Suicide and the Irish problem: Comments on under-reporting

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Abstract. The Cantor et al. (1997) study on under-reporting of suicide raises many important issues. Previous studies have raised similar concerns. This is particularly relevant because the government of Ireland appointed a Task Force on Suicide which is currently deliberating on all aspects of suicide and attempted suicide. This comment concludes that there is a greater need to clarify the problem of under-reporting of suicide in Ireland.

Key words: Suicide, under-reporting, Ireland

The paper by Cantor, Leenaars, and Lester in this issue raises many important issues. This is particularly so because the government appointed Task Force on suicide is currently deliberating on all aspects of suicide and attempted suicide in this country and its report is likely to dictate our thinking and attitudes to the problems, as well as our responses to them, for many years to come. There is a great need to clarify the problem of under-reporting of suicide in Ireland at this time. Remember that this is not a uniquely Irish problem. Only thirty-nine countries provide suicide mortality data to the World Health Organisation. Many countries, because of lack of adequate bureaucracy, whether due to endemic war or underdevelopment, lack the capacity to produce such data. Even in some advanced Western countries examination of coroners and police records has yielded a higher suicide rate than reported in official data and point to under-reporting of between 20–30% (Atkinson et al., 1975; Bradshaw, 1975; Connolly, 1995; Cooper & Milroy, 1995; Malla & Hoeing, 1983).

Readers may be interested in the terms of reference of the Task Force and its composition. In 1995 the government set up a Task Force to examine the whole question of suicide in our country with the following terms of reference:
1. To define numerically and qualitatively the nature of the suicide problem in Ireland.

ii. To define and quantify the problem of attempted suicide and parasuicide in Ireland, including the associated costs involved.

iii. To make recommendations on how service providers can most cost-effectively address the problems of attempted suicide and parasuicide.

iv. To identify the various authorities with jurisdiction in suicide prevention strategies and their respective responsibilities.

v. To formulate, following consultation with all interested parties, a national suicide prevention strategy.

Membership of the Task Force consists of coroners, the police, psychiatrists, nurses, psychologists and other medical personnel together with members of voluntary organisations. The Task Force provides an ideal opportunity to raise public and political awareness of the problems of suicide and attempted suicide and bring about a positive change in attitudes in our society. Hopefully, the Task Force will address the broad issues of public education and the training of all personnel dealing with these problems. In addition, the question of standards for media reportage of suicide and in particular the suicides of prominent persons should be addressed.

As one of the terms of reference is to define numerically and qualitatively the problem of suicide, the issue of a set of minimum procedures and standards for the investigation of suicide deaths must be addressed.

Any recommendations for a suicide prevention strategy that will come from the Task Force will be based on the best possible research findings and will include a mechanism for continuous monitoring of progress of any such programme. In addition, the Task Force should have a role in making recommendations about future research and government funding thereof.

I trust that this group will look at the subject in the broadest possible canvas and see suicide as the multidimensional problem that it is. It should consult with our law reform commission as to how the Coroners Act and its amendments might be redrafted to fit the reality of modern life and thereby help foster a more open and honest attitude to suicide. It should also lay down minimum standards and procedures for the investigation of suicide deaths and raise the index of suspicion of suicide in apparent accidents, particularly road traffic deaths and drowning, (Connolly et al., 1995; Phillips, 1977; Schmidt et al., 1977) as these deaths can account for a greater or lesser amount of under-reporting/misreporting of suicide.

In addition to the collection of data the commission must advise the government on the issue of education for the professionals and the media and, of course, the lay public; advise on suicide prevention programmes can