



Brief report

The use of the Internet by people who die by suicide in England: A cross sectional study

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ARTICLE INFO

Article history:

Received 2 March 2012

Received in revised form 23 April 2012

Accepted 23 April 2012

Available online 19 May 2012

Keywords:

Internet

Suicide

Prevention

Risk factors

Cross-sectional study

ABSTRACT

Background: There is widespread concern regarding the possible influence of the Internet on suicidal behaviour. The aim of this study was to estimate the prevalence and characteristics of Internet-related suicide in England.

Methods: Cross sectional study based on detailed review of the inquest reports of suicides occurring in the areas served by 12 Coroners in England. Evidence of Internet use in relation to the suicide was sought for each death.

Results: Altogether inquest reports for 593 suicides (all methods) in 2005 and 166 suicides using specific methods in 2006–7 were assessed. There was evidence of a direct Internet contribution in nine (1.5% 95%CI 0.7 to 2.9%) of the 593 suicides in 2005. In seven (77.8%) of the cases the individuals had used the Internet to research the methods of suicide they used. Five (55.6%) individuals had used 'unusual' high-lethality methods, whereas such methods were only used in 1.7% of all suicides ($p < 0.001$). There was evidence of Internet involvement in 2.4% (0.7% to 6.1%) of the suicides in 2006–2007. None of the Internet-related suicides appeared to occur as part of a suicide pact.

Limitations: The contribution of the Internet to suicide rates may be under-estimated in this analysis as Coroners are unlikely to comprehensively pursue the possibility of Internet involvement in all the deaths they investigate.

Conclusions: Easy access to information about suicide methods and pro-suicide web sites on the Internet appears to contribute to a small but significant proportion of suicides. A key impact of the Internet appears to be in relation to information concerning suicide methods.

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1. Introduction

There is considerable current speculation about the contribution of the Internet both in preventing and triggering suicidal behaviour (Biddle et al., 2008; Boyce, 2010; Rajagopal, 2004). In recent years the Internet's therapeutic potential has been harnessed with innovations such as the development of online cognitive behavioural therapy (CBT) (Kessler et al., 2009), user support forums, and improved communication between health professionals and patients

(Boyce, 2010). Set against these benefits, there have been mounting concerns about more sinister impacts of Internet use. Such concerns include the ready availability of web-sites that actively encourage suicide, some providing graphic information concerning methods of suicide, and discussion forums where members may be encouraged to take their lives by other participants—so-called cyber-suicides (Biddle et al., 2008; Collings et al., 2010; Rajagopal, 2004; Recupero et al., 2008).

The degree of concern about the impact of the Internet on suicide risk is out of proportion to the evidence base in this area. Whilst there have been several case reports of suicides where the Internet contributed to the death (Rajagopal, 2004) and some researchers have attempted to correlate

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trends in Internet use with trends in suicide (Chang et al., 2011; Yang et al., 2011), we are unaware of investigations in which the proportion of suicides where the Internet may have played a contributory role has been estimated, nor where the characteristics of Internet-related suicides have been described. Here we report a study of this kind based on Coroners' records for suicides occurring within 12 regions of England in 2005–2007. Our aim was to determine the proportion of all suicides in which the Internet was implicated as playing a contributory role and to describe the nature of that role, and the characteristics of Internet-related suicides.

2. Methods

We systematically identified the records of all possible suicides occurring in 2005 from the records of 12 of the 107 Coroners in England in 2005. Three of the sampled Coroners were chosen on the basis that their jurisdictions covered the cities in which the three collaborating research teams were based (Bristol, Manchester and Oxford). The other nine were chosen at random from the remaining Coroners' jurisdictions within 90 minutes travel time from these cities. The areas the Coroners served covered approximately 15% of England's population.

As part of a separate sub-study, we also identified possible cases of suicide using specific methods (antidepressant, co-proxamol or paracetamol poisoning and charcoal burning) in 2006 and 2007.

The Coroners' inquest reports were read in detail by experienced researchers (OB, SS, JC and other colleagues) who abstracted relevant data onto standard recording sheets developed in previous studies (Bennewith et al., 2007; Hawton et al., 2005). We abstracted data for all deaths given a verdict of suicide and for those given open, accidental/misadventure or narrative verdicts where the inquest record suggested that suicide was a possibility. For all the latter deaths, a vignette describing the circumstances leading up to the death, the death scene and post mortem findings was written. This was independently reviewed by three experienced suicide researchers (DG, KH, NK) who rated the likelihood that the death was suicide. Where there was disagreement, the latter researchers discussed the case and a consensus was reached. All deaths rated as high or moderate probability of being suicide were included in our sample.

For all deaths the researcher abstracting the data recorded whether the inquest records indicated that there was a possible role of the Internet in the death. If this was the case, they were asked to record details of Internet involvement. We used our judgment to assess the strength of evidence that Internet use contributed to the death. We excluded cases such as one where an individual made non-specific and unsubstantiated comments about visiting internet suicide sites and another where a man had established a blog before his death and used this to say goodbye. Included cases had direct evidence of visiting pro-suicide sites or used methods they stated they had researched on-line.

3. Results

Possible use of the Internet in relation to the suicide was recorded in 12 (2.0%) of the 593 suicides recorded in 2005. Of

these, there was evidence for a strong or moderately strong direct link with the Internet for nine cases (1.5% 95%CI 0.7% to 2.9%) (Table 1). Details concerning the role of the Internet in these nine cases indicated that information accessed on the Internet may have influenced seven (77.8%) in their choice or implementation of a specific suicide method.

The demographic characteristics of the nine individuals whose deaths by suicide were strongly or moderately strongly related to the Internet were similar to those for all suicides in 2005: their mean age was 40 years (range 25 to 77 years) and eight (88.9%) were male; amongst all suicides in 2005 the mean age was 44.7 years (range 12 to 93) and 76.2% were male. Six (66.7%) of the individuals involved in Internet-related suicides had a record of previous self-harm and six of the eight cases (75.0%) where information on psychiatric disorder was recorded were thought to have had an affective disorder; equivalent figures for all suicides were 53.1% and 69.8% respectively; there was no statistical evidence that these proportions differed (chi sq (2 df) 0.10; $p=0.42$ and chi sq (2 df) 0.79 $p=0.75$ respectively). Three (37.5%) of the eight with information on contact with psychiatric services were under the current care of services; similarly 30.8% of all suicides were under current psychiatric care (chi sq (2 df) 0.17; $p=0.68$).

The methods used in the nine Internet-related suicides in 2005 were hanging ($n=2$; 22.2%); charcoal burning ($n=3$; 33.3%); helium inhalation ($n=1$); plant berry poisoning ($n=1$); car exhaust gassing ($n=1$) and overdose of analgesics and alcohol ($n=1$). Amongst the 593 suicides in 2005 hanging accounted for almost half of all deaths (276; 46.5%) and 153 (25.8%) individuals took overdoses of medicines. Charcoal burning, helium inhalation and non-medicinal poisoning accounted for only 10 deaths (1.7%) amongst the 593 suicides, whereas they accounted for half (55.6%) of all Internet-related deaths (chi sq (2 df) 105.9; $p<0.001$).

We identified 166 suicides involving use of antidepressants, co-proxamol, paracetamol and charcoal burning in 2006–2007. There was strong/medium evidence of Internet involvement in four (2.4% 95% CI 0.7% to 6.1%) of these deaths. One individual had purchased the medication used in their suicide on the Internet, two had investigated suicide methods on the Internet and the fourth was a regular user of a pro-suicide website.

4. Discussion

Use of the Internet may have contributed to 1.5% of the suicides identified in our study. The socio-demographic and clinical characteristics of individuals involved in these suicides were similar to those of all suicides. The key difference between Internet-related and other suicides was in relation to choice of method. Deaths where there was evidence that the deceased accessed the Internet tended to involve more unusual methods. These methods are also characterised by their relatively high lethality, making a fatal outcome more probable.

In three of the nine suicides with Internet links the individuals used barbiturate charcoal burning. Whilst charcoal burning suicides are relatively infrequent in the UK, they have reached epidemic proportions in several countries in East Asia (Yip and Lee, 2007). Our findings that choice of this method was associated with Internet use points to the Internet as a

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