National Suicide Research Foundation

Research Bulletin December 2012

This is Issue 12 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 and self-harm prevention programmes.

Ella Arensman
Director of Research, National Suicide Research Foundation, Adjunct Professor, Department of Epidemiology and Public Health, University College Cork

The relationship between alcohol, methods used in self-harm and repetition

In July this year, the 2011 Annual Report of the National Registry of Deliberate Self-Harm was launched by Minister Kathleen Lynch TD. In 2011, the Registry recorded 12,216 presentations to hospital emergency departments due to deliberate self-harm, involving 9,834 individuals. Further analyses have been conducted on the Registry data focusing on the methods of self-harm involved in repeated acts of self-harm and the impact of alcohol.

During the period 2006-2011 the Registry identified 45,284 individuals who were involved in 69,581 self-harm presentations. 35% of presentations within this period were due to a repeat act There were 374 individuals who were involved in 10 or more repeated acts of self-harm, representing in total 6,629 self-harm acts, which is 10% of the total number of self-harm presentations.

Alcohol was involved in 41% of all cases, and was higher in men (44%) than women (38%).

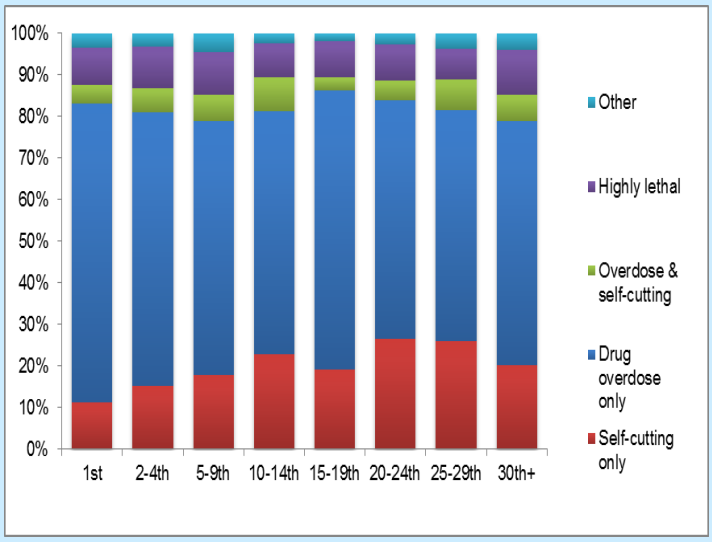

Figure 1 Variation in self-harm methods by order of presentation to hospital (2006-2011) – **Alcohol involved**

Intentional overdose involving both prescribed drugs and 'over the counter' medication was the most frequently used method of self-harm across all repeat presentations.

However, people who had used alcohol at the time of the index self-harm act, significantly more often engaged in intentional overdoses compared to those who had not *(Figure 1, Figure 2)*. Those who had used alcohol also engaged more often in highly lethal methods when they presented for repeat self-harm presentations.

People who had not used alcohol at the index self-harm act, significantly more often engaged in self-cutting when they presented for repeat presentations.

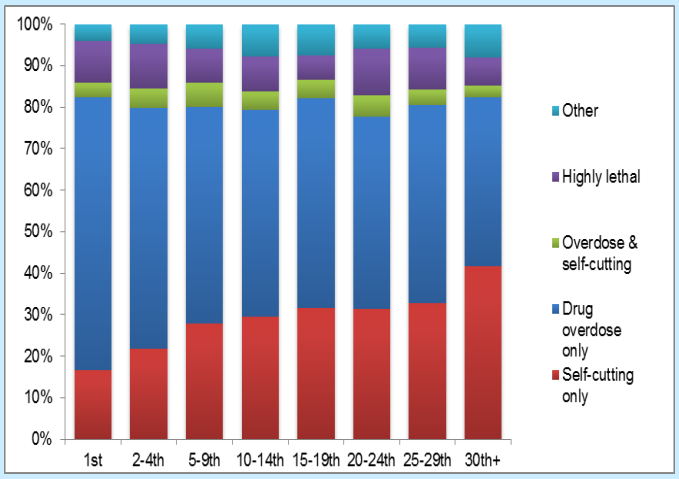

Figure 2 Variation in self-harm methods by order of presentation to hospital (2006-2011) – **No alcohol involved**

Recommendations

- Intensify national strategies to increase awareness of the risks involved in the use and misuse of alcohol, starting at pre-adolescent age.
- Intensify national strategies to reduce 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 (e.g. psychiatric disorder and alcohol abuse).
- Assessment of alcohol misuse and abuse should be a structural part of the assessment to determine risk of repeated self-harm and suicide

Reference: Corcoran P, Arensman E, Griffin E, Perry IJ. (2012). *National Registry of Deliberate Self-Harm – Annual Report 2011.* National Suicide Research Foundation.

The National Suicide Research Foundation is in receipt of funding from the National Office for Suicide Prevention, and has a collaborative link with the Department of Epidemiology and Public Health, University College Cork

Contagion and clustering of suicide

Contagion and clustering of suicide is uncommon, but causes great concern in communities when they occur.

The First Report of the Suicide Support and Information System (SSIS) was launched by Minister Kathleen Lynch TD, in July. This report provides outcomes of the first in-depth investigation into suicide contagion and clustering in Ireland.

During the period September 2008 and December 2010, the SSIS identified a cluster of 19 suicides in two small areas in Cork. The cluster suicide cases involved adolescents and young adult men aged 14-36 years. During the period in which the suicide cluster occurred, the suicide rate peaked at 350 per 100,000 for young men, which was more than 11 times greater than the average rate of 30 per 100,000 in the same area in the years prior to the suicide cluster. This is in line with the common definition of a suicide cluster: *"a temporary increase in the frequency of suicides within a defined catchment area, relative to both the suicide rate before and after the cluster and the rate in neighbouring areas" (Mesoudi, 2009: Gould, 1990).*

The SSIS identified direct links among more than half of the suicide cases in the cluster including family relationships and close friendships. This provided us with an important insight that so-called copycat or 'contagion effects' contributed to the development of the suicide cluster. Suicide contagion is commonly defined as: *the exposure to suicide or suicidal behaviour within one's family or peer group, which can result in an increase in suicidal behaviour (Mesoudi, 2009).*

Based on the SSIS, the following factors were associated with suicide contagion and clustering:

- Experience of suicide by a friend and long term effects of bereavement
- Undiagnosed and untreated mental health problems
- History of alcohol/drug abuse since early adolescence
- Over-attachment to peers
- Exposure to violence
- Lack of coherent services and specialised counsellors
- Glorification of a young person who has died by suicide (e.g. through social networking sites)

Most of these factors are consistent with international research *(Haw et al, 2012).* Other studies have also highlighted the association between repeated and detailed media reporting of suicide cases and increased risk of suicide contagion (Niederkrotenthaler et al, 2012). In addition, a recent study highlighted the negative impact of social networking sites and SMS text messages as sources of contagion because they facilitate the rapid spread of information and rumour throughout the community *(Robertson et al, 2012).*

In April 2011, the HSE's National Office for Suicide Prevention published guidelines for responding to emerging suicide clusters and situations of murder-suicide, based on international evidence and best practice. The guideline document underlines a pro-active approach in that each local health area needs to prepare a response plan that can be activated when a suicide cluster emerges.

Key elements of a response plan include:

- Leadership and co-ordination of the services in responding to the needs of the bereaved family and other agencies and people in the community who are affected, in the short and long term up to years after the suicide
- Working with the media to prevent sensationalised reporting and to disseminate information on available supports
- Increasing capacity of services and involving specialised support if required (this may be relevant in the immediate aftermath)
- Monitoring and evaluating the implementation of the response plan, and updating guidelines when this is required.

The first phase of the SSIS was funded by the National Office for Suicide Prevention; *Reference:* Arensman E, McAuliffe C, Corcoran P, Williamson E, O'Shea E, Perry IJ (2012). First Report of the Suicide Support and Information System. National Suicide Research Foundation, Cork, Ireland.

Awards for Excellence in Research

On 10th October, Irene O'Farrell was successful in receiving the award for excellence in research from the Irish Association of Suicidology. Caroline Daly was shortlisted for this award.

On 15th November, Irene O' Farrell was also successful in receiving the Jacqueline Horgan Bronze Medal in Epidemiology from the Royal Academy of Medicine Ireland. Summaries of the research presentations by Irene O'Farrell and Caroline Daly are presented below.

Suicide after hospital treated deliberate self-harm in Ireland – findings from a prospective registry cohort linkage study

The aim of the study was to calculate the proportion of hospital treated self-harm patients who died by suicide in the geographic region of Cork.

The study sample consisted of a consecutive series of all persons who attended the 5 emergency departments in the geographic region of Cork between March 2008 and February 2010 due to an act of self-harm. The National Registry of Deliberate Self Harm dataset was electronically linked to coroner suicide and open verdict death records.

A total of 1,847 persons presented to the 5 hospital emergency departments due to an act of self-harm, and 54% were men. During the follow up period, 11/1,847 (0.6%) of the self-harm patients died by suicide, 10 of whom died within 1 year of their last self-harm hospital presentation. The suicide rate per 100,000 in Cork was 12.8, and this rate was higher in males (21.8) than in females (4.1). The suicide rate per 100,000 in the self-harm patient population in Cork was 541.4, and this rate was significantly higher in males 802.4 than in females (235.3). The results show that self-harm patients were over 42 times more likely to die by suicide than persons in the general population.

The study findings highlight the need for increased awareness among hospital emergency department staff that self-harm patients may be at increased risk of suicide and that all self-harm patients need to receive a psychosocial and risk assessment before discharge from hospital.

For further information, please contact Irene O'Farrell: I.OFarrell@ucc.ie

Emergency Department Staff Training in the Assessment and Management of Self-Harm: First Outcomes

The aim of this on-going study is to improve ED staff's management and treatment of patients who present due to self-harm.

ED staff, including doctors, nurses, paramedics, porters, security and clerical staff are invited to partake in a two-hour accredited training. Baseline characteristics and post-training changes were assessed using an independent self-report evaluation.

Of the 50 participants who completed the training so far, the majority were female (74%), nursing staff (52%) and had spent a considerable number of years in their current position (Mean: 11.9 years). Most participants (92%) reported having no previous training in self-harm or suicide awareness. Post-training, there was a significant improvement in participant's attitudes towards self-harm, confidence in their ability to instil help-seeking behaviour, and their ability to recognise risk. There were also post-training improvements in knowledge regarding self-harm.

The study outcomes support the continuation and proposed national roll-out of this training among ED staff to ensure optimal care for self-harm patients who present to Irish hospitals.

For further information, please contact Caroline Daly: carolinedaly@ucc.ie – The study is funded by the National Office for Suicide Prevention. The study is conducted in collaboration with Dr Eugene Cassidy, Liaison Psychiatry Service, Cork University Hospital.

Contact Details:

National Suicide Research Foundation, 4.28, Western Gateway Building, University College Cork, Western Road, Cork Ireland. T: 021 4205551; E-mail: info@nsrf.ie; www.nsrf.ie