

# 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. Recognizing the importance & meaning of suicidal conducts during adolescence
2. Identifying the signs, symptoms and risk factors of suicide and self-harm
3. Successfully managing suicide crisis situations

# Group exercise

**Suicide is the main cause  
of mortality among  
adolescents in most  
developed countries**

Many suicide attempts go  
totally unrecognized by the  
young people's environment

**We have little evidence that  
the hospitalization of suicidal  
young people is helpful**

The primary prevention of  
adolescent suicide within  
school is questionable

One good way to decrease adolescent suicide is to screen adolescents for depression within the school system

# Recognizing the importance & meaning of suicidal conduct during adolescence

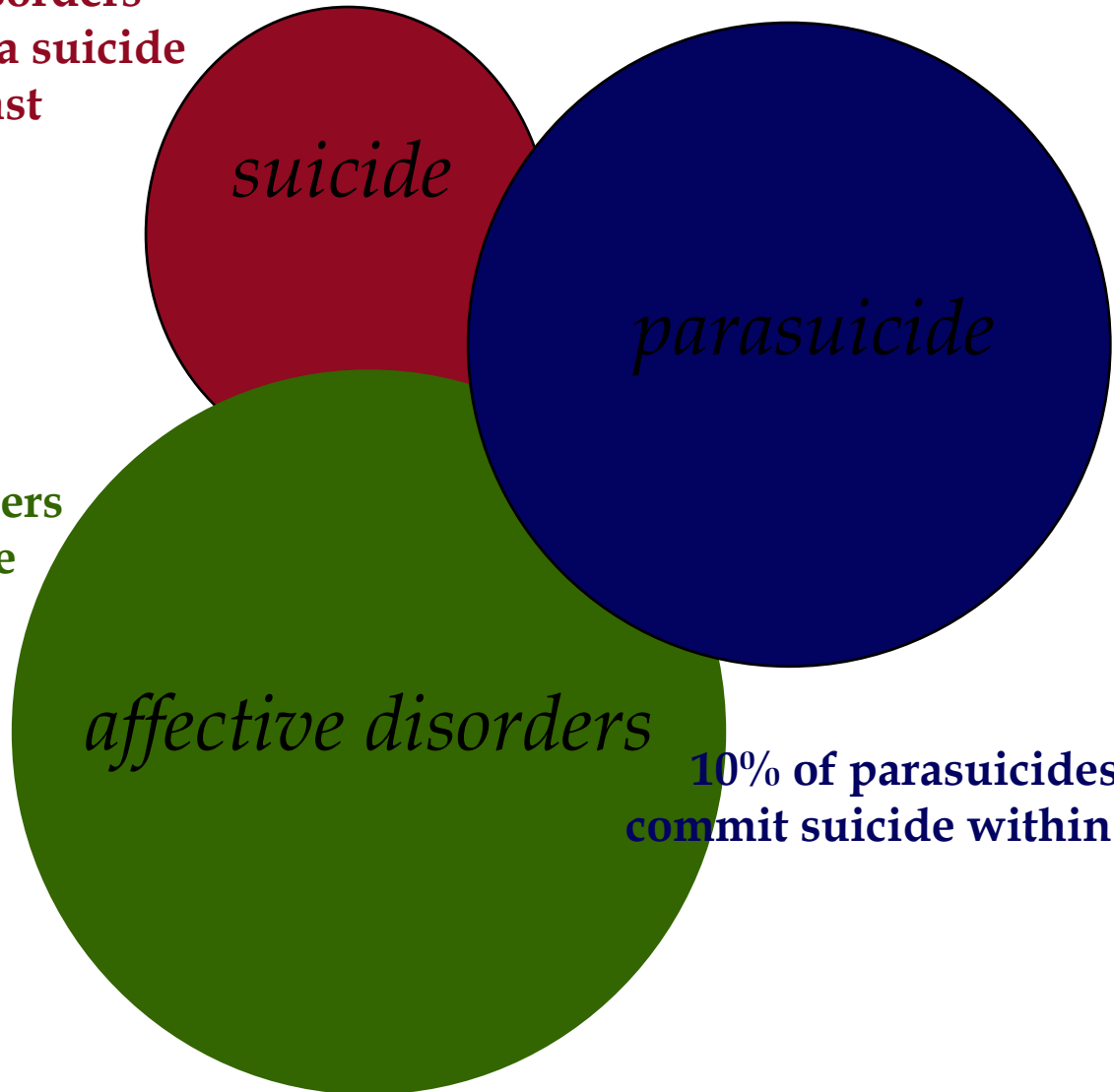
# DEFINITION

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**

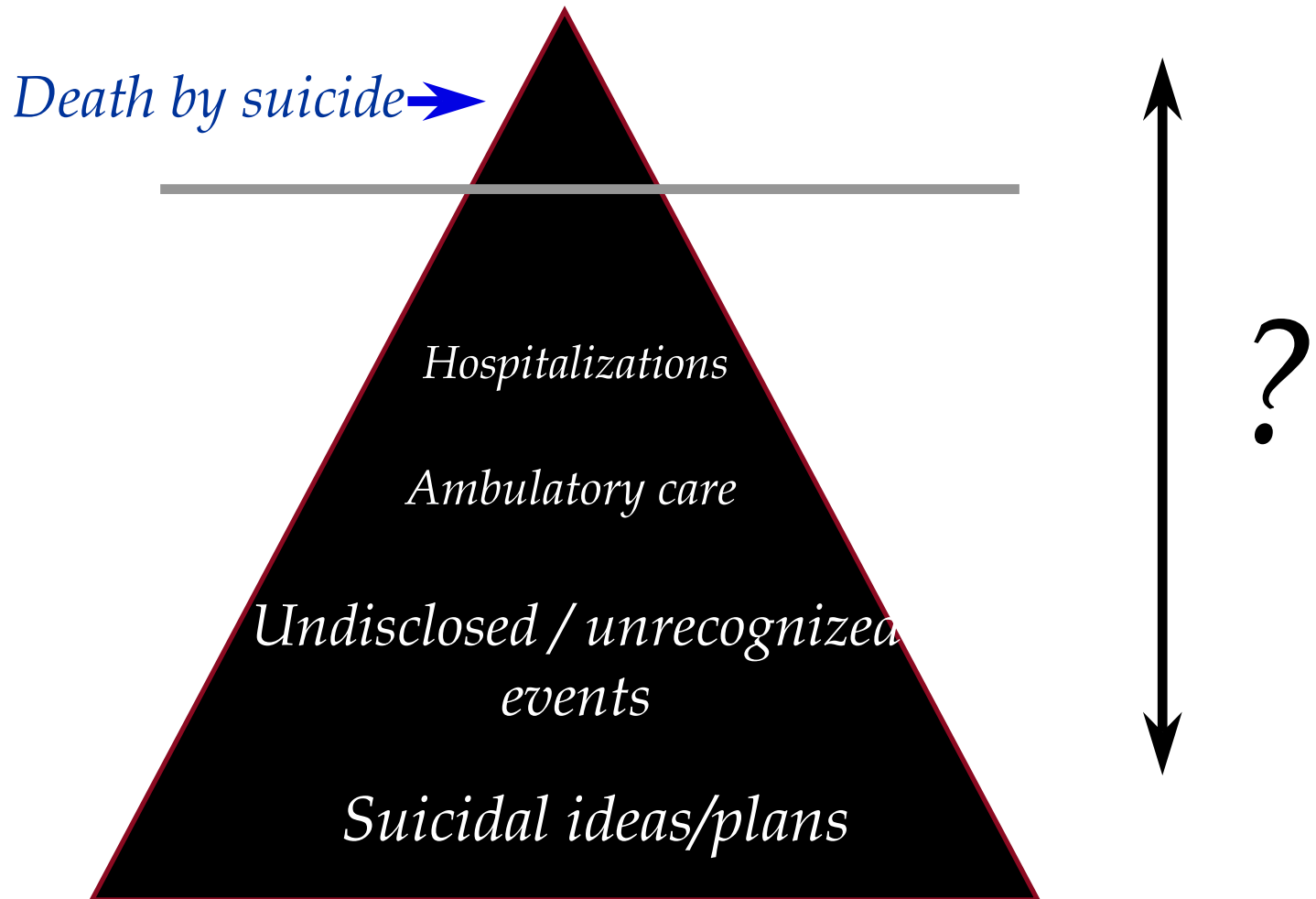
# RANGE OF CONDUCT

- 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



# MORTALITY BY VARIOUS CAUSES

## EUROPE

*total*

*men*

*women*

1. Accidents de transport

2. Suicide

3. Ensemble des cancers

1. Accidents de transport

2. Suicide

3. Ensemble des cancers

1. Ensemble des cancers

2. Accidents de transport

3. Suicide

## CHINA

*(comme dans certaines zones seulement)*

*total*

*men*

*women*

1. Suicide

2. Accidents de véhicule à moteur

3. Ensemble des cancers

1. Accidents de véhicule à moteur

2. Ensemble des cancers

3. Suicide

1. Suicide

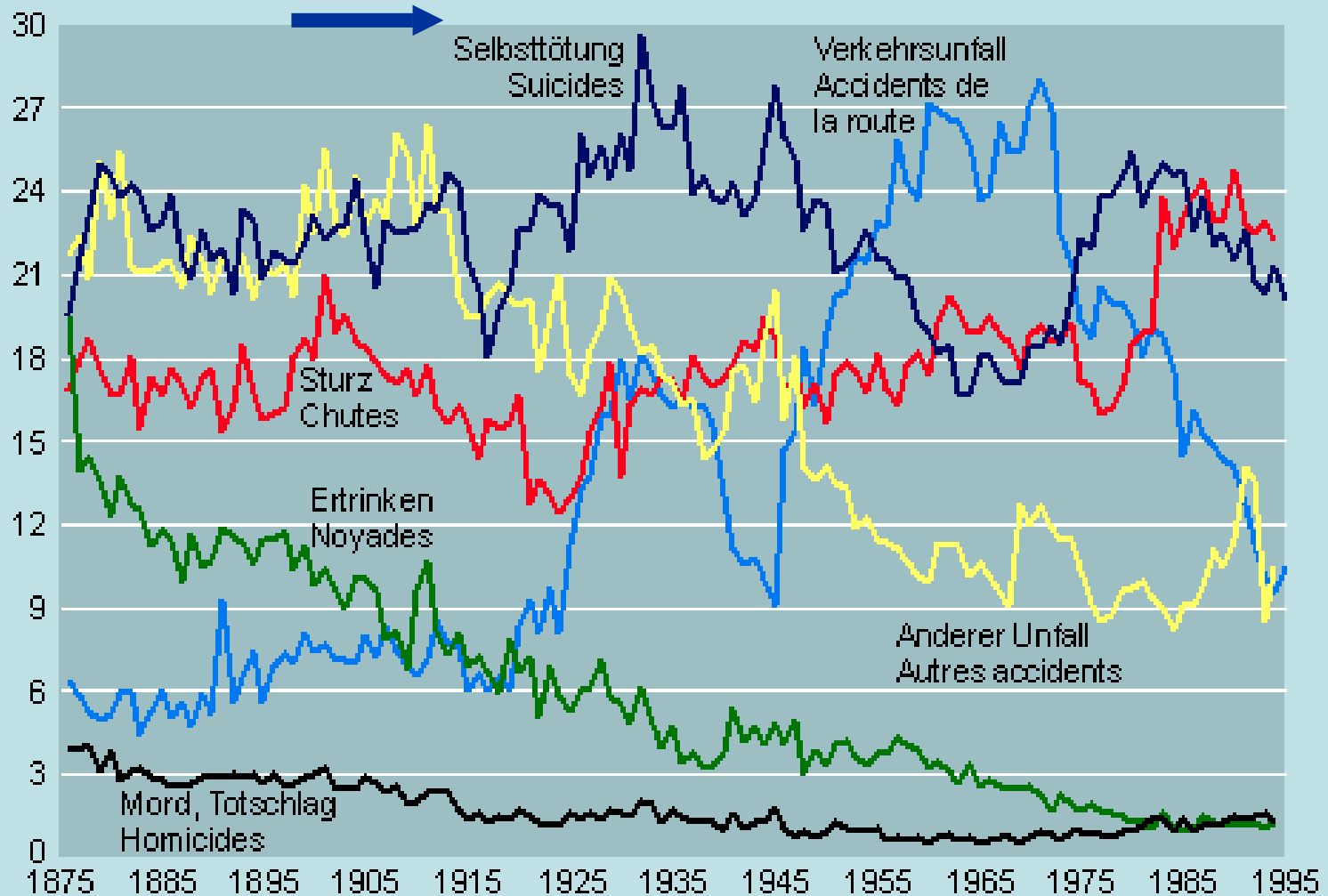
2. Ensemble des cancers

3. Ensemble des maladies  
cardio-vasculaires

# MORTALITY RATES: THE EXAMPLE OF SWITZERLAND

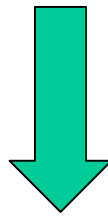
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Anzahl Unfälle, Selbsttötungen und Morde auf 100'000 Einwohner  
 Nombre d'accidents mortels, de suicides et d'homicides pour 100'000 habitants

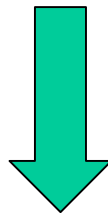


# RATE BETWEEN THE MEAN PREVALENCE OF SUICIDE IDEAS, SUICIDE ATTEMPTS AND DEATHS BY SUICIDE

■ Ideation : 4000 / 100 000 adolescents



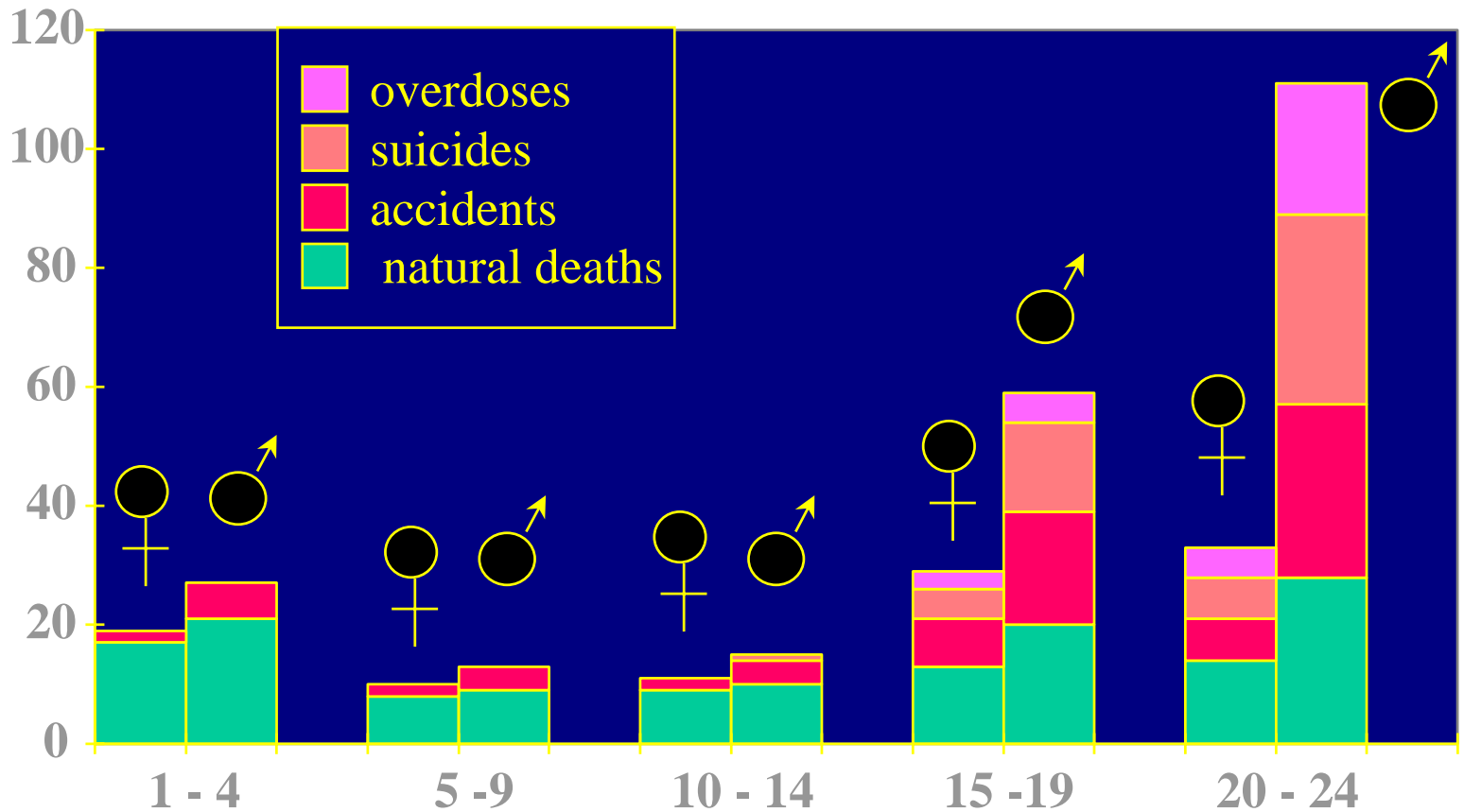
■ Attempt : 300 / 100 000 adolescents



■ Suicide : 20 / 100 000 adolescents

# SUICIDE AMONG ADOLESCENTS

# DEATH RATES AMONG ADOLESCENTS (1995)

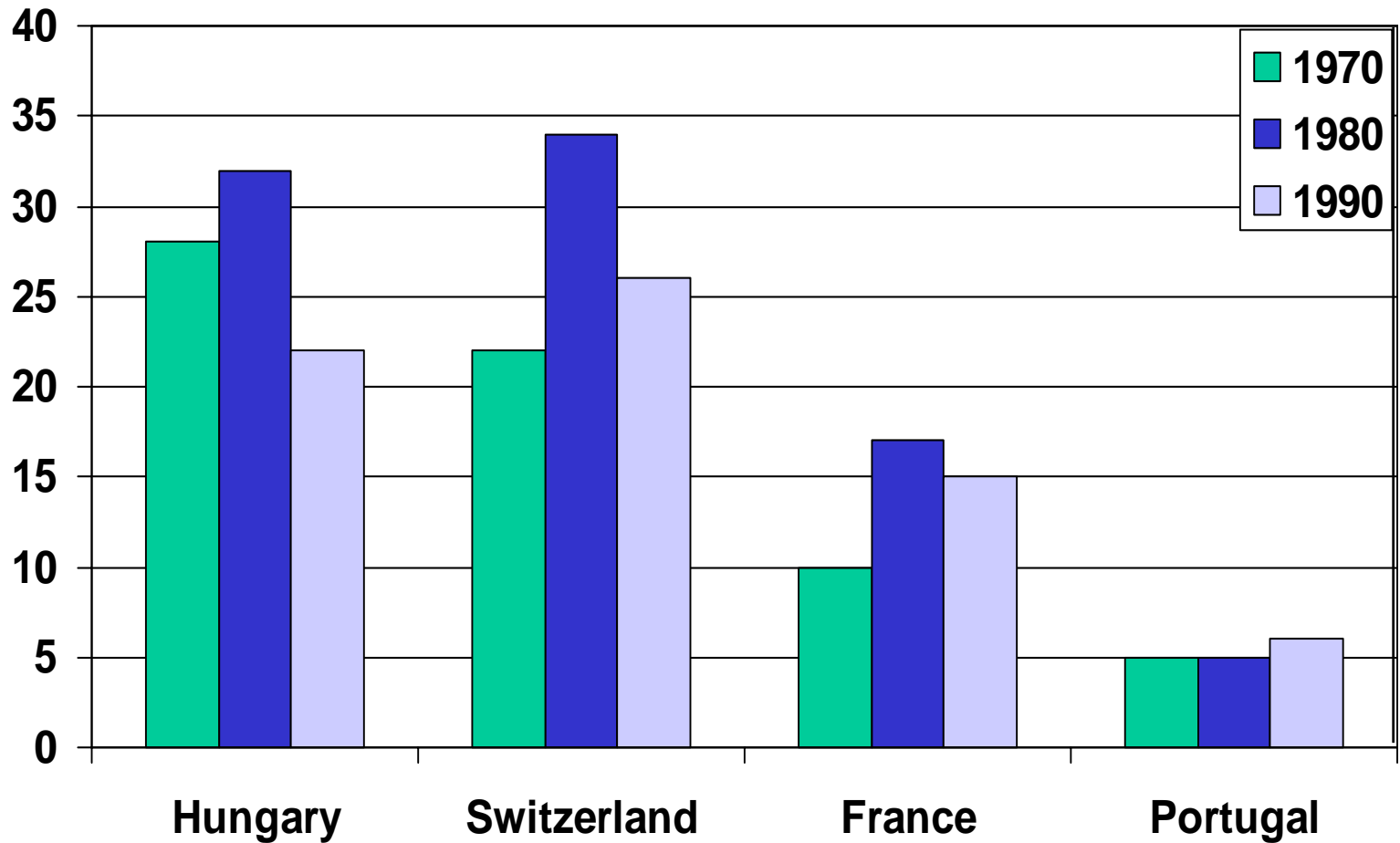


# DEATHS BY SUICIDE AMONG 15-24 YEARS: MEANS

	<b>Males (622 suicides)</b>	<b>Females (181 suicides)</b>	<b>Total (803 suicides)</b>
Hanging	38,7 %	27,1 %	36,1 %
Firearms	35,0 %	14,9 %	30,5 %
Intoxication	7,2 %	26 %	11,5 %
Jumping	7,6 %	18,8 %	10,1 %
Drowning	2,3 %	2,2 %	2,2 %
Cutting	0,8 %	0,6 %	0,7 %
Others	8,4 %	10,0 %	8,8 %

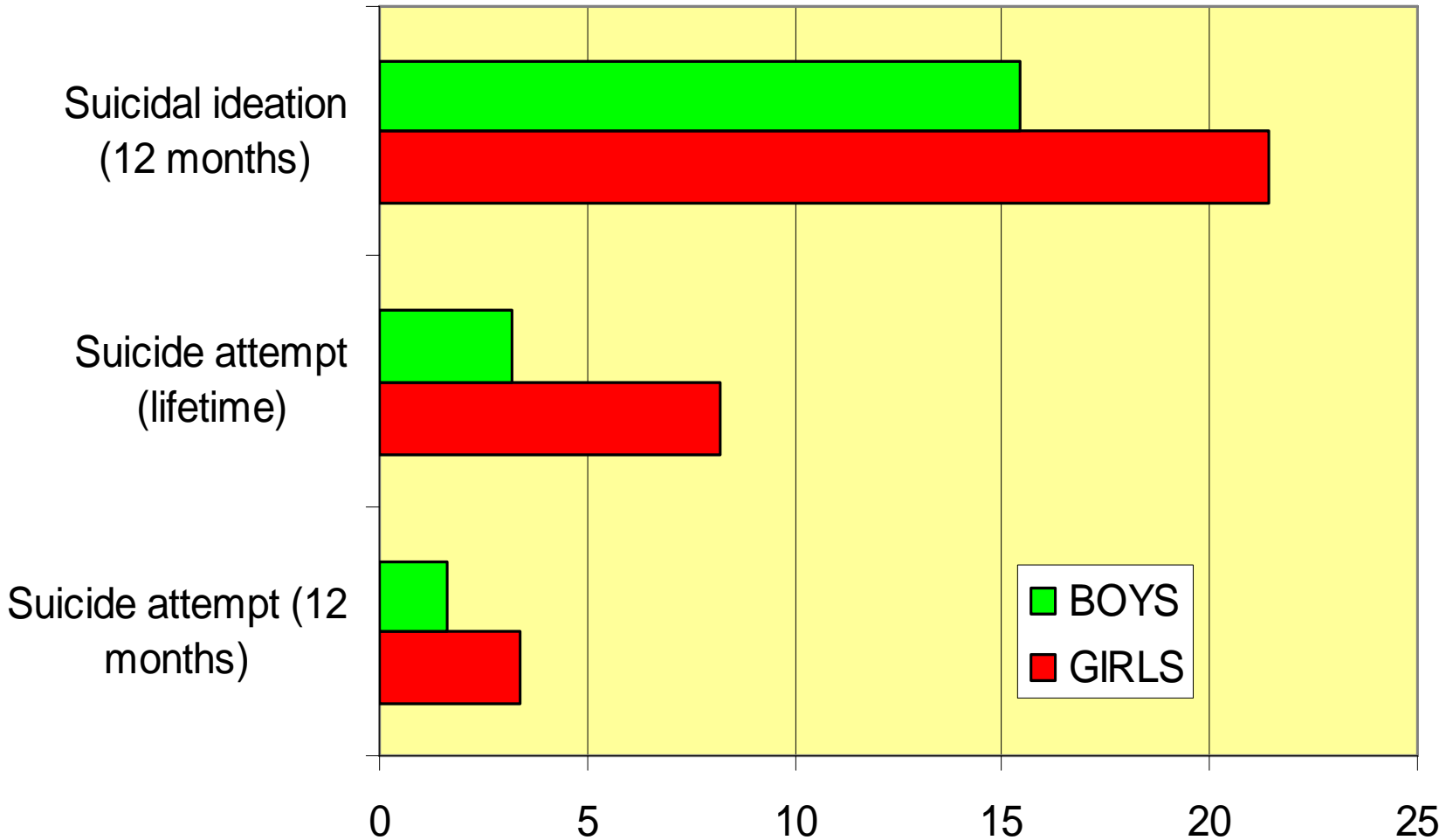
# TRENDS IN DEATH RATES BY SUICIDE IN VARIOUS COUNTRIES

(boys 15-19 years, rate for 100.000)



# SUICIDE ATTEMPT

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



# 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

# Recognizing the signs, symptoms and risk factors for suicide and self-harm

*(JL Terra & M. Séguin)*

# Evaluation

- **Risk** : *PREDISPOSING FACTORS (personal & environmental)*
- **Urgency** : *to what extent is planning of suicide / suicide attempt present ?*
- **Potential lethality** : *accessibility of means, potential lethality*

# 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
- Antecedent 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

<b>Low</b>	<b>Medium</b>	<b>High</b>
Ideation No real planning	Ongoing planning beyond 48h.	Planning completed  To be acted out within 48h.

# 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

# DISCUSSION

# ROLE PLAY