



# VU Research Portal

## Suicide prevention discussed at the WHO European Ministerial Conference on Mental Health. (Editorial).

Kerkhof, A.J.F.M.

### **published in**

Crisis  
2005

### **DOI (link to publisher)**

[10.1027/0227-5910.26.2.51](https://doi.org/10.1027/0227-5910.26.2.51)

### **document version**

Publisher's PDF, also known as Version of record

[Link to publication in VU Research Portal](#)

### **citation for published version (APA)**

Kerkhof, A. J. F. M. (2005). Suicide prevention discussed at the WHO European Ministerial Conference on Mental Health. (Editorial). *Crisis*, 26(2), 51-52. <https://doi.org/10.1027/0227-5910.26.2.51>

### **General rights**

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

### **Take down policy**

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

### **E-mail address:**

[vuresearchportal.ub@vu.nl](mailto:vuresearchportal.ub@vu.nl)



## Suicide Prevention Discussed at the WHO European Ministerial Conference on Mental Health

Ad JFM Kerkhof

In Helsinki, Finland, the ministers of health of the European countries recently assembled for the WHO Ministerial Conference on Mental Health. At the meeting, which took place January 12–15, 2005, the ministers came up with a Health Declaration for Europe and a Mental Health Action Plan. The Declaration started with the following:

“We, the Ministers of Health of Member States in the European Region of the World Health Organization . . . acknowledge that mental health and mental well-being are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens. We believe that the primary aim of mental health activity is to enhance people’s well-being and functioning by focusing on their strengths and resources, reinforcing resilience and enhancing protective external factors.”

This, of course, is very well formulated, as is the rest of the declaration and the action plan attached to it. The WHO did a wonderful job in organizing this conference. The text of the declaration is full of good intentions, wisdom, and valid recommendations. The WHO, together with associated organizations such as Mental Health Europe and many governments in Europe, did all the necessary preparation to have the declaration formulated and signed by the Ministers of Health. They did a good job. It is to be hoped that back at home the Ministers in their separate countries will comply with these recommendations in actual practice. But this is a start, there is commitment, and we can all remind our governments of what they signed in Helsinki in January 2005.

One of the important topics at this conference was suicide prevention. Let me summarize what happened in this regard. The final text of the declaration states that the following action should be taken:

- “(8.v.) develop and implement measures to reduce the preventable causes of mental health problems, comorbidity and suicide”

Two of the responsibilities are commitments to:

- “(10.ix.) address suicide prevention and the causes of harmful stress, violence, depression, anxiety and alcohol and other substance use disorders,” and
- “(11.vii) support . . . running helplines and internet counseling for people in crisis situations, suffering from violence or at risk of suicide.”

In the Action Plan, 12 areas of action are formulated. The fifth is “to prevent mental health problems and suicide.” It involves increasing awareness, targeting groups at risk, establishing help-lines and websites, establishing policies that reduce the availability of the means to commit suicide, and increasing awareness among staff employed in health care of their own attitudes and prejudices toward suicide and mental health problems, etc.

In a milestone section, finally, the Action Plan specifies that between 2005 and 2010 the Member States should . . . “include the prevention of mental health problems and suicide in national policies.”

The background and need for these recommended actions were highlighted during one of the sessions by distinguished suicidologists. Their contributions were well received by the audience.

Jose Bertolote from the WHO in Geneva presented worldwide statistics showing that suicide is a major problem in Europe, South East Asia, and the West Pacific region. It is shocking that many suicides in developing countries are due to pesticide poisoning. Bertolote asked for more emphasis on preventable causes of suicide and

on protective factors as opposed to fixed risk factors. He called for a public health approach: Control of toxic substances, treatment of mental disorders, handgun control, and deglamourizing media reports.

Airi Varnik (Estonia) presented suicide as one of the consequences of transition in some nations and cultures. She presented figures from the Baltic States and from Russia. All indicators reflected the social, economic, and cultural changes that impacted upon these countries. Life expectancy for Russian males has decreased to 58 years at birth. Varnik gave figures on the relationship between alcohol consumption and suicide. During perestroika the male suicide rate decreased by a stunning 40% in relationship to strong legislation to decrease production, distribution, and consumption of alcohol. After Yeltsin came into power the suicide figures quickly rose to their previous highs.

Danuta Wasserman (Sweden) presented an update on effective suicide prevention activities in the world, including an overview of national suicide prevention programs in the European region. The bottom line was that there is sufficient empirical evidence to support preventive actions, as proposed by the Declaration and Action Plan.

Alan Apter (Israel) presented his views on suicide prevention among the young. He called suicide a major kill-

er among young people, and one that is increasing in many nations. Alarming, about 90% of youth who died by suicide suffered from a diagnosable and treatable mental illness. Apter called for more awareness and action for so-called internalizing disorders of children, including depression and anxiety. Internalizing disorders may go undetected.

Armin Schmidtke (Germany) showed convincingly that the media can play a powerful role in the prevention of suicide, but at the same time they can elicit suicide by fostering imitation. The evidence for the Werther effect is now convincing, thanks to the work of Schmidtke and others, and this should be taken into account when designing media guidelines for the coverage of suicidal phenomena, or using the media in suicide prevention campaigns.

All these contributions emphasized that the prevention of suicide requires strong leadership and coordination from governments. The recommendations from the WHO Ministerial Conference call for comprehensive, well-coordinated programs that encompass all aspects of suicide prevention. Organized mental health care is only one of the players – other sectors of society need to play their part as well in order to be effective in the prevention of suicide and save many lives.