

Chapter 18

SUICIDE

ASSESSMENT AND MANAGEMENT

Kufungisisa can make people lose all hope. When people lose hope and only feel despair, they might feel that there is no more point in living.

DEFINITION OF SUICIDAL BEHAVIOURS

We speak of an **ATTEMPTED SUICIDE** when someone is harming herself or himself but this act is not fatal. Attempted suicides are more common in young women than in young men.

COMPLETED SUICIDE is an act of knowingly and intentionally harming oneself resulting in death. Different methods can be used to harming oneself/committing suicide, common are drinking poisonous substances (i.e. pesticides, tablet overdose), hanging, inhaling gas, ...



RISK OF SUCCEEDING

Having attempted suicide in the past increases the risk of a person completing suicide at some stage in her or his life significantly. We need to assess a patient's risk very carefully and ask for previous attempts.

MYTHS

We might feel uncomfortable speaking about suicide because we might have heard that this might give the person the idea to commit suicide. This is false.

It is very important to get a person to express what she or he feels.

Suicidal intent - Assessment

★ SSQ - Question 11

The SSQ asks a question (Q11) about someone's risk of harming herself or himself. If a client answers this question with 'yes', we will have to talk to the client about the seriousness of her or his condition.

☆ **Questions to ask to assess the seriousness of our client's suicidal intent:**

- "Have you thought about taking your life?"
- "Have you made any kind of plans of how you would do this?"
- "Have you purchased items to actually carry out your plan?"
- "Have you made any kind of arrangements for your dependents for the time after your death?"

If a client gives precise answers to these questions, we speak of a high suicide intent. The higher the suicide intent, the more important it is to react and get help for the client.

REFERRAL

When someone is suicidal, she needs a lot of intense help. After we have talked to the client and assessed the situation, it is important that we refer the client to the DHPO and to the nurse who will do further assessments and possibly prescribe an Antidepressant.



MANAGEMENT OF CLIENTS WITH SUICIDE INTENT

What we need to acknowledge is:

- » The client needs a lot of support from a strong counselor-client-relationship that is based on trust and understanding.
- » The fact that the person is revealing her or his plans to the counselor shows good help seeking skills.



We might be the first person to whom the client speaks to about her or his suicide intent.

We want to further encourage the client to express her or his feelings.
 We are very supportive when the client becomes emotional and tearful.
 We want to especially discuss feelings around guilt, shame and hopelessness. We explain that hopelessness is a symptom of kufungisisa.



*HOPELESSNESS
 is always part of
 kufungisisa.*

- » We must discuss: “What has stopped you so far from attempting to take your life?” This question aims to make the client aware of reasons to continue living.
- » We must explore which family members can be involved to support and protect the client. We get all their details and discuss how we can make contact with the chosen family members. Our client should not be left alone and availability of means of suicide needs to be controlled. (Sometimes an inpatient stay at the hospital might be a way to ensure this.)
- » We plan to see the client regularly to follow up closely. This could also be done via homevisits.



We take the client to the DHPO and to the nurse for further assessment and medication.

Checklist

- Assess suicide intent
- Encourage the client to express her or his feelings and be supportive
- Find reasons to continue living that can be seen as protective
- Establish family members who can be contacted and get their details
- Contact the family members
- Plan further contact with client
- Take client after the session to the DHPO and the nurse



Notes ...



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