



Preventing suicide

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On September 10, take a moment to consider what suicide means, its effects, and what you can do to prevent it.

That is World Suicide Prevention Day, a day to call attention to suicide as the leading cause of premature and preventable death. Add in that there are 10 to 20 times as many failed attempts as there are deaths from suicide.

To quote the president of the International Association for Suicide Prevention, Brian Mishara: “In this age of preoccupation with global violence, terrorism and homicides, we often ignore the fact that worldwide more people kill themselves than die in all wars, terrorist acts and interpersonal violence combined.”

On a personal level, suicide is not a solution to any problem. Many people consider suicide an option but, by definition, that means there are other choices. With death the pain, the suffering and the trauma is simply transferred to those who survive. What kind of a choice is that?

Suicide is also a significant public health issue in many countries and combating it is something worthwhile. Fortunately, our knowledge about the risk factors, identification and treatment of suicide has improved greatly.

First, consider the risk factors for suicide. In western countries, almost 90% of those who attempt suicide have diagnosable mental illness: it increases the risk of suicide ten-fold! Those illnesses include depression, bipolar disorder, alcohol and substance abuse and schizophrenia. Of course, the vast majority of those with these illnesses do not attempt suicide. This is because they either do not have the right (wrong?) mix of life stresses and other risk factors, or they have supports in place to deal with these challenges.

Suicide is the result of a complex interaction of causal factors, including mental illness, poverty, substance abuse, social isolation, losses, relational difficulties and workplace problems. Additional risk factors include a family history of suicide or attempts, a previous attempt by the person, and the availability of lethal methods for killing yourself.

What can be done? Our knowledge of what can precipitate suicide and how to diagnose and treat the problem has grown tremendously in the past decade. We know that there are things we can do to help. One is educating physicians about recognizing, treating and managing depression and suicidal behaviour. Many who die by suicide saw a doctor in the weeks prior to death.

Similarly, we can educate the community’s ‘gatekeepers’. These are people who work in our schools, prisons, in community services, homes for the elderly, and clergy. If they can more easily identify someone at risk, intervention and referral can help.

Restricting the means to suicide is another good strategy. Examples include limiting the pack size of analgesics, installing barriers at sites that have become popular for suicide, making firearm ownership and possession more difficult, and prescribing drugs which are clinically safer if taken in overdose.

Some think this will simply change the timing of the suicide, research shows that giving pause to someone considering suicide can give them a second chance to not go ahead.

Suicide percolates up from a complex blend of factors and results in profound emotional fallout for those left behind. It is not a solution to any problem. Look around. Recognize those in pain. Reach out.

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