

# Module: Self-harm/suicide

## Overview

### Learning objectives

- Promote respect and dignity for people with self-harm/suicide.
- Know the common presentations of self-harm/suicide.
- Know the principles of assessment of self-harm/suicide.
- Know the management principles of self-harm/suicide.
- Perform an assessment for self-harm/suicide.
- Assess and manage co-morbid physical health conditions in a person with self-harm/suicide.
- Assess and manage emergency presentations of self-harm/suicide.
- Provide psychosocial interventions to persons with self-harm/suicide.
- Provide follow-up sessions for people with self-harm/suicide.
- Refer to mental health specialists and links to outside agencies for self-harm/suicide as appropriate.

### Key messages

- Common presentations of self-harm/suicide:
  - Extreme hopelessness and despair.
  - Current thoughts/plan/acts of self-harm/suicide or history thereof.
  - Act of self-harm with signs of poisoning/intoxication, bleeding from self-inflicted wounds, loss of consciousness and/or extreme lethargy.
- Anyone with other priority MNS conditions must be assessed for self-harm/suicide.
- Anyone with self-harm/suicide must be assessed for other priority MNS conditions, chronic pain, and emotional distress.
- You can use effective communication skills to provide psychosocial interventions to the person and to the whole family.
- Refer a person with self-harm/suicide to a mental health specialist, if available.
- It is essential to offer regular follow-up care to a person with self-harm/suicide.

Session	Learning objectives	Duration	Training activities
1. Introduction to self-harm/suicide	<p>Know the common presentations of self-harm/suicide</p> <p>Promote respect and dignity for people with self-harm/suicide</p>	40 minutes	<p><b>Activity 1: Person stories followed by group discussion</b> Use the person stories to introduce self-harm/suicide</p> <p><b>Presentation to supplement first person accounts discussion</b> Use the person stories as a basis for discussions on:</p> <ul style="list-style-type: none"> <li>• Common presentations of self-harm/suicide</li> <li>• Risk factors</li> <li>• Why it is important to learn how to manage self-harm/suicide in non-specialized health settings</li> </ul>
2. Assessment of self-harm/suicide	<p>Know the principles of assessment of self-harm/suicide</p> <p>Perform assessments for self-harm/suicide</p> <p>Assess and manage co-morbid physical health in self-harm/suicide</p> <p>Assess and manage emergency presentations of self-harm/suicide</p> <p>Refer to specialists and links to outside agencies for self-harm/suicide, as appropriate</p>	<p>40 minutes</p> <p>30 minutes</p>	<p><b>Activity 2: Video demonstration: Assessment</b> Use videos/demonstration role play to show an assessment of self-harm/suicide and allow participants to follow the process according to the mhGAP-IG assessment algorithm</p> <p><b>Activity 3: Role play: Assessment</b> How to assess someone for self-harm/suicide</p>
3. Management of self-harm/suicide	<p>Know the management principles of self-harm/suicide</p> <p>Provide psychosocial interventions to a person with self-harm/suicide</p>	<p>30 minutes</p> <p>30 minutes</p>	<p><b>Presentation on psychosocial interventions and brief group discussion</b></p> <p><b>Activity 4: Role play: Management interventions</b></p>
4. Follow-up	Offer follow-up for self-harm/suicide, as appropriate	40 minutes	<b>Activity 5: Role play: Follow-up</b>
5. Review	Review knowledge and skills from the session	15 minutes	Multiple choice questions and discussion
<b>Total duration (without breaks) = 3 hours 45 minutes</b>			

## Step-by-step facilitator's guide

# Session 1. Introduction to self-harm/ suicide

 40 minutes

### Session outline

- Introduction to self-harm/suicide.
- Assessment of self-harm/suicide.
- Management of self-harm/suicide.
- Follow-up.

Begin the session by briefly listing the topics that will be covered.

## Activity 1: Person stories followed by group discussion

### Activity 1: Person stories

- Present the person stories of self-harm/suicide.
- First thoughts.

Use the person stories (one or more) to discuss self-harm/suicide:

- Introduce the activity and ensure participants have access to pen and paper.
- Tell the stories – be creative in your storytelling to ensure the participants are engaged.
- Immediate thoughts – give participants time to give their immediate reflections on the person stories.
- Discuss local perceptions/understanding of self-harm/suicide.

# Suicide: facts and figures

Suicide is the **second** leading cause of death among **15-29** year-olds



There are more deaths from suicide than from war and homicide together

Close to **800 000** people die by suicide every year  
1 death every **40** seconds



High-income countries: **78%** of suicides occur in low- and middle-income countries



Pesticides, hanging and firearms are the most common methods used globally

Why is suicide a public health concern? Explain the statistics on the slide.

Explain that globally, close to 800 000 people die due to suicide every year. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind.

State that it was the second leading cause of death in 15–29 year-olds globally in 2015.

There are indications to suggest that for every suicide there are more than 20 other people attempting suicide.

Some 78% of global suicides occurred in low- and middle-income countries in 2015.

In high-income countries, men are three times more likely to die from suicide than women. In low- and middle-income countries men are one and a half times more likely to die from suicide than women.

**CHILD & ADOLESCENT MENTAL & BEHAVIOURAL DISORDERS (CMH)**

**DEMENTIA (DEM)**

**DISORDERS DUE TO SUBSTANCE USE (SUB)**

**SELF-HARM/SUICIDE (SUI)**

*Common presentations of emotional, behavioural and developmental disorders vary by age in children and adolescents.*

Direct participants to the master chart and read through the common presentations of people with self-harm/suicide.

Emphasize that there are two ways that people with self-harm/suicide access non-specialized health settings:

1. As an emergency presentation of self-harm/suicide.
2. During an assessment for other MNS conditions, chronic pain or extreme emotional distress.

**EMERGENCY Presentations of Priority MNS Conditions**

EMERGENCY PRESENTATION	CONDITION TO CONSIDER	GO TO
<ul style="list-style-type: none"> <li>Act of self-harm with signs of poisoning or intoxication, bleeding from self-inflicted wounds, loss of consciousness and/or altered behaviour.</li> </ul>	<b>MEDICALLY SERIOUS ACT OF SELF-HARM</b>	<b>GO TO</b>
<ul style="list-style-type: none"> <li>Current thoughts, plan, or act of self-harm or suicide, or history of thoughts, plan, or act of self-harm or suicide in a person who is now extremely agitated, violent, distressed or lacks communication.</li> </ul>	<b>IMMINENT RISK OF SELF-HARM/SUICIDE</b>	<b>SUI</b>
<ul style="list-style-type: none"> <li>Continuous convulsions.</li> </ul>	<b>STATUS EPILEPTICUS</b>	<b>EPI, SUB</b>
<ul style="list-style-type: none"> <li>Agitated and/or aggressive behaviour.</li> </ul>	<b>ALCOHOL OR OTHER SEDATIVE WITHDRAWAL</b>	<b>DEM, PSY, SUB</b>
<ul style="list-style-type: none"> <li>Small of alcohol on the breath, slurred speech, unimpaired behaviour; disturbance in the level of consciousness, cognition, perception, affect or behaviour.</li> </ul>	<b>ACUTE ALCOHOL INTOXICATION</b>	
<ul style="list-style-type: none"> <li>Tremor in hands, sweating, vomiting, increased pulse and blood pressure, agitation, headache, nausea, anxiety, seizure and confusion in severe cases.</li> </ul>	<b>ALCOHOL WITHDRAWAL</b> <b>ALCOHOL WITHDRAWAL DELIRIUM</b>	<b>SUB</b>
<ul style="list-style-type: none"> <li>Unresponsive or minimally responsive, slow respiratory rate, pinpoint pupils.</li> </ul>	<b>SEDATIVE OVERDOSE OR INTOXICATION</b>	
<ul style="list-style-type: none"> <li>Dilated pupils, excited, racing thoughts, disordered thinking, strange behaviour, recent use of cocaine or other stimulants, increased pulse and blood pressure, aggressive, erratic or violent behaviour.</li> </ul>	<b>ACUTE STIMULANT INTOXICATION OR OVERDOSE</b>	

Assessing someone in an emergency state requires that you medically stabilize them first and ensure their safety before conducting a detailed assessment.

Assessing someone with thoughts, plans or acts of self-harm/suicide requires that you explore:

- any plans
- risk factors
- protective factors.

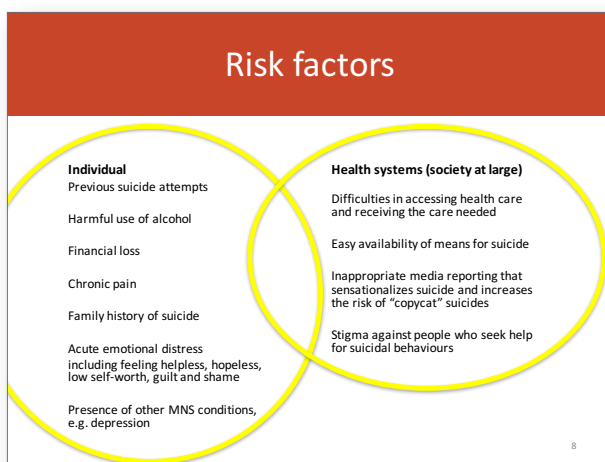


### Risk factors

Ask participants to turn to the person sitting on their right.

In pairs, ask participants to list two risk factors under each of the following headings:

- individual risk factors
- relationship risk factors
- community risk factors
- health systems risk factors.



Give participants 10 minutes to discuss and 10 minutes to present back to the group. Then show the slides and discuss.

Explain that individual risk factors include:

- If the person has previous self-harm/ suicide attempts.
- Have they experienced losses – personal or financial?
- Do they use substances?
- Do they have a family history of suicide?
- Are they experiencing acute emotional distress – feeling hopeless, helpless, shame etc.?
- Are they suffering with chronic pain?
- Do they have another priority MNS condition?

State that the risk of suicidal behaviour increases with co-occurring mental disorders, i.e. individuals with more than one mental disorder have significantly higher risk of self-harm/suicide. (Source: WHO: Preventing suicide: A global imperative; 2014.)

Ask the group to reflect on why these may be risk factors.

Explain that health systems and people's experiences of health systems also impact on their risk of self-harm/suicide. As you talk through the points on the slide (as described below) facilitate a group discussion on why these may be risk factors?

## Risk factors

### Relationships

A person having a sense of isolation and/or social withdrawal

Abuse

Violence

Conflictual relationships

### Community

War and disaster

Stress of acculturation (such as among indigenous or displaced persons)

Discrimination and stigmatization

- If people have thoughts/plans of self-harm/suicide, it is a risk if they cannot access health care when needed.
- There is a greater risk of self-harm/suicide if in society there is easy access to means of suicide (pesticide, guns etc.).
- Society's attitude and stigma towards suicide and people who seek help for self-harm/suicide can also act as a risk factor for self-harm/suicide.

(Source: WHO: Preventing suicide: A global imperative; 2014.)

Explain that relationship problems are a risk factor for self-harm/suicide including:

- a sense of isolation
- abuse
- violence
- fights/conflicts.

Explain that what is happening in the wider community can also act as a risk factor for self-harm/suicide – such as war, disaster, stress and discrimination.

(Source: WHO: Preventing suicide: A global imperative; 2014.)

Ask participants to reflect on why these may be risk factors and facilitate a brief discussion.

Stress that risk factors can change over time. Therefore, they should be reviewed at follow-up visits, especially when the symptoms and/or the situation worsens.

Explain that if risk factors increase, the risk of self-harm/suicide increases.

**Protective factors** help protect a person from self-harm/suicide.

In the same pairs as before, ask participants to spend five minutes brainstorming possible protective factors.

After five minutes of discussion ask for feedback from the pairs.





Talk through the list of protective factors as described on the slide:

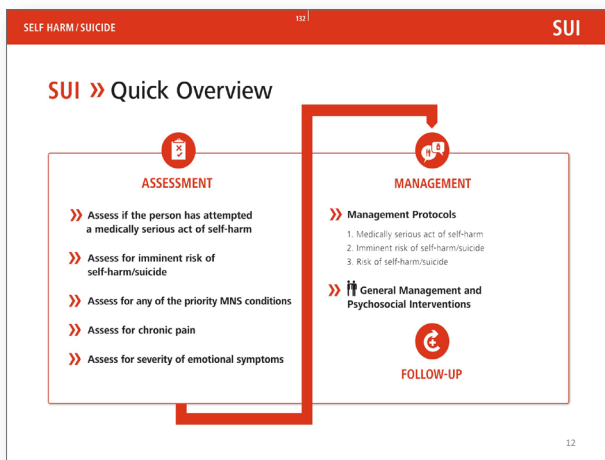
- Previous coping strategies – have they felt like this before? If so, how did they cope, what did they do? What helped them? Will it help them again?
- Community involvement – are there family members, friends, community members who can help, listen, and support them?
- Religious, cultural beliefs – do they have access to spiritual/religious leaders, important leaders in a community who can support them? Do they have beliefs that give them hope?
- Family and social relationships – are there relationships or people in their lives who give them hope and a sense of having a future?

# Session 2.

## Assessment of self-harm/suicide

 1 hour 10 minutes

### Activity 2: Video demonstration: Assessment

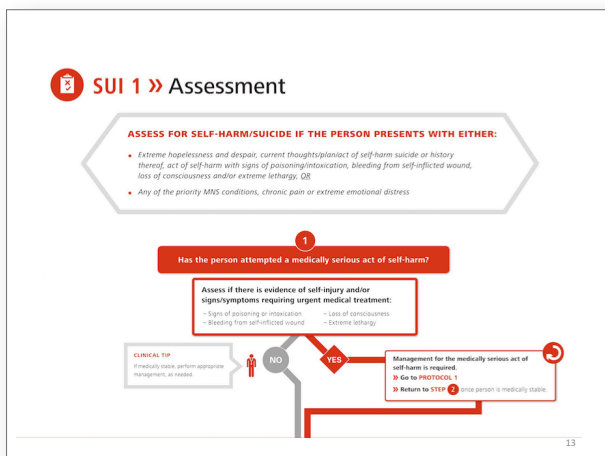


Explain that participants are going to watch a video about a young lady called Nada who has been brought to a non-specialized health setting (clinic) by her parents.

Instruct participants to turn to page 132 in the mhGAP-IG Version 2.0. Emphasize the principles of assessment:

1. Assess if the person has attempted a medically serious act of self-harm/suicide.
2. Assess for imminent risk of self-harm/suicide.
3. Assess for any of the priority MNS conditions.
4. Assess for chronic pain.
5. Assess for emotional distress.

Show the video mhGAP-IG SUI video (<https://www.youtube.com/watch?v=4gKleWfGIEI&index=16&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>).



Instruct the participants to use the mhGAP-IG algorithm to facilitate a discussion to decide if Nada attempted a medically serious act of self-harm?

Explain that in an emergency situation assessment and management must happen quickly and at the same time.



SELF HARM / SUICIDE » Management SUI 2

### SUI 2 » Management

PROTOCOL 1	PROTOCOL 2	PROTOCOL 3
<p style="text-align: center;"><b>1</b></p> <p style="text-align: center;"><b>Medically Serious Act of Self-Harm</b></p> <ul style="list-style-type: none"> <li>▶ <b>For all cases:</b> Place the person in a secure and supportive environment at a health facility.</li> <li>▶ <b>DO NOT</b> leave the person alone.</li> <li>▶ Medically treat injury or poisoning. If there is acute pesticide intoxication, follow "Management of pesticide intoxication" (2.1)</li> <li>▶ If hospitalization is needed, continue to monitor the person closely to prevent suicide.</li> <li>▶ Care for the person with self-harm. (2.2)</li> <li>▶ Offer and activate psychosocial support. (2.3) ¶</li> <li>▶ Offer carers support. (2.4)</li> <li>▶ Consult a mental health specialist, if available. ¶</li> <li>▶ Maintain regular contact and <b>Follow-Up</b>. ¶</li> </ul>	<p style="text-align: center;"><b>2</b></p> <p style="text-align: center;"><b>Imminent Risk of Self-Harm/Suicide</b></p> <ul style="list-style-type: none"> <li>▶ Remove means of self-harm/suicide.</li> <li>▶ Create a secure and supportive environment; if possible, offer a separate quiet room while waiting for treatment.</li> <li>▶ <b>DO NOT</b> leave the person alone.</li> <li>▶ Supervise and assign a named staff or family member to ensure person's safety at all times.</li> <li>▶ Attend to mental state and emotional distress.</li> <li>▶ Provide psychoeducation to the person and their carers. (2.5) ¶</li> <li>▶ Offer and activate psychosocial support. (2.3) ¶</li> <li>▶ Offer carers support. (2.4)</li> <li>▶ Consult a mental health specialist, if available. ¶</li> <li>▶ Maintain regular contact and <b>Follow-Up</b>. ¶</li> </ul>	<p style="text-align: center;"><b>3</b></p> <p style="text-align: center;"><b>Risk of Self-Harm/Suicide</b></p> <ul style="list-style-type: none"> <li>▶ Offer and activate psychosocial support. (2.3) ¶</li> <li>▶ Consult a mental health specialist, if available. ¶</li> <li>▶ Maintain regular contact and <b>Follow-Up</b>. ¶</li> </ul>

Direct participants' attention to Protocol 1: Managing medically serious acts of self-harm/suicide (page 136).

Talk through the steps:

In case of medically serious acts of self-harm/suicide, the person should be put in a secure and supportive environment in the health-care facility.

Nada cut her wrist in the video but what are the other methods of self-harm/suicide people may use?

Wait to hear a few ideas from participants before moving on to the next slide.

## Emergency assessment of suicide attempt

**Observe for evidence of self-injury**

**Look for:**

- Signs of poisoning or intoxication.
- Signs/symptoms requiring urgent medical treatment such as:
  - bleeding from self-inflicted wounds
  - loss of consciousness
  - extreme lethargy.

**Ask about:**

- Recent poisoning or self-inflicted harm.

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Explain that ingestion of pesticides, hanging and firearms are the most common methods of suicide globally.

Therefore, in an emergency assessment of self-harm/suicide attempts look for:

- Signs of poisoning.
- Bleeding, loss of consciousness and extreme lethargy.

## Recognizing pesticide poisoning

- Be aware of the possible smell of a pesticide.
- The person may be unconscious, with slow breathing and low blood pressure.
- People who are initially well need to be watched carefully for new signs (sweating, pinpoint pupils, slow pulse and slow breathing).

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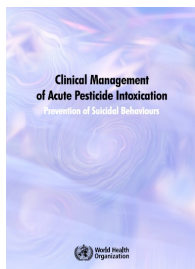
Explain that the next topic is specifically about pesticide poisoning.

Read through the points on the slide

Emphasize that it is a suicide method with a high fatality rate and globally, it is one of the most common methods.

## Emergency medical treatment: General principles

- Treat medical injury or poisoning immediately.
- If there is acute pesticide intoxication, follow the WHO pesticide intoxication management document.



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Refer participants to the Clinical management of acute pesticide intoxication: Prevention of suicidal behaviours (WHO, 2008).

## Treating pesticide poisoning

- A person with possible pesticide poisoning must be treated immediately.
- For a pesticide-poisoned person to be safe in a health-care facility, a minimum set of skills and resources must be available. If they are not available, TRANSFER the person immediately to a facility that has the minimum set of skills and resources.
- We will discuss the minimum requirements on the next slide.

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Read out the points on the slide.

## Treating pesticide poisoning

### Minimum set of skills and resources:

- Skills and knowledge about how to resuscitate people and assess for clinical features of pesticide poisoning.
- Skills and knowledge to manage the airway, in particular to intubate and support breathing until a ventilator can be attached.
- Atropine and means for its intravenous (IV) administration if signs of cholinergic poisoning develop.
- Diazepam and means for its IV administration if the person develops seizures.

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Talk through the minimum set of skills and resources as described on the slide.

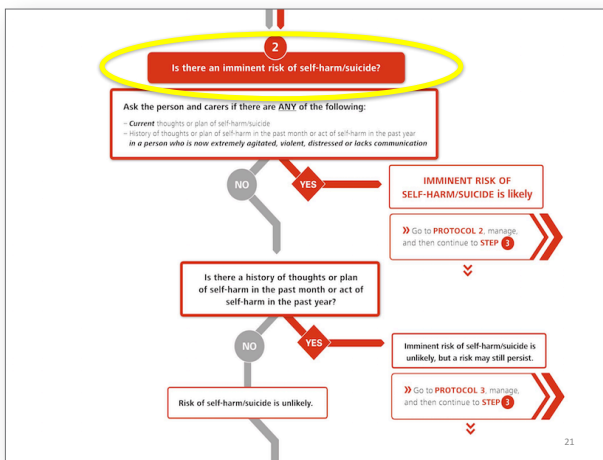
Stress that if the health-care facility/provider does not have ALL FOUR of these resources, then the person should be transferred to a facility with these minimum resources immediately.

## Treating pesticide poisoning: What NOT to do

- **DO NOT** force the person to vomit.
- **DO NOT** give oral fluids.
- **DO NOT** leave the person alone.
- You may give activated charcoal if:
  - The person is conscious.
  - The person gives informed consent.
  - The person presents within one hour of the poisoning.

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Stress the importance of avoiding the actions displayed in the slide.



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Once the person is medically stable in a safe environment, return to the assessment algorithm and continue with the following steps of the assessment.

Does Nada have an imminent risk of self-harm/suicide?

Facilitate a brief group discussion to answer this question.

## Asking about self-harm/suicide

- When asking the person about self-harm/suicide, the question should be asked with an appropriate transition from a previous point which leads into the issue.
- You may want to explore their negative feelings first and then ask if they have any plans to kill themselves:
  - *I can see that you are going through a very difficult period. In your situation many people feel like life is not worth it. Have you ever felt this way before?*

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Explain to the group that questions about self-harm/suicide must follow an appropriate line of questioning. For example, do not ask, "Do you have a headache?" and next, "Do you want to kill yourself?" Instead, when the person is talking about their feelings of sadness or hopelessness, make the transition to asking about any thoughts or plans of self-harm/suicide.

## General questions about thoughts and plans

- 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 ever wished to end your own life?
- Have you ever thought about harming yourself?
- How would you harm yourself? What would you do?

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Talk through the suggested questions on the slide.

Facilitate a brief brainstorming discussion to ensure that these examples of general questions are culturally appropriate.

## Specific questions

- 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/rope/pesticide etc. (the means)?
- Have you made any attempts already? If yes – what happened?

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Read out the list of specific questions on the slide.

Have participants generate their own list of specific questions. Make a note of their questions. Keep the list in full view so participants can use those questions in upcoming role plays.

## Questions to explore protective factors

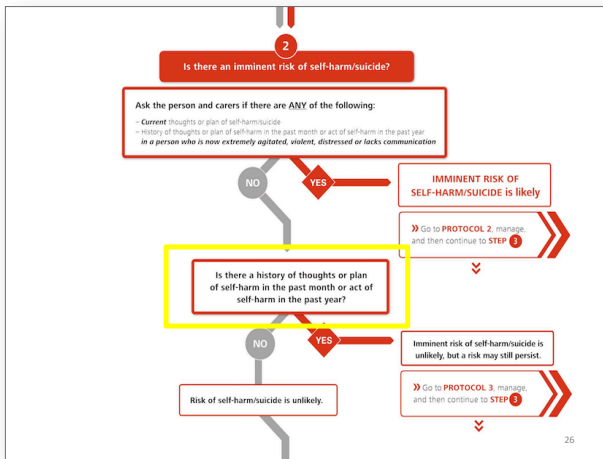
- What are some of the aspects of your life that make it worth living?
- How have you coped before when you were under similar stress?
- What has helped you in the past?
- Who can you turn to for help? Who will listen to you? Who do you feel supported by?
- What changes in your circumstances will change your mind about killing yourself?

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During an assessment, at the same time as asking about any thoughts/plans of self-harm/suicide, also ask about any possible protective factors.

Brainstorm culturally relevant questions with the group.

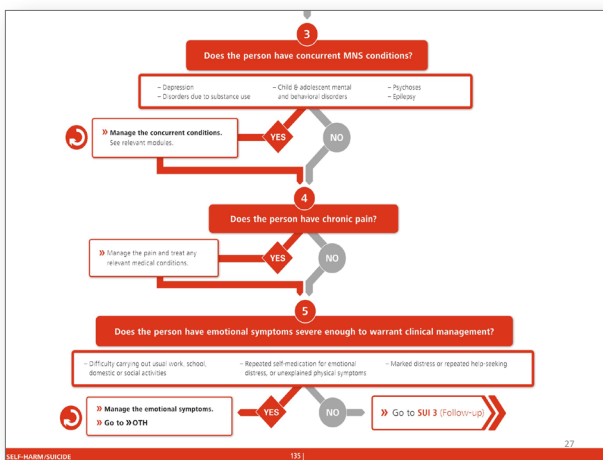
Continue with the assessment algorithm.



Explain that previous behaviour is a strong predictor of future behaviour, therefore it is important to ask about any previous acts of self-harm or suicide attempts.

If they have had previous acts of self-harm/suicide then this is also an opportunity to ask what helped them survive those previous act/attempts.

How did they cope with those feelings? Can they do the same thing this time?



Emphasize that while assessing for suicide, it is essential to assess for:

- Other concurrent MNS conditions.
- Chronic pain such as pain due to HIV/AIDS, cancer etc.
- Emotional distress – this can be due to the loss of a loved one, loss of employment, intense family conflict, problems at school, intimate partner violence, physical or sexual abuse or uncertainty about gender and sexual orientation etc.

If there are other concurrent MNS conditions, chronic pain or acute emotional distress, then treat these conditions and go to the relevant modules in the mhGAP-IG.

## Activity 3: Role play: Assessment

### Activity 3: Role play: Assessment

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

Practise using the mhGAP-IG to assess someone for self-harm/suicide

See SUI supporting material role play 1.

Print the three different instruction sheets for the participants playing different roles.

Ensure the person playing the role of the observer also has a competency assessment form (see ToHP training forms) in order to assess the participants.

**Duration:** 30 minutes.

**Purpose:** This role play gives participants an opportunity to practise using the mhGAP-IG to assess for possible self-harm/suicide.

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

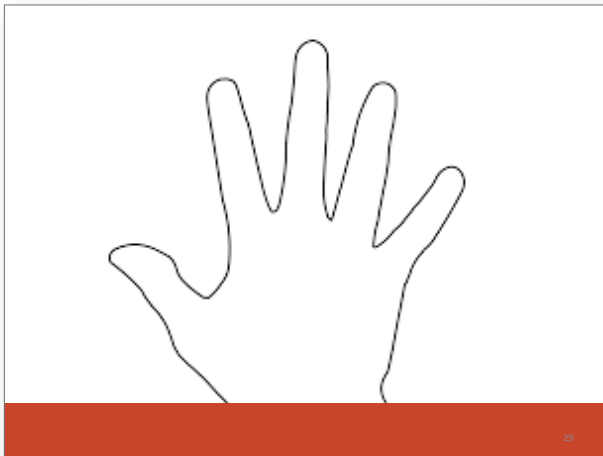
**Instructions:**

- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one the person seeking help and one the observer.
- Distribute the role play instructions to each person depending on their role.
- Ensure that the participants keep to the allotted time.

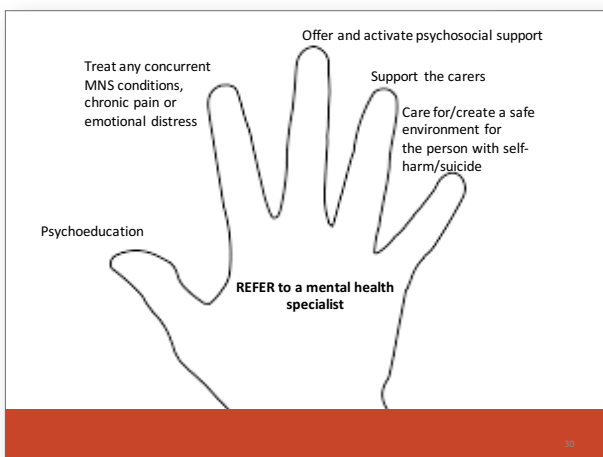
# Session 3.

## Managing self-harm/suicide

 1 hours



Ask the group what interventions could be used in the management of self-harm/suicide.



Explain that the key to the management of self-harm/suicide is to:

- Ensure the person does not have access to means.
- Support the carers.
- Mobilize family and friends to support and make the person feel safe.
- Focus on protective factors.
- Offer psychoeducation to ensure the person understands how useful it is to talk about negative feelings and how important it is to identify people to turn to when feeling this way.

It is important to treat any underlying MNS condition, chronic pain and emotional distress.

As self-harm/suicide is always serious, refer the person to a mental health specialist when available and consult them regarding next steps.

## Management: Co-occurring conditions

- If there is a concurrent MNS condition, e.g. depression, alcohol use disorder, manage according to the mhGAP-IG for the self-harm/suicide and also for the mhGAP condition.
- If there is chronic pain, you need to manage the pain. Consult a pain specialist if necessary.
- If the person has no mhGAP condition, but has nonetheless has severe emotional symptoms, then manage as explained in the Module: Other significant mental health complaints.

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Talk through the points on the slide.

### 2.1 Management of pesticide intoxication

If the health care facility has a minimum set of skills and resources, then treat using the WHO document, "Clinical Management of Acute Pesticide Intoxication" (<https://www.who.int/emergencies/diseases/nipw/diseases/pesticide-intoxication>).

**Otherwise, transfer the person immediately to a health facility that has the following resources:**

- Skills and knowledge on how to resuscitate individuals and access for critical features of pesticide poisoning.
- Skills and knowledge to manage the airway; in particular, to intubate and support breathing until a ventilator can be attached.
- Acquire and means for its intravenous (i.v.) administration if signs of cholinergic poisoning develop.
- Diagnosis and means for its administration if the person develops seizures.
- Consider administering activated charcoal if the person is conscious, gives informed consent, and presents for care within one hour of the poisoning.
- Resuscitating is not recommended.
- Oral fluids should not be given.

### 2.2 Care for the person with self-harm

- Place the person in a secure and supportive environment at a health facility. Do not leave them alone. If the person must wait for treatment, offer an environment that minimizes distress. If possible, in a separate quiet room with constant supervision and contact with a designated staff or family member to ensure safety at all times.
- Remove access to means of self-harm.
- Consult a mental health specialist, if available.
- Obtain or family, friends and other concerned individuals or available community resources to monitor and support the person during the imminent risk period (see "Offer and activate psychosocial support", 2.3).
- Treat people who have self-harmed with the same care, respect and privacy given to other people, and be sensitive to the emotional distress associated with self-harm.
- Include the carers. If the person wants their support during assessment and treatment. If possible, the psychosocial assessment should include a one-to-one interview between the person and the health worker, to explore private issues.
- Provide emotional support to carers/family members if they need it.
- Ensure continuity of care.

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Direct participants to mhGAP-IG Version 2.0 (page 137) and ask a volunteer from the participants to briefly talk through the different interventions in detail, answering any questions the group may have.

Remind participants that it is essential to ensure that the person is in a safe and quiet environment when talking about self-harm/suicide.

Remind participants to involve carers, where possible, in the assessment and management of the person with self-harm/suicide.

SELF HARM / SUICIDE » Management
SUI 2

### PSYCHOSOCIAL INTERVENTIONS

#### 2.3 Offer and activate psychosocial support

**Offer support to the person**

- Explore reasons and ways to stay alive.
- Focus on the person's strengths by encouraging them to talk about how earlier problems have been resolved.
- Consider problem-solving therapy to help people with acts of self-harm within the last year, if sufficient human resources are available. Go to **Essential care and practice** 2A/2C.

**Activate psychosocial support**

- Obtain family, friends, concerned individuals and other available resources to ensure close monitoring of the person as long as the risk of self-harm/suicide persists.
- Advise the person and carers to restrict access to means of self-harm/suicide (e.g. pesticides, pesticides, substances, prescription medications, firearms, etc.) when the person has thoughts or plans of self-harm/suicide.
- Optimize social support from available community resources. These include informal resources, such as relatives, friends, acquaintances, colleagues and religious leaders or formal community resources, if available, such as crisis centres, and local mental health centres.

#### 2.4 Carers support

- Inform carers and family members that asking about suicide will often help the person feel relieved, less anxious, and better understood.
- Carers and family members of people at risk of self-harm often experience severe stress. Provide emotional support to them if they need it.
- Inform carers that even though they may feel frustrated with the person, they should avoid hostility and severe criticism towards the vulnerable person at risk of self-harm/suicide.

#### 2.5 Psychoeducation

**Key messages to the person and the carers**

- If one has thoughts of self-harm/suicide, seek help immediately from a trusted family member, friend or health care provider.
- It is okay to talk about suicide. Talking about suicide does not provide the act of suicide.
- Suicides are preventable.
- Having an episode of self-harm/suicide is an indicator of severe emotional distress. The person does not see an alternative or a solution. Therefore, it is important to get the person immediate support for emotional problems and stresses.
- Means of self-harm (e.g. pesticides, firearms, medications) should be removed from the home.
- The social network, including the family and relevant others, is important for provision of social support.

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Direct participants to continue to read through the psychosocial interventions in the mhGAP-IG. Ask for a different volunteer to continue reading out loud.

Highlight the points listed under activating psychosocial support. Explain that by assessing for protective factors, they have already started to "explore reasons and ways to stay alive".

When exploring for reasons and ways to stay alive, one should really listen to the person and try to understand what is the most important for them and avoid giving your own opinions.



## Activity 4: Role play: Management

### Activity 4: Role play: Management

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, the health-care provider, have come to see her on the ward after she has become stable.

Practise using the mhGAP-IG to deliver psychosocial interventions to a person with self-harm/suicide.

See SUI supporting material role play 2.

Print the three different instruction sheets for the participants playing different roles.

Ensure the person playing the role of the observer also has a competency assessment form (see ToHP training forms) in order to assess the participants.

**Duration:** 30 minutes.

**Purpose:** This role play gives participants an opportunity to practise using the mhGAP-IG to manage self-harm/suicide with psychosocial interventions.

**Situation:**

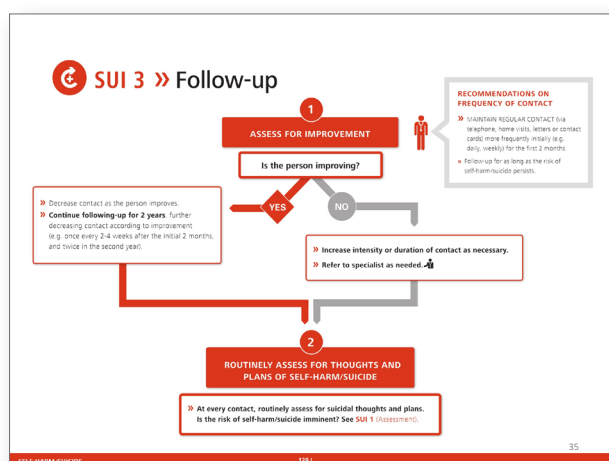
- A 30-year-old woman was brought urgently to the centre by her husband after having drunk a bottle of pesticide.
- You managed to save her life (the minimum set of skills and resources were available in your facility).
- Now, the health-care provider has come to see her on the ward after she has become stable.

**Instructions:**

- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one the person seeking help and one the observer.
- Distribute the role play instructions to each person depending on their role.
- Ensure that the participants keep to the allotted time.

# Session 4. Follow-up

 40 minutes



Talk through the follow-up assessment steps as described on the slide and in the mhGAP-IG.

Explain that a person needs to be followed-up closely as long as there is still a risk of self-harm/suicide.

Different methods can be used to follow-up: scheduling another appointment at the centre, home visits, phone calls, text messages.

The appropriateness of these different methods varies depending on cultural acceptability and on the resources available.

Facilitate a brief group discussion about:

- Different ways that they could follow-up with a person with self-harm/suicide.
- Identify any barriers/solutions to providing follow-up.

## Case scenario

A 25-year-old woman sees you in a clinic. She is very upset and tearful. She explains that she is scared because she is fighting with her mother all the time, who demands that she gets married to a man that she does not love.

The young woman does not know what to do, she feels desperate and believes her only option is to kill herself. She has specific plans about what she will do. She asks you not to tell anyone about her plans especially her mother and family.

Use this case scenario to raise participants' awareness about issues of confidentiality.

Read the scenario out loud and ask participants:

- How would participants respond in this scenario?
- Would they break confidentiality?
- If yes, what would they do?
- If not, why not?

## Activity 5: Role play: Follow-up

### Activity 5: Role play: Follow-up

- 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 to monitor her progress.
- She has now returned for follow-up.

See SUI supporting material role play 3.

Print off the three different instruction sheets for the participants playing the different roles.

Ensure the person playing the role of the observer also has a competency assessment form (see ToHP training forms) in order to assess the participants.

**Duration:** 40 minutes.

**Purpose:** To show participants how to work with people during a follow-up session for self-harm/suicide.

#### **Situation:**

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 to monitor her progress. She has now returned for follow-up.

#### **Instructions:**

- Facilitator plays the role of the health-care provider.
- Participants watch.
- After five minutes of the role play, stop and ask participants to suggest ways that the health-care provider could work with the person returning for a follow-up session.
- Then ask a participant volunteer to take over from the facilitator to continue the follow-up interaction.
- This is repeated three times so that at least three participants can play the role of health-care provider.
- After the third change, stop the exercise.
- Reflect as a group on the benefits of follow-up.

# Session 5. Review



15 minutes

**Duration:** Minimum 15 minutes (depending on participants' questions).

**Purpose:** Review the knowledge and skills gained during this training session by delivering MCQs and facilitating a discussion.

**Instructions:**

- Administer the SUI MCQs (see SUI supporting material) to participants.
- Discuss the answers as a group.
- Facilitate a brief discussion answering any queries or concerns the participants may have.

# SUI PowerPoint slide presentation



PowerPoint slide presentation available online at:  
[http://www.who.int/mental\\_health/mhgap/sui\\_slides.pdf](http://www.who.int/mental_health/mhgap/sui_slides.pdf)

## 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>



Supporting material available online at:  
[www.who.int/mental\\_health/mhgap/sui\\_supporting\\_material.pdf](http://www.who.int/mental_health/mhgap/sui_supporting_material.pdf)