LECTURE OBJECTIVES:

1. Discuss various factors associated with actual or attempted suicide.
2. Describe theories on possible predisposing factors of suicide.
3. Apply the nursing process to patients/families that are dealing with suicide issues.
4. Differentiate the facts versus fables about suicide.

READING ASSIGNMENTS:

Townsend, Chapter 18

LECTURE OUTLINE:

I. Suicide Crises Defined

A. Suicide is not a diagnosis or disorder, it’s a behavior. Intentionally and voluntarily taking one’s own life

B. Crisis is a sudden event in one’s life that disturbs homeostasis, during which usual coping mechanisms cannot resolve the problem

II. Historical Perspectives

A. In ancient Greece, people who committed suicide were denied burial in community sites

B. In the Middle ages, suicide was viewed as selfish and criminal. These individuals were denied cemetery burial and their property was confiscated

C. Some 17th and 18th century writers recognized the connection between suicide and melancholy or severe mental disturbances

D. Most religions consider it a sin against God

III. Epidemiological Factors

A. Approximately 30,000 persons in th US end their lives each year by suicide

B. 3rd leading cause of death (behind accidents and homicide) among young Americans 15 to 24 years of age

C. 5th leading cause of death for Americans 24 to 44 years of age

D. 8th leading cause of death for Americans 45 to 64 years of age
IV. Facts or Fables

A. You cannot stop a suicidal person
B. Once a person is suicidal, he or she is suicidal forever
C. Improvement after severe depression means that the suicidal risk is over
D. Suicide is inherited
E. All suicidal individuals are mentally ill

V. Risk Factors

A. Marital Status
   1. The suicide rate for single people is twice that of married persons
   2. Divorced, separated, or widowed persons have rate 4 or 5 times greater than those of married persons

B. Gender
   1. Women attempt suicide more often, men succeed more
   2. Successful suicide number: Men 70%, Women 30%
   3. Women tend to OD, Men use firearms
   4. Women tend to seek help from friends or professionals. Men view help-seeking as a sign of weakness

C. Age
   1. Risk of suicide increases with age, particularly in men
   2. The adolescent is at risk for several reasons
   3. The elderly (13% of the population) account for 18% of all suicides
   4. White male over 80 are at greatest risk of all age/gender/race groups
   5. The rates decline after age 65 for females

D. Religion
   1. Historically, Roman Catholics historically have had lower suicide rates than Protestants and Jews
   2. According to studies, individuals that consider themselves affiliated with a religion are less likely to attempt suicide than their non-religious counterparts

E. Socioeconomic Status
   1. Individuals in the very highest and lowest social classes have higher suicide rates than
those in the middle class

2. With regard to occupation, rates are higher among physicians, musicians, dentists, law enforcement officers, lawyers, and insurance agents

F. Ethnicity

1. Whites are the highest risk for suicide
2. Followed by Native Americans, African Americans, Hispanic Americans, and Asian Americans

G. Other Risk Factors

1. Individuals with mood disorders
2. Severe insomniacs
3. ETOH with or without barbiturates
4. Psychosis and hallucinogens
5. Chronic painful or disabling illnesses
6. Homosexuals
7. Family history of suicide or previous attempts
8. Loss of a loved one
9. Increased financial burden

VI. Predisposing Factors: Theories of Suicide

A. Psychological Theories

1. Anger Turned Inward
2. Hopelessness
3. Desperation and Guilt
4. History of Aggression and Violence
5. Shame and Humiliation
6. Developmental Stressors

B. Sociological Theory

1. Egoistic suicide- response of the individual who feels separated and apart from the mainstream of society
2. Altruistic - opposite of egoistic. Individual is excessively integrated into the group and will sacrifice his or her life for the group
3. Anomic - occurs in response to changes that occur in an individual's life (e.g., divorce, loss of job)

C. Biological Theories

1. Genetics- suggest a possible existence of genetic predisposition toward suicidal behavior
2. Neurochemical factors - studies reveal a deficiency in serotonin in patients attempting suicide

VII. Application of the Nursing Process with the Suicidal Client

A. Assessment

1. Demographics
   a. Age
   b. Gender
   c. Ethnicity
   d. Marital status
   e. Socioeconomic status
   f. Occupation
   g. Method
   h. Religion
   i. Family history

2. Presenting symptoms/Medical-Psychiatric Diagnosis
   a. Mood disorder
   b. Substance use
   c. Anxiety disorders, schizophrenia and borderline and antisocial personality disorders
   d. Chronic and terminal physical illnesses

3. Suicidal Ideas or Acts (determine seriousness, plan, means, lethal means, previous attempts, and verbal and/or behavioral clues)
   a. Behavioral clues (giving away prized possessions, writing suicide notes, etc)
   b. Verbal clues ("I want to die", "I'm going to kill myself", "This is the last time you'll see me", or "I don't have anything worth living for").

4. Interpersonal Support System
   a. Does the individual have support persons?
   b. Lack of a meaningful network of satisfactory relationships may place the individual at high risk during an emotional crisis

5. Analysis of the Suicidal Crisis
   a. The precipitating stressor- loss of a loved one, relationship problems, role changes, physical illnesses
   b. Relevant history- numerous failures, rejections
   c. Life-stage issues - coping abilities to deal with a loss may be compromised if coupled with developmental issues (e.g., adolescence and mid life)

6. Psychiatric/Medical/Family History
   a. Assess for previous psychiatric treatment for depression, alcoholism, or previous suicide attempts
   b. Assess for chronic, debilitating or terminal illness
c. Family history of depressive disorder
d. Has a close relative committed suicide in the past?

7. Coping Strategies
   a. Has the individual handled previous crisis situations
   b. How does this situation differ from previous ones?

B. Diagnosis/Outcome Identification

1. Nursing Diagnosis
   a. Risk for suicide
   b. Hopelessness

2. Outcomes: The client
   a. has experienced no physical harm to self.
   b. sets realistic goals for self.
   c. expresses some optimism and hope for the future.

C. Planning/Implementation

1. Do not leave the person alone
2. Establish a no-suicide contract
3. Enlist the help of family or friends to ensure that the home environment is safe from dangerous items
4. Schedule appointments daily or every other day until the immediate crisis is over
5. Establish a rapport and promote a trusting relationship
6. Be direct. Talk openly. Listen actively
7. Use a problem solving approach to discuss the current crisis situation
8. Help the client distinguish areas of the life situation that are within his or her control from those that cannot be controlled
9. Administer and/or monitor anti-depressant meds
10. Crisis counseling for the suicidal client
    a. Focus on current crisis and how to alleviate it
    b. Discuss strategies for management of anger, anxiety, and frustration
    c. Try to restore client’s self worth
    d. Rehearse positive thinking
    e. I/D experiences that affirm self worth
    f. Be available for ongoing support

D. Information for Family and Friends of the Suicidal Client

1. Take any hint of suicide seriously
2. Do not keep secrets
3. Be a good listener
4. Stress that the person’s life is important to you and others. Show love and encouragement
5. Acknowledge the person’s pain and feelings of hopelessness, and encourage the individual to talk to someone else if he or she does not feel comfortable talking to you
6. Familiarize yourself with suicide intervention sources. Help them seek professional help
7. Ensure that access to firearms or other means of self-harm are restricted
8. Try to give them hope and remind them that what they are feeling is temporary
9. Stay with them. Don’t leave them alone
10. Remove any children from the home
11. Do not judge the suicidal person

E. Intervention with Family and Friends of the Suicide Victim
1. Encourage them to talk about it
2. Be aware of blaming or scapegoating
3. Listen to feelings of guilt
4. Discuss individual relationships each family member had with the lost loved one
5. Recognize different styles of grieving
6. Discuss adaptive coping mechanisms
7. Identify resources that provide support

F. Evaluation: an ongoing process accomplished through continuous reassessment of the client
1. Long term goals:
   a. Develop and maintain a more positive self-concept
   b. Learn more effective ways to express feelings to others
   c. Achieve successful interpersonal relationships
   d. Feel accepted by others and achieve a sense of belonging

VIII. National Suicide Hotline: 1-800-SUICIDE