Parallel Session Monday 19.9.2016 11:00–12:30

Suicide and Self-harm Prevention

Parallel Mon 1.1

61 SUICIDE PRESENTED AS A LEADING CAUSE OF MORTALITY: UNCOVER FACTS OR MISREPRESENT STATISTICS?

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Background In literature on intentional self-harm behaviour it is often stated that suicide is one of the leading causes of death, nationally or worldwide. Ranking causes of death is a method used to illustrate the relative burden of cause-specific mortality and is often used to present arguments for research funding, prevention and treatment. The purpose of this project is to assess the evidence behind the statement that suicide is a leading cause of death with reference to the methods of ranking causes of death used to convert a rare incident as suicide to one of the leading causes of death.

Methods Cause of death statistics from Europe were used, in addition to global mortality estimates from the World Health Organisation (WHO). We used the European short list of 86 causes of death (Eurostat) to select rank-able and mutually exclusive causes. By applying different rules in the selection we made two lists of rank-able causes for Europe.

Results 1.2% of all deaths were registered due to suicide as the underlying cause of death in the enlarged Europe Union (EU28) in 2012, and 1.5% of all deaths globally (2011) according to the WHO estimates. Suicide was not among the ten leading causes of death totally (all ages), neither in Europe nor globally. In Europe suicide was the 11th and the 15th leading cause in the two different ranking lists we used, and globally the 15th leading cause (based on WHOs ranking list). In Europe, however, suicide for males was ranked at the eighth and the ninth leading cause of death in two ranking lists. For females, suicide was number 13 and 23 in the two ranking lists.

Conclusions Ranking mortality causes is a complex process and depends deeply on the cause list and the rules used for ranking. The ranking may also be affected by the quality of mortality data. Our ranking lists did not find support in stating intentional self-harm (suicide) as one of the ten leading causes of death totally, in Europe and globally.

62 DRIVER SUICIDES IN FINLAND DURING 2008–2013 – WHAT ARE THEY MADE OF?

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Background The prevalence of driver suicides in Finland is about 20−30 per year. In Finland, all fatal motor vehicle accidents are investigated in-depth by multi-professional Road Accident Investigation Teams. An investigation folder is compiled from each accident and the data is also coded into a fatal accident data base. Members of the investigation teams use standardised investigation forms, which ensures the systematic acquisition of data.

Methods In this study, all the investigation folders of suicide and unclear accidents were read through to gather a more accurate data. The data gathering focused on the background factors, e.g. the preceding events, driver's mental health problems and treatment history, medication, suicide notes, previous suicide attempts or threats, as well as the driver's relatives opinion of the possibility of suicide. An assessment of whether the suicide was premeditated or impulsive was made.

Results During years 2008−2013 a total of 142 drivers committed suicide. Of these, 85% were male and 14% female. More than half (57%) of suicides were committed after a longer consideration and 28% were impulsive. The older the driver was, the more often suicides were premeditated. Mental health problems were common and a third of drivers (34%) were driving under the influence of alcohol (≥0.5‰). 23% of the drivers had previous suicide attempts and 36% had left a suicide note.

Conclusions The drivers who committed suicide by driving a motor vehicle had a lot of mental health problems and difficulties in life management. More than half of the suicides were committed after a longer consideration, but impulsive suicides were more common among young drivers. It was rare that the driving license issues had been taken into consideration due to mental health problems. The driver's ability to drive, especially after suicide attempts, should be considered by health professionals and the police.

63 SUICIDE PREVENTION IN THE FINNISH DEFENCE FORCES- TRAINING MATERIAL FOR MILITARY LEADERS

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Background In Finland, military service is compulsory for young men, and approximately 75% of young men finish their military service. During military service, it is of utmost importance to support the well-being of conscripts. A national plan for providing safe environment[1] emphasies the role of Defence Forces in the well-being of conscripts, also in the area of suicide prevention.

Objective Centre for Military Medicine has updated the training material for supporting the conscripts in stressful situations which aimed for all military leaders that work with conscripts. The material has also a self-help part for conscripts with detailed information on how to seek help if needed. One part of training material is aimed at recognising persons at elevated risk for suicide and self-harm. It also helps to form unified procedures for military units to handle these situations and strengthens cooperation between different disciplines. It serves in recognising needs for further education and aims to contribute to a more positive and constructive service atmosphere.

Results Training material consists of short presentation about different stressors affecting young men in military service followed by specific instructions to different types of stress situations, including how to recognise warning signs for suicide and self-harm. Followed by this, a short introduction is given about different short interventions available for entangling this risk. Major body of material is 15 case examples all with model answers which gives opportunity to practice jointly handling these situations. This creates possibility to strengthen cooperation and