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access to populational mental health knowledge

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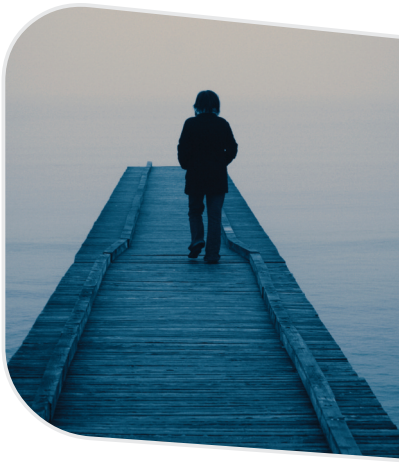
The need for a national suicide prevention strategy

Luc Desrochers, M.A., Coordinator, Réseau québécois de recherche sur le suicide (RQRS).
Alain Lesage, M.D., F.R.C.P.C., Associate Director, Fernand-Seguin Research Centre, Louis-H. Lafontaine Hospital and Co-director, RQRS.
Monique Séguin, Ph.D., Professor, Department of psychoeducation and psychology, Université du Québec en Outaouais.

Context

Suicide is a major public health problem, but many suicides are, in fact, preventable. The World Health Organization (WHO) estimates there are one million suicides worldwide every year (data from 2000), which translates to one suicide every 40 seconds. That could increase to 1.5 million per year by 2020. In Quebec, the number of suicides has decreased by 31% from 1999 to 2009, following a period of overall increase from 1981 to 1998 that peaked in 1999 (1620 suicides). Reasons behind this decline are elusive, especially since rates remain stable since 2000: 1177 suicides in 2006, 1109 in 2007, 1142 in 2008 and 1114 in 2009. Consequently, Quebec still has the highest suicide rate among Canadian provinces: 13.5 deaths per 100,000 inhabitants. Though our understanding of suicide and its factors has progressed significantly over the last thirty years, suicide is, at its core, a highly complex phenomenon.



Known risk factors include:

- mental disorders, particularly mood disorders, which are present in 40 to 60 percent of cases;
- certain behavioural characteristics such as impulsivity and difficulty evaluating risks;
- substance abuse and addictions, also present in 40 to 60 percent of cases;
- personality disorders;
- childhood adversity such as physical or sexual abuse.

Even a significant decrease of 25 to 35 percent, as in Quebec, in certain age groups among those most affected, raised its share of questions in terms of interventions, strategies and policies that could have had an impact on this variation over a decade.

Quebec still has the highest suicide rate among Canadian provinces

Therefore, the challenge is developing a set of interconnected intervention methods and locations with the capacity to educate various populations and, where appropriate, to adequately support communities and/or at-risk groups. Developing a national strategy pertaining to the social environment and needs of suicidal or at-risk individuals requires intensive and methodical knowledge transfer activities, consultation and collaboration.

It is in this perspective that Quebec, much like the Canadian Association for Suicide Prevention (CASP), and a number of countries[1] promote prevention strategies through various means: public education; responsible media coverage; awareness programs in schools; screening and adequate treatment of depression, mental illness and addiction; access to mental health services; identification and enumeration protocol for suicide attempts; crisis intervention and post-intervention; unemployment reduction policies; training of professionals; reducing access to means of suicide.

It is difficult however to identify which elements of Quebec's strategy contributed most significantly to the decline in suicide rates seen in the 2000s. A New Brunswick[2] study provides possible clues. After a systematic review of all suicides in that province, two profiles were defined. One group presented a life history with numerous continuing difficulties coupled with significant psychopathological complications (depression, personality disorders, addictions and substance abuse). The second group also presented mental health problems and addictions but lacked risk awareness (the individuals themselves and those around them), had no primary care screening, and did not receive adequate treatment or support by specialized professionals. The first group would have benefited from better coordination between social and health care services[3] (often a difficult undertaking), while the second group would have benefited from public awareness campaigns about mental health and detecting signs of distress.

Certain questions should be prioritized in helping to identify the most effective intervention strategies and the measure and scope of their effectiveness in Quebec:

- which part of this decrease is due to general or targeted awareness programs such as Sentinelles or Partners for Life–the latter having reached over 700,000 Quebec adolescents since 2000[i]?
- which part can be attributed to the implementation, in 2000, of a collaboration protocol between youth psychosocial support centres and Quebec's medical and pedopsychiatric services[4]?
- were antidepressants prescribed at the same rate to adolescents in Quebec than in the rest of Canada following Health Canada warnings[5]?
- was there an increase in treatments for addictions during this period and if so, among which groups and for which types of addiction?
- was there also an increase in treatments for depression among adults?
- to what degree were addiction liaison teams in hospital emergencies implemented since 2003[6]?

Conclusion

None of these interventions taken individually can explain the decline observed in Quebec. However, a rigorous and careful look at the location, time, degree and duration of their implementation could prove enlightening in several ways. Ongoing research studying the costs and benefits of population-based suicide prevention strategies aims to develop indicators that can generate evidence-based data on this matter[ii].

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i For more information on the program Partners for Life, visit: **http://www.fmm-mif.ca/en/p/help-a-person/our-assistance-programs/for-young-people**

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