

A brief report on the components of national strategies for suicide prevention suggested by the World Health Organization

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“Preventing suicide: A global imperative” by the World Health Organization (WHO) is a landmark paper which helps member states to design a robust national strategies for suicide prevention. Based on this report a well-designed national strategy for suicide prevention should have at the very least twelve components (1). In order to not forget these twelve vital components I have made an acronym i.e. “MATTE COMPASS”.

In the “MATTE” part:

M refers to “Media i.e. promoting implementation of media guidelines for responsible reporting of suicide”,

A to “Awareness i.e. establishing public information campaigns to support suicide prevention programs”,

T to “Training and education i.e. maintaining comprehensive training programs for suicide prevention”,

T to “Treatment i.e. improving the quality of clinical care for individuals who present to hospital following a suicide attempt” (1).

E to “Economics” i.e. governments being financially able, or politically willing, to provide the budget for the above initiatives.

In the “COMPASS” part,

C refers to “Crisis intervention i.e. having the capacity to respond to crises”,

O to “Oversight and coordination i.e. establishing institutions to promote and coordinate”,

M to “Means restriction i.e. reducing the availability of the means to suicide”,

P to “Postvention i.e. improving caring for those affected by suicide behaviors”,

A to “Access to services i.e. promoting increased access to comprehensive services for vulnerable to suicidal behaviors”,

S to “Surveillance i.e. increasing the quality and timeliness of national data on suicide behaviors”,

S to “Stigma reduction i.e. reducing discrimination against people using mental health services” (1).

Each of these twelve components has a vital role in designing a successful national suicide prevention strategy. Nevertheless, most of them are aiming at secondary and/or tertiary prevention. Whilst an effective national strategy for suicide prevention should also have the efficient components that aim at primary prevention to deal with the root causes of suicide in each country. Such components may at the very least address eradication of poverty, eradication of illiteracy, reduction of unemployment and job insecurity, providing social, economical and cultural support for and empowerment of women especially within low and middle income countries (2 & 3).

References

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