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**There is NO health
without mental health!**

Suicide

No suicide attempt should be dismissed or treated lightly!

Why Do People Attempt Suicide?

A suicide attempt is a clear indication that something is gravely wrong in a person's life. No matter the race or age of the person; how rich or poor they are, it is true that most people who die by suicide have a mental or emotional disorder. The most common underlying disorder is depression, 30% to 70% of suicide victims suffer from major depression or bipolar (manic-depressive) disorder.

Warning Signs of Someone Considering Suicide

Any one of these signs does not necessarily mean the person is considering suicide, but several of these symptoms may signal a need for help:

- Verbal suicide threats such as, "You'd be better off without me." or "Maybe I won't be around"
- Expressions of hopelessness and helplessness
- Previous suicide attempts
- Daring or risk-taking behavior
- Personality changes
- Depression
- Giving away prized possessions
- Lack of interest in future plans

Remember: Eight out of ten people considering suicide give some sign of their intentions. People who talk about suicide, threaten suicide, or call suicide crisis centers are 30 times more likely than average to kill themselves.

If You Think Someone Is Considering Suicide

- Trust your instincts that the person may be in trouble
- Talk with the person about your concerns. Communication needs to include LISTENING
- Ask direct questions without being judgmental. Determine if the person has a specific plan to carry out the suicide. The more detailed the plan, the greater the risk
- Get professional help, even if the person resists
- Do not leave the person alone
- Do not swear to secrecy
- Do not act shocked or judgmental
- Do not counsel the person yourself

Suicide Statistics

- Suicide is the eighth leading cause of death in the United States, accounting for more than 1% of all deaths
- More years of life are lost to suicide than to any other single cause except heart disease and cancer
- 30,000 Americans die by suicide each year; an additional 500,000 Americans attempt suicide annually
- The actual ratio of attempts to completed suicides is probably at least 10 to 1
- 30% to 40% of persons who complete suicide have made a previous attempt
- The risk of completed suicide is more than 100 times greater than average in the first year after an attempt - 80 times greater for women, 200 times greater for men, 200 times greater for people over 45, and 300 times greater for white men over 65
- Suicide rates are highest in old age: 20% of the population and 40% of suicide victims are over 60. After age 75, the rate is three times higher than average, and among white men over 80, it is six times higher than average
- Substance abuse is another great instigator of suicide; it may be involved in half of all cases. About 20% of suicides involve people with alcohol problems, and the lifetime rate of suicide among people with alcohol-use problems is at least three or four times the average. Completed suicides are more likely to be men over 45 who are depressed or alcoholic.

Preventing Suicide

Although they may not call prevention centers, people considering suicide usually do seek help; for example, nearly three-fourths of all suicide victims visit a doctor in the four months before their deaths, and half in the month before.

Helping Someone Who is Considering Suicide

- **No single therapeutic approach is suitable for all people considering suicide** or suicidal tendencies. The most common ways to treat underlying illnesses associated with suicide are with medication, talk therapy or a combination of the two.
- **Cognitive (talk therapy) and behavioral (changing behavior) therapies** aim at relieving the despair of suicidal patients by showing them other solutions to their problems and new ways to think about themselves and their world. Behavioral methods, such as training in assertiveness, problem-solving, social skills, and muscle relaxation, may reduce depression, anxiety, and social ineptitude.
- **Cognitive and behavioral homework assignments are planned** in collaboration with the patient and explained as experiments that will be educational even if they fail. The therapist emphasizes that the patient is doing most of the work, because it is especially important for a person thinking about suicide not to see the therapist as necessary for their survival.
- **Recent research strongly supports the use of medication** to treat the underlying depression associated with suicide. Antidepressant medication acts on chemical pathways of the brain related to mood. There are many very effective antidepressants. The two most common types are selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs). Other new types of antidepressants (e.g. alpha-2 antagonist, selective norepinephrine reuptake inhibitors (SNRIs) and aminoketones), and an older class, monoamine oxidase inhibitors (MAOIs), are also prescribed by some doctors.
- **Antidepressant medications are not habit-forming.** Although some symptoms such as insomnia, often improve within a week or two, it may take three or four weeks before you feel better; the full benefit of medication may require six to eight weeks of treatment. Sometimes changes need to be made in dosage or medication type before improvements are noticed. It is usually recommended that medications be taken for at least four to nine months after the depressive symptoms have improved. People with chronic depression may need to stay on medication to prevent or lessen further episodes.
- **People taking antidepressants should be monitored by a doctor** who knows about treating clinical depression to ensure the best treatment with the fewest side effects. It is also very important that your doctor be informed about all other medicines that are taken, including vitamins and herbal supplements,

in order to help avoid dangerous interactions. Alcohol or other drugs can interact negatively with antidepressant medication.

- **Do not discontinue medication without discussing the decision with your doctor.**

Resources in Your Community

- Telephone hotlines (Can be obtained from the telephone book, local Mental Health Associations, community centers, or United Way chapters)
- Clergy
- Medical professionals
- Law-enforcement agencies

More Information

If you or someone you know is contemplating suicide, call [1-800-SUICIDE](tel:1-800-784-2433) (1-800-784-2433) or [1-800-273-TALK](tel:1-800-273-8255) (1-800-273-8255).

1-800-784-2433

www.hopeline.com

This will connect you with a crisis center in your area.

Other Resources

American Academy of Child and Adolescent Psychiatry

3615 Wisconsin Ave., N.W.

Washington, D.C. 20016-3007

Phone Number: (202) 966-7300

Fax: (202) 966-2891

Email Address: clinical@aacap.org

Website URL: www.aacap.org

American Association of Suicidology

Phone Number: (202) 237-2280

Website URL: www.suicidology.org

American Foundation for Suicide Prevention

Phone Number: 888-333-AFSP (2377)

Website URL: www.afsp.org