Introduction

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The aim of this book is to provide evidence to inform the development and implementation of suicide prevention globally. It covers a range of topics that are relevant from local to national levels. It has an unapologetic emphasis on social determinants of suicide and a global perspective, with utility across the world as a primary resource by practitioners and policymakers. It aims at accessibility, with an emphasis on what can be achieved given the current knowledge base.

A central message of this book is the importance of using rigorous evidence to guide suicide prevention, whilst recognising that the best evidence is always partial. Key research is cited in the text and readers are, in places, directed to public-domain digital resources. The book aims to have relevance in low- and middle-income countries, as well as in high-income countries. It is not a country-by-country international overview. Instead, it addresses issues of common interest thematically and sometimes offers thought-provoking opinions. Consequently, there are some contradictions between chapters. The emphasis is on what can be practically done to reduce deaths due to suicide, from the organisation of clinical teams to national and international public health policy.

There are a considerable number of excellent scholarly books about suicide and self-harm, some which have been edited or co-authored by contributors to this book. Existing titles differ from this book because they are long and directed at an academic or research readership. In contrast, this book is directed at a professional/clinical readership that understands scientific evidence but is seeking authoritative guidance of practical usefulness in developing clinical services and suicide prevention strategies.

In keeping with our global aspirations, we have not confined ourselves to UK authors, with significant contributions from researchers in low- and middle-income countries. Through our international roles in self-harm and suicide research, we have been fortunate to have attracted a large number of high-quality contributors. They provide an answer to 'What would I need to know in practice to do this effectively and without delay if I was not an expert?', whether in policy formation or clinical practice. There is reference to key evidence, and where there is no reliable evidence, the basis of opinions is clear.

The content moves through three sections in a logical progression: Section 1 is concerned with public health measures at the population level that can affect suicide rates. Section 2 tackles the challenges and controversies in suicide prevention and seeks to guide the non-specialist to a path that remains within the bounds of evidence and good practice. It examines both factors of universal applicability (e.g., access to means) as well as those that are more specific in some regions of the world (such as the high female proportion of suicide in South Asia and the phenomenon of self-immolation across much of Asia). Section 3

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addresses specific practical problems (e.g., establishing surveillance mechanisms and responding after a suicide has taken place).

In all of this there is a need to balance devoting one's efforts to public health measures, which can save a lot of lives but take a long time to implement, as opposed to clinical intervention, which is more immediate in its effects but only reaches those who can access services. In addressing the former, population-level needs, it is important to recognise that 'policymaker' means people with a professional interest in suicide prevention who wish to influence policy and politicians. Senior clinicians often influence both practice and policy. 'Policy-making' is not solely the work of inaccessible civil servants and politicians. It is a process that is not necessarily rational but can be influenced by clinicians and researchers, as well as those with vested interests. Finally, implementation involves more than good intentions. This is the key challenge in the field.

This book was started during the COVID-19 pandemic and has been slowed in its completion by episodes of life-threatening illness, natural disasters, displacement and civil unrest. Such is the nature of the world we live in. For better or worse, this is not an epoch of certainties. We wish to thank our co-authors, both those who produced their contributions promptly (only to find that the delays were so long they had to bring them up to date) and those who had to work more slowly, in the face of difficult circumstances. We also wish to thank Sioned Davies, who attempted to keep track of the various versions and correspondence.

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