Why suicide prevention should be everybody's business?

Safi Afghan
Consultant Psychiatrist
Focus on

- Overview, risk factors
- Myths about suicide
- Instilling hope
- Areas of prevention
- Video
Background

• “Suicide is in itself not a disease, but mental disorders are a major factor associated with suicide”
• Devastating event with profound / long term consequences for family, friends and those caring for the person
• Reflect social, psychological and emotional distress of the population
United Kingdom Legislation

Suicide Act, 1961

Suicide ceased to be a crime
“The rule of law whereby it is a crime for a person to commit suicide is hereby abrogated”
Suicide data published by WHO

- More than 800,000 people around the world die from suicide every year.
- For each suicide, there is the probability of having committed more than 20 attempts.
- 75% of suicides occur in low-income and medium countries.
- Pesticide ingestion, hanging and firearms are among the most common methods of suicide worldwide.
Suicide – some facts

- Suicide rates have increased for both males and females of all ages by 60% worldwide since 1950 (1950-2000)
- Men are three times more likely to complete suicide than women
- For every 1 successful suicide, there are 10-20 failed attempts of self harm
- People who self harm or attempt suicide are 40 times at increased future risk of completing suicide
National Confidential Inquiry into Suicides and Homicides (2015)

- Increase in suicide rates in men in the age range (45-54) – 37% rise in England, 32% in Wales and 20% in Scotland
- Antecedents / drivers in men in contact with mental health services include:
  - Alcohol misuse
  - Economic pressures: unemployment, debts
Common risk factors

- Age: peaks (below 50 in UK)
- Male gender (3:1)
- Mental disorders (lifetime risk): Depression (4-15%), Bipolar, Schizophrenia (4-10%)
- Mental state: Hopelessness, worthlessness
- Alcohol & drug misuse (7-15%)
- Personality disorder: Borderline personality disorder
Common risk factors continued

• Medical conditions: chronic, disabling
• Past history of suicidal attempt (violent method used)
• Social factors - may include
  • Poverty
  • Separated, divorced, widowed
  • Conflict, relationship difficulties
  • Recent loss or threats to employment
  • Social isolation, loneliness
Recession, war, unemployment and suicide rates – UK 1923-1947

**Men**

**Women**

---

**Fig. 5.**—Comparison between numbers of male suicides, shown thus ————, and numbers of unemployed males, shown thus ———, during 1923-47 (Great Britain).

**Fig. 6.**—Comparison between numbers of female suicides, shown thus ————, and numbers of unemployed females, shown thus ————, during 1923-47 (Great Britain).

Swinscow D. Some suicide s statistics. BMJ 1951;1:1417-23
Common myths about Suicide

• ‘Asking people about suicide may implant the idea in their head and increase the risk’
• ‘People who are serious about committing suicide do not tell anyone else’
• ‘People who attempt suicide are just attention seeking’
• ‘Suicide is always an impulsive act’
Instilling hope

- Intense suicidal feelings are often short lived (acknowledge that individuals may have long lasting suicidal thoughts which can be very distressing)
- Help the individual experiencing suicidal thoughts to view those thoughts as nothing more than a symptom of their distress (like having a temperature due to a viral illness) rather than some powerful magical impulse that they cannot resist

Ref: Cole King (Bank of hope)
**Principles of prevention #1**

- Restricting access to the means for suicide works.
- An effective strategy for preventing suicides and suicide attempts is to restrict access to the most common means, including:
  - pesticides
  - firearms and
  - certain medications.
Principles of prevention #2

• Health-care services need to incorporate suicide prevention as a core component.
• Mental disorders and harmful use of alcohol contribute to many suicides around the world.
• Early identification and effective management are key to ensuring that people receive the care they need.
Principles of prevention #3

• Communities play a critical role in suicide prevention.
• They can provide social support to vulnerable individuals and engage in follow-up care, fight stigma and support those bereaved by suicide.
Public awareness

- Challenging myths around suicide
- Awareness raising among schools (students, teachers) & employers
- Training targeted at all front line health workers and staff working in prisons, criminal justice system etc
Golden Gate Bridge, USA

Accounts of survivors of the Golden Gate Bridge

- Only 10% have survived. Majority of survivors recalled regretting the impulsive act instantly as they were falling.
- Hines – “What the hell did I just do?, I don’t want to die”
- Survivors also reported ‘intense ambivalence’ prior to the act and felt that an empathic engagement would have stopped them from pursuing the act.
Thank you