SUICIDE PREVENTION

DY Patil Psychiatry PG Lecture Series

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Song sung blue
Everybody knows one
Song sung blue
Every garden grows one

Me and you are subject to the blues now and then
But when you take the blues and make a song
You sing them out again
Sing them out again

Song sung blue
Weeping like a willow
Song sung blue
Sleeping on my pillow

Funny thing, but you can sing it with a cry in your voice
And before you know, it get to feeling good
You simply got no choice....

SONG SUNG BLUE...

EXPLAINING SUICIDAL BEHAVIOR (SB)

(in all age groups)

- SB as a cry for help
- SB as an act of vengeance
- SB as an act of frustration
- SB as an attention getter
- SB as sedate withdrawal

SB as a an overlap of any of these…


HERE IS HELP
THERE IS HOP

SB: Consequences

- Death
- Emotional upheaval
- New ‘Balances’

Distinction

between

Completed Suicide

&

Attempted Suicide

(fraught with many shortcomings!)

The Typology of Suicide

~after Durkheim

- Anomic
- Altruistic
- Fatalistic
- Egoistic

NB *Anomie quite likely increases the likelihood of other types occurring*

Characteristics of Suicide

1. Perceived as the solution to problem perceived as unsolvable by any other means.

2. ***Crisis thinking*** colors problem solving

3. Person is ***often ambivalent***

4. Suicidal solution has an ***irrational component***

5. Suicidal behavior is a ***form of communication***

Suicide

Most people who are depressed do not commit suicide. But depression greatly increases the risk for suicide attempts.

Myths about Suicide

- **People who talk about suicide won't do it.** Almost everyone who commits suicide gives some clue or warning.

- **Anyone who tries to commit suicide must be crazy (read: psychotic) .** It isn't as simple as this. Suicidal thinking isn't necessarily a sign of severe mental illness. In young people depression is almost always behind suicidal thinking. Often no one has realized that the young person was depressed.

Myths about Suicide

- **If people really want to kill themselves nothing will stop them.** What they usually want is for the pain to stop. The feeling of wanting to end it all doesn't last forever. In fact, sometimes it doesn't last for long at all, particularly if things in the person's life change.

- **People who complete suicide don't seek help before their death.** More than half of the people who commit suicide have been to their doctor for help in the six months before their death, though they may not tell their doctor they are thinking of suicide.

Myths about Suicide

- **Talking/asking about suicide may give someone the idea.** Usually, the opposite is true. Discussing suicide openly helps people talk about their feelings and to look for other ways to stop the pain.

Suicide….
Preventable?

SOME PARADIGMS IN SUICIDAL BEHAVIOR

- Learned Helplessness
- The Black Patch on the fresco
- Tectonic plates paradigm
- Milk and curd paradigm

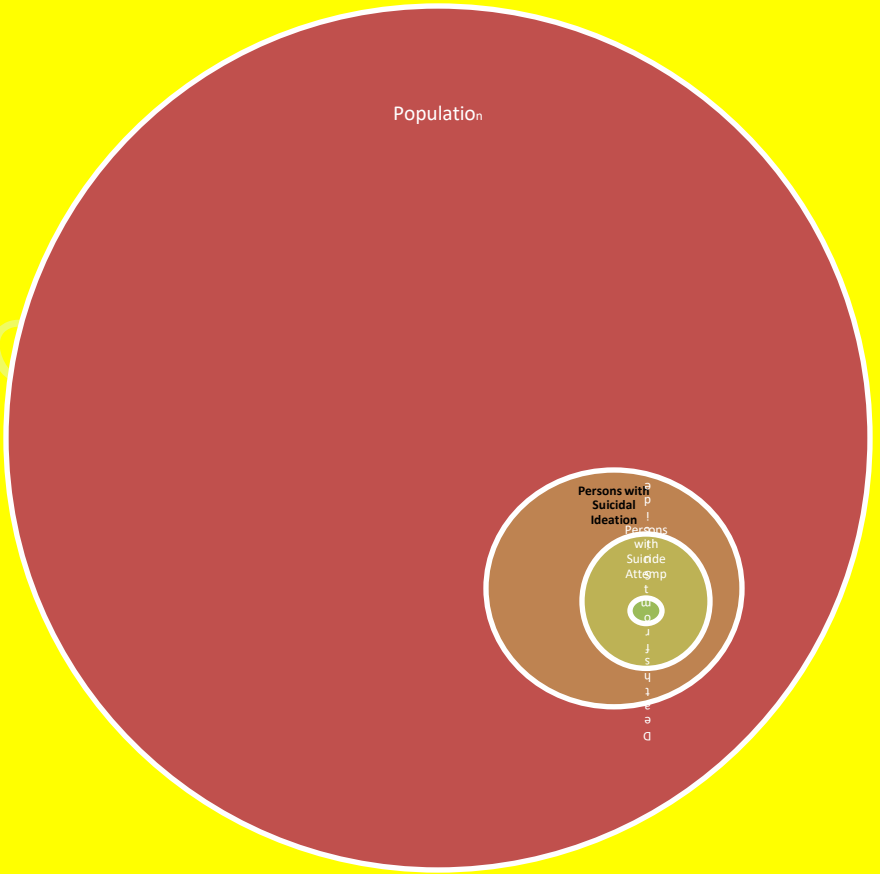

Vulnerability
+
Emotional Distress
Suicidal Ideation Threats
No Ideation shows
retributive rage
impulsive behaviour
Plans
No Plans
Execute
Do not Execute
Succeed
Fail

There is a SPECTRUM

- When looking at suicide and suicide-related behaviors, an important distinction must be made in reference to intent.
- The full spectrum of suicide also includes persons whose behavior is clearly suicide-related, but who have no intention of killing themselves. Such behavior has been referred to as “suicide gesture” or “instrumental suicidal behavior.”

"The person wished to use the appearance of intending to kill self in order to obtain some other end…"

- Parasuicidal acts
- Gestural
- Self-injurious behavior
- Manipulative, dyadic, reactive, relational


Population
Persons with Suicidal Ideation
Persons with Suicide Attempt
Completed Suicide

Suicide

- Not a diagnosis
- More likely in the presence of Mental Illness? **<u>BUT</u>** ***Not limited to depression***
  - Schizophrenia
  - Bipolar
  - Substance use disorders
  - Impulse control disorders
  - Cluster B personality disorders
- Not limited to “official” psychiatric disorders
  - States of desperation or despair
  - Impulsive, aggressive, disinhibited

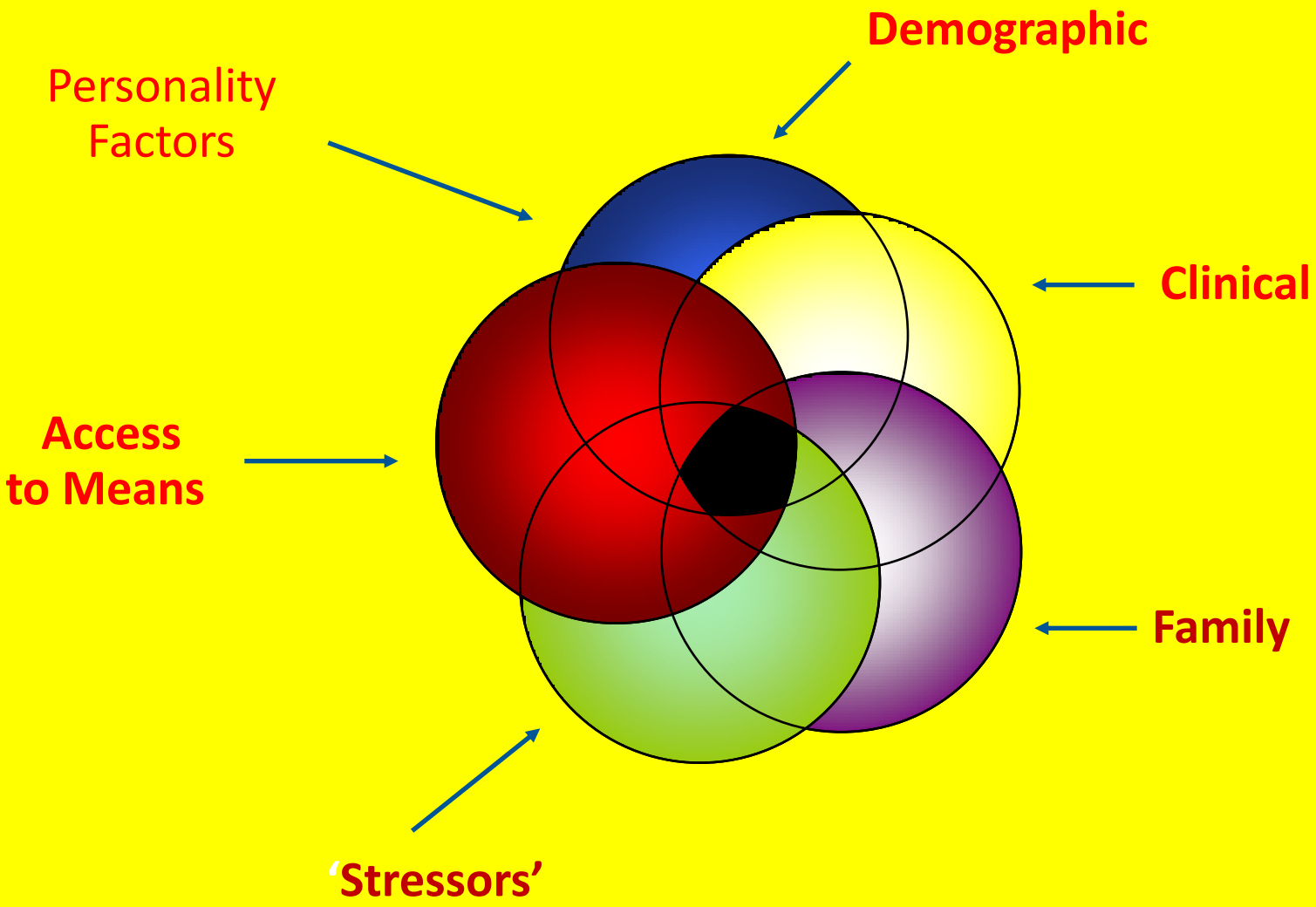
Risk Factors / Warning Signs/Protective Factors

Red - Warning Signs

Yellow - Risk Factors

Green - Protective Factors

Risk Factors for Suicide



Risk Factors

DEMOGRAPHIC

- Age
- Sex
- Race/Religion/Culture
- Sexual Orientation

CLINICAL

- Psychiatric diagnosis
- Drug / alcohol use
- Previous attempt

Risk Factors

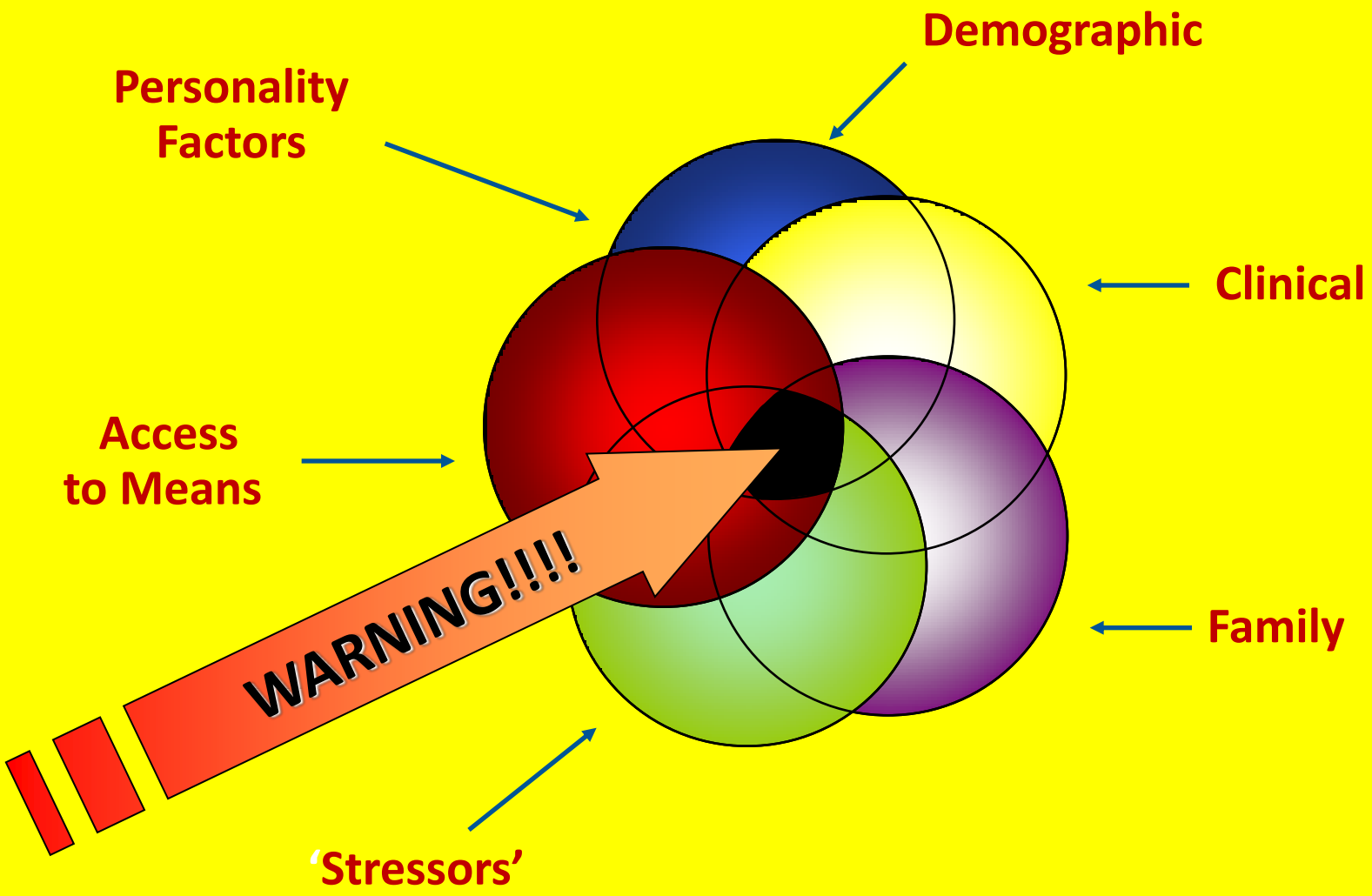
FAMILY

- *History of suicide*
- *Chaotic situation*

- ***EXPOSURE***
- *To suicide (personally or in media)*
- *Death of peer under any circumstance*

- ***RECENT, SEVERE STRESSORS***
- *Loss*
- *Trouble at work/family/relationship*
- *Change – transition*

Risk Factors for Suicide



Risk Factors for Suicide

- Current suicidal thoughts.
- Other mental health or disruptive disorders, such as conduct disorder, substance abuse.
- Impulsive or aggressive behaviours.
- Feelings of hopelessness.
- A history of past suicide attempts.
- A family history of suicidal behaviour or mood disorders.
- A history of being exposed to family violence or abuse.
- Access to firearms or other potentially lethal means.
- Social isolation/alienation, e.g. because of being gay or being bullied

RISK FACTORS

- Divorce/ Separation
- Dowry demands and related issues
- Love affairs, which in some way fail…
- Cancellation of a marriage or
  the inability to get married (largely in the system of arranged marriages in India)
- Illegitimate pregnancy
- Extra-marital affairs and such conflicts relating to the issue of marriage

RISK FACTORS

- Domestic violence,
- Chronic Stress like Child Abuse
- Poverty, unemployment, debts:
  The recent spate of farmers' suicide in India has raised societal and governmental concern to address this growing tragedy.
- Educational problems are also associated with suicide.

THE GREATEST RISK FACTOR…?

PREVIOUS ATTEMPT

Warning Signs

F eelings

A ctions

C hanges

T hreats

S ituations

TELLING SIGNS

- Morose &/or withdrawn behavior
- Increase in interpersonal problems
- Absenteeism
- Increased use of alcohol or other substances
- Decreased work efficiency or interest
- Morbid preoccupation with death
- Repeated utterances/behavior suggesting one has been finding life meaningless

RED FLAGS

- Talk or threats of suicide
- Hints such as ***"I won't be a problem for you much longer"***
- Previous attempts - especially if the person was alone at the time
- Careless, risk taking, behaviour
- Self-destructive behaviour
- Sad or angry mood that does not go away
- Giving away personal possessions
- Suddenly clearing out belongings and getting them in order
- Becoming **suddenly cheerful** without reason after having been clearly/likely depressed.

Protective Factors

- **SUICIDE 'COUNTERS'**
  (I learnt this term from late **Prof A Venkoba Rao***, who popularised the it in India)*
  Factors that help a person decide to negate the option of suicide:
  Tennyson's poem "Home They Brought Her Warrior Dead", has a dead knight's deeply aggrieved widow deciding to live for her child.

Protective Factors

- Personality Factors
- Contact with *<u>at least one</u>* caring adult
- Sense of connection or participation in organization
- Positive self-esteem and coping skills
- Access to and care for mental / physical / substance disorders

PREVENTIVE STRATEGIES

- Universal
- Selective
- Indicated

IN THE INDIVIDUAL CASES NOW…

Evaluation of Suicide Risk

- Nonjudgmental and supportive approach
- Evaluate suicidal ideation and intent
  - Presence of suicidal thoughts
  - Details of suicide plan
  - Seriousness of intent (or attempt)
  - Social supports
  - Risk/rescue ratio
  - Degree of impulsivity
- Assess for presence of risk factors
- Perform mental status exam
- Collateral information

Management of Suicide Risk

- Stabilize medical conditions
- Safe containment
  - Physical or chemical restraint
  - Supervision (1:1 patient safety monitor)
  - Remove dangerous objects
- Repeated observation / assessment
- Consider initiation of treatment

Management of Suicide Risk

- Address modifiable risk factors
  - Treat psychiatric disorder
  - Manage insomnia and other symptoms
  - Address availability of social support
  - Address occupational, and housing concerns
  - Provide psychotherapy (supportive)
  - Communicate with consultants and other providers about treatment

Management of Suicide Risk

- Disposition
  - Home with outpatient follow up: CAREFUL with medicines!
  - Admission to medical unit
  - Voluntary admission to inpatient psychiatric unit
  - Involuntary admission to inpatient psychiatric unit

In-Hospital Prevention

- Treat agitation, anxiety and depression immediately
- Communication with psychiatric and other treatment providers
  - Inpatient
  - Outpatient
- Encourage family support and involvement: **CAUTION**
  SOME FAMILY MEMBERS CANNOT CONTROL THEIR EMOTIONAL REACTION TO THE ACT BY OUR Pt.
- Encourage staff communication
- Treat pain aggressively
- "Safety-proof" patient rooms
  - Trained 1:1 sitter or patient safety monitor

Psychopharmacology and Suicide

- Decreasing suicide risk
  - Use medications mainly to treat underlying mood disorders or acute distress
  - Lithium and clozapine have been show to decrease risk of suicide
- Possible increased risk?
  - SSRIs in certain populations
    - Black box warning for SSRIs in pediatric populations and ages 18-24
  - *This is controversial with **conflicting evidence***

THE ROLE OF ECT

IMPORTANCE OF DOCUMENTATION:

RISKS

STEPS TAKEN

CONSENT

PROGRESS, WITH PERIODIC UPDATE

CHALLENGES

- PATIENT BEHAVIOR
- FAMILY DEMANDS
- TREATMENT LIMITATIONS

SOCIETAL STRATEGIES

- SUICIDE ‘HOTLINES’

Rev Chad Varah
Founder, Samaritans

- GATEKEEPERS

The objective of Suicide prevention, especially in the young, is ***not merely reduction of incidence of suicide****.*

It should also aim at ***imparting life skills that will empower them to handle life and crises*** *as they face life's challenges*.

In our intervention, we must be
empathic but not too emotional,
prompt but not hurried,
judicious but not judgmental,
patient but not slow,
and
above all, alert.


Thank You