Focus on Attempted Suicide

Suicide is a serious public health problem that can have long-lasting effects on individuals, families, and communities. It often stems from complex interactions of mental health disorders, stress, trauma, and other life challenges. The impact of suicide extends beyond the immediate loss, affecting family members, friends, and the broader community, leading to emotional, psychological, and economic burdens.



According to the World Health Organization (WHO), approximately 703 000 people die by suicide every year globally. This means that one person dies from suicide every 40 seconds. For every suicide, numerous individuals attempt suicide.

The estimated suicide rate in South Africa is 23.5 per 100 000, which translates to about 14 000 deaths from suicide per annum. It is the second leading cause of death among young people aged 15–29.

There is no official national data on how many people attempt suicide in South Africa, however, it is estimated that about 280 000 people try to take their own lives each year. This estimate is based on the idea that for every person who dies by suicide, there are about 20 others who attempt it.

What is suicide?

Suicide is death caused by injuring oneself with the intent to die voluntarily and intentionally. Suicide can also be described as intentional self-killing or self-death.

A suicide attempt occurs when an individual intentionally harms themselves with the intention of ending their life, but their actions do not result in death.

Parasuicide is the deliberate infliction of injury on oneself without the intention to die. This could include actions like taking an overdose of medication, self-cutting, or other forms of self-harm where the primary goal is not death but rather to express distress, seek help, or cope with overwhelming emotions.

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Definitions of other suicide-related terms

TERM	DEFINITION
Suicidal self-directed violence	Behaviour/actions where a person intentionally harms themselves or risks injury, with clear signs of wanting to die. This includes both suicide attempts and actual suicide deaths.
Other suicidal behaviour and preparatory acts	Acts or preparation toward making a suicide attempt before physical harm occurs. This can include anything beyond a verbalisation or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away). Referred to as "aborted suicide attempt" by the American Psychiatric Association.
Aborted suicide attempt	Instances where an individual comes close to attempting suicide but ultimately does not complete the act, resulting in no injury.
Suicidal ideation	Passive thoughts about wanting to be dead or active thoughts about killing oneself, without any preparatory behaviour.
Self-harm	Self-harm is when a person intentionally causes injury to themselves, either through harmful behaviours or by taking an overdose of medication beyond the recommended dosage. The goal is to create a change or achieve a specific outcome through the physical harm they cause to themselves.
Suicidal behaviour	Includes suicide (the act of intentionally ending one's life), suicide attempts (actions taken with the intent to die, but which do not result in death), other suicidal behaviour (actions that indicate a desire to die, but may not involve direct attempts), and preparatory acts (steps taken in preparation for a suicide attempt).

What causes or increases the risk of suicide?

Suicide is often the result of a mix of different factors rather than just one. Several risk factors can increase the likelihood of someone considering or attempting suicide, with mental health diseases such as depression, bipolar mood disorder, schizophrenia, anxiety disorders, and personality disorders playing a significant role.

Other factors that increase the risk of someone taking their own life include:

- Imprisonment
- Job loss, poor job security or a decrease in job satisfaction
- Social determinants of health racism and discrimination in our society, economic hardship (such as high unemployment), poverty, limited affordable housing, lack of educational opportunities, and barriers to physical and mental healthcare access
- A history of being abused or witnessing continuous abuse
- Diagnosis with a serious medical condition, such as cancer or HIV
- Social isolation
- Being a victim of bullying or harassment
- Substance use disorder
- Childhood abuse or trauma
- A family history of suicide
- Previous suicide attempts
- Suffering from a chronic disease
- Loss of a significant relationship
- · Being exposed to suicide
- Difficulty in seeking help or support and access to mental health or substance use treatment

What are the warning signs of suicide?

It is difficult to identify when someone is having suicidal thoughts, but some of the warning signs that a person may be considering suicide include:

Emotional and psychological indicators

- Feeling unbearable pain: Expressing or showing signs of intense emotional or physical pain that feels insurmountable.
- Death or fascination with death: Talking or writing about death, dying, or suicide, or having a preoccupation with death.
- Feelings of hopelessness, worthlessness, or being trapped: Expressing a sense of despair, feeling that there's no way out, or believing they have no purpose or value.
- Feelings of guilt, shame, or anger: Overwhelming feelings of guilt or shame, or extreme anger that is hard to control.
- Feeling like a burden: Believing that they are a burden to their family, friends, or society.

Behavioural changes

- Recent suicide attempt: Having made a recent attempt or engaging in self-harm.
- Increased alcohol or drug use: Escalating substance use as a coping mechanism.
- Neglecting personal appearance or hygiene: Losing interest in personal grooming and cleanliness.
- Withdrawal: Isolating themselves from family, friends, and social activities.
- Saying goodbye: Unusually saying goodbye to friends and family as if they won't see them again.

- Giving away possessions: Giving away cherished items or possessions is often seen as a way of getting affairs in order.
- Recent episodes of depression, emotional distress, and/or anxiety: Experiencing significant emotional turbulence or diagnosed mental health conditions.
- Changes in eating or sleeping patterns: Not eating or sleeping enough or sleeping and eating too much.
- Becoming violent or being a victim of violence: Displaying aggression or experiencing violence.
- Expressing rage: Showing uncontrolled anger or fits of rage.
- Recklessness: Engaging in risky or reckless behaviours without regard for consequences.

Prevention of suicide

The good news is that suicide is preventable. Preventing suicide requires comprehensive strategies at all levels of society, including individual, community, and systemic interventions. Effective prevention includes:

- Strengthening economic supports, such as improving household financial security and stabilising housing.
- Creating protective environments is vital for preventing suicide. This includes limiting access to firearms and medications that could be used to harm oneself, encouraging positive workplace and community environments that support mental health, and reducing substance use through community interventions.
- Improving access and delivery of suicide care involves making sure mental health conditions are included in health insurance plans, ensuring there are enough mental health professionals where they are needed the most, offering rapid and remote access to help, and implementing changes in the healthcare systems to make suicide care safer and more effective.
- Promoting healthy connections involves fostering positive peer norms and engaging community members in shared activities. Building strong, supportive relationships and encouraging community participation can enhance mental well-being and reduce the risk of suicide.
- Teaching coping and problem-solving skills is essential for suicide prevention. This includes supporting programs that help with social and emotional skills, teaching better parenting to strengthen family bonds, and offering education to build resilience. Identifying and supporting people at risk involves responding quickly to crises, developing a safety plan to protect someone who is at risk, following up after a suicide attempt to offer continued support, and providing therapeutic approaches to address the underlying issues.
- Lessening harm and preventing future risk involves intervening after a suicide attempt. Providing immediate support, ongoing therapy, and monitoring can help individuals recover and reduce the likelihood of future attempts.

Treatment of attempted suicide

Treatment of suicidal thoughts and behaviours depends on your specific situation, including your level of suicide risk and the underlying problems causing these thoughts or behaviours. Approaches may include psychotherapy, medication, lifestyle changes, and support from mental health professionals. It is essential to personalise the treatment plan to address individual needs and risk factors effectively.

If you have attempted suicide and you are injured, it is crucial to get immediate medical attention.

- Call emergency services or go to the nearest emergency room.
- Ensure that you are in a safe place while waiting for help.
- Once your immediate physical health is stabled, mental health professionals will work with you to address the underlying issues that led to the suicide attempt and to create a plan for ongoing care and support.

If you are at immediate risk of harming yourself but are not currently injured, it is crucial to seek help right away. Reach out for support by contacting a mental health professional, counsellor, therapist or even a friend. See SADAG details on Page 4.

What is covered as PMB level of care?

Attempted suicide, irrespective of the cause, is included in the PMBs in the Diagnostic Treatment Pairs (DTPs). The DTPs include the diagnosis, treatment and care of the condition.

The PMB treatment is specified as hospital-based management for up to three days OR up to six outpatient contacts. There is, however, no limit on the number of suicidal attempts to be covered in a year by a medical scheme.

The PMBs include all medical, psychiatric, and psychological treatment costs that are required during the three days in hospital or the six outpatient contacts. Attempted suicide is an emergency medical condition.

An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation.

If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs, or other body parts, or even death.

In addition, injuries, complications, and underlying causes that may arise from attempted suicide must be funded according to the PMB Regulations.



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