Towards evidence-based interventions for suicide prevention:

*Changing lives, enhancing positive futures*

HRB 30th Anniversary Conference

Wednesday 30th November 2016

Professor Ella Arensman
Director of Research, National Suicide Research Foundation
Department of Epidemiology and Public Health
WHO Collaborating Centre on Surveillance and Research in Suicide Prevention
University College Cork, Ireland
President, The International Association for Suicide Prevention
Recipient HRB Research Leaders Award
Overview

- Suicide and self-harm in Ireland
- Evidence based mental health promotion – *Building resilience and identifying hidden cases of self-harm*
- Evidence based interventions for self-harm in health services – *Closing the gaps and preventing self-harm repetition and suicide*
- Improving aftercare and support after suicide – *Improving support and preventing further suicides*
Suicide rates in Ireland by gender, 2004-2015


*2015 figures provisional

<table>
<thead>
<tr>
<th>% rate compared to 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
</tr>
<tr>
<td>Women</td>
</tr>
<tr>
<td>All</td>
</tr>
</tbody>
</table>
Connecting for Life
Ireland’s National Strategy to Reduce Suicide, 2015-2020

Innovative aspects:

- Collaborative, cross-sectoral approach to suicide prevention. Statutory and non-statutory agencies pooling expertise and resources and working together in a spirit of real cooperation and mutual respect.

- A focus on formal accountability, adequate response, informed evidence and openness for change in line with emerging evidence-based initiatives.

- Increased surveillance systems, evaluation and high-quality research with regard to suicidal behaviour by tracking the progress of the strategy against set indicators over the next five years.
Suicide and medically treated self-harm: The tip of the iceberg

- Approx. 550 suicides p.a.
- Approx. 11,000 self-harm presentations to hospital p.a.
- Approx. 60,000 ‘hidden’ cases of self-harm p.a.

Evidence based aftercare and support after suicide
Evidence based interventions in health and mental health services
Evidence based mental health promotion, awareness and skills based programmes
Evidence based mental health promotion, awareness and skills based programmes

- Evidence informed general public awareness campaign, in particular the *Little Things campaign*

- Effective school based intervention programmes, in particular the *Saving and Empowering Young Lives in Europe* project with proven effects on improving emotional resilience and self-esteem and reducing self-harm and reducing suicidal ideation

- Evidence based depression & suicidal behaviour awareness and skills training among healthcare professionals and community facilitators in terms of improved knowledge, attitudes and confidence, including: GPs, pharmacists, counsellors, carers for older people, social workers, gardai etc.
Aims:
- To establish the extent and nature of hospital-treated self-harm;
- To monitor trends over time and also by area;
- To contribute to research and policy development in the area of suicidal behaviour;

Outcomes 2015 Annual NSHRI Report:
- 11,189 self-harm presentations to Irish hospitals
- 73% of patients received an assessment in the Emergency Department
- 13% left the Emergency Department without being seen

Evidence based interventions in health and mental health services
Impact of the Self-Harm Registry on Health and Mental Health Services

Clinical management of self-harm and capacity building in health services

- Allocation of self-harm nurses to all hospital Emergency Departments in Ireland (2014-ongoing)
- National implementation of Dialectical Behaviour Therapy (2013-ongoing)

Restricting access to means

- National Task Force to address frequently used drugs intentional drug overdose, in particular benzodiazepines and street drugs
- Implementation of interventions to reduce alcohol related self-harm

High-risk groups

- Identification of specific risk factors associated with frequent self-harm repetition and highly lethal self-harm
- Significant increase of self-harm among homeless people
A systematic approach to obtain real-time and accurate data on suicide: Suicide Support and Information System, Ireland (2008-ongoing)

Characteristics of people who die by suicide
- Overrepresentation of men (80.1%); Men significantly younger than women
- Relatively high proportion were unemployed at time of death (33.1%)
- Nearly two thirds had a history of self-harm (65.2%); 69.1% were diagnosed with depression, and alcohol/and or drug abuse was present among 60.7%

Characteristics of people bereaved through suicide (4.9 years after death of family member)
- 33.3% reported Post-Traumatic Stress symptoms
- 25% reported suicidal thoughts
Enhancing the Suicide Support and Information System - Developing a National Pulse System

The Pulse system will address a major knowledge gaps in clustering of suicide and self-harm using innovative and progressive techniques.

Geospatial mapping of suicide and real-time information on emerging self-harm and suicide clusters will provide the foundations to develop the pulse system.

The Pulse system will:

- Identify emerging suicide and self-harm clusters
- Facilitate the activation and implementation of local plans to respond to suicide and self-harm clusters, and local allocation of resources to prevent further suicide and self-harm
- Assist with optimising health service resource allocation and location locally and nationally.

Using specialist expertise from the National Centre for Geocomputation, Maynooth University, the University of Melbourne & Griffith University, Australia
2 Male Self-harm Clusters

1. Expected versus observed: 253.55 versus 373
   - Radius: 6.80 km

2. Expected versus observed: 171.69 versus 265
   - Radius: 3.96 km
Male Suicide Cluster

- Expected versus observed: 1.86 versus 13
- Radius: 23.44 km
Key Recommendations and Actions

- Enhancing suicide prevention and prevention of excess mortality through multidisciplinary collaboration and partnerships involving mental health and wider health services.

- Implementing intervention and prevention strategies for self-harm and suicide simultaneously at multiple levels increases synergistic and sustainable effects.

- Effective implementation, monitoring and evaluation via the development of networks of regional alliances, possibly incorporated in regional *Connecting for Life* strategies.
People who attempt suicide don’t want to die, what they want is a different life

(Wieg, 2005; Zwagerman, 2015)
Thank you!

Go raibh maith agat!

Prof. Ella Arensman
National Suicide Research Foundation
Department of Epidemiology and Public Health, University College Cork, Ireland
WHO Collaborating Centre for Surveillance and Research in Suicide Prevention
President, The International Association for Suicide Prevention
Recipient HRB Research Leaders Award
T: 00353 214205551
E-mail: earensman@ucc.ie

Acknowledgements: HSE National Office for Suicide Prevention, Health Research Board, Eileen Williamson, Eve Griffin, Christina Dillon, Niall McTernan, Sara Leitao, Dorothy Leahy, Grace O’Regan, Karen Mulcahy, Elaine McMahon, Ailbhe Spillane, Paul Corcoran, Ivan Perry