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The Effect of Cognitive Therapy on Psychosis Clients with Suicide Risk: Literature Review

Reza Fajar Amalia^{1*}, Priyo Purnomo As'hab²

¹Universitas Jenderal Soedirman, Indonesia ²Rumah Sakit Umum Daerah (RSUD) Cilacap, Indonesia Email: reza.amalia1310@gmail.com^{1*}

Abstract

Psychosis is a mental or psychiatric disorder characterized by hallucinations, delusions, chaotic behavior, and accompanied by poor insight. A systematic review and metaanalysis study showed that individuals with a diagnosis of psychosis have a high prevalence of suicide. One of the psychotherapies given to psychosis clients with suicide risk is cognitive therapy (CT). Objective: To determine the effect of cognitive therapy (CT) on psychosis clients with suicide risk Articles discussed in this literature review were obtained through article searches in electronic journal databases, namely Science Direct, ProQuest, Wiley Online Library, EBSCOhost, Sage Journals, and ClinicalKey. The inclusion criteria of this journal review were human studies, English, and free fulltext. The results showed that CT in clients at risk of suicide has a significant effect in reducing suicide risk through mechanisms to correct thought distortions and build positive thoughts and beliefs to produce adaptive coping mechanisms. This study has implications for the importance of applying cognitive therapy as part of psychotherapeutic interventions for clients with psychosis who are at risk of suicide. This therapy not only helps reduce symptoms associated with psychosis, but also plays a role in reducing suicidal tendencies by correcting maladaptive thoughts and beliefs.

Keywords: Cognitive Therapy, Psychosis, Suicide Risk

INTRODUCTION

Psychosis is a mental or psychiatric disorder characterized by hallucinations, delusions, chaotic behavior and accompanied by poor insight (Lumingkewas et al., 2017). Another characteristic of psychosis mental disorder is the presence of delusions and illusions as well as disturbances in reality tests (Liza & Loebis, 2015). Individuals who experiencing mental disorders are more vulnerable and at risk of committing suicide. As many as 90% of individuals who commit suicide have mental disorders. In people with schizophrenia, the incidence of suicide reaches 40% of suicidal ideation, 20-40% have attempted suicide and 10-15% end their lives by suicide (Stuart Gail & Laraia Michele, 2009). A systematic review and meta-analysis study showed that individuals with a diagnosis of psychosis had a high prevalence of suicidal ideation (66%), self-harm (49%) and suicide attempts (18%). Co-morbid psychiatric problems, mood variability and family history of psychiatric problems are among the factors associated with self-harm and suicide risk (Taylor et al., 2019).

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In addition, suicide is the third leading cause of death in adolescents and young adults in America (Pirruccello, 2010). The number of suicide incidents in the world is estimated to reach 1000 cases every day (American Association of Suicidology, 2006). According to (WHO, 2019), 79% of suicide incidents occur in countries with moderate income levels, including Indonesia with low to moderate income levels has an estimated suicide incidence of 3.4 per 100,000 population in 2016. in Indonesia reaches 1.6-1.8 per 100,0000 population with the most cases in the productive age. This shows an increase in the trend of suicide in various ages and backgrounds.

Suicide is an act or behavior that is done deliberately to kill oneself (Keltner, 2013). Suicide also includes attempts at self-destructive or self-harming behavior. Individuals at risk of suicide feel that their lives are difficult so they choose to end their lives. Feelings of fear, loneliness, depression, loneliness, anger and loneliness that are felt continuously or prolong are the risk for a person to commit suicide (Fortinash & Worret, 2011).

Based on psychopathological assessments, suicide is related to low serotonin levels in the brain so that it has an impact on emotional response adaptation (Stuart Gail & Laraia Michele, 2009). In addition, the presence of lesions or trauma in the brain, a history of head injuries, and a family history of suicide are risk factors for destructive behavior in oneself (Varcarolis & Halter, 2002). Suicide is a manifestation of a deep wound, lack of hope, and low hope for help for the suffering felt (Varcarolis & Halter, 2002). People who commit suicide mean that they have lost the meaning of life, either because of stressful conditions or stressors unable to overcome or lose the meaning of life due to mental disorders (Azizah & Dwi Hartanti, 2016).

One of the psychotherapies given to psychosis clients with suicide risk is cognitive therapy. Cognitive therapy (CT) in clients with suicide risk focuses on thoughts and beliefs to build adaptive coping. CT has a positive impact on the thought process and helps clients to rediscover meaning in their lives (Byme, 2005). Therefore, the purpose of this study was to determine and analyze the effect of cognitive therapy on psychosis clients with suicide risk. so that the benefits in this study are so that the benefits in this study are to contribute to the development of nursing practice, especially in handling clients with suicide risk through a cognitive therapy approach. In addition, the results of this study are expected to be a reference for health workers in designing more effective interventions to reduce the risk of suicide in psychosis clients.

RESEARCH METHODS

The articles discussed in this literature review were obtained through searching for articles in electronic journal databases, namely Science Direct, ProQuest, Wiley Online Library, EBSCOhost, Sage Journals, and ClinicalKey. The inclusion criteria for this journal review are human research, United Kingdom, and free fulltext. The keywords used are "((cognitive therapy) AND (risk for suicide) AND (psychosis)). From the search results, 259 articles were found which were then selected through judl and reviewed by reading abstracts. 20 relevant articles were obtained. A total of 7 articles discussed in this literature review are relevant articles and are available in free fulltext.

RESULTS AND DISCUSSION

The following are studies related to cognitive therapy interventions in people with psychosis:

Table 1. Effect of CT on people with psychosis

A41 ()		D and t
Author (years)	Type of Research	Result
(Marthur Et al,	single case design	Mindfulness-based cognitive Therapy
2016)	with pre- and post-	have a significant effect on depression,
	Therapy	acceptance, and quality of life.
(Morrison et al.,	Randomised	CT is beneficial for reducing self
2016)	controlled trial	stigmahopelessness and Increase
,		Recovery in individuals with psychosis
(Bang et al., 2017)	Cross sectional	Cognitive intervention (CT) strategies help in
(11 8 11 11 1)		suicide prevention in psychotic individuals
		with depression and
		reduce the severity of suspicious objects
(Evans et al., 2017)	Randomised	Cognitive therapy helps people with bipolar
(2 vans et an, 2017)	controlled trial	disorder to better recognize
	controlled that	Variability of their mood
(Gujral et al., 2016)	Cross sectional	Suicidal behavior is related to disorder
(Gujiai et al., 2010)	Cross sectionar	Cognitive Obstacles deep Decision
(Taylor et al., 2019)	Mixed-method case	Cognitive analytic therapy is a safe psychosis
(Taylor et al., 2019)	series design	intervention through personal integration and
	series design	return
(MagVannia %	Randomised	Function and recovery
(MacKenzie &		Mindfulness-based cognitive therapy was not
Kocovski, 2016)	controlled trial	significantly associated with maintaining
		adherence to antidepressant therapy as a
		prevention of relapse, but both treatments were
		associated with a decrease in residual
		depressive symptoms and improved quality
		live

According to research by (Bang et al., 2019), individuals with psychosis disorders are a group or population that is at high risk (ultra high risk / UHR) to have suicidal ideation compared to a group of healthy individuals. This is significantly related to the symptoms of depression that may be experienced as well as the presence of hallucinations and delusions, so it is important for mental health practitioners to consider the symptoms that appear to assess suicide risk and enforce interventions that are primary or suicide prevention. This is supported by the research of (Palmier-Claus et al., 2014) which reveals that the waham of suspicion

is a specific risk factor in psychosis for suicidal behavior. The feeling of suspicion is related to a stressful or depressive mood (Bornheimer, 2016).

Other studies have shown that positive symptoms in psychotics such as delusions and hallucinations can lead to suicidal ideation (Bornheimer & Nguyen, 2016). These positive symptoms can cause negative bias in information processing in the brain, resulting in a negative assessment of the stressor (Johnson et al., 2008).

The treatment developed for psychosis disorders has gone through various studies and clinical trials. The results suggest that the combination of antipsychotic treatment and cognitive therapy (CT or CBT) has a positive impact on clients with schizophrenia and other psychosis (Galletly et al., 2016).

Cognitive therapy (CT) is a type of psychotherapy that aims to correct cognitive distortions so that a new positive mindset can be formed. This positive distortion includes https://ajhsjournal.ph/index.php/gp

wrong logic, making wrong excuses, or when the individual is no longer able to judge what is happening according to the actual reality. Through CT, clients learn to practice positive thinking skills by countering existing negative thought distortions so that constructive thinking patterns are produced and the resulting coping mechanism becomes adaptive.

(Brown et al., 2005) research shows that the application of CT to clients at risk of suicide has a significant effect on reducing the risk of suicide attempts so that this therapy is effective as one of the suicide prevention efforts.

Clients with psychotic disorders are also vulnerable to stigma. A systematic review study found a strong negative association between internalised stigma and psychosial variables such as hope, self-esteem, empowerment and adherence to therapy (Living-ston & Boyd, 2010). Stigma in psychosis can affect delays in treatment, hindering clients from seeking help, social isolation to suicidal behavior (Thornicroft et al., 2009). Research by Anthony et al (2016) stated that CT is beneficial in reducing self-stigma, despair and increasing recovery in individuals with psychosis through increased self-esteem and hope. This is in accordance with previous research which explained that CT can significantly reduce or decrease internalised/self stigma (Morrison et al., 2016).

CONCLUSION

Individuals with psychosis disorders are a group or population that is at high risk of having suicidal ideation compared to a group of healthy individuals. Suicide is an attempt at self-destructive or self-harming behavior. Individuals at risk of suicide feel that their lives are difficult so they choose to end their lives.

One of the psychotherapies given to psychotic clients with a risk of suicide is cognitive therapy (CT). CT in clients at risk of suicide has a significant effect on reducing suicide risk through mechanisms to correct mind distortions and build positive thoughts and beliefs to produce adaptive coping mechanisms.

Further research is expected to examine the effect of CT on psychosis clients with a wider risk of suicide and on clients with more complex characteristics so that it can be used as a basis for providing evidence-based and holistic nursing care.

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