

# Attempted suicide often a snap decision fuelled by drugs and alcohol, new study

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Category: [Psychology/Psychiatry News](#)

Article Date: 19 Oct 2005



As Australia tries to arrest its national suicide rate, new University of Western Sydney research reveals that many suicide attempts are unplanned, with a good portion of suicide survivors reporting they felt the urge to harm themselves less than ten minutes before acting on it.

Dr Marianne Wyder, a PhD graduate from the UWS Social Justice Social Change Research Centre, studied 90 people aged between 17 to 65 years, who had attempted suicide and had been taken to a hospital emergency department. She interviewed them as soon as possible after the event.

The study was carried out in collaboration with Westmead Hospital as part of an Australian Research Council Strategic Partnerships with Industry Research and Training (SPIRT) grant.

Dr Wyder found over half of the study participants - 51 per cent - tried to make a suicide attempt after thinking about it for 10 minutes or less, with an additional 16 per cent contemplating it for less than half an hour.

Dr Wyder found the impulsiveness of this suicidal behaviour was often fuelled by drugs and alcohol, with men the group most likely to be under the influence. Of the 29 per cent of participants who harmed themselves while affected by alcohol, the overwhelming majority - 93 per cent - said they considered their actions for less than 10 minutes.

Surprisingly, the study found that for many of these participants their suicidal impulses were short lived. Only one fifth - 21 per cent - reported still feeling suicidal 12 hours after their attempt.

Dr Wyder says the research dispels the myth that suicide attempts are always a pre-meditated, long-planned act.

"The problem of non-fatal acts of deliberate self-harm or attempted suicide is much bigger and more frequent than most of us realise. Conservative estimates have suggested that for every death by suicide, there are between ten to thirty attempts, which means there could be anywhere between 20,000 and 60,000 people in NSW who deliberately harm themselves in a year," says Dr Wyder.

"The majority of the suicide attempters in this study described impaired thinking, and were driven by anger, loss, hurt, depression, [anxiety](#) and stress, which at times, was greatly exacerbated by drugs and alcohol use.

"The suicide survivors I spoke to made the decision to self-harm because they were in unbearable pain - a feeling known as 'psychache'. To many, the suicidal behaviour was not a longing for death, but a desire to be free from the mental anguish, to have time out, or to show others their hurt.

"79 per cent reported their suicidal feelings had dissipated at the time of the interview. Nearly half of this group reported a positive shift in their mental state, which meant experiencing feelings of calm about the traumatic issues that had triggered their suicide attempt.

"There was strong evidence of mental illness in this study. 85 per cent of the sample was diagnosed with a mental illness by the treating psychiatrists."

Dr Wyder also uncovered different suicidal triggers and life circumstances. She found that the participants fell into two groupings - either 'acute' or 'chronic' - depending on the life experiences that had brought them to this point, with mental illness equally present in both groups.

"The acute participants - 37 per cent of the sample - were doing well in their lives before one or more life events, such as a depressive or schizophrenic illness, social stressors, or a loss of a relationship or employment, meant they could no longer cope.

"The chronic participants on the other hand - 63 per cent of the sample - described their problems as longstanding. They were more likely to report to suffer from personality disorders, chaotic home lives, difficulties with anger, drug and alcohol use, and have a history of abuse in their childhoods. The attempt to self harm was borne out of depressed feelings brought on by drug and alcohol abuse, feelings of rejection, self-hatred and disconnectedness."

Dr Wyder hopes the study gives counsellors and health professionals, as well as families, friends and loved ones, an insight into the complex set of risk factors and motives behind self-harming behaviour.

"It's important to understand the differences between those who attempt and those who die by suicide. Suicide and attempted suicide all share intentional or deliberate self-harming characteristics, but differ in the outcome," she says.

"These findings will contribute to the NSW Health framework for suicide risk assessment and management - helping to alleviate the immediate stress felt by patients, and providing help for the underlying factors once the suicidal feelings subside.

"The majority of people who attempt to harm themselves don't want to end their life, they just want a better life. If we're able to support both groups with more appropriate strategies, we may be able to lessen some of their pain."

If you need support call: Lifeline on 13 11 14; Kids Helpline on 1800 55 1800; or SANE Helpline 1800 688 382; or go to <http://www.reachout.com.au>; <http://www.mentalhealth.asn.au>; or <http://www.beyondblue.org.au>

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