

SUICIDE AND SUICIDE PREVENTION IN CHANGING TIMES

During European Psychiatric Association's 11th Summer School "*Focus on Suicidal Behaviours-One Step Beyond*", EPA Suicidology and Suicide Prevention Scientific Section and Summer School Faculty members *Prof. Emilie Olié, Prof. Jorge López-Castromán and Prof. Carla Gramaglia* shared their opinions on psychiatry, suicide and suicide prevention.

Interviewer: Selin Tanyeri Kayahan*

*Psychiatrist from Türkiye, EPA 11th Summer School "*Focus on Suicidal Behaviours-One Step Beyond*" participant



Thank you very much for accepting this interview. Could you tell our readers about yourself and your interests and fields of work in psychiatry?

Emilie Olié: Of course, I am a lecturer and a full professor of psychiatry at the University of Montpellier in France. I completed my psychiatry residency training and my thesis 10 years ago. One of the reasons I'm interested in psychiatry is because I think psychiatry is a very humanistic specialty, it requires

being curious about other people, and I'd say it's a good way to help people. In psychiatry practice, you learn human skills that you may not learn anywhere else because every day is different and every patient both learns from you and teaches you something. It is very gratifying to see that you can be of benefit to patients without any technique, such as a surgical technique. I'm interested in suicide because I think it's like some kind of a puzzle that we can one day understand.

Carla Gramaglia: What about me... I completed my medical education in Turin, Italy, in 2004 (a long time ago), I got the title of psychiatrist again in Turin and completed my doctorate. Now I work as an associate professor of psychiatry at the University of Maggiore della Carità in Novarra, Italy. When I was in Turin my main clinical and research interest were linked to eating disorders. While in Novarra I have more eclectic interests because I work in a psychiatry ward for acutely ill psychiatric patients and also emergency department and also in outpatient service, so it's in there that my interest in suicidology began. I decided to become a psychiatrist - *I'll repeat Emilie's answer here because I liked it very much* - because I thought that it was the one discipline in medicine where it is the person you are makes the difference somehow. It's not only what you know so it's not only about your technical skills and your knowledge, but it's you as a tool in the relationship with the patient that can make the difference. I also share with what Emilie said about the interest in humanistic part of the culture because I think that my interest began by reading novels, you read the stories of people in novels, you become interested in the stories of people and actually our work as psychiatrists allows us to enter in the most intimate stories of people. So I think it's a good summary of the reason why I chose to become a psychiatrist.

Jorge López-Castromán: I am a professor of psychiatry at the University of Montpellier, France. All my professional life in the field of psychiatry, I have worked mostly on crisis-related situations, and suicide is a crisis, so that's why I am particularly interested. After completing my medical studies in Spain, I chose psychiatry because I thought that psychiatry was the only branch of medicine closely related to the human narrative sense, and this was very interesting to me. While I wasn't entirely sure of my choice at the time, I am now fully convinced that it was the right choice.

How do you evaluate the phenomenon of suicide from past to present and the studies conducted around the world? How can efforts to prevent suicide be improved?

Emilie Olié: We can talk about a few things. I think that studies on stigmatization are very important. It is particularly important to increase the level of education and awareness about suicide in all societies in general, to provide appropriate funding for programs developed for this purpose, as well as to finance research on suicide. Because, considering the importance and burden of mental illnesses and suicide compared to other diseases, it is of great importance to increase investments in studies on this subject.

Carla Gramaglia: Similarly, I think that people's sensitivity on this issue should be increased. It is very important that people can talk about suicide without the effect of stigma, and this is a process in itself.

Emilie Olié: Both the patients and the psychiatrists...

Jorge López-Castromán: And among mental health issues, the topic of suicide is particularly problematic because it's impossible to start facing the problem without realizing it, and accepting it and deciding to intervene and change things are the next steps. The importance of this situation becomes more apparent thanks to research on suicidal behaviour, because a significant part of the world is still not sufficiently aware of this problem. When you look at the world suicide rate map, you can see that there are many countries where these rates are not clear. This is hard to believe, because when you think about traffic accidents, for example, everyone knows how many people die in traffic accidents, but this is not the case with suicide.

Emilie Olié: So it's the starting point, to speak about it.

What should the attitude of the media be on issues related to suicide? What role and responsibility does the media have on suicidal behaviour as a public health problem?

Jorge López-Castromán: First of all, we can say that there are very clear guidelines on this subject. It is necessary to be very careful in the news about suicide and to avoid topics that can create a "contagion effect" such as suicide methods or plans.

Emilie Olié: And you also need to recall that it's a problem and it is possible to get help.



Jorge López-Castromán: Yes, so that's the perspective we have to take while talking about suicide, I completely agree. Because that is not so evident so that the media should play a role in making suicidal behaviour more comprehensive I mean so it's more easy to understand for the general population.

Emilie Olié: To communicate that there are help strategies and help resources, it's very important.



 Under the auspices of the Secretary General of the Council of Europe, Ms Marija Pejčinović Burić

So the media could play a positive role in this?

Carla Gramaglia: Reducing stigma by highlighting positive aspects of the situation, emphasizing the importance of seeking help rather than stating methods or details about suicide. I think the media can play a very important role, especially in reducing stigma.

Emilie Olié: For example, we know that in Russia, the news about suicide is completely censored in the media, social networks and everywhere. However, in

this way, perhaps they will not be able to see this positive effect that the media can create in order to prevent suicide.

We often hear the term "suicide victim" in everyday language, in the media, and in many other places. How appropriate do you think this term is for suicide-related situations? What do you think about terminology and nomenclature?

Jorge López-Castromán: Actually from my point of view, it's not so clear. When you look at the papers it's true that suicidologists have been changing definitions like we're not able to find the right way of calling a name and I think well suicide is suicide and you can call them suicide victims, why not, if they agree with that. But it's true that I'm personally not keen on changing names, trying to find a name that is less stigmatizing because suicide is suicide and we should take it like that.

Carla Gramaglia: Changing names are sort of stigmatization because if you fear the name, I think that's a problem, you have to call things with their name.

Emilie Olié: I totally agree with you about changing names, but as you can see in the media, the term suicide victim can also have a negative connotation. So if you're a victim, you can do anything about it and you're surrounded by it. On the other hand, this term can also be considered in a positive way, because being a victim of something is a term that highlights the fact that you are suffering from that thing. The term victim has replaced the naming of murderer used for these people in previous centuries, so we can say that there has been a positive change in perspective on this issue. In some countries where there is no suicide prevention program today and where the level of knowledge on the subject is low, the use of the term "victim" may be more effective in terms of awareness than alternative suggestions such as "suicide attempter" or "suicide completer".

Carla Gramaglia: I agree with Emilie that the term "suicide victim" has two meanings. Speaking of externalization on the one hand, this may not be a very good thing because if you are a victim, you may be in a passive position to something, so the issue of responsibility for the situation arises. On the other hand, if you're a victim, it could also indicate that you're suffering internally because of something, so it has two facets.



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Focus on Suicidal Behaviours
Led by Emilie Olié
& Jorge López-Castromán

In your online course "Focus on Suicidal Behaviours" you talk about the importance of the concept of psychological pain in suicidal behaviour. Could you tell more about that?

Emilie Olié: I think that the concept of psychological pain has an important role in understanding suicidal behavior better, and this is supported by scientific data. However, this concept is an experience of human existence and actually appeals to everyone. When you talk about psychological pain, you are talking about something that everyone can experience. When evaluating our patients, psychological pain is a useful and easier to understand concept in terms of being able to validate the situation they are in, to understand them and to make them feel understood. Because we all share this situation, and psychological pain can help us discover new treatment targets, not just pharmacologically, but psychologically and psychotherapeutically.

Finally, based on your experience, what advice do you have for (and all) mental health professionals working in the field of suicide?

Carla Gramaglia: I think keeping in mind the complexity of human being, keeping in mind that we may really find biomarkers or results from science which will allow us to understand things better but there is always a part of us which is not so mechanic.

Jorge López-Castromán: I think the key to continue being human in medical relation is to continue enjoying what you do. I think that's the most important part. And for that when you work with suicidal patients I think because we don't talk too much about this but it is very tiring and very stressful. It means that if we're working everyday with suicidal patients, it gives too much burden. In this respect, it is very important to plan the time very carefully and to ensure that the mental health workers have enough free time for themselves. This is even more important for those working in emergency services. When you do this job all your life, you may not be able to work like this after a while. Another problem with working with patients presenting with suicidal thoughts/behaviours is that after a while you start to think that most of your patients are similar, and this is something that happens in every profession. And you have to keep an interest on the human nature and the particularities and the stories.

Emilie Olié: The curiosity, always self-reflecting; being self-reflective for self care but also self-reflective to be sure that you have done the best that you could and maybe how you could improve in the future, so positively criticizing what you're doing and what you're missing, always.