

SUICIDE IS AN URGENT PROBLEM

The Philippine Star · 23 Apr 2019 · D1 · By ANTONIO C. SISON, MD

Suicide is an urgent problem. Since the turn of the century in 2000, the suicide rate has increased in both Filipino males and females, according to the World Health Organization (WHO).

“Suicide rate” is defined as the deaths deliberately initiated and performed by a person with the full knowledge or expectation of a fatal outcome.

Reviewing the WHO Global Health Observatory data repository, the Philippines had the following age-standardized suicide rates per population of 100,000. (“Age-standardized” means the suicide data from different countries undergo a technique to allow populations to be compared when their age profiles are quite different.)

According to the WHO, from 2000 to 2016, the suicide rate among Filipino males rose from 4.5 to 5.2. During the same period, the suicide rate among Filipino females increased from 1.8 to 2.3.

Though there is no data as of yet from 2017 onwards, these figures, plus the number of recent suicides in the news, point to an increasing suicide rate in both males and females, with the suicide rate among males consistently higher than that of females.

These statistics do not reflect the number of suicide attempts, which is estimated to be much higher. The general consensus among psychiatrists is that suicide attempts and suicide deaths are increasing in schools, including medical schools.

One also needs to consider that suicide carries with it a stigma and, as a consequence, individuals and/or their families may prefer not to report the situation or even seek help. With this alarming development, how can one be better equipped to pick up signs that a person may be at risk for suicide? THE BASIC SUICIDE TERMS

Suicide attempt is defined as a self-destructive act deliberately carried out where there is a clear expectation of death.

Suicidal ideation is thinking about death in a passive manner.

Suicidal in tent with a specific plan is when the person has already made plans on how to commit suicide.

Non-suicidal self-harm is the act of self-harm not intended to result in death.

These are descriptive terms that describe the state or behavior of a person at a given time, which may shift depending on the changes in stress levels.

Each person is unique and would have different situations that may cause the person to move from one state to another. For example, a person who engages in non-suicidal self-harm as a way of coping may shift to experiencing suicidal ideations when a new stress or is experienced.

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Therefore it is always important to describe the suicide state or non-suicidal self-harm of the person within the specific time frame. WHY DOES ONE CONSIDER SUICIDE AS AN OPTION?

There is no single reason, but one may consider life stressors, health conditions, and financial conditions, which may collectively result in feelings of despair and hopelessness. Other factors that are attributed to suicide in young persons is the use of social media, which on one hand allows people around the world to connect, but on the other hand may be the platform for cyber bullying and bashing. WHAT ARE THE SUICIDE RISK FACTORS? A previous history of attempted suicide, trauma or abuse. A previous history of attempted suicide is a risk factor asked by the clinician as part of the evaluation. Other past events such as trauma or abuse are contributory risk factors.

Medical conditions. This includes chronic medical conditions. The person may feel that he/she is a burden to the family. Another medical condition is the diagnosis of being positive for the Human Immunodeficiency Virus (HIV). It is mandated that everyone undergoing the HIV testing should have pre- and post-counseling to help clarify the understanding of the patient and provide hope for the future.

Psychiatric conditions. This includes psychiatric conditions or mood disorders, which includes major depression and bipolar conditions. Additionally, substance abuse problems are contributory to the negative impact on mental health and may increase the suicide risk.

Relationship stress. This may include issues within the family, friends and love relationships. At times it maybe a combination of all three, which increases the risk for suicide. Stressful life events. This may include the death of a loved one or changes in the financial status of the individual, including the collective stress of academic requirements and examinations. WHAT ARE THE WARNING SIGNS OF SUICIDE? Content of talk. This is when a person talks about dying or wanting to die. At the time it may be expressed in a joking manner.

Change in behavior. This is very important to note. The behaviors to observe include over sleeping or not sleeping, overeating or not eating. Note also the changes in grooming, personal hygiene and dressing.

Change in mood. Notice any erratic changes in mood. This would include the person reporting feeling depressed, with thoughts of being unworthy. Or the person may have sudden episodes of being superpositive, optimistic and energetic, with so many ideas flooding in. A COMMON SUICIDE MYTH

It is a myth that asking about suicide will put suicidal ideas into a person's head. This is not true. If you ask someone if they are having suicidal thoughts, the person will likely admit having them. But asking them will not put suicidal ideas in their minds.

Therefore, it is important to ask. But bear in mind that the manner and approach to asking is important. **THE CONNECTION BETWEEN SUICIDE & SKIN**

When a person has made a previous suicide attempt or has non-suicidal selfharm behavior, there maybe skin scars that one should be alert to. Typically they may hide the scars by wearing long-sleeved clothing to cover the scars, or some individuals may cover the scars by having tattoos done. For this reason it is important to ask about tattoos and what they mean to the person. **IF YOU ARE CONCERNED ABOUT SOMEONE, WHAT CAN YOU DO?**

First, be a friend. Ask gently if you can talk with the person privately and express your concern and offer what support you can provide. Be patient, listen and consider that you may need to approach and engage the person several times in order to earn his or her trust to confide in you.

Should you feel that professional help is needed, consider consulting a psychiatrist, which most hospitals have. For further information you can call the Philippine Psychiatric Association office at 635-9858 or visit the web page: <http://ppa.philpsych.ph/>.