

Ireland needs real-time database for teen and young adult suicides

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A new report on suicide in Ireland shows that suicide cases experienced a significant number (and intensity) of life events in the 6 months prior to their death.

These life events include bereavement, relocation, relationship break-up, and in the cases of the younger cases, bullying (both inside and outside the [school environment](#)) and/or having been assaulted was also evident in excess.

The report, "[Suicide](#) in Ireland 2003 – 2008" led by Professor Kevin Malone, UCD School of Medicine and Medical Science, and St Vincent's University Hospital, involved interviews with 104 families affected by suicide from around Ireland.

Of the volunteer sample cases studied, 84 were male and 20 were female. The study identified a four-fold increased risk of suicide among young men aged 16-20.

62/104 had a psychiatric disorder lifetime diagnosis, 46/104 had received psychotropic medication, 29/104 had a psychiatric hospitalisation, and 32/104 had some form of outpatient psychotherapy.

48/104 cases had a diagnosis of [major depression](#), 51/104 had [alcohol abuse](#) within the past 12 months, and 26/104 had a history of non-alcohol substance abuse in previous 12 months.

Their findings show that 70% of young male deaths in the study communicated some level of suicide intent equivocally or unequivocally to someone in four weeks prior to death.

Most overt disclosures among the 104 cases studied were made to young peers (or siblings), occasionally under the influence of alcohol.

In 32 of the 104 cases no communication of intent was apparent.

34 of the 104 cases were "in [psychiatric treatment](#)" at the time of death. 34/104 had previously attempted suicide, and 44/104 had left a suicide note.

54/104 cases reported "significant [interpersonal conflict](#)" in 2 weeks prior to death. 24/104 cases had been bereaved by the death of a friend in the previous year.

79 of the 104 cases were singletons, 15/104 were part of couplets / associated suicide deaths, and 10/104 were part of suicide clusters.

According to the findings, clusters were more likely to occur in younger suicide deaths. 9/12 cases associated with clusters were under age 21, and 6/12 were under 18.

The report states that the researchers "have clearly identified that suicide clusters occur around Ireland, and younger people, particularly under aged 18 appear to be vulnerable to this phenomenon."

"Ireland needs a real-time database for teen and young adult suicide deaths to facilitate the early detection of evolving clusters," the researchers say.

The survey findings reveal implications for the provision of mental

health services into the future including bereavement support, early education & intervention.

The study also highlighted negative experiences with statutory services across the board by the deceased and their families. Gardai, the health / mental health services, education and coroners were each criticised by families.

Over 70% of respondents thought that "more could have been done" surrounding the death of their loved one.

The survey set out to contribute new knowledge and understanding to the problem of elevated Irish youth suicide rates over the past two decades. The project was designed to inform national and international suicide research, as well as policy makers and clinicians.

Funded in large part by The 3Ts, "Suicide in Ireland 2003 – 2008" is an innovative research study of national importance which 3Ts hopes will help inform future suicide prevention strategies and programmes.

Provided by University College Dublin

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