

SUICIDE ASSESSMENT AND MANAGEMENT

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DISCLAIMER

The following slides have been provided to give readers more information about suicide assessment. If you are feeling distressed by reading this content, Lifeline WA is a free telephone support line that you can ring on 13 11 14 for support.

CONTENT

1. Terminology
2. Statistics
3. Features of suicide
4. Warning signs
5. Risk factors
6. Protective factors

TERMINOLOGY

Suicide: Death as a result of self-inflicted harm where the intention is to die

Attempted suicide: Self-inflicted harm where death does not occur but the intention was to die

Self-harm (nonsuicidal self-injury – NSSI): Self-inflicted harm where the intention is not to die e.g., cutting, hitting, burning, picking

Suicidal behaviour: Acts such as suicide and attempted suicide

Suicidal ideation/thoughts: Thoughts about taking one's own life that may or may not lead to a suicide attempt

STATISTICS: WORLDWIDE, AUSTRALIAN AND WA CONTEXT

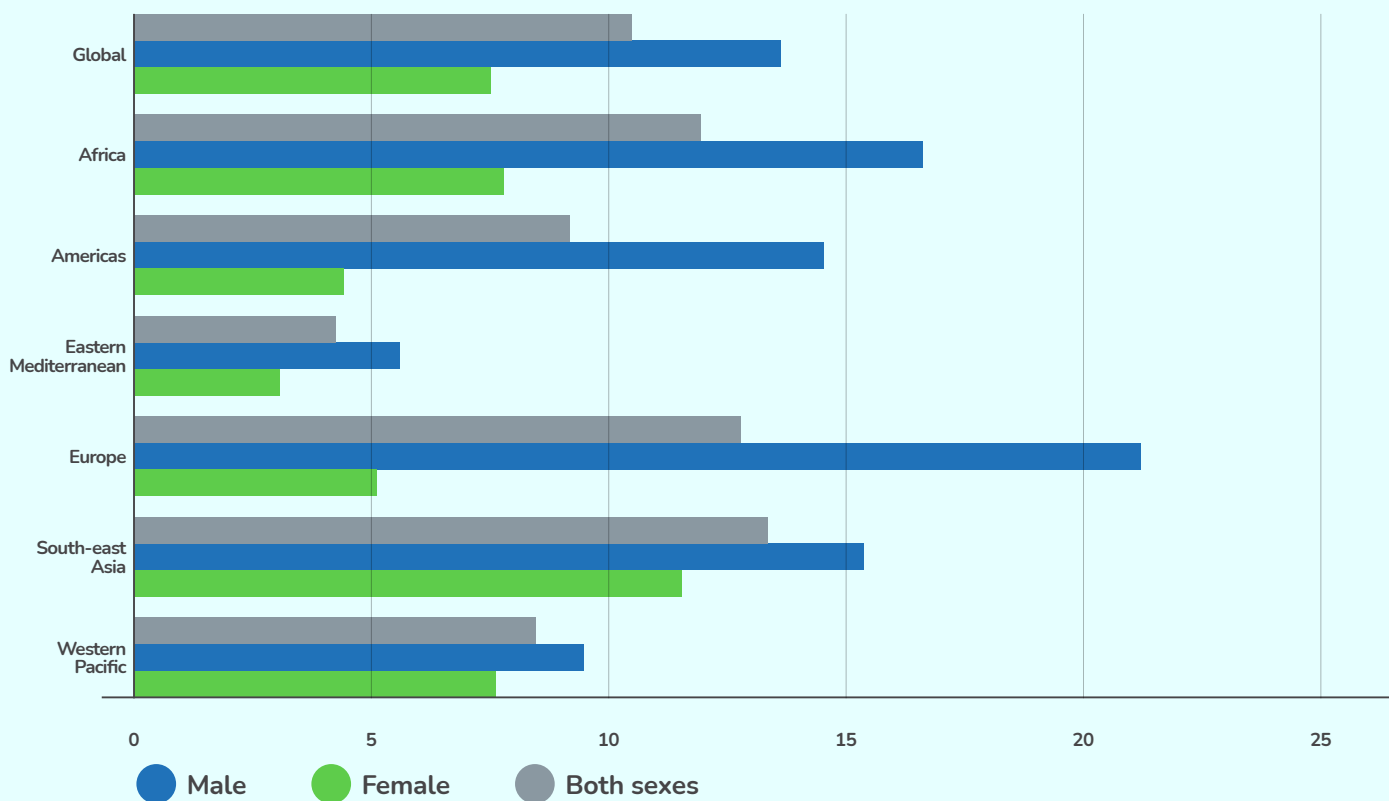
World Health Organisation (WHO) data

- Close to 800,000 people across the world die due to suicide every year
- This equates to one person every 40 seconds
- Suicide accounts for 1.4% of all deaths worldwide
- There are indications that for every adult who dies by suicide, there may have been more than 20 others attempting suicide
- Suicide is the leading cause of death across the world among 15 – 29 year olds

Figures obtained from the World Health Organisation website on 2020: www.who.int/mental_health/prevention/suicide/suicideprevent/en/

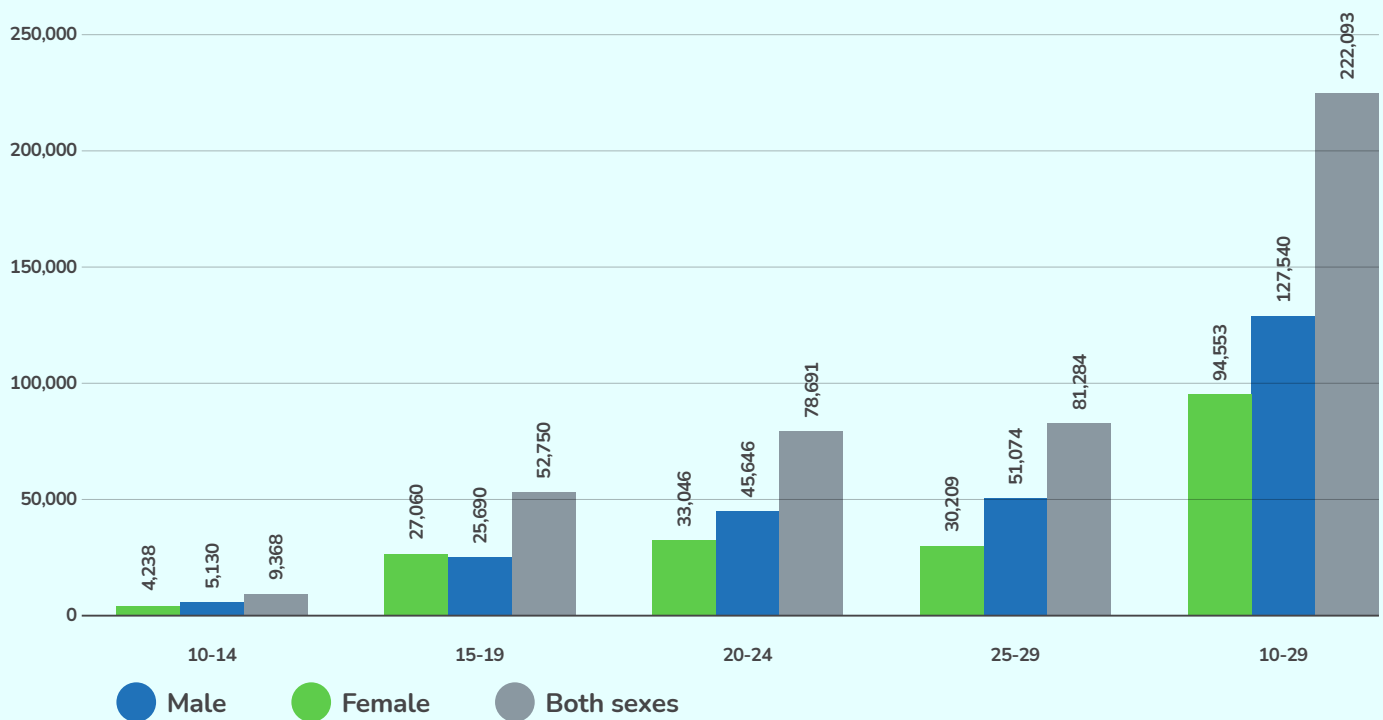
Suicide rate per 100,000 population by WHO region, 2016

Regional data shown as age-standardised estimates. Source: who.int/healthinfo/global_burden_disease/estimates



Number of suicides globally in young people, 2016

Source: who.int/healthinfo/global_burden_disease/estimates

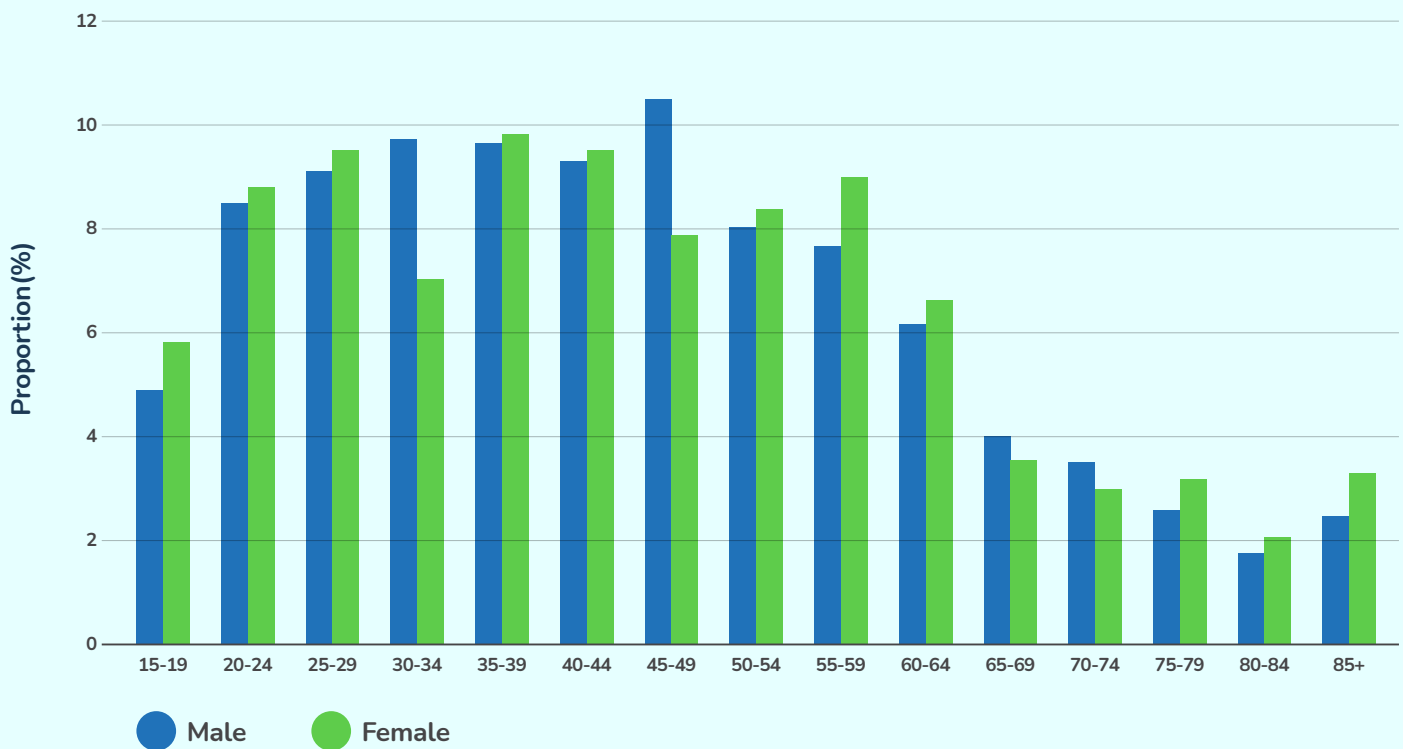


Statistics - Australia

- Latest Australian Bureau of Statistics (ABS) Figures (2019); Suicide = intentional self-harm:
- **3,318** deaths in Australia in 2019 (this rate may increase as there is a revision process that has historically re-classified other causes of death as intentional self-harm):
 - **Male: 2502** – 75.4% (increased rate from 17.5 in 2010 to 19.8 in 2019): 10th leading cause of death
 - **Female: 816** (increased rate from 5.0 in 2010 to 6.3 in 2019): 22nd leading cause of death
- Median age: 43.9 (males) and 44.0 (females) – compared to 81.7 for all deaths
- More than half of all suicides in 2019 occurred between the ages of 30 and 59
- Over one-third of all deaths in people ages 15 – 24 are due to suicide
- Highest number of years of potential life lost – estimated to be **115,221 years**
- To put this into perspective, 1,079 people died in car accidents in 2019 – about a third compared to deaths by intentional self-harm

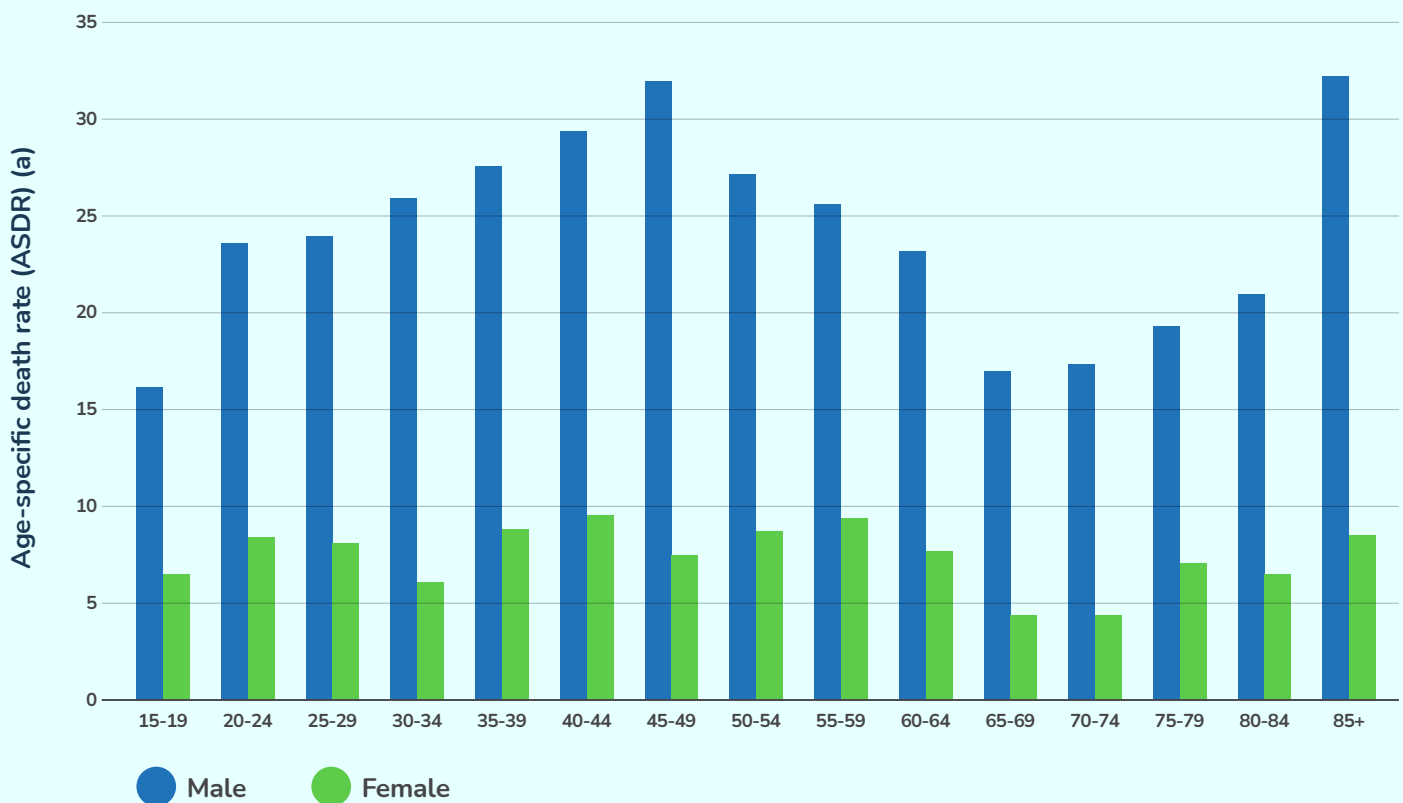
Intentional self-harm by age

Suicide deaths by age and sex as a proportion of total suicide deaths, 2019 (a)(b)(c)(d)(e)(f)(g)



Age-specific death rates by age

Age-specific death rates for international self-harm by sex, 2019 (a)(b)(c)(d)(e)(f)(g)



Suicide in Aboriginal and Torres Strait Islander People

- 195 ATSI people died by suicide in 2019 (27.1 suicide deaths per 100,000 people)
- The suicide deaths has increased from 21.3 in 2010-2014 to 24.6 in 2015-2019
- Suicide is the fifth leading cause of death of ATSI people – but the second for males and the seventh for females
- The median age at death due to suicide in ATSI people is 29.8 years
- WA has consistently recorded the highest rate over the last ten years – 34.6 deaths per 100,000 in 2015-2019.

Standardised death rates for suicide by states & territories (ABS website)

Age-standardised death rates for suicide, by state or territory of usual residence, 2010-2019 (a)(b)(c)(d)(e)(f)

	2010 Rate(a)	2011 Rate(a)	2012 Rate(a)	2013 Rate(a)	2014 Rate(a)	2015 Rate(a)	2016 Rate(a)	2017 Rate(a)	2018 Rate(a)	2019 Rate(a)
NSW	9.3	8.4	9.8	9.5	10.8	10.9	10.5	11.6	11.1	11.4
Vic(e)	10.1	9.2	9.0	8.9	10.9	11.1	10.1	11.0	10.4	10.7
Qld	13.4	12.9	13.9	14.6	14.0	16.0	14.2	16.5	15.8	15.4
SA	11.8	12.9	11.7	11.9	14.4	13.3	13.0	12.9	12.0	13.9
WA	13.6	12.9	15.0	13.5	14.5	15.6	14.5	16.2	14.7	16.0
Tasmania	13.0	14.1	13.7	14.2	12.8	16.2	17.1	15.6	14.5	19.5
NT	18.8	18.5	19.1	14.2	21.8	20.3	19.2	20.2	19.5	21.0
ACT	11.3	9.3	6.2	9.6	9.8	11.4	7.2	14.1	11.0	12.4
Australia	11.2	10.5	11.2	11.1	12.3	12.9	11.9	13.2	12.4	12.9

Suicide in WA

- 418 Western Australians died by suicide in 2019 – more than one person a day:
 - 303 were male (72.4%)
 - 115 were female (27.5%)
- The rate of suicide in WA is 16 per 100,000
- Suicide was attributed to 2.8% of all deaths in WA in 2019
- Suicide is the underlying cause of 17% of deaths among persons aged 25–44 and 24% of deaths among those aged 15–24.
- Suicide rates in the Kimberley region are 2.5 times the State average and more than 3.5 times the national average (other data suggests this is higher – next slide)

Reference: The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025

FEATURES OF SUICIDE

1. Affective Features of Suicide

- The common emotion in suicide is hopelessness-helplessness
 - The feeling of absolute impotence over a situation
 - Often associated with utter loneliness and feelings of isolation
- The common internal attitude toward suicide is ambivalence
 - To feel that one has to do it and, simultaneously, to yearn (and even to plan) for rescue and intervention

2. Cognitive Features of Suicide

- The common cognitive state in suicide is termed 'cognitive constriction'
 - A focusing or narrowing of the range of available options
 - Dichotomous thinking; all or nothing thinking, black and white thinking (cognitive distortions)
 - One of the most dangerous aspects of a suicidal state (and sometimes difficult to shift)

3. Relational Aspects of Suicide

- If we are willing to concede that we are essentially relational beings - Suicidality is considered a relational phenomenon;
- The presence or absence of certain key relationships paradoxically can be both suicide causing and suicide preventing (Jobes, 2000)

WARNING SIGNS

Warning Signs - Behavioural

- Talking about wanting to die or suicide
- Making a suicide plan
- Self harming behaviour
- Prior suicide attempt/s
- Finalising affairs e.g., organising a will, giving away possessions
- Unexplained crying
- Sense of hopelessness
- Feeling trapped—like there is no way out
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no reason to live
- Talking about feeling unbearable pain
- Talking about being a burden to others
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Less Directly Connected To Suicide:

- Withdrawal from friends, family, and society
- Ceasing activities that used to be important
- Giving away valued possessions
- Increasing alcohol and/or drug use
- Uncharacteristic or impaired judgement or behaviour (e.g., risk taking)

Warning Signs - Physical

- Less direct and may not be immediately recognised as a warning sign:
 - Loss of interest in personal hygiene or appearance
 - Physical apathy
 - Sudden and/or extreme changes in eating patterns
 - Loss of interest in sex
 - Increase in minor illnesses

Warning Signs – Tipping Points

- When a negative life event increases a person's risk of taking their life
- Examples: Relationship breakdown, argument with significant person, suicide of a significant person, media report about suicide, unexpected change in circumstances (job loss), being abused or bullied.

RISK FACTORS

Risk Factors

- The more a person presents with these factors the higher the risk
- The greater the severity of factors, the more likely the person is at risk
- HOWEVER – this is not an exact science – always seek professional support if you are concerned

Risk Factors – Individual/Personal Level

- Previous Suicidal behaviour
- Gender (male)
- Mental illness or disorder
- Chronic pain or illness
- Immobility
- Alcohol or other substance abuse
- Low self-esteem
- Low sense of control over life circumstances
- Lack of meaning and purpose in life
- Poor coping skills
- Hopelessness
- Guilt and shame
- High impulsivity
- LGBTI
- History of military service

Risk Factors – Social Level

- Abuse and violence
- Social Isolation
- Family Dispute, conflict and dysfunction
- Separation
- Bereavement
- Peer rejection
- Imprisonment
- Poor communication skills
- Family history of suicide or mental illness

Risk Factors – Contextual Level

- Unemployment, economic insecurity
- Financial stress
- Neighbourhood violence and crime
- Poverty
- School failure
- Social or cultural discrimination
- Homelessness
- Exposure to environmental stressors
- Lack of support services
- Geographical isolation

PROTECTIVE FACTORS

Protective Factors: Individual/Personal Level

- Gender (female)
- Good mental health and wellbeing
- Good Physical health
- Absence of alcohol and drug problems
- Positive sense of self
- Sense of control over life's circumstances
- Sense of meaning and purpose in life
- Good coping skills
- Positive outlook and attitude to life

Protective Factors: Social Level

- Physical and emotional security
- Family harmony
- Supportive and caring family
- Supportive social relationships
- Sense of social connection
- Sense of self-determination
- Good communication skills
- No family history of suicide or mental illness
- Sense of religious/spiritual connection

Protective Factors: Contextual Factors

- Safe and secure living environment
- Financial security
- Employment
- Safe and affordable housing
- Positive educational experience
- Equitable community
- Little exposure to environmental stressors
- Access to support services

