Suicide Overview

Friends Care,

Friends ask!

Archdiocese of Boston
Office of Chaplaincy Programs
Healthcare, Campus/University, Prison
Parish Outreach to the Sick and Homebound
Bereavement, Faith Community Nursing

617-746-5843
Spotting the Signs and Helping a Suicidal Person

A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die—they just want to stop hurting. Suicide prevention starts with recognizing the warning signs and taking them seriously.

If you think a friend or family member is considering suicide, you might be afraid to bring up the subject. But talking openly about suicidal thoughts and feelings can save a life. Speak up if you're concerned and seek professional help immediately! Through understanding, reassurance, and support, you can help your loved one overcome thoughts of suicide.

Understanding and preventing suicide

The World Health Organization estimates that approximately 1 million people die each year from suicide. What drives so many individuals to take their own lives? To those not in the grips of suicidal depression and despair, it's difficult to understand. But a suicidal person is in so much pain that he or she can see no other option.

Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation, a suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their own lives. They wish there was an alternative to committing suicide, but they just can't see one.

Because of their ambivalence about dying, suicidal individuals usually give warning signs or signals of their intentions. The best way to prevent suicide is to know and watch for these warning signs and to get involved if you spot them. If you believe that a friend or family member is suicidal, you can play a role in suicide prevention by pointing out the alternatives, showing that you care, and getting a doctor or psychologist involved.
Common Misconceptions about Suicide

FALSE: People who talk about suicide won't really do it.
Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," — no matter how casually or jokingly said may indicate serious suicidal feelings.

FALSE: Anyone who tries to kill him/herself 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.

FALSE: If a person is determined to kill him/herself, nothing is going to stop him/her.
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.

FALSE: 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 month before their deaths.

FALSE: 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.
**Warning signs of suicide**

Suicide prevention begins with an awareness of the warning signs of suicidal thoughts and feelings. Major warning signs for suicide include talking about killing or harming oneself, talking or writing a lot about death or dying, and seeking out things that could be used in a suicide attempt, such as weapons and drugs.

**Take any suicidal talk or behavior seriously.** It's not just a warning sign that the person is thinking about suicide — it's a cry for help.

A more subtle but equally dangerous warning sign of suicide is hopelessness. Studies have found that hopelessness is a strong predictor of suicide. People who feel hopeless may talk about "unbearable" feelings, predict a bleak future, and state that they have nothing to look forward to.

Other warning signs that point to a suicidal mind frame include dramatic mood swings or sudden personality changes, such as going from outgoing to withdrawn or well-behaved to rebellious. A suicidal person may also lose interest in day-to-day activities, neglect his or her appearance, and show big changes in eating or sleeping habits.

**Suicide Warning Signs:**

**Talking about suicide:**
Any talk about suicide, dying, or self-harm. Includes statements such as "I wish I hadn't been born," "If I see you again...," "I want out," and "I'd be better off dead."

**Seeking out lethal means:**
Looking for ways to commit suicide. Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.

**Preoccupation with death:**
Unusual focus on death, dying, or violence. Writing poems or stories about death.

**No hope for the future:**
Feelings of helplessness, hopelessness, and being trapped ("There's no way out"). Belief that things will never get better or change.

**Self-loathing, self-hatred:**
Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden ("Everyone would be better off without me").

**Getting affairs in order:**
Making out a will. Giving away prized possessions. Making arrangements for family members.
Saying goodbye:
Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.

Withdrawing from others:
Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.

Self-destructive behavior:
Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish".

Sudden sense of calm:
A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to commit suicide.

Suicide prevention: Speak up if you’re worried
If you spot the warning signs of suicide in someone you care about, you may wonder if it’s a good idea to say anything. What if you’re wrong? What if the person gets angry? Even worse, what if you plant the idea in your friend or family member’s head? In such situations, it's natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help—the sooner the better.

Talking to a person about suicide
If you're unsure whether someone is suicidal, the best way to find out is to ask. You can't make a person suicidal by showing that you care. In fact, giving the individual the opportunity to express his or her feelings may prevent a suicide attempt. The person may even be relieved that you brought up the issue.

Here are some questions you can ask:

- Have you ever thought that you'd be better off dead or that if you died, it wouldn't matter?
- Have you thought about harming yourself?
- Are you thinking about suicide?

Suicide hotlines to call for help:
National Suicide Prevention Lifeline at 1-800-273-TALK (8255)
National Hopeline Network at 1-800-SUICIDE (1-800-784-2433).

These toll-free crisis hotlines offer 24-hour suicide prevention and support. Your call is free and confidential.
Suicide prevention: Respond quickly in a crisis

If a friend or family member tells you that he or she is thinking about death or suicide, it's important to evaluate the immediate danger the person is in. Those at the highest risk for committing suicide in the near future have a specific suicide plan, the means to carry out the plan, a time schedule for doing it, and an intention to do it.

Level of Suicide Risk

**Low:** Some suicidal thoughts. No suicide plan. Says he or she won't commit suicide.

**Moderate:** Suicidal thoughts. Vague plan that isn't very lethal. Says he or she won't commit suicide.

**High:** Suicidal thoughts. Specific plan that is highly lethal. Says he or she won't commit suicide.

**Severe:** Suicidal thoughts. Specific plan that is highly lethal. Says he or she will commit suicide.

The following questions can help you assess the immediate risk for suicide:

- Do you have a suicide plan?

- Do you have what you need to carry out your plan (pills, gun, etc.)?

- Do you know when you would do it?

- Do you intend to commit suicide?

If a suicide attempt seems imminent, call a local crisis center, dial 911, or take the person to an emergency room. **Do not, under any circumstances, leave a suicidal person alone.**

It's also wise to remove guns, drugs, knives, and other potentially lethal objects from the vicinity. In some cases, involuntary hospitalization may be necessary to keep the person safe and prevent a suicide attempt.
Suicide prevention: Offer help and support

If a friend or family member is suicidal, the best way to help is by offering an empathetic, listening ear. Let your loved one know that he or she is not alone and that you care. Don't take responsibility, however, for making your loved one well. You can offer support, but you can't get better for a suicidal person. He or she has to make a personal commitment to recovery.

As you're helping a suicidal person, don't forget to take care of yourself. Find someone that you trust—a friend, family member, clergyman, or counselor—to talk to about your feelings and get support of your own.

Helping a suicidal person:

- Listen without judgment. Let a suicidal person express his or her feelings and accept those feelings without judging or discounting them. Don't act shocked, lecture on the value of life, or say that suicide is wrong.

- Offer hope. Reassure the person that help is available and that the suicidal feelings are temporary. Don't dismiss the pain he or she feels, but talk about the alternatives to suicide and let the person know that his or her life is important to you.

- Don't promise confidentiality. Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.

- Get professional help. Do everything in your power to get a suicidal person the help he or she needs. Call a crisis line for advice and referrals. Encourage the person to see a mental health professional, help locate a treatment facility, or take them to a doctor's appointment.

- Make a plan for life. Help the person develop a "Plan for Life," a set of steps he or she promises to follow during a suicidal crisis. It should include contact numbers for the person's doctor or therapist, as well as friends and family members who will help in an emergency.
Risk factors for suicide

According to the U.S. Department of Health and Human Services, at least 90 percent of all people who commit suicide suffer from depression, alcoholism, or a combination of mental disorders. Depression in particular plays a large role in suicide. The difficulty suicidal people have imagining a solution to their suffering is due in part to the distorted thinking caused by depression.

Both teenagers and older adults are at a higher risk of suicide.

Suicide in Teens

Teenage suicide is a serious and growing problem. The teenage years can be emotionally turbulent and stressful. Teenagers face pressures to succeed and fit in. They may struggle with self-esteem issues, self-doubt, and feelings of alienation. For some, this leads to suicide. Depression is also a major risk factor for teen suicide.

Other risk factors for teenage suicide include:

- Childhood abuse
- Recent traumatic event
- Lack of a support network
- Availability of a gun
- Hostile social or school environment
- Exposure to other teen suicides

Suicide in the Elderly

The highest suicide rates of any age group occur among persons aged 65 years and older. One contributing factor is depression in the elderly that is undiagnosed and untreated.

Other risk factors for suicide in the elderly include:

- Recent death of a loved one
- Physical illness, disability, or pain
- Isolation and loneliness
- Major life changes, such as retirement
- Loss of independence
- Loss of sense of purpose

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