Cluster Suicide in Northern Ontario

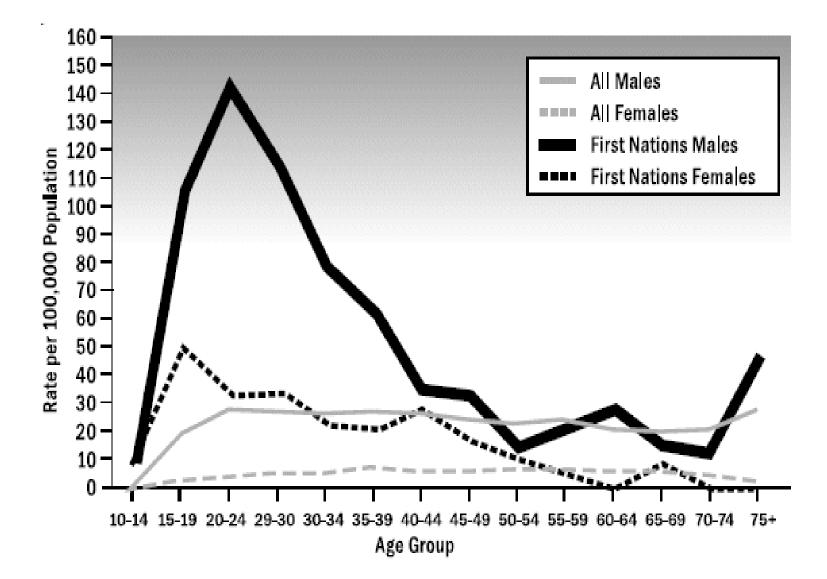
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March 1995

- 12F suicide risk
- 13M hanging attempt
- 15 M hanging attempt
- 12M hanging attempt

April 1995

- 17M hanging attempt
- 18F hanging attempt
- 14F hanging attempt
- 15F acetaminophen OD

May 1995

16F	acetominophen OD
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- 19M suicide risk
- 14F suicide risk
- 18M hanging attempt
- 17M suicide risk
- 20F suicide risk
- 13F glyburide OD
- 13F glyburide OD
- 14F mixed OD
- 17F hanging attempt
- 23M self-inflicted gunshot

Six deaths

Clustering (CDC)

3 or more linked suicidal events in a continuous space and time frame

Described in literature

Canadian (1977) example first – Ward and Fox, Canadian Journal of Psychiatry

In US clustering accounts for 5 % of all adolescent suicide

In Canada FN and Inuit communities –

unknown

Hypothesis

Suicide in Northern Ontario FN communities occurs in clusters

Presence of mental illness is less important than the relationships between people who commit suicide

Method

 Structured retrospective review of 15 years of death investigation files from the Coroner's Office

• Comparison to control group

Rationale



NOSM as potential home

- Northern Ontario focus
- Social accountability mandate
- Opportunity for multiple units at NOSM to get involved
- Build a relationship with Coroner's Office for future projects
- Possible beginning for more focussed work on prevention

Let's talk

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