SUICIDE AND SELF-HARM

So far we have covered...

- How to distinguish between a normal and abnormal adolescent
- How to assess mental health / problems
- How to refer difficult situations
OBJECTIVES

1. Recognize the importance & meaning of suicidal conducts during adolescence

2. Identify the signs, symptoms and risk factors of suicide and self-harm

3. Successfully manage suicide crisis situations

4. Estimate the impact of various preventive strategies

ENTRY SCENARIO

Sue is a 17 year-old girl who was removed from a threatening home environment and placed in a protected living house. Although she claims to have adjusted to her new situation, she has been overheard screaming abusively on the phone to her boyfriend. A case worker found a diary in which Sue writes scenarios of killing herself.
Group work

Suicidal conducts:

*What are the kind of questions and issues which you currently face in your everyday practice?*

Recognize the importance & meaning of suicidal conducts during adolescence
DEFINITION

Suicide and suicidal conduct encompass all deaths and all self-harm events which result directly or indirectly from an act whose author knows the final result

(Diekstra)

CONCEPTUAL PROBLEMS

50-70% of those who commit suicide suffer from affect. disorders and 20-40% have made a suicide attempt in the past

15% of affective disorders end up with a suicide

10% of parasuicides will commit suicide within 10 years
RANGE OF CONDUCT

- Suicidal ideas
- Suicidal plan and menace
- Suicide attempt
- Death by suicide
- Suicidal equivalents
- Self-inflicted mutilations
- Risk-taking

INDICATORS

- Death by violent death
  - suicide
  - Accident/injury
  - overdose
- Morbidity
  - Data from hospital & ambulatory care
- Self-reported behaviour
  - surveys
SUICIDE AND SUICIDAL CONDUCT

Death by suicide

Hospitalization

Ambulatory care

Undisclosed / unrecognized events

Suicidal ideas/plans

MORTALITY RATES: THE EXAMPLE OF SWITZERLAND
RATE BETWEEN THE MEAN PREVALENCE OF SUICIDE IDEAS, SUICIDE ATTEMPTS AND DEATHS BY SUICIDE

- Ideation: $\frac{40000}{100\,000}$ adolescents
- Attempt: $\frac{3000}{100\,000}$ adolescents
- Suicide: $\frac{20}{100\,000}$ adolescents

SUICIDE AMONG ADOLESCENTS
DEATH RATES AMONG ADOLESCENTS (1995)

![Graph showing death rates among adolescents](image)

DEATHS BY SUICIDE AMONG 15-24 YEARS: MEANS

<table>
<thead>
<tr>
<th>Method</th>
<th>Males (622 suicides)</th>
<th>Females (181 suicides)</th>
<th>Total (803 suicides)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanging</td>
<td>38.7 %</td>
<td>27.1 %</td>
<td>36.1 %</td>
</tr>
<tr>
<td>Firearms</td>
<td>35.0 %</td>
<td>14.9 %</td>
<td>30.5 %</td>
</tr>
<tr>
<td>Intoxication</td>
<td>7.2 %</td>
<td>26 %</td>
<td>11.5 %</td>
</tr>
<tr>
<td>Jumping</td>
<td>7.6 %</td>
<td>18.8 %</td>
<td>10.1 %</td>
</tr>
<tr>
<td>Drowning</td>
<td>2.3 %</td>
<td>2.2 %</td>
<td>2.2 %</td>
</tr>
<tr>
<td>Cutting</td>
<td>0.8 %</td>
<td>0.6 %</td>
<td>0.7 %</td>
</tr>
<tr>
<td>Others</td>
<td>8.4 %</td>
<td>10.0 %</td>
<td>8.8 %</td>
</tr>
</tbody>
</table>

Schluetter & al, 2004
TRENDS IN DEATH RATES BY SUICIDE IN VARIOUS COUNTRIES
(boys 15-19 years, rate for 100,000)

WHO, 1996

SUICIDAL CONDUCTS AMONG 15-19 Y. OLD ADOLESCENTS IN SWITZ.

Narring, Michaud & al, 2003
RECURRENCE

- After a suicide attempt, there is a 30-40% of recurrence. The recurrence occurs usually within 6-12 months
- The odds for a death by suicide are 20:1 among those who have attempted suicide
- Among those who engage in several suicide attempts, the risk of death is up to 10-20%

... but these numbers are based on clinical samples

CO-MORBIDITY

- Depression

- All mental health problems
  - Substance use, addictions
  - Schizophrenia
  - Phobia
  - Personality disorders

- Life events / circumstances
  - Acute
  - Chronic
Identify the signs, symptoms and risk factors of suicide and self-harm

JL Terra & M. Séquin

Evaluation

- **Risk**: predisposing factors  
  (personal & environmental)

- **Urgency**: to what extent is planning of suicide / suicide attempt present?

- **Potential lethality**: accessibility of means, potential lethality
Group work

What are the factors which potentially predispose to suicidal conducts among adolescents?

Personal factors

- Gender, age
- Antecedents of suicidal conducts
- Mental health problems
- Low self esteem
- Homosexual orientation
- Temperament (impulsivity, rigidity, aggressivity)
- Physical / mental handicap
Personal factors

- Isolation
- Substance misuse
- Breaking of a romantic / friendship relationship, conflicts
- Loss of an important person
- Unintended pregnancy
- Ancedent of sexual abuse / violence
- Runaway
- Delinquency

Family & social factors

- Poor relationship with parents
- Parental conflicts
- Violence, abuse and neglect
- Early losses
- Parents with substance misuse/abuse
- Parents with severe mental health problems
- Parents with severe health problems
- Suicidal conducts among parents/relatives
- High expectations from parents
Urgency

- Probability of acting out within 48 hours:
  - Where
  - When
  - How

Urgency

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideation</td>
<td>Ongoing planning beyond 48h.</td>
<td>Planning completed</td>
</tr>
<tr>
<td>No real planning</td>
<td></td>
<td>To be acted out within 48h.</td>
</tr>
</tbody>
</table>
Potential lethality

Lethality of the mean

- Firearms
- Railway
- Hanging
- Drowning
- Medication

Level of danger

Accessibility of the mean

- Immediate access
- Firearms with munition available
- Medication in a large amount
Successfully managing suicide crisis situations

Taking care

- Establish a neutral but empathic relationship.
- Openly put the issue of suicide on the table
- Verbalize the suffering
- First listen, then find a solution with the adolescent
- Inquire about a precipitating factor
Formulation

- The professional should share his own perspective.
- He should as well deliver his opinion that there are alternatives to a suicidal gesture.
- He should explore the adolescent’s resources and how the adolescent envisions practical solutions.
- The professional must find a balance between a direct versus a respectful attitude.
- He should summarize what should be done.

Breaking isolation, supporting connectedness

- Identify available resources with the adolescent.
- Look for alternatives that are immediately available and that allow the adolescent to take control of the situation.
- Often, the patient himself finds alternatives.
Make sure that the adolescent accepts a follow-up

- Establish a contract
- The adolescent accepts to give up the suicidal project, at least on the short term
- It allows to establish a health care framework
- Referral to a mental health professional

... and if not possible, discuss the issue of hospitalisation

Group work on vignettes
Paul is sent to you by the school nurse. The day before, he tried to jump off a bridge but was held back by a passer-by. He begs you not to tell the story to anyone, claiming that although he is still heavily depressed, he no longer wants to die.

Sue is a 17 year-old who was removed from a threatening home environment and placed in a protected living house. Although she claims to have adjusted to her new situation, she has been overheard screaming abusively on the phone to her boyfriend. A case worker found a diary in which Sue writes scenarios of killing herself.
Carol, a heavily depressed 16 year-old girl has refused any medical treatment for her depression. Her friend’s mother calls the practitioner to explain that the day before, the friend has discovered a rope under Carol’s bed. The parents don’t know anything about the story.

Estimate the impact of various preventive strategies
Universal prevention
- PREDISPOSITION
  - genetic factors
  - psychopathology
  - impulsivity
  - family factors

- SOCIAL MILIEU
  - media coverage
  - suicide by relatives
  - taboo
  - available methods

- PRECIPITATING FACTORS
  - stressful events
  - mood modification
  - available method
  - situation (isolation)

Selective interventions
- individual
- collective
- individual

Screening
- treatment

Working with
- the media

hot-lines
- debriefing

Consultations by adolescents who have attempted suicide

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has his/her own « family » doctor</td>
<td>58,9</td>
</tr>
<tr>
<td>Seen a GP over the last 12 months</td>
<td>77,9</td>
</tr>
<tr>
<td>Seen a psychologist over the last 12 months</td>
<td>17,1</td>
</tr>
<tr>
<td>Has discussed the issue of suicide with doctor</td>
<td>10,1</td>
</tr>
</tbody>
</table>

A LIFE SKILLS APPROACH

LIFE SKILLS APPROACH
- Control over emotions
- Problem solving skills
- How to ask for support
- Important addresses
- Connectedness in school

(Thompson & al, AJPH, May 2001)

NATIONAL CAMPAIGNS
- Finland
- Norway
- Sweden
- France
- State of Washington
- Australia
- New Zealand

population

young people
Suicide rate in four countries 1987-1993

FINLAND

- **approach**: «top-down» & «bottom-up»

- **means**: mobilisation of professionnals
  - 30 organisations (health, social workers, church)
  - Crisis vcenter & hot-lines

- **évaluation**: 10% reduction of death by suicide
ROLE OF MEDIAS

- **context**: Schaffer et Philips raising the issue of contagion

- **target**: journalists

- **means**: training courses and seminars

- **évaluation**: modification of media discourse

SCHOOL INTERVENTIONS

- No evidence of the impact of primary prevention

- Some evidence of the positive impact of carefully planned debriefing strategies
HOT LINES

- Run by professionals or trained lay people
- Open 24 / 24h
- Some evidence of impact

INTERNET

- In English, French, Russian ...
- Focusing on health in general, on mental health or on suicide
- Directed at young people
- No evidence of impact yet