DIE SETZTENDENZ BEIM MENSCHEN: RISIKOFAKTOREN, SEIN VERHALTEN, PSYCHOLOGIE UND BEHANDLUNGSMASSNAHMEN

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Zusammenfassung Wie uns allen bekannt ist, gehört auch die Tendenz zum Suizid zu den enormen Gefahren für das Leben der Menschheit. Die Ausweitung von Selbstmord und Selbstverletzung ist ein weltweites Anliegen. Die Selbstmordraten waren unter den männlichen Alten am bemerkenswertesten, jedenfalls hat sich die Rate unter den Jugendlichen in dem Maße ausgeweitet, dass sie derzeit am bemerkenswertesten sind. Die Adoleszenz oder das Teenageralter ist eine Entwicklungsphase, in der mehrere der psychischen Störungen des Erwachsenenalters auftreten, die einen großen Beitrag zur Erhöhung der Selbstmordrate im Erwachsenenalter leisten. In diesem wissenschaftlichen Artikel wird auf der Grundlage mehrerer Quellen und Beobachtungen das Verhalten, die Psychologie der Suizidalität, die als eines der aktuell drängenden Probleme gilt, untersucht und auf Grundlage der bereitgestellten Informationen die entsprechenden Schlussfolgerungen sowie die Behandlung gezogen Maßnahmen vorgesehen sind.

Schlüsselwörter Neigung zur Selbsttötung, psychische Störungen, Suizidversuche, suizidales Verhalten, WHO, psychiatrische Erkrankungen, Risikofaktoren.

THE TENDENCY OF SUICIDE AMONG PEOPLE: RISK FACTORS, ITS BEHAVIOR, PSYCHOLOGY AND TREATMENT MEASURES

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Abstract As is known to all of us, the tendency to commit suicide is also included in the number of enormous risks to the life of mankind. Expanding suicide and self-hurt is a worldwide concern. Suicide rates have been most noteworthy among in the male old, anyway rate among youngsters have been expanding to the degree that they are currently the most noteworthy. Adolescence or the teen age is a developmental phase during which several of the mental health disorders of adulthood appear which go a long way in increasing the suicide rate at adulthood[i]. In this scientific article, based on several sources and observations, the behavior, psychology of the suicidal tendency, which is considered one of the current pressing problems, is studied and based on the information provided, the relevant conclusions are drawn, as well as treatment measures are provided.

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Keywords The tendency of self-killing, mental disorders, suicide attempts, suicidal behavior, WHO, psychiatric disorders, risk factors.

Glossary

Youth/adolescent/young person refers to a person between the ages of 15 and 24 years (inclusive) according to the WHO definition.[ii]

Suicide refers to an act with fatal outcome, which was deliberately initiated and performed by the deceased, in the knowledge or expectation of its fatal outcome, and through which the deceased aimed at realizing changes he/she desired.[iii]

Suicidal behavior may cover a wide range of self-destructive behaviors with a non-fatal or fatal outcome, described by the terms attempted suicide and suicide, respectively.[iv]

Introduction

Suicide is a serious global public health issue. It is among the top twenty leading causes of death worldwide, with more deaths due to suicide than to malaria, breast cancer, or war and homicide.[v] Suicides take a high toll. Social, psychological, cultural and other factors can interact to lead a person to suicidal behavior and the stigma attached to suicide means that many people feel unable to seek help. Most suicides occur in low and middle-income countries where resources and services, if they do exist, are often scarce and limited for early identification, treatment and support of people in need. According to the data determined by the World Health Organization, the following can be noted:

- 800 000 people die due to suicide every year, for each suicide, there are more than 20 suicide attempts;
- Suicide is the second leading cause of death among 15-29 year-olds, 1 death every 40 seconds;
- 79% of suicides occur in low and middle-income countries;
- 38 countries report having a national strategy for suicide prevention, 80 countries have good-quality vital registration data on suicide.[vi]

The above information determines the level of relevance of this topic. But it is worth noting that the problem of suicide can be preventable. To do this, it is necessary first of all to study the behavior, psychology of the self-killing. Accordingly, a person who can become a victim of suicide can be treated.

Risk factors for suicidal behaviors

The causes of suicidal behavior are not fully understood; however, this behavior clearly results from the complex interaction of many factors.[vii] Although many risk factors have been identified, they mostly do not account for why people try to end their lives. Numerous studies have been conducted to investigate the risk and protective factors associated with

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youth suicidal behaviors[viii]. Scientists have focused their attention on the identification of the risks that cause this trend to increase day by day through their research. The factors associated with suicide risk can be classified into four groups: personality and individual differences, cognitive factors, social factors, and negative life events. In reviewing these factors, we summarize what is known to date, but do not exhaustively describe the potential mechanisms through which these factors might affect suicidal behavior, which is an extremely important goal for future research. We selected these factors because they feature in the theoretical models, have received research attention in the literature, or are promising candidates for the future. Each of these factors might contribute to the emergence of suicide risk independently or together with other factors. Some of the factors are associated with the emergence of suicidal ideation, whereas others increase the likelihood that suicidal thoughts will be acted on.[ix]

Personality & individual difference	**Cognitive factors**	**Social factors**	**Negative life events**
Hopelessness Impulsivity Perfectionism Neuroticism and extroversion Optimism Resilience	Cognitive rigidity Rumination Thought suppression Autobiographical memory biases Belongingness and burdensomeness Fearlessness about injury and death Pain insensitivity Problem solving and coping Agitation	Social transmission Modelling Contagion Assortive homophily Exposure to deaths by suicide of others Social isolation	Childhood adversities Traumatic life events during adulthood Physical illness Other interpersonal stressors Psychophysiological stress response

Source: O'Connor and Nock (2014)

Figure 1: Some key psychological risk and protective factors for suicidal ideation and behavior

What can we do?

The reduction of suicide mortality has been prioritized by the World Health Organization (WHO) as a global target and included as an indicator in the United Nations Sustainable Development Goals (SDGs) under target 3.4, the WHO 13th General Program of Work 2019-20231 and the WHO Mental Health Action Plan 2013-2030.2. A comprehensive and coordinated response to suicide prevention is critical to ensure that the tragedy of suicide does not continue to cost lives and affect many millions of people through the loss of loved ones or suicide attempts[x] (see box 1).

UN SDG Target 3.4

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

Indicator 3.4.2.

Suicide mortality rate

1

BOX 1

Above, we have considered in detail all the reasons that lead to suicide. Also, according to the information announced by the World Health Organization, the problem of suicide can be prevented. It is impossible to completely eliminate, however, many programs and techniques have been developed to reduce the tendency. Below we will get acquainted with some of these methods.

The lack of internationally standardized methods for the collection of data relating to suicide attempts and self-harm has led to methodological differences in data collection and surveillance. A more uniform approach to the surveillance of hospital-presented suicide attempts and self-harm will foster comparability and understanding of the global picture of suicide attempts and self-harm.

Suicide is the act of deliberately killing oneself. Self-harm is a broader term referring to intentional self-inflicted poisoning or injury, which may or may not have a fatal intent or outcome. Any person over 10 years of age experiencing any of the following conditions should be asked about thoughts or plans of self-harm in the last month, and about acts of self-harm in the last year:

» Any of the priority MNS conditions;
» Chronic pain;
» Acute emotional distress;[xi]

Evaluate for thoughts, plans and acts of self-harm during the initial assessment and periodically thereafter, as required. Attend to the person's mental state and emotional distress.

Clinic tip:

Asking about self-harm does NOT provoke acts of self-harm. It often reduces anxiety associated with thoughts or acts of self-harm and helps the person feel understood. However, try to establish a relationship with the person before asking questions about self-harm. Ask the person to explain their reasons for harming themselves.[xii]

To determine if a person has suicidal symptoms, the following assessment should be carried out.

Asses for self-harm/suicide if the person presents with either:

- Extreme hopelessness and despair, current thoughts/plan/act of self-harm suicide or history thereof, act of self-harm with signs of poisoning/intoxication, bleeding from self-inflicted wound, loss of consciousness and/or extreme lethargy, OR

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- Any of the priority MNS conditions, chronic pain or extreme emotional distress.

1

Assess if there is evidence of self-injury and/or signs/symptoms requiring urgent medical treatment: Signs of poisoning or intoxication, bleeding from self-inflicted wound, loss of consciousness, extreme lethargy.

YES: Management for the medically serious act of self-harm is required.
Go to Protocol 1.
Return to STEP 2 once person is medically stable.

2

Is there an imminent risk of self-harm/suicide?

Ask the person and careers if there are ANY of the following:

Current thoughts or plan of self-harm/suicide, history of thoughts or plan of self-harm in the past month or act of self-harm in the past year in a person who is now extremely agitated, violent, distressed or lacks communication

Is there a history of thoughts or plan of self-harm in the past month or act of self-harm in the past year?

NO: Risk of self-harm/suicide is unlikely
YES: Imminent risk of self-harm/suicide is unlikely, but a risk may still persist.
Go to Protocol 3, manage, and then continue to STEP 3

3

Does the person have concurrent MNS conditions?

Y

Depression, disorders due to substance use, child & adolescent mental and behavioral disorders, psychoses, epilepsy

Does the person have chronic pain?

YES: Manage the pain and treat any relevant medical conditions

5

Does the person have emotional symptoms severe enough to warrant clinical management?

Difficulty carrying out usual work, school; domestic or social activities; Repeated self-medication for emotional distress, or unexplained physical symptoms; Marked distress or repeated help-seeking.

YES: Manage the emotional symptoms; Go to OTH (other Significant Mental Health Complaints)

The next task is to consider the management in the above research.

PROTOCOL 1. (Medically Serious Act of Self-Harm)

- For all cases: Place the person in a secure and supportive environment at a health facility.
- DO NOT leave the person alone.
- Medically treat injury or poisoning. If there is acute pesticide intoxication, follow "Management of pesticide intoxication".
- If hospitalization is needed, continue to monitor the person closely to prevent suicide. Care for the person with self-harm.
- Offer and activate psychosocial support. Offer careers support.
- Consult a mental health specialist, if available.
- Maintain regular contact and Follow-Up.

PROTOCOL 2. (Imminent Risk of Self-Harm/Suicide)

- Remove means of self-harm/suicide.
- Create a secure and supportive environment; if possible, offer a separate, quiet room while waiting for treatment.
- DO NOT leave the person alone.
- Supervise and assign a named staff or family member to ensure person's safety at all times.
- Attend to mental state and emotional distress. Provide psychoeducation to the person and their careers.
- Offer and activate psychosocial support.
- Offer careers support.
- Consult a mental health specialist, if available.
- Maintain regular contact.

PROTOCOL 3 (Risk of Self-Harm/Suicide)

- Offer and activate psychosocial support.
- Consult a mental health specialist, if available.
- Maintain regular contact[xiii]

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