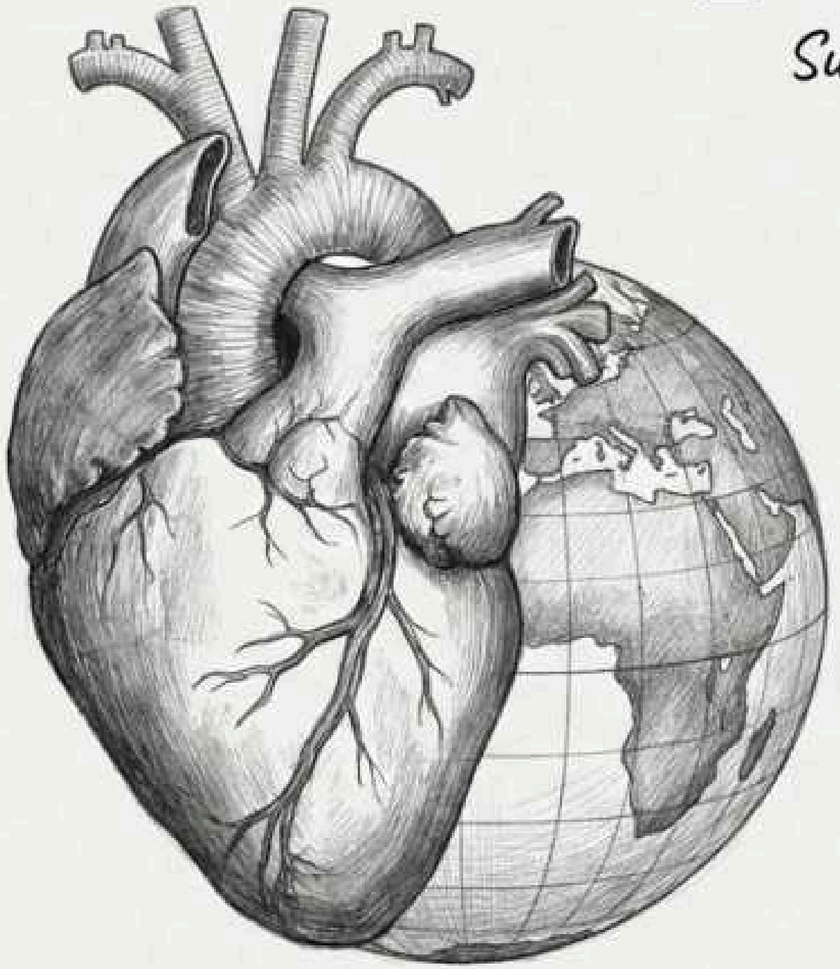
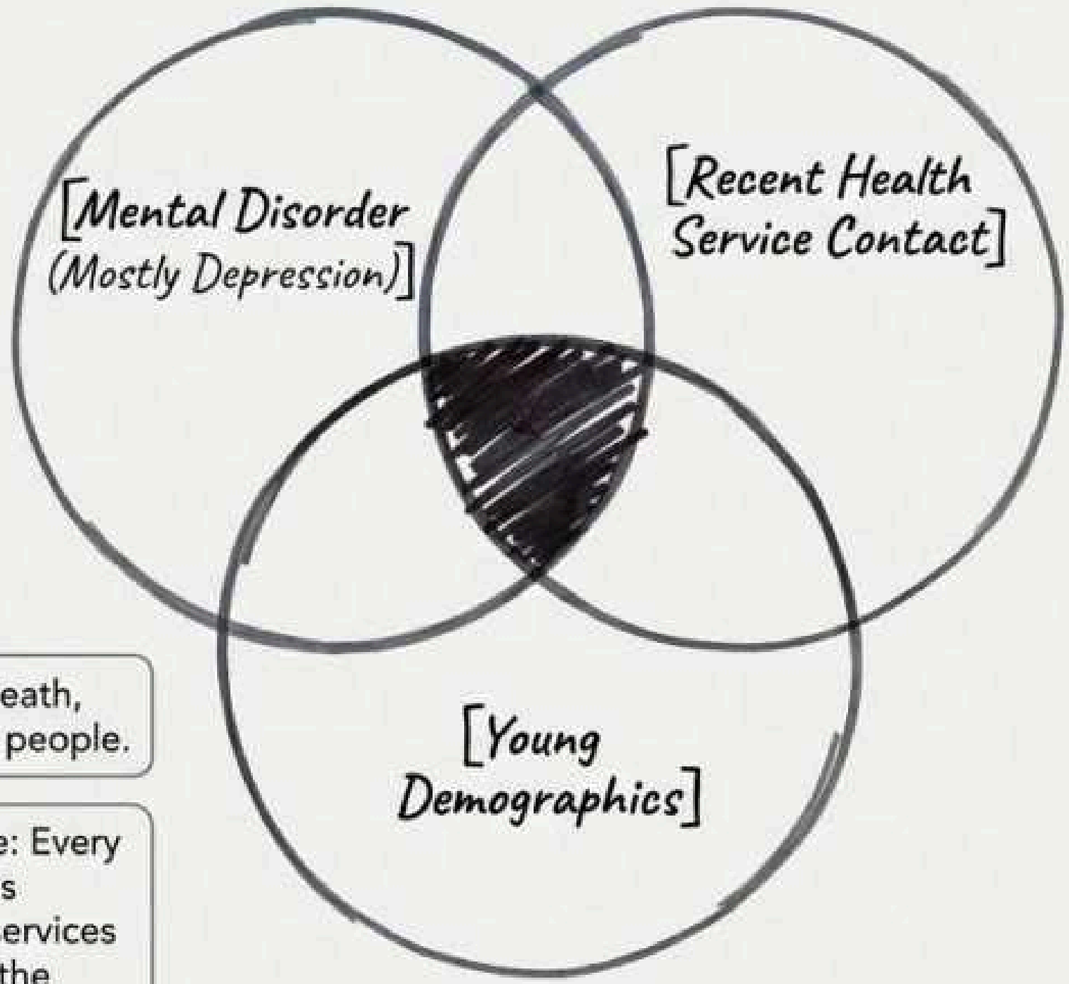
¶ 6.1

$\sum$ (Annual Global Deaths) ≈ 700,000

Suicide → Preventable





A leading cause of death, particularly in young people.

The Clinical Mandate: Every clinician has a role, as contact with health services frequently occurs in the months prior to death.

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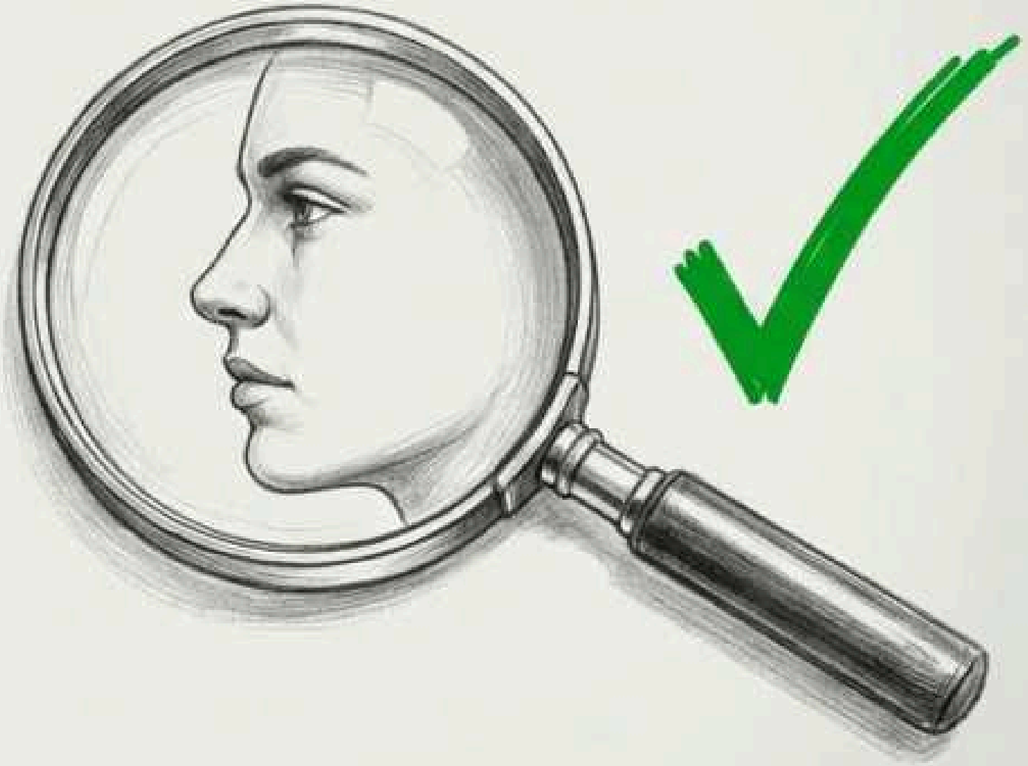
P(Suicide) ≠ f(Common Risk Factors)

¶ 6.2

(Where Risk Factors = self-harm, illness, substance use, loss, isolation, pain, male gender)

Low Risk / High Risk





Risk factors are common but statistically poor at predicting individual outcomes.

Modern Practice: Move away from classification. Move toward understanding specific needs and collaborative safety planning.

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¶6.3

1. Warning Signs → 2. Coping Strategies → 3. People/Places that Help → 4. Professionals/ Crisis Lines → 5. Safer Environment

Must be co-developed with the patient.



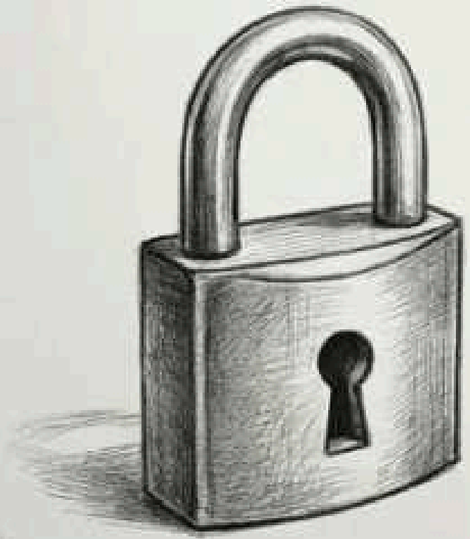
Critical Intervention Window: Follow-up after a crisis, especially post-discharge when risk is highest, actively saves lives.

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¶ 6.4



Micro Care: Self-harm is highly prevalent (esp. youth) and a strong predictor of later suicide. Care requires exploring difficulties, not just treating injuries.



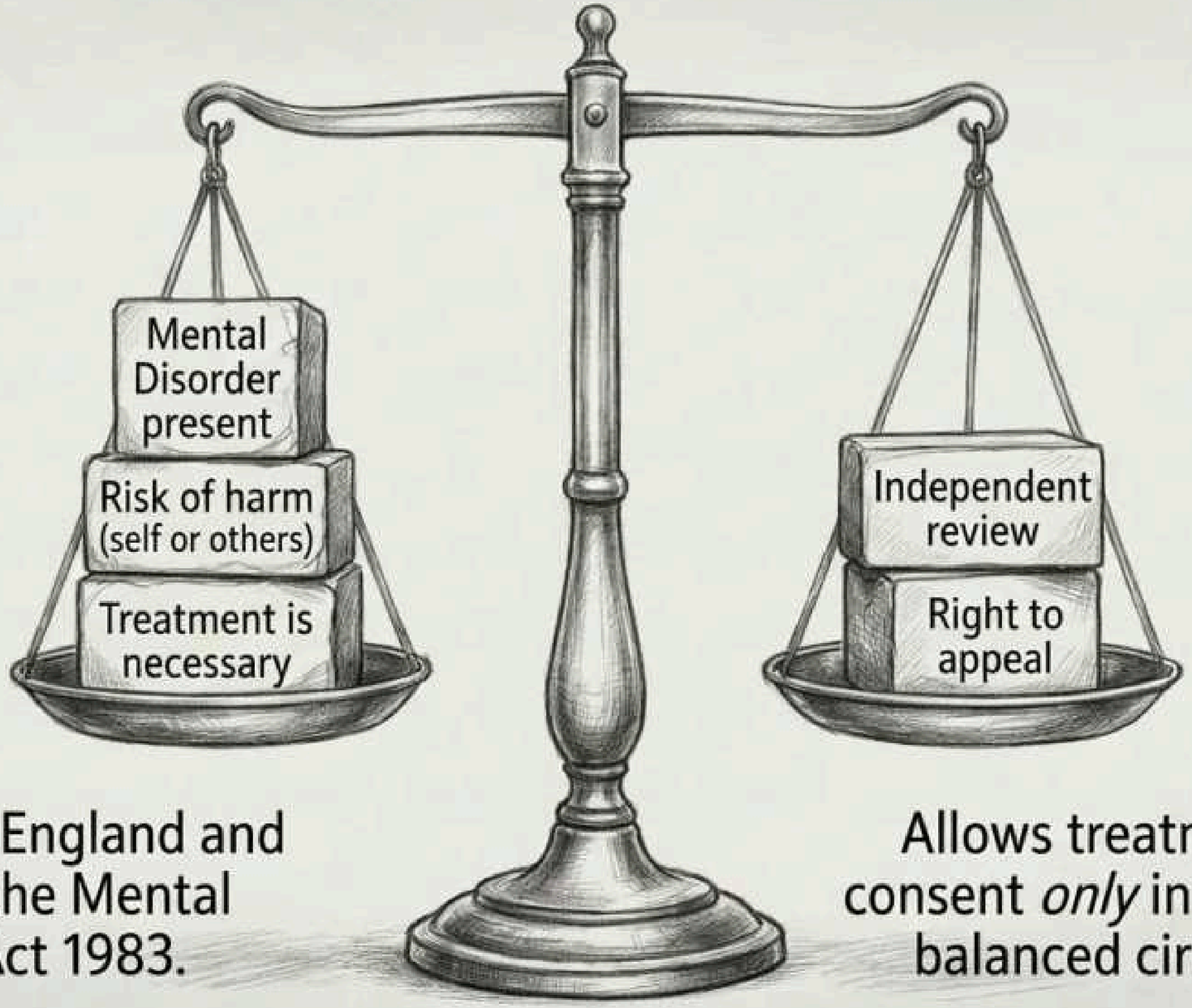
$$\Delta \text{ Suicide Rates} \propto \frac{1}{\text{Access to Means}}$$

+ Responsible Media Reporting

Macro Care: Population measures definitively reduce mortality.

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¶6.5



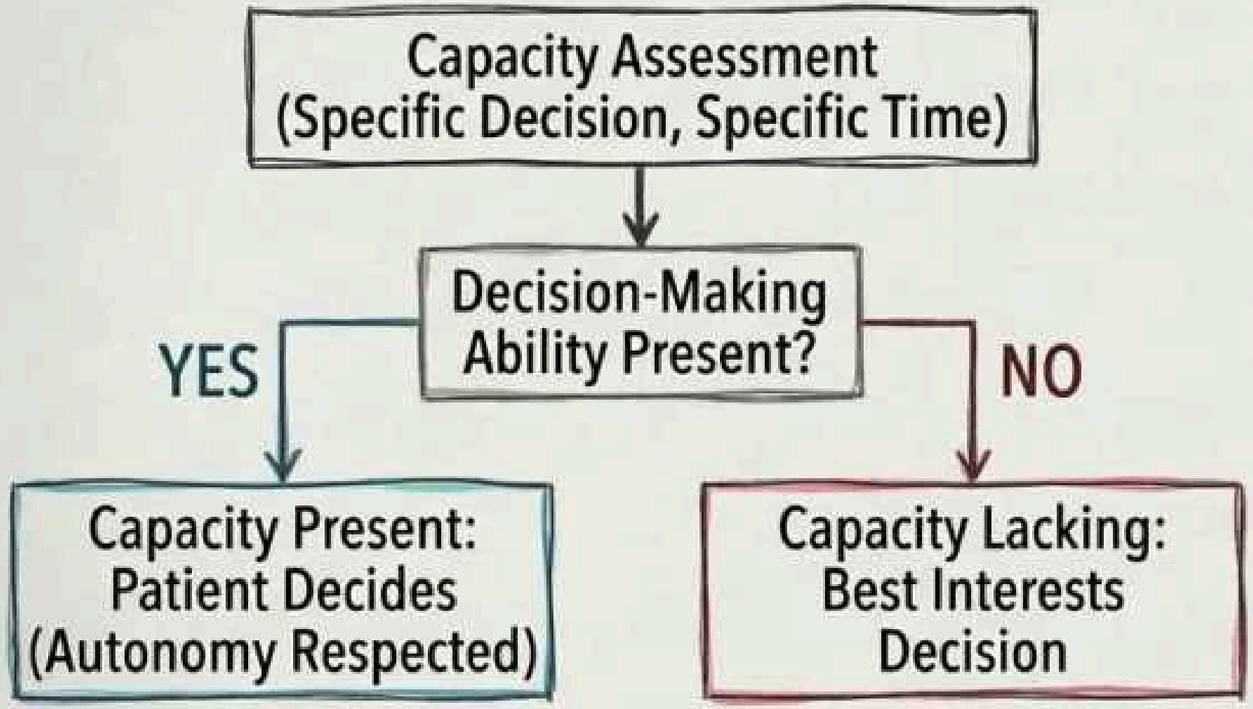
Governed in England and Wales by the Mental Health Act 1983.

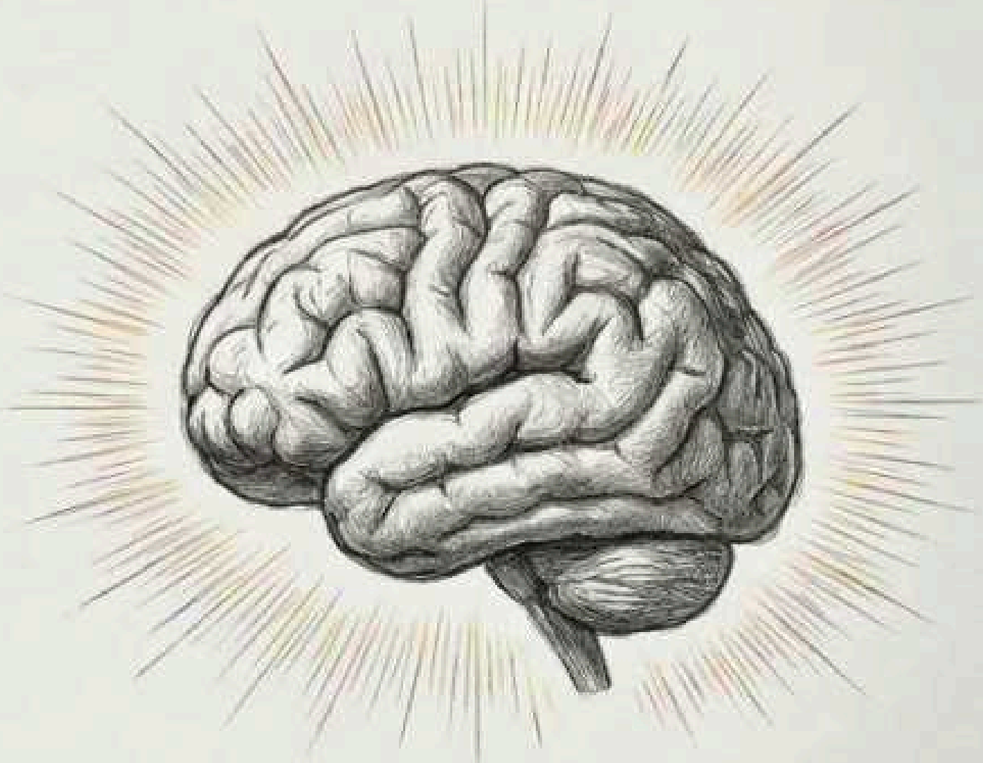
Allows treatment without consent *only* in limited, strictly balanced circumstances.

Mental Illness $\not\Rightarrow$ Loss of Capacity

¶ 6.6

Capacity = f(Specific Decision at a Specific Time)





If Capacity Lacking → Decisions must be made in their 'Best Interests'.

Respecting Autonomy: Use approaches that support self-determination, such as advance statements of future treatment wishes.

¶ 6.7



$T_{onset} \leq 15$ years for
$\approx 50\%$ of lifelong disorders

Childhood | Mid-Teens | Young Adulthood | Adulthood

Scope: Anxiety, depression, ADHD, autism, eating disorders.

Systemic Treatment: Interventions must integrate families and schools.

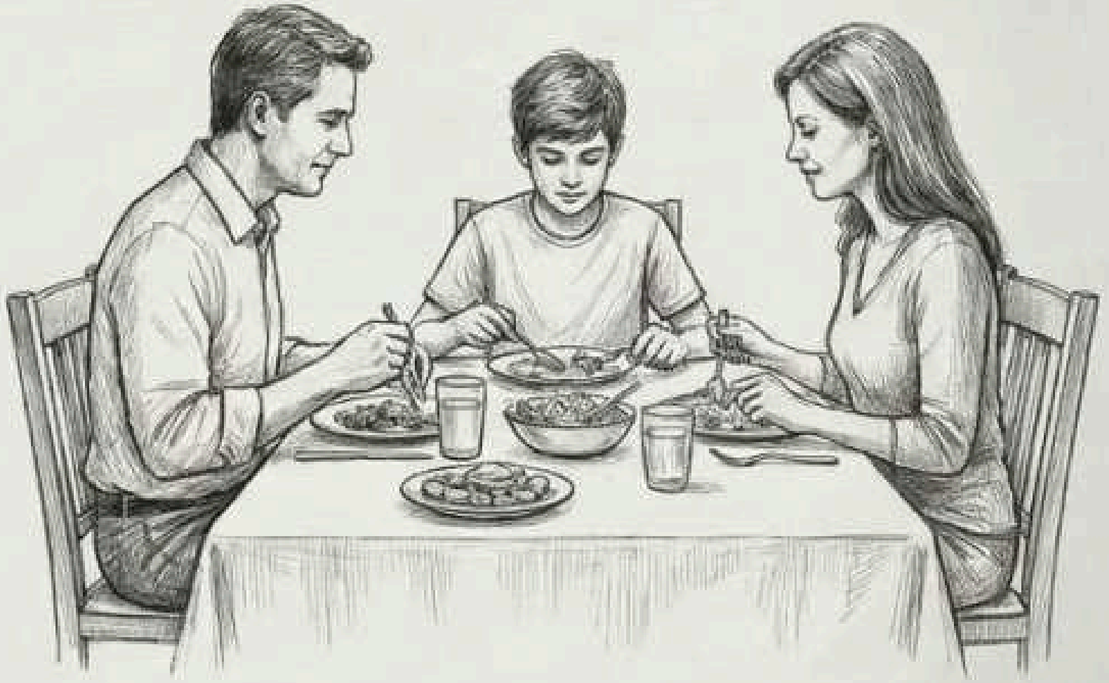
The value of early support cannot be overstated.

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Anorexia Nervosa = Top Percentile Mortality (All Mental Disorders)

¶ 6.8





Serious physical illnesses with high rates of systemic complications.

Evidence-based: Family-based treatment is highly effective for adolescents.

Action: Early recognition and specialist care are essential; raise concerns promptly.

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¶6.9

Depression

Often missed or falsely attributed to normal aging

Anxiety / Psychosis

Dementia → Progressive decline in memory, thinking, and functioning

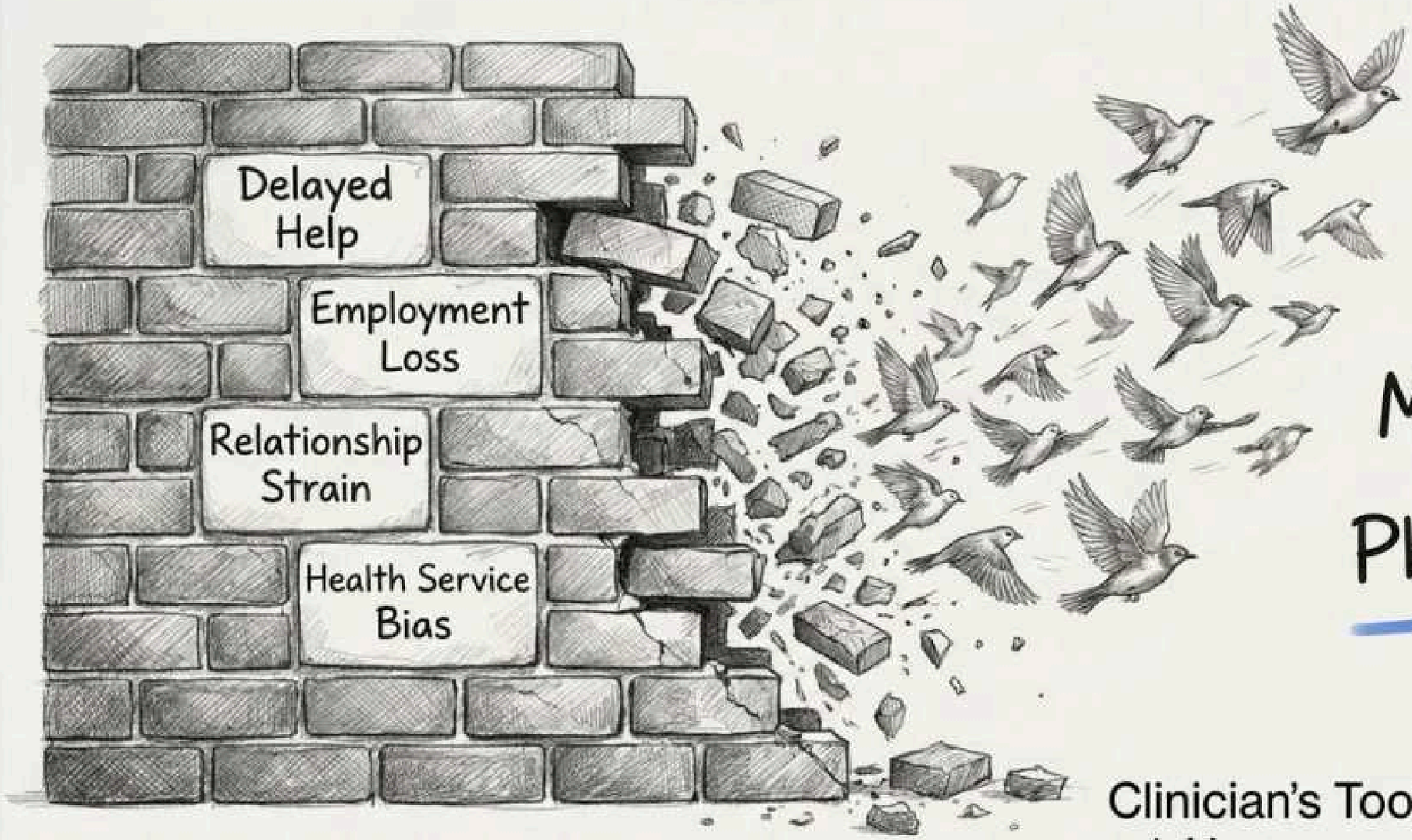
Dementia Etiology: Alzheimer's > Vascular



Good care extends beyond the patient: Support for strained carers is a clinical necessity.

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¶ 6.10



Mental Health ≡ Physical Health

Campaigns like ‘Time to Change’ (2007-2021) prove attitudes **can** improve.

Clinician’s Toolkit to Reduce Stigma:

1. Use respectful language.
2. Treat with equal seriousness.
3. Listen to lived experience.

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¶ 6.11

Assess: Careful history + MSE + formulation.

1

The Whole Person

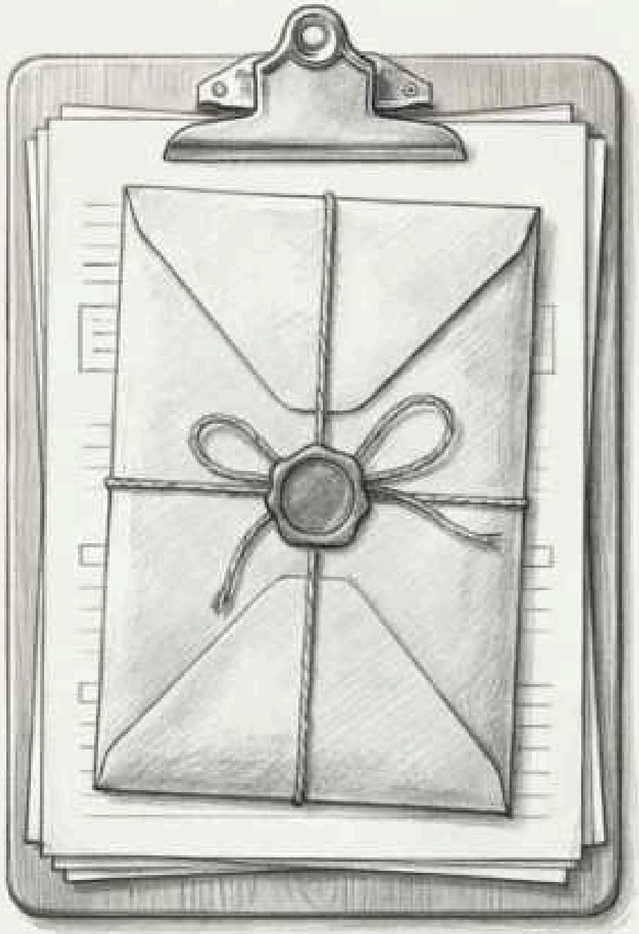
2

Treat: Evidence-based care; depression/anxiety are treatable; physical care in psychosis; substance use is a health condition.

3

Protect: Ask about suicide, build safety plans, respect rights.

End of Course Summary



Feedback/Questions:
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