

SUICIDE IN MODERN IRELAND  
NEW DIMENSIONS, NEW RESPONSES

**International Prevention Programmes**  
Friday Afternoon 12 November

**QUESTIONS & ANSWERS**

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Clinical Director, National Suicide Research Foundation

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**In the Chair:** Professor Kevin Malone UCD Dublin, 3Ts Scientific Director

**Prof Kevin Malone:** As chairperson, there are two things I thought jumped out of the presentation for us from both speakers, very different presentations presenting very different aspects both from a regional, national perspective and also from an international perspective. But a huge amount of information, I would say a lot of it that some people haven't heard before and some that you will have heard before, some that you will agree with and things that you will not necessarily agree with.

One of the things that jumped out of Dr Arensmann's presentation was the concept of the hidden population and it is something that I would like you to consider over the next few days because there is no point in us throwing the treatment at the populations that aren't hidden, that aren't going to die by suicide. We have got to be able to begin to understand the hidden populations and I think that came out very clearly from her presentation.

John Mann presented so much data from all over the world. It was a real whistle stop tour of world literature but the word that jumped out at me particularly was the concept of "second chance" and the idea that people can get a second chance, if we can improve things. I thought that was really compelling and that is something I would like you to contemplate over the next few days.

What I am going to do now is take three questions from anyone who would like to ask either Professor Mann or Dr Arensmann. My understanding is that they will be available afterwards and for some of the rest of the weekend for informal conversation and we are going to try and encourage informal conversation so that it is not a sort of a top table, everybody else listening type model of conference but it is an interactive type conference. I will take three questions from the floor.

**Q:** If I understand the slide correctly, was there an increase in female suicidal behaviour?

**Dr Arensmann:** I deliberately didn't bring a slide of the female suicides in Ireland because the increase compared to the male suicide has been much less, significantly less. So you are talking about a slide of the non-fatal suicidal behaviour. The incidents of non-fatal suicidal behaviour in the females is in some age groups significantly higher than in the males. So an important point is that although males have a slightly lower incidence of the non-fatal, they still have a higher rate of suicide, while for the females, it is almost the reverse. One of the possible explanations, a very good one I think, but not worldwide tested is that females get more and quicker treatment than the males. I think there is a lot in that because if you look at some findings from helplines, who is calling the helplines, it is the females and not the males. Actually with a number of people already we have been exploring possibilities of setting up an interactive website for males. So I think that your observation is correct.

**Prof Kevin Malone:** I think that the answer is a four-fold higher male, young male than young females.

Q: [inaudible on tape]

**Dr J Mann:** The way we differentiated that is all of these individuals had a psychiatric disorder, mostly a mood disorder of some sort. And the clinician rated the severity of the mood disorder and compared the clients who had made a suicide attempt at some point in their lives compared to the ones who had never made a suicide attempt. We found that they had comparable numbers of episodes of depression and that the clinicians' measurement of the severity of the depression that had brought them along initially to the research clinic was the same. So they objectively looked equally sick. The difference, though, emerged when you looked at their subjective ratings of how depressed they felt. The ones who had made suicide attempts subjectively rated themselves as sicker. They felt more depressed. They felt their depression was more severe. They also reported feeling more hopeless. They also reported fewer reasons for living and they reported more suicidal ideation. So we also looked at our measure of their adverse life events, what is going wrong in their lives and there didn't seem to be that much difference. So if you as a clinician relied on your assessment of how sick the patient was, you would think there is not much difference between people who make suicide attempts and people who don't. But if you then look at the impact, the perception of the individual, which you know healthcare workers and doctors don't like to do. You would rather make the judgement yourself. But if you asked them how badly they were doing, you got a much more accurate indicator of their risk for suicide. So we felt that the same level of objective illness and life events was producing a more adverse effect on certain vulnerable individuals and that is one reason why those individuals are more likely to make a suicide attempt.

**Prof Kevin Malone:** I suppose added to that is the notion is that it is almost a double whammy to have depression and to have that sort of impulsivity factor. Most people go along through life with one or the other but it is a particularly lethal combination when the two arrive together. I am going to take one more question if anyone would like to or else we will break.

Q: [inaudible on tape]

**Prof Kevin Malone:** I think we are going to have a more focussed child and adolescent session tomorrow and hopefully that will be brought up in that session. Thank you to our speakers.

