

Date last modification of documentation sheet: 10-05-2012

Compared to previous version documentation sheet (05-12-2011) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

<i>ECHIM Indicator name</i>	B) Health status 32. Suicide attempt
<i>Relevant policy areas</i>	- (Preventable) Burden of Disease (BoD) - Mental health - (Planning of) health care resources
<i>Definition</i>	To be developed: Proportion of persons having ever attempted suicide.
<i>Key issues and problems</i>	No consensus yet on best type of data source; special mental health surveys or administrative sources? There are no prospects that suitable international data collections will be developed in the future.
<i>Preferred data type and data source</i>	Preferred data type: ? Preferred data source: ?
<i>Data availability</i>	Hospital discharge data are available but these are considered not appropriate by experts. Some interview-based data are available from the Mental Health Indicators pilot survey 2001: DE, FI, FR, GR (Korkeila et al., 2001). These data are available in the MINDFUL database.
<i>Rationale</i>	Suicide is an important public health issue and highlights mental health priority. Data on suicide attempts supplement the information already provided by mortality data (see indicator 13 disease-specific mortality).
<i>Remarks</i>	- Health information surveys (HIS) will probably underestimate the number of suicide attempts due to small sample sizes and reporting bias. Therefore it is preferable to have a special survey such as CIDI (The Composite International Diagnostic Interview): 1) Percentage of those who gave a positive answer to the CIDI question: "Have you ever attempted suicide?" (variant 1a is preferred) a) question about suicide attempts asked from all respondents b) question about suicide attempts asked only if depression sieve is passed. Question about suicide attempt asked from every respondent is more widely used. - Indicator of mental health of children in Child Health Indicators of Life and Development (CHILD) project: Annual incidence of attempted suicide, defined by inpatient hospital stays with a discharge diagnosis of attempted suicide, per 100,000 population, by male, female, and total, in age-groups 10-14 and 15-17, and by socio-economic group when available. - In the ongoing multinational WHO/Euro parasuicide epidemiological monitoring studies, parasuicide is defined as "an act with nonfatal outcome, in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed therapeutic dosage, and which is aimed at realizing changes which the subject desired via the actual or expected physical consequences". - Not all attempters do intend to die, should population surveys therefore also measure intent to die? Some experts however object to having a question on intention to die in general Health Interview Surveys, as they deem such a question inappropriate.
<i>References</i>	- MINDFUL project (2004-2006): http://www.stakes.fi/mindful - Korkeila J et al: Piloting a minimum data set of mental health indicators for Europe. 2001 - CIDI: The Composite International Diagnostic Interview http://www.hcp.med.harvard.edu/wmhcdi/ - Child Health Indicators of Life and Development (CHILD) project: http://ec.europa.eu/health/ph_projects/2000/monitoring/fp_monitoring_2000_frep_08_en.pdf - Bille-Brahe et al. Background and introduction to the WHO/EURO Multicentre Study on Parasuicide. Crisis. 1995;16(2):72-8, 84. - De Leo et al. Definitions of suicidal behavior: lessons learned from the WHO/EURO multicentre Study. Crisis. 2006;27(1):4-15. - Welch SS. A review of the literature on the epidemiology of parasuicide in the general population. Psychiatr Serv. 2001 Mar;52(3):368-75. Review.

	- The International Association for Suicide Prevention (IASP): http://www.iasp.info/
<i>Work to do</i>	Contact experts to discuss and solve key issues and problems.