

SUICIDE PREVENTION

UNDERSTANDING SUICIDE

The first thing to realize about suicide is that it can strike almost anybody. Most adults experience some vague suicidal thinking for one or two brief periods of time during the course of their lives. Fortunately, most do not act on those thoughts, but shift their energies to survival activities and to productive life functions.

HOW MANY VICTIMS?

Unfortunately, more than 32,000 people in the U.S. take their own lives each year. They are among the 1,000,000 people throughout the world who kill themselves in an average year. These suicides occur in every ethnic group, gender, occupation, geographic area and socioeconomic status.

But please do not think that suicide is for adults only. Teenagers and young adults appear to be particularly vulnerable. In fact, suicide is the third leading cause of death in young people between the ages of 15 and 24. Deliberate suicidal actions have even occurred in younger children down to about age seven.

Every 16 minutes a suicide occurs in the U.S. No less than six other people are intimately affected by those losses. A sad fact is that some of those who are affected by the suicide of a loved one may follow the actions of their loved one and take their own lives at some point in the future. Children who have lost a parent or a brother or sister to suicide, for example, are more likely to die by suicide themselves.

Most people who are thinking about suicide exhibit certain signs, symptoms and behaviors that can be detected by people who are familiar with those threatening signals. Once detected, the threats can be acted upon and many lives can be saved because the vast majority of suicides are preventable deaths.

WHY DOES SUICIDE OCCUR?

It is natural for human beings to do everything possible to avoid dying. Why then would someone choose suicide over life? Suicide comes about when people are in intensely painful emotional states. They cannot clearly think their way out of the situation. They lose hope and see no resolution to their difficulties. Suicide may appear to them to be the only way out of their overwhelming pain and frustration.

Suicide is the conscious and deliberate act of killing oneself. There are many reasons why a person might take such a drastic action. It is rare to find a single cause of suicide. In most cases, many factors combine together.

Here are some potential reasons for a suicide.

- Social isolation and loneliness
- Intense loss and grief feelings caused by the death of a loved one or the break-up of a relationship
- Severe family, work, financial, legal or social problems
- Alcohol or other substance abuse
- Severe depression or other mental illness
- Severe chronic stress
- Victims of domestic violence
- Post-Traumatic Stress Disorder (PTSD)
- Low self-esteem
- Difficulties dealing with life changes
- Serious illness
- Loss of hope
- Intense embarrassment or humiliation before family, friends and colleagues
- Overwhelming guilty feelings when one's actions have caused or perceived to have caused the serious injury or death of a colleague or friend

MOTIVATIONS BEHIND SOME SUICIDES

- To avoid or end perceived pain.
- To gain attention.
- To be perceived as a martyr for a cause.
- To avenge a perceived wrong.
- To express grief or resentment over a change in a relationship.

- To escape an intolerable situation or problem.
- To manipulate others.
- To respond to an internal impulse.
- To avoid humiliation.

THE SUICIDE RANGE OF BEHAVIORS

- ***Suicidal thinking*** – vague to organized thinking about suicide, but no actions taken.
- ***Gesture*** – nonlethal behaviors which show one’s frustration or other intense emotions (making motions like one is cutting his wrists). Another example would be taking a small amount of prescription drugs to get attention. The person has no intention of dying by making the suicide gesture, but the gestures draw some attention.
- ***Attempt*** – the person takes actions that are dangerous or potentially lethal with the intention to die.
- ***Suicide*** – self-inflicted death occurs.

ATTEMPTED SUICIDES ARE VERY SERIOUS

Nationally, approximately 734,000 suicide attempts take place every year. Every attempt is a serious threat to a human life. Take them seriously. Some people make numerous attempts before dying. Females attempt suicide three times more often than males, but males die by suicide four times more often than females. In most cases, professional psychological counseling is required.

SOME IMPORTANT FACTS

- An average of one person kills him or herself every 16 minutes. Firearms are used in 57% of suicides.
- An average of one young person (ages 15-24) dies every two hours and 4.8 minutes.
- Suicide ranks as the 11th cause of death in the U.S., but as the third highest cause of death among teenagers.

MYTHS ABOUT SUICIDE

- ***People who talk about suicide are unlikely to do it (False)***
Talking about suicide can be a plea for help and a late sign in the progression towards an attempt.
- ***Suicides are impulsive (False)***
The majority of suicides are not impulsive acts and have most often been preceded by many clues or warnings.
- ***Suicidal people really want to die and nothing will stop them (False)***
Most suicidal people are undecided whether they really want to die. Most just want their pain to stop.
- ***Once a person is suicidal then that person is suicidal always (False)***
Suicidal crises are usually short-term. With help, a suicidal person might never be suicidal again.
- ***When people seem happy after a period of depression they are no longer in danger (False)***
Numerous suicides have occurred when people appear to be getting better. This is especially so if they have not been receiving professional care.
- ***Rich people are more likely to die by suicide than the poor (False)***
Suicide is represented roughly equally among all levels of society.
- ***Suicidal people are always mentally ill (False)***
Suicidal people may be very sad, but they are not necessarily mentally ill.
- ***If there is no note then it cannot be suicide (False)***
Many suicides occur without a suicide note.

IMPORTANT DEFINITIONS

Suicide – deliberate and intended act of self-inflicted death.

Ambivalence – mixed and uncertain feelings existing at the same time in a person. One is the desire to live; the other is the desire to die.

Lethality – the potential for a specific method of suicide to actually end a person’s life. The shorter the length of time between the act and the actual death, the greater the lethality of the method.

Social isolation – patterns of avoiding social contacts. The greater the social isolation, the less likely it is that family or friends will be contacted when a person is in a state of crisis and the greater the potential for a suicide death.

CAUTIONS

- Every suicidal threat should be taken seriously. Not paying attention to a person's warning could set the person up for an attempt that could end in death.
- Emergency personnel who try to help out during a suicidal crisis may be exposed to intense emotional states that trigger feelings of discomfort and insecurity within the helper. Call for assistance and hand the case off to someone else if you are becoming too emotionally involved and losing your objectivity.
- Do not take unnecessary risks when working with a person who is threatening suicide or who is making an actual suicide attempt. There is often a homicidal thought process that is associated with a suicidal risk. The person may be willing to kill another person in their suicidal actions.
- Avoid thinking that there is one way of dealing with a suicidal person that will work in every case. Suicide is a very individual and personal act. The background feelings and thoughts that have led to a suicidal crisis are unique to each person.

PREVENTION

The U.S. and many other countries recognize suicide as a public health problem. Prevention programs have been developed by many federal and private organizations. They provide:

- Awareness of factors most likely to contribute to a suicide.
- Education to emergency personnel, school systems and other groups.
- Early detection programs.
- Assistance to families in which a potentially suicidal person lives.
- Improved intervention programs once a threat is recognized.
- Access to mental health and substance abuse treatment programs.
- Research to develop a better understanding of the problem of suicide.

TO PREVENT SUICIDE WE MUST...

- Know the warning signs.
- Talk openly with the person.
- Show care and concern.
- Take the person seriously
- Never underestimate the power of understanding and support.
- Seek professional help.
- Call an ambulance and law enforcement personnel in an emergency and transport the person to a hospital.

ELEVATED SUICIDE THREAT

Depression = Low to moderate threat

Depression + Recent Trigger Event = Serious

Depression + Recent Trigger Event + Presence of Weapon = Dangerous

Depression + Recent Trigger Event = Presence of Weapon + Alcohol = Extreme

SIGNS AND SYMPTOMS OF DEPRESSION

Keep in mind that emotional depression is one of the primary factors in a suicide. Depression can be caused by many things. Some of them are:

- Failed relationships.
- Exposure to the harsh conditions of war.
- Chemical imbalance in the body.
- Alcohol or other substances of abuse.
- Deficits in early childhood development.
- Immaturity.
- Mental disturbances such as severe anxiety states or psychosis.
- Significant losses of relatives and friends.
- Loss of body functions due to accidents or illness.
- Important changes in one's financial condition or job status.
- Prolonged frustrations and stress.
- Actual or perceived threatening conditions that produce anxiety about one's future.

There are many signals of depression. Here are the most important:

- Changes in sleep. That may mean sleeping excessively, disturbed sleep or not sleeping enough.
- Changes in appetite. Some people eat too much and others not enough.
- Diminished energy levels.
- Loss of positive motivation.
- Loss of interest in pleasurable things such as sexual activity, hobbies, interest.
- Feeling hopeless, helpless, worthless or inadequate.
- Not caring anymore.
- Feeling as though one has been unfairly chosen by some unseen force for a series of negative experiences. “Things just keep happening to me.”
- Poor personal cleanliness.
- Poor performance on the job.
- Frequent vague complaints about one’s physical condition.
- Excessive focus on death.

CLUES TO SUICIDE

Clues to suicide may be: 1) **obvious**; 2) **hidden**; or 3) **mixed**.

***Obvious* clues are those that are clear to others. They include:**

- Direct statements about suicidal intent. “I am going to kill myself.” “I’d be better off dead.” “I wish I was dead.”
- Making preparations for death in the very near future. For example, buying new clothes to be buried in and telling others about it.
- Having weapons around and drinking excessively.
- Greater levels of obvious risk-taking that are seen by others and cause them some concern.

***Hidden* clues are not so obvious to other people.**

- Extended loneliness caused by living alone.
- Purposeful withdrawal from friends and family.
- Excessive spending when one does not have the financial ability to cover the expenses.
- Taking leaves of absence for extended trips that are not affordable.
- Giving away important personal possessions.
- Feeling rejected.
- Feeling that no one cares about the individual.
- Changes in personality.
- Thinking about death frequently.
- Making a will.
- Buying a weapon.
- Making a “practice run.”

***Mixed* clues are those that can be seen either as obvious or as hidden clues.**

- Loss of clear thinking
- Rigid thinking in which a person is unable to problem-solve or find alternative solutions to a problem.
- Frustrations with everyday living.
- Elevated anxious feelings.
- Feeling out of place, sad, upset or confused.

EMOTIONAL STATE WHEN SUICIDE IS ABOUT TO HAPPEN

When people who attempted suicide were asked what they were **feeling** just before they attempted to kill themselves, this is what they said:

- Intense emotional pain (although some appear calm and controlled to others).
- Extreme hopeless, helpless, hapless and worthless feelings.
- Finds no meaning in life.
- Great difficulty asking for help because one feels emotionally drained and weak.
- Cut off from other people.

- Despair.
- Angry, resentful and hostile (the anger often drives the final act).
- Vague feelings of hope that someone may rescue them at the last minute.

THOUGHT PROCESS WHEN SUICIDE IS ABOUT TO HAPPEN

Those who have attempted suicide say that just before they attempted to kill themselves their **thoughts** were:

- Mentally confused.
- Repetitive thinking (could not get a particular stream of thoughts out of their head).
- Rigid thinking (“either-or” thinking with little ability to problem-solve).
- Tunnel vision (extremely rigid thinking during which only one option is seen).
- Extreme thinking (exaggerations of fears, failures, embarrassment, humiliation).

TOP 10 “Ps” OF SUICIDE

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|-------------------------------|-------------------------------|
| • Pain | • Poor outlook on life |
| • Pressure | • Plan |
| • Problems (trigger events) | • Presence of weapon or means |
| • Prior family history | • Presence of method |
| • Previous Attempt | (how deadly the method is) |
| • Paucity (lack) of resources | |

SORTING IT ALL OUT

The signs and symptoms presented in the preceding pages may be hard to remember in the midst of a potentially suicidal crisis.

Here are two mnemonics for remembering the warning signs of suicide.

*People who fit the **SAD PERSONS** profile are at a greater risk of suicide. The more items present, the higher the threat:*

- Sex (male)
- Age (15-24)
- Depression
- Previous exposure to suicide
- Ethanol (the medical name for alcohol) or drug use
- Rational-thinking loss
- Social support system lacking
- Organized plan
- No spouse or significant other
- Sickness

IS PATH WARM? *A person at risk for suicidal behavior most often will exhibit warning signs:*

- Ideation – Threatened or communicated
- Substance Abuse – Excessive or increased
- Purposeless – No reason for living
- Anxiety – Agitation/Insomnia
- Trapped – Feeling there is no way out
- Hopelessness
- Withdrawing – From friends, family and society
- Anger (uncontrolled) – Rage, seeking revenge
- Recklessness – Risky acts, unthinking
- Mood changes (dramatic)

If observed, seek help as soon as possible. Contact a mental health professional or call the **National Suicide Prevention Lifeline 1-800-273-TALK (8255)** for a referral.

FOR ANYONE CONSIDERING SUICIDE

- Please remember that the problem(s) that are causing you to think about suicide are solvable.
- Most problems are rarely as severe as they appear when first experienced. Time and changes in circumstance may make current problems seem much smaller and less important in the long run.
- Suicide thinking is treatable. There are many different treatments for the problem. Do not keep suicidal thoughts to yourself. Please seek help.
- Please do not choose a desperate action to solve a temporary problem.
- If you cannot think of solutions to your problems, it does not mean that other solutions besides suicide do not exist. It just means that you are currently unable to see different solutions by yourself.
- Most people who think about suicide do so for relatively short periods of time. Suicidal thinking and crisis experiences are time-limited. Circumstances can change, feelings can be altered and unexpected solutions can be found. Please do not choose to kill yourself when you have other reasons to live for.
- Emotional distress can block your views of life and make us disregard family ties, religion, love of nature and your dreams. Those reasons to live are still present, You just have to find them again.
- Please understand that the impact of your suicide will be profound on those who love you the most. Your loved ones are among many reasons to live.
- Instead of choosing to die, choose to work on solutions by obtaining professional help and guidance now.

RESOURCES FOR PEOPLE CONSIDERING SUICIDAL ACTIONS

- Supervisor
- Chaplains
- School Councilors
- Veterans Centers
- Physicians
- Mental Health Professionals
- Psychiatric Hospitals
- Police

RESOURCES FOR PEOPLE IN IMMINENT DANGER OR HAVE MADE ATTEMPTS

- Suicide Prevention Lifeline: **1-800-273-TALK (8255)**
- Military OneSource: **1-800-342-9647**
- Call **911**
- Emergency Department