

# Psychological resilience to suicidal thoughts and behaviours in schizophrenia

MentalHealth  
ResearchUK

MANCHESTER  
1824  
The University of Manchester

---

PhD Student: Kamelia Harris

Supervisors: Dr Patricia Gooding, Dr Sarah Peters, Professor Gillian Haddock



# Agenda

---

1. Suicide rates in schizophrenia.
2. What is resilience?
3. Systematic literature review results.
4. Qualitative study results.
5. Longitudinal study results.

# Schizophrenia and suicide

---

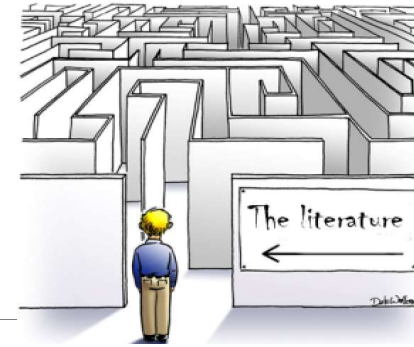
- People with schizophrenia are at higher risk of suicide.
- Risk factors: male, poverty, older age, previous suicide attempts/self-harm, psychosis symptoms (e.g., delusions, hallucinations), feeling hopeless.
- Lifetime risk of suicide death is 5%-10%.
- Suicidal thoughts and behaviours are even more frequent.
- Suicide ideation rates around 50%; lifetime prevalence of suicide attempts 20%-40%.

# Resilience

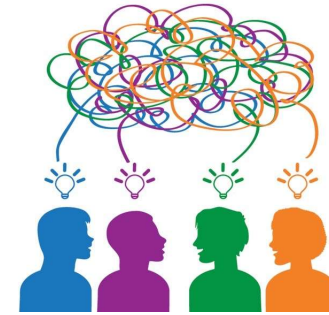
---

- Studies focus on identifying suicide risk factors.
- Many people do not attempt or die by suicide and appear protected from the impact of suicide risk.
- Important to investigate the obverse of risk, i.e. resilience.
- Resilience definition: process/capacity to adapt successfully despite challenging or threatening events and return to normal function.

# 1. Systematic literature review



- To establish what factors confer psychological resilience to suicidal thoughts and behaviours in schizophrenia.
- 20 studies included.
- Resilience factors in people with schizophrenia:
  - perceived social support (e.g. family, friends, professionals).
  - religious beliefs (e.g. having religious affiliation).
  - reasons for living (e.g. family responsibilities, sense of purpose in the future).
  - perceived positive skills and attributes (e.g. self-efficacy, coping strategies, inner strength).



## 2. Qualitative study

- To examine factors which contribute to psychological resilience to suicidal thoughts and behaviours.
- Eligibility criteria: schizophrenia-related mental health problems and lifetime suicidal thoughts and behaviours.
- Semi-structured, face-to-face interviews with 20 individuals, recruited from local NHS Mental Health Trusts.
- Interviews were audio-recorded and transcribed verbatim.
- Inductive Thematic Analysis.

# Sample characteristics

Characteristic	Range	Mean (SD) or %
Age (years)	23-75	48 (15.5)
Gender	–	50% female
Ethnicity	–	
White British		80%
Black British		5%
Other		15%
Occupation	–	
Unemployed		55%
Self-employed		5%
Retired		20%
Volunteer		5%
Student		5%
Living arrangements	–	
Supported accommodation		25%
Rehabilitation unit		5%
Alone		40%
With family		25%
With carer		5%
MH services	0.4-43	22.2 (13.2)
Suicidal experiences	–	
Suicide attempts		40%
Suicidal thoughts		20%

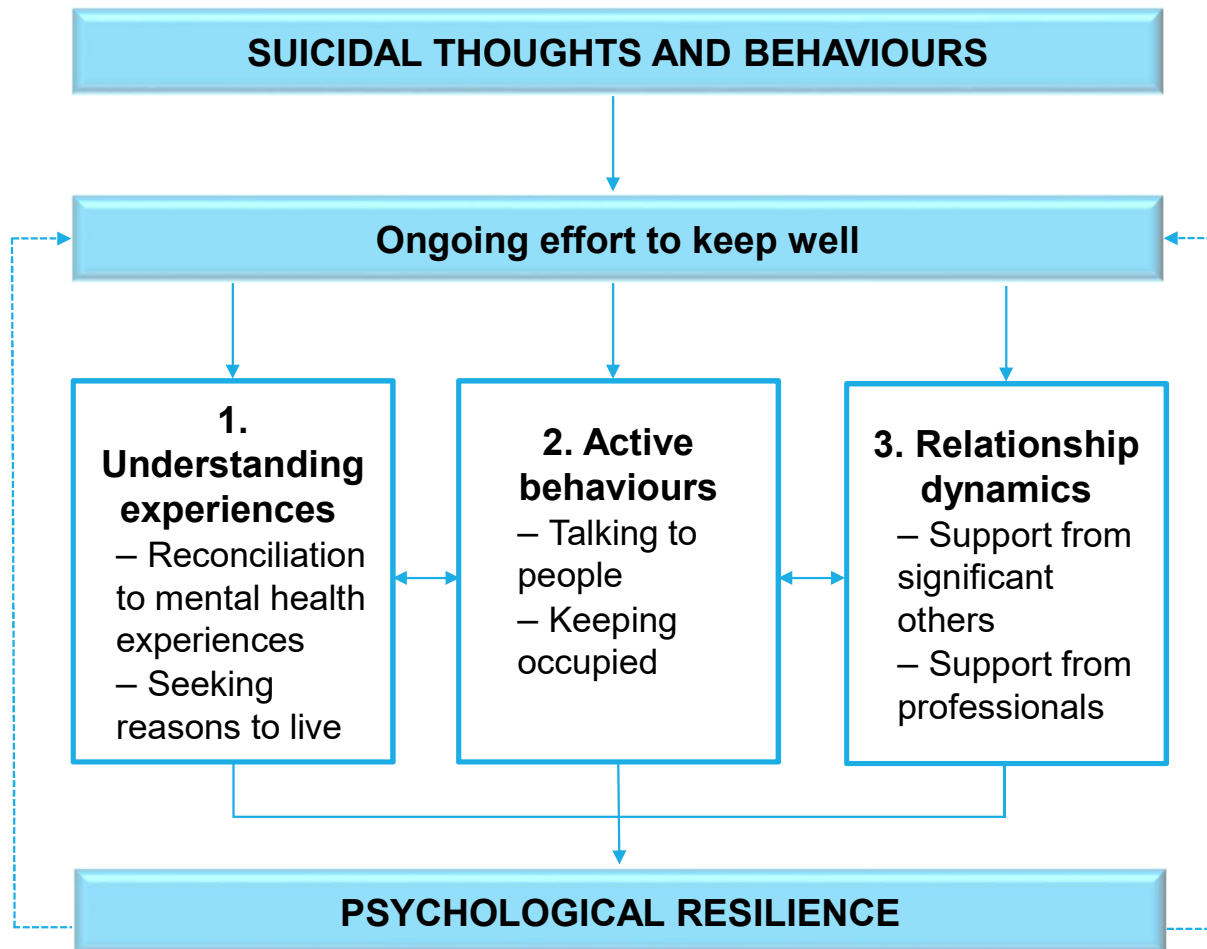
# Results

---

- Psychological resilience as an ongoing effort to manage psychosis and suicidal thoughts and behaviours. Encompassed three aspects:
  1. Understanding mental health experiences.
  2. Active behaviours.
  3. Relationship dynamics.



## Conceptual model of psychological resilience to suicidal thoughts and behaviours

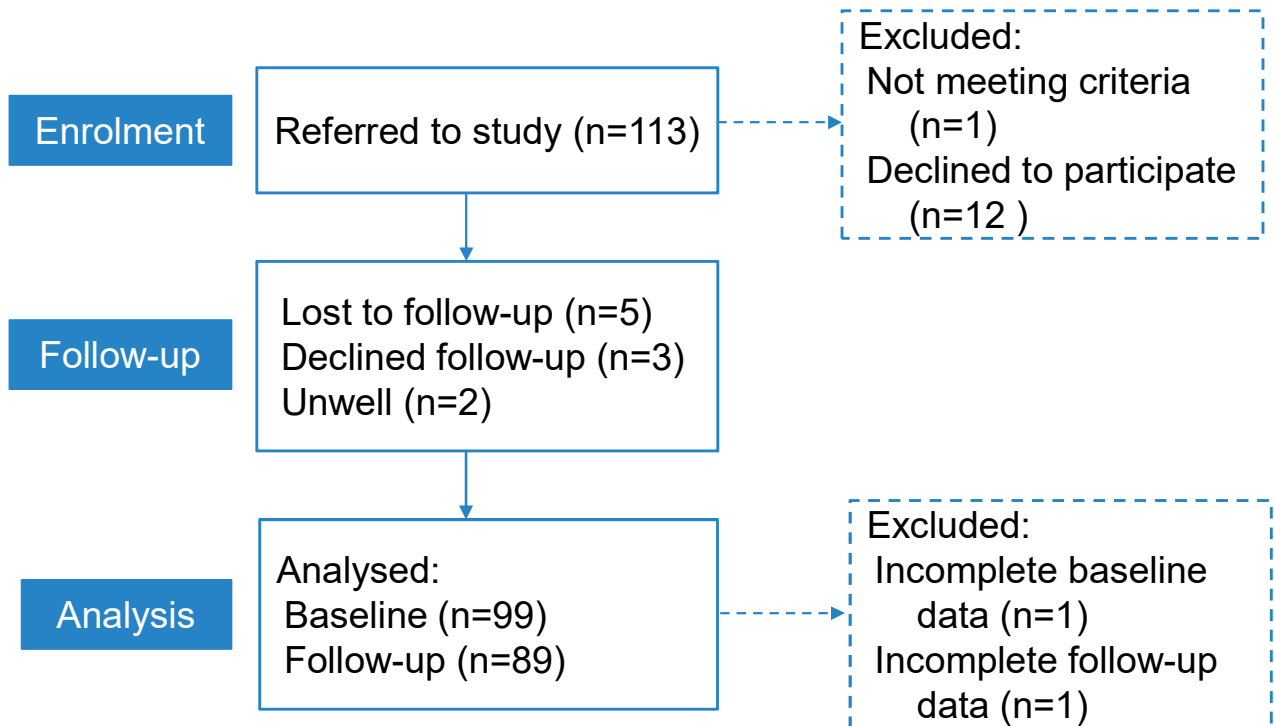


### 3. Longitudinal study

---

- To examine whether resilience can weaken the relationship between risk factors (defeat, hopelessness) and suicidal thoughts/behaviours.
- Sample size – 100 participants.
- Two assessment points – baseline and three months follow-up.
- Recruitment from local NHS Mental Health Trusts.
- Moderated mediation analysis.

# Participant flow diagram



# Sample baseline characteristics

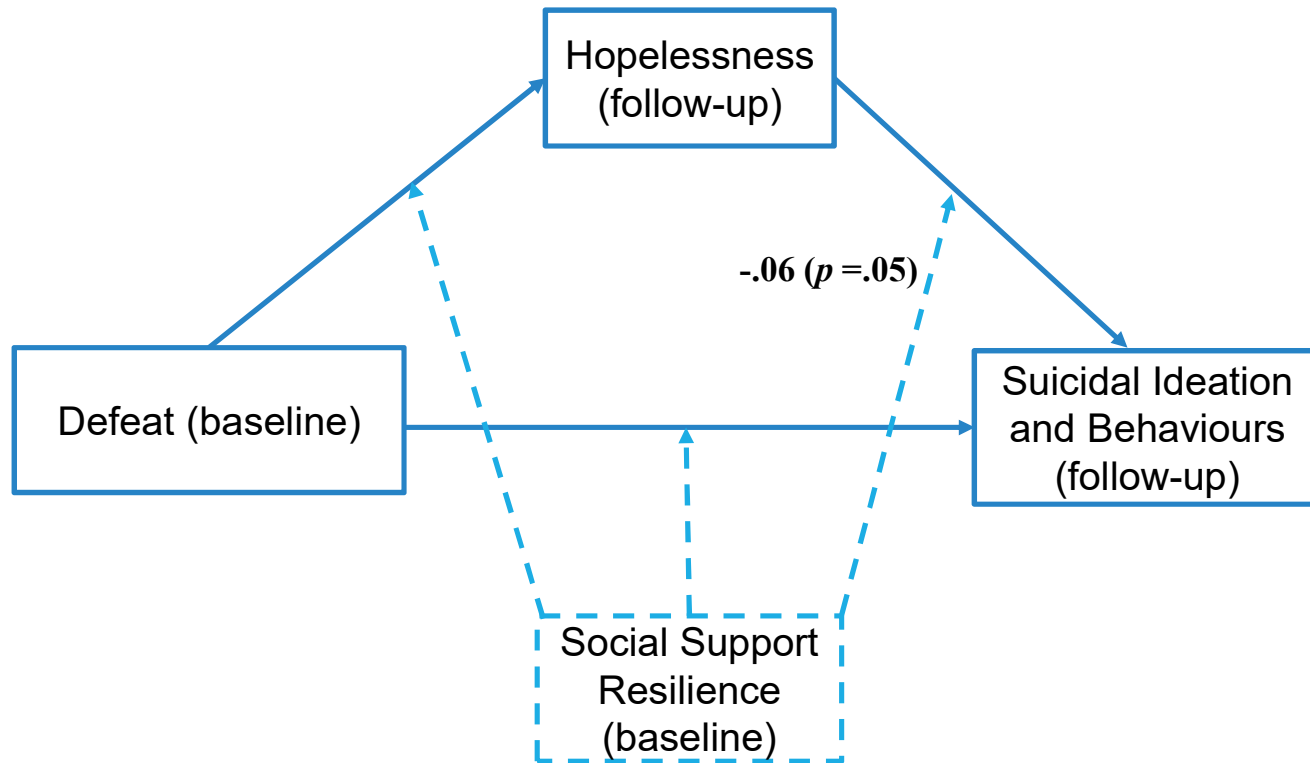
Characteristic	Range	Mean (SD) or %
Age (years)	19-75	41 (13.06)
Gender	–	80% male
Ethnicity	–	
White British		81%
Black British		9%
Other		10%
Occupation	–	
Unemployed		81%
Employed		4%
Retired		8%
Volunteer		3%
Student		4%
Living arrangements	–	
Supported accommodation		11%
Inpatient		31%
Alone		28%
With family		19%
With partner/friend		11%
MH services	1-51	15.5 (11.6)
Suicidal experiences	–	
Suicide attempts		77%

# Clinical characteristics

Outcomes	Baseline mean (SD)	Follow-up mean (SD)
Suicidality (BSS)	8.63 (8.79)	7.24 (8.03)
Hopelessness (BHS)	9.00 (6.03)	8.43 (6.15)
Defeat scale	32.14 (15.51)	32.25 (14.40)
Psychosis (PANSS)	66.06 (13.59)	67.52 (15.99)
Resilience (RAS)	42.78 (8.37)	41.47 (9.04)
-emotion coping	12.75 (3.92)	12.65 (3.78)
-situation coping	13.42 (3.83)	13.51 (3.75)
-social support	15.61 (3.35)	15.31 (4.06)
Depression (CDS)	7.69 (5.39)	8.03 (5.84)

# Results

Moderated mediation model



Note: Depression at follow-up was a covariate; Only people reporting suicidality at baseline included (n=78).

# Conclusions

---

- First study to prospectively assess the moderating role of resilience, specifically in people with schizophrenia.
- Perceived ability to gain social support moderated the impact of hopelessness on suicidal thoughts and behaviours.
- For those with high levels of baseline resilience, increased hopelessness corresponded with reduction in suicidal thoughts and behaviours at follow-up.
- Resilience incorporated into clinical interventions aiming to reduce suicidality in people experiencing psychosis and schizophrenia.
- Future research should examine experiences of people not accessing mental health services.

*Thank you!*



kamelia.harris@manchester.ac.uk



@kamelia\_harris