

## BÖLÜM 12

# İNTİHAR VE İNTİHARI ÖNLEME

Esin CERİT<sup>1</sup>

### GİRİŞ

İntihar, birçok faktörün etkisi altında gerçekleşen, psikolojik, kültürel, dini, sosyoekonomik yönleri olan çok karmaşık bir olgudur. İntihar, stres veren yaşam şartlarındaki sağlıklı bireylerden ruhsal bozukluğu olan bireylere kadar çok geniş bir yelpazede görülebilmektedir. DSÖ (2019), intihar nedeniyle bir yılda 703000 kişinin hayatını kaybettiğini, adölesanların ölüm nedenleri arasında intiharın ikinci sırada yer aldığını ve tüm toplumları etkileyen ciddi bir halk sağlığı sorunu olduğunu vurgulamaktadır. Sağlık çalışanları etkileşimde buldukları bireylerin yaşamlarının herhangi bir anında intiharla karşılaşma olasılığı en yüksek olan profesyonellerdir. İntihar neden olduğu kayıplar ve toplumda oluşturduğu büyük olumsuz etkiler nedeniyle sağlık çalışanlarının önemle ele alınması gereken öncelikli bir sorundur. Bu bağlamda, intihar her ne kadar anlaşılması zor bir olgu olsa da sağlık çalışanları intihar kavramı, etiyolojisi, risk faktörleri ve önleme stratejileri konusunda bazı donanım ve becerilere sahip olmalıdır. İntihar risk etmenlerini bilen, bireyleri bu doğrultuda değerlendirebilen ve intiharı önlemede yapılması gerekenlere hâkim ruh sağlığı çalışanı, toplumda meydana gelen intiharların oluşmasını engelleme ve toplumun ruh sağlığını koruma ve geliştirmede önemli rol ve sorumluluklara sahiptir.

---

<sup>1</sup> Dr. Öğr. Üyesi, Yozgat Bozok Üniversitesi Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, Ruh Sağlığı ve Hastalıkları Hemşireliği, esin.cerit@yobu.edu.tr

## KAYNAKLAR

1. O'Carroll PW, Berman AL, Maris RW et al. Beyond the tower of babel: A nomenclature for suicidology. *Suicide and Life-Threatening Behavior*. 1996; 26(3): 237-252.
2. Gvion Y, Apter A. Suicide and suicidal behavior. *Public Health Reviews*. 2012;34(2): 1-20.
3. Mental Health Commission of Canada. *Research on Suicide and Its Prevention: What the current evidence reveals and topics for future research.*( 17.12.2021 tarihinde www.mentalhealthcommission.ca adresinden ulaşılmıştır.).
4. Aydın M, Hacimusalar Y, Hocaoğlu Ç. Neurobiology of Suicidal Behaviour. *Psikiyatride Güncel Yaklaşımlar*. 2019; 11(1):1-23. doi: 10.18863/pgy.382119
5. Pandey GN, Pandey SC, Dwivedi Y, et al. Platelet serotonin-2A receptors: A potential biological marker for suicidal behavior. *Am J Psychiatry*.1995; 152: 850–855.
6. Mann JJ, Hentleff RA, Lagattuta TF, et al. Lower 3H-paroxetine binding in cerebral cortex of suicide victims is partly due to fewer high affinity, non-transporter sites. *J Neural Transm*. 1996; 103:1337- 1350.
7. Mann JJ. Neurobiology of suicidal behaviour. *Nat Rev Neurosci*. 2003; 4: 819-828
8. Sher L, Mann JJ, Traskman-Bendz L, et al. Lower cerebrospinal fluid homovanillic acid levels in depressed suicide attempters. *J Affect Disord*. 2006; 190: 83-89.
9. Kapur S, Mann JJ. Role of the dopaminergic system in depression. *Biol Psychiatry*. 1992; 32: 1-17.
10. Lee BH, Kim YK. Neurobiological Factors Associated with Suicidal Behavior. *Psychiatry Invest*. 2006; 3 (2): 23-35.
11. Traskman-Bendz L, Ekman R, Regnéll G et al. HPA-related CSF neuropeptides in suicide attempters. *Eur Neuropsychopharmacol*. 1992; 2: 99-106.
12. Yakeley J, Burbridge JW. Psychodynamic approaches to suicide and self-harm. *BJPsych Advances*. 2018; 24: 37–45. doi: 10.1192/bja.2017.6
13. Holmes RM, Holmes ST. *Suicide: Theory, Practice and Investigation* (1st edition). Sage Publications; 2006.p:34.
14. Lester D. Genetics, twin studies and suicide. *Suicide and Life Threatening Behavior*. 1987; 16: 274-285.
15. Hankin BL, Wetter E, Cheely C, et al. Beck's cognitive theory of depression in adolescence: Specific prediction of depressive symptoms and reciprocal influences in a multi-wave prospective study. *International Cognitive Therapy*. 2008; 1(4): 313-332.
16. Arkar H. Beck'in Depresyon Modeli ve Bilişsel Terapisi. <https://dusunenadamdergisi.org/storage/upload/pdfs/1593600447-en.pdf>
17. Chu C, Buchman-Schmitt JM, Stanley IH, et al. The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research. *Psychological Bulletin*. 2017; 143(12), 1313–1345. doi:10.1037/bul0000123
18. Klonsky ED, May AM. The Three-Step Theory (3ST): A new theory of suicide rooted in the "Ideation-to-action" framework. *International Journal of Cognitive Therapy*. 2015; 8(2): 114–129. doi:10.1521/ijct.2015.8.2.114;

19. Stanley IH, Hom MA, Rogers ML, et al. Understanding suicide among older adults: A review of psychological and sociological theories of suicide. *Aging and Mental Health*.2016; 20(2), 113–122. doi:10.1080/13607863.2015.1012045.
20. Mueller AS, Abrutyn S, Pescosolido B, et al. The social roots of suicide: Theorizing how the external social world matters to suicide and suicide prevention. *Front. Psychol*. 2021; 31 doi:10.3389/fpsyg.2021.621569
21. Durkheim E. *Suicide*. Taylor & Francis e-Library; London and New York; 2005.p:95-201.
22. World Health Organization. *Suicide worldwide in 2019. Global Health Estimates*. (9.12.2021 tarihinde, <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf> adresinden ulaşılmıştır.).
23. Alptekin K, Duyan V. Türkiye’de 2007-2016 yılları arasında intihar hızları sosyodemografik faktörlere göre nasıl bir dağılım gösterdi?. *J Psychiatric Nurs*. 2019; 10(4): 270-276
24. Townsend MC. *Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice* (Eight Edition) F. A. Davis Company; USA; 2015.p. 274-286.
25. Callaghan P. *Emergencies in Mental Health Nursing*. Oxford University Press (First Edition). United Kingdom; 2012. p.35-46.
26. Kutcher S, Chehil S. *İntihar Riskinin Ele alınması: Sağlık alanında çalışanlar için el kitabı* Çeviri Editörü: Semerci B. Sigma Publishing Dan. ve Org.Dış Tic. Ltd, Şti. (Birinci Baskı) İstanbul; 2009.s. 1-32.
27. Jacobs DG, Baldessarini RJ, Conwell Y, et al. *Practice guideline for the assessment and treatment of patients with suicidal behaviors: American Psychiatric Association practice guidelines for the treatment of psychiatric disorders*. Compendium Arlington: VA: American Psychiatric Association:2006.p.24-46.
28. APA. *Practice Guidelines Assessment and Treatment of Patients With Suicidal Behaviors, 2003*.(10.12.2021 tarihinde [http://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/suicide.pdf](http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/suicide.pdf) adresinden ulaşılmıştır.).
29. Güleç G. *Psikiyatrik Bozukluklar ve İntihar*. Türkiye Klinikleri J Psychiatry-Special Topics. 2016; 9(3): 21-25.
30. Too LS, Spittal MJ, Bugeja L, et al. The association between mental disorders and suicide: A systematic review and meta-analysis of record linkage studies. *Journal of Affective Disorders*. 2019; 259(1): 302-313. doi.org: 10.1016/j.jad.2019.08.054.
31. Fassberg MM, Cheung G, Canetto S, et al. A systematic review of physical illness, functional disability, and suicidal behaviour among older adults. *Aging & Mental Health*. 2015. doi:10.1080/13607863.2015.1083945.
32. Erlangsen A, Stenager E, Conwell Y. Physical diseases as predictors of suicide in older adults: a nationwide, register-based cohort study. *Soc Psychiatry Psychiatr Epidemiol*. 2015;50: 1427–39.
33. Choy C, Burn K, McLachlan E, et al. Detecting suicidal thoughts in palliative care: When do patients voice these thoughts? *Supportive and Palliative Care*. 2017; 7: A70.
34. Filiberti A, Ripamonti C, Totis A, et al. Characteristics of terminal cancer patients who committed suicide during a home palliative care program. *J Pain Symptom Manage*. 2001; 22(1): 544–53.

35. Carpiniello B, Girau R, Orrù MG. Mass-media, violence and mental illness. Evidence from some Italian newspaper. *Epidemiol Psichiatr Soc.* 2007; 16: 251–5. doi: 10.1017/S1121189X00002359.
36. Kučkalić S, Kučkalić A. Stigma and suicide. *Psychiatria Danubina.* 2017; 29(5): 895-899.
37. Taylor PJ, Gooding P, Wood AM, et al. The role of defeat and entrapment in depression, anxiety, and suicide. *Psychol Bull.* 2011; 137: 391–420.
38. Corrigan PW, Larson JE, Rüsch N. Self-stigma and the “why try” effect: impact on life goals and evidence-based practices. *World Psychiatry.* 2009; 8: 75–81.
39. Link BG, Phelan JC. Stigma and its public health implications. *Lancet.* 2006; 367:528–9. doi:10.1016/S0140-6736(06)68184-1.
40. Witte TK, Smith AR, Joiner TE. Jr. Reason for cautious optimism? Two studies suggesting reducing stigma against suicide. *J Clin Psychol.*2010; 66: 611-626. doi:10.1002/jclo.20691.
41. Bolster C, Holliday C, Oneal G, et al. Suicide assessment and nurses: What does the evidence show? *The Online Journal of Issues in Nursing.* 2015; 20:1. doi:10.3912/OJIN.Vol20No01Man02.
42. Jenkins R. Addressing suicide as a public- health problem. *Lancet.*2002; 359: 813–814.
43. Beautrais AL. National strategies for the reduction and prevention of suicide. *Crisis.*2005; 26: 1–3.
44. Hegerl U, Maxwell M, Harris F. Prevention of suicidal behaviour: Results of a controlled community-based intervention study in four European countries. *PLoS ONE.* 2019; 14(11): e0224602. doi:10.1371/journal.pone.0224602.
45. Hübner-Liebermann B, Neuner T, Hegerl U, et al. Reducing suicides through an alliance against depression?. *Gen Hosp Psychiatry.* 2010; 32: 514–518.
46. NSW Department of Health, 2004. *Suicide risk assessment and management protocols, general hospital ward.* (19.12.2021 tarihinde <https://www.health.nsw.gov.au/mentalhealth/resources/Pages/general-hosp-ward.aspx> adresinden ulaşılmıştır.)
47. Berlim MT, Perizzolo J, Lejderman F, et al. Does a brief training on suicide prevention among general hospital personnel impact their baseline attitudes towards suicidal behavior?. *Journal of Affective Disorders.* 2007;100(1-3), 233-239.
48. Chan SW, Chien W, Tso S. Evaluating nurses’ knowledge, attitude and competency after an education programme on suicide prevention. *Nurse Education Today.* 2009; 29: 763–769.
49. American Psychiatric Nurses Association. *Psychiatric-mental health nurse essential competencies for assessment and management of individuals at risk for suicide.* (11.11. 2021 tarihinde [www.apna.org/files/public/Resources/Suicide%20Competencies%20for%20PsychiatricMental%20Health%20Nurses\(1\).pdf](http://www.apna.org/files/public/Resources/Suicide%20Competencies%20for%20PsychiatricMental%20Health%20Nurses(1).pdf). adresinden ulaşılmıştır.)
50. The Joint Commission. *Detecting and treating suicide ideation in all settings National Institute of Mental Health. Ask suicide-screening questions (ASQ) toolkit.* (11.11.2021 tarihinde [www.jointcommission.org/assets/1/18/SEA\\_56\\_Suicide.pdf](http://www.jointcommission.org/assets/1/18/SEA_56_Suicide.pdf). Erişim adresi: [www.nimh.nih.gov/labs-at-nimh/asq-toolkit-materials/index.shtml](http://www.nimh.nih.gov/labs-at-nimh/asq-toolkit-materials/index.shtml). adresinden ulaşılmıştır.)