Mapping Suicide Prevention Activities in Queensland: A Much Needed Exercise

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Suicide and self-harm continue to be major public health concerns for Australia, and substantial efforts have been made to reduce these burdens. However, due to limited information regarding existing programs and initiatives, and lack of randomised controlled trials, little is known about the effectiveness of these prevention initiatives. Therefore, a mapping exercise was promoted with the aim to identify, review and disseminate information about current suicide prevention activities. This would permit to obtain, for Queensland, a useful guide of existing services. Organisations relevant to mental health were identified, and asked to provide comprehensive information regarding their suicide prevention programs/services.

This information was supplemented by qualitative data gathered from interviews with these organisations. The key variables were: type of intervention; geographical areas targeted; and target populations, including the number of people reached, as well as potentially impacted by a specific intervention. Organisations were also asked about the possible evaluation of their programs/services. A summary of this information will form a comprehensive web-based register of current suicide prevention programs/services in Queensland. This database will allow easier access to information for people at risk of suicide, as well as the mental health organisations when developing suicide prevention initiatives. Additionally, the outcomes of this mapping exercise will enable geographical comparisons between existing suicide prevention initiatives and incidence of suicide in these regions. In turn, this will assist in identifying gaps and linkages in service provision, and will have implications in the development of future state and national suicide prevention policies and initiatives.

Mental Illness and Suicide: Are Results of Psychological Autopsies Valid?

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Psychological autopsies (PA-studies) constitute the main evidence base for a strong association between mental illness and suicide. Hundred of PA-studies are published and most of them conclude that almost all (90% or more) of those who kill themselves had some mental illness. Hence, it has become an established “truth” that most people who kill themselves are mentally ill. An important question is whether this “truth” is established on false grounds. In PA-studies, psychiatric diagnoses are assigned to people who have died by suicide by interviewing a few of the relatives and/or friends, often many years after the suicide. Although a number of papers have discussed the methodological problems inherent in PA-studies, the diagnostic process has not been scrutinized adequately.

In this paper we take a close look at some of the questions asked in the standardised diagnostic tools often used in PA-studies and demonstrate that many of them simply cannot be answered reliably by proxies. Hence, the diagnoses assigned based on the responses from proxies, may not be valid. Thus, it is high time to discuss the usefulness of the traditional psychological autopsies in suicidological research as well as the evidence base for the almost one to one relationship often assumed between suicide and mental disorders. This is particularly important in a cultural perspective. Some suggestions for a possible road ahead are presented.