Self-Destructive Behavior

- Definition:
  - Maladaptive measures a person uses to restore inner equilibrium when overwhelmed or unable to cope with stressful life events

Suicide

- Definition:
  - The willful act of ending one’s own life
Box 23.1 Suicide Facts

- Every 18 minutes, a life is lost to suicide.
- Suicide is now the 11th leading cause of death in the United States across all age groups.
- There are more than 30,000 deaths from suicide in the United States each year.
- More people kill themselves each year than are murdered. For every two people who are murdered, there are three persons who take their own lives.
- In the past 50 years, the number of deaths from suicide in young adults has tripled.
- There are twice as many suicides as deaths due to HIV/AIDS.
- In the month prior to suicide, 75% of all suicide victims had visited a primary care provider; many had a depressive illness that was not diagnosed.
- Men are more than nine times more likely to die by suicide than women; the gender ratio is four males to every one female.
- Over half the deaths from suicide are in adults age 25-64.
- Many suicidal people never seek professional care.

Suicide - continued

Social variables
- Ethics
- Ignorance
- Embarrassment
- Shame
- Fear of being labeled

Suicide - continued

Demographic variables
- All demographic groups
- Highest rates
  - Young adults aged 20-24
  - Non-Hispanic whites
  - Age 65 and older
  - Non-Hispanic white men over 65
Suicide - continued

- Clinical variables
  - 90% of individuals who commit suicide have a psychiatric illness
  - 50% are under active psychiatric or mental health care
  - Lack of close relationships
  - Lack of personal freedoms

Suicide - continued

- Not a random act
- Has a message and a purpose
  - Secondary to a terminal illness
  - Feeling like a burden to others
  - An untenable family situation
  - An untenable personal situation
  - Self-punishment for unacceptable behavior

Interview with Everett

Click here to view a video featuring a client experiencing suicidal behavior.
Box 23.4 Characteristics Most Closely Associated with Suicide

- The common presentation of suicide is to seek a solution to what appears to be an otherwise insoluble problem.
- The common goal of suicide is elimination of overwhelming emotional pain.
- The common stimulus in suicide is unbearable psychological pain that may arise from a number of sources.
- The common precipitant in suicide is hastened psychological change that may result from family turmoil and interpersonal difficulties.
- The common situation in suicide is a precipitate sense of hopelessness coupled with helplessness.
- The common precipitant in suicide is a precipitate situation in which a precipitate decision is made.
- The common precipitant in suicide is a precipitate decision in which a precipitate action is taken.
- The common precipitant in suicide is a precipitate action in which a precipitate decision is made.
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Suicide Rates

- Gender
  - Males who are Native American, white non-Hispanics, African-Americans, Hispanics, and Asian/Pacific Islanders have higher rates than females

Suicide Rates - continued

- Age
  - Native Americans and African-Americans have highest rate during adolescent and young adult years
  - European-American non-Hispanics, Hispanics, and Asian/Pacific Islanders have highest rate in those over 65 years of age
  - Hispanic Latina girls had significantly higher rate of suicide attempts than in African-American or Caucasian groups
Suicide Rates - continued

- Among all ethnic groups, alcohol use among adolescents was associated with increased suicidal behavior.
- Suicide and suicide attempt rates vary across different ethnicities.

Biopsychosocial Theories

- Sociocultural theory
  - Deterioration in relationship with society
  - Self-inflicted death as honorable
  - Demographic characteristics

Biopsychosocial Theories - continued

- Interpersonal and intrapsychic theory
  - Suicide may result when people experience no close relationships with others or no personal freedoms and no hope of getting them.
  - Suicide is a dyadic event.
Biopsychosocial Theories - continued

- Biologic theory
  - Biologic and medical markers
  - Neurotransmitter receptor hypothesis
    - Errors in receptors for serotonin
    - Positron emission tomography (PET)
  - Genetics

- Cognitive theory
  - Dichotomous thinking
  - Constriction of thought
  - Ambivalence
  - Cognitive behavior therapy (CBT)

Lethality Assessment

- Attempt to predict likelihood of suicide
  - Direct communication with client about intent
  - Consideration of lethality of proposed suicide method
  - Evaluation of client's ability and intent to act on idea or plan
YOUR ASSESSMENT APPROACH: Lethality Assessment Scale

<table>
<thead>
<tr>
<th>Key to Scale</th>
<th>Danger to Self</th>
<th>Typical Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No predictable risk of immediate suicide</td>
<td>No history of suicide or history of attempt, no history of abuse, no history of mental illness, no history of alcohol or drug problems, healthy social support system, no recent crisis or stressors, no history of risk factors for suicide</td>
</tr>
<tr>
<td>2</td>
<td>Low risk of immediate suicide</td>
<td>High history of suicide or history of attempt, no history of abuse, no history of mental illness, no history of alcohol or drug problems, healthy social support system, no recent crisis or stressors, no history of risk factors for suicide</td>
</tr>
<tr>
<td>3</td>
<td>Moderate risk of immediate suicide</td>
<td>Moderate history of suicide or history of attempt, history of abuse, no history of mental illness, no history of alcohol or drug problems, healthy social support system, no recent crisis or stressors, no history of risk factors for suicide</td>
</tr>
<tr>
<td>4</td>
<td>High risk of immediate suicide</td>
<td>High history of suicide or history of attempt, history of abuse, history of mental illness, no history of alcohol or drug problems, healthy social support system, no recent crisis or stressors, no history of risk factors for suicide</td>
</tr>
<tr>
<td>5</td>
<td>Very high risk of immediate suicide</td>
<td>Very high history of suicide or history of attempt, history of abuse, history of mental illness, history of alcohol or drug problems, unhealthy social support system, recent crisis or stressors, history of risk factors for suicide</td>
</tr>
</tbody>
</table>


Box 23.6: Lethality of Suicide Methods

Less Lethal Methods
- Whistling
- Hoarse voice
- Nonprescription medications (excluding aspirin and antacids, but not tylenol)
- Tranquilizers

Highly Lethal Methods
- Gun
- Jumping
- Hanging
- Drowning
- Carbon monoxide poisoning
- Benzodiazepines and prescribed sleeping pills
- High doses of aspirin and antacids (tylenol)
- Car crash
- Exposure to extreme cold
- Antidepressants

Box 23.6: Lethality of Suicide Methods

Suicide Precautions

- Client safety is priority
- Suicide precautions
  - Can be instituted without a physician’s order, but psychiatric consultation must be obtained as soon as possible
  - Precaution level dependent on threat to client’s safety
YOUR INTERVENTION STRATEGIES: Sample Protocols for Suicide Precautions

Suicide Prevention

- Take any threat seriously.
- Talk openly and directly.
- Institute appropriate level of precautions.
- Be mindful of objects that can be used for self-harm.

Suicide Prevention - continued

- Determine if a contract is needed.
- Consistently observe the client.
- Develop a care plan.
- Encourage hope.
- Encourage self-care.
Suicide Prevention - continued

- Perform a physical examination.
- Be mindful of needs of client and family.
- Monitor personal feelings.
- Work with other team members.
- Help client identify and develop protective factors.

YOUR INTERVENTION STRATEGIES: How to Develop No Self-Harm/No Suicide Contracts

1. Talk to the client about their thoughts of suicide.
2. Set up a schedule for follow-up appointments.
3. Make a plan to contact the client if suicidal ideation increases.
4. Discuss the client's support system.
5. Provide the client with resources for help.

National Suicide Prevention Initiative
- First coordinated effort of resources and culturally appropriate services between all levels of government and the private sector

Suicide Hotlines and Crisis Centers
- Network of crisis centers in communities around the world dedicated to suicide prevention
Partner with Family

- Foster education.
- Involve family in discharge planning.
- Provide emergency contact numbers.
- Provide information on community and local resources.

Self-Awareness

- When working with suicidal clients, be aware of and monitor personal reactions to potentially life-threatening situation.

Nurses must assess:
- Personal feelings
- Experiences
- Conflicts
- Memories

YOUR SELF-AWARENESS: An Attitude Inventory for Working with Suicidal Clients

To increase self-awareness about your own ethnocentrism, work through the following questions:

- What kinds of things make me angry?
- How do I deal with arguing?
- How do I handle conflict?
- How do I handle failure?
- How do I handle success?
- How do I handle change?
- How do I handle challenges?
- How do I handle uncertainty?
- How do I handle setbacks?
- How do I handle stress?
- How do I handle criticism?
- How do I handle rejection?
- How do I handle failure?
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- How do I handle success?
- How do I handle change?
- How do I handle challenges?
- How do I handle uncertainty?
- How do I handle setbacks?
- How do I handle stress?
Case Management

- Case managers ensure that planned therapeutic linkages occur once client has been discharged
  - Community-based care
  - Home care
  - Survivors of suicide
    - Family and friend survivors
    - Child and adolescent survivors
    - Staff survivors of client suicide

Resources

- http://www.suicidology.org/
  The American Association of Suicidology provides current information about suicide and suicidal behavior, research, treatment, resources, and educational resources.

- http://www.afsp.org/
  Visit this link to find current information from the American Foundation for Suicide Prevention about suicide and suicide prevention, survivors, research, support, and educational resources.

Resources - continued

- http://www.friendsforsurvival.org
  Friends for Survival, an organization of people affected by suicide, provides peer support services and seeks to educate the entire community regarding the impact of suicide.

- http://www.save.org/
  Visit this Suicide Awareness Voices of Education link to find current information about suicide prevention, facts, danger signals, high-risk groups, hospitalization, and other relevant topics.