

Let's Understand Suicide Risk

The reasons someone might take their own life can be complicated and are different for different people. Some unifying themes are **hopelessness, a belief that being alive is a burden on others, and a belief that seeking help would be pointless.** None of these are true! Most important to know is that while these feelings and thoughts are tough ones to change, they can and do for most people through ongoing emotional support and professional assistance.

Other key factors and **warning signs** that can indicate suicide risk include:

- A **history of suicide attempts.**
- **Difficulties readjusting to home/community life** after an illness, hospitalization, incarceration, military service, etc., especially if prone to depression, post-traumatic stress or other mental health problems.
- Expressing a **sense of hopelessness**, including saying that their problems are insurmountable or that people would be better off without them.
- **Hopelessness might be expressed non-verbally** such as by distancing oneself from others and/or disengaging from normal routines and activities the person enjoyed in the past.
- **Talking about suicide**, especially if the person has never discussed it before, and approaches the topic with ambivalence or uncertainty about their own attitude or beliefs about suicide.
 - *(for example, not ambivalent/certain = "I could never do that"; ambivalent/uncertain = "I see how someone might get to that point....").*

- **Signs of depression.** These can include fatigue, insomnia, apathy toward daily activities, sudden weight changes, loss of attention span, or uncontrollable anger or sadness.
- **Sudden calmness**, especially for those who have contemplated suicide before. This can indicate the person has wrestled with the idea of suicide, and made a decision to end their life.
- **Setting affairs in order.** Someone who has displayed any of the previous behaviors and is suddenly interested in straightening out their finances or writing a new will may be contemplating suicide.
- Talking about how they might commit suicide **while having the means available** to do it in their environment (poisons, prescriptions, guns, etc.) and/or making plans to obtain such.
- A **pattern of substance abuse**, particularly if someone has recently relapsed after a period of sobriety.

So, the **most important things to do** if you are concerned about another's suicide risk is to "stay tuned in" about what is going on with them; steadfastly remind the person that help is available; and, if necessary, reach out yourself to get them that help from trusted professionals with mental health training, including physicians, therapists, counselors and clergy. If you think a life is in immediate danger from suicide call 911 or your local county's mental health crisis call line.

Encourage and persist to find the best match to a provider and treatment. **We Americans are very used to trying out many new cars before buying one, so the same thing applies here: keep looking until you find the right provider and treatment. Do not give up.**

There are **myths about suicide** that are important to **recognize and debunk**. These myths include:

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| <p>True False</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Suicide is caused by one disastrous change in someone's life.</p> <p>This is almost never true. More than 90% of people who die from suicide have previously struggled with substance abuse, depression or psychotic disorders. A bad turn of events may be a trigger of suicide, but <u>not the cause of it.</u></p> | <p>True False</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>It is best not to talk about it, or you might "put the thought in their head".</p> <p>This is not true. It is always best to <u>keep the lines of communication open</u>, listen while the person expresses themselves, ask questions, and encourage them to seek treatment.</p> | <p>True False</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Treatment doesn't help.</p> <p>Actually, the vast majority of those who seek help <u>are treated successfully!</u> There are now very good evidence based treatments available for the conditions most commonly associated with suicide risk.</p> |
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Write these numbers down on a small card that fits into a wallet and hand them out. Suicide hotlines are available 24 hours a day, 7 days a week:

- ➔ The Suicide Prevention Center: (877) 727-4747
- ➔ The National Suicide Prevention Lifeline: (800) 273-8255
- ➔ Crisis Text Line: For those who prefer not to call, text LISTEN to 741741

The mental health crisis numbers for counties in which SBHG agency's operate are:

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| Alameda County | 800 491-9099 |
| Fresno County | 800 654-3937 559 453-4085 |
| Los Angeles | 800 854-7771 |
| Riverside | 800 706-7500 |
| San Bernardino | 888 743-1478 |
| Santa Clara | 855 278-4204 |



Visit <http://www.nami.org/> and search keyword: suicide for additional information. At our agency, please contact your assigned staff person if you have any questions or concerns about this topic.