

Three ways to assess for Suicide risk

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Dan is a 23-year-old single male admitted via casualty to ICU for an attempted overdose. His attempt was precipitated by a recent break up with his girlfriend as well as financial stressors incurred in his new business. Prior to the attempt he'd started feeling depressed, unmotivated to go to work and wasn't sleeping well. In order to cope, he'd started drinking more alcohol, which made his symptoms worse and impaired his judgement.

Leanne is a 64-year-old woman recently separated from her husband of 23 years. She had taken early retirement due to an overwhelming work burden that had affected her marriage. Just as she left work in an attempt to save her marriage, her husband announced he was leaving her. Her GP prescribed an antidepressant for anxiety and depression. She expressed feeling frustrated by her life and couldn't see a reason to live.

John is a 45 year old ex-policeman, now working at a security firm. He suffered post-traumatic stress symptoms due to repeated traumas faced in the line of duty. He came to me feeling angry about life, easily irritated and felt hopeless, like nothing would ever make him happy again. He'd actively thought of suicide and his access to weapons at work put him at risk.

These are three examples of different types of people who presented with suicidal ideation and suicide attempt. As people can present at various life stages and for various reasons and with a multitude of symptoms, it's important to be aware of the warning signs of Suicide. I've broken them up into three categories: what people say, how they act and what they feel:

Listen carefully when a person **talks** about:

- Killing themselves
- Having no reason to live
- Being a burden to others
- Feeling trapped like there's no way out of a situation
- Unbearable pain



Explore their **behaviour**

A person's suicide risk is greater if a behaviour is new or has increased, especially if it's related to a painful event, loss, or change.

- Increased use of alcohol or drugs.
- Looking for a way to kill themselves, such as searching online for materials or means.
- Acting recklessly.
- Withdrawing from activities.
- Isolating from family and friends.
- Sleeping too much or too little.
- Changes in eating habits - eating too much or too little.
- Visiting or calling people to say goodbye.
- Giving away prized possessions.
- Aggression.
- Exhibiting a significant change in personality, such as a person who is normally bubbly and cheerful becomes isolated and withdrawn from everyone.

Notice their **mood**. People who are considering Suicide can display one or more of the following moods.

- Depression.
- Loss of interest in activities including pleasurable ones.
- Feeling intolerably alone.
- Rage.
- Irritability.
- Humiliation.
- Anxiety.



When any of the above is noticed, look for additional risk factors for Suicide, such as:

- One or more prior Suicide attempts
- History of Mental Illness - Depression, Anxiety, Bipolar Mood Disorder, Schizophrenia
- Family history of Mental Illness/Substance Abuse
- Family history of Suicide
- A chronic physical illness, including chronic pain
- Physical or sexual abuse
- Minimal social support
- Recent losses – physical, financial or personal
- Age, gender, race (elderly or young adult, unmarried, white, male, living alone)

What do you do if you think someone is considering suicide?

- Trust your instincts that the person may be in trouble
- Talk with them about your concerns and LISTEN
- Ask direct questions without being judgmental
- Don't leave the person alone or with access to means (sharp implements, firearms, etc.)
- Don't swear to secrecy
- Don't act shocked or judgmental
- Don't counsel the person yourself
- Get further professional help if indicated, even if the person resists

If the patient is deemed **not to be at immediate risk** for engaging in self-destructive behaviors, then:

- Collaborate with the patient and significant others (family, partners, friends, and social support networks) to develop an action plan.
- The goal is to protect the individual from self-harm.

In the process:

- Discuss the underlying event that precipitated the crisis.
- Have a warning system that detects early warning signs of suicide risk.
- Enlist the help of allies, which can be family members, friends, health care providers, or religious figures in the person's life that can assist in support and detecting warning signs.
- Set up regular follow ups with person and family.
- Reinforce healthy coping skills and substitute more effective responses for dysfunctional responses.
- Refer for psychotherapy, counselling or a support group.
- Refer to a Psychiatrist if further mental health assessment is required, to clarify diagnosis, initiate further medical management and address increasing risk.

Any reference to Suicidal ideation, intent, or plans mandates a mental health assessment.

If the person is at immediate risk of Suicide:

- Remove or secure any lethal methods of self-harm
- Decrease isolation
- Decrease Anxiety and agitation
- Engage the individual in a safety plan (crisis management or contingency planning).
- Under certain circumstances this might require hospitalisation.

In SA Suicide accounts for 9.6% of all unnatural deaths and there is approximately one completed suicide every hour. 75% of all Suicides can be prevented. Using the above information can help you detect Suicide risk earlier on and hopefully assist in preventing it.

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SADPERSONs - checklist developed by Patterson:

<http://www.capefearpsych.org/documents/SADPERSONS-suiciderisk.pdf>

Resources: www.sadag.org.za

www.drgchiba.co.za