

The Psychology and Medical Education of those who have the Risk of Committing Suicides

Kotaro Otsuka^{1,2*} and Akio Sakai²

¹Department of Disaster and Community Psychiatry, School of Medicine, Iwate Medical University, Japan

²Department of Neuropsychiatry, School of Medicine, Iwate Medical University, Japan

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Introduction

Management of people with the risk of committing suicide is the most urgent and serious issue in medical care. People with the risk of committing suicide sometimes say things like, “I don’t need any help,” “I can’t trust anyone,” “You don’t know anything,” “Please let me die,” or say nothing and refuse any help. However, even in these kinds of cases the health care provider must take the necessary action to prevent suicides. The following are the psychological conditions that may lead to the danger of suicide that need to be taken into account at such times.

- 1) Feeling of despair: a feeling of being cornered as if “there is nothing I can do anymore.”
- 2) Sense of isolation: a feeling that “nobody will help me,” “I am all alone.”
- 3) Sorrow: the feeling of “sadness”
- 4) Impatience: a restless feeling to “do something right now”
- 5) Impulsivity: An urgent condition which can lead to a dangerous act such as a sudden suicidal behavior
- 6) Anguish: a feeling of “distress” and “hardship”
- 7) Intuitive feeling of worthlessness: a feeling as if “life has no value,” “there is no meaning to living” and “it’s better if I am not around.”
- 8) Anger: indignation against others and society
- 9) Projection: to think that others feel the same negative feeling that you feels; to think that others think badly of you.
- 10) Lack of flexibility: inability to have a wide perspective and to think that “there is no other solution than a suicide,” “problems cannot be solved,” etc.
- 11) Denial: a condition that does not accept the reality
- 12) Pessimistic outlook: to think that “nothing will change no matter what I do,” “this hardship will go on forever.”
- 13) Resignation: a feeling of giving up hope saying, “I don’t care what happens anymore.”
- 14) Dissociation: an abnormal condition in which there is a gap between the reality and perception - “I don’t remember what I did,” “I don’t have a sense of reality on things happening around me,” etc.
- 15) Ambivalence: a condition in which one vacillates between the feeling of “wanting to live” and “having to die.”
- 16) Suicide (death wish) thoughts: thinking oriented toward suicide such as, “I want to die,” “I want to disappear from this world,” etc.

Various preventive strategies are known for the danger of suicide. For example, the 1-day training workshop on caring for suicide attempters implemented by the Ministry of Health, Labour and Welfare of Japan, which this author took part in, consisted of lectures and case studies for the emergency health care providers. They were able to learn case management based on the evaluation method for the risk of suicide, basic attitude toward people with the danger of suicide and problem solving approach in the workshop [1]. The workshop especially pointed out the effectiveness of teaching the elimination of negative attitude toward those with the danger of suicide and resolution of the feeling of difficulty [1].

Also, the training related to “The Management of the Danger of Suicide in Depression” for medical residents, for which the author organized a research team and promoted, included basic knowledge and hands-on education (including more experiential learning) and knowledge related to MHFA-based handling method. The result was disclosed in a pilot research [2], and although no disparity was recognized for both groups in the RCT verification, the effectiveness of the education was indicated in the Skill of Suicide Management (SIRI-1) [3]. Also, in the baseline, it was substantiated that the skills of the Japanese medical residents are not inferior to those of the overseas health care providers [4].

Support for those with the danger of suicide is an area that integrates comprehensive systems including the knowledge and assessment in medical psychology, counseling method and management. All the educational approaches pointed out previously are programs that teach the basic knowledge including psychology, appropriate communication skill, evaluation of the danger of suicide, response capability toward cases, etc. Suicide is one of the worst terminations in mental health, and we think that the effective approach for its prevention is an important area that every health care provider should learn.

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*Corresponding author: Kotaro Otsuka, Professor, Iwate Medical University, Disaster and Neuropsychiatry, 19-1, Uchimarui, Morioka, Iwate 0208505, Japan, Tel: +81-19-626-4807; E-mail: kotaro29@df6.so-net.ne.jp

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