ISCTM SIB Consensus Statements for the POLICY AND EDUCATION Working Group

Objective of WG: *Review status and develop consensus statements regarding policies and educational initiatives that support optimal public health approaches to SIB*

Description/Overview: *The Policy and Education workgroup focused on the key needs in the field for translating the science of suicide research into effective policies. As such, the workgroup's action plan was to compile a global landscape overview of suicide prevention and intervention programs, from local community-based projects to regional and national programs. The workgroup conducted a gap analysis and critique of these for the quality and robustness of the methods, measures, results and effectiveness data. The workgroup reviewed the data from the perspective of patient/family/caregiver, clinician and public health policy maker needs. Based on these reviews, the workgroup identified: 1) a lack of systematic and timely data collection worldwide; 2) inadequate outcome measures to assess the effectiveness of suicide prevention and intervention programs to justify directed investment; 3) inadequate focus and coordination of current policy and resource; and 4) the need to foster a higher standard of clinical care for suicide that encompasses open and sensitive dialogue as well as tackles the stigma of talking openly about suicide. The consensus statements reflect broad concepts to help guide priorities and directions of further research that could underpin improvements in designing effective policy measures.*

Statements Voted on at F2F Meeting on Nov 18

Provide a list of the statements that were voted on at the F2F meeting using a table format. Below is an example, but you should customize based on the response options used. Statements can be grouped into topics if you wish or listed in order of prioritization.

Statement	% Strongly Agree	% Agree	% Neutral	% Disagree	% Strongly Disagree
1. More investment into suicide ideation and behavior (SIB) research in all areas (eg. clinical trials, effectiveness measures, risk factors, e-technology advances, genomic propensity, vulnerability factors) is needed to progress effective suicide intervention and prevention policy and education.	57.1	39.3	2.4	1.2	0
2. Effective policy interventions and educational programs require use of clear, well-defined nomenclature and classification tools that are both sensitive to local cultural needs and interpretable across cultures.	53.0	44.6	2.4	0	0
3. Clinical practice and guidelines for SIB risk management should be guided by research evidence. In the absence of such	45.0	50.0	2.3	1.2	1.2

evidence, practice and guidelines should be empirically sound [have adequate face validity] and based on input of relevant experts, data from pilot studies, etc. and be evaluated after implementation.					
4. Improving clinical training and practice on identification, treatment and management of SIB represents a critical unmet population health need and should be prioritized as a topic for future research. **	59.5	36.9	2.4	1.2	0
5. Timely diagnosis and treatment of underlying psychiatric illnesses are critical for management of patients with SIB, and represent priority areas for future research.	40.0	51.8	4.7	2.4	1.2
6. Better approaches are needed to timely identify and manage individuals at imminent and long-term risk for suicide. Research to address this need should be tailored to specific at-risk groups (e.g., geriatric patients, adolescents, incarcerated patients, immigrants, veterans).	51.8	42.4	4.7	0	1.2
7. Research and education related to tackling stigma and finding culturally sensitive ways to talk openly about suicide are critical components of policy development.	54.2	39.8	4.8	1.2	0
8. Future research into suicide risk and management should involve population health stakeholders from diverse disciplines including health care, education, advocacy, community representation and other relevant groups to support development and implementation of effective evidence-based SIB policies.	50.0	45.1	2.4	2.4	0
9. Better policies and education related to identifying and managing persons at risk for suicide require excellence in understanding the epidemiological, neurobiological, and psychological underpinnings of suicide behaviors.	46.4	45.2	4.8	2.4	1.2
10. To drive better population outcomes in SIB, medical professional groups must play a greater role in driving research	39.0	50.0	11.0	0	0

that supports better policies and education.					
11. Comprehensive epidemiologic studies including identification of behavioral risk factors, the role of access to suicide methods and analysis of the interactions of access and behavioral risks are greatly needed worldwide.	43.4	51.8	3.6	1.2	0
12. Existing organizations, populations and institutions (i.e. schools, correctional facilities, hospitals, workplaces, elder care facilities and others) may have special programmatic needs, and may be sites for specialized interventions, education and research.	40.5	50.0	9.5	0	0
13. Development and utilization of electronic and computer technologies - including complex analyses of multi-sectorial data, intra-operable electronic medical records, mobile health applications and other technologies - should be employed to support research for population-level assessments and interventions in SIB.	37.2	50.0	9.0	3.8	0
14. Research should address interventions according to underlying etiology/pathophysiology (e.g. depression, psychotic disorder, substance abuse, impulsive vs. planned suicide)	34.9	48.2	8.4	8.4	0
15. Key limitations of much of the literature related to prospective SIB research include breadth and characterization of populations studied, choice of endpoints, duration of follow up and problems of missing data.	34.2	53.9	7.9	1.3	2.6
16. A priority for suicide research is to better define the factors that provoke the transition from suicide ideation to suicide behavior.	42.9	47.6	6.0	3.6	0

** post survey adjustment to merge original question 4 with question 7, due to similarity of content; question 4 survey data included here.