Understanding Suicidal Thoughts

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Objectives

- To identify presentations of suicidal thoughts in Muslim patients through lived experience case presentation
- To describe the epidemiology of suicide
- To illustrate an approach to suicide risk assessments and review prevention strategies
- To recognize spiritual and cultural issues impacting Muslim patients

Introduction to suicide

- Suicide one of the leading causes of premature death in Canada
- 4000 people die by suicide every year in Canada
- **90% of people who die by suicide have a mental illness across North America and Europe**
- **Similar patterns in other countries- 96% of one hundred suicide deaths in Karachi were associated with mental illness**

Risk factors

- History of deliberate self-harm or suicide attempts
- Male > female
- Mental illness
- Age
- Isolation/lack of social supports
- Substance use

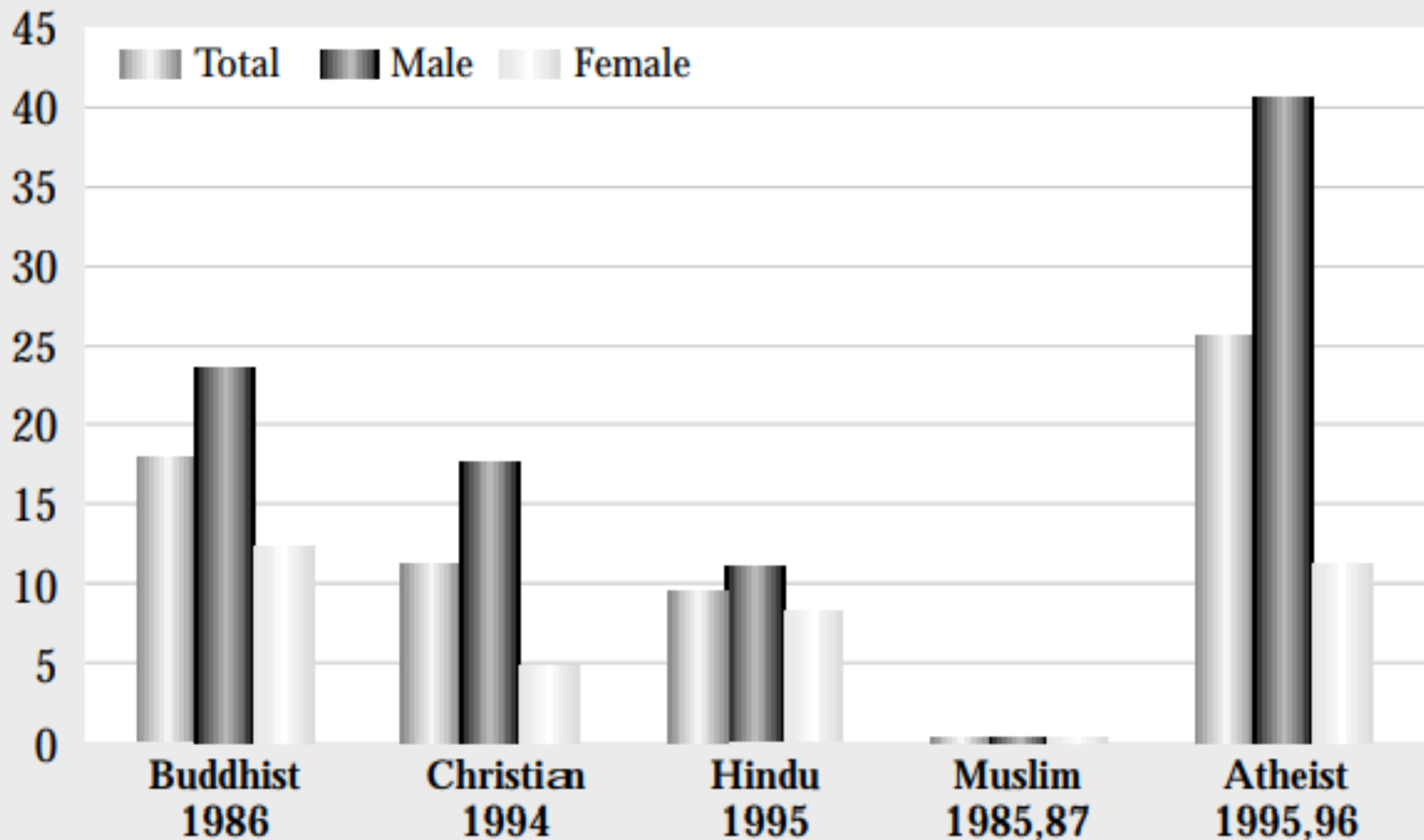
Protective factors

- Engagement with effective health care
- Social connections
- Problem-solving skills
- Religious/spiritual beliefs and practices

Religion and suicide

- Overall, ‘religiousness’ and ‘religious attendance’ associated with a lower risk of suicide across studies
- 57 out of 68 studies in a review article noted decreased suicide rates and increased negative attitudes towards suicide in those identifying as religious

Islam and Suicide



Islam and Suicide

- Nor kill (or destroy) yourselves: for verily Allah hath been to you Most Merciful!

The Quran, An-Nisa (The Women) 4:29

- Come back to your Lord – well pleased (with Him) and well pleasing unto him.

The Quran, Al-Fajr (The Daybreak) 89:28

- Complex issues around accountability/being of “sound mind” → followers are encouraged to leave judgment up to God

Possible mechanisms of protection

- Religious doctrines that prohibit suicide
- Comfort/meaning/purpose from religion
- Religious attendance= increased social supports

Stigma

- For some, suicidal thoughts/attempts can be source of religious/spiritual guilt and shame
- This may prevent people from reaching out for help
- Families of people who experience suicidal thoughts or who die by suicide may experience exclusion or ostracization

Thoughts ≠ Actions

- “And the pains of childbirth drove her to the trunk of a palm tree. She said, "Oh, **I wish I had died before this and was in oblivion, forgotten**. But he called her from below her, "Do not grieve; your Lord has provided beneath you a stream.”
  - Quran [19:23-24]

- Many people experience thoughts. Vast majority do not act on them.

- However, thoughts can be an indication that help is needed.

Implications for clinicians

- Why is asking about religion important in suicide prevention?
  - Clinicians may be missing an important protective factor against suicide
  - Patients may have difficulty building a trusting relationship with the provider if this part of their identity is ignored or dismissed
  - May affect how likely patients are to adhere to the clinicians' recommendations

General strategies

- Create safe, comfortable and supportive environment
- Ask openly about:
  - Suicidal ideation
  - Suicidal intent or plan
  - Preparatory behaviours
- Review:
  - Risk factors
  - **Protective factors**

How can I broach the topic of religion/spirituality?

- Do you identify with any particular spiritual, religious or moral tradition? Can you tell me more about that?
- What role does [name of religion] play in your everyday life?
- Have you experienced any personal challenges or distress in relation to your religious identity or practices?

SAFETY PLAN
Step 1: Warning signs that I may not be safe
1. 2. 3.
Step 2: Remind myself of my reasons for living
1. 2. 3.
Step 3: Coping strategies that I use to distract myself or feel better
1. 2. 3.
Step 4: Social situations and people that can help distract me
1. 2. 3.
Step 5: People who I can ask for help
1. 2. 3.