

Irish coroners' attitudes towards suicide and its prevention

R. Farrow · E. Arensman · P. Corcoran ·
E. Williamson · I. J. Perry

Received: 18 March 2008 / Accepted: 31 October 2008 / Published online: 4 December 2008
© Royal Academy of Medicine in Ireland 2008

Abstract

Background Coroners routinely enquire into suicide deaths and communicate with people bereaved by suicide. However, no research has been conducted into coroners' attitudes towards suicide and its prevention.

Aims We assessed attitudes towards suicide among Irish coroners in order to determine their understanding of suicide and its prevention.

Methods An internationally validated questionnaire assessing attitudes towards suicide was sent to all coroners in the Republic of Ireland and Northern Ireland.

Results Sixty completed questionnaires (response 62%) were analysed. Overall, the coroners' responses reflected openness towards communication about suicide and suicide prevention initiatives. Approximately, one in five favoured the attitudes that suicide is a right or that it may be a justifiable resolution. Only 23% agreed that people who die by suicide are usually mentally ill.

Conclusions Irish coroners favour communication about suicide and have a positive attitude towards its prevention but they appear to underestimate the prevalence of mental illness.

Keywords Coroners · Suicide · Attitudes · Prevention · Awareness

Introduction

Attitudes towards suicide are linked to suicide prevention as attitudes can both impede or assist the introduction of suicide prevention measures. Coroners, either medically or legally trained, routinely enquire into suicide deaths and communicate with those bereaved by suicide as they hold an inquest to determine the cause of death of a person who dies from an external cause, i.e. not illness or disease. Those bereaved by suicide tend to experience more complex grief reactions [1, 2]. Some have found the inquest process to be traumatising [3, 4], while a minority have found it to be helpful. Thus, coroners' attitudes towards suicide and its prevention may be important as their attitudes are likely to affect how they conduct an inquest pertaining to suicide and how they interact with those bereaved by suicide.

While attitudes towards suicide have been studied over the past decade in diverse groups [5–8], no data on coroners' attitudes towards suicide are available. We have assessed attitudes towards suicide in Irish coroners using a questionnaire which has been developed and validated for use among professionals and the general population in an ongoing cross-cultural study of attitudes towards suicide and its prevention.

R. Farrow · E. Arensman (✉) · P. Corcoran · E. Williamson
National Suicide Research Foundation,
1 Perrott Avenue, College Road, Cork, Ireland
e-mail: ella.nsrif@iol.ie

R. Farrow
e-mail: eatharla@gmail.com

P. Corcoran
e-mail: paul.nsrif@iol.ie

E. Williamson
e-mail: nsrf@iol.ie

I. J. Perry
Department of Epidemiology and Public Health,
University College Cork, Room 2.51, Brookfield Health
Sciences Complex, College Road, Cork, Ireland
e-mail: i.perry@ucc.ie

Methods

A questionnaire was mailed to all 97 coroners and deputy coroners in the Republic of Ireland (RoI, $N = 85$) and Northern Ireland (NI, $N = 12$) in July 2003 followed by a reminder 2 weeks later. The majority of the completed questionnaires were returned in the 2 months following the start of the study.

In addition to the core instrument, the questionnaire addressed age, status (coroner/deputy coroner) and professional training (medical/legal/both). Information on gender was not obtained to ensure the anonymity of the small number of female coroners.

The Attitudes Towards Suicide survey (ATTS) [9] is a 37-item questionnaire using a five-point Likert scale (*agree completely, agree to a large extent, don't know, do not agree and agree not at all*). The ATTS items address attitudes, knowledge and personal beliefs regarding suicide and its prevention, including opinions on suicide as a right, reasons for suicide and prevention of suicide. Examples of statements from the survey are “Most people avoid talking about suicide” and “It is always possible to help a person with suicidal thoughts” (Fig. 1). The questionnaire included two open-ended questions: (1) “What do you think is the main reason why people die by suicide?” and (2) “What do you think should be done to prevent suicide?”

Ethical approval was obtained from the Clinical Research Ethics Committee of the Cork Teaching Hospitals. Due to ethical approval constraints, information on reasons for non-response could not be obtained.

Data analysis

The data were analysed using SPSS 14.0 [10] for Windows. Given the relatively small sample size, the original five response categories were collapsed into three categories: “agreed”, “undecided” and “disagreed”. Chi-square tests were performed to compare attitudes by training background and status. The responses to the open-ended questions were analysed thematically using content analysis [11] by two independent researchers. Due to the relatively small number of coroners in NI, it was not possible to contrast the responses from coroners in NI and the RoI. Similarly, gender differences could not be investigated since the vast majority of coroners were males.

Results

Sixty coroners responded giving an overall response rate of 62%. The majority (85%) were from the RoI, reflecting the

distribution of coroners between RoI ($N = 51/85$, 60%) and NI ($N = 9/12$, 75%). Sixty percent were coroners and 40% held the status of deputy coroner. With regard to age, 56% of the coroners were aged 45–59 years, 24% were aged 30–44 years, and 20% were aged over 60 years. The majority of the coroners (60%) were legally trained.

Opinions on suicide as a right

Nearly half (49%) of the coroners indicated that “Suicide can never be justified”, 26% were undecided and 25% disagreed with this statement (Fig. 1). With regard to the statement “If someone wants to take his/her life it is their business and we should not interfere”, nearly all (97%) disagreed. Approximately 20% of the coroners agreed that “Suicide is an acceptable means to terminate an incurable disease”, that “There may be situations where the only reasonable resolution is suicide” and that “People do have the right to take their own lives”.

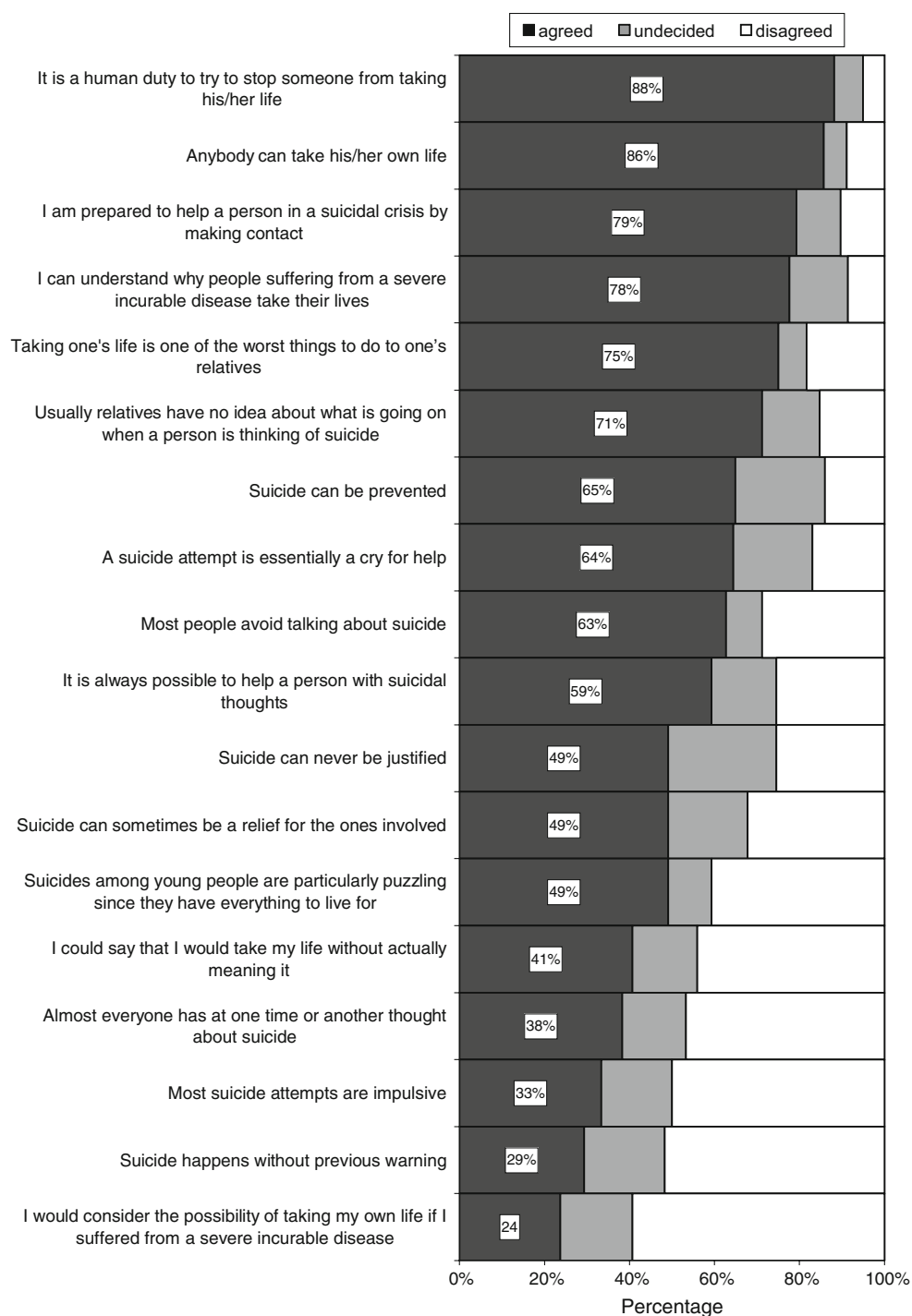
Understanding of suicide

Over two-thirds of the coroners (71%) agreed with the statement “Usually relatives have no idea about what is going on when a person is thinking of suicide”, and nearly half (49%) indicated that “Suicides among young people are particularly puzzling since they have everything to live for” (Fig. 1). One-third of the coroners indicated that “Most suicide attempts are impulsive”, and a nearly similar percentage (29%) agreed with the statement “Suicide happens without previous warning”. The majority of the coroners (65%) disagreed with the statement that “People who take their lives are usually mentally ill”, 23% agreed and 12% undecided. In response to the statement “When a person dies by suicide it is something that he/she has considered for a long time”, half of the coroners agreed, over one-third (36%) were undecided and 14% agreed.

Prevention of suicide

The majority of the coroners (88%) agreed that “It is a human duty to try to stop someone from taking his/her life” and 79% indicated that they would “be prepared to help a person in a suicidal crisis by making contact” (Fig. 1). Ninety percent disagreed with the statement that “Suicide is a subject that one should not talk about”. However, fewer agreed that “Suicide can be prevented” (65%) and that “It is always possible to help a person with suicidal thoughts” (59%). Sixty percent of the coroners disagreed with the statement that “There is a risk of evoking suicidal thoughts in a person's mind if you ask about it” while 22% were undecided and 18% agreed.

Fig. 1 Coroner's attitudes towards suicide and its prevention, % agreed, undecided and disagreed



Comparing attitudes by training background and status

Comparing legally and medically trained coroners, on 2 out of the 37 statements a significant difference was found. Medically trained coroners significantly more often indicated that they would be prepared to help a person in a suicidal crisis by making contact (95%) compared to 69.7% of the legally trained coroners ($p < 0.03$). Medically

trained coroners significantly more often disagreed with the statement that "Suicide is an acceptable means to terminate an incurable disease" (95.2%) than coroners who were legally trained (72.7%, $p < 0.04$). For one statement a trend towards significance was found. Legally trained coroners more often agreed with the statement "A suicide attempt is essentially a cry for help" (75.8%) versus 52.4% of the medically trained coroners ($p < 0.07$).

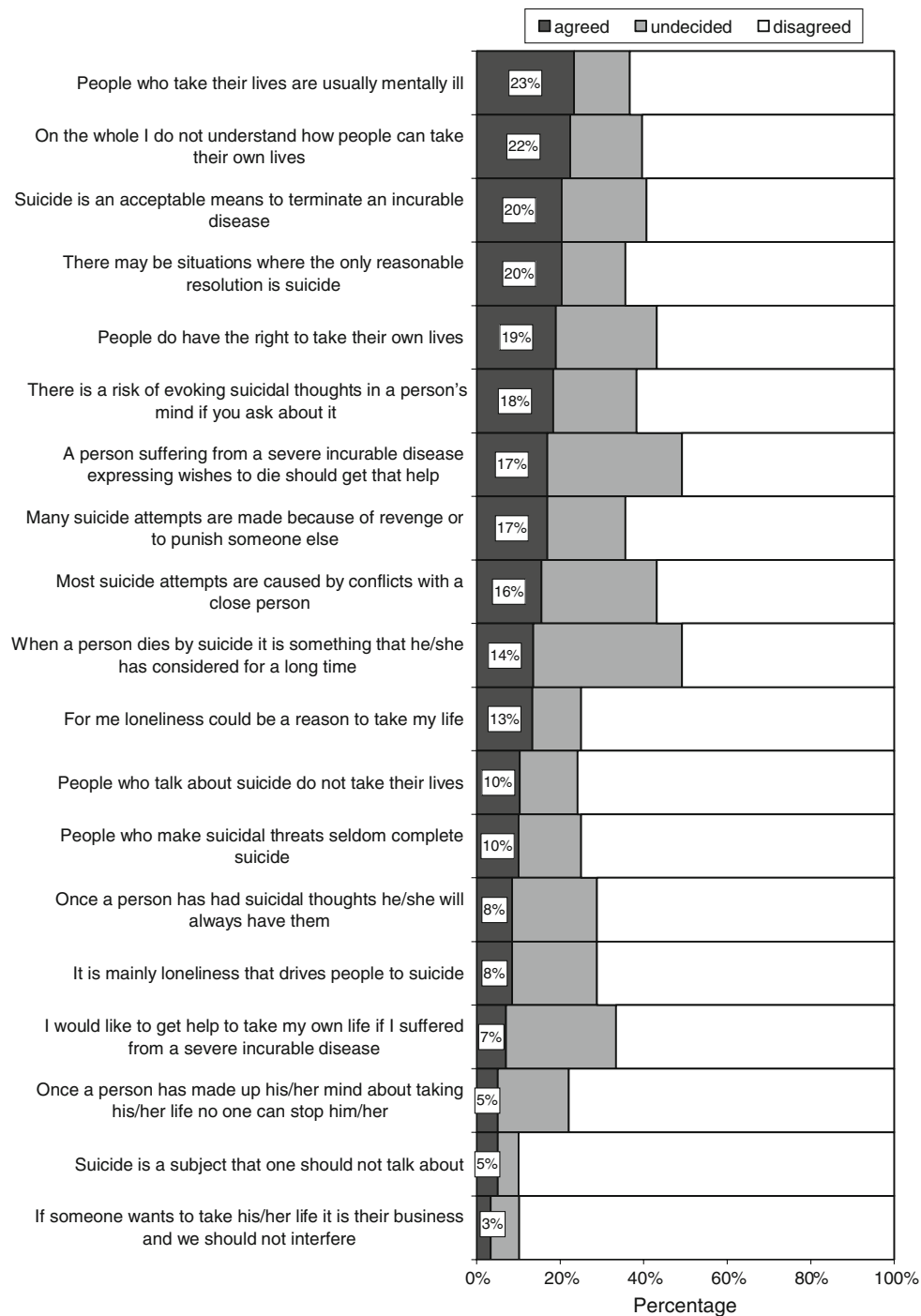


Fig. 1 continued

When comparing coroners and deputy coroners, it appeared that deputy coroners significantly more often disagreed with the statement “There is a risk of evoking suicidal thoughts in a person’s mind if you ask about it” (95.7%) versus 72.2% of the coroners ($p < 0.02$). Two statements revealed a trend towards significance. Deputy

coroners more often agreed with the statement “Suicide can sometimes be a relief for the ones involved” (65.2%) compared to 40.0% of the coroners ($p < 0.06$). Deputy coroners more often agreed with the statement that “Suicide can be prevented” (77.3%) than coroners (55.9%, $p < 0.08$).

Table 1 Outcomes of the content analysis

Question	What do you think is the main reason for people taking their own lives?	What do you think should be done to prevent suicide?
Themes identified	Mental health difficulties Multiple causes Don't know Poor coping mechanisms Stress Alcohol and drugs Loss of interest Relationships Access to a means	Raise awareness Help and support Multiple possibilities Risk management Not sure/nothing Media

Attitudes towards suicidal behaviour and its prevention

The findings from thematic analysis of the two open-ended questions are summarised in Table 1. *Q 1. "What do you think is the main reason why people die by suicide?"*

Of the 60 participants who completed the survey, 95% replied to this question and nine themes were identified (Table 1). Forty-two percent of the participants believed mental health difficulties to be the reason for suicide. This seems at variance with the finding that 23% agreed that people who die by suicide are usually mentally ill. However, in this context, mental illness is merely a subset of the broader theme 'mental health difficulties', with other emotional problems such as hopelessness, despair, loneliness and sexuality also included. The following were typical comments assigned to the mental health difficulties theme.

- "Mental illness. Feelings of lack of self-worth"
- "Often impulsive acts as a result of emotional upset. Depression"
- "Loneliness, despair,... sexuality"

Q 2. "What do you think should be done to prevent suicide?"

Ninety-three percent of the participants answered this question and six themes were identified (Table 1). Raising awareness was the most prominent theme, with 30% feeling this was the best way to prevent suicide. Raising awareness included education and awareness of the signs of suicide to enable people to help where possible.

- "Proper education and discussion of suicide starting at secondary school. More understanding of why people do it. More openness, particularly with youngsters"

Coroners typically identified several issues in their reflections in how best to prevent suicide, including mental health awareness, less pressure at school, materialism, the media, openness about sexuality and alcohol use.

"Generate feelings of self worth. Educate against materialism. Ban advertising that tends to imply low self esteem unless individual merges into an 'acceptable' norm"

"Increased awareness of possibility. Less pressure at exam time. More control of alcohol use. More openness about sexuality"

Some coroners also highlighted the need for more counselling services along with specialised mental health facilities, and that relatives and friends should be proactive in offering support.

- "Close friends/relatives should try to find out what is wrong and seek medical help and advice"
- "More open approach to suicide, more counselling etc."

The suggested methods of suicide prevention were broadly consistent with the data from the Likert scale questions and reflected an openness to talk about suicide and for people's awareness of the need to engage with people in crisis.

Discussion

Suicide is a complex issue which raises difficult personal, scientific and philosophical questions regarding its causes and prevention. The current study provides insight into attitudes towards suicide and its prevention among coroners, a professional group which has not been addressed in previous research in this area, either in Ireland or internationally. Interpretation of the findings must be tentative in the absence of comparative data from coroners in other countries and the lack of contemporary reference data from a general population sample in Ireland.

Overall, the coroners' responses to the ATTS items reflected openness towards communication about suicide and an emphasis on the importance of suicide prevention, which was supported by the numerous examples of

interventions proposed by the coroners in their responses to the open-ended questions. These findings reflect a positive development considering the fact that in Ireland suicidal behaviour was not decriminalised until 1993, about 10 years prior to conducting the study. It is unlikely that coroners' attitudes towards suicide and its prevention have changed significantly since the study was conducted, because changes in attitudes towards suicide and its prevention appear to occur over a relatively long period of time (10 years or longer) [9].

The outcomes with regard to opinions on suicide as a right generally reflected the attitude that suicide cannot be justified and is never an acceptable means to terminate life. However, approximately one in five coroners reported a favourable attitude towards suicide as a means to end one's life, in particular when confronted with a severe incurable disease. A high percentage of the coroners (65%) disagreed with the statement that "People who take their lives are usually mentally ill". This finding is in contrast with available evidence on risk factors associated with suicide which consistently shows that mental disorders, such as affective disorders and personality disorders, are prevalent in cases of suicide [12–15]. A high percentage of people who die by suicide, in particular men, would not have been in contact with health care services in the months prior to their suicide [12, 13]. As a consequence, information on mental health problems associated with cases of suicide may not become known to the coroner. This may also explain the finding that a relatively high percentage of coroners (49%) agreed with the statement that "Suicides among young people are particularly puzzling since they have everything to live for".

In addition, the findings underline the relevance of ongoing training and support with regard to the psychological management of sensitive cases, such as suicide, that arise in the course of the coroners' work, which is in line with priority 24 of *Reach Out*, the Irish National Strategy for Action on Suicide Prevention (2005–2014): "To develop the Coroner Service as a service for the living, especially those bereaved by suicide, and support coroners themselves as their role develops" (pp. 46–47) [16].

The differences between medically and legally trained coroners in responding to a number of statements may be largely explained by their professional background and clinical practice. For example, it is likely that medically trained coroners are more frequently in contact with suicidal patients in their medical practice, which would reinforce their attitude to be prepared to help a person in a suicidal crisis by making contact, as opposed to legally trained coroners without frequent contact with this patient group. The differences between coroners and deputy coroners may be explained by the fact that deputy coroners generally represent a younger generation who may have

received more information on suicide and its prevention compared to older coroners. For example, deputy coroners more often believe that suicide can be prevented than coroners.

Conclusions

In summary, these data provide an insight into Irish coroners' attitudes towards suicide. There is evidence that coroners under-estimate the importance of potentially treatable mental illness as a cause of suicide. This indicates that there is a need for increased awareness of risk factors associated with suicide, which is a priority of the *Reach Out*, the Irish National Strategy for Action on Suicide Prevention (2005–2014). Future research should address the general public's attitudes towards suicide and similar data from coroners in other countries.

Acknowledgments We thank the coroners who participated in this study and Carolyn Morey for her assistance with the content analysis.

Conflict of interest statement None declared.

References

1. Knieper AJ (1999) The suicide survivor's grief and recovery. *Suicide Life Threat Behav* 29:353–364
2. Cvinar JG (2005) Do suicide survivors suffer social stigma: a review of the literature. *Perspect Psychiatr Care* 41:14–21. doi:10.1111/j.0031-5990.2005.00004.x
3. Biddle L (2003) Public hazards or private tragedies? An exploratory study of the effect of coroners' procedures on those bereaved by suicide. *Soc Sci Med* 56:1033–1045. doi:10.1016/S0277-9536(02)00097-7
4. Harwood D, Hawton K, Hope T, Jacoby R (2002) The grief experiences and needs of bereaved relatives and friends of older people dying through suicide: a descriptive and case-control study. *J Affect Disord* 72:185–194. doi:10.1016/S0165-0327(01)00462-1
5. Hjelmeland H, Kinyanda E, Knizek BL, Owens V, Nordvik H, Svarva K (2006) A discussion of the value of cross-cultural studies in search of the meaning(s) of suicidal behavior and the methodological challenges of such studies. *Arch Suicide Res* 10:15–27. doi:10.1080/13811110500318257
6. Hjelmeland H, Knizek BL (2004) The general public's views on suicide and suicide prevention and their perception of participating in a study on attitudes towards suicide. *Arch Suicide Res* 8:345–359. doi:10.1080/13811110490476725
7. Rodríguez AH, Caldera T, Kullgren G, Renberg ES (2006) Suicidal expressions among young people in Nicaragua: a community-based study. *Soc Psychiatry Psychiatr Epidemiol* 41:692–697. doi:10.1007/s00127-006-0083-x
8. Sun FK, Long A, Boore J (2007) The attitudes of casualty nurses in Taiwan to patients who have attempted suicide. *J Clin Nurs* 16:255–263. doi:10.1111/j.1365-2702.2005.01479.x
9. Salander Renberg ES, Jacobsson L (2003) Development of a questionnaire on attitudes towards suicide (ATTS) and its

- application in a Swedish population. *Suicide Life Threat Behav* 33:52–64. doi:[10.1521/suli.33.1.52.22784](https://doi.org/10.1521/suli.33.1.52.22784)
10. Statistical Package for the Social Science, version 14.0. SPSS Inc., Chicago
 11. Neuendorf KA (2002) *The content analysis guidebook*. Sage, Thousand Oaks
 12. Foster T, Gillespie K, McLelland R (1997) Mental disorders and suicide in Northern Ireland. *Br J Psychiatry* 170:447–452. doi:[10.1192/bjp.170.5.447](https://doi.org/10.1192/bjp.170.5.447)
 13. Foster T, Gillespie K, McLelland R, Patterson C (1999) Risk factors for suicide independent of DSM-III-R Axis I disorder. Case–control psychological autopsy study in Northern Ireland. *Br J Psychiatry* 175:175–179. doi:[10.1192/bjp.175.2.175](https://doi.org/10.1192/bjp.175.2.175)
 14. Harwood D, Hawton K, Hope T, Jacoby R (2001) Psychiatric disorder and personality factors associated with suicide in older people: a descriptive case–control study. *Int J Geriatr Psychiatry* 16:155–165. doi:[10.1002/1099-1166\(200102\)16:2<155::AID-GPS289>3.0.CO;2-0](https://doi.org/10.1002/1099-1166(200102)16:2<155::AID-GPS289>3.0.CO;2-0)
 15. Hawton K, Simkin S, Rue J, Haw C, Barbour F, Clements A, Sakarovitch C, Deeks J (2002) Suicide in female nurses in England and Wales. *Psychol Med* 32:239–250. doi:[10.1017/S0033291701005165](https://doi.org/10.1017/S0033291701005165)
 16. Health Service Executive (2005) *Reach Out, the Irish National Strategy for Action on Suicide Prevention, 2005–2014*