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## Suicide prevention: A public health priority

At some point in our lives, most of us have known someone who has committed suicide. There are always so many questions when such a tragedy strikes: What could people have done? How could they have prevented it? Nurses have to get more involved professionally.

I remember the time when my eldest daughter was in elementary school and the brother of one of her classmates committed suicide late one afternoon after school. Just imagine – an eleven or twelve year old! The school tried to brush it under the carpet, and I got outside help so that my daughter could talk about this traumatic event. Later, near the end of her undergraduate studies, one of her friends returned from a week-long beach party with a broken heart and impulsively killed himself. I was very upset, for suicide can spread among young people, something any mother wants to avoid. And that's not to mention all the overdoses and incidents in the metro that we read about in the papers every day. Suicide is always shocking and upsetting. I have not been spared either, for on August 8, 1972, one of my brothers, just 20 years old, took his own life. Thirty-five years later, the grief has subsided but the questions remain ... Could we have done something to relieve his suffering and prevent this sad event?

### Telling figures

The statistics<sup>1</sup> are overwhelming: in comparison with all industrialized countries, Quebec has the third highest suicide mortality rate, behind Finland and

Japan. Quebec has a higher suicide rate than any other Canadian province.

It is a complicated phenomenon, since it can be blamed on not only personal factors but also other causes linked to people around the individual in distress and even society as a whole. For instance, one factor explaining the very high suicide rate among young members of Canada's First Nations seems to be their loss of cultural continuity. Studies suggest, too, that poorer people are twice as likely to commit suicide as wealthier individuals. The situation is nothing short of catastrophic in Nunavik, in Northern Quebec, where the suicide rate continues to rise and is currently seven times higher than in Quebec as a whole.

Three or four Quebecers take their own lives every day, 80% of them men or boys, and it is estimated that there are 10 to 20 times as many suicide attempts. Finally, thousands of people – neighbours, family members, classmates or fellow workers – are affected to some degree. Indeed, those bereaved by suicide are more at risk of mental problems or even committing

1. The suicide statistics and description of risk factors are from the OIIQ's position paper entitled *Prévenir le suicide pour préserver la vie*, September 2007.

suicide themselves. The emotional distress caused by isolated problems or psychopathologies takes various forms and is often hidden.

### What can be done?

The OIIQ decided to ask all nurses to get professionally involved in identifying signs of distress and assessing and working with individuals at risk of taking their own lives and with their families. The Order recognizes that suicide and attempted suicide are a major public health problem and that all players in society will have to become involved and co-operate to stem the rising rate.

**World Suicide Prevention Day** is held on September 10 every year. This year's theme, *Suicide Prevention across the Life Span*, will emphasize the fact that suicide occurs in all ages and suicide prevention and intervention strategies may be adapted to meet the needs of different age groups. World Suicide Prevention Day, sponsored by the International Association for Suicide Prevention (IASP) in collaboration with the World Health Organization (WHO), is intended to focus attention on the fact that suicide is a major cause of premature and avoidable death.

Clearly, nurses are well placed to identify and work with individuals at risk. One literature review indicated that 75% of suicide victims had consulted a front-line caregiver in the year prior to the suicide and that 50% of them had done so in the previous month. Nurses, wherever they work, must be on the lookout for telltale signs.

Suicide prevention is an integral part of nursing practice. It is related to the activities included in the field of practice of the profession, i.e. assessing the physical and mental condition of a symptomatic person, providing clinical monitoring of the condition of persons whose state of health is problematic, and providing nursing follow-up, including care, treatment and the administration of drugs.

### Guiding our practice

To mark World Suicide Prevention Day, the OIIQ is publishing a position paper and a clinical practice guide intended for all nurses and all 3rd-year nursing students. These publications will serve as valuable training tools to help nurses improve their understanding of the phenomenon and their own ability to intervene in the realms of mental health promotion, suicide prevention, crisis intervention, rehabilitation and postvention.

The Bureau of the Order has asked us to take this opportunity to more widely promote nurses' clinical

expertise and their key role in the field of public health. From the outset, I have pointed out that the social context often creates fertile ground for depression and suicide. Preventive efforts call for a cross-sectoral, multidisciplinary approach. The profession cannot act effectively on its own. The fact remains, however, that it must invest further in this public health issue. Mental health problems are often kept hidden and psychological suffering persists in the shadows. Let us continue our work of saving people's lives. ●



Gyslaine Desrosiers  
President

