

MIND Your Health



Episode 3: Suicide & Self-Harm

Joint Initiative By



**INSTITUTE
of MENTAL
HEALTH**
National Healthcare Group

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Thank you for your kind understanding.

Deliberate Self-Harm

Common Types

- Cutting



- Others

- Biting self

- Pulling out hair

- Hitting/banging head



- Drug overdose



Deliberate Self-Harm

- Regulate emotions
 - “Tension release”
- Self-punishment
- Cry for help
- Curiosity
- Peer influence
- Expression of frustration
 - Especially in persons with intellectual disability/autism



How can you know?

- While it may be normal for people to pull away from others during stressful times, it's not normal for them to be withdrawn for prolonged periods.
- Cut / burn marks on body
- Discovery of hidden razors, knives, rubber bands
- Spending long periods of time alone, particularly in bedroom or bathroom
- Wearing clothes inappropriate for the weather
- Ask!

What can you do?

- Address the issue ASAP
- Don't assume that this is just a phase
- Try to use your concern in a constructive way
- Help the person realise the impact on themselves and others
- Most importantly, validate their feelings
- Take the person seriously
- If the person doesn't want to talk to you, don't pressure

It is a Risk Factor!

People who self-harm are at increased risk of suicide

Risk Factors

- Gender
- Age
- Mental health disorders
- Alcohol / drug use
- History of self-harm behaviour
- Social isolation / loneliness
- Physical illness / pain

The role of impulsivity

Doc Talk

Suicide: Curb the impulse, save a life

Research suggests that if a suicidal person can get through his crisis, chances are extremely good that he will not kill himself later



Jared Ng

I saw Sebastian (not his real name) at the Emergency Room at the Institute of Mental Health (IMH) about two months ago after he almost took his own life. He was facing problems at work and with his marriage, and had turned to alcohol to relieve his stress.

One evening, he had returned home to find that his wife had moved out with their toddler Maggie. She also blocked his calls and messages.

Feeling frustrated and depressed, Sebastian drank to drown his sorrows.

He was unsure how much time had passed when he heard someone shouting at him from the opposite block.

Sebastian reported “waking up”, presumably from his intoxicated state on his window ledge. He remembered nearly slipping from his position and clinging onto the window grill with all his strength.

He told me that he realised that everything in his life that he thought was hopeless, seemed totally fixable.

The police soon arrived and took him to the hospital. His neighbour had called the police for help.

At IMH’s Emergency Room, we see several patients like Sebastian every day.

Although the suicide rate in Singapore has gone down over the years, there are still approximately 400 persons who die by suicide every year.

And, for every one person who died by suicide, there are at least four to five who made the attempt, and many more who are affected by it. One recent study suggested that each death by suicide would affect at least 135 persons who may be affected emotionally by the tragedy.

Suicide prevention thus remains an important part of public health. Different strategies have been proposed, including public awareness campaigns, school-based mental health training and improved media reporting.

The most effective method appears to be restriction of access to means. The problem is that out of the 400 or so persons who die by suicide in Singapore each year, almost three quarters of them fell from heights. About 80 per cent of the population live in high-rise buildings.

We therefore need to focus our efforts to address other important



those that address impulsivity.

One of the earliest studies that showed suicides are “crisis-oriented” and acute in nature was published in 1978 by Dr Richard Seiden.

Between 1937 and 1971, a total of 515 people were stopped before they jumped from the Golden Gate Bridge in San Francisco. After an average of about 26 years, 94 per cent of these people were either still alive, or had died of natural causes.

This means that if a suicidal person can get through his crisis, chances are extremely good that he would not kill himself later.

A more recent study reported that fewer than 10 per cent of survivors, even of near-lethal suicide attempts, go on to die by suicide. This shows that preventing a suicide today will likely save the person’s life in the long run.

Based on scientific evidence, and

Emergency Room, we know that many suicidal crises are fleeting.

Several studies done of near-lethal suicide attempts showed that up to 90 per cent of suicide attempters decided to end their lives in less than eight hours before actually attempting suicide. In fact, almost half of them took less than 10 minutes from decision to attempt.

These suggest that the majority of suicides are impulsive. When we look at the risk factors for suicide, many of them highlight the role that impulsivity plays.

Suicide risk is significantly higher in men and in youth, who tend to be more impulsive.

A risk factor for suicides is having a mental health condition. Patients with certain psychiatric illnesses do have a propensity for impulsivity, especially when the condition has become more severe.

Patients with depression may be irritable, impulsive and have poorer

are well. Hence, early detection, as well as treatment, of mental health conditions is important.

Other factors include the use of alcohol or other substances, such as illicit drugs like amphetamines. From speaking with those who attempted suicide, I know that alcohol use before or around the time of the suicidal act is common.

Alcohol use leads to greater impulsivity even in the absence of an alcohol use disorder. It affects judgment and can lead to extreme experiences of emotions, which are also triggers for suicidality.

Apart from addressing risk factors, we also need to improve coping skills and build up the resilience of individuals, especially our youth so that they can navigate through crises and stressors in life. Parents, schools and society have responsibilities to the young to help them acquire knowledge and skills to overcome adversities in their

HELPLINES

Samaritans of Singapore:
1800-221-4444
Singapore Association for Mental Health:
1800-283-7019
Institute of Mental Health:
6389-2222

Parents, schools and society have responsibilities to the young to help them acquire knowledge and skills to overcome adversities in their lives. This gives them hope and the belief that problems are fixable, and ending it all should not be their course of action.

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Suicide is an extremely complex issue and prevention efforts require coordination and collaboration among all sectors of society, not just health. These sectors include education, labour, justice, law, defence, politics and the media.

At the same time, the supportive and nurturing role that family members and friends play cannot be underestimated.

All these efforts must be comprehensive and integrated as no single approach alone can make an impact on an issue as complex as suicide. Preventing a suicide today will save the person’s life in the long run.

stlife@sph.com.sg

• Dr Jared Ng is a consultant with the Emergency Services at the Institute

Important

- Suicide acts are often impulsive and crises often fleeting.
- Method used largely depends on availability.

Common Sources of Stress for Young people

**Confusion
(personal identity,
gender identity,
sexual orientation)**

**Pressure to
succeed**

**Physical changes
in their body**

Self-doubt

**Decisions about
the future (i.e.
college)**

Parental Divorce

**Formation of a
new family**

**Moving to a new
community**

**First relationship
and first broken
heart**

Common Stressors in Adults

- Loss of job
- Financial stress
- Death of loved one
- Divorce
- Shame, rejection, humiliation
- Substance abuse
- Legal problems
- Recent bullying, harassment, or intimidation
- Homelessness

Common Stressors in Elderly

- Physical illness
 - Chronic
 - Terminal
 - Painful
 - Disabling
- Social isolation / loneliness
- Grief especially 1st year of widowhood
- Elder abuse

Reducing the risk of suicide

Protective Factors

- Support from family, friends, or others
- Mental health treatment
- Reasons for living
- Connection to community and support systems
- Cultural or spiritual beliefs

Warning Signs

Adapted from SOS Website

- **Talk**

- “My family will be better off without me”
- “My life is meaningless anyway”
- “If you don't love me, I'll kill myself”

- **Action**

- Giving away treasured possessions and saying goodbye
- Researching suicide methods
- Writing suicide notes (including emails/diaries/blogs)
- Drastic mood changes

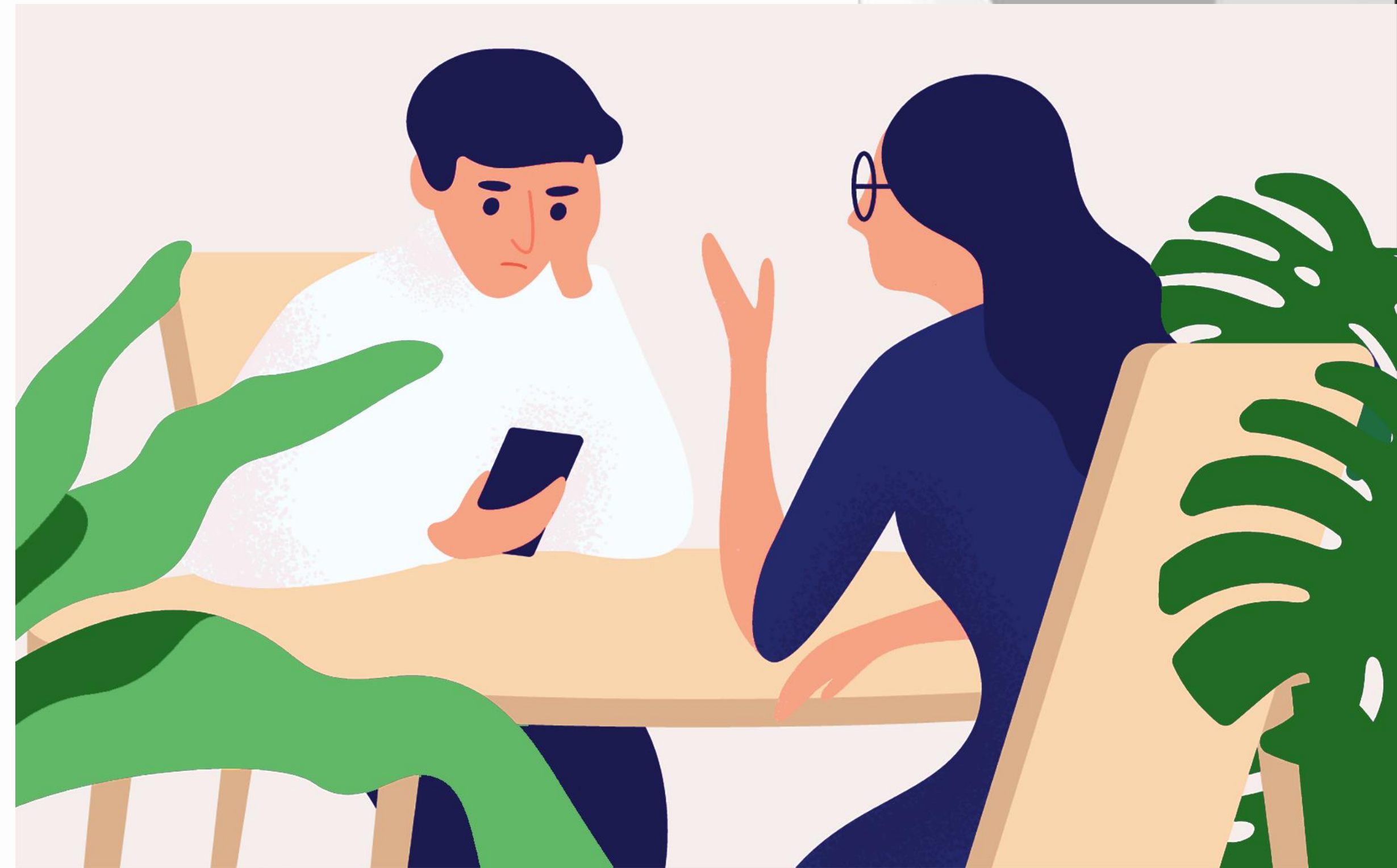
How do we help?

- Recognise the warning signs
- Ask and listen
- Keep them safe
- Be there with them
- Help them connect
- Stay connected



Ask & Listen

- Never promise to keep suicidal thoughts a secret
- Take them seriously
- Focus on their reasons for living



Ask & Listen: Ask directly & sensitively

- How are you coping with what's been happening in your life?
- Do you ever feel like just giving up?
- Are you thinking about dying?
- Are you thinking about hurting yourself?
- Are you thinking about suicide?
- Have you ever thought about suicide before, or tried to harm yourself before?

Ask & Listen: What may not be helpful

- I know exactly what you are going through
- You are just being selfish
- You are already so lucky...other people are in worst states
- You just need to stay positive
- Don't talk to me about this topic anymore

Be there

- Be physically there
- Be “virtually there”
- Help them connect



Maria Ponomariova/Getty Images

Keep them safe

- You put time and distance between the person and their chosen method.
- Example
 - Keeping sharps
 - Keeping medicine under lock and key
 - Making sure window grills are locked

A Sample Safety Plan

Keep them safe!

- What are my Warning Signs?
- What are my Coping Methods?
- How I distract myself?
- Who can I call for help?
- What can I do to keep myself safe?
- My reasons to live?

Help them connect!

- Help connect them to ongoing support
- Check in on your loved ones

HELPLINES

Samaritans Of Singapore: 1800-221-4444

**Singapore Association For Mental Health:
1800-283-7019**

**Institute Of Mental Health's Mobile Crisis
Service: 6389-2222**

**Care Corner Counselling Centre (Mandarin):
1800-353-5800**

Silver Ribbon: 6386-1928

Tinkle Friend: 1800-274-4788

Help them connect!

- Mental health treatment is available at selected GP clinics, polyclinics
- More serious cases can be referred to specialist care
- Counselling services available in the community as well

RECAP: TIPS

- Recognise the warning signs
- Ask and listen
- Keep them safe
- Be there with them
- Help them connect
- Stay connected



**Singapore
Mental Health
Film Festival**

**Using film as a catalyst to advocate
and promote conversations about
mental health.**

SMHFF 2021

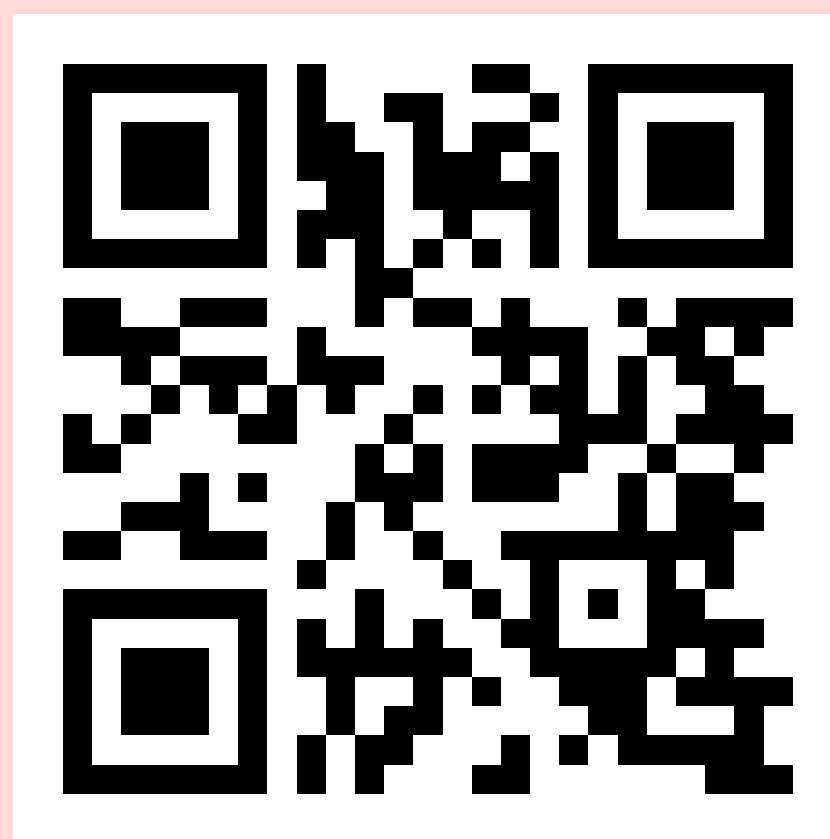
Physical Screening

National Gallery Singapore
29nd & 30th May 2021

Online Streaming

watch.smhff.com
22nd to 30th May 2021

For more information visit <https://smhff.com>



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Singapore
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**Episode 3:
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