
Suicidal Behaviour in Four Ethnic Groups in The Hague (The Netherlands)

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Municipal Health Service in The Hague has a tradition in studying Suicidal Behaviour

- Incidence rates of **suicide**: since 1977, based on forms of the municipal coroner (*they are always called in case of a suicide*).
- Incidence rates of **attempted suicide**: during 1987-1993; 2002-2004 and 2008-2010, based on case register studies of suicide attempts seen in general medical hospitals, psychiatric emergency services, other mental health services and/or ambulances).

Why monitoring the incidence of suicide and attempted suicide?

- Important **mental and public health problem** (*in seriousness and magnitude*) ;
- Suicidal behavior is a **signal of psycho-social health** of groups of people;
- Groups at risk are **changing in time en places.**

- In The Netherlands 14.000 suicide attempts are treated at the emergency departments of general hospitals (a year) and 1.500 people commit suicide (about *16.000.000 inhabitants*).

Why monitoring cases of suicide attempts and suicides?

- **A suicide attempt is the strongest known individual predictor of eventual suicide: About 10% of attempted suicide treated in a hospital commits suicide within ten years**
(Suominen et al., 2004; Mittendorfer Rutz et al., 2009).
- **About 50% of suicide completers have a history of attempted suicide or deliberate self-harm.**
(Hawton et al., 1998; Welch, 2001; Kerkhof et. al., 2007).



Study periods and participants of the case register of suicide attempts

1987 – 1993: *many participants: mental health services, including the psychiatric emergency services; emergency service and psychiatric department of all general medical hospitals and ambulances (double events, too much).*

2002 – 2004: *the psychiatric emergency service, psychiatric department of all general medical hospitals (complementary events, to vulnerable).*

2008 – 2010: *the psychiatric emergency services; emergency services of the general medical hospitals and ambulances (double events, all you need).*

Definition attempted suicide and recidivists:

- ‘An act with nonfatal outcome, in which an individual deliberately initiates a non-habitual behavior 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’ (multi centre study of the World Health Organization in Europe)
- Multiple reports of attempted suicide of one person within 1 week were considered to constitute a single attempt.
- A repeat attempt was defined as an attempt during a study period by a person who already was included in the case register of that period.

The Study population limited to (inhabitants of) The Hague

A Town with 500,000 inhabitants with

- - about 250,000 autochthones (Dutch)
- - about 47,000 Surinamese
- - about 37,000 Turkish
- - about 27,500 Moroccan

- - about 27,000 from other Western countries
- - about 110,000 from other non-Western countries!

The Ethnic status is defined on the basis of country of birth of the patient and of the parents.

Incompleteness of the registration?

- **Minor attempts without any medical assistance;**
- **Minor attempts in which care was limited to a general practitioner;**
- **Inhabitants of The Hague who commit/attempted suicide in another city;**
- **Not recognized / registered as a suicide (attempt).**

Results of attempted and fatal suicide in Four Ethnic Groups in The Hague during 2008 - 2010.

Results of previous periods, only when necessary



First some numbers, 2008 - 2010

Cases of Suicide attempts

Cases of Suicide

	Males	Females		Males	Females
Dutch	342	499	Dutch	68	30
Surinamese	70	139	Surinamese	6	4
Turkish	24	113	Turkish	0	1
Moroccan	17	47	Moroccan	1	1
Others	86	194	Others	13	4
Total	539	992	Total	88	40
2,077 reports; 1,531 cases; 1,203 persons			128 reports; 128 cases; 128 persons		

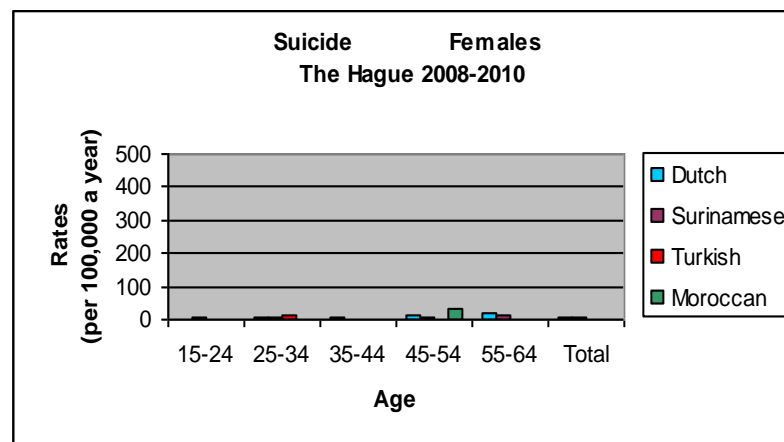
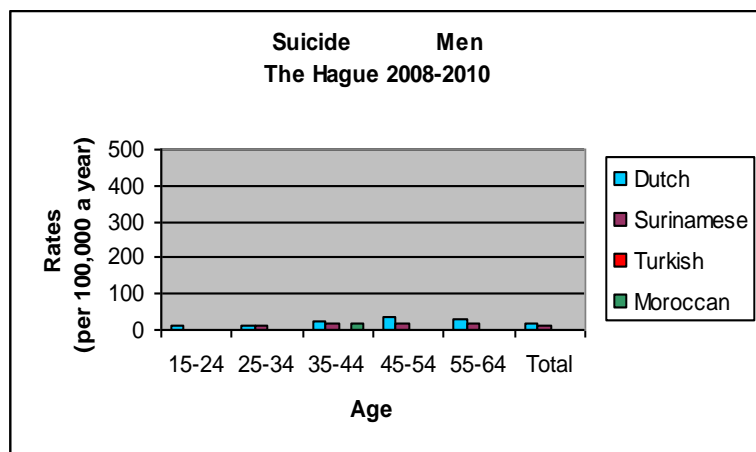
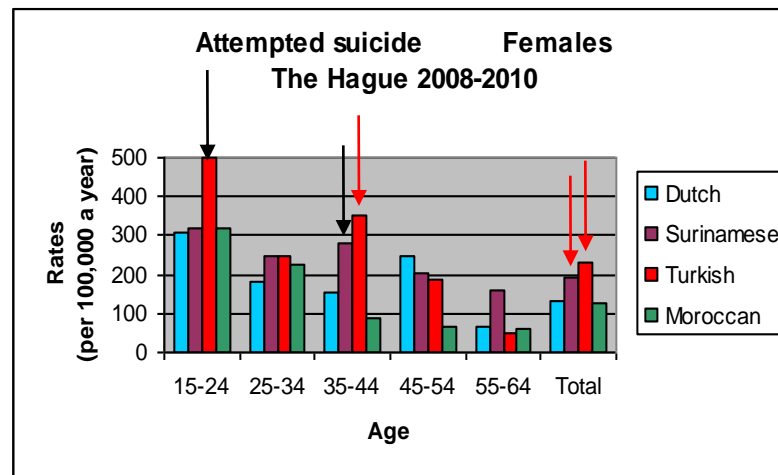
Method of attempted suicide

The Hague, the Netherlands, 2008-2010 (combinations possible)

Self-poisoning with drugs	74%
Self-poisoning with other chemicals (mostly alcohol)	20%
Deliberately cutting with a sharp object	11%
Hanging/suffocation	5%
Traffic accident	3%
Jumping	2%
Drowning	1%

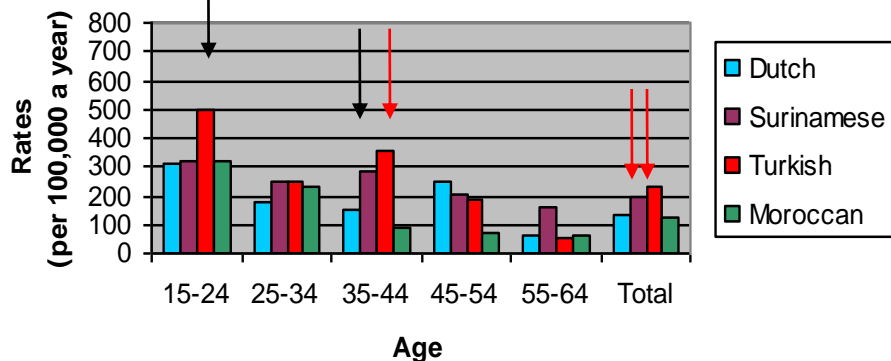


Rates of (attempted) suicide by age and gender for Dutch, Surinamese, Turkish and Moroccan ethnic groups, The Hague, the Netherlands, 2008 -2010

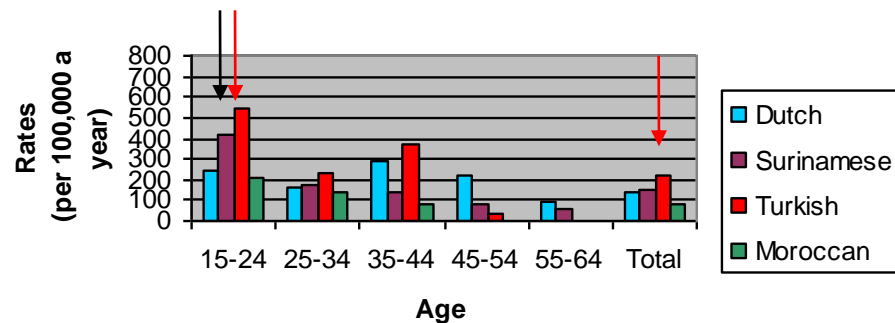


Rates of (attempted) suicide by age for Dutch, Surinamese, Turkish and Moroccan females, The Hague, the Netherlands, 2008 -2010, 2002-2004, 1987-1993.

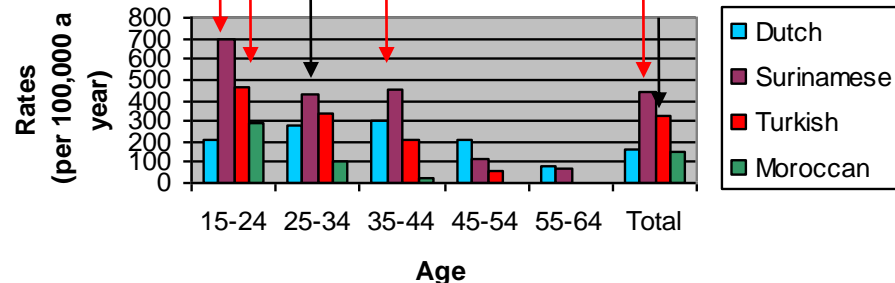
**Attempted suicide Females
The Hague 2008-2010**





**Attempted suicide Females
The Hague 2002-2004**



**Attempted suicide Females
The Hague 1987-1993**



 Sign. higher compared to the Dutch group of similar age
 Sign. higher compared to the Dutch + Tot group of similar age

Attempted suicide: number of persons and events (recidivists) by gender for Dutch, Surinamese and Turkish ethnic groups. The Hague, the Netherlands, 2008-2010

Ethnic group	Females					
	15-24 y.		25-34 y.		35-44 y.	
	persons	events	persons	events	persons	events
Dutch	66	114	54	93	66	85
Surinamese	34	37	26	28	33	38
Turkish	45	47	22	25	26	27

The ratio of fatal/nonfatal suicidal behavior by gender for Dutch, Surinamese, Turkish and Moroccan ethnic groups. The Hague, the Netherlands, 2008-2010

	Males		Females	
	Ratio	†	ratio	†
Dutch	0.2	(5)	0.06	(4)
Surinamese	0.08	(0)	0.03	(0)
Turkish	0	(0)	0.01	(0)
Moroccan	0.05	(0)	0.02	(1)
Total	0.16	(8)	0.04	(5)

The high incidence of attempted suicide among Turkish and Surinamese females, are often related to:

- **Psychological and social problems in their relationship/family**
- **Lack of freedom**
- **Decreased well-being, depressive feelings**
- **Cultural alienation**
- **But compared to the native Dutch females lower relationship (Surinamese females) or no relationship (Turkish females) with diagnosed psychiatric diseases.**

Conclusions I

Most at risk of attempted suicide:

Turkish females

- 1987 - 2010: aged 15-24 years
- 2008 - 2010: aged 35-44 years

Surinamese (South Asian) females

- 1987 - 1993: aged 15-44 years
- 2008 - 2010: aged 35-44 years

These results can't be explained by a low socioeconomic ranking.

Conclusions II

- Compared with the Dutch females, the **Turkish and Surinamese females** showed a **low risk of recidivist** and a **low risk of completed suicide**.
- The ratio of fatal/non fatal suicidal behavior is four times higher in males

Signal

Surinamese males

- 2008 - 2010: aged 35-44 years (not found in early study periods)

What does the Municipal Health Service do about it?

- Telling health care providers **about** the groups at risk
- Speaking **with** the ethnic groups at risk
- **Training school mentors** for early detection of depression and social distress
- **Monitoring** the mental and psychological **care** (not!) given after a **attempted suicide** of a young person (< 26 year) -> SuNa – case management (since 2006)

‘SuNa’ - case management

- In case of a attempted suicide all the emergency departments of general hospitals in The Hague reporting SuNa the event (they give name and telephone number of the young person who did a attempted suicide)
- SuNa contacts the young person
- SuNa follows her/him during six months
- SuNa monitors that she/he receives good psychological and/or mental care (outreached project)

SuNa - case management

- Case load about 100 persons a year
- Good network -> bypasses waiting lists
- Unfortunately: no evaluation results

Thank you for your attention

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