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Merete Nordentoft was PI for many large randomized clinical trials, evaluating the effect of psychosocial intervention, of which the Danish OPUS trial (specialized assertive intervention in first episode psychosis) is the most well known.

She has worked with suicide prevention at a national level since 1997, and her dissertation: “Prevention of suicide and attempted suicide in Denmark” is based on epidemiological studies and intervention studies in risk groups for suicide.

She is an expert in epidemiology, suicidal behavior, psychopathology and early intervention in psychosis.

She has had several positions of trust. She was chairman of the Danish Psychiatric Society in 2000–2002, the Nordic Joint Psychiatric Committee in 2003-2006, the task force in Danish National Board of Health preparing the Danish National Action Plan for Prevention of Suicidal Behavior 1997–1998, the Copenhagen Medical Society, 2003-2005, the National Indicator Project in Schizophrenia, 2002-, the task force in National board of Health preparing Clinical Guidelines for treatment of Schizophrenia.

She organized the Third International Congress on Early Psychosis, Copenhagen in 2002 and the Xth European Symposium on Suicidal behavior in Copenhagen 2004.

She served as a member of the Danish Medical Research Council 2005-2010.

She has supervised a large number of Ph.D. students and is the leader of Danish Psychiatric Research Program. She authored more than 150 papers, 8 books and a large number of book chapters on psychosis and suicide

Evidence-based practices in suicide prevention. What is most important?

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Suicidal acts can be considered severe and preventable complications to a range of diseases and conditions in which social aspects play an important role.

The preventive model: Universal, Selected, and Indicated prevention (USI) is often used in suicide prevention strategies-

- Universal preventive interventions address an entire population;
- Selective interventions address a subset of the total population; individuals who are at greater risk for suicidal behavior;
- Indicated preventions are targeted at individuals who have already begun self-destructive behavior.

At the universal level there is evidence for the preventive effect of restrictions of access to lethal means for suicide. Restrictions in access to pesticides, hand guns and potentially lethal medications will be discussed.

Selective interventions should focus on high risk groups such as mentally ill, people who have attempted suicide and people with recent onset of severe somatic disorders and people with a criminal record.

Indicated prevention targets people who are at imminent risk for suicidal behavior such as people with recent suicide attempt. The evidence for interventions aiming at reducing risk of repetition of suicidal behavior is reviewed.

The presentation will discuss how preventive model can be combined with considerations about sustainability and thereby identify the most important elements in national suicide prevention strategies.