



PSYCHIATRY



Suicide

(By Dr Maurice Lipsedge & Emily Clark)

- Statistics
- Borderline personality disorder
- Major risk factors
- Childhood adversity & suicide
- Suicide & associated occupational risks
- Self harm & risks of subsequent suicide
- Self harm in young people
- Suicide or Murder?

Statistics

- Suicide is the leading cause of death below age 50
 - *Males 15.5% per 100,000 (20% in 1988) - Females 4.9% per 100,000 (stable rate past decade)*
- Men 3 x more likely to commit suicide than woman
- Reduction in male suicide rate attributed to reduced stigma about men's mental health
- Men aged 45-49 had highest suicide rate
- Teenage suicides up by 67% in 2010 - 2017

Statistics

- Previous self harm with suicidal intent – 10-15%
- Previous non-suicidal self-harm – 3-5%
- Anorexia Nervosa – 15% mortality with 3% by suicide
- Depression – 15%
- Schizophrenia – 10%
- **Borderline personality disorder – 10%**
- Alcohol dependence – 3-4%



Borderline Personality Disorder

- Frantic efforts to avoid abandonment
- Unstable & intense relationships, idealisation / hatred
- Unstable sense of self
- Impulsivity (spending, substance misuse, binge eating, reckless driving etc.)
- Recurrent suicidal behaviour / self harming
- Unstable mood
- Chronic emptiness & boredom
- Inappropriate intense anger
- Transient paranoia/depersonalisation

Demographic Risk Factors

- Male
- Young men
- Elderly men
- Widowed > Separated > Single
- Unemployed
- Isolated / living alone
- Abusive / unsupported relationships
- Homeless
- Asylum Seekers

Personal Risk Factors



- Past self harm, especially attempted suicide or previous self-injury
- Psychiatric disorders including personality disorders
- Rejects professional help
- Illnesses which are painful, chronic, terminal, neurological, stigmatising
- Family history of suicide / mental illness
- Alcohol / substance misuse
- Abuse
- Adverse events
- Impulsivity

Childhood adversity & suicide risk



- Suicide is the leading cause of death in those aged 15-29 & is increasing
- Swedish study based on a national registry of 548,721 adolescents and young adults up to age 24
- Over ½ million subjects, 431 committed suicide

Adversities

- Family suicide
- Parental psychiatric disorders
- Parental substance abuse
- Family bereavement
- Substantial criminality in parents

2 or more adversities greatly increased the risk of suicide in these adolescence

Abuse and neglect were not studied / recorded

Childhood adversity & suicide risk



- Childhood adversities as risk factors for onset and persistence of suicidal behaviour (ideas, plans & attempts)
- Worldwide study, 55 thousand interviewees
- Confirms last slide re impact of childhood adversities

BUT

These interviewees revealed that sexual & physical abuse were the highest risk factors

Suicide & Occupation

(why an occupation may carry high risk)

- Low pay & low job security
- Access to knowledge of lethal methods (i.e. Doctors, Dentists, Nurses, Vets, Pharmacists & Farmers)
- Males include labourers in construction industry, also plasterers, painters & decorators
- Women in literary & media occupations, female nurses & GPs

What does the audience think the lowest risk occupations are for suicide?

Corporate managers & directors

Can you think of any other occupations that give access to lethal means?



Attempted suicide by snake bite ...

Abstract:

Snake bite is an important public health issue in India and is almost always accidental in matter. Suicide by snake bite or injection of snake venom is extremely rare. Suicidal ideation and behaviour is known to be influenced by various socioeconomic and psychological factors. The method employed for suicide is also influenced by the occupation of the victim. We report a case where a snake charmer had attempted suicide by inflicting a bite by a monocle cobra.

Do you think politics is a high risk occupation for suicide?



A politicians view

(Ruth Davidson)

“I started hurting myself: punching walls, cutting my stomach and arms with blades or broken glass, drinking far, far too much and becoming belligerent and angry, pushing people away. I was punishing myself and hating myself for it at the same time.”



Can anybody name this politician?

Interview with survivors



- Regretting survival
- Ongoing stressors
- Mental illness (especially depression or psychosis)
- Agitation
- Impulsivity
- Hopelessness
- Insomnia
- No protective factors
- Refusing Help
- Cannot see a future

Plans & Preparation

- Lengthy extensive planning
- Researched methods
- Scoped out a site
- Gathered the means
- Rehearsed the act

Last Acts

- Changed / made a will
- Organised child / pet care*
- Paid debts
- Said goodbye
- Suicide note

*Story of vet

Method

(Violent / risky / potentially lethal)

- Hanging
- Shooting / Stabbing
- Jumping from height / in front of vehicles
- Overdose; larger, staggered, poisonous
- Believed lethal
- Alone at the time
- Precautions against discover
- Alcohol / drugs during the act
- Found by accident

Self-harm with reduced lethal intent

Function:

- Cope / get through a difficult situation
- Relieve anger or distress
- Express feelings
- Escape from feelings
- Feel something when emotionally numb
- To communicate distress
- Influence others
- Self punish
- Make self unattractive

Method:

- Cuts safe areas, most overdoses, alerting others, calling for help

Self-cutting & risk of subsequent suicide

Bristol study: site of self cutting, seen in A&E for self-harm 4000 subjects, followed up for 3 years

- People who cut their arms / wrists had the same risk of suicide as self poisoners
- People who cut neck / chest / abdomen / thigh or leg were at higher risk of subsequent suicide

Completed Suicide

(After a suicide attempt)

A 37 year follow up



- 100 self poisoning cases admitted to hospital in Helsinki Suicides continued to accumulate for almost 4 decades after the initial attempt
- 13% had committed suicide
- 26% were men & 8% women

Method:

- Overdose 62%
- Hanging 31%
- Jumping 8%

“2/3 of the suicides (compared with early completed suicide in survivors of tube train attempts) occurred at least 15 years after admission”

Suicide or Murder?

Abstract: An elderly man was found dead and partially disrobed in his apartment lying face up on a sofa with a plastic bag closed by a rope over the head and the upper and lower extremities tightly tied with two other ropes, the end of both arranged into slipknots (self-rescue mechanism). Police investigations found no pornography in the apartment, and circumstantial data alleged no psychiatric disorders or suicidal intentions. The autopsy excluded signs of struggle and sexual intercourse as well as any type of injury or physical illness. Chemical analyses on the peripheral blood excluded acute drugs and/or alcohol intoxication. A differential diagnosis of the manner or death was performed, including scenarios of accidental autoerotic asphyxiation, homicide during either sexual activity or suicide.

What do you think?

The collected data most strongly supported the hypothesis of a suicidal asphyxiation simulating homicide to devolve a life insurance to the victim's sons because of economic difficulties ...

