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Suicide and self-harm prevention mapping activities within the Red Cross and Red Crescent Societies

Survey results from internal mapping September-October 2020

**Summary of Key Findings**

**Background**

Following the release of IFRC Psychosocial Centre’s [Suicide Prevention during COVID-19](https://pscentre.org/?resource=suicide-prevention-during-covid-19) , a short mapping exercise was conducted. The mapping, *Suicide and self-harm prevention mapping activities within the Red Cross and Red Crescent Societies*, was opened in September 2020 to all National Societies. The survey was promoted through IFRC PS Centre’s social media accounts, as well as through various IFRC channels. The survey comprised of fourteen questions that enquired upon existing activities that National Societies are coducting to promote suicide and self harm prevention, as well as what additional resources and supports they would find most helpful. Seventeen respondents participated in the survey, representing 12 unique National Societies (see Table 1). The full results of the survey can be found [here.](https://www.surveymonkey.com/stories/SM-YWRF7P72/)

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| --- |
| Table 1. Participating National Society |
| American Red Cross |
| Liberian Red Cross |
| Norwegian Red Cross |
| Belgian Red Cross x3 |
| French Red Cross |
| Ecuatorian Red Cross |
| Malaysian Red Cross x3 |
| Czech Red Cross |
| Italian Red Cross |
| Costa Rician Red Cross |
| Australian Red Cross |
| Turkey and Syrian (Hope and Revival Organization) |
| Icelandic Red Cross |

**Key Findings**[[1]](#footnote-2)

47 percent (eight) respondents reported that they have suicide and self-harm prevention activities within their existing activities. 18 percent (three) reported having no suicide and self-harm prevention activities, and the remaining reported that while they do have psychosocial activities, they were unsure if the activities related specifically to the topic of suicide and self-harm prevention.

Of the activities specified by National Societies, psychosocial support (79%) along with capacity building and training of volunteers (57%) were the most common, and risk assessment / risk management (7%) and advocacy and policy activities (7%) were the least common. See Table 2 for a list of activities surveyed and the responses of National Societies who reported on this question.

Respondents indicated that referral to specialized services was the most utilised management strategy for self-harm and suicide prevention (67%), with risk assessment forms, safety plan templates also being of value (25% respectively). Three respondents (25%) indicated that they did not have the option to make referrals for specialized services, nor did they have risk assessment forms, safety plan templates, or care or treatment plans in place.

**Table 2. Suicide and self-harm prevention activities being implemented**

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| --- | --- |
| Activities | Percentage of the surveyed implementing |
| Community outreach campaigns | 36% |
| Local or national sucide prevention plans | 14% |
| Advocacy and policy | 7% |
| Crisis helplines | 43% |
| Psychosocial support | 79% |
| Risk assessment and management | 7% |
| Capacity building and training of volunteers | 57% |
| Other | 36% |

National Societies were asked about their key challenges in preventing and addressing suicide and self harm within their contexts (see Table 3). Lack of appropriately trained and qualified staff stood out as the number one barrier (76%), and cultural and/or contextual stigmas and taboo stood out as the second most cited challenge (47%).

**Table 3. Key challenges in preventing and addressing suicide and self harm prevention activities**

|  |  |
| --- | --- |
| Core challenges | Percentage |
| Cultural and/or contextual stigma and taboo | 47% |
| Lack of funding | 41% |
| Lack of appropriately trained and qualified staff | 76 % |
| No access to specialised services | 29% |
| Other | 24% |

When asked what kind of guidance would be most helpful to enhance suicide and self-harm prevention activities, the majority of respondents stated that training materials would be of most benefit (86%). The development of tools for risk assessment, safety planning, referrals and other suicide and self-harm prevention activities was also noted to be of significant value (79%). Community awareness materials and guidance on local and national suicide prevention plans were also noted to be of high importance. While it wasn’t one of the suggested multiple-choice options, one respondent specified that a Training of Trainers would be of great vaule in this area.

Given the challenging nature of the work, respondents were asked to indicate what supports were in place for staff/volunteers implementing suicide and self-harm prevention activities. Supportive supervision was indicated as a top source of support, as well as training and professional development (53% respectively). Access to staff support was also prominently reported, at 40%. Four respondents reported that they did not have any support mchanisms in-place for staff who are implementing suicide and self-harm prevention related activities.

**Recommendations**

Of the National Societies who participated in the survey, promising practices for suicide and self harm prevention appear to be implemented in some instances. Most notable is the inclusion of supportive supervision and ongoing professional development for staff and volunteers who are engaging in such activities. The lack of participation in the mapping exercise is itself of some concern, and it is unknown if the lack of participation was due to the lack of awareness of the survey and limited avalibility to participate, or because of the lack of prioritization for such activities. Further exploration of suicide and self harm prevention activities within the Red Cross and Red Crescent is urgently needed to better understand current activities and gaps in addressing this critical topic. From data collected, the following reccomendations can be offered:

* Conduct mapping survey that targets each National Society at best, or at minimum, have regional response
  + Include indepth key informant interviews and focus group discussions where possible
* Develop suicide and self-harm prevention guidance to build upon the existing *Suicide and harm-prevention during COVID-19* document.
* Develop accompanying training materials to support suicide and harm prevention guidance
* Develop guidance for how to work with stigma and taboo against suicide and self harm
* Increase advocacy on the importance of the inclusion of suicide and self-harm prevention activities as part of core business within the Movement
* Increase investment in support mechanisms to ensure consistent roll-out of support for staff and volunteers, such as supportive supervision.

1. Please note the survey allowed multiple answers to be selected, meaning percentages presented do not total 100% [↑](#footnote-ref-2)