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## **UNDERSTANDING ABORTED SUICIDE ATTEMPTS: A MIXED-METHODS APPROACH**

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### Abstract

The term "aborted suicide attempter" refers to an individual who 1) intends to kill oneself, 2) changes of mind immediately before the actual attempt, and 3) is absence of injury. Studying aborted suicide attempts has an advantage of knowing the actual thoughts and actions that stopped these individuals implementing their plans by themselves. More, Hong Kong is an ideal place to study aborted suicide attempt because the most common suicide method is jumping from a height and this method is relatively "visible" and easier to be intervened by a third party, like police officer.

Understanding aborted suicide attempt has significant prevention and crisis intervention implications. This study aimed 1) to explore and interpret aborted suicide attempters' accounts of why and how they decided not to complete the act and their reflections on the consequences using a narrative research methodology; 2) To explore the reactions, reasons for participation, and impact of interviews on participants after the interviews; and 3) to explore the strategies used by the police negotiators to assist aborted suicide attempters to abort their suicide acts and intent.

There are two stages of interviews with the suicidals in this study: (1) face-to-face interviews, and (2) two follow-up telephone interviews within three months after the attempt; and a phone/face-to-face interview one year after the attempt. Interviews were also conducted with police negotiators who helped the suicidals. As of Jan 2015, twelve participants had been recruited through the Police Negotiation Cadre (PNC) and conducted the initial interviews. 11 of them completed the follow-up interviews by phone and 3 completed the one-year follow up interviews. 10 police negotiators were also interviewed.

Preliminary thematic analysis revealed several themes about their attempts and post-attempt recovery period. The majority of the aborted suicide attempters could not totally recall what were said during the negotiation at the scene, but claimed that the care for families was their major reason to change their mind at the scene. During the recovery stage, many of them were distressed at the hospitals mainly because of the environment. We met some of the participants at the one-year follow-up and were told that their triggering factors remained unresolved but because of the painful experience at the hospital, they will not choose suicide again as a way to solve their problems. This study will provide important data on the cross-cultural generalizability of established theories of suicide attempt based primarily on Western data and provide guiding information on the future development of evidence-based crisis intervention. Also, the findings of the study provide empirical information for crisis negotiators and interventionists to enhance their training and practice in suicide crisis situations.