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

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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
Self-harm by age and gender, National Self-Harm Registry Ireland, 2016
High-risk groups: Increasing trend of self harm acts involving highly lethal methods among males and females aged 15-29 years

Rate per 100,000

Male
Female
Risk of repeated self-harm in young people

- 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

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)

Suicide
Approx. 550 p.a.

Medically treated self-harm
Approx. 11,000 p.a

“Hidden” cases of self-harm
Approx. 60,000 p.a.
Risk factors associated with self-harm in young people
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

- Relief from state of mind
- Wanted to die
- Show feelings of desperation
- Punish myself
- To see if someone loved me
- Wanted to frighten someone
- Wanted to get attention
- Get my own back on someone

Females | Males | Total Pop

Graph showing the distribution of motives 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 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 glamourises suicide

• 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 Suicides Clusters

Prepared by: Sandra Palmer, Dr. Maree Irwin, Roger Shave and Professor John Bushnell.
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‘Breaking Down Walls and Building Bridges’

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Kia ora!

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