Book Reviews

Suicide in Israel. Suicides, 1981-2009. Suicide Attempts, 2004-2010

Editors: Goldberger N, Aburba M, Haklai Z. Information and Computer Services, Division of Information, Ministry of Israel, State of Israel. November 2011, pp. 83.
www.health.gov.il/suicides.

This is an updated and rich report on both components of suicidal behavior, of interest to researchers, clinicians, decision makers and public in general. It comes close in time to the first evaluation of a pilot community-based program purported to reduce suicidal behavior in three localities in Israel (cf. Haaretz, December 2011). Although completed suicide is relatively low in Israel (it ranks second lowest, for women, and third lowest, for men of a list of 27 European Union countries), as informed by this report, national authorities are pursuing comprehensive preventive actions to reduce the rates even further, particularly among vulnerable population groups for all suicidal behavior, e.g., the new immigrants (1, 2), the elderly, the young (3), those who were abused in childhood (3), or Holocaust survivors (4). A comprehensive review of Israeli epidemiologic studies was coauthored by Bursztein and Apter (5).

As the title states it, this report has two sections, one on completed suicide, covering the years 1981-2009 (with nine sections, pages 11-59) and on suicide attempts, covering the years 2004-2010 (with seven sections, pages 63-83). The former is based on the national database on causes of death and the latter, on contacts with the 28 hospital-based emergency departments solely. This review addresses both sections independently.

Completed suicide

The authors inform us that despite intensive efforts to ascertain suicide, resulting from its negative social sanction, some completed suicides may appear in the mortality database as undetermined external causes of death. For this publication, the authors have made corrections following the examination of all available evidence, but a residue of unavoidable undetermined causes might lead the researcher to estimate rates and risks of suicide without and with these causes. However, this type of updated published information is yet to be made available.

There is much to learn in this report. The following is merely a selective sample of issues purported to awaken the curiosity of potential readers to examine the report in its entirety..

First thing to learn is that the age-adjusted rates (as they are reported throughout) have decreased from the highest in 1989, 12.0, to 7.4, in 2009, both per 100,000 population. This decrease has been observed in both genders and in all age groups. (Some fluctuations have occurred over the years, but the tendency remained preserved.)

The report indicates the existence of rate differentials, as follows:

Gender: Men are twice more likely to commit suicide, men's rate: 7.4, women's rate: 3.3, both for 100,000 population, for the year 2009.

Age: As the age grows older so do the rates of suicide. The old-old (75 years and above) are at the highest risk, a pattern that has shown to be stable from 1982 to 2008, in both genders. Note, however, that the numbers of suicide of this group is small, 31 (or 7.7%) of the total of suicides for all the population (N=404), for the year 2009. For the men 75 years and above, their suicides represent 74% of all the absolute number of suicides of this age group, far above their proportion in the general population.

Arab-Israelis/Jewish Israelis: A constant rate differential, always higher among the latter group, has been found over the years. The rate ratio between both groups reached 2.4 in 2008. A recently published article addressed this interesting finding (6). Of no less interest is that the rate ratio varies by age group.

Immigrants: This publication calls attention to the higher rate ratio of suicides committed by Jewish immigrants as compared to the local born. This finding, that was identified in the past (7), repeats itself with the more recent immigrants from the former USSR (1) and Ethiopia (2). Because of the small numbers among women, the finding is more salient among men, and it is present in all age groups.

Marital status: Groups present a different risk, which differs by age group. Among the younger groups (25-44) the rates are higher for the divorced, followed by the single and markedly smaller for the married. However, in the age group 45-64 the report notes that the first place is reversed, it is higher for the single, while the divorced rate is the one that follows. The latter finding is more visible among men.

Locality: As expected from the above, rates vary by localities. As expected as well, the lowest rate is found in Jerusalem, where religiosity could be identified as a

protective factor. A pending challenge is to account for the factors responsible for the higher reported rates in localities such as Hedera, Beer Sheva, Akko and Heifa.

Means of suicide: The report brings information on the different means used by gender and age group. For example, 3% of men used poisoning in contrast to 9% of women, while 17% of the former used firearms in contrast to 5% of women.

Seasonality: Suicides rates are higher in winter and lowest during the seasons of the High Holidays and Passover.

Suicide attempts

Numbers are high, in 2010 alone there were 5,640 attempts. During the years 2004 to 2010 the rate for men was 70-76 while for women it reached 102-108. For both genders, the rates are for 100,000 population aged 10 and above.

Arab-/Jewish-Israelis: The report provides information on the attempts by age groups and gender, as well separately by Arab- and Jewish-Israelis, highlighting the differential risks, and over time.

With regard to the majority-minority division, the report shows information that clearly contrasts with completed suicide. With regards to attempts, the difference between the two groups is considerably less.

New immigrants: The other minority on which information is reported refers to the new immigrants. As in suicide, the risk is higher among them in contrast to the Jewish population that is local-born or whose immigration took place years back.

Localities: As in suicide, there are differences by localities, but they do not mimic their ranking according to rates.

Seasonality: Attempts varied by month and by the day of the week. The summer months were those of higher risk while Sunday is the day when those who attempt, both men and women, turned to the hospitals for help.

Admission to hospitals: This may constitute a proxy measure of the seriousness of the attempt. The report shows that for the years 2006 to 2010, 56.1% of the contacts ended with admission.

In a publication with so many peaks as this one it is difficult to find valleys. Perhaps there is a visible one: no information has been provided on suicides by ethnic groups among Jewish-Israelis. One is curious to learn whether the pattern of higher rates among Ashkenazi Jews in contrast to Oriental Jews remain, as it had been noted in the past (7).

Lastly, the publication deserves a brief complementary comment about its format, it is highly user-friendly. Also, the text that accompanies the illustrations is clear, concise and pertinent, and of easy understanding by professionals and not professionals alike. Another bonus is that the tables and graphs could easily be adopted for teaching and advocacy meetings.

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