

Suicide Prevention: Understanding Illness as a Process

(Prevención de suicidio: entendiendo la enfermedad como proceso)

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Abstract

Suicide is a public health problem. Prevention requires training actions at an emotional level, the scientific treatment of suicidal risk situations, and sensitive management by the media. Following the commemorations of World Suicide Prevention Day and World Mental Health Day, this is an opportunity to reconceptualize how illness as a process facilitates the approach to mental disorders. Understanding the life history of each patient allows for an adequate biographical contextualization that explains the complex interaction between early life stress, vulnerability, epigenetics, and vital, social and environmental circumstances. Consistent with this clinical view, medical actions must also focus on the participation in continual medical education programs at the school of medicine, and on the design of promotion/prevention actions that consider the vision of the health-disease continuum and that conceive physical and mental health as a unit. The above is strengthened with the development of health professionals' introspective abilities to detect burnout syndrome as a mechanism of loss of empathy.

Keywords: suicide, suicide prevention, early life stress, empathy, burnout syndrome.

The brain is a historical organ. It stores our personal narrative.


Gabor Maté, The Myth of Normal

Suicide is considered a public health problem. Each year, more than 700,000 deaths occur for this reason around the world (Panamanian Health Organization. Living Life: An Implementation Guide for Suicide Prevention in Countries. PAHO; 2021 (accessed 21-09-2024). Available at: <https://iris.paho.org/handle/10665.2/54718>). In the age group of 15 to 29 years, it is the second cause of death.¹ Its origin is multifactorial and includes a complex interaction between social, environmental, biological (genetic), psychological (personality characteristics), and clinical (psychiatric comorbidities) aspects.² Loneliness, perceived or real, can trigger this type of behavior.³

As prevention strategies, the Pan American Health Organization proposes the development of healthy emotional resources in adolescents, early detection, and the subsequent application of actions based on scientific evidence to address people with suicidal ideation, as well as the adequate management of the issue by the media (PAHO, 2021). Concerning this last element, it has been suggested, among other actions, the dissemination of resources where help can be sought, a strong emphasis on mental health education and the dissemination of information on how to deal with stressful situations (Pan American Health Organization. Suicide Prevention: A Resource for Media Professionals: 2023 Update. PAHO; 2023 (accessed 21-09-2024). Available at: <https://iris.paho.org/handle/10665.2/58266>). Some patients with suicidal ideation comment that when they searched for information on the Internet about methods to harm themselves, the computer system provided them with

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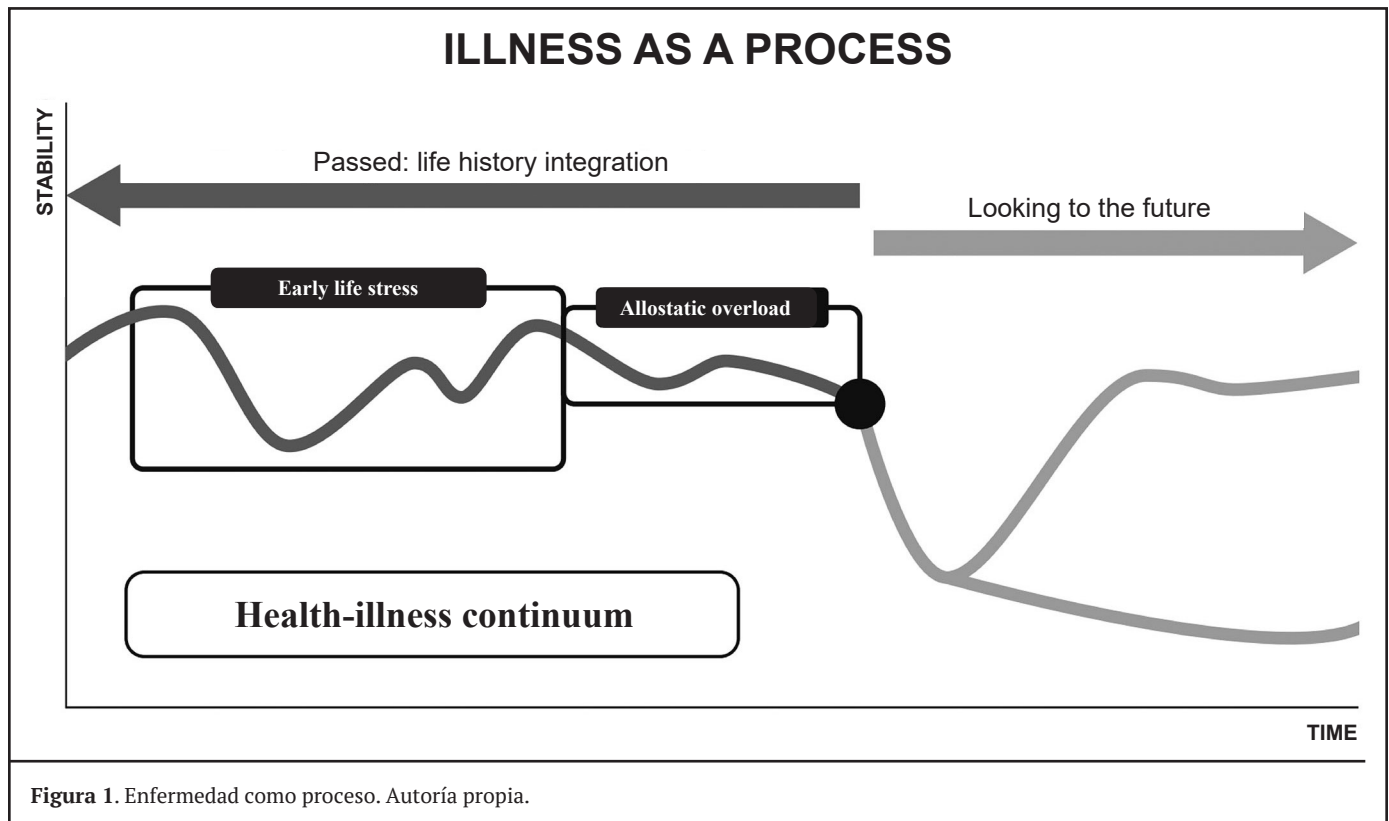
sources of assistance, and that helped them to activate their support network; In times of outright vulnerability, these automatic responses can make a big difference.

As of August 2024, 2648 suicide attempts were reported in Costa Rica, with a predominance in the province of Puntarenas, particularly in the canton of Montes de Oro, and in the population aged 10 to 19 years (Brenes-Murillo G, Cordero-Abarca S. Intentos de suicidio. Boletín Epidemiológico N°34 de 2024. Dirección de Vigilancia de la Salud, Ministerio de Salud de Costa Rica; (Brenes-Murillo G, Cordero-Abarca S. Suicide attempts. Epidemiological Bulletin N°34 of 2024. Directorate of Health Surveillance, Ministry of Health of Costa Rica; September 06, 2024). During the first half of this year, 182 suicides were committed, 146 of them involving men, mostly by hanging (National Institute of Statistics and Censuses of Costa Rica. Vital statistics: first semester 2024).

In addition, a recent study reported an increase in depression symptoms in our country during the COVID-19 pandemic (Carazo-Vargas E, Ortega R, Arias-LeClaire H, González-García N, González-Sánchez A, Villegas Barahona G. Salud mental y relaciones con el entorno en tiempos de COVID-19 [Informe de Investigación]. Universidad Estatal a Distancia; 2021). - Mental health and relationships with the environment during COVID-19 [Research Report]. Universidad Estatal a Distancia; 2021 (State Distance University; 2021).

As a result of the anniversaries of World Suicide Prevention Day (September 10) and World Mental Health Day (October 10, 2024, with the slogan “Work and mental health: a fundamental link”), and considering the above, it is worth reflecting on how the vision of the disease as a process could be integrated with the various promotion strategies, prevention, approach and treatment of mental disorders. The main objective of this editorial is to identify concrete actions, both in clinical and personal work and from the positioning of public health and the educational role, that facilitate the understanding of the phenomenon of suicide, and therefore impact on its reduction.

Gabor Maté, in his book *Thy Myth of Normal* (Maté G & Maté D. The Myth of Normal. New York: Avery, 2022), raises the need to understand and conceive and therefore explore disease as part of a process, not as solid entities isolated from a given biography. This allows us to understand how a unique, unrepeatably personal history would modulate epigenetic expression and facilitate, under a certain susceptibility, the loss of health or the expression of a medical condition, both at the “physical” and “mental” levels. When working with patients, the consideration of these concepts facilitates the reading of their life history away from value judgments and helps with the understanding of how that disease developed; it also allows for the necessary empowerment to face it with emotionally healthy resources (Figure 1).



The clinician is a biographer who collects a particular life story, with its strengths and stumbling blocks, with the sum of protective factors and individual, family, and social shortcomings that have developed over time. From this perspective, the exploration should always contemplate an adequate understanding of the presence, or not, of early life stress (ETV) in its various manifestations. If present, increased risk and recurrence of affective, anxiety, personality, post-traumatic stress, alcohol or other substance use/abuse, various medical diseases (such as coronary artery disease, myocardial infarction, cerebrovascular disease, type II diabetes, asthma, and cancer), as well as an increased risk of suicidal ideation and attempts, have been described.⁴ This is mediated, among other mechanisms, by alterations in the hypothalamic-pituitary-adrenal axis and the sustained imbalance over time of various proinflammatory cytokines.⁴ It is possible that these same common roots explain the high comorbidity between anxiety/affective disorders and medical illness.^{5,6} Although the phenomenon is frequent in the general population, it is more prevalent in households where there is mental pathology, substance abuse, low family income, and minority groups.⁷

Although ETV has usually been linked to exposure during childhood to physical, emotional, sexual, or neglectful violence, many of the traumatic experiences that often go unnoticed stem from other, less obvious mechanisms. Among them is dysfunction in family relationships resulting from role reversal, triangulation, or proximal separation, typically present under four styles of immature parenthood: emotional, directed, passive, or rejection (Gibson LC. *Adult Children of Emotionally Immature Parents*. Oakland, CA: New Harbinger Publications, Inc., 2015). This also interacts with a certain socio-economic and cultural context, in such a way that the stressors and noxas (injuries) that the individual suffers at a given time (in their relationships, at work or community level, for economic reasons, perhaps linked to environmental pollution, violence, pro-inflammatory diet, sleep disorders, sedentary lifestyle, etc.) among others) explain how emotional and physiological adaptive mechanisms are saturated. This imbalance and dysfunction of an entire system, with its impact on the brain, and the consequent loss of homeostasis, fosters the development of everything that is understood as psychiatric illness.⁸

Under these circumstances, human pain is often intolerable; This is how sometimes, rather than a desire not to live, the person at risk of suicide desires (and actively seeks) relief from that suffering through their disappearance.

This reasoning would not be complete until an analysis of the historical context in which Costa Rica finds itself as a country, with a high polarization of

political positions, the systematic validation of verbal and gender violence on social networks and by many of the authorities, the justification of aggressiveness as a means to get ahead when one has suffered from ETV, or criminality at rampant levels. This complex social dynamic explains, at least in part, the highest rates of homicides/gunshot wounds and suicides in our history, understood as uncontrolled expressions of external and internal violence, respectively (Martínez A. With 3 months to go, 2023 is already the year with the most homicides in Costa Rica's history. *Delfino.cr*, September 22, 2023 (accessed 7-12-2023). Available at: <https://delfino.cr/2023/09/a-falta-de-3-meses-2023-ya-es-el-ano-con-mas-homicidios-en-la-historia-de-costa-rica/>) (Ávalos Rodríguez A. More wounded with weapons of war arrive at CCSS emergencies. *La Nación*, September 22, 2024 (accessed 22-12-2023). Available at: <https://www.nacion.com/el-pais/salud/mas-heridos-con-armas-de-guerra-llegan-a/5YTALMPP5VGBNLUXYOZTKOLWOO/story/>) (Cordero Parra M. Costa Rica recorded a total of 429 suicides, the highest number in more than a decade. *Semanario Universidad* (accessed 11-12-2023). Available at: <https://semanariouniversidad.com/pais/costa-rica-registro-un-total-de-429-casos-de-suicide-en-2022-la-cifra-grandes-en-mas-de-a-decada/>) (Millán-González R. Challenges and opportunities in health

In Costa Rica by 2024. *Bulletin of the National Academy of Medicine*, No. 7:20-22. Also available: https://drive.google.com/file/d/1GaSnOn2X5k0JprZBSBSUUFkZ0pu1wH7x/view?usp=drive_link.

Another element that has been promoted from medical training but also from the management of educational information by the authorities and the media is the historical disarticulation between “physical” and “mental” health. This same division raises important confusion, as it is not possible to separate the functioning of the brain from the rest of the body because it distances itself from the unitary concept of the organism. In this regard, Maté makes the following note: “Even the term connection (mind-body) is an ambiguous term: only entities other than each other can be connected, while reality knows only unity” (Maté, 2022).

When the authorities and the written or audiovisual press speak, for example, about nutrition, emphasis is usually placed on the cardiovascular risks of metabolic phenomena resulting from unhealthy eating habits. But little is known to the general population, and perhaps even the medical profession, about the profound relationship between emotional states and food, through various mechanisms, such as intestinal permeability that increases the inflammatory response, decreases the absorption of basic nutrients for proper brain function, and reduces the absorption of medications (including treatments in psychiatry, particularly in their extended-

release presentations).⁹ Again, life history profoundly shapes these habits; therefore, it is imperative that the information available to the general public clearly state these relationships. It is the only way to generate awareness and changes that impact behavior.

The approach to mental health must always be linked to the rest of the actions of medicine. It is not conceived independently. This is also achieved through the sensitization of non-psychiatric health personnel in general hospitals (where patients in situations of suicidal risk or after self-injurious actions are frequently treated), the reinforcement of a true integrative education from training in medicine, and a greater promotion of the unity of the body as a mechanism for emotional stability.

The exercise of understanding the life history of patients begins with the biographical understanding by the medical staff, which facilitates the generation of adequate introspection to identify when there is professional burnout or *burnout syndrome*, and, above all, to prevent it. This phenomenon is made up of three fundamental elements:

Low personal fulfillment, high emotional exhaustion, and high depersonalization. The latter refers to the dehumanization that leads to the loss of empathic resources in the care of the emotional and/or physical bereaved, which makes it difficult to contextualize all the information collected in the medical record; it is, therefore, a basic aspect of humanized care. Medical work begins with the individual.

More than a statistic, the approach to suicide, both in the direct care of patients and the design of health promotion and prevention policies, must integrate the concept of health and disease as a continuum. Illness is part of a biographical process that, in a particular environment, triggers risky behaviors, ignites maladaptive spirals, and reduces the ability to deal with the social environment. Possibly for these reasons, it has been documented that both direct and indirect therapeutic actions can reduce suicide risk.¹⁰

Medical work goes beyond a clinical assessment of the imminent suicide risk: it poses the arduous task of establishing a contextualization of the adaptive capacities of each patient according to their life history. The design of promotion and prevention actions, the management of information in the media, and the continuous education of students and health personnel are other fundamental step in the prevention of mortality from this cause. The work in introspection for the detection of one's own professional burnout or *burnout syndrome*, in addition, facilitates the review of one's capacity for empathy for the care of people in situations of suicide risk. Everything, taken together, is

achieved if the disease is visualized as a process, not as an isolated event.

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