

Suicidal Behavior in Psychiatric Population

M. Pinheiro¹, J. Pais¹, T. Cabral¹

¹Psychiatry, Hospital do Tamega e Sousa, Penafiel, Portugal

Introduction:

Suicidal behavior includes attempted suicide and completed suicide, both generally preceded by suicidal ideation. Whereas suicidal ideation corresponds to the thoughts and cognitions about the end of life itself, the suicide attempt may culminate in suicide.

Analysis:

Suicide is associated with frustrated needs, feelings of hopelessness and helplessness, ambivalent conflict between survival and unbearable stress, with a gradual taper of options and a perceived need for increased escape.

However, 90% of all those who commit or attempt suicide suffer from mental disorder. Suicide risk in psychiatric patients is 3-12 times higher than in mentally healthy individuals. There is an increased risk in depressive disorder. This stresses the need to be alert for other diseases, such as psychotic and anxiety disorders, substance dependence and some personality disorders (borderline, histrionic and antisocial type).

Prevention:

Suicidal behaviors can be reduced through knowledge about the issue, namely prevention. Different groups (family, social, cultural and professional) can play in a synergy of preventative efforts. Global Action Plan for Mental Health 2013 - 2020 the World Health Assembly, requires all 194 Member States to reduce their rates of suicide by 10% by 2020.

Conclusions:

Suicidal behaviors include in its etiologic origins a set of sociological, psychological, biological and genetic factors in an explosive cocktail. Characterization of this problem will make it possible to detect specific interventions, to help with the lines of preventive orientation. Awareness and careful information of the population is imperative to the success of adequate and targeted prevention.