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

- Suicide: Approx. 550 p.a.
- Medically treated self-harm: Approx. 12,000 p.a.
- “Hidden” cases of self-harm: Approx. 60,000 p.a.

- 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

Age standardised rate per 100,000

- Men
- Women
- All

2001-2012

+9%

+5%

-7%
Attitudes towards suicidal behaviour

“There is a risk of evoking suicidal thoughts in a person’s 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

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

Arensman et al, 2013
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.

Coroners' verdict records & Post mortem reports
*Response rate: 100%*

GP/Psychiatrist/ Psychologist
*Response rate: 77%*

Close family members/ friends
*Response rate: 66%*
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%)
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

- Construction/Production sector
- Drugs in toxicology
- Benzodiazepines in toxicology
- History of alcohol and/or drug abuse
- Opiates in toxicology
- History of self-harm
- Attended outpatient psychiatric treatment
- Living with family of origin
- Day of the week died: Saturday
- Family or close friend died by suicide
- Divorced/Seperated
Men aged <40 years

- Marital status: Single
- Opiates in toxicology
- Benzodiazepines in toxicology
- Alcohol in toxicology
- History of alcohol and drug abuse
- Unemployed
- Living alone
- History of self-harm
- Family or close friend died by suicide
- Diagnosed with depression
- Day of the week died: Monday
- Full-time student

Percentage

Men aged < 40 Years
Men aged ≥ 40 years

- History of alcohol only abuse
- Living with family of origin
- Drugs in toxicology
- Marital status: Married/Co-habiting
- Antidepressants in toxicology
- In paid employment
- Diagnosed with a physical illness
- Diagnosed with depression
- Agricultural occupation
- Day of the week died: Saturday
- History of self-harm
- Family or close friend died by suicide

Percentage

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

Listening

Understanding

Responding
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

- Listening
- Understanding
- Responding
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.mabs.ie
www.samaritans.org  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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