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SUICIDE : ADVOCATING ACTIVE PREVENTION

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Since 1993, and our assembly's study on suicide prevention, suicide has been identified as a public health problem. In 2010, the number of deaths due to suicide was 10,509, or a decrease of 20% in 25 years, with the figure reaching 50% in adolescents as a result of specifically targeted strategies. National programmes for the prevention of suicide, put in place in the 2000s, have contributed to this outcome. However, the rate of death due to suicide in France remains high in comparison with the European average.

The suicide rate increases with age. In 2010, more than 57% of deaths occurred between 35 and 64 years of age and the rate of suicide in the 75-84 age group reached 41.5 per 100,000. As with health prevention, there are regional disparities.

The number of suicide attempts, which in 2010 were more numerous

A revealing observation: 11,000 suicides per year or 30 per day

among women and young people, was estimated at 220,000. Recent data highlights the significant number of recurrences after a suicide attempt.

Epidemiology and research allow a better understanding of the mechanisms behind the suicide crisis and of risk factors, and so help with the implementation of effective prevention policies. The suicide crisis can be defined as a psychological crisis in which the greatest risk is suicide. It is accompanied by suicidal thoughts which become more and more insistent and pervasive and which may eventually lead to the act itself. As with any preventative health policy, the assessment of risk factors such as personal or family history,

220,000 suicide attempts per year or one every 2 minutes

social and emotional isolation and / or age, are of paramount importance. The incidence of suicide is particularly high among the socially and economically vulnerable, the unemployed and victims of discrimination as a result of their sexual orientation. Adolescence and the transition to early adulthood, and psychosocial risks can also increase this risk. However, many studies highlight the link between depression and suicide.

Suicide prevention policy is gradually being developed. In 1969 health professionals closely involved with the subject established the Organisation for Research into and Prevention of Suicide, which was then given new impetus in 2004 with the creation of the National Union for the Prevention of Suicide.

The national programme of action against suicide (2011-2014), which is a continuation of the 2000/2005 national strategy, sets out actions adapted to target audiences (young people, prisoners, the elderly...). It aims to improve the quality of data available and reforming the death certificate should help. The Psychiatric and Mental Health Plan 2011-2015 incorporates some of these actions in terms of access to psychiatric care and follow-up. Nonetheless, there are difficulties in getting a coherent system of support started in some areas due mainly to the lack of close cooperation between private practice doctors and psychiatrists and insufficient capacity in the appropriate structures. ■

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National plans provide for measures such as:

- the pursuit of further research,
- the training of professionals...

Our assembly is in favour of these actions and considers it necessary to consolidate them by empowering stakeholders on the ground to implement them.

If France wants to construct a policy of prevention now for the next 20 years, suicide must be taken into account in all its multi-faceted aspects. Society and its evolution influences the risk factors and the prevalence of depression in the population. Our assembly should now define new guidelines for active suicide prevention.

THE FIRST PROPOSAL

Integrate the national programme for action against suicide more closely with the Psychiatric and Mental Health Plan, and promote networking.

Treat diseases such as depression, particularly through the proper use of psychotropic drugs, as part of suicide prevention. For the ESEC, it is important that the preventative measures set out in the two national plans are organised coherently in order to improve efficiency.
This is essential, because counselling services and psychological and social support structures are under pressure due to lack of funding.
For our assembly, these structures must be developed and have real capacity for support and monitoring. Furthermore, permanent access to a trained healthcare professional should be made available in all of the emergency services, the maintenance of a link (written or telephone) between suicidal patients and hospitals should be extended and the experience of the Rhône-Alpes regional centre for the prevention of suicidal behaviour should be assessed with a view to expanding its use. This centre collects and makes available information and good practice and organises networking among health professionals and associations.

THE SECOND ORIENTATION

Encourage early warning systems for suicide risk.

Detecting the early signs of a suicide risk, formalising this early warning, and ensuring it is taking into account are all essential in order to prevent the suicide act itself happeninge.
For the ESEC, it is essential to

- raise awareness of the familly;
- mobilise professionals.

Training, both initial and ongoing, of all health professionals and especially general practitioners is essential. The training should be renewed every three to five years and should be included in the annual guidelines for continuing professional development (CPD).
Those involved in medical care at school and medical care at work must also be able to intervene and the ESEC reiterates its determination to see their resources increased.

THE MOST INNOVATIVE ORIENTATION

Create a national suicide monitoring centre which would work closely with regional suicide prevention centres.

This national monitoring centre would be tasked with analysing and sharing epidemiological, clinical and sociological data. It will highlight the results of French and foreign research.
Centralising and homogenising this data will contribute to the identification of risk factors, the evaluation of preventative practices and therefore to better targeting of prevention measures. With a flexible structure it will bring together professionals (doctors, sociologists, etc.) and will work in conjunction with partners such as the Directorate General for Health, Inserm (National Institute of Health and Medical Research), the InVS (French Institute for Public Health Surveillance) etc.
This national monitoring centre will be supported by stakeholders working on the ground, whom it is essential to organise.
In regions which do not yet have dedicated resource centres, existing structures such as the Regional Health Monitoring Centres could carry out the function of pooling regional data.

Lastly, suicide prevention must become the concern of everyone, through a national prevention campaign, relayed by local networks and awarded the designation of National Cause for the prevention of suicide.