

National Suicide Research Foundation

Research Newsletter

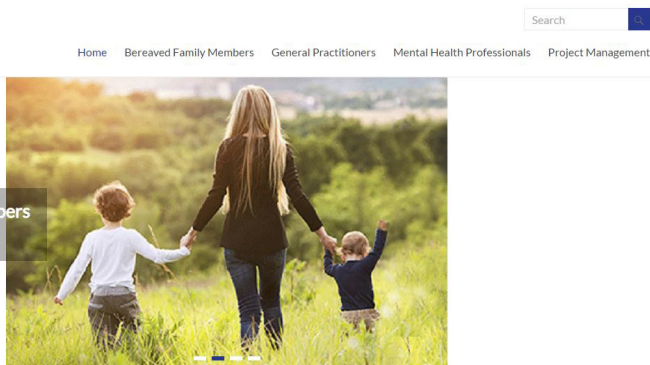
WELCOME

Welcome to the 15th Issue of the National Suicide Research Foundation's Research Newsletter. The main objective of the Newsletter is to provide updates on research findings and recent events and activities of the research team. The NSRF's research provides an evidence base for the strategic goals and actions of *Connecting for Life*, the National Strategy for the Reduction of Suicide in Ireland, 2015-2020.

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New Suicide Support and Information Website



In addition to the National Suicide Research Foundation's home website (www.nsrfl.ie) the NSRF has developed an additional website:

www.suicidesupportandinformation.ie

Funded by the Health Research Board (HRB) Ireland. The website is unique in that it provides evidence-based information on bereavement following suicide and responding to people at risk of suicide and self-harm, for people bereaved by suicide, health professionals, including GPs and mental health professionals, as well as the general public. The evidence based website represents up-to-date information from systematic reviews of the world wide literature and outcomes of a HRB funded study: *Psychosocial, psychiatric and work related factors associated with suicide in Ireland: A case-control study (SSIS-ACE)*.

The Suicide Support and Information website is a timely resource, which meets a key objective of the Irish National Strategy for the Reduction of Suicide, *Connecting for Life, 2015-2020*: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

Research Findings

Self-harm, alcohol consumption and public holidays

While rare as a sole method of self-harm, alcohol is often involved in self-harm presentations to Irish hospital emergency departments (EDs), as recorded by the National Self-Harm Registry Ireland. In 2015, a total of 11,189 self-harm presentations were recorded. Overall, alcohol was present in over one-third of these (31%), and more so for men than women (34% vs. 29%).

The Registry has consistently shown peaks in self-harm presentations out of hours (outside 9am-5pm), at weekends and during public holidays. Presentations involving self-harm peak around midnight, and approximately one third of presentations are recorded on Sundays and Mondays. Over recent years, peak attendances have been observed on New Year's Day (1st January) and St. Patrick's Day (17th March).

During the period 2007 to 2013, the mean number of self-harm presentations were 32 daily and 36 on public holidays (Figure 1). Across all years, New Year's Day and St. Patrick's Day showed higher numbers of presentations compared to all other public holidays, with a yearly average of 56 and 42, respectively.

Public Holidays	2007-2013
New Year's Day	56
St. Patrick's Day	42
August Bank Holiday	41
Easter Monday	38
May Day	36
June Bank Holiday	35
Easter Sunday	35
October Bank Holiday	33
Good Friday	31
New Year's Eve	29
St. Stephen's Day	29
Christmas Day	22
Christmas Eve	21

Figure 1: Average number of self-harm presentations on public holidays

Overall, alcohol consumption was involved in 40% of all self-harm presentations to hospital. Specifically, alcohol was involved in 46% of all self-harm presentations on bank holidays compared to 39% on all other days. Alcohol consumption in males increased on public holidays (51%) compared to all other days (45%). During public holidays, self-harm presentations had a 17% increase in risk of involving alcohol consumption compared to all other days (RR: 1.17, 95%CI: 1.12-1.21; Figure 2).

Furthermore, alcohol consumption had the highest association with Christmas time, self-harm presentations to hospital on Christmas Eve, Christmas Day and New Year's Day had a 34%, 36% and 32% increase in risk of involving alcohol consumption compared to all other days respectively.

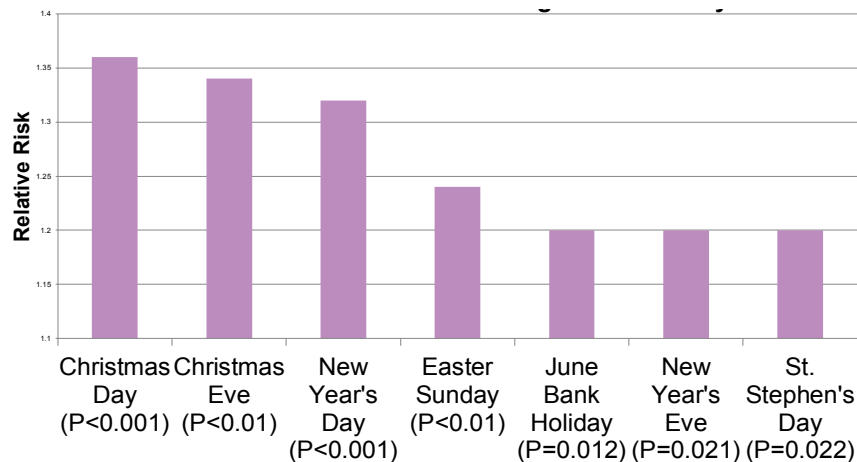


Figure 2: Association between alcohol consumption and self-harm presentations during public holidays

These findings support the hypothesis that self-harm presentations are elevated on public holidays and also that alcohol consumption is more strongly associated with self-harm presentations on public holidays compared to all other days in the year. This is most significant and consistent during the Christmas period. Therefore, national strategies aiming at reducing alcohol consumption and misuse should be intensified before and during public holidays. In addition, these findings underline the need for continued efforts to:

- Enhance health service capacity at specific times
- Increase awareness of the negative effects of alcohol misuse and abuse;
- Educate self-harm patients and their families about the importance of reduced use of and access to alcohol;
- Arrange active consultation and collaboration between the mental health services and addiction treatment services in the best interest of patients who present with dual diagnosis (psychiatric disorder and alcohol/drug abuse);
- Assessment of alcohol misuse and abuse should be a structural part of the assessment to determine risk of repeated self-harm and suicide.

The Registry data in relation to outcomes involving alcohol has informed the strategic planning and implementation of the 'Little Things' Positive Mental Health Awareness Campaign.

This research was recently presented as an oral presentation at the National Health Services Research Institute Research Day on Thursday 10th November 2016, UCC by Dr Christina Dillon. It was also shown as a poster presentation at the 16th European Symposium on Suicide and Suicidal Behaviour in Oviedo in September 2016 and the New Horizons in Medical Research conference on December 8th in UCC.

Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland

Research indicates that suicide may be the cause of death most likely to increase in times of economic crisis. Ireland was profoundly affected by five years of economic recession and subsequent austerity from 2007-2012. Using time series analyses, this study sought to assess the impact of the recession and austerity on national rates of suicide mortality and self-harm presentations to hospital between 2008 and 2012.

The findings show that five years of economic recession and austerity had a significant negative impact on national rates of suicide and hospital treated self-harm. There were 476 and 85 more male and female suicide deaths, and 5029 and 3833 more male and female self-harm presentations to hospital, respectively, in the 5-year period, approximately equivalent to an excess of one complete year of suicide and self-harm. Men aged 25-64 years were most affected in terms of suicide and self-harm, whereas the increase in self-harm by women was among 15-24 year-olds. These findings are consistent with recent international research. However, uniquely the study found that both sexes were affected in terms of highly lethal self-harm, with a greater effect on men.

Additional reliable and well-standardised data are required on suicide, self-harm and determinants of suicidal behaviour in the population in order to guide policy on how best to mitigate the effects of economic crisis on mental health and well-being.

Reference: Corcoran P, Griffin E, Arensman E, Fitzgerald AP, Perry JJ. (2015). Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: An interrupted time series analysis. International Journal of Epidemiology, 44(3), 969-977.

Depression awareness and self-management through the Internet: Protocol for an internationally standardized approach

Depression and suicidal behaviour, including both suicide and self-harm are two important and largely overlapping public health issues in Europe.



Many individuals experiencing depression remain untreated due to systematic and personal barriers to accessing care. Guided Internet-based psychotherapeutic programmes represent a promising means of overcoming such barriers and increasing the capacity for self-management of depression.

This paper outlines the protocol for the development, implementation, and evaluation of the iFightDepression tool, a cost-free, multilingual, guided, self-management programme for mild to moderate depression cases. The tool is based on cognitive behavioural therapy and

focuses on monitoring and planning daily activities, identifying and challenging unhelpful thoughts, sleep regulation, mood monitoring, and healthy lifestyle habits. There is also a tailored version of the tool for young people, incorporating less formal language and additional age-appropriate modules on relationships and social anxiety.

It is intended that the iFightDepression tool and associated training for health care professionals will represent a valuable resource for the management of depression that will complement existing resources. It is also envisaged that the tool and training will represent an additional resource within a multifaceted approach to improving the care of depression and preventing suicidal behaviour in Europe.

Reference: Arensman E, Koburger N, Larkin C, et al. (2015). Depression Awareness and Self-Management through the Internet: Protocol for an Internationally Standardized Approach. JMIR Research Protocols, 4(3).

Recent Publications



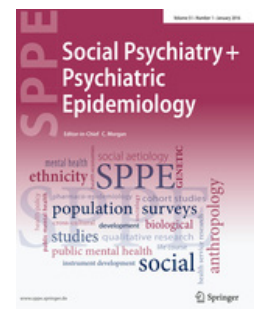
Effectiveness of Depression–Suicidal Behaviour Gatekeeper Training among police officers in three European regions: Outcomes of the Optimising Suicide Prevention Programmes and Their Implementation in Europe (OSPI-Europe) study. Arensman E, Coffey C, Griffin E, Van Audenhove C, Scheerder G, Gusmao R et al. *International Journal of Social Psychiatry*, Volume 62, No. 7, 651- 660, November 2016.

Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis. Hawton K, Witt KG, Taylor Salisbury TL, Arensman E, Gunnell D, Hazell P et al. *The Lancet Psychiatry*, Volume 3, No. 8, 717–729, August 2016.



Suicide prevention strategies revisited: 10-year systematic review. Gil Zalsman, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M. *The Lancet Psychiatry*, Volume 3, No. 7, 646–659, July 2016.

Variation between hospitals in inpatient admission practices for self-harm patients and its impact on repeat presentation. Carroll R, Corcoran P, Griffin E, Perry JJ, Arensman E, Gunnell D et al. *Social Psychiatry and Psychiatric Epidemiology*. 2016;51(11):1485-1493.



'A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service'

This report was commissioned by the Donegal Mental Health Service. The study examined untimely sudden deaths and those who took their lives while in the care of Donegal Mental Health Service between October 2011 and May 2015.

Information was gathered in accordance with the principles of the Suicide Support and Information System – Psychological Autopsy Model, SSIS-PAM (Arensman et al, 2013; 2012). A key component of the SSIS-PAM is its capacity to collect information from multiple sources to corroborate the clinical history of the deceased while also reaching out to family members who may need support in the aftermath of such a tragic event. A total of 34 deaths were included. Of these, 24 family informant interviews took place. Over 92% of those approached agreed to take part, representing a response rate well in excess of comparative international research.

Men were overrepresented among those who had died by suicide or sudden unexpected death (67.8%) and were younger (mean=41.4 years) than women (mean=44 years). History of self-harm was known for a high proportion of cases (n=26, 76.5%), of which almost half had engaged in at least one act of self-harm. Overall, 17 of the deceased had engaged in self-harm within 12 months prior to end of life. Psychiatric diagnosis was confirmed in all 34 cases with the majority (85%) also meeting criteria for a secondary disorder. Primary diagnosis of depressive disorder was most frequently observed (n=16, 47%). A secondary diagnosis of substance abuse was recorded in 47% of cases, representing more than half of those examined.

As a result of the current research, DMHS now has a 'real-time' database of information on socio-demographic, psychosocial and psychiatric risk factors which may have contributed to the deaths of those in their care through untimely events or suicide. This database provides current rates of such events and is unconstrained by national figures which can take up to two years to be confirmed due to the legal process. The study informed 6 recommendations covering 19 actions relating to characteristics of the deceased, patterns regarding contact with the mental health services, and needs of families bereaved by suicide. In May this year, immediately after the publication of the report, a start was made with the implementation of the evidence based actions.

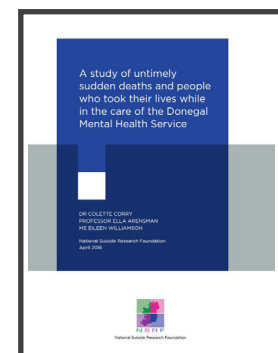
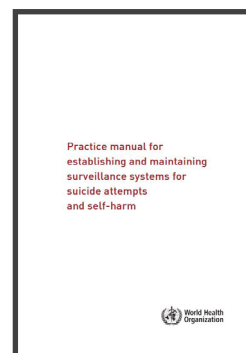
Reference: Corry C, Arensman E, Williamson E. (2016) A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service. National Suicide Research Foundation.

'Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm'

Public health surveillance is essential to the practice of public health, to guide prevention, monitor activities and evaluate outcomes of such activities. The WHO report Preventing suicide: a global imperative emphasises surveillance of suicide and suicide attempts as a core component of national suicide prevention strategies. That report followed the WHO Mental Health Action Plan, 2013–2020, by which all WHO Member States committed themselves to work towards the global target of reducing the suicide rate in countries by 10% by 2020. It is important to highlight that improvement in the availability and quality of data on both suicide mortality and suicide attempts is needed for all countries, and that there are major differences between countries in procedures for recording suicide and suicide attempts/self-harm.

WHO's 2014 global report on preventing suicide identified a need for guidance on the surveillance of suicide attempts presenting to general hospitals. Currently, the number of countries that have established a surveillance system for suicide attempts is limited, and comparison between established systems is often hindered by differences between systems. This manual aims to provide a tool for countries to use in setting up a public health surveillance system for suicide attempts and self-harm cases presenting to general hospitals, based on medical records. The manual is based on the template of the National Self-Harm Registry Ireland, and has considered surveillance systems for suicide attempts and self-harm worldwide.

Reference: World Health Organization. Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm. WHO, 2016. Supervision and guidance: Shekhar Saxena (WHO); Project coordination and editing: Alexandra Fleischmann and Sutapa Howlader; Technical contribution and drafting: Arensman E, Williamson E, O'Regan G, Hurley J, Griffin E, National Suicide Research Foundation and Department of Epidemiology and Public Health, University College Cork, Ireland.



Awards and Achievements



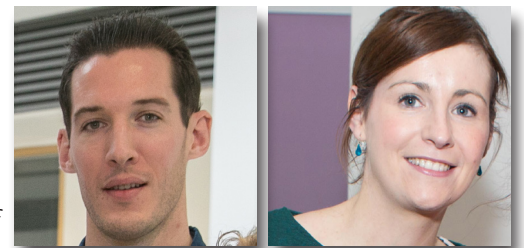
Dr Sara Leitao was awarded the 6th IAS Research Excellence Award for Early Career Suicide Researchers at the Irish Association of Suicidology conference in Killarney on 6th-7th October, for her presentation on 'Unemployment and work-related factors in suicidal behaviour: Findings from the Suicide Support and Information System'. Sara was also shortlisted for the Jacqueline Horgan Bronze Medal Award and presented in Dublin on 16th November.

Grace O'Regan, HRB RLA PhD scholar, was awarded the Eadhard O'Callaghan Memorial Research Award at the ACAMH International Research Conference on 7th October, for her presentation entitled 'Factors associated with suicidal thoughts and suicide attempts among Irish adolescents: Findings from the SEYLE study'.



Dr Paul Corcoran was awarded the Royal Academy of Medicine Research Award for the paper on *Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: An interrupted time series analysis, which was published in the International Journal of Epidemiology in 2015. Authors: Corcoran P, Griffin E, Arensman E, Fitzgerald AP, Perry JJ.*

The National Health Services Research Institute Research Day took place on Thursday, 10th November 2016 in UCC. Caroline Daly and Niall McTernan both received awards for their presentations. Caroline presented an oral presentation entitled *Frequently used drug types, multiple drugs and alcohol involvement in intentional drug overdose in Ireland: A national registry study.* Niall presented his poster presentation - *The quality of media reporting of suicide in Ireland: Adherence to media guidelines.*



NSRF News

New Outcomes of Research from the National Suicide Research Foundation lunchtime seminar

The NSRF launched the National Self-Harm Registry Ireland Annual Report for 2015 on Friday October 14th. A new Suicide Support and Information website, was also launched, in addition to the Annual Report of its research activities. The NSRF also noted the recent publication by the World Health Organisation of a Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm based on the template of the National Self-Harm Registry Ireland.

The lunchtime seminar included presentations from Professor Ella Arensman, Dr Eve Griffin, Dr Christina Dillon, Professor Ivan Perry and Ms Eileen Williamson. In 2015, the Registry recorded 11,189 presentations to hospital due to self-harm nationally. The rate of individuals presenting to hospital following self-harm was 204 per 100,000 - essentially unchanged from that in 2014.

Dr Eve Griffin, Manager, National-Self-Harm Registry Ireland, National Suicide Research Foundation stated that: "From a public health perspective, the Registry provides a unique opportunity to monitor the incidence and repetition of self-harm presentations to hospital emergency departments in Ireland with the aim of identifying high-risk groups and areas, and informing services and practitioners concerned with the prevention of suicidal behaviour."

Professor Ella Arensman, Director of Research, NSRF and Research Professor, Department of Epidemiology and Public Health stated that: "The Registry identified considerable variation in the next care recommended to self-harm patients across hospitals in Ireland. One quarter of self-harm patients were not provided with a referral option following discharge from the Emergency Department. Therefore, it is a key priority that guidelines for assessment and management people engaging in self-harm are implemented in all Irish hospitals."



Visit of Delegation from Japan



Education and Research Centre of Legal Medicine, Chiba University

This October, a delegation of two senior representatives working in suicide prevention and research in Japan visited the National Suicide Research Foundation and the Department of Epidemiology and Public Health, University College Cork. The aim of their visit was to learn about surveillance and recording systems for self-harm and suicide in Ireland, including the National Self-Harm Registry Ireland, the Suicide Support and Information System as well as intervention and prevention programmes for self-harm and suicide.

The delegation involved:

- Professor Yoshihide Sorimachi, Forensic Pathologist, Head of the Promotion Office for Community Suicide Policy and Head of the National Centre for Neurology and Psychiatry in Tokyo
- Professor Kenji Ishihara, former Secretary to the Minister for Health, Labour and Welfare in Japan, and Director of the

Throughout the week, Professor Sorimachi and Professor Ishihara visited various different stakeholders to learn about surveillance systems and suicide research and prevention in Ireland, including the National Office for Suicide Prevention, the Department of Health in Dublin, the Central Statistics Office, Coroners and the Assistant State Pathologist.

We were delighted to have hosted them and look forward to collaborating in the future.

World Mental Health Week Cycle

A big thank you to everyone who participated in our World Mental Health Week Cycle on October 13th.

Excitingly, all miles have been added to the total miles achieved by the recent Cycle Around the Globe event which took place to mark World Suicide Prevention Day 2016. To see the total distance cycled to date click [here](#).

We had a great time and looking forward to next year already.



Meet a member of our team..

Dr Eve Griffin, Manager, National Self-Harm Registry Ireland

Eve holds a PhD in Applied Psychology from UCC and is a post-doctoral researcher with the NSRF. She is currently the manager of the National Self Harm Registry Ireland. Having worked with the NSRF since 2011, Eve has a particular interest in the profile of hospital-treated self-harm, the profile of intentional drug overdose presentations, as well as the management of self-harm patients. Eve also collaborates with the Northern Ireland Public Health Agency, on the Northern Ireland National Self-Harm Registry. In addition, Eve has recently been working to establish routine monitoring of all injury presentations to Irish hospitals.

