

## **Suicide: Learn more, learn to help**

### **Signs of depression and suicide risk:**

- Change in personality-becoming sad, withdrawn, irritable, anxious, tired, indecisive, apathetic
- Change in behavior-can't concentrate on school, work, routine tasks
- Change in sleep pattern-oversleeping or insomnia, sometimes with early waking
- Change in eating habits-loss of appetite and weight, or overeating
- Loss of interest in friends, sex, hobbies, activities previously enjoyed
- Worry about money, illness (real or imaginary)
- Fear of losing control, "going crazy," harming self or others
- Feelings of overwhelming guilt, shame, self-hatred
- No hope for the future-"It will never get better, I will always feel this way."
- Drug or alcohol abuse
- Recent loss of a loved one through death, divorce, separation, broken relationship; or loss of job, money, status, self-confidence, self-esteem
- Loss of religious faith
- Nightmares
- Suicidal impulses, statements, plans; giving away favorite things; previous suicide attempts or gestures
- Agitation, hyperactivity, restlessness may indicate masked depression

### **Don't be afraid to ask: "Do you sometimes feel so bad you think of suicide?"**

Just about everyone has considered suicide, however fleetingly, at one time or another. There is no danger of "giving someone the idea." In fact, it can be a great relief if you bring the question of suicide into the open, and discuss it freely, without showing shock or disapproval. Raising the question of suicide shows you are taking the person seriously and responding to the potential of his/her distress.

### **If the answer is "Yes, I do think of suicide," you must take it seriously.**

Ask questions like: *Have you thought about how you'd do it? Do you have the means? Have you decided when you'll do it? Have you ever tried suicide before? What happened then?*

If the person has a defined plan, the means are easily available, the method is a lethal one, and the time is set, the risk of suicide is very high. Your response will be geared to the urgency of the situation as you see it. Therefore, it is vital not to underestimate the danger by not asking for details.

### **Common misconceptions about suicide:**

- *"People who talk about suicide won't really do it."*

Almost everyone who commits suicide has given some clue or warning. Do not ignore suicide threats. Statements like "You'll be sorry when I'm dead," or "I can't see any way out"-no matter how casually or jokingly said-may indicate serious suicidal feelings.

- *"Anyone who tries to kill themselves must be crazy."*

Most suicidal people are not psychotic or insane. They must be upset, grief-stricken, depressed, or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

- *"If a person is determined to kill themselves, nothing is going to stop them."*

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

- *"People who commit suicide are people who were unwilling to seek help."*

Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

- *"Talking about suicide may give someone the idea."*

You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true-bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

### **Persons who may be at high risk for suicide:**

- Persons who are severely depressed and feel hopeless
- Persons who have a past history of suicide attempts
- Persons who have made concrete plans or preparations for suicide

### **How to find out if someone is suicidal:**

Ask these questions-in the same order to find out if the person is seriously considering suicide:

1. *"Have you been feeling sad or unhappy?"*

A "yes" response will confirm that the person has been feeling some depression.

2. *"Do you ever feel hopeless? Does it seem as if things can never get better?"*

Feelings of hopelessness are often associated with suicidal thoughts.

3. *"Do you have thoughts of death? Does it seem as if things can never get better?"*

A "yes" response indicates suicidal wishes but not necessarily suicidal plans. Many depressed people say they think they'd be better off dead and wish they'd die in their sleep or get killed in an accident. However, most of them say they have no intention of actually killing themselves.

4. *"Do you ever have any actual suicidal impulses? Do you have any urge to kill yourself?"*

A "yes" indicates an active desire to die. This is a more serious situation.

5. *"Do you have any actual plans to kill yourself?"*

If the answer is "yes," ask about their specific plans. What method have they chosen? Hanging? Jumping? Pills? A gun? Have they actually obtained the rope? What building do they plan to jump from? Although these questions may sound grotesque, they may save a life. The danger is greatest when the plans are clear and specific, when they have made actual preparations, and when the method they have chosen is clearly lethal.

6. *"When do you plan to kill yourself?"*

If the suicide attempt is a long way off (say, in five years) danger is clearly not imminent. If they plan to kill themselves soon, the danger is grave.

7. *"Is there anything that would hold you back, such as your family or your religious convictions?"*

If the person says that people would be better off without them, and if they have no deterrents, suicide is much more likely.

8. *"Have you ever made a suicide attempt in the past?"*

Previous suicide attempts indicate that future attempts are more likely. Even if a previous attempt did not seem serious, the next attempt may be fatal. All suicide attempts should

be taken seriously. However, suicidal "gestures" can be more dangerous than they seem, since many people do kill themselves.

9. *"Would you be willing to talk to someone or seek help if you felt desperate? With whom would you talk?"*

If the person who feels suicidal is cooperative and has a clear plan to reach out for help, the danger is less than if they are stubborn, secretive, hostile, and unwilling to ask for help.

**Further Resources:**

**American Association of Suicidology --** AAS is dedicated to the understanding and prevention of suicide by promoting research, public awareness, education and training for professionals and volunteers.

**Web site:** [www.suicidology.org](http://www.suicidology.org) (also provides listings of state-by-state suicide crisis lines).

**Suicide Prevention Action Network (SPAN) --** A non-profit organization "dedicated to the creation of an effective national suicide prevention strategy."

**Web site:** [www.spanusa.org](http://www.spanusa.org)

**Phone:** 1-888-649-1366 (not a crisis line)

**American Foundation for Suicide Prevention --** 120 Wall Street, 22nd Floor, New York, NY 10005.

**Web site:** [www.afsp.org](http://www.afsp.org)

**E-mail:** [inquiry@afsp.org](mailto:inquiry@afsp.org)

**Phone:** 1-888-333-AFSP (not a crisis line) or 1-212-363-3500.

**Covenant House Youth Crisis Line:** 1-800-999-9999