



# National Suicide Research Foundation

## Research Bulletin

May 2011

This is the eighth issue of the Research Bulletin produced by the National Suicide Research Foundation (NSRF). The main objective is to provide regular updates of our research findings to a wide range of relevant agencies and professionals in the health and community care services, thereby helping to provide an evidence base for suicide prevention programmes and related work.

### The rate of change in deliberate self harm in Ireland between 2007 and 2009

Between 2007 and 2009 the number of deliberate self harm (DSH) presentations to Irish hospitals increased significantly from 11,084 to 11,966. Over the 3-year period a stronger increase was observed in men (+23%) than in women (+13%), in particular in the age group 20-29 years.

Looking at the changes in rates of DSH per 100,000 population by city and county, there was considerable variation (Figure 1). However, in most areas the strongest increase in DSH rates was found among men with an extremely large increase of 131% in Leitrim, followed by Monaghan (+73%), Mayo (+69%), Cork City and County (+55%). The gender pattern was not always consistent, while in some areas the DSH increase was stronger in women, such as Longford (+57%), Laois (+35%) and Waterford County (+20%). Interestingly, there were also areas with reduced DSH rates in both men and women, such as Tipperary North (-15%M, -20%F), Kildare (-8%M, -6%F), Waterford City (-3%M, -11%F) and Wicklow (-1%M, -7%F), and areas with reduced rates in women only, such as Monaghan and Westmeath (-20%), Cavan (-17%) and Offaly (-15%). In areas with significantly increased DSH rates in men there are indications of a link with the impact of the economic recession, for example a strong increase in unemployment, in particular among young men in the building trade. However, in-depth investigation is required to determine specific risk factors associated with increased risk of DSH among people who are unemployed. The significant increase in DSH in Ireland over the period 2007-2009 is paralleled by a significant increase in suicide, especially among young men.

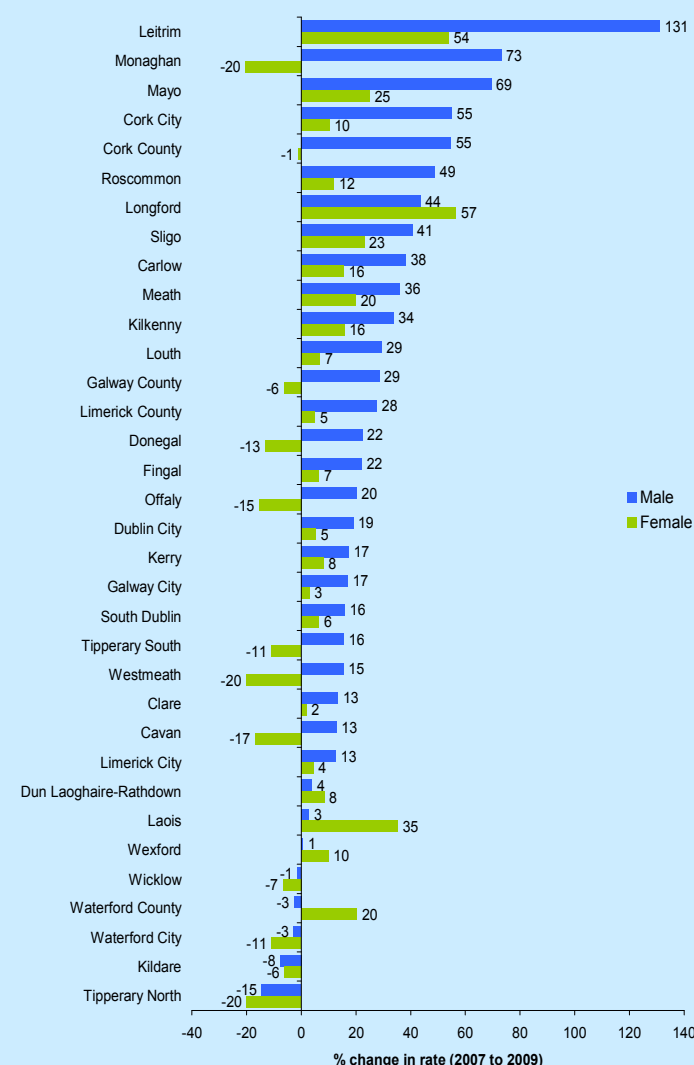
The increase in deliberate self harm and suicide requires prioritising of effective interventions at multiple levels in areas with major increases in DSH and in areas with consistently high rates of DSH over many years, including:

- Early identification of people at risk of self harm or suicide by implementing evidence based depression/self harm/suicide awareness and skills training for professionals and volunteers working in health care and community based services.
- Prevention of repeated self harm and suicide by implementing uniform procedures for assessment and aftercare of DSH patients presenting to general hospital.
- In order to deal effectively with the needs of DSH patients following discharge from hospital, a wider range of effective treatment programmes should be made available for this high risk group.

- Inform the general public about symptoms of depression, warning signs of suicidal behaviour and relevant help services by positive mental health promotion campaigns.

In line with priorities of *Reach Out*, the National Strategy for Action on Suicide Prevention and *Vision for Change*, Report of the Expert Group on Mental Health Policy, pilot intervention projects have been conducted in a number of regions in Ireland. We would recommend expanding these interventions to areas with fast increasing self harm and suicide rates as a matter of urgency. A national steering group is currently preparing national guidelines for assessment and aftercare of DSH patients presenting to general hospital. In the process of implementing these national guidelines we would recommend prioritising areas with fast increasing self harm and suicide rates.

Figure 1 Rate of change in deliberate self harm presentations to general hospitals in Ireland between 2007 and 2009



## **Suicide Support and Information System (SSIS): Reasons why an approved system to prevent suicide should be continued**

In 2008, the HSE's National Office for Suicide Prevention commissioned the National Suicide Research Foundation (NSRF) to develop and pilot a Suicide Support and Information System (SSIS). Functions and elements of the SSIS are in line with a similar system in the UK (National Confidential Inquiry into Suicide and Homicide), which was established in 1995 and which provides an evidence base for the development of suicide intervention and prevention programmes on an ongoing basis. The SSIS is innovative as it was developed to prevent suicide by facilitating access to support for the bereaved while at the same time obtaining information about risk factors associated with suicide and deaths classified as open verdicts, which is in line with key priorities of *Reach Out*. Currently, no funding is available to maintain the SSIS. The annual costs to maintain the SSIS in Cork are € 75,000.

### *Specific objectives of the SSIS are to:*

- 1) Improve provision of support to the bereaved,
- 2) Better define the incidence and pattern of suicide in Ireland,
- 3) Identify and better understand the causes of suicide,
- 4) Identify and improve the response to clusters of suicide and cases of murder-suicide,
- 5) Reliably identify those individuals who present for medical treatment for deliberate self harm and subsequently die by suicide.

Since 2008 the SSIS has been piloted successfully in close collaboration with Coroners in Cork city and county. Information on confirmed cases of suicide and undetermined deaths is obtained after conclusion of the coroners' inquest. Bereaved family members receive information on suitable support services and are referred to quality assured bereavement support services if required. Relevant data on factors associated with the death and the deceased are obtained in an appropriately sensitive and confidential manner from sources including coroners, the family and health care professionals, and especially GPs who had been in contact with the deceased.

Since the start of the project, 183 cases of suicide and deaths of undetermined intent have been included. Up until March 2011 in 96% of cases, family members expressed a preference to be approached further after the first contact. In one third of cases, the SSIS Senior Researcher facilitated bereavement support following conclusion of the inquest. Of family members invited to participate in an interview, 67% agreed, and 78% of the health care professionals contacted have completed questionnaires.

### **First outcomes:**

➤ The SSIS has identified a cluster of 18 suicides of mainly adolescent and young adult males between September 2008 and March 2010 in a small area in Cork.

➤ The SSIS has identified a subgroup of families with severe psychosocial problems in which multiple family members had taken their lives.

➤ The SSIS has identified specific suicide risk profiles including:

- Undiagnosed and untreated mental health problems
- Alcohol and drug abuse
- History of deliberate self harm
- Impact of economic recession as a precipitating factor
- Recent separation of young men from partner/children
- Long term consequences of sexual abuse in childhood and adolescence

### **Added value of the SSIS**

- The SSIS ensures that for all inquested deaths where a verdict of suicide is returned, bereaved families are proactively approached for bereavement support.

- The SSIS contributes to timely and enhanced bereavement support for families and communities affected by suicide.
- A major benefit of the SSIS is the timely identification of suicide cases – ca. 3 years earlier than the Central Statistics Office.
- The SSIS provides the best source of information on current risk profiles of suicides and in so doing can contribute to prevention of further suicides including copycat suicides.

The outcomes of the SSIS underline the need for a more intensive and pro-active response to families and communities affected by suicide. A national steering group is currently completing guidelines for the implementation of response plans in areas affected by suicide clusters. We recommend prioritising a pilot of the implementation of these guidelines in the area with the large ongoing suicide cluster as identified by the SSIS.

### **Maintenance and expansion of the SSIS**

The SSIS was awarded the prestigious Andrej Marušič Award by the International Association for Suicide Prevention at the 13<sup>th</sup> European Symposium on Suicide and Suicidal Behaviour in 2010. An independent evaluation of the SSIS conducted by the University of Manchester indicates that the SSIS is an innovative and valuable system that contributes to improved prediction of suicide risk and improved support for families bereaved by suicide. The evaluation report recommends maintaining the Suicide Support and Information System in County Cork and expanding to other regions. The evaluation report has identified that the NSRF has a history of successful regional and national roll-out of research programmes. The National Registry of Deliberate Self-Harm is based at the NSRF and will serve as a model for the regional roll-out of the SSIS.

### **Suicide and deliberate self harm in older Irish adults**

Suicide is among the ten leading causes of death worldwide with almost 1.5 million people dying by suicide each year. The aim of this study was to examine the incidence and nature of hospital-treated deliberate self harm and suicide mortality among people aged 55 years and older in Ireland. Suicide and undetermined death (UD) data for 1980-2006 were obtained from the Irish Central Statistics Office. The National Registry of Deliberate Self Harm collected data relating to deliberate self harm presentations made in 2006-2008 to all 40 Irish hospital emergency departments.

The female suicide rate among over 55 year-olds in Ireland during 1980-2006 has been relatively stable whereas male rates increased in the 1980s and decreased in more recent years. The average annual male and female suicide and UD rate was 22.1 and 7.6 per 100,000 in 1997-2006. The male and female deliberate self harm rate was 67.4 and 83.4 per 100,000, respectively. For both sexes, there were particularly high suicide rates in the urban district populations, about twice the rate in rural districts. The incidence of deliberate self harm among older adults was found to decrease with increasing age. Hanging was found to be the most common method of suicide for males while drowning was the most common method for females. Drug overdose was involved in the majority of deliberate self harm presentations, especially so in females.

The findings of this study suggest that restriction of specific medications may be an effective approach to the prevention of suicidal behaviour in older Irish adults.

Reference: Corcoran P, Reulbach U, Perry IJ, Arensman E. (2010). Suicide and deliberate self harm in older Irish adults. *International Psychogeriatrics*, 22(8), 1327-1336.

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