

# **SOUTH WESTERN AREA HEALTH BOARD**

**Report No. 9/2002**

**Board Meeting – 4th June 2002**

## **Responding To Suicide**

**“Suicide is not about wanting to die .....**  
**..... *It's more about not wanting to live anymore.*”**

### ***Introduction***

The increase in the number of people taking their own lives in Ireland in recent years is a major cause for concern. Of the fifteen European Union states, Ireland ranks as twelfth for female suicide and eighth for males. Amongst males in the age group 15-24 years, we rank first. The South Western Area Health Board is committed to implementing the recommendations of the *National Task Force on Suicide Report, 1998* and to increasing our understanding of this tragic phenomenon. Eighty-six recommendations were made in the Task Force report under the following areas:-

- The provision and structure of services relating to suicide and to attempted suicide (parasuicide).
- The prevention of suicide and parasuicide.
- Intervention.
- Aftermath and aftercare.
- Research and evaluation.

Arising from these recommendations, the National Suicide Review Group was established. The terms of reference of the review group include:-

- To review the on-going trends in suicide and parasuicide.
- To co-ordinate research into suicide.
- To make appropriate recommendations to the Chief Executive Officers.

“*Suicide* is not a disease. It is an expression of a host of emotions; hopelessness, guilt, sorrow, loneliness, rage, fear, shame, that have their roots in psychological, social, medical and biochemical factors.”

*Psychological Society of Ireland, 1992*

### ***Parasuicide***

The National Suicide Research Foundation describes parasuicide as ‘*any non-fatal act initiated deliberately by an individual in the knowledge that it may cause physical harm to themselves or even death. It therefore includes definite attempts at suicide as well as acts where the individual had no intention to die*’. Most cases are overdoses of medication, often taken in combination with excessive alcohol ingestion. Frequently seen methods include overdosage and deliberate self-laceration.

The Foundation has been monitoring parasuicide in the Southern and Mid-Western Health Boards for the past 5 years. The registry will be fully operational in all health boards by the end of 2002.

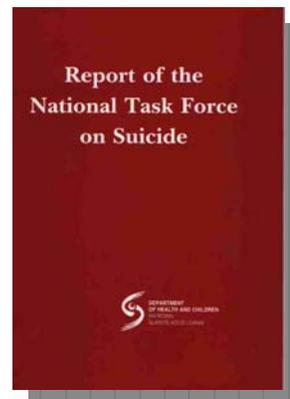
Monitoring commenced in the South Western Area Health Board in the Accident & Emergency Department at the Adelaide and Meath Hospital, incorporating the National Children’s Hospital (AMiNCH), Tallaght, in November 2001 and in Naas General Hospital during January 2002. Discussions are currently underway with St. James’s Hospital to agree a commencement date for this initiative.

### ***South Western Area Health Board Suicide Response Steering Group***

The formation of a South Western Area Health Board Suicide Response Steering Group to progress the recommendations made by the National Task Force on Suicide is a priority.

The terms of reference of the steering group will be as follows:-

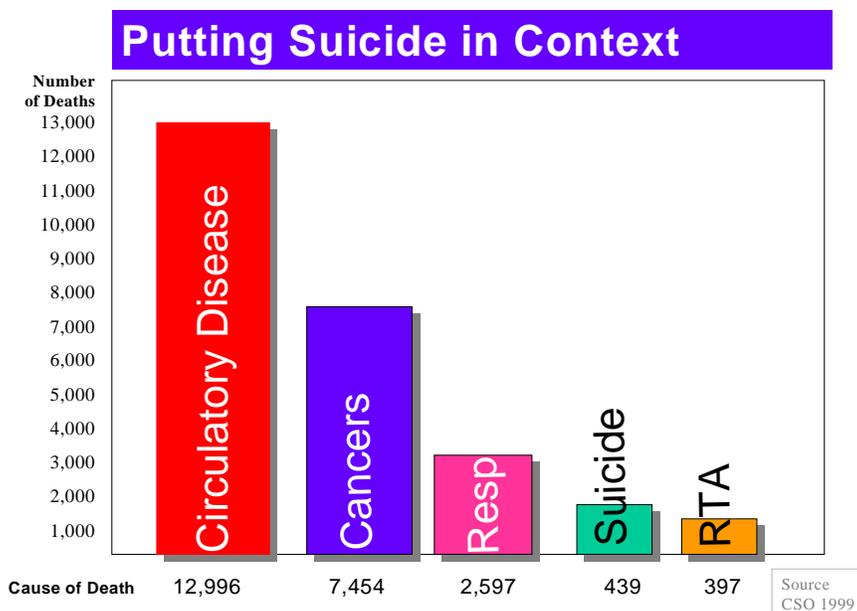
1. To examine the recommendations in the Report of the National Task Force on Suicide with particular reference to the following:-
  - The training requirements of personnel in relation to all aspects of suicide and parasuicide.
  - The promotion of mental health and the destigmatisation of suicide.
  - The provision and dissemination of information in relation to suicide and parasuicide.
  - The mechanisms for working with other voluntary and statutory agencies with a special interest in suicide and mental health promotion.
  - Media management.
2. To review the recommendations of the 1984 document *Planning for the Future* to identify gaps and barriers to the provision of a comprehensive quality service in the



context of suicide reduction and the appropriate response to parasuicide (effectiveness, efficiency, appropriateness and responsibility).

3. To assess the on-going needs and evaluate the services which are concerned with all matters relating to suicide.
4. To commission research into all aspects of suicide and parasuicidal behaviour in collaboration with the Resource Officer and to provide regular reports through the Assistant Chief Executive, Planning & Development, South Western Area Health Board, to the National Suicide Review Group.
5. To compile a directory of the voluntary and statutory services relating to suicide in the health board area through the Resource Officer.
6. To make regular reports to the Chief Executive Officer.

### *Putting Suicide in Context*



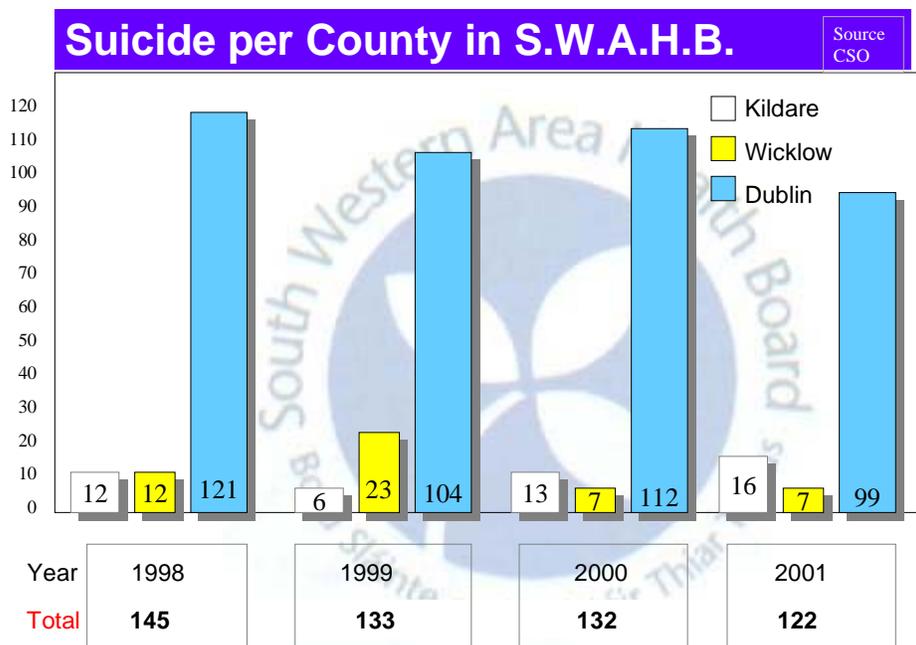
Death by suicide remains an uncommon event in our society but its impact is profound. Immediate family and friends can be devastated, seeking reasons, feeling unwarranted guilt and reliving final moments together. There are feelings of disbelief, guilt, overwhelming sorrow and anger. It is difficult to understand the true nature of suicide and its complex causes, in many cases no obvious cause can be isolated.

At present, suicide accounts for around 400 deaths per annum and consequently has overtaken Road Traffic Accidents as a cause of death in recent times. The incidence is dwarfed, however, when compared to the number of deaths annually from circulatory disease, cancers and respiratory illness.

‘Contagion’ or copycat events are not uncommon and suicide can present in clusters. Vulnerable individuals may be more likely to consider taking their own lives following a recent incidence of suicide within their local community. The effect of media reports of high profile suicides has been studied. Detailed descriptions of the means of suicide can inspire suggestible individuals. In instances where the media focus on the experience of those bereaved by suicide, the incidence of suicide has been seen to reduce.

### ***Suicide within the South Western Area Health Board***

While data specific to the South Western Area Health Board is not yet available, statistics for Counties Dublin, Wicklow and Kildare are set out on the graph below.



*Data shown relates to the whole of Counties Dublin and Wicklow*

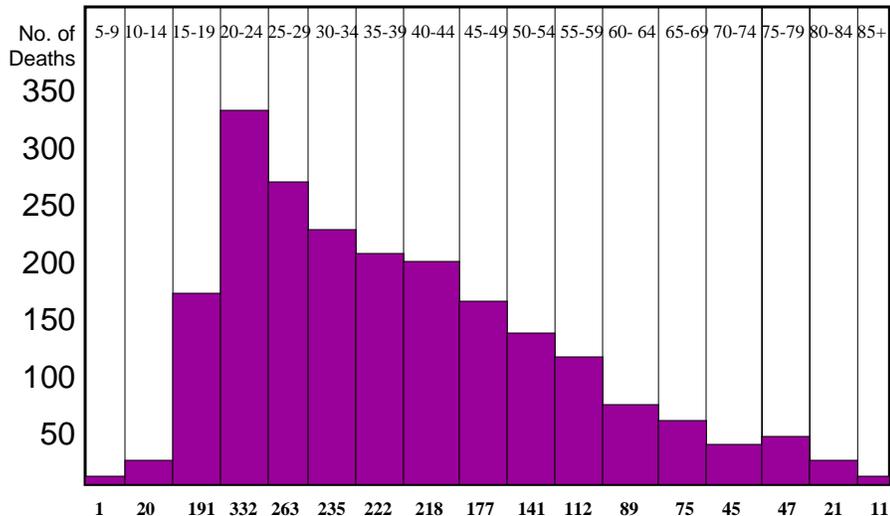
### ***Pattern of Death by Suicide***

In Ireland there has been a dramatic increase in suicide - the most striking change in rates in the last 20 years has occurred among men aged 15 to 24 years. This demographic group has shown a four-fold increase in suicide (*from 7 to 27 per 100,000 – 1978 to 1998*).

***“Suicide is the leading cause of death among young men ahead of road traffic accidents.”***

*Reference: Report of the National Task Force on Suicide*

## Suicide 1995-1999 by Age Group



In the South Western Area Health Board there are almost a quarter of a million (220,000) young people in the 15 to 34 year age group, placing the issue of youth suicide at the centre of our agenda.

### *Youth Suicide*

The loss of a young person's life is always difficult, none more so than death through suicide. Four elements have been noted to be of particular relevance to young people and suicide:-

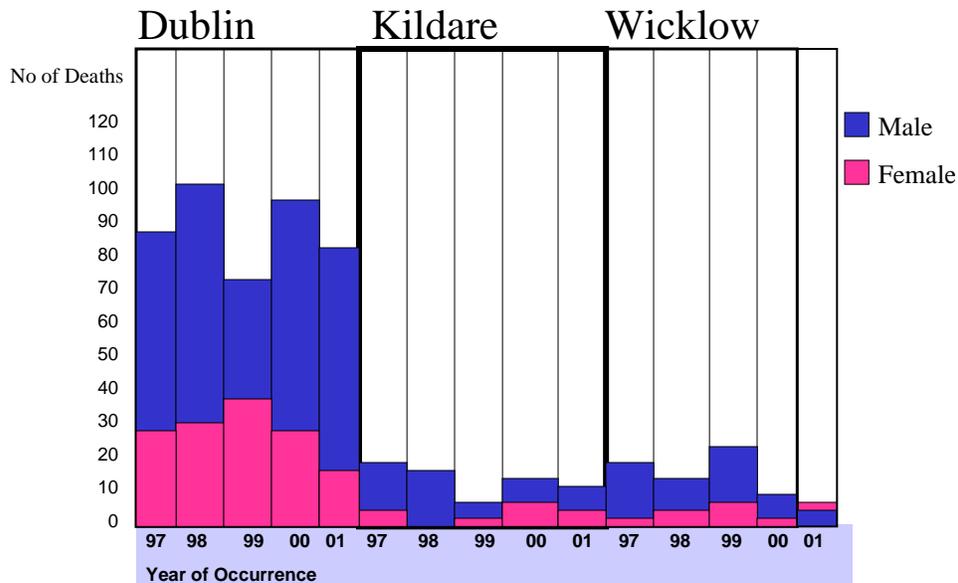
- Depression, mood disorder, anxiety
- Conduct disorder
- Alcohol and drug use
- Social isolation

Other factors associated with elevated risk include:-

- Family history of suicide
- Environmental aspects, particularly ready access to means
- Behavioural difficulties
- Personal factors, mental illness, poor impulse control, experience of abuse

*(See Appendix 1)*

## Suicide by Gender & County



Ireland shows the greatest gender differential in the incidence of completed suicide; this is consistent with the pattern in the South Western Area Health Board. In this Health Board, males show on average a four times greater rate of completing suicide than females. In the Republic of Ireland, in the age group 15 to 24 years, the ratio of male to female suicides in 1998 was almost seven to one.

In 1998 the number of suicides registered by the Central Statistics Office reached an all-time high of 504. In 2000 this had reduced to 413 but it is far too early to draw any conclusions from that reduction. At present, figures are not available per District Electoral Division (D.E.D.) but it is anticipated that they will be available to us in the near future.

### *Drugs, Alcohol and Suicide*

Alcohol is a depressant and its disinhibiting effects can facilitate suicidal behaviours. More than 20% of those who had completed suicide had taken alcohol immediately before they died (the percentage was greater amongst young men\*). Almost half (45%) had attended their G.P. for counselling in relation to their alcohol use. For those with a history of drug or alcohol abuse, the risk of self-harm and death by suicide is increased twenty-fold.

\* *Public Health Study, 'Suicide in Ireland' 2001*

### ***Precipitating Factors***

There are no hard and fast rules about what causes suicide but there are well-documented indicators. The mnemonic “SAD PERSONS” groups factors associated with increased risk of suicide:-

- S** ex (gender - male)
- A** ge (<35, >64)
- D** epression
  
- P** revious attempts
- E** xcess alcohol/drugs
- R** ationality lost
- S** ocial support lost
- O** rganised plan
- N** o partner, bereaved, alone
- S** ickness, physical, psychiatric, pain

### ***Associated factors include***

- Access to a method of suicide *e.g. medication, firearms*
- Impulsiveness and risk-taking behaviour
- Recent relationship break-up
- Becoming isolated
- Sudden changes in mood/behaviour
- Making final arrangements, *i.e. giving away prized possessions*
- Preoccupation with death
- Currently expressing suicidal thoughts
- Recent discharge from psychiatric hospital, *i.e. first 48 hours crucial*

*(See Appendix I)*

### ***Current Initiatives***

Responses made by the South Western Area Health Board can be considered under three headings:-

#### ***Prevention***

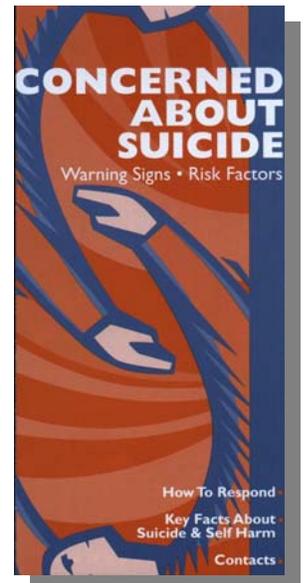
#### ***Intervention***

#### ***Postvention***

<b>Prevention</b>
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- The Resource Officer for Suicide and Mental Health Promotion was appointed on 28<sup>th</sup> January, 2002.
- A research project on suicide prevention is underway, funded by the South Western Area Health Board in conjunction with the Irish College of General Practitioners (I.C.G.P.). The aim of this project is to develop and evaluate the effectiveness of a training initiative and information resources on suicide prevention for general practitioners.

- A second project has also been initiated with the I.C.G.P. on Primary Care and Mental Health, examining the current reality for people receiving their mental health care within the context of Primary Care.
- A steering group is currently being established to develop a strategy for suicide prevention in the South Western Area Health Board.
- The schools policy on Alcohol, Tobacco and Drug Use has been developed by the South Western Area Health Board, Northern Area Health Board and East Coast Area Health Board, in partnership with the Department of Education & Science and Local Drug Task Forces.
- In association with the National Review Group and the Irish Association of Suicidology, the Suicide Prevention in Schools Guidelines have been developed and are being disseminated to all second level schools at present.
- The Director for Mental Health & Addiction has been appointed to represent the South Western Area Health Board on the National Suicide Review Group.
- The South Western Area Health Board supports mental health promoting projects developed by Mental Health Ireland *i.e. Mental Health Matters, Public Speaking Project, Primary Schools Essay Competitions.*
- Prior to a service user being discharged from the acute psychiatric service, a reassessment of the person's mental health status is carried out. The community team, key worker and family are informed. If the discharge takes place at the weekend, the staff on call are advised of same.
- Information and education for mental health service users on all aspects of self-care and independence is being developed.
- The 'Concerned about Suicide' information leaflet launched by the Minister for Health & Children, Micheál Martin, T.D., is currently being distributed throughout the South Western Area Health Board.
- The South Western Area Health Board has provided funding to AWARE to raise awareness of depression in the wider community.



## Intervention

- The National Research Foundation has commenced monitoring of parasuicide in the South Western Area Health Board since November 2001.
- Dr. Anne Marie Dwyer was appointed Liaison Consultant Psychiatrist for Accident & Emergency (A&E) in 2001 at St. James's Hospital. This is the first appointment of a Consultant in Psychiatry for A&E in the South Western Area Health Board.
- Those who present to Accident & Emergency Departments with deliberate self-harm will be actively encouraged to access professional help. This will be greatly facilitated by existing on-site psychiatric services in each of the acute hospitals.

- With the development of the G.P. training programme, underlying mental health problems will be diagnosed and treated.
- Two Liaison A&E/Addiction Service Nurses are currently being recruited (one for St. James's Hospital and one for AMiNCH, Tallaght).
- Naas General Hospital has appointed a staff member with a particular role in identifying alcohol misuse amongst in-patients and those attending A&E.
- To reduce access to means, the South Western Area Health Board is currently exploring a project relating to the disposal of unused medication. The aim of the project will be to limit access to available household medications.
- The South Western Area Health Board has supported activities of The Samaritans through National Lottery funding.
- Our Board intends to extend the reach of our existing alcohol service to embrace education, health promotion and targeted interventions for young people, homeless individuals and women.
- The South Western Area Health Board aims to work with local media to avoid detailed and invasive reporting of suicide, including providing training to editorial and reporting staff on measures shown to reduce the likelihood of copycat events.

<b>Postvention</b>
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The great psychological trauma associated with loss through suicide should not be underestimated; those bereaved by suicide themselves show an significantly increased risk of suicide.

The current services within the voluntary sector being supported by the South Western Area Health Board include:-

- The Samaritans who offer 24 hour confidential support for those passing through personal crisis.
- *Turas Le Cheile* bereavement support service provides support to people from North Kildare.
- AMiNCH, Tallaght, offer bereavement support through their Pastoral Care Services.
- Kildare Bereavement Support Network provide support for people bereaved through suicide.
- Barnardos' Solas service for children who have experienced bereavement, a significant proportion of whom have been bereaved through suicide.
- The *Rainbows* programme also offers group support to children who have lost a family member or friend.

- *Facing up to Suicide* - a 6 week information course in Rathmines, and recent Day Seminars in Knocklyon and Kildare Town on suicide, are part -funded by our Board.
- The South Western Area Health Board has funded and continues to support the ongoing training and development of voluntary support services for people bereaved through suicide.
- The development of the Irish Association of Suicidology (I.A.S.) Guidelines for schools also encourages teachers to make provision for a crisis plan of action in the event of a sudden death within the school.
- The Suicide Response Steering Group will compile and publish a directory listing local resources available within the South Western Area Health Board to individuals requiring additional support.

### **Proposed Response to Suicide in the South Western Area Health Board**

For many years suicide was considered to be an unpredictable and random event which could not be prevented or avoided. International experience has shown that well-resourced and targeted initiatives can have a measurable impact on the incidence of suicide within our community. The South Western Area Health Board is determined to address this issue and create a supportive network for those who feel that suicide presents a viable solution to their difficulties and problems.

A primary role for the South Western Area Health Board Suicide Response Steering Group will be to facilitate the development of a detailed strategy and action plan to address suicide and self-harm in this region.

#### ***Particular focus within the next 5 years***

- Establish an active steering group on suicide to work towards the implementation of the National Task Force Recommendations.
- Commission research to determine the contributory factors in suicide and parasuicide within this health board.
- Assess training requirements of our personnel in relation to all aspects of suicide and parasuicide. Design, implement and evaluate a training programme to raise staff consciousness and intervention skills in the area of self-harm and suicide.
- Promote positive mental health and the destigmatisation of suicide.
- Promote a more positive image of our mental health and addiction services, encouraging early uptake of services and treatment.
- Foster links with other voluntary and statutory agencies that have a special interest in the twinned areas of mental health promotion and suicide prevention.

- Assess the ongoing needs and evaluate the services related with all matters concerning suicide and mental health promotion.
- Facilitate research into all aspects of suicide and parasuicide in co-operation with neighbouring health boards.
- Improve easy access to counselling services for young people seeking assistance with drug-related problems, especially given the correlation between suicide and drug misuse and the growing incidence of suicide amongst young people (*Building on Experience, National Drugs Strategy, 2001-2008*).
- Learn from individuals who have considered self-harm and suicide in the past to discover what inputs they found most successful and beneficial to their recovery.

**Pat Bennett**  
**Assistant Chief Executive**

**4th June 2002**