

# **Increasing Awareness and Skills relating to Depression and Suicidal Behaviour: A Gatekeeper Training Programme for professionals working in healthcare and community based services**

**9<sup>th</sup> Triple i Conference**

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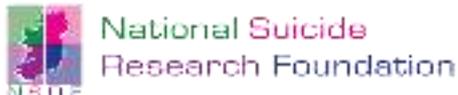
International Association for Suicide Prevention

National Suicide Research Foundation

WHO Collaborating Centre for Surveillance and Research in Suicide Prevention

School of Public Health

University College Cork, Ireland



# How IASP can facilitate the development and implementation of national suicide prevention programmes

- Disseminating information and exchange of information and expertise via National Representatives
- Sharing of best practice and evidence based intervention and prevention programmes via Special Interest Groups and Task Forces
- Supporting the development of national and regional suicide prevention programmes and training
- World Congresses and regional congresses
- World Suicide Prevention Day

# Agenda

## Gatekeeper training

- Background to the training programme
- Attitudes towards depression and suicidal behaviour
- Depression: The extent of the problem
- Suicide and self-harm: The extent of the problem
- Suicide and self-harm in Slovenia

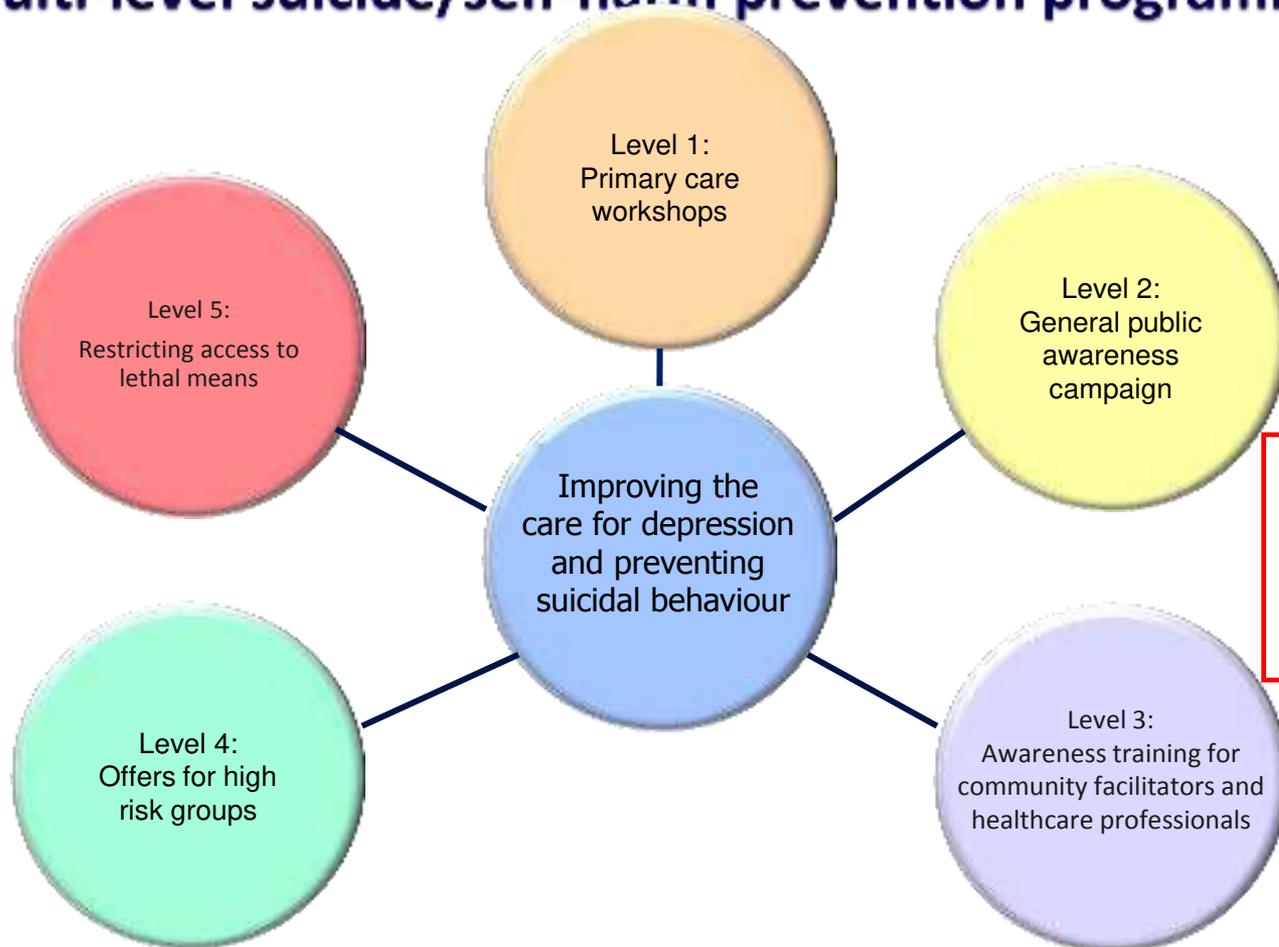
### *Break*

- *Building a Bridge'*: Recognising suicide risk, communication and interaction
- Bereavement following suicide
- Role plays
- DVD: *"Mental Health for All by Involving All"*

# From European to Global Implementation



# Optimising Suicide Prevention programmes and their Implementation in Europe (OSPI-Europe): An innovative multi-level suicide/self-harm prevention programme



**Up to 32% reduction of suicidal acts in some European regions**

# Group principles

- Respect the autonomy of others
- Confidentiality
- Constructive feedback

# Definitions: Suicide and Self-harm

## Suicide:

- A conscious or deliberate act that ends one's life when an individual is attempting to solve a problem that is perceived as insolvable by any other means.

*(Commonwealth Department of Health and Aged Care, LIFE Strategy, Australia, 1999)*

## Self-Harm :

- The various methods by which people harm themselves non-fatally, including self-cutting, taking overdoses, burning, etc.
- This behaviour can be associated with varying degrees of suicide intent from very low to very high.
- Sometimes people may not have intentions of suicide, but those who self-harm are at greater risk of suicide.

*(WHO, 2014; Connecting for life, 2015)*

# Attitudes towards depression and suicidal behaviour



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# Attitudes towards depression and suicidal behaviour

*“A depressive episode in childhood is  
a strong predictor of repeated episodes  
in adolescence and adulthood”*

**Disagree**

**Agree**

1 2 3 4 5 6 7 8 9 10

# Attitudes towards depression and suicidal behaviour

*“Depression can be treated”*

Disagree

Agree

1 2 3 4 5 6 7 8 9 10

# Attitudes towards suicidal behaviour

*“People who harm themselves seldom complete suicide”*

Disagree

Agree

1 2 3 4 5 6 7 8 9 10



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# Attitudes towards suicidal behaviour

*“There is a risk of evoking suicidal thoughts in a persons mind if you ask about it”*

Disagree

Agree

1 2 3 4 5 6 7 8 9 10

# Attitudes towards suicidal behaviour

*“Suicides among young people are particularly puzzling since they have everything to live for”*

Disagree

Agree

1 2 3 4 5 6 7 8 9 10



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EUROPEAN  
ALLIANCE  
AGAINST  
DEPRESSION



I A S P

# Existing perceptions of and attitudes towards self-harm patients among clinical staff

- *“Dealing with patients who self-harm can hurt staff emotionally, simply because we feel there is NOTHING that we can do to improve their situations, we don’t know how to speak to patients” (Palmer et al, 2006; Saunders et al, 2011).*
- *“When you’ve got a department or ward take full of severe asthma, meningitis, septicaemia...etc, and then you’ve got a couple of young girls who have taken a cocktail of things... They cannot... with our current resources... be looked after in the same way...which I am not saying I am proud of feeling” (Doctor working paediatrics) (Anderson et al, 2003; Saunders et al, 2011)*

# Depression: Extent of the problem



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# Extent of the problem of depression



- Depression affects more than 1 in 10 people at any one time
- Women are twice as likely to be affected as men
- Depression affects all age groups

**Approximately one in four women and one in eight men suffer from depression at least once in their life**

# Difficulties in identifying and management of depression

## Depression often remains undetected:

- Many people do not recognise their own depression
- Physical symptoms often mask depression

## Management of depression is insufficient:

- Many people are anxious about seeking counselling or starting a drug therapy (prejudices towards pharmacological treatment/stigma)
- Access to evidence based psychological therapies can be limited
- Errors in application even with appropriate medication

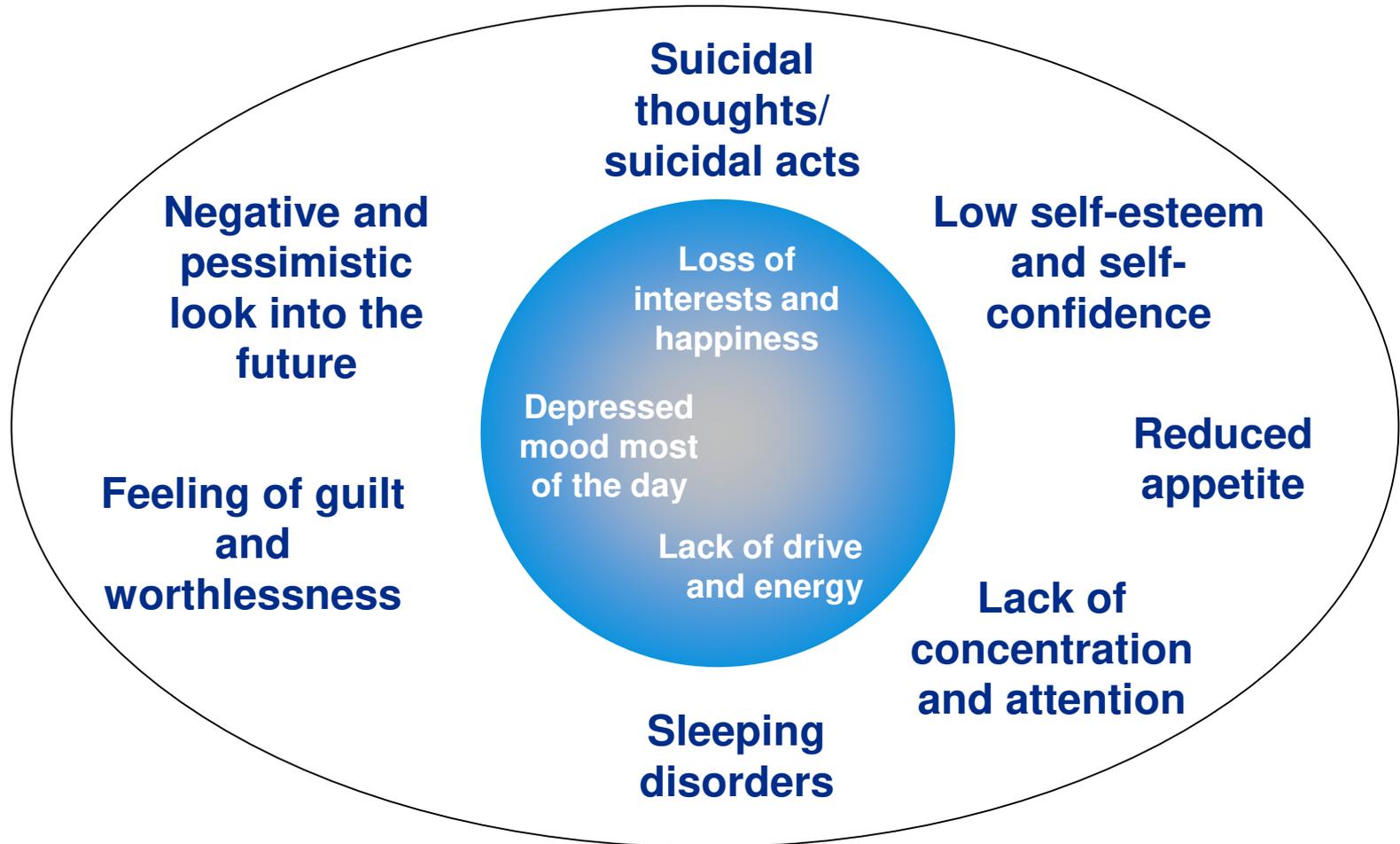
# Signs of Depression: Symptoms of depression in children & adolescents

- Verbal expression of feeling sad
- Agitation and withdrawal (less contact with peers)
- Seeking more attention from parents than usual
- Low self esteem and diminished self confidence
- Anxiety and diminished ability to concentrate
- Mood shifts during the day
- Poor school/ work performance
- Psychosomatic symptoms (e.g. fatigue, headaches, stomach aches)
- Suicidal thoughts
- Symptoms in line with criteria for a major depression

# Signs of Depression: Important criteria

- The changes are **more than a reasonable, temporary reaction to external stress** (e.g. situation of loss)
- The changes show a **continuous stability** over several weeks to months without achieving a new state of re-stabilisation

# Key criteria for Major Depression



# Multi-dimensional causes of depression

Causes:

Experience in early childhood  
(development of personality)

Biological / genetic factors  
(brain metabolism, stress  
hormones)

Aspects of learning  
e.g. experience of coping

Trigger:

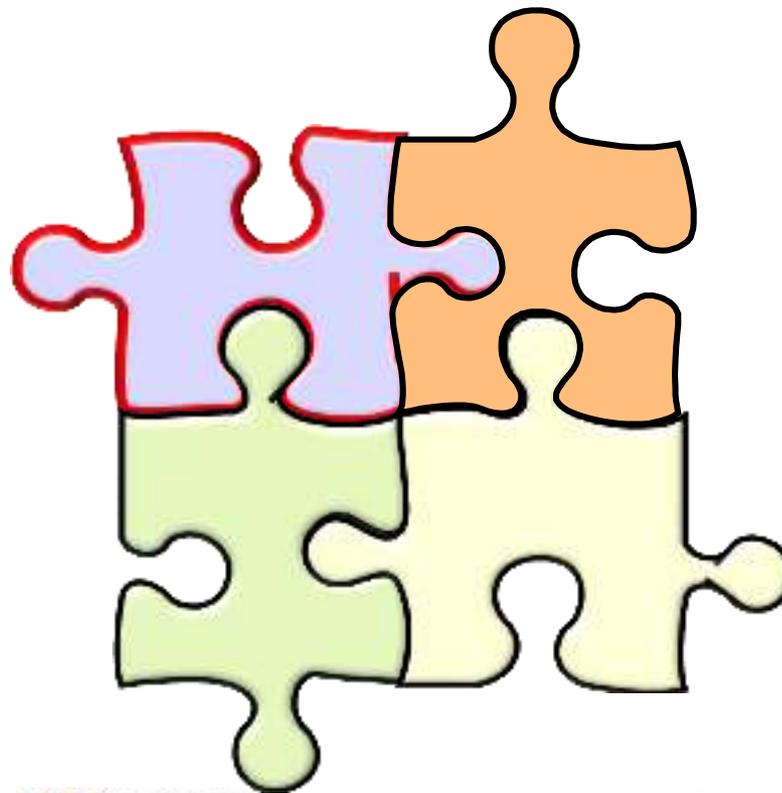
Triggers:

critical life events, loss,  
disease, stress

# Treatment: The four pillars of treating depression

Psychotherapy

Family interventions



Socio-therapeutic support

Pharmacological treatment

# Suicide and Self-Harm



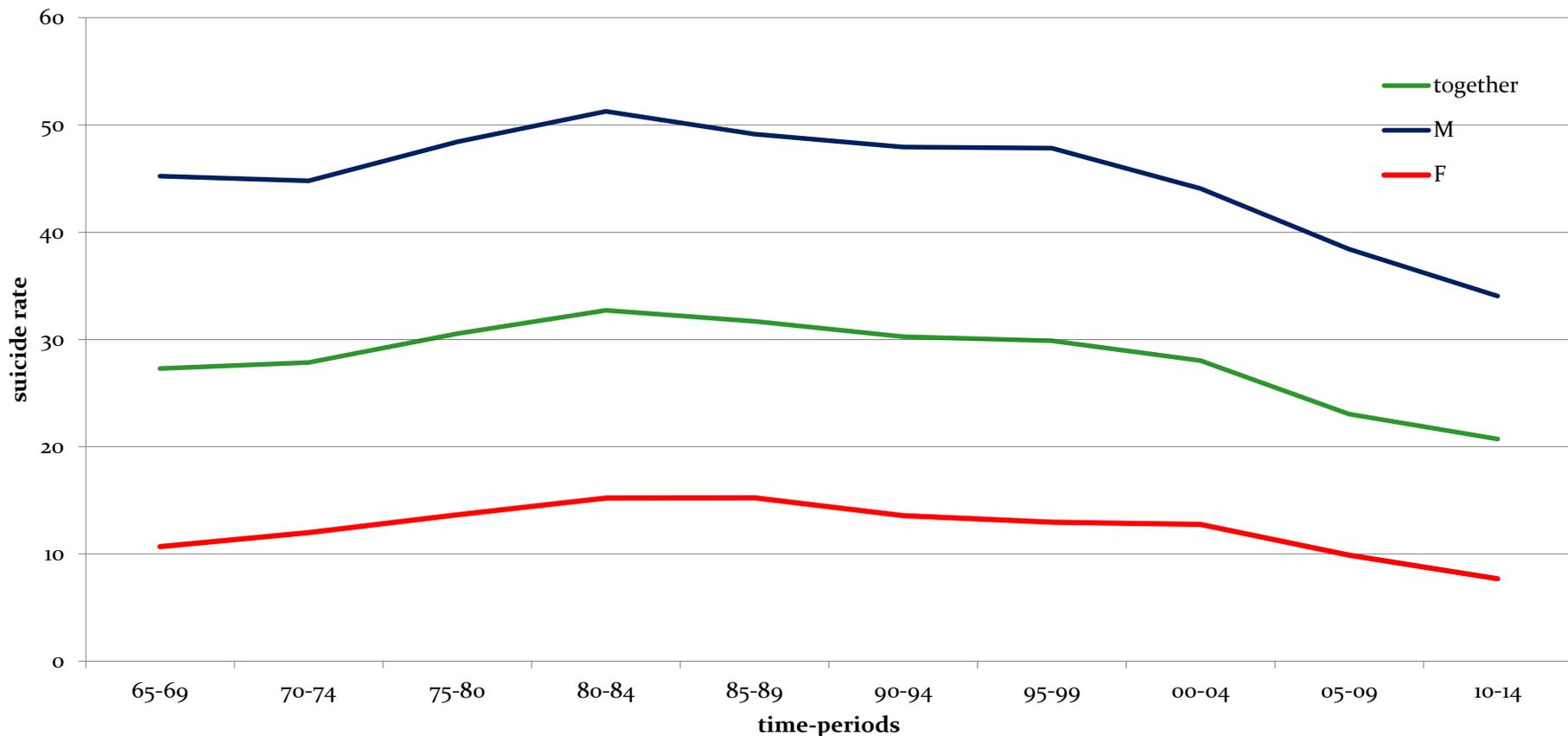
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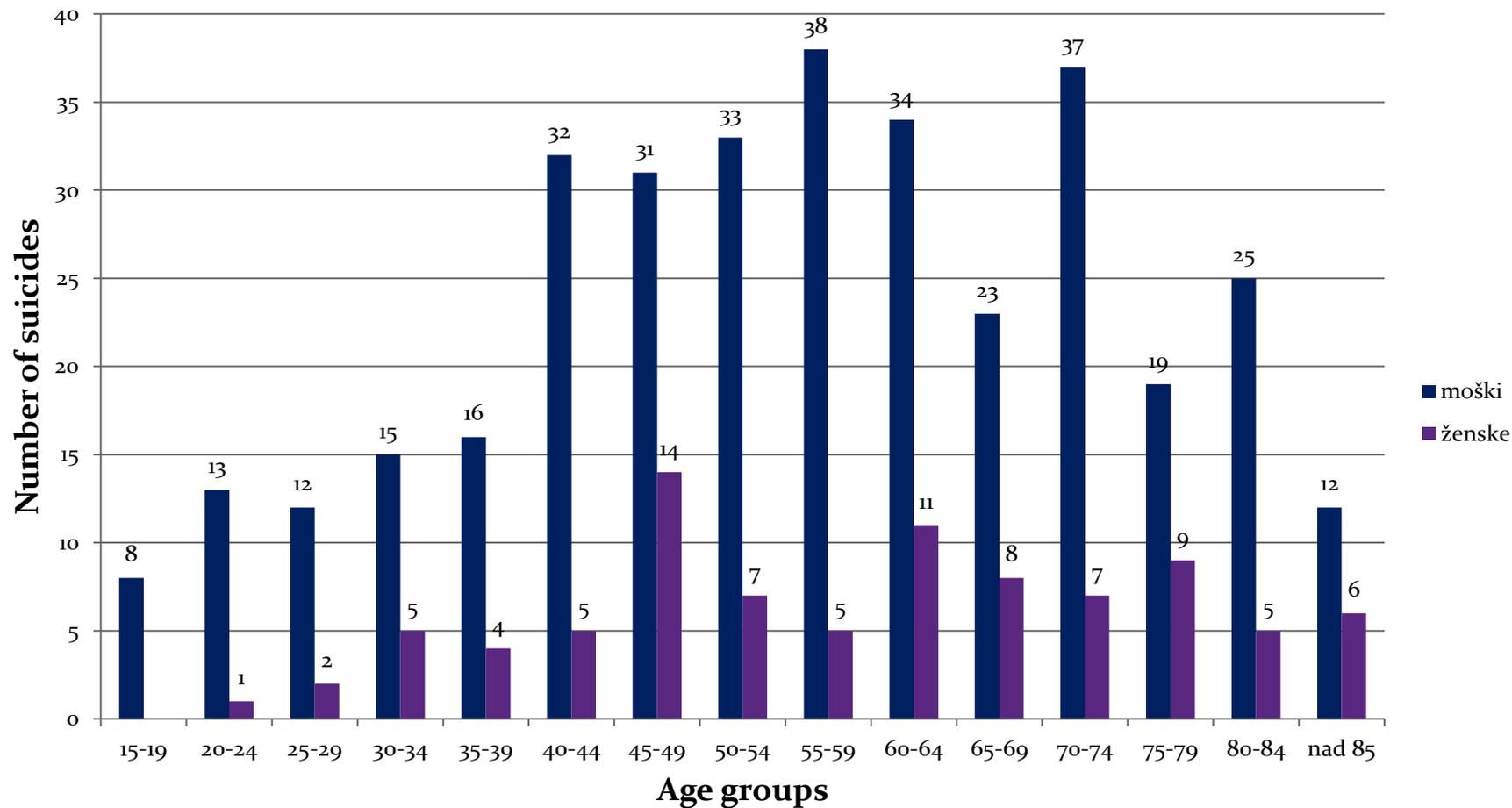
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# Suicide rates per 100,000 in Slovenia by gender and age: 5-year averages

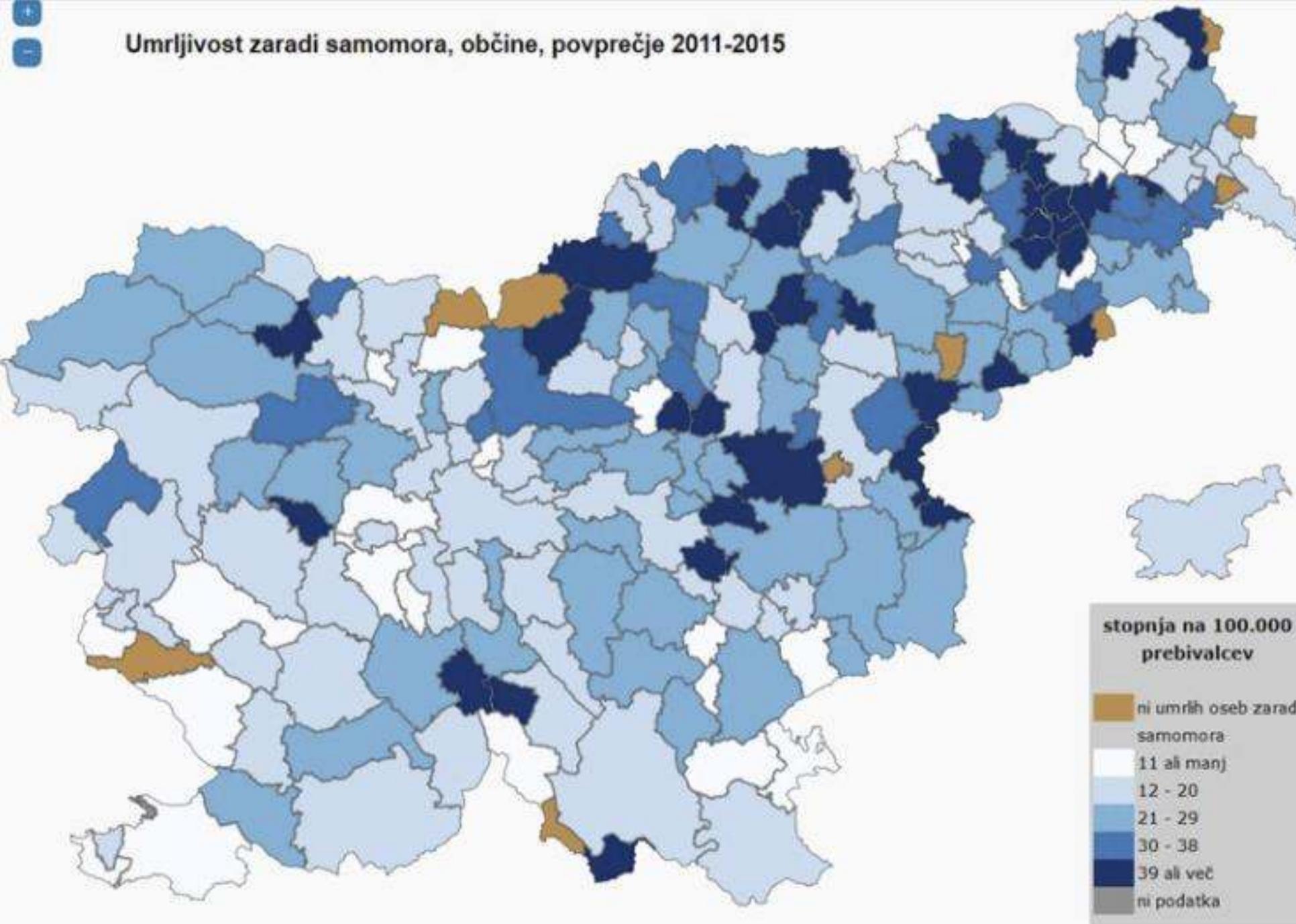


## Typical distribution of suicide - Slovenia



**400 people; 20/100.000 inhabitants**

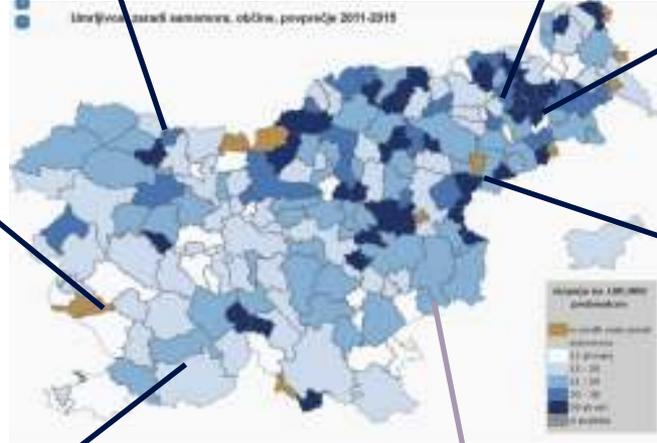
# Umrljivost zaradi samomora, občine, povprečje 2011-2015



Lower education

Alcohol abuse  
*(Have a drink to be in better mood!)*

### Risk and protective factors?



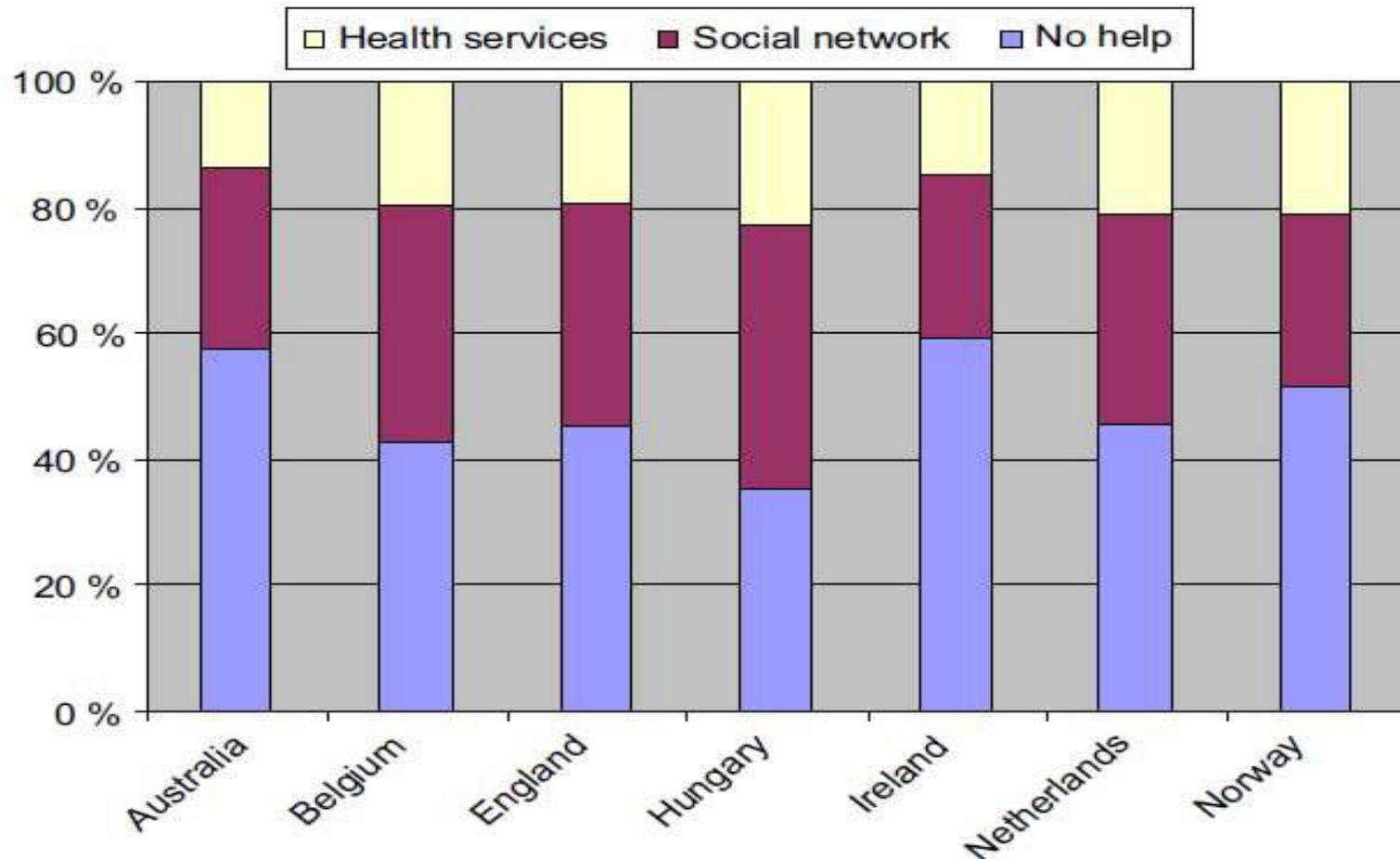
# Risk factors associated with self-harm, incl. suicide attempts among young people

*Barzilay et al (2017)*

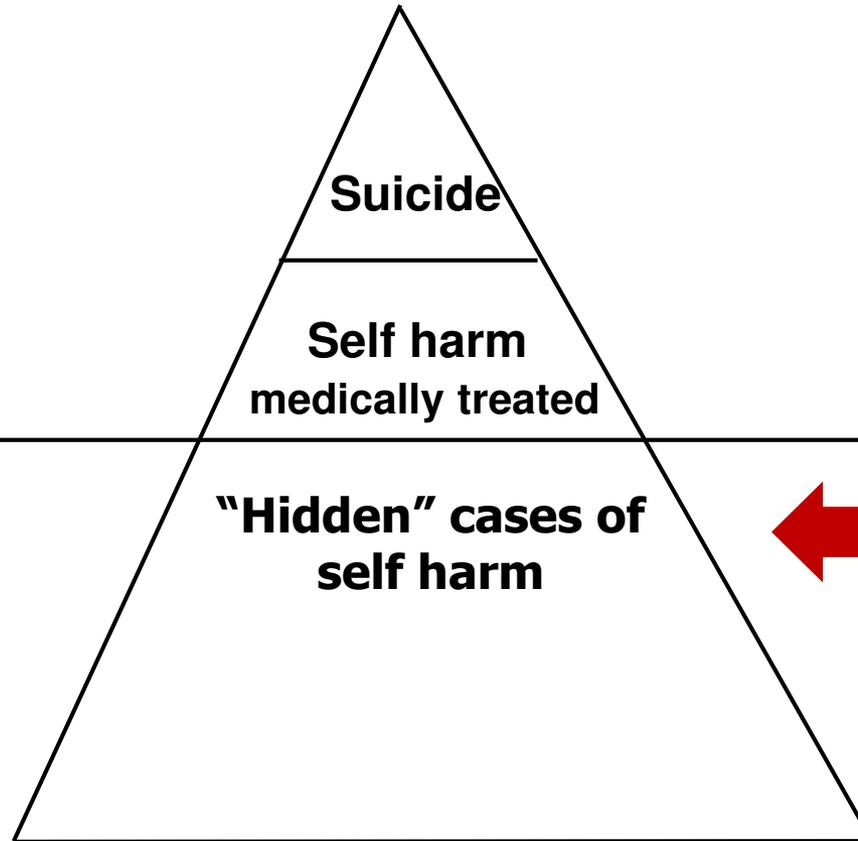
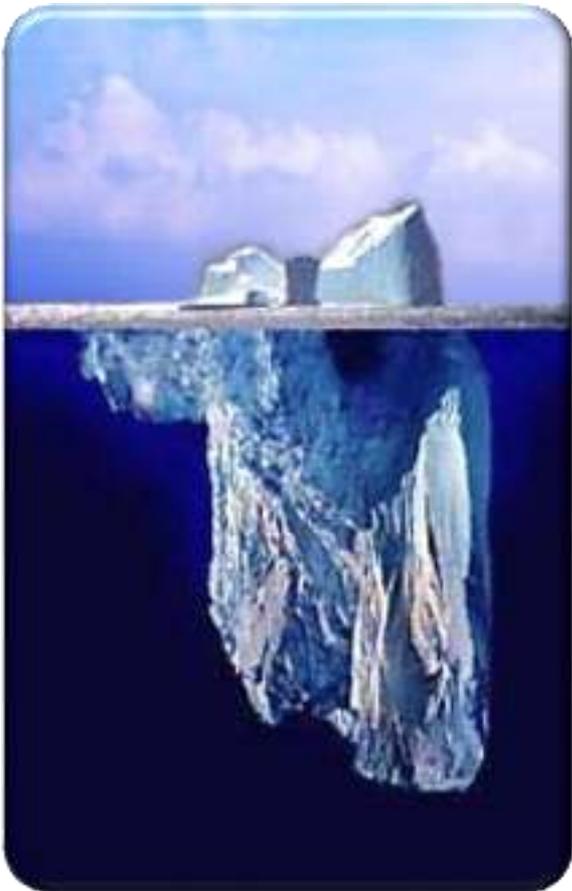
Saving and Empowering Young Lives in Europe, including young people in Slovenia:

- Not living with both biological parents
- Not born in the country of residence
- Depression
- Anxiety
- Bullying - verbal victimization
- Bullying – physical victimization
- Lack of parental support

# Adolescents with self-harm who receive help from health services, social network or no help by country

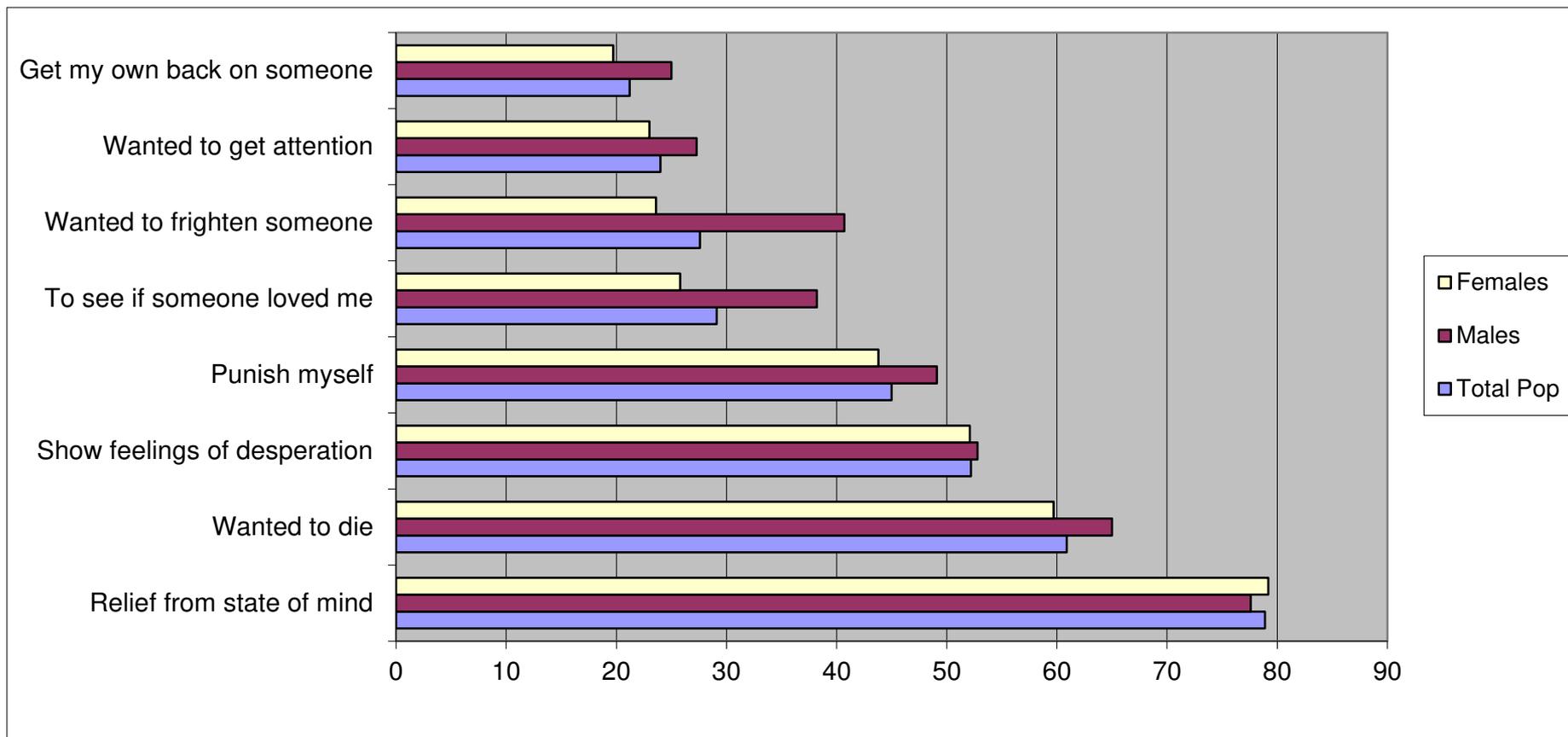


# Suicide and medically treated self-harm: the tip of the iceberg



← Need for increased awareness of self harm and related mental health difficulties

# Motives associated with Self-harm in young people by gender



*Based on data from Child and Adolescent Self harm in Europe (CASE)*

# The importance of understanding **Ambivalence**

- A critical feature in working with those who self-harm is to recognise their ambiguity and the fragility and temporality of their decisions about their destiny.

*Bermans et al, 2009; 2017*



- I said to myself, If somebody comes up to me and says, *'Are you okay? Is something wrong? Can I help you?'* I was going to tell them my whole life story and they were going to make me safe."
- A suicidal person needs to hear: *"That we care about you, your life does matter and that all we want is for you to stay,"* he says. *"If someone had looked at me on that bridge or that bus and said that to me, I would have begged for help."*

*Kevin Hines*

# Risk factors associated with suicidal behaviour

- Suicide: Young adult men and middle aged men
- Self-harm: Adolescent girls and young adult men
- More than 90%: people with mental disorders
  - *Depression*
  - *Substance abuse*
  - *Psychotic symptoms (e.g. schizophrenia)*
- People in a life crisis (social isolation, unemployment, debts, divorce, trauma)
- People who have experienced sexual abuse / physical maltreatment / emotional abuse in childhood
- People who have experienced either completed or attempted suicide in their family or among friends
- People who have engaged in self-harm in the past
- People who have recently been discharged from a psychiatric hospital

# Risk factors associated with self-harm in adolescents

## *Girls*

- ❖ Substance abuse, including alcohol and drug abuse
- ❖ Self-harm by friends and family members
- ❖ Sexual abuse and physical maltreatment
- ❖ Problems related to sexuality
- ❖ Problems with parents
- ❖ Bullying and Cyberbullying
- ❖ Difficulties in making – keeping friends
- ❖ High levels of depressive symptoms
- ❖ Sleep problems

## *Boys*

- ❖ Substance abuse, including alcohol and drug abuse
- ❖ Self-harm by friends and family members
- ❖ High levels of anxiety
- ❖ High levels of impulsivity
- ❖ Problems related to sexuality
- ❖ Bullying and Cyberbullying
- ❖ Problems with school work
- ❖ Sleep problems

*McMahon et al, 2013; Hysing et al, 2015*

# The impact of alcohol

Alcohol abuse is one of the factors contributing to the high rate of suicide and self-harm among young people and adults

## ***Direct effects:***

- Impairs problem-solving ability
- Increases impulsivity and lack of control
- Increases feelings of depression, stress, anger or anxiety

## ***Long term and indirect effects:***

- Isolation (loss of work, relationships, etc.)
- Neurobiological deficits

# Risk of suicide contagion via internet and social media

*Families blame '13 Reasons Why' for the suicides of 2 teens in California (US), April 2017)*

*Netflix drama series blamed for inspiring teens' attempted suicide (Austria)*

*'13 Reasons Why' copycat suicide in Peru*

*Increase in teen suicidal behaviour linked to '13 Reasons Why', Toronto, June 2017*

Netflix officials defend 13 Reasons Why against claims it glamorises suicide



*Dylan Minnette and Katherine Langford in 13 Reasons Why*



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- Suicide-related searches were **15-44%** higher than expected, 12-19 days after the show's premiere
- Searches "how to commit suicide" (26%); "commitsuicide" (18%); "howtokillyourself" (9%) were all significantly higher
- Queries related to help seeking were also higher  
*(Ayers et al., 2017)*



# *'Building a Bridge'*

## Recognising suicide risk, communication and interaction



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# Main objectives of gatekeeping

- Recognise warning signs of suicidal behaviour at an early stage
- Respond positively in order to:
  - Keep lines of communication open
  - Encourage help-seeking behaviour and linking to specialist services where appropriate

# The Steps in Gatekeeping

1. Engage
2. Identify
3. Enquire
4. Agree next steps to be taken
5. Follow through (on what you agreed to do)

# Engage – Show that you care

## Engagement:

- Gives the person a chance to unburden
- Encourages help-seeking behaviour
- Can impede or delay acting on suicidal impulses
- Keeps the lines of communication open → keeps the person connected

## Conditions:

- Reasonably comfortable in discussing the topic of suicidality with the person involved
- Confidentiality should be ensured (not secrecy)
- Importance of *active* listening

# Identify: Suicide-specific warning signs

- Negative attitude towards the future / hopelessness
- Low self-esteem
- Indirect / direct signs referring to absence / death
- Preoccupation with a known suicide
- Verbalising or threatening suicide
- Dangerous risk-taking behaviour
- Past suicidal behaviour
- Suicide plan
- Sudden unexpected change in behaviour and activity level (e.g. from passive to active behaviour, giving away possessions)

Often combination of these aspects

# Enquire: Ask about thoughts of self-harm or suicide – Show that you care

- *“I’ve heard you talking about harming yourself / killing yourself. Is this something you are thinking about? Are you thinking about harming / killing yourself?”*
- *“You say you are really feeling down. Sometimes when people feel like this, they have thoughts of harming them selves. Are you thinking of harming yourself?”*

## Other relevant questions – Show that you care

- *What exactly is on your mind if you say that you wouldn't mind to die?*
- *How long have you been having thoughts of suicide?*
- *Have you already organised (e.g. medications)?*
- *Have you already discussed suicide with somebody?*
- *Is there anything or anyone who would prevent you from doing this?*
- *Have you ever harmed yourself?*

# Agree next steps – Show that you care

- Try not to be judgmental or display shock
- Listen empathically
- Involve the person where possible
- Motivate and support help seeking behaviour / take the initiative yourself to arrange help
  - Be aware of local help resources and link to appropriate services

# Agree next steps – Show that you care contd.

- Remove anything that could be dangerous
- Be positive and point out choices
- If help is refused seek it anyway / If necessary accompany person to GP practice or Emergency / Psychiatry Dept.
- Critical that person at acute suicide risk is not left alone – stay with them until help/support arrives

# Relevant services

- Family doctor / GP
- Accident and Emergency Department
- Other relevant services, e.g:
  - Samaritans
  - Healthtalkonline: depression
  - Healthtalkonline: bereavement due to suicide

# Bereavement following suicide

# Bereavement following suicide

- There are more similarities than differences when comparing bereavement after suicide with other forms of traumatic grief
- Specific reactions associated with bereavement following suicide include:
  - shame (associated with stigma)
  - self-blame
  - a continuous search for meaning
  - guilt
- Increased risk of depression and post traumatic stress among people bereaved by suicide

# Bereavement following suicide

- Sometimes there can be an inability of family members to support each other
- Expression of “relief” can be associated with bereavement following suicide (long history of severe mental illness, repeated suicide attempts)
- Increased risk of suicidal behaviour among suicide survivors

# Stages of bereavement

## *Normal bereavement:*

- Process from initial shock to the eventual “letting go”.
- Involves the expression of thoughts and feelings related to loss
- Eventual withdrawal from the deceased person so that energy can be re-invested in the future
- Settlement – changed perspective on life

# Do's and Don'ts

- Be compassionate *"I am sorry for your loss"*
- Try to listen 80% of the time and talk 20% of the time
- People express grief differently
- Allow tears and accept if there are none
- If a person isn't coping encourage them to talk to a health professional
- If bereaved uses the deceased's name use this name when you refer to them
- Ask if they have any further questions

- Don't take anger personally
- Don't make unhelpful statements  
e.g. *"Time will heal"*  
*"I know how you feel"*  
*"I understand"*
- Avoid use of the term *"committed"* suicide

# Suicide Support and Information

## [www.suicidesupportandinformation.ie](http://www.suicidesupportandinformation.ie)

[Home](#) | [Business and Family Members](#) | [General Practitioners](#) | [Mental Health Professionals](#) | [Project Management](#)



### Suicide Support and Information

Informing and Supporting People Affected by Suicide in Ireland



### Suicide Support and Information

Developed by the National Suicide Research Foundation and funded by the Health Research Board (HRB), this website provides evidence-based information and information following suicide and responding to people at risk of suicide. The information is tailored for people bereaved by suicide and for health professionals, including GPs and mental health professionals, as well as the general public.

The website also represents up-to-date information from international systematic reviews and meta-analyses of all funded to date. Key research, practical advice and related services associated with suicide in Ireland. A case-control study (SSS-ACU).

The Suicide Support and Information website is a timely resource, which meets a key objective of the Irish National Strategy for the Reduction of Suicide, *Connecting for Life 2015-2020*. It will ensure accessibility, consistency and ease of use for people who are bereaved by suicide.

Edit

#### Home

#### Bereaved Family Members

[Grief and Meaning Making After a Suicide Death](#)

[Grieving Family and Friends](#)

[Practical Advice in the Aftermath of a Suicide](#)

[Support After a Suicide](#)

#### General Practitioners

[Aetiology and Risk Factors for Suicidal Thoughts](#)

[Responding to a Suicide Death](#)

[Responding to People at Risk of Suicide](#)

# Positive mental health



- Promoting positive mental health is about attitudes, the attitudes we have both towards ourselves and to each other
- If we promote positive mental health in our community we can:
  - Improve physical health and well-being
  - Provide the skills to help people cope with mental distress
  - Help prevent or reduce the risk of some mental health problems

*Wasserman et al, 2015 ; Zalsman et al, 2016*

# Personal safety

- Be aware of limitations to the gatekeeper's role and responsibility
- In situations of possible suicide risk, always obtain a second opinion
- Avoid promises of secrecy
- Comprehensive assessment can only be provided by mental health professionals
- Self-harm / suicide may occur even when treatment is accessed
- Access to supervision and support

# Role plays



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## Gatekeeper role plays

# Engage and communicate with people at risk of self-harm or suicide and motivate help seeking behaviour

- Create a calm and trusting atmosphere.
- Encourage the person involved to talk about himself/herself.
- Try to obtain a complete picture of the problem situation.
- Assess the presence of depression and/or suicidal behaviour and identify the level of risk by asking direct questions.
- Encourage the person involved to speak about what they would feel could help them.
- Inform how you could be of assistance e.g. make a GP appointment, go with them to visit counsellor etc.
- Verify your impression with the person involved.
- Verify the next steps to be taken with the person involved.

# Evaluation of role plays

Discuss your **own** view of the role-play as either observer, distressed person or gatekeeper

Assess the dialogue and relationship formed between the gatekeeper and person involved

Evaluate the role-play's success of achieving its objective in the assessment of depression and/or suicidal behaviour :

Key aspects:

- Engagement and communication with distressed person
- Identification of self-harm or suicide risk
- Motivating help seeking behaviour

## Recommended resources

- *“Depression can be treated – European Alliance Against Depression”*

<https://www.youtube.com/watch?v=hHUjjcls8L4>

- *“Mental health for all by involving all”*

[https://www.ted.com/talks/vikram\\_patel\\_mental\\_health\\_for\\_all\\_by\\_involving\\_all](https://www.ted.com/talks/vikram_patel_mental_health_for_all_by_involving_all)

- *“U Can Cope”*

<https://www.youtube.com/watch?v=DoHwuvDEo5c>

# Contact details

**For further information, please contact:**

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**Thank you!**

