Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm

World Health Organization

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Foreword

Suicide is a complex phenomenon. It is estimated that over 800 000 people die by suicide each year, with many more attempts for each death that occurs. Importantly, suicides are preventable. Timely and effective evidence-based interventions play a key role in preventing suicides and, in order to determine what is effective, good data are needed as a priority. Governments are in a unique position to develop and strengthen surveillance and to provide and disseminate data that can help to inform action.

In its report *Preventing suicide: a global imperative*, WHO set out a number of areas for action for governments, regardless of their level of progress in implementing suicide prevention activities. A key area was the improvement of data on suicides and suicide attempts. This manual builds on these areas of focus by providing practical steps and guidance on setting up a surveillance system for suicide attempts and self-harm within countries. Efforts have been made to improve the registration of suicides; however, a renewed emphasis on the registration of suicide attempts, and self-harm in particular, can add valuable information to guide the design of suicide prevention strategies, as previous suicide attempts are an important risk factor for future attempts and for death by suicide. The manual includes consideration of stakeholder engagement, funding and staffing, through to data collection, collation and analysis.

This is a practical manual that will allow policy-makers to prioritize and guide the implementation of a surveillance system for suicide attempts and self-harm in their respective countries. Users of the manual are encouraged to adapt the steps realistically to match the resources available in their specific context and to ensure sustainability. Importantly, improving the quality of data can help to guide and prioritize the best interventions in each context and contribute to an effective overall suicide prevention strategy.

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01

Introduction

Section overview

Background to surveillance:
The importance of a surveillance system for suicide attempts and self-harm.

Sources of data for surveillance:
Data sourced from medical records in hospitals, usually the emergency department or trauma unit depending on facilities in the country concerned.

The aim of the manual and the benefits of surveillance:
To assess the extent of the problem of hospital presentations due to suicide attempts and self-harm to inform public health policies on prevention, intervention and treatment.

Who the manual is for:
Health professionals, data registration officers, researchers and statisticians working at general hospitals, university departments and research institutes, ministries of health, nongovernmental organizations.

1.1 Background

Public health surveillance is essential to the practice of public health, to guide prevention, monitor activities and evaluate outcomes of such activities (1). The WHO report *Preventing suicide: a global imperative* emphasizes surveillance of suicide and suicide attempts as a core component of national suicide prevention strategies (2). That report followed the WHO Mental Health Action Plan, 2013–2020, by which all WHO Member States committed themselves to work towards the global target of reducing the suicide rate in countries by 10% by 2020 (3).

In terms of practice manuals, WHO has previously published other manuals – such as Injury surveillance guidelines (4), Guidelines for conducting community surveys on injuries and violence (5) and Fatal injury surveillance in mortuaries and hospitals: a manual for practitioners (6). It is important to highlight that improvement in the availability and quality of data on both suicide mortality and suicide attempts is needed for all countries, and that there are major differences between countries in procedures for recording suicide (7, 2).

WHO's 2014 global report on preventing suicide identified a need for guidance on the surveillance of suicide attempts presenting to general hospitals. Currently, the number of countries that have established a surveillance system for suicide attempts is limited, and comparison between established systems is often hindered by differences between systems (2). This manual aims to provide a tool for countries to use in setting up a public health surveillance system for suicide attempts and self-harm cases presenting to general hospitals, based on medical records.

Improved surveillance and monitoring of suicide attempts and self-harm is a core element of the public health model of suicide prevention (8, 9, 2).

When a person presents at a hospital, often in an emergency situation, it should be possible for a clinician to state in the medical records whether or not the injury or poisoning was self-inflicted and whether the injury or poisoning was intentional or accidental. However, the intention to die can be more difficult to ascertain (and therefore to record) since in certain cases even the individual involved may not be certain about his or her intentions. This is why a hospital-focused surveillance system will inevitably represent cases of intentional self-harm with varying levels of suicidal intent and varying underlying motives, and not only suicide attempts characterized by high levels of suicidal intent. For reasons of simplicity of language, the term "suicide attempt" may be used interchangeably with "self-harm" in this document when referring to surveillance systems.

1.2 The need for a manual for establishing and maintaining surveillance systems for suicide attempts and self-harm

It is estimated that, for each suicide, there are likely to have been more than 20 suicide attempts (2). Having engaged in one or more acts of attempted suicide or self-harm is the single most important predictor of death by suicide (10, 11, 12, 13, 14). Consequently, long-term monitoring of the incidence, demographic patterns and methods involved in cases of attempted suicide and self-harm presenting at hospitals in a country or region provides important information that can assist in the development of suicide prevention strategies. By combining this with information on suicide deaths, case fatality rates can be estimated which will assist in identifying high-risk individuals (12, 2).

Based on international research, Figure 1.1 gives a visual representation of the extent of suicidal behaviours. The extent to which cases become known is often compared to an iceberg, where only the tip is visible (suicide, suicide attempts and self-harm presenting to hospitals, and suicide attempts and self-harm presenting to primary care services) while the majority of suicide attempts remain "hidden" under the surface and remain unknown to health services (15, 16, 17).