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Sårbare livsfaser

Beskyttende faktorer for selvmordstanker og selvmordsadfærd blandt mennesker i sårbare livsfaser

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Summary of the report

Protective factors for thoughts of suicide and suicidal behaviour among people going through vulnerable phases in life.

To ensure a targeted prevention against suicidal behaviour, it is important to have insight into distal risk factors and protective factors. Such insight permits identification of highrisk groups whereupon a targeted prevention against suicidal ideation and suicidal behaviour can take place. In other words, forestalling the suicide process requires intervention and preventive initiatives. The triangular research method has identified various different individual, environmental, and social distal risk factors as well as protective factors, which have been crucial for the outcome of the suicide process, i.e. whether respondents have developed suicidal behaviour or have shown resilience.

Register-based research – Part I

The register study shows that during the follow-up period, cases (persons who have received treatment at the Centre for Suicide Prevention) do not differ significantly from controllers (persons who have not received treatment at the Centre for Suicide Prevention) in terms of fewer suicides, suicides including unknown methods of death, or deaths. Furthermore, the study shows that attempted suicides were more

frequent among cases compared with controllers during the follow-up period. Thus, it cannot be concluded that treatment at the Centre for Suicide Prevention effectively helps cases resist suicidal impulses. Therefore, the hypothesis of treatment as a protective factor cannot be verified based on the register-based research. However, it is difficult to determine if treatment at the Centre influences the probability of whether or not a subsequent suicide attempt is registered. It is possible that treatment at the Centre increases the probability that cases contact a hospital in relation with another suicide attempt. Therefore, it cannot be determined conclusively that subsequent suicide attempts among cases during the follow-up period are due to the treatment at the centre or to altered contact behaviour towards the hospital service.

Survey based on questionnaire – Part II

The survey based on questionnaires shows that the majority of the respondents have experienced poor home conditions. Furthermore, the prevalence of suicidal behaviour is frequently found within the family and/or acquaintances of the respondents. During periods of suicidal ideation, the respondents, have been under psychosocial strain and such risk factors such as loneliness, personal problems, mental health and problems with primary relations. Despite being under such psychosocial

strain, part of the group (persons who experienced severe suicidal ideation) has shown resilient behaviour. The most prominent individual, environmental, and social protective factors in the data material are:

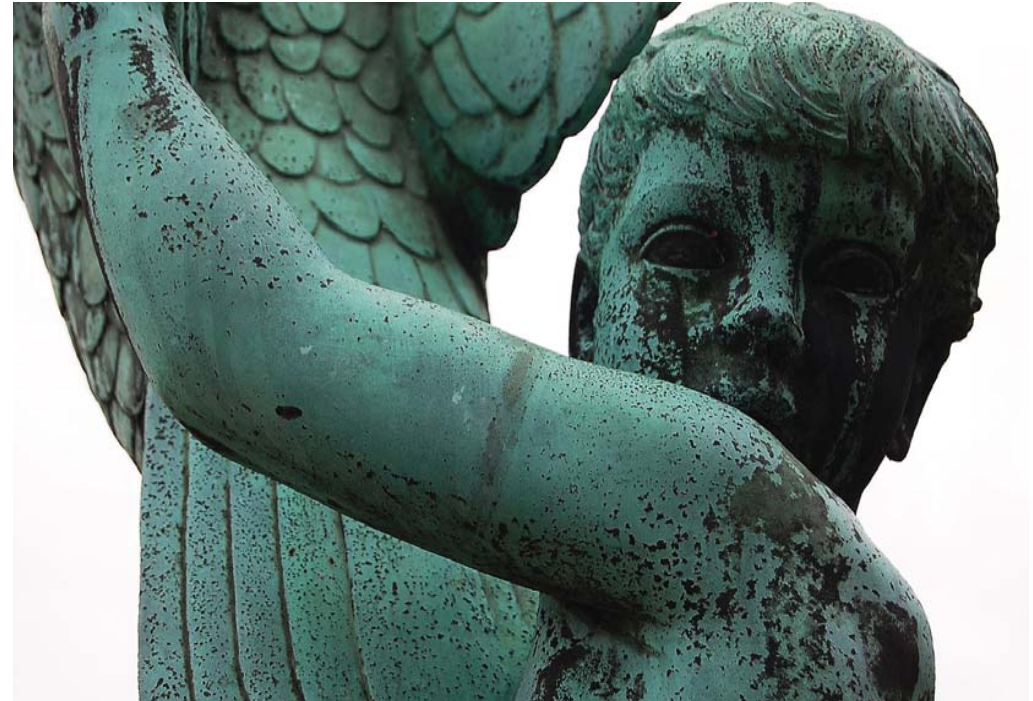
- Attitude towards suicide
- Conversation with primary and secondary relations
- Fear of death
- Social relations and social support
- Other solutions than suicidal behaviour
- A positive philosophy
- A higher meaning of life
- A sense of self-worth

One weakness of the survey is the underrepresentation of especially the elderly men; however, this may result from the inclusion criteria of the questionnaire. A possible explanation is that the elderly men are not overrepresented in the statistics of serious suicidal ideation and attempted suicide. In addition, other unknown discrepancies in the material may exist, as certain groups (persons of very poor mental strength, persons who do not wish to speak about their suicidal period, and/or ethnic minorities) might be underrepresented in the data material.



Interview study Part III

The significance of each psychosocial risk factor varies from individual to individual; yet the interviews conducted strongly indicate that particularly psychic ailments, loneliness, interpersonal problems, lack of social relations and support, low self-esteem, being bullied, poor ability to solve problems, and feelings of hopelessness have had a decisive significance for provoking and maintaining the suicide process in the interviewees.



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