Research Bulletin 11

sane RESEARCH

Suicide, self-harm and mental illness

Having a mental illness is recognised as one of the highest risk factors for suicidal behaviour and self-harm, yet many people do not receive the practical help they need to reduce the risk of further attempts . . .

People living with a mental illness are far more likely to self-harm and attempt to take their own lives than the general population. Suicide is one of the main causes of premature death among people with a mental illness.

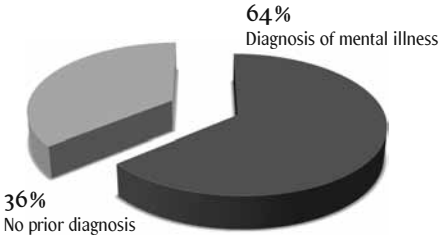
This SANE Research Bulletin investigates what practical steps can be taken to reduce suicide and self-harm among people with a mental illness – asking those affected about their experience and what they had found helpful.

The survey was conducted during October and November 2009, using a convenience sample of 285 people who completed a questionnaire anonymously via the SANE website. The most common diagnoses reported were depression (54%) and bipolar disorder (13%). Other diagnoses reported were anxiety disorder (8%), borderline personality disorder (7%), and schizophrenia (6%).

Almost all respondents (93%) had felt suicidal at some time, and 34% had made a serious attempt to end their life during the previous 12 months.

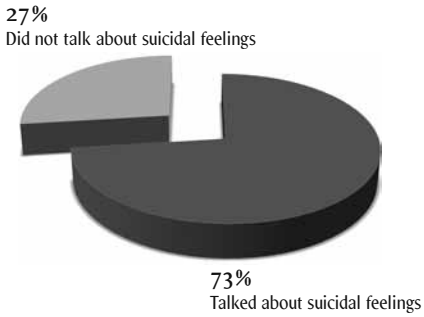
Sixty per cent had deliberately harmed themselves at some time, with 40% of these requiring medical attention. Almost half of those who self-harmed (45%) wanted to end their life at that time.

Are people at risk of suicide recognised as having a mental health problem?



Around two-thirds of respondents reported having a diagnosis of a mental illness prior to any attempt to end their life. The remainder received a diagnosis following an attempt.

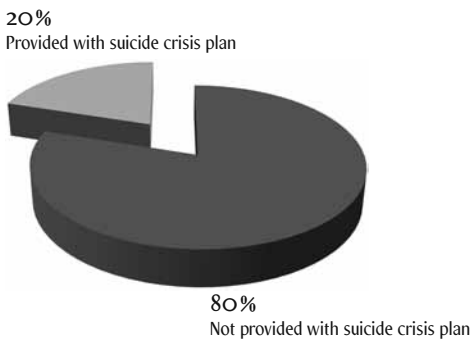
Does talking about suicidal feelings help?



Around three-quarters of respondents (73%) had talked to someone about their suicidal thoughts despite finding it difficult; for most, (59%) this had led to them getting help. This 'reaching out' was clearly an important factor in reducing the risk of people acting on their suicidal thoughts.

People who self-harmed were less likely to talk to someone about it (48%), and when they had, fewer than half of these (40%) were referred for psychological support.

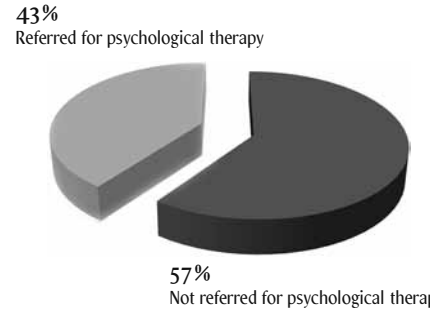
After a suicide attempt, are people given help to reduce the risk of it happening again?



As well as medical attention, most respondents were referred for ongoing mental health treatment after a suicide attempt. However, around one-third (30%) were not. It is also concerning that the majority (80%) were not provided with a crisis plan of what to do if they felt suicidal in the future.

Suicide, self-harm and mental illness

Are people provided with psychological therapy after a suicide attempt?



Psychological therapy is a primary treatment for people affected by depression and other mental illnesses. The coping strategies it teaches can play a valuable part in reducing symptoms and stress, and so the risk of suicidal thinking or self-harming. Despite this, the majority reported that it had not been offered to them after a suicide attempt (57%) or self-harm (60%).

What else helps?

Most respondents (57%) had contacted a Helpline when feeling suicidal, and the majority had found this useful (61%). Many (38%) also reported that walking or other physical exercise was a helpful coping strategy. Attending a day program, spending time with friends, and having an occupation (paid or voluntary) were noted as important to improved mental health too.

In summary

- Mental illness is a major risk factor for suicide. The great majority of people who attempt or die by suicide either have a diagnosis of a mental illness, or subsequently receive a diagnosis.
- Talking about suicide can promote help-seeking rather than prompt an attempt. It is important to encourage people to talk about how they feel so that they can receive timely treatment and support.
- Most people with mental illness who attempt suicide receive immediate medical treatment and referral for mental health treatment. Longer-term support is less common, however, and around four out of five are not given a crisis plan of what to do if thoughts of suicide or self-harming return.
- One of the most effective ways of preventing suicide is provision of best-practice, adequately-resourced treatments for mental illness. However, psychological therapy is only offered to a minority of those who self-harm or attempt suicide.

Recommendations

1 RECOGNISING THE RISK

Wider acceptance is needed at a policy and service provision level of the nexus between mental illness and suicide, and the consequences of this for suicide prevention. This is especially relevant to discharge plans, considering the very high suicide rate in the period after someone leaves psychiatric care.

2 REACHING OUT

The Australian Government's Mindframe Strategy has made a valuable contribution to improving media reporting and public discourse on mental illness and suicide. This work needs to continue to educate the community that it is not taboo to talk openly and responsibly about self-harm and suicide – whether concerned about yourself or someone else. This should include simple suggestions on what to do in these situations, and improved awareness of relevant helplines.

3 CRISIS PLANS

An essential part of health professionals' response to self-harm or a suicide attempt should be provision of a simple crisis plan for if the person feels at risk again. This should include basic advice on how to respond and stay safe, a contact number to call, and details of relevant helplines.

4 BEST-PRACTICE TREATMENTS

Best-practice treatments for people who are vulnerable to suicide or self-harm should be a routine part of service delivery – whether in in-patient, out-patient, emergency ward, or primary care settings. This should include psychological therapies to help people manage self-harming or suicidal thoughts.

Response to the pilot Specialist Suicide Prevention Services (SSPS) for GPs has been positive, and the service now needs to be made available nationally, drawing on lessons learned through the pilot program. (The SSPS is provided by the Australian Government through the Better Outcomes in Mental Health Care program.)

Promotion of physical exercise is recommended to reduce stress and depressed mood among people who are vulnerable. Routine provision of rehabilitation, and education about mental illness, suicide and self-harm is also recommended, in order to empower people to help themselves.

SANE Australia

A national charity working for a better life for people affected by mental illness – through campaigning, education and research.

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PDF version available at www.sane.org

Media release

Embargoed Tuesday 2 February 00.01am

www.sane.org

Research finds suicide attempt survivors not provided with adequate care

A new research study by SANE Australia reveals a concerning lack of follow-up treatment for people with a mental illness who have attempted suicide.

SANE surveyed 285 people diagnosed with a mental illness who had attempted suicide or self-harmed. The key findings, published in *Research Bulletin 11: Suicide, Self-harm and Mental Illness,* are:

- 30% of respondents were not referred for ongoing mental health treatment after a suicide attempt
- 57% were not offered psychological therapy after a suicide attempt
- 80% of people who survived a suicide attempt were not provided with a crisis plan of what to do if they felt suicidal in the future

SANE Australia's Executive Director, Barbara Hocking, says of the findings, 'this is extremely concerning. We know that people with mental illness are already at high risk for suicide, and those who have made a suicide attempt are even more vulnerable. We also know what can help reduce the risk, yet many people who have survived a suicide attempt appear to be left to fend for themselves.

'All people with a mental illness who make a suicide attempt should be referred for ongoing mental health treatment, but our research finds that almost one in three are not. Furthermore, more than half weren't offered psychological therapy - which can play a valuable part in reducing suicidal thinking. Current failure to offer best-practice care is putting people's lives at risk.'

Research Bulletin 11: Suicide, Self-harm and Mental Illness also reveals the preventative strategies respondents find helpful when feeling suicidal or about to self-harm. Almost three-quarters of respondents (73%) talked to someone about their suicidal thoughts and 57% had contacted a helpline when feeling suicidal.

Ms Hocking says, 'this is very encouraging. Talking about thoughts and feelings is extremely helpful. Respondents told us that reaching out to friends or helplines not only reduced their risk of trying to take their own life but also lead to getting help. Callers to helplines can talk confidentially with trained and understanding advisers who can provide appropriate advice and referral for treatment and support.'

Thirty eight per cent (38%) of respondents also reported that walking or other physical exercise was a helpful coping strategy. Spending time with friends, having an occupation or attending a day program were also noted as important to improved mental health.

Research Bulletin 11: Suicide, Self-harm and Mental Illness can be downloaded from the Research area of the SANE website at www.sane.org

Note to editors

- Download *Research Bulletin 11: Suicide, Self-harm and Mental Illness*
- Barbara Hocking is available for interview
- Media reporting guidelines on suicide are available from Mindframe
- Media factsheets about suicide are available from the SANE Media Centre
- SANE operates the SANE Helpline which helps over 10,000 callers every year concerned about mental illness and suicide – 1800 18 SANE (7263)

SANE Australia
A national charity working for a better life for people affected by mental illness.

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Research Bulletin 11: Suicide, Self-harm and Mental Illness additional information

Key findings of *Research Bulletin 11: Suicide, Self-harm and Mental Illness*

Not referred for ongoing mental health treatment after a suicide attempt 30%

Not referred for psychological therapy after a suicide attempt 57%

Not provided with a crisis plan after a suicide attempt 80%

Talked to someone about their suicidal thoughts 73%

Sought help after speaking to someone about their suicidal thoughts 59%

Contacted a helpline 57%

Found contacting a helpline useful 61%

SANE recommendations

1. *Early intervention:* The strong relationship between mental illness and suicide needs to be taken into account by policy makers and service providers to help reduce suicide through early intervention.

2. *Reducing stigma:* Media reporting should continue to encourage the community to talk openly and responsibly about self-harm and suicide as directed by the Mindframe Guidelines.

3. *Ongoing support:* As a matter of course, health professionals should provide a simple plan for if the person feels at risk again, including basic advice on how to respond and stay safe, a contact number to call and details of relevant helplines.

4. *Best-practice treatment:* Within any healthcare setting, people who are vulnerable to suicide or self-harm should routinely receive best practice treatment, including access to psychological therapies and national availability of the Specialist Suicide Prevention Services (SSPS) for GPs.

Further information

- *Mental health treatment* as defined in *Research Bulletin 11: Suicide, Self-harm and Mental Illness* is ongoing services and supports such as psychiatrist or psychologist, mental health service or GP.

- *Psychological therapy* is a primary treatment for people affected by depression and other mental illnesses. The coping strategies it teaches can play a valuable part in reducing symptoms and stress, and so the risk of suicidal thinking or self-harming.

- *A crisis plan* should be an essential part of health professionals' response to people with mental illness who have attempted suicide or self-harmed, if the person feels at risk again. A crisis plan should include basic advice on how to respond and stay safe, a contact number to call, and details of relevant helplines.

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