

**SPECIAL COLLABORATION**Received: February 7<sup>th</sup> 2020Accepted: April 14<sup>th</sup> 2020Published: May 25<sup>th</sup> 2020**THE APPROACH TO SUICIDE:  
REVIEW OF THE AUTONOMOUS STRATEGIES FOR THEIR INTERVENTION**

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Author declare that there is no conflict of interest.

**ABSTRACT**

**Background:** Suicide is one of the most pressing problems worldwide, one of the main social challenges. In Spain, suicide mortality is the leading cause of external death, maintaining the suicide rate relatively stable or even increasing in some age groups in a context in which the mortality of the population due to external causes follows a decreasing trend. Despite the alarming figures, in Spain there is no National Plan for Suicide Prevention, being the main initiatives to address this problem of regional or local court. The objective of the present study was to present the state of the matter regarding the approach to suicide in Spain.

**Methods:** A review was carried out in the main search engines, both general (Google) and specialized (Psicodoc, Psycinfo), introducing several key words. The results were filtered excluding local court initiatives, incorporating interventions at the community level. Their content was analyzed and the foundations of each strategy were presented.

**Results:** A total of 22 interventions were found in 16 autonomous communities (all except Murcia).

**Conclusions:** We can conclude the serious lack of treatment related to this problem. For the most part, strategies for working suicide are incorporated into Mental Health plans. The need to continue working on the design of effective and comprehensive interventions, focused on prevention that address the phenomenon from a multidisciplinary approach, specifically focused on the problem, is evident.

**Key words:** Suicide, Prevention, Mental health.

**RESUMEN**

**El abordaje del suicidio: revisión de las estrategias autonómicas para su intervención.**

**Fundamentos:** El suicidio constituye una de las problemáticas más acuciantes a nivel mundial, suponiendo uno de los principales retos sociales. En España, la mortalidad por suicidio constituye la primera causa de muerte externa, manteniéndose la tasa de suicidio relativamente estable o incluso aumentando en algunos grupos etarios en un contexto en el que la mortalidad de la población por causas externas sigue una tendencia decreciente. Pese a lo alarmante de las cifras, en España no existe un Plan Nacional de Prevención del Suicidio, siendo las principales iniciativas para el abordaje de esta problemática de corte autonómico o local. El objetivo del presente estudio fue presentar el estado de la cuestión en lo relativo al abordaje del suicidio en España.

**Métodos:** Se realizó una revisión en los principales buscadores, tanto generales (Google) como especializados (Psicodoc, Psycinfo), introduciendo diversas palabras clave. Se filtraron los resultados excluyendo las iniciativas de corte local, incorporando solamente las intervenciones a nivel comunitario. Se analizó el contenido de los mismos y se expusieron los fundamentos de cada estrategia.

**Resultados:** Se encontraron un total de 22 intervenciones en 16 comunidades autónomas (todas a excepción de Murcia).

**Conclusiones:** Puede afirmarse la grave carencia existente en torno al tratamiento de la problemática del suicidio. En su mayor parte, las estrategias para trabajar sobre el suicidio están incorporadas dentro de los planes de salud mental. Es evidente la necesidad de seguir trabajando en el diseño de intervenciones eficaces e integrales, centradas en la prevención, y que aborden el fenómeno desde un enfoque multidisciplinar, estando específicamente centradas en el problema.

**Palabras clave:** Suicidio, Prevención, Salud mental.

## INTRODUCTION

One of the most relevant problems worldwide in terms of mental health is suicide. The scope of the problem is such that the World Health Organization (WHO) and the member states have included in the *Mental Health Action Plan (2013-2020)* the objective of reducing national suicide rates by 10% by 2021<sup>(10)</sup>.

Focusing on our country, the most recent available data indicate that in 2017 there were a total of 3,679 suicides (2,718 men and 961 women)<sup>(6)</sup>. In other words, suicide is the leading external cause of death in Spain, almost tripling the number of deaths by traffic accident in that year (1,943). In a context in which mortality from external causes in the population has followed a decreasing trend, the suicide rate has remained relatively stable or even increased in the 15-24-year-old age group. On the other hand, as far as the elderly are concerned, quite high rates are also observed, which could be explained by common factors such as loss of health, with the consequent dependence and loneliness. In this line, the theory of suicide by balance says that, in older people, suicide is a product of the lack of incentives in life, vital weariness and a negative existential examination, which can be aggravated by a bad state of health, with no prospect of improvement<sup>(2)</sup>. It has also been pointed out that loneliness, the lack of interpersonal relationships or a biased memory of autobiographical memories, in which negative aspects predominate<sup>(1)</sup>.

The problem worsens taking into account the complexity of the etiology, in which multiple risk factors converge, in addition to the individual's own idiosyncrasy, such as the following: family history of suicide, physical or social abuse; previous suicide attempts; emotional disorders; stressful events; conflicts with close friends and family; legal, financial or work-related problems; events leading to

stigma, humiliation or shame<sup>(9)</sup>. Since suicide is a pressing need, the comprehensive approach should be a priority in which different professionals from multiple disciplines work together. However, despite the alarming figures, Spain, unlike other countries, does not have a national programme for tackling suicide, but only strategies developed at regional or local level. In fact, the *Mental Health Strategy for 2009-2013*<sup>(8)</sup> lacks specific objectives focused on suicide prevention, and work on this issue falls within Strategic Line 1 (promotion of the population's mental health, prevention of mental illness and eradication of the stigma associated with people with mental disorders). Although health professionals have a guide, the "*Clinical Practice Guide for the Prevention and Treatment of Suicidal Behaviour*"<sup>(5)</sup>, this measure is aimed at a minimum part of the population (professionals, who also tend to have the most training in this area), and this is only a guide, that is, it does not imply a greater effort to generate a standardised protocol of action, and is therefore a poor measure given the magnitude of the problem.

Once the problem has been succinctly explained, the aim is to compile a brief summary of the main measures for tackling suicide available in the different Spanish communities, which have been analysed as the objective of this study.

## MATERIALS AND METHODS

A bibliographic review of the different programmes available at the regional government's efforts to prevent suicide. Primary sources were reviewed, mainly through the Psicodoc and Psycinfo databases and the Google search engine. Key terms such as "*suicide*" "*suicide plan*" and the corresponding autonomous community were introduced. Only those preventive initiatives supported by the autonomous governments were considered, so

that local measures or those aimed at a small population focus were not included. Their objectives and principles of action are briefly described below.

## RESULTS

A total of 22 intervention works were found in 16 Autonomous Communities (all except Murcia). The date of implementation and the validity of each programme are indicated in the summary. The following is a summary of the main intervention strategies, by Autonomous Community:

**Andalusia. *Suicide Prevention Plan (2017-present)*.** Designed by professionals from the Mental Health Clinical Management Unit of the Malaga Regional University Hospital, the plan is structured in three blocks (universal prevention, selective prevention and indicated prevention). The actions include training and awareness-raising programmes with social and community agents, as well as with health professionals. Also noteworthy is the implementation in the Emergency Department of the five-step evaluation protocol “*Suicide Code*”, which allows for the screening of people with suicidal behaviour and guarantees the continuity of care via telephone and in person. On the other hand, an app for mobile phones was launched, mainly for young people and adolescents, which provides resources to develop and strengthen personal skills and a support network in situations of suicide risk.

**Aragon. *Strategic Plan for Mental Health (2017-2021)*.** Although the first regional plan for the prevention of suicide has already been approved, attention to this problem has gone unnoticed to date in Aragon, including within the *Strategic Plan for Mental Health (2017-2021)*. In fact, within this plan there is only a mention of the need to establish a continuous training programme in Mental Health aimed at Primary Care professionals.

This training is focused on training in clinical psychiatric interviews, the management of psychiatric emergencies, the prescription of psychopharmaceuticals and psychotherapies, and suicide prevention, among other topics.

**Asturias. *Protocol for detection and case management in people at risk of suicide (2018-present)*.** In Asturias, the Ministry of Health of the Government of the Principality of Asturias has implemented a protocol drawn up by professionals from different disciplines aimed at workers in health care facilities that may be used to treat patients at risk of suicide. This programme, which will be implemented in 2018, will last for three years. The objectives of the programme are the early detection of patients with suicidal ideation/planning/behaviour, the establishment of a multidisciplinary therapeutic approach and the reduction of suicide risk and mortality.

**Asturias. *Programme for the prevention of recurrence of suicidal behavior based on case management (PSyMAC) (2011- 2013)*.** This is a preventive program implemented in Oviedo, in the Emergency Department of the Central University Hospital of Asturias<sup>(12)</sup>. This experimental program was based on regular participation (10 one-hour sessions) in a psycho-educational program. After the intervention, the patients were followed for 6 months via in-person or telephone interviews.

**Balearic Islands. *Ministry of Health of the Balearic Islands. Suicide Observatory (2017-present)*.** The Suicide Observatory is a pioneering epidemiological monitoring system in Spain, set up by the Regional Ministry of Health to raise awareness and reduce the stigma and taboo surrounding suicide. Work is also being done on the training of professionals, and a working group has been created to draw up a *Plan for the Prevention, Action and Management of Suicidal Behaviour in the Balearic Islands* (to date, the

Balearic Islands has no specific plan for treating suicide), which aims to assist people who have attempted suicide and their families, interdisciplinary coordination, the specialisation of professionals and the preparation of a guide compiling all the available information and resources.

*The Canaries. Mental Health Plan of the Canary Islands (2009-2013).* The *Mental Health Plan* incorporates a strategic line centred on the prevention and treatment of suicidal behaviour (training actions for professionals of the Mental Health Network, of Primary Care and of the media, all of them of a theoretical-practical nature). Research is promoted through the register of psychiatric cases (RECAP), where all the patient's history is collected.

*Cantabria. Regional Protocol for the Prevention of Suicide in Valdecilla (2016-present).* Programme launched in March 2016, which guarantees early diagnosis, comprehensive treatment and intensive follow-up of the patient, monitored according to needs. Among the results, the pressure on the mental health units was reduced and the treatment of high-risk patients, who previously did not receive psychological assistance, was optimized.

*Castilla-La Mancha. Strategies for the prevention of the suicide and the intervention before autolitic attempts (2018-present).* Included in the *Castilla-La Mancha Mental Health Plan (2018-2025)*, the measures designed are based on the application of suicide prevention strategies that affect the response to self-harm and suicidal behaviour, especially among the population at greatest risk.

*Castile-Leon. Process of prevention and care of suicidal behavior (2018-present).* In Castilla-León there is no specific plan for dealing with suicide. Within the *IV Health Plan*, there is a working document on the *Process of Care for*

*Suicidal Behaviour*, promoted by the General Directorate of Healthcare of the Regional Healthcare Management. It aims to identify people at risk of suicide, reduce suicide attempts in at-risk populations, re-evaluate suicide mortality and ensure coordination of care.

*Catalonia. Health Plan of the Ministry of Health of Catalonia (2011-2015).* Among the general objectives of the plan in terms of suicide is the prevention of completed suicide, relapse of attempts and control of the ideation. More specifically, it is planned to work on raising the awareness of the professionals involved in detection, the collection of reliable data on the prevalence of suicidal behaviour, the detection of risk situations, immediate attention to behaviour and risk situations, guaranteeing care until the patient is treated in the Mental Health services, and maintaining coordination with other teams of professionals.

*Catalonia. Programme for the Prevention of Suicidal Behaviour (PPCS) in Barcelona (2005-2008).* Framed within the actions contemplated by the European Alliance against Depression, it was implemented between 2005 and 2008 in the Hospital de la Santa Creu i Sant Pau (Barcelona), the Dreta Eixample sector and in Vallés Oriental. It was a pilot study in which 148 patients participated, whose results were shared with 167 patients who were not included in the program and who formed the control group. The results were very positive, with fewer suicidal relapses in the experimental group compared to the control group, a reduction in hospitalizations, more time between attempts, and fewer repetitions at 12 months<sup>(13)</sup>.

*Catalonia. Sabadell Suicide Prevention Programme (2007-2008).* This is a programme developed by the Corporació Sanitària i Universitària Parc Taulí, in the co-brand of Vallès Occidental (Sabadell), which is mainly

based on a systematic follow-up of the patient every week, as well as in the first, second, third, ninth and twelfth month after a suicide attempt.

This programme was implemented in three study groups, monitoring the possible positive effects of telephone follow-up. The group that was followed by telephone took longer to repeat the autolytic behaviour than the other two groups that did not receive telephone attention, in addition to reducing the probability of repetition by 57.4%<sup>(3)</sup>.

*Catalonia. Codi Risc Suïcidi (CRS) Programme (2014-2015).* This programme prioritised the identification of people which is known as the “Suicide Risk Code”, their thematic detection and, above all, their proactive intervention and monitoring<sup>(4)</sup>.

*Valencian Community. Suicide Prevention Plan and management of suicidal behaviour in the Valencian Community. Living is the way out (2017-present).* The objective of this strategy, presented in operational terms, is to reduce the rate of suicide and attempts in the period 2016-2020. To this end, five lines are included. The main areas of action include: promotion of positive mental health and suicide prevention, detection of risk of suicidal behaviour, management of suicidal behaviour, training, information systems and epidemiological research.

*Extremadura. I Plan of Action for the Prevention and Treatment of Suicidal Behaviour in Extremadura (2016-2020).* Integrated within the 3rd Comprehensive Plan for Mental Health in Extremadura (2016-2020), it has nine main objectives, focused on training professionals, patient care and awareness, among others. Amongst the specific actions, there are strategies such as special courses aimed at mental health professionals that deal with the assessment and intervention to stop suicide, the approval of the suicide code (which is an action algorithm), the elaboration

and management of the *Protocolized Suicide Risk Management Plan*, or the elaboration and dissemination of an annual epidemiology report.

*Galicia. Programa de Intervención Intensiva de Ourense (PII) (2008-present).* Preventive program developed in the health area of Ourense. It includes the training of primary care professionals and care after a suicide attempt in the Emergency Department of the Complejo Hospitalario Universitario de Ourense (CHUO). This care consists of an intensive program of 10 group sessions for 6 months, medical consultations by telephone and in person, and the provision of a support telephone for professionals and patients. The results of applying this program to 89 patients were compared with patients who had received conventional treatment in previous years<sup>(11)</sup>, and positive results were found.

*Galicia. First Plan for the prevention of suicide in Galicia (2017-present).* Promoted by the Conselleria de Sanidade, its objectives are the reduction of the suicide rate and the establishment of measures to reduce the suffering of people who have made an attempt to suicide, as well as the impact on families. It consists of 7 strategic lines, including a total of 37 measures, which can be revised according to the needs detected.

*Navarre. Protocol for inter-institutional collaboration (2014-present).* In the case of Navarre, the measures for tackling suicide are included in the *Strategic Plan for Mental Health in Navarre*. It focuses on sensitization and the most important risk factors, such as the existence of a mental disorder and having had at least one previous attempt. It is addressed through prevention, intervention, follow-up, and coordination of all resources.

*La Rioja. First Plan for the Prevention of Suicide in La Rioja (2016-2020).* Prepared by a technical group of experts from different

institutions involved, it is included in the III Mental Health Plan of La Rioja. In total, it involves 39 specific measures, which cover four solid bases of action:

- i) Detecting, addressing, and preventing suicide and intervening with people who have lost a loved one to suicide.
- ii) Training for professionals and research.
- iii) Effective information and communication to make suicidal behavior visible and reduce social stigma.
- iv) Lines of collaboration and coordination.

In addition, a specific emotional education programme is being developed in 13 working sessions, which is a strong preventive commitment.

**Madrid. Code 100 Programme.** This is an intensive follow-up programme for people who have attempted suicide, particularly those who are treated for emergency services outside their homes. Developed by the Hospital Jiménez Díaz (HJD) and the Municipal Emergency and Rescue Assistance Service of Madrid (SAMUR- Civil Protection), it guarantees voluntary care in the Mental Health Centre within a maximum of 72 hours. The program provides telephone follow-up after the suicide attempt and provides a weekly group therapy session. The results of the implementation of this program were compared with the suicidal risk patients evaluated in the Emergency Department of a tertiary hospital, and the results were quite positive<sup>(7)</sup>. Likewise, a guide for bereaved family members has been presented, elaborated by clinical psychologists and psychiatrists, which provides guidelines for the healthy management of negative emotions and thoughts that arise after the loss of a loved one.

**Basque Country. Pilot programme for the prevention of suicidal behaviour in Guipúzcoa (2013 and 2014).** This was a programme integrated into the European Alliance Against Depression, applied in two health areas in Guipúzcoa: the Integrated Health Organisation Bajo Deba (2013) and the Integrated Health Organisation GoierriAlto Urola (2014). The programme worked at different levels depending on the target population (general population, social facilitators, media and health system). Actions included information and awareness campaigns on depression, training workshops in psychological first aid, materials with the World Health Organization's recommendations for the media, or improving the detection, intervention, and follow-up of patients after an autolytic attempt.

**Basque Country. Strategy for the prevention of suicide in the Basque Country (2019-present).** This is one of the best-defined strategies at a national level, with the general objective of reducing morbidity and mortality due to suicide and improving care for people at risk and their families. With a multi-disciplinary intervention approach, and including both the public and private sectors, it contains 57 measures such as breaking down barriers that prevent people at risk from seeking help and providing more information, better care, and earlier intervention.

## DISCUSSION

The main initiatives deployed in the different autonomous communities are set out in this review. Given that Spain does not have a state-level approach programme, it is the regional health systems that assume the preventive practices and the abortion of suicide. In this sense, it is also worth pointing out the lack of plans that focus on suicide in a unique and specific way, since most of the actions are integrated within

the mental health plans. Only communities such as Andalusia, Asturias, Cantabria, Catalonia, Valencia, Extremadura, Galicia, Madrid, and the Basque Country have plans that focus on providing a comprehensive response to suicide. In this sense, Catalonia and the Basque Country are pioneers, promoting well detailed, and rigorously tested programmes. Most of the programmes and initiatives are quite recent.

The actions mainly focus on prevention, training of professionals and the community, as well as the registration and monitoring of patients. In some cases, there is a 24-hour emergency telephone number and patient follow-up is guaranteed. On the other hand, Murcia is

the community that to date has most neglected intervention in the area of suicide, although a proposal for a pre-vaccination plan has already been approved, which will be drawn up by its Department of Health, in collaboration with the Department of Education, Youth and Sports and the Department of Family and Equal Opportunities.

In Spain, the situation is quite worrying, so the measures set out here are considered insufficient. We consider the creation of a National Plan for the Prevention of Suicide to be extremely urgent, with a budget for its execution, which prioritizes care from primary care, and which invests in training and research. It would also be advisable not to neglect the idiosyncrasies of the age of the population at risk, focusing on the third age and adolescents. Firstly, because of their high rate of suicide and, in the case of adolescents, because of the significant impact and social repercussions they have.

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