
Recognizing and Responding to Signs of Suicide/Mental Distress

UNCG Safety Conference
May 18, 2009



Agenda

- Introduction
- Suicide philosophies/beliefs
- Breakout and feedback (20 minutes)
- Facts and Myths
- Warning signs
- What to do/say
- Breakout and feedback (30 minutes)
- Resources



Goals

- Increase awareness of your own attitudes and beliefs about suicide
- Be able to identify warning signs of suicide
- Know how to talk to someone who you think might be suicidal
- Be motivated to identify resources in your community for students in distress



Crisis

- A temporary situation perceived as intolerable, where a persons coping resources are exceeded
- Crisis can happen to anyone
- Webster's: A crucial decisive situation; a turning point
- Japanese symbol for crisis represents danger and opportunity



Philosophies About Suicide

Small group discussion

Philosophies About Suicide

- **Suicide is wrong:** Suicide does violence to the dignity of life. Suicide adversely affects the survivors. Suicide is no different than homicide.
- **Suicide is sometimes permissible:** Suicide is permissible when, in the individual's view of things, the alternatives are unbearable. An example is extreme and incurable physical pain.
- **Suicide is not a moral or ethical issue:** Suicide is a phenomenon of life that is subject to study in the same way that any other phenomenon of life should be studied.
- **Suicide is a positive response to certain conditions:** A person has the innate right to make any decision, provided it is based on rationality and logical thinking. This includes the right to suicide.
- **Suicide has intrinsic positive value:** Suicide has a positive value because it is a way in which one can be immediately reunited with valued ancestors and with loved ones.



Fact

or

Myth



Mentioning suicide will lead someone to attempt suicide

- MYTH – Asking someone about suicide may make the person feel relieved that someone finally recognized their emotional pain.



Many people who die by suicide have made previous attempts

- **FACT** – Between 20 and 50% of people who kill themselves had previously attempted suicide. Those who have made serious suicide attempts are at much higher risk for death by suicide.

Excerpted from the American Foundation for Suicide Prevention

People who talk about suicide don't make the attempt

- MYTH – People who die by suicide often talk about it directly or indirectly. Be alert to such statements as “My family would be better off without me.” Sometimes those contemplating suicide talk as if they are saying goodbye or going away.
- Excepted from American Foundation for Suicide Prevention



People who attempt suicide do not give warning signs

- MYTH – 80% of people who died by suicide gave verbal and/or nonverbal warning signs.



Suicide most often happens around holidays

- MYTH – Suicide most often happens for college students in September, March and in the general population April/May.



People who talk about suicide are just being manipulative or trying to get attention

- MYTH – Most people who talk about suicide are genuinely distressed and should be taken seriously.



Suicidal people want to die and there is nothing to prevent it

- MYTH – Most suicidal people are ambivalent; there is a part of them saying “I want to die” and another part is saying “I want to live”.



The number one cause of suicide is untreated depression

- FACT - So the number one cause of suicide is something that is treatable!



Suicide is the 3rd leading cause of death for college-aged persons

- **FACT** – “Suicide rates among youth (ages 15-24) have increased more than 200% in the last 50 years.”
American Association of Suicidology
- It is estimated that there are more than 1,000 suicides on college campuses per year.
- For every suicide by youth, it is estimated that 100 to 200 attempts are made.
- One in 12 college students have made a suicide plan.
- “10% of college students have been diagnosed with depression” NMHA, 2001

More Facts

- Suicide is the 8th leading cause of death for all Americans.
- The suicide rate among young African American males has doubled in the past 15 years. It is still lower than young Caucasian males.
- LGBT teens are twice as likely to attempt suicide as their straight peers.



Protective factors

Protective factors decrease the likelihood of a suicide attempt



Protective Factors

Internal

- Ability to cope with stress
- Religious beliefs
- Frustration tolerance
- Absence of psychosis



Protective Factors

External

- Responsibility to others, including pets
- Positive therapeutic relationships
- Social supports



Warning Signs



Suicidal thoughts exist on a continuum. Nearly everyone has thoughts of death at one time or another, but suicidal persons shift back and forth between wanting to live and die. They don't necessarily want to stop living , they are looking for ways to end their emotional pain.

Excerpted from "Some facts psychologists know about suicide and suicide prevention"



Suicide Continuum

There is a series of thoughts and behaviors that typically lead up to suicide. Understanding where the person is in the series can help you to determine the amount of danger the person is in.



Suicide Continuum

Suicidal Ideation

- Frequency
- Intensity
- Duration
- In last 48 hours
- In past month
- Worst ever

Suicide Continuum

Suicide Plan

- Timing
- Location
- Lethality
- Availability
- Preparation



Suicide Continuum

Behaviors

- Past attempts
- Aborted attempts
- Rehearsals (tying a noose, loading a gun)



Suicide Continuum

Behaviors continued

- Obtaining the “means”
- Giving away possessions
- Tying up loose ends
- Sudden increased or decreased interest in spirituality
- Increased alcohol or drug use
- Mood changes – depressed, anger, irritability



Suicide Continuum

Intent: The extent to which the person

- Expects to carry out the plan
- Believes the act to be lethal



At Risk Groups

- Recent loss
- Family history of suicide
- Use of alcohol or drugs
- Feeling marginalized, isolated, or alone
- History of previous suicide attempts
- Depressive symptoms
- High achievers/the “ideal” student
- Recent traumatic/stressful events
- Psychiatric diagnosis



Life Events: Loss

- Death, break-up
- Threat of punishment/loss of freedom
- Move
- Physical abilities
- Support person exits
- Stability (\$, status)



What a potentially suicidal person may say

“I wish I were dead”

“If _____ doesn’t happen, I’ll kill myself.”

“I want to go to sleep and never wake up.”

“I just can’t do it anymore”

What to do



What to do

- Take it seriously
- Listen without judgment
- Ask if they have a plan
- Don't act shocked
- Don't debate, argue, challenge
- Don't assume the situation will take care of itself



What To Say

Ask the person directly if he or she

- Is having suicidal thoughts/ideas
- Has a plan to do so
- Has access to lethal means



What you could say continued

- Are you thinking about killing yourself?
- Have you ever tried to kill yourself before?
- Do you think you might try to kill yourself today?
- Have you thought of ways that you might kill yourself?
- Do you have pills/weapons (means described above) in the house?

What you could say continued

- These statements will not increase suicidal thoughts. They will give you information how strongly the person has thought about suicide
- Take all suicide threats and attempts seriously. A past history of suicide is one of the strongest risk factors



What you could say ...

Small group discussions



What you could say exercise

Scenario:

A student affairs professional has called and asked for your help. A student has emailed his professor stating; “If I don’t pass this next exam I might as well kill myself.”

What *do* you do?



What you could say ...

Small group discussions

Feedback

C Show & express **CONCERN** about the person

A **ASK** about suicide

R **REFLECTIVELY** listen

E **ENLIST** others



Hotlines / URLs

- National Suicide Prevention Hotline 1-800-TALK (8255)
www.suicidepreventionlifeline.org This was a helpful source of information for this presentation
- American Foundation for Suicide Prevention
<http://www.afsp.org/>

URLs

- We will have this entire presentation available for download on our website; hopefully on or before this Friday. Our website is located at <http://www.uncg.edu/shs/ctc/>
- The address translates to UNCG, Student Health Services, Counseling and Testing Center

WHAT ARE THE RESOURCES IN YOUR COMMUNITY?

