Module: Self-harm/suicide

Overview

Learning objectives

• Promote respect and dignity for people with self-harm/suicide.
• Know the common presentations of self-harm/suicide.
• Know the principles of assessment of self-harm/suicide.
• Know the management principles of self-harm/suicide.
• Perform an assessment for self-harm/suicide.
• Assess and manage co-morbid physical health conditions in a person with self-harm/suicide.
• Assess and manage emergency presentations of self-harm/suicide.
• Provide psychosocial interventions to persons with self-harm/suicide.
• Provide follow-up sessions for people with self-harm/suicide.
• Refer to mental health specialists and links to outside agencies for self-harm/suicide as appropriate.

Key messages

• Common presentations of self-harm/suicide:
  – Extreme hopelessness and despair.
  – Current thoughts/plan/acts of self-harm/suicide or history thereof.
  – Act of self-harm with signs of poisoning/intoxication, bleeding from self-inflicted wounds, loss of consciousness and/or extreme lethargy.
• Anyone with other priority MNS conditions must be assessed for self-harm/suicide.
• Anyone with self-harm/suicide must be assessed for other priority MNS conditions, chronic pain, and emotional distress.
• You can use effective communication skills to provide psychosocial interventions to the person and to the whole family.
• Refer a person with self-harm/suicide to a mental health specialist, if available.
• It is essential to offer regular follow-up care to a person with self-harm/suicide.
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<td>40 minutes</td>
<td>Activity 1: Person stories followed by group discussion&lt;br&gt;Use the person stories to introduce self-harm/suicide</td>
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<td>2. Assessment of self-harm/suicide</td>
<td>Know the principles of assessment of self-harm/suicide</td>
<td>40 minutes</td>
<td>Activity 2: Video demonstration: Assessment&lt;br&gt;Use videos/demonstration role play to show an assessment of self-harm/suicide and allow participants to follow the process according to the mhGAP-IG assessment algorithm</td>
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<td>3. Management of self-harm/suicide</td>
<td>Know the management principles of self-harm/suicide</td>
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<td>Presentation on psychosocial interventions and brief group discussion</td>
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<td>4. Follow-up</td>
<td>Offer follow-up for self-harm/suicide, as appropriate</td>
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<td>5. Review</td>
<td>Review knowledge and skills from the session</td>
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<td>Multiple choice questions and discussion</td>
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Total duration (without breaks) = 3 hours 45 minutes
Session 1.
Introduction to self-harm/suicide

40 minutes

Session outline

- Introduction to self-harm/suicide.
- Assessment of self-harm/suicide.
- Follow-up.

Activity 1: Person stories followed by group discussion

Activity 1: Person stories

- Present the person stories of self-harm/suicide.
- First thoughts.

Begin the session by briefly listing the topics that will be covered.

Use the person stories (one or more) to discuss self-harm/suicide:
- Introduce the activity and ensure participants have access to pen and paper.
- Tell the stories – be creative in your storytelling to ensure the participants are engaged.
- Immediate thoughts – give participants time to give their immediate reflections on the person stories.
- Discuss local perceptions/understanding of self-harm/suicide.
Why is suicide a public health concern? Explain the statistics on the slide.

Explain that globally, close to 800,000 people die due to suicide every year. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind.

State that it was the second leading cause of death in 15–29 year-olds globally in 2015.

There are indications to suggest that for every suicide there are more than 20 other people attempting suicide.

Some 78% of global suicides occurred in low- and middle-income countries in 2015.

In high-income countries, men are three times more likely to die from suicide than women. In low- and middle-income countries men are one and a half times more likely to die from suicide than women.

Direct participants to the master chart and read through the common presentations of people with self-harm/suicide.

Emphasize that there are two ways that people with self-harm/suicide access non-specialized health settings:

1. As an emergency presentation of self-harm/suicide.
2. During an assessment for other MNS conditions, chronic pain or extreme emotional distress.

Assessing someone in an emergency state requires that you medically stabilize them first and ensure their safety before conducting a detailed assessment.

Assessing someone with thoughts, plans or acts of self-harm/suicide requires that you explore:

- any plans
- risk factors
- protective factors.
Risk factors

Ask participants to turn to the person sitting on their right.
In pairs, ask participants to list two risk factors under each of the following headings:
- individual risk factors
- relationship risk factors
- community risk factors
- health systems risk factors.

Give participants 10 minutes to discuss and 10 minutes to present back to the group. Then show the slides and discuss.

Explain that individual risk factors include:
- If the person has previous self-harm/suicide attempts.
- Have they experienced losses – personal or financial?
- Do they use substances?
- Do they have a family history of suicide?
- Are they experiencing acute emotional distress – feeling hopeless, helpless, shame etc.?
- Are they suffering with chronic pain?
- Do they have another priority MNS condition?

State that the risk of suicidal behaviour increases with co-occurring mental disorders, i.e. individuals with more than one mental disorder have significantly higher risk of self-harm/suicide. (Source: WHO: Preventing suicide: A global imperative; 2014.)

Ask the group to reflect on why these may be risk factors.

Explain that health systems and people's experiences of health systems also impact on their risk of self-harm/suicide. As you talk through the points on the slide (as described below) facilitate a group discussion on why these may be risk factors.
• If people have thoughts/plans of self-harm/suicide, it is a risk if they cannot access health care when needed.
• There is a greater risk of self-harm/suicide if in society there is easy access to means of suicide (pesticide, guns etc.).
• Society’s attitude and stigma towards suicide and people who seek help for self-harm/suicide can also act as a risk factor for self-harm/suicide.
(Source: WHO: Preventing suicide: A global imperative; 2014.)

Explain that relationship problems are a risk factor for self-harm/suicide including:
• a sense of isolation
• abuse
• violence
• fights/conflicts.

Explain that what is happening in the wider community can also act as a risk factor for self-harm/suicide – such as war, disaster, stress and discrimination.
(Source: WHO: Preventing suicide: A global imperative; 2014.)

Ask participants to reflect on why these may be risk factors and facilitate a brief discussion.

Stress that risk factors can change over time. Therefore, they should be reviewed at follow-up visits, especially when the symptoms and/or the situation worsens.

Explain that if risk factors increase, the risk of self-harm/suicide increases.

**Protective factors** help protect a person from self-harm/suicide.

In the same pairs as before, ask participants to spend five minutes brainstorming possible protective factors.

After five minutes of discussion ask for feedback from the pairs.
Talk through the list of protective factors as described on the slide:

- Previous coping strategies – have they felt like this before? If so, how did they cope, what did they do? What helped them? Will it help them again?
- Community involvement – are there family members, friends, community members who can help, listen, and support them?
- Religious, cultural beliefs – do they have access to spiritual/religious leaders, important leaders in a community who can support them? Do they have beliefs that give them hope?
- Family and social relationships – are there relationships or people in their lives who give them hope and a sense of having a future?
Session 2.
Assessment of self-harm/suicide

1 hour 10 minutes

Activity 2: Video demonstration: Assessment

Explain that participants are going to watch a video about a young lady called Nada who has been brought to a non-specialized health setting (clinic) by her parents.

Instruct participants to turn to page 132 in the mhGAP-IG Version 2.0. Emphasize the principles of assessment:
1. Assess if the person has attempted a medically serious act of self-harm/suicide.
3. Assess for any of the priority MNS conditions.
5. Assess for emotional distress.

Show the video mhGAP-IG SUI video (https://www.youtube.com/watch?v=4gKleWfGIEI&index=16&list=PLU4ieskOli8Gi6aEnDweSQ6-yaGxes5v).

Instruct the participants to use the mhGAP-IG algorithm to facilitate a discussion to decide if Nada attempted a medically serious act of self-harm?

Explain that in an emergency situation assessment and management must happen quickly and at the same time.
Direct participants’ attention to Protocol 1: Managing medically serious acts of self-harm/suicide (page 136).

Talk through the steps:

In case of medically serious acts of self-harm/suicide, the person should be put in a secure and supportive environment in the health-care facility.

Nada cut her wrist in the video but what are the other methods of self-harm/suicide people may use?

Wait to hear a few ideas from participants before moving on to the next slide.

Explain that ingestion of pesticides, hanging and firearms are the most common methods of suicide globally.

Therefore, in an emergency assessment of self-harm/suicide attempts look for:
- Signs of poisoning.
- Bleeding, loss of consciousness and extreme lethargy.

Explain that the next topic is specifically about pesticide poisoning.

Read through the points on the slide

Emphasize that it is a suicide method with a high fatality rate and globally, it is one of the most common methods.
Refer participants to the Clinical management of acute pesticide intoxication: Prevention of suicidal behaviours (WHO, 2008).

Read out the points on the slide.

Talk through the minimum set of skills and resources as described on the slide.

Stress that if the health-care facility/provider does not have ALL FOUR of these resources, then the person should be transferred to a facility with these minimum resources immediately.
Stress the importance of avoiding the actions displayed in the slide.

Once the person is medically stable in a safe environment, return to the assessment algorithm and continue with the following steps of the assessment.

Does Nada have an imminent risk of self-harm/suicide?

Facilitate a brief group discussion to answer this question.

Explain to the group that questions about self-harm/suicide must follow an appropriate line of questioning. For example, do not ask, “Do you have a headache?” and next, “Do you want to kill yourself?” Instead, when the person is talking about their feelings of sadness or hopelessness, make the transition to asking about any thoughts or plans of self-harm/suicide.
Talk through the suggested questions on the slide.

Facilitate a brief brainstorming discussion to ensure that these examples of general questions are culturally appropriate.

Read out the list of specific questions on the slide.

Have participants generate their own list of specific questions. Make a note of their questions. Keep the list in full view so participants can use those questions in upcoming role plays.

During an assessment, at the same time as asking about any thoughts/plans of self-harm/suicide, also ask about any possible protective factors.

Brainstorm culturally relevant questions with the group.

Continue with the assessment algorithm.
Explain that previous behaviour is a strong predictor of future behaviour, therefore it is important to ask about any previous acts of self-harm or suicide attempts.

If they have had previous acts of self-harm/suicide then this is also an opportunity to ask what helped them survive those previous act/ attempts.

How did they cope with those feelings? Can they do the same thing this time?

Emphasize that while assessing for suicide, it is essential to assess for:

- Other concurrent MNS conditions.
- Chronic pain such as pain due to HIV/AIDS, cancer etc.
- Emotional distress – this can be due to the loss of a loved one, loss of employment, intense family conflict, problems at school, intimate partner violence, physical or sexual abuse or uncertainty about gender and sexual orientation etc.

If there are other concurrent MNS conditions, chronic pain or acute emotional distress, then treat these conditions and go to the relevant modules in the mhGAP-IG.
Activity 3: Role play: Assessment

Activity 3: Role play: Assessment

A young man has come to be checked over after having a motorcycle accident. The health-care provider is worried he may have been suicidal at the time of the accident.

Practise using the mhGAP-IG to assess someone for self-harm/suicide

See SUI supporting material role play 1.

Print the three different instruction sheets for the participants playing different roles.

Ensure the person playing the role of the observer also has a competency assessment form (see ToHP training forms) in order to assess the participants.

Duration: 30 minutes.

Purpose: This role play gives participants an opportunity to practise using the mhGAP-IG to assess for possible self-harm/suicide.

Situation: A young man has come to be checked over after having a motorcycle accident. The health-care provider is worried he may have been suicidal at the time of the accident.

Instructions:
• Divide the participants into groups of three.
• Instruct one person to play the role of the health-care provider, one the person seeking help and one the observer.
• Distribute the role play instructions to each person depending on their role.
• Ensure that the participants keep to the allotted time.
Session 3. Managing self-harm/suicide

1 hours

Ask the group what interventions could be used in the management of self-harm/suicide.

Explain that the key to the management of self-harm/suicide is to:
• Ensure the person does not have access to means.
• Support the carers.
• Mobilize family and friends to support and make the person feel safe.
• Focus on protective factors.
• Offer psychoeducation to ensure the person understands how useful it is to talk about negative feelings and how important it is to identify people to turn to when feeling this way.

It is important to treat any underlying MNS condition, chronic pain and emotional distress.

As self-harm/suicide is always serious, refer the person to a mental health specialist when available and consult them regarding next steps.
Talk through the points on the slide.

Direct participants to mhGAP-IG Version 2.0 (page 137) and ask a volunteer from the participants to briefly talk through the different interventions in detail, answering any questions the group may have.

Remind participants that it is essential to ensure that the person is in a safe and quiet environment when talking about self-harm/suicide.

Remind participants to involve carers, where possible, in the assessment and management of the person with self-harm/suicide.

Direct participants to continue to read through the psychosocial interventions in the mhGAP-IG. Ask for a different volunteer to continue reading out loud.

Highlight the points listed under activating psychosocial support. Explain that by assessing for protective factors, they have already started to “explore reasons and ways to stay alive”.

When exploring for reasons and ways to stay alive, one should really listen to the person and try to understand what is the most important for them and avoid giving your own opinions.
Activity 4: Role play: Management

See SUI supporting material role play 2.

Print the three different instruction sheets for the participants playing different roles.

Ensure the person playing the role of the observer also has a competency assessment form (see ToHP training forms) in order to assess the participants.

Duration: 30 minutes.

Purpose: This role play gives participants an opportunity to practise using the mhGAP-IG to manage self-harm/suicide with psychosocial interventions.

Situation:
- A 30-year-old woman was brought urgently to the centre by her husband after having drunk a bottle of pesticide.
- You managed to save her life (the minimum set of skills and resources were available in your facility).
- Now, you, the health-care provider, have come to see her on the ward after she has become stable.

Instructions:
- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one the person seeking help and one the observer.
- Distribute the role play instructions to each person depending on their role.
- Ensure that the participants keep to the allotted time.
Session 4. Follow-up

40 minutes

Talk through the follow-up assessment steps as described on the slide and in the mhGAP-IG.

Explain that a person needs to be followed-up closely as long as there is still a risk of self-harm/suicide.

Different methods can be used to follow-up: scheduling another appointment at the centre, home visits, phone calls, text messages.

The appropriateness of these different methods varies depending on cultural acceptability and on the resources available.

Facilitate a brief group discussion about:
- Different ways that they could follow-up with a person with self-harm/suicide.
- Identify any barriers/solutions to providing follow-up.

Use this case scenario to raise participants’ awareness about issues of confidentiality.

Read the scenario out loud and ask participants:
- How would participants respond in this scenario?
- Would they break confidentiality?
- If yes, what would they do?
- If not, why not?

Case scenario

A 25-year-old woman sees you in a clinic. She is very upset and tearful. She explains that she is scared because she is fighting with her mother all the time, who demands that she gets married to a man that she does not love.

The young woman does not know what to do, she feels desperate and believes her only option is to kill herself. She has specific plans about what she will do. She asks you not to tell anyone about her plans especially her mother and family.
Activity 5: Role play: Follow-up

You first met this lady after she had intentionally ingested a bottle of pesticide in order to kill herself. After she was medically stabilized, you offered her support by using psychoeducation, activating psychosocial support networks and problem-solving. You explained to her that you wanted to stay in regular contact to monitor her progress. She has now returned for follow-up.

Duration: 40 minutes.

Purpose: To show participants how to work with people during a follow-up session for self-harm/suicide.

Situation:
You first met this lady after she had intentionally ingested a bottle of pesticide in order to kill herself. After she was medically stabilized, you offered her support by using psychoeducation, activating psychosocial support networks and problem-solving. You explained to her that you wanted to stay in regular contact to monitor her progress. She has now returned for follow-up.

Instructions:
• Facilitator plays the role of the health-care provider.
• Participants watch.
• After five minutes of the role play, stop and ask participants to suggest ways that the health-care provider could work with the person returning for a follow-up session.
• Then ask a participant volunteer to take over from the facilitator to continue the follow-up interaction.
• This is repeated three times so that at least three participants can play the role of health-care provider.
• After the third change, stop the exercise.
• Reflect as a group on the benefits of follow-up.

See SUI supporting material role play 3.

Print off the three different instruction sheets for the participants playing the different roles.

Ensure the person playing the role of the observer also has a competency assessment form (see ToHP training forms) in order to assess the participants.
Session 5.
Review

15 minutes

**Duration:** Minimum 15 minutes (depending on participants’ questions).

**Purpose:** Review the knowledge and skills gained during this training session by delivering MCQs and facilitating a discussion.

**Instructions:**
- Administer the SUI MCQs (see SUI supporting material) to participants.
- Discuss the answers as a group.
- Facilitate a brief discussion answering any queries or concerns the participants may have.
SUI PowerPoint slide presentation

PowerPoint slide presentation available online at:
http://www.who.int/mental_health/mhgap/sui_slides.pdf

SUI supporting material

- Person stories
- Role plays
- Multiple choice questions
- Video link

Activity 2: mhGAP SUI module – assessment and management
https://www.youtube.com/watch?v=4gKleWfGIEl&index=16&list=PLU4ieskOli8GicaEnDwe5Q6-yaGxhes5v

Supporting material available online at:
www.who.int/mental_health/mhgap/sui_supporting_material.pdf