Is there a role for suicide research in modern Ireland?

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Suicide is a major public health issue of global concern.[1] It is the leading cause of death in young Irish men,[2] marking suicide and suicidal behaviour as important topics for clinical epidemiology and public health research. Ireland has a statutory obligation from the "Reach Out" policy document to "systematically plan research into suicidal behaviour to address deficits in our knowledge"[3] (pp. 50). Suicide is undoubtedly a complex phenomenon and therefore one which requires advanced methods of investigation and innovative approaches to research the factors underpinning suicide in modern Ireland, the development and evaluation of prevention strategies and the informing of evidence-based policy.

Data shortfalls

At the outset, major deficits in our present understanding of a number of key issues could be aided by greater clarity in the statistical information that is gathered and presented on suicide deaths in Ireland. There is currently no accessible data specifically relating to juvenile suicide in Ireland, due to the use of age bands in the presentation of suicide rates (ie.10-14, 15-19 years). The available county-level data on annual suicide deaths is currently grouped together into only two categories- male and female deaths- with no further information available on age-group breakdowns within these categories. Moreover, as data regarding the location of suicide deaths is only presented at the county level, there is currently little more than anecdotal evidence concerning how particular communities in Ireland within counties are affected in varying degrees of severity by the problem of suicide, and we remain uninformed as to whether a social gradient exists in relation to the problem of suicide in Ireland. Suicide deaths in younger age groups (15-24 years) are more likely to be attributed to clustering that those in older age groups.[4] Thus, it is vital that we employ public health methods of inquiry to examine in detail the distribution of suicide patterns in relation to time and space, in community and social networks across the country.

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Furthermore, research of this nature remains severely restricted by the current delay in official reporting of suicide in Ireland, making it difficult to intervene against cluster effects, or identify community clusters as they are occurring. Corcoran[5] expressed similar concerns following a review of the recording procedures for suicide deaths in Ireland, with recommendations for improvement in the current time delays preceding death registration and inquest. With regards to presentation of yearly suicide data in Ireland, best international research practice analyses trends in suicide mortality using three year moving average indicators to avoid erroneous interpretation of year on year variability.[6,7,8] Therefore, the recent claim of a 14% decline in the Irish suicide rate between 2001-2006,[9] which was based on yearly rates, should be interpreted with caution, particularly as the data from 2006 represented provisional figures. It seems premature to promote any idea of a declining trend in the Irish suicide rate. Indeed, figures released by the National Suicide Research Foundation in July of 2008 revealed a 65% increase in the number of deaths of undetermined intent between 2004 and 2005 (from 81 to 135 deaths).[10]

HRB report on suicide in Ireland

In 2008 the Health Research Board (HRB) published the report, "Suicide, attempted suicide and prevention in Ireland and elsewhere".[9] This report made several references to the lack of detailed empirical research in Ireland concerning the problem of suicide and its prevention, but declared that when it comes to unearthing the contributing factors involved in a suicide death, "we must remain in the dark" (p.51). It is difficult to imagine this perspective applied to the research and prevention of any other public health problem of such significance as suicide. Surely, we must investigate underlying factors associated with suicide risk by researching the relationships between experiences of the lived life, eg. mental and physical health, adversity, social ties, heretofore unresearched in Ireland.

Psychological autopsy studies

In truth, psychological autopsy methods have been employed in over 150 studies globally,[11] including in Northern Ireland,[12] to examine in-depth individual cases of suicide, in order to elucidate reasons and facilitate understanding of suicide. In psychological autopsy studies, data are gathered from face-to-face interviews with family members, friends and healthcare professionals who were in contact with the deceased, and information is collated from available and relevant healthcare and psychiatric records, and inquest evidence. These studies are recognised for their valuable contribution to global knowledge, concerning pathways to suicide and barriers to effective suicide prevention (eg. circumstances

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of death, access to method, exposure to suicidal behaviour, life events, contact with health professionals, and psychiatric history among others).[11,13,14] Kelly and Mann[15] have provided support for the convergent validity between the diagnoses generated through the use of the psychological autopsy and those provided by ante-mortem clinicians.

The merits of psychological autopsy research in the investigation of suicide and suicidal behaviour in Ireland, specifically the sourcing of information from the relatives/friends of the deceased, are questioned by the HRB report based on "the shortcomings of such methodology"[9] (p.51). An inherent prerequisite to any research design is to address the methodological challenges involved, which can be reduced through rigorous planning, execution and analysis,[13] and the more recent psychological autopsy studies have employed a case-control design to include matched living community controls.[14] Surely the costs involved in undertaking these methodological challenges in an Irish context are greatly outweighed by the wealth of knowledge there is to be gained? As well as examining the incidence of psychiatric disorders and experiences with healthcare services preceding Irish suicide deaths, the use of the psychological autopsy method to gather psycho-biographical data of those who have died from suicide in recent years may illuminate risk features of both modern Ireland and of specific Irish communities, and provide valuable new insights into the nature and extent of connections in Irish suicide deaths, including suicide clusters. Increasing attention in the field is also being paid to the value of the lay perspectives gathered through including bereaved family members and friends in the suicide research process. Gavin and Rogers[16] and Owens[17] call for greater focus on the narratives, or stories, provided by those who have been bereaved, in order to explore lay interpretations, attributions and responses to the events surrounding a suicide death. This could provide a stronger foundation for lay and community-based approaches to prevention and postvention.

Regional and cultural variations in suicide risk and implications for prevention

While large-scale reviews of suicide prevention evaluations are yet to find universal, replicable approaches, Szanto et al[18] emphasised the importance of consideration of major local risk factors in any development of suicide prevention. We must focus on those aspects of the international literature which do show some promise for response to prevention and through application of high-quality research on suicide in modern Ireland and the needs of specific communities and population groups, we can implement and rigorously evaluate tailored prevention efforts. A good example is found in programmes designed to reduce suicide rates in first-episode psychosis. Research has shown that suicide rates for first-episode schizophrenia patient groups are three times higher than in patients with chronic schizophrenia[19] and that suicide attempts preceding presentation for treatment are correlated with a longer period of untreated psychosis.[20] Support has been found for the efficacy of prevention programmes which focus on early detection of first-episode psychosis, in terms of reducing suicidal behaviour (plans and attempts) in communities where they are run.[21] DETECT, Ireland's pilot programme of the same service model has the capacity to achieve similar findings, as it aims to provide treatment as early as possible and encourage the young persons' interaction with psychiatric services.[22] It may also provide a significant opportunity to examine the aspects of the service process and outcomes that are most beneficial for suicide prevention in this critical period. The HRB report on suicide[9] states, "We can readily understand that a person suffering from an illness such as schizophrenia with all that entails in terms of subjective experiences of a horrendous nature... the realisation that unpleasant treatments have not alleviated his lot...makes a thoroughly understandable decision to end his worldly misery". This statement overlooks the enormous research potential to examine why it is that some people in Ireland with schizophrenia die by suicide, while the majority do not. Developments within international research in methodologies such as multi-level analysis with growth mixture modelling, also provide opportunities to assess the efficacy of interventions in real-world settings by exploring variation at individual level characteristics, contextual and developmental factors, and across space and time.[23]

The role for suicide research in Ireland

Can the collective energy and resources required to conduct research into suicide in Ireland be justified by the potential benefits to society in acquiring new knowledge and understanding, and from learning lessons? Perhaps the lack of research (and funding support for same) is itself perpetuated by the stigma of suicide, and for fear of what may be unearthed? It remains for Ireland to demonstrate international leadership in response to its suicide problem. The lack of psychiatric research more generally that has been carried out in Ireland has obstructed effective preparation and allocation of resources.[24] The progression of suicide research and the value of its contribution will depend to a significant degree on the application of fourth level research potential to the field of suicide studies, and the development of research networks across the country at all levels, incorporating databases from a variety of research groups, statutory agencies (including health, justice and education) and community experiences of intervention and postvention. In line with this, the aim of the National Office of Suicide Prevention, to unite suicide research efforts in Ireland and advance the role of suicide research in prevention and policy, should be supported.[25] As clinical scientists entering a knowledge economy, our obligation to individuals, families, communities and society is to advance our understanding of complex human issues which can inform policy and practice. Suicide must no longer be left in the dark.

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