First Report of the Suicide Support and Information System

Dr Ella Arensman, Dr Carmel McAuliffe
Dr Paul Corcoran, Ms Eileen Williamon,
Mr Eoin O'Shea, Prof. Ivan J Perry

National Suicide Research Foundation

17th July 2012

The study was funded by the National Office for Suicide Prevention

National Suicide Research Foundation

Seminar Programme

12.00noon

Welcome & Opening Remarks

Ms Eileen Williamson

12.10pm

Address by Minister Kathleen Lynch TD

Launch by Minister Lynch of the two reports

12.30pm

Presentation on the Suicide Support and Information System

Dr Ella Arensman

12.55pm

Forum Discussion

Dr Carmel McAuliffe, Dr Brian Farrell, Mr Frank O'Connell
Mr Martin Rogan, Console Representative, ICGP Representative
Facilitator: Ms Eileen Williamson
Rapporteur: Dr Ella Arensman

1.25pm

Presentation on Annual Report 2011 National Registry of Deliberate Self Harm

Dr Paul Corcoran, Dr Eve Griffin

1.50pm

Forum Discussion

Dr Helen Keeley, Dr Siobhan MacHale, Ms Joan Freeman, Dr Daniel Flynn
Facilitator: Ms Susan Kenny
Rapporteur: Professor Ivan J Perry

2.20pm

Concluding Statements

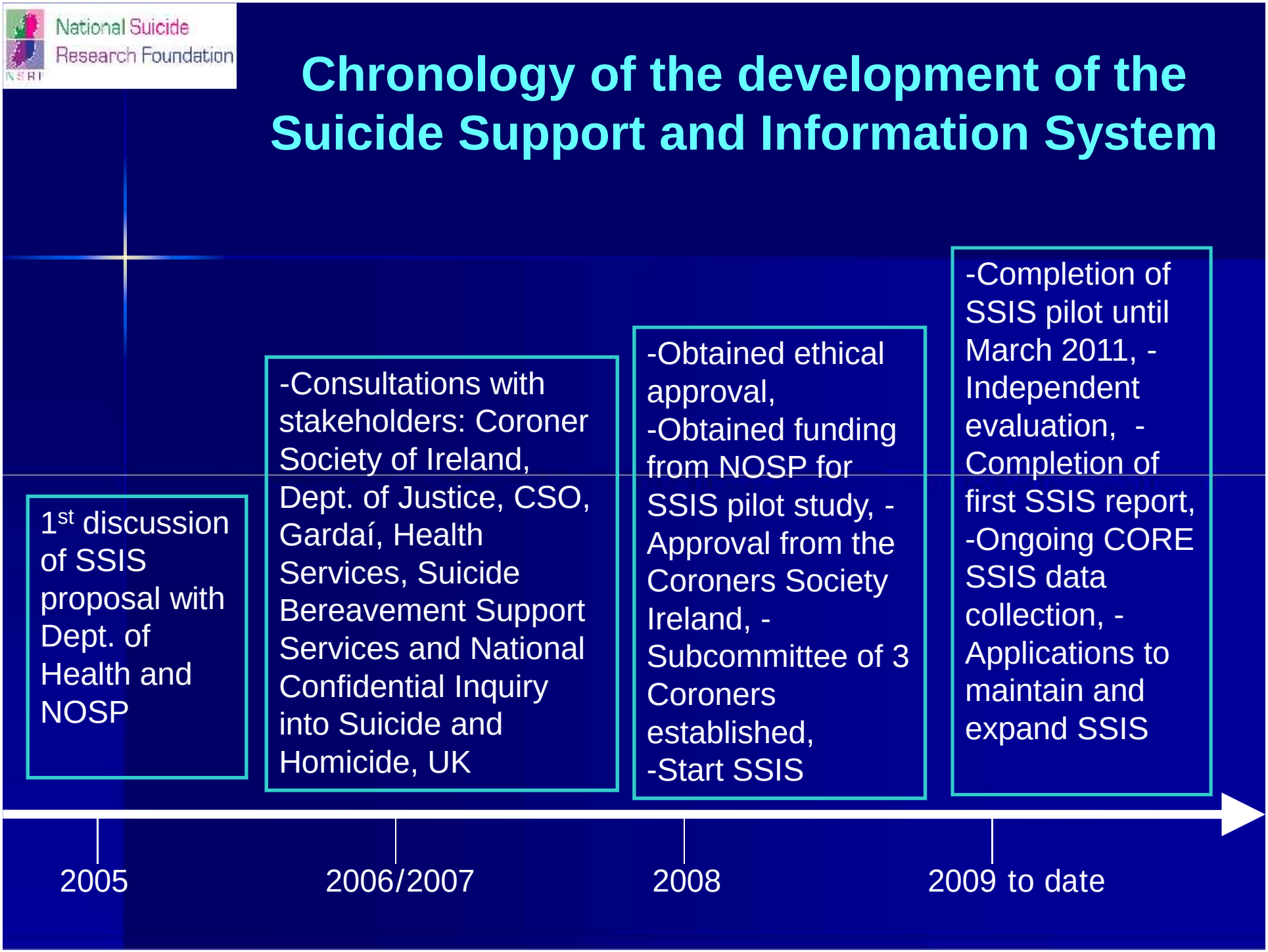
National Suicide Research Foundation
NSRF

Why the Suicide Support and information System was developed?

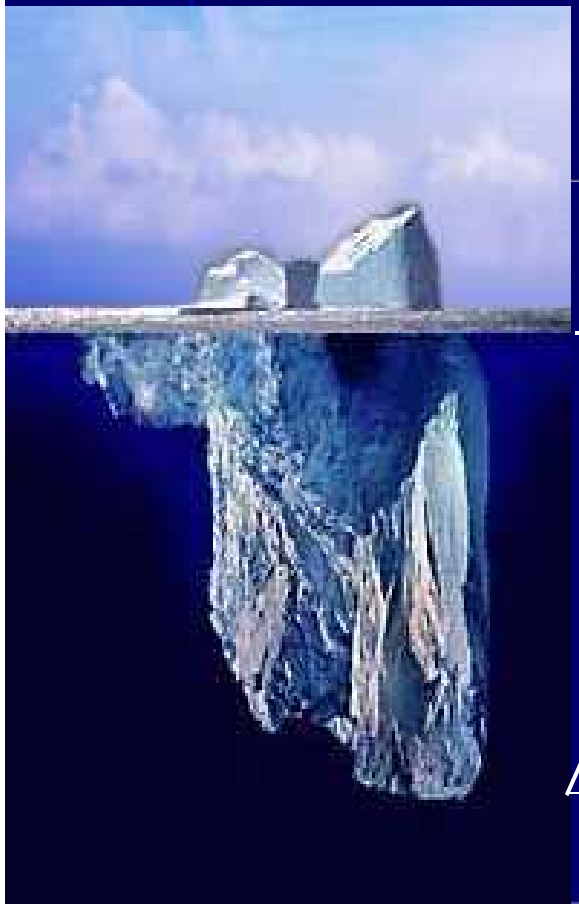
- Need to improve early identification of suicide risk (risk factors and risk profiles).
- A minority of people who die by suicide (ca. 25%) are known to be in contact with mental health services in the year prior to their death. In obtaining a complete picture of suicide cases and risk factors it is therefore important to also involve other professionals and agencies, e.g. Coroners, GPs and Gardai.
- Need for more timely access to information on suicide deaths, increased accuracy of information on suicide mortality figures, and more insight into open verdict deaths.
- More information is required on individual and area-level characteristics associated with suicide clusters.
- Need for evidence-based information on suicide bereavement support interventions.

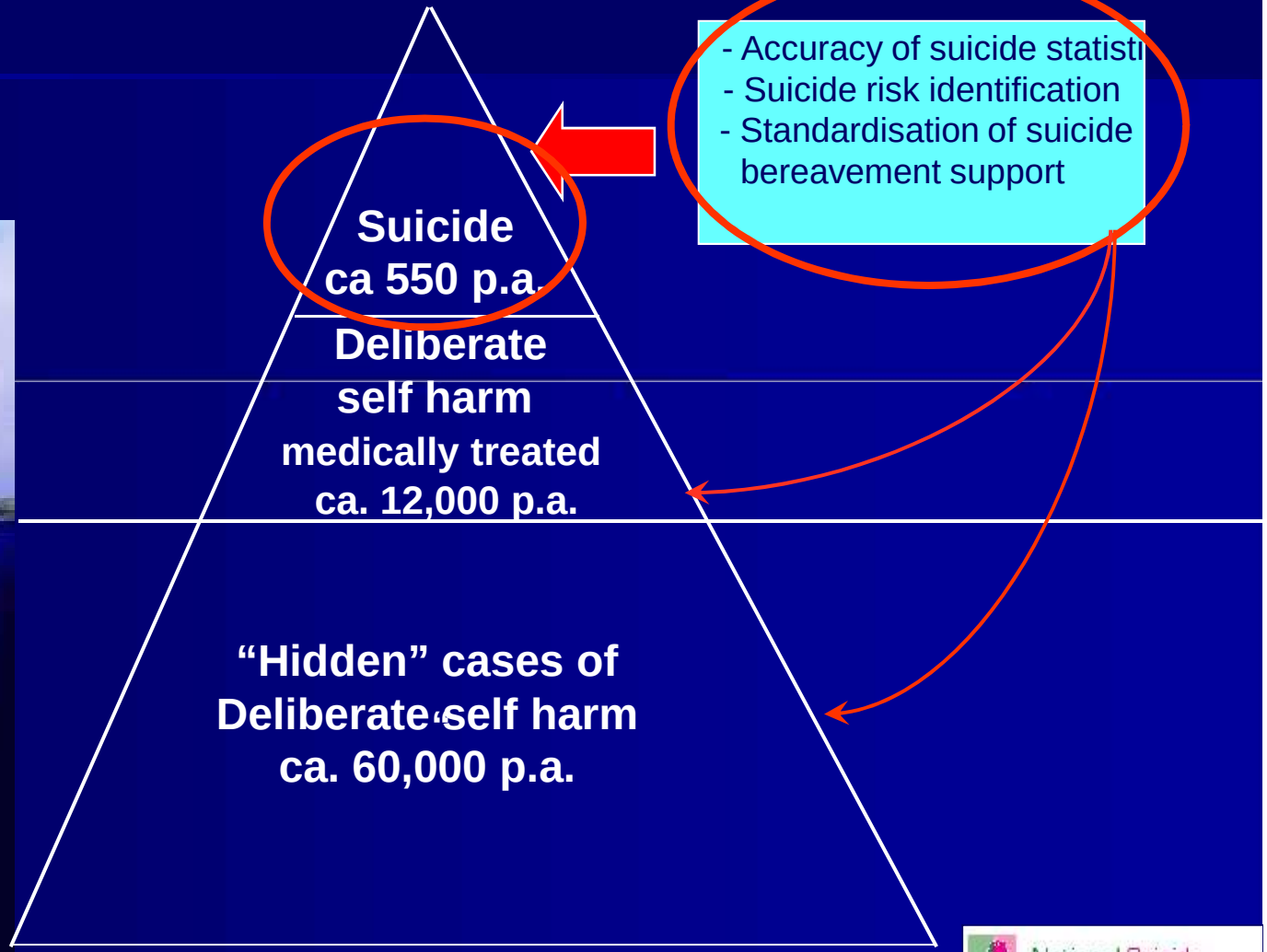
National Suicide Research Foundation

Chronology of the development of the Suicide Support and Information System



SSIS objectives in line with priorities of *Reach Out* The National Strategy for Action on Suicide Prevention, 2005-2014





National Suicide Research Foundation

Suicide Support and Information System (SSIS): Objectives

Objectives:

1) Improve provision of support for the bereaved

2) Identify and better understand the causes of suicide

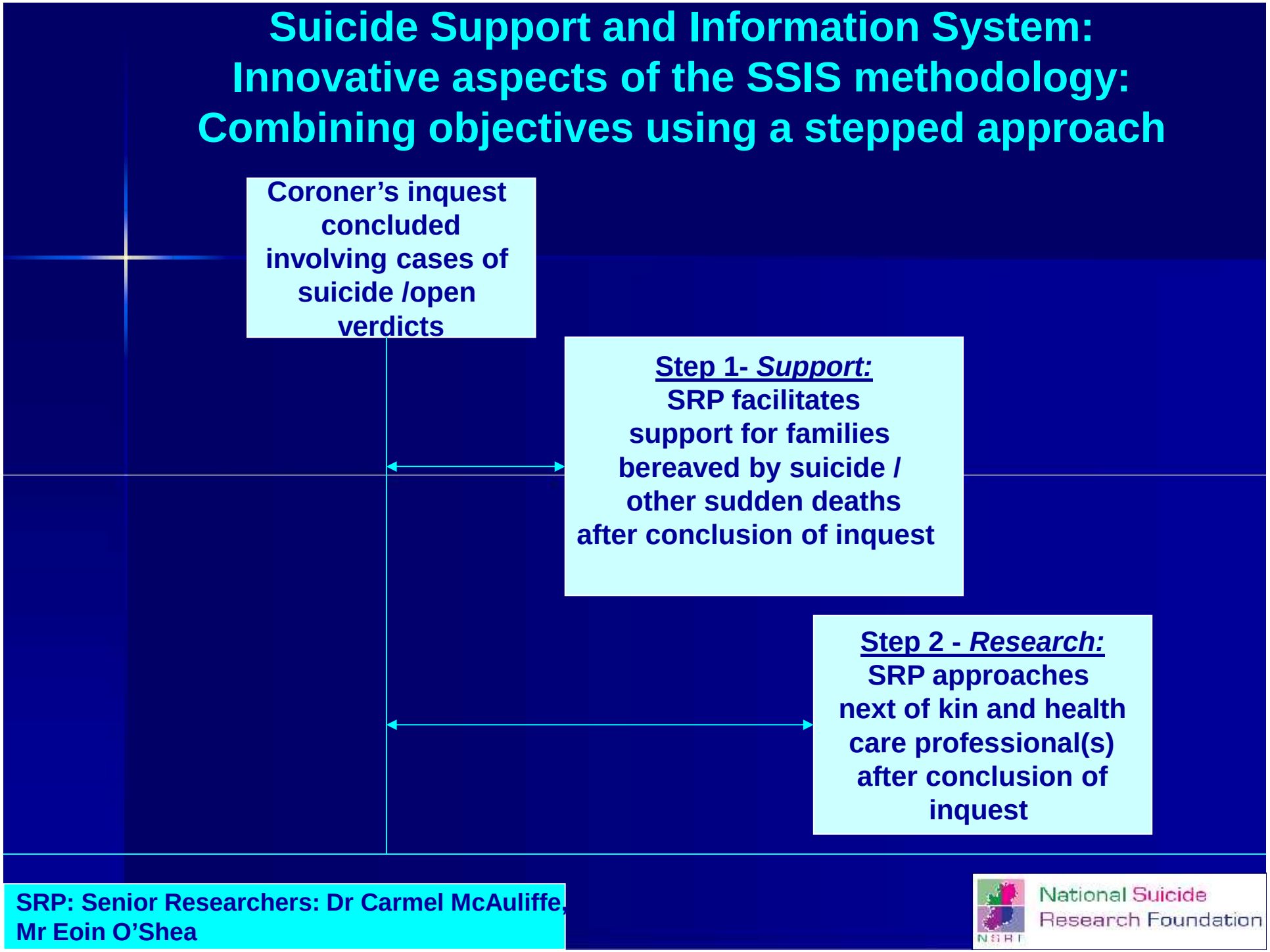
3) Identify and improve the response to clusters of suicide and extended suicide (e.g. filicide-suicide and familicide)

4) Better define the incidence and pattern of suicide in Ireland

5) Reliably identify individuals who present for medical treatment due to deliberate self harm and who subsequently die by suicide.

National Suicide Research Foundation

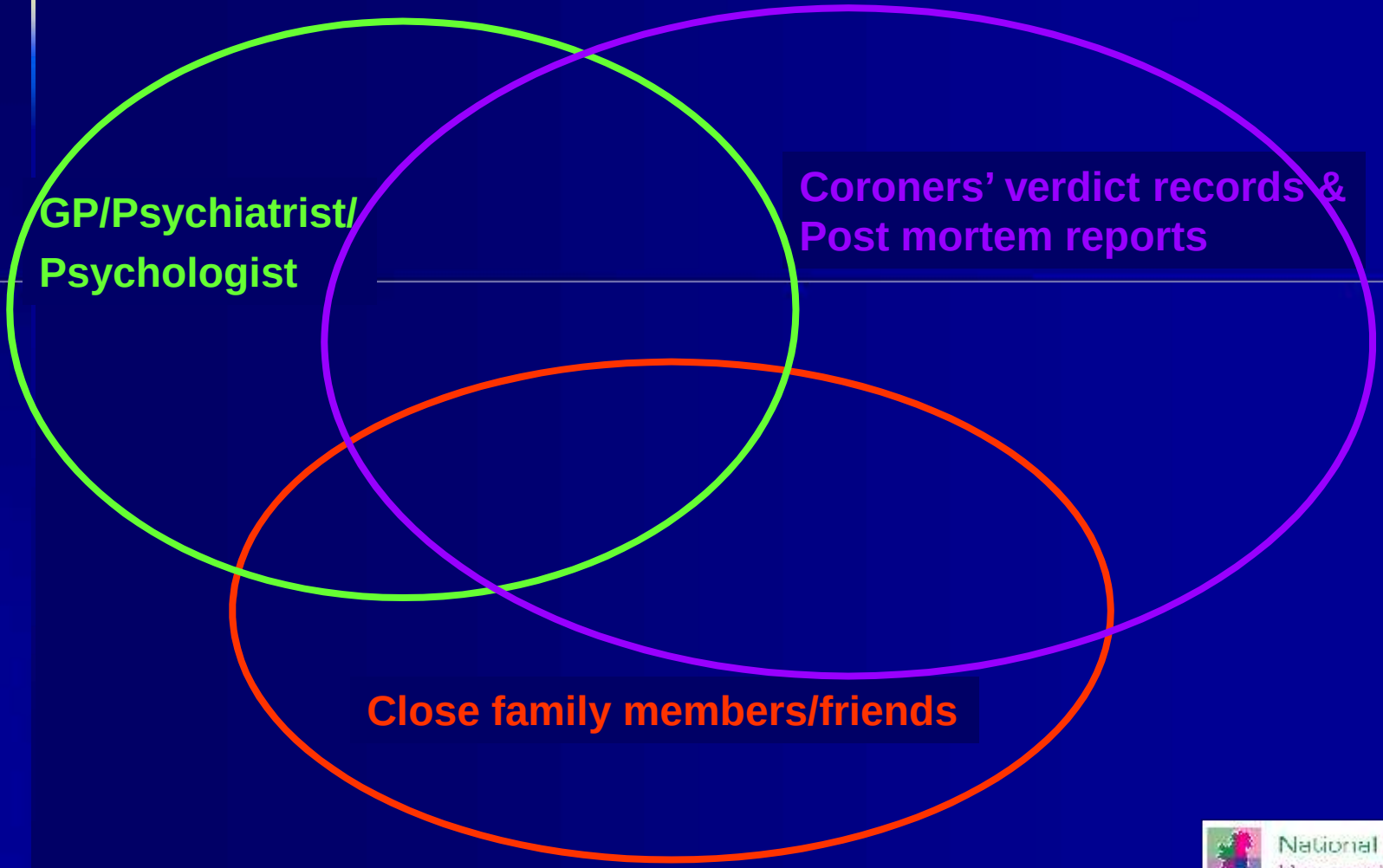
Suicide Support and Information System: Innovative aspects of the SSIS methodology: Combining objectives using a stepped approach



SRP: Senior Researchers: Dr Carmel McAuliffe, Mr Eoin O'Shea

National Suicide Research Foundation

Innovative aspects of the SSIS methodology: Obtaining a more complete picture of suicide cases and open verdicts by accessing all relevant sources of information



National Suicide Research Foundation

SSIS Methodology
Information obtained on wide range of aspects

- Completion of checklist Coroner Service for each case of suicide and open verdict – Aspects*:* Socio-demographic, outcomes post-mortem incl. toxicology, mental and physical health, major life events and precipitating factors.

- Semi-structured interview with family informant or friend – Aspects*:* Situation around time of death, family and personal history, mental and physical health, treatment history, social network.

- Semi-structured questionnaire to be obtained from health care professional who had been in contact with the deceased prior to death – Aspects*:* Cause of death, mental and physical health, treatment history, use of medication, final contact with services prior to death.

National Suicide Research Foundation

National Suicide Research Foundation

Response rates SSIS pilot-study
Sept 2008 – March 2011

- Total number of consecutive cases on file: N=190
- 4.8% of the family members indicated that they did not wish to be approached further after having received the first letter
- Completion of checklist Coroner Service: 100%
- Interviews with family informants – Response rate: 66%
- Completion of questionnaire health care professionals: 78%

Pro-active facilitation of support for people bereaved by suicide

- Referral to bereavement support and other services after conclusion of inquest: 39.5% (47.6% already received support)
- After August 2010, pro-active facilitation of bereavement support could not be continued due to reduced funding. As a consequence, the uptake of support dropped to 6.1%
- Additional benefits of pro-active facilitation of support, e.g. identification of other vulnerable family members, reduce stigma around help seeking etc.

National Suicide Research Foundation

Risk factors associated with suicide

- Men were over-represented among those who had died by suicide (80.8%). The average age was 37.6 years with men being significantly younger (35.5 years) than women (45.4 years)

- Among the people who had died by suicide:
  - 38.1% were unemployed
  - 32.8% had been working in the construction sector.

  Other frequently reported occupations: agricultural occupations, students, medical profession, business/ commerce, educational sector and taxi drivers

- Over two-thirds were known to have experienced suicidal behaviour (fatal and/or non-fatal) by family members or friends at some point in their lives (68.3%).

National Suicide Research Foundation

Risk factors associated with suicide

- One third of the deceased had had psychiatric assessment
  - 61.1% were diagnosed with mood disorder
  - 12.9% were diagnosed with anxiety disorder
  - 9.4% diagnosed with alcohol dependence
  - 9.2% schizophrenia

- 45% had a history of self harm.
  - Of those, 52% had engaged in self harm 12 months prior to suicide, 24% less than a week, and 12% less than a day.

- In the year prior to death, 81% had been in contact with their GP or a mental health service. Most people who contacted GP did so more than 4 times.

National Suicide Research Foundation

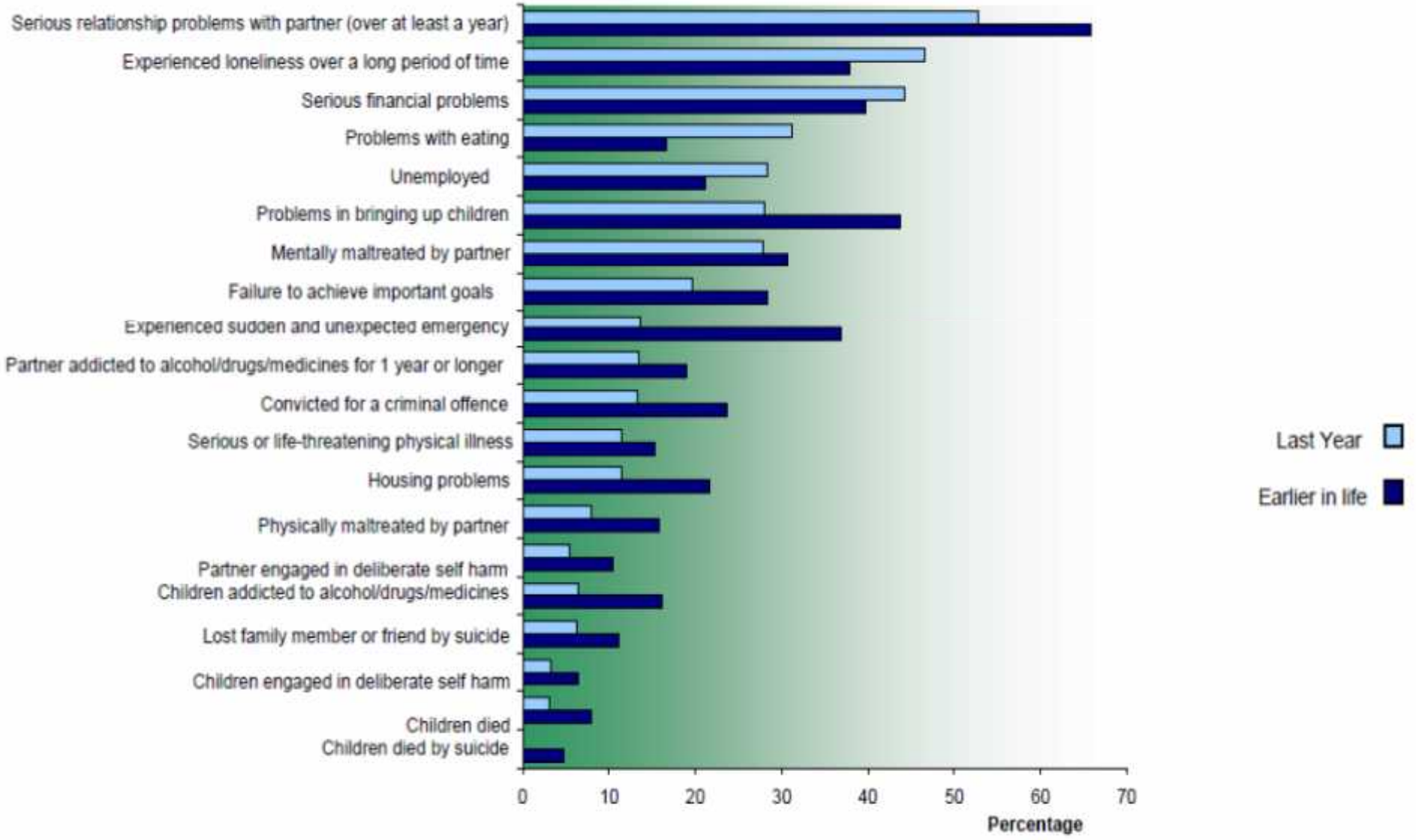
Risk factors associated with suicide

- In the year prior to death, alcohol and/or drug abuse was present in 51.7%of the cases. Among those, 78.1% abused alcohol in the year prior to death, 34.4% abused both alcohol and drugs and 15% abused drugs only.

National Suicide Research Foundation

National Suicide Research Foundation

Negative and traumatic life events in the year prior to death and earlier in life



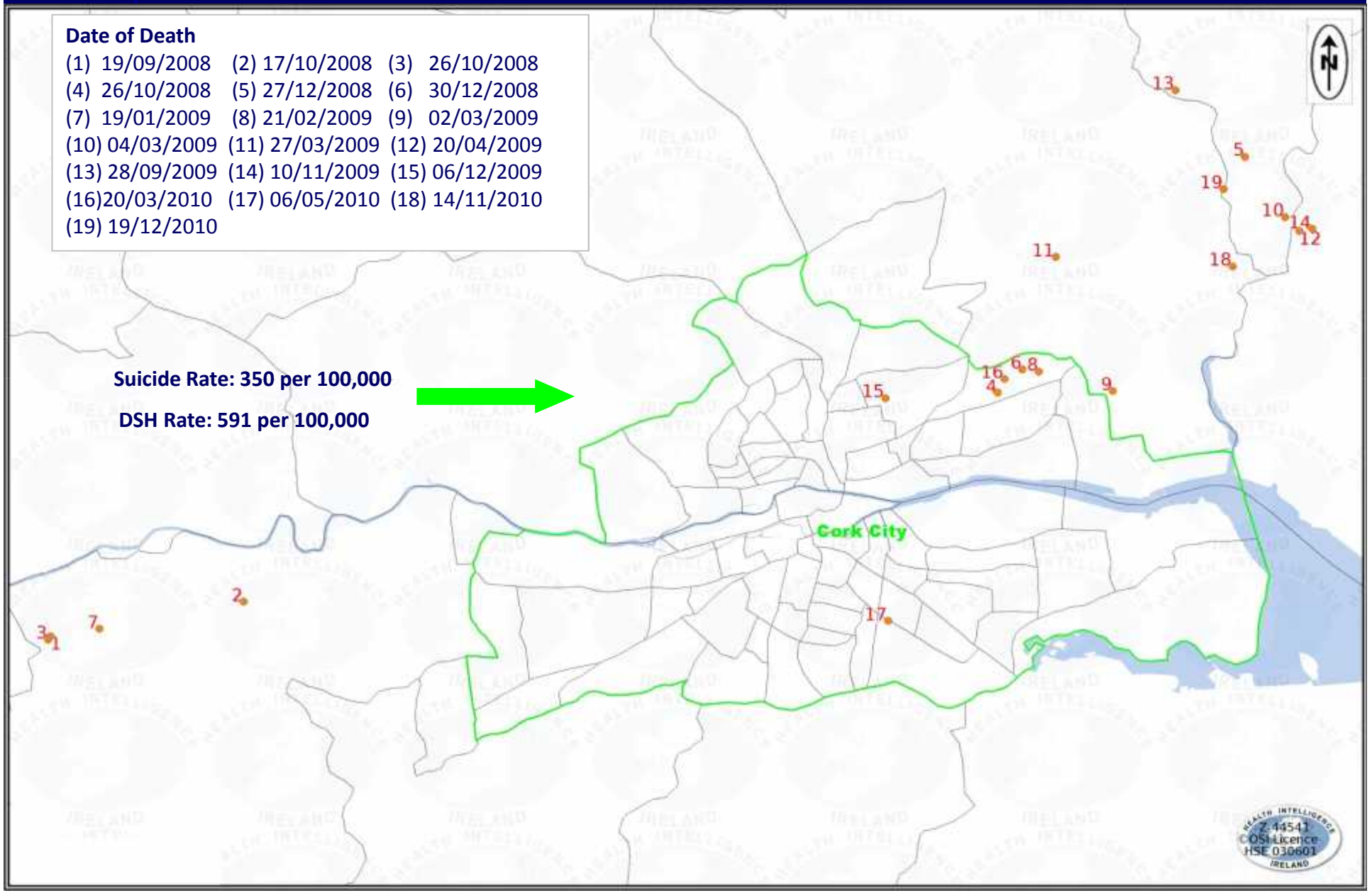
Identification of a suicide cluster

- The Suicide Support and Information System identified 19 cases of suicide by young men in a small area in Cork between 19th September 2008 – 19th December 2010.
- The age of the young men involved in the suicide cluster ranged from 14 to 36 years (mean age: 23 years).
- In all cases the method used was hanging.

National Suicide Research Foundation

National Suicide Research Foundation

Development of a Suicide Cluster in Cork



How was the cluster conveyed?

- None of the 19 cluster cases were reported in the media

- Based on evidence from coroner checklists and family informant interviews :

  10 of the 19 cluster cases (53%) were personally acquainted with at least 1 other case in the cluster

National Suicide Research Foundation

Comparison between suicide cluster cases and suicide cases not involved in a cluster

- The 19 suicide cluster cases were matched with non-cluster cases based on gender, age and suicide method
- Common themes were obtained from the transcribed family informant interviews

National Suicide Research Foundation

Significant differences between suicide cluster and non-cluster cases

	Suicide Cluster Cases n (%)	Non-cluster Suicide Cases n (%)	Significant
Substances taken at time of death:			
- Street drugs / prescription drugs	16 (84.2)	3 (15.7)	<.001
- Alcohol	15 (79.9)	9 (47.3)	<.01
- Communication of suicidal intent	4 (21.0)	10 (52.6)	<.01
- Experience of suicide by close friend	8 (42.1)	3 (15.7)	<.01
- Frequent alcohol/drug abuse since early adolescence	10 (52.6)	3 (15.7)	<.01

National Suicide Research Foundation

Similarities between suicide cluster and non-cluster cases

	Suicide Cluster Cases n (%)	Non-cluster Suicide Cases n (%)	Significant
- Unemployed	8 (42.1)	10 (52.6)	no
- Mental health problems in family	9 (47.3)	6 (31.5)	no
- Sexual abuse experiences	4 (21.0)	3 (15.8)	no
- Experience of suicide by family member	9 (47.3)	7 (36.8)	no
-Left suicide note / e-mail/text message	7 (36.8)	8 (42.1)	no
- Symptoms of depression in the 3 months prior to death	M=5.91 (SD 3.18)	M=6.33 (SD 3.77)	no

National Suicide Research Foundation

Common themes related to the suicide cluster cases based on information obtained from family informant interviews

- *Drug and alcohol abuse*
- *Undiagnosed, untreated mental health problems*
- *Difficulties at school, early drop-out, unemployment*
- *Lack of parental involvement, over-attachment to peers*
- *Violence and homicide*
- *Recurring suicides and effects of long term bereavement*
- *Lack of coherent services and lack of specialised counsellors*
- *Glorification of a young person who has died by suicide*
- *Distorted perception of death (lack of understanding of the finality of death)*

National Suicide Research Foundation

Characteristics of deaths classified as open verdicts (N=12)

Demographic characteristics	Percentage
Marital status:	
- Married/co-habiting	50.0
- Single	25.0
- Widowed	16.7
- Divorced/separated	8.3
Economic situation:	
- Employed	50.0
- Retired	41.7
- Unemployed	8.3
Characteristics related to cause of death	
Cause of death	
- Drowning	41.6
- Hanging	25.0
- Other causes/methods	33.4
Alcohol consumed at time of death	45.5
Left suicide note/e-mail/text message	16.7
Mental and physical health	
Presence of psychiatric diagnosis	66.6
Primary psychiatric diagnosis:	
- Mood disorder	87.5
- Other	12.5
History of one or more acts of deliberate self-harm	41.6

National Suicide Research Foundation

Implications

- A major benefit of the SSIS is the timely identification of emerging suicide clusters – significantly earlier than the Central Statistics Office.
- Therefore, the SSIS contributes to timely and enhanced postvention for communities affected by suicide, and suicide prevention
- The SSIS obtains detailed information on suicides and open verdicts and therefore contributes to increased reliability of the incidence of suicide and suicide risk identification
- The SSIS has established a unique interdisciplinary structure including Coroners, GPs, Gardai and mental health care professionals, facilitating both postvention and suicide prevention

National Suicide Research Foundation

“If we are able to perceive the complexity of suicide as a challenge, we may be able to contribute

‘another piece to the jigsaw’

which we urgently need to complete”

“I won’t be able to rest
‘til I find it!”

Acknowledgements

Coroners: Mr Frank O'Connell, Dr Michael Kennedy &
Dr Myra Cullinane

Dr Margaret Kelleher, Dr Helen Keeley: Advice throughout the study

External Advisor: Professor Nav Kapur, National Confidential Inquiry into Suicide and Homicide, University of Manchester

Sara Kelly, Jacklyn McCarthy: Assistance with data collection, data entry and transcribing interviews

Ms Sarah Meaney, Ms Irene O'Farrell: Assistance Health Atlas Ireland
Ms Annemarie Crean: Assistance in transcribing interviews
Ms Caroline Daly: Assistance with graphics and design

The SSIS pilot-study was funded by the National Office for Suicide Prevention

National Suicide Research Foundation

Thank you!

Dr Ella Arensman
National Suicide Research Foundation
1 Perrott Avenue
College Road
Cork
Ireland
T: 021 4277499
E-mail: Ella.Arensman@nsrf.ie

National Suicide Research Foundation