

## Educational Links (English):

- ❖ <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm.aspx>
- ❖ <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/self-harm/self-harm-keyfacts.aspx>
- ❖ <http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parents/carers/self-harm.aspx>
- ❖ <https://afsp.org/about-suicide/risk-factors-and-warning-signs/>
- ❖ <http://www.webmd.com/mental-health/tc/suicidal-thoughts-or-threats-topic-overview>
- ❖ <https://www.nimh.nih.gov/health/publications/suicide-faq/index.shtml>
- ❖ <http://www.save.org/>
- ❖ <http://www.mayoclinic.org/diseases-conditions/self-injury/home/ovc-20165425>
- ❖ [http://www.med.upenn.edu/psychotherapy/newsletter\\_selfinjury.html](http://www.med.upenn.edu/psychotherapy/newsletter_selfinjury.html)

## Emergencies:

*De presentar en algún momento el deseo de morir o de quitarse la vida, o si algún familiar suyo lo presenta llame inmediatamente al 9-1-1 o visite la sala de emergencias más cercana.*

**National Suicide Prevention Line:  
1-800-273-8255 (English)**



6001 Vineland Road Suite 109, Orlando FL 32819  
Phone: (407) 930-6684 / Fax: (949) 404-8433

*Lumos Psychiatric Services*



## Educational Booklet: **Suicide**

The World Health Organization defines a "suicide act" as any action by which an individual causes himself harm, regardless of the degree of lethal intent, regardless of whether or not the true motives of the act are known.

### Differences between suicidal ideas and acts:

- ❖ **Suicidal Ideas** - desires, thoughts and plans to commit a suicidal act.
- ❖ **Suicide Acts** – include the following:
  - **Suicide completed** - Act of killing yourself in a conscious way, considering death as a means or as an end.
  - **Suicide Attempt** - Voluntary act performed by the person with the attempt to occur death, but without achieving it.
  - **Parasuicide** - Self-aggressive non-fatal behavior performed by the individual and in which the intent or orientation towards death is not essential. It usually occurs in unresolved conflicting situations and within some personality disorder. Many behaviors considered "manipulative" would be included here.

**SUICIDE CAN BE PREVENTED.  
SEEK HELP IF YOU NEED IT.**

## **Wrong beliefs and ideas (myths) about suicide:**

- ❖ "Asking for suicide ideas increases the risk of suicide" – False, the person will most likely feel more at peace of mind to be able to talk about these thoughts.
- ❖ "Those who threaten to commit suicide do not" – False, 80% of patients who have committed suicide have expressed their thoughts of suicide before. Any threat of suicide must be taken seriously.
- ❖ "If the patient agrees not to commit suicide will not do so" – False, making a "non-suicide pact" is no guarantee that the patient will not commit suicide.

## **Risk factors for suicide:**

- ❖ Men have a higher rate of completed suicides and women have suicide attempts.
- ❖ Be a teenager or be over 65 years old.
- ❖ Being single, widowed, unemployed, or retired.
- ❖ Living alone.
- ❖ Absence of religious beliefs.
- ❖ Previous suicide attempts.
- ❖ Family history of suicide - The presence of psychiatric illness such as major depression, schizophrenia, substance abuse (alcoholism or drugs), borderline personality disorder.
- ❖ Own history of mental illness - More than 90% of patients who have committed suicide had a psychiatric diagnosis at the time of death, especially depression, alcoholism or both.
- ❖ Situational factors such as social stressors (abandonment or loss of family members) and availability of methods, such as firearms.
- ❖ Have a chronic disease, especially the central nervous system or terminal illness.

## **Suicide patient evaluation:**

The evaluation is done through a clinical interview with the patient to measure suicidal risk. Once the risk factors are identified, it is necessary to determine which ones can be modified.

The clinical interview allows your doctor to:

- ❖ Identify specific factors that can increase or decrease the risk of suicide and that can help make decisions.
- ❖ Ensure immediate patient safety.
- ❖ Make a clinical diagnosis and establish a treatment plan.
- ❖ Decide the most appropriate place for your treatment.

## **Suicide Treatment:**

- ❖ Depending on the risk detected by the health care professional and the patient's supports, it will be decided by outpatient treatment or the need for admission to psychiatric hospitalization.
- ❖ When outpatient treatment is indicated, we should contact mental health services to complete a joint treatment plan.
- ❖ If the suicidal attempt results in injury or any medical risk, you should be referred to a general hospital where after being stabilized, you will be evaluated by a mental health team.
- ❖ The doctor has a legal responsibility to protect suicidal patients by even hospitalizing them against their will when the entry criteria are met.
- ❖ Patients should be admitted when:
  - It presents and persists an intense suicidal ideation.
  - Medical treatment of injury is required.
  - They need more intensive psychiatric treatment.
  - There is a lack of socio-family support from the patient.

**For questions or concerns, discuss it with your doctor.**