# Suicide prevention and intervention: a call to all doctors

The fact that in Hong Kong suicide has become the sixth most common cause of death and that of every 100 deaths, three are because of suicide means that suicide prevention and intervention necessitates a call to all doctors.

Why do people take their own lives? To survive is the most basic human instinct; to take one's own life is against this instinct. Imagine you are standing on the rooftop of a tall building and there is nothing between you and the fall to death! The normal response is fear and the step to take is to walk back. What does it take to overcome that fear and to jump down? The most important and common answer is emotion: negative emotions.

It is commonly known that certain negative emotions may lead to suicide, particularly depression and grief. It is important not to forget that other negative emotions are equally powerful in motivating suicide. Anxiety and fear paradoxically can prompt one to kill oneself, with many probably still remembering reports from overseas of the nurse who killed herself during the severe acute respiratory syndrome (SARS) crisis. She was 'killed' not by SARS itself, but by her own fear of the disease. Guilt also kills, often as a form of self-punishment. Jealousy in particular may lead to suicide and homicide.

Shame can also kill, with the interaction between Javert, the self-righteous police inspector, and Valjean the fugitive, in the very well-known work Les Misérables by Victor Hugo providing a good, albeit fictional, example. Javert has been relentlessly pursuing Valjean. In a meeting of destiny, their roles are reversed when Javert falls into the hands of Valjean. Javert expects to be killed but is instead set free by Valjean. Javert is granted his life by his captor but instead of rejoicing in his freedom, finds it more painful to live than to die. He jumps into the river Seine and drowns. From a psychiatric point of view, Javert drowns himself as a result of the 'acute shame' experienced paradoxically by having been set free by the very fugitive he has been pursuing for years. This noble act by Valjean shatters Javert's pride and sense of self-righteousness.

Negative emotions may be a reaction to adversity, but are very often also the result of psychiatric disorders. It is important to bear in mind, for example, that one in six patients suffering from severe major depressive disorders ends their own lives during the active illness. It is also important to realise that psychiatric morbidity is very common indeed. The National Institute of Mental Health reports the 1-year prevalence of all psychiatric disorders as 20%.[1] According to the American Psychiatric Association, the life-time prevalence of major depressive disorders is 10% to 25% for females and 5% to 12% for males.[2]

In general, psychiatric disorders are still not widely understood or accepted in Hong Kong, and there is still a fairly strong stigma attached to psychiatric illness. This means that doctors of all specialties should be alert to the possibility that they may be dealing with 'hidden' psychiatric disease. This is particularly important in Hong Kong because few people have the advantage of regular primary health care contact. Doctors must always be mindful that patients with psychiatric disorders may not present with 'psychological' symptoms (such as emotional symptoms), but rather may present with somatic, behavioural, occupational, school, family, and interpersonal problems. Psychiatric disorders are often brought to the attention of family members, friends, employers, colleagues and teachers because of physical complaints, deterioration in work or study performance, or changes in interpersonal relationships. Doctors must be alert to the underlying causes of these complaints and problems.

There are three lines of defence against suicide. The first line is oneself. Faced with setbacks, stress, or crisis, people try to solve their own problems. The second line of defence is the family, and it is natural that people turn to their family for support and help. The third line is the community, and that includes relatives, neighbours, school, the workplace, doctors, and other community services. People who kill themselves have fallen through the three lines of defence. Suicide prevention thus concerns everyone.

For doctors to detect all potential suicide cases, they must maintain a high index of suspicion. They should keep in mind high-risk factors for suicide.[3-6] There are different ways in which lists of high-risk factors are presented or organised. Doctors should familiarise themselves with one or more suicide checklists that best suit their particular work setting. The lists usually include the following main headings: situation, behaviour, physical changes, thoughts, and emotions. Doctors can also use the internet, for example, the website of the American Academy of Pediatrics (www.aap.org) to gain access to such checklists. It may also be a good idea for the Hong Kong Medical Association to develop checklists that doctors in Hong Kong may readily refer to. If this idea is supported, the best approach may be to design one checklist for children and teenagers, one for adults, and one for the elderly. Such checklists may also be made available to the public for their reference and use.

Not all people who kill themselves have had recent contact with doctors. People who kill themselves shortly after they have seen a doctor can be divided broadly into two groups. The first group are those who have no previous history of suicidal attempts. In other words, some time after they have seen a doctor, they kill themselves in their first suicide attempt. The most important reason why they are

not identified as at risk is that the attending doctor has not suspected their suicidal intent. The second group are those whom the doctor knows have made previous suicide attempts. The reason that they are not identified as at risk is that the doctor often underestimates the likelihood of suicide. There are still commonly held misconceptions related to attempted suicide. In particular, it should be noted that the method of previous suicide attempt is not a good predictor of the severity of future suicidal risk. Patients may take a 'mild overdose' on one occasion, and jump to death on the next. The golden rule to follow is that all suicidal attempts must be taken seriously. It is crucial to keep in mind that about 15% to 25% of people who have attempted suicide will make another suicide attempt within 3 months,[7,8] and that 1% will kill themselves in the following year.[9]

Doctors have three roles to play in the battle against suicide. The first is in early detection and prevention. The second is in intervention. While only a small number of doctors have the responsibility for providing definitive treatment for suicidal patients, all doctors share the basic responsibility of helping these patients. It is essential that doctors master the necessary skills for handling such crises. Quite a few doctors have had the very traumatic experience of being the last, or among the last doctors to see the patient before the patient ends his/her life.[10] Doctors have a third role to play and that is in the enhancement of health. The world has become increasingly stressful and unfortunate for many, as reflected in the fact that in Hong Kong more young adults and people in the middle-aged groups are committing suicide.[11] Doctors share with others the duty of making our society a happier place for all.

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