

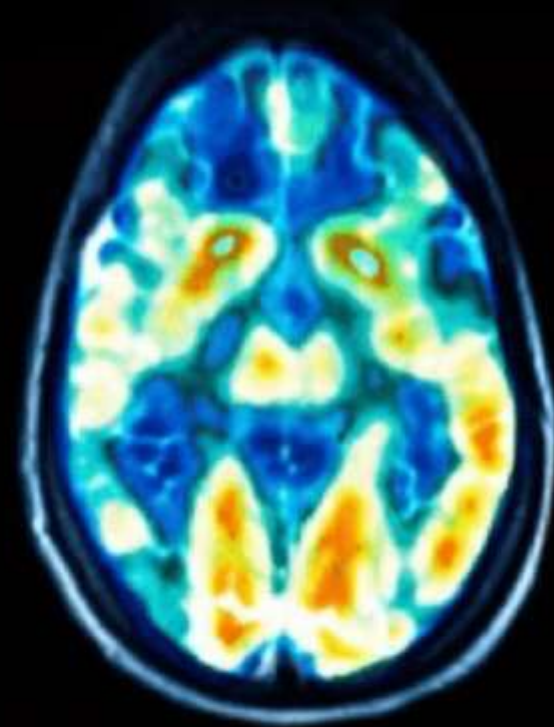
SILENT STRUGGLES : EARLY INTERVENTION IN DEPRESSION AND SUICIDE PREVENTION

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Objectives

- Increase understanding of the role mental health awareness plays in suicide prevention, focusing on stigma reduction and early symptom recognition.
- Equip GPs with practical skills to identify warning signs and implement early intervention strategies for suicide prevention.
- Help participants distinguish the signs and symptoms of depression and suicide risk for earlier diagnosis and intervention.
- Reflect on the growing urgency for mental health awareness, emphasizing the rising global trends in depression and suicide to foster a proactive approach.

Healthy Brain



Depressed Brain

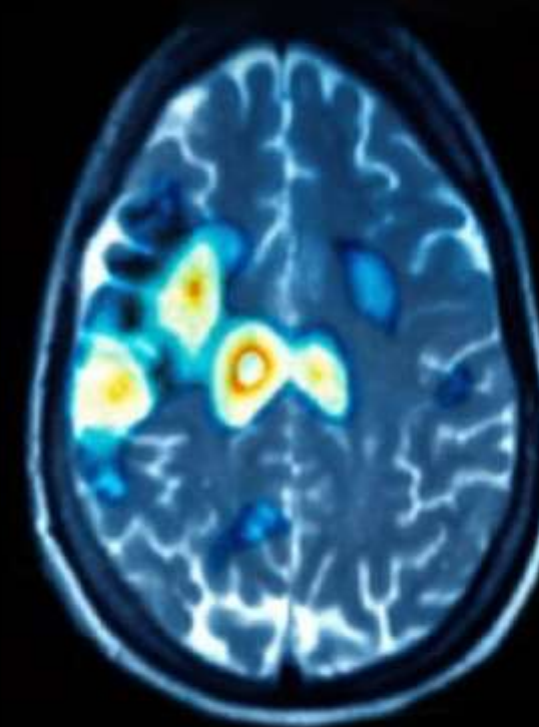


Image source: **Scientific Figure on ResearchGate**

- A healthy brain typically shows balanced activity across key areas, while a depressed brain displays hypoactivity in the prefrontal cortex and hyperactivity in the amygdala. These neuroanatomical changes help explain many of the cognitive and emotional symptoms of depression, emphasizing the need for treatments targeting both the psychological and biological underpinnings of the disorder.

Across Age Groups



280 million

3.8% of Global Population
Suffered Depression

Depression affects 280 million people globally (3.8%), including 5% of adults and 5.7% of seniors.



20%

Teens experience
depression by age 17

15.1%

Face major episodes

75%

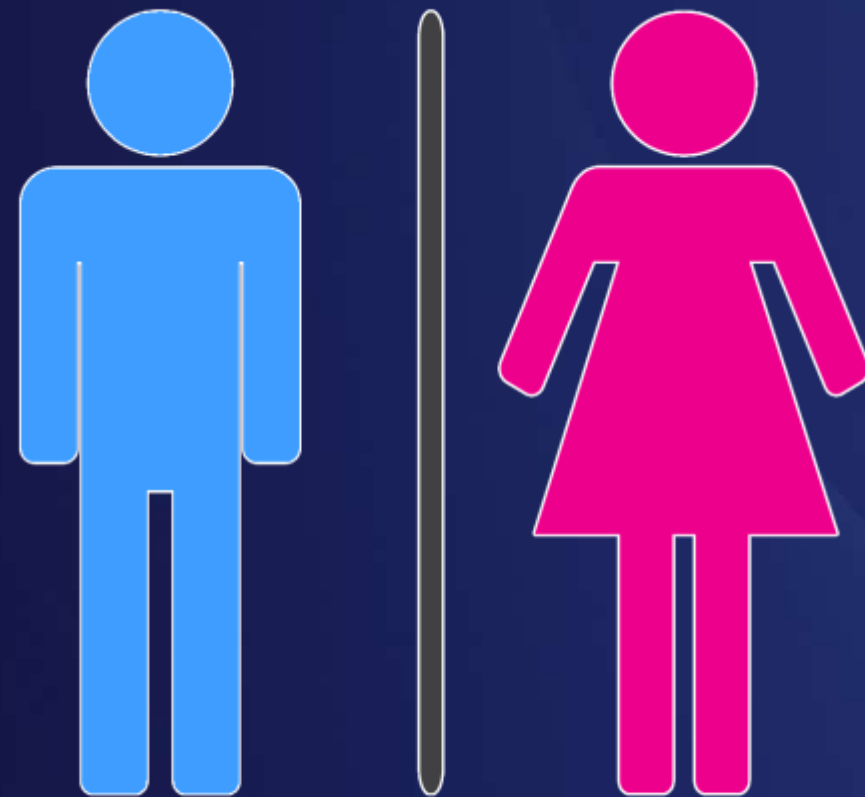
Have another mental disorder



Girls are likely twice to be affected

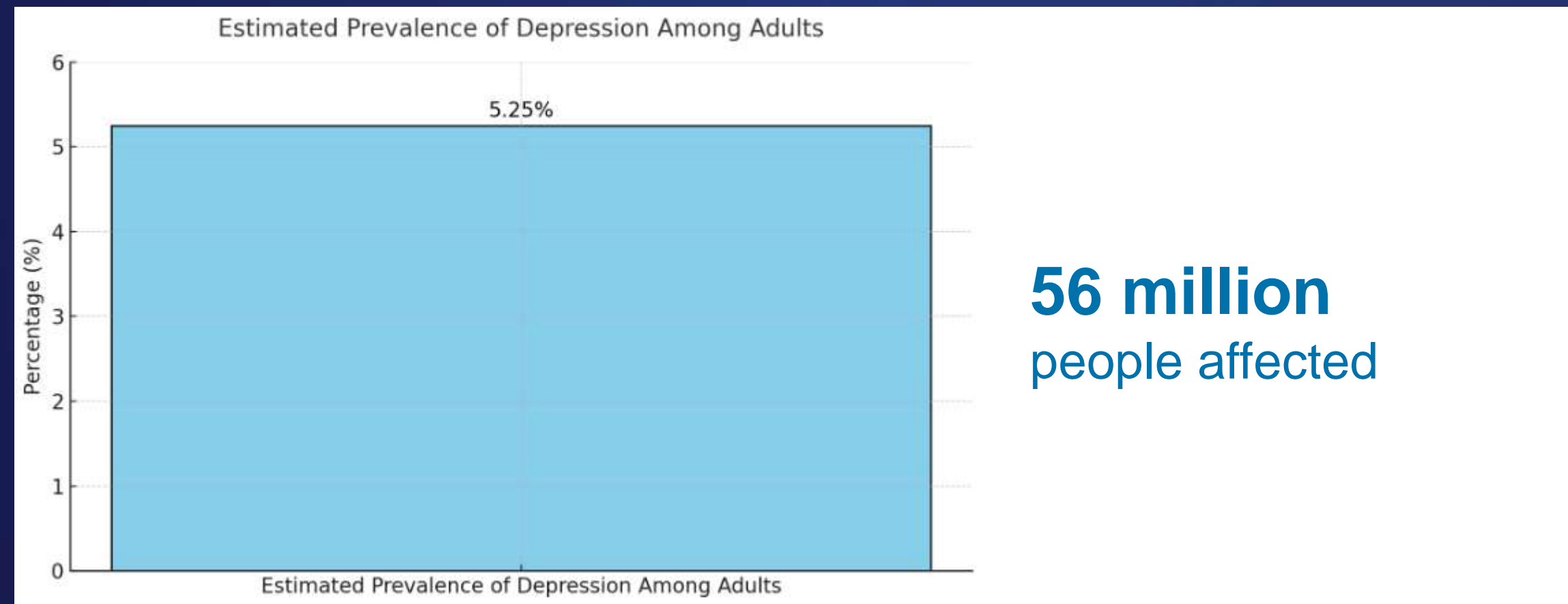
In 2024, 20% of teens experience it by age 17, 15.1% face major episodes, and 75% have another mental disorder, with girls twice as likely to be affected.

Gender Disparities in Depression Rates



Women tend to experience higher rates of depression compared to men, and the disorder is also more prevalent among individuals living in urban areas.

Impact of Depression in India



56 million
people affected

Estimated prevalence of **5.25%** among adults, accounting for nearly **56 million** people affected by depression (Sagar et al., 2020).

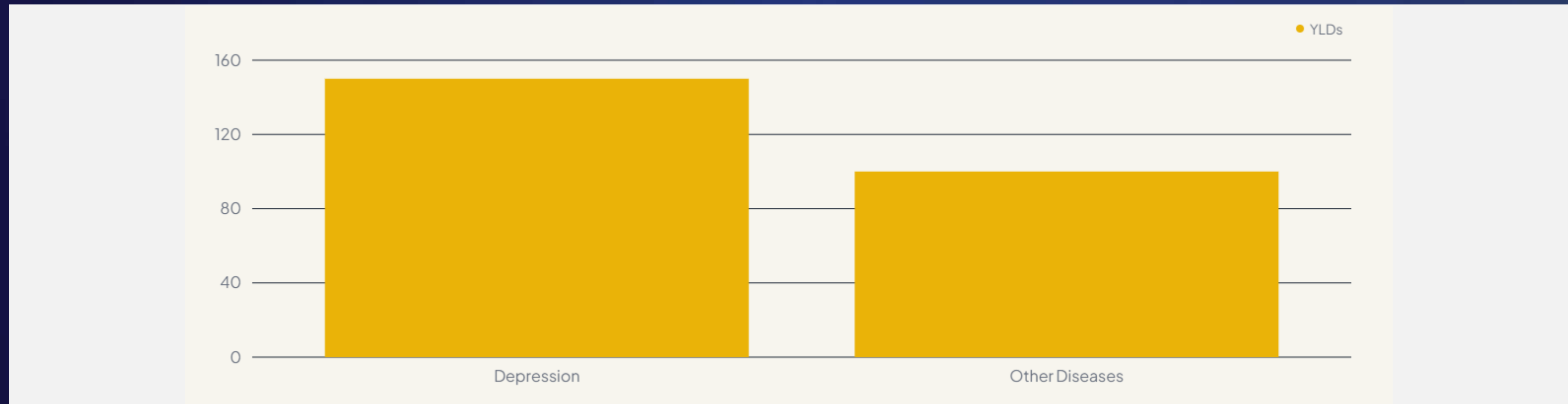
Impact of Depression in India



1 in 20 Indians suffers from depression.

In India, the National Mental Health Survey 2015-2016 revealed that nearly **15%** Indian adults need active intervention for one or more mental health issues and one in 20 Indians suffers from depression.

PREVALENCE AND IMPACT



Depression ranks as the single largest contributor to years lived with disability (YLDs) and is a major risk factor for suicide (Ferrari et al., 2013, as cited in Rathod et al., 2017).

DEPRESSION

Signs & Symptoms



RISK FACTORS



- **Biological:** genetic, chronic diseases, terminal illness



- **Psychological**



- **Social:** familial, relationships, violence, disasters



- **Cultural:** religion, caste, beliefs, attitudes



- **Economic**

Statistics

Global Suicide Statistics:

1. According to the **World Health Organization (WHO)**, close to **700,000** people die by suicide each year, making it one of the leading causes of death worldwide.



2. The suicide rate is approximately **9.0 per 100,000** globally, but this varies significantly by region, age group, and gender.



STATISTICS

Suicide is a global crisis that affects millions of people each year. Understanding the scope and scale of suicidality—both globally and in India—is vital in addressing it effectively and empathetically in clinical settings.

Suicide in India:

1. In India, suicide rates have been rising steadily. According to the **National Crime Records Bureau (NCRB)**, there were more than **150,000** suicides recorded in 2020, with a significant increase among young adults and rural populations.

2. The suicide rate in India is **12.0 per 100,000**, but it is crucial to understand the cultural, socioeconomic, and mental health service barriers that may contribute to this number.



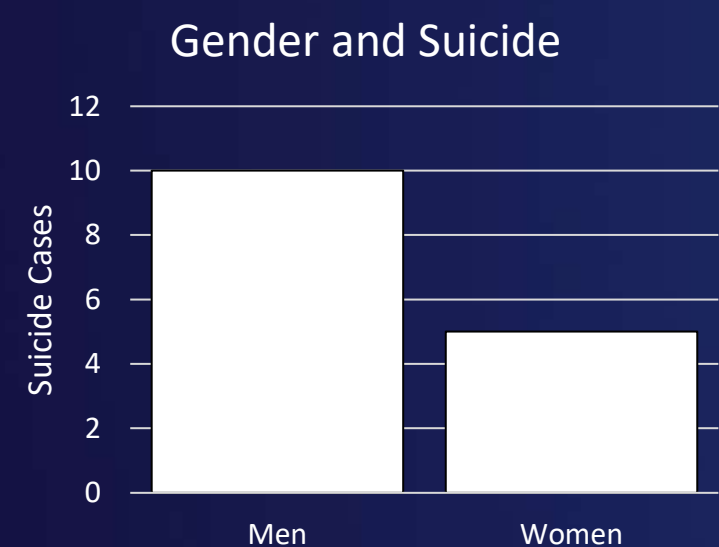
150,000



**Suicide Rate In India:
12.0 per 100,000**

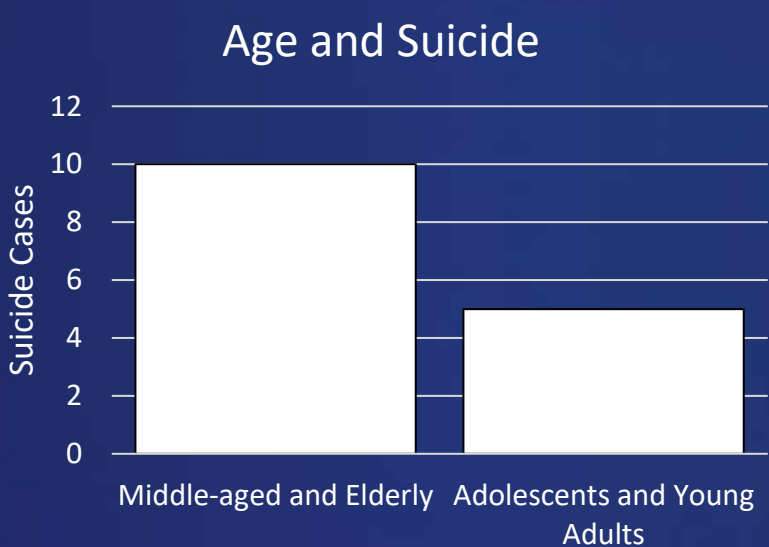
STATISTICS SUICIDE SPECIFIC

Suicide risk varies across different demographic groups, including age, gender, and cultural context. Understanding these factors is essential for accurate risk assessment.



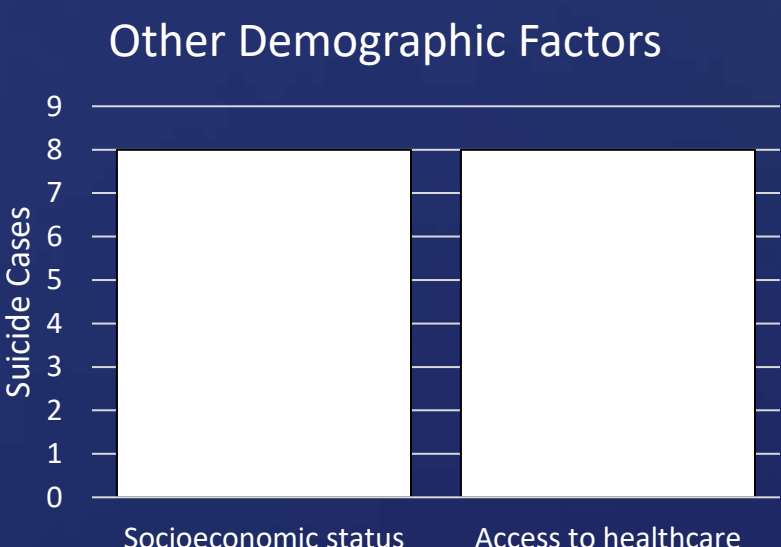
Gender and Suicide:

- 1. **Men** tend to have a higher rate of completed suicide, often using more lethal means (e.g., firearms, hanging).
- 2. **Women**, however, are more likely to attempt suicide, but their attempts are often less lethal (e.g., poisoning).



Age and Suicide:

- 1. The highest rates of suicide are found among middle-aged and elderly individuals.
- 2. However, suicide rates among adolescents and young adults have been rising globally and are particularly high in India.



Other Demographic Factors:

- 1. **Socioeconomic status** plays a significant role—people in poverty or facing significant economic hardship are at greater risk.
- 2. **Access to healthcare** and mental health services is a significant determinant of suicide risk.

LOOK FOR THE WARNING SIGNS

The First 3 Warning Signs:



**Verbalizing
Despair**



**Obsessed with
Self-Harm**



**Conversations
about Death**

Risk and Protective Factors

These are the elements that can buffer the risk of suicide and promote resilience in the face of life's challenges.

1



- **Social Support**

Strong ties to family, friends, and community

2



- **Spirituality**

A sense of purpose or deeper connection

3



- **Responsibility to family**

Duty toward family, especially dependents

4



- **Problem-Solving Skills**

Effective coping mechanisms for stress

5



- **Reality Testing**

Clear perception of situations and rational thinking

6



- **Therapeutic Relationships**

Trusting bond with healthcare providers

FACTORS AFFECTING SUICIDE RISK



FACTORS AFFECTING SUICIDE RISK

In addition to demographic factors, there are several biological, psychological, and environmental factors that influence a person's risk of suicide.



Genetic Factors:

- Family History
- Serotonin-Related Genes
- Genome-Wide Studies



Environmental Factors:

- Chronic Stress and Trauma
- Social Isolation and Stigma



Warning Signs of Suicide

FACTORS AFFECTING SUICIDE RISK (GENETICS, ENVIRONMENTAL, ETC.)

Recognizing the warning signs of suicide is crucial for early intervention. These signs can be subtle but, when identified, can be a turning point for saving lives.



Behavioral Changes:

- Withdrawal from social activities or hobbies.
- Risk-taking behaviors, such as reckless driving, substance abuse, or self-harm.



Verbal Cues:

- “I don’t think I can go on much longer.”
- “I feel like a burden to everyone around me.”
- “The world would be better off without me.”



Mood and Cognitive Changes:

- A sudden improvement in mood after a period of depression could indicate a decision to act on suicidal thoughts.

A person is lying down, wearing blue jeans and a white shirt. They are holding a white pill bottle in their right hand, and several white pills are spilling out of the bottle into their left hand. The person's left hand is resting on their lap. The background is a soft, out-of-focus blue and white.

Challenges in mitigating suicide risk

Myths perpetuate stigma, discourage open conversations, and often prevent people from seeking or offering help.

Myths and Misconceptions About Suicide:

- 1. Talking about suicide encourages it.**
In reality, discussing suicide openly can reduce stigma and create space for individuals to share their feelings, lowering the likelihood of acting in silence.
- 2. People who talk about suicide won't act on it.**
Talking about suicide is often a warning sign, and those who express suicidal thoughts are at increased risk.
- 3. Only people with severe mental illness commit suicide.**
Mental illness is a risk factor, but many individuals who die by suicide do not have a clear mental health diagnosis.



Social and Cultural Stigma:

- **Cultural taboo on suicide:** In many cultures, especially in India, suicide is seen as a shameful act, leading individuals to avoid seeking help due to fear of social ostracism or family shame.
- **Family dynamics:** In collectivist cultures, like India, family reputation is vital, and families may hide mental health issues to avoid stigma, making access to care more difficult.
- **Socioeconomic barriers:** Economic stress, unemployment, and financial instability are linked to higher suicide risk, especially in lower-income populations.



Misinformation and Disinformation:

- **Online influence:** The internet can spread harmful views about suicide or romanticize it, influencing vulnerable individuals.
- **Misleading beliefs about treatment:** Myths about antidepressants or therapy can delay treatment, leaving individuals without the support they need.
- **Self-diagnosis and stigma:** Many individuals self-diagnose due to a lack of awareness and fear of stigma, preventing them from seeking professional help.



Challenges in Identifying Suicidality in Clinical Practice:

Patients' reluctance to share: Fear of judgment or shame may prevent patients from openly discussing suicidal thoughts.

Lack of training in suicide prevention: Many GPs feel unprepared to handle suicide-related discussions or recognize subtle signs, leading to missed opportunities for early intervention.



CLINICAL CHALLENGES IN SUICIDE PREVENTION



- **Patients' Reluctance to Share**

Shame and fear of judgment often stop individuals from openly discussing suicidal thoughts, even in clinical settings. This silence creates barriers to early intervention.



- **Gaps in Professional Training**

Many healthcare providers lack adequate training in suicide prevention. This leads to missed warning signs and fewer opportunities to provide life-saving support.

So, what's the immediate course of action?

The first step is to ensure the patient's safety. This might mean creating a safety plan, engaging their support network, and immediately referring them to specialized mental health services. If the risk is high, GPs should consider hospitalization to stabilize the situation. But most importantly, don't delay. The sooner you can intervene, the more likely it is that you can prevent a suicide attempt.

And remember, don't hesitate to ask the hard questions. If you suspect a patient might be at risk, asking directly, "Are you thinking about suicide?" can open up a vital conversation and actually reduce the risk by showing the patient they can talk about their feelings.



Ensure the patient's safety



Don't Delay



Don't Hesitate to Ask Hard Questions

PRINCIPLES OF SUICIDE RISK ASSESSMENT

When assessing a patient for suicide risk, there are several key principles to follow:

1



● Positive Engagement

Building rapport is key—actively listen, communicate openly, and ask directly, "Are you thinking about suicide?" Though it may feel intimidating, research shows it can reduce risk by starting a crucial conversation.

2



● Gathering Information From The Patient

Ask about their distress level, any preparations they've made, or if they've said goodbye to loved ones. Were past attempts impulsive or planned? Did they seek help? These details can give you vital clues about their current mindset.

3



● Gather Information From Others

Including family, caregivers, or medical history can often reveal things the patient might not say.

4



● Thorough Assessment

If a patient is acutely suicidal, ensure their immediate safety while awaiting psychiatric care. Don't delay assessment, even if intoxication is involved—it can heighten impulsivity and increase risk.

5



● Follow-up

After the initial risk assessment, a full mental health evaluation should always follow, especially for those who've attempted suicide or recently been discharged from care.

Psychosocial Interventions

The use of **psychosocial interventions**—such as Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT)—to reduce suicide risk and self-harm.

These approaches are commonly recommended in clinical guidelines, including UK, to support individuals with serious mental health challenges. But while their effectiveness is well-documented in outpatient settings, we still have unanswered questions about how well they work in **acute mental health inpatient settings**.





Treatment and Intervention

Effective treatment and intervention for depression and suicidality require a comprehensive, multifaceted approach that combines pharmacotherapy, psychotherapy, cultural sensitivity, and appropriate referral pathways.

Conclusion

To conclude, understanding the complex link between depression and suicide is crucial for us as general practitioners in providing effective care. Depression is not just a mental state but a multifaceted disorder with biological, psychological, and social dimensions that significantly increase the risk of suicidality. Recognizing the symptoms early, such as persistent sadness, loss of interest, and feelings of worthlessness, allows us to intervene before conditions worsen.

As GPs, your role is pivotal in identifying at-risk individuals, initiating appropriate treatments, and offering support while navigating cultural and social barriers. It's also essential that we stay informed about the latest treatment options, such as SSRIs, CBT, and DBT, and recognize when to refer patients to specialists for more intensive care.

Lastly, by addressing the myths and stigma surrounding mental health, we can help reduce the fear and reluctance that prevent many individuals from seeking the help they need. By taking a holistic and proactive approach, we can make a significant difference in the lives of those affected by depression and reduce the risk of suicide. Thank you.