POLICY BRIEF

THE NEED FOR A REGIONAL ACTION PLAN FOR SUICIDE PREVENTION IN WALLONIA

Why suicide prevention is key – BELHEALTH results

Suicide is a critical societal and public health concern, with farreaching impacts on individuals and their loved ones, and society as a whole^[1,2]. Evidence from cross-sectional data of the Belgian Health and Well-being Cohort (BELHEALTH)¹ shows 13% of people living in Wallonia reported having had suicide ideations in 2023. This requires urgent attention and the creation of a regional action plan for suicide prevention in Wallonia, focussing on evidence-based universal, selective and indicated suicide prevention.



BELHEALTH data shows risk factors for suicide include:

- 1. socioeconomic factors like unemployment, having difficulty making ends meet
- 2. suffering from anxiety, depression or both

Evidence from BELHEALTH



13% of people living in Wallonia reported having had **suicidal thoughts** in the twelve months preceding November 2023.²



More than one third (36%) of people that were **unemployed** reported having had suicide ideations in the 12 mounts before November 2023.



18-29 year olds was the group that reported most suicide thoughts in 2023 (20%) compared to other age groups.



18% of people with **difficulty making ends meet** reported suicide ideations in the 12 months before November 2023.

¹ https://www.sciensano.be/en/projects/belgian-health-and-well-being-cohort

² BELHEALTH data presented here are weighted, see the methodological document <u>here</u> for more information.

How to prevent suicide: some recommendations

Suicide is a complex topic and there never is one simple way to prevent it. Evidence-based practices like the Universal Selective Indicated (USI) Model³ already in place in Flanders, shows prevention of suicide is most effective when it is applied in the following three domains simultaneously:

1. Universal: strengthen healthcare professional's training and keep investing in telehealth services.



- Continue to promote expertise among healthcare professionals who regularly come into contact with individuals at potential risk of suicide to foster better knowledge, attitudes and skills for effective suicide prevention⁴.
- · Continue to invest in telehealth services⁵, like <u>Télé Accueil</u> or <u>Un pass dans l'impasse</u>.
- Support the deployment of a network of sentinels, made up of members of the public, trained professionals and local players to identify and refer people at risk.

2. Selective: support people experiencing mental health challenges and people in vulnerable positions by better detection, treatment and follow-up.



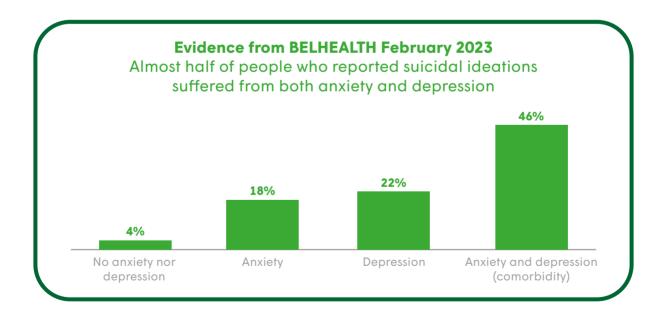


- Organise an awareness-raising campaign to mediators from Forem⁶ to detect signs
 of suicidality and respond appropriately.
- Pay special attention to people that are self-employed, are young or go through a life transition. Prevent psychosomatic disorders liked to sensitive life stages and raise awareness among young people in schools.

3. Indicated: support someone who survived a suicide attempt, as well as next-of-kin.



- Follow up with a mental health professional who can support a person who tried
 to take their own life. Attempting suicide is a risk factor for trying to take one's life
 again^[4,5].
- Support and step up help for family members and those bereaved by suicide. Strengthening social support is vital in recovering from a mental health crisis^[6].



Universal, Selective, Indicative (USI) model of suicide prevention^[7,8].

⁴ Examples of trainings already in place are the <u>trainings</u> offered by *Un Pas Dans l'Impasse*. An example in Flanders' is the online e-learning platform SP-Reflex tailored at healthcare providers^[9], with evidence-based guidelines, e-learning modules and tools for health and social care professionals.

 $^{^{5}}$ Evidence of the effectiveness of telehealth interventions in suicide prevention can be found $\underline{\text{here}}^{\text{[10]}}$

⁶ This is currently in place in Flanders^[9], where all *Vlaamse Dienst voor Arbeidsbemiddeling (VDAB)* employees are offered a digital suicide prevention module, available during training days and on intranet.

References

- [1] World Health Organization. (2014). Preventing suicide: A global imperative. World Health Organization. https://iris.who.int/handle/10665/131056
- [2] World Health Organization. (2023). WHO policy brief on the health aspects of decriminalization of suicide and suicide attempts [Policy Brief]. World Health Organization. https://iris.who.int/bitstream/handle/10665/372848/9789240078796-eng.pdf?sequence=1
- [3] Bruggeman, H., Nélis, G., & Gisle, L. (2023). Belgian Health and Wellbeing Cohort (BELHEALTH) Bulletin n°2 May 2023 (p. 7). Sciensano. https://www.sciensano.be/sites/default/files/bulletin_2_belhealth_en.pdf
- [4] Ackerman, J. P., & Horowitz, L. M. (Eds.). (2022). Youth Suicide Prevention and Intervention: Best Practices and Policy Implications. Springer Nature. https://doi.org/10.1007/978-3-031-06127-1
- [5] Portzky, G., Audenaert, K., & van Heeringen, K. (2005). Suicide among adolescents. Social Psychiatry and Psychiatric Epidemiology, 40(11), 922–930. https://doi.org/10.1007/s00127-005-0977-x
- [6] Szumilas, M., & Kutcher, S. (2011). Post-suicide Intervention Programs: A Systematic Review. Canadian Journal of Public Health, 102(1), 18–19. https://doi.org/10.1007/BF03404872
- [7] Gordon, R. S. (1983). An operational classification of disease prevention. Public Health Reports, 98(2), 107.
- [8] Nordentoft, M. (2011). Crucial elements in suicide prevention strategies. Progress in Neuro-Psychopharmacology and Biological Psychiatry, 35(4), 848–853. https://doi.org/10.1016/j.pnpbp.2010.11.038
- [9] Vlaams Actieplan Suïcidepreventie III (2022-2030) (p. 140). (n.d.). https://www.zorg-en-gezondheid.be/sites/default/files/2022-12/VAS_III.pdf
- [10] Shoib, S., Shaheen, N., Almoatazbellah, A., Saad, A. M., Akr, L. M., I Saud, A., Kundu, M., Nahidi, M., Chandradasa, M., Swed, S., & Saeed, F. (2024). The effectiveness of telehealth interventions in suicide prevention: A systematic review and meta-analysis. 70(3). https://doi.org/10.1177/00207640231206059

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The latest <u>BELHEALTH</u> results on suicide can be found here, as well as on the <u>HealthyBelgium</u> website.

Anyone with questions around suicide can contact the freephone number 107. To make an appointment or ask any questions, you can call *Un pass dans L'impasse* on the single number for the whole of Wallonia: 081/777.150. The helpline of the *Centre de Prévention du Suicide* can be reached on 0800 32 123.

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