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Can Suicide Be Prevented?

The Suicide Project in Finland
1992—1996:
Goals, Implementation and Evaluation



STAKES National Research and Development Centre for Welfare and Health

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Foreword

Finland was the first country to fully implement a nationwide suicide prevention strategy with multiple objectives. Based on research information and expert recommendations, the project drew up a national strategy, developed and carried out an implementation programme based on the strategy, and evaluated the process in its entirety.

The Finnish project on suicide prevention was implemented through multisectoral co-operation, and this shared responsibility proved to be the strength of the programme reported here. I would like to express my warmest thanks to all participants in this endeavour, and I hope that the report on the project will benefit not only the further development of suicide prevention but also the implementation of large-scale projects on other themes.

Suicide prevention presents a world-wide challenge. While practical working models are culturally bound and must be developed according to the local circumstances, many objectives, issues and actions are the same in all countries. We hope that the Finnish contribution to this question can benefit other countries.

The authors of chapters are mentioned in the table of contents. The main author of the report is the leader of the project, Development manager Maila Upanne.

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Abstract

Upanne, Maila - Hakanen, Jari - Rautava, Marie. 1998. Can Suicide Be Prevented? The Suicide Prevention Project in Finland 1992—1996: Goals, Implementation and Evaluation.

The nationwide Suicide Prevention Project was implemented in Finland over a ten year period in 1986—1996. The objective was to find means of preventing suicide which suit the local conditions, and thereby to reduce the incidence of suicide by a fifth. The project in its entirety comprised four stages, as follows:

- Research stage (Suicides in Finland -87, carried out by the National Public Health Institute).
- Forming the nationwide strategy (Suicide Can Be Prevented. A Target and Action Strategy for Suicide Prevention. 1992)
- Practical implementation of the strategy.
- Report and evaluation of the implementation.

This publication contains the description and internal evaluation of the practical implementation of the nationwide strategy (Suicide Prevention Project 1992—1996).

The aim of the project was to develop practical working models for suicide prevention from a theoretical frame of reference and the objectives included in the national strategy. The project was carried out as a broad collaborative programme through many service sectors and key domains. The implementation strategy for the subprogrammes were developed concurrently. Process-oriented working models, especially the so-called co-operative process model, were employed. The implementation incorporated over 40 subprogrammes and spontaneous development work in several fields. The subprogrammes, as well as the implementation of the entire strategy, are outlined in this report.

Implementation was assessed through an internal process evaluation and a nationwide survey. In addition to the process evaluation, this report contains the main findings of the survey. The survey in its entirety has been published as a specific report (Hakanen, Jari & Upanne, Maila, 1999. In Finnish) The analysis of the incidence of suicides will be conducted by the National Public Health Institute. In addition, an international external evaluation of the entire project has been commissioned by the Ministry of Social Affairs and Health, and published in 1999.

As a social action strategy, the project implementation was a success. The challenge was widely accepted, and actions to prevent suicides were launched in

many quarters throughout the country. The survey showed that 43 per cent of the relevant service sectors reported having taken measures to prevent suicides.

The project published a dozen practical working models, prepared in collaboration with several fields. The list of publications contains some seventy titles in all.

In 1996 the number of suicides in Finland had decreased by nine percent from 1987 and eighteen percent from 1990.

Keywords: suicide prevention, national strategy, implementation, evaluation

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Objectives of the report and its structure

This publication is an overview of the Suicide Prevention Project, which was carried out in 1992—1996. The report has five objectives:

- * To describe the starting points, goals, implementation and results of the project.
- * To outline the implementation from a strategic and methodological viewpoint.
- * To evaluate the feasibility and effectiveness of the implementation.
- * To promote the utilization of the experiences for developing prevention strategies elsewhere.
- * To utilise the experiences for developing ways of implementation and raising questions about evaluation.

The evaluation is a part of the development work done in the project and at the same time its final intervention.

The report contains:

- * A responsible account of a societal undertaking carried out with public funds.
- * Feedback for collaborative partners and for publicity purposes.
- * An internal evaluation to be used as material in the external evaluation.
- * Functional analyses and conclusions to help persons engaging in similar tasks.
- * An evaluation of the work done by persons in charge of the project: educational self-assessment.

The Suicide Prevention Project was a sizeable undertaking in terms of its goals, timetable and content. Because the work done is made up of such a multitude of features, the description must be concise. However, making it concise is liable to conceptualise issues and events, which must be compiled into entities and subjected to various evaluation concepts. In this process, it is possible to lose sight of what the project was all about, and both its good and bad aspects.

Therefore, the description and evaluation were tackled from separate perspectives. The operations are described and evaluated from three viewpoints, using three different styles and languages, as it were.

**Viewpoint of planning,
evaluation and reporting**

Suicide prevention as a target for research
and development

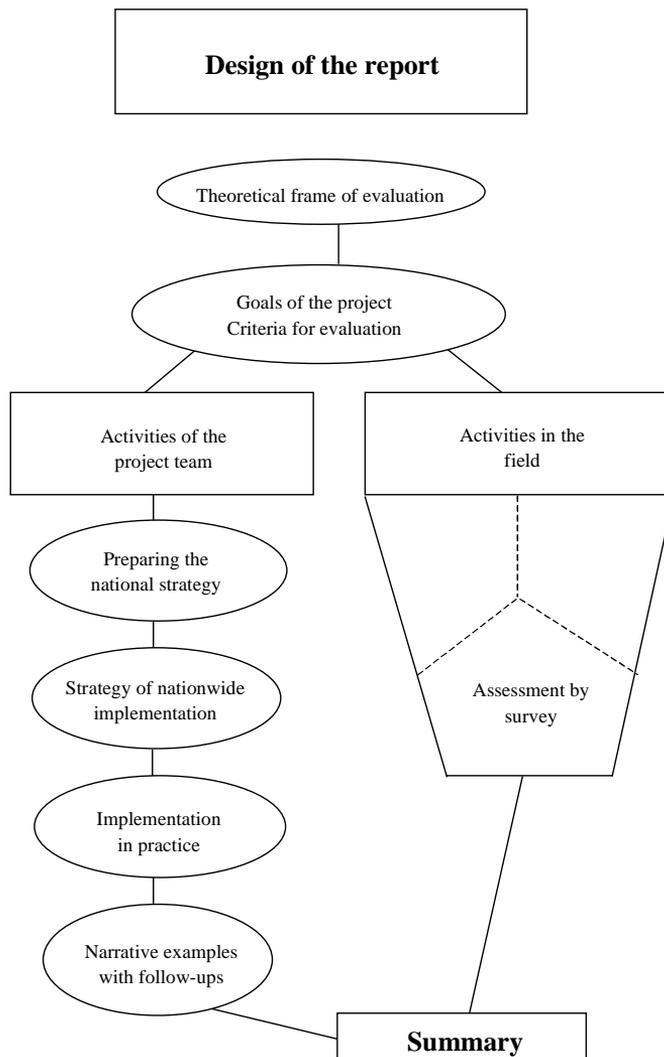
Viewpoint of evaluation
Project goals and criteria for evaluation

Viewpoint of functions and events

Project realisation and evaluation
Project work as events: Project backdoor

**Viewpoint of experiences and
notions**

Project as a development process:
Description of subprogrammes



The background and starting points of the evaluation of the project

Suicide prevention as a target for research and development

Conceptions of suicide and suicide prevention

The practical and theoretical development work on suicide prevention started in the USA in the 1950s and 1960s. The crisis centre founded in Los Angeles in 1958 is regarded as the first step. The challenge was to find practical ways of helping in this serious problem, and more research and theoretical development started to surface. Suicidology began to evolve into a branch of its own.

Finland was also among the pioneers in the field. The trend in this country followed in the footsteps of American suicidology and suicide prevention development. The Finnish Association for Mental Health founded the SOS Service Suicide Prevention Centre in 1970, and the committee on suicide prevention published its memorandum in 1974. Educational and publication activities, as well as research, intensified, and the national Suicide Prevention Project commenced in 1986.

Finland has long played an active role in developing preventive work, especially in mental health. Already in the 1970s, books on the subject were published in this country (e.g. Anttinen, Lepistö, Nupponen, Piippo & Ollikainen 1982; Upanne, Kivinen, Eskola & Miettinen 1978). The topic was also incorporated into health administration documents (e.g. the Development Programme on Psychiatric Health Care, 1977). The Finnish Association for Mental Health organised training and published material. From 1979, The National Board of Health provided three-year further education in the field (e.g. Leiman 1982; Vaden 1984), an operation which was ongoing for some ten years. The topic was discussed in numerous publications and study programmes. Preventive mental health work was defined in the memorandum of the committee on mental health work (1984), and finally it was also included in the definition of mental health work in the new Mental Health Act (1990) (Upanne 1996).

This background has had a bearing on the way the Suicide Prevention Project was implemented; the implementation strategy and the applied prevention concept were partly built on earlier experiences. Many of the experts participating in the

project had acquired proficiency by involvement in the development of preventive mental health in one way or another. This comprehensive readiness was reflected in the progress made already at the research stage.

Suicide as a phenomenon has been studied extensively, and quite a lot of research has also gone into suicide prevention and its effectiveness. Thus, by the early 1990s, there was a wealth of models, conceptions and opinions — enough to form schools of thought.

The developmental challenges in the field appear to be associated with two arguments. Despite the many preventive actions taken, the suicide problem seems only to have worsened. The increase in suicide among young people, a trait observed in many countries, is a cause for great concern (e.g. Garland & Zigler 1993). As recommended by the World Health Organization, several countries have tackled the problem at the national level. Another challenge is presented by the results of assessment studies, which reveal only little, partial or random evidence of the effectiveness of the present actions (e.g. Diekstra 1992; Gunnell & Frankel 1994; Lewis, Hawton & Jones 1997). The challenge is, then, to find more effective ways of influencing the problem, either through improved targeting or by renewing the strategy.

Examining the literature on the subject, one sees that the differences in thinking have to do with the visions about the phenomenon itself and the reasons for its existence.

Theoretical differences in defining the suicide phenomenon have far-reaching implications. Different views will lead to different or even conflicting ideas of the prospects, targets and methods of prevention. Therefore, revision and awareness of theoretical views are also crucial to the development of prevention in practice.

Practical action plans can be described from many viewpoints, e.g. that of the method (crisis help, publicity, early detection), the party implementing (health care, school), target group (young people, the jobless), etc. These classifications do not, however, identify the key to these activities from the prevention viewpoint. In a nutshell, the central distinctions between interventions are conveyed in the following questions:

- * Are the interventions targeted at individual people or at the circumstances?
- * Is the goal of the activities to lessen the risk or to enhance coping?
- * What is the phase of the problem that is being acted upon?

Thus, the questions concern the locus of the focal themes in suicide prevention, the goals of this activity and the timing in the suicidal process (Upanne 1998).

Given the seriousness of this problem, it is understandable that the development of actions started with the immediate requirements in emergencies: recognition of

suicide risk in individuals and establishment of forms of support and care. The preventive objective to minimise the risk factors or to remove them is indisputable. The so-called second objective of prevention, to develop resources and protective factors (the objective of promotion), was introduced into prevention ideology only later, especially through the work done by Albee (1980).

What is the proper way to intervene and where should the resources be focused are questions connected with the idea of suicide and with the implicit theory of the reasons behind this phenomenon. Visions, which can lead ideas and efforts to exert influence in different directions, can be crystallised into two models: the so-called sickness model and the interaction model (Upanne 1996), or, in Silverman's (1997) terms, the medical sickness model (or the high-risk model) and the antecedent conditions model.

The sickness model

- * Problem is regarded as an illness or disturbance. Prevention is also focused on disturbance.
- * Disturbance can be prevented only if there is a single known cause or risk factor. Causes originate within the individual
- * Aim is discover symptoms and prevent their onset or deterioration.
- * Intervention can be achieved only after the manifestation of the problem ("waiting style") instead of before ("seeking mode") (Winett et al., 1989).
- * Prevention functions mainly on the personal level.
- * The main aim of activities is curative. The necessary contexts and skills for prevention are curative.
- * The model "concentrates on persons with disturbances".

The interaction model

- * Problems develop from interaction between people and circumstances in a cumulative process.
- * Problems are not precipitated linearly by single causes. Problems result from a process of development.
- * In prevention it is essential to anticipate development and prevent the process leading to problems by intervening in contributing factors and the process events.
- * Contributing factors are mostly psychological (individual) or social (environmental).
- * Prevention can also be achieved in other than curative contexts.
- * The model "concentrates on circumstances and the interaction of factors".

In the 1990s literature on suicide prevention, one can notice quite a clear development trend, whose objectives and recommendations for action almost directly follow the interaction model. These perspectives (e.g. APA 1990; Coie et al. 1993; Maris & Silverman 1995; Silverman & Felner 1995; Beautrais 1997) can be combined, interpreted and summarized as follows:

- * The need to tackle several factors is emphasised: Because suicide involves a complex pattern of multiple factors, not one risk factor or “reason”.
- * The non-specific prevention model is supported: Because it is about a process where the “reasons” for a problem cannot be isolated; instead, the same detrimental chains of circumstances or experiences may result in many types of problem, and it has proven unproductive to grapple with specific symptoms.
- * The importance of early intervention is stressed: Because it is too late and societally too expensive to wait for a severe problem to develop symptoms. According to process theory, the problem is set in motion long before the symptom occurs.
- * Action on the population level is supported: Because the individual approach will prove to be too late. However, this does not refer to a search for “a suicidal section of the population” (Gunnell 1994:53).
- * Support for influencing the developmental circumstances and experiences instead of individual symptoms: Because problems are considered to evolve in interaction with the circumstances, not solely within the individual.
- * Support for the inclusion of promotion: Because protective factors (individual resources and circumstances) are known to act as a buffer against risk factors.
- * Culturally sensitive programmes are supported: Because both the conditions and the actions are circumstantially bound.

These directions will support the strategy devised in the Finnish project.

Principles of evaluating and implementing programmes

Recommendations on the implementation of programmes also conform to the viewpoints of the interaction model. Many authors have consistently endorsed the development of comprehensive, collaborative and co-ordinated programme entities and chains. Thus, the solution is not believed to be found in precision methods related to the sickness model; one should not focus on isolated cases, but instead broaden the target and the scope of action. The division by Rose (1989) - the population strategy versus the risk strategy - presents roughly the same approach.

At the same time there seems to be a conflict between these development challenges and the evaluation needs required in R&D, i.e. “giving proof”. Broad programmes are expected to show evidence of effectiveness based on the same methodological principles as specific trial designs. Development activities have been justifiably criticised for deficient evaluation, and it has been pointed out that effective methods can only be found through careful evaluation.

The situation becomes paradoxical and contradictory when one considers what “sufficient evaluation” requires of a programme. In surprisingly many respects, these requirements are contrary to the methodological values which are the prerequisites for the appropriate implementation of a development project.

For the evaluation to be carried out reliably, the intervention should be controllable in as many respects as possible. It should be a predesigned and specific product, it should focus on a factor whose potential impacts can be reliably measured, and it should be able to be implemented in a controlled manner under precisely determined circumstances, etc. (Potter 1995; Powell & Kachur 1995). The outcomes should conform to the “hard outcome indicators”, i.e. they should be reflected in the suicidal behaviour on the level of the individual (Gunnell 1994). All these are requirements which will lead the intervention in a fruitless direction, as shown in many (meta-)analyses (Lewis, Hawton & Jones 1997; Garland & Zigler 1993; Gunnell & Frankel 1994; Diekstra 1992). Also, according to Nutbeam (1990), it is unrealistic to apply an experimental model in evaluating the outcomes of a process. Thus, the methods of evaluation should either be improved, or one should be content with indirect evaluations or rethink the role of evaluation altogether. Otherwise, there is a risk that the methodological requirements of evaluation inadvertently become the most important factor regulating the orientation and implementation of development activities, in which case the development principles stemming from the phenomenon itself do not have a chance to materialise.

From the viewpoint of this project, it is very interesting that the literature pays practically no attention to the implementation of programmes and isolated interventions. True, many authors state that it is a long way from information to

practice. It is often said that one does not have an idea of how to really get to grips with on the issue (New Zealand 1997; Maris & Silverman 1995). None of the up-to-date references regarding prevention address this phase in research or programme implementation. One gets the impression that there is not even a hypothetical notion that the way in which an isolated intervention is implemented could have an impact on its effectiveness. So far, the questions of implementation have not been analysed with regard to the social and psychological issues determining the desired impacts on the circumstances, collaborative partners and eventually on the thoughts and actions of the population.

Although no direct stand on this question is taken, the way it is discussed in the literature discloses an implicit paradigm of influencing, which is in fact presented as the only alternative. According to the most important principle given, an intervention must be properly evaluated before it is implemented; otherwise, it is not worthwhile to do anything (e.g. Potter 1995). While this principle can be argued for, it also incorporates presuppositions which may be linked to the effectiveness of the intervention:

- 1) The intervention is prepared beforehand on the basis of known facts.
- 2) Because of the methodological requirements of the evaluation, the assessability itself becomes the most important aspect of targeting an intervention. The activities, then, are preferably focused on factors where the effectiveness will be present in a measurable form. On the other hand, the relevant factors may be completely different from the ones measured.
- 3) Fact-centredness and the prerequisite of measurability will easily shift the emphasis towards cognitive material and cognitive influencing. However, their connection with everyday human activities is not as direct as often thought.
- 4) The attempt to exert influence is introduced externally, in one direction, from top downwards, with a group of people as the intervention target. The implementation constitutes the dissemination of a message or product (Gunnell 1994), which can also be done quite mechanically. In the narrow sense, the concept of implementation seems to mean exactly the same. The principle concerns the “top-down” procedure.

The principles of implementation are purposely dealt with here in an exaggerated manner because reflections on them have a bearing on the project evaluation. In this project, the idea of exerting influence is based on a paradigm of influencing which is radically different from the above, because it rather follows a principle of moving “bottom-up”. The project has taken a great deal of trouble to view the implementation in a critical light and to develop its forms. The action strategy and the experiences of it are discussed in another part of this report.

The strategy of the implementation and the more accurate analysis of the objectives and content of the interventions are also linked to the question of effectiveness from the viewpoint of validity. The validity of the actions is another issue which is hardly ever tackled in the literature on suicide prevention.

The first question concerns *construct validity*. How can all the information resulting from research on suicide be operationally turned into well-targeted interventions? This information is needed for argumentation, starting points and motivation; nevertheless, it alone will not generate actions. There are other factors at play in achieving an impact: how aptly can an intervention, its inherent message and its way and tone of implementation correspond with the situation and the way of thinking among people who are the target (*constituent validity*) and what is its correspondence with the circumstances and terms of living (*ecological validity*) (Munoz 1986). In the light of the opinions and experiences resulting from this project, the fact that these criteria have been taken into account plays a part — perhaps a crucial one — in the probability of achieving an impact. The better focused the interventions are from the viewpoint of the circumstances, partners and other people, the more likely it is that an actual impact will be achieved. Development work on these questions presents a real challenge for suicide prevention. These perspectives have had a key role in shaping the implementation of this project.

Starting points, objectives and implementation of the internal evaluation of the project

The evaluations of programmes¹ with broad strategies and multiple objectives do not often indicate a specific outcome objective, and controlled implementation circumstances may be absent as well. Therefore, the evaluation of broad-scale projects must be addressed as a separate question.

The starting point of the evaluation of the Suicide Prevention Project is the project implementation as a goal-oriented action process. The project tried to initiate events that would affect the chains of factors which may either trigger a suicide or protect against it. Thus, the eventual objective of the project to reduce the suicide rate was approached through the intermediate objectives. Therefore, also in this evaluation, the project is viewed by way of these intermediate goals. A similar chain-of-events approach and the identification of programme components

¹ According to Haveri (1995), 'programme' is a superordinate term; a programme consists of projects. In this report, these terms are used in a different order. In accordance with the practice adopted early in the operations, the larger entity is called 'the project' and its subordinate parts '(sub)programmes'.

associated with it is considered e.g. by Scheirer (1994) to be one of the starting points for process evaluation. The overall effect of the project (possible links to suicide mortality and the inherent problems of evaluation) are assessed elsewhere (Lönnqvist 1998).

Also Dehar, Casswell and Duignan (1993) think that the task of a process evaluation is to analyse all the aspects of a programme and its implementation, in order to see why it achieves or fails to achieve the outcomes. Thus the process evaluation, the documentation and analysis of the way in which a programme is implemented will help to interpret the outcomes and will provide information for the planning of subsequent programmes. The phases of the process evaluation include investigating:

- The stages of the project implementation.
- The structure, components and implementation method of the project.
- The context factors relevant to the programme.
- The number and background of the participants.
- Social awareness.
- The resources available to the programme.

According to Scheirer (1994:44—46), the techniques used in outlining an evaluation include the formative evaluation (sometimes the same as the process evaluation); the evaluation of the assessability of a programme, i.e. the assessment of how systematic and goal-oriented the development process in a programme is; and the assessment of the clarity of the project's theoretical foundation. In his CIPP model, Stufflebeam (1991) divides evaluation into four categories: the evaluation of the context, input, process and product. Haveri (1995:163) emphasises that project evaluation should be seen in the light of the strategic criteria. All these techniques, work phases and models are also well suited to characterise the evaluation of this project. The work is made easier by the fact that the starting point of this evaluation was explicitly described: the theoretical framework concerning both the target phenomenon and exerting influence.

From the viewpoint of this project, Scheirer's (1994) division based on the "level" of implementation is relevant. Macro-implementation refers to broad nationwide programmes set up by "the government or some umbrella organisation", "from the state to the local" type of implementation, co-operating with many organisations at the next level. The characteristics of the implementation are associated with interaction at many levels, and the large number of participants and strategies, etc. In micro-implementation, the operations take place with regard to one organisation at the level of the community and individuals. This division also places the evaluation questions at different "levels". The evaluation of this

project combines the viewpoints of macro- and micro-implementation. Along with the overall project evaluation, information presenting the viewpoints of the units and workers was collected (the survey).

Long lists of factors possibly affecting the success of a project can be drawn up, but in a process evaluation it is noteworthy that the strong and weak points of a project may be associated with unexpected issues. Certain features which at first glance seem trivial, such as questions of personality (e.g. the support shown by the leader) may eventually prove crucial. This is why a technically similar programme does not necessarily turn out the same way under different circumstances (Scheirer 1994:63).

The questions of evaluation are discussed in more detail in other publications on the project (Hakanen & Upanne 1998; Hakanen 1997a, 1997b; Hakanen & Upanne 1996).

Objectives of the evaluation

The goal of the internal evaluation of the project is to assess the productivity and appropriateness of the implementation, based on the aims and criteria that characterise its various stages. The project objectives can be divided as follows:

- 1) General objectives related to the overall implementation of the project.
- 2) Content-related objectives associated with thematic focusing.
- 3) Strategic objectives related to the mode of operation and implementation.

These objectives and their evaluation are specified in the report.

For evaluation purposes, the project implementation is made visible:

- * The action process is outlined in terms of strategically relevant viewpoints and stages.
- * Their evaluation criteria are defined.
- * The realisation and the success/failure of the project with regard to these factors are assessed through empirical material.
- * Conclusions are drawn on the basis of the observations.

Moreover, the resources allotted to the project are analysed as a prerequisite for the implementation.

The influencing process and the fact that the evaluation consists of many steps becomes clearer by looking at the constituent parts of this issue. The reference to the steps means the way in which the transitional process of a person or a community develops. Each step is a necessary intermediate phase in the process, because it is

hard to jump over a step. Therefore, achieving an intermediate step actually constitutes an outcome in itself. This “fine-tooth-comb evaluation” will ask, for example, whether the project was able:

- * To start the activities in the first place.
- * To find a proper approach and to create motivation and the right atmosphere.
- * To make contact with the key parties and persons and to convey the project aims and challenges.
- * To make professionals aware of and accept the project and to induce them to become involved.
- * To activate the professionals on whom the important functions depend.
- * To influence the practices which have a bearing on the problem.
- * To affect the relevant factors and people’s lives through the changes in these practices.
- * To have an impact on actual cases of suicide or on the suicide rate.

Implementation of the evaluation in practice

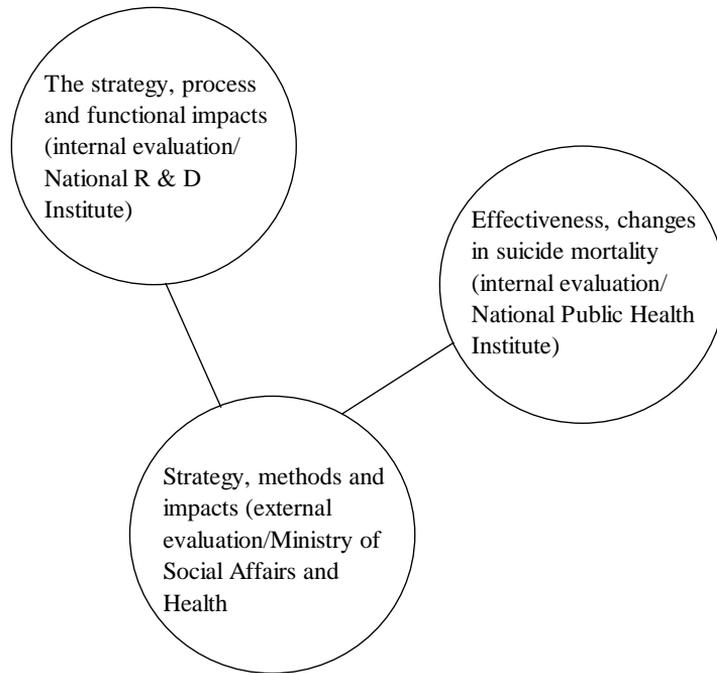
The project evaluation is divided into internal and external viewpoints.

The *internal* evaluation (e.g. this report) constitutes process assessment carried out by the STAKES project team, discussing the planning, implementation and functional outcomes of the project through the personal experiences of the actors and on the basis of the information gleaned. Based on a survey conducted, the second report in the internal evaluation (Hakanen, J. & Upanne, M. 1998) describes and evaluates the suicide prevention work done by various parties in Finland within the national project. The study also incorporates feedback on the project implementation from the field.

The evaluation of the research phase of the project (Suicides in Finland in 1987 Project) and an analysis of the trends in suicide mortality will be conducted as an internal evaluation by the Department of Mental Health and Alcohol Research at the National Public Health Institute.

The *external* evaluation of the entire project is the responsibility of a team appointed by the Ministry of Social Affairs and Health and which consists of experts from Finland and other countries. The team will evaluate the implementation of the project in its entirety on the basis of interviews and the material produced (Suicide Prevention in Finland 1986 - 1996. External evaluation by an international peer group. Ministry of Social Affairs and Health, 1999:2).

Figure 1. The evaluation of the project.



Objectives of the project evaluation

Content related objectives

Purpose of establishing the project and the starting points of the strategy

The central project objectives were already integrated into the project's initial idea to grapple with the suicide question in Finland mainly through the work done by the social welfare and health care authorities. The stimulus came from the WHO's Health for All by the Year 2000 programme and its Target 12 ("By the year 2000, the current rising trends in suicides and attempted suicides in the region should be reversed." WHO 1985).

The issue was brought to public debate for the first time in an expert seminar organised by the National Board of Health in August 1985. Although there was some scepticism about the prospects of such an undertaking, the preparations proceeded. The plan included the following issues:

- To draw attention to the complexity of this problem.
- To launch a development process throughout the entire country.
- To integrate the project into the public service system.
- To initiate activities that would affect health services in particular.

The project activities commenced when the National Board of Health appointed a team of experts in May 1986. When the team was reconvened for the second three-year period in March 1989, its mandate was broadened to include "the whole country" rather than just the health care sector. Even at the beginning the goal was set as a functional one: "to reverse increasing suicide mortality in an attempt to effect an actual decrease in it during the coming years". The aim was to reduce the suicide rate by 20 per cent by 1995, compared to the situation at the beginning of the project.

Certain decisive choices with regard to the project's overall strategy were already made during the research phase (Suicides in Finland in 1987):

- The study was implemented as a project encompassing the whole country.
- Especially provincial governments and the social and health administration were activated to embark on operations by building up a provincial organisation.

- Local experts were invited to join in the project.
- Preparing a report and recommendations for each province were included in the project.
- Public debate, publicity and educational activities started.

The following were defined as the tasks of the Suicides in Finland in 1987 Project:

- To create as comprehensive and valid a picture as possible of the suicide situation in Finland.
- To enhance competence within health care, social services and the police to understand the nature of suicide, especially in terms of the individual and his or her environment.
- To produce conclusions concerning suicide prevention, drawn regionally and nationally in each sector of society.
- To produce conclusions and recommendations concerning the working conditions and quality of health care and social welfare and of other service systems in society.
- To create possibilities for a reliable and permanent suicide monitoring system regionally and nationally.
- To conduct and support investigations into suicide.

The implementation and outcomes of the research phase are described elsewhere (Lönnqvist et al. 1993).

“... that it’s based on solid information. It has a long-term research background, meaning that monitoring has been ongoing. It’s good there’s been information based on facts. That must be why it has appealed to people on the job because it’s backed up by research information.”²

Content-related objectives of the project in the Target and Action Strategy

The main goal of the project was to draw up a nationwide Target and Action Strategy to implement suicide prevention. The strategy was prepared as a separate phase on the basis of the material of the Suicides in Finland in 1987 project: the preliminary research findings and recommendations from the provincial project groups. The preparatory stage included utilisation of empirical information, content

² The quotes are from the so-called key person interviews, which are described in more detail in the report.

analysis of the recommendations, preparation for a theoretical model, adoption of an overall strategy and preparation for the implementation of the strategy.

What are the ideas behind the notion of the preventability of suicides and what are the conclusions to be drawn in terms of actions to influence this issue? Three viewpoints were clarified in the preparation: the conception of suicide, of suicide prevention, and of carrying out a national preventive strategy. These contentions were presented as a part of the nationwide strategy.

The strategy:

- * Formed a theoretical notion of suicide and of a life ending in a suicide, e.g. the multiple and accumulative aspects of this process.
- * Defined suicide prevention on the basis of the above notion through a strategic model, by naming the essential intervention challenges and actions and clarifying the possible avenues of influence, pointing out the “responsible parties”.
- * Prepared the strategy in a functional form (Suicide Can Be Prevented).
- * Outlined the instructions to professionals for using the strategy:
 - Evaluate the recommendations from your viewpoint.
 - Give priority to the aims that are important to you.
 - Revise your operations on the basis of the recommendations.
 - Develop new practices you deem necessary.

The strategy was built on an outline which analysed:

- * Target (theme): What should be reacted to?
- * Aim: How should the issue be changed or developed?
- * Responsible party: Whose task is it to act?
- * Target group: Who or what groups are involved?
- * Strategy: How should one act?
- * Reasons: Why is it important?

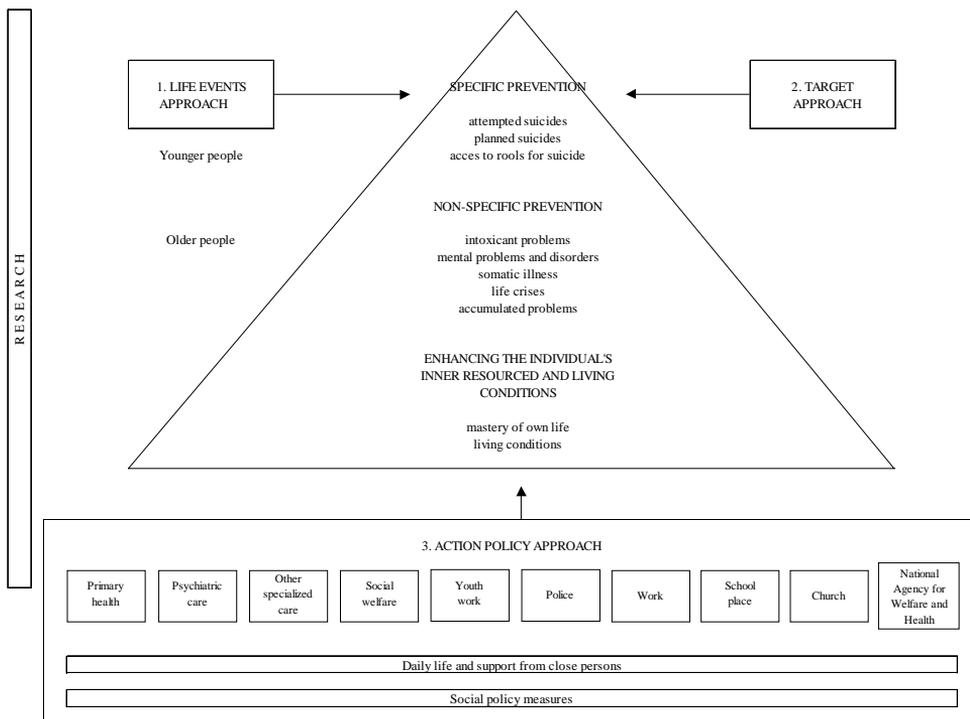
This same framework was used to analyse the main points in the recommendations of the project teams.

In the strategy, the preventability of suicides was based on the notion of suicide as a result of an aggravating, complex life process. By suicide prevention in the strategy was meant a diverse set of actions focusing on the factors and chains of events which have turned out to be significant in a life process ending in a suicide. The objectives of the intervention were divided into three levels in different phases of the process:

- * To remove or alleviate factors which directly increase the likelihood of suicide (the so-called specific prevention).
- * To remove or alleviate the problems and life crises which in adverse conditions will lead to a cul-de-sac (the so-called non-specific prevention).
- * To accomplish conditions and experiences which will enhance people's psychological resources and coping (promotion).

The overall strategy of the programme was presented in the form of a model. The model described the above-mentioned levels of action, with the related thematic groups as main points and the arenas of activities associated with the themes.

Figure 2. A strategic model for suicide prevention.



The nationwide strategy was published in two parts. The background report (Upanne, Arinperä & Lönnqvist 1991) described the preparatory process and its logic. The action strategy was published as a guidebook under the title *Suicide Can Be Prevented*, in Finnish, Swedish and English. In the spring of 1992 some 6,000 copies of the strategy were mailed to all the parties specified in it. Formally, the implementation phase of the strategy now commenced.

Commentary

In the preparation of the strategy the following procedures, among others, proved useful: the strategy was based on empirical material, research observations and the well-thought-out perspectives of a large body of experts (recommendations). Therefore, the strategy was made jointly rather than as orders coming from “above”, and it was based on real life rather than on “book learning”. This procedure was expected to validate and focus the action challenges and enhance the acceptability of the programme. The way the preparation was undertaken continued to boost the approach of expert collaboration in development, which had started in the research phase. It also turned out to be a good solution to invite various parties to join in the activities by nominating them as so-called responsible parties, and not just to present the challenges on a general level.

The theoretical model developed proved a viable tool. For example, the model prompted people to ask what were the key themes in suicide prevention in their own field, what was the stage in the suicidal process they wanted to tackle, i.e. how specific or non-specific were the risk factors, did the important actions aim at prevention or promotion, should the actions be targeted at people or the circumstances, etc. The model was utilised in planning and education in order to analyse the content of the targets, aims and actions. It served as a good map for planning the entire project.

While the focal themes and aims remained rather sweeping at this stage, the overall notion of suicide prevention was adequately converted into operations. Also, the outlining of the theme into goal-oriented actions, rather than providing e.g. descriptive information, seemed to encourage the parties to commence operations.

In an operational process spanning a long period (and in accordance with the implementation principle adopted in the project) it is clear that the objectives become more focused step by step. At each step it is only possible to set the goals which are apparent within the framework of the phase, the understanding and the operational conditions at that given moment. In the evaluation it is possible to ask whether the original goals were achieved, or how they evolved in the process and were eventually materialised. Indeed, one way of assessing the appropriateness and even achievement of the objectives is to investigate the actors’ reaction to the objectives. In this way, the objectives can be validated through a “real-life feasibility test”. Then, the questions to be asked in the evaluation include the following: how well are the themes covered in the operations, has everybody understood the goals, have the aims become established as operations, and what are the intermediate outcomes thus far? There is more information about these issues in the evaluation

study (Hakanen & Upanne 1998), the main findings of which are presented in this report as well.

The project objective to decrease suicide mortality by 20 per cent was set as an administrative target. It was more of a challenge than a goal based on an assessment of the possibilities of influencing the situation. In the UK, too, the goal set to reduce the suicide rate by 15 per cent was not based on information about failure to take adequate measures, whose intensified use would then yield this impact (Gunnell and Frankel 1994). The challenge set in Finland was bigger than in other countries. For instance, the goal of the Swedish programme is a permanent decline in the number of suicides, and the Norwegian programme aims at levelling off the increase in the number of suicides (Nationella rådet för självmordsprevention 1995; Helsedirektoratet 1993). Nonetheless, the Finnish project has stuck to the initial objective, and this criterion will apply in the monitoring, too.

Generally, the nationwide strategy has met with positive feedback, probably because the strategy created an energetic and feasible framework for practical activities, being a combination of goal-oriented and theory-based approaches (Sinkkonen & Kinnunen 1994:82,99). The Finnish strategy has also received international acclaim. It was published as an example in an international recommendation report (the United Nations 1996), and it was favourably evaluated in a comparison of strategies in different countries (Taylor, Kingdom & Jenkins 1997). The goals of suicide prevention and strategy set forth in the programme are also largely the same as those highlighted in the current literature. However, the strategy has also been criticised as being too general (Myllykangas, Ruohonen & Ryyänen 1997:2575) or as constituting “mere liturgy”, unable to guide practical operations.

Operational objectives of the project

The most essential characteristic of the project was its implementation in so-called natural settings. This is also the starting point of the project's implementation strategy and a guideline for the evaluation.

Principles of the project implementation

- * Orientation towards the goal
- * Nationwide coverage
- * Reaching the key parties
- * Multisectoral and multiprofessional approach

- * Focus on the operations
- * Dependence on the setting
- * Principle of co-operation
- * Principle of working as a process

Orientation towards the goal

The general objective of the project was the implementation and practical adaptation of the national target and action strategy, published in 1992. Focal themes and their aims were developed through the theoretical framework of the strategy. The operations aimed at instigating actions which would serve in suicide prevention. Thus, the objectives of the implementation were both indirect and operational.

In the practical implementation, an effort was made to find actions that would be as useful as possible from the viewpoint of the strategic goals. The question as to how worthwhile these solutions were is assessed in terms of their ability to achieve the goal.

Commentary

It turned out that the project lived up to the idea of goal-directed activities. Referring back to the initial planning documents, one can see that it managed surprisingly well to stay on course. The goal-oriented work approach was developed further during the project, and it resulted in operational outcomes. Nevertheless, it was possible to pursue only a portion of the large number of objectives.

Nationwide and regional coverage

It decided to implement the project on a nationwide scale.

The project authorisation, role and mandate were clear: to implement the target strategy as widely as possible. Thanks to the research stage, the activities had already started in all the provinces and municipalities, so that nationwide expansion was a natural choice. Moreover, the strategy was being administered nationally. Initially, the project was the responsibility of the National Board of Health, and it (later National Research and Development Center of Welfare and Health) took over in the implementation phase, authorised by the Ministry of Social Affairs and Health.

“Of course you always have a feeling that this project somehow lets you identify with it; you realise it is nationally important and that people elsewhere are doing the same things. In that sense it’s, reassuring that you’re involved in something important, work that covers the whole country.”

Commentary

Nationwide operations are on a large scale even in a small country. It was a specific challenge to be able to define the role and scope of the project. The role turned out to be one of organisation and motivation rather than practical action. The activation of others to embark on operations themselves was an integral part of the project.

Reaching the key parties

An effort was made to find operational avenues through which the project activities would reach as many people and settings as possible. It was decided to operate mainly on the level of public services, in co-operation with the fields which come into contact with people and different life situations in everyday work. These “key fields” were identified in the nationwide strategy and are well represented in the evaluation results as well.

Commentary

The project aimed at large-scale operations, not only through the relevant fields and key persons, but also by developing ways of spreading the project idea (the contact person network, newsletter), by devising tools which would benefit as many people as possible (the idea of working models) and through an effort to draw attention to the issue in public through information services.

Multisectoral and multiprofessional activities

The fundamental idea was to utilise the role and expertise of different fields and professional groups in the project development.

The project’s multisectoral working philosophy was already established when its mandate was outlined for the first time. In May 1986, broad representation from different branches and fields was invited to join the expert group. Also the provincial project groups had representatives from many sectors and professions.

The analysis of the prevention recommendations showed that the experts, who had given this question a lot of thought, generally understood that suicide prevention involves many targets and requires many approaches and much expertise in several fields. This notion was adapted and integrated into the strategic model. In each field the work was to focus on exactly the situations, age groups and problems relevant to that particular activity and which may have a role in the suicidal process, either as risks and precipitative factors or as protection against them.

The target and action strategy was prepared in collaboration with many parties. Its various phases involved consultation among experts on several occasions: e.g. at the meetings between the expert group and provincial project leaders and at two extensive seminars. It is estimated that some 2,000 professionals in various fields took part in the preparation of the strategy.

“Generally speaking, I think the most important point was how surprisingly well we succeeded in getting different authorities to work together. It’s remarkable evidence to prove that this is possible when you need it some other time. It really showed that it’s going to work when you try hard enough and the topic’s important enough.”

Commentary

While the principle of multisectoral responsibility seemed natural to the project, it also aroused external criticism. One argument was that the notion of “a shared responsibility” would unnecessarily make people feel guilty. It was considered an error to focus on risk factors which may also result in problems completely different from suicide. It was felt that specific reasons for suicide must be found and reacted upon. For example, intoxicant abuse was deemed unsuitable as a focal theme because not all intoxicant abusers will commit suicide.

This criticism served a purpose. It made the project clarify its conceptions of humanity and of the problems, which were anyway the foundations of the project strategy. These factors do not constitute specific risks in terms of suicide since the concept of risk factor does not mean a direct causal relation. The same life crises can be found in many types of hardship.

In the strategy, multisectoral influencing is based on a problem concept where suicide is seen as the end of a multifaceted process, incorporating phenomena in many segments of life as exposing or triggering factors. Suicide prevention means influencing the process and its constituent parts. This view is common in the literature, too (e.g. Silverman & Maris 1995).

When the strategy was put into action, it transpired that the principle of multisectoral activities well suited the Finnish opinion climate. The message of the

strategy was understood. It may have been of some help that the strategy divided this complex issue into separate sections. As far as we know, hardly any opposition arose in the fields mentioned in the strategy. On the other hand, some inadvertent omissions of relevant fields from the list of responsible parties were pointed out.

The multisectoral approach as a form of co-operation evolved into a working method in the course of the project.

Focus on the operations

The aim of the project was to develop and instigate preventive operations. Another operational objective was to enhance readiness among personnel.

The project tried to influence the factors which have a bearing on the suicidal process, either as risks or as protection. The idea was that by tackling these issues it was possible to prevent the onset and progress of events and experiences eventually leading to suicide. The goal was to influence the work practices relevant to this process.

The project dealt with actions, thoughts and information: what to do, how to do, why to do. In the broad subprojects, the working models resulting from experiences, were turned into guidebooks to be distributed to professionals in each sector free of charge.

“When I joined the project I got the picture — which I bet irritated many people at first, but which turned out to be awfully good in the end — was this thing about utilising the resources in the field... so that when I first noticed it, I thought “they’re using us”. (...) I think that many people felt “hey what’s going on, we’re not used to this. We’re not receiving something ready-made”. And then the viewpoint changed through experience (...), that it’s really OK. I mean the viewpoint that the work gets done and they trust that the ideas and needs come from the field.”

Commentary

Influencing operations is harder than, say, merely engaging in research, education, campaigns or producing ready-made services. The latter make it possible and even necessary to define the interventions beforehand, thus narrowing down and controlling the situations, and ready-made “products” can be “introduced” into settings and set in motion from the outside. In influencing the practices, on the other hand, a different approach is needed: you must observe the circumstances e.g. in shaping the intervention and in looking for methods. This also requires more extensive co-operation and time. One such approach is the co-operative process model, to be discussed later.

Dependence on the settings

Feasible interventions are not based on information only, but must be planned according to the settings and in line with the goals. Development work has its foundations in the know-how and practices already existing in different fields.

Commentary

Dependence on the circumstances does not mean random action, it means that the close-up view offered by the context is used in focusing the actions. Adaptation to the conditions helps one to turn the action strategy into a feasible form. It gives the possibility to validate the programme conceptually: to ensure that the objectives have a meaningful content. The working method is able to enhance the ecological validity by adapting the objectives and interventions so that they are in harmony with the environment. In the project experience, the working method also motivates the partners: the activities make more practical sense to them and they find it rewarding to adhere to the initial rules. The procedure follows the principle of working from “bottom-up” and the model of empowerment (Haqvist & Starrin 1997).

Because this method involves the risk of getting caught up in the situation and losing sight of the objective, the activities require acute awareness of the aims and theoretical proficiency in the field. The work done in the project was supported by its theoretical framework, making it possible to fit everything into the context of the overall strategy.

A strategy based on settings and co-operation (the process of local audit, Gunnell 1994) also helps to bypass interventions which have unintentional, negative repercussions (Gunnell & Frankel 1994).

Principle of co-operation

The project held to the principle of clarifying the development objectives and discussing with different parties the ways of operating.

The implementation of a project appears to be about influencing issues at the factual level. When a passive strategy is applied, information on the programme is disseminated and anybody can implement it at will. In this project, the ideas of a “joint venture” which was “everybody’s responsibility” were selected as starting points. At the same time, the strategy of active influencing was adopted, consistently inviting everyone to collaborate in the activities. The idea comes close to the concept

of empowerment (originally Rapaport et al. 1984), adapted for use in a professional context. The project experience shows that the co-operative climate is at least as important for the project success as argumentations based on facts.

“But if there [were] something good, it caught on. It was such a broad and huge process, that you’d start to follow various aspects of it, and in my opinion bringing up the topic of suicide has become common almost everywhere. It’s something that can come up in all kinds of psychiatric illnesses and all kinds of societal problems and so on, so that you could even be more vocal about it.”

Commentary

In the course of the project it became evident that operating in real-life situations crucially depended on interpersonal contacts and individual workers. Commencement of a vital subproject may hinge on the collaborative partnerships and mutual understanding of the issue. Even in the largest of institutions, discretionary power is always exercised by a single person, whose approval the new operational challenge must earn. If the marketing of a project falls through, facts or background papers are of no help. Everybody carries a huge workload as it is; why accept an extra challenge coming from the outside, unless there is a bonus to it? At best, the new challenge will complement the existing activities. This is the only way that real prerequisites for action will emerge. From the viewpoint of the parties concerned, this important fact is termed “constituent validity” by American researchers (e.g. Munoz et al. 1986). Being “soft” values, the importance of interaction, interactive skills and credibility may often be disregarded, especially in large-scale projects. Nonetheless, the issue should be taken into account when resources and strategies are planned.

One key point of departure for the project was mutual appreciation of and confidence in expertise and motivation in different fields. The “round cake model” was applied, in which each sector has its own viewpoint of the issue in the middle, and only when all the slices are in their place does it become a whole entity. Through working groups and seminars, the project had positive experiences of working with professionals in different fields.

The atmosphere and the public image of an undertaking may also prove decisive. Is the project presented in public as a worthwhile undertaking? Is the issue important and of common interest or is it just somebody’s private venture? Do people regard their involvement as rewarding?

In the project workers' experience, the atmosphere of the project was generally understanding and encouraging. The project met with almost no resistance at all, its cause was not belittled in public debate or in the media. Perhaps the shocking and debilitating aspects of suicide are so familiar to most Finns that nobody questions the importance of this issue.

Principle of working as a process

Development work in the project was a goal-directed, step-by-step activity, in which the general aims were made operational and the practical opportunities were found in each setting and through joint efforts.

In this development paradigm, the project plan also becomes more focused as the process unfolds. The details of the objectives, and especially of the solutions should not be unilaterally decided beforehand. Commencement of the process is the first intermediate outcome in itself; it did not exist at the beginning and cannot be forced to happen.

Commentary

Operating from a strategy is a time-consuming undertaking. Unlike, say, an information campaign, which can be carried out on the planners' own terms, here one has to adhere to the natural tempo of the events. Each procedure takes its time, and only so much can be done. The opportunities must be taken as they present themselves. All the social and psychological questions relevant to the change are involved in the operations. In this work, distrust and healthy resistance must also be identified and reacted to.

Framework and working conditions of the project

Organisation and administration

The Suicides in Finland in 1987 Project ended formally when the nationwide target and action strategy was published in 1992. The then National Agency for Welfare and Health, and the National Public Health Institute, agreed on a division of labour in the project implementation. The latter concentrated on research into the suicide question on the basis of the Suicides in Finland material, and the former took on the implementation of the action strategy.

The implementation phase was turned into a project of its own. The National Agency for Welfare and Health and the Ministry of Social Affairs and Health signed a co-operation agreement for the project implementation. Commissioned by the Ministry, the undertaking was included in the administrative contract of the National Agency for Welfare and Health (later superseded by National Research and Development Centre for Welfare and Health) in June 1992. At that point, the new practice of directing activities through administrative contracts was beneficial for the project implementation: it gained legitimacy as a part of the operations of a new agency. The contract had the added advantage of enabling the activities to be performed as a national public service project. The implementation was endorsed by the Ministry, a fact that also laid the foundation for the financial co-operation with the Ministry which was essential to the project.

In the 1987—1992 work period, the organisation revolved around an expert group appointed by the National Board of Health and subsequently the National Agency for Welfare and Health, the provincial project teams and the informal planning meetings between the provincial project leaders.

For the period of 1992—1997, the project administration was renewed. The administrative responsibility was given to a supervisory board nominated by National Research and Development Centre for Welfare and Health, the project leader had the operative responsibility, and the working group was in charge of the implementation.

The Chairperson of the supervisory board was Director General Vappu Taipale of National Research and Development Centre for Welfare and Health, and its members were Director General Jarkko Eskola of the Ministry of Social Affairs and Health, Research Professor Jouko Lönnqvist representing the National Public

Health Institute and the Suicides in Finland project, Director Aulikki Kananoja as representative of National Research and Development Centre for Welfare and Health, and Development Manager Maila Upanne on behalf of the project. The project leader was Maila Upanne.

Administratively speaking, the operations were guided by the annual action plans, applications for finance and administrative contracts. The activities were documented in annual reports, accounts of expenditure as well as output and publication reports. The supervisory board commented on the operations at its meetings, which were 19 in all (1992: 6 times; 1993: 4; 1994: 3; 1995: 3; 1996: 2; 1997: 1).

The operational philosophy of the project was to form a collaborative relationship with the so-called active field and its key parties. Thus, the joint planning groups and other co-operation with the parties had an important role in the planning and even in the administration. At the initial stages of the project, these parties actually formed the project expert group.

Funding

The project received funding from two sources:

- National Research and Development Centre for Welfare and Health budget (permanent staff and a small amount of running costs)
- Appropriations granted by the Ministry of Social Affairs and Health, mainly health education allocations (part-time employees and running costs).

The total budget of the project in 1992—1997 was approximately 10 million Finnish marks (roughly 2 million \$US ...), i.e some FIM 1.4 million per year. Of the budget, the total share of the Ministry was FIM 3.25 million, which is roughly 30 per cent of the whole budget. However, part of the personnel expenses were spent on other tasks outside the project.

Personnel

The project working group came together gradually as the action plan formed and the project was granted resources. Through reorganisation, some permanent National Research and Development Centre for Welfare and Health employees joined the project in early 1994. Part-time experts made an important contribution to the project.

Table 1. Project personnel

Year	Man-years	Number of persons
1991	1 year 2 months	2
1992	3 years	8
1993	3 years 9 months	8
1994	8 years 4 months	16
1995	8 years 5 months	13
1996	8 years 7 months	13
1997	4 years 6 months	6

Commentary

The project had a lightweight administrative structure in the implementation phase, which was based on shared responsibility and negotiations. The structure had its benefits: the project had a great deal of latitude, making it possible to operate in an atmosphere of trust. This proved to be an important psychological resource factor and gave the opportunity to pursue a creative implementation strategy.

However, this state of affairs can be viewed from a different angle, too. When the project started, it was impossible to draw up a complete action plan which would have incorporated all the relevant personnel and the budget. In a way, the project started from nothing, building up its operations with every new prospect as the process went on.

It was never possible to appoint a complete team solely on the project's terms. For instance, certain administrative changes left their mark on the process, and thus some professionals joining the team had study topics and approaches different from the project. However, thanks to the Ministry's financing, the project was able to purchase the necessary contribution of other experts for short periods. Thus the project gradually acquired a team whose composition varied at times, but which operated well.

Was the number of workers adequate? Since each subproject in fact needed a responsible person of its own, it would have taken dozens of employees to achieve all the goals. Therefore, the number of man-years spent in the project implementation should be taken into account when the outcomes are evaluated.

The way in which the project was financed was quite disadvantageous to the operations and especially to the planning of personnel resources. An important part of the project budget was provided by the Ministry. However, applications for this allocation had to be submitted each year and the decisions came late, resulting

in insecurity and excessive administrative work. The long wait for these financial decisions hindered the operations and made the planning and hiring of people difficult. Moreover, endless applications suggested a lack of commitment by the authorising party. The project legitimacy had to be established repeatedly.

Changes in the operational environment during recession

In the early 1990s, Finland endured a severe recession unique both in Finnish history and internationally during the 20th century.

The recession had many serious impacts on people's lives and societal functions, and thus shaped the operational environment in which the project was carried out. However, it is difficult to determine exactly how these circumstances affected the implementation of the project. While the recession and its implications may have lessened the workers' participation in the development work, it also played a role in highlighting the necessity for supporting people. In addition, public debate perpetuated the idea that many Finns had a hard time coping with life. Both nationally and in terms of individuals and families, the crisis remained an everyday talking point for years.

The studies on the social implications of the economic depression have employed a variety of indicators to illustrate problems associated with the standard and quality of living. For most citizens living conditions became dramatically more difficult. The unemployment rate rose to almost 18 per cent, and the recession doubled the amount of individuals receiving cash benefits in the form of social assistance (Heikkilä & Uusitalo 1997:7,39). At the same time the need for societal support and e.g. social and health services increased considerably. In addition, the situations people were faced with became more severe. Psychological distress, including mental health problems, reportedly aggravated, especially among people with economic difficulties. Also suicidal ideas had become more common (Kontula & Koskela 1993:56—59). One out of three clients receiving debt counselling had contemplated suicide (Nykänen, Kontula, Palonen & Liukkonen 1995). Thus, more demands were placed on the services, a fact that in turn was liable to add to the workload. Meanwhile, some services were downsized, including mental health and intoxicant abuser services.

These changes and their implications from the viewpoint of employees are outlined in the outcomes of the survey (Hakanen & Upanne 1998).

Although an important question in this connection, it is not easy to assess the impact of the recession on suicide mortality. It seemed to be a generally accepted assumption that such a serious situation must be reflected in an uptrend in suicides.

Such an assumption was repeatedly expressed to the project. However, this was not the case; instead, suicide mortality decreased somewhat in the 1990s, following a slight increase in the 1980s.

The study by Narinen (1995) shows that during the economic upswing many social problems (such as suicide, manslaughter and murder) increased, while during the recession the opposite was true, according to population-specific statistics. This outcome is explained by referring to the concept of relative deprivation. Failure, losses and poverty are compared to other people's situation, which makes one's own position more acceptable and normal under the circumstances, whereas an uptrend will highlight social differences.

The epidemiological analysis of suicide mortality with the possible impacts of the recession are explained elsewhere (Lönnqvist 1998).

The implementation in practice

The principles of implementing the project

The implementation plan for the suicide prevention project 1992—1996 was prepared on the basis of a nationwide strategy. The action plan was shaped throughout the implementation process.

The functional objectives of the plan concerned the development of professional practices, proficiency of professional personnel and citizens' possibilities to cope, as well as the clarification of information and debate culture. The project planned these developments to operate at three levels: professional services, citizens' everyday life, and culture. The activities were supposed to produce:

- * Functional projects in several quarters.
- * Working models.
- * Informational and health education materials.
- * Educational frameworks and material.
- * Publicity interventions.

The project was planned to be realised at two levels: as spontaneous activities taking place all over the country and as subprojects implemented by the project group. The central task of the project was to activate various parties to engage in suicide prevention.

Gradually, the project operations were divided into subprojects. Each subproject had a person in charge of it and often also a planning group, where experts on the issue had been invited as representatives of their field. An action plan was devised for each subprogramme, discussing the aims, implementation, outcome objectives and possible monitoring of the programme. The operations, and also the planning, took place as discrete processes. In the planning of the programmes, the research data provided by the project were utilised as far as possible. The activities are described in more detail in the section Project Backdoor.

It was the task of the project group to take care of the planning, make proposals, respond to initiatives, set up planning groups, negotiate the partnerships, lead the planning and implementation, organise events, prepare material, take charge of the flow of information about the project and the subject matter, and serve all needs associated with the topic. The active years of the project were eventful.

Administratively, the project leader was in charge of the implementation, but the group carried out operations with shared responsibility. Individual responsibilities were agreed upon. The working method in the group was based on interaction, joint process-oriented planning and mutual consultation. However, the activities concerning intoxicant abuse issues remained largely a separate undertaking.

Co-operative process model as a method

In the project, we developed a working method which we called the co-operative process model. The main principles, stages and benefits of the method can be described as follows:

- * The present practices and development needs (of the theme to be developed) are clarified.
- * The working conditions are examined.
- * The aim of the development is defined.
- * Actions which are conducive to the aim in the given circumstances are planned.
- * The know-how of the workers involved is utilised.
- * Through joint efforts, actions are taken in the spirit of shared expertise.
- * An effort is made to ensure good interpersonal relations and a positive and rewarding atmosphere.
- * An effort is made to produce functionally well focused results.

The commencement of a project requires administrative agreements and commitment on the part of the collaborative partners. The modes of operation and working models are pre-tested, consulted on and rectified. The ready models are distributed for nationwide use, and an effort is made to assess their viability and utility.

The benefits of this method are:

- * Ensuring that the aims and actions meet the target and that the project is relevant.
- * Enhanced applicability of the working model.
- * Commitment and motivation.
- * Potential to accomplish permanent changes.

The method was used in several subprogrammes in this project as described in this report.

“In my opinion, one of the best aspects of it has been that representatives of the target group have been present in the planning group. Then there’s somebody who does the paperwork and preliminary planning and makes proposals, and they make comments on it, and on the other hand, their own plans will always be compiled and presented in the seminar, [explaining] the stage they’re in, and so the progress made in the field is being monitored.”

“When I looked at it from the viewpoint of the school, these goals were quite apt to describe how it is, in my opinion, and maybe taking the past into account, that’s been addressed, but it could have been given a little more coverage. In a way it’s a world of its own, the school world, so that you can never overemphasise it, that’s what I’m trying to say, although it has been given some emphasis. But otherwise I think that it’s great how the goals have been reached there, so that I couldn’t help smiling when I read this, yes, this is how it all happened.”

Project backdoor: Project work as a process

This section describes and evaluates the implementation of the project in its entirety and in terms of practical actions. The description unfolds the project work rather as entering a house through the kitchen would reveal the devices and materials used in food preparation and household chores.

This type of description is used in an effort to demonstrate the implementation of a project which was goal-oriented, process-intensive, based on interaction, and carried out in authentic social conditions. A written description of these activities could have a twofold impact. On one hand it reveals the extent of searching, blind proping and dead-ends that were involved. On the other hand, it may exaggerate the methodological manner by which the project was implemented and controlled.

For descriptive purposes, the operations are combined into entities. Thematically uniform endeavours which had specific aims and procedures but which did not in fact constitute separate subprojects are described as programmes. Isolated activities such as planning and resource management, attempts to initiate a given theme, or information services are necessary prerequisites for the success of the larger entity. Several weeks’ work may go into management, redirection or seemingly unimportant preparation, which may either prove fruitful or run aground. Each procedure requires a certain amount of work, a person to do it and a salary. Because each part of the larger entity needs attention, even the avenues which subsequently prove futile must be explored so that all viable initiatives can be realised.

Implementation, then, must become a process nurturing interventions that meet the objectives. Activities do not exist before they are made to happen and brought into existence. In practice, only so much can be done, and not always the preferred options. In an experimental setting, an intervention is carried out in selected circumstances as it was planned. In the real world, things evolve step by step on the terms of everyday life.

Due to the project's wide scope, the description follows the main items and focuses on the operations. This report does not go into details such as how project objectives were set and which issues were debated on various occasions. Neither does it describe the preparatory work. Many of the programmes have already been described in separate publications (Appendix 1), but this report covers some of them in more detail.

The programmes are divided into two groups: those serving the project implementation strategy, and the theme-specific programmes. Thus the programmes are not covered in chronological or priority order. Small programmes are included, as well as those which ultimately proved unproductive. While the actor here is designated as "the project", individual persons are naturally behind the actions. The persons in charge are indicated by their (Appendix 2).

Reflections on the implementation

The following statements characterise the implementation strategy adopted by the project in practice:

- * The project is about a search for things and persons: opportunities and collaborators must be found by choice or chance.
- * The initial stages are based on free-form interaction: the absence of spontaneous circumstances will compromise even a well-motivated project. No party should be obliged to participate.
- * The activities heavily depend on the situation: the initiatives and goals must be adapted to the actual circumstances.
- * Awareness of the situation and methodological creativity are integral parts of operations; practical measures must be decided together with the collaborating parties.
- * The activities involve many phases and much work, some of which will be superfluous, and participants must have the energy to undertake projects as a process.
- * The operations must be theoretically grounded and goal-oriented, so that circumstances or interactive strain do not lead the project astray.

One of the project's prime objectives was activation and participation on a large scale. It was carried out by state agencies ("a Ministry and National Research and Development Centre for Welfare and Health project"), and was nationwide. These objectives have characterized the operations. The project proposed active initiatives to various parties, and eagerly and gratefully accepted every opportunity to co-operate and to tackle service needs. Thus, the implementation of the project and the planning work involved were partly dictated by the purposeful interactive relationship with "society" that actually materialised.

Nationwide operations also present other types of challenge. Each project must be evaluated in terms of diffusion. Thus, understanding the scale of the activities and finding the proper modes of operation became specific requirements. The project tried to face this challenge by seeking collaboration with various sectoral organisations, hoping that the issues would spread further than just the experiment. One example was the co-operation project with health centres on the care of suicide attempters. The most important collaborators in this context were schools, the church and its youth work, and the armed forces, all able to reach one entire cohort or generation at a time. Another example was the purpose behind the preparation of guidebooks and training programmes to ensure that the benefits would extend beyond an isolated event or occasion. The idea here was to achieve something complete: created by the appropriate experts, practical to use, and attractive for others to adopt. From the project standpoint, the guidebooks as a means of exerting influence proved successful. Another central tool for nationwide activities was the network of contact persons.

The above criteria also entail the need for sustained effort. Each programme evolves or should evolve into a project of its own, it must be initiated, and resources and collaborators must be found for it. Each programme must be established, implemented, and its repercussions dealt with, it must also be presented to the users and reported, etc. In fact, each project would really need a designated person to manage it. Both the actual issues and the collaboration involved require that the person in charge should preferably have proficiency and know-how in the field, and sometimes also be an authority on the subject. Many projects never commence or remain unfinished in the absence of a person in charge. Therefore, failure to tackle a wider range of important issues can partly be traced back to the resource level.

There are other reasons why things sometimes fail to progress beyond a certain point. The issue may not provide enough scope for action, or time may simply run out. Getting a project off the ground can involve a long take-off period, so if time is short it may have to be aborted soon after it really gets going. Broadly-based projects in particular need a long preparation.

In terms of impact, the projects achieved a mix of intermediate results. Several programmes did not progress beyond group discussions, while others resulted in concrete actions or a tool for a certain purpose. In fact, the implementation of a new intervention with feedback was successful only in collaboration with the Finnish Defence Forces and schools. The latter phases did not usually fit into the project timetable, i.e. supporting a programme's implementation and gathering feedback not only from collaborators but also in terms of achievement of the eventual goals. An effort is made in this evaluation to answer the question, "why weren't the interventions then prepared immediately after the project had started?"

Was the project successful? The answer it provides has two aspects to it. In fact, given the severity and complexity of the problem on the one hand, and the goals set on the other, no result would ever be satisfactory. Also, successful actions only scratch the surface of profound issues. From this perspective, the project actions have been superficial, albeit comprehensive regionally and content-wise. The worst but quite conceivable result would be a failure to yield any outcome at all, or counterproductive consequences. Moreover, the project implementation sometimes met with confusion and unexpected drawbacks. Against this backdrop it is fair to say that the project did a fine job. These assessments should be seen in the context of the project resources.

Programmes of the suicide prevention Project in Finland as main items

Overall implementation of the project and prerequisites for actions

Preparing the nationwide strategy

Monitoring in 1993

Project evaluation in 1996

Report on the project in 1997

External evaluation of the project in 1998

Study programme: concept of prevention in combating suicide

* * *

National network of contact persons

Newsletter Impro

Information services on the project

Mass communications in suicide prevention

Programmes developing further education

Regional planning of suicide prevention

Co-operation with provincial governments

- * Contact persons in provincial governments
- * Provincial Government of Uusimaa
- * Provincial Government of Turku and Pori
- * Provincial Government of Kymi
- * Provincial Government of Häme
- * Provincial Government of Vaasa
- * Provincial Government of Kuopio

Other forms of co-operation

- * Prevention task force in the City of Hyvinkää
- * Co-operation with other cities
- * Collaboration with the Prison Personnel Training Centre

International co-operation

Consultancy, guidance, client services

Project administration, economy and planning

Publications (list of publications, see Appendix 1)

Theme-specific programmes

Proper care of suicide attempters

Support to survivors

Project on depression, “Keep Your Chin Up!”

* * *

Regional development of children’s crisis management

Co-operation with schools

Collaboration with the church

Co-operation with the Finnish Defensive Forces

Support to young people’s coping with life

* * *

Collaboration with the police

Co-operation with the Ministry of Labour

Support in the recession crisis

* Development of occupational health services for the unemployed

Mutual help: male coping strategies

* * *

Substance-abuse question in suicide prevention

* Treatment of depression at A-clinics

* Brochure, Depression and Alcohol

* Early-stage interventions in occupational health services

* Substance-abuser service project in western Uusimaa

Six subprogrammes under the magnifying glass

Co-operation with schools

Co-operation with the Finnish defence forces

Developing methods for suicide prevention

Proper care of suicide attempters

Collaboration with the church

Suicide in newspaper headlines in 1981 and 1991

Overall implementation of the project and the prerequisites for actions

Preparing the nationwide strategy

The preparation for the nationwide strategy, “Suicide Can Be Prevented” was formally part of the project, “Suicide in Finland 1987”. The strategy was based on material derived from research.

At the same time, preparation for the strategy was part of the project described here: the implementation stage started with preparing the overall strategy, which gave form to the objectives and implementation. Along with the group of experts, it is estimated that over 2,000 professionals participated in preparing the strategy. The organisation responsible for the preparation (National Agency for Welfare and Health) and the persons in charge of the project continued with the operations, launching the Suicide Prevention Project in 1992 (MU, HA)

1989—1992

The material of “Suicide in Finland 1987” was collected to form a basis for a nationwide strategy, including conclusions drawn from tentative results and content analysis of the recommendations. The theoretical and operational framework of the strategy was prepared, and a team of experts consulted about the draft, which was also discussed at meetings of provincial project leaders and two national seminars.

1992

The nationwide strategy was published under the title, “Suicide Can Be Prevented”. Some 6,000 copies of the publication were mailed to various expert bodies.

The strategy was translated into Swedish and English and published in similar format to the Finnish edition.

The research and national strategic implementation phases were divided. The division of labour between the National Public Health Institute and the National Agency for Welfare and Health was agreed upon. The suicide prevention project commenced under the auspices of the National Agency for Welfare and Health (the predecessor of National Research and Development Centre for Welfare and Health project).

1996

The project participated in the 1993 expert conference held in Canada. As an appendix to the conference publication the Finnish strategy is published under the title of Prevention of Suicide: Guidelines for the Formulation and Implementation of National Strategies. United Nations, Department for Policy Coordination and Sustainable Development. New York, 1996 (MU).

Commentary

The preparation for the national strategy was a success. A broad strategy for suicide prevention took a feasible form, and it has proven viable both in theory and practice. It provides an orienting framework without losing sight of the central objectives. The strategy has met with positive feedback both in Finland and abroad, and it would seem to satisfy the majority of the current recommendations for methods in broad-scale programmes. This report describes the overall implementation of the strategy.

In many ways, the implementation of the national strategy aims at so-called ecological validity, a kind of suitability for circumstances. The very way in which the strategy was prepared laid a solid foundation for these aims. The material for the strategy was produced in real-life situations (research stage), and the drafts were discussed in co-operation with a wide range of experts.

Monitoring survey in 1993

The goal was to begin monitoring the project at its commencement, but it was also aimed to be an intervention in itself: an activator of suicide prevention. Therefore, the distribution of the survey was as extensive as that of the strategy booklet in 1992. Among other things, the monitoring survey compiled all operations, projects and education thus far initiated by the project. In conjunction with the survey, the respondents were invited to join the network of contact persons, which was a new idea from within the project (HA, MU, MH, LK).

1993

A multiprofessional monitoring survey covering the whole of Finland was carried out through questionnaires in Finnish and Swedish (n=1,800). The material was only superficially processed.

1994

The results of the inquiry were presented as a preliminary report in March 1994, an intermediate report in December 1994 and a brief final report (in the magazine Dialogi 4/95). Material on individual projects (n=220) and other data were used as material for the 1996 monitoring and for the study on the concept of prevention.

1995

Progress made by the project was presented in the form of the survey results at two international conferences (the XVIII IASP Congress in Venice and the IV European Congress on Psychology in Athens).

Commentary

The survey gave an encouraging overview of emerging activities, especially as regards the abundance of education. A significant bonus of the survey was the great interest in the project and in the contact person network that it generated, and the fact that the network actually went into action as a result of the interest of the respondents. The eventual function of the network with its attendant policies was the result of the interest shown by professionals in several fields. An ambiguous notion at first, the idea eventually took substantial form.

Project evaluation in 1996

The evaluation is in three segments: internal process evaluation (National Research and Development Centre for Welfare and Health Institute), internal effectiveness evaluation (National Public Health Institute), and overall evaluation done externally. The Ministry of Social Affairs and Health is in charge of the external assessment.

The internal evaluation concerns the overall implementation of the project and certain subprogrammes, as well as suicide prevention work done nationwide. The evaluation also incorporates feedback on the activities given to the project (JH, MU, MR). An integral part of the evaluation is the 1995 survey encompassing the whole of Finland (JH).

1994

The project evaluation began: preparation for the mission and resource management. Evaluation issues were discussed and applications for the finance to hire a researcher submitted.

1995

The funds needed to hire a researcher were made available, and the search for the right person started. Researcher Jari Hakanen commenced work in October.

A research plan for the nationwide survey and evaluation was drawn up. Evaluation plans for other substudies were made.

1996

A monitoring survey was carried out in different parts of Finland on suicide prevention work done in various fields. Material compilation, analysis and preparation of the report followed.

In co-operation with provincial authorities, a scheme to evaluate their suicide prevention work was negotiated, forming a part of the overall evaluation.

An article on the project evaluation was published. Hakanen, Jari & Upanne, Maila (1996). "Evaluation Strategy for Finland's Suicide Prevention Project". *Crisis. The Journal of Crisis Intervention and Suicide Prevention*, No. 4, p. 167 - 174.

1997

The manuscripts of the reports on the internal evaluation were prepared.

This report featured an overview of the results gleaned from the evaluation and survey.

Commentary

The evaluation was taken seriously within the project, and regarded as the final development task. The methodological aspects of the evaluation are briefly discussed elsewhere in this report and especially in the report on the survey (Hakanen & Upanne, 1998). The evaluation phase was initially hampered by practical obstacles: the planning and hence also implementation of the evaluation were delayed for more than a year because the project was not given finance to hire a researcher. After this matter was settled there was a hurry to get on with the evaluation and not much time to spend on the planning. This illustrates how difficult it can be to integrate evaluation into the overall implementation process.

Nevertheless, the monitoring turned out well, and the results convey an adequate impression of the overall project. Meanwhile, much of the scope offered by the material and many evaluation viewpoints remained unused because the time allotted to the project expired and the researcher's contract was up.

Report on the project in 1997

The project work is reported at several stages. As the list of publications indicates, the activities have been reported in both Finnish and English articles. The central outcomes have been published as guidebooks and reports.

The project will only produce two final reports: the one you are reading now and a description of nationwide activities (Hakanen & Upanne). In addition to this, several articles will be published (MU, JH, MR, LK).

1997

The operational phase of the project was finished by the end of 1996, and new initiatives not begun; 1997 was to be spent in project evaluation and reporting. Nonetheless, many issues were still underway, and echoes of the project become audible; many parties needing information, many from abroad, made contact only now.

The manuscripts of the final reports are written.

Commentary

While the project in its own opinion has been economical in condensing this compilation report into a nutshell and in producing only two final reports, the overall output is quite extensive. However, the bulk of this is “tool production” and aimed at supporting the work done for the project goals (Appendix 1).

External evaluation of the project in 1998

The Finnish project is the world's first broad-based national strategy that has been both planned and implemented. Therefore, it is important to evaluate both the results and the knowledge derived from the implementation for the benefit of suicide prevention elsewhere. Since corresponding projects are underway in many countries, the evaluation must be done and reported internationally.

The Ministry of Social Affairs and Health is responsible for the external evaluation, in its capacity as the body commissioning the entire project. The evaluation is carried out by a team assigned by the Ministry, consisting of international and Finnish experts. The evaluation will be completed during 1998.

The preparation for the evaluation and participation in it were part of the work done in the project in 1996, 1997 and 1998.

Study programme: Concept of prevention in combating suicide

This study programme investigates how suicide prevention is defined in the minds of professionals and how it is viewed as an activity. It also examines how these definitions and process descriptions can be functionally analysed and interpreted from the viewpoint of prevention theory. The study examines how concepts of suicide prevention reflect views on the emergence of problems and how to influence them. A theoretical model will be developed for analysing prevention, especially suicide prevention. It is beneficial for planning and training to highlight the key aspects of prevention. This issue is studied using the material produced by the project (MU).

1996

Upanne, Maila. "The concept and conceptions of prevention". (Finnish). *Psykologia* 6/1996. p. 421—428.

1998

Upanne, Maila. "A Model for the Description and the Interpretation of Suicide Prevention". A manuscript in revision.

1999

Upanne, Maila. "Changes in Psychologists' concept of Prevention during Participation in a National Suicide Prevention Project in Finland". A manuscript in revision.

The research project continues.

Nationwide network of contact persons

The network of experts, which emerged during the first survey, was developed further in order to boost operations, to disseminate information, to intensify mutual contacts and to create a sense of collaboration. At the same time the network was a strategic experiment: what kind of support could this structure provide to help coordinate nationwide activities? A newsletter was established as the main tool for keeping contact (MU, HA, LK).

1993

In the context of the monitoring survey, interested professionals in various fields were invited to act as contact persons at their respective workplaces. Some 1,100 persons volunteered from all over the country, and this number subsequently increase. The constitution of the network changed somewhat due to transfers and other reasons.

The project supplied the Office of the Data Protection Ombudsman with a statement to the effect that the network does not constitute a personal register, as specified in the Personal Data File Act (1987), and thus that the network was legitimate.

An address register was created for the network of contact persons (ELK).

1993

A conference for contact persons was held in Helsinki, with 300 persons attending.

A newsletter for the network was established, titled Impro.

1994—1995

Two network conferences were held (one each year).

Network members are invited to be participants and experts in the programmes within the project (e.g. educator seminar, study circle programme, seminar on police work, investigations into work with substance-abusers, etc.). Members were also recommended as experts for project workers seeking advice.

1996

Persons in the network took part in the project evaluation.

Commentary

As the project gathered momentum, the network of contact persons turned out to be a crucial factor in the substantial challenge presented by the nationwide implementation. The network also reflected the operational principles set for the project. It was a collective partner, as it were, operating from its own starting points and working for the common goals with its own expertise. Moreover, these voluntary efforts created a sense of working together, at least as far as the project leaders were concerned. The experience of sharing a common agenda was perceptibly strong especially in the joint seminars. Naturally, along with active participants the network included members who kept a lower profile. Should the need to convene a meeting of experts specialising in suicide prevention arise in the near future, it could be done through the network.

As part of the monitoring, contact persons evaluated the operations of the network and the project from their own perspectives.

Impro the newsletter

Impro was instigated as a tool for nationwide co-ordination and a stimulus for contact persons. The newsletter assumed the task of conveying information about the developments in the project and about suicide prevention all over the country. Other aims were to encourage participants to engage in local development work, to introduce policies, to help in making contacts and to boost the spirit of the project (LK, MU).

1993—1997

Twelve issues in all were published (1+4+4+1+2), for free distribution among contact persons and other interested parties. A decision was made to utilise the newsletter for information services by delivering it to targeted segments of the media.

Commentary

*We wanted an informal newsletter which would feel like a home-made and practical tool. The title **Impro** is an abbreviation of the project's name in Finnish used in administrative prose. The newsletter immediately proved to be a viable tool. It seemed to interest people, and the project received a lot of positive feedback. It was obviously beneficial for the project that an experienced professional journalist participated in creating ideas. The newsletter was evaluated as a part of the monitoring.*

Information services on the project

The project operations and achievements were publicised in the media, infrequently yet at regular intervals. The team member responsible for information services was a professional journalist. When requested, the project workers also gave interviews to the media and had an expert role in the preparation for various articles and programmes in the media (LK, MU, MR).

1993

A project brochure is planned, printed and distributed.
The newsletter Impro is designed.

1993—1996

Nine press conferences are organised on the project, 14 press releases are drawn up and dozens of interviews and statements are given in the media.

Press monitoring is periodically carried out by a private firm.

1997

The final issue of the newsletter Impro is designed and published, relating the project results. In 1998, the edition will be widely distributed as feedback to experts in many domains.

1998

As a follow-up, a press conference on the end of the project and on the evaluation results will be held.

Commentary

The theme of the project and the actual activities have gained adequate coverage in the media. The publicity has been fact-oriented, constructive and positive. Only one public statement critical of the project theme and operations was published (Lääkärilehti 22—23/97 [Finnish Medical Journal]). The sustained contribution of a journalist to the project has been a key to successful information services.

Mass communications in suicide prevention

In the course of the project, a lot of thought has gone into the role of the values, social climate and ways of thinking inherent in Finnish culture as background factors to suicidal tendencies. While the issue is hard to tackle, the project tried to enkindle public debate on the question of suicide, to clarify national debate culture and to analyse professional information practices in association with the media. Programmes were carried out under working titles, “Information culture and mental climate” and “Productive expert co-operation with journalists” (LK, MU).

1992

The first steps were taken through discussions with experts. A good working idea was hard to find. The project did not want to resort to the traditional procedure of handing out material and instructions to media people.

1993—1994

The project tried to get a firmer grip on the subject: how to initiate discussion? How to highlight the theme of mutual assistance in communications? It was hard to turn the negative news tradition (recession, unemployment, economic problems) into a viewpoint that would support coping.

An information programme, “Personnel newsletter as an avenue of coping”, started. Journalists of 4-5 personnel newsletters participated in the planning. Three article packages were prepared for the newsletters. Articles came out in 20 newsletters or magazines.

A key journalist project commenced in co-operation with the Union of Journalists in Finland, aiming at local co-operation between experts and journalists. A plan was drawn up in order to train experts for this task. The magazine *Journalisti* carried an article on the subproject. Experts and journalists met in Tampere in November 1993, but otherwise the theme did not progress.

Preparation for recommendations for disseminating information about the suicide question started on the basis of international recommendations. The second compilation on the journalists’ opinions was made through interviews. The guidelines were tested among the membership of the Medical Editors. It was the contention of the board of that association and other journalists that detailed recommendations are not needed in Finland.

The kick-off article, “Is our daily news a health hazard?”, was published in the magazine of the Union of Journalists in Finland. (Finnish). *Journalisti* 3/93 (MU).

New projects were thoroughly planned, but they failed to materialise for lack of participants:

- * Regional events: the “key person project”.
- * Five meetings with three journalists’ associations (the Medical Editors 1993, the Freelance Chapter of the Union of Journalists in Finland 1993 and the Association of Chief Editors in Finland 1994).
- * Two seminars for journalists at the University of Tampere Institute for Extension Studies.

On the basis of the feedback, the first version of recommendations for publicity, under the working title, “Ground rules for publicity in the suicide question” was made in collaboration with the Union of Journalists in Finland, the Medical Editors, the Department of Journalism and Mass Communications at the University of Tampere and journalism students.

Together with the Provincial Government of Vaasa a training session was held on the theme of “Self-destructive behaviour and publicity” for health care and social welfare professionals and information officers in November 1994.

Negotiations began with the University of Tampere, Institute for Extension Studies and with journalism education in the Department of Journalism and Mass Communications at the University of Tampere for the possibility to integrate the “Ground rules for publicity in the suicide question” into the basic and extension studies for journalists.

1995

Co-operation started. As a study assignment, the second-year journalism students compiled a newspaper called "Eloa" ("Aspects of being alive"), which was published as a supplement in *Impro* 4/95. The publication discussed the theme of suicide and coping as seen from a citizen's viewpoint.

The suicide theme was suggested for an MA thesis topic in the Department of Journalism and Mass Communications. Four students volunteered, and they received e.g. the clippings collected in the press monitoring done by a private firm. Three Master's theses were written: "One discourse on suicide. The contexts, practices and functions of a journalistic product" by Maarit Oikarinen (1995, Finnish) and "From cover-up to exploitation. Suicide in the magazine 'Se!' by Maria Luoma (1996, Finnish) and "Suicide as a news" by Nina Tuomikoski (1996).

1996

More work was done on the ground rules paper based on the comments received. Decision was made to prepare material for the project series of working models, entitled "Self-destructive behaviour and journalism". The working model was distributed to journalists and editors in the Province of Vaasa through the so-called Vastakes project.

1997

The working model was finished and published under the title of "Suicide and journalism" (Finnish). Working models, April 1997. The publication was broadly distributed among journalists and media houses in collaboration with the Union of Journalists in Finland. The goal was that the editorial staffs would address the question in order to create collective guidelines in this issue.

The Vastakes project conducted a survey among journalists in the Province of Vaasa concerning the views on disseminating information about suicide (Psychologist Tommi Hautaniemi). The results were presented in a seminar in September 1997. In this connection, a briefing was held on the working model.

In association with the University of Tampere, Institute for Extension Studies a course was planned for journalists with the theme "A journalist encounters death" in March 1996. The course was postponed to the following autumn due to a low turnout. The course was transferred to Helsinki, but it must still be called off.

Commentary

It turned out that save for some rare exceptions it was extremely hard to induce members of the media to engage in this kind of principal consideration. This fact was brought up in a planning meeting by Chairman Pekka Laine of the Union of Journalists in Finland. The job of a journalist is characterised by independence, a certain kind of autonomy, a busy schedule and unexpected situations. Moreover, the recession has weakened the ranks of journalists.

Although the project was determined to find ways of taking up the subject, the efforts were thwarted by the lack of interest in the journalists' camp. It is for this reason that the number of unproductive offers here was the highest in the project (Briefings, seminars). To give one example, the plan that had been negotiated with journalists' unions for the regional organisation of co-operation between experts and journalists (the key person project) did not result in more than one session. The experts that were invited complied, but no actual need seemed to arise. The "Real-man evening", which was a part of the course, "A journalist encounters death" and which would have dealt with Finnish male values was cancelled along with the course. The subproject was planned together with the University of Tampere, Institute for Extension Studies, the Union of Journalists in Finland and ALKO's (the Finnish alcohol monopoly) alcohol policy information services. Also other cancelled projects were more numerous than in general.

The project received expert help and support for the programme especially from the Union of Journalists in Finland, the Medical Editors, the Freelance Chapter of the Union of Journalists in Finland, Department of Journalism and Mass Communications at the University of Tampere, the team of the Provincial Government of Vaasa, local journalists and the editorial staff of the newspaper Länsi-Suomi.

After thorough preparation the published working model "Suicide and journalism" was widely distributed, and it has met with positive feedback. As far as the project is concerned, its best feature is that it presents the viewpoint of a journalist's everyday work, rather than that of expert authority. The guidebook has touched a nerve: an all-European team headed by the Belgian Professor Kees van Heeringen is currently planning to make an equivalent guidebook, and such guides have already been published in many countries. All in all, exerting influence on the media is a central recommendation in the literature on suicide prevention. The reception and possible impacts of the working model cannot however be monitored here as the project draws to a close.

Programmes developing further education

Educating and consciousness-raising among various professionals about suicide prevention was one of the project objectives. Education resulting in suicide awareness is perhaps the most central intervention in the strategies of many countries and in recommendations for further development.

Means to achieve this goal were explored in many ways. All opportunities were seized to furnish basic information about suicide prevention, to develop awareness among educators, and to utilise the material to improve education and development (HA, MU, MR).

1993

Publication of the Educator's portfolio, containing fundamental material for suicide prevention derived from basic knowledge accumulated in the project. The material was tested in training a prevention task force in Hyvinkää. The portfolio was adapted into ready-to-use material with transparencies to give basic information and to lower the threshold for dealing with the issue in education and planning. Some 500 copies of the portfolio were purchased (HA, MU, AS).

1994

An educator seminar for members of the contact person network was organised (2 days, n=40). A summary of the monitoring survey and of important educational principles was published in *Impro* 1/96.

A programme is initiated to utilise the project educational material, educator portfolio, other publications and up-to-date research information in further and basic education for the key human relations domains (e.g. physicians, teachers, journalists) in collaboration with experts in these fields. Education for physicians is regarded as particularly important by the executive group.

In meetings held with research psychiatrists (Marti Heikkinen, Markus Henriksson, Erkki Isometsä, Mauri Marttunen) at the Department of Mental Health and Alcohol Research at the National Public Health Institute, it transpired that providing specific educational material for physicians (e.g. at health centres) was no longer topical, and the project was advised not to invest resources in it because the National Public Health Institute had already provided a wide range of articles and educational seminars on suicide especially for physicians. The need for education was considered greater in the detection and care of depression, also a theme on which a lot of material already existed, and with a specific project already launched (*Keep Your Chin Up!*). So this training programme for physicians was abandoned.

1995

In the Department of Teacher Education in Rauma a course (1 credit) was held jointly with the provincial authorities of Turku and Pori and the National Board of Education. At the National Centre for Professional Development (in Heinola) teachers and other school staff were given three (1995 - 1996) extension study courses, lasting for three days each, on crisis management in school, in association with the National Centre for Professional Development and the National Board of Education (MR).

Two attempts to organise a theme-related extension study seminar for journalists together with the University of Tampere Institute for Extension Studies failed due to a low turnout (LK).

1992—1997

In conjunction with the project subprogrammes several dozen meetings with educational, work guidance and information themes were organised, some of which are mentioned in this report. Project contributors acted as chairpersons and lecturers in many of the sessions.

Project collaborators drew up a list publications and produced articles on project topics in Finnish and for international periodicals (Appendix X).

Commentary

In the course of the project, the support for health care personnel that was initially emphasised eventually expanded to include many other professions as well. On the other hand, many key groups in the health care domain, such as physicians, remained unreached. However, it turned out that the National Public Health Institute had assumed responsibility for educating this professional group. The project's contribution to physicians consisted of the guidebook "Care given at the health centre to suicide attempters" (Finnish).

The project provided a fair amount of extension study education in separate events, but the often reiterated wish "it is the basic education you should tackle" was fulfilled only in one experiment (teacher education). The challenges presented especially by the schools demonstrated what was crucial to the project's success: that each programme would actually need a designated person in charge, who would preferably be well versed in the subject. The purchase of this resource - because that is what it boils down to - was far beyond the means of the project. However, the small amount of education supplied by the project was not apparently such a big drawback. The monitoring, and the practice, were telling us that during further education in extension studies a lot of activities had emerged both regionally and at workplaces: operations that had undoubtedly been better targeted than any general education could ever be. Moreover, the development of many subprogrammes served an educational purpose of their own.

Co-operation with provincial governments

Contact persons in provincial governments

The provincial governments had an important role in implementing the Suicide in Finland 1987 study. The reports written by provincial groups constituted the main source for preparing the nationwide strategy.

We wanted to continue collaboration with provincial governments after the project research phase was completed, and these activities resumed naturally. The aim of this co-operation was to inform the provincial governments about the state of the project, to discuss their role in the implementation of the project, and to disseminate information among the provinces, thus highlighting the “nationwide viewpoint”. In addition, there was co-operation with certain provincial governments in many areas (MU, HA, MR).

1993

A provincial government liaison group was established, with one representative from each province.

1993—1996

Annual meetings were organised with the provincial governments: in Joensuu 1993, Oulu 1994, Helsinki 1995, Turku 1996. Among other things, reviews of the whole project and the provincial government programmes were presented, followed by general planning discussions.

1996

Commissioned by the convention in Turku, a meeting was held concerning the implementation of the evaluation stage and the provincial governments’ participation in the evaluation of their contribution. A written initiative was prepared for the Ministry of Social Affairs and Health to include the evaluation in the next administrative contracts between the ministry and provinces. However, this failed to materialise.

Commentary

The project prepared data collection forms for describing provincial operations in a uniform manner (JH). Nevertheless, evaluation proved difficult due to changes in the provincial administration, or e.g. because the issue had lost some of its topicality. By the end of 1997, four provincial governments had come up with an evaluation.

The provincial governments which carried out the evaluation mainly gave the project positive feedback. They still considered as appropriate the recommendations for actions made by the provinces based on the Suicide in Finland 1987 project. Moreover, activities had gone on after the research phase and were also predicted to continue after the end of the project. Furthermore, in the responding provinces the suicide rate has fallen in the 1990s.

Provincial Government of Uusimaa

1993—1994

Collaboration began between the Provincial Government of Uusimaa, the prevention group in the City of Hyvinkää and the project for the purpose of providing training in suicide prevention (MU, HA).

1994

“Prevention in mental health — suicide prevention”: a seminar in October 1994. The project theme was discussed.

Provincial Government of Turku and Pori

1995

The provincial government (Inspector Märta Marjamäki) and the project engaged in co-operation with the Department of Teacher Education in Rauma to test crisis training as part of teacher education (MR).

1997

The final seminar of the project in January 1997, “Suicide - a societal problem at an individual level”.

Provincial Government of Kymi

1994—1995

Collaboration (esp. in the “School and crisis” programme) with the project, including “Life management for young people”, implemented by the provincial government and the suicide prevention task force established by the project. A workshop was held in March 1995 (MU).

Provincial Government of Häme

1993

Seminar, "Practical perspectives on mental health work and suicide prevention", in November 1993. The project theme was discussed.

1995

Seminar, "Buried by an avalanche? Crisis work as co-operation and know-how between professional groups", in Hämeenlinna, March 1995 and in Tampere, May 1995. Training sessions together with the project (MU).

1996

A meeting of the suicide prevention project organisation was held in the Province of Häme, January 1996. The current stage and evaluation phase were topics of discussion.

1997

Seminar, "Towards a meaningful life through mental health work", August 1997. The project's information dissemination, evaluation and planning themes were addressed (LK).

Provincial Government of Vaasa

A collaborative project was initiated by the Provincial Government of Vaasa and three hospital districts, to develop suicide prevention work together with the national project (MU, LK).

1993

Agreement was reached on co-operation and with regard to a group with the working title "Vastakes". The group has representation from the provincial government, hospital districts and the project. Three planning sessions are held in Helsinki. The regional group has its own meetings and sessions in the province.

1994

The development project focuses on the theme of public information.

One-day training session in Vaasa for local journalists and experts, with the theme of "Self-destructive behaviour and publicity", April 1994.

A network of contact persons among journalists was created. A survey was conducted (by Psychologist Tommi Hautaniemi) among journalists in the Province of Vaasa on the theme, "Suicide and publicity".

1996

Training session, "Suicide awareness and publicity", in Vaasa, March 1996. A group of journalists were consulted about the manuscript of the guidebook, "Self-destructive behaviour and journalism" (Finnish).

1997

A seminar and press conference focusing on the working model "Suicide and journalism". A related survey was conducted among information professionals in Seinäjoki, October 1997, under the heading, "The potentials of and restrictions on publicity in preventing suicides".

Provincial Government of Kuopio

1991

Seminar, "The challenges of suicide prevention for the social and health care services", October 1991.

1995

A suicide prevention workshop for experts was held in November 1995 together with the project (MU, JH).

1997

The final session, "The suicide prevention seminar" in October 1997. Tentative results of the project evaluation were presented (JH).

Educational meeting and workshop for municipal representatives with crisis management in schools as the theme, December 1997 (MR).

Commentary

One example of the project's national success was the smooth co-operation between the project and the provincial health and social departments. Many provinces have embarked on goal-oriented education and development. Also, several planning groups relevant to the topic operated in the provinces. Over the years many personnel and administrative changes have taken place, a fact reflected in the operations. Because regional development and co-ordination are called for, the provincial governments could still be the right bodies to supervise suicide prevention and preventive work in mental health.

Other forms of co-operation

Prevention task force in the City of Hyvinkää

1993

Initiated by the Provincial Government of Uusimaa, a development programme began in co-operation with a prevention task force, which comprises representatives of various sectors in the City of Hyvinkää. The project evolved into a training programme, and was implemented as an educational experiment using the almost completed manuscript of the Educator's portfolio as material.

Training is provided in seven sessions in Hyvinkää, 1993—1994.

The task force supplied a report on its activities in May 1994, and in March 1996 published an action plan and recommendations for the City Government of Hyvinkää concerning the crisis task force established in the community.

Co-operation with other cities

Joint planning with e.g. the City of Karkkila group for preventive work in mental health (1992) and with the Ullanlinna and Vironniemi health districts in Helsinki (1995), concerning the regional development programme. A regional planning session took place in February 1995. A plan for the development programme was made in October 1995. The feedback-survey and the final report will be completed in 1998.

Collaboration with the Prison Personnel Training Centre

1993—1994

The project took part in the planning and implementation of training provided by the Prison Personnel Training Centre, under the heading, "Detecting suicide risk and helping prisoners at risk". Sessions were held for prison personnel in November 1993 and March 1994 in Helsinki.

Commentary

Since these activities were supposed to be implemented all over the country through local resources, the project did not participate in launching local projects, and neither was there resources for it. Nonetheless, collaborative partnerships emerged, with the project playing a consultative role or co-operating in experiments.

International co-operation

Finland was the first country to implement a nationwide suicide prevention strategy with far-reaching objectives. Therefore, progress made in the project has been publicised in international conferences at regular intervals, and the project has liaised with international representatives in many other respects as well. Transfer of material has also occurred on the basis of these contacts (MU, MR, HA, JH).

1991—1997

The project made 22 presentations at international conferences and equivalent conventions (1991: thrice, 1992: twice, 1993: 6 times, 1994: 4 times, 1995: twice, 1996: twice, 1997: thrice). Presentations and sessions are listed in Appendix 1.

1993

An international expert conference was held on “National Strategies for Suicide Prevention”, organised by the UN and the Collaborative Center of WHO, in Calgary and Banff, Canada, May 1993 (MU).

The Finnish strategy was published by the UN in “Prevention of Suicide. Guidelines for the Formulation and Implementation of National Strategies”, based on the above conference material (1996).

1997

The project committed itself to participating in international media research (headed by Dr Armin Schmidtke of Würzburg). For international comparisons, headlines on suicide cases published in 1981 and 1991 in Finland’s three largest daily newspapers were collected. The main points of the Finnish observations are contained in this report (JH).

Consultancy meeting with representatives of SPAN (the Suicide Prevention Advocacy Network, USA), in Amsterdam, September 1997. Founded in 1996, SPAN is a volunteer organisation for the relatives of persons having committed suicide, aiming to create a national strategy equivalent to that of Finland in collaboration with a large group of experts (MU).

The Finnish project was presented at a meeting of the suicide prevention working group nominated by the Danish National Board of Health, Copenhagen, November 1997 (MU).

On request, the project supplied information and explained the work done so far, it dealt with correspondence and met visitors.

Material is provided when requested (ELK).

Commentary

Finland seems to have acquired a good reputation at developing the field further. Much of this is attributable to the publications of the National Public Health Institute - a wide range of articles based on the Suicide in Finland 1987 material and published in international scientific journals. In recent years, the implementation stage of the present project has attracted interest in many quarters with similar intentions. As far as the development of practical actions is concerned, Finland would appear to be ahead of other countries. This is why conveying information about the implementation and experiences for international use presents a challenge for the project.

Consultancy, guidance, client services (MU, MR, ELK, ML)

The fact that the project was nationwide and in the public domain, with its activities widely publicised, created many challenges in terms of services, co-operation and information, and forming a specific set of activities. The requests made were considered a very useful way of exerting influence, and thus the project tried to meet them to the best of its ability. This interaction and client service included addressing seminars, expert consultancy, disseminating information about suicide and the project, tuition to students, issuing statements, giving interviews, planning co-operation with the mass media, visits, etc.

During the most active years these client services, domestic and international combined, consumed an amount of work equal to one man-year, although the work was divided between many persons. Advice and information by phone, the provision of material and general organisation were particularly the province of the Project Secretary.

Client services constitute activities which are hard to assess in the project's personnel calculations. Nevertheless, these services have a major role with regard to the project's "reputation" and co-operative climate as well as in drawing attention to the problem. Operating in public entails this responsibility. Client services are also an important intervention, and consist of many separate activities.

Project administration, economy and planning

In terms of the administration, the project acted as a unit and a profit centre. The project had a designated executive group and a leader. It had a specific action plan, a budget of its own, and a staff within this framework. The project operated on budget funds, approximately half of which came from the National Research and Development Centre for Welfare and Health budget and the other half from the health promotion funds of the Ministry of Social Affairs and Health, applied for annually. The modes of operation were to a great extent dictated by this state of affairs: “own mandate, own money, own people”.

An independent unit in practice, the project possessed great freedom of planning and action. The possibility to exercise one’s own judgement is a great benefit and perhaps even a prerequisite in process-oriented and interactive projects. Also, the executive group gave us both freedom and responsibility, so that the project could feel that it had the vote of confidence among the executive group.

On the other hand, the project’s independent position meant that the project leader had to take on a considerable workload in economic and personnel management. These necessities included e.g. action plans and reports, money applications and expenditure accounts, invoices, taking care of appropriations in times of economic uncertainty, personnel management tasks including the contract and hiring procedures of employees with short or long terms, and other participation in everyday duties in the organisation, etc. At times, routine tasks consumed almost half of the project leader’s day. These duties are worth mentioning because their significance, as well as a person’s qualifications and the time required, are often disregarded when projects are being launched (MU).

For the most part, the project acted as a team, applying interactive and process-oriented working methods, both in its own operations and in dealings with outside parties.

Publications

Since its main purpose was to implement a strategy and to develop practical operations, the project did not set specific goals to publish a wide array of articles. This would have put too much strain on scanty resources.

In conjunction with operational development an idea emerged to turn the knowledge and development results into working models, so that small-scale experiments could yield as much benefit as possible, at best even nationally. An effort was made to find a way to develop and convey awareness and knowledge

other than by spreading information about the phenomenon of suicide. The idea, then, was to serve professionals as a subcontractor by devising something concrete to hold on to: tools which would make it easier to grapple with the challenges of suicide prevention.

The working models did not structurally fit in with the publication policy of National Research and Development Centre for Welfare and Health. Neither did the project want to produce material which only a few people would buy. For the sake of public service, the project came up with the expensive solution of publishing the working models as specific products and delivering the material free of charge to the user group of each publication. In this way the publications served as a goal-oriented intervention.

The guidebooks, in particular, met with positive feedback. The project, too, regards the guidebook format as a rather appropriate tool for development work. The guidebooks crystallise the main point of the project's operational strategy: an attempt to influence real activities in collaboration with experts in each field with practical situations as starting points. The downside is that these texts are in Finnish and do not apply in other countries; neither is translating them a feasible option.

Another problem with the guidebooks is that the project cannot do much to support their use or monitor their viability. Collaborative preparation and getting started always take more time than the project schedule will allow for. For example, in this project it was time to carry out the evaluation before a single guidebook was in field use.

The publications were edited, prepared for printing and distributed by the project (LK, ELK, ML).

The reports, articles, working models and other publications produced by the project are enumerated in Appendix 1.

Theme-specific programmes

Support to survivors

The devastating impact of suicide on the relatives became apparent to the project's researchers. Albeit not a new phenomenon in Finland, the project work stimulated the establishment of so-called survivors' groups. Because supportive measures after suicide (postvention) constitute an essential part of suicide prevention, the project started to compile data on ongoing projects and the possible need for support (HL).

1994

The project started collecting information about related activities and principles by interviewing experts familiar with this approach and participating relatives. Leaders and locations of survivors' groups were also collected.

Based on the interviews, an educational review of survivors' group activities was published in a supplement to *Impro* 4/94, containing a list of local groups with contact information. In 1994, a total of 18 groups were operating, mainly under the supervision of a mental health clinic, church or marriage guidance unit.

Commentary

Local group activities seemed to have started among survivors. The fact that suicide cases were discussed in regional crisis groups has perhaps contributed to these activities.

Project on depression, "Keep your chin up!"

In 1994, a division of labour was agreed upon at National Research and Development Centre for Welfare and Health Institute to the effect that R&D on depression would most naturally be the province of the mental health unit recently established and working under Professor Ville Lehtonen. It was the contention of the project executive group that strenuous development efforts should be targeted at depression, which is perhaps the most important suicide risk factor. Under the heading, "Keep Your Chin Up! National Project on Depression 1994 - 1998", the objectives were outlined as follows:

- 1) Awareness of depression and of the availability of help will increase among the population and personnel.
- 2) Everybody will receive the care and help needed at the right moment.
- 3) Regional and local care and activity models will be created to help persons suffering from depression.
- 4) Suicidal tendencies among the population will decrease.

The suicide prevention project collaborated with Keep Your Chin Up! and had representation in the executive group of that project. Keep Your Chin Up! will be reported and evaluated separately.

Regional development of children's crisis management

In conjunction with the conference for contact persons in November 1993, Paediatric Psychiatrist Mervi Rutanen (Tampere University Hospital) and School Social Worker Riitta Saari (federation of schools in the municipality of Nokia) initiated the idea for the project to look into children's crisis services in the Pirkanmaa region and to take the necessary development measures. The issue satisfied the project mandate, so there was a natural reason to start the programme.

The purpose was to investigate the current situation of children's crisis services together with local experts in order to clarify the principles and to establish a model for developing these services (MR).

1994

The development project on a multisectoral regional model of children's crisis management began in collaboration with the child psychiatry clinic at the Tampere University Hospital and three municipalities (Nokia, Kuhmalahti and Sahalahti).

In order to chart the development need, a joint seminar was convened of municipal delegations, the Tampere University Hospital, and the project. The work done in the seminar was utilised in compiling material for the model.

1995

Another seminar: summary of reviews. Preliminary draft of the working model.

The project led to a working model, "‘Nobody can help me...’: Children's crises — a challenge to regional co-operation". Rautava, Marie - Rutanen, Mervi. Working models in the SuicidePrevention Project 5/97. *Aiheita* 29/1997 (Finnish).

Supporting to young people's coping with life

Two aspects are characteristic of the projects targeted at youth. The first stage in the strategy was an experiment exploring forms of mutual help among young people. This was implemented and reported on, but did not progress. Another aspect was the abundance of projects underway in different quarters, a fact that naturally opened up avenues of co-operation. A specific programme on young people was not planned, mainly because so many other projects already targeted this group. Therefore, the objective of this segment was to develop supportive measures together with parties working with youth and to motivate them to integrate suicide prevention into their activities.

1992

A preliminary investigation was made through interviews with suicide survivors about their everyday experiences (in accordance with the initial goal), exploring the need for mutual help and the essential aspects of this assistance. This evolved into a “Programme on everyday life and mutual help between survivors”. The “List of pertinent questions” is utilised in the experiment, “Young people helping their peers”, led by youth workers. The programme remained a tentative investigation, and did not proceed due to the project worker’s maternity leave (SJ).

1993

In liaison with experts on substance-abuser services a seminar, “Outpatient services for young people in distress” was held in October 1993.

A seminar targeted at persons working among youth, “Identifying young people’s cries for help and giving support”, was organised in May 1993 in association with the Department for Sport and Youth Affairs of the Ministry of Education.

1994

The topic was addressed at a meeting on substance-abuse prevention among youth, organised by the Ministry of Social Affairs and Health for responsible persons at the provincial level.

Together with the Ministry of Social Affairs and Health a meeting was held for sports and youth organisations, April 1994. The topic was discussed.

Seminars on special youth work with the church (see Collaboration with the church).

1995

The project was party to a programme initiated by the Finnish Association for Mental Health, using valentine cards to market a video titled “Embrace”, made by young people and depicting a young man’s suicide.

The project collaborated in a project called “Instructions for life” by the Association for Promoting Students’ Mental Health (Nyyti r.y.). The project (MR) took part in planning and preparing a study programme for young people. 1995—1998.

Commentary

While these operations were in line with the theme and made it possible to focus on the project objectives, the operations themselves remained isolated and incoherent. However, progress was made on the right issues, which was more important than the project activities as such. Operations of this sort with many points of contact do not usually receive much feedback. Nevertheless, the project workers were requested to contribute to many new programmes as consultants.

Collaboration with the police

Of all professions the job of a police officer is perhaps the most obviously involved in continuous crisis management. This raises two questions: how to guarantee a sufficient amount of professional skill in problem situations and how to support coping with this stressful work? The suicide prevention perspective is inherent in both these questions. The purpose of this collaboration was to discover development needs and actions together with representatives of the police and, if necessary, to launch a joint development project (HA, MU, HL, MR).

1993

Collaboration started with the Police Department of the Ministry of the Interior and the Police Academy in September 1993. Four meetings held in 1994—1995.

Preliminary inquiry, “Critical situations in police work” delivered as a seminar paper to the Chief Inspector Course at the Police Academy.

1995

Together with the Police Academy (Chief Inspector Tuomo Saari) and the Police Department of the Ministry of the Interior, a two-day seminar was held in May 1995 under the title, “Police practices in suicide and other crisis situations”. The police officers acting as contact persons in the project were invited, and turned out to be more or less the same experienced professionals selected by the Police Academy from the Police Districts. The network of contact persons had representation from 60 police departments.

A preliminary survey and its summary formed the basis for the seminar. A press conference was held at the meeting.

The seminar material resulted in a memorandum and suggestion for writing a guidebook to support practical police work. The memorandum and a proposal for establishing a working group for further actions were delivered at negotiations with the leadership of the Police Department of the Ministry of the Interior, November 1995. The response was positive.

1996

Several inquiries were made as to possible developments. Due to changes in the police leadership and other reasons the project had not commenced by the end of 1997.

Commentary

The successful and productive seminar held with police representatives showed that drawbacks and development requirements could be analysed in a way conducive to further actions. The memorandum on subsequent measures was easy to draw up. However, the issue did not rank high enough among others in the ministry, and the project had no authority other than to initiate the programme and ask about the results. However, the crisis management perspective has not been altogether forgotten. Many issues stressed in the memorandum are included in the basic and further training of police officers, in the psychology section of their studies. Furthermore, the police participate in crisis teams all over the country.

Co-operation with the Ministry of Labour

The aim was to convene meetings to chart crisis situations occurring at job centres and to see how they are dealt with in practice, as well as to explore the possibility of creating a development project with the Ministry of Labour (MU).

1994

In collaboration with the Ministry of Labour and the SOS Service -Suicide Prevention Centre of the Finnish Association for Mental Health (Director Anni Kauppinen) seminars were held for labour exchange staff in Helsinki, May 1994 and in Kuopio, September 1994. The ministry offered the possibility of seminars being organised at all job centres, and the above two centres accept it. Based on practical experience, job-related stress and the clients' requirements for support in crisis were discussed in the sessions. The ministry and job centres had discretion over the possible subsequent measures.

Commentary

The seminars proved that difficult or overwhelming client situations pose serious problems for job centre employees on a daily basis. Their heavy burden was often mentioned. Nonetheless, it seems hard to allow for this dimension in job centres activities. The contribution of the project did not extend beyond two seminars. As far as we know, there was no progress with this issue at the Ministry of Labour or at job centres.

Support during the economic depression

The goal of this programme was to investigate the need for support for problems resulting from the economic depression, and to find out how to provide help and develop supportive measures for crisis management in this context (TN, VH, MU).

1993

The programme started with a preliminary survey of the supportive measures underway in different quarters. It turned out that a lot of development had already been done: support for entrepreneurs, the unemployed and persons burdened by excessive debts. Interviews were carried out to find suitable modes of operation. "Need for support among persons helping in the recession crisis" summarises these efforts. Collaboration began with the Association of Debtors and the Ministry of Labour (the project above) (TN).

The tentative notion was to organise supervisory support for interested parties. The survey discovered no need for supervision, and no funding for it either. Another alternative was to explore the possibility of providing educational material on the basis of training given to provincial governments (Psychiatrist Kari Pylkkänen and Psychologist Kirsti Palonen). The programme did not progress in this form.

1994

A joint working group was established together with the Association of Debtors. Material for counsellors under the heading, "Crisis support approach in client counselling" was compiled and a seminar is organised. Material was collected at the annual meeting of debt counsellors in 1994.

Work was done on the manuscript of the guidebook for debt counselling (VH).

1995

In May 1995, "Debt counsellor's guide" was published for use in training (Finnish). 140 books, are printed, and it was marketed for use in debt counselling, social work and church activities. The book did not seem to catch on, perhaps due to inadequate marketing; it was later distributed at courses relevant to the theme.

A work guidance seminar was held for debt counsellors, "Resources for supporting the client" in November 1995, jointly by the project and the association providing counselling for debt problems.

Because of a local initiative ("nationwide co-ordination is needed") and the increasing topicality of crisis work, the project started planning a seminar on national co-ordination and responsibility, under the working title, "Crisis help for every municipality", primarily for decision-makers and planners. The seminar was to be held in the auditorium at Parliament House. As the timetable extends into the postparliamentary-election period, a lot of new training has meanwhile emerged, and it begins to be questionable whether there is still point in organising the seminar. The programme falls through when it is realized an

association for crisis consultancy and training and the Finnish Psychological Association plan to organise similar event at the same place. The project participates in the seminar, whose attendance is very poor due to less than perfect timing.

Development of occupational health services for the unemployed

1993

The programme was initiated by the person implementing the experiment (Occupational Health Nurse Antti Hakulinen) and by the Association of Occupational Health in Tampere. The experiment concerns the development of occupational health services for unemployed clients and particularly the support given to suicidal clients by making resources available. The project contributed to the programme with a small sum of money. The experiment was implemented in 1994.

1995

Report on the experiment (unpublished). An article appeared in Impro 1/94.

Commentary

While the psychological and social crises brought about by the recession were almost daily discussed in the media, it proved surprisingly hard for the project to find a suitable approach to tackle this issue. The implementation of broad-scale operations (e.g. organising work guidance for parties dealing with people in crisis) would have required specific resources that were not available. Moreover, related operations seemed to appear from many other quarters, which meant that the necessary activities were already being created. The notion emerged that supportive measures in the current recession crisis should take the concrete form of a guidebook, which was subsequently produced. Nevertheless, it only roused mild interest and little feedback. Consequently, the attempt to adopt a “recession crisis perspective” was largely unsuccessful.

Mutual help: Male coping strategies

A common theme throughout almost all the project's operations was finding a proper approach to the issue of so-called mutual help. One idea after another was discarded as unproductive. It became clear that the avenue easiest to access was the mass media: However, finding the appropriate way to deliver information on such a serious topic was felt too difficult. There were also many projects and publications provided by e.g. the Finnish Association for Mental Health. Therefore, it was concluded that the subject was well covered, and no further activities were called for. The theme of mutual help was also included in programmes such as those dealing with young people.

Based on the initiatives made, the project eventually addressed the question from the perspective of men's situation.

1992

In October 1992, negotiations were held with the "Support in crisis" Project (the Finnish Association for Mental Health, the Finnish Red Cross, the Mannerheim League for Child Welfare) to explore the prospects for planning a joint programme on mutual help. It was established that the project should pursue its own programme since these organisations' activities were clearly linked to the crisis viewpoint only. The negotiations resulted in collaboration with the Mannerheim League for Child Welfare e.g. in the school project.

Male coping strategies

1994

Together with the Federation of Mother and Child Homes and Shelters, the A-Clinic Foundation and the Finnish Association for Mental Health, the project engaged in a programme preparing a literature review (by Rainer Suvanto) and action plan to implement a "project on men". The review, "Male coping strategies" is outlined. The programme remains to be implemented by the organisations, resources permitting.

The planned information campaign targeted at young men (holding on, coping with life and obtaining support in adversity) was abandoned for financial reasons (i.e. lack of funds), among others. Also, it was not certain whether the programme would eventually prove successful (possibly too "one-sided"). However, the fact that the programme backfired did feel like a failure. It would have constituted the only programme in the project directly targeted at the population.

A decision is reached to introduce the "coping among young men" perspective into the project with the Defence Forces and into the related programme on army drop-outs and marginalisation (autumn 1995).

Substance-abuse in suicide prevention

Experts on substance abuse joined in the project at a later stage and mainly as a result of administrative rearrangements. The transfer was also motivated by the project needs: substance abuse plays a central role in the Finnish suicide problem. This theme evolved into a separate, multifaceted programme (YN, OK, MH, MK, MU).

1993

The theme was discussed at a meeting of A-Clinic directors in March 1993. It was estimated that a total of 200 suicides were committed by A-Clinic clients in 1992.

Joint planning with the A-Clinic Foundation to find common development projects, May 1995.

1994

Negotiations were held at the Ministry of Social Affairs and Health to harmonise the project needs and research on substance abuse at STAKES, which at that point did not have a specific unit for this purpose. It was agreed that the needs should be integrated into a programme with the working title, "The substance-abuse issue as part of suicide prevention".

The viewpoint and services associated with substance abuse were included in the administrative contract between the Ministry of Social Affairs and STAKES. The researcher in charge of substance-abuse issues (OK) transferred to the project team, although, most of his research work was done outside the project.

A preliminary survey involved care units having dealings with substance abusers with regard to their readiness to identify and treat clients at suicide risk. The programme as such does not progress (YN).

The project applied for an allocation from the Ministry of Social Affairs and Health for further education in occupational health. This was granted, and a senior physician was hired to work part time (MK).

A team of four persons (two part-timers) was formed to tackle the topic, "The substance-abuse issue as part of suicide prevention". The team members also had other commitments, e.g. the study, "Changes in the local service system for substance abusers in 1988—1995" (OK).

A plan was devised for monitoring the services for substance abusers:

- National and regional assessment of intoxicant-related cases.
- The changes in the service structure and their impact on the service availability.
- The development of municipal substance-abuser services (feedback, training, consultancy).

A basic survey was conducted on the correlation between substance abuse and suicide risk, leading to an action plan, “Intoxicants and suicide prevention” (MK, OK).

The project participated in the planning of the “Keep Your Chin Up!” project, e.g. by compiling programmes on services for substance abusers into the network of R&D projects.

Articles were prepared for publication on the connections between alcohol use, care options and suicide (Appendix X).

1995

A two-day seminar for A-Clinic directors was prepared together with the A-Clinic Foundation, discussing the role of intoxicants in suicide, March 1996 (YN).

The project participated in implementing the national assessment of intoxicant-related cases and the subsequent reporting (OK, YN).

Treatment of depression at A-Clinics

1995

A preliminary survey was carried out by interviewing A-Clinic teams about the perceived suicide risk of persons with substance-abuse problems and how to support them.

In association with the A-Clinic Foundation and A-Clinics, an inquiry was conducted on depression and suicide risk among A-Clinic clients and the experience and practices of the personnel in identifying and treating suicide risk. Data were collected during one week in November among clients and the personnel involved.

1997

A report was published with the title, “Intoxicants, depression and suicide risk”. Nuorvala, Yrjö - Mäkelä, Rauno - Kuokkanen, Martti. *Aiheita* 6/1997. (Finnish).

Brochure, Depression and Alcohol

1996

In liaison with two in National Research and Development Centre for Welfare and Health Institute units, Services and Quality / Mental Health R&D and the Prevention of Alcohol and Drug Abuse, a brochure was prepared on the correlation between depression and alcohol use. 100,000 copies were printed, and widely distributed to offices and clinics providing intoxicant-related services (MK, VL, MU).

Early-stage interventions in occupational health services (MK)

1994

A contract was signed with the Ministry of Social Affairs and Health to create study material for occupational health services.

1995—1996

Co-operation with four occupational health units started in order to implement an experiment and development programme. The participants were private companies (S-Työterveys, Neste/Sköldvik, Metsä-Serla and HPY). Four meetings in all were held: May 1995, December 1995, May 1996, November 1996. The person responsible for the programme also collaborated with the units in other ways.

1997

As a result of the project, a working model, “Early-stage intervention in occupational health services” was published (Martti Kuokkanen) Working models 2/97 (Finnish). The programme continued after the project as a new training programme in co-operation with the STAKES unit for Prevention of Alcohol and Drug Abuse.

Substance-abuser service project in western Uusimaa (OK, MH)

1995

Based on interviews, a survey was made of the effects of closing down a local detox centre. The survey investigated the clients’ coping and service use and compared the treatment costs between different units. The study also examined mortality, especially from suicide.

A report was published: Kaukonen, Olavi & Halmeaho, Matti. “From client to patient. Case study on the effects of closing down a detox centre in western Uusimaa, 1995”. Raportteja 203. (Finnish).

Commentary

While the plan for the substance-abuse issue was achieved, and the work proved successful in many ways, it was not possible to implement a complete programme with all the necessary activities on the scale the severity of this problem called for. There was too little time for the perspective of intoxicant-related risks to become an integral part of the project objectives. In terms of resources, the programme was hampered by many obstacles: the persons in charge joined the project at a later stage and mainly for reasons other than the project goals (i.e. administrative reasons). In addition, some workers had also other commitments. Nevertheless, the intoxicant-related perspective opened up a new vista: the inquiries made and articles published provided useful and practical information, and the co-operative programme on occupational health resulted in a concrete working model.

Six subprogrammes under the magnifying glass

Co-operation with schools

The school reaches all generations in their full spectrum. In school, children can be met at a stage of development where the skills they need for life are being acquired and where circumstances are not yet too demanding, at least not in principle. Therefore, this period is a most fruitful one for supporting emotional and mental strength and skills and averting problems. It is for this reason that schools in every country are a priority environment to explore suicide prevention opportunities.

Thus, in this project too, co-operation with schools started with the need to find a format for suicide prevention suitable for school and pupils. As a result of planning and preliminary negotiations, the aim was to develop readiness to act in crisis situations in school. The idea of contingency and crisis management models for school was developed through experiments and collaboration (MR, MU).

1992

Preliminary negotiations were held with the Helsinki City school administration about student welfare services as a help provider in crisis situations. No progress was made. Later, the school office organized several workshops on local crisis work.

1993

A literature review was made as a background to developing a suicide prevention programme among schoolchildren and young people. Unpublished (AA).

A preliminary plan was drawn up to create suicide prevention policies in school.

Negotiations for co-operation were held with the Director General of the National Board of Education.

Training material for school professionals is made. "School and crisis management: Perspectives on young people's suicide prevention". (Finnish) Aiheita 39/93.

An experiment was planned with the National Board of Education. The search for collaborator schools began.

The theme was discussed at a seminar organised by the Mannerheim League for Child Welfare, with peer support activities as a topic, May 1993.

An experiment with ten project schools commenced after a planning session in September 1993. The name of the programme was "School and crisis". Four planning sessions were held in the autumn of 1993.

The theme is raised at the national seminar for supervisors of peer support activities of the Mannerheim League for Child Welfare, October 1993.

1994

First workshop for the working groups in project schools, January 1994.

Two further workshops 2/94 and 4/94 for the schools participating in the seminar, “Serious crises in school”. Crisis management models for schools prepared.

A planning session was provided in March 1994 for the background group of the School and crises project.

Training material prepared for peer support pupils, “Give your support — it will help”, jointly with the Mannerheim League for Child Welfare.

Second workshop of the School and crises project for working groups in the experiment, April 1994.

A workshop, “Serious crises in school” was held for primary and secondary school personnel jointly with the Provincial Government of Uusimaa, April 1994.

The programme material formed a part of the book, Penttilä, Eeva (1994). Safe school. WSOY. (Finnish).

A meeting was held with the leadership of the National Board of Education and the Teachers’ Trade Union. Agreement was reached on co-operation for implementing the experiment, May 1994.

The third workshop in the development project for working groups in the experiment, October 1994.

Expert interviews were made for audio cassette-based material in a project titled “High spirits”, by the Central Association of Mental Health Users. The material was targeted at pupils in various types of school.

1995

The fourth workshop was convened for the working groups participating in the development programme, January 1995.

Planning session held for a teacher training programme, January 1995. Feedback session for this programme, May 1995.

A study programme for the Department of Teacher Education in Rauma together with the Provincial Government of Turku and Pori, titled, “Supporting children’s development and dealing with crises in school”. 9/95.

Follow-up meeting and monitoring survey for participants in the seminar in the Province of Uusimaa, April 1995.

Final seminar for, School and crises project, May 1995.

“Enhancing wellbeing in school” seminar in collaboration with the Provincial Government of Uusimaa, the National Board of Education and the Ministry of Education in September 1995.

The development programme resulted in crisis plans for each project school.

1996

Training (3 days) at the National Centre for Professional Development, Heinola 10/95, under the heading, “When the worst comes to the worst: Crisis work in school”, together

with the National Centre for Professional Development and the National Board of Education. Two corresponding training sessions in 1996. 1/96, 10,96.

The evaluation of the development project: a feedback survey in project schools. 11/96.

1997

A monitoring survey was carried out in schools in the Province of Uusimaa.

Report on the project, "Crisis action plan for schools. Supportive material for developing crisis management in primary and secondary schools and vocational schools". Rautava, Marie (ed.). Working models 6/97. Aiheita 43/97. (Finnish).

1998

The action plan was mailed to all school officer, health centers and child guidance clinics as a free copy.

Implementors' viewpoint

The target strategy for suicide prevention emphasised, among other things, recognition of psychological distress among young people, support in life crises, and the ability to cope. However, schools had already carried out various projects to promote well-being among pupils, and student welfare activities had been ongoing for decades. So, where to start? Should training be given to teachers, or education provided for schoolchildren on ways how to cope?

Our choice was influenced by a few alarmed phone calls from various parts of Finland. A mental health clinic employee phoned to ask how one should respond to the suicide of a young person in her daughter's school. A secondary-school welfare officer called to ask what to do when the school had experienced two suicides by young people in six months. We realised that improving of crisis readiness in schools may serve as a gateway to approaching schools.

Project schools

The natural partner and guarantor of development work in a project involving schools was the National Board of Education. We were first given the opportunity to present the challenges of suicide prevention among young people to the Director General of the National Board of Education, and subsequently at a joint meeting of the management groups of the National Board of Education and the Trade Union

of Education in Finland. Both these parties gave their blessing to the upcoming project.

The National Board of Education appointed Administrator Liisa Meriläinen as responsible for the project, and Provincial School Psychologist Pirjo Laaksonen of the Provincial Government of Uusimaa volunteered to join. In addition, we asked School Welfare Officer Hellevi Reinikainen to join; she had worked as school representative in the suicide prevention project in Karkkila. The leader of the undertaking was Senior Planner Marie Rautava.

We wanted the programme to encompass various types of school, but the problem was how and where to find them. We decided to select the pilot schools by interviewing experts on school issues. We received some criticism for choosing the most active schools; however, this was done deliberately. Since the project was limited in time, it was better that the contributors were already well motivated. Thus, the project schools served as case examples of development work.

Can suicide be discussed in school?

The planning stage of the subprogramme took the whole autumn of 1993. Representatives of the participating schools held four planning meetings. Ten secondary and vocational schools from different parts of Finland participated. Headmasters, teachers, student advisers, school psychologists and welfare officers, school nurses, as well as one medical officer of a health centre participated in the planning.

At the early stages of planning it seemed that many people were shocked to hear about the suicide rate among young people. The statistics gave a strong impetus for immediate action. Everybody was agreed that something could be done, irrespective of the pressures of the new syllabuses. However, the question of how to speak about the issue in school caused some concern and bewilderment. Many people were uncertain whether it was at all possible and appropriate to discuss young people's suicides in school, even among teachers. It was clear that the topic still remained laden with taboo.

The use of the word 'suicide' was discussed at the meetings, and finally a decision was reached that the term could not be avoided — after all, suicide prevention was the starting point. Another heated topic was the name of the project, School and Crises. As one headmaster so aptly put it, "What will the parents think when the school next door is science-oriented while ours is a crisis school!"

The goals were jointly designed

Development of crisis readiness was a novelty for teachers and student welfare personnel alike. Of course, student welfare activities in school had already included crisis work, but this had mainly involved individual cases or occasions. The concept of improving crisis readiness in the entire school community was a new one.

It was agreed that the principal objective of the project was to provide material for nationwide use in order to develop activities enhancing readiness to face crises in primary, secondary and vocational schools as well as to support coping among young people. The preparation of school-specific, written crisis working models became the main objective. The purpose of the crisis working model was to promote readiness among school personnel to deal with crisis situations affecting the community. Such crises included the death (e.g. suicide) of a student or an employee, serious accidents, severe incidences of violence, and “close calls”. Another equally important goal of the crisis model was to enhance teachers’ readiness to recognise difficult situations and support children and young people facing these problems.

The actual development work started in January 1994 in the form of a joint seminar between the working groups from the project schools; the teams providing student welfare services acted as working groups in the project. In schools which did not have such a team, a specific project team was set up. The working groups had a contact person with whom the project leader kept in touch. Five joint seminars were held for the working groups over 18 months. Thus the practical working phase under the supervision of the project lasted for three terms. The project paid for the travelling expenses to the seminars.

Because no ready-made models existed in Finland, the schools started developing crisis models almost without prior experience. In Karkkila, the local school system had devised a small-scale contingency plan for crisis situations as part of the local suicide prevention project. In the USA and Canada, schools have programmes to detect suicide risk and to alleviate the consequences, and Norway and Sweden had already developed readiness in schools to face crises. However, as the project went on it became clear that the plans must be specific for each school, with the local needs and resources taken into account. There was no point in copying ready-made solutions, because more important than shuffling papers was adopting new ways of thinking.

Crisis work became the primary objective

From the beginning of the project, some participants were concerned about the question of developing the young person's ability to cope with life. It did not take long before the suicide theme led to suicide prevention and reinforcement of the resources — as we had hoped in the first place. The question of what was actually meant by coping with life and how these skills can be enhanced aroused a lot of discussion. Some people were of the opinion that we should only concentrate on improving readiness to face crises because this was a tall order in itself and there was only a term and a half to be spent in actual project work.

While the subprogramme mainly focused on enhancing crisis readiness, the reinforcement of resources was not forgotten, either. Some project schools organised life mastering courses for pupils and teachers, training in social skills for teachers, peer support activities, or promotion of students' unions. In addition, there was regional co-operation with other parties working among children and young people.

From the beginning, the action strategy also entailed encouraging other schools to enhance their readiness in crises. In association with the National Board of Education and the Provincial Government of Uusimaa, the project provided training in crisis work for the schools in the Province. Information on the project was disseminated, and the project school experts trained staff in other schools in the region.

The experiences and outcomes of the project were compiled in a publication *Crisis Action Plan for Schools: Background Material for Developing Crisis Work in Primary, Secondary and Vocational Schools* (in Finnish; edited by Marie Rautava. 1997).

Other collaborative projects

Apart from schools, the subprogramme on children and young people comprised other types of co-operation, where the main idea was to reach an entire age group. Peer support activities proved a good way of reaching a large number of young people. Together with the Mannerheim League for Child Welfare, we planned a training programme for peer support pupils under the title *Give Your Support - It Will Help*. In co-operation with the Office of the Church Council Centre for Education we drew up a study programme for confirmation class section leaders, *When the Heart Aches: Everyday Crises and Coping with Life*.

The aim of these two programmes was to reinforce mutual support among young people in difficult situations, and the starting point was the fact that young

people are more likely to speak about their worries to their peers. Another aim was to enhance life mastering skills among section leaders and peer support pupils.

The project participated in the *Tips for Life* project of the Association for Promoting Students' Mental Health, which came out with a study programme for pupils and students in secondary school, sixth form colleges and vocational schools. The objective was to promote self-reliance as well as interactive and coping skills among young people. All this collaboration revolved around the questions of mutual support among young people and strategies to cope with problems.

Monitoring

Implementation

In the *School and Crises* subprogramme, monitoring surveys were conducted in the project schools, other schools and school authorities in the Province of Uusimaa.

A survey was dispatched to the project schools (n=10) in March 1996, 18 months after the last seminar. Because crisis situations are relatively rare, the monitoring was carried out only after this interval. It was designed to examine the experiences accumulated from development work in schools and the use of the crisis working model. Another aim was to investigate how the crisis model had survived in schools. The questionnaire was sent to all members in the project school working groups (n=46).

In January 1997, a monitoring survey was conducted in all the primary, secondary and vocational schools in the Province of Uusimaa (n=856). The aim was to find out how many schools had drawn up a crisis working model. A questionnaire was also sent to all school administration agencies in the province (n=37) to examine the ways in which the agencies had supported the development of crisis work in schools.

Monitoring survey in project schools

Sixty per cent of the project school workers (n=28) responded to the survey; the relatively small number is attributable e.g. to the time lag in the monitoring and employees' change of workplace or retirement. No reminder was sent. The number of respondents varied between one to five per school. The results given here are based on the open answers supplied by the respondents.

Development work had been enhanced by:

- Joint seminars: exchange of experiences, lectures and intermediate assignments (85 per cent).
- Smooth co-operation and motivation in the school working group (37 per cent).
- Crises previously experienced in the school (22 per cent).
- Positive stance taken by teachers or the leadership (11 per cent).

Development work had been hindered by:

- Lack of time; other tasks (56 per cent).
- Disbelief, resistance and difficulty with the topic (33 per cent).
- Large number of project schools (15 per cent).
- Infrequency of meetings in project schools (15 per cent).
- Problems associated with information flow and commitment of staff (15 per cent).

As project benefits for the workers, almost two thirds of the respondents reported improved readiness to act in crisis situations, a third mentioned the existence of the crisis working model and almost a fifth reported the joint discussions. Awareness of how important the question was and closer co-operation were also mentioned as advantages.

As project benefits for the pupils, half of the respondents reported readiness to encounter crises and to discuss painful issues among staff. In addition, the significance of preventive actions and their development was pointed out (e.g. training in coping with life, peer support activities).

Experiences of the working model in practice

Four fifths of the respondents had some experience of using the working model. According to the respondents, the model had proven useful in tackling crises. It had been used e.g. in the following situations: the death of a teacher, pupil or pupil's parent, illness of a pupil, accident in the school yard, detection of a pupil's psychological crisis, attempted suicide of a pupil and suicide.

As a problem associated with the use of the working model, a quarter of the respondents mentioned the maintenance of crisis readiness. A third had had problems in marketing the model to other personnel. Only few respondents had experienced difficulties in organising activities in crisis situations.

Results of the surveys conducted in the Province of Uusimaa

Of schools in the Province of Uusimaa, 65 per cent (n=540) responded to the survey. According to the survey, more than a third of the schools responding had devised a crisis working model, while more than a fifth were in the process of making one or were about to do so. The working models were devised through multiprofessional co-operation. An average of five employees were involved in the working groups, representing different professional groups in the school staff.

Table 2. Prevalence of crisis working models in the schools of Uusimaa (% of the respondents, n=540).

	Implemented	Underway	Not implemented	Total
Primary school	36 %	21 %	43 %	100 %
Secondary school	46 %	29 %	25 %	100 %
Sixth form college	41 %	19 %	40 %	100 %
Vocational schools	23 %	15 %	62 %	100 %
Special schools	34 %	13 %	53 %	100 %
All schools responding	36 %	22 %	42 %	100 %

Of school administrative agencies in the Province of Uusimaa, 52 per cent responded to the survey (n=19). Of the municipalities responding, 63 per cent had in some way supported development work in schools. For example, the school agencies had informed on the issue, provided training and issued directions for drawing up crisis models in schools. In some municipalities, the agency (often in charge of student welfare) had played an active role.

Conclusions

The monitoring done in the project schools showed that the schools perceived the development of crisis work as necessary and useful. The crisis working models had proven helpful in practical situations. The very fact that the models had been drawn up was considered to have a positive impact on schoolwork, e.g. in the better co-ordination of student welfare activities, co-operation between teachers and student welfare staff and developing prevention.

The monitoring also showed how important it was that the entire school personnel were involved in developing readiness to encounter crises. The activities were hampered by disbelief and resistance on the part of the employees, and this drawback had to be addressed before the new working model could be internalised and fully adopted. Crisis management presents a new and difficult challenge because it is not customary to speak about sorrow and death in school. The busy schedule in schools must also be taken into account when actions are developed. There is hardly any extra time for development and planning in schools, and thus free time must be spent in it, which may cause resentment.

After the crisis model, the next challenge was how to maintain readiness. The monitoring of the project schools showed that the schools which had not needed the working model were concerned about the maintenance of crisis readiness. This especially applied to schools where the working model concentrated on crisis situations. The inclusion of prevention in the model would appear to improve its viability.

The monitoring of the schools in the Province of Uusimaa showed that some 60 per cent of those responding had implemented or were in the process of implementing a crisis working model. In addition, many school administrations in Uusimaa had supported the development of crisis work. All this can be regarded as a positive result, and it goes to show that the crisis training provided for schools in Uusimaa was productive. The information from schools throughout the country also suggests that the schools have started to develop crisis work.

Recommendations for development work

- * Enough time must be available to development work because many other operations compete for time and resources.
- * Positive stance and commitment on the part of the leadership are necessary prerequisites.
- * Enough time must be spent in convincing the personnel and arguing for the necessity of the undertaking.
- * The working models must be prepared jointly with personnel.
- * It is important to direct training at the entire staff.
- * Special attention must be paid to maintaining the results of the development work done.

Co-operation with the Finnish defence forces

In Finland, four out of five suicides are committed by men, and particularly the rate among young men has contributed to Finland's dominance in international statistics over the years. Consequently, the project has constantly sought supportive measures targeted at young men, as stressed by the expert group when planning the project. Military service as an effective channel to influence the attitudes of young men was discussed at almost every meeting (MU, MR).

1992

Collaboration began following certain fortunate coincidences. Surgeon General Kimmo Koskenvuo of the Finnish Defence Forces decided the project's initiative to be feasible. Co-operation with Medical Director of Mental Health Work Martti Schroderus commenced.

The Navy committee seminar in May 1992. Project theme under discussion.

1993

The theme was addressed in training sessions for persons responsible for mental health, organised by the Medical Corps Division of the Defence Staff in collaboration with the Headquarters of the Eastern Command in the Savo Brigade, Mikkeli, the HQ of the Northern Command in the Northern Finland Signal Battalion, Oulu, and the HQ of the Western Command at Parolannummi, Hämeenlinna; all this took place in May 1993.

Co-operation with Army Chaplain Kari Heiskanen of the Armoured Brigade and Social Worker in Garrison Tuula Sarkkola got under way as part of a training programme. A plan was made to introduce the theme at a seminar for army chaplains and social workers, with the working title, "Psychosocial support for conscripts".

The project theme was introduced at the seminar for army social workers, June 1994.

Negotiations in November 1993 between the Medical Corps Division of the Defence Staff and National Research and Development Centre for Welfare and Health Institute on the inclusion of suicide prevention in mental health work within the Finnish Defence Forces (Major General (M.C.) Koskenvuo, Lieutenant Colonel (M.C.) Peitso, Director General Vappu Taipale, MU, MR). A preliminary agreement was reached concerning a joint working group and launching the project.

1994

National Research and Development Centre for Welfare and Health Institute appointed a joint working group to plan a model for developing crisis management strategies for conscripts in November 1993. The Defence Forces appointed their representatives. The mandate of the working group ended by late 1994. It was first extended to the end of 1996 and then to the end of 1997.

The working group had 18 meetings in all during 1994 - 1997 (1994: 7, 1995: 7, 1996: 3, 1997: 1).

Briefings to the Armoured Brigade in May 1994 for military staff and non-commissioned officers as part of preparations in the working group.

Experimental sessions at the Pohja Brigade in Oulu, October 1994, at Fort Gyltö, and Vekaranjärvi Garrison, November 1994.

The project took part in preparing the guidebook, "Leaving the army behind" for persons discharged from the service, in collaboration with the Family Federation of Finland, the Defence Staff Conscription Division, the Ministry of Labour and Pohjola Insurance Company (MR).

1995

Presentation of the preliminary training programme at the office of the Chief of Defence Staff, April 1995.

Presentations of the training programme to the Western Command at Niinisalo, September 1995, to the Armoured Brigade, October 1995, to the Eastern Command at Tynnyrkari, October 1995, and to the Northern Command at Luosto, September 1995. Feedback on the programme is received.

The question of army drop-outs came up, 'drop-out' meaning a young man who is discharged from conscription upon reporting for service, or before his service term is completed. A meeting was to be organised for the official parties concerned.

Negotiations on "Enhancing support to young drop-outs" at the HQ of the Military Province of Helsinki, June 1995. A seminar was agreed upon by STAKES, the HQ of the Military Province of Helsinki and the Santahamina Garrison.

On the basis of joint planning by Commander Erkki Nordberg of the Santahamina Garrison and the project, a meeting on support for young drop outs was held at Santahamina, December 1995, targeted at experts working among young people in eastern and south-eastern Helsinki (some 60 participants). Press conference: 19 articles, 2 TV and 4 radio interviews.

1996

The portfolio of the training programme "Crisis prevention and supportive measures for conscripts" was handed over to the Defence Staff, January 1996.

The Defence Staff requested feedback from the military units, March 1996.

Press conference on launching the training programme, held by the Defence Staff and the project, September 1996.

The programme was distributed to the military units on General Kopra's orders, September 1996.

A feedback survey is conducted on the programme as part of the training portfolio, September 1996.

“Dropping out from the army as a road to marginalisation: the peace-time wounded”. Upanne, Maila & Rautava, Marie. In the magazine *Dialogi* 4-5/1996 (Finnish). An article in the newspaper *Helsingin Sanomat* on the theme, June 1996.

“A conscript in crisis: Can we help him?” Ponteva, Matti - Rautava, Marie - Upanne, Maila. In the magazine *Sotilasaikakauslehti* 3/1997: 58—62. (Finnish).

Social Worker Tuula Sarkkola of the Armoured Brigade and Army Chaplain Kari Heiskanen came up with a development project for supporting army drop-outs. The project began in 1997 with assistance from the Finnish Association for Mental Health and the A-Clinic Foundation, under the heading, “Young man, seize the day. A project to support youngsters who discontinue military service or whose service is postponed at the draft interview”.

1997

An article on conscripts’ situation, “What’s amiss in the army?” was prepared with the project (*Magazine Pirkka* 7/1997; Finnish).

Summary of the project feedback and evaluation, December 1997.

The project, “Young man, seize the day” started in four cities (Hämeenlinna, Tampere, Kajaani and Kotka), with about 45 young men participating.

Implementors’ viewpoint

It was highly beneficial for the project that Surgeon General Kimmo Koskenvuo, specialising in mental health issues in the Finnish Defence Forces, and Director General Vappu Taipale of STAKES agreed on co-operation in the autumn of 1993. The Defence Forces were both willing and able to tackle the question because they had already spent several years developing mental health work among conscripts.

At the beginning of 1994 a joint STAKES-Defence Forces working group was appointed to plan a working model for developing support measures for conscripts in crisis situations. The group had seven representatives from different professions in the Defensive Forces and two representatives of the project (MU, MR). The project representatives were responsible for the group’s actions. The subprogramme may be regarded as unique in the sense that the military accepted the challenge suggested by civilians to improve activities in the armed forces.

What was needed?

At first, the working group clarified the current situation in the units at two meetings in a garrison (at the Armoured Brigade) in May 1994, one for regular servicemen and another for corporals acting as squad leaders. The aim was to examine crisis situations among conscripts as encountered by regulars and conscript squad leaders in their work, along with the existing support actions and possible needs for further development.

The examination showed that crisis management and support for coping in the army were considered highly important. Many regular servicemen stated that it was their job to take care of the well-being of the conscripts. We civilians were a bit surprised to notice how these rugged soldiers adopted such a positive stance on soft values. The same constructive atmosphere prevailed throughout the subprogramme, although there were also some voices questioning whether “the military should act as a care facility”.

The needs for development in preventive mental health work were also charted in the seminars held by various groups providing professional help in the Defence Forces. On the basis of these reports, the working group decided to plan a training programme for regular servicemen.

From experiments to study material

In autumn 1994, a tentative one-day study programme was tested in three military units. In addition to regular servicemen, the sessions were attended by army social workers, chaplains and health care personnel. All participants were requested to give written feedback on the training session. On the basis of this experiment, the working group turned the study programme into a written form in spring 1995.

Feedback on the draft of the training programme was received in the autumn of 1995 at four regional sessions held for health care personnel and other parties responsible for mental health work in the units. In addition, the professional groups were asked to give written statements concerning the draft version, and this feedback was taken into account in the planning of the training programme. The programme was made in the form of a training file, containing instructions for the planning of the training session, suggestions for a programme, background information, examples of crisis situations for teamwork and a set of overhead transparencies.

Garrison-specific training

The training programme *Crisis Prevention and Supportive Measures for Conscripts* started in various parts of the country in autumn 1996 by order of the Defence Staff. For once, an order was all it took to set things in motion, while in other subprogrammes everything depended on our ability to encourage and entice people to join. The training programme was collectively implemented by persons working on mental health in the units. This meant that, for example, the physician, social worker, army chaplain and the commander of the unit planned a session that would suit their unit.

The goal was to provide military units with tools to support coping among conscripts and to prevent unnecessary dropping out. Another aim was to enhance co-operation between different professional groups. Thus, the training included discussions among workers on practical activities, problems inherent in the work and the needs for the further development of collaboration.

What about the drop-outs?

While the armed forces is not responsible for the situation of those who defer enlistment or drop out, the question was nevertheless discussed in the working group. During the experimental training given in the units, some regular servicemen expressed their concern about these youngpersons. Most drop-out cases (two thirds) involve mental problems. It had also been suggested that the military should co-operate more closely with civilian parties during the draft stage, or at least regarding drop-out cases. The working group decided that the issue did not fall within its authority, but that it would give its moral support if the project did something on the issue. On the basis of the discussion in the working group, we came up with the idea of developing collaboration between professional helpers in the armed forces and their civilian counterparts.

We discussed the issue with Commander Raimo Jokinen of the Helsinki Military Province, who agreed to participate, as did Commander Erkki Nordberg of the Uusimaa Jaeger Battalion. We then organised a joint seminar in December 1995. In addition to professional helpers and military personnel of the Santahamina Garrison, parties providing professional help in eastern Helsinki were invited to attend. The need for support to young men and the inherent problems were surveyed in the session.

The event drew a lot of media attention and aroused public debate on “the peace-time wounded”. This was all we could do for the subprogramme, because

the project was in its final stages. Nonetheless, the drop-out question gained attention in the project *Young Man, Seize the Day*, which was supported by the A-Clinic Foundation and the Finnish Association for Mental Health, and implemented by the social worker and army chaplain of the Armoured Brigade.

Monitoring

Implementation

In autumn 1996, the Defence Staff sent study material called *Crisis Prevention and Supportive Measures for Conscripts* to all military units and academies training conscripts (n=39). The material incorporated two forms for feedback, one for the planning group in charge of the training and another for the participants. The forms were requested to be returned to the Defence Staff after the first round of training sessions. Both forms contained structured and open questions.

The feedback forms for the planning group were used to examine the content and atmosphere of the sessions as well as agreements on new actions. Moreover, the planning group was asked to assess the study material and report on their experiences during the training. The form filled in by the participants examined views on the necessity of the training, its usefulness in one's own work and proposals for enhancing support among conscripts. The general aim of the monitoring was to receive immediate functional feedback on the introduction of the training programme and the feasibility of the programme.

Twenty military units, i.e. half of them, returned the feedback forms to the Defence Staff in 1997. Of these, three returned the participants' forms only, while two units returned those filled in by the planning groups only.

The scope of implementation was double-checked in late 1997 by inquiries made in the units not responding. According to the Defence Staff, training had been given in all but two units, where the reason for failure to take action was the long-term sick leave of the medical officer.

Feedback from the planning groups

Twenty-one planning group feedback forms from 17 military units were returned. In some units, several instructors filled in the form.

According to the feedback, the training was planned and implemented through multiprofessional co-operation. In addition to the professional help staff (health

care employees, army chaplain, social worker), regular servicemen participated in the work. Only in one unit was the training implemented by a single person. The training was usually led by a physician or an army chaplain, clerk, social worker or nurse. In some cases, other professionals or regular staff acted as instructors.

On the basis of the feedback, the training followed the programme supplied in the study material. All respondents had used the material extensively or to some degree. All of them found the material easy or relatively easy to follow. The majority considered the material practical, and most of them thought that it opened up new viewpoints. Almost all respondents regarded the material as encouraging.

The feedback from the planning groups showed that almost all respondents were well motivated. Most reported that the situation had aroused a lot of debate. The experiences of leading the session were mainly positive. Almost all thought that the session went well, while only few had experienced it as hard.

Among the benefits of the session, half of the respondents mentioned intensified co-operation, a third reported enhanced readiness and a quarter identified the new working models. Fourteen per cent of the respondents regarded the thoughts inspired by the training as useful, and a fifth considered discussion and getting to know other people beneficial.

Most of the respondents regarded teamwork, discussion and exchange of ideas as the best result of the session.

According to the feedback from the planning groups, the session mainly produced the following new operational ideas:

- Intensified co-operation.
- Establishment of a crisis group.
- Development of peer support activities among conscripts.
- More training sessions.
- Enhanced awareness of drugs.

More than half of the respondents believed that the development of supportive measures would continue after the training, while 14 per cent did not believe in continued activities and a quarter provided no answer.

Feedback from the participants

Eighteen military units dispatched feedback forms (n=472) filled in by the participants, i.e. regular military personnel. According to the feedback, almost all participants considered the sessions useful for their work. Only 3 per cent of the respondents did not regard the sessions as productive, while 7 per cent failed to give an answer.

Most of the respondents believed it was important to devise supportive measures for conscripts. As few as 6 per cent considered it unimportant, while 8 per cent provided no answer. Almost all participants thought such sessions would be needed in the future as well.

When asked about the benefits of the session, the following issues predominated: detection of problem situations, working models in crisis situations, clarification of actions, better attitude towards problems among conscripts, improved co-operation and information received.

Almost all participants considered teamwork, working models and discussion the most beneficial aspects of the training session.

The participants proposed e.g. the following development actions: supplementary training, intensified co-operation between professional groups, improved flow of information, clarification of responsibilities and setting up crisis taskforces. It was suggested that corresponding sessions be provided for conscript squad leaders and cadets. It was also proposed that conscripts be better informed about the assistance system in the Defence Forces, that directions be given on how to seek help and that peer support activities be developed further.

Conclusions

The feedback from the training programme shows that the training was implemented on a broad scale. Naturally, it was also guaranteed by order of the Defence Staff.

The planning and implementation of the training took place in the units through multiprofessional co-operation, as recommended by the working group. The instruction followed the study material, and it also complied with the recommendations: the work focused on discussion, participation and development of working models. The feedback indicates that this approach was considered productive. The training material seems to have supported the implementation.

The unit instructors found the training sessions useful, and their experiences as instructors were positive. Moreover, the feedback given by the participants was constructive; the training was regarded as useful in one's work. Discussion and crisis situation examples were the best benefits of the training, according to both instructors and participants. Apparently, the training session allowed each professional group to stop and think about issues in common. It also resulted in new proposals for development and highlighted the needs for further education.

It is the contention of the project workers that the positive feedback from the training was attributable to the fact that the programme was developed in the units by experimenting and by gathering feedback from the participants. In addition, the

written form and content of the material was revised and supplemented based on the oral and written feedback from various professional groups in the military.

Through co-operation it was also possible to feel that we were on the right track and involved in an important issue. This practical feedback and the support of the Defence Staff ensured and facilitated the implementation. The long tradition of mental health work in the Defensive Forces was also conducive to the success of the subprogramme. The constructive atmosphere prevalent in the working group of representatives of the military and civilians proved decisive for the progress made.

According to Medical Director of Mental Health Work Matti Ponteva, the training seems to have been effective. There was a positive development in handling crisis situations. Tackling the problems had become more effective, a fact that may be seen in the number of referrals to care. The training will be continued at the order of the main headquarters.

Recommendations for development work

- * As a starting point for development work, needs must be examined to ensure the right targeting.
- * Experimental training designs and feedback support identifying the right topics.
- * Discussion-oriented work based on mutual contribution enhances motivation and is perceived as rewarding.
- * Attachment to concrete, real-life situations enhances motivation, encourages discussion and may produce new working models.
- * Training that is organised by the group itself is perceived as positive.

Developing methods for suicide prevention

The project wanted to develop perspectives on preventive work methods, know-how and skills. The goal was to devise a model for planning prevention work by an experiment. A supervised distance-education method was tested in the programme: regional study circles (KK, MR, MU).

1994

The main features of the programme were outlined along with the methods of implementation.

Contact persons were invited to participate in the programme. A total of 16 multiprofessional regional groups and an educational institute started in the experiment, some 150 professionals in all (“Impro clubs”). Local group leaders were appointed.

Guided autonomous group work was developed as the working method. The group leaders received seven days of work guidance (two days in 1994, four in 1995, one in 1996). Ten letters with guidelines on each process stage were drawn up, and the person in charge of the programme paid 3—4 visits to give further counsel. Consultation to the groups was also given by phone.

1996

The groups made regional plans for suicide prevention.

1997

Based on the experiences and material gathered during the programme, a guidebook was produced called “From improvisation to plan. Working models”/1997 (Finnish). Information about the guidebook was spread by articles and letters to hospital districts, health centre psychologists and institutes of health care and social welfare education. The guidebook was sold at a nominal price.

A monitoring survey was carried out in regional groups.

Implementors’ views of the progress made in the subprogrammes

What would be the best way to organise regional suicide prevention? What are the working methods needed? What kinds of knowledge, skills and education are required? How can a nationwide project launch and support local subprogrammes? — These were some of the questions we pondered when outlining the development of suicide prevention methods. It was clear that all work begins with planning. Therefore, we decided to develop tools for the regional planning of suicide prevention. In regional co-operation it was possible to agree on common goals and to avoid overlap. This also ensured the proper targeting of the actions and resources.

Preventive mental health work has been done in Finland from the 1970s. The National Board of Health used to provide training in the field, and thus there was readiness to undertake this work. But how to establish and control regional groups without incurring huge expenses? There was only a limited amount of money available. We decided to try guidance by correspondence combined with regular seminars. The leader and expert of the subprogramme was Licentiate of Social Sciences Kirsti Kivinen. On behalf of STAKES, the person in charge was Senior Planner Marie Rautava.

Local study groups are founded

In November 1993, we notified in the project newsletter that a study programme would be launched and that we were looking for persons interested to lead a study circle. Eleven groups volunteered, one of which soon dropped out, stating that they were not motivated because only a few suicides were committed in that particular municipality each year. We encountered this same notion later on: “why invest resources in suicide prevention if the number of cases is low?”

The objective of the study programme was to draw up a suicide prevention action plan for each group, specific to its operating area (municipality or city district). Our aim was to enhance prevention so that it would be goal-oriented and systematic. The intention was to carry out the programme through 10 study letters containing assignments to support and direct the planning process. In addition, the leaders would be invited to joint instruction meetings in Helsinki.

The first study letter was dispatched in March 1994. Apart from assignments, it incorporated a monitoring form for the group leader to give feedback on the feasibility of the assignments and progress made in the group. The first task of the study groups was to discuss how suicides could be prevented in their own opinion. This was important in order to form a common perception within the group. After all, it is not uncommon to think that only help given to persons contemplating or having attempted suicide constitutes suicide prevention.

The first session held for the group leaders discussed the leaders' experiences of the initial stages of teamwork. The strategy and aims of suicide prevention were also addressed.

In autumn 1994, some new groups joined, and eventually there were 16 groups, or so-called Impro clubs (according to the Finnish name of the project), operating in Finland. One social welfare vocational school also participated in the programme. The Impro clubs were multisectoral and multiprofessional working groups, including e.g. psychologists, social workers, physicians, nurses, pastoral workers, police officers, youth workers and teachers. The group leaders were social welfare and health care professionals.

How to find time and resources?

It was soon discovered that the groups made progress at different speeds. Some had two monthly sessions, while others met once a month only. A study letter sent once a month was too much for some groups, since it took more time to complete the assignments than we had thought.

The workers were struggling against the pressures of an increasing workload and diminishing personnel resources. It was hard to find room for prevention, because only clinical work and patient visits were counted as actual performance. How to find time for planning, or to find resources, for that matter? We concluded that, as a part of the planning process, we had to support the workers' ability to cope with stress. Thus, this issue was given a lot of coverage in the study letters.

At times, we felt pangs of conscience for imposing extra work and trouble on the already overworked participants. As the work went on it became clear that the programme could not be completed in 12 months as planned. Eventually, the process took two years.

In some groups, the turnover of participants was high at first, and it took some time to get settled. Some participants dropped out when they realised how much work was involved. The title, study circle programme, was a bit misleading as some participants had thought they were joining a discussion group dealing with ready-made material. Some people were surprised to learn that spontaneous work between the sessions was required, and some persons had neither the time nor the inclination to do this.

The absence of an existing study programme was also perceived as problematic by the groups. After all, the programme involved experimenting with and searching for a new working model. Our aim was to advance in a process-like manner and to monitor the process based on the feedback from the group leaders.

Meeting people in group leaders' sessions

Contact with the study circles was maintained through the group leaders, and thus we did not come to know the participants, except for the visits paid by KK to some groups. The leader received study letters and used them to supervise the group. In addition to the assignments, the letters contained feedback on the outcomes of the groups. At times we had telephone conversations; however, this option was not extensively used by the leaders. Perhaps it was the study letter that guided them opt for the written medium.

The leader, then, held a central position, and in some groups a change of leader hindered progress. Some groups had two leaders, which helped in sharing the responsibility and workload. There was constantly a risk that the leaders assumed too great a responsibility for the group's activities, which would mean a less active role for the other members.

The leaders assembled seven times in joint sessions (the project paid for their travelling expenses). During the sessions we discussed the theoretical foundations

and methods of planning relating to suicide prevention. In the planning work we applied the principle of developmental work research; however, the groups soon signalled their poor grasp of this. The terminology proved too complicated to study by mail, especially as the leaders were not familiar with it; only one group found the model stimulating. To avoid this stumbling block, we abandoned the use of the terminology but retained it as a frame of reference in the planning process.

At the meetings the leaders shared their experiences, the aim being to act in the spirit of mutual work guidance, which was possible since the atmosphere in the group was open and cosy. We noticed that many participants found it important to be able to converse with colleagues: especially for those from small communities the meetings gave an opportunity to exchange views. Perhaps this was the reason why most criticism concerned the burdensome assignments rather than the prolonged schedule.

People were uncomfortable with statistics

The groups had to conduct comprehensive investigations into the current situation in their locality. Through statistics and other data, they examined the demographic and financial structure, risk groups, gaps in prevention and development needs in the locality. In addition, they investigated the history and current stage of preventive mental health work in their respective domains.

Statistical interpretation turned out to be hard since the workers were not used to this. Some people even found the statistics frustrating: after all, the problems were already known. On the other hand, the statistics opened up new vistas. For instance, one local group was amazed to discover that of the 2,000 young people in their area only 200 frequented the local youth club.

Another group discovered through statistics that their area was no longer mainly inhabited by families with small children as it had been ten years before; nowadays elderly people predominated. It was discussed at the leaders' meeting that outdated notions may be quite misleading in this line of work.

The result: the skeleton of a plan

All groups except one followed through the programme. This was a feat in itself because the programme lasted for more than a year.

The groups were quite spontaneously guided. Some groups followed the study programme by exercising discretion, omitting some assignments. One group had

already previously engaged in suicide prevention as a part of a local suicide prevention project. Therefore, it lacked motivation to outline a plan, but concentrated on developing resources and mutual support among the participants. Based on its experiences, the group devised a “tool box for coping” for the workers, which was published in the Impro newsletter as a supplement entitled *Booster for Work*.

One group specialised in developing information services on suicide. Cooperation with journalists resulted in articles and a local guidebook on suicide information.

It was surprising that some groups ended their work upon completing the plan and left the actual implementation for other parties. Some members became exhausted during the burdensome planning stage, while relatively many had decided that the programme only involved studying and considered their work done when the plan was made.

The use of the term “study circle” may have been why most people were preoccupied with the idea of studying how to make a plan. Another reason may be the fact that planning and implementation have traditionally been separate activities.

Nevertheless, the study programme achieved its goal as it succeeded in developing a tool for the regional planning of suicide prevention. The experiences and outcomes of the study circles were compiled into a guidebook *From Improvisation to a Plan*. This was the skeleton of a plan, as it were, providing guidelines for the activities of the planning group and its leader and resulting in an action plan for prevention. “My! How simple it looks now that it’s in one piece!” exclaimed one group leader when seeing the book.

Monitoring

The aim of monitoring the study programme was to compile feedback information about the prevention action plans devised in the programme and their implementation. The monitoring was carried out in the early summer of 1997, a year after the project was finished. A questionnaire was sent to all nine groups, including the members and leaders; 73 persons in all. The questions were open ones.

The survey was only conducted among the groups who had finished their work by the end of the project, but not among groups in which the plan remained unfinished or who carried out the programme without the benefit of an actual plan. As far as the latter groups were concerned, there was already information about the factors affecting the progress or failure of the programme because monitoring information was collected during the project. Neither was the survey conducted in

the social welfare vocational school, because the students who made the plan had already graduated.

Of the group members, 45 per cent responded to the survey (n=33). At least two members in each group responded. The small percentage was due to e.g. workplace changes and the fact that some members did not participate in the implementation. No reminder was sent.

Of the respondents, 73 per cent thought that the plan had injected new elements into preventive mental health work in their region. For example, the plan focused on mental health work among young people, intensified intersectoral co-operation and created new forms of collaboration, provided information, aroused debate and made preventive mental health work more systematic. However, some respondents thought the plan failed to bring about anything new; it had resulted in new things that were actually old, the reference being to community work or existing action plans on prevention.

Most people were satisfied with their plans. Nevertheless, 42 per cent of the respondents found shortcomings. In some groups the drawbacks had to do with the broad scope and general nature of the goals. The problems inherent in broad-scale objectives were the lack of time and of personnel. The general nature of the objectives, on the other hand, resulted in the shortage of concrete actions. Some groups reported that the drawback was the absence of collaborative partners.

Implementation of the plan

All groups had communicated the plan and disseminated it to various administrative parties, and the reception was mainly positive. The press also adopted a positive attitude towards the activities. In some localities, the plan was presented to the municipal leadership. Some municipalities had appointed official preventive mental health teams and allocated some money as well.

In addition to information services, other types of implementation had started in 7 localities. Some respondents reported that the busy work schedule had slowed down the implementation, while yet others thought that they had set too tight a schedule. It also turned out to be awkward that the same people at the same time both planned and implemented. In one group, the activities were planned to start slowly due to the large number of partners.

In almost all localities many administrative branches took part in the implementation, their number varying between 2—9. Only in one locality was there one party implementing, namely the health centre. When asked whether some key party was missing from co-operation, some groups mentioned home help, the

police, the church, job centre, schools, decision-makers or local inhabitants. The absence of some parties was motivated by the lack of time and increased workload. The number of physicians participating was low from the start, and efforts to invite them fell through. The reason for this was thought to be the lack of time or interest on the part of physicians.

Some groups ceased to operate once the plan was ready, or the implementation was left with the responsible parties specified in the plan. According to the respondents, this was due to the long, burdensome process involved. In some groups this exhaustion was anticipated, and a pause a few months prior to the implementation had been agreed upon.

Of the respondents, 58 per cent had experienced difficulties in implementing the plan. Problems included the busy work schedule, lack of personnel resources, exhaustion during the planning and lack of co-ordination.

The evaluation of the productivity of the action plan was rather limited, since the implementation had only just started. Nonetheless, 58 per cent of the respondents regarded the plan as useful.

Co-ordination responsibility for the plan was left open by almost all groups. Based on the responses, it seems that only three groups had agreed on co-ordination. Hardly any monitoring system for the action plan was designed. Only three groups reported that a local Impro group or some other body was in charge of the monitoring.

Conclusions

The monitoring showed that the implementation of the plan constituted a completely new phase of its own. Many groups had such a broad plan that it required the participation of completely new parties. It was a time-consuming process to motivate and engage people.

Due to the prolongation of the study programme from the planned one year to two years, some groups had no strength left to carry out the implementation. The change of schedule resulted from our miscalculation of the workload involved in the programme. Neither had we paid enough attention to the other commitments of the workers. In some groups it was even hard to find suitable times for the meetings to suit everybody.

Work-related stress also hampered the implementation of the plan. In addition, it may have been affected by the content of the plan: the more general the goals, the harder it was to outline concrete actions to achieve them. In the case of too broad goals the problem was the lack of time or of workforce.

The monitoring showed that in many localities the implementation and monitoring of the plans were left undone. Only few groups had reached agreement as to who would be responsible for co-ordinating the implementation. The groups had no plan for the monitoring, or the plan lacked detail. Thus, the assessment of the impacts and outcomes remained inadequate.

While multisectoral and multiprofessional work has in recent years become more common in municipalities, it was interesting to notice that many participants considered the intensified collaboration one key benefit of the study group, giving the opportunity to get to know other people's work better.

The main goal of the study circle programme was to gain practical information about the planning method developed in the programme and to produce systematic material to facilitate the planning of preventive actions. In this respect, the experiment was a success, resulting in material to help plan prevention in practice.

Recommendations for development work

- * It is important that the leader of the development group has expertise and experience regarding preventive mental health work.
- * The responsibilities for planning and implementation must be more closely linked together.
- * Complex terminology requires study sessions.
- * Practical situations and acquired know-how are good starting points for the planning process.
- * Multiprofessional and multisectoral groups need a lot of time to get acquainted with each other's work and professions.
- * It is imperative to establish a common language and frame of reference in order to find common operative targets.
- * The workers' ability to carry the workload must be taken into account under all circumstances.
- * It is important that the goals are consistent with the resources available.

Proper care of suicide attempters

Development avenues were sought through expert co-operation and workshops. The goal was to examine the present state of suicide attempters' care: the parties involved, present practices, the seams between various procedural segments and the key issues. On these bases, the aim was to develop proper care practices together with the parties concerned. In practical terms, the best progress was made with health centres during the last phase (HA, HL, TH, MU, JH).

1992

A planning group was set up to design a seminar for psychiatric units in general hospitals and to prepare a care model.

Workshop in November 1992, "Care of suicide attempters: obstacles and proper practices".

1994

A workshop was organised for representatives of emergency units in central hospitals and psychiatric units in general hospitals, under the heading, "Care of suicide attempters: proper practices in hospital", March 1994.

As a result of the workshops and additional data collection, a working model was prepared for the acute care phase, in association with representatives in the field (psychiatric units in general hospitals, other psychiatric units and clinics, acute-care wards, health centres, mental health clinics, psychiatric hospitals and ambulance services).

The material was published as an intermediate report. Arinperä, Helena. "From first aid to follow-up treatment: proper care of suicide attempters." (Finnish) *Aiheita* 33/94.

1995

With support from the project, a report was completed on the study, Rasanen, Leena & Ostamo, Aini (National Public Health Institute) "Suicide attempters' opinion of the care received" (Finnish). An article on the report was published in *Impro* 3/95 (LR).

A contract was signed on development co-operation with two Senior Psychiatrists (Juhani Keski-Säntti and Timo Männikkö) of the hospital districts of Päijät-Häme and Central Finland, respectively. Planning for a trial programme started in the collaborative working group.

The second phase of the programme to develop a model of proper care for suicide attempters was launched with the hospital districts of Päijät-Häme and Central Finland and five health centres in their regions. A survey was conducted at health centres on present practice. Local training sessions held (HL, TH).

A report with project support was completed in the form of study material. Hynninen, Tuula. "Evaluation of suicide attempters' situation and the provision of follow-up care. An educational development project for health care personnel in the Province of North Karelia, 1992—1993" (Finnish).

1996

A joint working period in the development programme was implemented, during which working groups consisting of health centre staff devised a model of proper care in their respective areas together with the programme leader (TH).

Based on the programme and models drawn up by working groups at health centres the project created a common working model, "Care given at health centre to suicide attempters". Working models 1/96 (Finnish). The model was distributed to all health centres and other interested parties (TH).

Survey among the development groups at five health centres (JH).
Survey of all medical directors at health centres (JH).

1997

The overall evaluation of the programme, “Proper care of suicide attempters”, and reporting (JH).

Background, goals and implementation of the subprogramme

This evaluation concerns the section which developed the role of the health centre in the care of a suicide attempter in particular. The objective of the programme was to clarify the principles of proper care in primary health care and among its associates. The programme investigated the parties involved, current procedures, critical points in the care process and other key questions. The programme resulted in a working model for health centres. The model *Care of the Suicide Attempter at Health Centre* was distributed to all health centres, contact persons and other interested parties (Hynninen 1996).

The development work was carried out in association with six health centres in two hospital districts (Central Finland and Päijät-Häme). The health centres established a regional working group for the subprogramme. The principle of the co-operative process model was adhered to in the work. Under the supervision of a project worker, progress was made as a uniform planning process together with local working groups.

The subprogramme was the only one in the project to deal with an immediate suicide risk (specific prevention). For instance in Norway, the main emphasis in the implementation of the national strategy was on suicide attempters (Norwegian Board of Health 1996:14).

According to several estimates, the number of suicide attempts in Finland is at least ten-fold compared to actual suicides. On the basis of these figures, some 14,000 suicide attempts are annually made in Finland, i.e. almost 40 attempts a day. The risk of committing suicide among persons who have previously attempted to take their own life is 50—100 times greater compared to the general population (Diekstra 1992:77). Thus, a suicide attempt is the clearest signal of an elevated suicide risk because 10—15 per cent of suicide attempters end up taking their own life. In the *Suicides in Finland* material, almost half the suicide victims had made at least one previous attempt. Over half of suicide attempters were under the age of 35 (Lönnqvist, Aro, Marttunen, Salovainio & Palonen 1993:37—38; Arinperä 1994:9).

In Finland, the majority of suicide attempters have been treated in general or central hospitals. In the 1990s, however, the role of health centres has become more prominent. Nonetheless, there are no accurate data on the number of suicide attempters cared for at health centres because this information is not included in routine statistics.

Evaluation

The monitoring and evaluation of the subprogramme were targeted at the phase undertaken at health centres. The evaluation consisted of two studies: the monitoring concerning the development groups and all health centres.

- * The working groups participating in the development of the care models took part in two phases of monitoring (August 1996 and February - March 1997). Seventy-six per cent (n=32) of the members in the development groups participated in the first survey and 67 per cent (n=28) in the second. In addition to health centres, the groups represented mental health clinics, social welfare offices, congregations, the police, the Frontier Guard, the fire brigade and rescue services. The monitoring was done through questionnaires and partly as telephone interviews.
- * The current state of the care of suicide attempters and the reception of the care model (guidebook) were examined by a survey directed at all Finnish health centres (February 1997). The survey was responded to by 59 per cent of the health centres (n=154). The respondents were well representative of different types of municipality and federations of municipality.

To evaluate the subprogramme, a phase model of evaluation was developed, consisting of five target themes and eight criteria. Phase evaluation presupposes that in order to achieve the desired results the functional challenges presented by the preceding phase must be met before entering the next stage. The evaluation aims at forming an impression of the general prerequisites for the development work and the practical implementation of the programme in the localities where it was developed.

Table 3. Steps of evaluation.

	PROCESSES	OUTCOMES
PLANNING (in groups)	1. Planning in groups Inquiries I by phone (members of the planning groups)	2. Models for care Inquiries II by phone (members of the planning groups)
IMPLEMENTATION (locally)	3. Dissemination and introduction Inquiries I (questionnaire) (members of the planning groups)	4. Experience and feedback Inquiries II (questionnaire) (members of the planning groups)
FEEDBACK (all health centres in the country)	5. Feasibility of the model Inquiry (questionnaire) (medical directors of the health centres in Finland)	

*Outcomes*³

Observations and evaluations were made regarding the six phases of the development process. After to the initial stage of development, the groups advanced to the evaluation of the feasibility of the care model at all Finnish health centres. The evaluations are presented as main items in the two tables below.

³ The implementation and results of the evaluation are reported in more detail in an unpublished manuscript (Hakanen 1997a).

Table 4. Evaluations made by medical directors or senior medical officers (n=154) at health centres concerning the present state of care for suicide attempters at the health centre, and evaluation of the care model guidebook resulting from the project.

<p>Starting point for the development work , initial situation and content-related appropriateness (process)</p> <p>++ Good motivation in the groups and perceived need for the programme ++ Presentation of the programme and reasons given in the group, group leader's support in the beginning</p> <p>+ Co-operation in the group when outlining the task + Making the most of all participants' views + Key local parties represented in the group + Taking into account the needs of local parties in the planning + Finding the key questions in the development of care + Catering for different types of client group</p>	<p>Evaluated benefits of the care model (outcome)</p> <p>++ Encouragement and support to workers ++ Uniform working methods used by different parties and workers ++ Better care, support and security for a suicide attempter</p> <p>- Too theoretical and comprehensive, lack of a monitoring system, dismissal of the relatives, more emphasis on prevention (isolated comments)</p>
<p>Mode of operation in the development groups (process)</p> <p>++ Goal-oriented, productive ++ Practical, functional ++ Interactive, shared responsibility ++ Multisectoral, multiprofessional ++ Inspiring, encouraging ++ Prior familiarity with the group</p> <p>+ Teaching new things + Fun, spontaneous + Enough room for the goals to take form gradually</p> <p>- Difficult subject, no easy solutions to the problem - Lack of cohesion in the group - Visits outside the group would have been welcome</p> <p>-- Busy schedules, other pressures</p>	<p>Introduction into use of the model (process)</p> <p>++/-- 80% said that the model can be applied when necessary; 20% said that the model was not known well enough</p> <p>+The programme was evaluated to have intensified co-operation between the parties (e.g. better information flow, closer contacts, easier to make contact to agree on follow-up care) + Depending on the locality, the parties familiar with the care model included health centres with their units (outpatient clinics, inpatient wards, home nursing, maternity clinics), mental health clinic, social welfare office (including home help and family daycare), schools, fire and rescue services, police, youth work, industrial safety, local businesses, Frontier Guard and "all the units of the city"</p> <p>- In other quarters, notions of using the model were vague - Shortcomings in informing about and promoting the model - Monitoring was agreed upon in one locality only</p>

Productivity of the development work (outcome)	Evolution of care practices (outcome)
<ul style="list-style-type: none"> ++ Enhanced readiness and visions ++ Clarified and unified working methods ++ Experiences of co-operation + Achievement of goals + Awareness of the question and motivation + Participants became more experienced in project work 	<ul style="list-style-type: none"> + Care personnel's access to information about attempts + Assessment of the psychosocial situation + Selection of the care path for the suicide attempter + Provision of crisis care + Collaboration in follow-up care and ensuring its commencement + Exploration of the possibilities to support on the part of relatives and other social networks, support to relatives + The model is estimated to have permanent significance in terms of care and support in the unit and locality - Exerting influence on care resistance - Feedback system between follow-up care placement, health centre, relatives and suicide attempter

Table 5. Evaluations made by medical directors or senior medical officers (n=154) at health centres concerning the present state of care for suicide attempters at the health centre, and evaluation of the care model guidebook resulting from the project.

Present state of care and development needs	Feasibility and benefits of the care model
<p>+ Least problems associated with emergency help, crisis management, selection of care path, follow-up placement and assessment of the psychosocial situation</p> <p>-- Most difficulties concerned the feasibility of the feedback system between care units, relatives and suicide attempters, resistance to care, information flow and co-operation between care facilities, e.g. ensuring follow-up care, support to suicide attempter, relatives as providers and recipients of support</p> <p>+/- In large municipalities, the situation is often better in terms of crisis management, emergency help and selection of care path. In small municipalities, the same applies to psychosocial situation evaluation and finding out the relatives' and other support mechanisms</p> <p>Care developed or under development as follows: + Raising the issue (71% of the health centres) + Intensified collaboration (69%) + Development of care practices (55%) + Examination of the present state of care and requirements (47%) + Application of the ideas in the guidebook (32%) + Establishment of the unit's own working model (28%)</p> <p>+/- Two thirds of the respondents considered that there was need for development in care at the health centre or in the locality, while only 7% regarded the need as great</p> <p>+/- In large municipalities the development needs were considered to be greater than in small ones, which also have less attempts and suicides</p> <p>+ Health centres (34%) were seen as holding the main responsibility for care in the locality or health centres together with general/central hospitals (52%). Other responsible parties included mental health clinics, alone or together with the above parties. Also sectors other than health care were seen as responsible</p>	<p>+/- Half of the medical directors at health centres reported having read the guidebook or part of it</p> <p>+/- Reading the guidebook was associated with awareness of the problem and development actions carried out: those having evaluated the development needs as either major or minor were more often familiar with the guidebook than those unable to assess the need for care development</p> <p>++ 96% of the medical directors having familiarised themselves with the guidebook considered the model feasible in developing care at their health centre</p> <p>Medical directors responding (whether familiar with the book or not) considered that the guidebook had had an impact on the health centre as follows: + Application of the ideas in the model (36%) + Drawing up own model (27%) + Development of care practices (23%) + Surveying the present care situation and needs (17%) + Raising the issue (14%) + Intensifying co-operation with other parties (12%)</p> <p>+ While the care model was devised in mid-size (in terms of population) municipalities and their federations, the size had no relevant bearing on the evaluation of the guidebook</p> <p>- Only five physicians expressed criticism of the guidebook: the use of the book was restricted by local circumstances. The only content-related shortcoming was reportedly the dismissal of friends as supportive actors (i.e. too much emphasis on the official systems)</p>

Conclusions

The subprogramme *Proper Care of the Suicide Attempter* and the care model resulting from it were perceived as necessary. The majority of medical directors at health centres stated that there was at least some need to develop care practices further in their units. The guidebook was regarded as providing useful help in this respect.

The subprogramme was properly targeted since the health centres bear the responsibility for this type of care, along with general and central hospitals. This was consistent with the opinions of the medical directors as well. Other reportedly important parties were mental health clinics and other service providers in the locality.

At many health centres, the guidebook inspired plans to draw up unit-specific working models. It also activated other developments concerning the care of suicide attempters. Efforts to develop care practices had already been made and co-operative approaches existed at many health centres before the guidebook.

The subprogramme showed that multisectoral and multiprofessional development co-operation may be successful even though the phenomenon has varying degrees of relevance to different parties. However, the contribution of several parties is required to develop comprehensive care and support forms for suicide attempters. It is important to find the proper role for each party not only in development work but also in subsequent activities.

A functional development approach, practical outlook and concrete working models will make the participants more aware of the project goals and enhance motivation.

This subprogramme set out to outline the main aspects of the care process. The care of a suicide attempter has many nodal points, which are primarily associated with co-operation between the attempter, relatives and care providers, collaboration between the latter (e.g. ensuring the commencement of follow-up care), support to attempters and relatives, as well as measures to counteract opposition to care.

It was a problem that the implementation remained incomplete in the development programmes undertaken. It is often the case that the project initiators have to walk away when the implementation is about to start after the development phase. The same can happen elsewhere: the model is distributed without the possibility to support and monitor its introduction.

In the localities participating, the development programme was evaluated as successful, as far as its starting points, implementation and tentative results were concerned. The critical point was the survival and application of the care model after the development phase. A monitoring system should be devised for this

purpose. Monitoring or evaluation should be incorporated in all development programmes. External monitoring (here by STAKES) may in the best case act as a new intervention and reminder, but a more feasible solution would be to rely on internal monitoring carried out by the actors themselves, involving meetings between the parties from time to time. This would ensure the continuity of the development.

The subprogramme was the first one to commence, and so it also served as a probe to test the various possibilities of intervention. The seminars on the theme were successful and e.g. showed that there was interest and commitment in many quarters. It also became evident how beneficial it is to investigate the current state and development needs from a practical viewpoint. Expert collaboration with many parties relevant to the issue became a reality and resulted e.g. in the training material. The idea to develop the modes of operation in the form of a working model and guidebook in this programme and elsewhere evolved gradually. The approach was, then, found through a co-operative process. The subprogramme was slowed down, due to changes in personnel which meant that three workers were in charge at various times.

Collaboration with the church

The church has co-operated with the project from the beginning, and has an important role also in the implementation of suicide prevention. Church-based functions can touch a chord in people at a turning point in their life. The project was therefore keen to explore with the church its possibilities of applying suicide prevention in its activities (MU, MR).

1992

Conference on special youth work, organised by the Centre for Youth Work of the Evangelical Lutheran Church of Finland, May 1992. The theme of the project was discussed.

1993

Articles on suicide in the magazine *Diakonia* (1/93) and the newspaper *Kotimaa* (1/93).

1994

In August 1994, a working group with members from the Church Council and the project set out to explore collaboration between the church and STAKES as well as the role, needs and prospects of the church in suicide prevention. The working group dealt with the potential of the work done by the deaconry, crisis work, special youth work and confirmation class activities. In 1994 - 1995, the working group held 5 meetings.

Together with the project, the Centre for Youth Work organised a one-day seminar for church special youth workers in November 1994, titled “Young people’s suicidal tendencies and the church’s youth work”. The material was distributed as a publication of the Church Council (Centre for Youth Work, 1995:1, Finnish).

A seminar was organised by the Finnish Blue Ribbon, the Christian Study Circle Centre and the project, titled “Alcohol - suicide - spirituality”, February 1994.

The Church Council published a booklet, “Lone death: Suicide as a challenge to the church” (1994:2, Finnish), which was distributed e.g. through the network of contact persons. The material was produced by Executive Secretary for Hospital Chaplaincy Kirsti Aalto and Doctor of Theology Hannu Sorri at the request by bishops of the Evangelical Lutheran Church of Finland. March 1994.

1995

The Church Council and the project began preparing study material for section leaders of confirmation classes to help them recognise problems and help pupils attending confirmation classes, and to promote mutual support among young people for coping with life.

1996

The material was tested in parishes and improved based on the feedback.

The material was presented at a meeting of youth workers 10/96.

Article, “School helping the young to cope”, in the magazine *Kristillinen kasvatus* (Finnish).

Guidebook “When the heart aches: Everyday crises and coping with life. Study programme for confirmation class section leaders”. The Church Council Centre for Education and STAKES 1996 (Finnish). The guidebook was written by the Reverend Antero Rissanen and Senior Planner, Psychologist Marie Rautava.

1997

The guidebook was presented at a church education seminar in Rovaniemi, January 1997 and in Helsinki 2/97.

The text was published as a Swedish-language translation by the Porvoo Diocese. 12/97.

The magazine *Kristillinen Kasvatus* published a supplement named “Confronted with sorrow in school” (Finnish). The project assisted in preparation. 6/97.

Of all sectors of society involved in this project, the church responded most actively to the project challenges, e.g. by publishing a booklet called *Lone Death: Suicide as a Challenge to the Church* (in Finnish) in 1994. The booklet tackles the taboo of suicide and gives church employees tools to face suicide in their work.

In 1994, the Church Council and the STAKES suicide prevention project formed a joint working group to chart the possibilities of various ecclesiastical sectors to play a role in suicide prevention. The group had representation from the

church in the fields of pastoral care in hospitals, catastrophe work, family counselling, diaconal activities, special youth work, work among intoxicant abusers and confirmation classes. The working group dealt with the development needs and possibilities regarding prevention in these fields. It turned out that a lot had already been done as the issue had been discussed in publications and seminars. The project representatives had also acted as instructors in special youth work seminars. In addition, the theme of suicide was incorporated in the ongoing supplementary training for employees. Moreover, e.g. the pastoral sector turned out to be so inundated with activities and education that it was not feasible to launch a new project there.

After profound planning, the working group found one clear-cut development programme to be confirmation class activities and the related training of “youth helpers”. The possibility to reach an entire age group of young people attending confirmation classes was valuable and perhaps the most significant aspect of this undertaking from the project viewpoint. After all, confirmation classes annually reach some 90 per cent of the age group. More than a third of youngsters who attend these classes later participate in training to become youth helpers.

The training of youth helpers already involved several themes on coping with life, and so suicide prevention was a natural addition to it. The point of departure for the project was that no training or education on suicides will be targeted at young people, unlike in some countries. The outcomes of this kind of intervention have been conflicting. The working group decided to draw up a plan for a training programme directed at youth helpers with the aim of enhancing their life strategies and their support for young people. The intention was to strengthen the section leaders’ ability to face difficult situations and to support young people who attend confirmation classes needing help.

The training programme was tested in four congregations. In addition, instructors training the section leaders in different parishes gave their constructive comments, as did the young people in training who commented on the feasibility of the programme. On the basis of the experiences from the experimental phase, the programme was turned into a booklet published by the Church Council under the title *When the Heart Aches: Everyday Crises and Coping with Life* (in Finnish). The training programme for confirmation class section leaders was published at the end of the project, and thus no monitoring of it was possible. Nonetheless, its positive reception was reflected in the fact that after its publication in Finnish, the Porvoo Diocese published it in Swedish as well.

According to the evaluation study on the project, the congregations have constituted one of the three most active local actors. Especially in crisis and relatives’ group activities, congregations and parishes have played a major role.

Suicide in newspaper headlines in 1981 and 1991: An international study of the trends in suicide-related journalism

The project took part in 1996 and 1997 in an international study programme using content analysis to compare suicide-related newspaper headlines in different countries and assessing their trends over a period of ten years. The analysis focused on headlines because they reach the most newspaper readers, their function is to catch the readers' attention and they epitomise the ways in which newspapers deal with suicide.

The study was led by Dr Armin Schmidtke of Germany. The programme involved Austria, Finland, Germany, Hungary, Japan, Lithuania, the USA and partly Greece. For some countries, international comparisons have already been made (Fekete, Schmidtke, Etzensdorfer & Gailiene 1991). The Finnish material is not as yet incorporated in the comparison.

Another goal of the study was to examine the connection between the news on suicide and the number of suicides. This connection, as well as suicide-related journalism remain relatively uncharted questions (ibid. 145). However, studies show that journalism focusing on "positive" aspects of or reasons for suicide, as well as sensational news gloating over the details, have a tendency to increase the incidence of suicide.

According to the hypothesis, a high suicide rate is reflected in newspaper articles. Indeed, the study found that, for example, Hungarian newspaper headlines conveyed a rather understanding view on suicide. In Hungary, a positive attitude (suicide as a heroic act) emerged more often than in Germany or Austria, and the same applied to the consequences, too (efficiency of suicides, suicides as a communicative force etc.). This type of communication offers potential suicides a possibility to identify with a model. Compared to other countries in the study, indirect discourse on suicide was more commonplace in Hungary, and this may be used as a veiled condoning attitude towards suicide and to perpetuate ambivalence about the issue (ibid. 151—156).

However, during the period observed, the texts in Hungary shifted towards a more direct and open communication which emphasised less the positive facets of suicide. In Austria and Germany, no such change was evident. More often than in Hungary, Austrian and German newspaper headlines featured the negative consequences and labels of suicide (associated with crime, psychiatric viewpoints) as well as well-known people who had committed suicide.

Save for some rare examples, there is little evidence of the impact of journalism on suicide prevention. Nonetheless, development work in all countries starts from

the assumption that positive news practices, such as giving coverage to constructive alternatives enhancing strategies to cope and public debate on e.g. marginalisation and values among young people, may have a tremendous effect on attitudes and support citizens' well-being (Kokko & Upanne 1997).

Suicide in Finnish newspaper headlines

In Finland, as in the other countries studied, also in Finland all back issues of three major newspapers published in 1981 and 1991 were checked to analyse the texts. The newspapers in question were *Helsingin Sanomat* (HS), *Turun Sanomat* (TS) and *Aamulehti* (AL).

The suicide theme was headlined 85 times in the two years observed. *Helsingin Sanomat* carried 45 of the headlines, while *Turun Sanomat* and *Aamulehti* had 20 headlines each.

The key findings regarding the changes in the suicide-related headlines (Table 6) may be summarised as follows:

- * The topic was given less coverage than expected, perhaps indicating that the threshold was quite high in newspapers in this respect. The number of headlines was considerably lower than in Austria, Germany and Hungary, but higher than in Lithuania. The result is hard to interpret because countries with both lower and higher suicide mortalities than Finland had more news on the subject.

- * The amount of news doubled in ten years. While almost all types of news on suicide became more common, the headlines that treated the suicide problem in a fact-oriented way became clearly more frequent (statistically the only significant finding): headlines based on "scientific findings" and fact-oriented news and articles writing, drawing on research, statistics and development work. ($x^2 = 9.43$, $p .002$; e.g. "Family and religion protect against suicide" TS 6 May 1991), ($x^2 = 6.76$, $p .01$; e.g. "Message from suicide project for social work: Divorce a serious blow to man, woman cannot stand losing a child" HS, 30 September 1991; "Of suicide attempters, few want to die. When lost for words, feelings are manifest through actions" AL, 7 February 1991; "Suicide — a cry for help or the last choice?" HS, 2 November 1991.)

In other countries there were few references to prevention, therapy and positive alternatives to suicide. The same applies to Finland, but it is clear that the prevention viewpoint became more prevalent over the ten years. Although

few headlines referred to the Suicide Prevention Project, they displayed a clear influence exerted by the project, especially in the research stage (e.g. “Suicide rate in Karkkila has become less gruesome. Projects for life are underway all over the country” HS, 5 December 1991).

- * Isolated instances of suicide formed the majority (69 per cent) of suicide news in 1981. As the other aspects of suicide gained more coverage, isolated cases were less frequently mentioned; nonetheless, half of the stories in 1991 dealt with isolated cases of suicide. In both periods, about a fifth of the headlines referred to a suicide attempt. In 1991 there were also headlines in which the actions were dealt with on a more general level than that of an isolated attempt and based on professional experience and research information (“Of suicide attempters only a few want to die. When lost for words, feelings are manifest through actions”).
- * Almost the only approach which did not become more common was the metaphorical, ambivalent or ambiguous statements; their proportion even diminished from 17 per cent to 9 per cent, whereas in Hungary, these expressions were still commonplace in 1991. These headlines may be regarded as cultural expressions obscuring the suicide problem or covertly condoning it (“Koivisto’s hangman’s noose”, “Long live the suicide!”, “Don’t commit suicide. Klemetilä will do it for you”). This decline may be viewed as a sign of improved journalistic practice, i.e. an indication of a change in how suicide is treated in a more direct and fact-oriented manner.
- * In Finland, suicide was seldom endowed with a positive, heroic, sensational or tragic characterisation. No suicide was described as having positive consequences. On the contrary, the label was often negative, especially when the deed was associated with a violent offence or othertype of crime. Such negative repercussions were reported on several occasions. According to this hypothesis, the presentation of positive consequences can give rise to suicidal tendencies, while negative labels and consequences may deter people from identifying with this behaviour.
- * In 1981 and 1991, the method of suicide was mentioned in a quarter of the headlines. This information may serve as a model for potential suicides. In the news on foreign affairs the method most often mentioned was self-immolation in political protest, which was not likely to have an impact as a model. However, three cases of self-immolation or attempts at it were reported in Finland. Being

an exceptional and striking way of ending one's life it may be more likely to make the news. Another frequently quoted suicide method was shooting, which often involved the shooting of a relative or some other person. In this connection, the use of firearms was labelled as negative, and thus the information was hardly conducive to identification with suicides committed with firearms. Be that as it may, it is open to interpretation whether such depictions reinforce cultural images of models, in which suicide and the preceding acts of violence are interrelated.

- * Motives for suicide were seldom given. However, an understanding and interpretive attitude had gained more foothold by 1991.
- * From the viewpoint of preventing identification, it was positive that the person's age was never mentioned in the headlines. Neither was it common to mention the locality or scene in detail.

Conclusions

The ideas expressed in the press with regard to suicide are a part of the local culture in every country, which is conveyed and also partly formed by the press. On the basis of the material compiled, it is hard to detect a link between newspaper journalism and the high suicide rate in Finland. Journalism in major newspapers refrained from making blatant exaggerations, and the tenor of discussion was usually appropriate.

In ten years a clear cultural change seems to have occurred. Fact-oriented articles on suicide started to appear in newspapers in the 1990s, and in 1991 they formed about a third of all stories on suicide. These articles did not merely discuss the trends in the suicide rate, but dealt with the issue in detail.

It would have been interesting to examine the suicide-related headlines in local and regional papers with smaller circulations in the years in question and the trends in the headlines in the 1990s. Based on the newspaper monitoring, it is the assumption of this project that e.g. the outcomes of the project have been given a lot of coverage in regional newspapers. It is also clear that in many sensational magazines the image of suicide was very different from the one presented here.

Table 6. Suicide theme in the headlines of three Finnish newspapers in 1981 and 1991 (number of references, percentage of headlines in brackets).

Theme referred to:	1981	1991	Total	Change
* Suicide attempts	5 (17 %)	11 (20 %)	16	+ 6
* Method of committing suicide	8 (28 %)	14 (25 %)	22	+ 6
* Murder, manslaughter, attempted manslaughter and suicide combined (protest, patriotic)	7 (24 %)	12 (21 %)	19	+ 5
* Extended suicide	1 (3 %)	5 (9 %)	6	+ 4
* Ambivalent and metaphorical expressions	5 (17 %)	5 (9 %)	10	-
* Suicide linked with a positive consequence	-	-	-	-
* Suicide linked with a negative consequence	9 (31 %)	13 (23 %)	22	+ 4
* Motive for suicide:				
- Divorce/separation	-	1 (2 %)	1	+ 1
- Failure	-	1 (2 %)	1	+ 1
- Cry for help	-	2 (4 %)	2	+ 2
- Intoxicants, drugs, loneliness, love, illness, feeling of inadequacy, financial problems, conflicts	-	-	-	-
- Other motives (political)	1 (3 %)	4 (7 %)	5	+ 3
* "Labelling":				
- Mental health problem, crisis	-	2 (4 %)	2	+ 2
- Crime related (manslaughter, attempted manslaughter, robbery)	10 (35 %)	14 (25 %)	24	+ 4
- Moral question	1 (3 %)	1 (2 %)	2	-
- Belittling	-	1 (2 %)	1	+ 1
- Rational act	-	2 (4 %)	2	+ 2
- Protest	1 (3 %)	3 (5 %)	4	+ 2
- Tragedy	-	1 (2 %)	1	+ 1
- Sensational, heroic act	2 (7 %)	2 (4 %)	4	-
* Prevention, therapy, positive alternatives	1 (3 %)	7 (12 %)	8	+ 6
* Based on statistics	-	4 (7 %)	4	+ 4
* Scientific reports	-	15 (27 %)	15	+ 15
* Information based on facts and analysis	2 (7 %)	18 (32 %)	20	+ 16
* Isolated cases of suicide committed	20 (69 %)	27 (48 %)	47	+ 7
* Man	5 (17 %)	15 (27 %)	20	+ 10
* Woman	2 (7 %)	7 (13 %)	8	+ 5
* Age	-	-	-	-
* Geographical location:				
- Not disclosed	16 (55 %)	39 (70 %)	55	+ 23
- City or country	10 (35 %)	16 (29 %)	26	+ 6
- Public place (e.g. dance hall)	3 (35 %)	1 (2 %)	4	- 2
- Some other generally known place (e.g. the Eiffel Tower)	-	-	-	-
Articles, total	29	56	85	+ 27

Implementation in a countrywide scale

Suicide prevention in different sectors in 1992—1996: Summary of the survey results

Mode of evaluation

The initial stages of operations aiming at suicide prevention were examined in the 1993 intermediate evaluation, which was also an intervention used to prompt further activities. The final evaluation was carried out in 1996. Both evaluations incorporated a multisectorally and multiprofessionally targeted survey. These were supplemented by a monitoring survey among the participants (n=220) who had in 1993 reported having launched a specific development project. The results were used in the final evaluation.

The goals of the monitoring and evaluation were as follows:

- * To describe the suicide prevention practices and development projects in various domains.
- * To evaluate how successfully the project's strategic and content-related objectives were achieved in Finland in 1992-95.
- * To have the project, its action strategy and achievements evaluated by representatives of various organizations and professional groups.

The evaluation criteria were based on the action strategy and recommendations of the Suicide Prevention Project and on the extent to which the project had served the needs and expectations of different professional groups. The evaluation questions concerned:

- The scope and national coverage of the activities
- Realisation of the multisectoral and multiprofessional aspects of the operations
- Presence and realisation of a wide range of targets and broad-scale objectives
- Modes of operation and methods
- Effectiveness
- Continuation of the activities and operational prerequisites.

The project evaluation issues concerned:

- Awareness of the project and its action strategy
- Application of the action strategy by individual workers
- Advantages/disadvantages of the project, in general and at the workplace
- Feasibility of the project implementation and of the contact person network in particular.

In the final evaluation the sample was based on the network of contact persons (n=1,151); after all, the network represented the key fields and professions in Finland as far as suicide prevention was concerned. In order to achieve proper representativeness in the evaluation, an equally large control group was selected to reflect the network members' professional fields (and partly on the basis of their workplaces). This was done to ensure that the project was also evaluated by people other than the active participants. The questionnaire was sent to the control group anonymously because the names of individual workers were not known.

In certain fields, the number of control group members was increased so as to ensure adequate representativeness in each sector, the criterion being that the survey should cover at least one third of the units in each sector of the country. In most cases the coverage was even better, including up to all the workplaces in a given sector. The analysis mainly treated these groups collectively, and there were few comparisons made between them.

Some 1,700 professionals in several fields took part in the final evaluation. The response rate was 69.3 per cent. The survey covered 35 per cent of the workplaces in the target domains nationwide. In terms of all units in a given field, the proportion of respondents ranged from 15—16 per cent (free-time activity boards and organisations) to 80-82 per cent (school boards and health centres). It is fair to say that this survey gives a comprehensive idea of the state of Finnish suicide prevention in various fields.

Achievement of the project goals: Key results and evaluation

National coverage, scope, multisectoralism and multiprofessionalism

- * In the 1990s, the challenge of suicide prevention concerned tens of thousands of professionals in several fields either directly or indirectly (in the form of projects or training).
- * 52 per cent of the units responding and roughly 43 per cent (over 2,000 units) of all workplaces in the field participated in preventive work.

- * The intermediate and final evaluations show that the projects, training and units' work organisation associated with suicide prevention clearly expanded over the years of the project. In addition, the time devoted to suicide prevention activities increased.
- * The activities were multisectoral in the sense that all the sectors challenged did in fact participate. The greatest effort was made in health care (especially mental health clinics, hospitals and health centres), social services (intoxicant-abuser services in particular), the church (especially units doing social work), provincial governments, organisations (particularly in the field of mental health), schools and youth work units, the police, and to a lesser degree in labour administration and fire and rescue departments.
- * The activities were multiprofessional, involving many different groups. Even the most conservative estimate suggests that 20—35 per cent of almost all professional groups in question took part in suicide prevention. In addition, a much larger number of professionals included the aims of suicide prevention in their work.
- * Men and women alike contributed to suicide prevention: persons in client services and those holding administrative posts, both staff and management. However, the focal point of the operations was in client services.
- * In terms of numbers of participants or working hours spent, there were no significant differences between regions (provinces) with regard to activity.

Table 7. Percentage of workplaces participating in suicide prevention activities across Finland in 1992—1995 - extrapolation from the sample.

<i>Health care</i>		
mental health care	83 %	(214)
health centres	71 %	(191)
hospitals	64 %	(115)
occupational health	36 %	(203)
<i>Social services</i>		
A-clinics and similar	60 %	(265)
family guidance clinics	45 %	(57)
social welfare offices	36 %	(181)
<i>Church</i>		
hot lines	75 %	(30)
family counselling services	75 %	(32)
congregations	51 %	(309)
<i>Others</i>		
provincial governments	64 %	(35)
municipal school/youth boards	34 %	(185)
citizens' organizations	31 %	(141)
police	26 %	(64)
employment offices	9 %	(22)
rescue services	5 %	(16)
others	-	(30)
Total	43 %	(2 090)

Commentary

The objective to implement the project nationally was achieved. Suicide prevention work commenced all over the country and activities intensified during the years that the project was operative.

The goal of multisectoral and multiprofessional activities was also attained. All key parties and professional groups took part in developing practices and readiness to prevent suicide, although in different degrees. The health care domain did not have to shoulder all the responsibility. Various sectors took initiatives conforming with the prevention aims. The suicide question and prevention aims involved workers in many quarters.

However, not all the units in each sector participated in the project, particularly in the fire-fighting and rescue services, and at job centres and occupational health clinics. In these units suicide prevention was perhaps regarded as a remote goal, and the project failed to prompt preventive work. Nonetheless, assessments given by these units suggested increased activity. Thus, these units are new potential partners in multisectoral networks implementing suicide prevention.

But what if the survey had been mainly responded to by those active and energetic in prevention work, which would have resulted in an overly optimistic assessment of activity? However, 57 per cent of the respondents had not participated in suicide prevention, and roughly half of the workplaces had not engaged in these activities, meaning that the survey reached large numbers of people who had been passive. Thus, the estimate of project participation may be even too modest because, due to the sample criteria, the survey reached only part of some sectors, e.g. schools and youth services. It is known, for example, that many schools have started to devise models for crisis management, partly as a consequence of the project. According to the project survey, a specific model has been or will be developed in 60 per cent of the schools and vocational institutes in the Province of Uusimaa. Neither are the projects implemented in the Finnish Defence Forces and in the prison administration incorporated in this study.

Focus of actions

- * The work aiming at suicide prevention and specific development projects focused on several themes, and all prevention goals were equally balanced. However, the units' development projects described separately by the respondents were an exception, featuring only few projects involving promotion.

- * Several units in each sector had developed actions on almost all focal themes and prevention objectives. Moreover, four fifths of all professionals had included suicide prevention goals in their everyday work.
- * In all sectors, life crises and other critical situations turned out to be among the most common issues in preventive work.
- * Many suicide prevention projects were targeted at young people. In addition, supportive measures for the survivors had been widely applied in most sectors; however, the need for support had been detected only as the project research stage progressed.
- * Intoxicant abuse and mental health problems were among the more serious suicide risk factors addressed in the projects reported by many respondents. On the other hand, much less attention was paid to suicide risk and coping among the elderly and persons with severe somatic illnesses. The number of preventive actions exclusively targeted at either of the sexes was also low.
- * The majority of the units' main projects focused on individual suicide risk and the relevant risk factors. Projects dealing with the population or the social context (family, work) were only seldom reported.

Table 8. Focal theme of special suicide prevention projects at workplaces 1992—1995 (% of the respondents, N=1693).

Commentary

In accordance with the project action strategy, multiple targeting and broad objectives were largely accomplished in the activities. A proper content was found for the various focal issues and suicide prevention objectives in different sectors.

The increase in debriefing and crisis group activities in the past few years led to traumatic situations being highlighted in suicide prevention, too.

The fact that young people received special attention was in perfect keeping with the central aims of the project.

Little effort was made to address the issues of severe somatic illness or ageing, perhaps because the project group did not implement such programmes. However, according to the Suicide in Finland study, 30 per cent of those who had committed suicide suffered from a severe physical illness or handicap (Henriksson 1996:65). As the population becomes proportionately older — and somatic illnesses more common — more consideration should be shown for the physically ill and the elderly, who do not receive enough attention today.⁴

Along with the projects targeted at men, initiated by the church and other organisations, sex-specific projects are called for in other quarters as well. Evaluation studies have found that prevention has had different impacts among men and women and that women are more likely to benefit from typical actions (e.g. Lester 1995).

The work done in various sectors included all the objectives of suicide prevention, at least indirectly, although such actions were not always perceived as suicide prevention. This observation means that there is a vast group of potential actors for projects aiming at suicide prevention.

Modes of operation

- * Across the country, different types of approach to prevention were taken, the most common ones being educational events for professionals and crisis task forces. Hundreds of workplaces participated in collaborative networks and implemented development projects to evolve proper working methods; prevention was organised, various forms of support and client service were

⁴ The inadequacy of suicide prevention among the elderly has been typical elsewhere, too, and the general services may be less efficient in reaching the elderly (McIntosh 1995:184, Frankish 1994:331, Bagley 1973:478). However, there is e.g. a promising educational programme for informing and encouraging relatives and service providers to react to depression or other symptoms in an elderly person (Pratt, Scmall, Wilson & Benthin 1991:692).

- devised, education and discussion forums were provided for non-professionals, information was disseminated and surveys and investigations were conducted.
- * On average the workplaces used four different approaches in preventive work. Only in rare cases was just one applied.
 - * Of the main programmes described by the respondents little more than half were directed at the professionals themselves; these included education, networking, research and other operations, which did not always have a direct link to practical suicide prevention. Thus, as many as half of the main projects dealt with the acquisition of additional skills, and a little less than half involved actual prevention.
 - * The development activities and projects on suicide prevention were mainly based on multisectoral co-operation (49—80 per cent, depending on the operation). All in all, multisectoral and multiprofessional collaboration has started well. This mode of operation was deemed worthwhile and productive (10 per cent of the respondents regarded it as the primary achievement at their workplace), and the workers often mentioned it as the most rewarding aspect of prevention (16 per cent of the respondents). In addition, it was considered one of the most crucial factors for the continuity of suicide prevention at the workplace (47 per cent of the respondents). Intensified multisectoral co-operation was also regarded as one of the most valuable outcomes of the Suicide Prevention Project (8 per cent of the respondents).
 - * Multisectoral co-operation made it possible to adopt a broader view on suicide prevention, to develop communication between the authorities, to find a common understanding and to spread the operations to new areas. This collaboration was evaluated similarly in various sectors.
 - * Most problems in collaboration involved data protection as well as commitment to and responsibility for joint operations.

Table 9. Methods used for developing suicide prevention in workplace projects (% of the respondents, N=1693).

Table 10. Number of projects aiming at suicide prevention and extent of suicide prevention organisation in Finland in 1993 and 1996 according to the surveys conducted (1993: n=1772 and 1996: n=1693; % of respondents, number in brackets).

Education for professionals and others	13 %	(226)	27 %	(462)	+ 14 %
Other projects	12 %	(215)	37 %	(624)	+ 25 %
<i>Organisation at workplaces</i>					
Administrative decision or plan existing	6 %	(105)	12 %	(198)	+ 6 %
Issue is referred to in other action plans	11 %	(197)	24 %	(408)	+ 13 %
Person in charge appointed	11 %	(189)	21 %	(356)	+ 10 %
Planning group or team in charge appointed	5 %	(95)	10 %	(175)	+ 5 %
Representatives of unit participating in multisectoral collaboration directly or indirectly aiming at suicide prevention	25 %	(465)	34 %	(578)	+ 9 %
Representatives of unit in task forces	16 %	(286)	35 %	(596)	+ 19 %
Not specifically organised, but work in progress	not asked		31 %	(527)	
Organised otherwise	not asked		7 %	(112)	
Special allocation available	1 %	(15)	1 %	(24)	+/- 0

Commentary

The project aim of achieving all-round suicide prevention seems to have been successful both as regards multifaceted working methods and multisectoral co-operation. The activities were versatile both nationally and in terms of workplaces. Suicide prevention was not hampered by sectoral boundaries, and neither was it limited to just one domain, such as health care.

Suicide prevention mostly focused on acquiring additional skills (education) and finding operational modes (collaborative networks, etc.). In the future, development should advance from the planning stage to practical implementation. Units and workplaces should assess the extent to which establishing potentials to operate has benefited or may benefit the actual preventive work.

By far the most common form of prevention was crisis group work. The crisis group activities were multisectoral and had broad objectives, but other approaches to prevention should also be developed. Another question is whether it is worthwhile to expand crisis group activities from crisis management into other areas of preventive action.

The increase in multisectoral collaboration in prevention has probably helped observation of the complex nature and process-like tendencies characteristic of suicide. It is safe to assume that this co-operation will continue to support and intensify local and regional suicide prevention in the future, thereby promoting the effectiveness of this work.

The future development of co-operation requires that data protection questions be clarified and attention be paid to collaborative skills, commitment and responsibility with regard to joint projects.

Outcomes

- * More than four out of five persons participating in suicide prevention responded that the activities lived up to the expectations or goals set for the workplace, at least to some degree. Over 90 per cent estimated that the unit's suicide prevention project they had reported as the most central one, had been at least reasonably successful.
- * The professionals enumerated a cross section of issues as the primary achievements at the workplace. The most common primary achievement (59 per cent) involved improvements in approaches to suicide prevention (services, care). In content-related issues, progress was made in all prevention objectives; however, actions involving promotion were less frequently reported.

Other primary achievements included employees' enhanced awareness, motivation, knowledge, readiness and improved multisectoral collaboration (29 per cent). The professionals also pointed out some outcomes with regard to the clients: in their opinion, they had been able to prevent suicides and to help those needing support or belonging to risk groups. Almost equivalent outcomes were reported in the monitoring of special projects that complemented the survey.

- * The most common benefits of the main workplace programmes were reportedly 1) improved operations, 2) success in suicide prevention, and 3) enhanced understanding and skills among the professionals. One third of the main programmes failed to give an account of the outcomes or impacts.
- * In the employees' opinion, the most rewarding aspects of prevention work were fairly evenly distributed between the following: personal learning experiences; contacts, collaboration and networking; participation in work or in a project as such; and success in suicide prevention or client service in general.
- * The majority of those involved in suicide prevention assessed that their readiness had improved at least somewhat. Progress was made in terms of attitudes and knowledge, but functional readiness was perceived to have increased less. Newcomers to suicide prevention were more likely to consider that their readiness had improved than the professional groups traditionally tackling these issues.
- * Two thirds of the professional respondents considered that the suicide issue had received average or extensive publicity. For the most part, this publicity was considered positive since three in four thought it somewhat useful or very useful to suicide prevention. Only a few professionals regarded the publicity as counterproductive.

Table 11. The primary achievements in suicide prevention in 1992—1995 according to workplaces and professionals themselves.

<i>Workplaces:</i>	
Improved prevention practices	58 %
Awareness, skills and cooperation of professionals	29 %
Positive outcomes in prevention	12 %
Total	99 % (N=665)
 <i>Professionals:</i>	
Better success with clients	27 %
Networking and cooperation	26 %
Participation in suicide prevention activities	25 %
Learning and motivation	22 %
Total	100 % (N=657)

Commentary

The professionals' evaluation of operational progress was largely positive. The assessments mirrored the process orientation of suicide prevention: motivation and learning have improved, collaborative partners have been found and networks established, operations have been developed and proven fruitful. All this indicates that these networks and operations were previously absent on this scale, having only emerged during the project implementation. This is why the improvement of operational prerequisites was so often mentioned as the most valuable achievement.

The majority of the professionals considered that suicide had been given proper publicity, both in terms of content and coverage. The evaluation of the project's repercussions shows that one of the most important achievements of the project was considered to be the instigation of public and open debate on suicide and its prevention. Comparison of suicide-related newspaper headlines in 1981 and 1991 reinforced the positive impression created by the media in this respect.

The various assessments describe examples of operational progress and advances in suicide prevention know-how. However, it is impossible to say anything precise about the effectiveness of these operations due to the lack of monitoring at the level of workplaces or individual projects. The respondents were often unable to state the consequences of the development work connected with the main project, and so the question of effectiveness remains unanswered. Monitoring with clear-cut and measurable goals is needed to evaluate outcomes and impacts properly, and must therefore be developed further as an integral part of suicide prevention.

Subsequent actions

- * 70 per cent of workplaces implementing suicide prevention programmes reported that at least part of the operations had become standard practice. Three quarters of the projects at the planning stage or ongoing in 1993 were still going, either in the original form or some variation of it. Of the workplaces participating in suicide prevention three quarters in four were of the opinion that these activities would continue at least in the near future. Furthermore, time spent in suicide prevention had increased among the majority of professionals in various fields.
- * There were no significant regional differences in terms of the assessment of continuation of activities.
- * As the most crucial factors for the unit's future suicide prevention the workers reported further professional training, development of local multisectoral networks, enhancement of co-operative skills, increase in staff numbers as well as development and guidance at the workplace. Units that had taken part in prevention regarded nationwide co-ordination, supervision and monitoring as a prerequisite for continuity more often than non-participating respondents did. Nevertheless, the latter group also considered the above factors important.
- * "Additional resources" was the most common answer when the respondents were asked what it would have taken to ensure the continuity of projects that were discontinued. Encouragement, appreciation and other types of support were also viewed as essential factors contributing to project continuation.
- * The professionals' confidence in their unit's prospects of preventing suicides increased from 1993 to 1996. Those having participated (in 1996) assessed their potential more positively than non-participants.

Table 12. Workers' assessment of their unit's possibilities to prevent suicide in the future (% of respondents).

Commentary

Several indicators displayed willingness and readiness to maintain ongoing operations, showing that activities really did continue after the project phase. The prospects for future suicide prevention therefore seem promising.

The subsequent actions were not necessarily considered to depend on a national actor: no major "project dependence" was found. Many issues deemed crucial for subsequent measures will depend on local solutions and actors.

However, it is hardly possible on these grounds to deduce whether activities will continue and evolve without nationwide or regional co-ordination. One quarter of the participants in suicide prevention did not believe that subsequent actions will materialise or they were unable to assess this, and one in ten projects within the monitoring survey had already been discontinued. The multisectoral suicide prevention prompted by the project is at risk, especially in sectors which already carry a severe workload and which do not have much tradition in combating suicide nor a clear and designated prevention task.

What will the post-project future bring? It remains unclear who will be responsible for further education, co-ordination, delineation of development needs and introduction of new ideas, publicity, monitoring, support and encouragement; in many programmes the last item was mentioned as a key catalyst for success. The local and regional networks should be reinforced so that the broad-scale operations now in progress can continue, followed by other projects.

Operational prerequisites

- * Workplaces nationwide tended to grade the suicide prevention practices in their unit as Good, i.e. the situation was considered satisfactory. However, there was a lot of variation; 41 per cent assessed the situation to merit Good Plus, Very Good, or Excellent, while 25 per cent regarded it as poor (Good Minus, Pass, Fail).
- * Participants were mostly aware of the significance of the activities. In their opinion, they and other workers had the courage to face suicide-related questions and situations, and were well motivated. Preventive work was more appreciated and readiness had improved in many units. The workers considered that they were now prepared to encounter persons at suicide risk.
- * A third of respondents estimated that working hours spent in suicide prevention had increased over the past few years, and only a few (7 per cent) believed that they now spent less time. The rise in the work load mostly resulted from the greater demand for help and the excessive workload brought about by cutbacks, but also from the increased activity and motivation among professionals, as well as the courage to initiate projects. Decreases in working hours, on the other hand, were mainly attributable to declining resources and external changes in work practice or the job description.
- * Many respondents believed that the public debate on suicide and the interest shown by various professional groups had expanded somewhat, with broader views on the novel, non-professional types of support, on citizens' mutual support, and on the growth in professional service provision.
- * According to the professionals, many negative changes had occurred in their local community and operational environment over the past four years. The majority of the respondents considered that detrimental living conditions had become more common, and that people's workload and the numbers at suicide risk had increased.
- * The start and development of suicide prevention was mainly hampered by the lack of time, manpower and funding. Moreover, there was still room for improvement in readiness, awareness and attitudes. Other obstacles were the notions that suicide prevention was not part of the unit's mandate and that administrative changes at the workplace had undermined prevention.
- * Specific funding was available only in very exceptional cases.
- * In addition to resource and other problems, there were still difficulties in organising and making the work goal-oriented, and in monitoring and ensuring continuity. The parties passive in suicide prevention did not provide training

on this theme, a fact that may explain the variation in participation between different units in a given field.

- * In the projects monitored over time, additional shortcomings were often reported in work organisation, preparation, support and appreciation. Contributory factors in programme implementation included support and guidance received, participants' motivation and perceived importance of the project, network co-operation, careful planning and readiness to implement the project, publicity for the activities, favourable atmosphere, resource direction and feedback.

Commentary

Suicide prevention had varying degrees of potential to operate. These options, along with the deterioration in the operational environment were evaluated in a critical light. Despite these problems, suicide prevention activities were carried out throughout the country.

The increasing need for help, the more complex nature of distress among clients, and the cutbacks had a twofold impact on suicide prevention — and probably on all prevention. While they made prevention even more necessary, they also reduced the possibilities of taking action. This trend is liable to lead to a shift from primary to secondary and tertiary prevention, and from community-centred to client-centred operations and to a more individual approach.

While relatively few persons reported that ending of the project had reduced the amount of time spent in suicide prevention, termination of the nationwide project and of its affiliate programmes may in the future reduce participation in prevention.

At the present moment it is hard to allot more resources to prevention. However, more acute awareness of the importance of suicide prevention, increased readiness and professional activity have contributed to the activities and amount of time spent. These factors, as well as the organisation and monitoring of goal-oriented operations, should be emphasised more.

Another challenge is to promote awareness of the prospects for suicide prevention in different sectors and to improve knowledge of the working methods used in each domain. The survey showed that many sectors had units which were both active in suicide prevention and which considered the challenge a remote possibility.

Future multisectoral co-operation will need more attention to collaborative practices and group dynamics. Multisectoral co-operation will spread since it is

valued highly as a working method, but many people tend to take it for granted that collaboration will always run smoothly.

Suicide prevention — like other activities — seems to benefit from the following factors: support, appreciation, guidance, perceived importance of the work, enthusiasm, cross-sectoral co-operation, careful planning, goal-orientation and adequate readiness, publicity and favourable atmosphere, sufficient resources, feedback and monitoring to supervise the operations.

However, assessments of the changes that have taken place and the prospects of prevention indicate that sufferers' difficulties and distress on the one hand, and the obstacles to prevention on the other, are so considerable that the strenuous efforts made thus far are not enough. Nationwide activation and development alone cannot solve the serious economic, social and health problems that originate in society at large.

Awareness of the project

- * More than a third of all respondents were well or rather well acquainted with the project and the content of its target and action strategy. In all professional groups and sectors, clearly more than half of the respondents had some knowledge of the project or at least knew of its existence. Only 12 per cent of all respondents and even fewer of actual participants in suicide prevention (2 per cent) were unaware of the project.
- * Roughly one quarter of all respondents and over 40 per cent of the participants in suicide prevention said that they had applied the action strategy quite often or very often. Approximately one in eight of the respondents participating in the project had operated without using the strategy.
- * On this rather general basis we can estimate that workers in about one out of four workplaces were well or rather well acquainted with the project and its action strategy, and one in five had made at least some use of the strategy.
- * There was no significant regional (provincial) variation in awareness or application of the project. It was equally well known in all the provinces, and the strategy had been utilised in many quarters.
- * The action strategy was more often used by client-service personnel and those holding other junior positions than by the administrative staff. The latter, however, were familiar with the project as often as the client-service professionals.

Commentary

Awareness of the suicide prevention project was nationwide, although to different degrees in each sector surveyed. It is fair to say that the project succeeded in reaching the parties it had challenged. Thus, the minimum requirements for project success and activation of suicide prevention in different quarters were met.

A substantial proportion of the participants in suicide prevention had utilised the project action strategy at work, and were also more positive in their assessments. The strategy has offered a viable framework and tool for developing suicide prevention in many fields. However, suicide prevention was also developed and implemented in all sectors without the project framework.

Project benefits

- * Among the genuine consequences of the project reported *at the national level* were the achievements related to *publicity*: the project had diminished the taboo of suicide and enhanced both awareness and public debate of suicide and its prevention. Another primary achievement often cited was the progress made with regard to *professionals*: thanks to the project, professionals' awareness, readiness, activity and collaboration had improved and the operations had thereby advanced. Nevertheless, a small majority of the respondents did not identify any particular factor to explain the success of the project.
- * Only a small minority of the respondents suggested that the project was useless or counterproductive; negative aspects were reported by only 3.5 per cent. The criticism concerned the added workload, fears of an increase in the acceptability of suicide, and certain strategic solutions (excessive focus on problems, administration, or the client).
- * *At the level of workplaces* the project mainly enhanced understanding of suicide and its causes, and improved the appreciation of suicide prevention. Almost as often the project was said to have contributed to the recognition of how important this work is and to have encouraged multiprofessional and multisectoral co-operation. In addition, a more open atmosphere had evolved in discussions on suicide, both with clients and colleagues. The project had also had some bearing on launching and augmenting suicide prevention and on the development of working methods.
- * The project had affected hundreds of workplaces in various sectors all over Finland. It had a major impact on at least one of the above-mentioned factors in almost a third of the units responding and in more than half of the units active in prevention.

- * In hundreds of workplaces the project had greatly contributed to some or all of the following: appreciation of preventive work, awareness of its necessity, understanding suicide, and open debate on the subject among colleagues and clients. It had encouraged multiprofessional and multisectoral co-operation. Furthermore, the project had been instrumental in starting or expanding suicide prevention and in developing new approaches to it.
- * Following statistical adjustment for the participation in suicide-preventive activities, the respondents who belonged to the network of contact persons were shown to have reported project impacts more often than non-members.
- * *At the level of workers or professional groups* the project was cited as the most important incentive to increased readiness in suicide prevention, followed by personal work experiences and basic and further professional education.

Table 13. Professionals' evaluation of the key benefits and shortcomings of the Suicide Prevention Project implementation according to the survey (n=1693).

<ul style="list-style-type: none"> + Project has been implemented all over Finland + In the sectors studied approx. one quarter of the units were well or rather well acquainted with the project + One in five units had made at least some use of the action strategy + Only 2 % of all respondents participating in suicide prevention and 5 % of others were unaware of the project + The greatest project achievements were the public debate on suicide and combating its taboo nature on the one hand, and activating the professionals and encouraging development work in Finland on the other + The project has increased awareness, readiness, appreciation and recognition of the necessity of the work in hundreds of units, as well as encouraged co-operation + For the participants the project constituted the most important support for readiness in suicide prevention + Conveying information and visions and helping professionals make contact, the network of contact persons, and its newsletter, were generally assessed along positive lines + The project mode of operation was rated as goal-oriented, inspiring, competent and collaborative 	<ul style="list-style-type: none"> - The least use of the project and of suicide prevention in general was made in quarters that considered suicide prevention to be outside their realm and with whom the project had not engaged in specific development programmes (fire and rescue services, job centres) - 6 % of the respondents assessed that the project did not have any genuine impacts that would not otherwise have materialised. A little over half failed to answer this question, which may indicate that it is hard to report genuine impacts or that these respondents did not consider the project to be having such effects - At the unit level, the project impacts concerned motivation and know-how rather than actual practice (N.B. During the evaluation the implementation was still ongoing) - Only 3.5 % of the respondents expressed specific criticism of the project: it had added work-related stress, allegedly increased the acceptability of suicide, or been too much centred on the client, administration or problems - Evaluations of the practicability and effectiveness of the mode of operation were generally positive, but with more variation than in other issues
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Commentary

Judging from the assessments, the project was beneficial in promoting suicide prevention in the Finnish culture and in supporting prevention practices and professional readiness. The project helped encourage open and public debate on suicide and its prevention. It also activated, motivated and supported suicide prevention in many domains. The role of the project was deemed crucial in intensifying — if not creating — professional readiness in suicide prevention among various groups. Without the project, these achievements would not have occurred, at least on the present scale. However, the impact of the project was not obvious enough to be reported by all the professionals.

At workplaces the benefits included motivation, activation, added skills, support and co-operation, rather than impacts on actual work practice. After all, the project's involvement with the units was indirect because direct nationwide co-operation would have been impossible to implement. In addition, many of the project guidebooks were not yet available to the units when the evaluation was made.

One in seven of the unit representatives surveyed responded that the project had played a major role in promoting appreciation of suicide prevention and creating multiprofessional co-operation at the workplace. One in twenty estimated that the impact on the unit's working methods had been equally considerable. On these bases it is safe to say that, given the resources at its disposal, the project reached a large group of the key parties responsible for suicide prevention in Finland.

The lack of resistance or criticism from the professionals concerning specific problems or possible mistakes at the central level is another reason for judging the national implementation of the project as successful.

While only a few people were critical, all criticism should be taken seriously. Those engaged in suicide prevention are probably also active in other projects, and so any fatigue they experience poses a significant problem. It is also within the realms of possibility that individual suicide cases may actually have resulted from the public debate, despite its intention and overall impact. Nevertheless, successful development of working methods generally facilitates work rather than adding to it. The public debate on suicide and its prevention as a common goal is liable to counteract problems instead of creating them.

The project's prevention ideology also incorporated the goal of promoting and supporting people's inner resources and living conditions. Nevertheless, no specific programme had the aim of promotion. Thus the respondents' remarks on problem-centredness may be somewhat justified.

Network of contact persons and the project mode of operation

- * The network of contact persons was regarded as a useful working method in all the sectors in Finland, particularly by respondents engaged in suicide prevention. There was no difference between client-service personnel and administrative staff in this respect.
- * The network conveyed up-to-date information and views on suicide prevention. It also encouraged and supported professionals and improved professional skills in prevention. One in six respondents considered that the network's greatest benefits included getting acquainted with colleagues in one's own and other sectors, exchange of ideas and experiences, and local contacts and possibilities for networking.
- * Only 5 per cent deemed the network as useless to them, and even fewer (2 per cent) reported disadvantages.
- * The newsletter Impro achieved a multisectoral and multiprofessional readership, whose opinion was that the newsletter served its informative tasks and helped maintain motivation.
- * Measured by semantic differential, the way the project was implemented tended to meet with clearly positive assessment. The project was appreciated best for its' goal-oriented approach, encouragement, competence and cooperative working practices. Most of the respondents also thought that the project was practical, although some felt it to be somewhat over centralised and bureaucratic. There was least agreement about the effectiveness of the implementation.
- * The more familiar with the project the respondents were, the more favourably they evaluated the implementation. Therefore, experiences of the project and of suicide prevention in general were conducive to positive evaluations of the implementation.

Commentary

The mode of implementation of the suicide prevention project turned out to be successful overall, and produced a positive image. Nonetheless, a small minority of the professionals thought that the project was ineffective and too centralised. The impression of over-centralisation is understandable considering that the project was led by a state agency located in Helsinki.

According to the feedback, the expert network and newsletter that were established to support the multisectoral and multiprofessional approach constituted a viable system. The fact that the network was also evaluated positively by many actors not traditionally involved in suicide prevention is another indication that the network was successful.

Achievement of the operational goals by the project group

The project pursued of operational avenues which would combine all the strategic principles held important. The key aims included nationwide coverage, multisectoral and multiprofessional activities, functional approach and co-operation.

The implementation of the project goals in terms of independent activities throughout the country is described in the previous section. The following is a summary of the central goals from the viewpoint of the project team.

Strategically, the most important operation was the network of contact persons. Its structure was nationwide, multisectoral and multiprofessional, with contact persons from all the provinces (however, Uusimaa, being the largest province, had the most representatives). The project involved 10 categories of service domains (with health care dominating) and 8 categories of professional groups (with psychologists as the most numerous group).

Table 14. Contact persons by province.

<i>Province</i>	<i>Total</i>	<i>Percentage</i>
Uusimaa	244	22
Turku and Pori	180	16
Häme	130	12
Vaasa	103	9
Oulu	83	8
Kymi	80	7
Mikkeli	67	6
Kuopio	57	5
Lapland	56	5
North Karelia	50	5
Central Finland	51	5
Åland Islands	3	0

Table 15. Contact persons by domain.

<i>Domain</i>	<i>Total</i>	<i>Percentage</i>
Primary health care	273	25
Specialised health care	160	15
Social services	152	14
Church	150	14
Police and rescue	113	10
Education	87	8
Intox. abuse services	61	6
Organisations	51	5
Job centres etc.	32	3
Child/family guidance	25	2

Table 16. Contact persons by profession.

<i>Profession</i>	<i>Total</i>	<i>Percentage</i>
Psychologist	224	20
Nurse	181	16
Social worker	159	14
Physician	96	9
Church employee	96	8
Administrator	81	7
Police officer	74	7
Priest	48	4

The multisectoral nature of the activities and the attempt to engage with a wide range of domains and sectors are reflected in the diversity of the collaborative partners. The project co-operated with dozens of associates and the majority of the subprogrammes incorporated experts from several sectors.

Table 17. Organisations and agencies collaborating with the project.

<ul style="list-style-type: none"> * Ministry of Social Affairs and Health * National Public Health Institute, Department of Mental Health and Alcohol Research * Ministry of the Interior, Police Department * Ministry of Education, youth work * Ministry of Labour, job centres * Church Council * National Board of Education * Defence Forces * Prison Personnel Training Centre * Provincial governments * Hospital districts * Tampere University Hospital, child psychiatry * Psychiatric units in general hospitals * Health centres * Occupational health services * Municipalities * Schools 	<ul style="list-style-type: none"> * Police Academy * SOS Service - Suicide Prevention Centre, Finnish Association for Mental Health * A-Clinic Foundation, A-Clinics * Mannerheim League for Child Welfare * Association for Promoting Students' Mental Health * Finnish Red Cross * Federation of Mother and Child Homes and Shelters * Central Association of Mental Health Users * Association of Occupational Health Services in Tampere * Association of Anonymous Debtors * Union of Journalists in Finland * Medical Editors * University of Tampere, Department of Journalism and Mass Communications * Crisis Consultancy and Training Centre, Oulu * Jyväskylä Institute of Social and Health Care, adult education, crisis network * Media
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Nationwide coverage was also pursued by e.g.:

- * Implementing projects which in principle reached an entire cohort. These particularly included the programmes undertaken with schools, the church and the Defence Forces.
- * Producing operating models to facilitate work and widely distributing them as guidebooks.
- * Providing information services (23 press releases, 9 press conferences for the mass media).

- * Giving introductory lectures and seminars (some 200 during the 6 years of operation).
- * Providing consultancy, service and co-operation (about 3,000 information and service contacts during the project).
- * Giving out publications (see Appendix 1).

The feasibility and practical implementation of the project are reflected in the concrete operating models. The project implementation is indicative of a functional approach to process-oriented work, dependence on the setting and the principle of co-operation. The operational part of the project is described in section Project backdoor.

Implementation of the content-related objectives in project operations

The following table shows the relationship between the projects implemented by the team and the content-related objectives:

Table 18. The aims and corresponding subprojects.

<i>Target of the national project (target theme)</i>	<i>Number</i>	<i>Subprogramme</i>
Each suicide attempter...	1	Proper care for suicide attempters
Depression is identified and...	2	Keep Your Chin Up! Programme Care of depression at A-Clinics Brochure, Depression and Alcohol
Preventing alcohol use becoming a solution to problems in life...	4	Care of depression at A-Clinics Early-stage interventions in occupational health services Project on services for substance abusers in West Uusimaa Brochure, Depression and Alcohol
On the care practices for somatic illnesses...	0	
In life crisis there is...	8	Collaboration with schools Co-operation with the church Association with the Defence Forces Regional development of child crisis care Co-operation with the police Support to survivors Support in recession crisis Survival strategies for men
Risk of marginalisation among boys and young men...	2	Collaboration with the Defence Forces Support for young people's coping
In the Finnish educational and cultural atmosphere...	5	Mass communications in suicide prevention Liaison with the Provincial Government of Vaasa Co-operation with schools Co-operation with the church Collaboration with the Defence Forces
Other themes	3	Co-operation with the Prison Personnel Training Centre Co-operation with the Ministry of Labour Support to survivors
Projects on working conditions Maintenance tasks	10	Network of contact persons and newsletter Impro Information services on the project operations Development of further education Regional planning of prevention Co-operation with the provincial governments International co-operation Project publications Consultancy, guidance, client services Project administration, financial management, general planning Research and reporting associated with the project

In practice, the target theme of a broad programme usually consists of several parts, and thus the programme will assume many targets. For example, the School and Crises programme involved 3—4 themes. The above table shows that the cooperative programmes within the project mainly focused on life crises. This emphasis reflects the approach and expectations emerging in these situations: the crisis viewpoint turned out to be the predominant starting point.

The project did not result in development collaboration with the sector treating somatic illnesses. However, according to the survey, that sector also participated in these activities. In addition, the National Public Health Institute discussed e.g. cancer and AIDS in their studies on suicide.

The table shows that broad operations require a great deal of auxiliary activities. Promoting the preconditions for activities was stressed in the subprogrammes more than the table suggests, especially with regard to the development of skills among personnel. This choice also reflects the development work as a process: when working with people you need to have the necessary know-how. In a job involving interaction the worker must be in control of the situation. This fact was highlighted in the outcomes of the entire project.

Commentary

With the exception of one theme (care for the suicide attempter), the subprogrammes discussed non-specific risk factors. However, no project involved screening for individual risks but, rather, a kind of combination of a population-oriented and risk-oriented approach (Rose 1985). The objectives included general readiness to identify risk situations and to act accordingly. Due to the multiple objectives, each programme also incorporated promotive aims, e.g. in the sense of ensuring promotive factors specific to the individual in a given situation (Silverman & Felner 1995). According to Potter (1995), genuine population-specific programmes are still in short supply.

Based on the internal evaluation, the operational goals set for the project were reasonably well achieved:

- * Despite the rather general nature of the strategy, its implementation made good progress. The majority of the strategic principles assumed a concrete form.*
- * Save for a few minor exceptions, practical activities commenced and were implemented according to original plan throughout the country. The project plan became more focused, multifaceted and worthwhile in the process. The project was fortunate to operate under normal circumstances: with the*

exception of a few technical shortcomings there were no serious drawbacks. However, the economic and psycho-social conditions in Finland and in people's lives changed dramatically while the project was ongoing, and this had a bearing on the project implementation and the outcomes.

- * *In terms of the content the project succeeded quite well in realising the original strategy. This report describes and evaluates the project implementation as an entity. The report by Hakanen & Upanne (1998) analyses the spontaneous work done in this country. The above reports concentrate on describing project activities and the intermediate results. The trends in the suicide situation will be epidemiologically discussed in another connection (Lönnqvist 1998).*
- * *The project developed methods of influencing and implementing a broad strategy, topics which are seldom discussed in the literature. Through its activities and the evaluation the project contributed to the discussion about the paradigm of influencing and the relevant criteria.*
- * *During the ten years of operation, the suicide question gained publicity as an issue of national importance. For the most part, this debate was fact-oriented and constructive.*

“...Perhaps we could have made better use of the existing voluntary and other organisations and their activities: farmers' wives' associations, the housewives' association. I don't know about their involvement, but I think they didn't contribute much. Perhaps something along those lines...”

“I've often thought, whether we really pay enough attention to men. In practical terms, perhaps you know better how much attention was paid to intoxicant abusers. I mean, quite a lot was done on depression, purely mental health, so that this psychiatry angle was there, but I mean these intoxicant abuser clients tend to be left to their own devices. If it's not a money issue then it's a question of the division of labour or something.”

“Yes, sure [some things were left undone]. Maybe, but now the answer that's given, in the initial stages something like... the children's... and I don't know if it's really the case in the field... whether or not the children's and young people's situation is taken into account, although we have now developed this crisis work in school and elsewhere, but really if you think about children in families...”

“The only thing that I can think of, is that the readiness to face and speak about emotions that are hard to come to terms with will be, like, enhanced. So that's been neglected when these other, big plans were made. I see this as, number one.”

“Basic issues, *face to face*, how you encounter them, how you speak to them, how you take them into consideration, how am I listening to them. I think that *that's* number one. But maybe in this project it was number five or something. I don't know, but that's how I feel about it.”

Key persons' evaluation of the project

One of the central strategic aims of the Suicide Prevention Project was to challenge various parties to recognise the operational possibilities in suicide prevention that exist in their sector and to develop their actions further. The implementation of subprojects as joint programmes also gave the partners an insight into the operations of the project. We wanted to make use of this awareness on the part of the “key persons” in evaluating the project activities.

According to Averch (1994:294-295), it is customary to have a project evaluated by experts who are the most familiar with it. In general, outsiders are not acquainted with a given project well enough to evaluate it reliably. The need for an expert evaluation should be considered especially when the programme involves uncertainties from the evaluation viewpoint:

- The project has been ongoing for a number of years, and it is difficult to determine the quantity and quality of the contribution during this time.
- The “benefits”, “outcomes” or “results” that are expected are uncertain or unable to be measured.
- The results will only materialise later.
- It is impossible to ascertain whether the outcomes achieved do in fact result from the programme.

In cases such as these, expert evaluations may give the best appraisal of the outcomes, impacts and progress of a programme. The above limitations will be present in the evaluation of the Suicide Prevention Project, too. However, the project will be evaluated from different vantage points in order to put the evaluations presented in the interviews into perspective.

The key person interviews addressed five themes, which dealt with the implementation phase of the project:

1. Assessment of the suicide prevention situation in the interviewee's sector.
2. Description and evaluation of collaboration in the subproject.
3. Evaluation of the project mode of operation.
4. Evaluation of the realisation and outcomes of the nationwide project.
5. Proposals, expectations and needs concerning further actions at the national level.

Sixteen partners were selected for an interview from persons who had either participated in the planning and implementation of a subproject within the project (13) or had otherwise had a central role as representatives of their field in the project (3). The interviewees were well representative of different fields and professions as well as of the subprojects and other types of co-operation. The group

included persons working in administration, client services or both, and they represented a wide range of parties: health care (health centres), mental health clinics, hospital districts, social services, schools, the church, the police, the Defence Forces, organisations and provincial governments. The interviews were conducted and the material was compiled by a researcher (JH) who had not taken part in the project implementation.

The interviews had themes, but their actual course depended on the situation, with the researcher's questions and the interviewees' spontaneous narrative as starting points. Leading questions and probing into issues that were not brought up by the interviewees themselves were avoided so as to avert "fabricated", overly positive impressions that the interviewees would not otherwise have thought about (see e.g. Caudle 1994:85-93). This especially applied to the evaluation of how well the nationwide project had turned out, a question many people found hard to address.

The interviews, which were taped and transcribed word for word, lasted for 1-2 hours. The transcribed text came to 370 pages single-spaced. The material was analysed using the Atlas/ti programme devised for qualitative material.

“Development work has run smoothly”

The guidance and support offered by the project were assessed to be comprehensive. While the support was mainly informative and functional, it also promoted a positive atmosphere. The key persons reported that the project had helped in structuring development work, given confidence in people's own work, provided information and possibilities for consultation "always when needed". In addition, the project had boosted motivation, given moral support, shown appreciation and established a rapport and consensus.

The difficulties in co-operation concerned the beginning of the research phase, which still evoked negative impressions of chaos and authoritarianism. The commencement of multisectoral collaboration in large agencies caused problems concerning administrative boundaries and ownership of the outcomes.

Of the subprojects, "Planning of regional suicide prevention" met with the most extreme range of assessments, mainly concerning the working method which was detailed and predefined. Indeed, this particular subproject was clearly the most sustained, demanding and structurally complex project, calling for a lot of commitment. Nevertheless, everybody agreed that this process had been rewarding.

Some parties thought that contacts should have been more frequent. These opinions should be taken seriously because the process-oriented working method of the project makes considerable demands of the partners. There is a risk of

becoming left to one's own devices, in which case the development work may slow down or grind to a halt.

Table 19. Key persons' evaluation of the project working method and of the success of co-operation in the subprojects⁵.

<p>Support and guidance from the project</p> <ul style="list-style-type: none"> ++ Enhanced structure and assertiveness in one's own development work ++ Information ++ Possibility for consultation when needed ++ Motivation and moral support + Consideration for and appreciation of collaborative partners + Sense of community and agreement + Administrative support 	<p>Shortcomings and drawbacks in co-operation</p> <ul style="list-style-type: none"> - Chaos and authoritarianism in launching the research stage - Problems with guidelines and administrative boundaries in large agencies in a profit-centred working environment (overlapping activities: who will get the credit?) - Implementation of the project on regional planning too detailed and unimaginative, lack of overall orientation - Contacts with local people too infrequent
<p>Immediate benefits from co-operation</p> <ul style="list-style-type: none"> ++ Stimuli, learning and readiness ++ Concrete working models and other tools + Development of forms of co-operation + Workers' ability to handle the workload + Rewarding aspects of shared experiences + Acquisition of expertise in one's own field + Anticipation of a need that was recognised subsequently <p>Impacts of co-operation</p> <ul style="list-style-type: none"> ++ Progress made in projects and partly their becoming stabilised ++ Impacts of ideas and knowledge on other projects and in other localities + Internalisation of learning + Continuation/development of networks + Improvement of care quality 	<p>Project mode of operation in collaborative subprojects</p> <ul style="list-style-type: none"> ++ "Interpersonal chemistry": co-operative orientation and flexibility + Commitment to the needs and practical work of the partners + Inspiring the partners and making them feel responsible for the development (process-like approach which shunned ready-made answers) + Goal-oriented and functional approach + Multisectoralism and multiprofessionalism, utilisation of networks + Enthusiasm and spontaneity + Broad objectives + Research-based activities + Based on pilot projects - Infrequent or random contacts

⁵ In Tables here, '++' denotes a positive response given by at least seven respondents, '+' by 1-6 respondents; '-' indicates a negative response from 1-6 respondents, '--' means negative response from seven persons or more.

Co-operation had, among other things, provided stimuli, enabled people to learn and internalise the learning, enhanced readiness and produced concrete working models for tools. Many projects had also become standard practice and spread to other quarters as well. Monitoring information about the effectiveness of the projects was not yet available since the working models had only been in use for a short time and the implementation was still ongoing.

The mode of operation was characterised as co-operative, flexible, goal-oriented, enthusiastic and relevant to the needs and practical work of the partners. “Interpersonal chemistry” was even considered the key factor for success in complex development work, and it was viewed as one of the major achievements of the project.

“Of course you could say a bit pessimistically that [success] seems to depend on the person, to a surprisingly high degree, so that it can even override a heavy organisation. One starting point with this success factor, I think, is that people understand and trust one another. It should be, maintained and cherished, so that if there exists — like I consider that I have — good relations with National R & D Institute and the project, it all boils down to a personal level... we know each other and trust one another, so that I can phone them and say I have this idea, so do something about it; and the other party won't doubt it and say, heywhat's this, now that's your idea, can it really work?”

A special characteristic of the action strategy was mentioned the activation of the collaborative parties, encouraging them to assume responsibility for development operations without taking recourse to ready-made answers or models. This functional attempt to devise practical tools was considered appropriate.

The project pursued diverse goals and had a process-oriented approach focusing on activation. Consequently, the mode of operation was also criticised for being sluggish and at times the flow of information left room for improvement.

“The project was also successful on the national level”

The strong points of the project lay in its action strategy and implementation. The multisectoral and multiprofessional modus operandi was regarded as an appropriate solution. Its central operational approaches were considered to be the network of contact persons, the widely goal-oriented and well focused view on prevention, regional and functional coverage, implementation in the form of subprojects, as well as the methods used.

The project's concrete accomplishments were also regarded as strong points. Publicity about the issue which was effectively sought out, collaboration with the

media, activation of different parties, provision of know-how and the implemented subprojects were all commended. Further assets were that development work was research-based, and the project leaders' competence and enthusiasm.

Project shortcomings or suggestions for what could have been done otherwise included the lack of contact from time to time and the delay in completion of the outcomes. In addition, it was felt more activities could have been targeted at e.g. children, families with children, (young) men, intoxicant abusers and the elderly.

The project encouraged many sectors to engage in development work, but the role of some other important parties was also referred to, namely certain voluntary organisations as well as teachers in children's play groups and nursery schools. In addition, some evaluators stated that the project should have been brought closer to ordinary citizens and, from the help worker's viewpoint, should have paid more attention to interaction with clients. Nonetheless, large numbers of citizens were reportedly reached through professionals and the extensive publicity.

The key persons assessed the project's main achievements along similar lines as the professionals in various sectors in the nationwide project evaluation survey. At this stage, the main achievements are indirect and functional; most interviewees had some reservations about discussing the actual effectiveness of the project at this point in time.

According to the assessments, the suicide question and suicide prevention were successfully introduced into public awareness both at the level of professionals and the population. Various parties and professional groups were activated and engaged in development work. The fact that parties such as the Defence Forces became involved in these activities was regarded as particularly commendable.

As a result of the work done, understanding of suicide the competence needed to counteract suicide were widely considered to have improved in Finland. The concrete outcomes of the development subprojects, i.e. the working models, were also regarded as important achievements as such.

“... It has been highly educational to see how this project has been managed (...) At least I think that it has been a mighty schooling in how you can go about it.”

Table 20. Key persons' evaluation of the national realisation of the project.

Project strengths	Shortcomings and defects of the project
<p>++ Multisectoral and network approach as the working method</p> <p>++ Attention to the subject and activation of various parties</p> <p>++ Separate subprojects (proper focus or modus operandi as an asset)</p> <p>+ Appropriate focus: on suicides and with a sufficiently broad view on prevention</p> <p>+ Collaboration with the media</p> <p>+ Wide provision of know-how</p> <p>+ Regional and functional comprehensiveness</p> <p>+ Methods</p> <p>+ Research-based development</p> <p>+ Competence and enthusiasm of the project leaders</p>	<p>- Certain other parties should have been induced to join the project (voluntary organisations, teachers in children's play groups and kindergartens)</p> <p>- More information or contact was required</p> <p>- The project should have been brought closer to people and into interaction with the clients</p> <p>- Sluggish progress and the long wait for outcomes</p> <p>- More attention should have been paid to: Children, families with children, parents, (young) men, juvenile delinquents, persons at suicide risk and interaction with them, substance abusers, the elderly; Ethical debate</p> <p>- Isolated issues: the objective (to reduce suicides by 20%) was inappropriate;</p> <p>- distribution of the guidebook Care for Suicide Attempters at Health Centres was incomplete in Helsinki</p>
<p>Main achievements nationally</p> <p>++ Drawing attention to the issue among professionals and the population</p> <p>++ Concrete subprojects and their outcomes</p> <p>+ Activation of various parties and professional groups, commitment and co-operation</p> <p>+ Enhanced understanding and professional skill with regard to the suicide question and prevention</p> <p>+ Possible impact on the suicide rate</p> <p>+ Visibility in the media</p> <p>+ Utility of research data</p>	

“But there are still challenges ahead...”

The interviewees mentioned the same obstacles to suicide prevention or to preventive work in general as did the respondents in the nationwide survey: the lack of resources and excessive stress, facts that have caused more emphasis to be placed on curative/ remedial work at the expense of prevention. Problems with appreciation and organisation were also reported. Administrative changes, the lack of support within one’s own organisation, problems in co-operation and poor work organisation impede the development of prevention.

It seems that prevention prevails mainly due to the motivation of dedicated persons who regard the issue as important, and due to the feedback from clients.

Table 21. Obstacles and contributory factors to suicide prevention in the interviewee’s own sector.

Obstacles:	Contributory factors:
<ul style="list-style-type: none"> -- Dwindling resources, work-related stress and busy schedule: shortage of time and money and sometimes of know-how -- Priority given to care and remedial practices at the expense of preventive work - Attitudinal problems (“a nasty issue”, “this could ruin our school’s reputation”, “besides, can we really do anything?”) - Changes in organisation and administration - Problems in co-operation and lack of support in one’s own organisation - Lack of work organisation 	<ul style="list-style-type: none"> ++ Motivation: often based on personal experiences and client feedback + Resources and education received + Support from one’s own organisation + Collaboration with other parties and professionals + Autonomy of work + Impact of the catastrophic shipwreck of the <i>Estonia</i>

The interviewees had quite clear views as to how future suicide prevention and other prevention should be targeted in their respective sectors: effort should be made to develop working methods that are genuinely preventive, problems should be detected and tackled earlier and goals promoting health and wellbeing should be pursued. Future development challenges include e.g. support given during early childhood and to children in general, the early detection of and reaction to risks, structural preventive mental health work, intoxicant-related and other health education, support for interaction among men, activation of parents through school

activities and improved meaningfulness of school work. In the future, more attention should also be paid to continuous education, initiation of new workers and their ability to cope with stress.

“... Yeah, implications and results. Well, I’ll first mention the newsletter. It’s been in great demand. For instance, at this moment I’ve no idea where it is. I’d have to look into it whether I still have all the newsletters because this trainee of mine wanted to read them, so it’s been... educational material, and also other things, like what’s going on in other parts of the country.

... So that it’s given you a notion that you aren’t alone with what you’re doing, but that it’s going on all over the country, so that somebody else thinks about the same things, too. It gives you a notion of sharing an experience and courage to go on with your own thing, so that you’re a part of the system, and not alone. The support to development work has been significant, and it’s a pity if a thing like this ends. There’d be overviews that would tell what’s the situation and what’s going on... so that the newsletter is one outcome, and thereby exchange of ideas and encouragement for individuals, that this is significant and it’s important to be a part of something.”

The continuation of nationwide operations in some form was deemed necessary in order to ensure the further development of these activities. This need was emphasised more often in the key person interviews than in the nationwide survey. Functions calling for national endeavours included the dissemination of information, co-ordination, support, development, monitoring and research, as well as targeting suicide prevention at certain focal themes and groups.

In terms of the content, operations should be focused on the level of citizens and the general population, children, young people, families with children, men, care workers’ ability to cope with stress, as well as on the development of and support for different working methods (e.g. taskforces), not to mention the operations that have already been launched and the questions addressed in them. All in all, preventive and promotional activities should be enhanced in professional practice.

“I think this is an area where - even though the project ends - nationwide monitoring and guidance would be needed... Be that as it may, I’d hope that the monitoring and also centralised dissemination of information would continue after the project.”

Table 22. Key persons' evaluation of future challenges of suicide prevention in their sector and nationally.

In their own sector, activities should be developed as follows:	Need for action at the national level:
<p>++ Actions promoting health and wellbeing (men, structural preventive mental health work, intoxicant-related education, health education, meaningfulness of schoolwork)</p> <p>++ Problems should be detected and reacted to earlier than before (e.g. during early childhood)</p> <p>+ Continuous education and initiation of new workers</p> <p>+ Attention should be paid to workers' ability to withstand stress</p> <p>+ Interactive skills in client work</p> <p>+ Development of care for suicide attempters</p> <p>+ Exerting influence through the media</p> <p>+ Networks</p>	<p>++ Dissemination of up-to-date information, co-ordination and support</p> <p>+ Monitoring</p> <p>+ Development and maintenance of new projects</p> <p>+ Education, initiation of workers and introduction of suicide prevention into curricula</p> <p>+ Collaboration with the media</p> <p>+ Research supporting development operations and studies in social science</p> <p>+ Transfer of know-how to the Baltic states, whose suicide rates are high</p> <p>+ Operational focus on people: (young) men, adolescents, children, themes that are more prevention-oriented, development of crisis taskforces.</p>

Conclusions

* *From the process viewpoint*, the project was successful in selecting its mode of operation and implementation as regards the collaborative projects, because the assessments of co-operation, guidance and support were generally positive. The project's greatest achievements were the motivation and support provided for collaborative partners in their development work, provision of a structure for suicide prevention as well as the co-operative and flexible working method. While some difficulties had occurred, they had not compromised the activities or co-operation.

Development co-operation was also regarded as functionally productive and as having promoted learning. Assessments of the mode of operation are in line with the goals of expert co-operation and its development approach.

* *From the national viewpoint*, the action strategy of the project seems to have been appropriate since its central principles were evaluated as the strengths of

the project. The multisectoral and multiprofessional approach, the contact person network reflecting it and the concrete working models as outcomes have been viable solutions. In addition, the actual implementation and the project interventions were viewed as indicators of its strength.

- * *As regards the national impacts*, the evaluation suggests that the project succeeded in its task of drawing public attention to the problem of suicide and to the issue of suicide prevention. The project has also been successful in activating and engaging both old and new parties in suicide prevention. Awareness and skills are reported to have improved among professionals, and a big step forward has been taken in operational suicide prevention compared to the situation prior to the project.

The outcomes thus far are primarily associated with awareness, skills and the functional aspects of the operations. No data are available on the project effectiveness in terms of actual suicide cases or suicide attempts; in all probability this impact is impossible to determine. Neither is there information about the effectiveness of the collaborative projects. That evaluation may even be hard to carry out in the future for lack of systematic monitoring.

- * The evaluations did not discuss *shortcomings or drawbacks* that would have indicated a conflict between the parties with regard to their views on suicide prevention and the attendant working methods, and neither were the measures taken by the project criticised as unproductive or as clearly deficient.

Criticism concerning the need for more frequent contacts, more rapid actions and closer targeting at certain focal themes is justified, but it is hard to regard these as major flaws. Although operating on limited and short-term resources, the project had a wide impact and achieved a diversity of outcomes. However, the citizen's viewpoint and avenues to present it should have been emphasised more.

- * If one accepts functional outcomes associated with advanced professional practices as signs of achievement, it is fair to say that the project was successful. On the other hand, if a clear decline in the suicide rate resulting from the project is the criterion, it is impossible to determine how successful the project was, or whether it can even be considered a failure: the suicide rate has gone down, but not to the extent that was aimed at.
- * *The prospects* for prevention seem to be bleak as the economic situation aggravates and workloads increase. The activities and development work will be kept alive by professionals, especially those dedicated to this mission, and through their motivation and opinion that this work is important, notions which can be further enhanced by multisectoral co-operation. In this respect and according to the expert evaluations, the project succeeded in an important —

if not crucial — task: it motivated, encouraged and enhanced the sense of community among professionals in suicide prevention.

- * As *guidelines for the future* various parties enumerated interventions carried out at an earlier stage (despite the operational restrictions), primary prevention, promotional operations supporting wellbeing and coping as well as taking care of workers' readiness and their ability to withstand stress.
- * In order to ensure the future continuity of the operations already launched, a national actor of some sort is required to co-ordinate, monitor and develop suicide prevention activities and co-operation in different quarters.

The amount of preventive and promotional work in professional practice should be increased, despite the growing pressures to highlight curative and remedial work. Focal points may include children, young people, families with children, men, survivors, direct influence on citizens, care workers' ability to cope with stress as well as development of and support to working methods, with crisis taskforces as one example.

Summary, evaluation, recommendations

The report describes and evaluates the suicide prevention project implemented in 1992—1997 from the viewpoint of the persons implementing it and contributing to it as experts. The nationwide implementation of the project and suicide prevention in various service sectors are also described and evaluated in another report (Hakanen & Upanne 1998).

Because of the abundance of themes and activities in the project, the work can be described only as main items. The project involved implementation, so the activities are described in great detail. On the other hand, there is only a small amount of theme-specific description and reflection based on the literature. In addition to operational analysis, attention is paid to the internal evaluation of the work process. The project is described by adapting the context-input-process-product model (Stufflebeam 1991).

The evaluation is based on the observations and experiences gathered by the implementers, on the nationwide survey, on the opinions of the key persons and on the monitoring surveys of four subprogrammes.

Achievement of the goals in project work

The goals of the implementation stage were outlined in the national strategy published in 1991, and the ideas became more focused as the work progressed. The general objectives of the project had already been set when the research stage (Suicides in Finland 1987) was launched in 1987. Thus, the evaluation is about the various notions of the goals at different stages. The evaluation follows a gradual and progressive approach: the observations and feedback will be put into a context of the goals at various stages.

The strategic development, i.e. implementation, and content-related development, i.e. the suicide question and targeting of the activities, are integrated and overlapping in the objectives and implementation of the project. The evaluation, however, takes stock of these issues separately. Because a demanding implementation project is in question, the accent is on the strategy for influencing.

Strategic targets

Several monitoring indicators show that the nationwide implementation of the project was a success. Throughout the country the project was implemented in a multifocused, multisectoral and multiprofessional way. Based on the feedback and the implementers' experiences, the strategy for development and exerting influence devised by the project turned out to be feasible.

The challenge presented by the project was actively responded to. According to an estimate made on the feedback from the survey, 43 per cent of all units responding participated in the project in one way or another. In most professional groups 20—35 per cent of the representatives in the field took part. Suicide prevention was intertwined with everyday work: the activities were almost always developed without additional funding.

The project was widely known. More than a third of the respondents were well aware of the project and its goals. Nevertheless, not all units knew about the project. About a quarter of all respondents reported having applied the programme.

The project goal of multisectoral and multiprofessional activities was reached with a safe margin. Dozens of service sectors and professional groups engaged in the activities. The sectors that were the most active include health care facilities, social services and the church. As for professional groups, the most active role was played by psychologists, pastoral workers, health care personnel, psychiatrists and social workers.

The respondents were pleased with the results of their work. The majority of the respondents regarded their key activities as relatively successful at the least. Many positive experiences were reported. The most significant notion was the experience of learning new things, contacts and networking, involvement in a given project and a notion of success in practical suicideprevention. Of those having participated in this work, 70 per cent (n=711) reported that the activities had become stabilised, and 90 per cent of contact persons and 82 per cent of others (n=674 and 958, respectively) estimated that their unit able to play at least some role in suicide prevention.

The respondents were appreciative of the promotion of multisectoral collaboration, which emerged from the project. According to the survey, 49—80 per cent of the subprogrammes (or programme groups) were carried out as multisectoral co-operation.

The method of the co-operative process model developed in the project turned out to be viable, as far as the implementers and collaborative partners were concerned. The method crystallises four core aspects of the implementation strategy for the entire project: *operational development* from the viewpoint of the *field* in

association with *representatives* of each field, consistent with the project *goals*. This method was used in producing several action plans, which in turn resulted in many operating models. The project method of keeping contact - network of contact persons and the newsletter - was deemed useful.

The goal of initiating practical actions was also achieved. In addition to activities springing up in the field, the project team implemented some 40 development projects. In order to clarify the process-like nature of the operations these projects are described in detail, with the aim of showing the amount and quality of work required by explorative activities and the problems in finding the proper avenues in real-life situations.

“Another thing I’ve noticed is that at the institute level, people studying in social and health care institutes have started doing work, small-scale work. They phone quite often and ask, and it’s an indication that if it hadn’t been for a national project like this one, it would’ve never become an issue at all.”

Content-related goals

The content-related goals of the strategy were quite broadly covered in terms of the project team and the entire country. The targeted themes with related development objectives represented all three levels of the strategic model. The majority of the projects belonged to the category of so-called non-specific prevention, which is about affecting the factors indirectly increasing suicide risk. On the other hand, projects employing so-called specific prevention, i.e. with an impact on factors directly increasing suicide risk, and so-called promotive projects, like enhancing coping, were less numerous.

Both in the project team and in the field the bulk of the development work was directed at the theme of life crisis and young people. On the other hand, somatic illnesses and the situation of the elderly were addressed to a considerably lesser degree. It is fair to say that the crisis viewpoint provided a gateway to the suicide question.

This emphasis is attributable to two factors. First, during the project years a strong interest in crisis work, especially in debriefing, emerged as a result of several development efforts in Finland. At the same time the crisis theme was then introduced into the project as well. Secondly, it transpired in the collaborative projects that the crisis viewpoint was easy to understand, thus giving credibility to the undertaking. The situations were familiar to everybody and the issues really existed. Therefore, the crisis theme had a degree of constituent validity and viability

in the field. It also led to other themes and to the challenges of detecting suicide risk and promoting individual ability to cope with life.

According to the survey, the crisis theme made progress throughout the entire country. The crisis work subprogramme implemented by the project in schools may even be considered a new innovation. It also had a good reception in schools.

It is worth noting that the enhancement of skills among personnel received a lot of attention as a separate theme. The know-how among personnel seems to be a great challenge as a prerequisite for developing actions targeted at the general population, stressing the requirement of personal understanding in interaction. The same applies to the skills required in planning and organising projects. These factors underline how demanding it is to establish reforms and in this case to undertake development work, and they also show the amount of time needed in the process. Many types of requirement must be met before one can speak about development. One solution (e.g. in the programmes implemented in many countries) is a fact-oriented suicide awareness training. This project shows that support based on the worker's professional attitude, existing know-how, spontaneity and learning by doing are rewarding and psychologically effective aspects of training which complement basic education.

“Yes, I can see that many things will continue. Maybe the kind of ability to observe and act and tackle the issue have improved during this project.”

Has something changed permanently?

“Yes, I think that the doing away with the taboo character of suicide, that's a permanent change to be sure. When it has reached the point where you can speak about it, it won't relapse anymore, this kind of thing, I think, unless there's something that changes attitudes in society altogether.”

The development of public information practices during the project is encouraging. The study showed that the amount of informative, fact-related information increased in newspapers from 1981—1991. This change might be interpreted as a reflection of a cultural attitudinal change towards suicide.

Conclusions

If the evaluation is based on fundamental questions, such as whether the project was executed according to plan, did it succeed in engaging the interest of responsible parties, did it result in actions that were aimed at, did it tackle the questions mentioned in the strategy, did anything new seem to come out of it, did the project leave a mark — all these questions may undoubtedly be given an affirmative answer. According to the experiences gathered by the project and the feedback from the field, the Finnish project implementation was a success. Activities were sparked, new issues were grappled with, the professionals involved were pleased with their results, positive consequences were detected and there were virtually no unintentional negative impacts. Also from the strategic or “technical” viewpoint the work was successful. The project was implemented throughout the country, both geographically and sectorally speaking.

The feedback, e.g. large number of participants, the fact that unit-specific approaches were found, and the positive attitude, show that the theoretical and strategic foundations of the project were sound. This can also be inferred from the positive assessment in an international evaluation (Taylor et al. 1997). The definition adopted in the project of a suicidal trend and the ensuing needs to affect it, such as multiple targeting and a multisectoral approach, were understood and accepted. It is presumed that the theoretical model of suicide prevention devised was appropriate, at least in Finnish circumstances.

Because no ready-made model for the implementation existed, the development of a strategy and “method of influencing” were new tasks in the project. There were no experiences of implementation of this sort since no suicide prevention programmes of similar proportions have been carried out thus far. The implementation incorporated in the studies and the requirements placed on it seem to be based on an experimental design and on effecting a specific and unidirectional impact. It is a methodological problem that the development of implementation is hampered by the requirements enumerated in the literature, with little attention paid to the nature and goals of the project in question.

The strategy for implementation devised may be regarded as an innovation by the project: an endeavour to operate on a broad scale under real-life circumstances and in community-based settings, in process-like interaction with experts in various fields. It involves a paradigm of influencing which differs from the requirements of the above-mentioned experimental design. The fact that the project was successfully implemented is encouraging as regards the feasibility of the strategy. The implementation was also favourably evaluated in the nationwide survey and the key person interviews. In the survey the project received positive comments

concerning the goal-oriented approach, inspiration, proficiency and co-operativeness. Therefore the project's implementation strategy could be utilised and developed further in other projects. Hopefully, this will be made easier by the reporting, which describes the operational solutions and their evaluation.

An effort was also made in the evaluation to develop a model, which would suit the implementation, relate to the internal process evaluation and acknowledge the intermediate results. Nonetheless, the methodology of evaluation still leaves a lot to be desired.

When acting in natural settings the first necessary intermediate goal is the inclusion of existing resources in the implementation. This encouraging of people's activation and commitment to the undertaking is a decisive phase. The success of an operation of this type crucially depends on persons who are enthusiastic and knowledgeable, the idea being that the existing resources must be harnessed. The success is dependent on the people involved, and this phase must be preceded by contemplation, acceptance, enthusiasm and engagement in action. All this should be taken into consideration as a methodological question when projects are implemented.

From this viewpoint, the collaborative approach of the project and especially the so-called co-operative process model and networking turned out to be promising strategies.

It is the contention of the project workers that, along with a collaborative attitude, the goal of developing practical activities instead of just training or description was instrumental in co-operation. This goal helped to start development in existing, everyday situations. It also became clear that the development of operations is time-consuming and depends on a variety of factors. The time allotted to a project is seldom enough for great changes to be effected.

In addition to the strategy for implementation, which was deemed feasible, another contributive factor was positive response in several fields, based on the widely recognised and irrefutable significance of the suicide question in Finland. The basic pattern of the implementation and the starting points for co-operation were established during the Suicides in Finland -87 project. The atmosphere surrounding the project implementation was positive, both in the field and in publicity. Thus, the responsibility assumed by various professionals and the atmosphere of the implementation have been regarded as the cornerstones of the entire project.

The strategy for implementing the project combines two strategies for nationwide implementation: "top-down" and "bottom-up" traditions. The launching of the project and the nationwide programme chiefly represent the top-down tradition, while the implementation worked from bottom-up (Sihto 1997).

Some reservations

The project implementation was, then, a success in many respects, but was it “successful enough”? It is hard to determine what would be broad enough, well-targeted enough and effective enough in this connection. Even when a project materialises on a wide scale, not everybody will be affected by it. Neither can all the participants achieve a lot and keep on achieving for a long time. In everyday services the project was just another challenge among many others. While the project operated a long time, it was not long enough to go through the whole process from objectives to practices and the ensuing monitoring of the impacts. The feedback on the project illustrates the many intermediate steps that must be taken before actions are achieved that may have an impact on the eventual target: people’s lives. Another factor to be kept in mind is the complexity of the suicide phenomenon. Given the fact that it is hard to control many seemingly straightforward issues, such as smoking, it is understandable that the difficulties are far greater in affecting the patterns behind suicide. The need for interventions is endless. Certain objectives will be tackled, but not all parts of the chain of events can be affected. It is impossible to set up an implementation that would address all important aspects of the problem. There are many facets in a life ending in suicide that can never be influenced. Thus, the scale of the challenge even led to absurd propositions for the project, such as “Just abolish unemployment, that ought to do it...”

An important, yet unanswerable, question is the degree to which the achievements allegedly resulting from the project were actually accomplished by it. Long-term activities in an open system tend to have a cumulative effect. Moving one piece will cause movement elsewhere. Ideas and motivation tend to chain up, causing new things to emerge spontaneously, and the origin or route of the activities may be impossible to trace. It is typical of innovations that certain ideas are floating in the air, as it were, and sparked simultaneously in many places (Leeuw 1994). There may also be rivalry, and many parties may think that they are the inventors of a given idea. Parallel development may be beneficial for the issue as it tests whether a new idea is viable, i.e. whether it has constituent and ecological validity. Crisis work in Finland is a good example of a jointly developed operation by several actors. In the evaluation, the activities reported by the respondents in the survey and the development work undertaken by the project group were counted as the outcomes of the project.

The relatively meagre resources available to the project were in stark contrast to the broad objectives. Compared to small-scale programmes, the project had reasonable resources to operate on. However, each subprogramme would have been a challenge in itself to work more intensely and especially in a more sustained

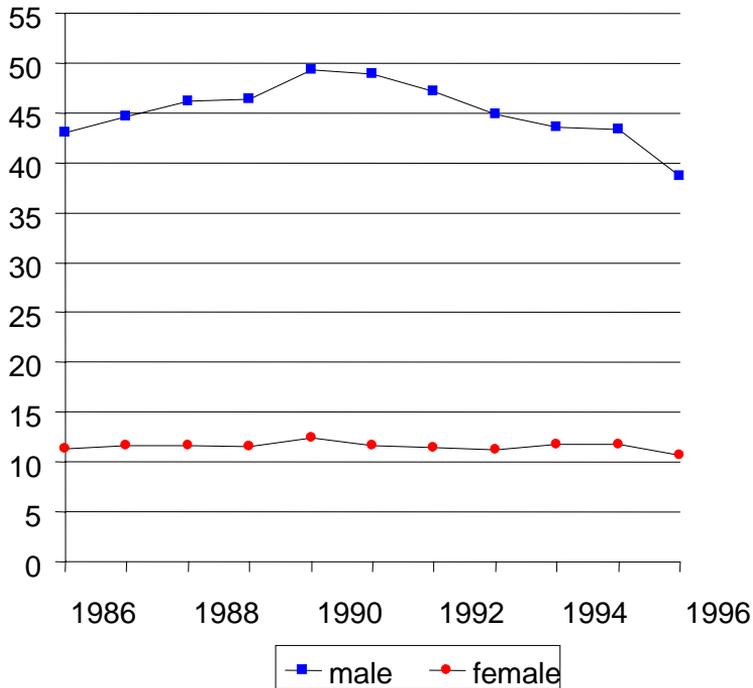
manner. Given the amount of resources available, the project accomplished a lot. Further, the work reported by the field must be seen in the context that all development reported was done as part of everyday work without recourse to practically any additional resources. Given this fact, a wealth of activities were set in motion.

Trend in suicide mortality

There has been a downward trend for six years in suicide mortality in the 1990s, following the increase in the late 1980s (Figure 10). In 1996 the number of suicides (1 247 or 24.3 per 100 000) was lower than in the first project year 1987 (1 363 or 27.6 per 100 000). The number of suicides has decreased from 1987 by 8.7 % and from 1990 (1 512 suicides) by 17.5 %. While this report does not assess or contemplate the project's role with regard to the main goal, reducing the number of suicides, one can ask what would be a sufficient amount of activities to cause a visible change in the suicide rate? There is no easy answer to this question. The relationship between the interventions and the reduction in risks and in the suicide rate cannot be directly shown in circumstances where any other contributive factor may uncontrollably change. The notion of the possibility of influencing is based on a theoretical model of a process ending in suicide. The evaluation of the project on schizophrenia (Ojanen, Tuori & Lauren 1997) reached similar conclusions. The functional changes brought about by the project were clearly demonstrated, but the assessment of the real effects was considered impossible.

“... Well I have to say that, whatever the cynics say, we'd have more suicides, had this thing not been tackled. Of course you can't scientifically... but I'm definitely of the opinion that the enormous job done, and the professional skill of the personnel has increased so much that you can't measure it, that how many cases were prevented.”

Figure 3. Suicides in Finland 1986—1996 per 100 000.



Source:Tilastokeskus

Recommendations and further challenges

The Target and Action Strategy, *Suicide Can Be Prevented* (1992), specified the targets for prevention in detail, pinpointed the relevant service domains and named them “responsible parties”. The purpose was to communicate the message of the challenges of the nationwide strategy to all relevant actors in accordance with the implementation strategy.

The follow-up study on the project (Hakanen & Upanne 1998) analyses suicide prevention reported in various fields. The study gives a good idea of how the challenge of suicide prevention was received throughout the country. On the basis

of the project's overall activities it is safe to say that the suicide prevention project in Finland was a success, at least as far as functional criteria are concerned. So far, there are no corresponding experiences from other countries.

However, the successful and broad implementation of the project does not mean that suicide prevention has gained a permanent foothold or that the operating models have become established on the scale that the severity of the question calls for.

While many domains developed a specific suicide prevention focus (health care, the Defence Forces, services for intoxicant abusers, schools and the church), many others failed to find theirs; for example, the challenge of the project failed to affect job centres, youth work, fire and rescue services, even though they play a role which is relevant to the suicide question in the turning points of many people's lives. The feedback also stressed the significance of certain other parties, such as organisations. After all, the entire project strategy was based on an idea of utilising the know-how and possibilities of influencing part of the key fields at the significant turning points in people's lives.

It is typical of suicide prevention (or prevention in general) that no organisational framework exists, and the work is developed alongside everything else. The activities critically depend on energetic and skilful personnel. On the basis of the study it is evident that these activities almost entirely lack administrative support and approval. However, it is exactly these factors that are considered crucial to the success or failure of the work.

A wide range of activities were created during the project, but there were also many existing opportunities and resources that were not capitalised on. In addition, there is a danger that the activities developed will founder for lack of support at the national or unit level. Exhaustion and disillusionment among workers are other obstacles.

The project is coming to an end, but the challenge of suicide prevention remains. The work done so far and the challenge should be permanently integrated into the work in various fields. This objective would benefit from:

- * Inclusion of the challenges of suicide prevention in preventive mental health work and crisis work.
- * Organisation of the work locally and regionally through e.g. planning groups and persons in charge.
- * Development of activities through goal-oriented action plans.
- * Utilisation of multiprofessional regional co-operation as a resource.
- * Provision of nationwide co-ordination and support. The absence of a common forum makes it hard to maintain activities and e.g. utilise the results achieved elsewhere. Forms of providing national support should be investigated.

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Upanne, M. Implementation and Follow-up of the Finnish National Suicide Prevention Strategy; preliminary experiences. Paper in Fifth European Symposium on Suicide, 31.8.—3.9.1994, Cork, Ireland.

Upanne, M. Suicide Prevention as a Challenge for Psychologists. The Nordic Conference for Psychology Students, Helsinki 7.—9.10.1994.

Upanne, M. Implementation of the Suicide Prevention Strategy in Finland; first follow-up. Paper presented in XVIII International IASP Congress: Suicide, Disease, Disadvantage: A Holistic Approach. 4—8 June, 1995, Venice.

Upanne, M. Implementation of the Suicide Prevention Strategy in Finland; first follow-up. IV European Congress of Psychology, July 2—7, 1995 Athens, Greece.

Upanne, M.; Hakanen, J. Evaluating Finland's Suicide Prevention Project (1992—1996). Strategy (abstract). Sixth European Symposium on Suicide and Suicidal Behaviour. June 12—15, 1996. Lund, Sweden.

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Posters

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Upanne, M.; Hakanen, J.; Rautava, M. Finland's National Suicide Prevention Project: implementation, experiences, evaluation. Cornerstones for Mental Health, 6—11 July 1997, Lahti and Helsinki.

Personnel in subprojects

Permanent staff:

Upanne Maila, psychologist, development manager	1992—1997
Kallonen Eeva-Liisa, project secretary	1992—1997
Lääperi Mia, secretary	1992—1997 (50 %)
Rautava Marie, psychologist, senior officer	1993—1997

Nonpermanent staff:

Arinperä Helena, senior officer (nursing)	1992—1994
Hyyryläinen Virpi, psychologist, jurist	1994 (1,5 kk)
Lyra Helena, senior officer	1994—1995
Halmeaho Matti, senior officer	1994—1996
Kaukonen Olavi, senior officer	1994—1996
Nuorvala Yrjö, senior officer	1994—1996
Hakanen Jari, researcher	1995—1997

Consulting staff:

Sihvonen Arja, senior officer	1992—1993
Kokko Leena, journalis	1992—1997
Ahlroth Anne, psychologist	1992 (3 kk)
Montin Sari, psychologist	1992 (3 kk)
Kivinen Kirsti, psychologist, trainer	1993—1996
Nummelin Tarja, psychologist	1994 (2 kk)
Kuokkanen Martti, medical doctor	1995—1996
Hynninen Tuula, psychologist	1996—1997