Substance Use Disorders and Suicidal Ideation
For FLW
LEARNING OBJECTIVES

• Understand the concept of substance use disorders; particularly alcohol use disorder.

• Understand the physical, mental and social health consequences of alcohol use disorder.

• Learn strategies to help an individual with an alcohol use disorder.

• Understand the concept of suicidal ideation/behaviours.
WHAT ARE SUBSTANCE USE DISORDERS?

• Some individuals use substances occasionally - but do not lose control over the amount they use. However, even such use can cause brain and muscle incoordination, leading to serious problems such as head injuries.

• Some individuals become dependent which increases the risk of various health and social problems.
PATTERNS OF DRINKING

- Drinking of Spirits
- Daily Drinking
- Heavy Drinking
- Under-socialized, Solitary Drinking
- Drinking to Intoxication
- Expectancies of Drink-related Disinhibition
USE VS MISUSE

Social drinking
- occasional drinking in social rounds
- not causing any medical or social problems

Harmful drinking
- causes damage to the person’s physical or mental health and is associated with adverse social consequences

Alcohol dependence
- sense of compulsion to drink alcohol daily and needs to gradually increase the amount of alcohol to feel physically and mentally well
- usually neglect his/her responsibilities and other interests
WHY DO PEOPLE DRINK TOO MUCH?

• Individual factors: e.g. physical and emotional changes; cope with stress, pain and sleep problems.

• Relationship factors: e.g. peer pressure; parental supervision and family rules.

• Societal factors: e.g. easy availability of alcohol.
CONSEQUENCES OF EXCESSIVE DRINKING

• Damage to the person’s mental and physical health.

• Social problems at home or at work.

• Become dependent on alcohol: meaning he/she will not feel comfortable without drinking alcohol anymore.
CONSEQUENCES OF EXCESSIVE DRINKING - GENERAL HEALTH

• Liver problems.
• Stomach aches, nausea, vomiting.
• Sensation of numbness in the feet.
• Experience of sexual impotence.
• Injuries or accidents.
• Development of physical dependence.
CONSEQUENCES OF EXCESSIVE DRINKING - MENTAL HEALTH

• Psychological dependency.

• Experience of typical symptoms of a common mental disorder.

• Suicide.

• Experience of hallucinations.

• Epileptic fits.

• Loss of memory and orientation.
CONSEQUENCES OF EXCESSIVE DRINKING- SOCIAL

• Aggressive or violent behaviors.

• Arguments e.g. about spending too much money on alcohol and not fulfilling household duties.

• Problems with concentration.

• Unable to perform at work.
RECOGNIZING SIGNS OF DEPENDENCE

- Social, physical or mental problems occur.
- Drinking secretly/hiding alcohol.
- Drinking alcohol daily or in the morning.
- May not admit that he/she is drinking too much alcohol.
- Spends more money than before on alcohol.
PROVIDING HELP FOR SUBSTANCE USE DISORDERS

Mental Health First Aid

Professional help

Self-help

Reassurance/information

Assess risk

Listen
CASE STUDY

Vishal is a 43-year-old man who is coming to the primary health clinic with a number of physical complaints. He reports that he is not sleeping well and feels like vomiting in the morning with burning stomach pains. He has been to a doctor who prescribed him pills for the stomach pain and nausea which didn’t help much. Today he is also trembling and sweating and ‘begging’ the ANM to give him some sleeping pills. The ANM suspects that he might be suffering from an alcohol use disorder. Being asked about how much alcohol he drank in the last two weeks he admits that he has been drinking about 4-6 beers daily and sometimes in-between shots of self-brewed spirits. Now he is desperate as he has run out of money.
• With which symptoms is Vishal presenting in the primary health center?

• How may the CHW ask Vishal in a sensitive way about his alcohol consumption?

• What might be the causes that Vishal is drinking so much?
INTRODUCTION TO SUICIDE

• Suicide is the main cause of death among young people in India.

• Individuals suffering from mental health disorders are at more risk of suicide attempts.

• It is observed that, around 1 out of 10 people with a mental health disorder die from suicide.
• Women have more suicide attempts and men have more completed suicides. It is also observed that there would be more individuals (10-20 times more), who would attempt suicide.

• Therefore, it is crucial to provide appropriate help to these individuals.
WHY DO PEOPLE WANT TO END THEIR LIVES?

- People may feel hopeless due to different reasons.
- They suffer from a mental health disorder (most common).
- They suffer extreme poverty or financial problems.
- They experience domestic or sexual violence.
• They lost their home or job.

• They feel extremely lonely or excluded from society.

• They have a severe, painful or incurable medical illness (e.g. HIV, cancer).

• They recently experienced the death of a loved person.

• Young people may also act in an impulsive way, e.g. break up of a romantic relationship or failure in exams.
RISK AND PROTECTIVE FACTORS

Risk factors

- Large debt/ money problems.
- Loss of status: job, failed exam.
- Loss of a loved person.
- Experience of violence.
- Presence of a mental health disorder or a chronic, painful or a serious medical illness.
- Previous suicide attempt or family history of suicide.

Protective factors

- Good relations with family or friends.
- Having a job.
- Having an offer of help.
- Having responsibilities such as small children to care for.
• Key role of a health worker is to:

➢ Provide right information to the community members.

➢ Provide a safe space to the individual (and family member/caregiver).

➢ Recognize when an individual may need help, and refer to the CHO/MPW who would assess the risk and provide appropriate care.
SUICIDE RISK ASSESSMENT

- Present mental status and thoughts about killing self
- How detailed is the plan and method.
- What protective factors/the support system is available for the individual such as family, friends, relatives etc.
RISK MANAGEMENT

Low risk [thoughts once in a while, no plan]

• Support and instill hope.
• Work on the suicidal feelings.
• Refer to the PHC-MO.
• Provide follow-up at regular intervals.

Medium risk [thoughts of self-harm, no plan to act]

• Support and instill hope.
• Work on the suicidal feelings.
• Refer to the PHC-MO.
• Provide follow-up at regular intervals.
• Finding solutions.
• Contracting.
• Involve the support system such as family members, friends, colleagues.
High risk [definitely decided about a method to commit suicide immediately]

• Never allow the person to be alone and provide vigilant supervision.

• Talk to the person gently and remove the access to means such as sharps, pills, rope etc.

• Write out a statement that the person will not commit suicide and get it signed by him/her.

• Refer to the specialist/secondary or tertiary care facility immediately.

• Inform the relatives and get their help.
Thank You