



Article 1  
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### **What after a Suicide Attempt?**

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Many of us come across persons reporting or getting admitted after a suicide attempt. As doctors we save them with gastric lavage, supportive treatment and appropriate antidotes. Within a few days most of the patients are discharged without any intervention. But is that enough?

#### **What happens if no intervention is done?**

There will be repeated attempts – more within first year.  
They may succeed in their next suicide attempt.  
Their quality of life suffers.  
Their family gets disorganized.  
Few couples end up with divorce.  
Their children suffer.  
They may end up with depression and even psychosis.  
Therefore intervention is needed and that intervention is called Crisis Intervention and Psychological First Aid.

#### **Is there a need for Intervention?**

Yes, for the person – not to attempt again.  
Yes, for the family – not to break the family.  
Yes, for the couple – not to get divorce.  
Yes, for the children – to reduce physical and emotional harm.  
Yes, for the community – to find alternate methods of coping.  
Yes, for the nation – to make citizens more productive.

#### **What is Crisis intervention?**

It is a time limited help.  
The persons are totally disorganized after an attempt. So, they are more open to change.  
It is an opportunity to resolve previously unresolved issues.

#### **What is Psychological first aid?**

It focuses on affective, cognitive and environmental dimensions of the person.  
It assesses the strengths of the person. It is NOT an illness model.  
It uses traditional attempt to problem solving.  
It also attempts to try and find alternative methods.  
It also gives guidance as to where to get these help.

#### **What will be given?**

Mostly it minimizes the problem by breaking it into many smaller solvable problems.  
It deemphasizes the burden of stressful events.  
Another method is by replacement using the person's ability to overcome stressful events by engaging in alternate behavior – may be a religious activity or a vacation.

By mapping, the doctor makes the person to collect information for planning and to seek out alternate solutions to problems and also where they are available

### **What is guidance?**

At the time of crisis, the person will be confused. Before the person misadjusts, a trial for well adjustment can be tried. Other options can be explored since their only option failed to give the desired result.

Legal aspects can be guided to file FIR with police.

### **Don'ts**

Don't try any personality change.

Don't "understand" verbal and non verbal cues according to preconceived notions or morals. Clarify them with the person.

Don't put all confidential details in the MLC case file, discharge summary etc.

Don't even "diagnose".

### **Who will give it?**

Clinical Psychologist – depends on the availability and cost.

Psychiatric Social Worker – they can do other works of the hospital.

ICU doctor can do at the time of discharge. Initially they have to make MLC report and finding the poison dose.

Psychiatric nurse, if available.

ICU Nurse, with training, can do if she finds little time or off duty hours

Any staff can be trained. They need privacy and they need to be trained about confidentiality.

Family members are readily available, but they themselves need support.

Police can do with suicide laws. Guidance can be a part of it.

Suicide survivors can be used only for advocacy.

### **Problems in training**

Many persons don't feel like asking for suicidal plans.

They make moral judgment.

Many believe that the promise of not to attempt again itself is enough. But such a contract is useful to buy time to make alternate arrangements. Such counselors need to know their limitations and when to refer.

### **When it will be given?**

Before discharge, when the person is conscious, able to talk or write, if on ventilator, and after clearing atropine psychosis, preferably before the police intervention, to reassure that we are not a part of police.

Privacy should be given. Confidentiality has to be assured. Should have time to listen and learn from non verbal cues.

### **Where it will be given?**

Anywhere with little privacy, may be ICU or ward or consulting room or police station or home.

### **After first aid where to send?**

Mahila mandals.

Family counseling centers.

Work place counseling centre or Human Resource (HR) persons.

School/college counselors.

Mental health institutions with rehabilitation or de-addiction or social work department.

AIDS/HIV counseling centers.

Friends, social network.

Uncles, well wishers.

So doctors, let us give psychological first aid apart from physical treatment. It saves life and provides good quality of life.

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