

Study highlights issues faced by friends and family of the suicidal

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A study focusing on the family and friends of people who were suicidal has highlighted the main challenges they face when trying to judge whether a person is in danger and decide what they should do about it.

The research was carried out by Dr. Christabel Owens from the Peninsula College of Medicine and Dentistry, supported by Devon NHS Partnership Trust and funded by the UK Medical Research Council. The findings are published in the [British Medical Journal](#) on 22nd October 2011 (online 19th October 2011).

Researchers investigated 14 suicides aged 18-34 in London, the South West and South Wales, none of whom were receiving specialist [mental health care](#). They asked relatives and [friends](#) of the deceased what they had witnessed in the period leading up to the [suicide](#) and how they had interpreted what they saw. In all, 31 lay informants (parents, partners, siblings, friends and colleagues) took part.

The findings of the research show that relatives and friends did not always receive clear and unambiguous warning signals from the suicidal individual, and that, even when it was obvious that something was seriously wrong, they could not always summon the courage to take action.

Family members and friends of those who may be contemplating suicide are confronted by powerful emotional blocks, particularly fear. They may be afraid of intruding into another person's [emotional life](#) or afraid

of damaging a cherished relationship by 'saying the wrong thing'. The whole situation is emotionally charged, and that affects the way in which people respond.

Unlike conditions such as stroke, where national awareness campaigns have been built around the very obvious signals to look for, this study emphasises that for suicide there is no clear "if you see this, then do that" message – despite research literature suggesting that warning signs for suicide do exist.

Said Dr. Owens: "Even doctors with many years' training and experience find it very difficult to assess whether or not a person is at imminent risk of suicide. Family members and friends find themselves in uncharted territory, with no training and little public information to guide them. They may know that a relative or friend is troubled but have absolutely no idea that suicide is a possibility. The person may give very indirect hints, possibly when disinhibited by alcohol, that they are thinking of killing themselves, but it is difficult for others to know how seriously to take these messages and how to respond to them."

The study indicates that, where emotional or psychological pain is involved, people do not seek medical help lightly. For a person who is feeling overwhelmed and suicidal, consulting a doctor and confessing those feelings requires immense courage and is often a last resort. Said Dr. Owens: "It is sad that, in the course of our research, we have repeatedly come across examples of people who did go to their GP, were given a cursory risk assessment and sent home with little or no support, and subsequently killed themselves. In other cases, a relative has taken their concerns to a GP and asked for advice, and has been told that the case cannot be discussed with them for reasons of patient confidentiality and that the person must visit the GP themselves."

Having identified the challenges facing family and friends of the

suicidal, the authors of this study will, in partnership with statutory and voluntary organisations, work on developing solutions.

Said Dr. Owens: "There are some suicide prevention skills training courses available, but they are not ideal for members of the general public, and we don't know how to get them to the people who need them. We still need to identify the key messages that we have to get across to people, and work out how to deliver them to relatives and friends of those who are at risk of suicide."

Provided by The Peninsula College of Medicine and Dentistry

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