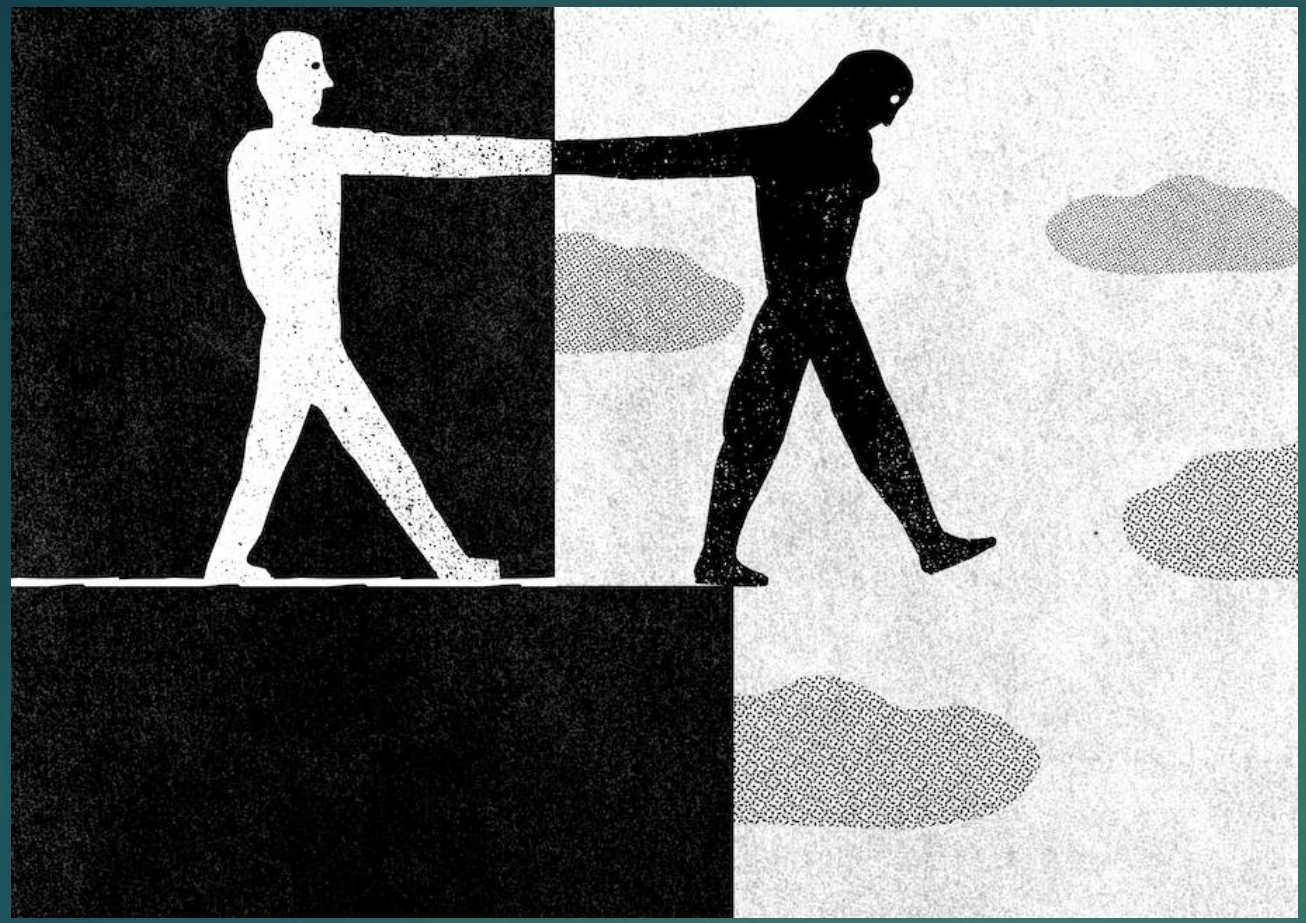


The prevention of suicide: A general practitioner's perspective

FRANCO COLIN:

PRIVATE PSYCHIATRIST

PART-TIME LECTURER

DEPT. OF PSYCHIATRY,

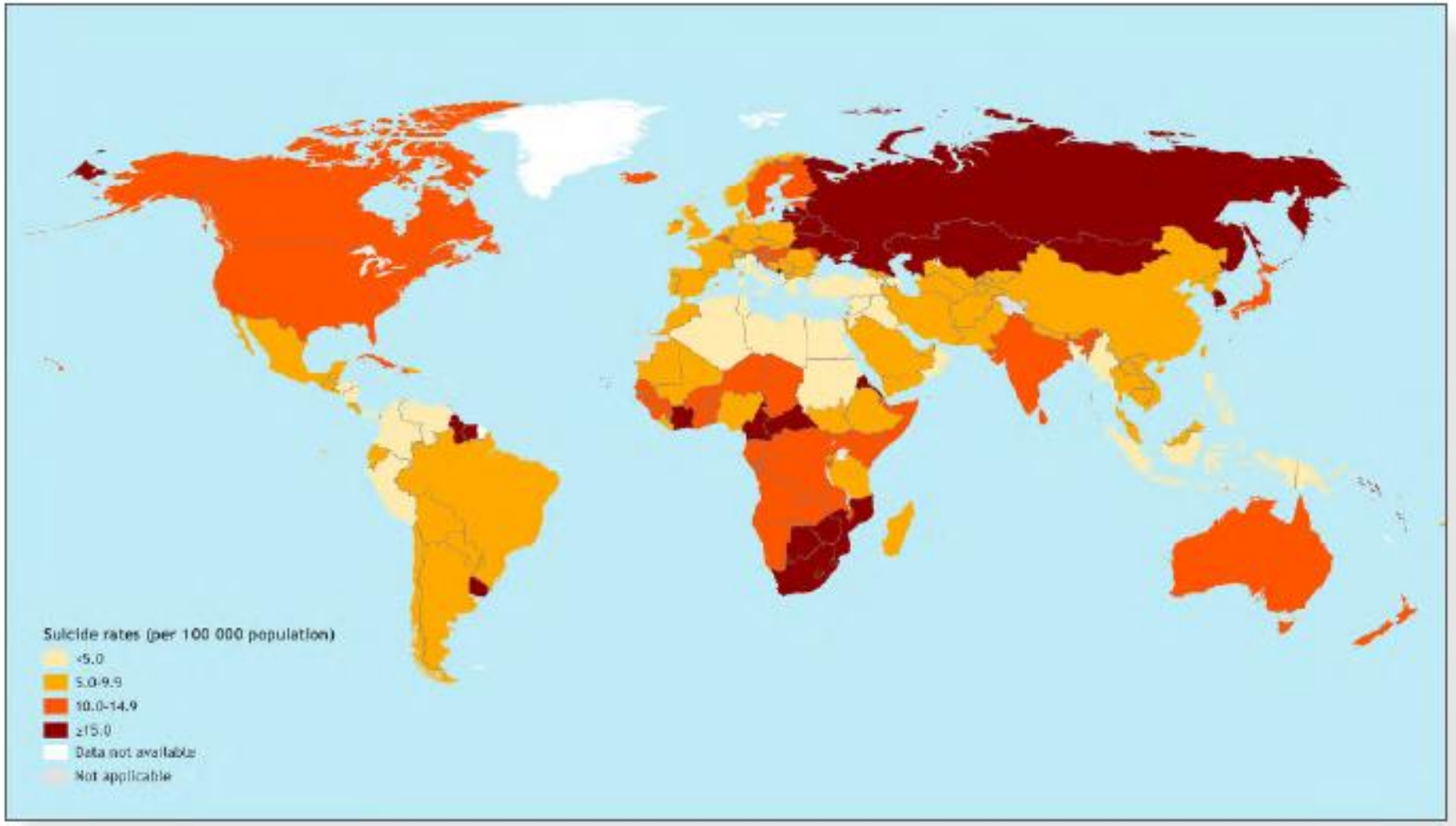
UNIVERSITY OF PRETORIA,

AND WESKOPPIES HOSPITAL

What is suicide?

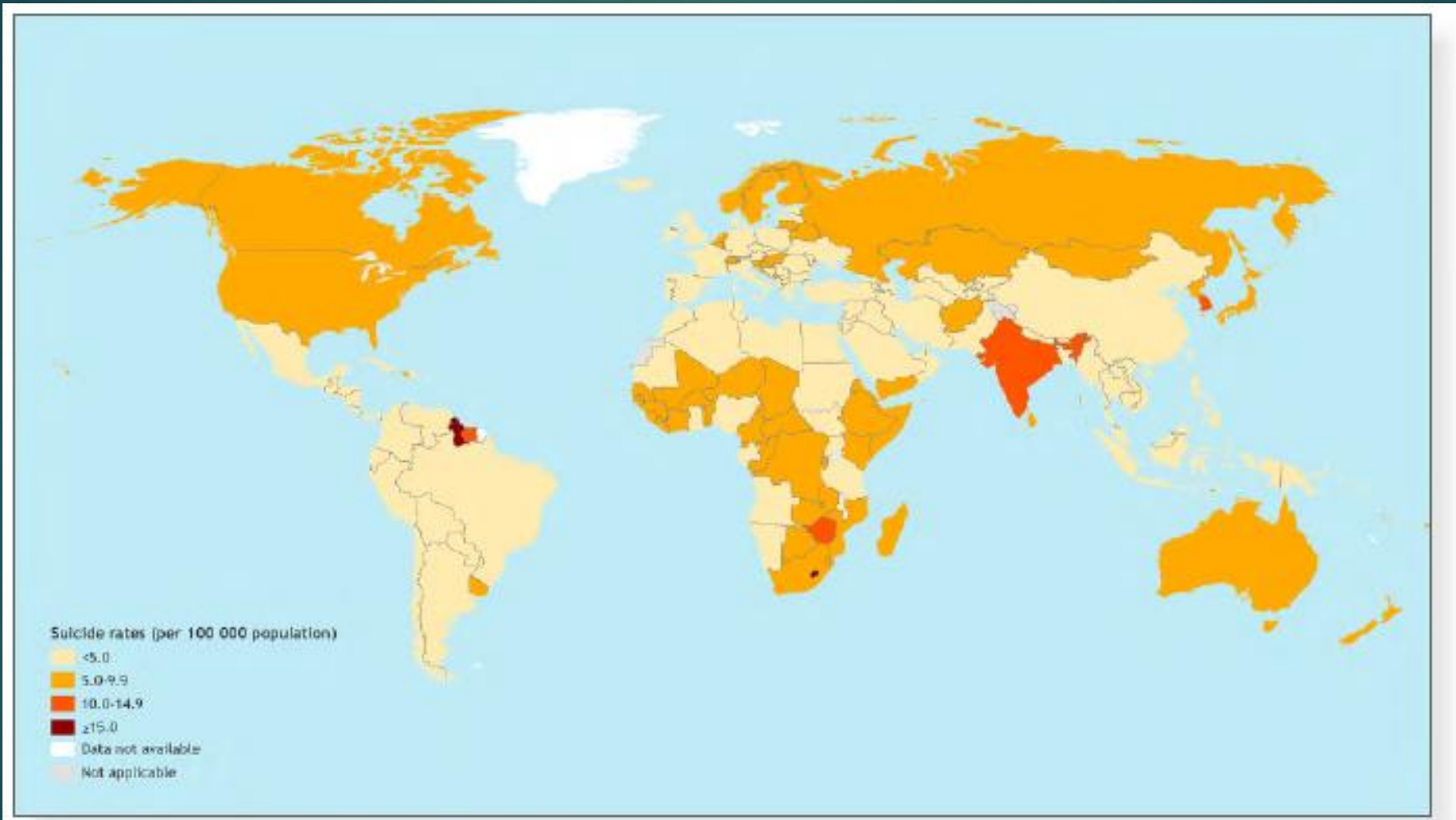
- The act or an instance of taking one's own life voluntarily and intentionally
- The WHO report "preventing suicide: a global imperative" (2014)
  - Over 800,000 people die by suicide each year
    - More than 20 million attempt suicide
  - Every 40 seconds, a person dies by suicide on the globe
  - Every 1.5 seconds, someone will attempt to take his/her own life
  - Numbers are underreported
- 15th leading cause of death.
- YOUNG PEOPLE !!!!: 15 to 29 years of age
  - Second leading cause of death globally after traffic accidents
  - Accounts for 8.5 percent of all deaths.

Age-standardized suicide rates (per 100 000 population), both sexes, 2019 WHO



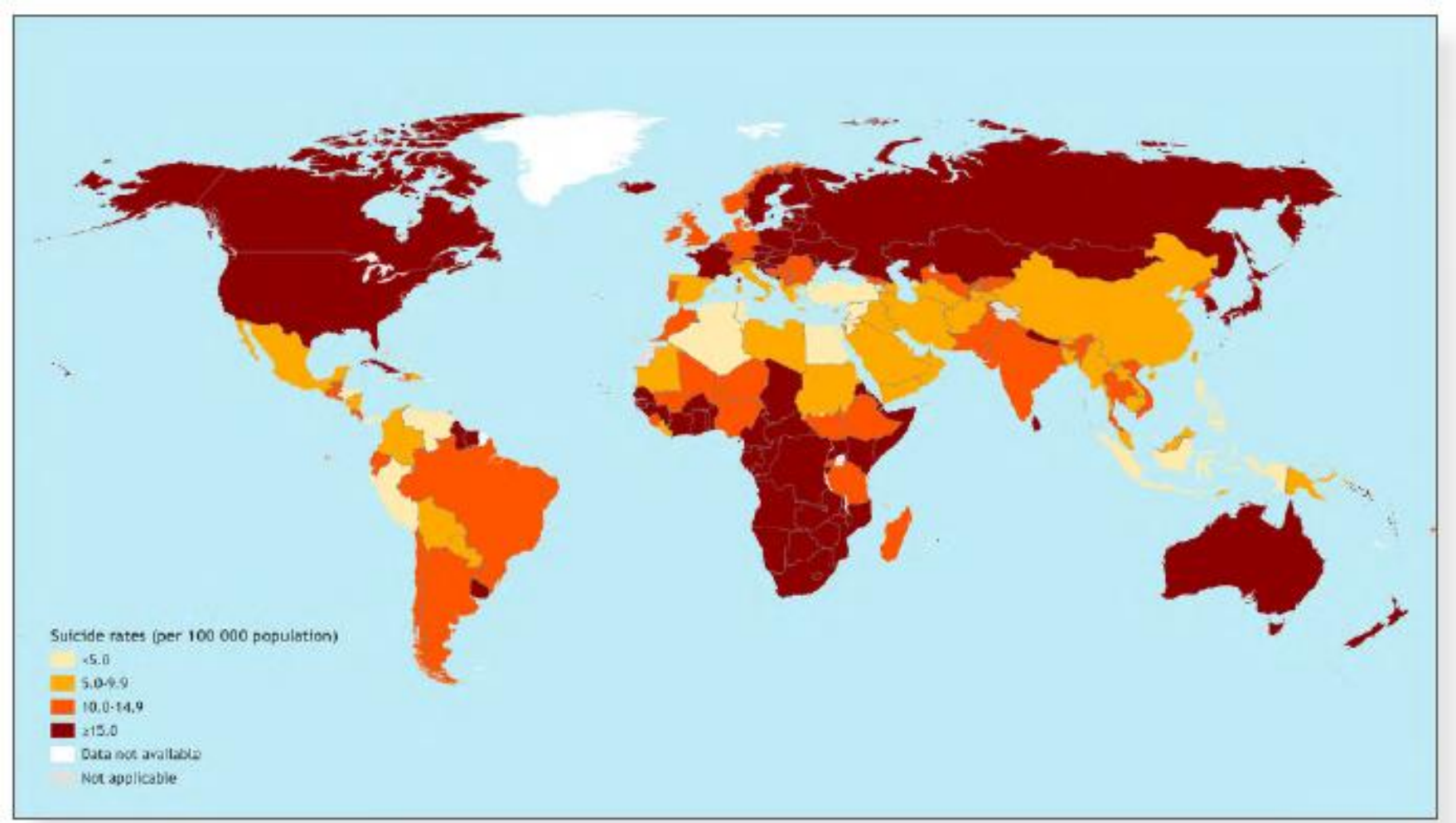
Source: WHO Global Health Estimates 2000-2019

Females 2019: Age-standardized suicide rates / 100 000 population)



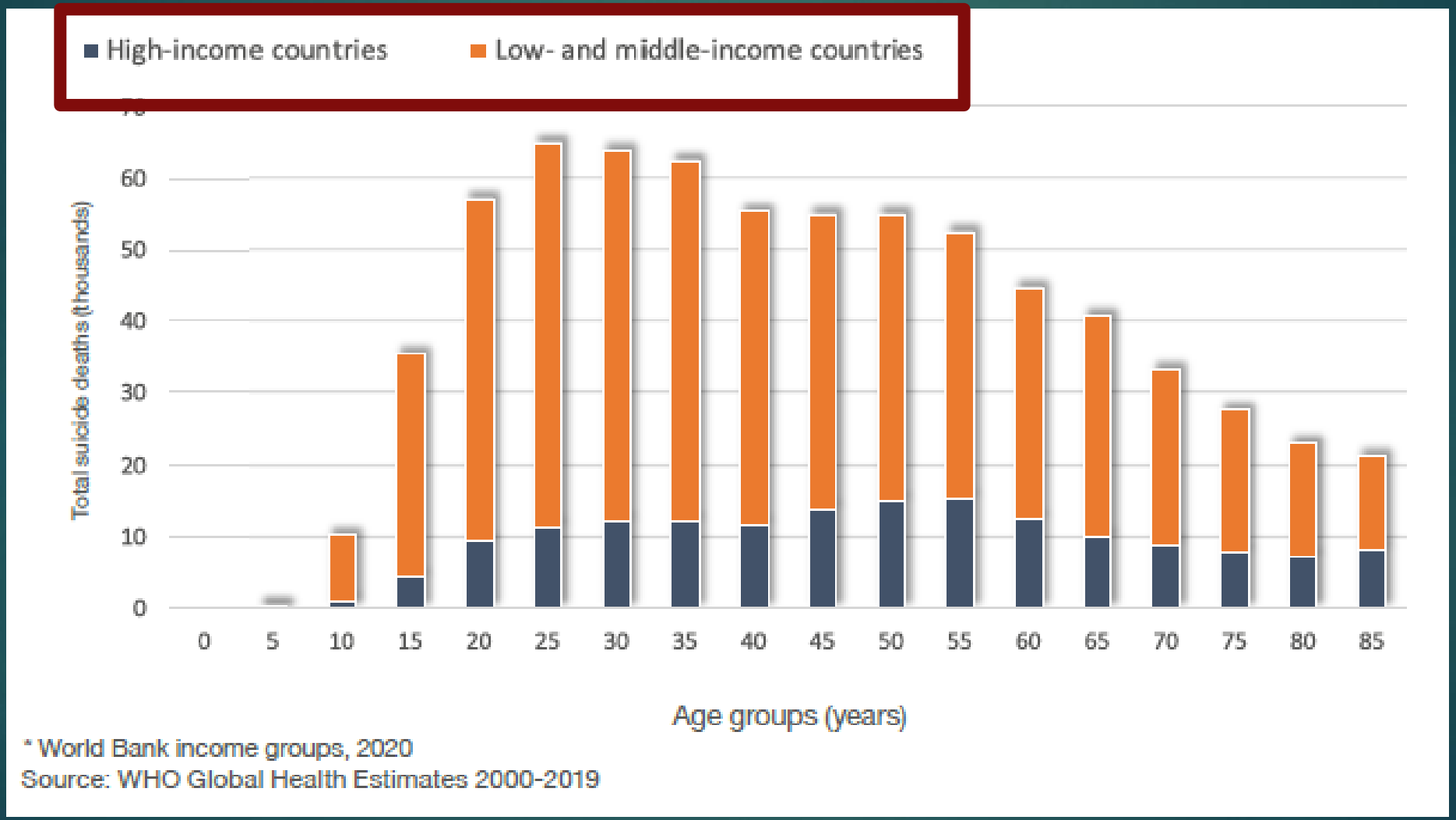
Source: WHO Global Health Estimates 2000-2019

Males 2019: Age-standardized suicide rates / 100 000 population



Source: WHO Global Health Estimates 2000-2019

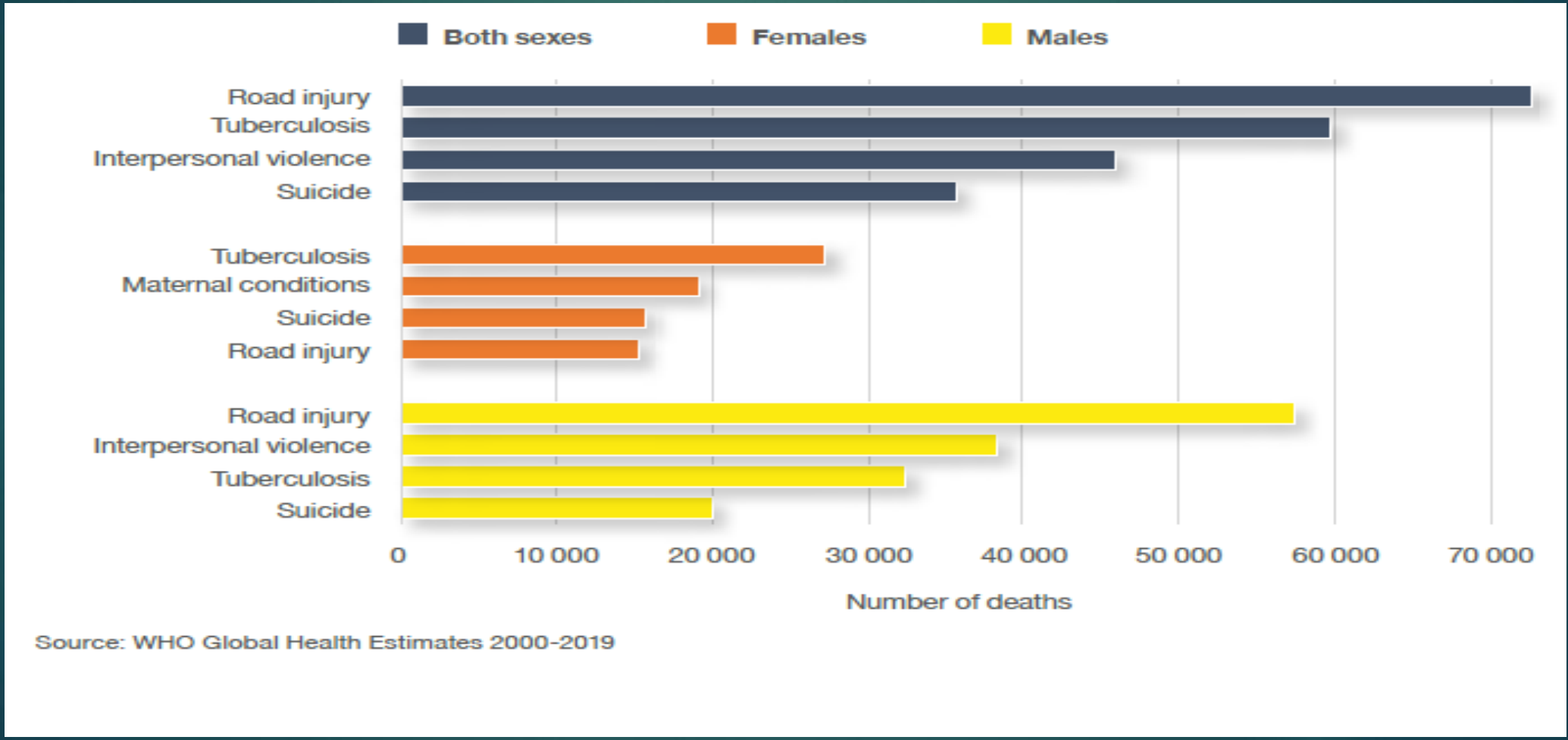
Global suicides, by age and country income level* (thousands), 2019



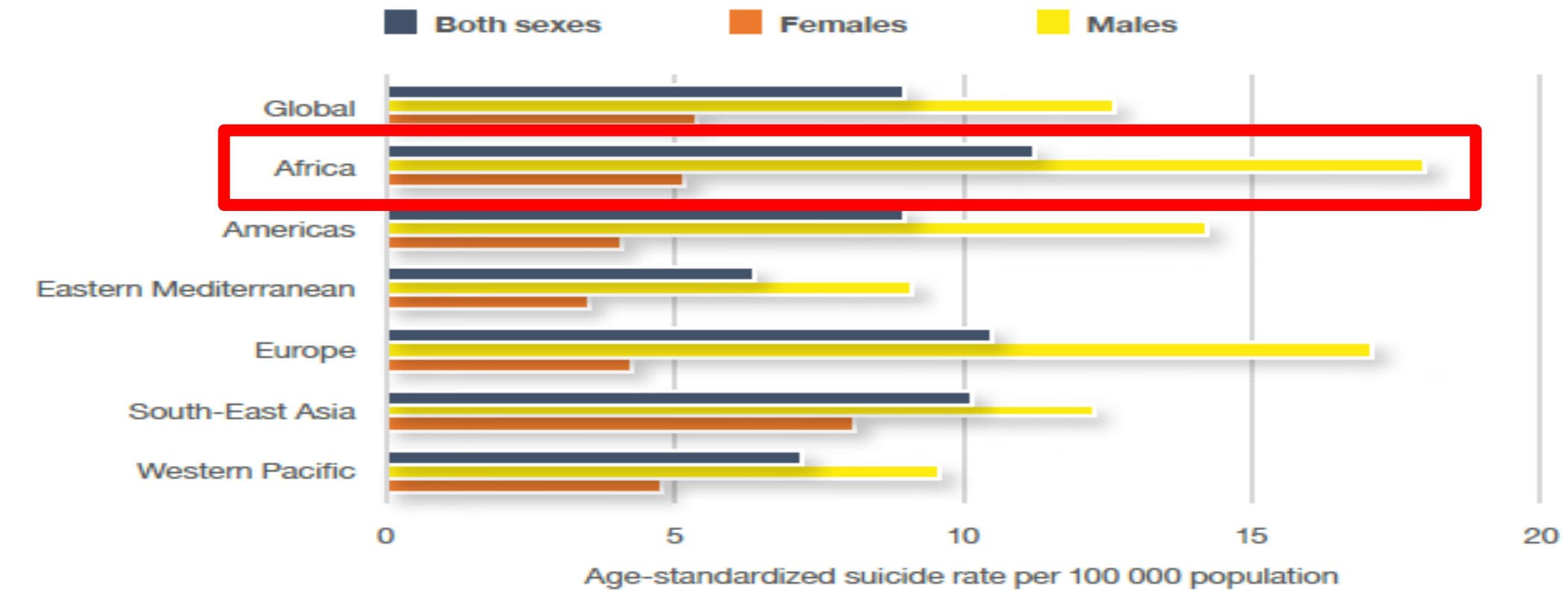
* World Bank income groups, 2020

Source: WHO Global Health Estimates 2000-2019

Global top four causes of death, ages 15–19 years, 2019

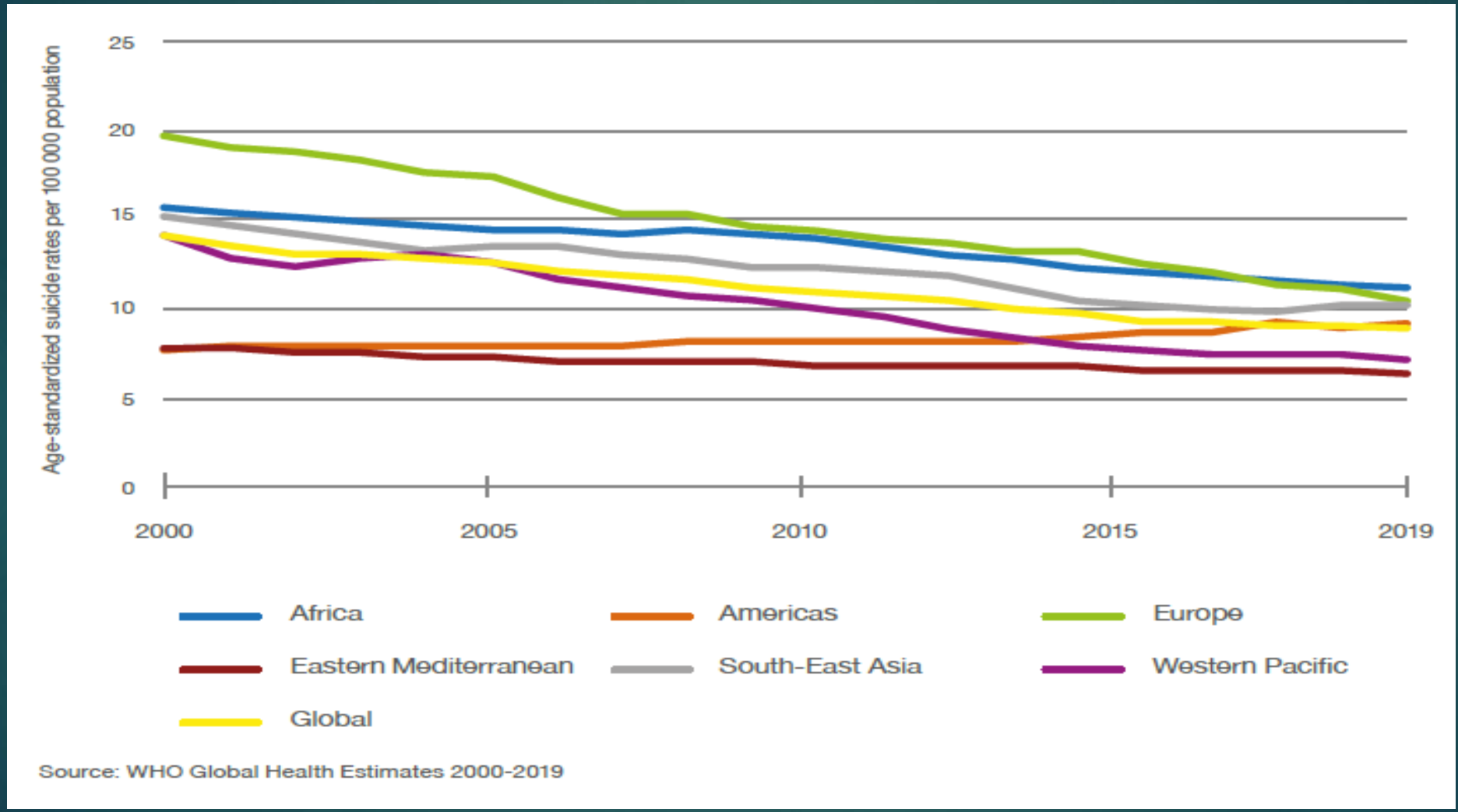


Age-standardized suicide rates / 100 000 population by WHO regions, 2019



Source: WHO Global Health Estimates 2000-2019

Age-standardized suicide rates / 100 000 population over time by WHO regions, both sexes



Source: WHO Global Health Estimates 2000-2019

Table 1. Calculations of national annual suicide prevalence rates in SA for the period 2002–2008.

	Period of report	2008	2007	2006	2005	2004	2003	2002
1	Number of mortuaries	62	39		21	35	36	34
2	Coverage (number of provinces)	7	7		6	6	6	6
3	Estimated proportion of all unnatural deaths (%)	45.5	51.9		39	40	36	37.5
4	Number of unnatural deaths	31,177	33,484		23,541	23,938	24,600	25,494
5	Number of suicides	3125	3422		2239	2462	2205	2211
6	Suicide as proportion of all unnatural deaths (%)	10.0	10.2		9.5	10.3	9.0	8.7
7	Inferred number of suicides annually in SA	6868	6593		5741	6155	6125	5896
8	Population size (Statistics SA mid-year estimate)	48.7 mil	47.9 mil	47.4 mil	46.9 mil	46.6 mil	46.4 mil	45.4 mil
9	Annual prevalence (per 100,000)	14.10	13.77		12.24	13.21	13.20	12.97

Note. SA: South Africa; mil: million.

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Effective strategies for suicide prevention in New Zealand: a review of the evidence

Annette Beautrais, David Fergusson, Carolyn Coggan, Catherine Collings, Carolyn Doughty, Pete Ellis, Simon Hatcher, John Horwood, Sally Merry, Roger Mulder, Richie Poulton, Lois Surgenor

Initiatives that appear promising

- Providing support after suicide attempts
- Pharmacotherapy for mental illness
- Psychotherapy and psychosocial interventions for mental illnes
- Public awareness education and mental health literacy
- Screening for depression and suicide risk
- Crisis centres and crisis counselling
- School-based competency promoting and skill enhancing programmes
- Encouragement of responsible media coverage of suicide
- Support for family, extended family, and friends bereaved by suicide

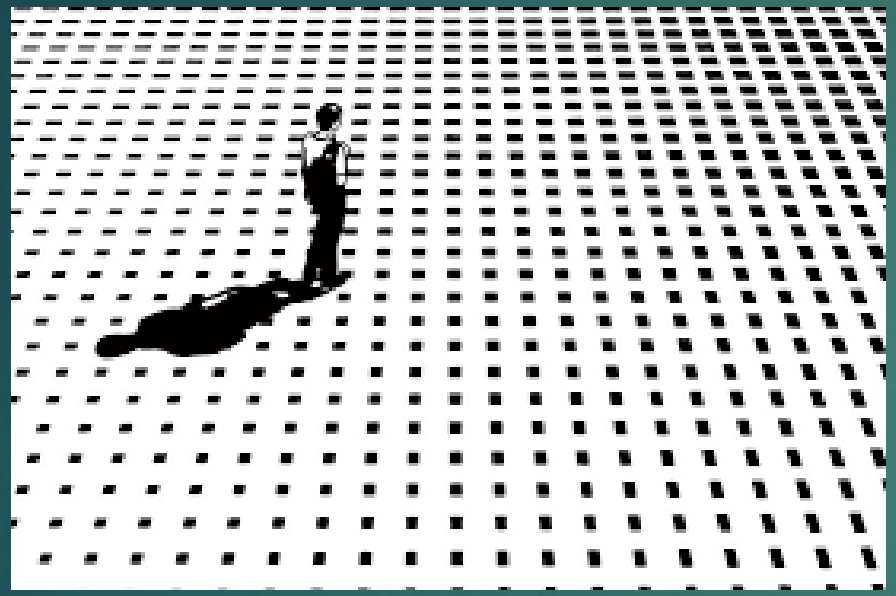
Initiatives for which no evidence of effectiveness exists but which may be beneficial in suicide prevention

- Improving control of alcohol
- Community-based mental health services and support services
- Family support for families facing stress and difficulty

Initiatives for which evidence of harmful effects exist

- School-based programs that focus on raising awareness about suicide
- Public health messages about suicide and media coverage of suicide issues
- (No-harm and no-suicide contracts)
- Recovered or repressed memory therapies

Terms…..



- Intentionality
- Lethality
- Parasuicide
- Failed suicide
- Suicide attempt

Detection of Suicide Risk

- Picking it up….
- Exploring
- Diagnosing
- Managing

THE ROLE OF PRIMARY CARE

- 85% who die by suicide have been seen in general practice the year before
- Members of the primary care team NB
- Risk categories or assigning risk scores is not a useful
  - Poor positive predictive values (ranging from 1.3% to 16.7%)

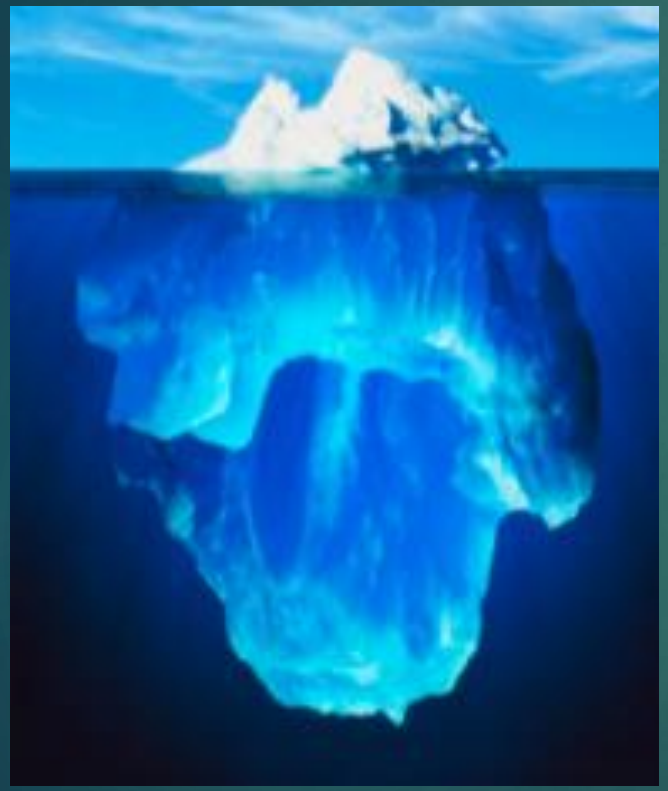
Cry for Help

- Suicidal communication always underlying sense of helplessness / hopelessness / cry for help.
- Suicidal communication both verbal and nonverbal
- Three categories of communicating suicidality emerged from the data: Verbally explicit, verbally indirectly and non-verbally.
- Must be taken seriously whether or not the clinician considers that the patient has a genuine wish to kill him/herself
- Or if the purpose is to get attention

Most important instrument is clinical inquiry

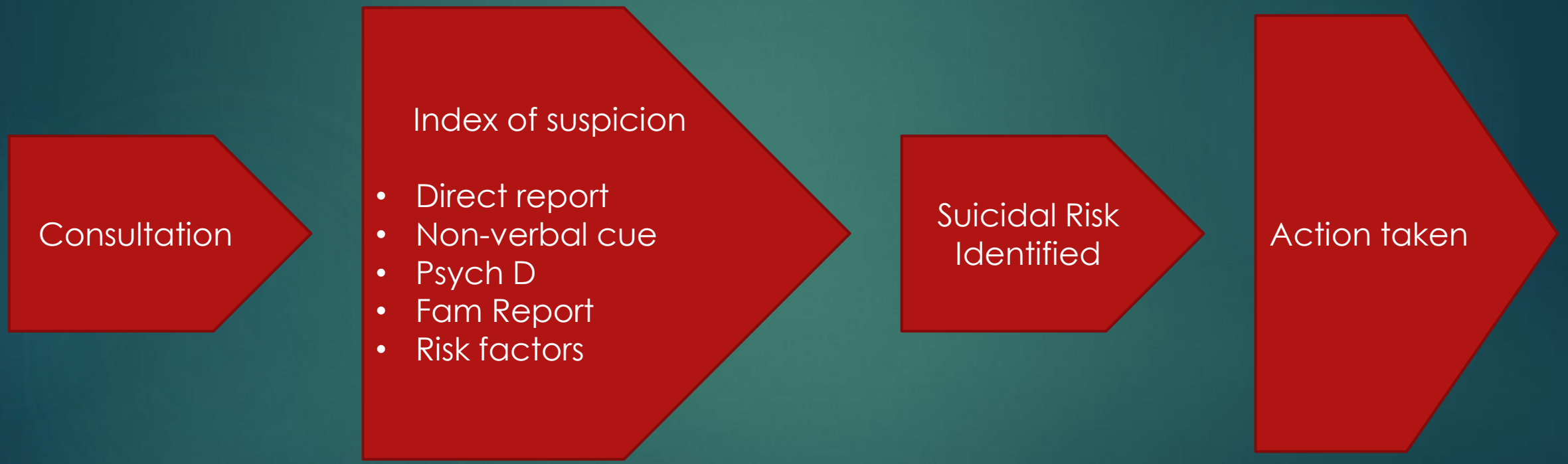
- Many obstacles when performing the suicide risk assessment > uniqueness of each individual possessing a unique set of risk factors
- Clear, empathetic, free from prior criticism, and focus on facts and patients' emotional and communication style.
- Phrases like:
  - “I will help you getting through this”
  - “I will be here for you
  - “I can help you get through this”
  - “I am good at this”

Problems with detection



- Suicidality overshadowed with physical symptoms (including ‘long COVID’)
- GUT-feeling
- Hesitation after consultation
- „Need psychologist”
- I know the pt > different now
- Recognition of patterns of illness
- “Got a hunch” about the patient’s somatization
- Fibromialgia / CFS

Flow Chart


Consultation
Index of suspicion
Direct report
Non-verbal cue
Psych D
Fam Report
Risk factors
Suicidal Risk Identified
Action taken

Psychiatric disorders and suicide

- Strongest predictor of suicide is the presence of psychiatric disease
- 90% have Psych diagnosis at the time of death
- Mental illness 10 times higher than general population
- MDD / dysthymia (persistent depressive disorder) leading cause of death by suicide world

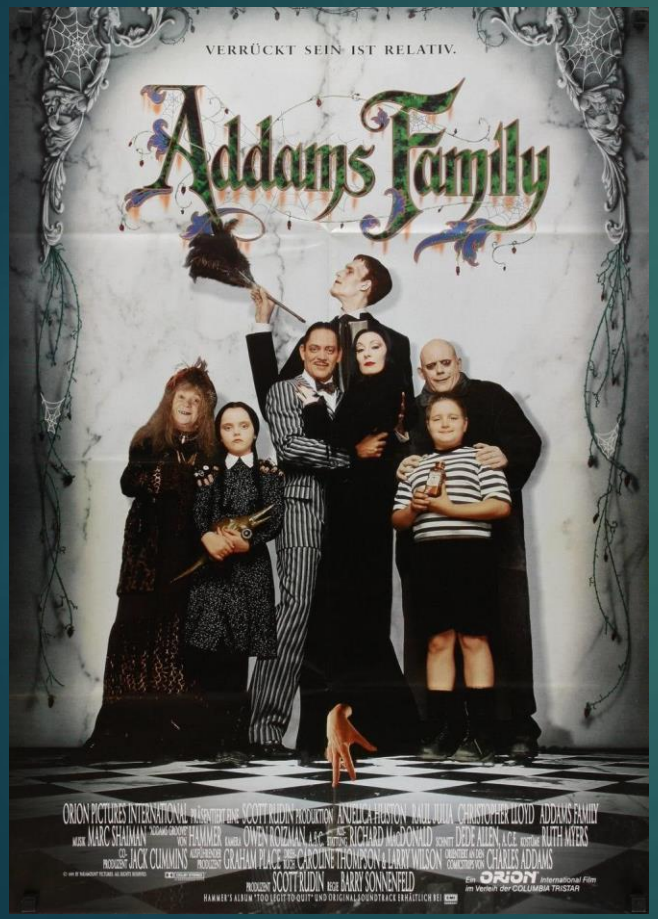
Psychiatric disorders and suicide

- Use of alcohol or illicit substances 22.4%
- Personality disorders 11.6%
- Schizophrenia 10.6%
- Anxiety/somatoform disorders 6.1%
- Previous suicide attempts
- Recent inpatient care
- ? presence of suicidal communication and personality type

Other risk factors

- Negative life events
- Helplessness, hopelessness,
- Sleep problems
- Impulsive behaviors should be examined.
- Repeated assessments are recommended

The Family…



- Risk factors for suicide are both individual and familial
  - Suicidal behaviors aggregate in families
  - Fam Hx of suicidal behaviors is an independent risk factor for suicide attempts and completed suicides.
- Family Hx: Previous psychiatric disorders, suicide or suicidal behaviors
- Exposure to early-life maltreatment
- Evaluate social network and quality of family support
- Social adversity: poor social support; social isolation / unconnectedness;
- Loneliness
- Recent bereavement

IMPACT OF COVID-19 ON SUICIDE

- International evidence of raised prevalence of
  - Anxiety disorder
  - Ptsd
  - Depression symptoms
  - Especially during lockdowns
- Particularly in young people and those living with children
- Pre-existing mental and chronic illness may be at higher risk
- May also increase suicide risk.

Other Risk Factors…

- Sex: suicide is 3 times commoner in males, especially in middle age (45–49 years)
- Chronic physical illness and disability
- Unemployment
- Perceived burdensomeness
- Low self-worth
- Hopelessness

Other Risk Factors…

- History of, or current, self-harm and/or alcohol/substance misuse
- Active plans for suicide and access to means
- Living alone
- Unmarried
- Unemployed
- History of previous suicide attempts.

Lethal means counseling:

- Firearms or medications with high lethality, then limiting their access to these lethal means
- Safely dispose medications that are no longer in use and in some cases recommending that a family member keep medications locked and dispense them on a daily basis.

Five key questions to co-create a safety plan with a patient:

- What are those signs (e.g. stressful situations, distressing thoughts and feelings) that might trigger your suicidal thoughts?
- What are some of the things you can do to distract yourself when having suicidal thoughts?
- Whom would you turn to (e.g. friend, family member) or where would you go for help when feeling suicidal?
- Which professionals or agencies can you contact when feeling suicidal (e.g. helplines, emergency services)?
- What things (e.g. sharp objects, medication) can we remove or limit access to in order to keep you safe?

Patient Safety Screener

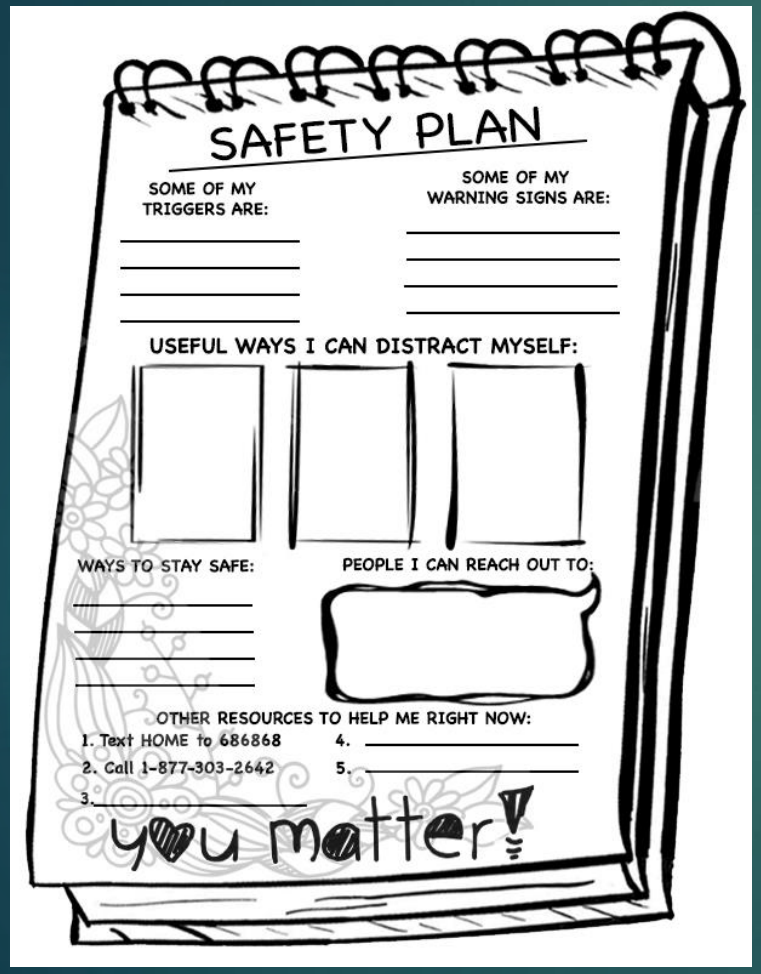
To be administered by primary nurse during primary nursing assessment.

Introductory script: Because some topics are hard to bring up, we ask the same questions of everyone.

	Interpretation
1. Over the past 2 weeks, have you felt down, depressed, or hopeless? ☐ Yes ☐ No ☐ Refused ☐ Patient unable to complete	Depressed mood
2. Over the past 2 weeks, have you had thoughts of killing yourself? ☐ Yes ☐ No ☐ Refused ☐ Patient unable to complete	At least active ideation, general thoughts without thoughts of ways, intent, or plan
3. Have you ever attempted to kill yourself? ☐ Yes ☐ No ☐ Refused ☐ Patient unable to complete	Lifetime attempt
4. . . . *If Yes to item 3, ask:* when did this last happen? ☐ Within the past 24 hours (including today) ☐ Within the last month (but not today) ☐ Between 1 and 6 months ago ☐ More than a six months ago ☐ Refused ☐ Patient unable to complete	If within the last 6 months, considered recent attempt

Apply protocols for further suicide evaluation and management as appropriate to the clinical practice guidelines in place at the individual site.

Co-creating a safety plan (???):



- Write down the safety plan using the patient's own words / personalised easier for the patient
- Keep it brief and simple.
- Work with the patient to identify reasons to live
  - What keeps them going;
  - What do they look forward to in the future.
- Give the patient a copy of the safety plan to take with them so they can use it whenever they feel suicidal.

NB in Acute Suicidal Crisis

- Choice between admission of the patient to a psychiatric ward or treatment in outpatient care.
  - ?status of the patient / family support / outpatient treatment.
- Proper documentation / patient and the family should also be informed that they need to seek psychiatric emergency services as soon as a new suicidal crisis arises.
- The plan for follow-up treatment

Individual Psychiatric Disorders

Bipolar disorders

- High-risk group
- Majority commit suicide in a major depressive episode or in a mixed depressive state
- Suicide during the manic phase is rare
- Similar in both type I and type II bipolar disorders
- Comorbidity of substance use disorders, depression, and anxiety is almost always present in persons who committed suicide.

Alcohol and Substance Use Disorders

- Substance misuse increased risk of suicidal behaviors.
- Comorbidity with personality disorders
- Highest among drug users
  - Lower, but still high > alcohol use disorders
- Males > females
- SUD's increase aggressivity, impulsivity
- Deterioration in cognitive capacity and flexibility to find constructive coping strategies
- More sensitive to interpersonal losses

Anxiety Disorders

- Severe anxiety in precipitates of suicidal behaviors
- Sometimes deny suicidal thoughts or suicidal intent and refuse hospitalization

Schizophrenia and Other Psychotic Disorders

- 5 to 10 percent die due to suicide
- ? commit suicide during the intense and frightening psychotic activity or during periods of remission
  - Command hallucinations are rare among completed suicides.
- Good premorbid functioning and higher level of education may predispose to suicide in younger schizophrenic patients
  - More disruption of performance
  - More difficulty to accept chronic illness and prospects of mental deterioration

Eating and Adjustment Disorders

- Increased suicide risk
- High comorbidity of mental illnesses like MDD, bipolar disorder, anxiety disorders, and borderline personality disorders (BPDs)
- Low BMI and low serum cholesterol associated with a higher risk of attempted and completed suicide.

Personality Disorders and Suicide

- PD's major factor in suicide and in attempted suicide.
- Mainly antisocial and borderline
- Also paranoid, narcissistic, anxious, and histrionic personality disorders.

Somatic Disorders and Suicide

- Association between suicidal behaviors and chronic somatic disorders.
- Comorbidity of somatic disorders with psychiatric disorders, especially with MDD and personality disorders substantially increases the risk for suicide
- Cancer, HIV infection and AIDS, stroke, diabetes mellitus, epilepsy, Parkinson disease, trauma with subsequent brain damage, spinal cord injury, multiple sclerosis, Huntington disease (HD), and amyotrophic lateral sclerosis are associated with an elevated risk of suicide.
- Elderly patients NB

Children and Adolescents

- Teenagers 10 percent display high-risk behaviors like excessive alcohol and illegal drug use, heavy smoking, truancy, etc.
- 30% display unhealthy lifestyles like poor sleep and diet, physical inactivity, excessive Internet/media use.
- High levels of depression, anxiety, and suicidal behaviors
- Stigma prevents adequate treatment
- Two specific patterns stood out:
  - Girls characterized by insecurity and a perfectionist attitude and dropped out of school
  - Boys with a developmental disorder, such as autism, who were transferred to special needs education and therefore felt rejected
- Social media use and internet use

MÉRELLE, S., et al. (2020). A multi-method psychological autopsy study on youth suicides in the Netherlands in 2017: Feasibility, main outcomes, and recommendations. *PLOS ONE.* 15, e0238031.

Elderly

- Highest suicide rate compared to any other age group
- Poverty / retirement / long-term care or residential care> increase the risk of suicide.
- High lethality methods
- Social isolation
- Physical illnesses
- Ratio of attempt to suicide is very low among the elderly
  - Should be taken seriously
- NB is MDD / alcohol misuse / organic brain syndrome
  - guilt, sadness, or anhedonia can be masked by somatic expressions
- Dementia
  - Suicide risk is low
  - Period immediately after diagnosis of dementia, especially in those of younger age, the suicide risk is high.

TRAINING TO SUIT ALL NEEDS

Care · Collaborate · Connect training is provided through self-paced, evidence-based online programs. Each training program comprises a number of modules that are completed sequentially. In-built assessments are at the end of each module and the end of training.

Care · Collaborate · Connect: Suicide Prevention

Suicide Prevention provides health professionals and students in health-related disciplines with the knowledge, attitudes, skills, and confidence to work with people who are distressed, including those who have thoughts of suicide.

LEARN MORE →

Care · Collaborate · Connect: Psychological First Aid

Psychological First Aid teaches you the skills to support people in your life when they're upset—family, friends, colleagues, and strangers.

LEARN MORE →

Care · Collaborate · Connect: Perinatal Wellbeing

Perinatal Wellbeing gives health professionals and students the knowledge, skills, and confidence to support the wellbeing of women, and their families, during pregnancy and after the birth of their children.

LEARN MORE →

Care · Collaborate · Connect: Coping Schools

Coping Schools provides training and resources for schools to create and maintain a whole-of-school culture of coping.

LEARN MORE →

Care · Collaborate · Connect: Student Success

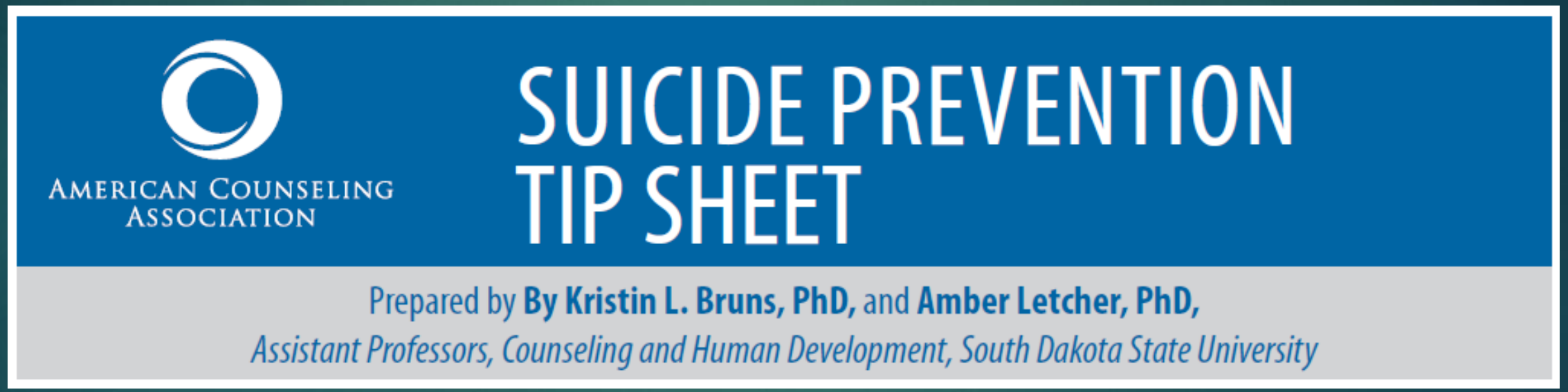
Student Success is a free program that gives students strategies to be successful at university, on placement and as future professionals. Particularly suitable for first year students. Topics covered: Self-care, Self-management, and Problem-solving.
Duration: 1 hour

Care · Collaborate · Connect: Journalism

Journalism is a free program that gives journalism students and professionals with the knowledge, attitudes, skills, and confidence to report news stories that involve suicide in a way that minimises stigma and the risk of suicide contagion. Topics covered: Self-care, Talking about suicide, Reporting suicide, and Self-Management.
Duration: 2 hours

https://www.carecollaborateconnect.org/

https://www.counseling.org/docs/default-source/Communications-/suicide-prevention-final.pdf?sfvrsn=2



THANK YOU DOCTOR

COVID-19