

# Self-harm and suicide: Associated risk factors and evidence based interventions

Wales' first International Suicide and Self-Harm Symposium

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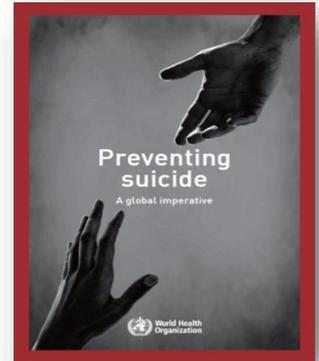
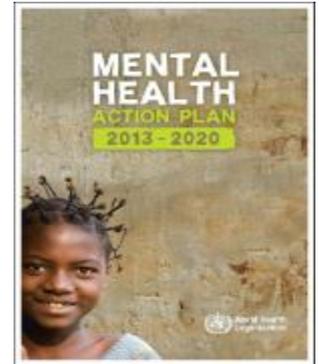


# Overview

- Suicide and suicide prevention in international context
- First responders and specific challenges relating to suicide and self-harm
- Self-harm among adolescents and young adults; risk and protective factors
- High risk groups for self-harm and suicide
- Evidence based interventions for self-harm and suicide
- People who do not benefit from evidence based interventions and case studies

# Context

- Global Mental Health Action Plan, 2013-2020 (*WHO, 2013*)
- WHO Global Report on Preventing Suicide (*WHO, 2014*)
- Progress in terms of new countries developing national suicide prevention programmes or second programmes
- Emerging evidence supporting key components of national suicide prevention programmes including community/population based interventions



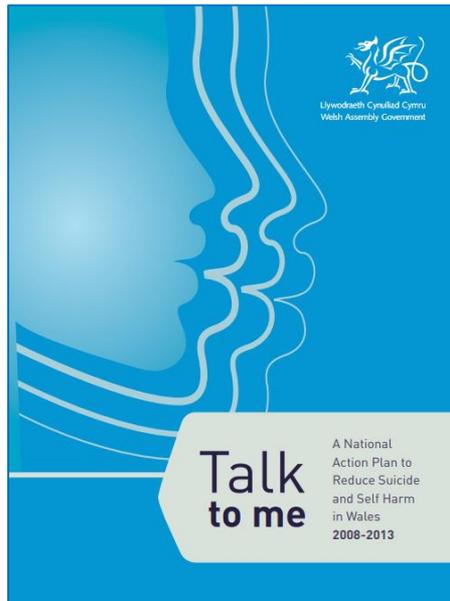
# Challenges in developing and implementing national suicide prevention programmes

- Ineffective planning, co-ordination, collaboration, lack of enforcement of guidelines and insufficient resources
- Lack of independent and systematic evaluations of national suicide prevention programmes
- Address real-time developments, in particular, mental health needs and suicide prevention among refugees and migrants from LMICs

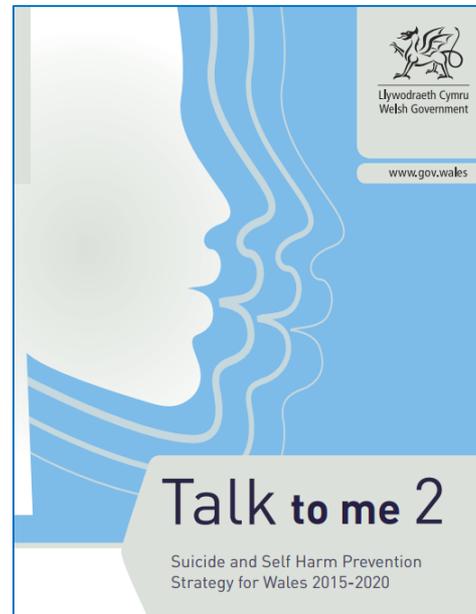


# National Suicide Prevention Strategies, Wales

## A National Action Plan to Reduce Suicide and Self Harm in Wales 2008-2013



## Suicide and self harm prevention strategy for Wales 2015-2020



### Specific vulnerable or at risk groups:

- Vulnerable young people, especially those who are not in education/training/employment;
- Middle-aged men
- People over-75;
- People in psychiatric care
- People in prison or in custody



# Core components of national suicide prevention strategies *(WHO, 2014)*

1) Surveillance

7) Crisis Intervention

2) Means Restriction

8) Postvention

3) Media

9) Awareness

4) Access to Services

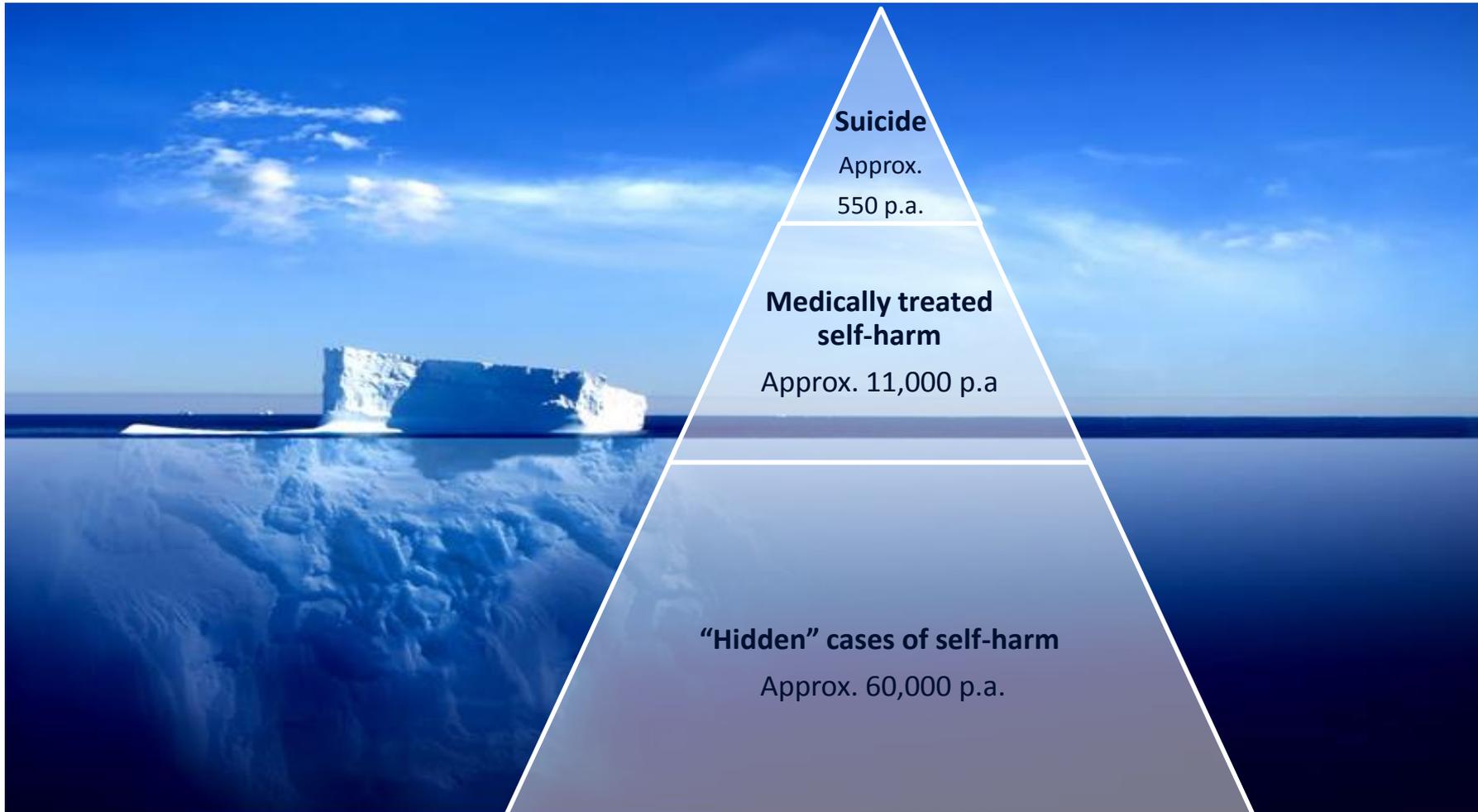
10) Stigma Reduction

5) Training and Education

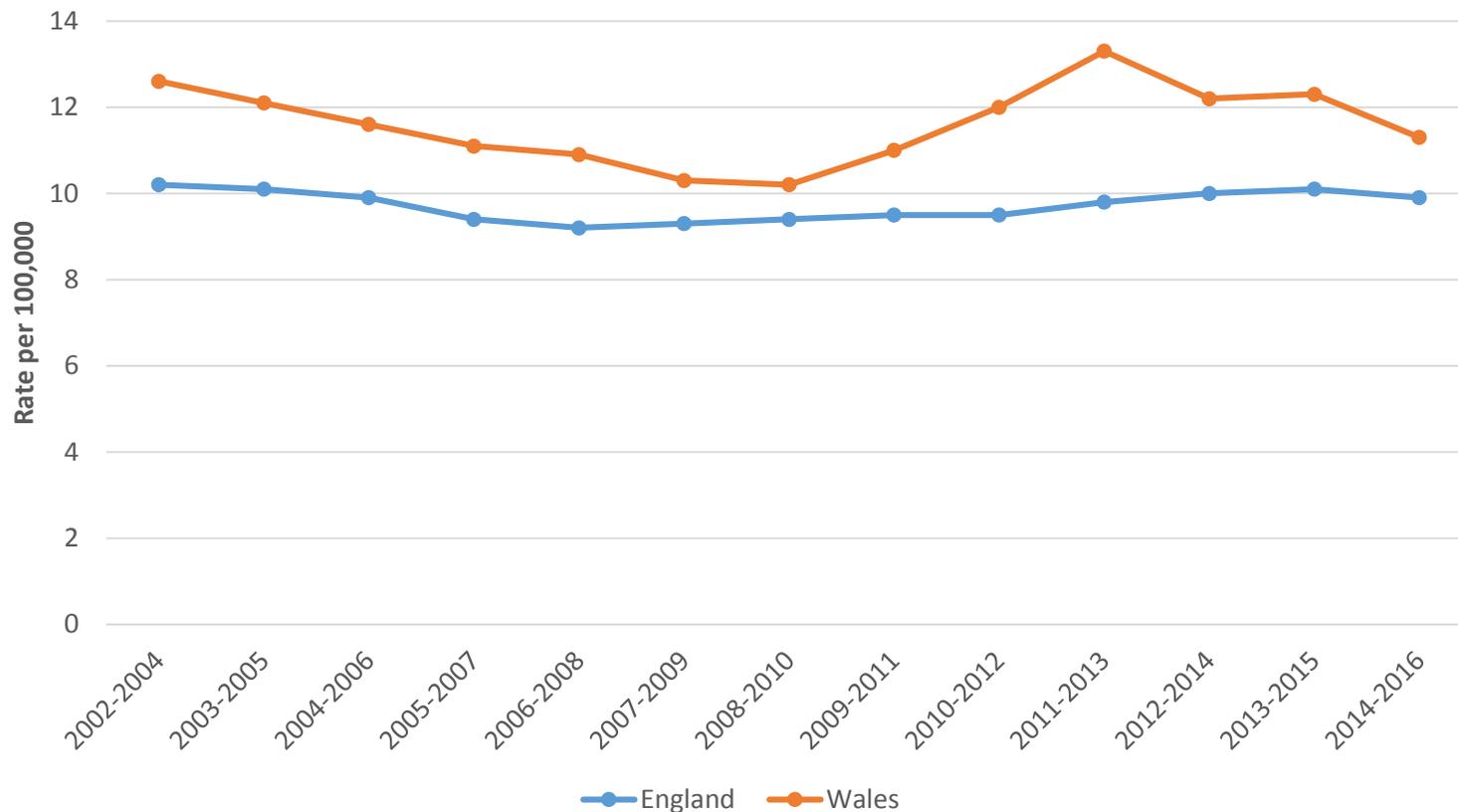
11) Oversight and Coordination

6) Treatment

# Suicide and medically treated self-harm - The tip of the iceberg (example Ireland)



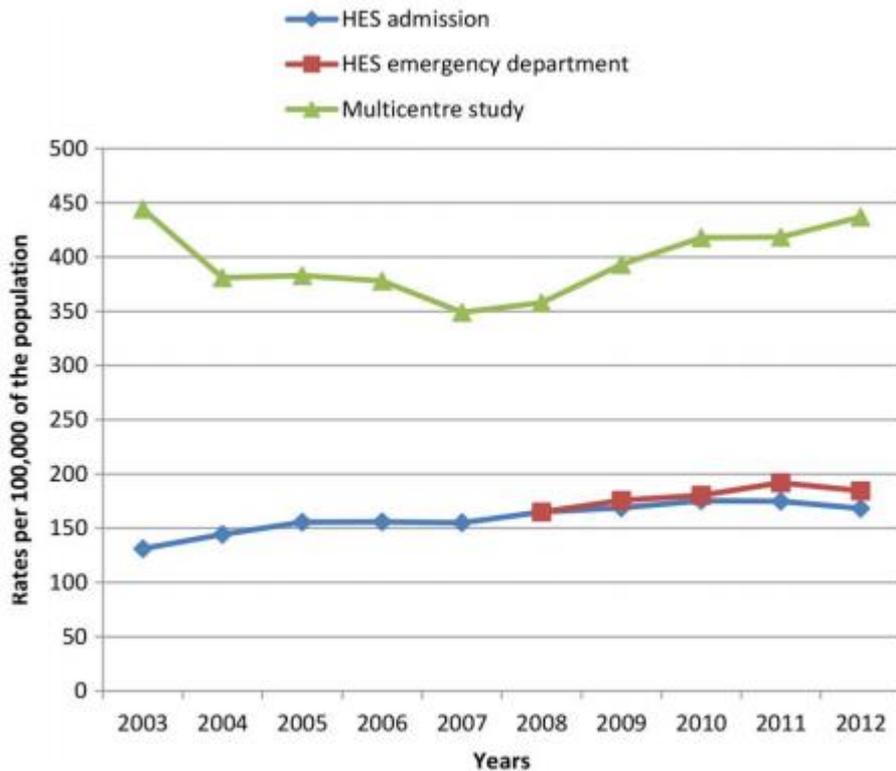
# Suicide rates in England and Wales by 3 year moving average rates per 100,000 population, 2002-2016



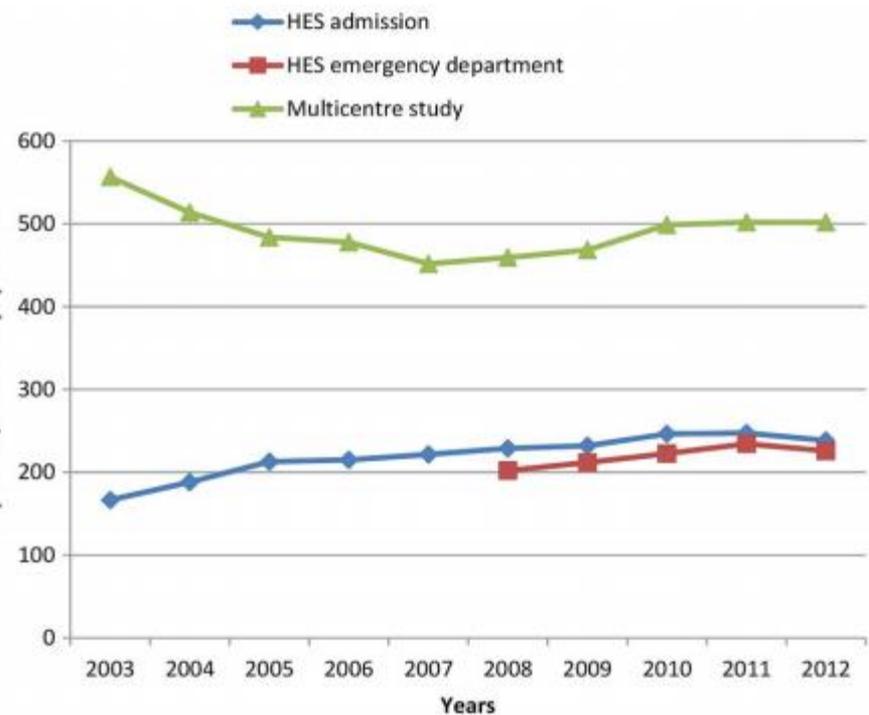
Source – Office for National Statistics

# Self-harm rates in England per 100,000 of the population, 2003-2012

## Males



## Female



Source – Clements et al, 2016

# First responders' role and challenges relating to suicide and self-harm

## Unique challenges for first responders

- ▶ First interveners dealing with emergency situations on a daily basis, including police officers, firefighters, paramedics, ED staff training
- ▶ First responders are also involved with people who suffer from recurrent and severe mental health problems, who have a history of sexual and physical abuse, alcohol and drug misuse/addiction
- ▶ However, training in awareness and skills relating to people with mental health problems and suicidal behaviour is limited
- ▶ Training, supervision and self-care is often not available on a regular basis

# Unique challenges for first responders ctd.

- Frequent interaction with suicidal individuals
- Frequent interaction with people affected by suicide
- Lack of clarity on referral pathways
- Dealing with the media (high profile suicides, murder suicide)
  - Finding the balance between providing facts and preventing copycat
  - Always mention sources of assistance/quality assured services for other at risk individuals

# First responders: Quality and safety issues

- Ensure that a policy on dealing with critical incidents is in place
- Be aware of Acute Traumatic Stress Management strategies to aid overwhelming work experiences
- Sustainable training and upskilling programmes, e.g. Train the Trainer programmes
- Access to regular supervision
- Awareness of warning signs of depression and suicidal behaviour, if a colleague appears in distress

# Risk and protective factors associated with self-harm in young people



# Risk factors associated with self-harm in adolescents - *Girls*

- ❖ Substance abuse, including alcohol and drug abuse
- ❖ Self harm by friends and family members
- ❖ Sexual abuse and physical maltreatment
- ❖ Problems related to sexuality
- ❖ Problems with parents
- ❖ Bullying
- ❖ Difficulties in making – keeping friends
- ❖ High levels of depressive symptoms
- ❖ Sleep problems

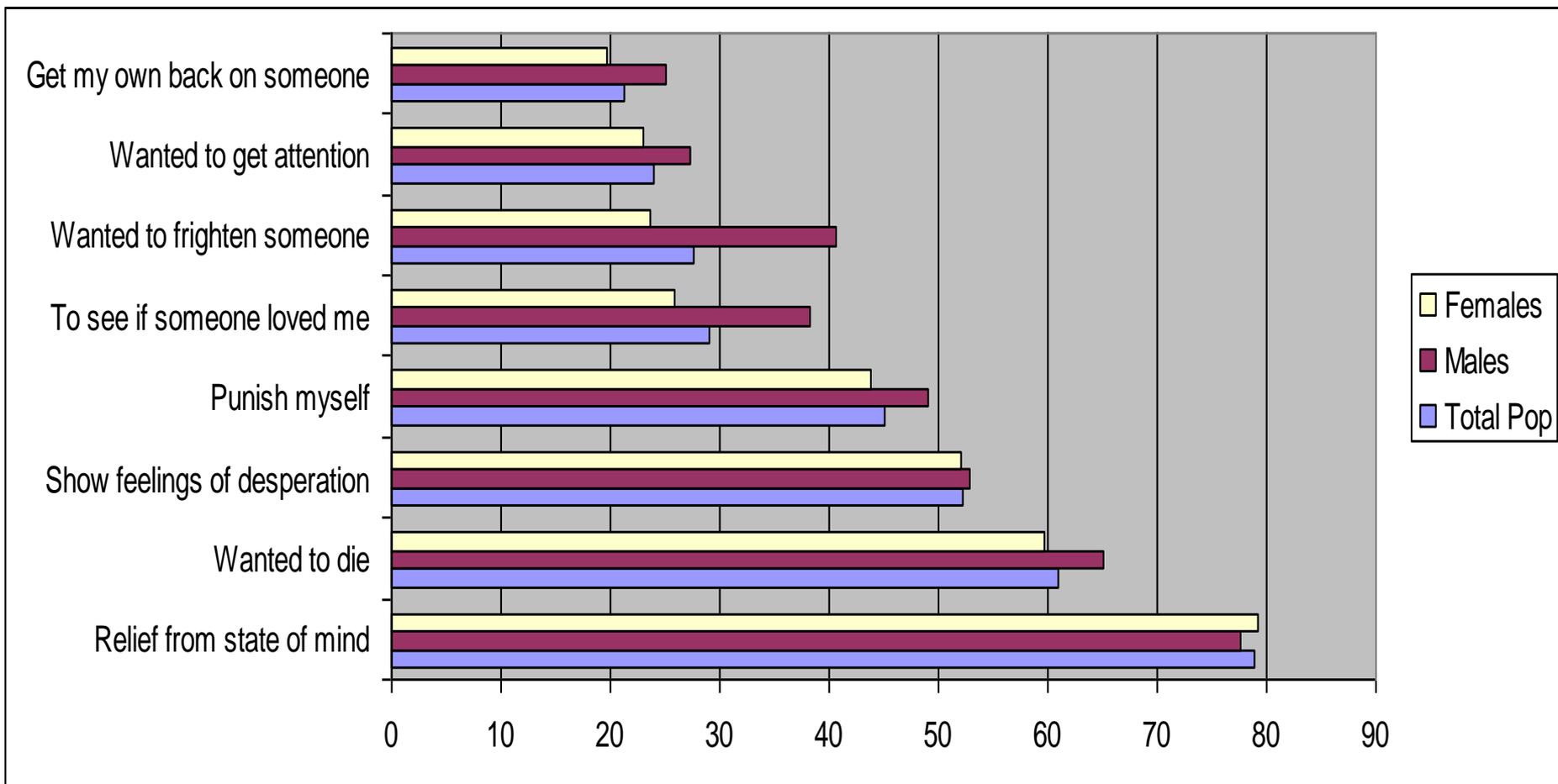
McMahon et al, 2013; Hysing et al, 2015

# Risk factors associated with self-harm in adolescents - *Boys*

- ❖ Substance abuse, including alcohol and drug abuse
- ❖ Self harm by friends and family members
- ❖ High levels of anxiety
- ❖ High levels of impulsivity
- ❖ Problems related to sexuality
- ❖ Bullying
- ❖ Problems with school work
- ❖ Sleep problems

McMahon et al, 2013; Hysing et al, 2015

# Motives related to self-harm by gender among adolescents and young adults



Priorities for suicide prevention: balancing the risks and opportunities of internet use

Dr Lucy Biddle, Dr Jane Dargatzis, Prof David Gunnell (University of Bristol)  
 Dr Stephanie Slack, Jacqui Morrissey (Samaritans)



**About the research**  
 Many cases of internet-related suicide have been reported in the popular and academic press. These highlight the existence of pro-suicide discussions and online information about methods, leading to concern that the internet can promote suicide. At the same time, there has been speculation about the potential to use the internet as a way of reaching vulnerable people through online help sites, peer-support, and as a means of delivering mental health interventions.

However, little is known about how many people use the internet when they are feeling suicidal, why they do this and how they interpret the material that they view. Understanding when, how and for whom the internet is a positive or negative resource is paramount.

This research gathered the experiences of over 1,000 people who had used the internet for suicide-related purposes or knew someone who had used the internet when planning suicide. This was achieved by surveying 800 young people in their 20s and over 1500 people of all ages who were hospitalized following suicide attempts, and by interviewing over 60 people, including those who had used the internet in the context of suicidal thoughts or self-harm, as well as bereaved family or friends. Clinicians were also interviewed about their experiences of asking patients about internet use when making assessments of suicide risk.

There is an urgent need to further develop regulation, policy and best practice around internet use and internet citizenship. This policy report recommends a number of strategies ranging from working with search engine companies, enhancing online help provision, and encouraging content to ensure public internet use and support those at risk. There is also an urgent need to encourage and promote responsible practice by all internet users.

PolicyBristol – influencing policy through world-class research

# Balancing the risks and opportunities of internet use

- In a population survey of 21 year olds, of the 248 participants who had made suicide attempts (6% of the overall sample), almost three quarters reported some kind of suicide-related internet use at some point in their lives
- One in five had accessed sites giving information on how to harm yourself or take your life. In addition, help-sites were accessed as well.

*Biddle et al, 2016*

# Risk of suicide contagion via internet and social media

Netflix officials defend 13 Reasons Why against claims it glamorises suicide



Dylan Minnette and Katherine Langford in 13 Reasons Why

Netflix drama series blamed for inspiring teens' attempted suicide (Austria)

'13 Reasons Why' copycat suicide in Peru

- Suicide-related searches were **15-44%** higher than expected, 12-19 days after the show's premiere
- Searches "how to commit suicide" (26%); "commitsuicide" (18%); "howtokillyourself" (9%) were all significantly higher
- Queries related to help seeking were also higher



(Ayers et al, 2017)

# Challenges in relation to harmful information on internet and social media

- Harmful/potentially harmful media can be accessed across jurisdictions
- Increasing speed of circulating information via social media
- Unclear whether regulatory agencies for traditional media are responsible for monitoring social media
- Existing evidence on suicide contagion not translated into practice for all media stakeholders



# Young People's perspectives

## School-based individual support

*"Show them there is always someone there to help"*

## Peer discussion groups

*"A group where kids can sit and discuss problems freely"*

*"Maybe someone else feels the same and would like to help"*

## School-based mental health education

*"More mental health classes"*

*"Get someone who had a problem to give a talk in school"*

## Anonymous support

*"Write down problems privately and a teacher can discuss them in front of the class"*

# Clinically relevant subgroups of people who engage in self-harm

# Clinically relevant subgroups of Patients who engage in self-harm

## Two subgroups:

**1. High risk self-harm patients:** high lethality self-harm presentations, and low lethality self-harm presentations with high level of suicide intent

**2. Major repeaters:** low lethality/intent self-harm presentations to hospital by patients who have a history of 5 or more previous self-harm presentations

- Prospective interview study involving consecutive self-harm patients presenting to hospital emergency departments
- Interdisciplinary research team, including psychiatry, psychology, primary care, public health, implementation research and people with lived experience

# High-risk self-harm

- **First outcomes:**
  - 233 consecutive cases fulfilled the criteria for high risk self-harm (*July 2014-September 2016*)
  - Gender: 66.3% Male; Mean age: 47 years
- **Self-harm history:** History of one or more self-harm episodes (58.7%)
- **Addiction history:** Alcohol abuse (53.3%), Drug abuse (33.3%), and both drug and alcohol abuse (21.2%)
- **Experience of abuse:** History of physical, sexual or emotional abuse (46.0%)
- **Contact with healthcare services:** Attended GP in the past year (93.3%), previously treated as a psychiatric inpatient (57.8%)

# People with a history of major self-harm repetition

- **First outcomes:**

- 63 cases fulfilled the criteria for people with a history of major self-harm repetition  
(August 2016 - May 2017)
- Gender: 66.6% Female; Mean age: 45 years
  - **Self-harm history:** History of 10+ self-harm episodes (78.3%)
  - **Addiction history:** Alcohol abuse (30.4%), Drug abuse (56.5%)
  - **Experience of abuse:** History of physical, sexual or emotional abuse (82.6%)
  - **Contact with healthcare services:** Attended GP in the past year (95.7%), previously treated as a psychiatric inpatient (73.9%)
  - **Most prevalent psychiatric diagnoses:** Personality Disorder (65.2%) and PTSD (30.4%)

# Evidence based interventions

Internationally consistent evidence:

- Dialectical Behaviour Therapy, in particular among women
- Cognitive Behaviour Therapy

➤ DBT among men who engaged in high-risk self-harm has not yet shown consistently positive effects in reducing repeated self-harm and suicide (Goodman et al, 2016)

## Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis

John Hession, Katrina C. Webb, Terence J. Taylor, Sally H. Adams, David G. Lund, Philip M. C. Serfaty, and Simon Tranter. *Journal of Clinical Pharmacy and Therapeutics*

**Summary**  
Background: Self-harm (intentional or self-inflicted self-harm) is common, particularly in young adults aged 15-35 years, often recurrent, and strongly associated with suicide. Effective aftercare of individuals who self-harm is therefore important. We have undertaken a Cochrane systematic review and meta-analysis of the effectiveness of psychosocial interventions for self-harm in adults.

**Methods:** We searched five electronic databases (CDSRCT, Studies and References, CENTRAL, MEDLINE, Embase and PsycINFO) between Jan 1, 1996, and April 29, 2015, for randomised controlled trials of psychosocial interventions for adults after a recent (within 6 months) episode of self-harm. Most interventions were assessed in single trials. We report results for interventions for which at least three randomised controlled trials comparing interventions with treatment as usual have been published and hence suitable candidates for clinical guidelines. The primary outcome was repetition of self-harm at the conclusion of treatment and at 6, 12, and 24 months' follow-up analysed, where available, with the intention-to-treat method. If this was not possible, we analysed with all available case data.

**Findings:** We identified 29 non-overlapping randomised controlled trials with three independent trials of the same intervention. Cognitive-behavioural based psychotherapy (CBT) comprising cognitive-behavioural and problem-solving therapy (n=117) and at 12 months' follow-up (OR 0.50, 95% CI 0.19-1.34, n=117); there were also significant improvements in the secondary outcomes of depression, hospitalisation, suicidal ideation, and problem solving. Patients receiving dialectical behaviour therapy (in three trials) were not less likely to repeat self-harm compared with those provided with treatment as usual at a 6-months follow-up (OR 0.70, 95% CI 0.21-2.15, n=62); three trials or at 12 months (OR 0.34, 95% CI 0.07-1.67, n=12). However, the secondary endpoint of frequency of self-harm was associated with a significant reduction with use of dialectical behaviour therapy (mean difference -15.82, 95% CI -16.43 to -0.95). Four trials each of case management (OR 0.78, 95% CI 0.47-1.30, n=167) and sending together postcards (OR 0.77, 95% CI 0.62-1.23, n=127) did not reduce repetition of self-harm.

**Interpretation:** CBT seems to be effective in patients after self-harm. Dialectical behaviour therapy did not reduce the proportion of patients repeating self-harm but did reduce the frequency of self-harm. However, aside from CBT, there were few trials of other promising interventions, precluding firm conclusions as to their effectiveness.

**Registering:** National Institute for Health Research.

**Introduction**  
Self-harm (intentional or self-inflicted or self-harm) irrespective of the extent of suicidal ideation has been a growing problem in most countries over the past 40 years. In the UK, there are now estimated to be more than 300 000 presentations of self-harm to general hospitals each year.<sup>1</sup> Self-harm requires the use of considerable hospital resources in both developed and developing countries. Self-harm is most common in younger people between 15 years and 35 years of age.<sup>2</sup> Unlike suicide, self-harm usually occurs more frequently in women than men, although the female-to-male ratio appears to have narrowed over the past decade.<sup>3</sup> The sex ratio also decreases over the lifespan.<sup>4</sup>

Self-harm is often repeated, with 15-25% of individuals who present to hospital with self-harm re-presenting after a repeat episode within a year, although the risk of repetition is lower in adults of older age (older than 60 years).<sup>5</sup> A history of self-harm is the strongest risk factor for suicide across a range of psychiatric disorders.<sup>6</sup>

Repetition of self-harm further increases the risk of suicide.<sup>7-9</sup>

Given the size of the problem of self-harm, the frequency with which it is repeated, and the risk of subsequent suicide, it is important that effective treatment interventions are developed for this patient population. We previously published a systematic review and meta-analysis<sup>10</sup> of both psychosocial and pharmacological treatment studies across the age spectrum in 1996, which was subsequently updated in an official guideline in 2011.<sup>11</sup> We have also done a major update of this review in conjunction with the Cochrane Collaboration.<sup>12</sup> In this Article we have focused on the results of psychosocial interventions for self-harm in adults investigated in a minimum of three independent trials compared with treatment as usual, because these data permitted meta-analysis. The results of trials are likely to have clinical implications.

www.bmj.com/psychopharm. Published online July 14, 2016. <http://dx.doi.org/10.1136/bmjopen-2016-020180>



But..... not everybody is able to benefit from the evidence based interventions:

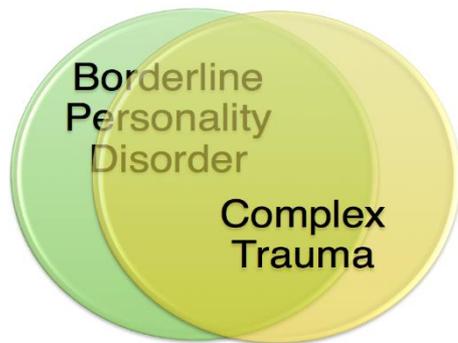
Reduced impact of DBT when:

- People suffer from severe PTSD. Increased repetition of self-harm during treatment
- Higher levels of dissociation throughout DBT treatment
- Greater severity of PTSD is associated with lower likelihood of self-harm cessation during DBT (*Harned al, 2010; Barnicot and Priebe, 2013*)

# Explaining negative treatment outcome

- Patients with comorbid PTSD and Borderline Personality Disorder have a poorer outcome from dialectical behaviour therapy than those with BPD alone, possibly because of the negative impact of unaddressed trauma
- Treatment should target BPD traits and PTSD symptoms simultaneously

*(Barnicot and Priebe, 2013)*



## Complex Post Traumatic Stress Disorder

Means the past abuse, is never in the past  
The memories, the emotions, the fears,  
the pain, are with you now.  
In your sleep and when you are awake.  
It feels like torture, the abusers are still  
subjecting you to, over and over.  
And you cant stop it, it's involuntary.

# Core components of national suicide prevention programmes: An update of the evidence base



# Training and education

- Educating health care and community based professionals to recognise depression and early signs of suicidal behaviour are important for determining level of care and referral for treatment and subsequent prevention of suicidal behaviour

*(Wasserman et al, 2012; Kapur et al, 2013; Coppens et al, 2014)*

- Sustainability and capacity building of trainers and benefits in terms of knowledge, attitudes and confidence among community facilitators via a Train-The-Trainer model

*(Coppens et al, 2014; Isaac et al, 2009)*

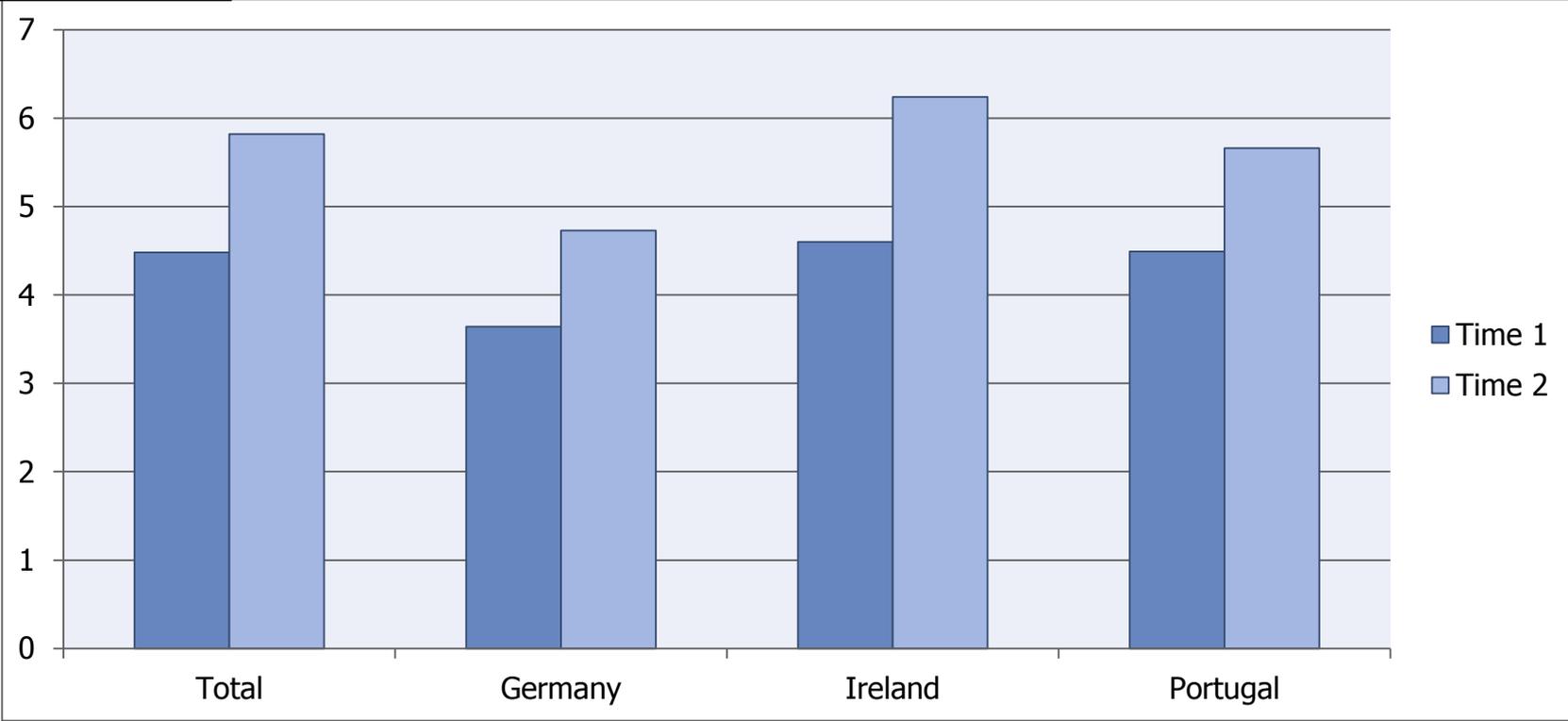
- Some indications for a link between improvements in intermediate outcomes (e.g. improved knowledge, attitudes and confidence) among health care and community based professionals and primary outcomes, e.g. reduced suicide and self-harm rates

*(Mann et al, 2005; Hegerl et al, 2011; Zalsman et al, 2016)*

Original Article  
**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**  
 Eli Aronsson<sup>1,2</sup>, Claire Coffey<sup>3</sup>, Eve Griffin<sup>4</sup>, Charita Van Aalsthoven<sup>5</sup>, Gerrit Schendera<sup>6</sup>, Ricardo Gorman<sup>7</sup>, Susana Costa<sup>8</sup>, Calina Larkin<sup>9</sup>, Nivola Kuburger<sup>10</sup>, Margareta Wacziarg<sup>11</sup>, Fiona Heary<sup>12</sup>, Vibe Postonum<sup>13</sup> and Ulrich Hegerl<sup>14</sup>  
 Abstract  
 Background: Gatekeeper training for community institutions, including police, is essential and required for those at risk of suicide. Forms an important part of multi-level community-based suicide prevention programmes.  
 Objectives: This study examined the effects of gatekeeper training on empathy, knowledge and confidence of police officers in dealing with persons at risk of suicide.  
 Methods: A total of 102 police officers across three European regions participated in a 4-hour training programme.  
 Results: A total of 102 police officers across three European regions participated in a 4-hour training programme. Participants completed pre- and post-training surveys assessing self-efficacy, knowledge about depression and confidence in dealing with suicidal persons pre- and post-training. There were significant differences among countries in terms of pre-training responses on suicidal persons and extent of practice training. Post-training, outcomes demonstrated significant improvements in signposting attitudes, knowledge and confidence in all three categories.  
 Conclusions: The consistently positive effects of gatekeeper training of police officers across different regions supports inclusion of this type of training in a fundamental part of multi-level community-based suicide prevention programmes and will aid readiness and implementation.  
 Keywords:  
 Gatekeeper training, suicide, depression, police, community, prevention

# Outcomes evaluation Gatekeeper training police officers

## Competency in recognising suicide risk



Reported confidence increased significantly following the training programme (baseline: M=4.45, SD=1.82, post-training: M=5.82, SD=1.80, p<.001). Effect size: r=0.66

# Stigma related to depression

Saturday 18 September 2010 • LIMERICK POST

## Special training proves 'life saver'

By Colum Cooney

### Gardai 'talk' people out of going into river

SUICIDE intervention training is already saving lives in Limerick, according to a senior Garda at Henry Street.

Speaking on West Suicidal Prevention Day, Inspector John O'Reilly said that he had personally been involved in two interventions since he had completed his training.

"The first was on the job, I had completed the training, which was needed."

Since then, several other Limerick Gardaí have talked people out of going into the river.

**'The highest increase in 2009 was among 20-29 year old men at 21%, this is the young workforce who are finding the current climate very stressful...'**

He spoke at a National Suicide Research Foundation (NSRF) information session which highlighted suicide and self-harm locally and nationally.

Information was provided on the warning signs of depression and suicidal behaviour.

Director of Research at the Foundation, Dr. Elin Krensiah said:

"It is of major importance to increase awareness of suicidal behaviour among the general public, as well as in health care and community settings."

She is delighted our training being provided to over



Inspector John O'Reilly who has praised the immediate impact of suicide intervention training for Limerick Gardaí.

500 Limerick Gardaí is already having a positive impact.

The highest increase in 2009 was among 20-29 year old men at 21%, this is the young workforce who are finding the current climate very stressful.

This is the highest rise we have seen since 2002, and it is not a coincidental correlation unfortunately. It has a direct effect on our workforce.

She suggested that social welfare staff should also be trained in suicide awareness and intervention.

As suicide is not a black and white issue there needs to be a higher awareness of the complexity of depression and suicide behaviour amongst us all.

NSRF staff presented examples of evidenced interventions which have been operated in Cork and Kerry.

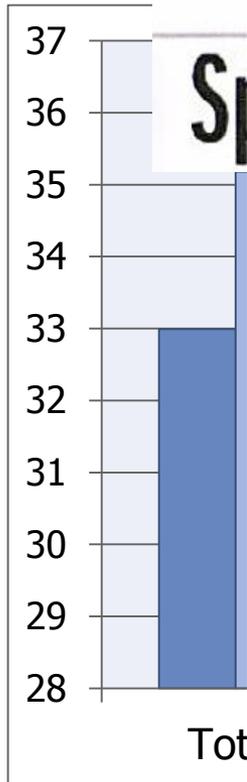
They declared that for every young person that is identified to support and emergency for self-harm, at least five more go untreated.

"We have seen that actively, impulsively and school

re-training  
ost-training

positive attitudes  
(.001). Effect size: r=0.51

Programme



Following the OSPI towards depression (large effect)



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Research report

## Effectiveness of community facilitator training in improving knowledge, attitudes, and confidence in relation to depression and suicidal behavior: Results of the OSPI-Europe intervention in four European countries



Evelien Coppens <sup>a</sup>, Chantal Van Audenhove <sup>a,\*</sup>, Samuel Iddi <sup>b,h</sup>, Ella Arensman <sup>c</sup>, Katrin Gottlebe <sup>f</sup>, Nicole Koburger <sup>f</sup>, Claire Coffey <sup>c</sup>, Ricardo Gusmão <sup>d,e</sup>, Sónia Quintão <sup>d</sup>, Susana Costa <sup>d</sup>, András Székely <sup>g</sup>, Ulrich Hegerl <sup>f</sup>

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ABSTRACT

**Background:** Community facilitators (CFs), such as teachers, nurses and social workers, are well placed as gatekeepers for depression and suicidal behavior, but not properly prepared to provide preventive and supportive services. The current study aimed: (1) to improve CFs' attitudes toward depression, knowledge on suicide, and confidence to detect suicidal behavior in four European countries and (2) to identify specific training needs across regions and CF groups.

**Methods:** A standardized training program was provided to 1276 CFs in Germany, Hungary, Ireland, and Portugal. Attitudes toward depression, knowledge about suicide, and confidence in identifying suicidal persons were assessed before training, after training, and at three to six months follow-up. Additionally, several participants' characteristics were registered.

**Results:** At baseline, CFs showed relatively favorable attitudes toward depression, but limited knowledge on suicide, and little confidence to identify suicidal behavior. Basic skills strongly differed across CF groups and countries. For example, in Germany, carers for the elderly, nurses, teachers, and managers were most in need of training, while in Portugal pharmacists and the clergy appeared to be important target groups. Most importantly, the training program improved the competencies of CF groups across countries and these improvements were sustained after three to six months. CFs with low basic skills benefited most of the training.

**Limitations:** The observed training effects could be influenced by other external factors as our results are based upon a pre-post comparison with no control group.

**Conclusions:** Gatekeeper trainings in community settings are successful in improving knowledge, reshaping attitudes, and boosting the confidence of gatekeepers. The most effective strategy to achieve the preferred objectives is to target those CF groups that are most in need of training and to tailor the content of the training program to the individual needs of the target group.

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Consistently positive effects of Depression & Suicidal Behaviour Awareness and Skills Training among Community Facilitators in terms of improved knowledge, attitudes and confidence, including:

- Social workers*
- Clergy*
- Counsellors*
- Managers*
- Pharmacists*
- Teachers*
- Carers for older people*





# European Alliance Against Depression: Multi-level suicide prevention programme



Reduction in suicide and suicide attempts up to 31% in 3 years  
*(Hegerl et al, 2013)*

# Media

- Systematic review of 56 studies (*Sisask & Varnik, 2012*)
- Most studies provided evidence for an association between sensationalised media reporting and suicidal behaviour,

## Social media

- Systematic review covering 30 studies on social media sites for suicide prevention (*Robinson et al, 2016*)
- Social media platforms can reach large numbers of individuals and may allow others to intervene following expression of suicidal behaviour
- Challenges: controlling user behaviour, possibility of contagion, and accurately assessing suicide risk, issues relating to privacy and confidentiality

## Media awareness campaigns

- The role of mass media in reducing stigma and increasing help seeking behaviour.
- Indications for most promising results based on multi-level suicide prevention programmes (*Niederkrötenhaller et al, 2016*)

Review

### Media Roles in Suicide Prevention: A Systematic Review

Merike Sisask<sup>1,2\*</sup> and Ahti Varnik<sup>1,2</sup>

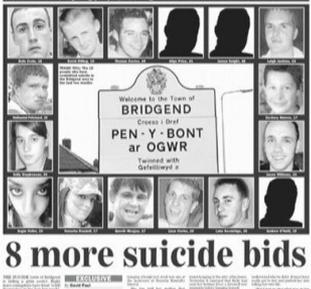
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**Abstract:** The aim of the current systematic review was to monitor and provide an overview of the research performed about the roles of media in suicide prevention in order to find out possible effects media reporting on suicidal behaviours might have on actual suicidality (completed suicides, attempted suicides, suicidal ideation). The systematic review was performed following the principles of the PRISMA statement and includes 56 articles. Most of the studies support the idea that media reporting and suicidality are associated. However, there is a risk of reporting bias. More research is available about how responsible media reports can provoke suicidal behaviours (the “Werther effect”) and less about protective effect media can have (the “Papageno effect”). Strong modelling effect of media coverage on suicide is based on age and gender. Media reports are not representative of official suicide data and tend to exaggerate sensational suicides, for example domestic and highly lethal suicide methods, which are rare in real life. Future studies have to encounter the challenges the global medium Internet will offer in terms of research methods, as it is difficult to define the circulation of news in the Internet either spatially or in time. **Keywords:** internet; media; can; suicide; suicidal; intervention; confidence



# The suicide cluster in Bridgend and the media



- In January 2008, the UK media reported a series of deaths among young people in Bridgend as a suicide epidemic
- The intensity of the reporting remained high for several weeks, and the numbers of cases reported in the media continued to rise
- A time-space cluster involving 10 suicide deaths among 15–34 year olds was identified
- The statistically identified cluster was smaller and shorter in duration than the phenomenon reported in the print media
- Most deaths in the cluster occurred **after the commencement of the attention from the print media** (much of the initial newspaper focus related to deaths in the preceding 12 months).



# Restricting access to means

- Consistent evidence that restricting access to lethal means is associated with a decrease in suicide and that substitution to other methods appears to be limited (*Zalsman et al, 2016*)
- Reducing access to frequently used sites for suicide. Evidence from 18 studies showed a consistent reduction of suicide following restricted access and increased safety of the sites involved (*Pirkis et al, 2015*)
- Increasing trends of suicides involving helium gas in the Western Pacific Area and in Europe (*Chang et al, 2016; Gunnell et al, 2015*)
- Restricting access to means to be implemented in conjunction with other suicide prevention strategies/interventions



5<sup>th</sup>-8<sup>th</sup> September, 2018



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Diolch yn fawr iawn!

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