Please help….

- …some fellow students with their 3rd year project on self harm …
- It is interesting and relevant …
- Please email the Self Harm Research Group to take part

shrgnotts@googlemail.com

Or speak to one of the team in the break/after the lecture

Self harm beliefs exercise

In pairs read the following statements:

- Self-harm is attention seeking behaviour
- The majority of people who commit suicide are mentally ill
- Asking a person if they are suicidal can put the idea into their mind
- Self cutting relieves tension
- People who talk about suicide never do it
- All suicidal people are depressed
- Only teenage girls self cut
- If a person has made up their mind to commit suicide then there is nothing that you can do about it

Decide whether you agree, disagree or are unsure …

Self-harm and suicide

Dr Ellen Townsend

NB. Full slides available to download:
Wpsyc/Practicals/Clinical

Lecture 1: Aims and objectives

This lecture aims to address the following questions

- How are suicide and deliberate self-harm defined?
- What are the main trends, methods and risk factors?
- Can suicidal behaviour be prevented?
- What psychological factors are associated?
- What psychological models exist to explain?

Overview of lectures

Lecture 1

- Suicidal behaviour and prevention
- Importance of psychological variables in understanding suicidal behaviour

Lecture 2

- Assessment of suicidal patients
- Interventions for suicidal behaviour

Definition issues

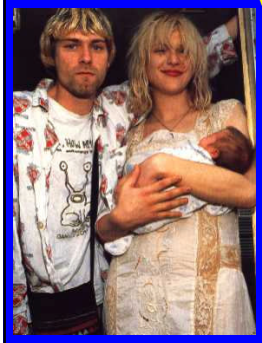
Attempted suicide

- Deliberate self-harm (DSH) and attempted suicide: (Hawton and van Heeringen, 2001).
- Attempted suicide (O'Carroll et al., 1998)
- Parasuicide (Kreitman, 1977)
- Self-harm (habitual or not?)
- INTENTION IS KEY

Suicide

- No universally agreed definition
- "Intentional taking of one's life"…
- "A conscious act of self-induced annihilation, best understood as a multidimensional malaise …" (Shneidman, 1985)

Why?



Kurt Cobain, 27
Gunshot

Sylvia Plath, 31
Gas asphyxiation

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No one cause

- **Multidimensional malaise (Leenars, 1996)**
- **Psychological factors important – crucial**
  - **Psychological pain, hopelessness etc**
- **Tipping points**
  - **Culmination of multiple factors**
  - **Can be anything**
  - **Relationship problem common**

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Suicide statistics

- UK
  - ➢2005, 5,671 suicides (adults aged 15 and over)
  - ➢¾ male
- Suicide - 79 minutes (UK & Rep. Ireland)
- Suicides > RTA deaths
  - E.g. Suicides 2003 = 4,605 vs 3,508 RTA deaths

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Suicide stats

- Coroners suicide verdict
  - Note left
  - Method obvious
- Doubt? = Accidental/open verdict
- Inconsistent – protect families (shame/stigma)
- Suicide rates are UNDERESTIMATED

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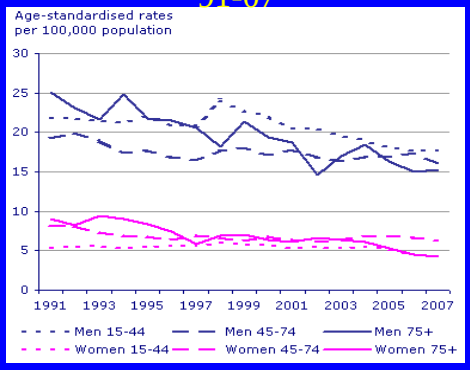
ONS Suicide rates by age and sex 91-07



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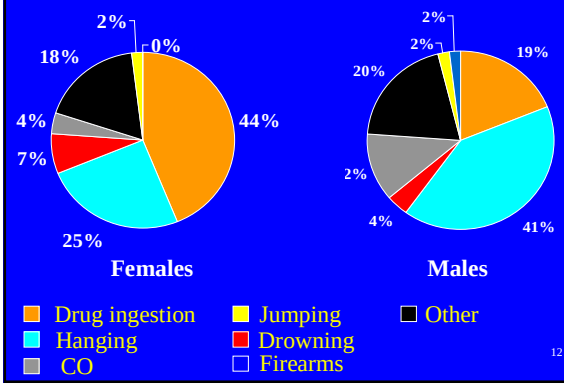
Method of suicide

(England and Wales 1999)



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The incidence of attempted suicide (deliberate self harm)

- 170,000 cases per year UK (general hospital presentations)
- A top 5 cause for medical admission for both men and women (UK)
- No nationwide routine monitoring
- Oxford Monitoring System for Attempted Suicide – established 1976
  - Bristol, Manchester (2-3 years of monitoring)

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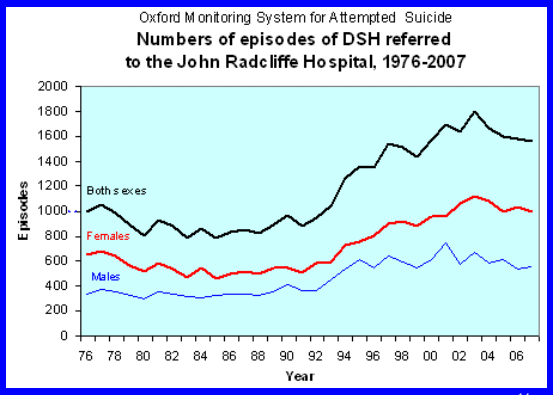

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Groups at recognised increased risk of suicide

High risk group	Estimated magnitude of increased risk	% of total suicides in England/Wales
Psychiatric patient - current or ex (in patient and outpatient)	x10	50%
History of attempted suicide (DSH)	x10-30	30-47%
Contact with psychiatric services 6-12 months before death		25%
Patients in 4 wks following discharge from psychiatric hospital	x200 (male) x100 (female)	10-15%
Alcoholics	x20	15-25%
Drug misusers	x20	
Family history of suicide		4%

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Factors in suicidal behaviour

Clinical	Personal	Social
•Depression: Unipolar and bipolar	•Genetic factors/family history	•Availability of methods
•Alcoholism & substance abuse	•Significant dates	•Unemployment
•Personality disorders	•Memory biases	•Media reporting
•Schizophrenia	•Hopelessness & future directed thoughts •Problem solving	•Social support and isolation
•Suicide ideation	•Cognitive rigidity	•Life events
•Suicide intent	•Impulsivity	•Civil unrest
• Abuse	• Perfectionism	
•Repetition	•Biological factors	

Method of DSH

WHO EU Multi-centre study (Schmidtke et al, 1996)

- Female rates higher than males
- Most attempts 'non violent': Self poisoning
- UK paracetamol
- Mainly self-poisoning: 64% males, 80% females
- Cutting: (mostly wrists): **17% males,** 9% females
- Alcohol, as (a) part of method, (b) preparation, (c) long term risk factor
  - 22-26% at time of attempt
  - 44-50% in 6 hours before attempt (Hawton et al 1997/98)

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Case example: PD

- PD's suicide: depressed & hopeless **(clinical)**
- In unbearable psychological pain **(personal)**
- Couldn't cope with break-up **(social)**
- Limited coping strategies **(personal).**

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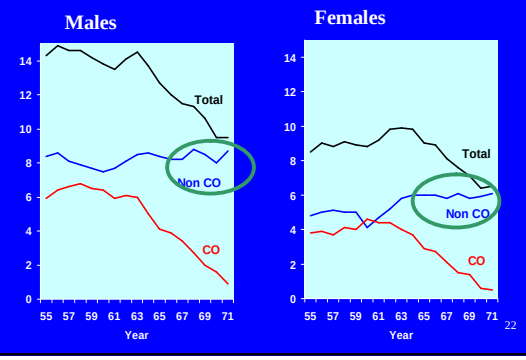
Can suicidal behaviour be prevented?

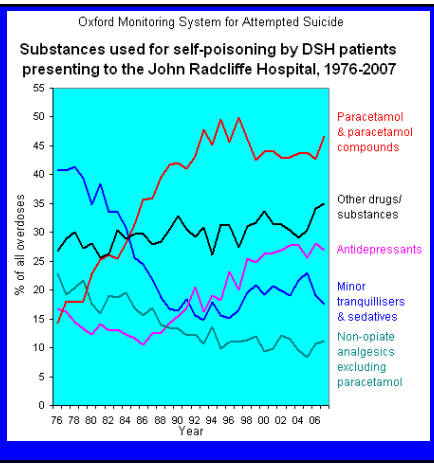
- Suicide is not an isolated event but a culmination of series of interactions …. hence preventable ...???
  - Treating suicidality
    - preventing repetition (next week)
  - Availability of methods

Sex-specific suicide rates by mode of death: England & Wales Kreitman (1976)



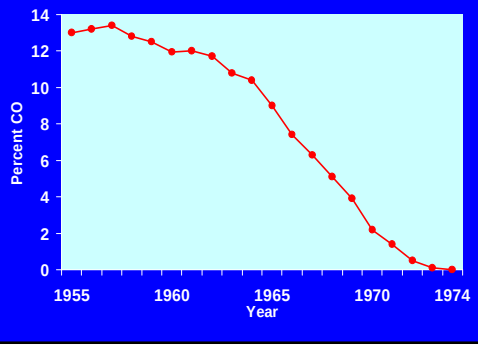
Examples of effects of availability of methods

- Coal gas story
- Paracetamol legislation (Public Health Intervention)

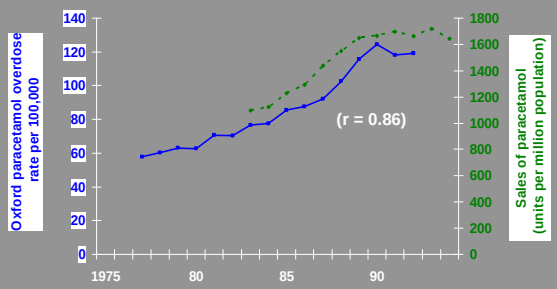


Availability example 1: The coal gas story (Kreitman, 1976)

Percentage of CO in domestic gas, UK 1955-74



Availability example 2: Paracetamol overdose



Self-poisoning patients who took paracetamol

Hawton, et al., 1995; 1996

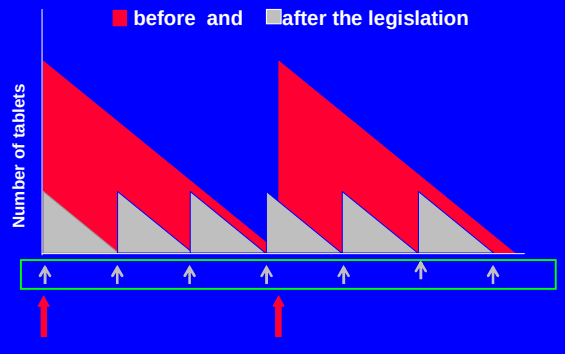
Availability main reason for choosing	**50**	**(63%)**
Premeditation		
< 1 hour	**33**	**(41%)**
1 - < 3 hours	**26**	**(33%)**
Suicidal intent (clinician's assessment)	**31**	**(39%)**

Paracetamol legislation – September 16th, 1998

- **Before:**
  - **- 100 tablets - pharmacies**
  - **- 24 tablets - non-pharmacy outlets**
- **After:**
  - **- 32 tablets - pharmacies (more at pharmacist's discretion)**
  - **- 16 tablets - non-pharmacy outlets**
  - **- Labelling changes**

Potential analgesic availability in households

before and after the legislation



Hawton, Townsend et al (2001) findings

In year after legislation - reduction in:

- Deaths – paracetamol self-poisoning
- Liver units
  - Admissions
  - listings for transplantations
  - actual transplants
- Non-fatal Paracetamol overdoses
  - the number of tablets taken per overdose
  - large overdoses

Paracetamol study follow-up (Hawton et al., 2004)

- Examined longer term effects of legislation
- Conclusions
  - Smaller pack sizes sustained beneficial effects
  - Decreases in deaths, size of non-fatal overdoses, liver unit admissions and transplants
  - Some substitution to ibuprofen – but no mortality effects

Importance of psychology

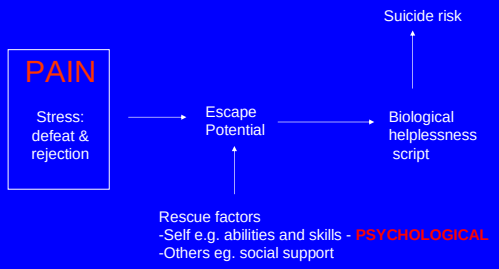
Psychological processes are key mediators/moderators

‘Cry of pain’ model of suicidal behaviour

(Williams 1997, Williams and Pollock 2000)

- Psychological mechanisms in triggering suicidal crises.
- Focus on setting conditions not consequences
- Preceding stress events that signal “defeat”
- Psychological processes which increase vulnerability - which signal “no escape”
- Psychological processes that turn crises into suicidal crisis - that signal “no rescue”.

Cry of pain model



Why?

- *We need to know not only “why suicide”, but also*

*why **no other solution** was considered?*

(Mark Williams)

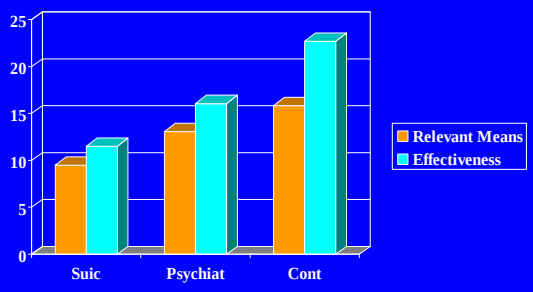
Key psychological variables

- Impulsivity
- Dichotomous thinking
- Cognitive rigidity
- Hopelessness and future thinking
- Social perfectionism
- Problem-solving
- Autobiographical memory

Problem solving

- Means-Ends Problem Solving Task (MEPS)
- Item: Trying to make friends in a new neighbourhood – no friends at start 20 at end …
- *“I wouldn't know what to do in that situation. I have always had someone to go out and make friends for me . I can't imagine what to do.”* (Rated 1 - Not at all effective)

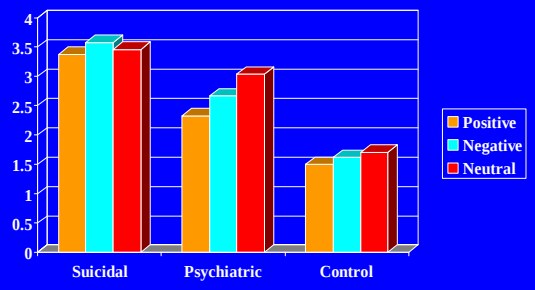
MEPS performance



Why is PS limited? Memory traps

- Write down a **SPECIFIC** example of when you were last happy
  - NB. IT MUST BE A **SPECIFIC** EXAMPLE
- Over-general memory responses from suicidal patients (see Williams et al., *Psychological Bulletin*, 2007)
  - Safe
    - Being in my flat
  - Happy
    - Being with John
  - Sorry
    - Arguments

Number of Over-general memories



(Matched suicidal, psychiatric & control groups)

Consequences of Over-general memory

- Problem solving (PS)
  - Fewer cues to solve problems (Evans et al., '92)
  - OD patients: strong correlation between PS (MEPS) and over general memory (Evans et al 1992)
  - PS dependant on type and quality of memories – so depressed and suicidal patients have difficulties.
- Hopelessness
  - Failure to construct a future (Williams et al. '96)

Suicidal behaviour as a cry of pain (Williams 1997: Williams and Pollock, 2000)

Suicidal behaviour – the 'cry of pain' elicited

- Person believes themselves to be defeated/rejected
  - problem-solving
  - autobiographical memory
  - social perfectionism
- There appears to be no possibility of escape or rescue
  - dichotomous thinking
  - cognitive rigidity
  - impulsivity
  - hopelessness
- Means to self-harm available

Evaluation of Cry of Pain

- **O'Connor (2003) case control study evaluation – general support for model**
- **Other models?**
- **Problems with psychological variables data?**

Summary

- A number of psychological processes underpin suicidal behaviour
- Cry of pain model – suicidal behaviour as response to situation with 3 components
  (1) Defeat (2) No escape (3) No rescue
- Some empirical support for model

Test yourself … revision

- Can suicidal behaviour be prevented?
- What are the main psychological variables associated with DSH?
- Can suicidal behaviour be explained by the Cry of Pain model?
- What are the shortcomings of the model or the evidence to support it?
- What about other models of DSH?

Suggested readings

MAIN TEXT: Hawton and Van Heeringen Eds. (2000) The International Handbook of Suicide and Attempted Suicide.

For this lecture see especially :

Chapter 5: Williams and Pollock – Psychology of Suicidal Behaviour

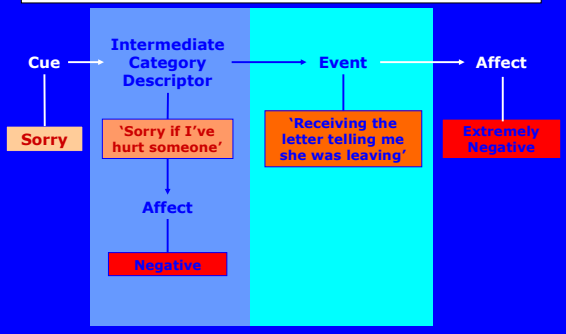
Chapter 34: General population strategies of suicide prevention

- Hawton, K., Townsend, E., Deeks, J., Appleby, L., Gunnell, D., Bennewith, O., Cooper, J. (2001) Effects of legislation restricting pack sizes of paracetamol and salicylates on self poisoning in the United Kingdom: before and after study. *British Medical Journal*, 322, 1203-1207.

- O'Connor, R.C. (2003). Suicidal Behaviour as a Cry of Pain: Test of a Psychological Model. Archives of Suicide Research, 7, 297-308.
  - Copies of journal articles in 'Clinical' folder in Practicals Folder (Spsyc)

Additional slides

Normal Retrieval



Mnemonic Interlock