

Self-harm/suicide

Session outline

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

Activity 1: Person stories

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

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

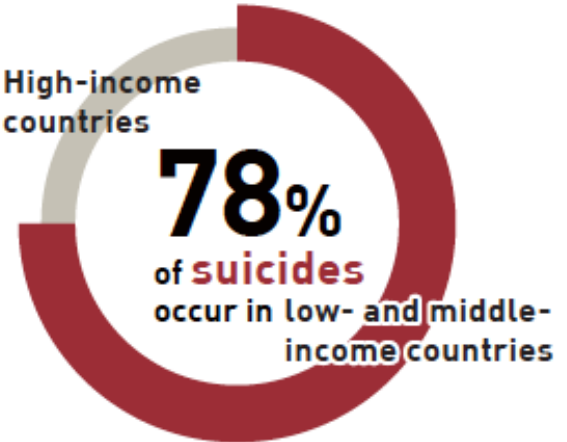
Close to **800 000** people die by **suicide** every year

1 death every **40** seconds



56%

High-income countries



Pesticides, hanging and firearms

are the most common methods used globally



Child/adolescent being seen for physical complaints or a general health assessment who has:

- » Problem with development, emotions or behaviour (e.g. inattention, over-activity, or repeated defiant, disobedient and aggressive behaviour)
- » Risk factors such as malnutrition, abuse and/or neglect, frequent illness, chronic diseases (e.g. HIV/AIDS or history of difficult birth)

Carer with concerns about the child/adolescent's:

- » Difficulty keeping up with peers or carrying out daily activities considered normal for age

- » Behaviour (e.g. too active, aggressive, having frequent and/or severe tantrums, wanting to be alone too much, refusing to do regular activities or go to school)

Teacher with concerns about a child/adolescent

- » e.g. easily distracted, disruptive in class, often getting into trouble, difficulty completing school work

Community health or social services worker with concerns about a child/adolescent

- » e.g. rule- or law-breaking behaviour, physical aggression at home or in the community

CHILD & ADOLESCENT MENTAL & BEHAVIOURAL DISORDERS (CMH)

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

- » Decline or problems with memory (severe forgetfulness) and orientation (awareness of time, place and person)
- » Mood or behavioural problems such as apathy (appearing uninterested) or irritability
- » Loss of emotional control (easily upset, irritable or tearful)
- » Difficulties in carrying out usual work, domestic or social activities

DEMENTIA (DEM)

- » Appearing affected by alcohol or other substance (e.g. smell of alcohol, slurred speech, sedated, erratic behaviour)
- » Signs and symptoms of acute behavioural effects, withdrawal features or effects of prolonged use
- » Deterioration of social functioning (i.e. difficulties at work or home, unkempt appearance)
- » Signs of chronic liver disease (abnormal liver enzymes), jaundiced (yellow) skin and eyes, palpable and tender liver edge (in early liver disease), ascites (distended abdomen is filled with fluid), spider naevi (spider-like blood vessels visible on the surface of the skin), and altered mental status (hepatic encephalopathy)
- » Problems with balance, walking, coordinated movements, and nystagmus
- » Incidental findings: macrocytic anaemia, low platelet count, elevated mean corpuscular volume (MCV)
- » Emergency presentation due to substance withdrawal, overdose, or intoxication. Person may appear sedated, overstimulated, agitated, anxious or confused
- » Persons with disorders due to substance use may not report any problems with substance use. Look for:
 - Recurrent requests for psychoactive medications including analgesics
 - Injuries
 - Infections associated with intravenous drug use (HIV/AIDS, Hepatitis C)

DISORDERS DUE TO SUBSTANCE USE (SUB)

All persons presenting to health care facilities should be asked about their tobacco and alcohol use.

- » Extreme hopelessness and despair
- » Current thoughts, plan or act of self-harm/suicide, or history thereof
- » Any of the other priority conditions, chronic pain, or extreme emotional distress

SELF-HARM/SUICIDE (SUI)

! EMERGENCY Presentations of Priority MNS Conditions

EMERGENCY PRESENTATION	CONDITION TO CONSIDER	GO TO
<ul style="list-style-type: none"> » Act of self-harm with signs of poisoning or intoxication, bleeding from self-inflicted wound, loss of consciousness and/or extreme lethargy » 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 	<p>MEDICALLY SERIOUS ACT OF SELF-HARM</p> <p>IMMINENT RISK OF SELF-HARM/SUICIDE</p>	SUI
<ul style="list-style-type: none"> » Acute convulsion with loss of consciousness or impaired consciousness » Continuous convulsions 	<p>EPILEPSY</p> <p>STATUS EPILEPTICUS</p> <p>ALCOHOL OR OTHER SEDATIVE WITHDRAWAL</p>	EPI, SUB
<ul style="list-style-type: none"> » Agitated and/or aggressive behaviour 		DEM, PSY, SUB
<ul style="list-style-type: none"> » Smell of alcohol on the breath, slurred speech, uninhibited behaviour; disturbance in the level of consciousness, cognition, perception, affect or behaviour » Tremor in hands, sweating, vomiting, increased pulse and blood pressure, agitation, headache, nausea, anxiety; seizure and confusion in severe cases » Unresponsive or minimally responsive, slow respiratory rate, pinpoint pupils » 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 	<p>ACUTE ALCOHOL INTOXICATION</p> <p>ALCOHOL WITHDRAWAL</p> <p>ALCOHOL WITHDRAWAL DELIRIUM</p> <p>SEDATIVE OVERDOSE OR INTOXICATION</p> <p>ACUTE STIMULANT INTOXICATION OR OVERDOSE</p>	SUB

Risk factors



Risk factors

Individual

Previous suicide attempts

Harmful use of alcohol

Financial loss

Chronic pain

Family history of suicide

Acute emotional distress
including feeling helpless, hopeless,
low self-worth, guilt and shame

Presence of other MNS conditions,
e.g. depression

Health systems (society at large)

Difficulties in accessing health care
and receiving the care needed

Easy availability of means for suicide

Inappropriate media reporting that
sensationalizes suicide and increases
the risk of “copycat” suicides

Stigma against people who seek help
for suicidal behaviours

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

Risk
factors

Protective
factors

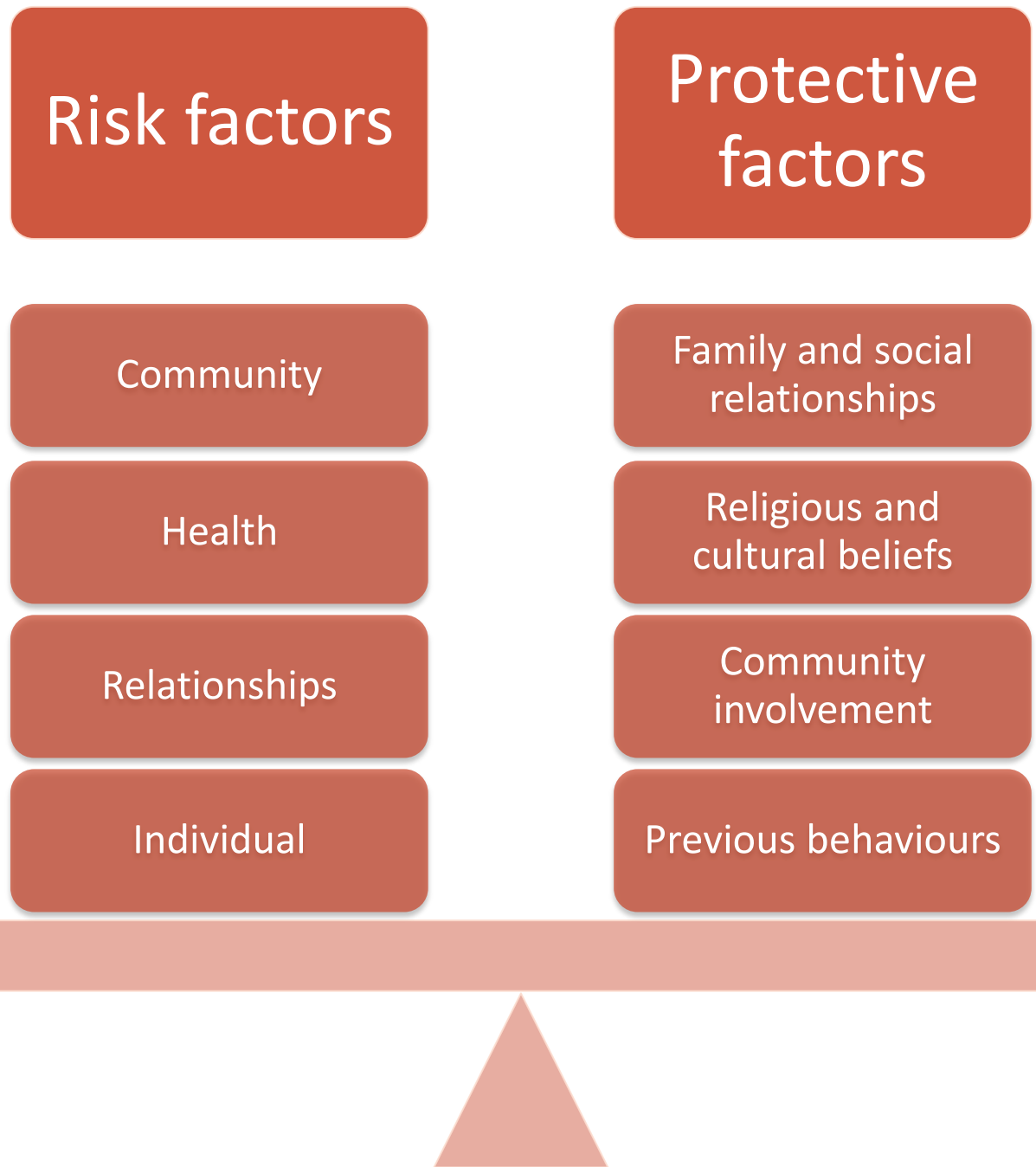
Individual

Relationships

Health

Community





Activity 2: Video demonstration

Show the mhGAP-IG assessment videos for suicide assessment and management.

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

SUI » Quick Overview



ASSESSMENT

- » Assess if the person has attempted a medically serious act of self-harm
- » Assess for imminent risk of self-harm/suicide
- » Assess for any of the priority MNS conditions
- » Assess for chronic pain
- » Assess for severity of emotional symptoms



MANAGEMENT

- » **Management Protocols**
 1. Medically serious act of self-harm
 2. Imminent risk of self-harm/suicide
 3. Risk of self-harm/suicide
- » **General Management and Psychosocial Interventions**



FOLLOW-UP



SUI 1 » Assessment

ASSESS FOR SELF-HARM/SUICIDE IF THE PERSON PRESENTS WITH EITHER:

- *Extreme hopelessness and despair, current thoughts/plan/act of self-harm suicide or history thereof, act of self-harm with signs of poisoning/intoxication, bleeding from self-inflicted wound, loss of consciousness and/or extreme lethargy, QR*
- *Any of the priority MNS conditions, chronic pain or extreme emotional distress*









SUI 2 » Management

PROTOCOL

1





Medically Serious Act of Self-Harm

- » **For all cases:** Place the person in a secure and supportive environment at a health facility.
- » ❌ DO NOT leave the person alone.
- » Medically treat injury or poisoning. 
If there is acute pesticide intoxication, follow "Management of pesticide intoxication". (2.1)
- » If hospitalization is needed, continue to monitor the person closely to prevent suicide.
- » Care for the person with self-harm. (2.2)
- » Offer and activate psychosocial support. (2.3) 
- » Offer carers support. (2.4)
- » Consult a mental health specialist, if available. 
- » Maintain regular contact and **Follow-Up**. 

PROTOCOL

2




Imminent Risk of Self-Harm/Suicide

- » Remove means of self-harm/suicide.
- » Create a secure and supportive environment; if possible, offer a separate, quiet room while waiting for treatment.
- » ❌ DO NOT leave the person alone.
- » Supervise and assign a named staff or family member to ensure person's safety at all times.
- » Attend to mental state and emotional distress.
- » Provide psychoeducation to the person and their carers. (2.5) 
- » Offer and activate psychosocial support. (2.3) 
- » Offer carers support. (2.4)
- » Consult a mental health specialist, if available. 
- » Maintain regular contact and **Follow-Up**. 

PROTOCOL

3

Risk of Self-Harm/Suicide

- » Offer and activate psychosocial support. (2.3) 
- » Consult a mental health specialist, if available. 
- » Maintain regular contact and **Follow-Up**. 

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:

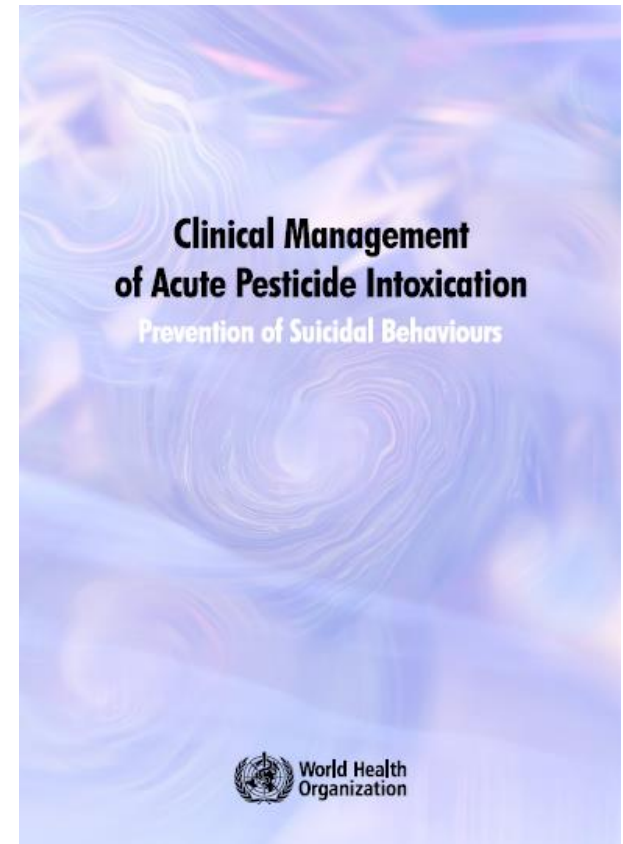
- Recent poisoning or self-inflicted harm.

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).

Emergency medical treatment: General principles

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



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.

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.

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.

2

Is there an imminent risk of self-harm/suicide?

Ask the person and carers if there are **ANY** of the following:

- **Current** thoughts or plan of self-harm/suicide
- History of thoughts or plan of self-harm in the past month or act of self-harm in the past year *in a person who is now extremely agitated, violent, distressed or lacks communication*

NO

YES

IMMINENT RISK OF SELF-HARM/SUICIDE is likely

» Go to **PROTOCOL 2**, manage, and then continue to **STEP 3**

Is there a history of thoughts or plan of self-harm in the past month or act of self-harm in the past year?

NO

YES

Imminent risk of self-harm/suicide is unlikely, but a risk may still persist.

» Go to **PROTOCOL 3**, manage, and then continue to **STEP 3**

Risk of self-harm/suicide is unlikely.

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?*

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?

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?

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?

2

Is there an imminent risk of self-harm/suicide?

Ask the person and carers if there are **ANY** of the following:

- **Current** thoughts or plan of self-harm/suicide
- History of thoughts or plan of self-harm in the past month or act of self-harm in the past year *in a person who is now extremely agitated, violent, distressed or lacks communication*

NO

YES

IMMINENT RISK OF SELF-HARM/SUICIDE is likely

» Go to **PROTOCOL 2**, manage, and then continue to **STEP 3**

Is there a history of thoughts or plan of self-harm in the past month or act of self-harm in the past year?

NO

YES

Imminent risk of self-harm/suicide is unlikely, but a risk may still persist.

» Go to **PROTOCOL 3**, manage, and then continue to **STEP 3**

Risk of self-harm/suicide is unlikely.

3

Does the person have concurrent MNS conditions?

- Depression
- Disorders due to substance use
- Child & adolescent mental and behavioral disorders
- Psychoses
- Epilepsy



» Manage the concurrent conditions.
See relevant modules.



4

Does the person have chronic pain?

» Manage the pain and treat any relevant medical conditions.



5

Does the person have emotional symptoms severe enough to warrant clinical management?

- Difficulty carrying out usual work, school, domestic or social activities
- Repeated self-medication for emotional distress, or unexplained physical symptoms
- Marked distress or repeated help-seeking



» Manage the emotional symptoms.
» Go to »OTH



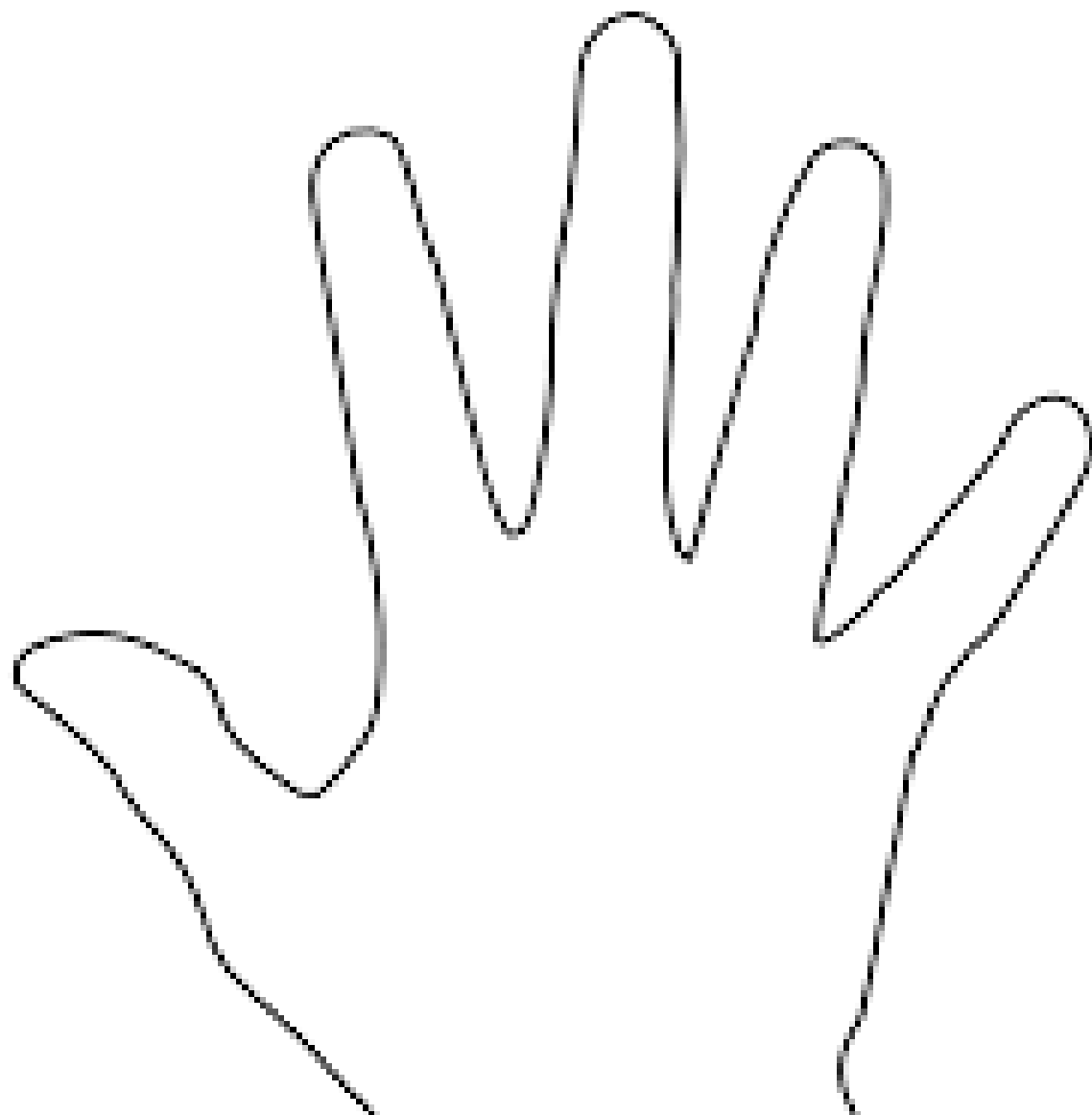
» Go to SUI 3 (Follow-up)

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



Offer and activate psychosocial support

Treat any concurrent
MNS conditions,
chronic pain or
emotional distress

Support the carers

Care for/create a safe
environment for
the person with self-
harm/suicide

Psychoeducation

**REFER to a mental health
specialist**

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.


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” (http://www.who.int/mental_health/publications/9789241596732/en).

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

- Skills and knowledge on how to resuscitate individuals 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 (i.v.) administration if signs of cholinergic poisoning develop;
 - Diazepam and means for its i.v. 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.
 - » Forced vomiting 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. 
 - » Mobilize 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. (2.4)
 - » Ensure continuity of care.
- » Hospitalization in non-psychiatric services of a general hospital is not recommended for the prevention of self-harm. However, if admission to a general (non-psychiatric) hospital is necessary for the management of the medical consequences of self-harm, monitor the person closely to prevent further self-harm in the hospital.
- » **If prescribing medication:**
 - See relevant mhGAP-IG modules for pharmacological interventions in the management of concurrent conditions.
 - Use medicines that are the least hazardous, in case of intentional overdose.
 - Give prescriptions as short courses (e.g. one week at a time).

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 of 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 » ECP**

» Activate psychosocial support

- Mobilize 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/toxic 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 provoke 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 stressors.
- 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.

Activity 4: Role play: Management

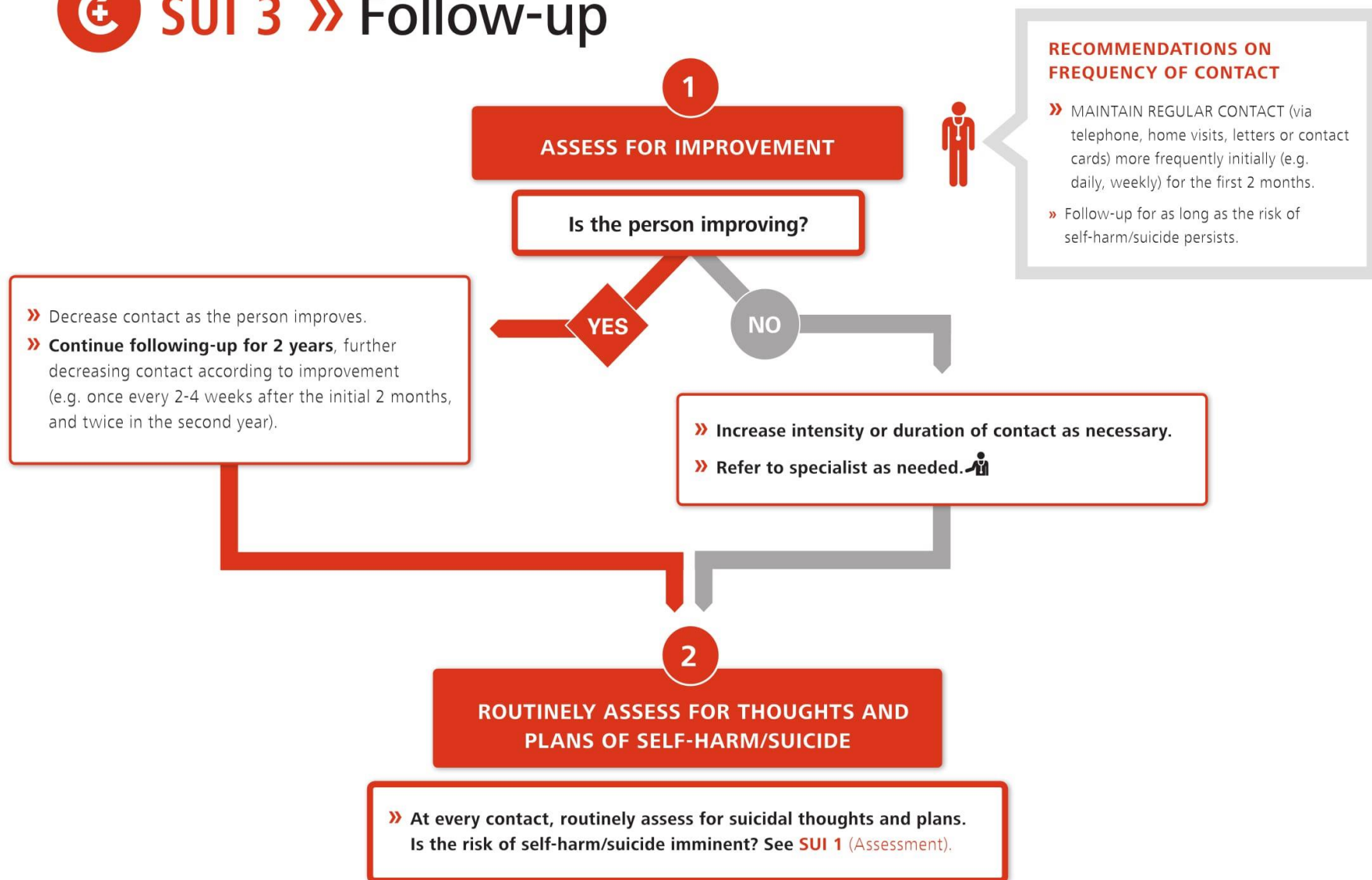
A 30-year-old woman was brought urgently to the centre by her husband after having drunk a bottle of pesticide.

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.

SUI 3 » 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.

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.

Review