



Suicide Ideation and Behaviour For MO





- Suicide is defined as an “act of deliberately killing oneself”, while suicidal behavior refers to “behaviors ranging from thinking about suicide, planning for suicide, attempting suicide and suicide itself”.
- Suicide is preventable. However, suicide rates continue to increase and are a cause for worry.
- India is amongst the countries with the highest number of suicides. Worldwide, every third female suicide and every fourth male suicide occurs in India.



ETIOLOGY

- Suicide, listed as a non-communicable disease (NCD), has multifactorial causes as do most other NCDs.
- A common misconception is that suicide occurs only in mental illness or is a sign of mental illness. Suicide in India has many causes other than mental illness. These include:
 - financial stress (debt, loss of jobs/ business failure or agricultural losses)
 - relationship stress (among family members/ husband-wife/in-laws/ parents-children/ childhood abuse or trauma and relationship failures),
 - academic (exam failure/ bullying/ childhood abuse/ school dropout or inability to get education) and
 - physical illness or disability (chronic illness/ pain/ cancer/ cost of treatment/ lack of treatment/ stigma due to illness like T.B).
 - Depression and alcohol use are the commonest mental health related issues associated with suicide in India.





SUICIDE RISK ASSESSMENT

A commonly held belief is that it is hard to know when someone is thinking about suicide.

However, people thinking about suicide frequently show warning signs for many days, weeks and even months that can be easily identified.

Warning signs are often not directly associated with suicidal thinking and hence can be missed. By knowing what these warning signs are, they can be easily identified in a person showing them.

The first step of suicide risk assessment involves identifying such warning signs.





Verbal Signs

- Talking about ending life - “Sometimes I feel like I just want to die”
- Talking about feeling guilty or having committed a sin
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others



Behavioral Signs

- Suddenly starting alcohol use or Drinking more alcohol than usual or using other substances
- Being restless, agitated (getting angry easily), anxious (very worried/ fearful)





- Feeling sad and dejected
- Sleeping too little or too much
- Withdrawing or feeling isolated (Outgoing or social persons interaction with family/friends decreases or stops completely)
- Showing extreme rage or talking about seeking revenge
- Displaying extreme mood swings (suddenly crying/ reckless/ hyperactive)
- Preparatory behaviours (giving away belongings, collecting medicines or pesticides)

Remember: Each warning sign is equally important and should be taken seriously.



RISK FACTORS FOR SUICIDE

- There is no single cause for suicide.
- Suicide results from a combination of factors



PROTECTIVE FACTORS FOR SUICIDE

Protective factors are those that can reduce or decrease the risk of suicide in an individual. Protective factors can help prevent the person from attempting suicide and thereby decreasing the risk

NOTE: The greater the number of risk factors and the fewer the protective factors, the higher the immediate risk for suicide.

- Having a good support from family, friends, and colleagues
- Easy local availability of help providing hospitals
- Support from counselors and doctors
- Ability to resolve problems and difficulties in relationships
- Cultural and religious beliefs that discourage suicide





<h2>Society</h2>	<ul style="list-style-type: none">• Access to means• Inappropriate media reporting• Stigma associated with help seeking behaviour
<h2>Community</h2>	<ul style="list-style-type: none">• Disaster, war and conflict• Stresses of acculturation and dislocation• Discrimination• Trauma or abuse
<h2>Relationship</h2>	<ul style="list-style-type: none">• Sense of isolation and lack of social support• Relationship conflict, discord or loss
<h2>Individual</h2>	<ul style="list-style-type: none">• Previous suicide attempt• Mental disorder• Harmful use of alcohol• Job or financial loss• Hopelessness• Chronic pain• Family history of suicide• Genetic or biological factors



INTERVENTION AND MANAGEMENT

It is important to remember the ***risk categorization is done basically on equating the number of risk factors and protective factors present in an individual.***

The main aim of the intervention plan includes following things

Crisis intervention

Make a safety plan

Refer the individual at risk to trained personnel





First and foremost, try to help the client to express their suicidal thoughts freely by:

- **Being a good listener:** Giving adequate time to the person at risk, letting the person speak without interruption, and listening to their problems attentively to understand the person and their problems.
- **Being non-judgmental:** This is critical for intervention. It means to ensure not to judge the person using their own principles/opinions, but understand the person's viewpoint and circumstances. It is an important principle, as it allows people to discuss feelings and thoughts, which they may have no one else to share with.



- ***Being supportive and instilling hope*** by letting the individual at risk understand that problems can be resolved, even if resolution takes some time.
- ***Building a contract*** by asking 'Will you promise me not to do anything harmful till I find help for you?'



CRISIS INTERVENTION



As a part of intervention, a crisis plan has to be devised. This might differ from individual to individual based on the issues they are going through and the help available to them. Few basic strategies that could be included in the crisis plans are as follows:

- Distract yourself from the suicidal thoughts by involving yourself in activities that are pleasurable or hold personal meaning. Examples are painting, drawing, shopping, cooking, talking to friends, etc.
- Physical activities such as walking or exercising can improve mood.
- Write down your thoughts in a diary.
- Repeat to yourself 'I have promised not to hurt myself'.
- Call your confidante to talk about your problems
- Call and talk to a counsellor. I can arrange for you to contact one if you'd like.
- Call a suicide or crisis helpline

SAFETY PLAN

A safety plan helps in reducing the risk of an individual at risk and keeps him/her in a protected environment.

- Reduce access to lethal means: Negotiate with the person at risk to hand over any possible poisons/tablets they may have.
- Identify a confidante: Try to identify any important link whom they have (e.g. friend/relative to whom they can discuss that they have been thinking about suicide or reach out to speak to reduce their distress). This may require a negotiation with the person about how much should be disclosed and to whom, keeping in mind the need to assure safety. All details should not be shared with the confidante, and all details shared should be done with the consent of the client.





- **Accessibility:** Provide numbers of suicide help lines or other crisis help lines and if possible, of health care workers whom they can contact if in need. Assure your availability, and discuss an alternative for times you are not available.
- **Follow up:** Ensure that the person at risk has reached the hospital or referral center or home and is under observation.



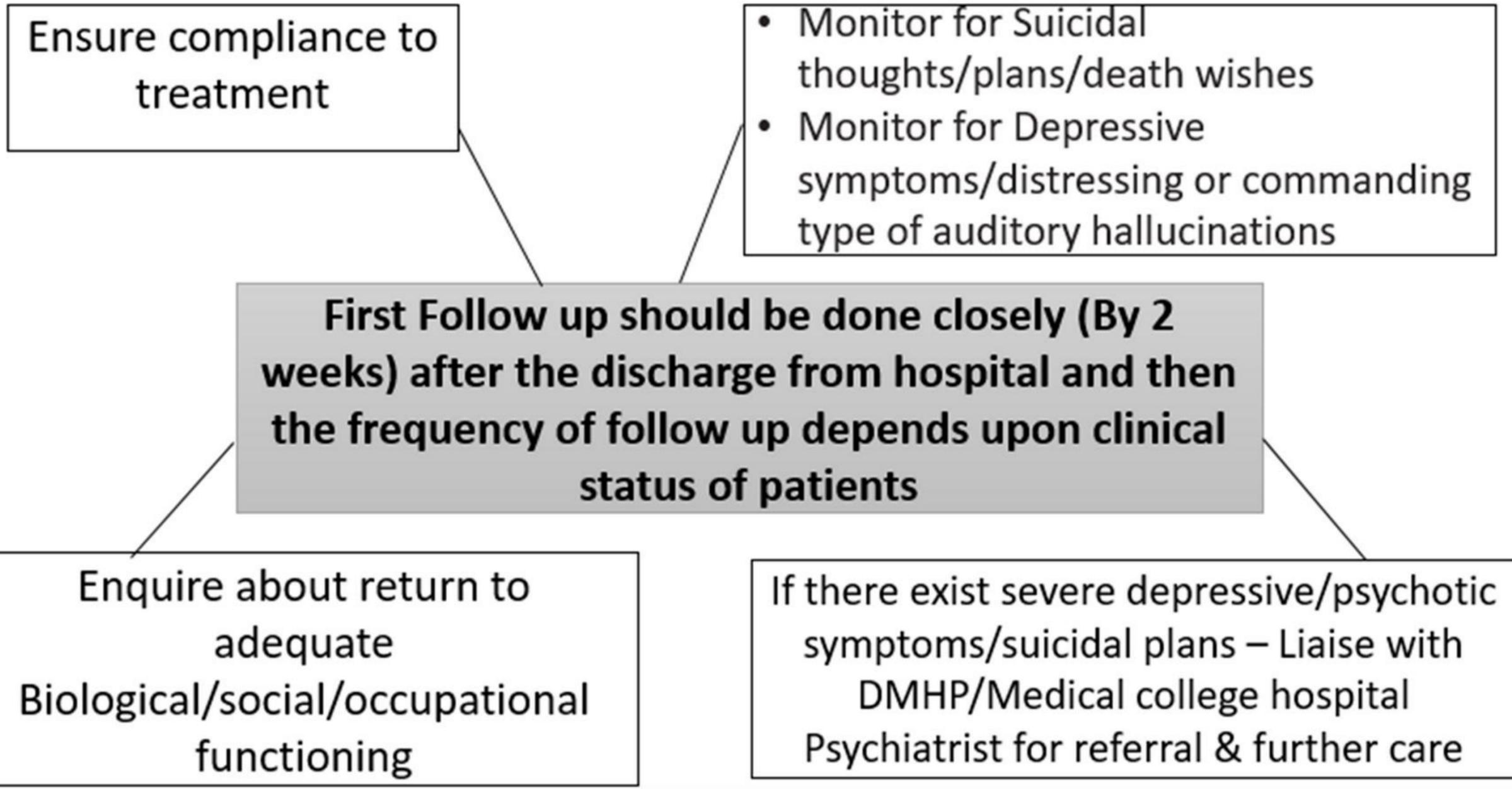
Risk Level	Risk	Suicidality	Possible Interventions
High	<ul style="list-style-type: none">• Depression or other psychiatric illnesses Triggering event Absence of protective factors	<ul style="list-style-type: none">• Has made a Lethal attempt Recent suicidal attempts Recurring thoughts about suicide	<ul style="list-style-type: none">• Admission to a psychiatric set up is recommended Removal of access to methods Close supervision by a confidante
Moderate	<ul style="list-style-type: none">• Multiple risk factors Few protective factors	<ul style="list-style-type: none">• Ideation with plan	<ul style="list-style-type: none">• Admission may be necessary. Develop crisis plan Frequent check-ins by a confidante
Low	<ul style="list-style-type: none">• Few risk factors Strong protective factors	<ul style="list-style-type: none">• Thoughts of death, No plan, intent, or behaviour	<ul style="list-style-type: none">• Outpatient referral to a counselor or mental health professional recommended

HOW TO REFER

- Explain the need for referral and try to get permission for the same from the individual at risk.
- Make use of available resources like family, friends, relatives, colleagues, or other health care professionals.
- Arrange for an appointment and inform the hospital or Psychiatrist about the person at risk.
- Ensure that the person has reached the referral hospital.
- Contact the person after consultation.
- Try to maintain periodic contact.



Follow up Care, Frequency and Follow up Assessment at Primary Care Level





Thank You

