



Suicide

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About the Presenter

- Dr.Suresh Kumar Murugesan is a passionate Professor, Researcher and Positive Mental Health Practitioner from Madurai, Tamil Nadu, India
- At present he is heading the PG Department of Psychology, The American College, Madurai, Tamil Nadu, India and Adjunct Professor, School of Behavioural Sciences, Texila American University,
- He is very keen in research studies and open to learn.
- His ultimate aim is to make impression in the field of Knowledge
- His area of specializations are Psychometry, Positive Psychotherapy, etc
- He has published 30 journal articles, 50 Conference and seminar proceedings
- Organised more than 1000 webinars and acted as a resource person for 500 + webinar sessions
- Received 8 Awards and delivered 25+ Radio Talks
- Qualified UGC NET in Psychology and Education, Central Teacher Eligibility Test
- Published three books



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- Due recognition is given to all the material collected from the various sources.
- Any inclusion or modifications in this presentation pls feel free to contact me at.
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DISCLAIMER



Every
40
seconds,



someone dies by **suicide**



The impact of
suicide on our
societies, mental
healthcare, and
public health is
beyond
questionable.

Suicide attempts, self-harm and suicide ideation are risk factors for future attempted and completed suicide (Hawton et al., 2015; Hubers et al., 2018; Large et al., 2021).



**Every year
approximately
700000 lives
are lost due to
suicide around
the world
(WHO, 2021)**






More people die by
suicide than by
homicide and war
(UN, 2009)

Suicide is the second most common cause of death in young adults aged 18-25 years, and is most frequent in older adults ([Briggs et al., 2019](#)).



In the period
from 2000 to
2019, global
suicide rate
decreased by
36% (**WHO,**
2021).

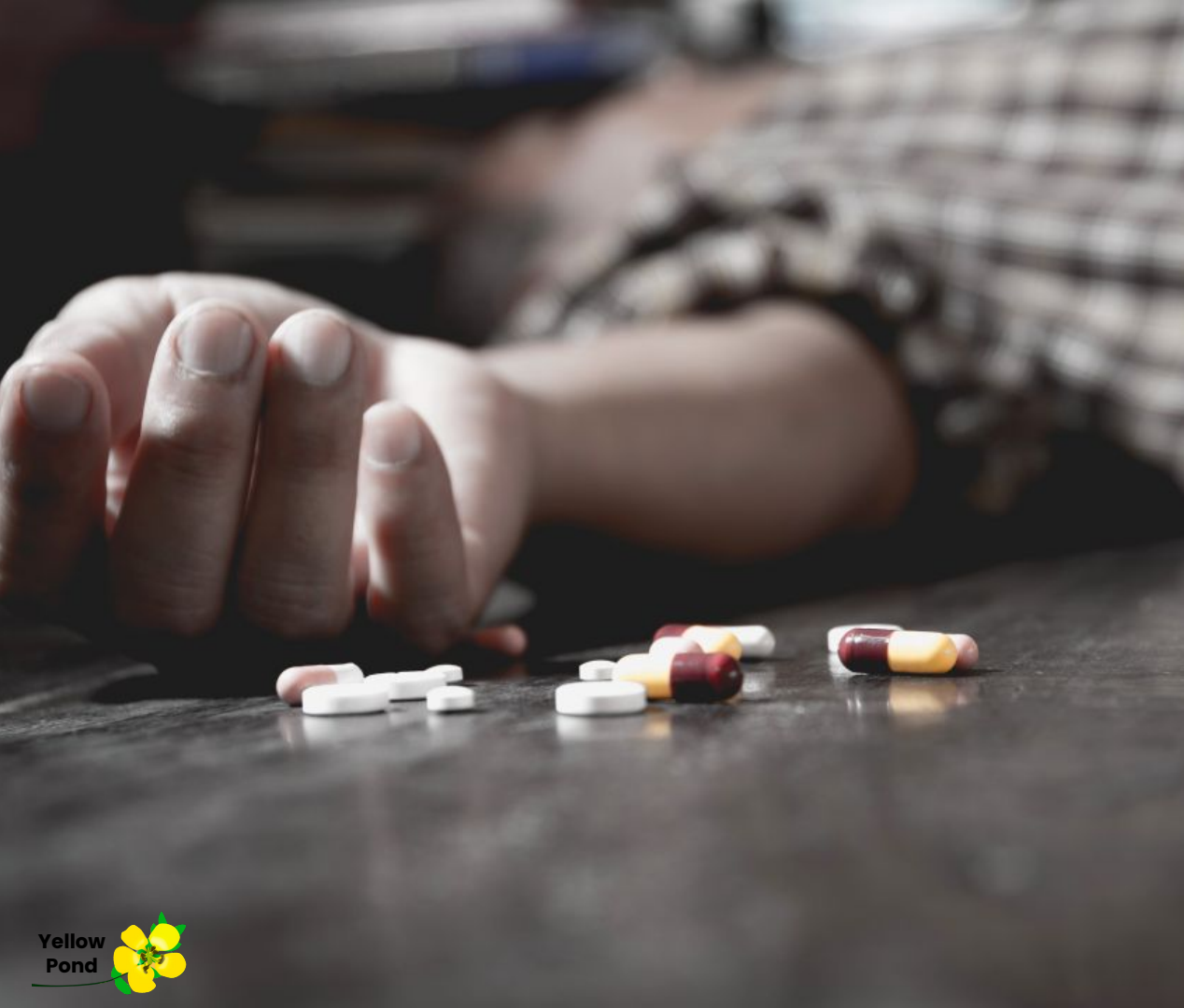




Marked falls in suicide cases in China, and to a lesser extent India, chiefly accounted for the decrease in global suicides in the 21st century ([Turecki et al., 2019](#)).



Suicide attempts are about 10-40 times more prevalent than completed suicides, while the prevalence of lifetime suicidal ideation is 1.6-22.3 times higher than that of lifetime suicide attempts (Bertolote et al., 2005; WHO, 2014).



Attempting suicide is a moderate/strong predictor of future suicide death (the risk of suicide death is 30-40 times higher in those who have previously attempted suicide compared with the general population) (Fazel & Runeson, 2020; Tidemalm, Långström, Lichtenstein, & Runeson, 2008).

Suicide Spectrum

Suicidal behavior and
suicidal ideation belong to
the suicide spectrum





Suicidal Behavior

Suicidal behavior is an umbrella term consisting of several forms of **self-harm**, mostly involving **suicide attempts** (a potentially **self-injurious behavior** associated with at least some intent to die) and completed suicide (a fatal self-injurious act with some evidence of intent to die).

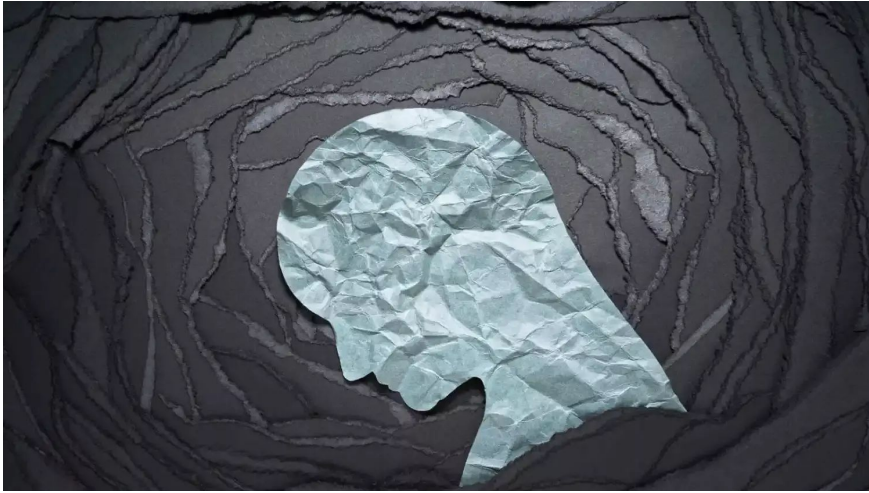
A black and white photograph showing a hand holding a pill bottle. A single pill has spilled out onto a reflective surface, creating a reflection. The background is blurred, showing what appears to be a person in a white coat.

Suicidal ideation

Suicidal ideation has two forms, **active** (thinking about taking action to end one's life, including a clear plan) and **passive** (thoughts about wishing to die) (Turecki & Brent, 2016; Turecki et al., 2019).



Risk Factors of Suicide



Reason for Decrease of Suicide

improvements in socio-economic factors and regulatory changes for the safe use of highly toxic pesticides might have contributed to the decrease ([Page et al., 2017](#)).

Individual Risk Factors

These personal factors contribute to risk:

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration

Relationship Risk Factors

These harmful or hurtful experiences within relationships contribute to risk:

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation



Community Risk Factors

These challenging issues within a person's community contribute to risk:

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination



Societal Risk Factors

These cultural and environmental factors within the larger society contribute to risk:

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide

Warning Signs of Suicide

If someone is at risk for suicide, you can watch for warning signs, including:

- Talking about being a burden
- Being isolated
- Increased anxiety
- Talking about feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

Prevention and Intervention

The intervention for suicide consists of three components: an educational element, proactive anonymous screening of risk, and counselling with referral to treatment ([Davidson et al., 2020b](#)).



Circumstances that protect against suicide risk

Individual Protective Factors

These personal factors protect against suicide risk:

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

Relationship Protective Factors

These healthy relationship experiences protect against suicide risk:

- Support from partners, friends, and family
- Feeling connected to others

Community Protective Factors

These supportive community experiences protect against suicide risk:

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Societal Protective Factors:

These cultural and environmental factors within the larger society protect against suicide risk:

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

Warning signs of suicide

- talking about feeling hopeless, trapped, or alone
- saying they have no reason to go on living
- making a will or giving away personal possessions
- searching for a means of doing personal harm, such as buying a gun
- sleeping too much or too little
- eating too little or eating too much, resulting in significant weight gain or loss
- engaging in reckless behaviors, including excessive alcohol or drug consumption
- avoiding social interactions with others
- expressing rage or intentions to seek revenge
- showing signs of extreme anxiousness or agitation
- having dramatic mood swings
- talking about suicide as a way out

What increases the risk of suicide?

- incarceration
- poor job security or low levels of job satisfaction
- history of being abused or witnessing continuous abuse
- being diagnosed with a serious medical condition, such as cancer or HIV
- being socially isolated or a victim of bullying or harassment
- substance use disorder
- childhood abuse or trauma
- family history of suicide
- previous suicide attempts
- having a chronic disease
- social loss, such as the loss of a significant relationship
- loss of a job
- access to lethal means, including firearms and drugs
- being exposed to suicide
- difficulty seeking help or support
- lack of access to mental health or substance use treatment
- following belief systems that accept suicide as a solution to personal problems

Treatment for people who are at risk for suicide

Treatment will depend on the underlying cause of someone's suicidal thoughts and behavior. In many cases, though, treatment consists of

1. Talk therapy ,
2. Medication
3. Lifestyle Change



Talk therapy

1. Talk therapy, also known as [psychotherapy](#), is one possible treatment method for lowering your risk of attempting suicide. [Cognitive behavioral therapy \(CBT\)](#) is a form of talk therapy that's often used for people who are having thoughts of suicide.
2. Its purpose is to teach you how to work through stressful life events and emotions that may be contributing to your suicidal thoughts and behavior. CBT can also help you replace negative beliefs with positive ones and regain a sense of satisfaction and control in your life.
3. A similar technique, called [dialectical behavioral therapy \(DBT\)](#), may also be used.



Medication

If talk therapy isn't enough to successfully lower risk, medication may be prescribed to ease symptoms, such as depression and anxiety. Treating these symptoms can help reduce or eliminate suicidal thoughts.

One or more of the following types of medication could be prescribed:

- antidepressants
- antipsychotic medications
- anti-anxiety medications





Lifestyle changes

In addition to talk therapy and medication, suicide risk can sometimes be reduced by simply adopting certain healthy habits. These include:

- **Avoiding alcohol and drugs.** Staying away from alcohol and drugs is critical, as these substances can lower inhibitions and may increase the risk for suicide.
- **Exercising regularly.** Exercising at least three times per week, especially outdoors and in moderate sunlight, can also help. Physical activity stimulates the production of certain brain chemicals that make us feel happier and more relaxed.
- **Sleeping well.** It's also important to get enough quality sleep. Poor sleep can make many mental health symptoms much worse. Talk to healthcare provider if having trouble sleeping.



How to prevent suicidal thoughts

1. Talk to someone
2. Take medications as directed
3. Never skip an appointment
4. Pay attention to warning signs
5. Eliminate access to lethal methods of suicide

Talk to someone

1. We should never try to manage suicidal feelings entirely on our own.
2. Getting professional help and support from loved ones can make it easier to overcome any challenges that are causing these feelings.
3. Many organizations and support groups can help us cope with suicidal thoughts and recognize that suicide isn't the best way to deal with stressful life events.
4. The National Suicide Prevention Lifeline is a great resource.





Take medications as directed

1. We should never change our dosage or stop taking our medications unless our healthcare provider tells us to do so.
2. Suicidal feelings may recur and we may experience withdrawal symptoms if we suddenly stop taking our medications.
3. If we're having unwanted side effects from the medication we're currently taking, speak with our provider about switching to another one.

Never skip an appointment

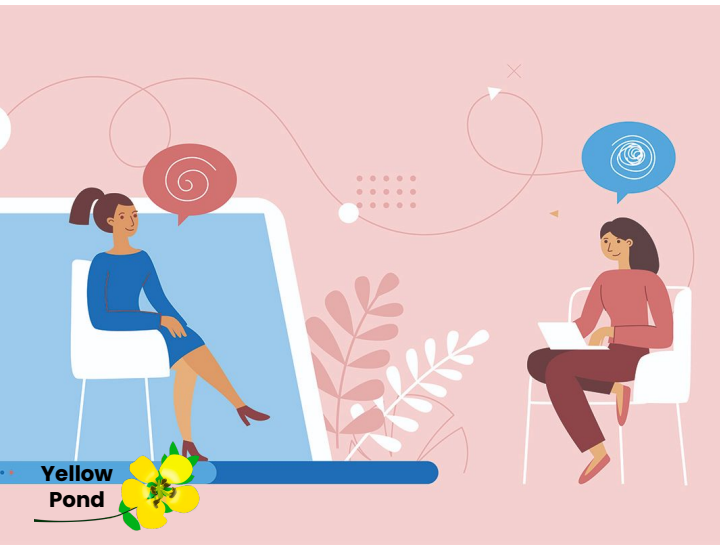
1. It's important to keep all our therapy sessions and other appointments.
2. Sticking with treatment plan is the best way to deal with suicidal thoughts and behavior.





Pay attention to warning signs

1. Work with healthcare provider or therapist to learn about the possible triggers for suicidal feelings.
2. It will help us recognize the signs of danger early on and decide what steps to take ahead of time.
3. It can also help to tell family members and friends about the warning signs so they can know when we may need help.



Eliminate access to lethal methods of suicide

Get rid of any firearms, knives,
or serious medications if a
person worry that ythey might
act on suicidal thoughts.



Suicide Prevention Resource for Action

Strengthen economic supports

- Strengthen household financial security
- Stabilize housing



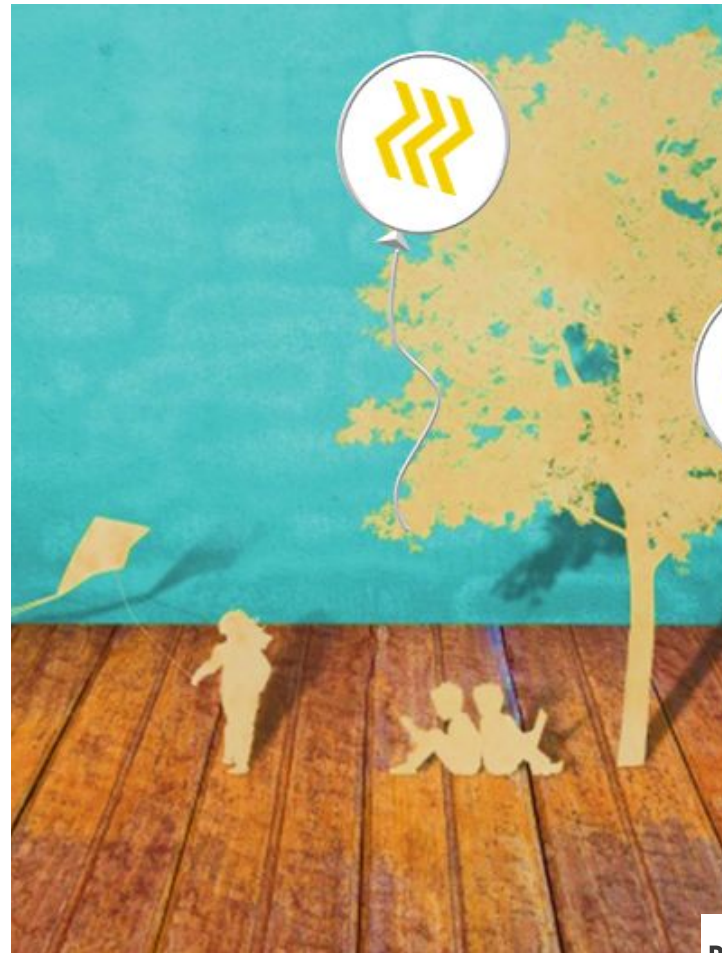


Create protective environments

- Reduce access to lethal means among persons at risk of suicide
- Create healthy organizational policies and culture
- Reduce substance use through community-based policies and practices

Improve access and delivery of suicide care

- Cover mental health conditions in health insurance policies
- Increase provider availability in underserved areas
- Provide rapid and remote access to help
- Create safer suicide care through systems change



Promote healthy connections

- Promote healthy peer norms
- Engage community members in shared activities



Teach coping and problem-solving skills

- Support social-emotional learning programs
- Teach parenting skills to improve family relationships
- Support resilience through education programs

Identify and support people at risk

- Train gatekeepers
- Respond to crises
- Plan for safety and follow-up after an attempt
- Provide therapeutic approaches



Lessen harms and prevent future risk

- Intervene after a suicide (postvention)
- Report and message about suicide safely

Zero Suicide

Emergency care

Primary care

Behavioral Health care

Assess

SAFE-T:

- Risk factors
- Protective factors
- Suicidal inquiry (C-SSRS)

Intervene

Immediate

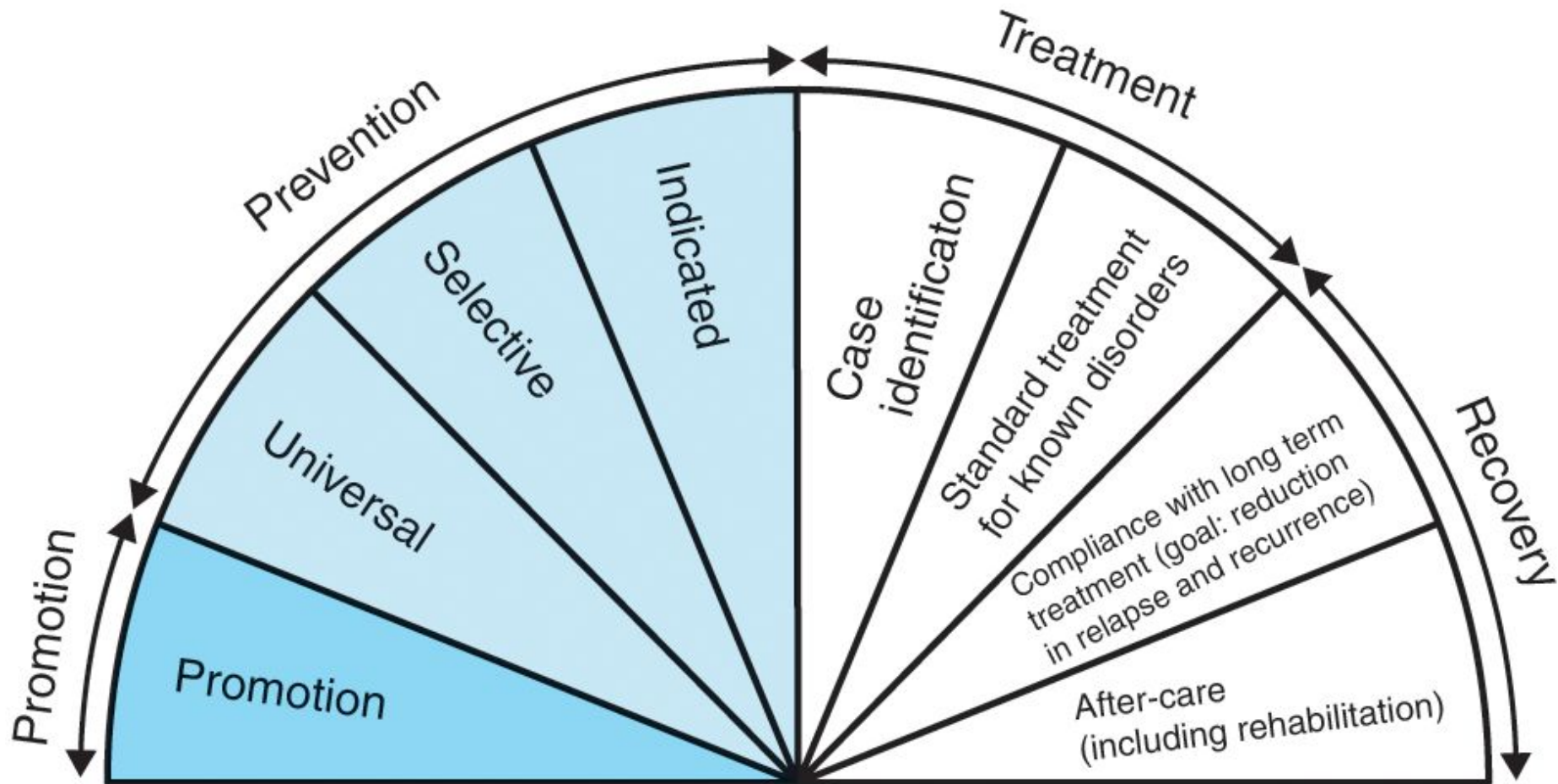
- Brief interventions
- Lethal means counseling
- Crisis planning

Long term

- CBT
- DBT
- CAMS

Monitor

- Caring contacts
- Structured phone or text follow up
- Connect to behavioral health care



5 Action Steps for Helping Someone in Emotional Pain



ASK

"Are you thinking about killing yourself?"



KEEP THEM SAFE

Reduce access to lethal items or places.



BE THERE

Listen carefully and acknowledge their feelings.



HELP THEM CONNECT

Call or text the 988 Suicide & Crisis Lifeline number (988).



STAY CONNECTED

Follow up and stay in touch after a crisis.



NIH

National Institute
of Mental Health

nimh.nih.gov/suicideprevention



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