Ulster University

Exposure to trauma & associations with suicidal behaviour & death by suicide in NI

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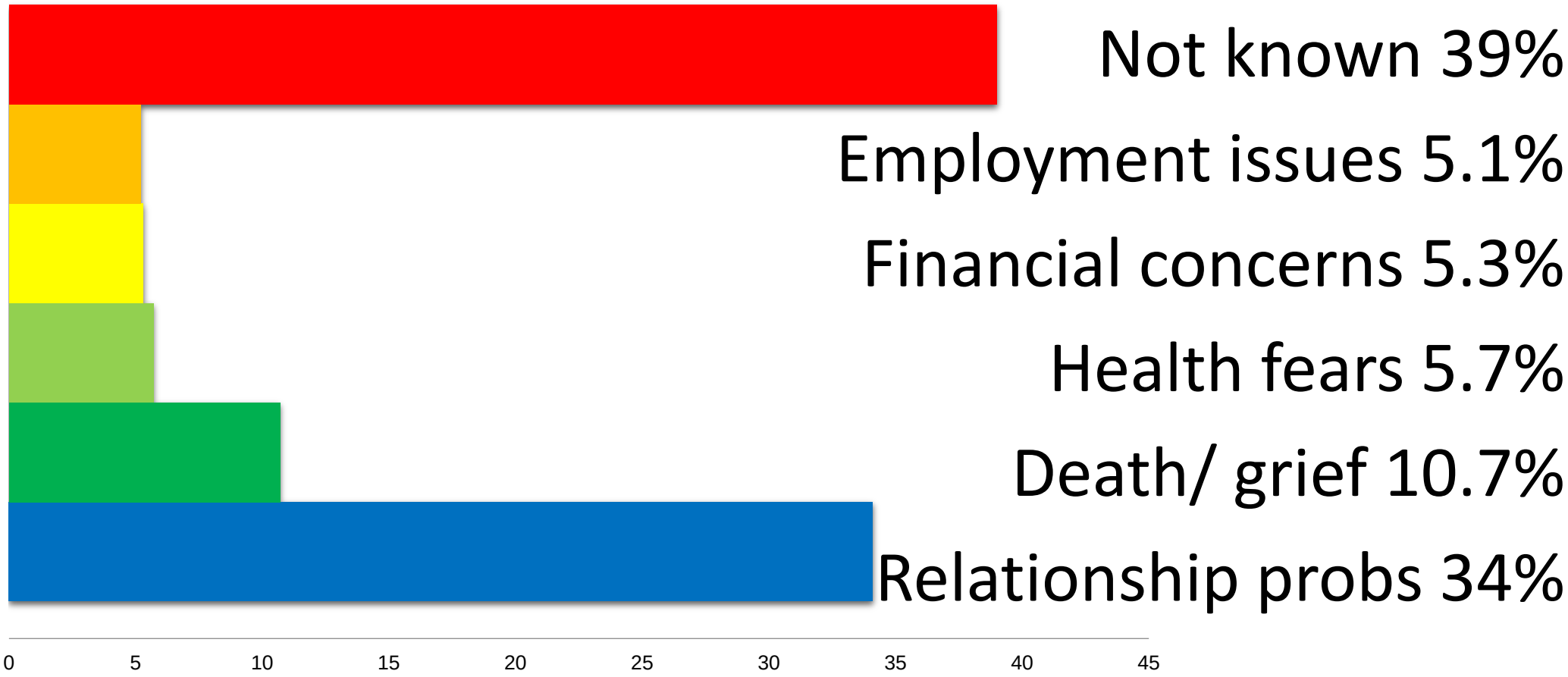
NI Suicide study (with funding from PHA R&D Division)

Characteristics of the deceased 2005-2011 (N=1667)

- Researcher based in coroner's office.
- Suicides and undetermined deaths (algorithm → probable suicides).
- Coronial data: witness statements, post mortem, medical files.
- Anonymised data, binary codes on >40 categories of variables.
- 77% male. Rates high from 20-60 years.
- The highest proportion were single (39.1% women & 48.3% men).
- Almost a third lived alone at time of death (31.4%).
- 22.8% lived in the parental home (including younger individuals and those who returned to the family home). 21% lived with a spouse.
- 50.3% were classified as unemployed or "other".

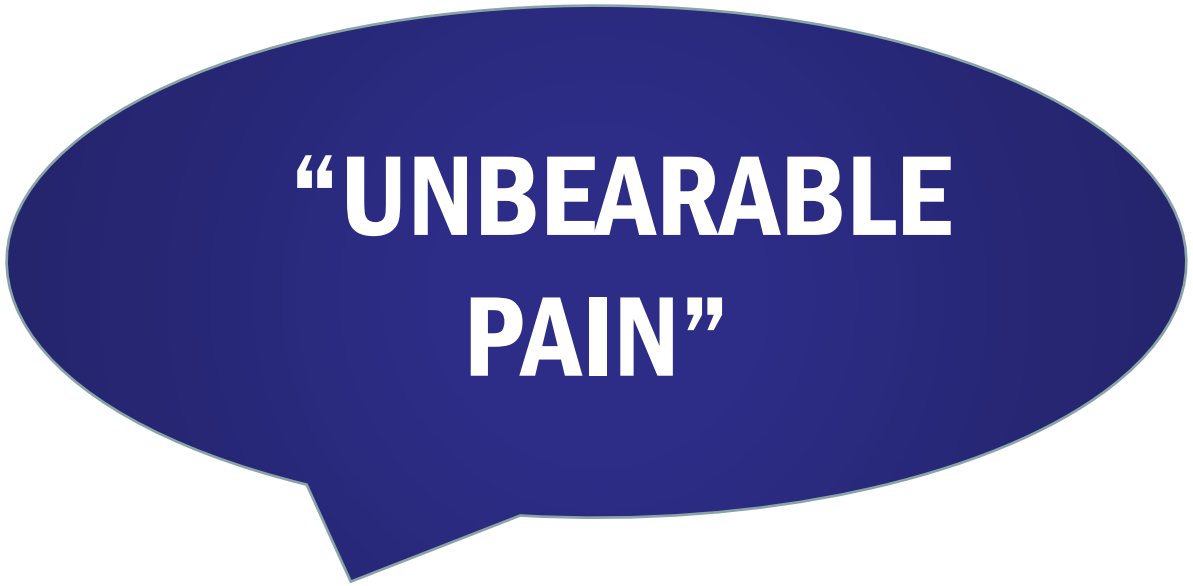
O'Neill, Corry, Murphy, Bunting (2014) Journal of Affective Disorders

Prior Adverse Events (61%)



Emotions

- Loneliness
- Isolation
- Entrapment
- Hopelessness
- Shame
- Guilt
- Failure
- Burdensomeness



Suicide, Health Diagnoses & Service Use

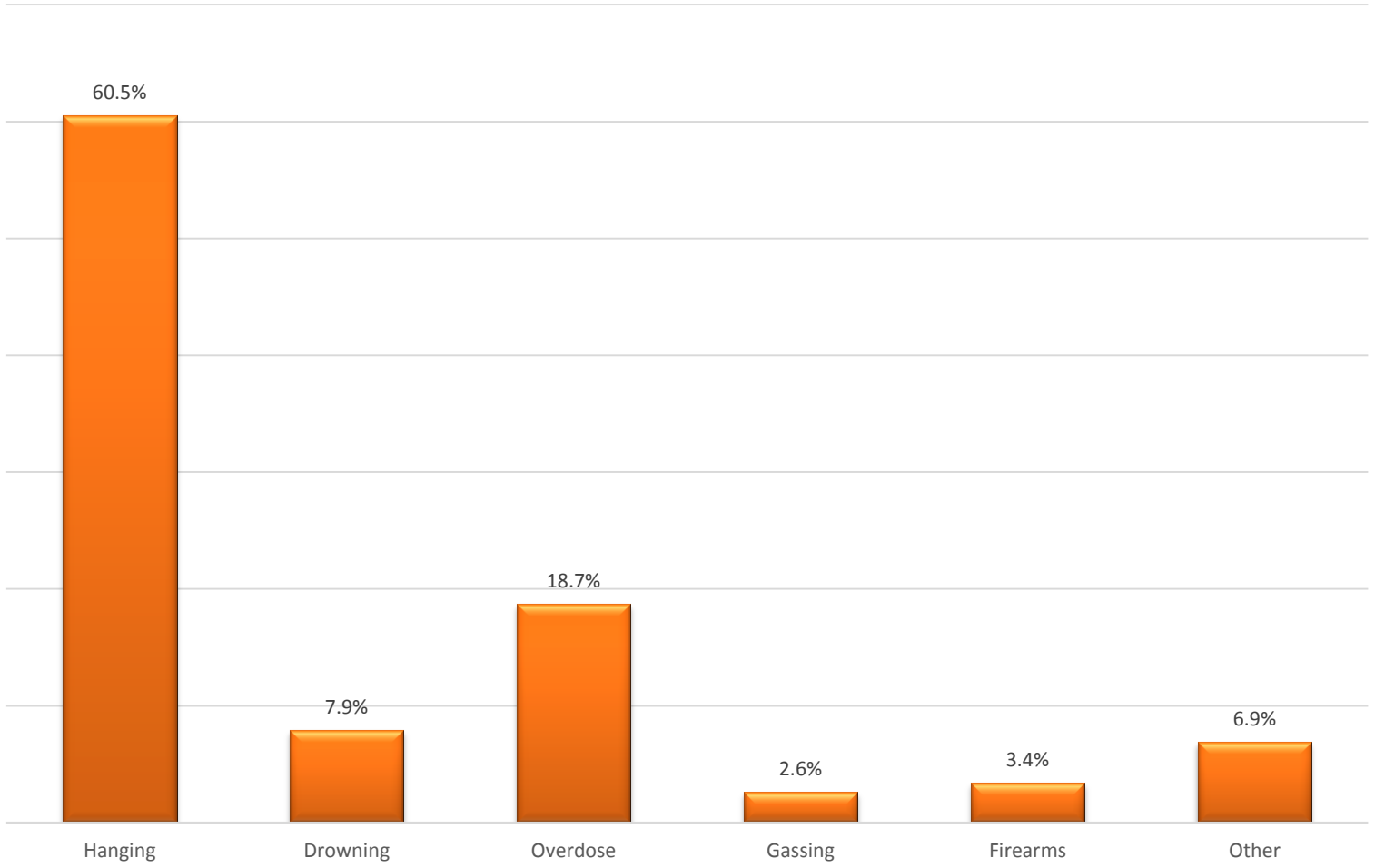
- None 30%.
- Mental disorders only 35%.
- Physical disorders only 12%.
- Both mental and physical disorders 22%.
- Increase in use of services prior to death in females.
- Decrease in service use for males prior to death.
- Women were more likely than men to have a recorded mental health condition.
- Men were more likely to report only physical health problems (pain).

O'Neill, Corry, Murphy, Bunting (2014) Journal of Affective Disorders

Prescribed Medications

- Just over half (51.7%) had prescribed medication relating to a mental health disorder, with one fifth (20.2%) taking a mental health medication exclusively.
- A smaller proportion (45.2%) had taken a medication for a physical condition, with 13.6% taking a physical health medication exclusively.
- Almost one third (31.6%) of the sample had been prescribed medications for both mental and physical health conditions.
- Antidepressants were the most common (37.3%).
- Hypnotics/anxiolytics (28.2%).
- Females (78.2%) were more likely than males (61.5%) to take any medication.

Method of Suicide



- Hanging (60.5%)
- Drowning (7.9%)
- Overdose (18.7)
- Gassing (2.6%)
- Firearms (3.4%)
- Other (6.9%)

Traumatic Experiences & Mental Disorders in NI

World Mental Health Surveys: NI Study of Health & Stress, 68% rr, n=4340.

- Any conflict related trauma 39%
- Saw someone killed or seriously injured 18%
- Any mental disorder 39.1%, 3rd
- Any mood disorder 18.8%, 4th
- Any substance disorder 14.1%, 3rd
- Post Traumatic Stress Disorder 8.8%, highest

Women: anxiety & mood disorders (internalising disorders)

Men: impulse-control & substance disorders (externalising disorders →**suicide**).

Bunting, Murphy, O'Neill, Ferry (2011) *Psychological Medicine*

Suicidal Behaviour in Northern Ireland

NI Study of Health and Stress (World Mental Health Survey Initiative; 68% rr, n=4340).

- Ideation: **Seriously considered suicide.**
- Females: 10.6%, Males: 7%
- Made a **plan** for suicide.
- Females: 2.5%, Males: 2.4%
- Suicide **attempt**.
- Females: 4.3%, Males: 2.3%

O'Neill S, Ferry F, Murphy S, Corry C, et al. (2014) Patterns of Suicidal Ideation and Behavior in Northern Ireland and Associations with Conflict Related Trauma. PLoS ONE 9(3): e91532. doi:10.1371/journal.pone.0091532

Trauma and Suicidal Behaviour in NI

Ideation

- Mental disorder 8.6
- Non-conflict trauma 1.8
- Conflict related trauma 2.3

Plan

- Mental disorder 15.8
- Non-conflict trauma N/S
- Conflict related trauma 2.2

Attempt

- Mental disorder 15.2
- Non-conflict trauma 2.6
- **Conflict related trauma N/S**

WHY?

- Conflict experience is protective.

OR

- Conflict associated with increased likelihood of death on first attempt.

→ Look at theories of suicide: Joiner/ Klonsky/ O’Connor

Why do people die by suicide?

- Suicide: a goal directed behaviour to address unbearable pain.
- Pain + Hopelessness → thoughts of suicide (ideation).
- Connectedness prevents enaction.
- If pain > connectedness → plan.
- Whether this leads to death is dependent upon capability or access to means.
- If total capability > fear of attempting →attempt.

The Northern Ireland Context

- Conflict increases connectedness.
- Post conflict: reduced connectedness (especially those most affected).
- Exposure to pain/ violence → habituation (less fear/ more expertise).
- PTSD characterised by avoidance.
- Self regulation through violence (against the self).
- Externalising disorders and substance use in response to trauma and stress.

Thank You

- Dr Colette Corry
- Professor Brendan Bunting
- Dr Sharon Brady
- Dr Finola Ferry
- Dr Edel Ennis
- Dr Sam Murphy
- Danielle McFeeters
- Tony Benson
- Coroner Mr Lecky and his staff

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