

Wellness talk

Presenter: Dr. Ruth Masha

Topic: Suicide

G.W. a 28 year old male University Student was found unconscious with empty medication bottles next to him and alcohol bottles but no suicide note was recovered nor signs of scuffle or struggle seen.

They had engaged in a brawl with the girlfriend over the weekend after she came across some inappropriate images in his phone, they exchanged some harsh words and she threatened to quit the relationship and turned down the date.

GW was recently laid off at his workplace where he used to work as a late night supervisor at a petrol station and is entirely dependent on the girlfriend for his upkeep. They have been together for the past 6 years .

On examination: He was unkempt, avoided eye contact, rapport was difficult to establish, had a low mood, speech was of low volume, rate and tone , there were no perceptual disturbances but had a strong urge to end his life ,he had insight .

Toxicology screen was done, RBS,LFT's,UEC's and a decision to admit him was made.

This year's theme of The World Suicide Prevention Day which took place on 10th September was “ **Creating Hope through Action**”.

Mental Health has risen to global priority as the psychological implications of social distancing, quarantines, lock downs and other restrictions were enhanced by the covid -19 pandemic .

The theme is timely as it urges people to move towards action by creating hope so as to prevent suicides .

We are in the YOU, ME and WE generation where social connectedness is paramount for our mental well being and we all need to invest in our social Capital.

SUICIDE

This is the act of intentionally ending one's life.

Other operational definitions include;

Suicidal ideation-constant thoughts or unusual preoccupation with suicide.

Completed suicide- Deliberate and intentional act of self injury using a method that is intended to result in death.

Attempted Suicide- Deliberate and intentional act of self harm that fails to result in death.

Suicidal behaviours-spectrum of self destructive behaviours or tendencies that put one at risk of committing suicide .

Para-suicide-Repetitive attempts also known as a suicidal gesture, not aimed at death

Cont.....

Suicide is a major global public health concern, responsible for 800,000-1 million deaths annually and also the 15th leading cause of death worldwide but 4th leading cause of death among 15-19 year olds.

1 in 4 people people attending PHC have a mental health condition in Kenya ranging from anxiety to Psychotic conditions ranging from MDD, schizo SUD

Kenya recorded a rise in suicide cases between April and June 2021 something that got experts worried.483 people had committed suicide during this period and the youngest was 9 years while the oldest was 76 years.

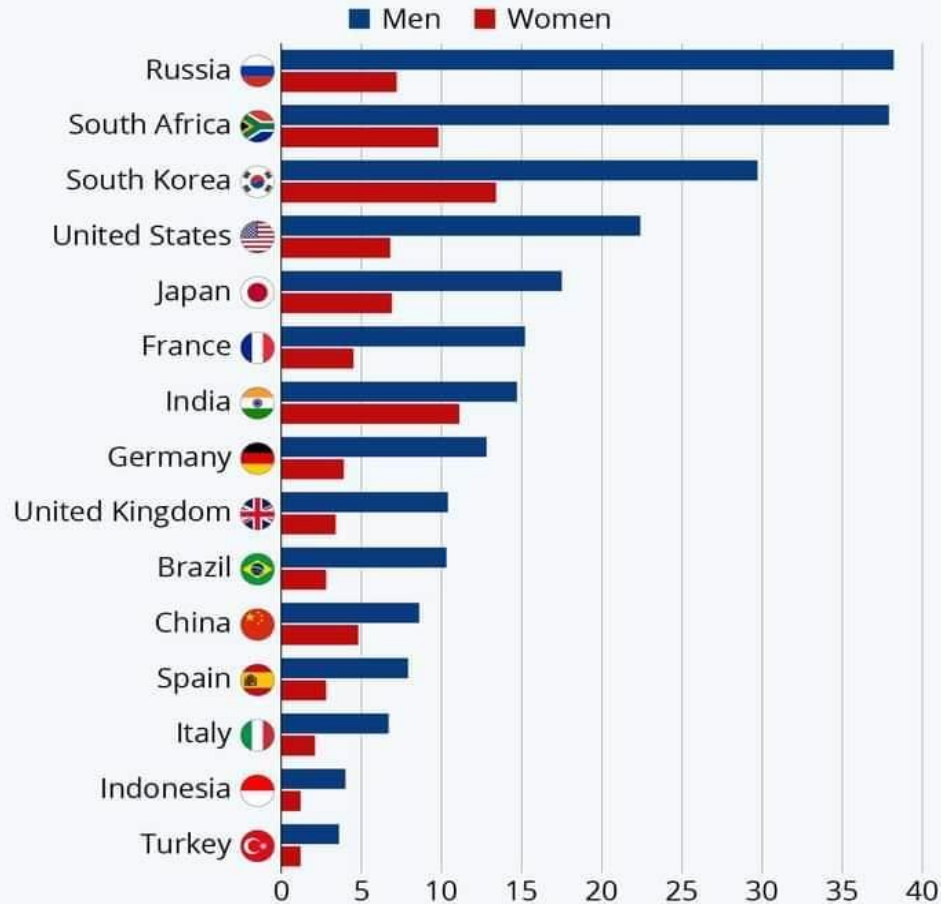
Legal Framework-Suicide is a criminal offence as depicted in section 22 of the Penal Code.

Suicide remains illegal in 25 of the 192 countries in the world. The arguments for decriminalization include;-

Reduce stigma and increase in help seeking behaviour, it should be treated as a a Public Health issue with a compassionate attitude and that imprisonment will lead to adverse mental health consequences

Suicide Rates Around the World

Estimated rate of suicide per 100,000 population
in selected countries in 2019



Source: WHO



The world's lowest suicide rates are in the following countries:

Antigua and Barbuda -

[Barbados](#) -

[Grenada](#) -

Saint Vincent and the Grenadines

Sao Tome and Principe

[Jordan](#) -

Syria -

[Venezuela](#) -

[Honduras](#) -

[Philippines](#) -

Suicide rates in Africa

Out of the 53 African countries, only 16 have published data on suicide incidence rates.

South Africa	Mauritius	Ethiopia	Ghana
Namibia	Mozambique	Egypt	Nigeria
Botswana	Seychelles	Kenya	Senegal
Malawi		Tanzania Uganda	Cameroon

Suicide in Kenya

Data compiled between April and June 2021 by the Dept. of Operations at DCI showed that Central Kenya leads with 181 suicide cases.

2. Rift Valley 68

3. Nyanza 67

4. Nairobi 63

5. Eastern Region 57

6. Western 29

7. Coast Region 14

8. North Eastern 3

Factors associated with Suicide

Being male

Being younger male

History of pre-existing mental illness e.g Depression

Interpersonal difficulties

Stressful life event

Chronic Co-morbidities

Warning signs:

- Substance abuse
- Hopelessness
- Extreme change in behaviour
- Social withdrawal
- Persistent mood swings
- Disinterest in maintaining appearance
- Unusual reckless behaviour
- Easily distracted
- Giving away possessions

Suicide methods

Common methods

Poisoning....Rat Poison, OD(opioids, OPP,Drug overdose)

Gender differences

Male mostly use lethal means like ;Poisoning
strangulation, jumping from a height or bridge or
firearm use

Females mostly use poisoning , burning or carbon
monoxide poisoning

Screening for Suicidality

MINI Suicidality module

Columbia Suicide Severity Rating Scale (CSSRS)

This is a SI and behaviour rating scale created by researchers at Columbia University to evaluate suicide risk.

Here's to score:

10=completed suicide

9= Actual attempt

8=Interrupted attempt

7=Aborted attempt

6=Preparatory Acts or behaviour

5=Active Suicidal ideation with a specific Plan , Intent, Means

4=Active suicidal ideation with some intent to Act without a specific Plan and intent

3=Thoughts of Suicide with any means but no Plan, intent to act

2=Non-Specific Suicidal thoughts

1=Wish to be dead

Stigma related to suicidality

The Suicidal Act is considered : Taboo Illegal Shameful	The Suicidal Person is considered: Bewitched Crazy Outcast
Bad Omen Evil A curse	Weak Cursed Burdensome

Theories of Suicide

-Sociological theory

Emile Durkheim's(lack of social capital)

-Ecological theory

Sainsbury summarized that the social environment one lives in could predict suicides

-Psychiatric hypothesis

Esquinol hypothesized that mental disorders are predictive factors.

The Three step Theory of Suicide by *Klonsky & May (2015)*

The first step is the development of suicidal ideation.

People are shaped by the way their behaviors condition them.

A person adopts behaviors which are rewarded and they often avoid the behaviors which are punished. If a person's day-to-day experience of life is painful, the person is being punished for being alive.

The pain decreases the desire to live and ends up initiating the thoughts of suicide.

Therefore, the first step towards suicide ideation begins with pain and hopelessness regardless of the causative factor.

A combination of pain and hopelessness thereby causes the development of suicide ideation.

The second step involves social connectedness.

This step propels a person further towards potentially suicidal tendencies as Dhingra et al., (2019)

He states that connectedness refers to a person's link to other people.

The term may be used in a broader context to refer to a person's connection to an interest, role, project or job.

The term may also refer to a person's perceived sense of meaning and purpose which keeps them invested in living.

A perfect example is the case of a parent who goes through pain and hopelessness on a daily basis but is deeply invested and connected to his or her children.

If the connectedness to children exceeds the pain and hopelessness, the parent may have passive suicide ideation but will not progress to the active desire to commit suicide.

Consequently, this theory emphasizes on the combination of pain, hopelessness, and connectedness as an explanation for suicidal ideation

The final step in this theory is the progression from mere ideation into attempts.

A person develops the desire to commit suicide and progresses into a stage whereby they decide whether to proceed or not.

People are evolutionally and biologically programmed to avoid pain, death, and injury.

This form of instinctive need to preserve oneself is one of the major hindrances to suicidal attempts.

One of the terms that stand out when explaining this three-step model is “acquired capability.”

A person exposed to life experiences like combat training, physical abuse, non-suicidal self-injury, or suicide of a close relative or acquaintance develops a habituation to pain referred to as acquired capability (Klonsky & May

How to prevent Suicidality.

Your wellness ,Happiness and Fulfillment is your responsibility

1. Self care; Meditation, Yoga, Dancing, walking, take a break (its been found to release endorphins, improve sleep, improves relaxation, alertness, prevents dementia and dissipates anxiety and depression)

2.Timely intervention

-Ask for help by seeking professional support

-Remind people that they are not alone.

-Talk about your feelings

-Show that you care, you could be the only social support to a vulnerable person

WHO Responsible reporting Guidelines

- Educating the public about suicide by using the correct words
- Avoid repetition of stories of suicide
- Avoid explicit description of the method used in a completed suicide or attempted suicide
- Exercise caution in reporting celebrity suicides
- Show due consideration for people bereaved by suicide
- Avoid sharing socio-demographic details of the deceased
- Provide information about where to seek for help

2. Decriminalizing of suicide in Kenya

To help eradicate stigma surrounding suicide, we encourage people NOT to say “they committed suicide”.

We say, “ they died by suicide”

Criminals Commit crimes, Suicidality is not a crime it’s a mental Health issue.

Suicide prevention interventions

- Watch out for signs of distress and changes in behavior.
- Ask, “are you ok?,”, OR “are you having suicidal thoughts?”.
- It will pass...assure your loved one that it will pass with time.
- Talk to others...encourage your loved one to seek professional advice.

I would urge each one of us to enhance their life-work balance and to seek possible relationships that are healthy and foster socio-economic life skills.

Take time to reach out and ,you can be the light!

Remember IT IS OK NOT TO BE OK!

Helplines

Befrienders-0722 178 177

Niskize 24 hr toll free-0900 620 800

Red cross 1199