New IASP Task Force: Emergency Medicine and Suicidal Behavior

There is emerging interest in Emergency Departments (EDs) as sites for suicide prevention prompted by increasing presentations to EDs for suicidal behaviour in many countries. In response, most national strategies for suicide prevention include an explicit focus on improving assessment, treatment and management of people who present to the ED.

While suicide researchers and policy analysts are paying increasing attention to EDs as sites for screening and intervention, traditionally, suicide prevention has not been a focus for emergency physicians and other ED staff. Emergency physicians are expert in the acute management, resuscitation, and stabilization of suicide attempt patients. However, their expertise in EMS, toxicology, and medical aspects of disease has not always extended to the management of psycho-social problems. Building collaborative bridges with mental health professionals, emergency staff can better manage suicide attempt patients and help stigmatize those who are at imminent risk.

So, we know a lot about preventing teen and youth suicides than their relative risk would seem to warrant. We also know a tremendous amount about which medications may be helpful in preventing suicide and, in comparison, very little about other prevention methods and interventions. We can understand the plethora of medication research because of the great investment in drug studies by the pharmaceutical industry. However, the popularity of studying youth suicide and the under-representation of research on adults and the elderly can only be explained by a greater interest in youth suicide prevention. One of the important challenges for suicide prevention is to attract more researchers to study the elderly and suicide in adulthood. Since the researchers themselves are adults, one would think that they should be more interested in their own peers (as well as what will occur with their peer themselves). However, they have the highest suicide rates. Yet we find that 38% of the PsychINFO research publications and 37% in PubMed concerned teens and children under age 18. This compares to 42% and 43% on adults and 19 and 12% on persons over age 65. When we examine what types of suicide prevention activities have been studied, we find that overall 46% concern evaluations of the effectiveness of medications and only 6.5% assess psychotherapy and 2.2% report on telephone help lines.

The old adage, “Look and thee shall find,” clearly explains important gaps in our knowledge about suicide prevention. Researchers have simply been looking mostly at certain populations and types of prevention activities and almost ignoring others. A survey of research publications on suicide (but not “assisted suicide”) in PsychINFO and PubMed from 1 January to 31 December 2007 conducted by our centre’s librarian Evelyne Pilon, indicated that some age groups and prevention methods are clearly over and under represented.

We know that worldwide, most suicides occur in adulthood and in most Western countries (where most of the suicidology research is conducted) the elderly have the highest suicide rates. Yet we find that 38% of the PsychINFO research publications and 37% in PubMed concerned teens and children under age 18. This compares to 42% and 43% on adults and 19 and 12% on persons over age 65. When we examine what types of suicide prevention activities have been studied, we find that overall 46% concern evaluations of the effectiveness of medications and only 6.5% assess psychotherapy and 2.2% report on telephone help lines.

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As for the dearth of studies of prevention methods other than drugs, finances cannot be ignored. Research on psychotherapy, social interventions, internet and helplines is not easy to finance. Furthermore, organizations involved in providing volunteer services or those that are not affiliated with a major university, are less likely to have the resources and a culture that promotes research on the services they offer. In order to understand more about other prevention methods and their effectiveness, we need to incite non-traditional research milieus to become involved in research studies. We also have to entice researchers to expand their horizons outside their research institutions and universities to study the wide range of suicide prevention activities that we find around the world.

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A report on suicide and suicidal behaviour in JAMAICA

ABOUT JAMAICA
Jamaica is the 3rd largest island in the Greater Antilles, ranking behind Cuba and Hispaniola, but ahead of Puerto Rico. Its population is 2.7 million at the last census in 2001, comprising mainly people of African descent, with Chinese, East Indians, Syrians, Jews, Europeans and mixed races in the minority. The capital is Kingston.

HISTORICAL PERSPECTIVE
Historians writing about the Middle Passage and other aspects of the African slave trade have declared that the suicide rate among these slaves was very high – some starved themselves or threw themselves overboard before they reached the Caribbean, others deliberately tried escape, knowing that punishment quite likely meant death.

SUICIDAL BEHAVIOR IN JAMAICA
A former British colony, the island became independent in 1962. Suicide was a relatively rare occurrence in the years following the abolition of slavery in 1938 up to the 1990’s. A study by Burke in 1985 found a suicide rate of 1.4 per 100,000. Towards the end of that period, the nation, which in the 50’s, 60’s and 70’s had been relatively stable and with a reliance on sugar, banana and bauxite as the main sources of income, experienced social changes – political, ideologic and economic, which caused an increasing rate of violence – turned outwards as murder and inward as suicide. In fact, 1998 had the highest murder and suicide rate to have been seen in the island.

A psychological autopsy study by Irons-Morgan in 1998 found a suicide rate of 2.8 per 100,000 – double that of 13 years before. By the year 2000, the rate was even higher, 3 per 100,000. Since then, the rate of suicide has not exceeded that of 2000, but murders continue to increase. The male-female ratio of suicide is about 7 to 1, and hanging is the most common method, followed by firearms. Drowning, self immolation and taking of poison are also employed.

Suicidal behavior has also been studied. Sankar in 1995, found that there were significant psychological problems in persons who presented over a three-month period. The factors found to be of importance in suicidal behavior included the presence mental illness with major depression a significant factor. Precipitating factors were an argument just before the attempt, and financial and relationship problems. Females were more likely to demonstrate suicidal behavior. Medication overdose was the most common method of parasuicide. Barnaby (2001) studied admissions to the University Hospital of the West Indies over a 25 year period and found that such admissions increased over ten-fold from the 1970’s to 2001.

CURRENT CONSIDERATIONS
Across the Caribbean, persons from adolescence to 40 are increasingly involved in suicide. Substance abuse is an important factor. Youth suicides are of concern as they occur at the time of the 11+ or Grade six achievement test (GSAT). The students take an exam which if successfully negotiated allows them to go to secondary school. There is tremendous psychological pressure on them, as failure to pass the GSAT almost always dooms them to failure on the job market.

Pesticide use is not a major problem, but does occur with generally fatal results. The on-going education by the Agriculture ministry about safe storage seems to have had good effect. On the other hand, the use of household bleach as a suicide agent, seems to be increasing among young women. In the last week alone two such persons were admitted to the Ear, nose and throat ward for the corrosive effect of the bleach.

Cannabis is associated with suicide, as is seen in many international studies. The use of prescription and over-the-counter medications continues and is the most common parasuicide method in Jamaica as well as other islands. Murder-suicide has emerged as a serious issue over the last decade, with women the victims of murder in the majority of cases. Males comprised 94.2% of those committing murder, then took their own life.

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