

Trends and Risk Factors associated with Suicide in Ireland

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GROW Information Evening

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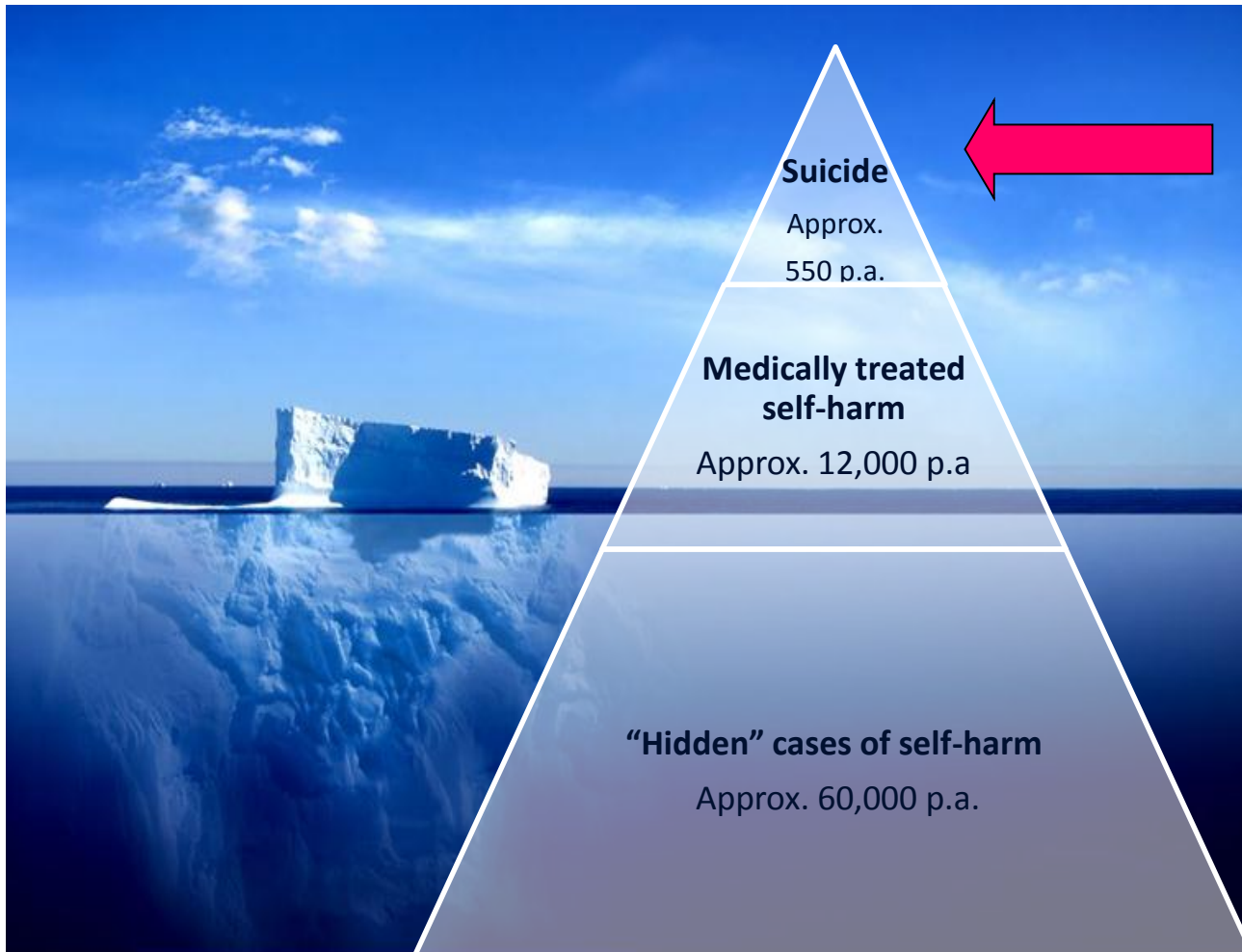
➤ **Main objective:**

- To produce a nationally and internationally recognised body of reliable knowledge from a multidisciplinary perspective on the risk and protective factors associated with suicidal behaviour.
- Extent of the problem of self-harm and suicide as well as risk and protective factors
- Effectiveness of intervention and prevention programmes for deliberate self harm and suicide, and attitudes towards suicidal behaviour and its prevention
- **Research related tasks:**
 - Advisory role
 - Training / education
 - Supervision of students and trainees

Overview

- The extent of suicide in Ireland
- Attitudes towards suicidal behaviour
- The Suicide Support and Information System
- Risk factors associated with suicide
- Engaging with people at risk of suicide: Listening - Understanding - Responding

Suicide and medically treated self-harm in Ireland: The tip of the iceberg



- Pro-active bereavement support and facilitation of service access
- Suicide Support and Information System

Trends in rates of suicide in Ireland 2001-2012

Trends in rate of suicide



Attitudes towards suicidal behaviour

“There is a risk of evoking suicidal thoughts in a persons mind if you ask about it”

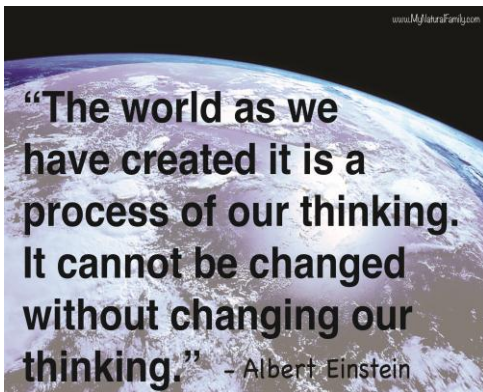
Agree - Disagree



Attitudes towards suicidal behaviour

***“Once a person has had suicidal thoughts,
he/she will never let them go”***

Agree - Disagree



Attitudes towards suicidal behaviour

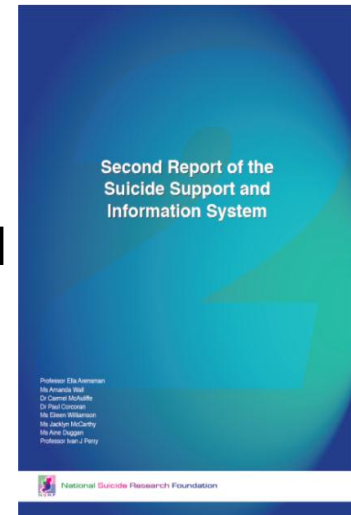
“Suicides among young people are particularly puzzling since they have everything to live for”

Agree - Disagree

Suicide Support and Information System (SSIS)

Objectives:

- 1) Improve access to support for the bereaved
- 2) Better define the incidence and pattern of suicide in Ireland
- 3) Identify and improve the response to clusters of suicide
- 4) Identify and better understand causes of suicide

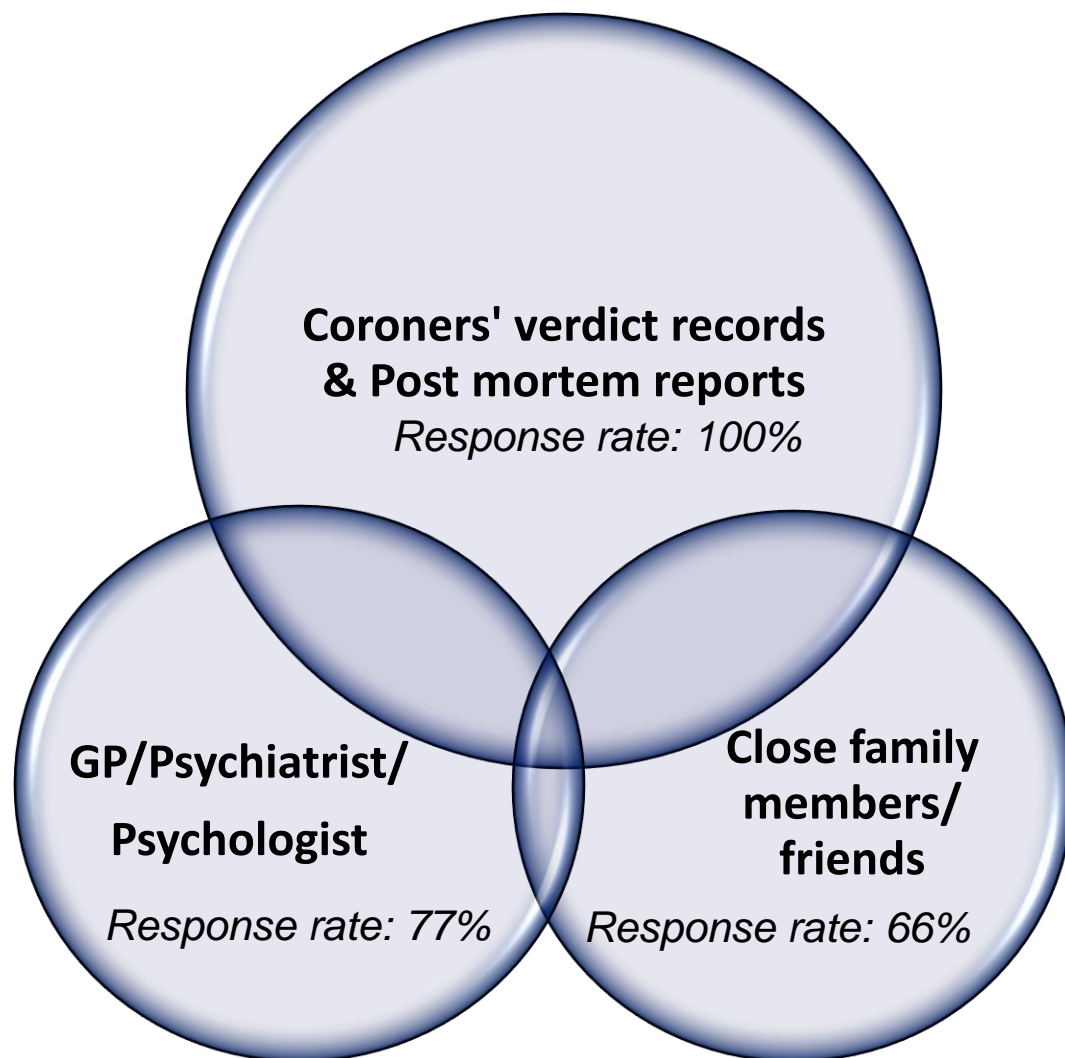


Arensman et al,
2013

The objectives are in line with Reach Out, the Irish National Strategy for Action on Suicide Prevention, 2005-2014

Innovative aspects of the SSIS approach:

Obtaining a complete picture of suicide cases and open verdicts by accessing multiple sources



- 307 cases based on coroners' verdict records and post mortem records.
- 246 male deaths by suicide during a four year period from September 2008 to June 2012.

Key findings from an examination of consecutive suicide cases Sept 2008-March 2012

Previous suicidal behaviour

- 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.

Psychiatric diagnosis

- Among those who had received a psychiatric assessment (31.4%), 61.1% were diagnosed with mood disorder followed by anxiety disorder (12.9%)

Drug and alcohol use

- 51.7% had abused alcohol and/or drugs in the year prior to death, the majority abusing alcohol (78.1%)

Key findings from an examination of consecutive suicide cases Sept 2008-March 2012

Employment & Occupation

- 40.6% were in paid employment, 33.1 % were unemployed, 11.4% were retired, 6.8% were fulltime students, 5.0% had a long term disability and 3.1% were homemakers.
- More than two fifths (41.6%) had worked in the construction/production sector, followed by the agricultural sector (13.2%), sales/business development (8.9%), students (8.2%), healthcare sector (6.6%) and education sector (3.9%).

Contact with health services

- In the year prior to death, 81% had been in contact with their GP or a mental health service. Among those who had been in contact with the GP, the majority (67.4%) had done so 4 times or more during the year prior to death.

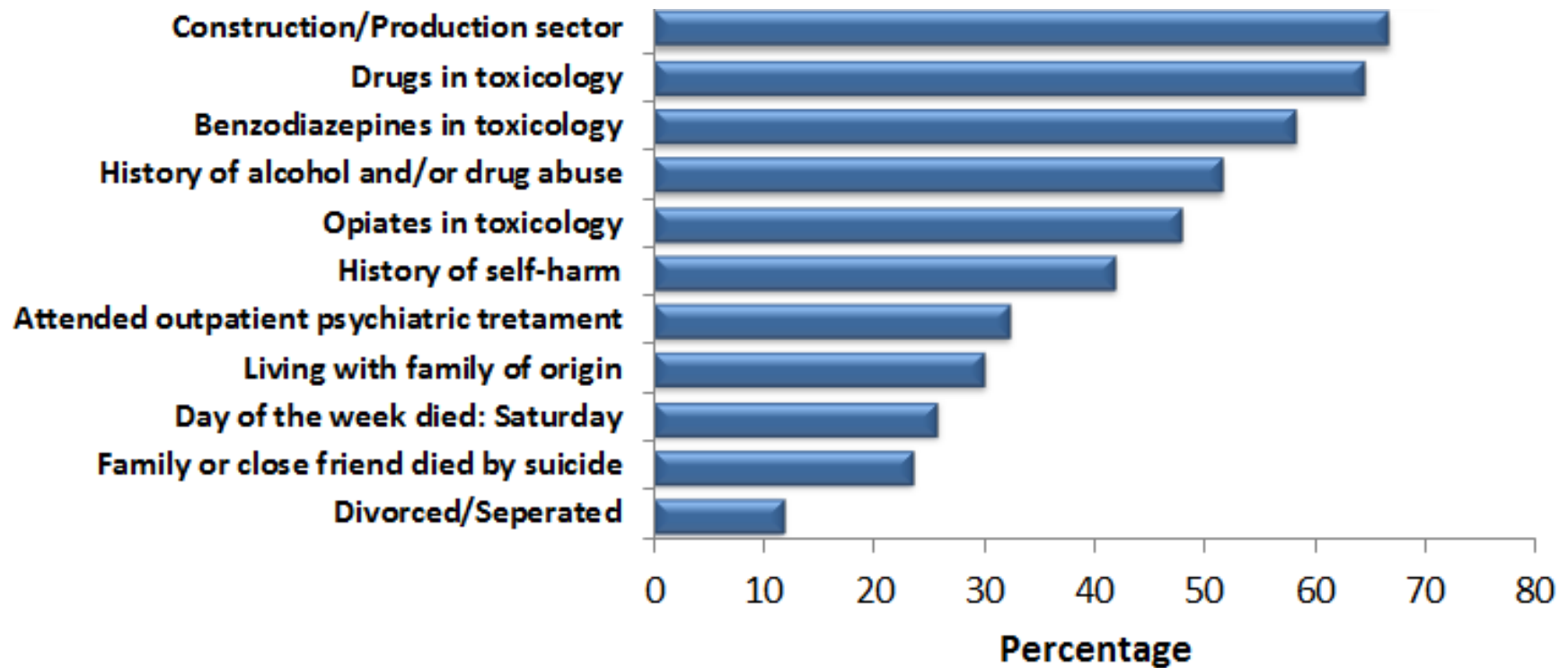
Key findings from an examination of consecutive suicide cases Sept 2008-March 2012

Physical illness

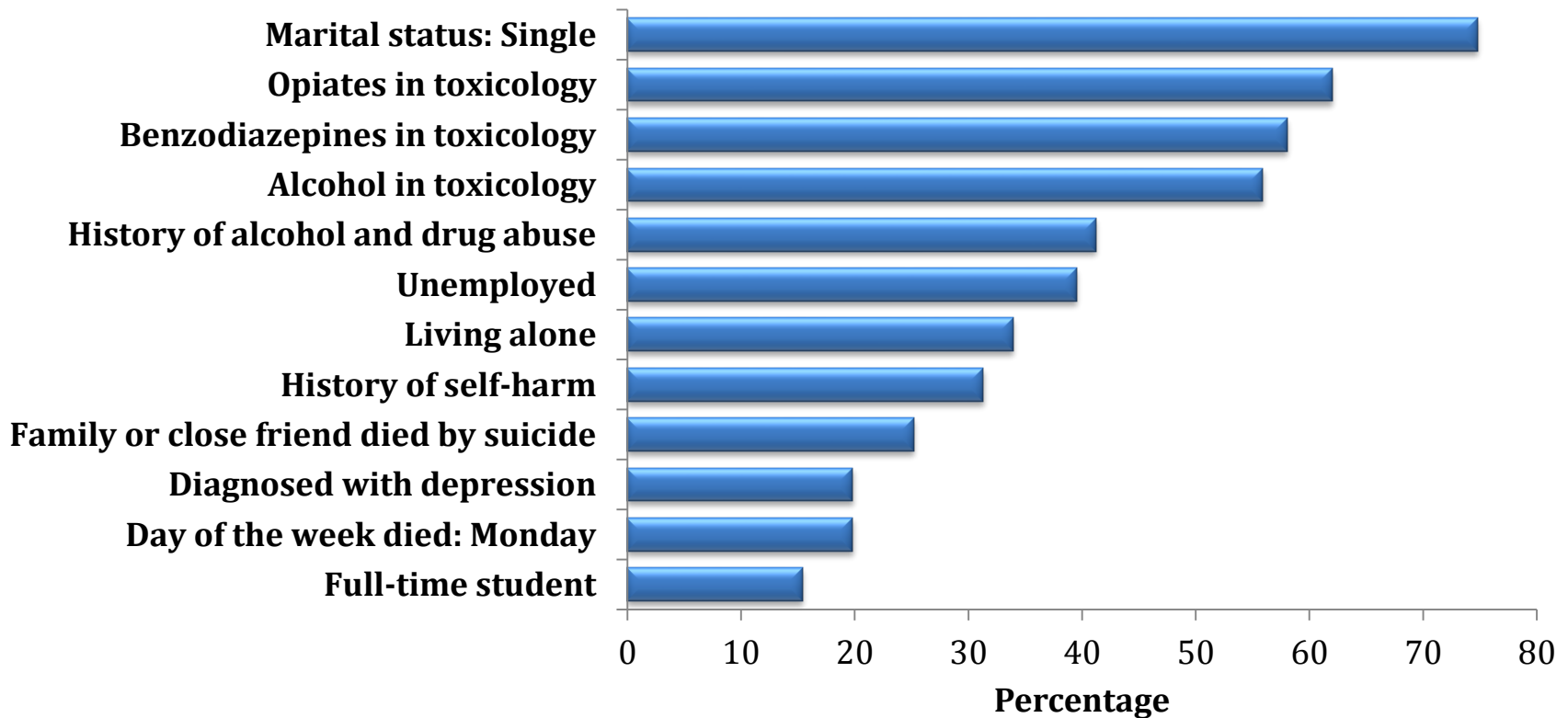
- Out of 165 cases for which this variable was known, 57% of cases had physical illness
- Wide range of illnesses (including cancer, chronic back pain, chronic neck pain and coronary heart problems)
- Of those who had a physical illness prior to death, 38% were in physical pain in the year prior to death and 16.5% had reduced physical capabilities in the month prior to death

Suicide is often associated with multiple risk factors –

Combination of risk factors associated with suicide among people who were unemployed at time of death

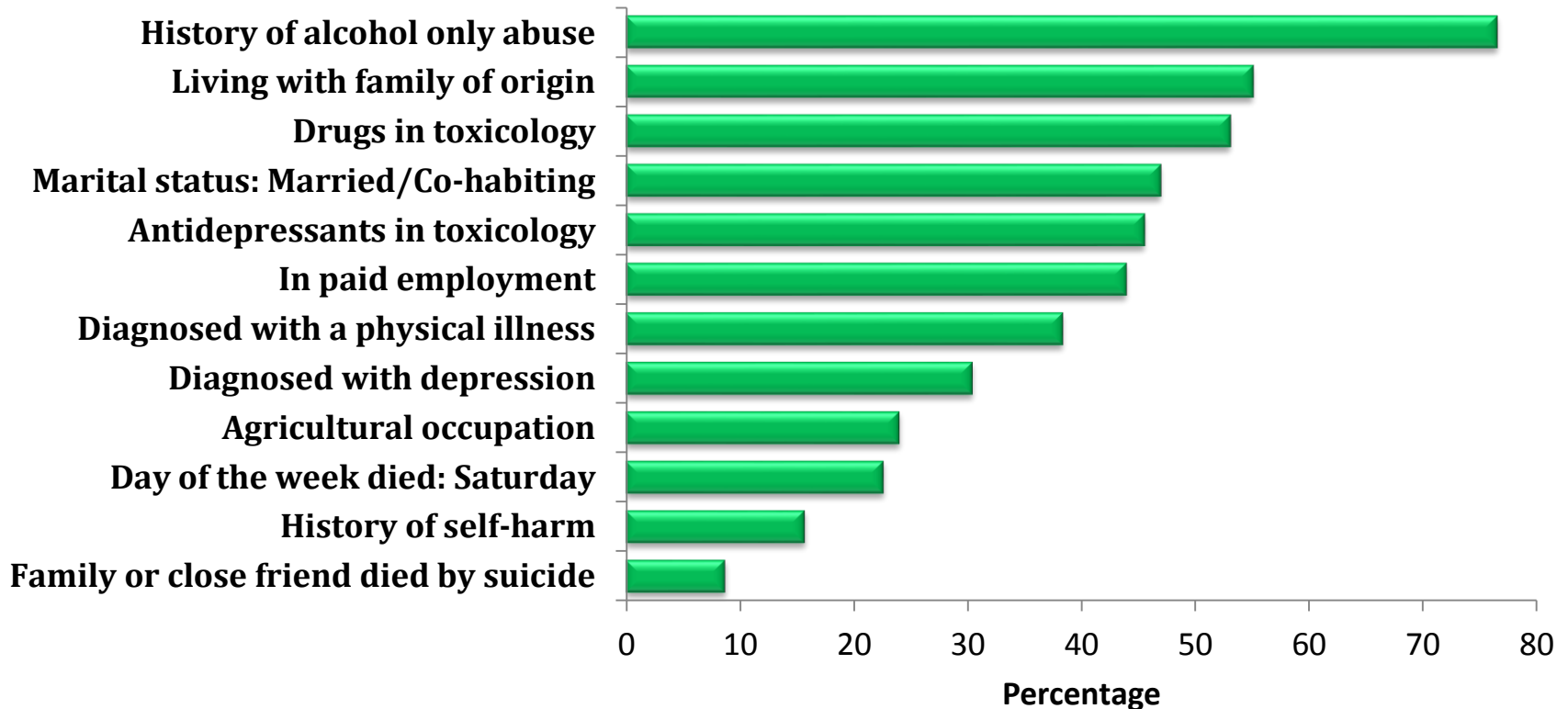


Men aged <40 years



Men aged < 40 Years

Men aged ≥ 40 years



Men aged ≥ 40 Years

The influence of alcohol & drugs

Direct effects:

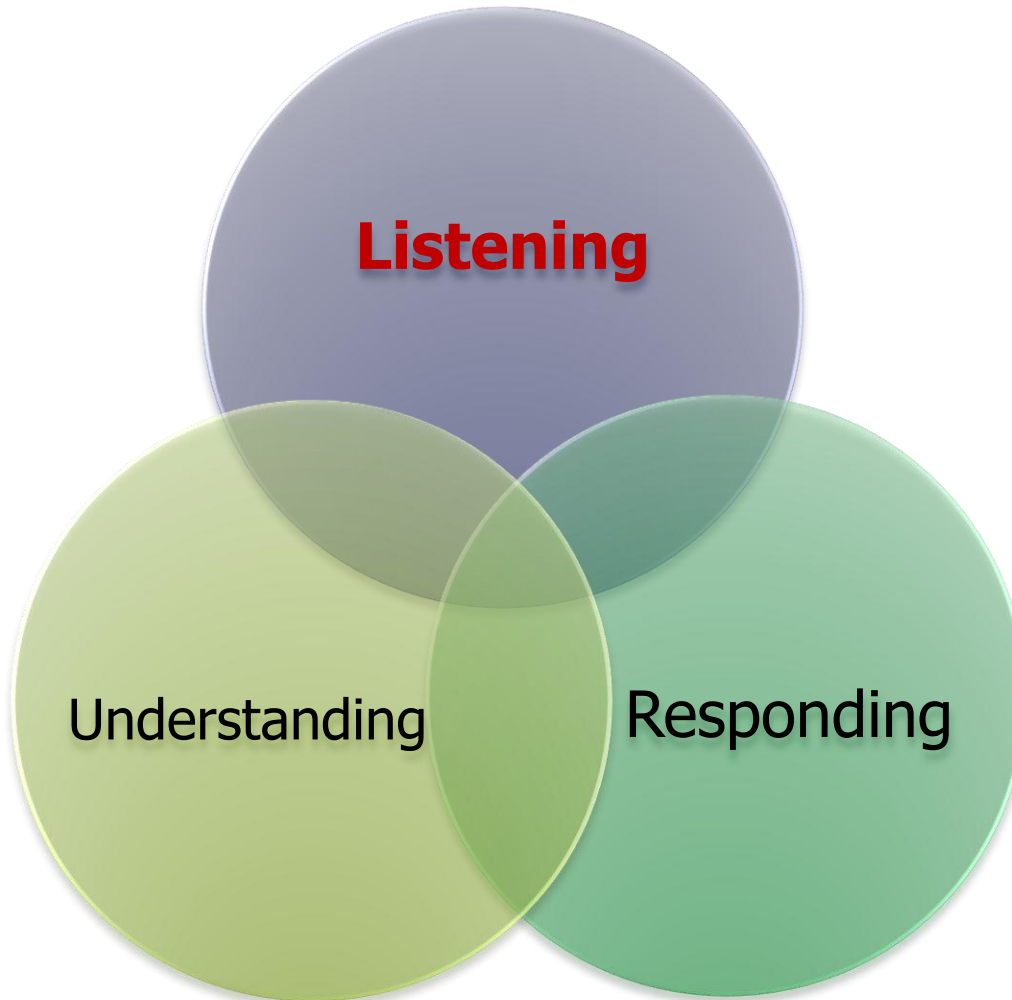
- Intoxication impairs problem-solving ability
- Disinhibiting effect (impulsivity, lack of control)

Long term and indirect effects:

- Isolation (loss of work, relationships, etc.)
- Neurobiological deficits

Engaging with people at risk of suicide – Listening, Understanding, Responding

Listening is the first fundamental step towards preventing suicide

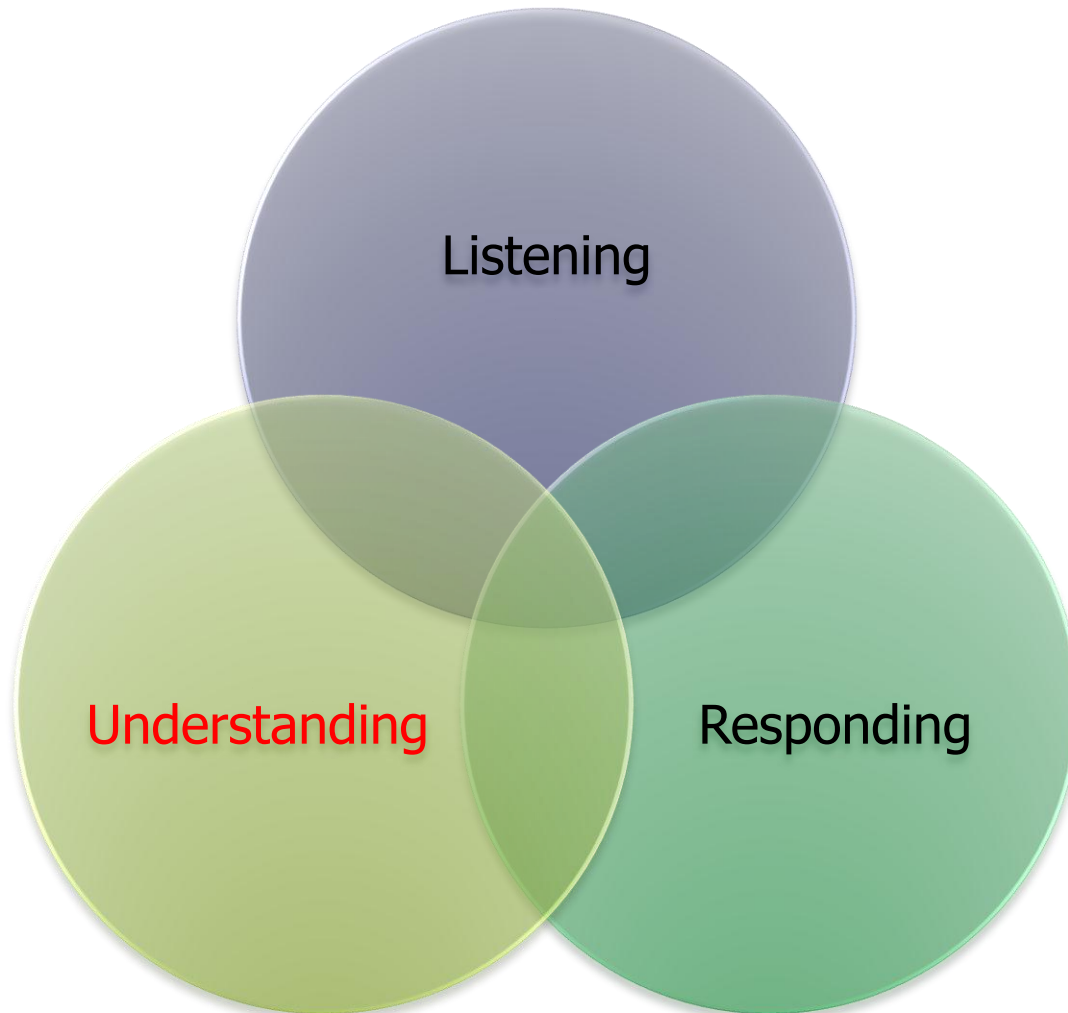


Active Listening

- Be warm and supportive
- Show interest
- Ask for clarification
- Be empathic
- Allow time
- Be silent



Understanding possible risk of suicide is fundamental to act effectively



Signs of depression and increased risk of suicide

- Feelings of sadness or hopelessness
- Withdrawal from social activities/relationships
- Changes in sleeping or eating habits
- Lack of energy and fatigue
- Major changes in mood
- Problems with attention and concentration
- Poor performance at work or at school
- Accumulation of stress/traumatic events
- Direct/indirect communication referring to suicide

Often a combination of these aspects

Indicators of suicide risk

- Pressing suicidal thoughts
- Hopelessness and strong feelings of guilt
- Both open and undisclosed announcements of suicide
- Actual plans or preparations for suicidal acts

Interaction and communication about suicidal thoughts - Advantages:

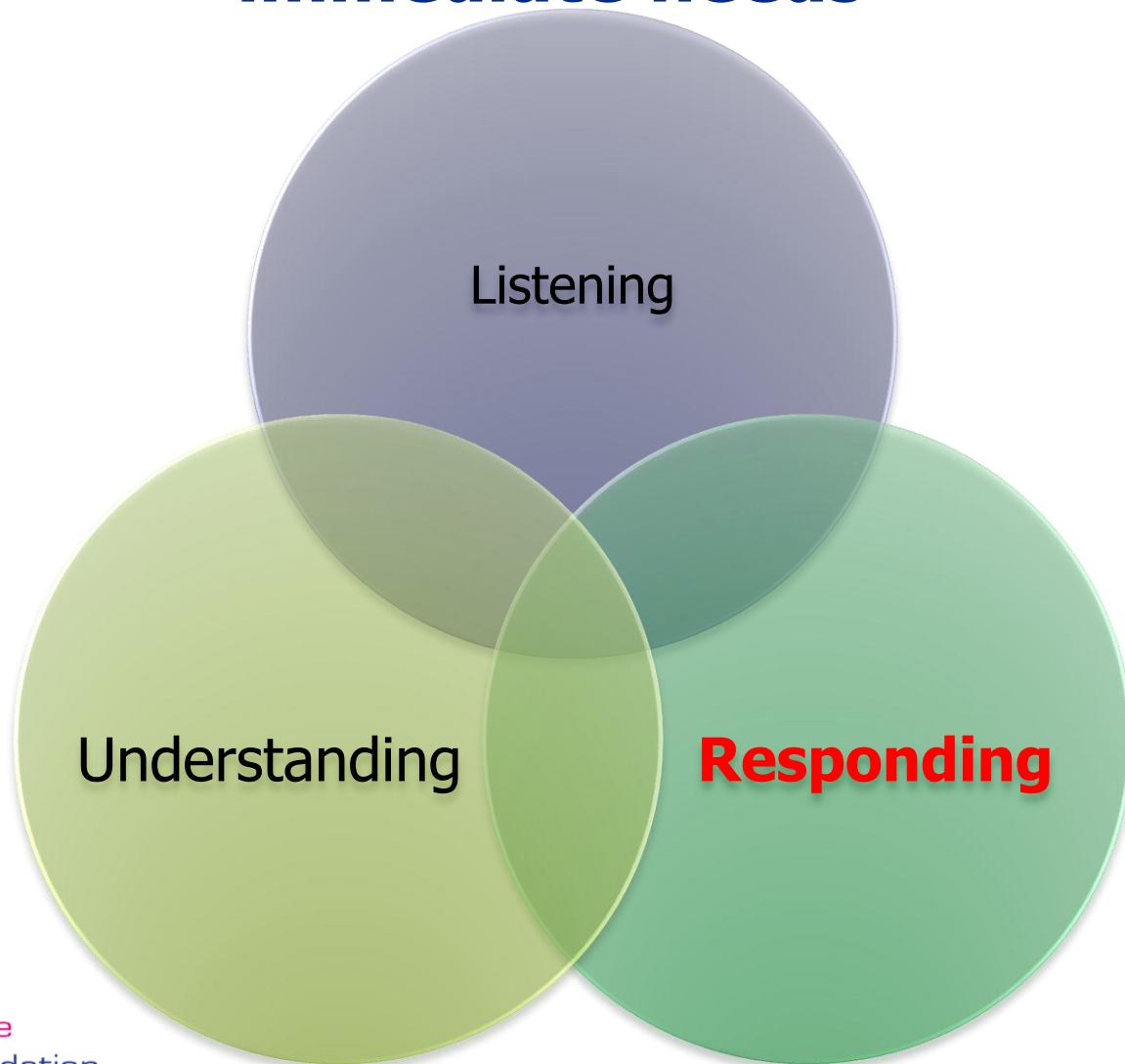
- Gives the person a chance to unburden
- Encourages help seeking behaviour
- Can impede or delay acting on suicidal impulses
- Keeps the lines of communication open and stay connected

Protective factors associated with prevention of mental health problems and suicide risk

- Social support
- Living with a partner /spouse
- Positive attitude towards the future
- Responsibilities towards others



Responding appropriately to questions and immediate needs



Short-term responses in dealing with risk of suicide and self-harm

- Involve the suicidal person where possible
- Elicit the extent of distress and intention using ordinary, everyday, sensitive conversation
- Do not be judgmental or display shock
- Listen empathically
- Motivate and support help seeking behaviour (provide information on relevant services)

Where to find help?

- Local GP or family doctor
- South-Doc: 1890 335 999
- Samaritans: 1850 60 90 90
- Aware: 1890 303 302
- HSE Information Line: 1850 24 1850
- Pieta House: 021-4341400



www.yourmentalhealth.ie

www.samaritans.org

www.mabs.ie

www.aware.com

Personal Safety

- Be aware of limitations to your role and responsibility
- In situations of possible suicide risk, it is important to operate according to clear policy around the responsibility and sharing of information
- Comprehensive assessment can only be provided by mental health professionals
- It would be important to have the possibility to debrief on a structural basis



***“People who attempt suicide never want to die,
what they want is a different life”***

(R. Wieg, 2003)

Thank you!

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National Suicide
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