September 2015

Stay'n Alive

Suicidology Summaries
Research & Development

Special Issue; Disability, illness and pain

Terminology

- **Non-lethal suicidal behaviour** is the appropriate term for suicide attempt"
- **Non-suicidal self injury (NSSI)** indicates self injury without intent to cause death.
- **Suicide** or **death by suicide** is the most appropriate term formerly known as "completed suicide" or "committed suicide"

Integrate appropriate terminology into your work

Inside this issue:

An "invisible disability" and suicide

It has been well established that a recent diagnosis of a terminal illness such as cancer or dementia increases the risk for suicide[7]. What other health conditions or disabilities do you consider when assessing the risk for suicide?

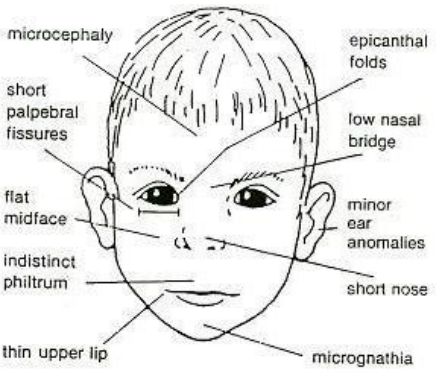
Have you considered "invisible disabilities"? Those conditions which impact a person's functioning but which are not immediately apparent.

Foetal Alcohol Spectrum Disorders (FASD), is one such disability. Dr Kerryn Bagley is a Social Worker with expertise in FASD diagnosis and interventions. She recently spoke at the 16th International Mental Health Conference in August 2015 regarding FASD.

FASD is a spectrum of symptoms caused by foetal exposure to alcohol. FASD varies in the severity and variability of physical, cognitive, behavioural and neurological symptoms. It was explained by Dr Bagley that individuals with FASD experience difficulties in social interactions, impaired executive functioning (memory, decision making, consequential thinking and planning) and impulsivity to name a few. She said that these symptoms are caused by damage to the brain structure. SRAA also recognise that they are also known psychological factors increasing risk for mental illness, substance use and suicide [8,9].

Dr Bagley has encouraged appropriate assessment for clients experiencing such difficulties because interventions vary significantly for this "invisible disability" in comparison to other disorders where CBT or other psychological therapies might be indicated.

This insight calls for a change in treatment approaches; from primarily psychological to a multi-disciplinary engagement.

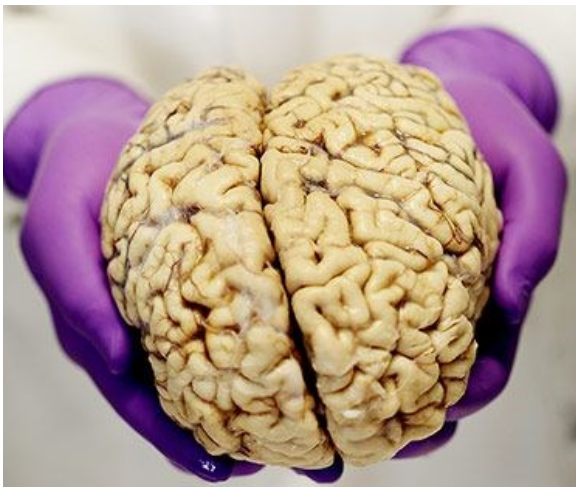


To read more about FASD, see AIHW (2015) http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129550296

* please note that this information is equally applicable to the non-Indigenous community

Dr Bagley said that "..many people on the FASD spectrum have no visible indicators of the condition".

An "invisible disability" and suicide cont.



Dr Bagley explained that the assessment of FASD is complicated but may involve;

1. Determining exposure to alcohol in utero
2. Identification of distinguishing physical features
3. Growth/development issues
4. Health, cognitive, social and behavioural problems

She emphasised that "many people on the FASD spectrum have no visible indicators of the condition".

Given the variability of symptoms, their origin (in damaged areas of the brain) interventions where possible should include;

- Family therapy & support
- Occupational therapy and specialist teachers to support adaptation to the learning and development needs
- Psychological interventions tailored to the clients capacity

For more information, consult Dr Bagley, Better Life Centre

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Ill Health, Chronic Pain & Functioning

"Deteriorations in functioning have been linked with requests for physician assisted suicide and euthanasia…"

In a British study[5] physical illness was reported to be an antecedent in suicide deaths in aged people, with pain being the most frequently identified common factor. Pain is a widely recognized risk factor for suicide; Danish research indicating no difference in risk between genders[6].

Degenerative disease and functional impairments associated with ageing was also identified suicide risk factors[5]. Indeed, such deteriorations in functioning have been linked with requests for physician assisted suicide and euthanasia[7]. What is interesting however, is that frequently suicidal ideation was related to "psychological, existential and social reasons" more so than pain alone[7]. Research[5] noted that the link between suicide and physical illness is mediated by psychiatric conditions including depression[5]. This clearly has implication for how we approach assessment and management of suicidality; by way of considering functional capacity, pain management and social integration.

Allied Health & Suicide Risk Monitoring and Management

Allied health professionals encounter clients at increased risk for suicide through their roles in primary health care, rehabilitation and reactive health service provision.

Allied health practitioners must recognize their role as "gatekeepers"[3] — for the identification of those clients at increased risk of suicide and referral to mental health practitioners for intervention. Indeed, in Washington State, USA it has been legislated that Primary Health Care practitioners must engage in continuing education around the assessment, treatment and management of suicidality in order to maintain their license[2]. SRAA emphasis a multidisciplinary approach to suicide risk management.

Cancer and Suicide

The increased risk for suicide in patients diagnosed with cancer has been long known and widely reported. A recent South Korean study[10] made some important findings, consolidating existing global knowledge that a recent diagnosis of cancer doubles the risk for suicide.

Ahn et.al (2015) found that the risk was greatest within the first 12 months of diagnosis with the following findings;

- Over 70% of suicide deaths occurred with the cancer diagnoses made at an advanced stage (3 or 4)
- Risk was greatest for those cancers known to have poor prognosis (lung, pancreatic etc)
- "Late stage" suicides (12 months post diagnosis of cancer) were correlated with lower educational levels

This research did not report on the psychological factors impacting patients perceptions of advanced stage cancer or poor prognostic outcomes. Do these findings reflect concerns regarding dying with dignity?

Carmen's cut for cancer—30th June 2015
Donating her hair to produce a wig for those affected by hair loss caused by cancer treatment

'The role of inflammation on suicidal behaviour'

The underlying biological mechanisms influencing risk for suicide is not well understood, despite pharmacotherapy being an effective intervention for those at increased risk for suicide.

Recent research[11] has suggested that "inflammatory responses" could be linked to increased suicidality. Evidence is offered by way of induced inflammation (interferon treatment) or other infections conditions causing psychological and behavioural symptoms and suicidality with formerly psychiatrically well patients.

Links are also made between asthma, allergic conditions, auto-immune conditions and neurological inflammation and increased suicidality.

This research is advocating for further research into the use of anti-inflammatory medications as effective in both the treatment of the primary condition and the secondary suicidal symptoms.

Are inflammatory responses linked to increased risk for suicide?

Screening for Suicide Risk in a Brief Medication Management Appointment

Robert Simon —May 2012

An article based on USA data and statistics which indicates the risk of failing to review risk for suicide in brief medical appointments. Simon[4] explains that in medical practices offering medication review appointments (as short as 5 minutes) that there is a risk in failing to assess risk for suicide in vulnerable clients. Indeed, concerns exist with the prescription of potentially lethal doses of medications, lack of a therapeutic alliance to develop in that context and a lack of capacity to develop collaborative relationships between the patient and practitioner due to the lack of consultation time and workload pressures. **So, what to do?**

Simon[4] states that patients identified as being at risk for suicide during prior consultations should not have their medication managed through brief medication management appointments, whereby systematic risk assessments should be completed. He also recommends that regardless of workload or time pressures, that all patients are considered according to an "Alert" which details 11 key acute and chronic risk factors for suicide.

To read the full article
http://www.psychiatrictimes.com/major-depressive-disorder/screening-suicide-risk-brief-medication-management-appointment

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Upcoming Workshops & Events

10th September—World Suicide Prevention Day/R U Ok? Day

22nd September—Suicide Risk and Substance Use—**Canberra**
25th & 26th September—Suicide Risk Assessment for Medico-legal & Forensic Practitioners—**Adelaide**
6th October—Suicide Risk and Substance Use**—Sydney**
13th & 14th October—Suicide Risk Assessment for Medico-legal & Forensic Practitioners—**Sydney**
See website for details

About Suicide Risk Assessment Australia

Suicide Risk Assessment Australia provide a range of services with a specific focus in suicide risk assessment, intervention and formulation. SRAA's goal is to reduce the incidence of suicide through clear and accurate identification, appropriate referral and treatment recommendations targeting those factors increasing a person's risk. It is through evidenced based assessment practices and appropriate management that SRAA believe practitioners are better equipped to manage suicidality and the risk presented by vulnerable clients. SRAA pride ourselves in tailoring all services to the specific needs identified by the practitioner. Workshops are accredited with the AASW and ACMHN.

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