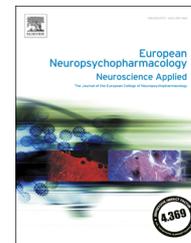




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Risk of completed suicide in 89,049 young males assessed by a mental health professional



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Abstract

In an individual who seeks help or is referred to a mental health professional it is common sense and clinical practice to assume that suicidal thoughts and previous attempts constitute risk factors for imminent suicide. However, this assumption has not been supported by large, population-based longitudinal studies. The current study investigated whether reports of current suicidal ideation and a history of suicide attempts indeed increase risk for later completed suicide in a historical prospective study design. Sequential records on 89,049 young males assessed by mental health professionals were screened for suicidal ideation and a history of suicide attempts. The data were linked with death records from the Israeli Central Bureau of Statistics. Over a follow-up period ranging from 2 months to 9.8 years, 54 individuals died by suicide, constituting an average suicide rate of 6.48 per 100,000 person-years. Overall, neither reporting current suicidal ideation (without a history of suicide attempts; HR=1.29, 95% CI=0.57-2.90) nor reporting a history of suicide attempts (with or without current suicidal ideation; HR=1.67, 95% CI=0.71-3.97) were significantly associated with increased risk for later completed suicide. However, young males with a previously diagnosed psychiatric disorder who reported current suicidal ideation (HR=4.52, 95% CI=1.08-18.91) or a history of suicide attempts (HR=6.43, 95% CI=1.54-26.90) were at increased risk of death by suicide. These

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findings indicate that in this particular population reports of current suicidal ideation or of a history of suicide attempts are helpful in predicting future suicide only among those with a previous diagnosis of a psychiatric disorder.

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1. Introduction

Each year almost one million people die by suicide in the world, and it is the third leading cause of death among children and adolescents between the ages of 10-24 (Karaman and Durukan, 2013). Thus, suicide is a major clinical and public health issue, and a large body of work has been dedicated to understanding factors which increase the risk of death by suicide.

Assessment of suicidal ideation and a history of suicide attempts is an essential component of any clinical interview. Both suicidal ideation and suicide attempts are taken very seriously by clinicians and considered to be indicators of increased risk of later completed suicide. Indeed, a panel of 500 psychologists found that a history of acute suicidal ideation and suicide attempts are two of the strongest predictors of suicide among patients with major depression (Peruzzi and Bongar, 1999). Population-based studies reported that in adults the life-time prevalence of a history of suicide attempts ranges between 1.1% and 4.6%, while rates of suicidal ideation range between 2.6% and 13.5% (Bernal et al., 2007; Kessler et al., 1999; Paykel et al., 1974; ten Have et al., 2013). Suicidal ideation and attempts are particularly problematic in young adults (ages 18-29), who were reported to have a higher prevalence of suicidal thoughts, suicide planning, and suicide attempts compared to those 30 years of age or older (Crosby et al., 2011).

Most research examining the association between suicidal ideation, a history of suicide attempts, and later completed suicide has either been based on psychological autopsies (Cheng et al., 2000; Shafii et al., 1985; Yoshimasu et al., 2008), on clinical samples (inpatients or outpatients) suffering from severe mental illness (Bowers et al., 2010; Gladstone et al., 2001; Kuo et al., 2005; Large et al., 2011a; Madsen et al., 2012; Smith et al., 2013; Tsai et al., 2002) or on those who have performed suicide attempts (Suominen et al., 2004a, 2004b). Most of these studies emphasize previous suicide attempts, a history of deliberate self-harm, suicidal intent and hopelessness as significant predictors of eventual completed suicide. This has also been found in adolescents (Bukstein et al., 1993; Shafii et al., 1985). A meta-analysis of psychological autopsies indicated that previous suicide attempts and self-harm were associated with an increased risk of 16.3 for completed suicide compared to control groups (Yoshimasu et al., 2008). However, other studies have indicated otherwise, reporting suicide completers had fewer previous suicide attempts (Gladstone et al., 2001) and less suicidal ideation (Gladstone et al., 2001; Smith et al., 2013) compared to matched controls.

In contrast to these studies based on psychological autopsies, clinical samples or suicide attempters, studies on large population-based samples examined mostly risk

factors for suicide attempts and not completed suicides (Nock et al., 2015; Ursano et al., 2015). For example, a study of US army suicide attempters revealed that 60-70% of attempters had a prior mental health diagnosis (Ursano et al., 2015). Another study of soldiers in the US Army (Nock et al., 2015) reported that 10 different mental disorders were associated with increased risk for suicidal ideation and suicide attempts.

This present study is one of the few studies examining the association between completed suicide and reports of current suicidal ideation (without a history of suicide attempts) and a history of suicide attempts (with or without current suicidal ideation), as reported in a clinical interview, in a population-based sample of young males assessed by a mental health professional and followed longitudinally. The only other longitudinal population-based study we found was on a sample of 5414 Korean participants from the community (not necessarily treatment seekers), which reported that suicidal ideation was associated with increased risk (RR=3.07; 95% CI=1.02-9.26) of suicide mortality (Khang et al., 2010) over a 7-year follow-up period. The present study aims to add to the literature by longitudinally exploring reports of current suicidal ideation (without a history of suicide attempts) and a history of suicide attempts (with or without current suicidal ideation) as risk factors for later completed suicide among a large population-based sample of young males assessed by mental health professionals.

2. Experimental procedures

The association between current suicidal ideation (without a history of suicide attempts) and a history of suicide attempts (with or without current suicidal ideation) reported in a mental health examination during military service and subsequent completed suicide were examined by merging data from the IDF (Israel Defense Forces) mental health examination archive with data on causes of death from the Israeli Central Bureau of Statistics. After receiving approval from the institutional review board (IRB), these databases were linked in 2010 using the national identification number (analogous to the US Social Security number) as the linking variable. To preserve subjects' confidentiality, the national identification number was removed before the linked file was transferred to the investigators.

2.1. Databases

2.1.1. IDF mental health examination archive

The IDF mental health examination archive contains information obtained from clinical examinations of all soldiers assessed by a mental health professional in the IDF between 2000 and 2006. These examinations are performed in mental health clinics by a social workers or clinical psychologists with at least a Master degree. All mental health professionals go through special courses and receive ongoing supervision by senior psychiatrists, psychologists and social

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