

S05.2

Deliberate Self-harm in Adolescents with a Non-western Background

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Problem: An increasing number of adolescents attempt suicide, but little is known of whether adolescents with a foreign background are at greater risk of engaging in self-harming behaviour compared to ethnic Danish adolescents. Furthermore, there is a need for knowledge of which coping strategies they utilize in adverse situations.

Purpose: The purpose of the study is to examine and elucidate the vulnerability, self-harm and thoughts about self-harm of the adolescents of foreign background. Additionally, it was important to uncover risk and protective factors in order to strengthen suicide prevention.

Method: A quantitative and qualitative study, based on a European project: The Child & Adolescent Self-harm in Europe (CASE) Study.

Results: More than two thousand adolescents (14-16-year-olds) completed a comprehensive questionnaire. The study focuses on vulnerability and establishes, among other things, the importance of the family. Serious thoughts about self-harm are present in a third of the total population of adolescents and more than 10% have harmed themselves. Self-harming behaviour, as well as thoughts about self-harm, is significantly more common in adolescents coming from a Western background than among non-Western adolescents. Adolescents coming from a non-Western background utilize different coping strategies than Western adolescents when faced with adverse situations in life. This has implications for prevention. Compared to adolescents with a Western background, more non-Western adolescents have family ties, which at the same time can have a protective and a detrimental effect on the individual.

Conclusion: Adolescents have completed a comprehensive questionnaire concerning self-harm. The results show that compared to non-Western adolescents, adolescents coming from a Western background have a higher prevalence of self-harm.

S14.2

Social Relations among Suicide Attempters

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The number of suicide attempts in Denmark, especially among young women has increased in the last 10 years, despite the fact that the number of suicides has fallen. Risk factors for attempted suicide have been examined in a case-control study using Danish registers. First-ever suicide attempters have been investigated with respect to close social relations, like family and household members. Groups at risk include persons, who have been separated from their parents, partners or children as a result of divorce or have lost their parents, partner or children as a consequence of severe illness or death. Groups at risk also include persons without close social relations. Colleagues from work or from educational institutions are also important social relations. Loss of or lack of social relations as risk factors for suicide attempts may provide social workers with knowledge of how to identify groups at risk in specific prevention strategies.

S14.4

Contact to Health Care System by Suicide Attempters

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A large proportion of suicides are associated with mental illness, but the importance of mental illness or mental problems among suicide attempters has only been investigated to a limited extent. Risk factors for attempted suicide has been examined in a case-control study using Danish registers, including hospital admission, diagnoses and drug prescriptions. Risk factors for a first-ever suicide attempt include severe mental illness with

admission to a psychiatric hospital, abuse of alcohol and narcotics. Prior to their first suicide attempt, they have more contacts to general practitioners and a more frequent prescription of psychopharmacological drugs. Identification of mental health problems among suicide attempters may provide the health care sector with tools for specific prevention strategies.

PL03.2

Religion and Suicide

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Every human being lives and acts within certain social standards and more or less explicit moral value systems. Attitudes towards suicide exist within these moral value systems. However, these attitudes are not necessarily religiously motivated. Instead, it is possible that the attitudes originate from humanistic ethics in which reason/rationality underlie the moral arguments about what is right and wrong, good and evil, with regard to suicide.

Religiously motivated ethics work in the same way by operating and inferring logically and rationally. But – in contrast to humanistic ethics – religiously motivated ethics is characterized by the fact that it refers to something other and more than reason/rationality. In religiously motivated ethics, the attitude towards suicide originates from the belief in authorities outside man and outside the world. From a religious point of view, the attitude towards suicidal behaviour must basically be defined on the basis of the concept of higher powers being in play and the fact that these powers have special plans with human beings and, therefore, also have special expectations with regard to human ways of living and dying.

Humanistic as well as religiously motivated attitudes towards suicidal behaviour can support the same attitude but the motivations are rooted in two fundamentally different understandings. Besides fundamentally different understandings in humanistic and religiously motivated ethics there are a number of different and mutually contradictory understandings and religious views on attitudes towards suicide. In the presentation some of the most pronounced religiously motivated references to suicide are presented as the stage is set for an understanding of the notion that cultural – and thereby also ethical and religious – pluralism is something natural.

P02.1

Intra-monthly Distribution of Suicides in Denmark 1970-1998

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Fluctuations in suicide rates have been observed in many countries. The aim of the present study was to investigate the intra-monthly distribution of suicides in Denmark between 1970 and 1998 and examine whether major holidays exert any direct influence on the distribution. Danish data on suicidal deaths 1970-1998 ($n = 35.680$) were analysed statistically. The intra-monthly distribution was significant (χ^2 -test for equal distribution, $p < 0.0005$) and exhibited two distinct patterns: a peak around the 5th, 6th, and 7th day of the month and a steady decline during the month. A similar tendency was observed in attempted suicides. The first 14 days in each month were compared to the rest of the month. The pattern of increased suicide rates in the first half of a month was not universal, i.e. apparent throughout the year, but was particularly marked in December and January ($p < 0.0005$), probably due to the effects of Christmas and New Year. The interpretation of increased suicide rates in the beginning of December and January as an effect of Christmas and New Year was strengthened by a day-by-day analysis of the period from December 15th to January 14th. This showed very clearly that there is a major decrease in suicide risk from December 15th to December 31st ($p < 0.5$, one-tailed for Dec. 23rd to Dec. 26th) compared to the first part of the month. Additionally, there was a major increase in suicide risk from January 1st to January the 14th ($p < 0.5$, one-tailed for January 1st to January 3rd and January 6th to January 8th). The identification of rhythmic patterns in suicidal behaviour may have implications for the understanding of the aetiology of suicide and for the planning and staffing of support services.

S16.3

Teaching Suicide Prevention in Professional Education in Denmark

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Several occupational groups are uncertain how to handle suicidal behaviour adequately. Education in suicide prevention is not consistently an obligatory part of the curricula in the basic training of many relevant professions. The problem is that the implementation of education in suicide prevention often depends on extraordinary financial resources. When taking place, the education is frequently carried out by external experts, leaving the institutes of education without the necessary professional competence. The purpose of the Danish educational programme is to initiate pilot projects teaching suicide prevention in professional education, the long-term goal being a permanent implementation. In 2001, based on the "National Programme for Prevention of Suicide and Suicide Attempts in Denmark", Centre for Suicide Research elaborated an educational plan, which among other things should ensure the start of pilot projects. Representatives of certain professions participated in a seminar on education in suicide prevention after which they could apply for financial support to develop and implement local pilot projects. A steering group has been appointed to support the projects. Educational schools and institutes of the following professions have carried out pilot projects: the basic social- and healthcare professions, nursing, teaching, social work, and ecclesiastical aide. In May 2004, the knowledge gained from these projects, 15 in total, will be summoned in a report. The experience of the many promising projects engaged in teaching suicide prevention in professional education show that teachers as well as students have participated enthusiastically and the efforts to guarantee a permanent implementation are ongoing.

S05.5

Deliberate Self-harm in Immigrant Pakistani and Ethnic Danish Adolescents

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The differences in coping strategies and the prevalence of deliberate self-harm (DSH) and suicidal ideation among immigrant Pakistani and ethnic Danish adolescents were investigated to determine whether their reported differences in coping strategies would vary by ethnicity. Six-hundred-and-sixty 8th and 9th grade adolescents (60 Pakistanis and 600 ethnic Danish controls) completed the Danish version of the CASE-questionnaire to provide a measure of their self-reported coping strategies, suicidal ideation and DSH (as a part of the project 'Child and Adolescent Self-harm in Europe'). Statistical analyses of the subjects' responses indicated significant differences between the ethnic groups. The prevalence of DSH was more than four times higher in ethnic Danish Adolescents than in immigrant Pakistani adolescents. Suicidal ideation was more than twice as frequent in ethnic Danes than in Pakistani adolescents. Pakistanis reported using social support and religious coping strategies when being sad or upset more often than did ethnic Danish adolescents. Implications for these results are discussed in terms of ethnic, cultural, religious and historical differences in attitudes towards suicidal behaviour.