

Suicide and dentistry: An unwanted link



Natalie Bradley reflects on Suicide Prevention Month and the implications it has ahead of World Mental Health Day

Talking about suicide is not easy, but suicide has affected many of us in some way. In 2018 there were 6,507 deaths from suicide in the UK, which has increased for the first time since 1983 by 10.9%.¹ This worrying rise appears to be as a result of an increase in male suicide rates. Suicide remains to be the leading cause of death among men between the ages of 20-49,² with men in the UK being three times more likely to take their own lives than women.

Suicide isn't just a male issue however. The suicide rate for young females is now at its highest rate on record with rates among younger people rising in recent years by 23.7%.¹ The causes that lead to a person taking or attempting to take their life are complex but there are recognised risk factors, which are often common among young people.

Risk factors of suicide:

- Self-harm
- Academic pressure
- The end of a relationship
- Mental health problems
- Addiction or substance misuse
- Trauma
- Cultural pressure
- Doubts about gender or identity
- Bullying or discrimination
- Isolation or loneliness
- Financial issues or lack of job security

- Housing or social issues e.g. homelessness, being in prison
- Abuse.

Suicide in dentistry

We have all heard the narrative that dentistry is stressful and we as a group of professionals are at high risk of suicide. There are other occupations who are at higher risk, such as low-skilled male labourers who are three times more at risk than the average male, but the risk of suicide among female health professionals is 24% higher than the female national average.³

Research by the BDA shows that dentistry is associated with high levels of stress and burnout, with 17.6% of dentists surveyed admitting to have seriously considered committing suicide⁴ and between 1995 and 2011, 77 dentists died as a result of taking their own lives.⁵

Dentistry is a stressful profession which doesn't only affect those working in practice, but other fields of dentistry as well. This stress has been intensified since the COVID-19 pandemic. Increased uncertainty, isolation during lockdown and now the fear of a second wave stalling the resumption of routine dental services is seriously affecting the well-being of the whole dental team. Some dental nurses have resorted to leaving the profession and there is a threat over job security for dental technicians. During

lockdown there were reports of those in our profession who sadly took their own lives and while this has stimulated a more open conversation about mental health, we need to not only address the well-being of our profession, but to educate ourselves to recognise warning signs and how to have the conversation surrounding suicide in particular

My experiences with suicide

I, like many of you, have known people who have taken their own life or have had suicidal thoughts. From friends, work colleagues, family members, even my own patients.

Managing these patients who were suicidal was not easy. My first experiences of this were in an emergency clinic with patients suffering from severe dental pain. During the pandemic, again I experienced similar stories of patients in pain not being able to access a dentist because of lockdown and this then triggered suicidal thoughts. Wanting to help other dental professionals manage these situations resulted in me publishing an algorithm and guidance of how to handle these conversations on my own blog. The response was overwhelming. Dentists, and non-dentists messaged me to say how useful it was to help guide them through specific interactions, how it had given them confidence to know they could talk about the topic or had helped when mid telephone



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triage their patient suddenly admitted to having suicidal thoughts. Being equipped for our patients is one thing, but we also need to be mindful of the interactions with our colleagues, peers and trainees as well.

How can we help?

Suicide is preventable. We all need to be able to talk about it and actually say the word. Suicide has been a taboo topic in society, and so people who feel suicidal do not want to burden anyone with their feelings. Asking directly about suicide will give them permission to tell you how they feel and being given this permission can be a huge relief. This can help them explore options other than taking their own life as often, feeling suicidal is temporary when someone is feeling particularly low or anxious.

We need to be able to recognise when someone is showing warning signs of suicide. This can be specific signs or sometimes a gut feeling that something just isn't right.

Behaviours which might be indicators of suicide risk:

- A recent suicide attempt (further attempts are more likely)
- Research/planning: suicide notes, changes to will, accessing suicide internet sites
- Self-neglect (e.g. not eating)
- Hostile rejection of help
- Change in sleep pattern (this may occur as a feature of depression)

- Alcohol and/or drug misuse
- Crying, emotional outbursts
- Becoming anxious or more irritable
- Acting recklessly
- Not wanting to be around other people, including friends and family.

Having an open conversation with someone who has suicidal thoughts is important. We should be reassured that talking to someone who is having suicidal thoughts will not make them more likely to end their life and spending time listening to them in a non-judgmental way can really help. Simple gestures such as just letting them know you care, that they are not alone, empathising with them, repeating their words back to them in your own words to show them you are listening, exploring with them their reasons for living can all help.

Signposting them on is vital and depending on where you are and what risk the person is will help you decide who this might be. If there is no immediate risk, this can be their GP or other charities such as the Samaritans, but if you have serious concerns about their safety you should contact NHS 111, 999 or if they have a Crisis mental health team they should be contacted.

Resources and help which are specific for dental professionals and students include support via universities for students, Health Education England's Professional Support Units for trainees, the Confidential helpline

and the Mental Dental confidential closed Facebook group. The BDA also has an award-winning Health Assured helpline which is available to all members, including students.

If you are worried that someone is having suicidal thoughts:

- Do not leave them on their own
- Talk to them
- Seek professional help
- Remove items that they can end their life with.⁶

Finally, we should not neglect our own wellbeing and mental health. We should be kind to ourselves and reach out for support if we need it too. ♦

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If you want to learn more about suicide prevention or where to find help, you may find these resources useful:

- The Samaritans
- Zero Suicide Alliance (online training which takes 20 minutes)
- Public Health England Psychological First Aid (a four-week online course focusing on COVID-19 Crisis)
- Confidential
- *A Tooth Germ Blog* on how to manage patients who are potentially suicidal⁷

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