

STREE MANORAKSHA TRAINING

Self-harm and Suicide Assessment

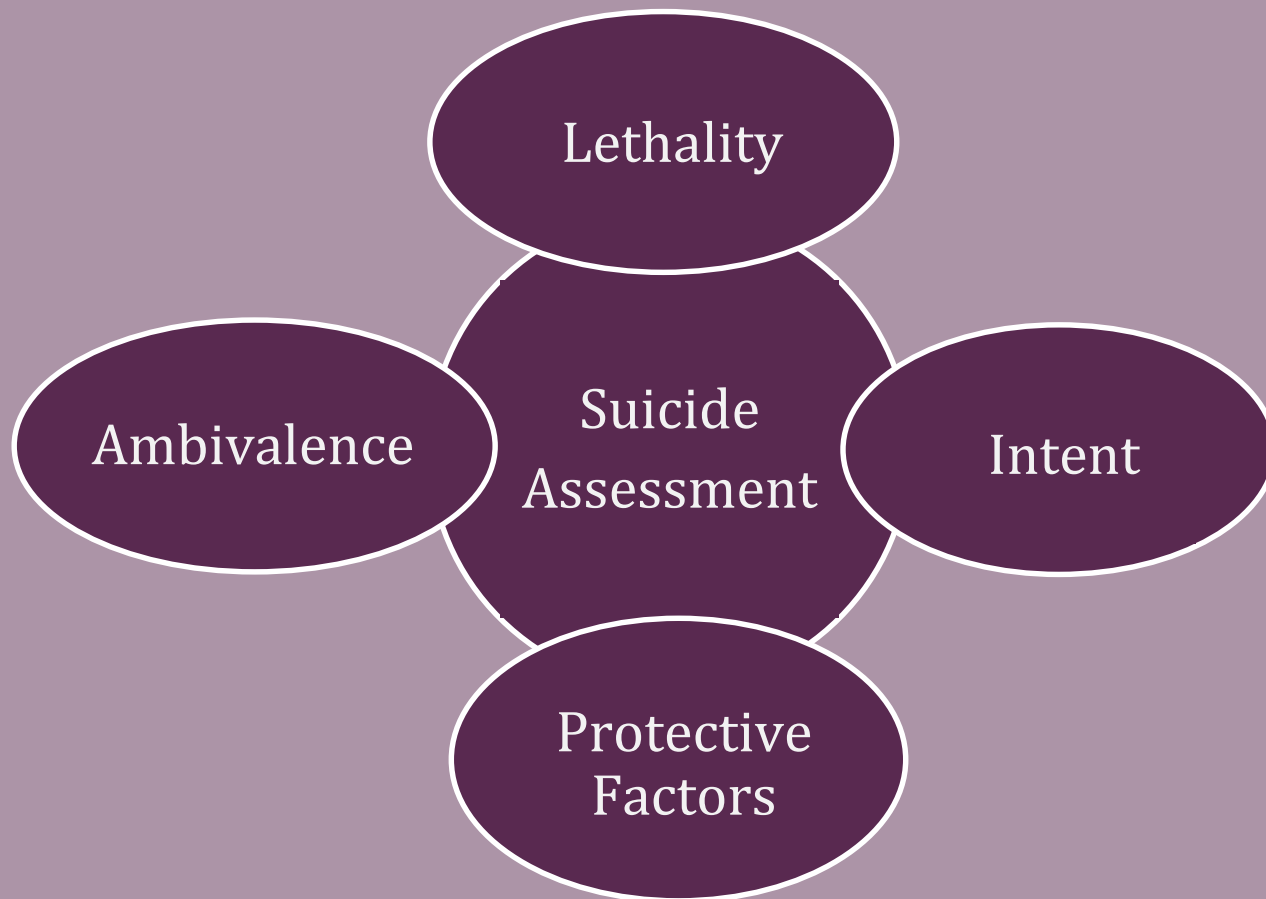


Suicide & Self Harm

Suicide - A process of purposefully ending one's life.

Self Harm – Self inflicted injury such as cutting or burning is described as a way of expressing very deep distress, of regaining some control over it.

Suicide Assessment



How to assess intent?

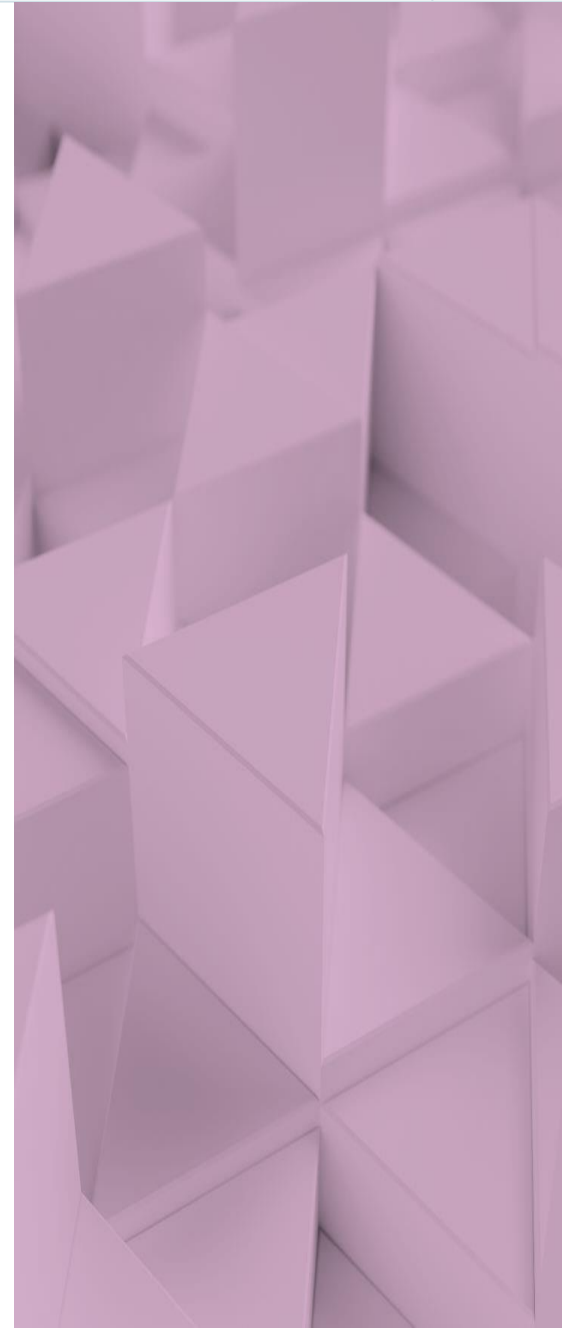
- Wish to live
- Wish to die
- Reasons for living – suicide counters
- Reasons for dying
- Desire to make active suicide attempt

How to assess lethality?

- Specificity/planning of contemplated attempt
- Availability/opportunity for contemplated attempt
- Sense of "capability/capacity" to carry out attempt

How to assess lethality?

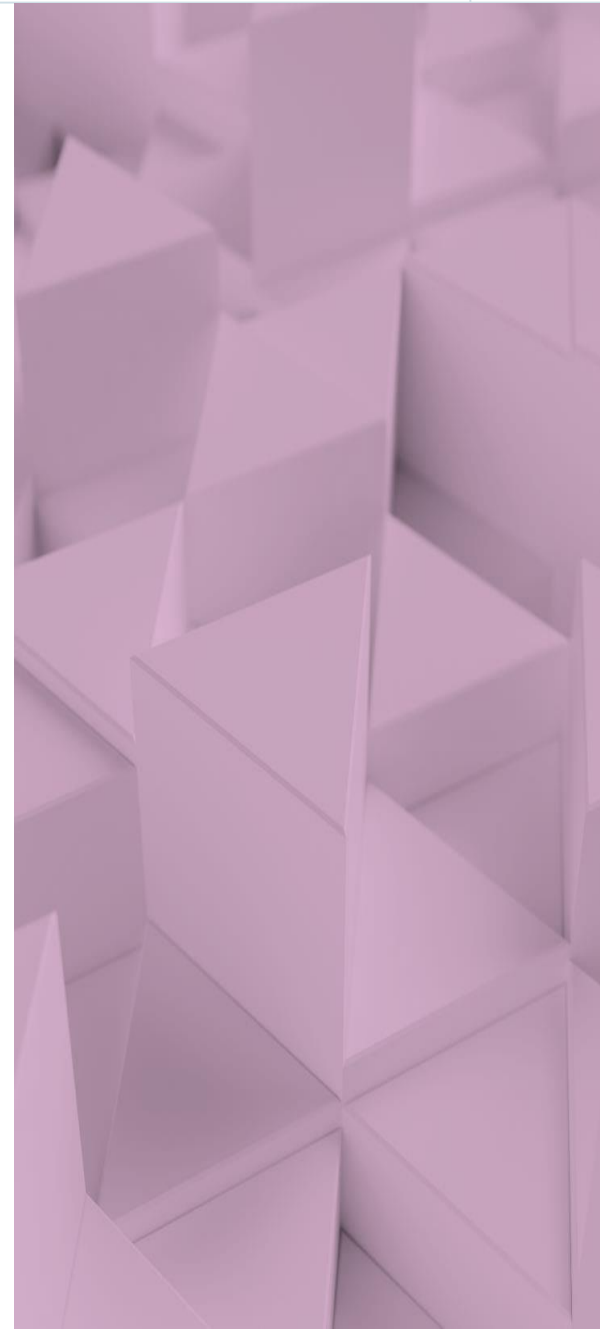
- Expectancy/anticipation of actual attempt
- Actual preparation for contemplated attempt
- Suicide note
- Deception/concealment of contemplated suicide



Suicide ambivalence

Most people have mixed feelings about dying by suicide/attempting suicide. The wish to live and the wish to die wage a see-saw battle.

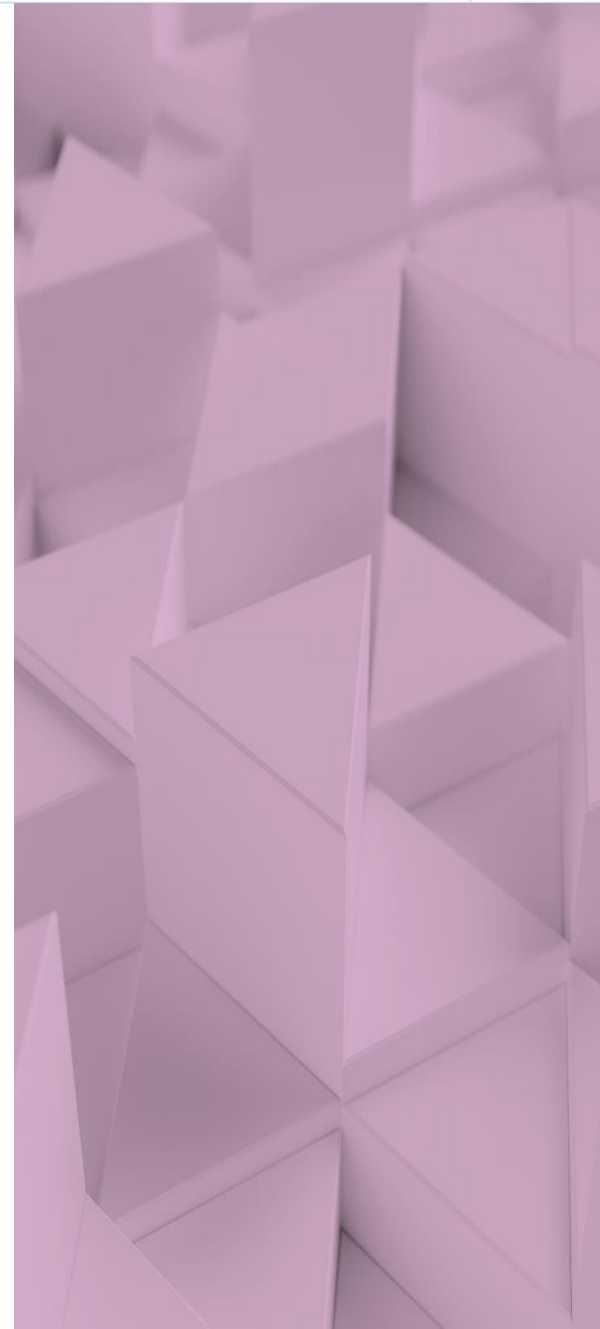
There is an urge to get away from the pain of living and an undercurrent of the desire to live.



Suicide ambivalence

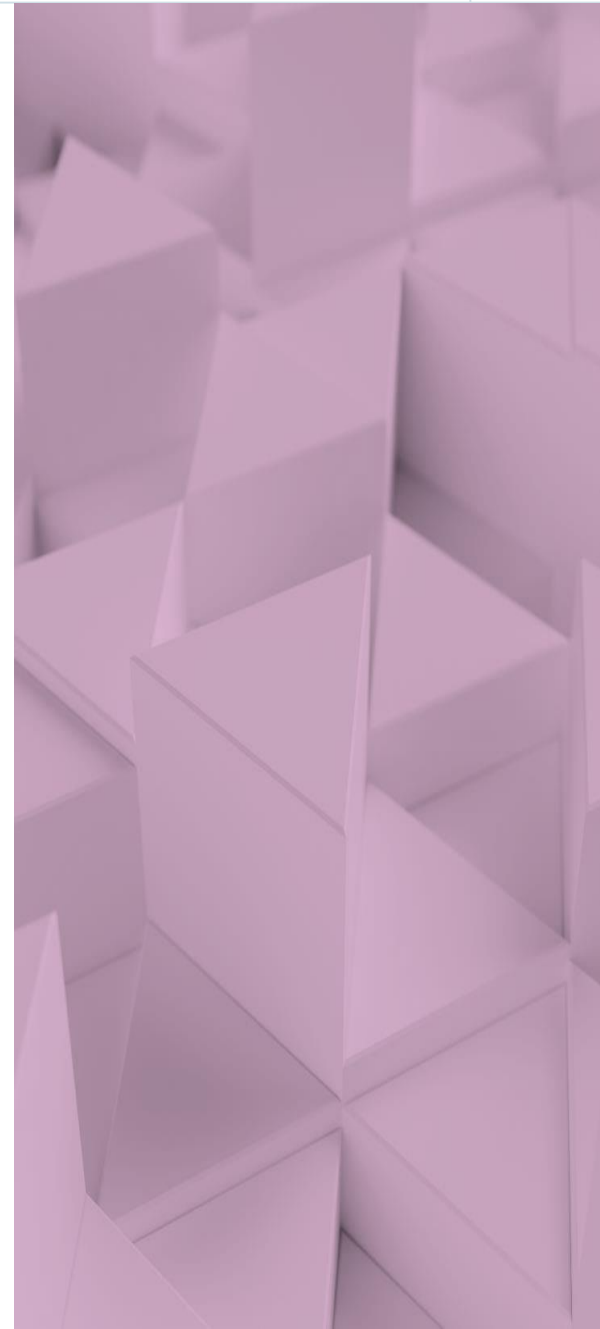
Many suicidal persons do not really want to die - it is just that they are unhappy with life.

If support is given and the wish to live is increased, the suicidal risk is decreased.



Protective factors

- Support system
- Problem solving skills and coping skills, ability to adapt to change
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide



Risk factors

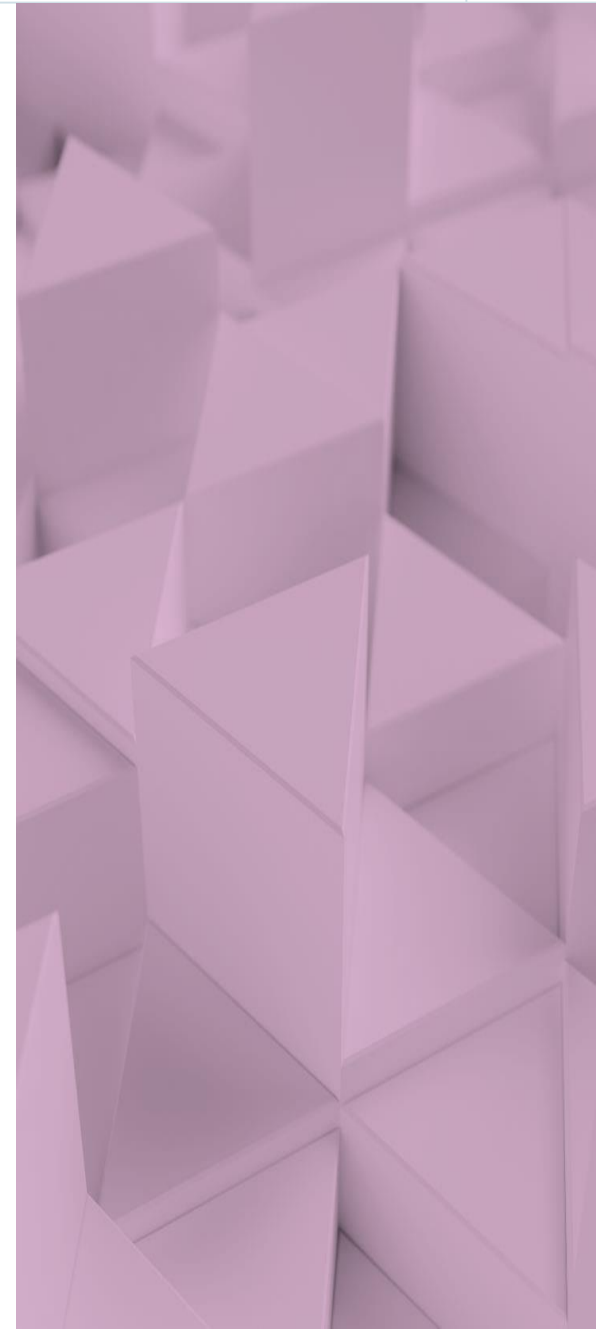
- Experience of trauma - violence/major life event (e.g. rape)
- Experience of chronic stress (e.g. domestic violence/IPV)
- Mental disorder (e.g. depression)
- Previous history of suicide attempt
- Lack of support

Warning Signs of Suicide

- Talking about the desire to die or to kill oneself
- Looking for a way to kill oneself such as searching online or storing pills or pesticide
- Talking about feeling of hopelessness or having no reason to live, feeling trapped, burden to others

Warning Signs of Suicide

- Signs of anxiety and agitation and reckless behavior
- Sleeping for too little or too much time
- Withdrawn or isolated
- Showing rage or talking about seeking revenge
- Extreme mood swings



MYTHS & FACTS ABOUT SUICIDE



MYTH – Suicide attempt/thought is
a sign of weakness

MYTH – Once someone is suicidal,
he/she will always remain suicidal

FACT –

It is a cry for help.

FACT –

Suicidality is not permanent

Heightened suicide risk is often short
lived and situation specific



MYTH – A survivor of suicide never makes further attempts

MYTH – Talking about suicide will encourage people to die by suicide

FACT –

Past attempt(s) is/are a strong indicator of increased risk for further attempts, especially after a sudden change in mental state following a suicidal or depressive period

FACT –

Talking about suicide gives an opportunity for communication

Asking people about suicidal thoughts helps us to identify people at risk and provide help; suicidal people are often looking for help



MYTH – Only people with mental illness are suicidal

MYTH – Suicide is hereditary and runs in families

FACT –

1 in 5 people have thought about suicide at some time in their life.

Not all people who die by suicide have mental health problems at the time they die.

However, many people who kill themselves do have a disturbed mental health, usually of a severe degree and intensity

FACT –

Although persons with family history of suicides/attempted suicide are biologically vulnerable, not all persons who attempt suicide have a family history



MYTH – Individuals with a specific personality, attempt/die by suicide

FACT –

Anyone can have thoughts of suicide and act upon it irrespective of their personality traits or type.

Suicide is a complex behavior that depends on not one but multiple factors, e.g.: social humiliation, financial crisis

MYTH – Most suicides happen suddenly without warning

FACT –

Majority of suicides are preceded by prominent warning signs for days, weeks or months. It is important to identify them



MYTH – People who talk about suicide do not really mean it and just do so to seek attention

MYTH – Only experts can intervene and prevent suicide. Not all suicides are preventable

FACT –

People who are talking about suicide may be reaching out for help or support.

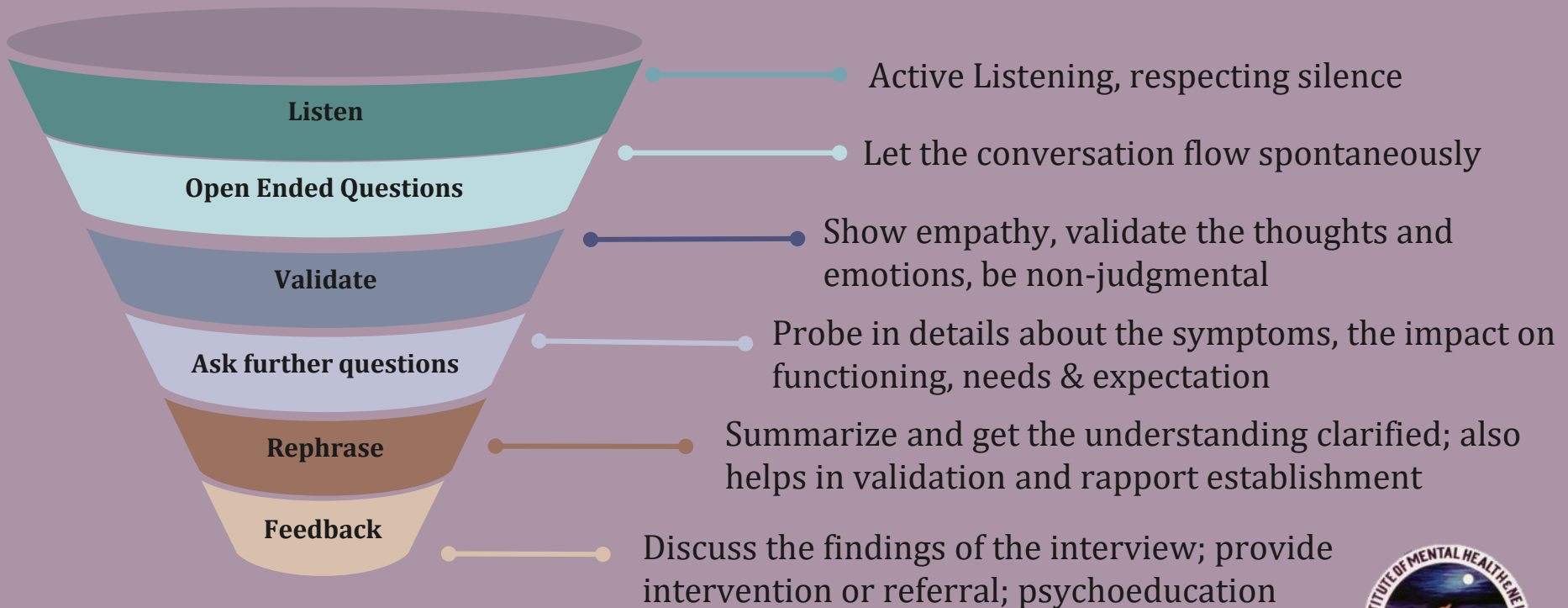
Do not dismiss a suicide attempt as simply being an attention-seeking behavior

FACT –

Anyone who is sensitive to pick up warning signs of suicide can help by emotional support & encouragement.

Though not all suicides can be prevented but a majority can be predicted and prevented

Interview & Assessment



Dos of Assessment

- Be empathetic in assessment
- Ask more of open-ended questions
- Show your concern to help while doing the assessment
- Listen to the response; give time and respond gently; Validate
- Observe the non verbal behaviour

Don'ts of Assessment

- Do not be too eager to ask the questions without adequate rapport
- Don't interrogate/ interrupt/ judge
- Do not trivialize the experiences of problems; do not force positivity
- Do not do assessment as a routine work

Thank you

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