

Self-harm/suicide

mhGAP Training of Health-care Providers
Training manual
Supporting material



World Health
Organization

SUI supporting material

- Person stories
- Role plays
- Multiple choice questions
- Video link

Activity 2: mhGAP SUI module – assessment and management

<https://www.youtube.com/watch?v=4gKleWfGIEI&index=16&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>

SUI person stories

These are a collection of personal stories describing what it feels like to live with self-harm/suicide. Each story should last between three to five minutes maximum. The stories can be adapted as required to fit the context and setting of the training.

You can choose to read out the stories in a creative and engaging manner. Or, where available, you can show videos of the person stories by downloading the videos attached to this document.

If suitable, seek permission to use a person's story from the local area. If there are service users that you know well who have lived with self-harm/suicide and would like to share their experiences, then ask them to share their story with you. Ask them to describe to you how it feels to live with self-harm/suicide and how it has impacted on their life. You can write this down and use their story, with their consent, to teach other participants.

Person story 1: Depression and self-harm/suicide

I'm Della, I live in a different town from my family, I work full time and I have to get through all my daily chores alone, ploughing through the darkness of depression. It's hard, really hard. Depression doesn't care if I have to get up early and work a nine-hour shift. Depression doesn't care if I need to get into town to do some basic shopping. Depression doesn't care if I've made arrangements with friends. I can be perfectly happy one day and wake up the next day with dark sadness and suicidal thoughts. There is no warning and there's no way to stop it.

Having been living with depression for years I take daily medication, I attend regular appointments with my primary health-care doctor and I have counselling, but none of that can stop depression. The hardest part for me to handle is how it affects my work. I love my job and the routine of going to work every day. Being surrounded by the staff who are loving and supportive is the best feeling, but when depression is hovering I can't deal with work; all I want to do is sit and cry and feel sorry for myself. I need a routine to keep myself focused. If my routine changes it can take me long time to adjust and I know it will have an impact on my mental well-being. When depression visits me, I struggle to work. I don't eat well. I self-harm and I have thoughts about ending my life.

It's a scary place, and although I have the support of friends and family, I tend to push them away. I don't know why. Maybe it's the thoughts I have and the shame I feel that I can't control my own mind. I'll be honest, I've lost friends. I've nearly lost family in the past when my mental illness got the better of me and I tried to end my life. None of that matters now. I'm just coming out of a depressive episode, and, as hard as it was, I'm still learning about my mental health and so are my family and friends. I'm blessed to have the ones who have stuck by my side.

I'm tired of hiding my thoughts and hiding my self-harm. If I'm in a low point I want to be able to tell everyone close so they know I'm not just being miserable, unsociable or boring but because I'm dying inside. I used to hide my mental illness. I hid it from my ex-boyfriend for a long time, too long. I was ashamed and I honestly thought I couldn't be loved. I hated myself. I still do at times, so why would anyone chose to love me? It wasn't until things got particularly bad that he found out. I guess it's thanks to him I'm so open about it now. He was amazing and supportive and for once I didn't feel alone. I had someone by my side who was listening to me and didn't judge me.

Person story 2: A person with thoughts of suicide

I've struggled with depression as long as I can remember in my adult life. It has followed me everywhere I've gone, like a big heavy black gate dragging behind me. Up until 18, I was fine, but that's when I started hiding away from people – it's when my alcoholism started and it's at that point I started to just not feel comfortable around people.

Sixteen and a half years later, I'm still fighting the same fight, day in, day out. It's led me to severe alcohol addictions, losing friends and a suicide attempt. After all that, do I feel better? Well, not yet. I still struggle to explain this, and I struggle to let family and friends in. Sometimes my working day feels like it's two days' long; I limp through that and then I struggle with being on my own – fighting my mind, fighting anxiety, fighting alcohol dependencies and just... fighting to simply stay alive.

I hate it. Suicide is a normal thought for me and it's one I suppress, at least once a week, but often more. I've never seen myself getting past the age of 35... my 35th birthday is four months away. The nearer it gets the more hope I have that once I get through it this will all stop. But I have to be honest – I cannot guarantee that I will get through it at all. I just can't see myself living past 35 – it all goes black.

In part, I've accepted that this is going to be a life-long battle. As painful as it is to admit, I have to accept that this is going to be a part of me. I've never been in a serious relationship, partly because I don't have any confidence in myself, but mainly because I just don't know how I would explain this to a significant other. I go days, sometimes weeks, without talking to anyone. It's not personal; it's just that that's what I've got to do when this is at its worst. At its absolute worst, it takes every bit of strength within me to look after myself, to shower, brush my teeth etc. Despite all I experience, I still cannot talk to anyone about this without breaking down in tears. I want to be surrounded by my friends and family, but at the same time I don't want to be anywhere near anyone. I hate it. I hate just how much it takes me away from being me. It's the hardest thing to explain to people.

When I'm feeling suicidal, this is when I find it the hardest to engage with anyone – friends, family. It's hard enough talking to people when my depression hits its peak but when suicidal thoughts start to swirl, I close off. I just can't bring myself to say it.

I've always found it hard to speak to people – I just don't want them worrying. At my lowest I write and write and write as I find this is the most therapeutic way for me to deal with everything that I have to deal with. I don't feel awkward or as if I'm burdening people, which is something I feel as if I'm doing when I ask people if I can talk. It's not always easy but I wish we could all have more confidence to just... tell people exactly how we're feeling. If we could just talk about what goes on, hopefully this would make people struggling more comfortable with just... telling people what is wrong so that they can get the support that they need.

I guess the advice I would give to others going through it is no matter how dark it gets, there's always a light at the end of that dank, dark, spider-infested tunnel that you walk through. By talking about what's happening we move closer to the end of that tunnel. We need to create a society where talking about this is normal, so that people feel able to reach out towards that light.

Adapted from: <https://www.time-to-change.org.uk/blog/we-need-talk-about-male-suicide>

Person story 3: Impact of suicide

My mother took her own life when I was five years old. She left behind a husband and two daughters. I remember my dad telling me that Mummy had gone to sleep and that she hadn't woken up. As I got older I couldn't understand why no one spoke of her death or why friends and family rarely spoke of her. As a child, I remember not understanding why my mother wasn't there, and wondering what could be so bad for her family not to speak of her. I remember comparing my loss to a girl in my school class who had lost her mum to cancer and thinking that our losses were somehow different. As I got older I became more aware that there was something that wasn't being spoken about, something I didn't fully understand.

No one ever made a conscious decision to keep her death a secret, but it wasn't until I was older that I learned the truth about my mum's death. As a teenager and adult I have struggled with my own mental health, I have struggled to cope and come to terms with a loss I didn't fully understand, and to mourn someone I didn't even remember. I have spent a long time being angry at her, not understanding how she could have left us. I have struggled to talk about her death to others – I wrongly interpreted people's discomfort around the word "suicide" as a sign I shouldn't say anything. I would tell people that she had died when I was little and I would quickly change the subject, underplaying the loss as much as possible because I thought that that was the right thing to do.

Talking helped me come to terms with it. My own recovery journey has taught me that by not talking about your experiences, you are depriving yourself of support. By keeping suicide a secret, it feeds the idea that the person who has died did something shameful. Talking about suicide helps the people left behind normalize their experience. By being able to talk about my mum's death, I have found community and support. Instead of feeling alone in my grief and anger, I found a shared experience with others.

By talking about suicide, it helps to reduce the stigma for families, but also encourages those who have thought about or attempted suicide to seek support. By talking about suicide, it helps remind people that it is not a choice; it is the darkest of times where all rational thinking is gone, combined with overwhelming pain and unbearable hopelessness.

Adapted from: <https://www.time-to-change.org.uk/blog/lets-talk-about-suicide>

SUI role plays

Note: Role play 4 is additional to those supplied for the activities – for those wanting to extend training.

Examples of questions to use when caring for someone with self-harm/suicide

Give copies of these example questions to participants before role playing activities. During the role plays, encourage participants to use these questions as well as to adapt them to fit their local context.

Initiating a conversation about self-harm/suicide

Explore the person's negative feelings first and then ask if they have any plans or thoughts about self-harm/suicide:

I can see that you are going through a very difficult time. In your situation many people feel like life is not worth it. Have you ever felt this way before?

If the answer is YES, then continue to explore these negative feelings:

What are some of the aspects in your life that make it not worth living?

What are some of the aspects in your life that make it worth living?

Have you every wished to end your own life?

Have you ever thought about harming yourself?

If the answer is YES, ask:

How would you do that? Have you thought about how you would harm yourself?

Have you thought about how you would kill yourself?

Have you told anyone else about these ideas?

Now employ some direct questioning to really understand how imminent the risk of self-harm/suicide is:

What thoughts specifically have you been having?

How long have you been having these thoughts?

How intense have they been? How frequent? How long have they lasted?

Have these thoughts increased at all recently?

Do you have a plan for how you would die or kill yourself?

What is it? Where would you carry this out? When would you carry it out?

Do you have the means to carry out this plan?

How easy is it for you to get hold of the gun/ropes/pesticide etc. (means)...?

To what means do you already have access? What steps do you need to take to access the means?

Have you made any attempts already? If yes – what happened?

After you have asked questions about a person's negative feelings and thoughts/plans of self-harm/suicide, balance this by exploring and asking about positive elements in their life and possible protective factors:

What are some of the aspects of your life that make it worth living?

What would help you to feel or think more positively, optimistically or hopefully about your future?

How have you coped before when you were under similar stress?

What has helped you in the past?

Who can you turn to for help? Who will listen to you? Who do you feel supported by?

What changes in your circumstances will change your mind about killing yourself?

What would make it more (or less) likely that you would try and take your own life?

If you began to have thoughts of harming or killing yourself, what would you do to prevent them?

Role play 1: Assessment

Purpose: To practise using the mhGAP-IG to carry out an assessment for self-harm/suicide.

Duration: 30 minutes.

Situation: **PERSON SEEKING HELP**

- It is important to remember that you will not want to talk about ideas of suicide right away. Do your best to play this role naturally. You have never met this health-care worker before.
- You don't think you have any major injuries, but you thought you should get checked out.
- You were riding along and hit the curb because you were not paying attention.
- You know you shouldn't have gotten on your motorcycle because you were very upset at the time.
- You are extremely upset about your results in an exam.
- You are concerned that you will never get a decent job and that your family will be disappointed.
- You have been able to sleep or eat since you found out about the exam.
- You feel like it would be easier to die than face the shame for you and your family.
- You have thoughts about getting back on your bike and driving off the bridge.

Possible protective factors: Your family is a protective factor as you are close to them and feel supported by them.

Instructions:

Allow the health-care provider to start the conversation.

Role play 1: Assessment

Purpose: To practise using the mhGAP-IG to carry out an assessment for self-harm/suicide.

Duration: 30 minutes.

Situation: **HEALTH-CARE PROVIDER**

- A young man has come to be checked out after having a motorcycle accident.
- You are worried he may have been suicidal at the time of the accident.

Instructions:

- You will start the conversation.
- You should not start the conversation by asking about self-harm/suicide bluntly.
- You should try to find an appropriate sequence in the conversation to ask about self-harm/suicide.
- You should initiate the conversation by using open-ended questions about how the young man is feeling.
- Once the dialogue has started, use the mhGAP-IG to carry out a thorough assessment.

Role play 1: Assessment

Purpose: To practise using the mhGAP-IG to carry out an assessment for self-harm/suicide.

Duration: 30 minutes.

Situation: **OBSERVER**

A young man has come to be checked out after having a motorcycle accident. The health-care provider is worried he may have been suicidal at the time of the accident.

The health-care provider will need to start the conversation, but not be blunt about asking about self-harm/suicide. Instead they should use open-ended questions and find an appropriate sequence in the conversation to ask about self-harm/suicide, and use the mhGAP-IG to carry out a thorough assessment.

Instructions:

Please keep to time:

- 3 minutes reading
- 10 minutes' interview
- 5–10 minutes for feedback and small group discussion.

Please assess the following competencies:

4. Uses effective communication skills
5. Performs assessment
7. Assesses and manages emergency presentation

Grade the level of competency the health-care provider achieves.

Role play 2: Management

Purpose: This role play gives participants an opportunity to practise discussing psychosocial management interventions.

Duration: 30 minutes.

Situation: **PERSON SEEKING HELP**

- You are a 30-year-old woman who was brought urgently to the health-care centre by your husband having drunk a bottle of pesticide.
- The health-care provider managed to save your life, and you are now on the ward and stable.
- You should act very sad and quiet. Do not look the health-care worker in the eyes.
- You have post-natal depression, but you have no other priority condition.
- You do not have chronic pain.
- You have been feeling worse and worse since your baby was born less than one month ago.
- The baby cries all the time and you can't sleep at all. You don't know what to do.
- You have been feeling down and irritable. You have no desire to hold your baby. All you want to do is stay in bed and sleep.
- You say you feel "tired all the time". You have no appetite and have little interest in normal activities.
- You have been thinking about killing yourself for the last two weeks.
- You don't see the point of living life anymore.
- For the past week, you have been thinking about hanging yourself or drinking the cleaning supplies in the house.

Possible protective factors:

- You trust your husband and have a very strong relationship with him. You love him very much.
- You have a strong group of friends but you have not seen them in a while as you are busy with the baby.

Instructions:

Let the health-care provider start the conversation.

Role play 2: Management

Purpose: This role play gives participants an opportunity to practise discussing psychosocial management interventions.

Duration: 30 minutes.

Situation: **HEALTH-CARE PROVIDER**

- A 30-year-old woman was brought urgently to the centre by her husband after having drunk a bottle of pesticide.
- You managed to save her life (the minimum set of skills and resources were available in your facility).
- Now you have come to see her on the ward as she is stable.
- She has been unhappy for two weeks. Her husband has already told you that she had her first child less than a month ago.
- You have assessed her and diagnosed her with post-natal depression but no other MNS condition and no chronic pain.
- You last saw her yesterday for an assessment and these were your findings:
 - She has been feeling worse and worse since her baby was born.
 - The baby cries all the time and she can't sleep at all. She doesn't know what to do.
 - She has been feeling down and irritable. She has no desire to hold her baby. All she wants to do is stay in bed and sleep.
 - She says she is "tired all the time". She has no appetite and has little interest in normal activities.
 - She has been thinking about killing herself for the last two weeks.
 - She doesn't see the point of living life anymore.
 - For the past week, she has been thinking about hanging herself or drinking the cleaning supplies in the house.

Instructions:

- You have decided to use the psychosocial interventions described in the management of self-harm/suicide (page 138 mhGAP-IG Version 2.0).
- You are to start the conversation.

Role play 2: Management

Purpose: This role play gives participants an opportunity to practise discussing psychosocial management interventions.

Duration: 30 minutes.

Situation: OBSERVER

- A 30-year-old woman was brought urgently to the centre by her husband after having drunk a bottle of pesticide.
- The health-care provider managed to save her life (the minimum set of skills and resources were available in their facility), and has now come to see her on the ward as she is stable.
- She has been unhappy for two weeks. Her husband has already told the health-care provider that she had her first child less than a month ago.
- The health-care provider has assessed her and diagnosed her with post-natal depression but no other MNS condition and no chronic pain.
- The health-care provider last saw her yesterday for an assessment and these were their findings:
 - She has been feeling worse and worse since her baby was born.
 - The baby cries all the time and she can't sleep at all. She doesn't know what to do.
 - She has been feeling down and irritable. She has no desire to hold her baby. All she wants to do is stay in bed and sleep.
 - She says she is "tired all the time". She has no appetite and has little interest in normal activities.
 - She has been thinking about killing herself for the last two weeks.
 - She doesn't see the point of living life anymore.
 - For the past week, she has been thinking about hanging herself or drinking the cleaning supplies in the house.

Instructions:

The health-care provider has decided to use the psychosocial interventions described in the management of self-harm/suicide (page 138 mhGAP-IG Version 2.0).

Please keep to time:

- 3 minutes reading
- 10 minutes' interview
- 5–10 minutes for feedback and small group discussion..

Please assess the following competencies:

- 4. Uses effective communication skills
- 7. Provides psychosocial interventions

Grade the level of competency the health-care provider achieves.

Role play 3: Follow-up

Purpose: To practise how to work with different clients at follow-up, including a client whose symptoms are remaining the same.

Duration: 30 minutes.

Situation: **PERSON SEEKING HELP**

- Since you left the hospital you have been feeling the same.
- Through lessons you learned at a psychoeducation session, you have talked to your husband and he has started to help you care for the baby more and as a result you are getting more sleep.
- However, you still feel tired all the time.
- You are still unable to find the time to visit friends although you do think that would be helpful.
- You continue to have thoughts about taking your own life but they are less intense than they were before.
- You still do not see a point in living as you do not feel you are doing a good job as a mother and so no one would miss you.

Instructions:

You are to let the health-care provider start the conversation.

Role play 3: Follow-up

Purpose: To practise how to work with different clients at follow-up, including a client whose symptoms are remaining the same.

Duration: 30 minutes.

Situation: **HEALTH-CARE PROVIDER**

- You first met this lady after she had intentionally ingested a bottle of pesticide in order to kill herself.
- After she was medically stabilized you offered her support by using psychoeducation, activating psychosocial support networks and problem-solving.
- You explained to her that you wanted to stay in regular contact with her to monitor her progress.
- She has now re-attended for follow-up.

Instructions:

- Use page 139 of your mhGAP-IG Version 2.0 to guide follow-up with this lady.
- You are to start the conversation.

Role play 3: Follow-up

Purpose: To practise how to work with different clients at follow-up, including a client whose symptoms are remaining the same.

Duration: 30 minutes.

Situation: OBSERVER

- The health-care provider first met this lady after she had intentionally ingested a bottle of pesticide in order to kill herself.
- After she was medically stabilized the health-care provider offered her support by using psychoeducation, activating psychosocial support networks and problem-solving.
- She has now re-attended for follow-up, but has not improved.
- The health-care provider will now use page 139 of mhGAP-IG Version 2.0 to guide follow-up with this lady.

Instructions:

Please keep to time:

- 3 minutes reading
- 10–15 minutes' interview
- 5–10 minutes for feedback and small group discussion.

Please assess the following competencies:

- 4. Uses effective communication skills
- 10. Plans and performs follow-up
- 11. Refers to specialist and links with outside agencies

Grade the level of competency the health-care provider achieves.

Role play 4 is a supplementary role play for extending training.

Role play 4: Assessment and management

Purpose: To practise assessing and managing a person after an episode of self-harm.

Duration: 30 minutes or less.

Situation: **PERSON SEEKING HELP**

- You are an 18-year-old woman called Anika. You still live with your parents and you are accompanied by your father.
- You have presented to the health-care centre as you made cuts to your arms after an argument with your father. The cuts have been sown up.
- You have had a lot of stress lately. You have been arguing with your parents as you have started a friendship with a man of whom your parents disapprove.
- You are not depressed, you still enjoy all your usual activities, you are just frustrated with the situation at home. You feel there is no solution.
- You have cut yourself before when you were frustrated.
- You don't want to die, you just want your parents to listen to you.
- You do not want to stay in hospital. If you feel that you are getting enough support then you will agree not to harm yourself anymore.
- If you are asked for more information, answer in the negative.

Instructions:

- You should act as though you are still angry with your father.
- Let the health-care provider start the conversation.

Role play 4: Assessment and management

Purpose: To practise assessing and managing a person after an episode of self-harm.

Duration: 40 minutes or less.

Situation: **CARER SEEKING HELP**

- You are the father of Anika, who is 18 years old, and who lives with you.
- She has recently started a friendship with a man of whom you disapprove. You do not want Anika to keep seeing him.
- Today, she cut herself to her wrists after an argument about this. She has done this before, after an argument.
- The cuts have been sown up.
- You are worried about her but do not know how to resolve the situation, you are not going to back down about your concerns, but other than that you are keen to help her in any way possible. You do not want her to stay in hospital.

Instructions:

- You are firm but loving with Anika, who is still angry with you.
- You should let the health-care provider start the conversation.

Role play 4: Assessment and management

Purpose: To practise assessing and managing a person after an episode of self-harm.

Duration: 40 minutes or less.

Situation: **HEALTH-CARE PROVIDER**

- Anika is an 18-year-old woman who has come to see you with her father after making self-inflicted lacerations to her arm. The cuts have been sown up.
- You know a bit about the family, and know that Anika has recently started a friendship with a man of whom the family disapproves. You suspect that they had a fight about this, which prompted Anika to harm herself.
- You do not have facilities to admit Anika to hospital, and neither she nor her father want that anyway.

Instructions:

- Perform an assessment of Anika from page 133 of your mhGAP-IG Version 2.0.
- Once you have performed an assessment, move on to management of Anika, starting on page 136 of mhGAP-IG Version 2.0.

Role play 4: Assessment and management

Purpose: To practise assessing and managing a person after an episode of self-harm.

Duration: 40 minutes or less.

Situation: OBSERVER

- Anika is an 18-year-old woman who has come to see the health-care provider with her father after making self-inflicted lacerations to her arm. The cuts have been sown up.
- Anika has recently started a friendship with a man of whom the family disapproves. She and her father had an argument, after which she cut herself out of frustration.
- There are no facilities to admit Anika to hospital, and neither she nor her father want that anyway.
- She has harmed herself before when she felt frustrated.
- The father cares for her very much, but will not change his mind about her friendship with this man. However, he is keen to support her in other ways.
- She is not depressed and not suicidal. If she is given enough support she will be unlikely to harm herself again.
- The health-care provider will perform an assessment of Anika from page 133 of your mhGAP-IG Version 2.0. Once they have performed an assessment, they will move on to management of Anika, starting on page 136 of mhGAP-IG Version 2.0.

Instructions:

Please keep to time:

- 5 minutes reading
- 15–20 minutes' interview
- 10 minutes for feedback and small group discussion.

Please assess the following competencies:

4. Uses effective communication skills
5. Performs assessment
7. Assesses and manages emergency presentation
8. Provides psychosocial interventions

Grade the level of competency the health-care provider achieves.

SUI multiple choice questions

1. Which of the following best describes a presentation of self-harm/suicide? Choose only one answer:
 - A Multiple persistent physical symptoms with no clear cause.
 - B Low energy, fatigue, sleep problems.
 - C Extreme hopelessness and despair, current thoughts of injuring self.
 - D Loss of interest or pleasure in activities that are normally pleasurable.

2. Which of the following conditions are most likely to be seen in someone with self-harm/suicide? Choose the best answer:
 - A Any priority MNS condition, chronic pain or extreme distress.
 - B Anaemia, malnutrition, or hypothyroidism.
 - C HIV, hepatitis or tuberculosis.
 - D Head or neck injury, eclampsia or febrile convulsions.

3. In which of the following conditions should you ask someone directly whether they are experiencing self-harm/suicide? Choose the best answer:
 - A Thyroid disease.
 - B Any MNS condition.
 - C Tuberculosis.
 - D Never – it is better not to ask about self-harm in case it provokes self-harm acts.

4. Which of the following should occur first in the emergency management of self-harm/suicide? Choose the best answer:
 - A Medical treatment of injury or poisoning.
 - B Problem-solving therapy.
 - C Psychoeducation to the carer.
 - D Continuing follow-up for two year.

5. Which of the following should occur first in the management of self-harm/suicide? Choose the best answer:
 - A Provide emotional support to carers and family members of person.
 - B Prescribe medication for any concurrent MNS conditions.
 - C Place the person in a secure and supportive environment at a health facility.
 - D Maintain regular contact for the first two months.

6. Which of the following intervention/s are the best for self-harm/suicide? Choose only one answer:
 - A Antidepressants and motivational interviewing
 - B Interventions to improve cognitive functioning.
 - C Do not leave alone and mobilize social supports.
 - D Opioid agonist maintenance treatment for chronic pain.

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7. Which of the following should you tell the carer of someone who has had an episode of self-harm or a suicide attempt? Choose the best answer:
- A Medication will be made available so that they can keep the person sedated.
 - B Restrict the person's contact with family, friends and other concerned individuals in case it is too overwhelming.
 - C Remove access to any means of self-harm and try and provide extra supervision for the person.
 - D Forced vomiting is an emergency treatment option if they suspect any self-harm or suicide.
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8. Which of the following is part of a psychosocial intervention for someone with self-harm/suicide? Choose the best answer:
- A Sedation and use of medication such as haloperidol.
 - B Motivational interviewing and substitution therapy.
 - C Use materials such as newspapers or the TV to orient people to current events.
 - D Problem-solving and optimizing social supports.

SUI multiple choice answers

- | | | |
|--------|--------|--------|
| 1. = C | 2. = A | 3. = B |
| 4. = A | 5. = C | 6. = C |
| 7. = C | 8. = D | |