

Policy Statement on Suicide Prevention

Policy Statement

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Context

Lifeline International has a Vision of a world without suicide.

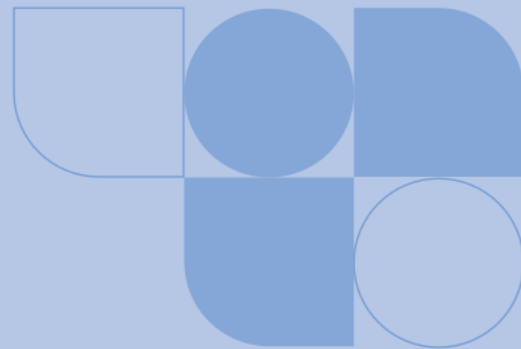
Lifeline International is a member association with members operating more than 200 crisis line centres in 23 countries, spanning every region, and across high, middle, and low-income countries. Lifeline International contributes to suicide prevention through the services its members offer in their countries and through the policy, research and capacity building it undertakes globally.

Lifeline International is a civil society organisation that offers a specific contribution towards a common goal of suicide prevention through the promotion and provision of crisis support.

Purpose

This policy states the beliefs and approach of Lifeline International to suicide prevention.





Lifeline International's Statements

on Suicide Prevention

Lifeline International believes that suicide is a mostly preventable, tragic, cause of death.

Lifeline International supports the prioritisation of suicide prevention that the World Health Organisation (WHO) advances (World Health Organization 2014) and the call for suicide prevention strategies to be adopted in every country and community in the world.

Suicide prevention is an extension of every person's right to health, including mental health, as articulated in the United Nations (UN) International Covenant on Economic, Social and Cultural Rights (United Nations 1966). Suicide prevention is a responsibility of all nation states as mentioned in the UN Human Rights Committee General Comment No.36 (United Nations 2019).

Lifeline International seeks the removal of laws and penalties to deter suicidal behaviour. Lifeline International believes that there is an alternative approach for suicide prevention: nations should foster community understanding of suicide as an expression of despair that can and should be responded to with compassion and support to address the factors generating that despair.

This alternative is a more effective way to prevent suicide. It is an approach that addresses every person's right to mental

health. It aligns with the advice of experts through the World Health Organization and the International Association for Suicide Prevention. It is practical and achievable. It allows for crisis support services to be easily accessed, widely accepted, and openly promoted in the community, and for national suicide prevention strategies that address the range of personal, social, and cultural factors that may feed thoughts of suicide through health and social programs.

Every national suicide prevention strategy should include the promotion and provision of immediate support for people in distress, despair and experiencing a state of crisis. When people experience intense emotions in response to their circumstances and high levels of psychological distress as they struggle to cope with difficulties and life experiences, they are vulnerable to thoughts of suicide, self-harm, and other destructive responses to their crisis. At these times, the offer of compassionate, non-judgemental, personal support can save lives. The offer of help can also nourish hope and identify practical assistance for change.

Lifeline International's Mission is to ensure access to quality suicide prevention support is available, accepted and encouraged. Lifeline International draws on the experience of its members in the operation of crisis lines and related community support services. It promotes the characteristics and operations of crisis lines and related support services (World Health Organization 2018).

Crisis lines are effective in the prevention of suicide. A systematic literature review reported that: "The majority of studies showed beneficial impact on an immediate and intermediate degree of suicidal urgency, depressive mental states, as well as positive feedback from users and counsellors." (Hvidt, Ploug et al. 2016).

Crisis support services are available for anyone to use without restriction on their situation or the issues that they wish to discuss. Accordingly, people who are not yet in an elevated state of crisis may be encouraged to contact crisis support services as an 'upstream' earlier preventative action, i.e. to address their emotional distress and difficulties through support before their situation becomes an intense crisis and the risk of suicide is advanced.

Crisis support services are used by people who have attempted to end their lives in the past and this is encouraged as a follow up support towards recovery, change and hope. Crisis support services can use techniques to build a person's coping capabilities to self-manage crisis in the future and encourage the utilisation of mental health and other services.

There is a clear alignment between suicide prevention, the provision of support for persons who are experiencing

distress and crisis, and the Global Sustainable Development Goals. Lifeline International believes its activities contribute to the achievement of global targets under SDG Goal 3 on mental health promotion and prevention, suicide rate reduction and preparedness for emergencies and/or disasters, as stated in the World Health Organisation Comprehensive Mental Health Action Plan 2013-2030 (World Health Organization 2021).

Comprehensive suicide prevention strategies involve a mix of policy, service and community actions that are necessary to reduce deaths by suicide and to reach those who are contemplating suicide or who have survived a suicide attempt so that they can be offered compassionate care and encouraged to find ways to live life and live well (World Health Organization 2021).

Lifeline International is keen to cooperate with governments, researchers, policy experts, professional networks, mental health services, social services, and community-based programs towards the goal of suicide prevention.



Lifeline International participates in the promotion and building of capacity for crisis lines and related crisis support services with other global networks, notably Befrienders Worldwide, International Federation of Telephone Emergency Services and the International Council for Helplines.

Lifeline International engages businesses and private philanthropic interests in the cause of suicide prevention, believing that all sectors in a global society have a role to play. Lifeline International is keen to foster business-community partnerships where they offer opportunities for strategic change and additional resources.

Lifeline International is committed to building the evidence and knowledge surrounding the effectiveness of crisis lines and crisis support services through collaborations with academic institutions, researchers, private and third sector policy centres, and evaluators. Lifeline International liaises with the World Health Organization (WHO) and the International Association for Suicide Prevention (IASP) and the World Alliance of Crisis Helplines.



Rationale and Evidence for Crisis Support

And Suicide Prevention

The term ‘crisis’ has been used to describe a state of high distress during which a person’s capability to cope with the challenges or difficulties in life that they face is compromised to the point that they are unable to regulate their emotions, solve problems, take actions, and moderate their behaviour (Caplan 1964). People experience crisis for many reasons, including money and debts, housing, family and close relationship difficulties, social exclusion and discrimination, severe physical pain and illness, violence and abuse, job loss and employment or workplace issues, encounters with the legal and justice systems, and the impacts of natural disasters and emergency situations. A crisis can also come about from internal thoughts around identity and purpose in life. Sometimes a crisis is experienced because of the significance of one issue, other times a crisis occurs because of the interaction of several problems that impact on a person’s life (Caplan 1964, Hoff 2001)

Crisis lines and related community support services attract contacts from people experiencing a personal state of crisis, often because of circumstances in their lives such as family relationship difficulties, work and financial struggles, and barriers to achieving personal goals and meaning in life. The unique characteristic of a crisis line or similar support service is that there are no access or use restrictions: people can contact these services for support on anything that is causing them distress or difficulty.

It is likely, but not always the case, that underlying mental health issues are associated with a crisis, either through their effect on a person’s usual capabilities to interpret and understand situations, or because the experience of the symptoms of mental ill health contributes to the distress that generates a crisis state (Shneidman 1996). Personality and underlying vulnerabilities that a person may hold due to genetic makeup, trauma and adverse experiences may interact with the drivers of distress (Mann, Waternaux et al. 1999).

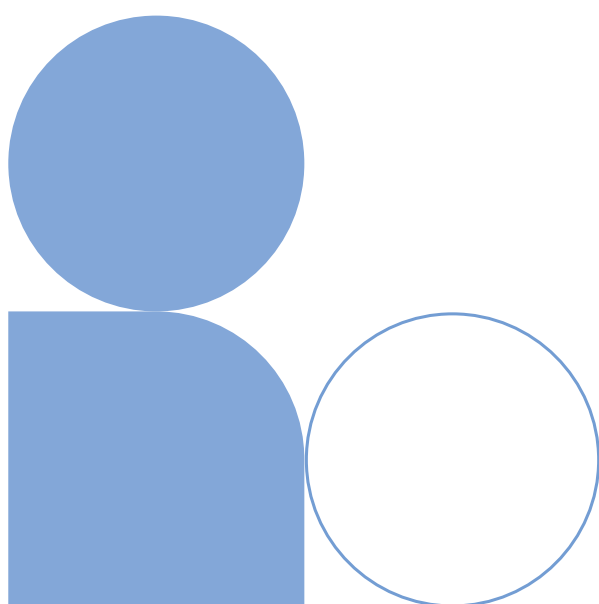
The crisis state is associated with suicidal intent and self-destructive behaviour (Litman 1965, Auerbach and Kilmann 1977, Hoff 2001). While experiencing a state of crisis, suicidal thinking is aided by a constricted perception which narrows the options or choices a person sees before them. The US Suicidologist Ed Shneidman used the phrase ‘psychache’ to describe the intense psychological pain that can lead a person to consider suicide as a way of escape, noting that suicide becomes not only an option, but seen as the best option (Shneidman 1993).

Crisis intervention to prevent suicide has drawn on these understandings of crisis and constriction, while matching them to two other understandings drawn from the development of suicide prevention services such as crisis line: that most people who die by suicide give out some indication or communication of their intentions, and that most people considering suicide are ambivalent about doing so, they would rather live if they

could find a way to address their needs or problems (Litman 1996). Crisis lines create opportunities to be available when a person seeks help and draw on the ambivalence surrounding death to interrupt and de-escalate a suicidal crisis to save lives.

A systematic review has reported on the effectiveness of crisis lines at the point of immediate intervention and in the period immediately after the call: “studies overall provide initial support for such services, particularly in terms of calls impacting immediate proximal and short-term distal outcomes.”(Hoffberg, Stearns-Yoder et al. 2019)

At the heart of the crisis support is the offer of a helping interaction with another person. This offer of help invites emotional expression in the anticipation that this will provide relief from the intensity of the feelings being experienced during a state of high distress. Emotional support also allows for a person to build their emotional development skills and better anticipate and understand their emotional wellbeing. Crisis lines create a safe space in which emotions can be stated openly and honestly (Rucli 2009).



Crisis support draws heavily on the principles and practices of ‘befriending’ which aim to provide a person with social support through an affirming, emotion-focused relationship, that is non-judgemental about a person’s circumstances, non-directive and respectful of a person’s choices (Mead, Lester et al. 2010). It is a non-professional interaction that offers listening, compassion, and connection. The principles of Befriending have long been associated with crisis support. Befriending operates enable a person to draw on their strengths, with support. It goes beyond passive listening to take an authentic interest in the person seeking help and to use the interaction with them to encourage and equip that person (Greenbury 1999).

Over the sixty years that crisis lines have operated, there has also been a growing understanding of the potential to not only respond when a person is in a state of elevated crisis, but to assist a person to better cope with times of difficulty in their lives, as a crisis prevention measure. Crisis theory evolved to include two additional elements: competence development for individuals as a capability to withstand the harmful effects of stressful and difficult circumstances, and social support as a protective measure (Caplan 1989). Coping theory has identified the development of an individual’s competence to withstand stressful and difficult circumstances and self-manage periods of high emotion and stress (Lazarus 1991). These constructs were later expanded on by Lazarus to include hope as a motivational influence that underpinned a person’s development of coping strategies, noting that “without hope we are not likely to act on our own behalf.” (Lazarus 1999). These

developments in crisis and coping theory relate to crisis lines which can apply techniques to encourage safety planning and coping strategies (Labouliere, Stanley et al. 2019). The personal contact offered by crisis lines via the telephone with another person at all hours and with an immediacy that may not be available otherwise. For individuals who do not have partners, family, or friends nearby or available, the crisis line may be the only source of support that can be drawn upon in times of personal need.

There is also a growing appreciation of follow up psychosocial support for those who have experienced a crisis in their lives. This support can be delivered as a brief service contact and has been shown to be effective in preventing re-attempts of suicide (José M, Alexandra et al. 2010, Husain, Salahuddin et al. 2014). Crisis lines are well placed to provide this follow up service and can demonstrate their capabilities to do so (Gould, Lake et al. 2018).

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