



Meeting the Suicide Risk

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Introduction



“Therapists consider *suicidal statements* to be the most stressful form of patient behaviour encountered in their practice”

(Farber, 1983, p.697)

Definitions

The suicidal act should primarily be understood as an act aimed at obtaining relief from an unbearable mental state''

Schneidman (1993)

The suicidal act may be proposed as the conscious or unconscious intention at the time of the act to kill the self's body

Conceptualising Suicide



There is no such thing as a baby...

(Winnicott, 1967)

There is no such thing as a suicidal patient

(Seager, 2008)

Mourning & Melancholia

- Split conflict & Split being (mind & body)
- Suicide act is rooted in the loss of an ambivalently loved and hated caregiver
- Hatred/Hostility retroflected against the Self
- “Melancholia suffers from continual self-approach, low-self esteem, and in a delusional way anticipates some sort of punishment” (Polmear, 2010, p. 46)
- Identification

Risk Factors

- **A Plan**
- **Previous attempts/self-harming behaviour**
- **Access to means**
- **Recent bereavement by suicide in family**
- **History of Psychiatric Disorders**
- Recent release from hospital particular psychiatric or rehab
- Poor impulse control

Risk Factors

- Intoxication drug & alcohol misuse
- Gender - Males
- Age in Ireland 15-34 age group
- Race - Caucasian in US most likely to attempt
- Religion – Protestants > Catholics or Jews
- Unemployment
- Perfectionism/Rigid black & white thinking

Risk Factors

- Hopelessness & helplessness
- Loneliness
- Neglect of the body: Dissociation
- Bereavement particularly maternal loss (teens)
- Recent experienced failure
- History of early trauma (CSA, neglect, abuse)

Risk Factors

- Blackmail with suicide
- Loss of concern/Lack of enthusiasm both for others and by others for the individual
- Collusion between client and others in a suicidal phantasy

First Aid

- **Connecting:** Explore & Ask the hard questions
- **Understanding:** Listen to ambivalence death & life
Assess the risk
- **Assisting:** Safe Contract & Follow-up on commitments

Assist courses HSE



Review the risk

Are you having suicidal thoughts?

- **C**urrent suicidal plan? How prepared? How soon?
- **P**ain unbearable?
- **R**esources?

Background factors

- **+ Prior Suicidal Behaviour**
- **+ Mental Health**

Safety Contract

- Safe Keeping: especially next 24 hours
- Safe Contacts: G.P., next of kin
- Safe Well-Being: no use of alcohol/drugs
- Safe Therapeutic Relationship: Ease the pain
- Safe Resources: protective factors
- + Follow-On commitments
- + Their commitment

Ethics & The Law

- **IACP: 1.2.4.** Break confidentiality only where required by law, or where there are grounds for believing that clients will cause physical harm to themselves or others. Where feasible, practitioners shall endeavour to obtain the client's consent, and consult their supervisor or an experienced colleague, in advance of any such disclosure. However, in emergencies, practitioners shall make their own judgement as to what action is best.

IAHIP 6.2

- 6.2 As a general principle, confidential information given to a psychotherapist by a client is the property of the client and should not be divulged to others except in the following circumstances:

Where clear evidence that serious harm to the client or others is likely, and there is a belief that this can be averted by such action. Prior consent should be obtained from clients unless there is good reason for believing they are no longer able to take responsibility for their own actions.

Accountability

- Limits of confidentiality
- No leaving your premises on their own
- Contact your supervisor
- Note keeping/documentation
- Group supervision/liaising/self-care
- “Autonomy” in suicide means recognising the vulnerability of the individual (Beauchamp and Childress, 2001)



Their '**right**' is not to commit suicide but to have their need for psychological assistance met so that they may enjoy a satisfying life among us

(C.V. Leonard, 1967, p. 223)

Irish Mental Health Act

- 4.-(1) In making a decision under this Act concerning the care or treatment of a person (including a decision to make an admission order in relation to a person), **the best interests of the person shall be the principal consideration** with due regard being given to the interests of other persons who may be at risk of serious harm if the decision is not made.

**Do all the good you can,
By all the means you can,
In all the ways you can,
In all the places you can,
At all the times you can,
To all the people you can,
As long as ever you can.**

John Wesley (1703-1791)



Referring Bodies

- <http://www.pieta.ie/>
- http://www.samaritans.org/?gclid=CKLyvu-k_LUCFY072wodt2cA7g
- <http://www.sosadireland.ie>
- <http://www.suicideprevention.ie>
- <http://stopsuicide.ie>