

European Pact for Mental Health and Well-being

Prevention of suicide and depression

Mental health in youth and education

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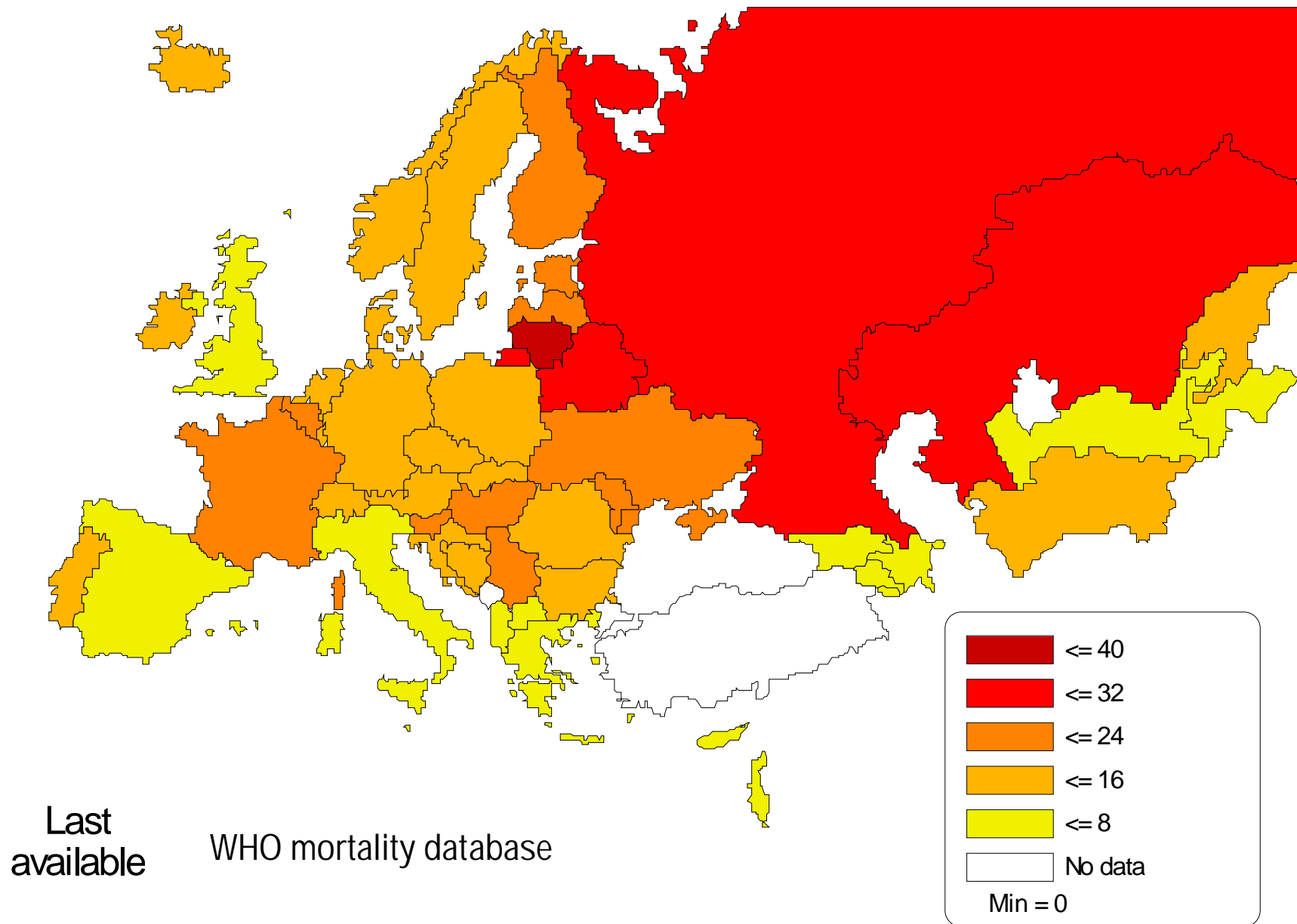
PART 1

Prevention of suicide and depression

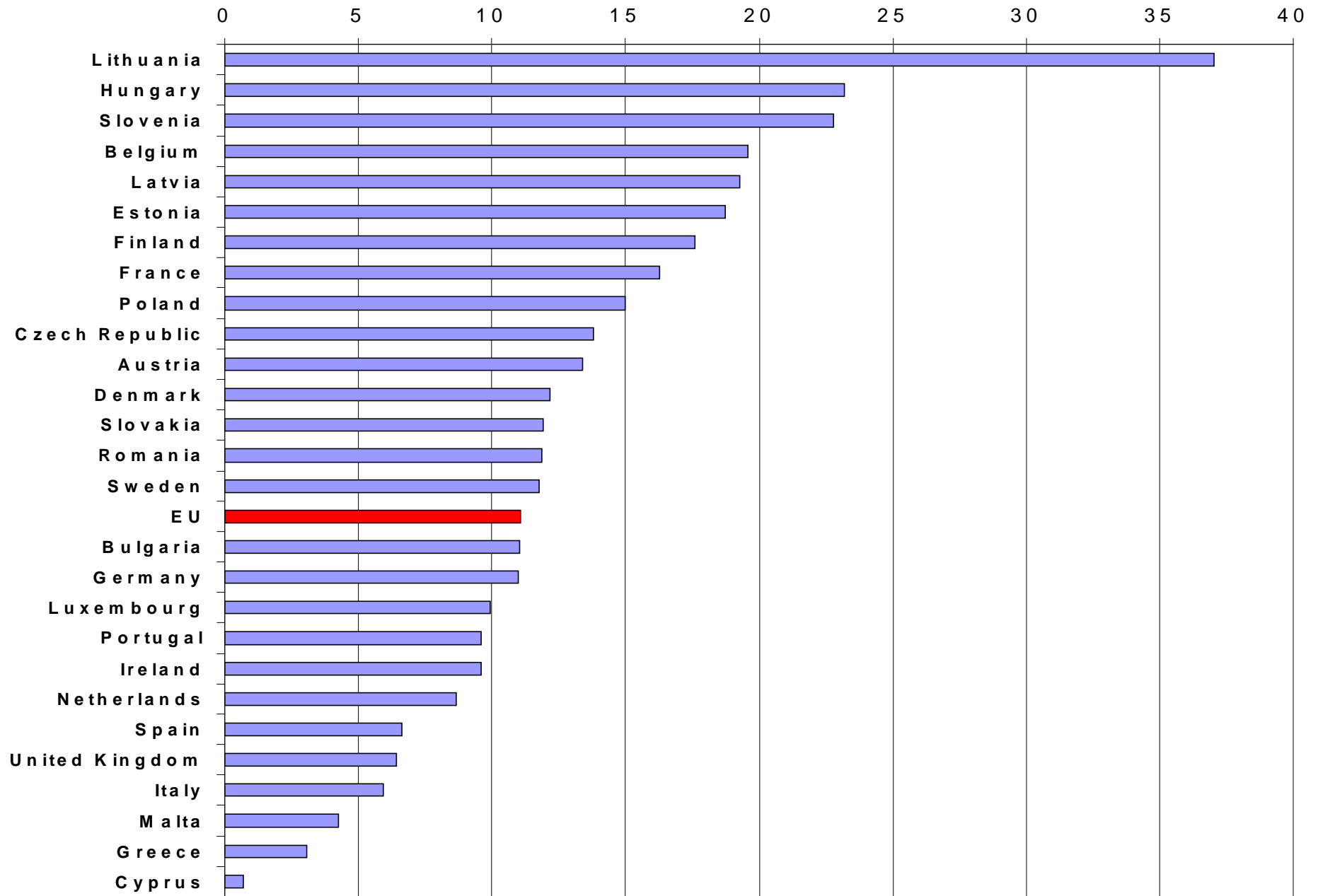
Suicides in the EU: Key facts

- Suicide is one of the major causes of death in the EU
- Around 60 000 citizens die from suicide every year, more than the annual deaths from road traffic accidents (50 000)
- Every 9 minutes a citizen dies as a consequence of suicide
- Suicide rate per 100 000 (WHO mortality database):
 - EU-15 before 01.05.2004: total 9.9 (males 15.5, females 4.9)
 - EU-27: total 11.1 (males 17.9, females 5.0)
 - EU since 2004 or 2007: total 15.5 (males 27.1, females 5.1)
- Suicide rate in EU has continuously increased
- Suicide rate across the EU Member States vary substantially

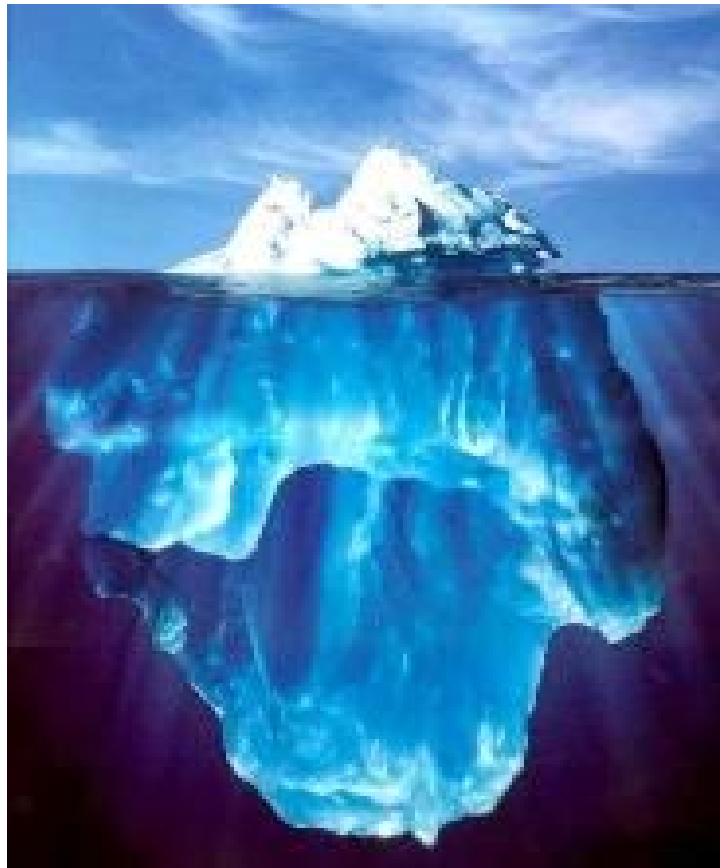
SDR, Suicide and intentional self-harm, per 100000



**Suicide rates in the EU countries, SDR per 100 000
(last year available in the WHO mortality database)**



Suicide is a process



Suicide

**Suicide attempts
(10 times more)**

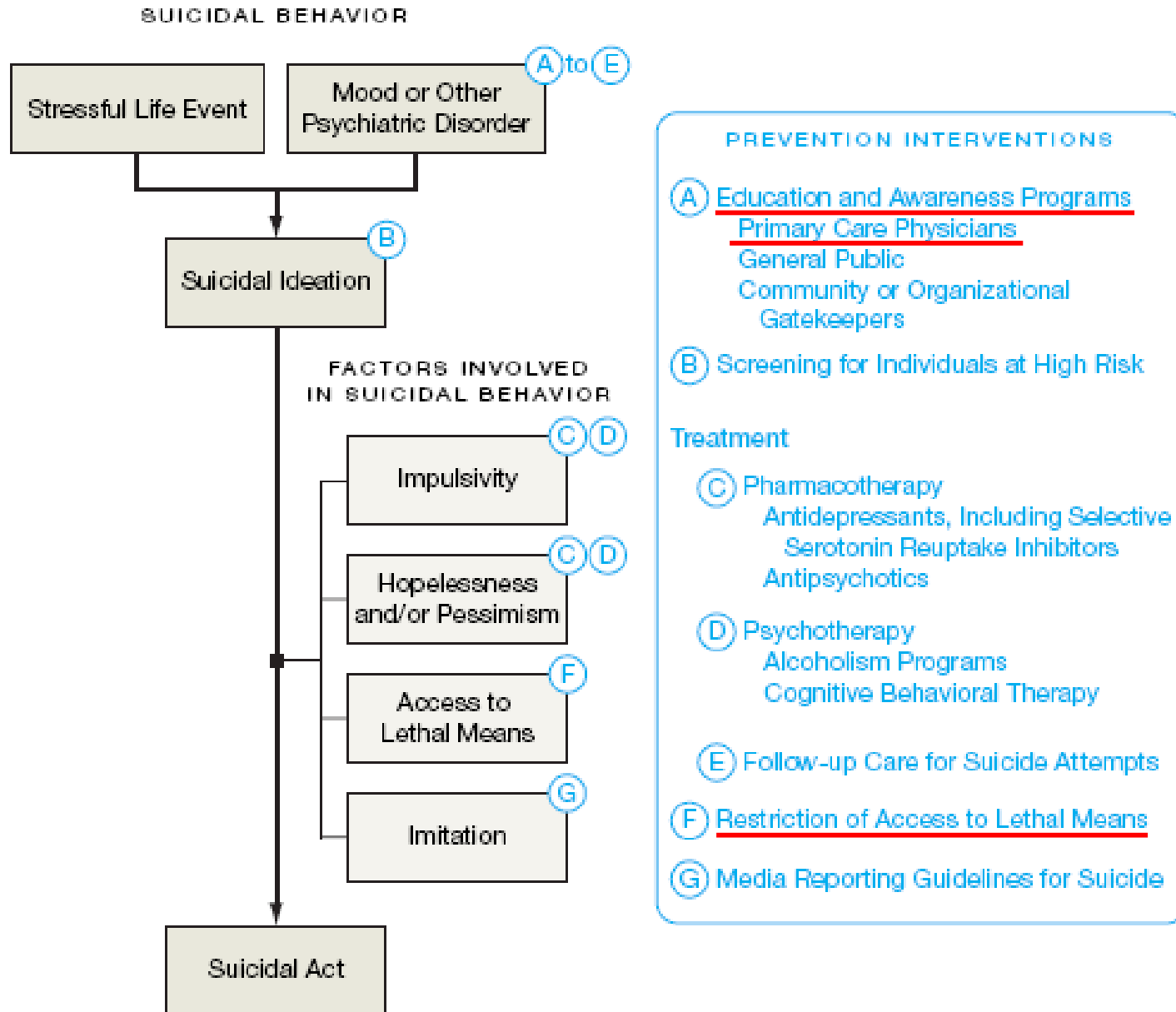
**Suicide ideation
(100 times more)**

Suicides in the EU: Key facts

- Depression is one of the most common and serious mental disorders, and the leading risk factors for suicidal behaviour. Up to 90% of suicide cases are preceded by a history of mental ill health, often depression
- Other determinants of suicide are socio-economic variables (e.g. poverty, unemployment, lack of social capital), alcohol/drug abuse, availability of suicide methods, availability of medical treatment and social support

Suicide prevention

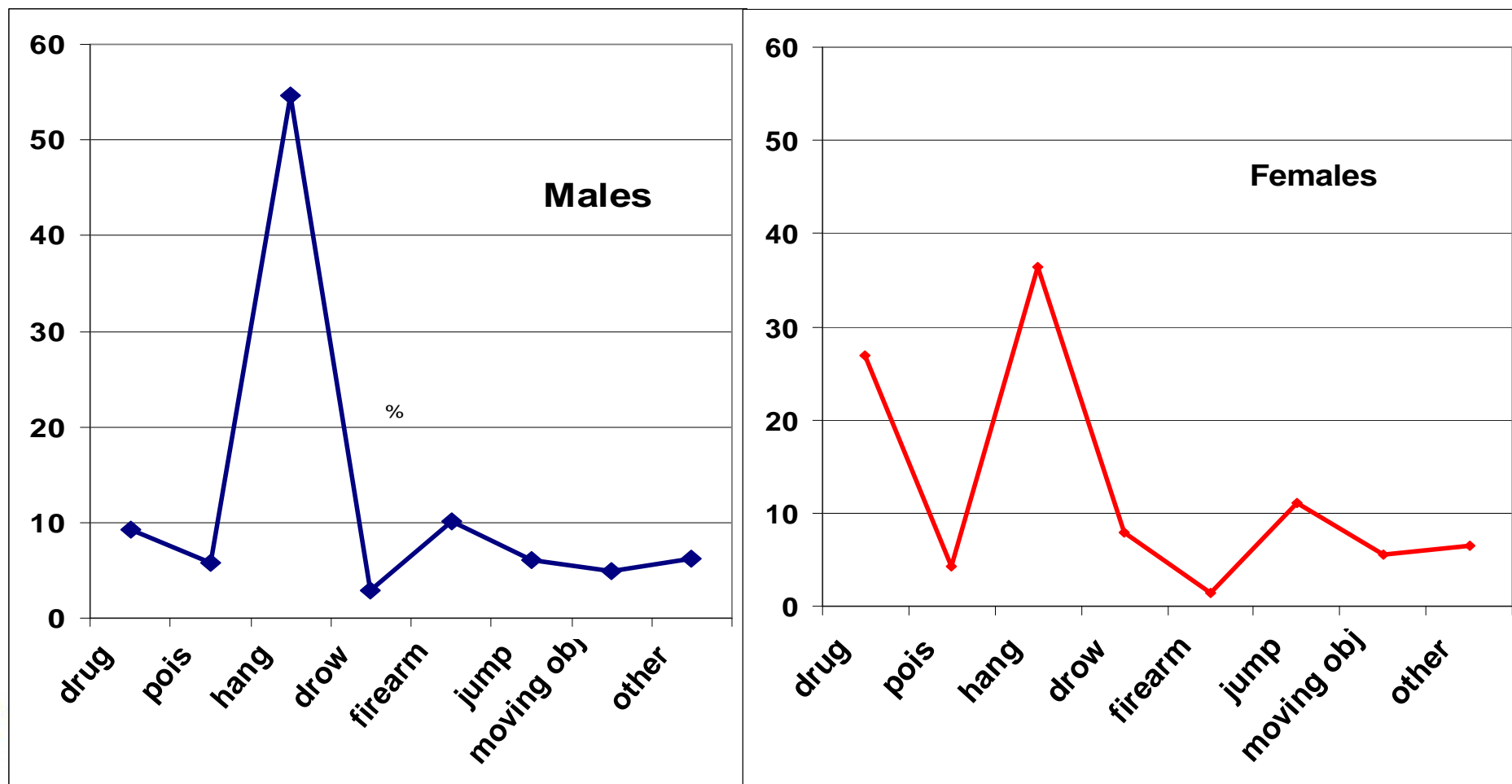
Figure. Targets of Suicide Prevention Interventions



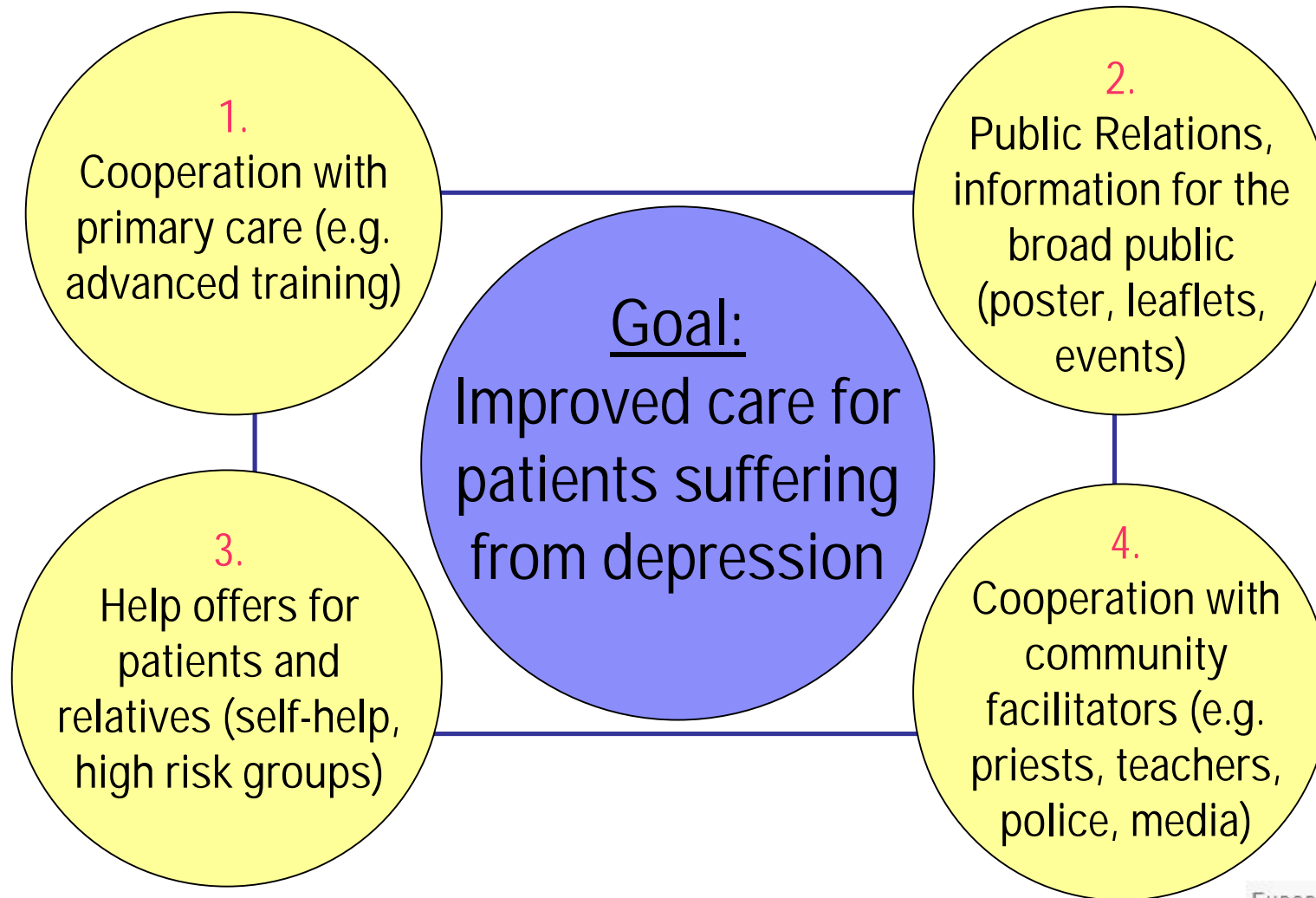
Circled letters refer to relevant prevention interventions listed on right.

Suicide methods in % (17 EAAD countries)

<http://jech.bmj.com/cgi/content/full/62/6/545>



European Alliance Against Depression (EAAD)



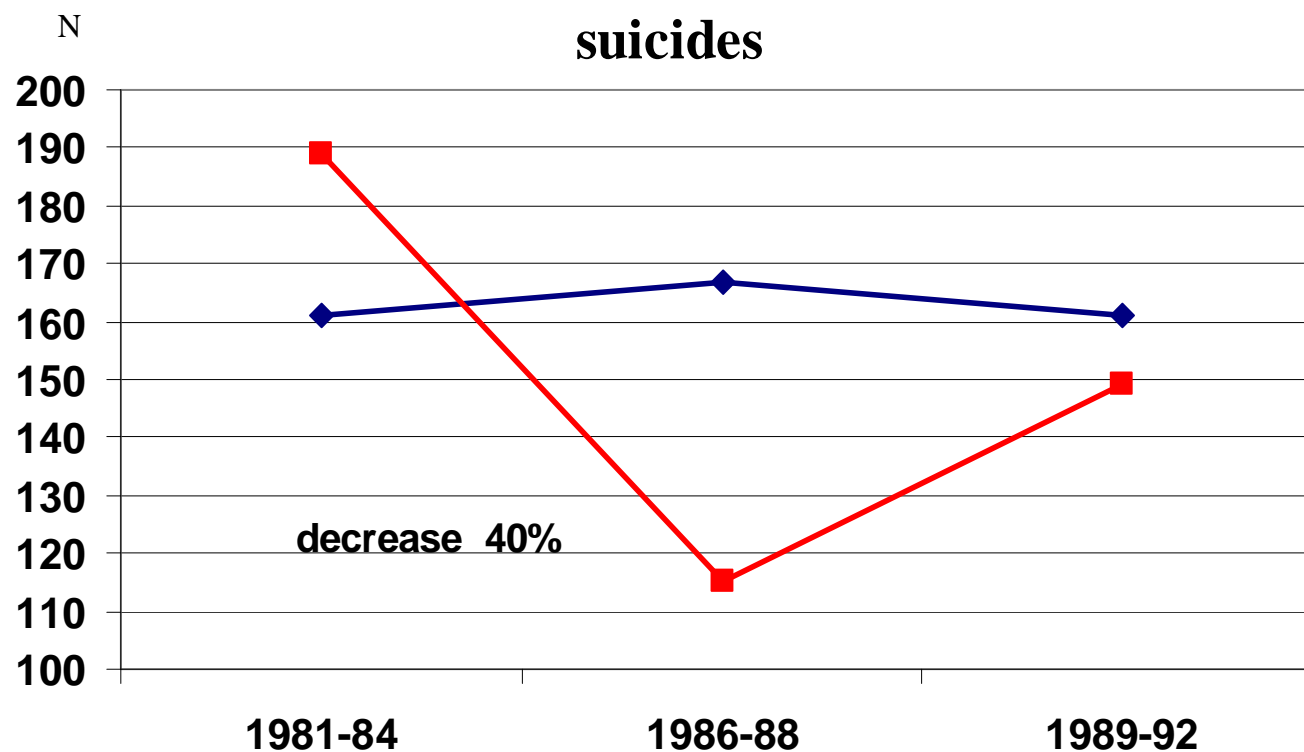
Hegerl et al, World J Biol Psychiatry 2008



Actions proposed for suicide prevention

- Improving the training of health professionals on mental health
- Restricting the access to potential means for suicide
- Measures to raise awareness and education about depression in the general public and specific target groups, among health professionals and with gatekeepers
- Measures to reduce risk factors for suicide, such as excessive drinking, drug abuse and social exclusion, and support mechanisms after suicide attempts

Alcohol-positive (red) and alco-neg (blue) suicides



Värnik A, Kõlves K, Väli M, Tooding L-M, Wasserman D.

Do alcohol restrictions reduce suicide mortality? *Addiction* 2007;102(2):251-6



Part 2

Mental Health in Youth and Education

Mental health in youth: Key facts (1)

- The foundation of life-long mental health is laid during the early years
- Up to 50% of mental disorders have their onset during adolescence
- Mental health problems can be identified in between 10% and 20% of young people

Mental health in youth: Key facts (2)

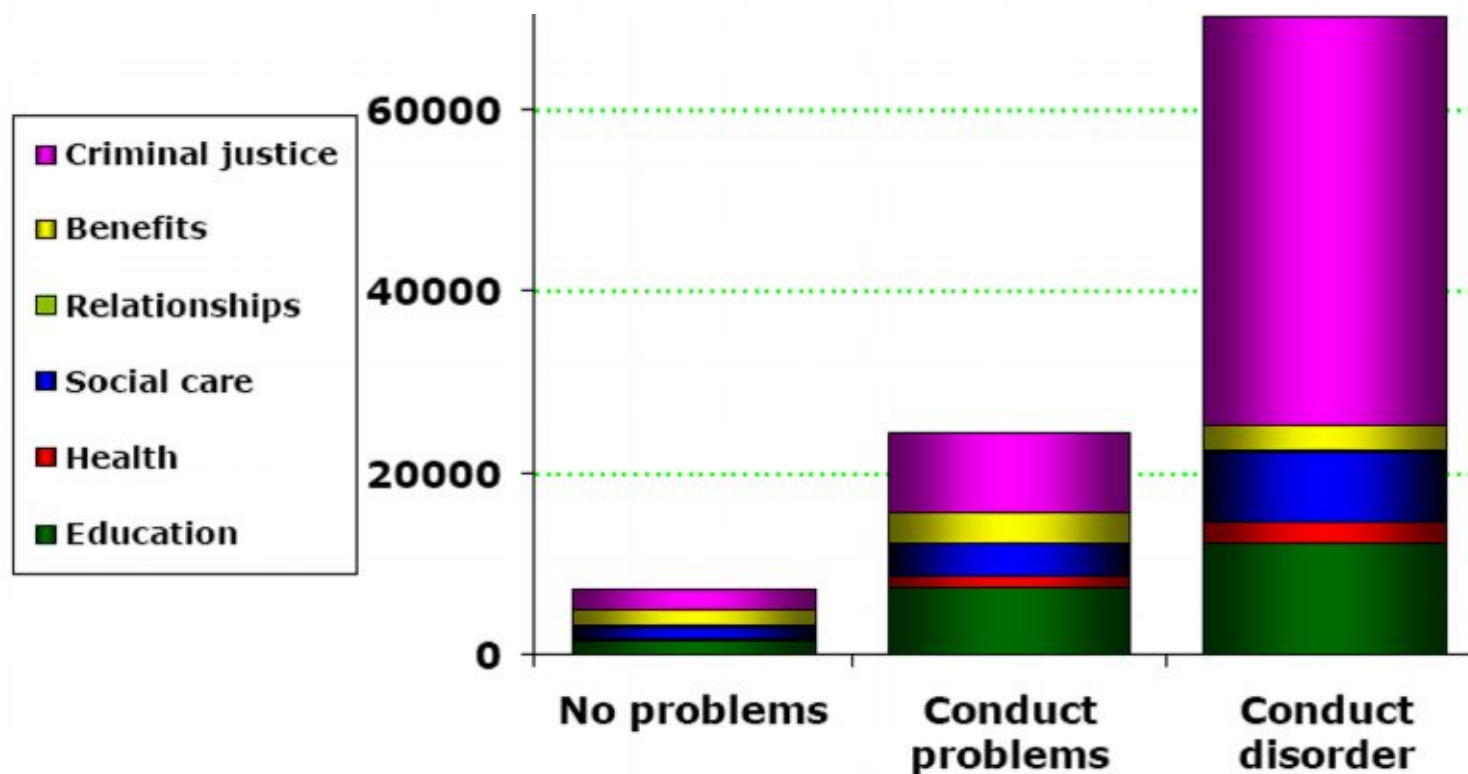
➤ Suicide rates per 100 000 among adolescents (15-19 year old), Eurostat 2006:

- EU-27 total 4.9 (boys 7.4, girls 2.2)
- The highest level: Lithuania (16.4), Finland (14.5)
- The lowest level: Greece (1.0), Spain (2.2)

Adult mental health is formed during early years

Early life mental health promotion is suicide prevention

Costs of services (£), age 10→28



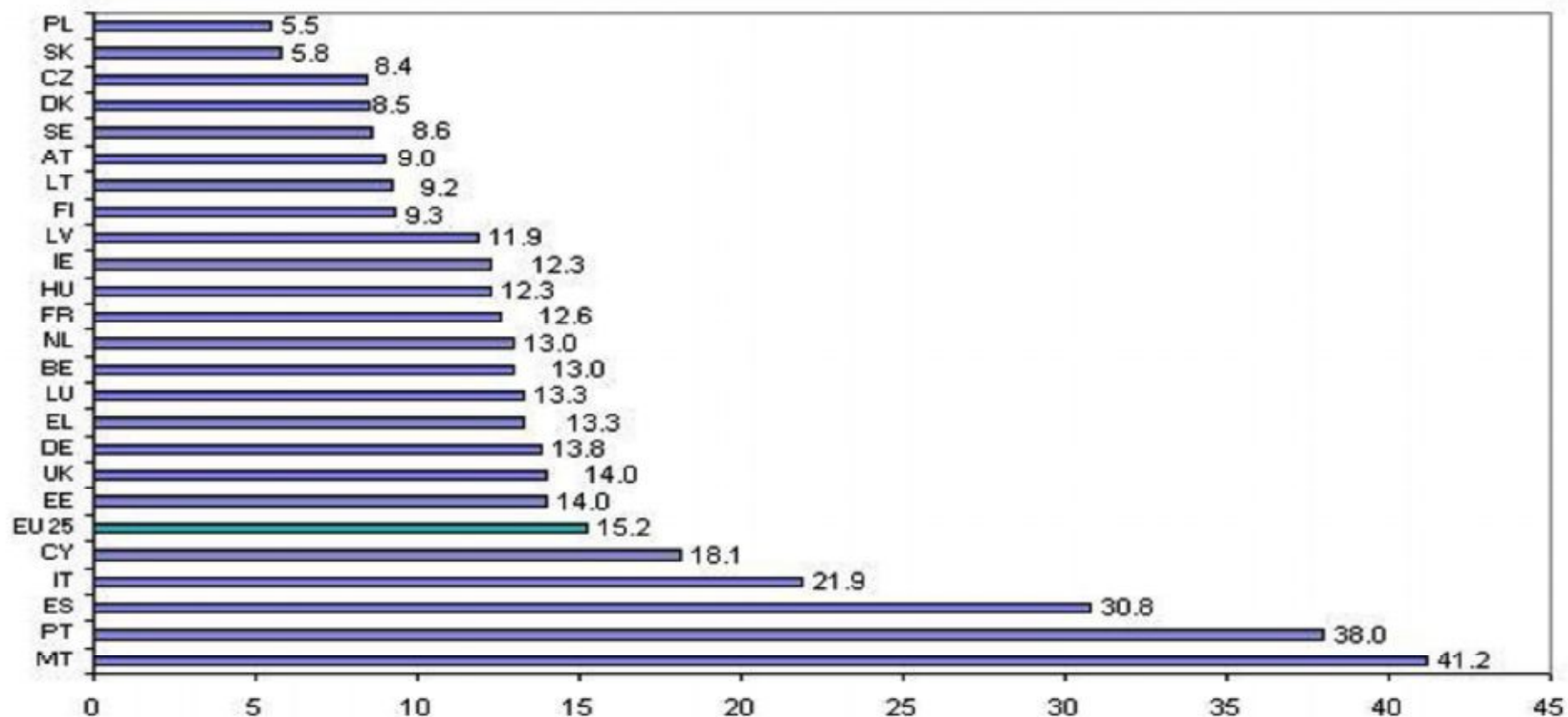
Scott et al, BMJ 2001

Knapp, Barcelona 13.09.2007



Early school leavers (EU-25, 2005, %)

Majority of countries over 10%



Reasons for school leaving have strong links to mental health

- Low self esteem
- Aggression
- Poor relationships in schools
- Disaffection with school
- Lack of engagement, participation
- School stress
- Bullying

Llopis, Luxemburg 27.02.2008



WHO Health Behaviour in School-aged children (HBSC) study

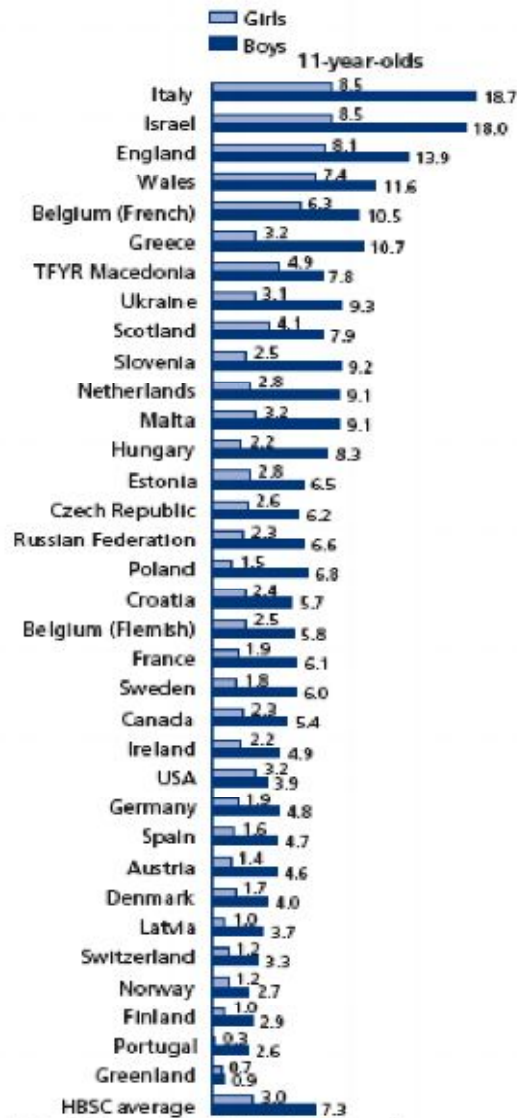


School experiences and health outcomes: HBSC report 2001/2002

Table 4.9. Gender differences in health outcomes in relation to school experience, 15-year-olds (%)

Health outcomes	Positive (%)			Middle (%)			Negative (%)		
	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total
High life satisfaction	93.4	94.7	94.0	78.2	85.4	81.6	53.0	63.4	57.6
Good or excellent self-rated health	89.3	95.0	91.8	73.4	84.6	78.6	49.1	65.1	56.3
Multiple recurrent health complaints	45.7	30.3	38.9	68.1	49.1	59.1	86.5	71.7	79.9
Frequent smoking	12.9	12.2	12.6	22.8	23.5	23.1	35.6	38.0	36.7

Alcohol: HBSC report 2001/2002

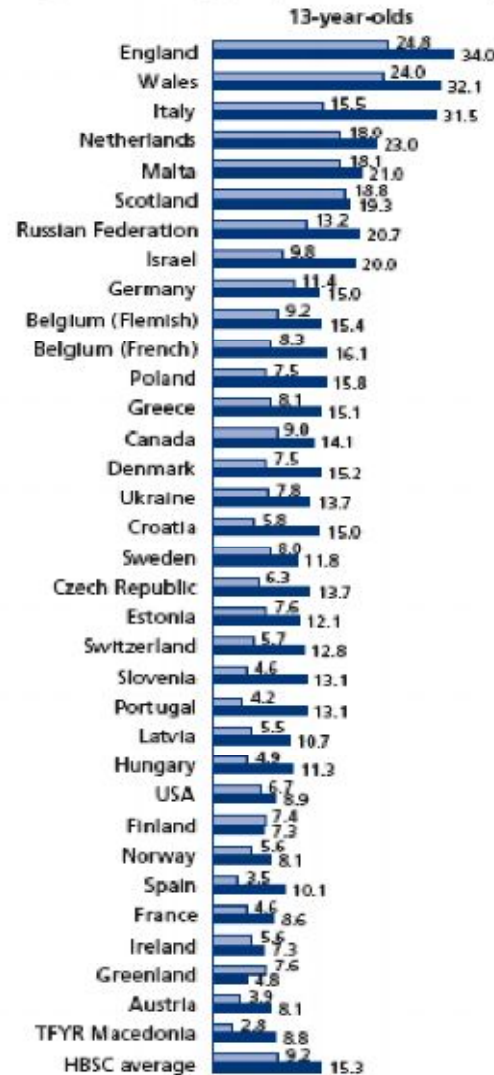


Note: Data are unavailable for Lithuania.

11-year-olds, average:

- Boys 7.3%
- Girls 3.0%

Fig. 3.8. Young people who drink any alcoholic drink weekly (%)



13-year-olds, average:

- Boys 15.3%
- Girls 9.2%

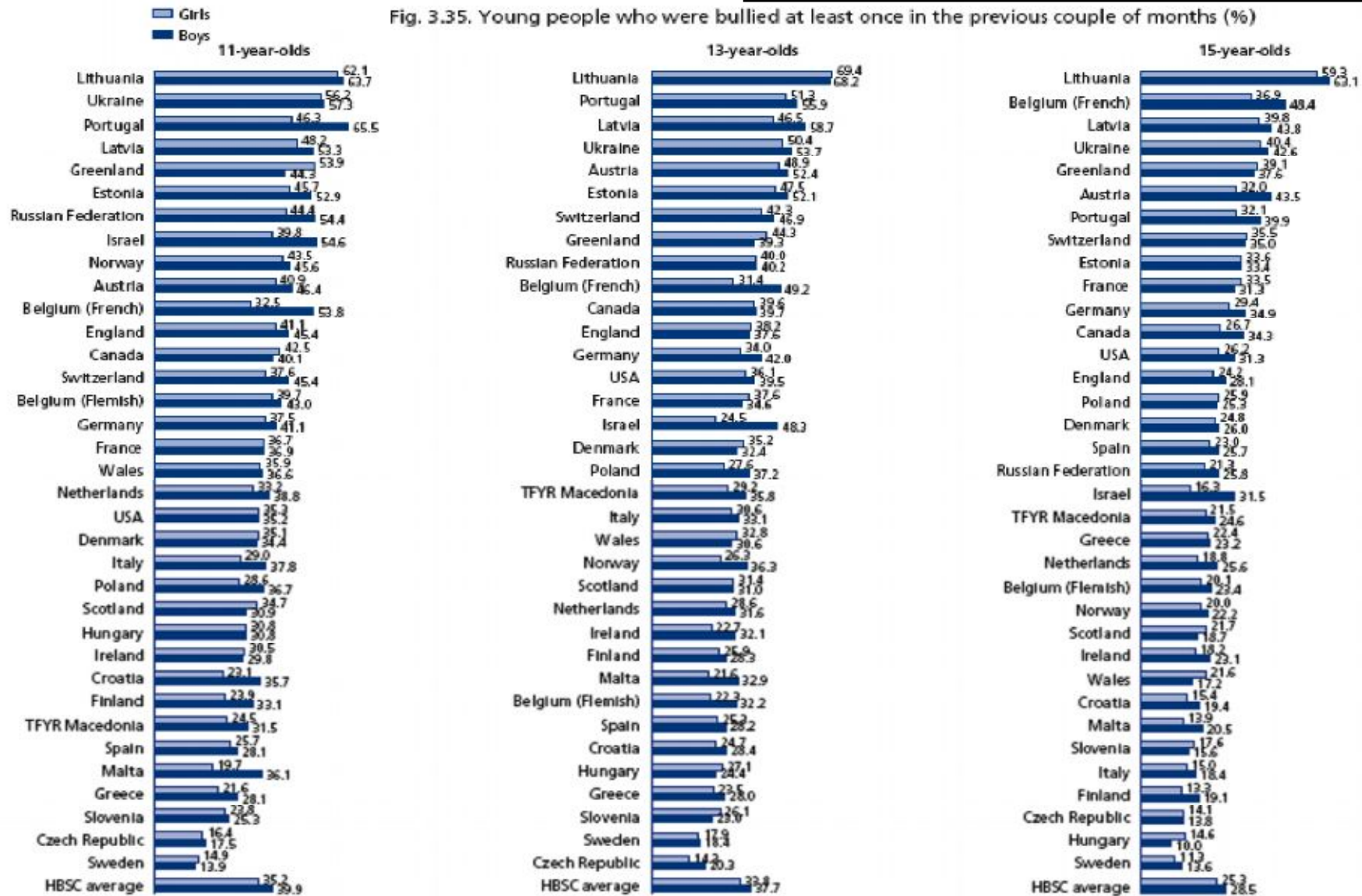


15-year-olds, average:

- Boys 34.3%
- Girls 23.9%

Bullied: HBSC report 2001/2002

Fig. 3.35. Young people who were bullied at least once in the previous couple of months (%)



11-year-olds, average:

- Boys 39.9%
- Girls 35.2%

13-year-olds, average:

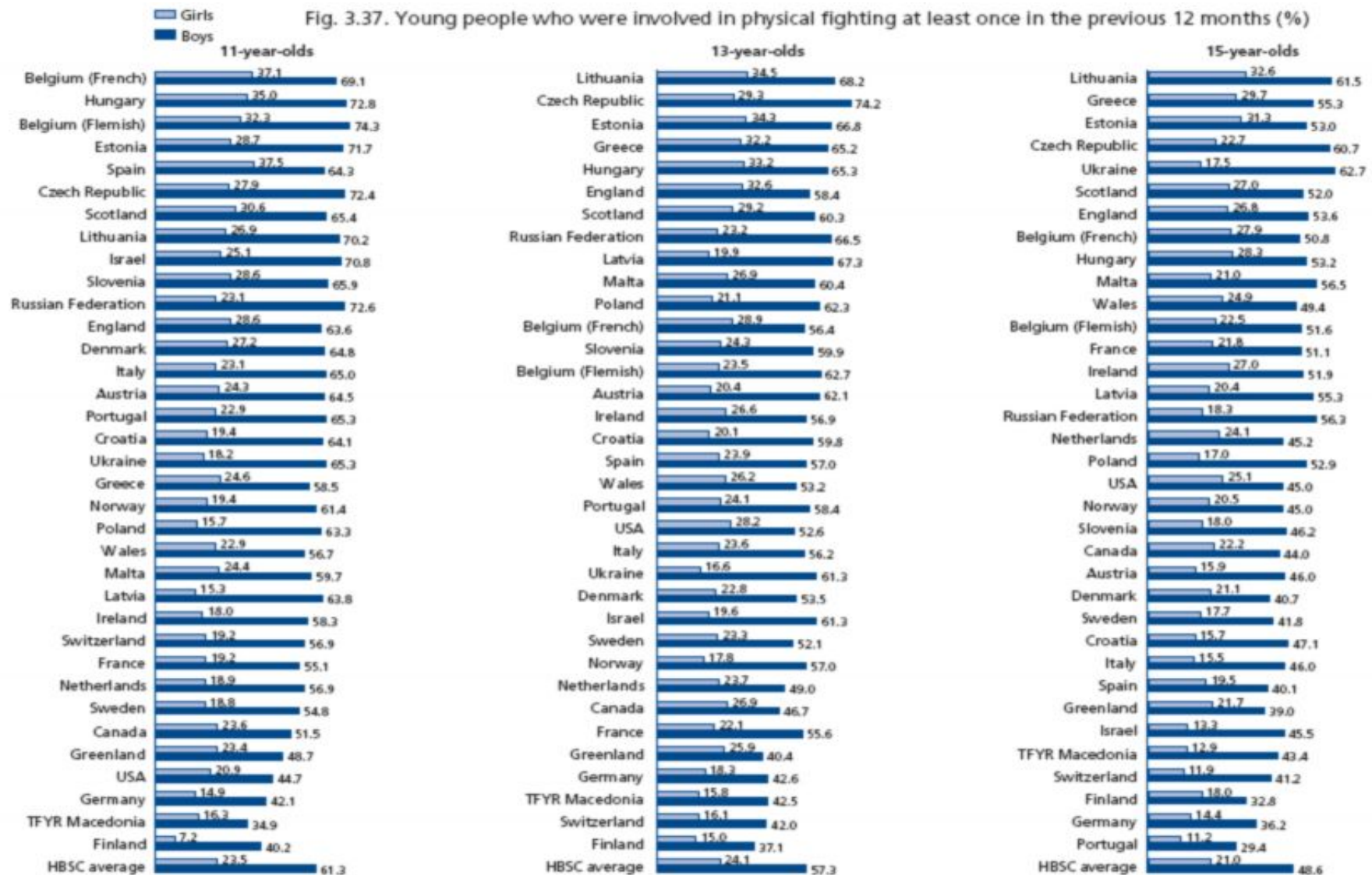
- Boys 37.7%
- Girls 33.8%

15-year-olds, average:

- Boys 28.5%
- Girls 25.3%

Physical fighting: HBSC report 2001/2002

Fig. 3.37. Young people who were involved in physical fighting at least once in the previous 12 months (%)



11-year-olds, average:

- Boys 61.3%
- Girls 23.5%

13-year-olds, average:

- Boys 57.3%
- Girls 24.1%

15-year-olds, average:

- Boys 48.6%
- Girls 21.0%

Family and mental health (HBSC)

- Both family structure and family communication related issues were highly relevant to mental health in adolescents
- The best environment for a child was family with both biological parents compared with non-intact families (single parent or stepparent in family)
- Schoolchildren satisfied with their perceived relationships in family suffered less frequently from depressive symptoms and suicidal thoughts
- Especially good child-parent relationships had significant protective effect, but also grandparents and siblings could be considered as valuable resource

Samm et al, manuscript 2008



Parent-child relationships and health problems in adulthood

- Social deprivation and stressful life events in childhood are widely recognised as life course determinants of health
- This study investigated the extent to which childhood family relationships perceived as poor in adolescence or adulthood predicted adult health
- The odds of three or more illnesses or health problems increased with reporting of poor relationships independently of social class and MH
- Childhood family relationships are amenable to intervention and their role as a determinant of health warrants further attention

Stewart-Brown et al, Eur J Public Health 2005

Good mental health in youth leads to:

- Increased school attainment
- School completion
- Less justice involvement
- Lower costs to public services
- Higher earning potential
- Resilience for life course
- Transferable skills acquisition (social, cognitive...)

Actions proposed to promote Youth MH

- Programmes to promote parenting skills and to make home visits to new parents
- Training of professionals in the health, education, youth and other relevant sectors on issues of mental health and well-being
- Integration of socio-emotional learning into activities and the cultures of pre-schools and schools
- Protection of young people from abuse, bullying and the exposure to social exclusion, bullying and violence
- Promoting the participation of young people in education and employment

Thank You!

www.suicidology.ee

