CRISIS COUNSELLING IN PLHIV WITH SUICIDAL IDEATION

PRESENTED AT AWACC 2016

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SOUTH AFRICA

SUICIDE: THE GLOBAL SITUATION (ALL AGE GROUPS)

ACCORDING TO WHO ESTIMATES:

- **APPROXIMATELY ONE MILLION PEOPLE DIE FROM SUICIDE PER YEAR (1.5 MILLION BY 2020).**
- **10 TO 20 (SOMETIMES 40) TIMES MORE PEOPLE ATTEMPT SUICIDE WORLD WIDE.**
- **THIS REPRESENTS ONE DEATH EVERY 40 SECONDS AND ONE ATTEMPT EVERY 3 SECONDS, ON AVERAGE.**
- **AN INCREASE IN SUICIDE RATES, FROM FROM 10.1 PER 100.000 TO 16 PER 100,000 (ALMOST 60%) CAN BE OBSERVED IN THE LAST FEW DECADES.**

SOUTH AFRICAN STATISTICS (ALL AGE GROUPS GENERAL POPULATION)

- SUICIDAL BEHAVIOUR IN SOUTH AFRICA IS INORDINATELY HIGH IN ALL AGE GROUPS

- THERE IS A GENUINE ESCALATION OF THE PROBLEM, RATHER THAN SIMPLY A REFLECTION OF IMPROVED RECORDING PRACTICES OVER RECENT YEARS

- FIGURES REFLECT ONLY A PART OF THE PROBLEM, AND REPORTED PREVALENCE RATES ARE DIVERSE

- DATA MUST BE INTERPRETED WITH CAUTION WHEN MAKING CROSS-NATIONAL, CROSS-CULTURAL AND CROSS REGIONAL COMPARISONS

- **SUICIDE RANGE : 11.5 PER 100 000 TO AS HIGH AS 25 PER 100 000 DEPENDING ON SAMPLING PROCEDURES**
- **ESTIMATED FATAL TO NON-FATAL RATIO = 1:20**
- **IN SOME OCCUPATIONAL GROUPS THE FIGURES ARE HIGHER**

- ABOUT 9% TO 11% OF ALL NON-NATURAL DEATHS ARE SUICIDE RELATED (ALL AGES)
- ON AVERAGE 9.5% OF NON-NATURAL DEATHS IN YOUNG PEOPLE ARE DUE TO SUICIDE.
- ESTIMATED AT 1 SUICIDE PER 2 HOURS (20 OR MORE ATTEMPTS PER HOUR)
- PREDOMINANTLY MALE ± 5:1
- NON-FATAL PREDOMINANTLY FEMALE ± 3:1

FATAL SUICIDAL BEHAVIOUR: AGE DISTRIBUTION

- AVERAGE AGE = 34
- CONSISTENT WITH GLOBAL FINDINGS = SHIFT FROM THE ELDERLY TO YOUNG
- FATAL SUICIDAL BEHAVIOURS = AS YOUNG AS < 10 YEARS OLD
- MOST FATAL SUICIDAL BEHAVIOURS IN THE YOUNG = 15-19 YEAR AGE GROUP

NON-FATAL SUICIDAL BEHAVIOUR:AGE DISTRIBUTION

- PEAK AGE = 20-29 AGE GROUP WITH A MEAN AGE OF 25 YEARS
- ABOUT ONE THIRD OF HOSPITAL ADMISSIONS FOR SUICIDAL BEHAVIOUR INVOLVE CHILDREN AND ADOLESCENTS
- NON-HOSPITAL BASED STUDIES REPORT SUICIDAL BEHAVIOUR / IDEATION IN SCHOOL CHILDREN THAT RANGE BETWEEN 4% AND 47%
- UP TO 20% OF RECENTLY DIAGNOSED HIV-POSTIVE PATIENTS EXPRESS SUICIDAL IDEATION ACCORDING TO SOME STUDIES

MAJOR METHODS USED IN FATAL SUICIDAL BEHAVIOUR

- SIGNIFICANT LINK BETWEEN SUICIDE,
- HOMICIDE AND
- BLOOD ALCOHOL CONCENTRATION (BAC)
- HANGING MOST FREQUENT

  SHOOTING

  POISONING / OVERDOSING

  GASSING

  BURNING

OTHER METHODS

SHARP OBJECTS

ASPHYXIA

ELECTROCUTIONS

DROWNING

FENESTRATIONS(JUMPING OFF HIGH AREAS)

HYPOXIPHILIA / AUTO-EROTIC ASPHIXIATION

MAIN CHOICE OF METHODS IN NON-FATAL SUICIDAL BEHAVIOUR

- **OVERALL CHOICE:** ***90% OVERDOSE***
  10% SELF-INJURY

- **OVERDOSE:**

- ***HOUSEHOLD POISONS/CLEANING AGENTS***

  ANALGESICS(PAINKILLERS),
  BENZODIAZEPINES
  ANTI-DEPRESSANTS
  OTHER MEDICATION (WHOONGA)

CHOICE OF METHOD USED (ESPECIALLY MEDICAL SUBSTANCES AND POISONS) DEPENDS ON THE FOLLOWING FACTORS:

- ACCESSIBILITY
- KNOWLEDGE OR LACK THEREOF
- EXPERIENCE & FAMILIARITY
- MEANING, SYMBOLIC, CULTURAL INFLUENCE
- SUICIDAL PATIENTS' STATE OF MIND
- LEVEL OF INTENT

RISK FACTORS

- RISK FACTORS ARE MULTIFACTORIAL AND MULTIDIMENSIONAL

  THIS PRESENTATION FOCUSES ON:

1. HIV/AIDS
2. NEUROPSYCHOLOGICAL CORRELATES
3. DIETARY INSUFFIENCY
4. SOCIAL FRAGMENTATION/VIOLENCE
5. ACUTE/CHRONIC STRESS
6. PSYCHOLOGICAL DISORDERS (ESPECIALLY DESPRESSION AND SUBSTANCE ABUSE)

SOCIO-ECONOMIC INFLUENCES

- PEOPLE EXPERIENCING SOCIO-ECONOMIC PRESSURES ARE
- AT INCREASED RISK
- THE GLOBAL ECONOMIC MELT DOWN HAS ALSO BEEN FELT IN SOUTH AFRICA
- IMPACTING ON LACK OF SOCIAL SUPPORT
- COMMUNITY CONNECTEDNESS
- A RISE IN UNEMPLOYMENT.

HIV/AIDS

- THE COUNTRY FACES AND HIV/AIDS PANDEMIC WITH ONE OF THE LARGEST SEROPOSITIVE POPULATIONS IN SUB-SAHARAN AFRICA

- SOME HIV-AIDS PATIENTS HAVE A HIGH SUICIDE RISK

- THREE PEAKS OF HIGH RISK:
  - (A) HIV TESTING AND SUICIDAL IDEATION BEFORE TEST RESULTS ARE KNOWN
  - (B) DIAGNOSIS OF HIV ; AND
  - (C) LATER STAGES OF AIDS

- PARTNER INFIDELITY = INCREASED RISK IN HIV-NEGATIVE PARTNER

- NEUROPSYCHOLOGICAL FALL-OUT CAN BE A RISK FACTOR

- MAJOR IMPACT ON CHILDREN IF A PARENT TRIES TO COMMIT SUICIDE

NEUROPSYCHOLOGICAL CORRELATES

- SIGNIFICANT CORRELATES OF SUICIDAL BEHAVIOUR IN PEOPLE ARE ASSOCIATED WITH:

- PERSONALITY FUNCTIONING INVOLVING SUBSTANCE ABUSE, EMOTIONAL LABILITY, AGGRESSION AND IMPULSIVITY

- HEAD INJURY AND/OR NEUROPSYCHOLOGICAL DEFICITS CAN BE RELATED TO AGGRESSIVENESS/IMPULSIVITY

- IMPAIRED DECISION MAKING ASSOCAITED WITH BRAIN PATHOLOGY CAN TRIGGER DEPRESSION, DISINHIBITION OR LACK OF RESTRAINT AND SUICIDAL IDEATION

DIET

- DIETARY INEFFICIENCY
- BECAUSE OF POTENTIAL EFFECTS ON NEUROTRANSMITTER FUNCTIONING
- MICRONUTRIENT DEFICIENCIES CAN HAVE ADVERSE PSYCHO-PHYSIOLOGICAL CONSEQUENCES, E.G.
- PROGRESSIVELY REDUCE STRESS TOLERANCE LEVELS
- IMPACT ADVERSELY ON BRAIN STRUCTURES
- WHICH IN TURN MAY IMPAIR APPROPRIATE COPING STRATEGIES IN A SUICIDAL PERSON

VIOLENCE

THEMES THAT OVERLAP INCLUDE :

- FAMILY VIOLENCE / MURDER SUICIDES
- INCREASED AGGRESSIVENESS/ABUSE OF ARV'S
- IMPULSIVENESS
- EMOTIONAL LABILITY
- BEHAVIOURAL DISINHIBITION
- DYSFUNCTIONAL DECISION-MAKING AND REASONING
- UNDERLYING BIOLOGICAL OR GENETIC PREDISPOSITION COULD RESULT IN INCREASED AGGRESSIVENESS AND VIOLENT ACTING OUT AND SUICIDAL BEHAVIOUR

STRESS

- ACUTE AND CHRONIC STRESS ARE CRITICAL CO-MORBID AETIOLOGICAL VARIABLES
- REPEATED SUICIDAL BEHAVIOUR CAN INCREASE:
- IN ORDER TO SECURE HELP AS ATTEMPTS AT NON-FATAL SUICIDAL BEHAVIOUR DOES NOT GET THE DESIRED EFFECT FROM SIGNIFICANT OTHERS
- ON WHOM THE SUICIDAL BEHAVIOUR IS SUPPOSED TO IMPACT (I.E. IF THE CRY FOR HELP FAILS)

PREVENTION / MANAGEMENT

- THE HIGH SUICIDAL BEHAVIOUR PREVALENCE RATES HAVE CONSIDERABLE IMPLICATIONS FOR MENTAL HEALTH-CARE FACILITIES IN THE COUNTRY
- IT IS IMPORTANT TO MONITOR THESE PATTERNS ON AN ONGOING BASIS AS EVIDENCE SHOWS THAT SUICIDAL BEHAVIOUR IN DIFFERENT GROUPS CHANGES ACROSS TIME
- EARLY RECOGNITION OF RISK FACTORS ARE IMPORTANT FOR PREVENTION / MANAGEMENT OF SUICIDAL BEHAVIOUR AND
- THERE IS A NEED TO DEVELOP APPROPRIATE, COST-EFFECTIVE PREVENTIONS

- THERE ARE SOME LOCAL AND REGIONALISED SUICIDE PREVENTION INITIATIVES
- NO NATIONAL PREVENTION PROGRAMME EXISTS. SUCH A PROGRAMME FOR SOUTH AFRICA HAS BEEN PROPOSED
- IT REQUIRES A COMPREHENSIVE MULTI-SECTORAL APPROACH THAT INVOLVES BOTH HEALTH AND NON-HEALTH SECTORS
- THE MOST OPPORTUNE TIME FOR INTERVENTION IS WITHIN THE FIRST 72 HOURS AFTER A POSITIVE HIV DIAGNOSIS
- SINCE PATIENTS ARE OFTEN LOST TO FOLLOW-UP WITHIN THE CONTEXT OF A DEVELOPING SOCIETY

KEY PREVENTION STRATEGIES OF RELEVANCE INCLUDE:

- SCREENING FOR RISK OF ELEVATED SUICIDAL IDEATION AND SUBSEQUENT SUICIDE RISK AS EARLY AS POSSIBLE
- RECOGNITION OF RISK FACTORS
- AWARENESS-RAISING
- DISSEMINATION OF INFORMATION ON SUICIDE
- EFFECTIVE MONITORING
- IMPROVED DATA COLLECTION
- COLLABORATIVE RESEARCH

- **BETTER TREATMENT OF CO-MORBID PSYCHIATRIC/PSYCHOLOGICAL CONDITIONS**
- **WELL-TRAINED HEALTH-CARE PRACTITIONERS**
- **THE DEVELOPMENT AND ENHANCEMENT OF COMMUNITY-BASED EFFORTS**
- **RESTRICTING ACCESS TO THE METHODS OF SUICIDE**

ACTION LEVELS

- ACTION AT THE INDIVIDUAL/FAMILY LEVEL
- PRIMARY HEALTH CARE
- COMMUNITY-BASED (E.G. MENTAL HEALTH CENTRES, SELF-HELP SUPPORT GROUPS AND EDUCATION/TRAINING PROGRAMMES, SUICIDE CRISIS CENTRES)
- SOCIETAL LEVEL (E.G. HIGH EXPECTATIONS WHICH ARE NOT ALWAYS REALISED, SOCIO-ECONOMIC DIFFICULTIES INCLUDING HIGH UNEMPLOYMENT LEVELS)
- REGIONAL AND NATIONAL LEVELS

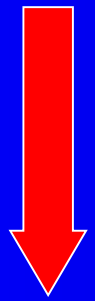
FURTHER EDUCATION AND TRAINING

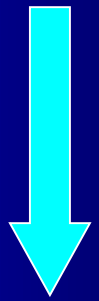
- ELIMINATE MYTHS SURROUNDING SUICIDAL BEHAVIOUR
- PROVIDE INFORMATION ABOUT THE CLUES TO SUICIDAL BEHAVIOUR
- PROMOTE SKILLS DEVELOPMENT
- HIV COUNSELLORS SHOULD BE TRAINED FOR PRE- AND POST TEST HIV COUNSELLING AND PSYCHOSOCIAL EDUCATION
- THEY CAN EASILY BE TASK-SHIFTED TO SCREEN PATIENTS FOR SUICIDE RISK AND PROVIDE SUICIDE PREVENTION STRATEGIES

REDUCE LEVEL OF PSYCHOLOGICAL PAIN TO REDUCE LETHALITY

LETHALITY

PSYCHOLOGICAL PAIN





PSYCHOLOGICAL PAIN = SUICIDAL BEHAVIOUR (NOT ATTRACTION OF DEATH)

If it were not for hope the heart would break

Feelings of worthlessness

+

Depression

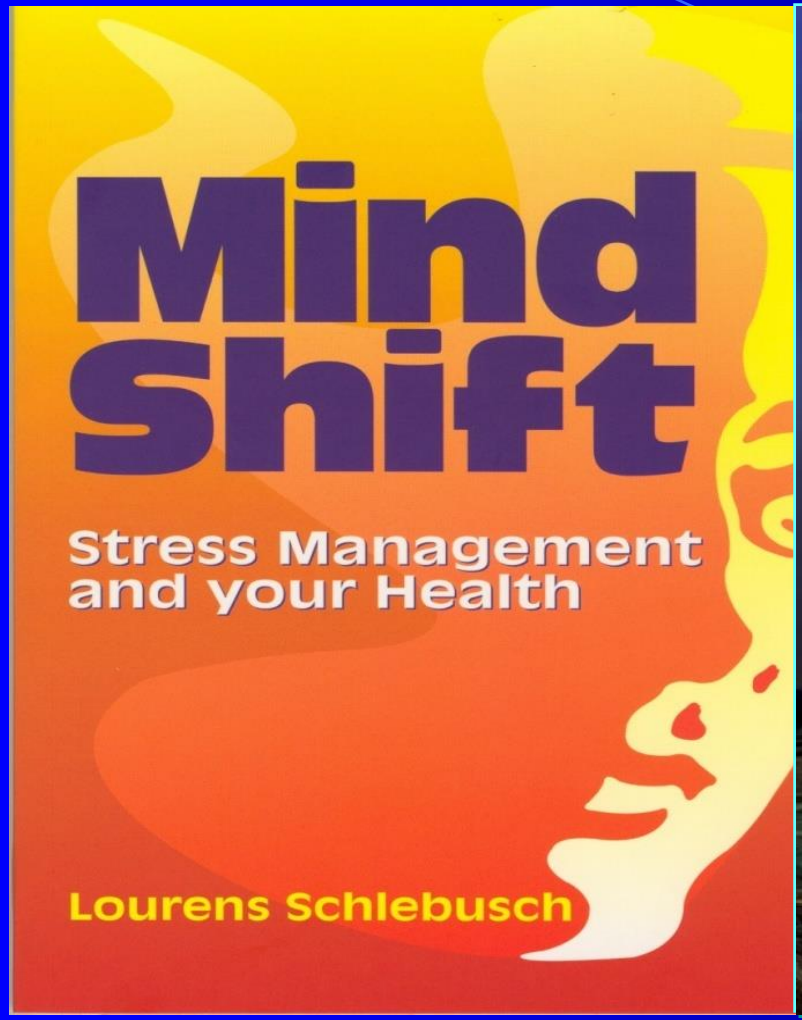
+

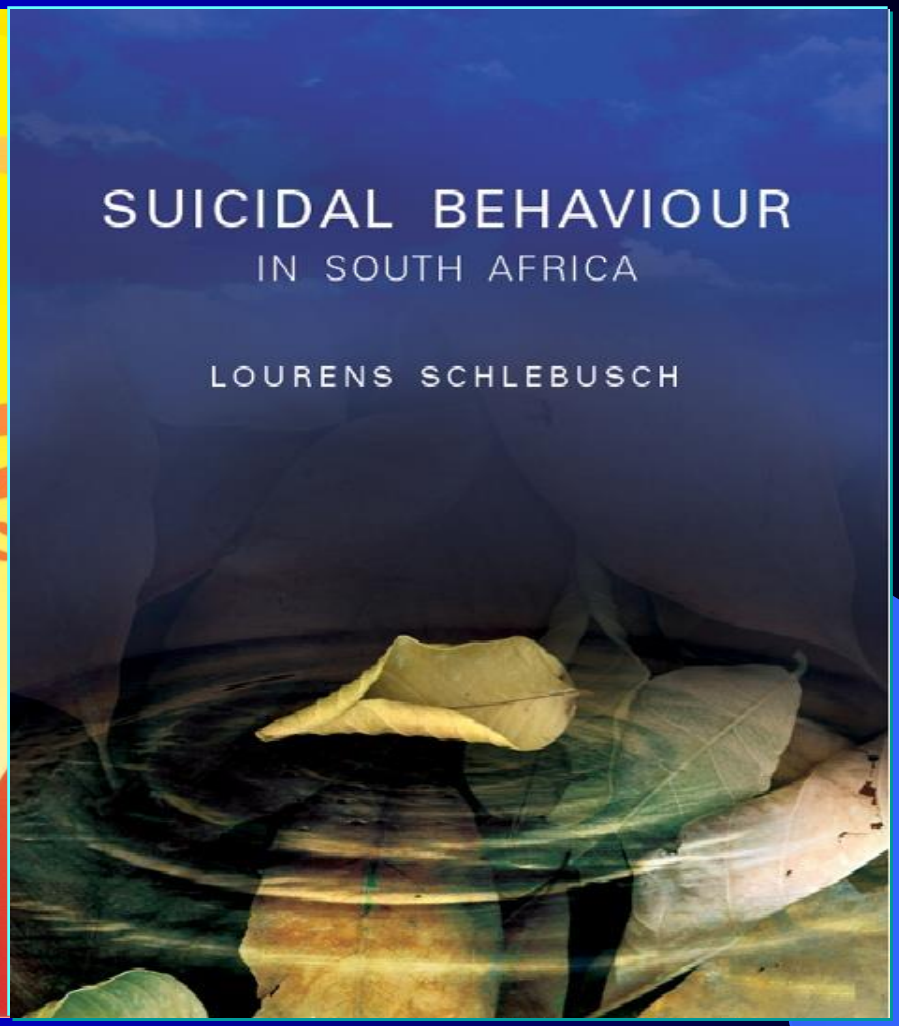
Hopelessness

=

Possible suicidal ideation

RECOMMENDED READING





THANK YOU FOR LISTENING TO ME!!!