Self-harm and suicide in young people: Associated risk factors and evidence based interventions

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Overview

- Extent of suicide and self-harm among adolescents and young adults

- Risk factors associated with self-harm and suicide among adolescents and young adults, and cases

- Psychotherapeutic interventions for self-harm in adolescents and young adults

- Suicide contagion and clustering

- Young people’s experiences and perspectives
Extent of the problem of self-harm in adolescents and young adults
Leading causes of death among young people aged 15-19 years at global level (WHO, 2017)
## Self-harm presentations in Ireland (NSHRI, 2019)

### 2018 Statistics at a Glance

<table>
<thead>
<tr>
<th>Presentations</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,588</td>
<td>9,785</td>
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</tbody>
</table>

**RATES:**

- 210 per 100,000
- 1 in every 476 had a self-harm act

**Male:** 20-24 year-olds (543 per 100,000)
- 1 in every 184

**Female:** 15-19 year-olds (766 per 100,000)
- 1 in every 131

Rates in young people aged 10-24 years increased by 29% between 2007-2018.
Trend in youth self-harm

29% higher in 2018 than in 2007

Rate per 100,000


Men

Women

10-24 years
Trends in attempted hanging

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>316</td>
<td>126</td>
</tr>
<tr>
<td>2008</td>
<td>349</td>
<td>164</td>
</tr>
<tr>
<td>2009</td>
<td>408</td>
<td>200</td>
</tr>
<tr>
<td>2010</td>
<td>405</td>
<td>208</td>
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<tr>
<td>2011</td>
<td>523</td>
<td>211</td>
</tr>
<tr>
<td>2012</td>
<td>573</td>
<td>203</td>
</tr>
<tr>
<td>2013</td>
<td>503</td>
<td>229</td>
</tr>
<tr>
<td>2014</td>
<td>536</td>
<td>250</td>
</tr>
<tr>
<td>2015</td>
<td>545</td>
<td>245</td>
</tr>
<tr>
<td>2016</td>
<td>530</td>
<td>232</td>
</tr>
<tr>
<td>2017</td>
<td>578</td>
<td>284</td>
</tr>
<tr>
<td>2018</td>
<td>704</td>
<td>368</td>
</tr>
</tbody>
</table>
Method of self-harm 10-17 year-olds

Alcohol was involved in 11% of presentations (15% for boys, 10% for girls)
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 and Cyberbullying
- Difficulties in making – keeping friends
- High levels of depressive symptoms
- Sleep problems

**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 and Cyberbullying
- Problems with school work
- Sleep problems

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_
Motives related to self-harm by gender among adolescents

Scoliers et al, 2009; Rasmussen et al, 2016
The importance of understanding Ambivalence

- A critical feature in working with those who self-harm is to recognise their ambiguity and the fragility and temporality of their decisions about their destiny.

  Bermans et al, 2009; 2017

- "I have now lived 16 years past the day I should have died."

  KEVIN HINES - Global Storyteller, Author & Filmmaker

- I said to myself, If somebody comes up to me and says, ‘Are you okay? Is something wrong? Can I help you?’ I was going to tell them my whole life story and they were going to make me safe."

- A suicidal person needs to hear: “That we care about you, your life does matter and that all we want is for you to stay,” he says. “If someone had looked at me on that bridge or that bus and said that to me, I would have begged for help.”

  Kevin Hines
Proportion of adolescents with self-harm who receive help from health services, social network or no help by country
Suicide and medically treated self-harm in adolescents - The tip of the iceberg

*Annual incidence rates per 100,000 among Irish adolescents (McMahon et al., 2014)
School-based and psychotherapeutic and interventions for self-harm in adolescents and young adults
The Youth Aware of Mental Health programme (YAM), a school-based intervention of short duration (5 h in 4 weeks), was significantly more effective in preventing new cases of suicide attempts and severe suicidal ideation, including planning, than no intervention (the control group).

The reported reduction in incident suicide attempts was more than 50% with YAM than for the control group.

In SEYLE, the YAM not only prevented suicide attempts, but it also reduced new cases of severe suicidal ideation, including suicide planning—all important markers of poor psychological wellbeing.

The design of the YAM, aimed at changing pupils’ negative perceptions and improving their coping skills in the management of adverse life events and stressors, which often are triggers of suicidal behaviour, could account for its significant effects.
Young People’s perspectives

School-based individual support

“Show them there is always someone there to help”

School-based mental health education

“More mental health classes”

“Get someone who had a problem to give a talk in school”

Peer discussion groups

“A group where kids can sit and discuss problems freely”

Anonymous support

“Write down problems privately and a teacher can discuss them in front of the class”
Psychotherapeutic interventions for self-harm in adolescents and young adults

- Cognitive Behaviour Therapy - Individual and Group-based psychotherapy
- Dialectical Behaviour Therapy for Adolescents (DBT-A)
- Home-based family therapy
- Brief compliance enhancement
What is known about CBT as a therapeutic intervention for adolescents and young adults

- CBT has resulted in significant reductions in self-harm, depressed mood and trait anxiety among adolescents and young adults (Oldershaw et al, 2012; Taylor et al, 2011; Esposito-Smythers et al, 2011; Brent et al, 2009; Slee et al, 2008; Hawton et al, 2016)

- A risk reduction and relapse prevention approach to treatment, in addition to integrated CBT and DBT techniques has proven effective (Brent et al, 2009)

- A time-limited cognitive–behavioural intervention, has proven efficacy for patients with recurrent and chronic self-harm (Slee et al, 2008)
Self-harm intervention and suicide prevention among young people at national level in Ireland

- *Connecting for Life*, Ireland’s National Strategy to Reduce Suicide, 2015-2020
- National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm
Suicide contagion and clustering in young people
Historical evidence of contagion of suicide

1774: “The Sorrows of Jung Werther” – JW Von Goethe

- Following publication of the novel, indications for imitative suicides among young men in Germany, and in Denmark and Italy – “The Werther Effect”

1962: Marilyn Monroe

- 12% increase in suicide in the month following her death by suicide.

1988: TV film of railway suicide of a 19-year old male student

- A tv film showing the railway suicide of a young men was followed by a 175% increase in railway suicides in young men over 70 days after broadcasting.

Phillips, 1974; Schmidtke & Häfner, 1988; Halgin et al, 2006
Evidence of copycat suicides and suicide attempts/self-harm

Families blame ‘13 Reasons Why’ for the suicides of 2 teens in California (US), April 2017

Netflix drama series blamed for inspiring teens’ suicide and attempted suicide (Austria), May 2017

‘13 Reasons Why’ copycat suicide in Peru, June 2017

Increase in teen suicidal behaviour linked to ‘13 Reasons Why’, Toronto, June 2017
Further consistent research outcomes

Impact of the Netflix series *13 Reasons Why*:

- Excess suicides in females and males in the age group 15-19 years from April to June 2017 in the US, in particular for suicide involving hanging.

- Evidence supporting the need for public health and suicide experts to engage with the entertainment industry.

*(Niederkrotenthaler et al, 2019)*
Reasons Why Not

• The graphic nature of reporting and the reporting of specific details of highly lethal methods involved can trigger copycat cases; the effects of exposure on suicidal behaviour and violence are well-documented.

• Revenge suicide is relatively rare; revenge motive is reported by a minority of young people who self-harm.

• Evidence based information on positive mental health promotion and help-seeking for mental health problems, was not taken into account.

• There are elements of glorifying and romanticising suicide, which may further impact on vulnerable people who are considering suicide or self-harm.
Specific aspects associated with online media and risk of suicide contagion

- Online series and social media can be accessed at all times, which increases viewing patterns, such as ‘marathon’ or ‘binge watching’.

- This can further intensify the over-identification with people who take their lives (real-life and fictional), and therefore increase the negative impact on vulnerable people.
Characteristics of people involved in suicide contagion and clusters

Comparing cluster suicides to singleton suicide cases

- Younger age
- More frequent loss of friends/family members through suicide (complicated grief and PTSD)
- More often drugs in toxicology (in particular benzodiazepines)
- More often history of alcohol and drug abuse
- Less frequently left a suicide note
- More often disconnected from parents

(Haw et al, 2012; Larkin & Beautrais, 2012; Malone, 2013; Arensman et al, 2016)
How to respond to emerging suicide clusters and contagion

- There is a gap in evidence-based guidelines detailing appropriate response strategies to suicide clusters and the low-frequency nature of clusters makes it difficult to evaluate strategies

<table>
<thead>
<tr>
<th>Current best practice guidelines for responding to emerging clusters – the core elements</th>
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<tbody>
<tr>
<td>• Preparedness - Response team and core response plan should be available as part of a routine procedure</td>
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<tr>
<td>• Clarity on leadership/co-ordination of response team</td>
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<tr>
<td>• Multidisciplinary response team comprised of qualified representatives of all relevant agencies, incl. mental health services, suicide bereavement support services, social work, police, media</td>
</tr>
<tr>
<td>• Inter-agency protocols (if available) should be put in place in order to address referral procedures, confidentiality and information sharing</td>
</tr>
<tr>
<td>• Involvement of specialised staff of suicide prevention agencies and mental health professionals trained in dealing with severe traumatic incidents, post traumatic stress and complicated grief</td>
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<tr>
<td>• Response plan needs to address different phases:</td>
</tr>
<tr>
<td>• Immediate aftermath: Up to 1 week</td>
</tr>
<tr>
<td>• Reactive period: 1 week up to 1 month</td>
</tr>
<tr>
<td>• Outreach period: weeks up to years (incl. anniversaries)</td>
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Specific challenges related to self-harm and suicide in young people

- Self-harm more frequently observed among children and adolescents at younger age (e.g. Ireland, UK, US, Australia, Japan)

- Shift in use of more highly lethal methods of self-harm at younger age, and method escalation over shorter period of time

- More emphasis on evidence based mental health promotion and programmes addressing positive coping skills at younger age

- Improved access to mental health services for children and adolescents at risk of self-harm and suicide

- More insight required into impact of harmful social media platforms and sites on self-harm and suicide
Documentary “My other Life”

https://vimeo.com/293985609

https://www.youtube.com/watch?v=EhwXUyM9V7g
Suicide Support and Information
Informing and Supporting People Affected by Suicide

www.suicidesupportandinformation.ie

Suicide Support and Information
Informing and Supporting People Affected by Suicide in Ireland

Suicide Support and Information
Developed by the National Suicide Research Foundation and funded by the Health Research Board (HRB) this website provides evidence based information on bereavement following suicide and responding to people at risk of suicide. The information is tailored for people bereaved by suicide and for health professionals, including GPs and mental health professionals, as well as the general public.

The evidence base represents up-to-date information from international systematic reviews 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.

Edit
“People who attempt suicide don’t want to die, wat they want is a different life”

(Wieg, 2003; Zwagerman, 2015)
Go Raibh Maith Agat!

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