

Future challenges in suicide research

Defining the problem...

Since 1980, the suicide rate in Denmark has declined, but suicidal behaviour continues to pose a serious problem surrounded by taboo and concealment. In Denmark, two groups in particular are at risk. One group is composed of men older than 50 years of age, while the other is composed of adolescent girls.

Recent data from 2005-2006 show that one in every three suicides was committed by a person older than 65 years. This age group amounts to approximately 15% of the total population, which means that the suicide rate of the elderly is significantly higher than that of any other age group. Since the early 1950s, WHO has collected suicide rates (numbers of incidents per 100,000). The suicide rate for 15 year olds and their elders varies in the European countries. Regarding the overall suicide rate, Denmark is placed higher than Sweden and Norway up-to 2000, after which the rates are substantially the same. In comparison, the highest suicide rates are found in the Eastern European countries due to extremely high rates for men (around 35 per 100,000 in Poland, compared with approximately 17 in Denmark in 2005). A possible explanation could be that the Eastern European countries are marked by major social changes and are currently considering former value priorities.

In a representative part of Denmark, an increasing number of attempted suicides among adolescent girls during the 1990s and onwards has been registered. For adolescent girls aged 15-19 years, the attempted suicide rate has increased by 227% from 1990 to 2007.

No national register for suicide attempts covers all Denmark, but the

number of Danes admitted to hospital with poisoning or attempted suicide by an overdose of pills has doubled in seven years. In 2006, 59.8% of the persons admitted to casualty wards with poisoning or attempted suicides by an overdose of pills were women. In Europe, there are no national registers for suicide attempts; however, several studies exist that are based on data collected at regional centres, including WHO Collaborating Centres. The rate for adolescent men aged 15-19 years is higher in Denmark than in Norway or Sweden, yet lower for adolescent women.

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The numbers registered at arrival at a hospital only cover the tip of the iceberg. Merely 10-25% of all suicide attempts are treated and consequently registered. To get an idea of the extent of the problem, the Centre for Suicide Research has carried out several large-scale studies among 8,000 13-15 year old adolescents. Results show that 24% have seriously

considered harming themselves and 12% have harmed themselves within the last year.

A study of 3,573 15-19 year old adolescents shows that 22% have seriously considered harming themselves. 10.2% have attempted to commit suicide at least once, and 3.8% suffer from habitual self-harming behaviour. 45% of those with habitual self-harming behaviour have attempted suicide at least once.

In the EU, there is no updated knowledge of the extent of the problem. Suicides are registered, but co-operation on the registration of suicide attempts at arrival at a hospital could give an overview of the extent of the problem as well as form the basis of co-operation across borders.

The vision for the coming years is to carry out a data collection in the EU countries concerning people who have experienced serious suicidal ideation or attempted suicide without having been in contact with a hospital. These data may be obtained through population surveys or via general practitioners. A continuous collection of data in the European countries can form the basis for research into which social, political, religious, cultural or economical factors increase or restrain serious suicidal ideation or suicidal behaviour in the population. Furthermore, such a data collection would promote research across borders and disciplines, as well as provide the possibility of studying suicidal behaviour from aspects other than the health perspective. Attempted suicide is the loneliest action committed by a human being, yet it must be seen in light of current social conditions and the social development that is happening in

each country, as well as in the EU in relation to the rest of the world.

Research on risk factors

Research conducted so far in the majority of the European countries, among these Denmark, focuses on the examination of risk factors. Generally, research has been based on mentally ill hospitalised persons. We have thorough knowledge about risk factors for both adolescents and the elderly. Furthermore, there is much knowledge about risk factors among mentally ill hospitalised patients.

International research shows that somatic disorders, loss, or emotional strain in the social networks highly increases the risk of committing suicide among elderly men. Furthermore, mental disorders and depression pose as significant risk factors for suicidal behaviour among the elderly.

Risk factors for 15-20 year old adolescents cover, in particular, suicidal behaviour in the family or among friends, having been forced into sexual activities, or having been a victim of physical abuse. Adolescents are also stressed by serious problems with boy/girlfriend, problems of sexual orientation or conflicts with the police. Adolescents who experience academic problems or who are being bullied are at risk of committing self-harm. Several European studies show that smoking, drinking or drug abuse are risk factors for attempted suicide.

What protects against suicidal behaviour?

In European countries, research on self-harming behaviour has traditionally been conducted by psychiatrists, disregarding the fact that the majority of all suicides and attempted suicides are committed by people who are neither hospitalised nor diagnosed with a mental disorder. There is a need for research that looks at self-harming behaviour from other angles than the medical one. We need interdisciplinary research into protective factors against self-harm and suicidal

behaviour. Knowledge of protective factors can help prevent serious suicidal ideation from developing into self-harming behaviour and suicide. We only know a little about why people suffering from serious suicidal ideation abstain from committing suicide. Sociologists, religion researchers, ethnologists, psychologists, historians, philosophers, etc. can co-operate with health professional researchers in focusing on self-harming actions in various age groups from new angles and thus contribute to our knowledge of protective factors.

How can we prevent suicides?

So far, preventive efforts have concentrated on people whose suicide attempt caused either hospitalisation or contact with a hospital. We need prevention programmes targeted at people who seriously consider committing suicide, or who have attempted to commit suicide without getting in contact with a hospital.

Regarding adolescents, knowledge of both protective and risk factors can be obtained via school surveys. Co-operation between relevant professionals (eg. sociologists, pedagogues, and psychologists) in European countries could contribute to the development of existing questionnaires, thereby providing the opportunity of comparing adolescent self-harming behaviour across borders. Furthermore, an interdisciplinary European research co-operation could develop preventive courses targeted at vulnerable adolescents. Research supports the notion that prevention in schools targeted at the vulnerable adolescents will enable them to cope with crises and difficult conditions.

Regarding elderly men, interdisciplinary co-operation on prevention based on research is equally important. Many of the professionals and caretakers in contact with the vulnerable or sick elderly men are women (home caretakers, home nurses, and nursing home professionals, etc.). A

large part of the preventive measures have concentrated on optimization the professionals' knowledge of suicidal behaviour, yet only few men tell of suicidal ideation or of suicide plans. Prevention based on protective factors requires a thorough knowledge and insight into the thoughts and hopes for the future of the elderly. Furthermore, it is important that prevention is based on those coping strategies that the elderly themselves point to as decisive for maintaining their love of life.

In the EU, there is scarce knowledge of which kinds of general prevention that actually work. We need interdisciplinary research in various kinds of prevention targeted at various age groups. We are seeking interdisciplinary research into which efforts prevent people from repeating a suicide attempt. Furthermore, a new challenge arises in the form of interdisciplinary research in general concepts such as hope, love of life, life skills and coping. Research in these concepts is not limited to certain nations but is applicable across religious, cultural and political borders. We know that people who attempted to commit suicide once are at risk of committing suicide. Consequently, preventive measures must be applied before serious suicidal ideation becomes suicidal actions.



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