MONSUE

A European Multicentre Study on Suicidal Behaviour and Suicide Prevention

EU-Grant 2003/791077-MONSUE
Background

In many European countries, suicidal behaviour constitutes a major public and mental health problem and a considerable drain on resources in both primary and secondary health care settings. Therefore, EU and the European region of WHO identified prevention of suicidal behaviour as a main target.
Evaluation-Monitoring

To develop primary and secondary prevention strategies indicators for this behaviour are required.

Therefore, an important strategy in suicide prevention is not only to initiate and implement suicide preventive programs, but also the continuous monitoring of suicide and attempted suicide as well as repetition rates in order to delineate suicide trends and suicide risk groups as well as protective factors and effects of preventive measures.

MONSUE is an extensive research project, carried out within 15 EU countries and 8 countries within the EUROPEAN region of WHO.
Evaluation-Monitoring

The project is based on the experiences of the WHO/EURO Multicentre Study on Suicidal Behaviour and is coworking with the WHO/EURO Network on Suicide Research and Prevention.
Main beneficiaries and EU-status
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Centres in EU-Member States:
• Hall (Austria)
• Salzburg (Austria)
• Odense (Denmark)
• Tallinn (Estonia)
• Helsinki (Finland)
• Nancy (France)
• München (Germany)
• Hamburg (Germany)
• Würzburg (Germany)
• Athens (Greece)
• Pecs (Hungary)
• Szeged (Hungary)
• Rome (Italy)
• Riga (Latvia)
• Ljubljana (Slovenia)
• Oviedo (Spain)
• Stockholm (Sweden)

Centres in Applicant/Other Countries:
• Oradea (Romania)
• Ankara (Turkey)
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>CENTRE</th>
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<tbody>
<tr>
<td>GUS (Russia)</td>
<td>Moscow</td>
</tr>
<tr>
<td>Serbia and Montenegro</td>
<td>Novi-Sad</td>
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<tr>
<td>Switzerland</td>
<td>Bern</td>
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<td></td>
<td>Basel</td>
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<tr>
<td>Ukraine</td>
<td>Odessa</td>
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<tr>
<td>United Kingdom</td>
<td>Manchester</td>
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<td></td>
<td>Oxford</td>
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<tr>
<td>Israel</td>
<td>Holon</td>
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<td></td>
<td>Galilee</td>
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</table>
PARTICIPATING CENTRES

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Old centres WHO Multicentre Study
New centres
Not participating

GUIPUZCOA
BORDEAUX INNSBRUCK SZEGED
NOVI SADEMILIA-ROMAGNA
PADOVA
BERN
STOCKHOLM
TALLINN
RIGA
SOR-TRONDELAG
WUERZBURG
LEIDEN
ODENSE
UMEA
OXFORD
CORK
HOLON
ATHENS
Prague
LJUBLJANA
ANKARA
GENT
HELSINKI
CERGY-PONTOISE
VILNIUS
KIEV
ODESSA
LIMERICK
PECS
RENNES
Evaluation-Monitoring

Goals

1. Collecting suicide and suicide attempt data
2. Determination of trends
3. Assessment of a sociodemographic picture of suicides and suicide attempters (e.g. ethnicity, social status, immigrant status, employment status, profession)
4. Assessment of treatment and the use of treatment after a suicide attempt
5. Assessment of the efficacy of treatment procedures
6. Assessment of the efficacy of measures within primary suicide prevention activities (e.g. media guidelines, building of fences on bridges, railway and subway tracks, etc.)
Evaluation-Monitoring

Methods and Material

Common instruments (Monitoring form)
Common Definition of a catchment area
(150.000 – 250.000 inhabitants, availability of demographic data)
Common definition of suicide attempt
Comparison of measures in the various catchment areas
Example: Possibility of testing of other definitions
Common Definition

The group agreed at a meeting in Würzburg in February 2005 to adopt the WHO working definition, used in the WHO Multicentre study and to test the usefulness of other definitions (e.g. the terms parasuicide/DSH/SIB).

Suicide attempt is defined as:

“... an act with non-fatal 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 or generally recognized therapeutic dosage, and which is aimed at realizing changes which the subject desired via the actual or expected physical consequences.”
MONSUE Cooperations

Cooperation with the following other EU projects or EUROPEAN or WHO activities:

WHO/EURO Network on Suicide Research and Prevention
EAAD (Würzburg, Tallin, and other centres)
EMIP (WHO Network)
Various National Suicide Prevention Programs (e. g. in Germany, Switzerland, Sweden)
Future plans

1. Development, testing and revision of the common monitoring form
2. Assessment of preventive measures in the various catchment areas
3. Starting with the monitoring
4. Encouragement of preventive activities
5. Testing the effects of preventive measures
6. Development of guidelines
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Some results of the previous study
Publication of previous results
Rates of Suicide Attempts in Europe: Males and Females
(Latest available year)

- Tallinn (1999)
- Helsinki (1997)
- Oxford (1999)
- Rennes (1998)
- Gent (1998)
- Pecs (2000)
- Cork (1997)
- Limerick (1997)
- Odense (2001)
- Innsbruck (1998)
- Würzburg (2001)
- Ljubljana (1998)
- Stockholm (1999)
- Padova (1997)
- Sor-Trondelag (2000)
- Bern (1998)
- Ankara (2000)
- Novi Sad (2001)
- Umea (1998)
Comparison of suicide attempt rates, national and regional suicide rates

Latest available corresponding year: Males

Suicide and suicide attempts/ 100,000 in different centres/ countries
Major problems of multicentre studies over long time periods are:

1. The fading out of the monitoring system

2. The drop out of centres
1. The fading out of the monitoring system

No general trends of decreasing rates in the various centres observable

A continuous decrease could not be found; rather, in most of the centres, an increase over the years observed could be found

2. The drop out of centres

Not avoidable
The rank order of the centres over time did not change very much.
WHO/EURO Multicentre Study on Suicidal Behaviour: Level of education

WHO FORSCHUNGSGRUPPE WÜRZBURG
WHO/EURO Multicentre Study on Suicidal Behaviour
Level of vocational training

<table>
<thead>
<tr>
<th>Level of Vocational Training</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Low</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Middle</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>High</td>
<td>5</td>
<td>0</td>
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</tbody>
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WHO/EURO Multicentre Study on Suicidal Behaviour

Employment status

- Econ. active empl.
- Econ. active unempl.
- Econ. inactive

Males

Females
WHO/EURO Multicentre Study on Suicidal Behaviour
Recommended aftercare

Males
Females

No
Psychiatric outpatient
Psychiatric inpatient
Medical outpatient
Medical inpatient

WHO FORSCHUNGSGRUPPE
WÜRZBURG

2000-2002
WHO/EURO Multicentre Study on Suicidal Behaviour Repetition

![Bar chart showing suicidal behavior repetition by gender and time interval.](chart.png)

- **Males**
  - No repetition: 35
  - Repetition within 12 months: 15
  - Repetition after more than 12 months: 45

- **Females**
  - No repetition: 40
  - Repetition within 12 months: 20
  - Repetition after more than 12 months: 40
The short-term repetition of suicidal behaviour is high in several centres. This could lead to the hypothesis that suicide attempters can be relatively easily separated into two groups: one group with only one or two attempts and one with three or more attempts.

In comparison to findings from the 1980s, it also seems that the rates of repetition of suicide attempts within 12 months of an attempt are increasing.
**Aftercare of Patients after a Suicide Attempt: Results of the WHO Multicentre Study**

### First contact

<table>
<thead>
<tr>
<th>Place</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>General Hospitals</td>
<td>65%</td>
</tr>
<tr>
<td>Psychiat. Clinics</td>
<td>14%</td>
</tr>
<tr>
<td>Doctor in Practice</td>
<td>16%</td>
</tr>
<tr>
<td>Places of Advice</td>
<td>6%</td>
</tr>
</tbody>
</table>

### Second contact

#### General Hospitals
- Consultation: 52%
- Psychiat. Clinic: 32%
- Doctor in Practice: 10%
- General Hospital: 10%
- Advice: 2%
- No further treatment in hospital: 2%

#### Psychiat. Clinics
- Inside: 35%
- Advice: 10%
- General Hospital: 7%
- Doctor in Practice: 8%
- No further treatment in hospital: 41%

#### Doctor in Practice
- Psychiat. Clinic: 34%
- General Hospital: 31%
- Doctor in Practice: 12%
- Advice: 9%
- No further treatment in hospital: 14%

#### Places of Advice
- Advice: 18%
- General Hospital: 14%
- Doctor in Practice: 12%
- Psychiat. Clinic: 59%
- No further treatment in hospital: 52%
Continuity of Treatment

In contrast to many results of treatment studies, the continuity of treatment is not sufficient. A high percentage of persons has after a suicide attempt contacts with at least 5 „treatment providers“
After 4 Weeks:

Inpatient treatment in 53 % of all cases necessary
Contact with a psychiatrist in 88 % of all cases necessary
Failure of Diagnosing of Psychiatric Disorders in Psychotherapy

Often psychiatric disorders are not recognised. Therefore, necessary treatment is often not provided or not provided in time.
Results of the WHO Multicentre Study (2004)

1269 patients after a SA were interviewed after the SA and 601 one year later:

58 %: First contact immediately or within the first month

18 %: First contact only after 6 months
On average 20 contacts (other than with GPs)
Range 1 - 60
Results of the WHO Multicentre Study (2004)

**Inpatient treatment:**
60 % satisfied with the medical and social treatment
7 % dissatisfied with the medical aspects
24 % dissatisfied with the psychosocial aspects

**Outpatient treatment:**
Only 16 % were dissatisfied with the psychosocial aspects
Paradox results of the WHO Multicentre Study

601 patients after a SA:

The better or more satisfactory the treatment seemed to the attempter, the higher the risk of recidivism
This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.