

Suicide is everybody's business- Why?

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Overview

- Introduction & Background
- The problem of isolation and stigma
- De-mystifying what can help
- Why is suicide everybody's business?

The problem of words

- Suicidal thoughts- common- up to 13% of population
- Only 1 in 200 people with suicidal thoughts die by suicide
- Suicidal behaviour occurs with widely varying orientation towards death
- Suicide attempts are 20 times commoner than completed suicide
- Suicide attempters and completers- largely separate groups with a small overlap

Suicide Prevention – what works?

- Suicide usually results from the interplay of multidimensional factors
- Prevention should be aimed at high risk groups and at the population as a whole
- Socio-economic events have historically produced major fluctuations in suicide rates
- Interventions with high risk groups will be less likely to reduce suicide rates than changes affecting the whole population

Suicide and Alcohol

- Estimated 8-fold increase in suicide risk in the presence of current alcohol misuse
- Per capita consumption of alcohol in Ireland increased by 41% between 1989 and 1999
- Study in East Cavan- alcohol reported by young men themselves as their biggest problem
- Effects of alcohol may be more significant on the male brain

Suicide and Mental Illness

- Virtually every mental disorder increases suicide risk
- Therefore- widely available effective treatments are essential
- Greatly increased risk in Mood Disorders, Alcohol/ Drug Abuse, Schizophrenia,

Suicide and Young Men

- Definite High Risk Group in Ireland
- Strong association with alcohol
- Less likely to attend professional services before death
- Often significant life event (usually break-up in relationship) before death
- More likely to be in unskilled jobs or not to have completed secondary school

Key Issues in Suicide Prevention in Ireland

- Alcohol Policy
- The position of young men
- Social/Mental Health Services
- Primary Care Services
- The economic situation
- The need for active partnerships within communities to reflect on the problem and generate potential solutions

The challenge

- “Suicide prevention remains a land of hopes and promises but not of certainties. This should not induce discouragement, but must be interpreted as a stimulus to do more and do it better while avoiding past mistakes”

No man is an island?

“No man is an island, entire of itself; every man is a piece of the continent, a part of the main... Any man’s death diminishes me, because I am involved in mankind; and therefore therefore never send to know for whom the bell tolls; it tolls for thee”

(John Donne 1624)

Impact

- “On average, every suicide intimately affects six other people and the impact can be on hundreds when it occurs in a school or workplace” (WHO, 2000)

Stigma

- Any attribute, trait or disorder that marks an individual as being unacceptably different from the 'normal' people with whom he/she routinely interacts
- Reinforces denial
- Reinforces delay in getting help
- Increases isolation

Isolation vs “Living Links”

- The individual
- The bereaved family
- The caregiver

What clinicians do?- not a mystery

- Good patient-centred clinical care is always the best risk management
- The aim is to systematically identify modifiable suicide risk and protective factors and to treat these factors aggressively

The Standard of Care

- Suicide itself cannot be predicted- only the risk of suicide can be predicted
- Pressures on care givers can lead to defensive practices not all of which support good care
- Suicide risk assessment is like weather forecasting- more accurate in the very short term

Wounded Healers

- We are human variants- some of us have gilded genes and squaky clean families of origin- most of us are not so fortunate
- We are made more vulnerable yet stronger by these sticks and stones
- Overcoming stigma in ourselves is a life-long challenge

Risk/Protective Factors

A. Actuarial or Fixed

- Age
- Gender
- Socio-economic Group
- Race
- Sexual orientation
- Occupation
- Family history
- Past history- psychiatric, medical, self, harm, impulsivity etc

Risk/Protective Factors contd.

B- Modifiable- factors you or others are in a position to do something about

- Access to Means
- Mental disorders
- Alcohol/Drug Abuse
- Medical Illness
- Reasons for living
- Quality of relationships
- Financial/Employment Status
- Stress- especially losses

Human Understanding



"I see. So what you're saying is that you woke up this morning
and your woman had done left you."

**Why is suicide everybody's
business?**

**Because suicide prevention
is everybody's opportunity**

Final Words- **Information vs Knowledge**

*“Information only becomes knowledge
when it is used and practised”*