Suicide and self harm

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Suicide

• Suicide: self inflicted death with evidence that the person intended to die
• 10th most common cause of death worldwide

Self-harm

• SOME acts of self-harm are carried out with no suicidal intent (this is known as Non Suicidal Self-Injury in the USA);
• OTHERS are associated with high suicidal intent and are simply failed suicide attempts. The lethality of the method used does not necessarily infer the degree of intent
• Approximately 1 in 6 teenagers have self-harmed by the age of 18 – most of these episodes do not present to medical care
• A high-proportion of people presenting to hospital emergency departments following self-harm are suicidal and 5% will die by suicide within 10 years

Non-suicidal self harm

• Hurting oneself as a way of dealing with very difficult feelings, old memories, or overwhelming situations and experiences. Can include:
  • cutting
  • overdosing
  • burning skin
  • inserting objects into your body
  • hurting yourself or others
  • over-eating or under-eating
  • exercising excessively
  • scratching and hair pulling
  • After self-harming, person may feel better and more able to cope for a while. However, self-harm can bring up very difficult feelings and can make them feel worse.

Some myths:

Talking about suicide with a depressed person may cause them to commit suicide
People who attempt suicide are just looking for attention
There is nothing that can be done for a person who is suicidal
People who commit suicide are selfish and weak
If someone talks about suicide they are unlikely to actually do anything to harm themselves
In one year in England (population 53 million)

- 4700 deaths from suicide
- 150,000 hospital attendances for self-harm
- 1 million individuals experience suicidal thoughts
- 5 million people are prescribed an antidepressant
- 5 million adults report neurotic symptoms
- 70 million working days lost through mental illness

Suicide

- Quantifiable outcome indicator of mental health
- Possible indicator of population trends in mental well-being
- 2nd most common cause of death in 15-34 year olds

Potential years of life lost (PYLL) up to age 75 in England and Wales 2005: Males

<table>
<thead>
<tr>
<th>Condition</th>
<th>PYLL</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Heart Disease</td>
<td>228000</td>
<td>15%</td>
</tr>
<tr>
<td>Suicide and undetermined</td>
<td>94000</td>
<td>6%</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>91000</td>
<td>6%</td>
</tr>
<tr>
<td>Road traffic accidents</td>
<td>72000</td>
<td>5%</td>
</tr>
<tr>
<td>Liver diseases</td>
<td>77000</td>
<td>5%</td>
</tr>
<tr>
<td>Stroke</td>
<td>55000</td>
<td>4%</td>
</tr>
<tr>
<td>(ALL CANCERS)</td>
<td></td>
<td>22%</td>
</tr>
</tbody>
</table>

Source: ONS DH1 Mortality Statistics

Annual incidence and patterns of suicidal behaviour and health service contact in hypothetical British population of 1 million

- 3,000 episodes of deliberate self-harm per year
- 100 suicides per year
- 3% over next 10 years
- 40% in contact with GP or psychiatric services in month before suicidal behaviour
- 20-30% repeat in next 2-3 years (this group are at increased risk of eventual suicide)
- 60% not in recent contact with health service
- 3% over next 10 years

Factors associated with increased suicide risk in prospective and geographical studies

- Previous self-harm
- Severe mental illness e.g schizophrenia, depression
- Drug / alcohol misuse
- Unemployment
- Debt / Low income
- Divorce / Living alone
- Family history of suicide
- Chronic pain and serious medical illness: cancer / AIDS

Psychiatric illness and suicide

- Risk of suicide increased 100- 200 fold in 4 weeks after psych hospital discharge
- Psychiatric outpatients 20 fold increased risk
- 10% suicides have schizophrenia
- 20-25% suicides are substance misusers
- BUT only 25% under recent psychiatric care and
- Only 50% have ever been under psychiatric care
England has a national suicide prevention strategy with 6 key areas for action…

**Evidence-based clinical interventions to reduce suicide risk**
- Psychological therapy (CBT/DBT) following self-harm
- Antidepressants, lithium
- Psychiatric services should follow national confidential inquiry recommendations (e.g. multidisciplinary audits after suicide; 24-hour crisis teams)
- Psychosocial assessment following self-harm
- Training GPs / people in contact with potential suicidal individuals to help recognise and respond to risk

**Reducing access to method**
- Paracetamol legislation
- Market withdrawal of co-proxamol
- Prescribe limited quantities of medicines (e.g. 7-days / 14-days) to high risk patients
- Safety measures on popular sites for jumping
- Safety measures on railways / underground
- Catalytic convertors
- Firearm legislation
- The most frequently used method in males and females in England in hanging (hard to restrict access except in prison / hospital)

**Impact of withdrawal of co-proxamol on deaths involving analgesics in England and Wales 1998-2010**

**Summary**
- Suicide is an important cause of premature mortality
- Half of all people dying by suicide have previously self-harmed.
- The strongest risk factor for suicide is psychiatric illness (particularly hospital admission following a suicide attempt) BUT most people (75%) who die from suicide are not under specialist mental health care
- Strongest evidence for prevention favours restriction of access to methods
- Other approaches to prevention include tackling substance misuse, de-stigmatising mental illness, improved medical management of suicide attempts

**Now do a role play and practice gathering appropriate information in a sensitive way to inform a risk assessment in a patient who has taken an overdose.**
Useful / Interesting sources and links suggestions:

- https://www.nice.org.uk/guidance/qs34

Happy to have my name on these.