

PATIENTS AS PARTNERS

Brought to you by The South African Depression and Anxiety Group

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11% of non-natural deaths in SA due to suicide. Suicide Prevention Day, 10 September 2011

South Africa, even 17 years after democracy, is dealing with economic stress, political uncertainty, crime and social transition, which means that many of South Africa's citizens are feeling stressed to breaking point. According to the World Health Organization (WHO), around one million people worldwide die from suicide every year and predictions are that by 2020 this figure is likely to escalate to approximately 1.53 million people per annum. Professor Lourens Schlebusch, a South African authority on stress and suicide, says that although many suicides and attempted suicides go unreported, South African suicide statistics in general are alarming. According to Prof. Schlebusch, recent research in the country shows that on average, suicide accounts for 9.5% of non-natural deaths in young people and 11% in adults.

Suicide is generally thought to be mainly a female issue but, according to SADAG and Prof. Schlebusch, it is actually higher among males than females. "We are getting more and more calls from men who are depressed and stressed, often because of financial issues," says SADAG's Cassey Chambers. "Their stress and depression sadly result in relationship problems and dangerous behaviour." Numerous South African studies have linked family problems and interpersonal conflicts with suicidal behaviour, along with conditions like mood disorders and substance abuse. Men often show their stress by working too hard, drinking and engaging in extra-marital affairs – they display aggression rather than depression. Five times more men commit suicide than women; they generally use more lethal forms of suicide, like shooting and hanging.

There has been a shift in suicidal behaviour from the elderly to younger people in South Africa. The average age for suicide is around 35 and almost one third of all non fatal suicidal behaviours involve adolescents. SADAG's school-based teen suicide prevention programme 'Suicide Shouldn't be a Secret' - funded by Lotto - aims to reduce the high incidence of teen suicide in South Africa through education and awareness. "Teen suicide is a preventable tragedy and only through destigmatisation and education, through teaching peers and teachers to recognise warning signs and intervene, can we save lives," says Chambers. "I was really down and feeling like giving up," says 16-year-old Charles. "I figured life was never going to get better and was really thinking about killing myself. I didn't tell anyone how I felt because I was scared they would laugh or shout at me. I guess SADAG came just in time for me!"

SADAG also runs the country's only toll-free suicide crisis line – 0800 567 567 – open 7 days a week from 8am to 8pm. 15-year-old Thembi* says: "Without SADAG, I'm not sure how I would have gotten the help I needed. I really thought about hurting myself, not wanting to be here at all, I really wanted to die. There were a lot of signs that, at the time, I just didn't recognise. I thought maybe it was just me growing up, being a teenager. Now I've gotten help and can help my friends too."

According to Prof. Schlebusch's research, suicide methods differ across socio-demographic groups. Hanging accounts for between 34% and 43% of suicides, firearms for between 29% and 35%, ingestion of poison for between 9% and 14%, gassing for between 6% and 7%, burning for between 2% and 4%, and jumping off buildings or other heights for between 2% and 4%. Regarding non-fatal suicidal behaviour, the overall method of choice in 90% of cases is overdose: over-the-counter analgesics and prescription medications are commonly used, along with household utility products such as paraffin, cleaning agents, pesticides and various poisons.

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Suicide is an increasingly serious problem in both developed and developing countries. There has been an approximately 60% rise in suicide rates from 10.1 per 100 000 to 16 per 100 000 of the world's population between 1950 and 1995, while suicide rates increased by about 49% for males and 33% for females during the same period. There is often a lack of awareness of the prevalence of suicidal behaviour. To raise awareness surrounding this issue, SADAG observes 10 September 2011 as World Suicide Prevention Day. As part of the day, the Durban North Crisis Team (supported by SADAG and the WHO) will be holding their fourth annual Suicide Remembrance Walk in Umhlanga. The 'Into the Light Walk' focuses public attention on understanding suicide, highlighting effective prevention activities and walking in memory of those lost to suicide. This is an opportunity to meet and find comfort in those who walk the same path of healing daily. The walk will take place at the CJ Saunders Park in Umhlanga on 11 September at 08:30. Please contact Joy at intothelight.walk@gmail.com for more information.

"When I called SADAG, I had been really suicidal for about a week and kept having terrible nightmares. It is difficult for me to talk, but it helped just to get out how I was feeling and why," says Thabo*. "I was planning to commit suicide one evening and then began worrying about my two gorgeous girls – I didn't want them to suffer, who would look after them? The counsellor I spoke to encouraged me to see a psychiatrist and gave me hope that things can get better... and they have," says Belinda*.

South Africa is a country experiencing rapid transformation, financial upheaval and health crises (several studies have reported a link between suicidal behaviour and HIV/AIDS). This World Suicide Prevention Day, Prof. Schlebusch says we need to take into account the fact that we have numerous stresses on our country and that mental illness generally is still highly stigmatised and misunderstood.

*Names have been changed.

Suicide warning signs

A suicidal person may:

- **Talk about suicide, death or having no reason to live**
 - **Be pre-occupied with death and dying**
- **Withdraw from friends and/or social activities**
 - **Have had a recent loss**
- **Experience drastic changes in behaviour and/or appearance**
 - **Lose interest in hobbies, school or work**
- **Prepare for death by making final arrangements or writing a will**
 - **Give away prized possessions**
- **Have a psychiatric illness – particularly depression**
 - **Have made previous suicide attempts**
- **Be reckless or impulsive, or take unnecessary risks**
 - **Lose interest in personal appearance**
 - **Abuse alcohol or drugs**
 - **Express a sense of hopelessness**
- **Be faced with a situation of humiliation or failure**
 - **Have a history of aggression or violence**
 - **Be unable to connect with people**
 - **Have a family history of suicide**
 - **Have a definite plan and access to means**
 - **Feel extreme self-hatred, blame or guilt**
 - **Have no support systems**
- **Have no life philosophy or religious conviction**