



Policy addressing suicidality in children and young people: An international scoping review

Suicide is a global health policy priority. As many as 800,000 lives are lost to suicide annually, in what is arguably a preventable cause of death. The World Health Organisation's Mental Health Action Plan 2013-20 sets a target of reducing suicide rates by 10% by 2020, with member states agreeing to work towards this outcome. However, public policies instituted at national level can vary in how they translate this target into practical support.

Suicide is a leading cause of death among children and young people (CYP) worldwide, with an estimated 1 in 3 children in some countries having considered suicide in the past year. Despite acknowledgment that children and young people have different needs to adults, most suicide prevention and mental health strategies take a universal approach, in which the specific needs for children and young people risk becoming lost.

As the WHO's target date of 2020 approaches, this briefing paper summarises a global review of national policy documents, considering how they address the treatment and care needs of suicidal children and young people. In doing so, it highlights best practice for how policy can influence the resourcing of services, and identifies gaps in policy provision for this vulnerable population. The paper aims to support both the WHO and individual countries that wish to develop new, or refine existing policies that address suicidality in children and young people.

Study

This scoping review considered how policy addresses the treatment and care needs of CYP who are suicidal. A child was defined as anyone under the age of 18 years, in line with the UN Convention on the Rights of the Child. Policies solely targeting populations over the age of 18 were excluded from the analysis, but policies covering individuals of all ages were included.

Key findings

- There is a significant policy gap in provision for suicidal children and young people; policy documents offer little specific guidance for addressing suicidality in this vulnerable group.
- While suicide prevention strategies recognise that children and young people are a priority population, most focus primarily on universal prevention approaches or generic counselling services.
- National mental health strategies for children and young people, and individuals of all ages, provide a blueprint for accessible services, but do not explicitly mention for care and treatment for children and young people who are suicidal or at risk of becoming suicidal.
- Not being explicit about provision for children and young people who are suicidal creates a risk that the needs of this population are overlooked by those tasked with interpreting, resourcing and implementing policies. It may also lead to large variations in terms of service design and delivery across.

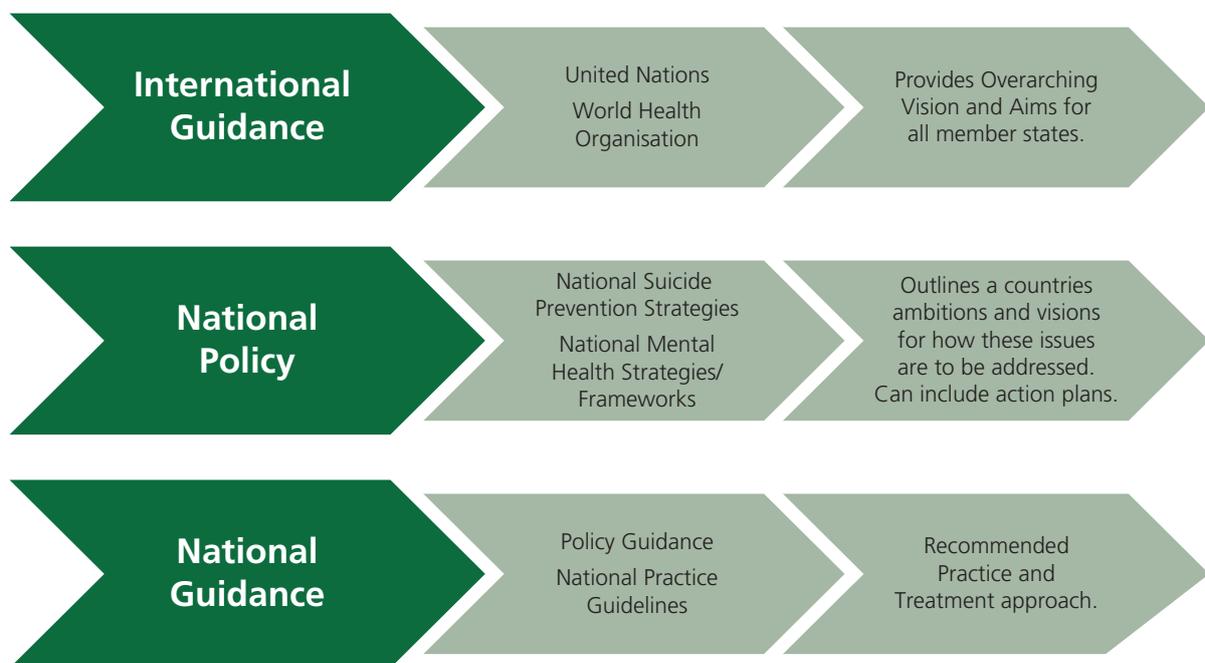


Fig.1 Categorisation of policy documents

Researchers mapped key policy documents worldwide, considering all papers published in English after 2000. The study analysed 35 documents, categorised as international guidance, national policies, and national practice guidelines. National policies included suicide prevention strategies, mental health strategies and frameworks, whereas national guidelines detailed how those presenting with mental health issues should be assessed and treated. The relationship between these categories of documents is detailed in Figure 1.

International guidance

Two international guidance documents were included. The UN 2030 Agenda for sustainable development details the goals and action plan that all countries in the United Nations have agreed to deliver. While the document does not specifically mention suicidal CYP, it does prioritise reducing mortality by non-communicable illness, which incorporates suicide as a leading cause of death.

The WHO mental health action plan 2013–2020 set a target that all countries should work towards reducing suicide rates by 10% by 2020, recommending countries adopt a life-course approach to mental health. The plan promotes that countries create national policies and strategies to tackle suicide prevention, prioritising at risk groups including ‘youth’. However, other than the identification of ‘youth’ as a priority group it does not provide any other guidance on how countries should address suicidal CYP specifically.



WHO seeks to reduce suicide rates by 10% by 2020

National policy

WHO recommends that countries should develop suicide prevention and mental health strategies. The study surveyed a range of national policy documents, including 10 suicide prevention strategies, five national mental health strategies, and a young person-friendly version of the Canadian mental health policy.

Overall, the documents offer little in relation to specific policy guidance for addressing suicidality in CYP. Suicide prevention strategies recognise that CYP are a priority population. However, the focus of these strategies is primarily on universal prevention approaches for CYP, such as whole school-based mental health and well-being education programmes or generic counselling services.

Both national mental health strategies, and national frameworks for CYP's mental health, provide a blueprint for delivering services that are accessible to CYP who need them, when they need them. However, they do not specifically mention the population of children who are suicidal clearly enough to establish explicitly the care and treatment that they should be provided with. They also do not guarantee that the strategies or frameworks are delivered.

The Irish National Mental Health Strategy is the only strategy that specifically mentions suicidal CYP. It goes on to recommend that all CYP who present with self-harm should be assessed by child and adolescent mental health specialists. The strategy recognises adolescence as a period of increased risk of suicide, and recommends that service provision should be uniform across Ireland.

National guidance

A third category of documents considered was national clinical guidance; documents containing evidence-based recommendations for good practice. While not setting out compulsory actions or procedures, clinicians and practitioners should recognise such guidelines and potentially justify their decision making should they choose not to implement them. However, recent research suggests that clinicians are not always aware of guidelines' existence.

The national guidelines included within this review contain suggestions that CYP, who are self-harming or are suicidal, should be assessed by a child and adolescent mental health practitioner, and referred to CAMHS for treatment and therapeutic interventions. However, the included national frameworks for child and adolescent mental health barely reference CYP who are suicidal.

Again, the exception is the Republic of Ireland. The Irish National Standard Operating Procedures for Child and Adolescent Mental Health Service differs from other guidelines in that its implementation is compulsory. Combined with the Irish National Mental Health Strategy, the Republic of Ireland is the strongest example of both headline policy and guidelines for implementation instituting a clear, consistent provision of support for children and young people who are suicidal.

Analysis

International guidance documents are clear that reducing death by suicide is a global health priority. Despite an acknowledgement that suicidal youth are a priority group, no guidance is provided for how countries should address suicidal youth specifically.

In line with international guidance, countries have developed mental health and suicide prevention strategies, adopting a universal and life-course approach. Many of these do not specifically address the treatment and care of suicidal children and young people. Few countries also specifically address suicide in CYP in guidelines for clinical practice.

Therefore, a potential policy gap exists between the global objective of suicide reduction and the pronounced risk of suicide among children and young people. With little in the way of firm guidance, the needs of this vulnerable group risk being overlooked as interpretations of how they should be looked after vary. Even where some countries have specifically recommended assessment of those at risk of suicide by child and adolescent mental health specialists, little further guidance exists regarding treatments or interventions.

Implications for policy and practice:

- General policy statements that do not specifically address the risk of suicidality among children and young people are open to interpretation, and can lead to inconsistency in delivery.
- Global health organisations may wish to specifically note the increased risk of suicide among children and young people, clarifying their ambitions for how the treatment and care needs of those at risk should be addressed in future policy documents at a national level.
- National governments may wish to consider affording greater attention to the heightened risk of suicide among children and young people, and encouraging consistent approach to specialist mental health services for those at risk.
- Greater direction at an international level may translate into more detailed policy objectives at a national level, and more consistent guidelines for clinical practice.

About this research

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