



# Suicidal Ideation/Behaviour

## For CHO/SN





# LEARNING OBJECTIVES

At the end of the session, participants must be able to

- Understand the magnitude of the problem of suicide
- Identify the warning signs of suicide
- Undertake suicide risk assessment
- Describe the role of CHO/SN in management of persons with suicidal behaviour
- Identify red flags for suicidal cases



# BEFORE WE START....

- Do you know anyone who has contemplated/talked to you about/ attempted suicide?
- Did you notice any warning signs in the person before?



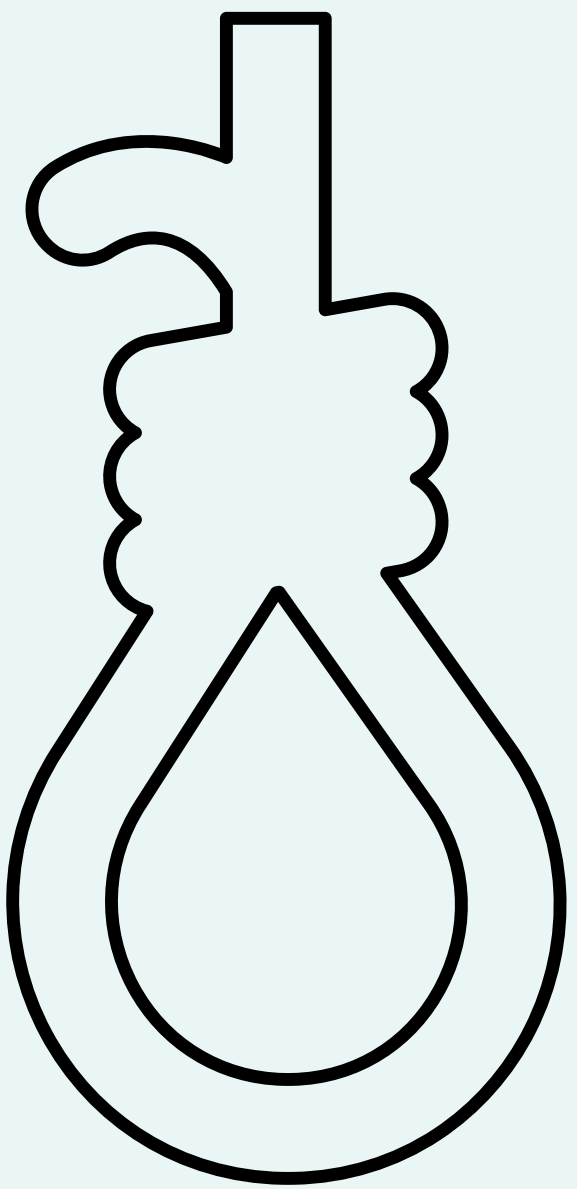
# INTRODUCTION

- Every 40 seconds a person dies by suicide somewhere in the world.
- For every suicide there are many more people who attempt suicide.
- 79% of global suicides occur in low- and middle-income countries and India is one among them.
- Suicide is the third leading cause of death in 15-19-year-olds.
- **SUICIDE IS PREVENTABLE.**



# DEFINITIONS

- Suicide ideation
- Suicide attempt
- Suicide





# RISK FACTORS OF SUICIDE IDEATION



- Breakdown in the ability to deal with life stresses
- Experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation
- Vulnerable groups who experience discrimination
- Strongest risk factor: Previous history of suicide attempt





History of earlier attempts	Unwillingness to seek help because of stigma
Suffering from Mental disorders	Withdrawing from relationships at family, social and work
Co-occurring substance mis-use	Financial loss
History of suicide in the family	Physical illness or medical problems
Violence	Easy access to lethal means
Difficulties in getting help from professionals	Modelling the suicidal behaviors of significant people.
Cultural and religious beliefs	



# WARNING SIGNS OF SUICIDE

## 1. Verbal warning signs

- Talking about wanting 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.





## 2. Behavioral warning signs

- Drinking more alcohol than usual or using other substances.
- Being restless, agitated (getting angry easily), anxious (very worried/ fearful)
- Feeling sad and dejected
- Showing extreme rage or talking about seeking revenge (gets into arguments and physical fights with others)
- Sleeping or eating too little or too much (less or more than usual for the person)
- Withdrawing/ becoming or feeling isolated (Outgoing or social persons interaction with family/friends decreases or stops completely)



- Stops using usual social media or is inactive on social media platforms.
- Excessive internet use or posting negative content (personal thoughts / feelings sharing content related to death and suicide).
- Stops attending work/ misses' classes or work/ gets late/ doesn't complete jobs assigned or homework.
- Displaying extreme mood swings (suddenly crying/ reckless/ hyperactive)
- Preparatory behaviors (giving away belongings, collecting medicines or pesticides)



# SUICIDE RISK ASSESSMENT

If any person is suspected to be at risk of suicidal behavior, assess for:

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

**A common myth is – asking somebody about suicide will increase chances of him/her committing suicide. This is not true.**





Suicidal risk is classified as follows:

- **Low risk:** Thoughts of self-harm come once in a while, but there are no plans.
- **Medium risk:** There are thoughts of self-harm and plans but he/she is still in the thinking stage and does not plan to act on the thought.
- **High risk:** When the person has definitely decided about a method to commit suicide immediately.





While interacting with anyone who is suspected to be at risk of suicide, it is very important to keep in mind the following:

- Being a good listener and paying full attention to the patient
- Being non-judgmental
- Being supportive and instilling hope
- Offering help by asking 'Can I help you?'
- Building a contract by asking 'Will you promise me not to kill yourself till I find a help for you?'
- As a part of the contract, provide a crisis plan as a safety net.





# MANAGEMENT OF PERSONS WITH SUICIDAL BEHAVIOR

- All persons who are suspected to be at risk of suicide should be referred to a Medical Officer.
- Immediate management plan at the SHC-HWC is based on the level of risk.

## Interventions for low risk

- Support and instill hope.
- Work on the suicidal feelings. Identify the strengths in the person by talking about their past experiences and how they had resolved their issues in the past without thinking of suicide.
- Refer to the concerned doctor.
- Provide follow-up at regular intervals.



## Interventions for medium risk

- Offer emotional support and instill hope. Work on the suicidal feelings. Identify the positive strengths in the person.
- Usually the suicidal person will have the ambivalent feelings about committing suicide, use this opportunity to gradually instill hope.
- Finding solutions: it might not be possible to solve all their problems but explore alternatives to suicide hoping that the person might consider at least one of the options provided.
- Contracting: Building a contract by asking 'Will you promise me not to kill yourself till I find a help for you?'
- Refer to psychiatrist, counselor, doctor or any mental health professional as early as possible.
- Involve the support system such as family members, friends, colleagues etc.





## Interventions for high risk

- 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 professional or mental health set-up immediately.
- Inform the relatives and get their help.





# DURING REFERRAL, REMEMBER

- Explain to the person why the referral is made.
- Plan and organize for the appointment.
- Inform them you will be available for them even though the referral is made.
- Follow up the person after the consultation is made.
- Follow-up and help provide community support in patients who have been recently discharged as they often lack social support and can feel isolated once they leave care.
- The intervention can involve the use of postcards, telephone calls or brief in-person visits (informal or formal) to make contact and encourage continued contact.





# RED FLAGS FOR SUICIDAL CASES

In case any of the following red flags are present, immediate referral must be made.

- Presence of any known psychiatric illness.
- History of previous suicide attempt.
- Family history of suicide, alcoholism or mental illness.
- Chronic physical illness.
- No social support.





# GROUP ACTIVITY

Rajesh is a 25-year-old gentlemen searching for a job in an MNC from last 2 years. He lives in an apartment with his friends. He had a recent break up in a relationship and seems quite agitated. A roommate has noticed him taking some pills at night and stays alone. The roommate is worried about him as he is tearful and stays alone most of the day and hence brings the client to you. On inquiry, Rajesh tells you that he feels life is not worth living anymore. On further conversation he breaks down and tells you that he had planned to end his life with sleeping pills overdose the next time he's alone in the flat.



# DISCUSSION



GROUP 1: What are the warning signs of suicide in this patient?

GROUP 2: Assess the risk of suicide in this patient.

GROUP 3: How will the CHO manage this patient?

Discussion – 6 minutes

Presentation – 3 minutes per group





# EVALUATION

1. Previous history of suicide attempt does not increase the risk of suicide in an individual. True/False
2. Displaying extreme mood swings is a warning sign of suicide. True/False
3. If there are thoughts of self-harm but no concrete plans, the person is at \_\_\_\_ risk of suicide.
4. CHO does not need to refer a case of suicidal behavior to the Medical Officer unless the patient is at high risk. True/False
5. Name 3 red flags for suicidal cases.



# ANSWERS

1. Previous history of suicide attempt does not increase the risk of suicide in an individual. True/**False**
2. Displaying extreme mood swings is a warning sign of suicide. **True**/False
3. If there are thoughts of self-harm but no concrete plans, the person is at **low** risk of suicide.
4. CHO does not need to refer a case of suicidal behavior to the Medical Officer unless the patient is at high risk. True/**False**
5. Name 3 red flags for suicidal cases. **Known psychiatric illness, previous h/o attempt, chronic physical illness, no social support, family h/o mental illness/suicide**





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# Thank You

