

Establishing and maintaining surveillance systems for self-harm and suicide attempts: Available tools and methodologies

Russian scientific and practical web-conference with international participation
and the WHO support organized for World Suicide Prevention Day
9th September 2020

Prof Ella Arensman

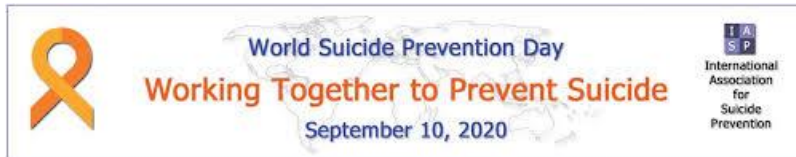
School of Public Health and National Suicide Research Foundation

WHO Collaborating Centre on Surveillance and Research in Suicide Prevention

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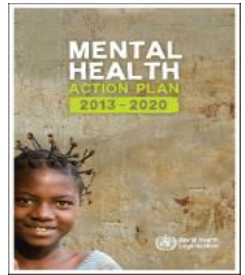
Australian Institute for Suicide Research and Prevention, Griffith University

International Association for Suicide Prevention



Context

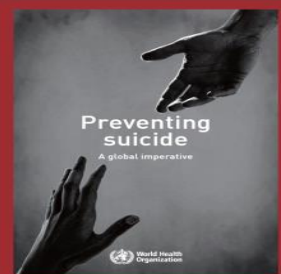
- Global Mental Health Action Plan, 2013-2020: Commitment by Health Ministers in all 194 WHO member states to formally recognise the importance of mental health.
- Key targets:
 - 20% increase in service coverage for severe mental disorders
 - 10% reduction of the suicide rate in countries by 2020
- WHO Global Report on Preventing Suicide (WHO, 2014)
- UN Sustainable Development Goals: SDGs 2030, e.g. Target 3.6, *reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.*





Background

- WHO Global Report on Preventing Suicide identified a need for guidance on surveillance of suicide attempts presenting to general hospitals (WHO, 2014)
- In recent years, growing number of countries where first steps have been made in setting up a monitoring system of suicide attempts presenting to one or more hospitals
- Improved surveillance and monitoring of suicide attempts presenting to general hospitals is a core element of the public health model
- Information on trends and patterns of attempted suicide presentation can contribute to effective suicide prevention strategies



World Health Organization

Figure 1. The public health model

1. Surveillance

What is the problem?

Define the problem of suicidal behaviour through systematic data collection

2. Identify risk & protective factors

What are the causes & what can buffer their impact?

Conduct research to find out why suicidal behaviour occurs and who it affects

3. Develop & evaluate interventions

What works & for whom?

Design, implement and evaluate interventions to see what works

4. Implementation

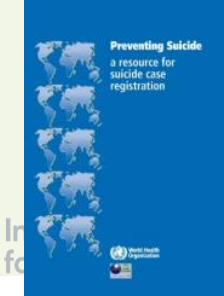
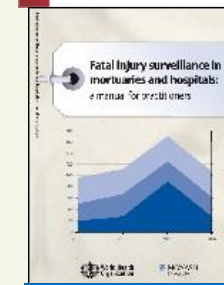
Scaling up effective policies & programmes

Scale up effective and promising interventions and evaluate their impact and effectiveness

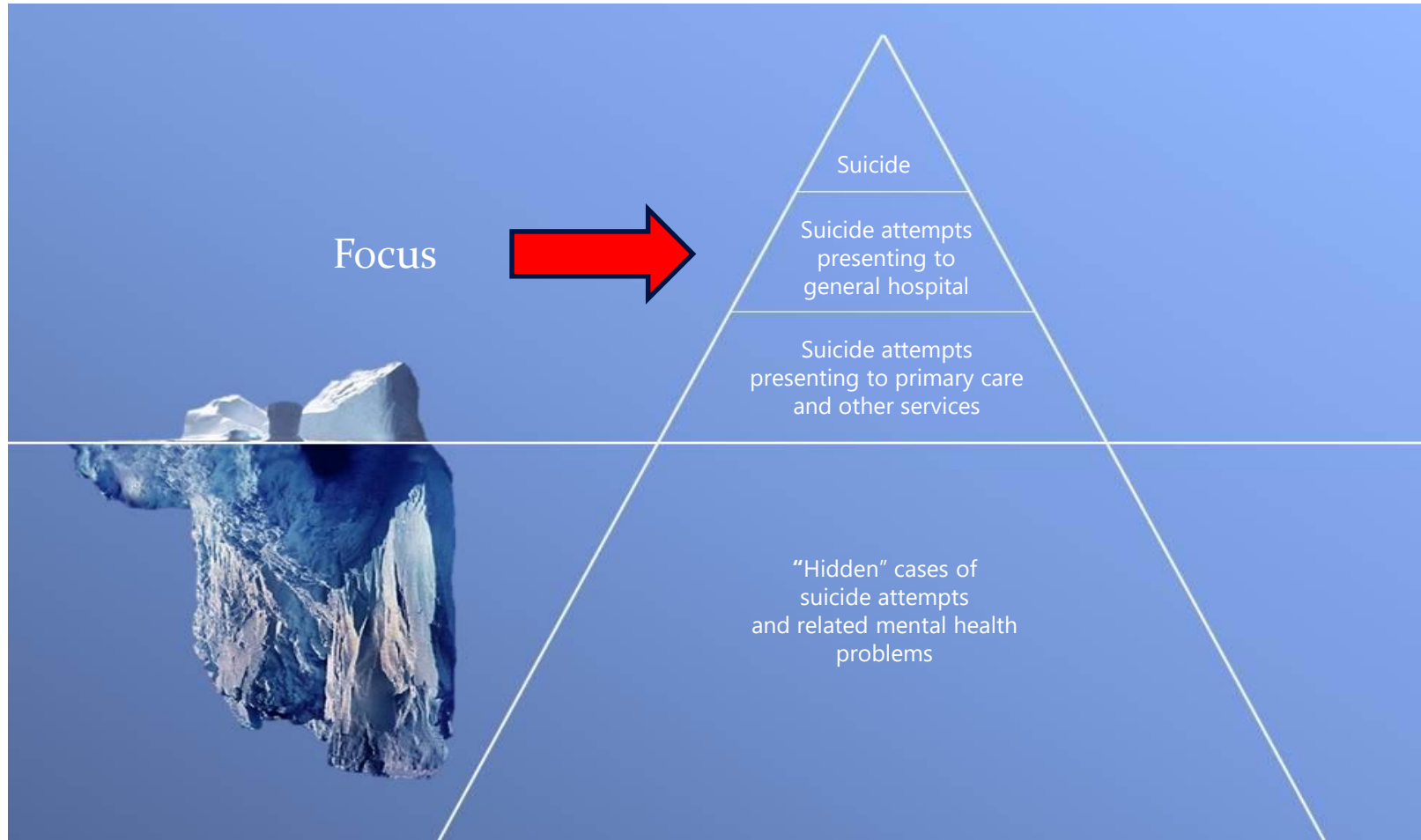
Technical tools and resources for implementation

➔ Surveillance

- Practice manual for establishing and implementing suicide attempt and self-harm surveillance systems
- Fatal injury surveillance in mortuaries and hospitals: a manual for practitioners
- Preventing suicide: a resource for suicide case registration



The extent of suicidal behaviour, fatal and non-fatal



Key topics

- Nomenclature, definitions and classification
- Existing surveillance systems of suicide attempts
- Development and implementation of a surveillance system for suicide attempts
- Training of staff involved in data collection
- Database management, data analysis and interpretation
- Reporting of surveillance outcomes and dissemination
- Maintenance and sustainability over time

Practice manual for
establishing and maintaining
surveillance systems for
suicide attempts
and self-harm



Aim of the WHO Practice Manual

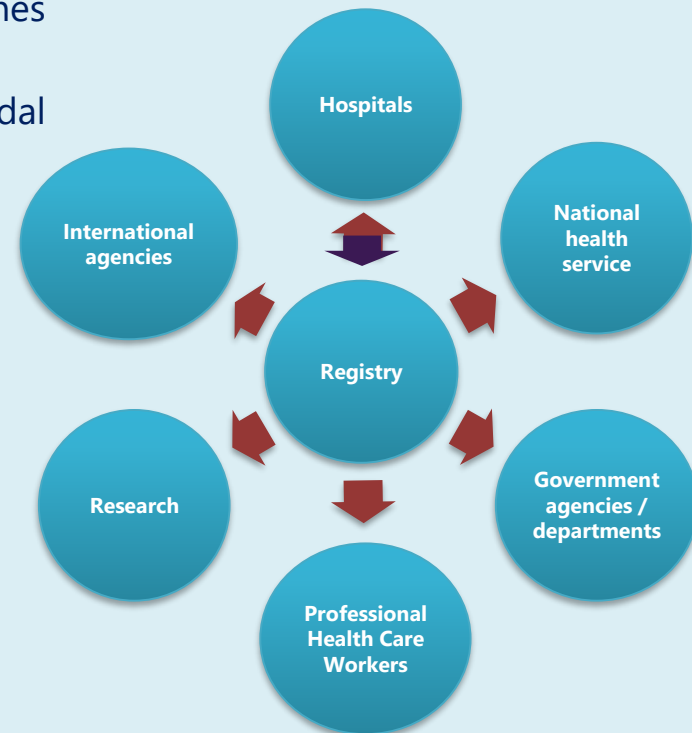
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- To improve standardization within and between countries with regard to establishing and maintaining a surveillance system of hospital (incl. health centres) presented suicide attempts
- For large countries, it would be recommended to develop a multi-centre surveillance system, e.g. UK, Australia and Russia
- Multi-centre self-harm surveillance system in Russia, comprising 3 regions: Stavropol Krai, Sverdlovsk Oblast and Zabaykalsky Krai
- For small countries, it would be recommended to develop a national surveillance system, e.g. Ireland, Luxembourg

Benefits of surveillance systems for hospital/health centre treated suicide attempts

- Informing:
 - Service provision, resource deployment and guidelines for self-harm management
 - Assessment and interventions for non-fatal suicidal behaviour
- “Real-Time Data”
- Evaluation of interventions
- Regional variations
- Clinical management of self-harm
- All attendances to hospital Emergency Departments



Terminology and definition

- The terms 'self-harm' or 'self-harming behaviour' offer the most common ground internationally
- However, this term cannot always be translated with the same meaning in other languages. Therefore, the term 'suicide attempt' might be preferred in such instances
- Proposed definition, which is common in several surveillance systems and monitoring studies:

“A non-habitual act with non-fatal outcome that the individual, expecting, or taking the risk, to die or to inflict bodily harm, initiated and carried out with the purpose of bringing about wanted changes” (De Leo et al, 2004)

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Increasing rates of self-harm among children, adolescents and young adults: a 10-year national registry study 2007–2016

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Abstract

Purpose Rates of hospital-treated self-harm are highest among young people. The current study examined trends in rates of self-harm among young people in Ireland over a 10-year period, as well as trends in self-harm methods.

Methods Data from the National Self-Harm Registry Ireland on presentations to hospital emergency departments (EDs) following self-harm by those aged 10–24 years during the period 2007–2016 were included. We calculated annual self-harm rates per 100,000 by age, gender and method of self-harm. Poisson regression models were used to examine trends in rates of self-harm.

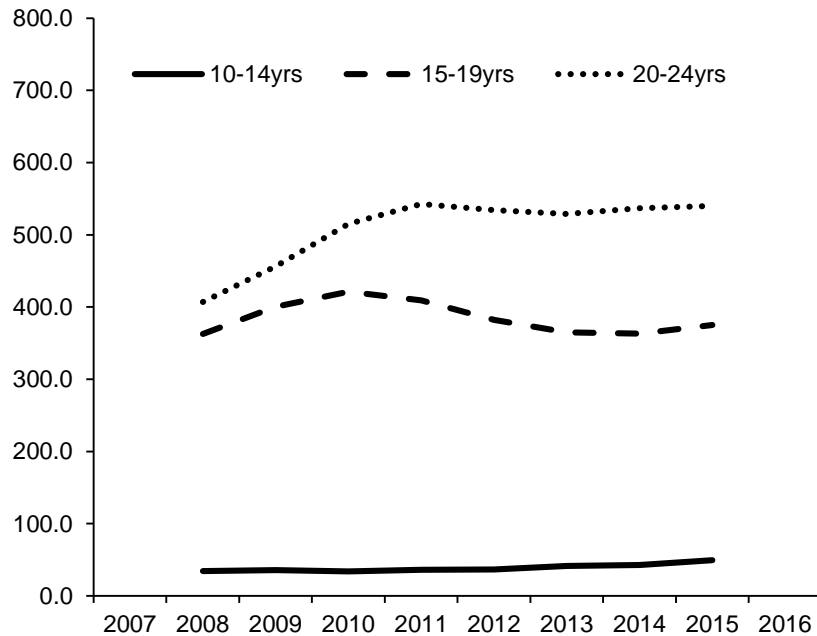
Results The average person-based rate of self-harm among 10–24-year-olds was 318 per 100,000. Peak rates were observed among 15–19-year-old females (564 per 100,000) and 20–24-year-old males (448 per 100,000). Between 2007 and 2016, rates of self-harm increased by 22%, with increases most pronounced for females and those aged 10–14 years. There were marked increases in specific methods of self-harm, including those associated with high lethality.

Conclusions The findings indicate that the age of onset of self-harm is decreasing. Increasing rates of self-harm, along with increases in highly lethal methods, indicate that targeted interventions in key transition stages for young people are warranted.

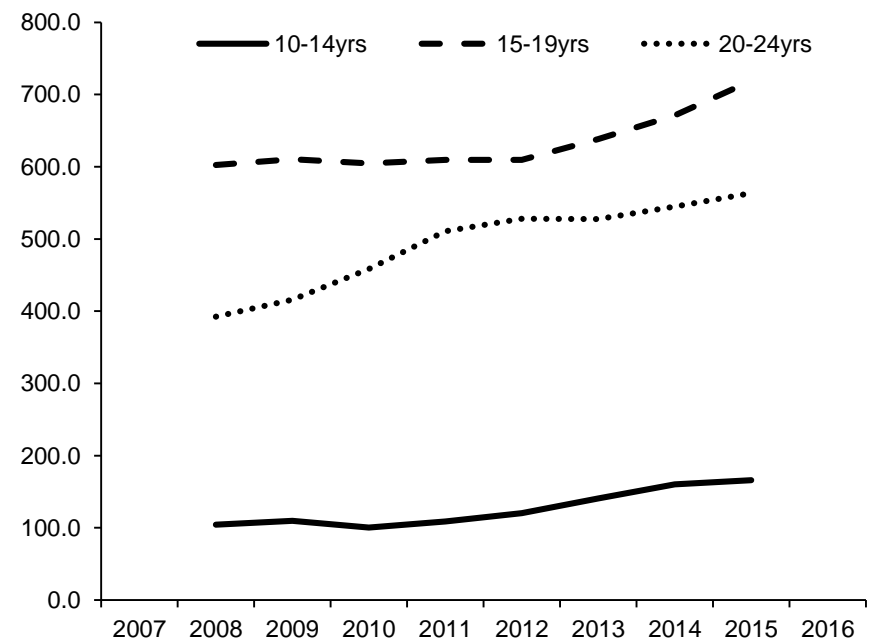
Keywords Self-harm · Young people · Epidemiology

Self-harm among young people in Ireland, 2007–2016

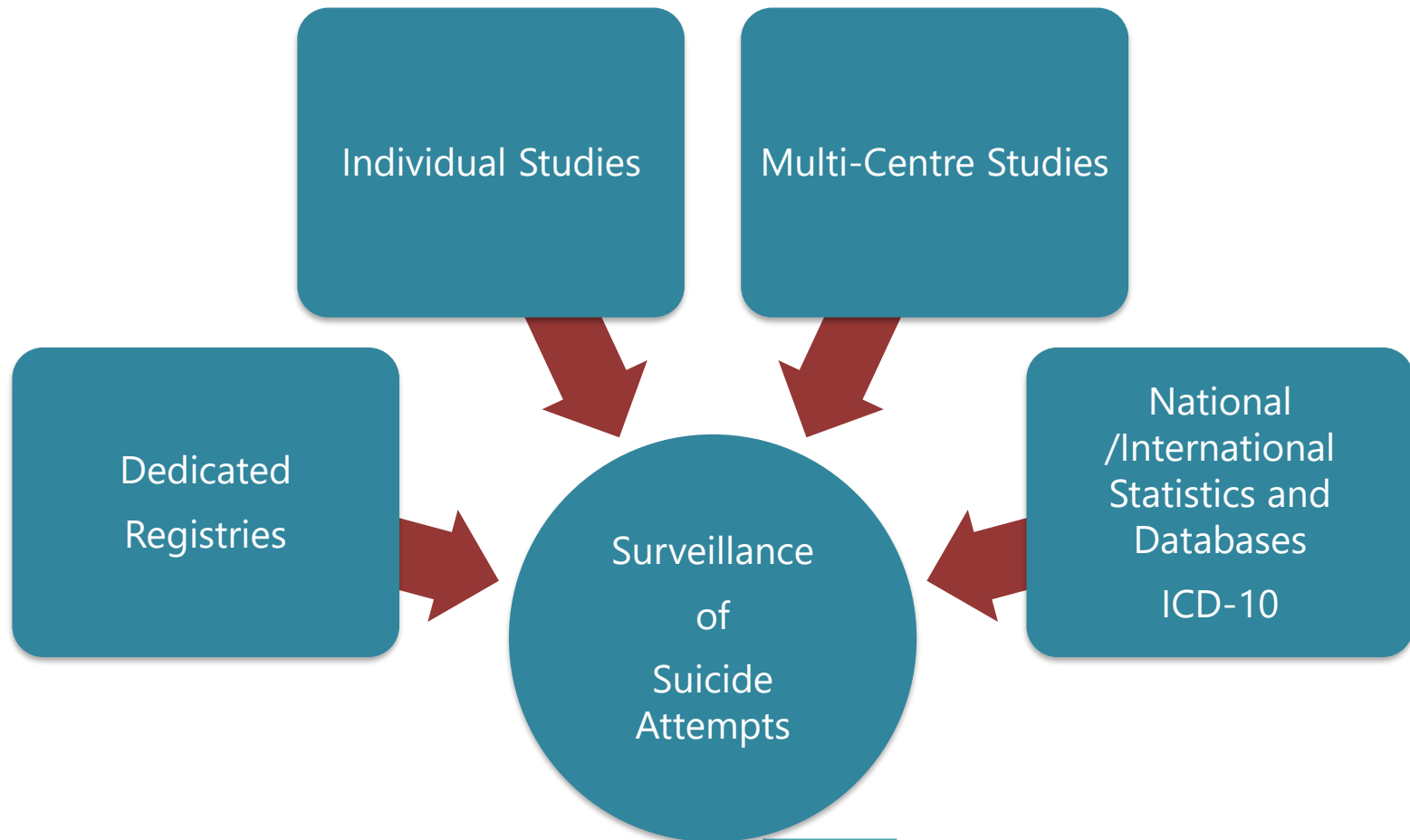
Male



Female



Different methods used in surveillance of hospital treated suicide attempts



Development and implementation of a surveillance system for suicide attempts

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Important aspects and elements:

- Informing and engaging governments and relevant stakeholders
- Governance and requirements of coordinating agencies
- Costs and potential funding sources
- Setting up a surveillance system
 - Standard Operating Procedures
 - Case ascertainment
 - Data items
- Registration forms/systems and data entry
 - Coding and data entry
- Ethical requirements, confidentiality and data protection, in particular GDPR

Data items

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- **Core data items:**

- Data collector
- Date of registration
- Hospital number
- Unique event number
- Unique person identification number
- Sex
- Date of birth
- Age
- Postal code/area code
- Date of presentation
- Time of presentation
- Mode of arrival at the hospital
- Seen by on arrival at the hospital
- Date of self-harm
- Day of the week of the self-harm
- Time of the self-harm

- Location of the self-harm
- Method(s) according to ICD-10 codes
- Medical severity of the self-harm
- Statement of intention to die
- History of self-harm
- Psychological/psychiatric assessment in the hospital
- Diagnosis
- Admission to hospital
- Discharge
- Covid-19 related factors

- **Optional data items, e.g:**

- Nationality
- Country of origin
- Ethnicity
- Religion
- Marital status
- Employment status etc.



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Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm

The WHO Collaborating Centre for Surveillance and Research in Suicide Prevention at the National Suicide Research Foundation has developed a new E-Learning Programme based on the World Health Organisation Practice Manual for Establishing and Maintaining Surveillance Systems for Suicide Attempts and Self-Harm. This E-Learning programme was developed in collaboration with the WHO Department of Mental Health and Substance Abuse.

Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm



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- ▶ Module 2: Development and Implementation
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- ▶ Module 4: Reporting of Surveillance Outcomes and Dissemination, Maintenance and Sustainability
- ▶ **Module 5: Overview of Existing Surveillance Systems or Projects for Suicide Attempts and Self-Harm**
- ▶ Supplementary Material

Suicide attempt/self-harm surveillance E-Learning - Russian Translation

Link to the website:

<https://suicideresearchpreventionlearning.com/?sfwd-courses=establishing-and-maintaining-surveillance-systems-for-suicide-attempts-and-self-harm-russian&lang=ru>



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1 Тема



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