

Suicide

WHAT IS SUICIDE?

Suicide is the deliberate ending of one's own life. The problem of suicide includes serious suicidal thoughts or threats as well as attempts to commit suicide. Suicide is the third largest cause of death today. Young people (age 25-35) are attempting suicide more often.

WHY DO PEOPLE COMMIT SUICIDE?

People may commit suicide when their problems seem overwhelming, when no solution or change is in sight, or when attempts to deal with problems have failed. Stressful situations that can trigger suicidal feelings include the following:

- Depression - This is a leading cause of suicide. Depression may be caused by personal loss, heredity or body chemistry. Life seems unbearable; the person may lose interest in all activities and withdraw.
- Crisis/Impulse - Major life changes such as loss of an important person, or job or the heat of anger and frustration can lead people to attempt suicide before they have a chance to think things over.
- Old age/Disease - The prospect of increasing pain and suffering, as well as loss of independence, income, and dignity, is frightening. Suicide may seem to be the best alternative.
- Drugs/Alcohol - Drug or alcohol abuse can weaken a person's self-control and lead to suicide attempts and self-destructive behavior.

*Any combination of several of these situations at one time is especially dangerous.

MISCONCEPTIONS ABOUT SUICIDE

Some common myths are:

- "Mentioning suicide may give a person the idea." Suicidal people already have the idea. Don't be afraid to talk about suicide. Talking about it frankly can help prevent a person from acting on the idea.
- "All suicidal persons are mentally ill." Although the suicidal person is extremely unhappy and upset, he or she is not necessarily mentally ill.
- "Once people are suicidal, they're beyond help." The crisis period only lasts for a limited time. The person can get help and improve (although suicidal crises can reoccur).
- "It's not a suicide if there's no suicide note." Only about one in four of those who actually commit suicide leave a note.

HOW CAN YOU TELL IF SOMEONE IS THINKING ABOUT COMMITTING SUICIDE?

Be alert for these danger signals:

- Previous attempts may mean that the person is a high risk to try again.
- Threats are followed by suicide attempts 70% of the time. Threats include mentioning mysterious "long trips" as well as overt threats.
- Extreme depression, sadness, anxiety, decline in interest in work and people once enjoyed are clues.
- Changes in personality or behavior such as sleeplessness, weight loss, appetite or sexual drive and tendency to withdraw can be possible signs.
- Preparations for death such as making a will, putting affairs in order, giving away personal possessions, acquiring means to commit suicide (gun, rope, drugs) are significant.
- A sudden lift in spirits can mean a person is relieved because problems will soon "be ended".

HOW CAN YOU HELP?

GIVE ACTIVE EMOTIONAL SUPPORT

- SHOW that you take the person's feelings seriously and wish to help.
- LISTEN to him or her - ask concerned questions.
- EXPLAIN that with help and support, he or she can recover and enjoy good times again.
- STAY CLOSE until help is available or the risk has passed.

SOME DON'TS

- Don't try to shock or challenge. "Go ahead and do it".
- Don't analyze the person's motives. "You just feel bad because..."
- Don't argue or try to reason. "You can't kill yourself because..."

ENCOURAGE POSITIVE ACTION aimed at relieving unhappy or troublesome situations.

- Talk things over - Discuss the problem with those involved instead of holding feelings back.
- Keep busy, active - Depressed people often become apathetic, inactive and as a result grow more depressed and withdrawn. A balanced schedule of work and recreation can help.
- Improve home environment - If home life is a problem, suggest a strategy for improving it - for example, counseling.
- Get a change of pace - Even a temporary change of scene or activity can make a big difference. It's a chance to gain new perspective on the situation.
- Get some exercise - Being good and tired from vigorous physical exercise helps a person relax, sleep better, look better and have a more positive outlook on life.
- Learn to relax - Hobbies, sports, medication, etc., can help the suicidal person to live with normal stresses.

SEEK PROFESSIONAL HELP

- Crisis or suicide prevention centers provide emergency advice, help and referral.
- Physicians can help personally or refer the person to someone else who can.
- Clergy are often willing to devote a lot of time and involvement. They are good sources for referrals.
- Mental health centers run by a hospital or community organization may be available.
- Mental health professionals such as psychiatrists, psychologists, social workers, mental health counselors and therapists are specially trained to help with emotional problems.
- College counselors are often especially sensitive to young people's problems.

The following are some suggested readings: Man Against Himself, K.A. Menninger, The Savage God, A. Alvarez, On the Nature of Suicide, E.S. Shneidman

Suicide Risk Assessment

The key to suicide intervention is the suicidal person's feelings of ambivalence because one can often tip the balance between life and death just by providing a sense of hope. Maintaining a supportive atmosphere and remaining non-judgmental are crucial. Show the student you are concerned by making time available to talk. The first step in helping a student is to assess the suicidal risk.

Ask the student specific questions to determine the stage of suicidal ideation. The stage will determine how direct and immediate you should be. One must ask direct questions about suicide to determine the risk factor. Questions such as "Are you thinking of killing yourself?" will not give the student the idea of committing suicide, but will show that you are concerned enough to ask.

Thinking about death or suicide with no plan indicates that the student is in the first stage. If a plan is present, it indicates the second stage. A specific, detailed, and well thought out plan that the student is ready to carry out indicates a suicidal crisis.

The acronym **SLAP** can be used for an immediate risk assessment.

SPECIFIC

How specific is the plan? Is it detailed and well thought out? What means will be used? Has the client planned how to obtain the means? If using pills, does the client know exactly how many to swallow to make the attempt lethal? When and where will the attempt take place?

LETHALITY

How lethal is the method to be used? Guns and hanging are more lethal than drugs, but the determining factor is whether the client believes the method is lethal. The risk is higher for methods that have a higher lethality.

AVAILABILITY

Are the means available? Does the student possess the means or is it readily accessible? The risk is considerably more serious if the means are readily available than it would be if the student does not have easy access.

PROXIMITY

Is the attempt planned at a time when persons will be around or is it planned to occur in isolation? An attempt that takes place when there are people around has a greater likelihood of rescue. If however, it is to be done in an isolated area, rescue is less likely. The risk is greater if there is a smaller chance of rescue.

The following example indicates high risk:

A male student discloses to a friend that he is going to shoot himself in the head with his father's hunting rifle while his family is away from home. The attempt is going to occur the following night at 8:00 PM in an empty field behind the house. The plan is specific (when, where, how), the method is both accessible and lethal, and the attempt will occur in isolation with little chance of rescue.