

SCHIZOPHRENIA IRELAND

LUCIA FOUNDATION



Schizophrenia Ireland's Life Hope: Suicide Prevention through Information and Counselling Project¹

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Suicide is the single largest cause of premature death among people with schizophrenia.² Against this background, Schizophrenia Ireland (SI) considers that suicide prevention is an integral part of addressing the needs of people with schizophrenia.

The purpose of SI's Life Hope project is to increase awareness about suicide, its relationship with severe mental illness, its prevention, and to offer enhanced counselling services for both relatives and persons with self-experience as a means of prevention. It is SI's view that the best prevention of suicide is the social and emotional support given to people with schizophrenia, offering them hope that life will improve.

Background

Schizophrenia Ireland (SI) is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by schizophrenia and related illnesses, through the promotion and provision of high-quality services and working to ensure the continual enhancement of the quality of life of the people it serves.

Schizophrenia is a serious mental illness characterised by disturbances in a person's thoughts, perceptions, emotions and behaviour. It affects approximately one in every hundred people worldwide, and the first onset commonly occurs in adolescence or early adulthood, although it can also occur later in life.³

Statistics vary, however, it is widely acknowledged that between 30-50% of people with schizophrenia will attempt to take their own life, and 10% of people with schizophrenia die by suicide. To contextualise this, people with schizophrenia are 30-

¹ Supported by a Grant through the Funding Scheme to Support the Role of Federations, Networks and Umbrella Bodies in the Community and Voluntary Sector (Department of Community, Rural & Gaeltacht Affairs).

² Source: Fenton WS, McGlashan TH, Victor BJ, et al, "Symptoms, Subtype, and Suicidality in Patients with Schizophrenia Spectrum Disorders", 1997: www.schizophrenia.com/family/suicide4.html

³ Schizophrenia Ireland, "The Schizophrenia Handbook", 2002.

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40 times more at risk to attempt suicide than the general population, typically utilising violent methods.⁴

Project Description

The Life Hope project has been supported through a grant from the Department of Community, Rural & Gaeltacht Affairs and will be implemented over three years (2004–2006). To carry out the project, SI has been receiving valuable information and implementation support from the National Suicide Review Group (NSRG), the Northern Area Health Board and the various Suicide Resource Officers throughout the country. The project consists of two strands, information seminars and counselling.

Information Seminars

It is anticipated that the one-day information seminars will be offered six times in 2004; seven times in 2005; and three times in 2006, in various locations throughout the country. The audience for the seminars include people with self-experience, relatives, healthcare professionals and other related voluntary organisations.

Each seminar is co-led by a frontline SI staff member from the region, along with either a representative of the NSRG or the local Suicide Resource Office from the region in which the seminar is taking place. The seminars focus on suicide prevention while discussing the link between suicide and mental illness and encouraging people to understand the issues surrounding suicide and how and where to seek help.

Though the seminars' participants are drawn from a diverse group of people coming from different backgrounds, the varying experiences shared at the seminars have been very well received and noted as extremely beneficial.

The modules of the seminars include:

- Suicide and Schizophrenia: Risk Factors, Protective Factors & Warning Signs
- Attitudes Workshop (challenging one's own attitudes)
- Personal Experience
- Day-to-Day Suicide Prevention
- Services and Recourses Available

One of the most important aspects of the information seminars is the sharing of the personal experience. For many, it is extremely powerful to hear of someone's personal struggles with schizophrenia and feelings of suicidal ideation.

Fundamentally, each of these stories have been one of hope – hope that life can and will improve.

Counselling Service

Through the Life Hope project, SI has enhanced its counselling services by opening two part-time counselling services, one each in the Southern Health Board (Cork) and South Eastern Health Board (Kilkenny) regions. These two regions were selected

⁴ Sources: Fenton WS, McGlashan TH, Victor BJ, et al; and the National Suicide Review Group (NSRG).

because they have the highest number of suicides in areas currently without an SI counselling service.⁵

For SI, counselling is viewed as a means of prevention to suicide. Critically, the counselling service is open to both people with self-experience and their relatives.

Holistic Approach to Suicide Prevention

Suicide prevention needs to be approached holistically, considering not only national mental health policy and service issues, but all factors that influence society's well being. According to the World Health Organization (WHO), "Suicide prevention requires intervention from outside the health sector and calls for an innovative, comprehensive multi-sectoral approach, including both health and nonhealth sectors."⁶ With this said, there are specific national mental health policy and service issues that must be examined.

National Issues

It is vital that the much-anticipated national suicide strategy specifically addresses the needs of people with severe mental illness. Consequently, mental health services must be adequately resourced.

Adequate Resources

To achieve quality of services, increased funding for mental healthcare is imperative. According to the WHO, "People with mental health problems have to cope with stigma, exclusion, taboo, and refusal by their society to recognise the real cost of mental disorders and mental health. This is reflected in an inappropriate allocation of financial and human resources."⁷ In Ireland, mental healthcare as a proportion of the overall healthcare budget has dropped from 10.6% in 1990, to just 6.8% in 2003.⁸

Recovery

To reduce the risk of suicide among people with schizophrenia and other severe mental illnesses, it is SI's view that projects such as the Life Hope project are necessary to opening the channels of information and discussion. However, the notion of recovery must be at the foundation of the national mental health services. If we are to adopt the principle of recovery into our thinking, people with a diagnosis of severe mental illness will be encouraged to be hopeful and focus on wellness. However, this will require a shift away from concepts like "treatment" and "cure" and a greater importance will need to be made on ideas such as self-management and facilitation.⁹

Service Issues¹⁰

⁵ The Irish Association of Suicidology, www.ias.ie, "Current Statistical Data – By County".

⁶ World Health Organization (WHO), "The WHO Initiative for the Prevention of Suicide", http://www.who.int/mip/2003/other_documents/en/E%20AAU%20Suicide%20Prevention.pdf.

⁷ World Health Organization (WHO) Regional Office for Europe, (2003): <http://www.euro.who.int/eprise/main/WHO/Progs/MNH/Home>.

⁸ Mental Health Commission Annual Report, (2002), p. 22.

⁹ Dr. William Anthony, Executive Director of the Centre for Psychiatric Rehabilitation at Boston University, 1993.

¹⁰ Much of this information has been abstracted from the joint Schizophrenia Ireland and Irish Psychiatric Association's document, "Towards Recovery: Principles of good practice in the treatment, care, rehabilitation and recovery of people with a diagnosis of schizophrenia and related mental disorders", 2003.

Services can have a major influence on people's recovery, and therefore can impact their risk of suicide. The need to involve all participants in the planning and delivery of mental healthcare services, rooted in the ideas of equality and partnership, is fundamental. Community based care and services should be the objective wherever possible. Regular staff training on recognising suicide warning signs and indications along with excellent communication between professionals is absolutely necessary.

Early Identification

Early intervention and identification programmes must be the norm in mental healthcare services throughout the country. The shorter the period of time between initial presentation and diagnosis, the greater the long-term possibility for a sustained recovery.

Discharge Planning

Everyone should have a comprehensive discharge plan that has been agreed on in consultation with the person with self-experience, and all other relevant individuals. Community services and the GP should receive a copy of the discharge plan. Appropriate accommodation must be part of the discharge plan.

Staff/Service User Relationship

It is imperative that the staff-service user relationship is based on equality and partnership. In all situations, it is essential that a therapeutic alliance be established between the person accessing services, the mental healthcare team and family members.

Holistic Approach

Mental healthcare needs to be conceptualised beyond a medical model. It is essential that service users and family members have access to psychosocial interventions, which can assist in maximising the person's recovery as well as preventing relapse. This incorporates a variety of services, including, *inter alia*: support groups; psychotherapy; family interventions; social skills training; vocational rehabilitation.

Information, Education & Support

The provision of accurate, timely, and tailored information provided in an appropriate form that can be personalised and utilised is central to supporting the development of recovery. Information, education and support should be offered throughout the use of services and offered to both people with self-experience and relatives.

Advocacy

Capacity building for peer advocates and service user representatives must be adequately resourced and made available at all stages of the care and recovery process.

Conclusion

Against this backdrop, the Life Hope project emphasises information, education, and support while focusing on the notion of recovery. People with self-experience of schizophrenia represent a very high-risk group for suicide. In responding to this risk, it is vital that mental health services are re-oriented towards partnership and recovery—and that recovery is viewed as the overarching objective.