



Improving on suicide prevention

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Suicide has effects that range far beyond the person at the centre; it affects friends, family and the community. Suicide is not limited by age, culture, status or background — its widespread nature makes it a public health issue. This means the approach to dealing with it should be equally broad.

One far-reaching strategy is the Suicide Prevention, Intervention and Postvention (PIP) initiative in BC. The idea of PIP is to develop clear and coordinated approaches to address the mental health of British Columbians. The underlying question to be answered is what can be done to prevent suicide and suicidal behaviour? When do we intervene and what can we do after the fact to deal with death or injury?

Suicide PIP exists first to create an effective planning template that anyone can use, whether government, health care or individual. The idea is to research, educate and assemble best practices that can be shared across disciplines and levels. PIP also strives to identify promising strategies, not just best practices, that can contribute to a solution.

One of the best practices that has been found to be effective is cognitive behavioural therapy (CBT). This is a form of psychotherapy that emphasizes the role of thoughts as they relate to how we feel and behave. More simply, it is the thought that determines the feeling, not external events or people. Other promising strategies include restricting the means of suicide, and developing supports within the family and peer group.

The Suicide PIP framework identifies six key areas as priorities.

School-based programs that focus on promoting mental health and preventing substance use while integrating coping skills and social supports is an excellent starting place. The best approach is seen to be a ‘whole school’ plan where everyone is involved, from students to staff and teachers.

Gatekeeper training is a second good strategy. This involves educating peers, health professionals, community leaders and others to identify at-risk individuals and to improve access to suicide prevention resources.

Educating physicians and health professionals on early recognition, doing risk and clinical assessments, and treating suicidal behaviour and suicide ideation.

Ensuring the availability of culturally appropriate services. This means recognizing differences in approaches and the perception of suicide in other cultures. This is true for all three phases of PIP.

Coordinating services for suicide prevention, intervention and postvention across the mental health and healthcare system and in the community is the fifth priority area.

Rounding out the priorities is the development of postvention services, bereavement programs and supports for those touched by a suicide.

Suicide touches everyone in proximity to the one who has made that decision. They may be out of their pain, but everyone connected to them experiences it in their place. Reducing the incidence of suicide by improving our knowledge and practices can make a difference.

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