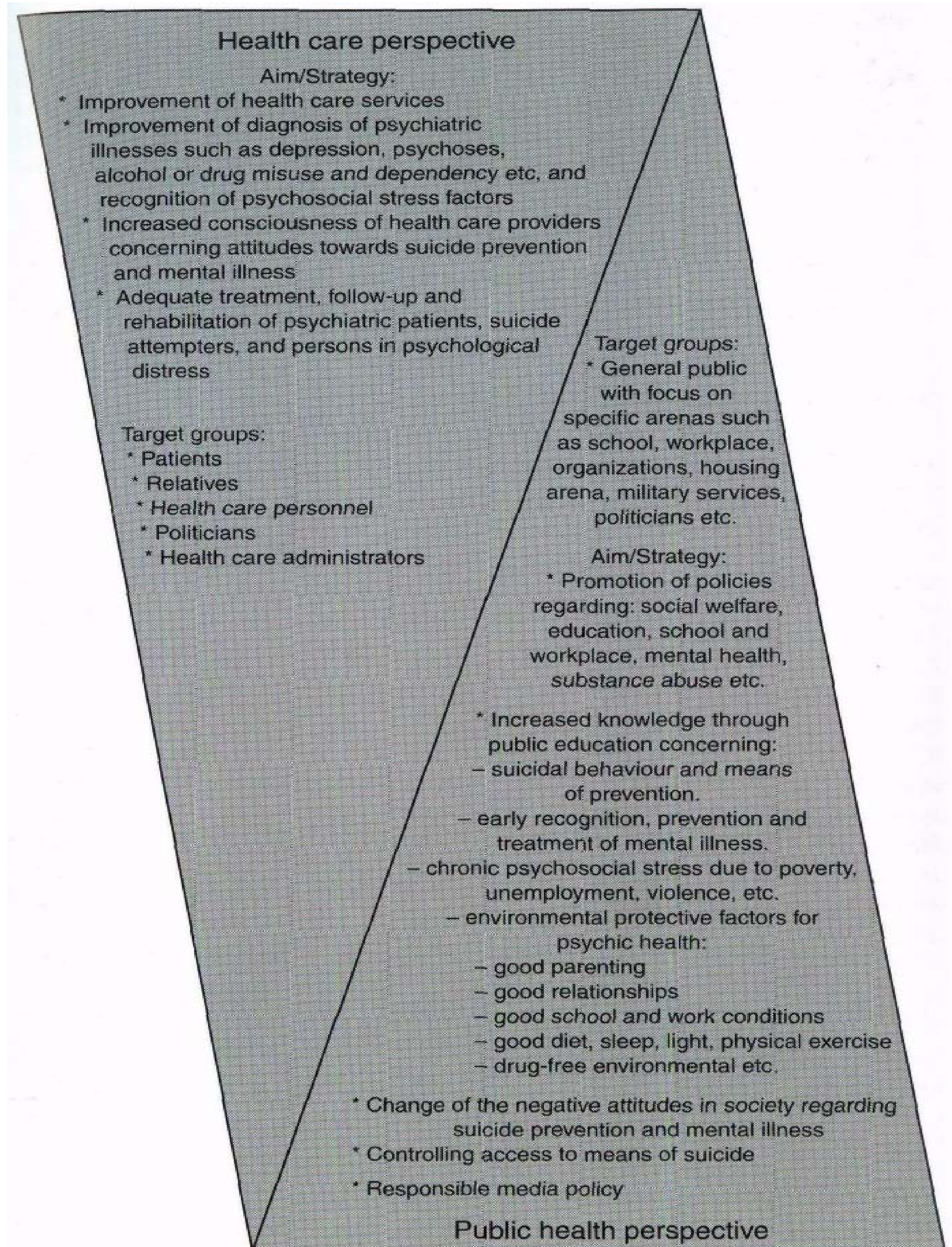

Fig. 5. Strategic approaches in the sphere of suicide prevention [20].

The geometrical configuration of the scheme should stress how these two strategic perspectives are aimed to different groups of population and how different actions are congruent in their action. Within the frame of the health care perspective all interdisciplinary knowledge accumulated by suicidology should be used to provide aid to a specific personality. Within the frame of the public health perspective all efforts of professionals, wide public and decision makers are aimed to built up the general context and to provide systematic activities that may prevent suicidal behavior in general. In both cases the system of values in the society plays an important role, as well as peoples' attitude towards such special problem as mental ill health and suicide.

At the state of art level it is not new to anybody that suicide prevention is a goal and task not only for the medical system (though medical doctors may play a key role in initiating the process). It is a global task for the whole society. Accordingly such task must be based on an interdisciplinary approach and may need cooperation and collaboration of different parties: administration, professionals, patients, their relatives and wide public in general. The table 4 (taken from the resource [1]) shows how interests of different parties are combined together and interacts when suicide prevention programs are implemented. It must be stressed that such cooperation and deep understanding of intersectoral collaboration is one the most complicated tasks in developing of the suicide prevention program.

Table 4

General population strategies in minimizing progress to suicide [1]

Steps in pathway to suicide	Specific actions to prevent suicide

Factors causing depression	- Policy on employment, education, social welfare, housing, child abuse, children in care and leaving care, and substance abuse - Media guidance, public education - School mental health promotion (coping strategies, social support, bullying) - Workplace mental health promotion - Action on alcohol and drugs - Action on physical illness and disability
Depressive illness and other illnesses with depressive thoughts.	- Support of high-risk groups detection - Professional training about prompt assessment, diagnosis and treatment
Suicidal ideation	- Good risk management in primary care - Building safety into routine assessments
Suicidal plans	- Taboo enhancement - Good practice guidelines on looking after suicidal people in primary and secondary care
Gaining access to means of suicide	- Controlling access to means of suicide
Use of means of suicide	- Prompt intervention - Good assessment and follow-up of suicide attempters
Aftermath	- Audit and learn lessons for prevention - Responsible media policy

It must be stressed, that problems that may appear in achieving interdisciplinary and intersectoral collaboration and coordination while building suicide prevention program must not restrict from positive actions from the very beginning. Table 5 (taken from a review [1]) shows, how each of the parties involved (administration, educational institutions, public movements or advocate groups) can find the "niche" in the system of actions during implementation of preventive programs. The table is based on the results of implementation of several independent programs of suicide prevention and depicts the experience of different countries.

Table. 5

Common themes of intervention [1]

Public education
Responsible media reporting
School based programs
Detection and treatment of depression and other mental disorders
Attention to those abusing alcohol and drugs
Attention to those suffering somatic illnesses
Enhanced access to mental health services
Improvement in assessment of attempted suicide
Postvention
Crisis intervention
Work and unemployment policy
Training of health professionals
Reduced access to lethal methods

As can be seen from the listed intervention more than half of them in this or other way has a relation to the health care system. Thus this system is one of the main (but the only) targets of meaningful actions aimed to prevent suicides on the national level. In view of this no surprise that almost in all countries which have introduced national suicide prevention plans development of these plans was under the umbrella of the ministry of public health or some other responsible medical entity. On the other hand, cooperation of different departments and interested parties is a crucial goal of the whole problem.

* * *

Do you know that...

Only 1/3 of those who committed suicide had a contact with mental health services prior to it...

A major part of those who are thinking about suicide address to GPs with unclear complaints...

A major part of those who attempt suicide do not receive adequate psychological aid...

Think globally, act locally
(Roma club)

Proposals for the National Suicide Prevention Action Plan

Basic principles

In every society, in every culture, even when certain sociological or philosophical model is prevailing, there is always a substantial variety of attitudes towards the problem of suicide – from based on taboo attitude to the problem of suicide as to forbidden topic, to accepting it as a personality freedom choice.

This program is based on the principles which are suggested by scientific research and positive practice, which are can be generalized in the following terms:

- We suggest to use two-component model of prevention, which implies measures from the public health perspective (wide approach) and measures from the medical system perspective (focused approach)

  This model is the most modern and incorporates all principles of the three-component models

- It is expedient to enhance the knowledge of the wide public regarding suicidal behavior and suicide prevention

  One must not be afraid, that discussion of the problem of suicide will provoke suicidal behavior of a sensitive person – for a long time it has already been proved, that the open discussion of a problem may be a preventive measure itself so far as it makes suicidal people know, that their problems attract someone's' attention. At the same time, the information should not be persuasive

- Main efforts should be directed on development of preventive measures among those who constitute risk groups or stay at the risk situations

  There is no doubt that concentration of efforts in this direction is mostly productive in the cense of achievement of positive results – these people have already revealed themselves (in contrast to those who have suicidal tendencies but still did not show any distinct signs), they are in need of medical, social and psychological aid and suggesting them this aid is feasible.

- It is utmost important to enhance the professional competency of the specialists who are providing services and aid to suicidal people

  This is a key principle. The professionals involved must include a vast variety of people – from psychiatrists and psychologists to GPs, family doctors, ambulance doctors, etc. and to police (militia), emergencies, patronage workers, telephone counselors and other volunteer organizations. There is evidence from all over the world, that constant information dissemination and education are the most potent components of suicide prevention measures.

- A wide intersectoral and interdisciplinary cooperation is needed

  The program in no case must be regarded as a task only for medical departments. This is a task for the whole society or at least for a number of departments, governmental and non-governmental structures.

- Constant and on-going evaluation of situation with suicide and the impact of undertaken measures

  To develop a program and make it public is only one of objectives. Experience from all over the world shows, that as soon as the attention to a problem weakens, it again starts to grow. The constant reference to the program, the analysis of its efficacy, correction of accepted measures and public control are the important components of success. In this context the role of suicidological research increases sharply.

Goal: to reduce the number of suicides in Ukraine

We consider that such rather general goal (without specific parameter or focus groups) is most appropriate in our case. It is necessary to emphasize, that the goal itself, its importance for a society as a whole, even wording - all are important points, drawing attention and creating certain emotional approach.

Main objectives (intervention spheres)

Several main intervention spheres (objectives) aimed to achieve the main goal may be outlined

1. Measures and efforts towards destigmatization of such phenomenon as suicide in the public opinion

2. Enhancement of the quality of medical services as a whole, increase of availability of the qualified medical aid to wide layers of the society, especially in the countryside

3. Development of mechanisms of aid to risk groups and people at risk

4. Development of the vast prevention system based on education of wide layers of the population (introduction of school-based programs, wide public information, wide professional circles education, special training of those who are directly involved in prevention)

5. Development and introduction of measures to reduce availability of suicide tools

6. Measures to develop responsible attitude of mass media when reporting about suicide

7. Enhancement of suicidological research

8. Dissemination of information about this program and evaluation

Main target groups for interventions

There may be several groups and it is possible to divide them into following categories

- **Comparatively small groups of high risk**
- **Wider groups who also may have higher risk regarding to national statistics data**
- **Different level and specialty professionals**

High risk groups

The are identified on the basis of numerous investigations and general practice, they are inherent to any population, and Ukraine is not an exception in this cense. These groups are:

- Those suffering of depressive illness (uni- and bipolar depressive disorder), PTSD, psychotic disorders and other psychiatric disorders which constitute the highest risk of suicide

- Suicide attempters, i.e. persons with obvious suicidal tendencies

- Alcohol and drug addicts

- Persons in the state of existential crisis

- Those suffering with severe somatic illnesses

- Relatives, friends and colleagues of those who committed suicide (survivors)

- Sex-minorities

Bigger groups in the population

These target groups are also well known from the international experience but they may be more precisely identified on the basis of the national statistics. These are:

- Men of the working (middle) age, especially in the countryside
- Young people, teenagers of both sexes
- Elderly people, men and women
- Military, militia, personnel of other militarized structures
- Inmates in the penitentiary system

Professionals

*Here we are speaking about professional groups which are assigned by the society as "aid structures". **It must be taken into consideration, that due to their sensitivity and deep involvement in the process of prevention, intervention and postvention some of them may become groups of higher risk.***

- Medical staff
- School staff
- Social workers
- Psychologists
- Penitentiary system staff
- Commanders and other responsible personnel in the Army, militia and other militarized structures
- Mass media workers
- Different level policy makers and decision takers

Possible types of actions and measures (in accordance to main direction of interventions)

1. Within the frame of *destigmatization* of such phenomenon as suicide in the public opinion

The leading role in fighting myths and stigma may play evidence-based knowledge. In case of such phenomenon as suicide one of the goals is changing attitudes towards suicide, building of unprejudiced and empathic attitude.

With regards of these, the measures may be:

Distribution of objective knowledge about suicide in wide circles of the population, about factors and groups of risk, about possibilities of suicide prevention, about the basic features of dialogue with suicidal people, about principles and methods of suicide prevention in general.

Possible purposeful measures:

- To establish meaningful dialogue from mass-media, in every possible way to provide representatives of mass-media with evidence-based information regarding tendencies about suicide and about positive preventive approaches

- Development and introduction of suitable educational programs in educational institutions of different levels, adapted to specific educational environment

- Use of modern information technologies with the aim to present objective knowledge, to overcome myths persisting in the public opinion, to teach how to deal with suicidal people

- Enhancement of a dialogue between the public and professionals, development of information programs on prevention of mental health problems and mental health promotion, their implementation together with mass-media

- Establishment of a dialogue with clergy, use of such resource as churches of various faiths, influence on communities of believers

- Enhancement of publishing activity providing various groups of the society with the information resources developed by the influential international organizations (WHO) or professionals at a national or local level.

2. Within the frame of *enhancement of the quality of medical aid*, improving access to *mental health services*, especially in the countryside.

This task and any possible actions within this frame are dependent on more wide problem – reformation of the system of medical aid in Ukraine and in particular, of mental health services. Nevertheless, possible lagging behind of systemic change, which needs more time for implementation, must not restrict positive actions and changes aimed to prevent suicide today.

It is important to stress, that this task foresees enhancement of medical aid both to those who are suffering of mental disturbances and constitute high risk groups, and to much wider circles of population addressing for various medical services

Possible purposeful measures:

- Measures to ensure better access to mental health services in the medical institutions of the primary medical aid, enhancement of the potential of these institutions, especially in the countryside

- Providing for high professional level of qualified mental health services in the psychiatric hospitals

- Purposeful measures for better diagnostics of mental health problems in the medical institutions of different types, especially somatic

- Development and introduction of joint protocols of prevention, treatment or referral to specialized institutions, coordinated between mental health services and other medical institutions for the sake of optimization of services for those in need

- Enhancement of mental health services in medical institutions of different types, increase of the number of professionals and qualification of the corresponding specialists (psychologists, neurologists, psychiatrists, consultants)

- Enhancement of the dialogue and collaboration between representatives of different medical specialties from one side and mental health specialists from another side (including actions on the level of professional associations)

- Further development of the family medicine and raising awareness between family doctors regarding mental health problems, stress and suicidality

3. Within the frame of development ***<u>of the system of immediate aid</u>*** to groups and categories of high risk

This types of actions are mainly aimed towards enhancement of medical aid to risk groups listed above (the ones towards which the Program is aimed). Many tasks here may be very similar to those in the previous chapter. Here must be taken into consideration that suicides occur even in the psychiatric institutions, thus enhancement of the professional level of different types of specialists is essential (including psychiatrists and psychiatric nurses)

Possible purposeful measures:

- Improvement of medical aid to those suffering of mental disturbances and disorders, when suicide risk is the highest by means of better professional training in the field of suicide prevention of psychiatrists, paramedical and nurses

- Further development of crisis centers or hospitals, development of effective mechanisms of aid to those attempting suicide by means of better cooperation between somatic hospitals, reanimation units, trauma units, militia and mental health services

  Rational measures within this task may become one of the most important resources of prevention. So far as suicide attempts occur 10 times more often than completed suicides, and taking into consideration that within 2-3 years 10-15% of those who attempted suicide

usually complete it, the number of suicides may be substantially lowered if qualified aid is guaranteed to attempters

- Further development and optimization of medical and psychological aid to alcohol and drug addicts, enhancement of the role and prevalence of psycho-social programs of aid, measures of socialization of addicts

- Better cooperation between the system of state narcological aid, private drug addicts rehabilitation centers and addicts communities and rehabilitation programs (like AlAnon) for the sake of suicide prevention in these contingents at risk

- Better addictions prevention by means of more active promotion of healthy life-styles, introduction of social and economic measures of healthy life-styles rewarding, lobbying the ban of advertisement of alcohol and tobacco

- Development of the system of aid to people in the state of existential crisis, enhancement of the network of practical psychologists, providing governmental support to hot-lines and telephone volunteers centers, enlargement of the network of crisis and rehabilitation (stress-copying) centers, promotion of their activity by Mass Media

- Development, enlargement and professional level enhancement of the psychological aid in the somatic hospitals, oncology clinics and hospitals, other hospitals or institutions providing aid to those suffering of severe somatic illnesses

- Providing aid to families with members belonging to above mentioned risk groups by means of their involvement in the family programs of rehabilitation, by promotion self-help groups and associations of people who have relatives at risk

- Promotion of self-help groups of survivors, dissemination of information about principles of formation and sustainability of such groups

- Introduction of measures of stress-management and prevention of stress in the working places, control of maintenance of the regimes of work and rest regarding the norms, particularly in the private sector, providing for the

companies and organizations modern information regarding identification of suicidal tendencies and prevention

- Knowledge enhancement and practical training in crisis and conflict management strategies, individual and group psychological aid to those bereaved, early identification of people with suicidal tendencies, mental health problems, training in psycho-social support and aid.

- Introduction in the adolescents and young people circles of the educational programs aimed to develop better communication skills and conflict resolution, special attention to communities and groups propagating self-destructive tendencies

- Better attention to children and adolescents, prevention of bullying and violence, promotion of the healthy life-styles in the younger generations

- Development of effective programs of psycho-social support for the elderly and old people, introduction of such programs on the municipal level and in the institutions providing medical services and aid to elderly

- Further improvement of the system of psychological screening of the conscripts and those entering services in the militia, special forces, emergency services and other militarized structures, introduction in the every-day practice measures fighting bullying in the Army, education and enhancement of the role of commanders of different levels helping them better understand their responsibility for preventing suicides in their units.

- Enhancement of the professional level of medical and psychological (pedagogical) staff in the Army and other militarized structures, introduction in these structures of modern protocols of actions and referrals in cases of identification of suicidal tendencies in the military members, better cooperation between military psychologists and civil specialists.

- Enhancement of the professional level of medical and psychological (pedagogical) staff in the penitentiary system of Ukraine, information dissemination and training of the staff regarding suicide prevention measures

- Introduction in the medical, psychological and rehabilitation institutions measures of staff security by means of development of the rules and methods of debriefing

4. Within the frame of ***development of the system of wide prevention*** on the basis of ***educational activity***

In this context, the preventive strategy, often declared by public health care system as a main goal, is mostly feasible. Preventive measures may be carried out not only by medical doctors (and even not medical doctors per se), but rather by wide circles of people, both professionals and those who even have no profound training. After all the success will depend on the level of their knowledge, on their attitudes towards people with suicidal tendencies or mental health problems and their experience

Possible purposeful measures:

- Development and introduction of specialized courses in suicidology in the higher educational institutions of medical and psychological types

- Training and education regarding suicide prevention of the students of medical, social work and pedagogical colleges

- Training seminars in identification of depression and suicidal tendencies for GPs, family doctors, ambulance doctors, reanimatologists and trauma surgeons

- Training seminars for Red Cross patronage staff, rehabilitation centers for alcohol- and drug-addicts staff, volunteering organizations staff, hot-lines and telephone counselors volunteers

- Training in suicide prevention basics for militia staff, emergency services staff etc.

- Development and distribution in the wide public of information resources regarding risk groups and risk situations, myths and facts about suicide, about

prevention possibilities, about role of healthy life-styles, stress management, conflict resolution

5. Within the frame of development and introduction *measures to reduce availability of suicide tools*

In some cases "the last resource" of prevention may become the absence of the lethal suicide tool. It is well known that suicidal crisis is limited in time and intentions of the suicidal person are ambivalent. If at the moment of the crisis the weapon is not available suicide may not occur

Possible purposeful measures:

- Analysis of the situation on the medications market with regards of suicidal potential of certain drugs, development and implementation of measures restricting availability of these drugs
- Special attention to suicide risk while formulation of general rules of keeping weapons in private, rules of keeping and using weapons in different militarized structures, while issuing licenses to keep the weapon
- Analysis of statistics of completed suicides with special attention towards their clasterization in specific places (towers, rocks, bridges, etc) and implementing technical measures preventing suicidal behavior in such places.
- Analysis of situation on the market of pesticides and home chemicals, development and implantation of the measures to restrict their use with suicidal aims
- Analysis of situation with Internet sites advocating suicides and suggesting suicide methods, measures within existing possibilities to prevent their influence.

6. Within the frame *of responsibility of Mass Media* while reporting about suicide

Media can be an important resource of prevention, though they can also induce suicides in the vulnerable part of population by emotional reports about suicides of famous persons or by making hot news about suicides. It is important to promote responsible attitude of the media representatives which can be achieved first of all by education. In complicated cases media should consult specialists regarding the style of reporting.

Possible purposeful measures:

- Introduction of methodological resources developed by professionals and organizations regarding reporting about suicide in the journalists' community.
- Informing media representatives (via educational process, through associations, meetings, round tables, teaching seminars) about evidence how media can provoke suicides.
- Enhancement of a dialogue between media representatives and professional in mental health, encouraging consultations and discussions regarding safe approaches of reporting about suicide
- Involvement of mass media in advertisement and promotion of the resources of practical aid (hot lines, crisis centers, regabilitation centers, volunteering organizations)

7. Within the frame *of enhancement of suicidological research*

Recently in Ukraine research in suicidology is much more active than before. On the other hand, studies are mainly addressing psychiatric or pathopsychological aspects of the problem. Epidemiological data or social-demographic analysis is still represented in very few publications. Description or evaluation of preventive approaches is even rarer. On the other hand this aspect needs thorough and objective assessment so far as data obtained may be important for decision making and development of preventive strategies

Possible purposeful measures:

- Development and introduction of measures enhancing more accurate registration of suicide deaths, enhancement of cooperation between law, forensic medicine and medical care system in order to avoid underestimating of suicides

- Enhancement of epidemiological studies, purposeful evaluation of prevalence, social and demographic characteristics of suicides in Ukraine with regards of regional differentiation

- Enhancement of collaboration between different Uktainian specialists and experts (sociologists, psychiatrists, mental health and public health specialists) aimed to promote interdisciplinary studies on suicide in Ukraine

- Enhancement of studies and discussions aimed to identify existing suicide prevention initiatives, their evaluation and further promotion

8. Within the frame of ***dissemination of information about this program and it's evaluation***

Possible purposeful measures:

- Printing of adequate number copies of the program and dissemination in different structures, including medical aid system, educational system, Army, militia, organizations, etc.

- Enhancement of the public discussion regarding possible practical measures of implementation of the program, encouraging local actions within the frame of the program

- Creation of the web-site with presentation of the program and enhancement of the discussion in the Internet

- Development of the criteria for evaluation of systemic actions in suicide prevention on the national level, monitoring of local initiatives, promotion and propaganda of positive results and their scientific evaluation

* * *

Cooperation and collaboration in the process of implementation

According to the basic principles of this program wide intersectoral collaboration and cooperation of different governmental, non-governmental and professional structures is vitally important to achieve the goal

Here are listed possible structures, both governmental and non-governmental which could take part in the process of implementation

Ministry of Public Health
Ministry of Labor and Social Policy
Ministry in Youth Affairs and Sports
Ministry of Education and Science
Ministry of Internal Affairs
Ministry of Defense
Research institutions on different sciences

Higher educational institutions
Colleges, secondary schools
Professional associations (psychiatrists, psychologists, GPs, family doctors, nurses, journalists)
Non-government organizations (NGOs)
Volunteering groups and movements
Church communities of different confessions
Local governments (municipals)
Local community councils

In accordance to many countries which have developed and started introduction of the National Suicide Prevention Programs experience it would be reasonable to built a task-force – the National Council for Suicide Prevention, which would coordinate the activities. and which would embrace representatives of all above mentioned structures.

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