

PREVENTING SUICIDE IN HEALTHCARE FACILITIES

There is large number of people who either reach out or are referred to primary care/ health care providers when contemplating suicide. This in turn puts, all health workers, specifically primary care providers, in a good position to identify those at risk and get them the proper support they will crucially need. Some studies suggest that people who commit suicide are more likely than none to have had contact with healthcare services before their attempt.



AFTER A SUICIDE ATTEMPT

Make sure the person is aware of available health (clinical)/social services that can provide support and that there is a plan for regular and well-coordinated follow-up contact. Explain to the person and their family the benefits of staying in contact with health care providers.



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IDENTIFYING PEOPLE AT RISK OF SUICIDE

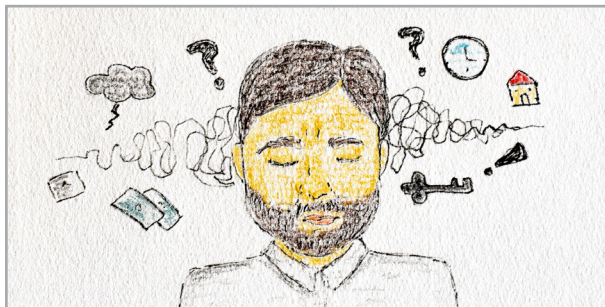
Recognize Warning Signs

While interacting with patients who come for health-care services, healthcare providers might come across common suicide warning signs. It is important to be alert to these signs and take immediate action to protect the patient if any of the following signs is exhibited:

- Signs of self cutting or deliberate self-harm
- Physical signs which suggest being a victim of violence or abuse
- Threatening to or talking about their desire to end their life
- Expressing feelings of hopelessness or having no reason to live

Other warning signs that suggest negative mental health status which may include:

- Reporting withdrawal from others or social isolation
- Talking about being a burden to others, or being in unbearable pain
- Reporting impulsive behaviors or acting on impulsive thoughts
- Agitation, aggression, distress, or difficulty communicating (observed during a consultation or mentioned as problems)
- A significant change in eating or sleeping habits



It is recommended to healthcare providers in case these warning signs are present, to probe more deeply for risk factors for suicide. These include:

- Previous suicide attempts
- Depression
- Alcohol or drug use problems
- Other mental health conditions such as psychosis or bipolar disorder
- Chronic pain or illness
- Experiences of trauma (e.g. sexual and interpersonal violence, war, abuse)
- Recent loss (e.g. unemployment, bereavement, relationship break-up) or financial problems

WHAT YOU CAN DO

1. Allocate sufficient time to talk to the person in a private space and comforting atmosphere, show empathy and try to establish a positive rapport.
2. Lead into the topic gradually, to assess the current mental and emotional state of the person, before asking directly if they have thoughts about suicide. Asking about suicide does not provoke suicide, but can reduce anxiety and helps the person feel understood.
3. If the person confirms that they have thought of or are thinking about suicide, ask follow-up questions to ascertain whether they have made concrete plans.
4. If the person has suicidal thoughts or plans, but the plan is not concrete or immediate:
 - Offer emotional support, encourage them to talk about their suicidal feelings, remind them of their strengths, encourage them to talk of how they resolved problems in the past and explore reasons and ways to stay alive;
 - Provide them with details of a mental health specialist if possible and desirable, and maintain regular contact, initially by making another appointment; and
 - Activate psychosocial support by encouraging reaching out to family or friends and provide details of available healthcare services/providers.
5. If the person has a concrete plan, including the means and the intention to die, stay with the person, remove the means of suicide, consult a mental health specialist, and assign a family or staff member to stay with the person so that they are not left alone until further specialist support is in place.