
Attempted suicide in Europe*

Jan Neeleman

The World Health Organisation's European *Health For All* strategy (1984) explicitly mentions a reduction in suicidal behaviour by the year 2000 among its targets, and this is reflected in the *Health of the Nation*. The 'WHO/EURO multi-centre study on parasuicide', which started in 1986 and in which 16 centres in 13 European countries collaborate, was initiated in response to *Health For All*. The results of this largest epidemiological study to date of medically treated parasuicide cases were released during a three day conference held in the Netherlands in November 1993.

Most of the 49 participants of this conference were involved in the study. Epidemiological results on the incidence of parasuicide in several countries were presented in three workshops. There is a gradient in parasuicide rates from high in the Scandinavian countries to low in southern Europe. Changing age characteristics of parasuicide cases and declining incidence rates in most centres suggest that the parasuicide epidemic, at its height in the 1970s, represents a birth-cohort effect.

Dr Hawton's presentation of data from Oxford (where an epidemiological monitoring project has been running since 1976) confirmed findings from other centres of a decline in female parasuicide rates.

Of deliberate self-harm (DSH) cases in a Dutch catchment area, 30% are exclusively dealt with

by general practitioners. This proportion may seem high (although a similar number was reported from Edinburgh in 1976) to an observer from the UK used to dealing with paracetamol overdoses. Benzodiazepines remain the drug 'of choice' for most Continental suicide attempters; a drawback of the successful British curbs on benzodiazepine prescribing may have been the increased usage of more dangerous substances such as paracetamol.

The presentation of aggregate findings across all centres confirmed that between 1989–1992 there was a decline in the incidence of medically treated DSH; the WHO/EURO target 12 has been achieved but the uncomfortable fact remains that nobody really knows how.

Professor Diekstra gave a thought-provoking lecture on the primary prevention of DSH; in a Dutch pilot study 'league tables' are composed for secondary schools with respect to the incidence of suicidal ideation and gestures among their pupils and health education including issues around suicide and parasuicide is becoming part of the curriculum.

The representative of the British Department of Health, beleaguered by recent findings of increases in UK suicide rates, urged researchers to obtain a higher profile among policy-makers. Many questions remain unsolved. High rates of suicidal behaviour among British college students, are not reported elsewhere. Continued cross-cultural research efforts may help to explain these results, and further meetings of the WHO/EURO study are eagerly anticipated.

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