



Suicidal ideation and acts of self-harm among Dublin school children

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The purpose of this study is to ascertain rates of suicidal ideation and self-harm in a classroom population of 13- and 14-year-old children using a screening questionnaire and to confirm accuracy of these screening results by home interview.

There were significant differences between suicidal ideation rates at screening and at home interview (44% vs. 29%) and between self-harm rates (8% vs. 2%). Those with suicidal ideation at home interview believed more in a "right to suicide" and believed suicidal ideation to be more widespread among adolescents. School factors were believed by respondents to be important in the causation of adolescent suicide. Fewer than one-fifth would advise consultation with a psychiatrist to a suicidal friend.

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Introduction

Suicidal behaviour among the young has been identified as the most pressing issue in suicidology (Maris, 1985). In recent years southern Ireland has experienced worrying rises in suicide rate (Diekstra, 1989). This has prompted an official response and the Irish Department of Health published an interim report of its National Task Force on Suicide in August 1996. This confirms that the increase in suicide is real and that young males are particularly affected.

Suicidal ideation is difficult to measure objectively as it may be subject to significant bias in face-to-face interviews (Salmons, 1984). While recent research has demonstrated a high level of agreement of estimates of suicidal ideation at clinical interview and self-report (Kaplan, 1994), this remains contentious.

Many of the larger community studies on suicidal ideation and acts of self-harm among school children have been North American in origin. The Centers for Disease Control reported a suicidal ideation rate of 27% in the previous 12 months among their large cohort of 11,000 high school students. Eight per cent reported suicidal attempts during the period (Centers for Disease Control, 1991). Among younger children there is evidence for smaller rates of suicidal attempts. A community survey of over 3000 12- to 14-year-olds in South Carolina found suicidal ideation rates of less than 30% and prevalence rates of parasuicide of 1.9% for males and 1.5% for females (Garrison, 1991).

This study aims to estimate rates of suicidal ideation and self-harm in a classroom population by self-report questionnaire. Results from this screening procedure were tested by a home interview schedule and factors differentiating suicidal ideators and non-ideators were analysed including direct familiarity with suicidal behaviour, attitudes

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toward suicide, and religious beliefs. Parents were invited to discuss their child's likely response to the self-report questions.

Method

This study originated from a Child and Family Centre in West Dublin. The catchment area served is an urban one with two distinctive population centres, the larger centre being the more deprived, with high rates of male unemployment and a concentration of young families. The smaller centre has a greater proportion of double-income families and owner-occupied housing.

We selected four second year classes at random from schools in the catchment area. These classes have pupils of 13 and 14 years. Parental permission in writing was sought prior to participation.

The screening questionnaire was modified from a questionnaire first used by Meehan in 1992. This was in a confidential survey in a freshman population at a major public university. Because of the anonymous nature of the responses no external validation was undertaken. The questionnaire has a simple nine-question format which requires yes/no responses. Two semantic changes were made to words felt to be unfamiliar to an Irish school-going population.

Home visits were planned for all those who made a positive response to any of the screening questions on suicidal ideation/behaviour. Home visits were also planned for 20% of those who screened negatively. The possibility of a follow-up home visit was known to both pupils and parents prior to participation. At the home visit the school children were asked to complete the Harkavy-Asnis Suicide Survey (HASS) (Harkavy-Friedman *et al.*, 1987).

This questionnaire ascertains basic demographic data, data on past psychiatric or counselling history, with specific enquiry regarding any suicidal behaviour on the part of the respondents or that of their peers or family. The questionnaire has been used confidentially in high school samples and in conjunction with clinical psychiatric interview in adult psychiatric outpatients (Asnis *et al.*, 1993). Readers are referred to a discussion of this instrument (Harkavy-Friedman and Asnis, 1989). In our survey children were aware that any admission of self-harm behaviour would be communicated to their parents.

Parents were interviewed after their child had completed the HASS. They were asked to guess their child's likely response to the original screening questionnaire. Any concerns with regard to their child were then dealt with. Parents were offered further contact with the Child and Family Centre should they desire it.

Data were recorded and analysed using the EPI-INFO 5.01b system. Chi-square analysis was used to compare suicidal ideators with non-ideators.

Results

The total class population was 111. Of these 88 participated in the screening exercise. There were 46 girls and 42 boys. Thirty-nine respondents (44%) answered at least one of the screening questions positively. Sixteen (18%) had had thoughts of taking their life in the previous 12 months. Seven (8%) children responded that they had attempted to take

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