

Wheatbelt GP Network



Building healthy communities through General Practice.

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Department of Health and Ageing

The Wheatbelt Resilience Program

Suicide Awareness Training

Module 1:
Understanding the Problem

Overview of the Training Program

Schedule

Module 1	Understanding the Problem
Module 2	Signs of Distress
Module 3	Assessing the Risk
Module 4	Helping Distressed People
Module 5	Building Strength in your Community

In the Next Two Hours

- Dispel some of the myths.
- Discuss risk and protective factors.
- Understand some mental health issues.
- Question and answer session.

Break the Ice!

Agree – Unsure – Disagree?

1. Most people who kill themselves suffer from a mental illness.
2. Talking with a depressed person about suicide increases their risk of killing themselves.
3. A person who talks about suicide or threatens to kill themselves is just after attention and is not likely to do it.

Some Myths About Suicide

- Most suicides occur with little or no warning.
- Most suicides are the result of one single traumatic event.
- Don't talk about "it" with someone you think may be at risk.
- Youth suicide is an impulsive act.
- A person who talks about suicide will not.

Some Myths About Suicide (cont)

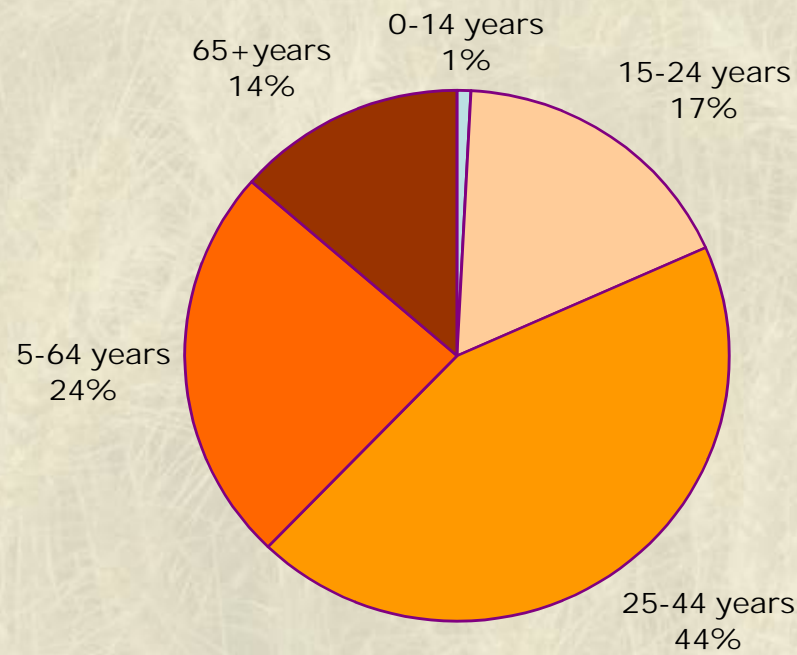
- A suicidal person wants to die.
- Some people attempt suicide to get attention.
- People who commit suicide are poor.
- Suicide is an individual choice. It's none of my business.
- Suicide is complex. They need more help than I can provide.

Three Key Points To Remember

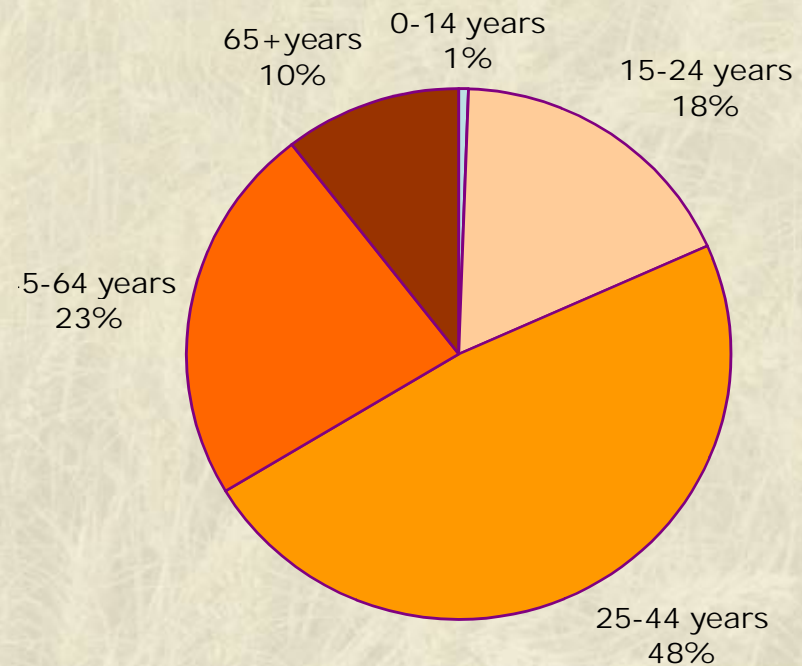
- A suicidal person does not want to die. They want to stop the pain.
- Suicide is not usually a complex decision. But the reasons behind the suicidal thoughts are complex, and usually require professional help.
- It is safe to talk about suicide with at risk people.
People feel relieved if they are suicidal and someone cares enough to talk to them about their situation.

Suicide by Age-Group (1996-2005)

Wheatbelt (N=103)

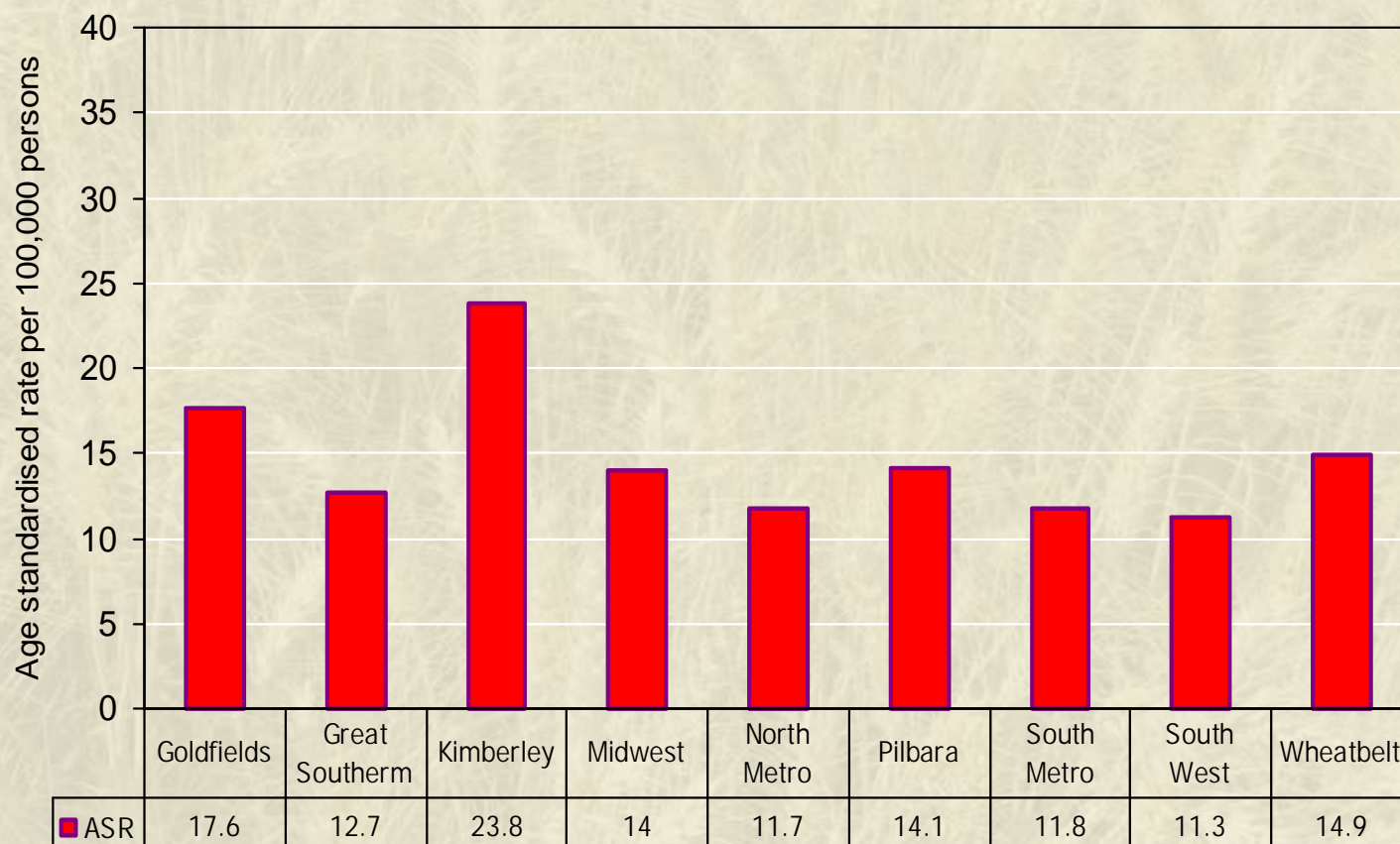


Western Australia (N=2,378)



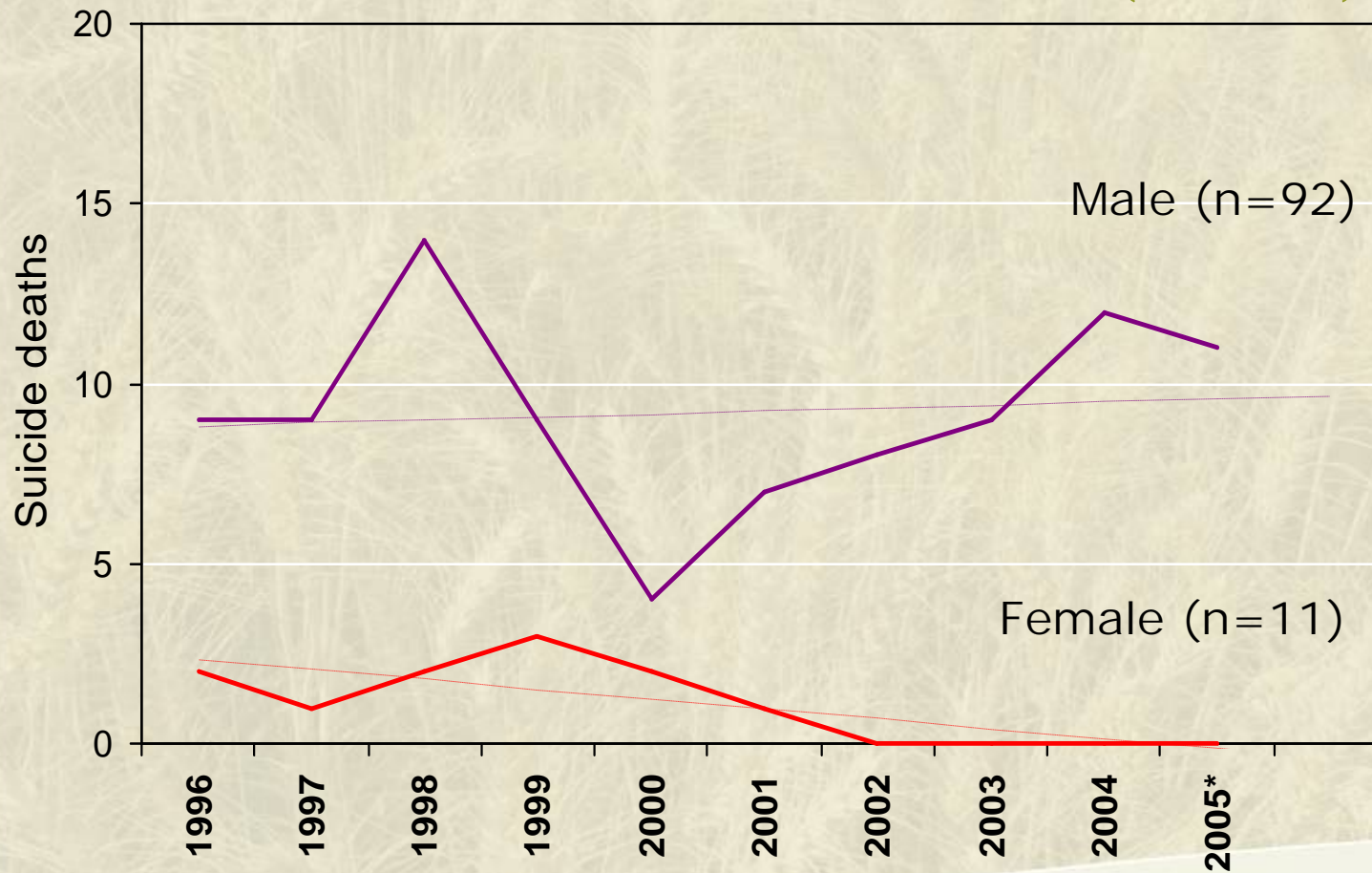
(Source: Epidemiology Branch, Dept of Health, June, 2007)

Suicide by Health Region, WA (1996-2005)



Completed Suicide

1996-2005 Wheatbelt (N=103)



(Source:
Epidemiology
Branch,
Dept of Health,
June, 2007)

Risk and Protective Factors

Small Group Discussion

1. What are particular factors that may be contributing to suicide risk in this region?
2. What are particular factors that may be protecting suicide from occurring?

Risk Factors

- Mental illness (depression).
- Alcohol and drug abuse.
- Previous suicide attempt or deliberate self-harm.
- Problems with the law, imprisonment.
- Sexual orientation.
- Child abuse.
- Losses (e.g. employment, physical health, marital breakdown, or death).

Protective Factors

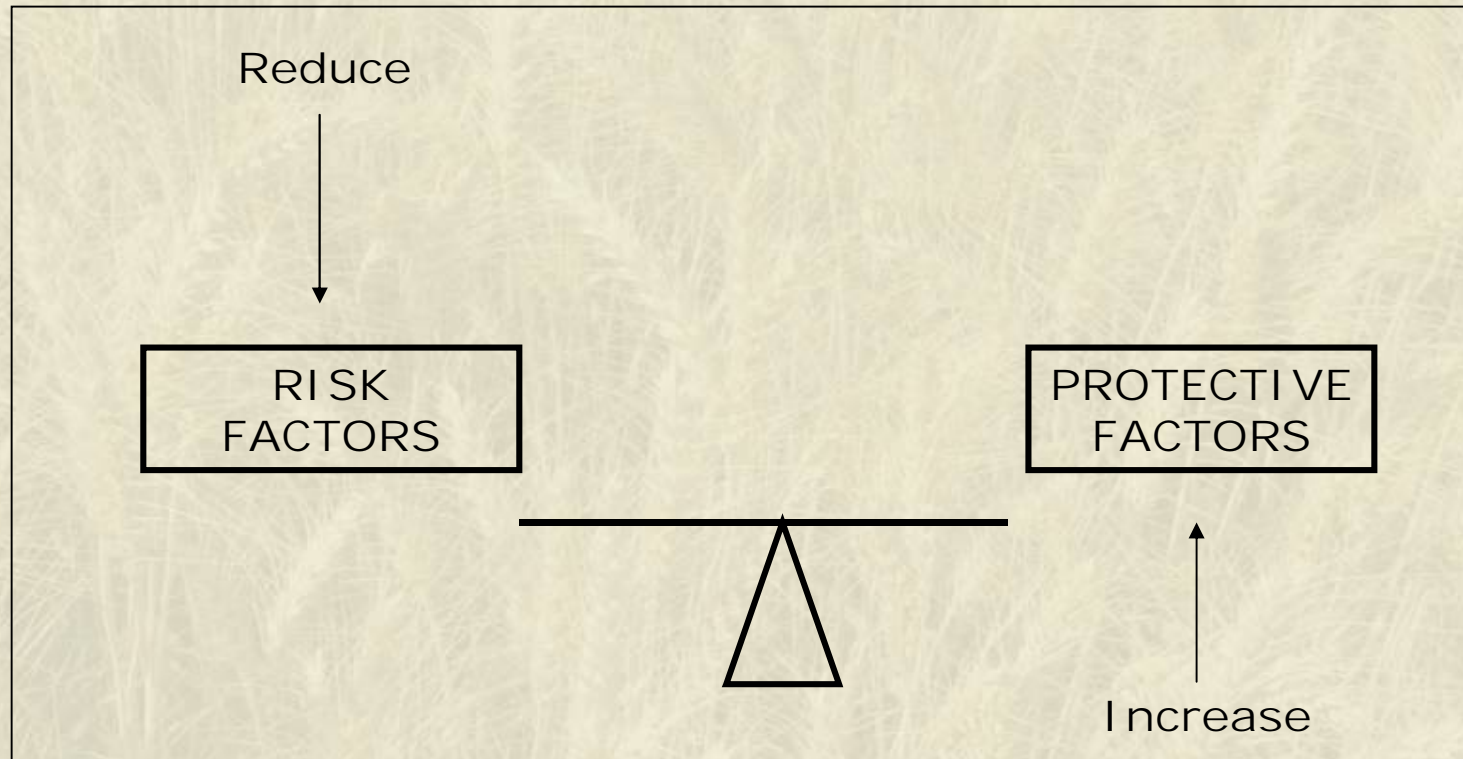
Social & Environmental

- Caring & supportive family and friends
- Community & social integration
- Sense of belonging
- Presence of a significant other (adult – for a child; spouse or partner)
- Economic security in older age

Personal Resources

- Strong sense of self-worth
- Good decision making skills
- Belief in one's ability to handle life's problems
- Strong sense of meaning & purpose of life
- Good physical & mental health
- Temperament
- Attribution (external vs internal)

Maintaining Balance



Depression

Why Focus on Depression?

- It is a known risk factor for suicidal behaviour.
- It can reduce coping ability and place the person at risk of long term social problems.

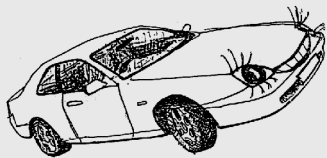
Why Focus on Depression? (cont)

- Around one million Australian adults and 100,000 young people live with depression each year.
- One in five people will experience depression in their lives:
 - 1 in 4 females
 - 1 in 6 males.

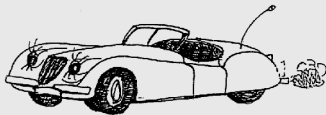
How Do You Feel?



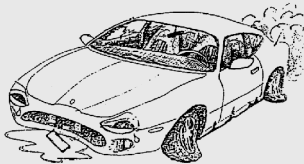
Top Of The Range - Excellent



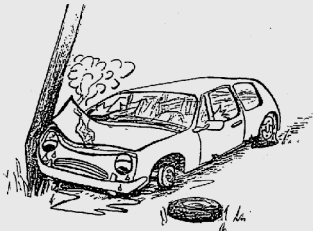
Running Well - Fine



In Need Of A Tune-up – Run Down

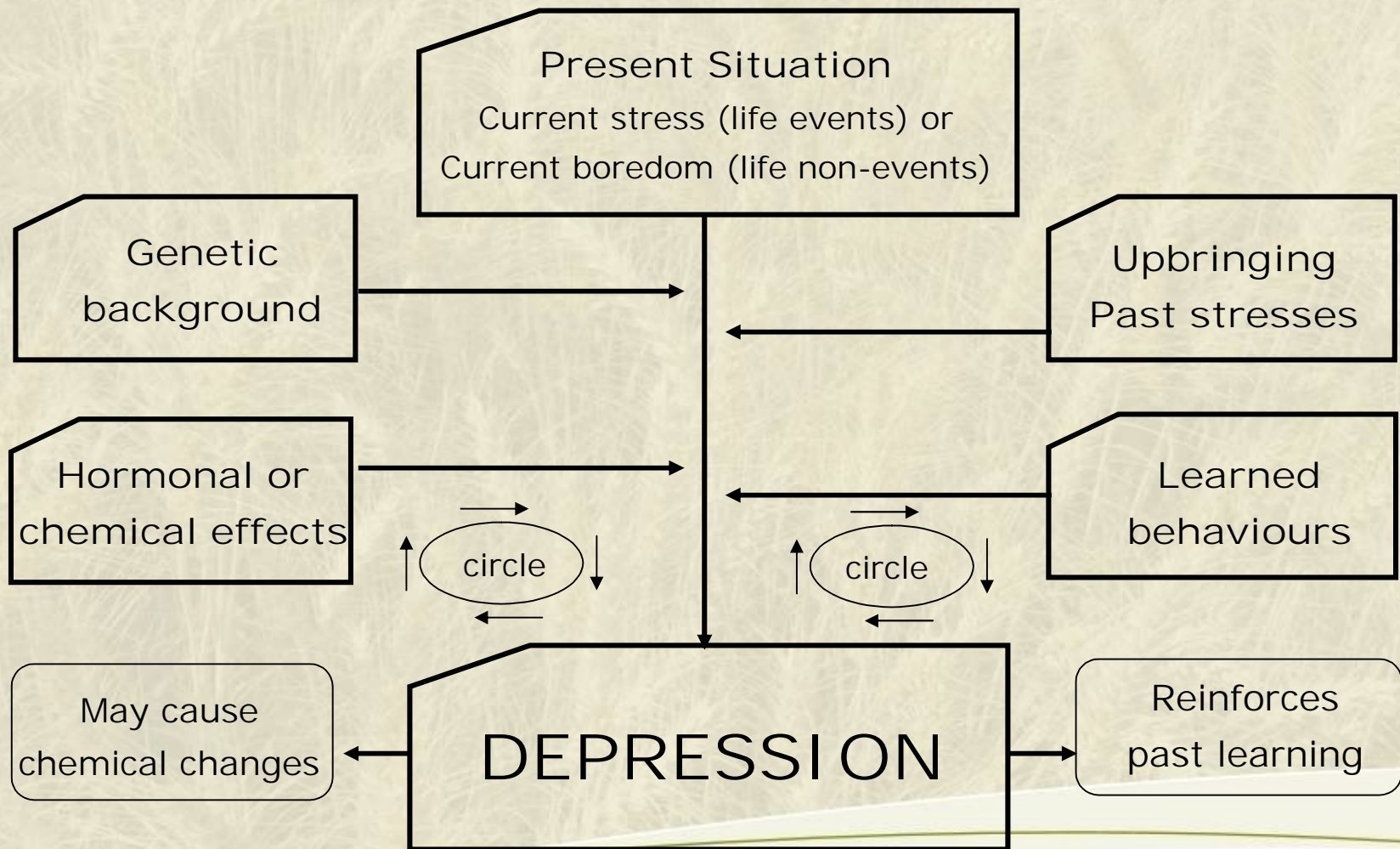


Off The Road - Flat And Rusty



Complete Wreck -
On The Scrap Heap

What is Depression?



When to Involve Others

If the low mood:

- Continues longer or more intensely than would reasonably be expected;
- Re-occurs repeatedly or cyclically;
- Is coupled with physical changes - sleeping, weight, activity levels;
- Does not improve or persists beyond 2 weeks.

When in doubt - get it checked out.

Bipolar Disorder

- Previously known as Manic Depression.
- A mood disorder characterised by exaggerated mood swings.
- Bipolar means two poles – people are likely to have extreme ups and downs.
- Experiencing varying extremes of mania, or up periods, and depression, or down periods.

Bipolar Disorder (cont)

Manic Episode

- Elevated or euphoric mood
- Changes in activity levels
- Faster thinking and speaking patterns
- Finding it difficult to see the consequences of one's actions
- Irritability
- Unrealistic plans and beliefs
- Risk taking behaviour

Depressive Episode

- Losing interest in day-to-day life
- Feeling unusually tired and exhausted
- No appetite or an increased appetite, changes in body weight
- Feeling worthless or guilty
- Difficulty concentrating

Schizophrenia

- History of disorganised behaviour, thinking and speech patterns – before developing a psychotic episode.
- Affects about 1% of people.
- Time when people develop it – late teens or early twenties.

Important Note

- BIPOLAR DISORDER and SCHIZOPHRENIA are only two of a number of mental health issues in which suicidal behaviour may be a problem.
- People who suffer from these illnesses are not necessarily suicidal.
- People suffering from these disorders should have a risk management plan developed by a qualified health professional.

Disclaimer

The diagnosis and treatment of mental health issues requires a trained medical professional. Information contained in this presentation reflects the opinions of Wheatbelt Resilience Program staff, and is intended for educational purposes only.

It should NOT be used as a substitute for professional diagnosis and treatment of any mental health issues. Please consult a medical professional if the information here leads you to believe you or someone you know may be at risk.

Questions?