

The **National Suicide Research Foundation** has developed a new website:

www.suicidesupportandinformation.ie,

funded by the Health Research Board (HRB) Ireland. The website is unique in that it provides evidence based information on bereavement following suicide and responding to people at risk of suicide, both for people bereaved by suicide, health professionals, including GPs and mental health professionals, as well as the general public.

The evidence base represents up-to-date information from systematic literature reviews and outcomes of a HRB funded study: *Psychosocial, psychiatric and work related factors associated with suicide in Ireland: A case-control study (SSIS-ACE)*.

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: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour. In addition to the website, workshops on bereavement following suicide and responding to people at risk of suicide, will be conducted among GPs and other primary care professionals as part of the HRB funded strategic dissemination plan.

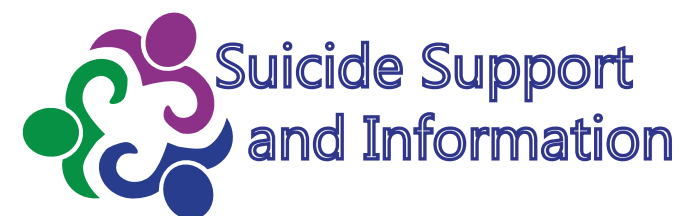
SUPPORT SERVICES

The Psychological Society of Ireland provides a list of specially trained psychologists and psychotherapists who specialise in bereavement on its website. www.psihq.ie

For children bereaved by suicide, **Barnardos** provides a face-to-face suicide bereavement service for children in Cork and Dublin, and a helpline (01 473 2110) open from 10am-12pm Monday to Thursday. www.barnardos.ie

Samaritans is an organisation that provides support for those who need to talk through their concerns, worries and troubles. Their helpline (116123) operates 24 hours a day, seven days a week, and is free of charge. They also are contactable by email at jo@samaritans.org

Túsla Family Resource Centre can also help patients navigate available resources in your area and provide counselling and support.



**Informing and
Supporting
People
Affected by Suicide**

RESPONDING TO PEOPLE BEREAVED BY SUICIDE

In recent years, suicide in Ireland has increased, and this may also impact on the work of General Practitioners. As a GP, it is important to reflect on how losing a patient to suicide has affected you and to integrate this experience within the context of your broader professional experience.

The GP is often the first port of call for families in difficult times. Family members appreciate when a GP offers condolences for their loss, either through attending the funeral or proactively making contact in the days or weeks after a death. At the initial stages of grief, a GP can be a powerful resource for a suicide-bereaved family member, helping them to better understand the grieving process and to navigate sources of therapeutic support.

The grief associated with suicide will remain relevant to those affected for a long time. Family members bereaved by suicide are many times more likely than the general population to also die by suicide. An attentive approach to those bereaved by suicide and guidance regarding specialised support services are important in order to prevent suicide in the future.

RESPONDING TO PEOPLE AT RISK OF SUICIDE

Asking a person whether they have experienced suicidal ideation or behaviour can be difficult. A GP may be worried that this question may prompt suicidal ideation, may affect rapport with the patient, or result in a disclosure that is complicated to manage.

On the contrary, there is consistent evidence that asking about suicidal ideation does not render a person more likely to experience ideation, and

indeed reduces feelings of distress.

A GP can initiate the discussion by asking whether the patient has had any thoughts of harming themselves. With any allusion to death or suicide by the patient, the GP can probe further, asking about the frequency and intensity of these thoughts, whether the person has a certain plan of what they would do, and whether they have done anything already to enact suicidal behaviour. Previous self-harm, in particular highly lethal self-harm acts, are one of the strongest predictors of future self-harm and suicide.

If a patient has a plan, cannot distance him/herself from their suicidal ideation, or have put preparations in place, they may be at imminent risk of suicide. This should be treated as a medical emergency and psychiatric admission should be seriously considered for the duration of the crisis.

Sometimes, a patient's risk might be high but not imminent: where ideation is less prominent but the patient has other risk factors, including previous suicidal behaviour, lack of social support, worsening psychiatric illness, or substance abuse. Arrangements should be made for psychosocial or pharmacological treatment with short follow-up periods.

EFFECTIVE TREATMENTS FOR SUICIDAL BEHAVIOUR AND DEPRESSION

There is good evidence for the effectiveness of cognitive-behavioural therapy (CBT) in preventing future self-harm. Mindfulness-based cognitive therapy appears to be particularly useful in preventing relapse in patients with depression and a history of suicidal ideation and behaviour.

For patients with Borderline Personality Disorder and a pattern of repeated self-harm, Dialectical

Behaviour Therapy (DBT) is effective in reducing suicidal ideation, self-harm and suicide.

In line with the UK NICE guidelines for the treatment of depression in primary care, it is recommended that depression is treated according to a stepped approach, depending on the severity of the disorder.

Patients with depression benefit from psychotherapy. Evidence for efficacy is most consistent for CBT. CBT usually takes place over six weeks to six months. Patients are helped to identify and challenge cognitions that maintain depressed mood and to improve the daily balance between stress and duties versus relaxation and enjoyable activities.

There are many different types of antidepressant medications, which differ more in terms of side effects than in efficacy. Two important groups of antidepressants are Tricyclic Antidepressants (TCAs) and Selective Serotonin Reuptake Inhibitors (SSRIs). When introducing antidepressants to a patient, it is important to inform them about possible side effects and to let them know that it may take a few weeks of taking the medication to feel relief. It is also important to be clear that antidepressants do not change one's personality and are not addictive.

Most people will benefit from learning more about depression through psychoeducational sessions or resources, including an online self-management CBT intervention such as iFightDepression or MoodGYM.

A patient should be referred to specialised psychiatric care if they are experiencing delusional (psychotic) depression, severe depression with suicidality, catatonia or negativism, agitation, complicating comorbidity, bipolar depression, or treatment resistance.