

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

8th IASP Asia Pacific Conference,
Waitangi, New Zealand, 2nd-5th May 2018



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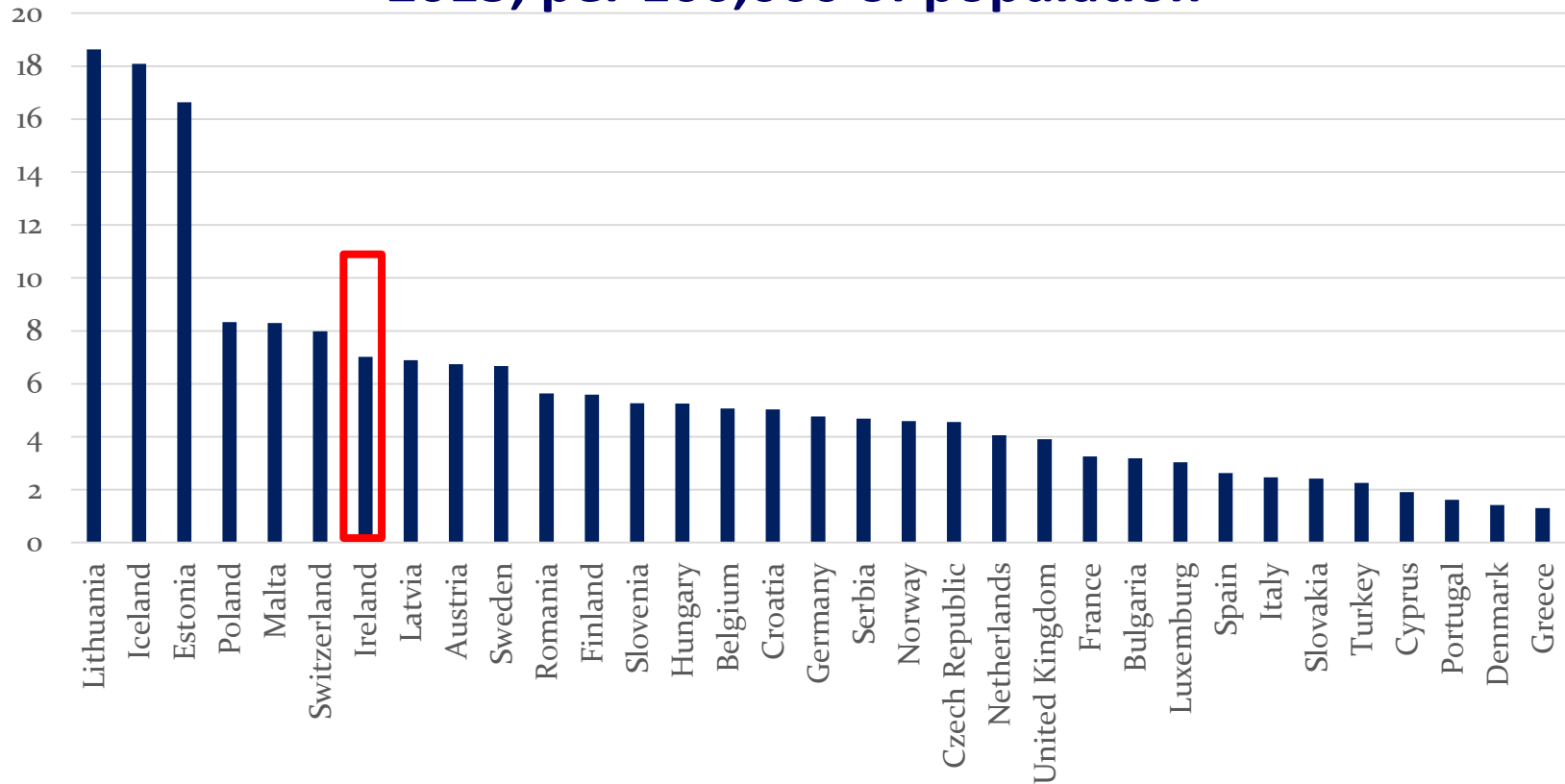


Overview

- Extent of self-harm among adolescents and young adults
- Risk factors associated with self-harm and suicide among adolescents and young adults
- Psychotherapeutic interventions for self-harm in adolescents and young adults
- Suicide contagion and clustering

Extent of the problem of self-harm in adolescents and young adults

Rate of suicide among 15-19 year olds in Europe in 2015, per 100,000 of population



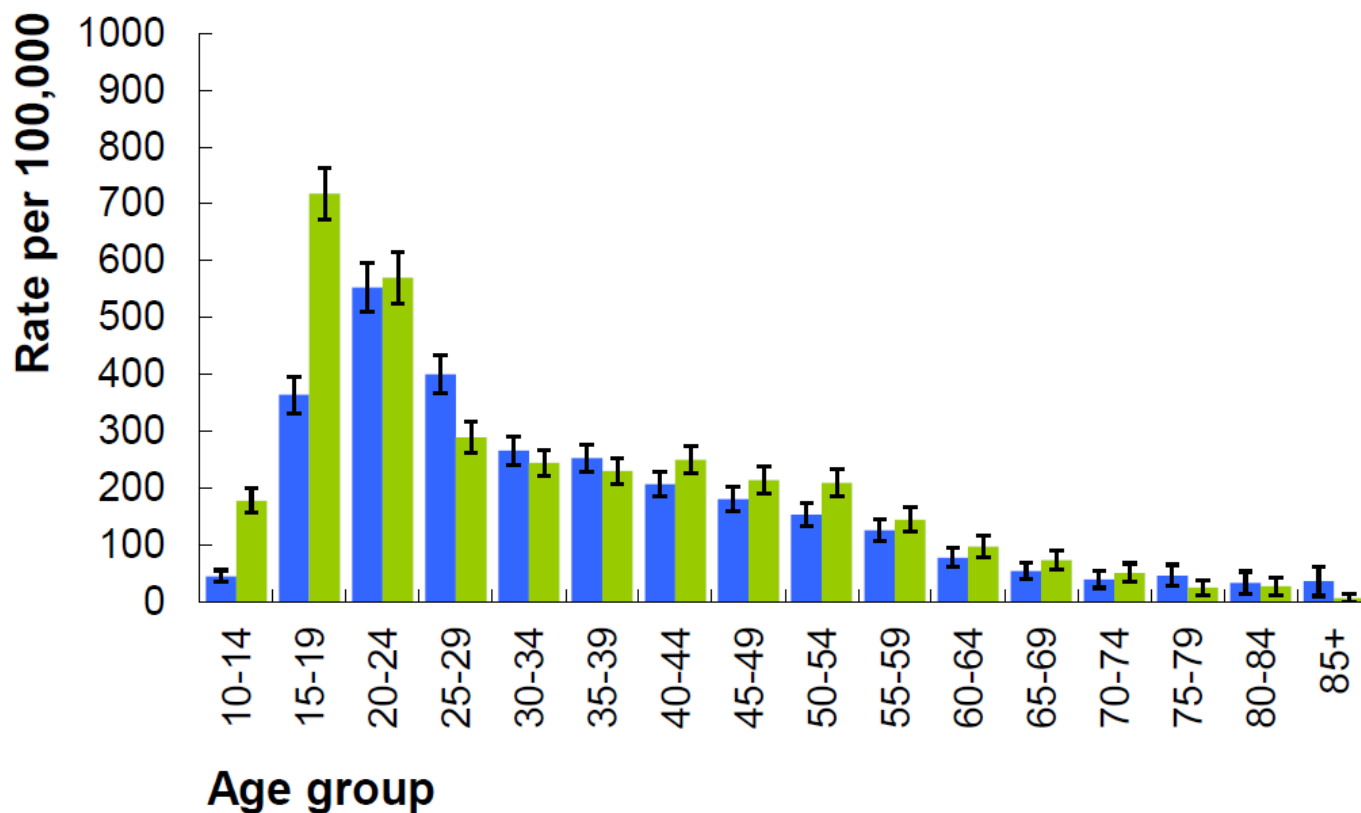
*Data unavailable for the following countries: Montenegro, Former Yugoslav Republic of Macedonia and Albania

Source –Eurostat



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Self-harm by age and gender, National Self-Harm Registry Ireland, 2016

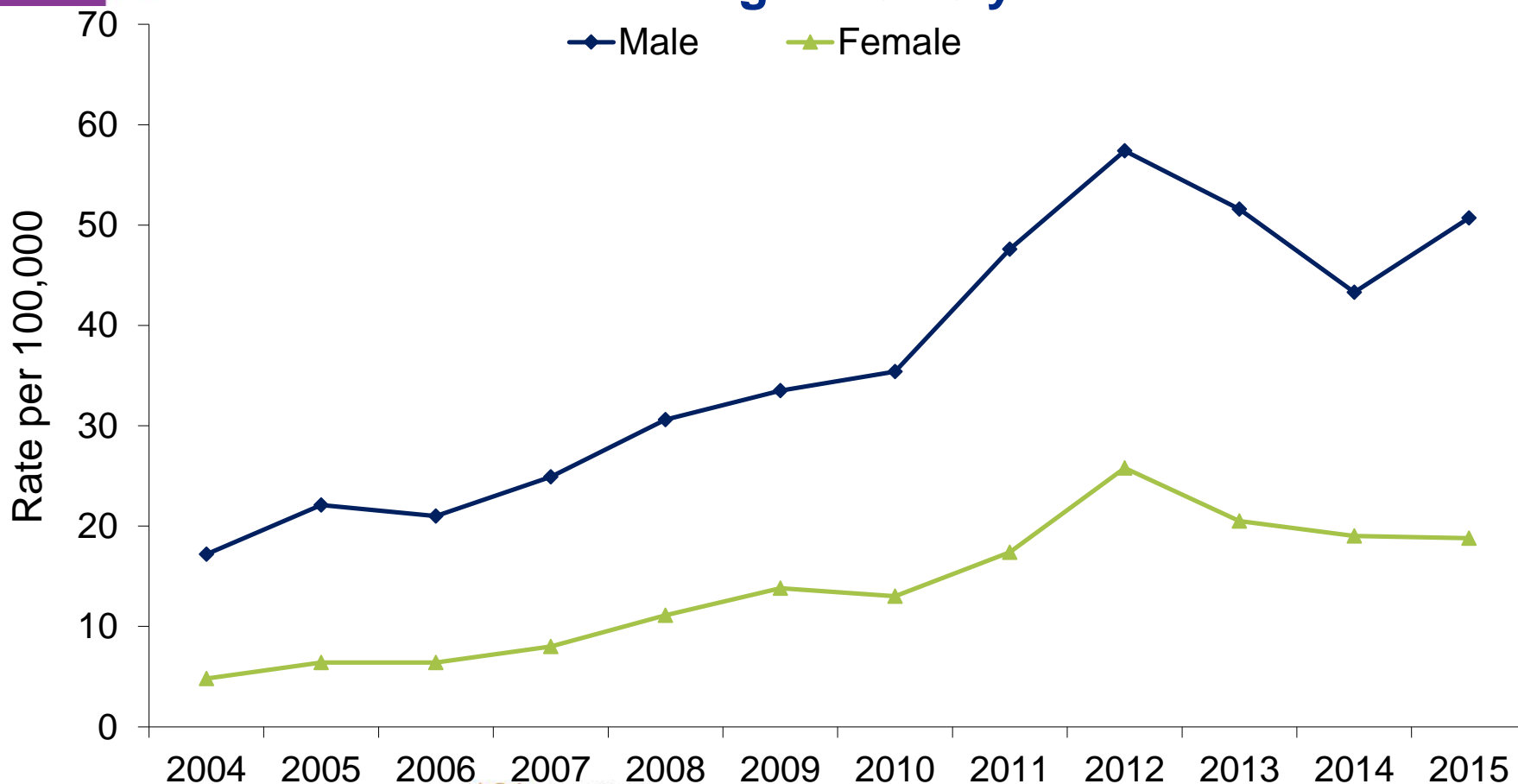


■ Men ■ Women



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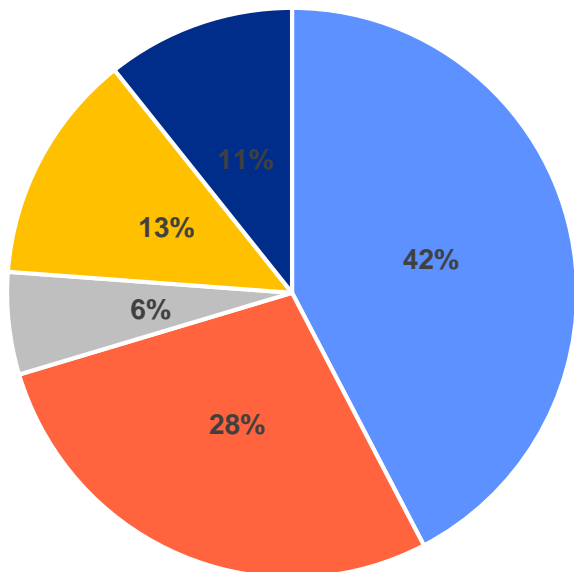
High-risk groups: Increasing trend of self harm acts involving highly lethal methods among males and females aged 15-29 years



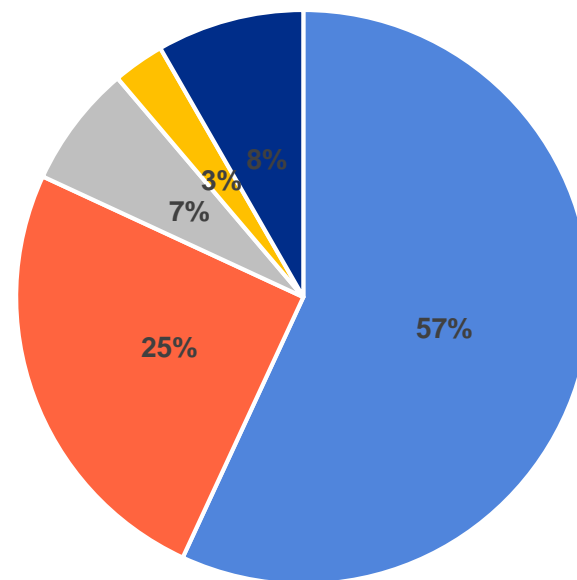
- Young people with the highest risk for repeated self-harm were 15–19-year-old females and 20–24-year-old males
- Self-cutting was the method associated with the highest risk of self-harm repetition. Time between first self-harm presentations represents an indicator of subsequent repetition
- Increased risk of self-harm method escalation among young people in recent years

Method of self-harm 10-17 year-olds, 2015

Male



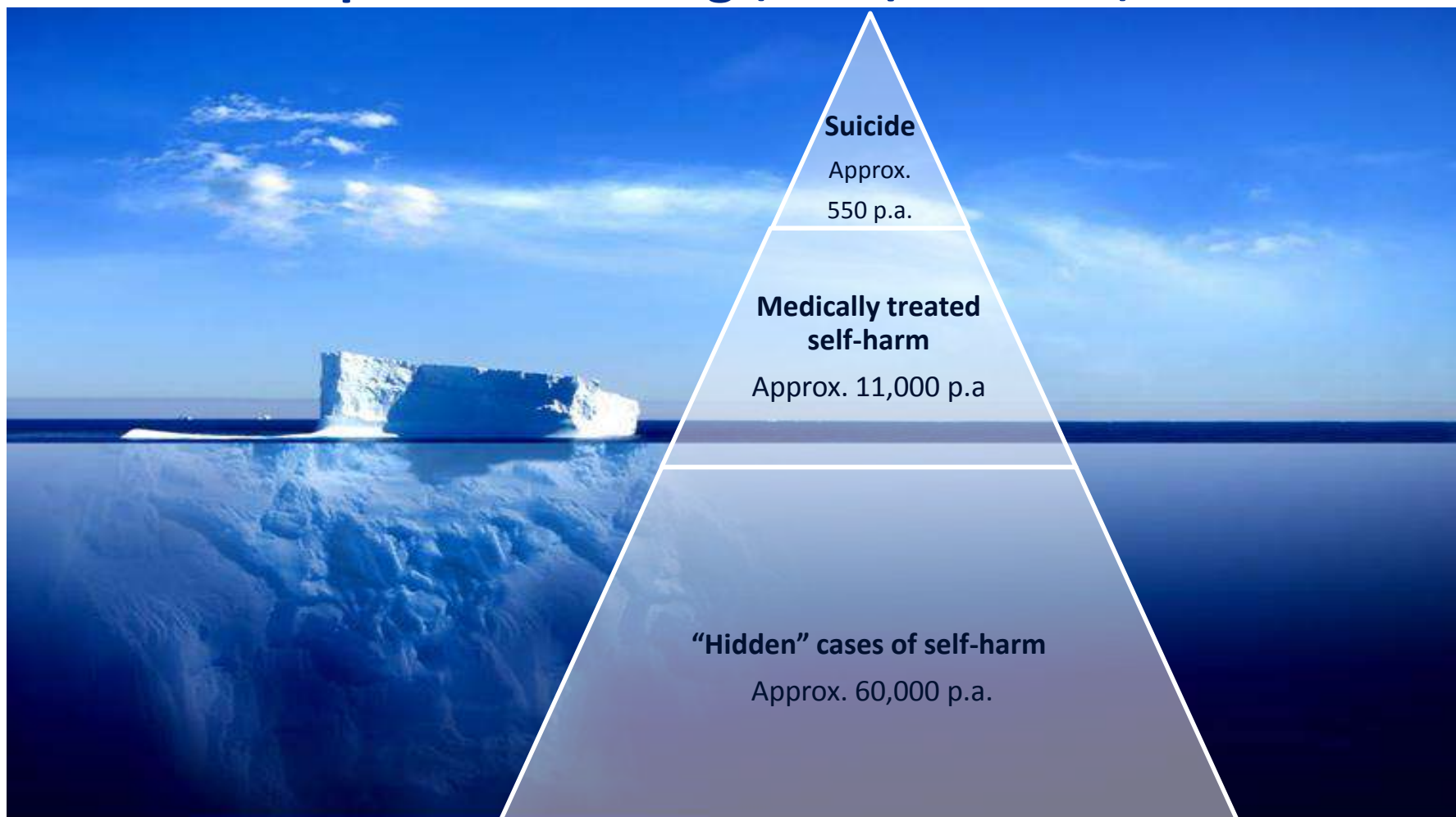
Female



- Drug overdose only
- Self-cutting only
- Overdose & self-cutting
- Highly lethal
- Other

Alcohol was involved in 11% of presentations
(15% for boys, 10% for girls)

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



Risk factors associated with self-harm in young people



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Risk factors associated with self-harm in adolescents

Girls

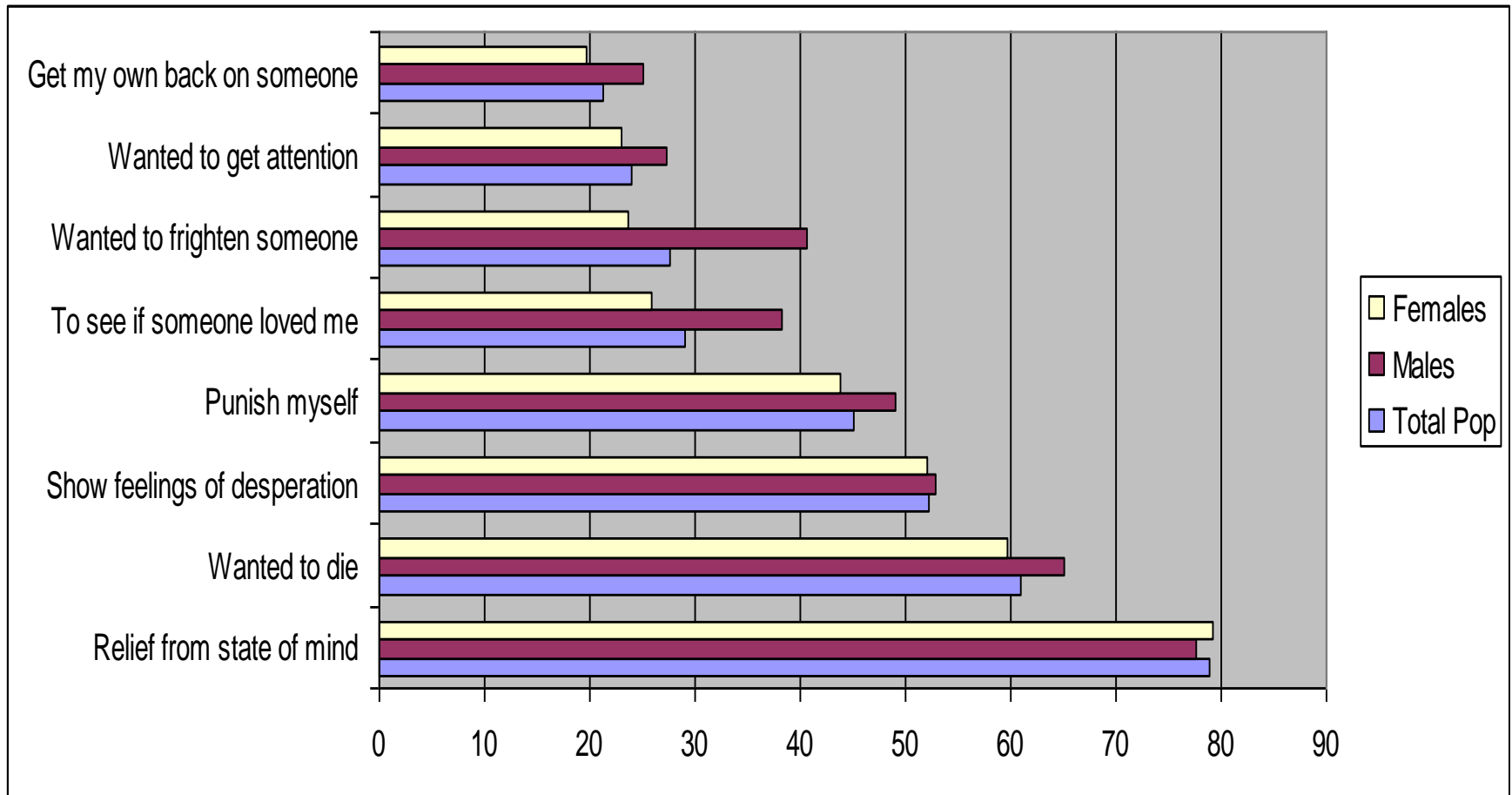
- ❖ Substance abuse, including alcohol and drug abuse
- ❖ Self-harm by friends and family members
- ❖ Sexual abuse and physical maltreatment
- ❖ Problems related to sexuality
- ❖ Problems with parents
- ❖ Bullying and Cyberbullying
- ❖ Difficulties in making – keeping friends
- ❖ High levels of depressive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

McMahon et al, 2013; Hysing et al, 2015

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



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 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

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

School-based and psychotherapeutic and interventions for self-harm in adolescents and young adults

School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial

Journal of Child Psychology and Psychiatry 2010; 51(12): 1255–1262

doi:10.1111/j.1469-7610.2010.02300.x

Published online 12 November 2010

Keywords: school-based suicide prevention, mental health, adolescents, suicide, SEYLE.

Abstract: The SEYLE (Saving and Empowering Young Lives in Europe) study is a cluster-randomised, controlled trial of a school-based suicide prevention programme in 10 European countries.

Background: The SEYLE study is a cluster-randomised, controlled trial of a school-based suicide prevention programme in 10 European countries.

Methods: The SEYLE study is a cluster-randomised, controlled trial of a school-based suicide prevention programme in 10 European countries.

Results: The SEYLE study is a cluster-randomised, controlled trial of a school-based suicide prevention programme in 10 European countries.

Conclusions: The SEYLE study is a cluster-randomised, controlled trial of a school-based suicide prevention programme in 10 European countries.

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School based mental health awareness programme

- 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

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



Suicide contagion and clustering in young people

Background: Suicide contagion and clustering

- Confusion between suicide ‘contagion’ and suicide ‘clustering’
- Contagion: Suicidal behaviour may facilitate the occurrence of subsequent suicidal behaviour, either directly (via contact or friendship with the index suicide or media) or indirectly (*Haw et al, 2012*)
- A single suicide increases the risk of additional suicides within a community and may serve as a catalyst for the development of a cluster (*Johansson et al, 2006; Gould et al, 1990*)
- Suicide clusters can be considered as the end result of a contagious process in which vulnerable individuals connect to influence one another (*Mesoudi, 2009; Johansson et al, 2006; Berman & Jobes, 1994; Gould et al, 1990*)

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

Risk of suicide contagion via internet and social media

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

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

'13 Reasons Why' copycat suicide in Peru

Increase in teen suicidal behaviour linked to '13 Reasons Why', Toronto, June 2017

Netflix officials defend 13 Reasons Why against claims it glamorises suicide



Dylan Minnette and Katherine Langford in 13 Reasons Why

- 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)*



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.



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

Current best practice guidelines for responding to emerging clusters – the core elements

- Preparedness - Response team and core response plan should be available as part of a routine procedure
- Clarity on leadership/co-ordination of response team
- Multidisciplinary response team comprised of qualified representatives of all relevant agencies, incl. mental health services, suicide bereavement support services, social work, police, media
- Inter-agency protocols (if available) should be put in place in order to address referral procedures, confidentiality and information sharing
- 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
- Response plan needs to address different phases:
 - Immediate aftermath: Up to 1 week
 - Reactive period: 1 week up to 1 month
 - Outreach period: weeks up to years (incl. anniversaries)





POSTVENTION GUIDELINES FOR THE MANAGEMENT OF Suicide Clusters

Prepared by: Sandra Palmer, Dr. Maree Inder, Roger Shave and Professor John Bushnell

These guidelines are available under Creative Commons



**30th World Congress of the International Association for
Suicide Prevention
Sept 17th-21st 2019**

‘Breaking Down Walls and Building Bridges’

www.iasp2019.com

Acknowledgements

Eileen Williamson, Paul Corcoran, Eve Griffin, Christina Dillon, Caroline Daly,
Dorothy Leahy, Grace O'Regan, Niall McTernan, Celine Larkin, Jacklyn McCarthy, Sara Leitaó,
Colette Corry, Elaine McMahon, Ailbhe Spillane, Carmel McAuliffe, Helen Keeley,
Ivan Perry, Eugene Cassidy, James Kinahan, Clifford Haley,
Karen Mulcahy, Ruth Benson, Catherine Corby, Maurice Clancy

National Office for Suicide Prevention
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National Clinical Programme for the Assessment and Management of Patients presenting to
Emergency Departments following Self-Harm
International Association for Suicide Prevention

Declaration of interest: None



Kia ora!

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