

GİRİŞ

İntihar, tüm dünyada morbidite ve mortalitenin önde gelen nedenlerinden biridir. Her yıl yaklaşık 800.000 kişi intihar ederek ölmektedir(1) ve bunların yaklaşık üçte biri 30 yaşın altındadır(2). Epidemiyolojik çalışmalar bazı farklılıklara rağmen her toplumda intiharların yaşla birlikte arttığını göstermektedir. ABD’de diğer başlıca ölüm nedenleri riski son zamanlarda azalırken, intihar oranlarının 1999 ile 2016 arasında %30 arttığı gösterilmiştir(3). İntihardan kaynaklanan ölümler problemin sadece bir yüzüdür. İntihar girişimlerinin yarattığı medikal zararların büyüklüğü değişkenlik gösterse de tüm intihar girişimleri yoğun acı, mutsuzluk ve/veya ruh hastalığının göstergeleridir.

“Kendine zarar verme (self-mutilasyon)” ve “intihar” terimleri zaman zaman birbirinin yerine kullanılır, ancak hem kavramsal hem de tedavi düzeyinde farklılıklar gösterir. Kendine zarar verme, toplumsal olarak hoş görülme amaçlarla (dövme gibi kültürel olarak kabul edilen estetik değişiklikler hariç) ve intihar niyeti olmaksızın kişinin vücuduna zarar vermesiyle sonuçlanan kasıtlı ve sıklıkla tekrarlayan bir davranıştır(4). İntihar, ölümlü sonuçlanan kasıtlı, kendi kendine yapılan bir eylemdir. Her ikisi de kendine yönelik ve tehlikeli olduğundan, kendine zarar verme ile intiharla ilgili davranış arasında ayırım yapmak çok zor olabilir. Ancak, kendine zarar veren bireylerin ço-

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