

Preventing suicide

A community engagement toolkit



World Health
Organization

Preventing suicide

A community engagement toolkit



Preventing suicide: a community engagement toolkit

ISBN 978-92-4-151379-1

© World Health Organization 2018

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Preventing suicide: a community engagement toolkit. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.







The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Graphic design and layout: Yusuke Nakazawa, Japan

Printed in Switzerland

Contents

Foreword	v
Acknowledgements	vi
Suicide prevention: the role of communities	01
Introduction	
Understanding suicide	
Why it is important to prevent suicide	
Why communities play an important role in preventing suicide	
A toolkit for community engagement in suicide prevention	
 1. Initial preparation	05
Know the community and foster a supportive community environment	
Consider the scale of engagement, population, services and information available	
Define broad goals	
Form a steering committee	
Identify key stakeholders	
Choose an engagement technique for the first meeting	
Plan and organize the first meeting	
 2. Begin the conversation at the first meeting	15
Conduct a mapping exercise	
 3. Create a community action plan	21
Examine the key issues and possible community actions	
Map the resources for the possible actions	
Mobilize resources	
Formulate an action plan according to priorities and resources	
Formulate SMARTER goals in the action plan	
Develop an outreach strategy to promote the suicide prevention activities and community events	
 4. Ongoing mobilization of the media	31
Tips for working successfully with the local media	
Responsible media reporting	
 5. Monitor and evaluate the community action plan	35
Continuous monitoring	
Evaluation to formulate lessons learned for future efforts	
Surveillance systems and quantitative change	
 6. Community feedback meeting	41

Resources for community suicide prevention 44

- General suicide prevention resources
- Engaging key stakeholders in the suicide prevention process
- Examples of other community suicide prevention programmes
- General community engagement resources (not suicide-related)
- Financing
- Monitoring and evaluation
- Reducing stigma and raising awareness about mental health and suicide
- Reducing access to means of suicide
- Engaging the media to encourage responsible reporting of suicide
- Gatekeeper training
- Persons who have attempted suicide
- Youth-specific resources
- Resources for indigenous peoples
- Resources for refugees and migrants
- Resources for older persons
- Resources for workplaces
- Postvention: supporting those affected by a suicide and preventing imitation

References 49

Annex 1 53

Annex 2 85

Foreword

Suicides take a high toll. Over 800 000 people die by suicide every year and it is the second leading cause of death in 15-29-year-olds. There are indications that for each adult who dies of suicide there may be more than 20 others attempting suicide. The impact on families, friends and communities is devastating and far-reaching, even long after persons dear to them have taken their own lives. Social, psychological, cultural and other factors can interact to lead a person to suicidal behaviour and the stigma attached to suicide means that many people feel unable to seek help. Most suicides occur in low- and middle-income countries where resources and services, if they do exist, are often scarce and limited for early identification, treatment and support of people in need. These striking facts and the lack of implemented timely interventions make suicide a serious global public health problem that needs to be tackled urgently.

Communities can play a critical role in suicide prevention. They can provide social support to vulnerable individuals and engage in follow-up care, fight stigma and support those bereaved by suicide. They can help give individuals a sense of belonging and a feeling of connectedness by being part of a community. Lastly, communities can also implement specific suicide prevention strategies relevant to their situation.

Facilitating community engagement in suicide prevention is an important task. Whereas governments need to take a lead in developing and implementing comprehensive multisectoral strategies for suicide prevention, communities can incorporate and enhance these efforts by considering their local community needs, priorities and circumstances.

The Mental Health Commission of Canada launched the grassroots initiative #308conversations by inviting each of Canada's 308 Members of Parliament and other community leaders to hold a conversation in their community about suicide prevention. The initiative represents a participatory approach to connecting communities, sharing best practices, identifying challenges, and taking meaningful action to reduce suicide and the impact of suicidal behaviours in Canada. Interested community members, people with lived experience and stakeholders share what is working and identify gaps in access, treatment and support.

The World Health Organization has worked collaboratively with the Mental Health Commission of Canada to adapt this participatory approach for global use. This toolkit is a step-by-step guide for communities to engage in suicide prevention activities, take ownership of the process and keep efforts sustained. The toolkit is not a manual for initiating specific interventions; rather, it describes an active and participatory bottom-up process by which communities identify, prioritize and implement activities that are important and appropriate to their local context and that can influence and shape policy and services.

We hope that the community engagement toolkit will be used in many countries and contexts. Together, we are working towards the ultimate goal of reducing suicide. The Member States of the World Health Organization have committed themselves in the Mental Health Action Plan 2013-2020 to work towards the global target of reducing the suicide rate in countries by 10% by 2020. The suicide rate is among the agreed indicators for the United Nations Sustainable Development Goals health target 3.4, namely "by 2030 reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being". This target is unlikely to be achieved unless communities are actively engaged in efforts for suicide prevention.

Dr Shekhar Saxena
Director
Department of Mental Health
and Substance Abuse
World Health Organization

Louise Bradley
President and Chief Executive Officer
Mental Health Commission of Canada

Acknowledgements

SUPERVISION AND GUIDANCE

Shekhar Saxena (WHO), Louise Bradley (Mental Health Commission of Canada)

PROJECT COORDINATION AND EDITING

Alexandra Fleischmann (WHO)

TECHNICAL CONTRIBUTION AND DRAFTING

Ed Mantler, Jennifer Vornbrock, Karla Thorpe, Stephanie Machel, Megan Schellenberg, Samuel Breau, Aimee LeBlanc (all from the Mental Health Commission of Canada), Lakshmi Vijayakumar (India), Sutapa Howlader (Australia), Anna Frühauf (Germany), Elisabet Arribas-Ibar (Spain)

REVIEW OF PILOT AND/OR FINAL VERSION

Shaazneen Ali (Maldives), Ralph Aquila (USA), Ella Arensman (Ireland), Jeffrey Aron (USA), José Ayuso-Mateos (Spain), Agnes Becker (United Kingdom), José M Bertolote (Brazil), Renzo Bonn (Italy), Robert Bossarte (USA), Pamela Collins (USA), Diego De Leo (Australia), Paolo Del Vecchio (USA), Geert Dom (Belgium), Rabih El Chammay (Lebanon), Jacqueline Garrick (USA), Ulrich Hegerl (Germany), Helen Herrman (Australia), Juliane Hug (Germany), Hiroto Ito (Japan), Roy A Kallivayalil (India), Zurab Kekelidze (Russian Federation), Nicole Koburger (Germany), Elisabeth Kohls (Germany), Kairi Kolves (Australia), Ilana Lapidus (USA), Nancy Liu (USA), Richard McKeon (USA), Roberto Mezzina (Italy), Nerges Mistry (India), Yutaka Motohashi (Japan), Elise Paul (USA), Sara Pedersini (Switzerland), Michael R Phillips (China), György Purebl (Hungary), Jessica Spagnolo (Canada), Graham Thornicroft (United Kingdom), Mónika D Tóth (Hungary), Nadja Van Ginneken (United Kingdom), Laetitia Van Haren (United Kingdom), Simon Vasseur Bacle (France), Danuta Wasserman (Sweden), Megan Williams (USA)

USE OF THE PILOT VERSION

Sujit John, Lakshmi Vijayakumar, Neha Lamech (India), Merab Mulindi (Kenya), Kedar Marahatta (Nepal), Edwin Bolastig, Gerard Hutchinson (Trinidad and Tobago), Robert Bossarte (USA)

PRODUCTION

Editing: David Bramley, Switzerland

WHO would like to thank the Mental Health Commission of Canada and the Government of Japan for their financial contributions.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_25174

