

Doc Talk

# Suicide: Curb the impulse, save a life

Research suggests that if a suicidal person can get through his crisis, chances are extremely good that he will not kill himself later



Jared Ng

I saw Sebastian (not his real name) at the Emergency Room at the Institute of Mental Health (IMH) about two months ago after he almost took his own life. He was facing problems at work and with his marriage, and had turned to alcohol to relieve his stress.

One evening, he had returned home to find that his wife had moved out with their toddler Maggie. She also blocked his calls and messages.

Feeling frustrated and depressed, Sebastian drank to drown his sorrows.

He was unsure how much time had passed when he heard someone shouting at him from the opposite block.

Sebastian reported “waking up”, presumably from his intoxicated state on his window ledge. He remembered nearly slipping from his position and clinging onto the window grill with all his strength.

He told me that he realised that everything in his life that he thought was hopeless, seemed totally fixable.

The police soon arrived and took him to the hospital. His neighbour had called the police for help.

At IMH’s Emergency Room, we see several patients like Sebastian every day.

Although the suicide rate in Singapore has gone down over the years, there are still approximately 400 persons who die by suicide every year.

And, for every one person who died by suicide, there are at least four to five who made the attempt, and many more who are affected by it. One recent study suggested that each death by suicide would affect at least 135 persons who may be affected emotionally by the tragedy.

Suicide prevention thus remains an important part of public health. Different strategies have been proposed, including public awareness campaigns, school-based mental health training and improved media reporting.

The most effective method appears to be restriction of access to means. The problem is that out of the 400 or so persons who die by suicide in Singapore each year, almost three quarters of them fell from heights. About 80 per cent of the population live in high-rise buildings.

We therefore need to focus our efforts to address other important risk factors for suicides, specifically



those that address impulsivity.

One of the earliest studies that showed suicides are “crisis-oriented” and acute in nature was published in 1978 by Dr Richard Seiden.

Between 1937 and 1971, a total of 515 people were stopped before they jumped from the Golden Gate Bridge in San Francisco. After an average of about 26 years, 94 per cent of these people were either still alive, or had died of natural causes.

This means that if a suicidal person can get through his crisis, chances are extremely good that he would not kill himself later.

A more recent study reported that fewer than 10 per cent of survivors, even of near-lethal suicide attempts, go on to die by suicide. This shows that preventing a suicide today will likely save the person’s life in the long run.

Based on scientific evidence, and from the patients at the IMH

Emergency Room, we know that many suicidal crises are fleeting.

Several studies done of near-lethal suicide attempts showed that up to 90 per cent of suicide attempters decided to end their lives in less than eight hours before actually attempting suicide. In fact, almost half of them took less than 10 minutes from decision to attempt.

These suggest that the majority of suicides are impulsive. When we look at the risk factors for suicide, many of them highlight the role that impulsivity plays.

Suicide risk is significantly higher in men and in youth, who tend to be more impulsive.

A risk factor for suicides is having a mental health condition. Patients with certain psychiatric illnesses do have a propensity for impulsivity, especially when the condition has become more severe.

Patients with depression may be irritable, impulsive and have poorer judgment compared to when they

are well. Hence, early detection, as well as treatment, of mental health conditions is important.

Other factors include the use of alcohol or other substances, such as illicit drugs like amphetamines. From speaking with those who attempted suicide, I know that alcohol use before or around the time of the suicidal act is common.

Alcohol use leads to greater impulsivity even in the absence of an alcohol use disorder. It affects judgment and can lead to extreme experiences of emotions, which are also triggers for suicidality.

Apart from addressing risk factors, we also need to improve coping skills and build up the resilience of individuals, especially our youth so that they can navigate through crises and stressors in life.

Parents, schools and society have responsibilities to the young to help them acquire knowledge and skills to overcome adversities in their lives. This gives them hope and the

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Suicide is an extremely complex issue and prevention efforts require coordination and collaboration among all sectors of society, not just health. These sectors include education, labour, justice, law, defence, politics and the media.

At the same time, the supportive and nurturing role that family members and friends play cannot be underestimated.

All these efforts must be comprehensive and integrated as no single approach alone can make an impact on an issue as complex as suicide. Preventing a suicide today will save the person’s life in the long run.

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