

# SUICIDE - IT CAN BE PREVENTED

**B**efore you read this article, I'd like you to think about the worst experience in your life. Try to remember the feelings you had ...

How did you feel? Angry. Betrayed. Guilty. Ashamed. Powerless. Hopeless. Devastated. Hurt. Shocked.

You now have experienced similar feelings to those felt by persons at risk of suicide.

The first thing to note about suicide is that contrary to myth, many people are at risk of engaging in suicidal behavior, not only those who are mentally ill.

In fact, studies have revealed that 14-15% of the North American population have thought about suicide during the past year, and 4-5% of the population have attempted suicide in their lifetime.

Suicide often occurs when an individual's coping mechanisms are overwhelmed. We all experience difficult times and situations at some time. Too many of these situations can become overwhelming and our normal coping mechanisms may become strapped.

People at risk of suicide are ambivalent about living; many exhibit constricted thinking (believing the only solution to their problem is suicide). We must remember suicide is not the *only* option.

If you know someone who is at risk of suicide, you must help your friend, relative, or fellow student. We must work towards increasing the wish to live and explore life-saving options. How do we do this?

1. If you're concerned that someone you know is suicidal, ASK! (Mind you, only once you've established rapport.) Asking gives the person at risk permission to talk about his/her feelings. Example: "Are you thinking of suicide?" Be non-judgmental. Don't say, "You're not thinking of suicide are you?" This implies you can't handle a "yes" answer.

2. Listen. Nine times out of ten the person has not had an opportunity to talk about the troubling feelings.

**RISK ASSESSMENT**

1. CURRENT SUICIDE PLAN
2. PRIOR SUICIDAL BEHAVIOR
3. RESOURCES
4. STRESSORS
5. SYMPTOMS
6. AGE
7. SEX

3. Ask your friend what's been happening. Pay particular attention to the losses experienced and your friend's perception of them.
4. Contract with the person. Ask for a promise not to harm him/herself. Get a commitment to seek help.
5. If necessary, arrange for a network of friends to stay with your friend until professional help is sought.
6. Ensure your friend, family member, fellow student keeps the appointment with a professional. You may need to make the appointment yourself.

The following are warning signs exhibited by adults at risk of suicide.

**Emotional**

- sad, despondent
- hopeless
- worthless
- lonely
- helpless
- extremes of mood change; marked hostility, apathy
- guilty

**Cognitive**

- "I wish I were dead"
- "All of my problems will end soon"
- "I'm a loser"
- "Everyone will be better off without me"
- "I won't be needing these things anymore"
- "I can't do anything right"
- "No one can do anything to help me now"
- "I just can't take it any more"
- "I just can't keep my thoughts straight"

**Behavioral**

- inactive
- giving away possessions
- loss of interest in hobbies
- withdrawal from (family, friends, school, work)
- extremes of behavior change
- impulsiveness
- reckless behavior: driving, sexuality
- abuse of alcohol, drugs
- self mutilation

**Somatic**

- lack of interest in appearance
- change/loss in sexual interest
- disturbed sleep
- change/loss of appetite, weight
- physical health complaints

**Where To Go For Help**

- On-Campus: 1. UNB Counseling Services 453-4820  
 2. Campus Ministry  
 3. Residence Proctors  
 4. UNB Security  
 5. Office for Foreign Students

- Off-Campus: 1. CHIMO HELPLINE open 24 hours daily  
 450-HELP  
 2. Mental Health Center 453-2132  
 3. Hospital 452-5400

**Risk Assessment**

There are several factors to consider when determining if someone is at risk of suicide. The first 3 in and of themselves, predict suicide, while the remaining factors serve to indicate that suicide may occur. Low, medium or high risk of suicide is dependent on the predictive factors present.

**1. Current Suicide Plan**

- i. How detailed is the plan? The greater the detail, the greater the

- ii. How lethal is the weapon? The more lethal the weapon, the greater the risk.

**2. Prior Suicidal Behavior**

- i. Has the person-at-risk ever attempted before? Several studies reveal that persons who have attempted suicide before are at 40 times greater risk of suicide than the average population.
- ii. Has any other family member committed suicide? Again, studies show that the death of a family member by suicide increases the risk of suicide to other family members 8 times greater than that of the average population. **Why is that?**



First and foremost, I want to dispel the myth that suicide is hereditary. One is not born with suicidal genes. For most families and society at large, suicide is still a taboo subject. It's hardly dinner table conversation. Its as though suicide is locked beyond a heavy door in "no-man's land". However, once a family member engages in suicidal behavior - once the door is opened and the threshold crossed - the taboo is greatly reduced or gone altogether. The door can remain open for other suicidal behavior. Suicide, while not perceived as a good thing, no longer carries the strong stigma it once did.

**3. Resources**

Check to see if the person-at-risk has resources. There are two kinds - internal and external.

- i. Internal resources can include feelings of self-esteem, hope, spirituality, determination, religious beliefs. External resources can either be informal or formal.

Informal resources constitutes family, friends, relatives, neighbors and co-workers

Formal resources are composed of school or university officials, clergy, counselors, social workers, psychologists, psychiatrists, etc.

Even if people at risk have resources, we can never assume that simply because they are surrounded by family and friends, etc., that they indeed have those resources. It is the suicidal person's perception of his/her resources. If the person at risk feels s/he has no resources, there are none.

**4. Stressors**

- i. Inquire about the person's losses.

Humans experience loss frequently. Each of us reacts differently

to loss and each of us sees losses differently. Do not assume that because you perceive something as a loss, so too does the person at risk, i.e. ending a relationship might be the best thing that's ever happened to me, but the worst thing that could happen to a friend.

Losses can include amongst other things: loss of a relationship through death; divorce; separation; loss of self-esteem; loss of a job; loss of financial security; loss of status (i.e. a high profile member of the community is arrested for a crime); loss of hope; loss of health; loss of physical security and safety.

**5. Symptoms**

**I. Physical**

- Eating Habits - is the person eating more or less than s/he normally would?
- Sleeping Habits - how is the person sleeping?

**i. Diurnal Variation**

Is the person waking up depressed? Most of us get depressed as the day wears on. This is "the blues". Persons who are clinically depressed wake up feeling depressed. It may take a person every ounce of strength s/he has to get out of bed. Someone exhibiting diurnal variation may be suffering from clinical depression and may not be suicidal. Look for this in conjunction with other factors.

**ii. Early Morning Awakenings**

Does the person awake early in the morning - around 4 am and is unable to get back to sleep?

Again this symptom may be indicative of another problem, but taken in conjunction with other factors, may indicate suicide.

**II. Emotional**

**i. Check for feelings of hopelessness or helplessness**

ii. Check for ambivalence. A U.S. study conducted in emergency rooms of hospitals revealed that of persons brought into emergency after a suicide attempt, 96.9% were not 100% sure they wanted to die. The more ambivalent the person is towards life, the greater the risk.

**iii. Cognitive/intellectual - see warning signs**

**iv. Behavioral - see warning signs.**

**6. Age**

People of every age engage in suicidal behavior.

Yes, even children attempt and commit suicide. We are all aware of the staggering suicide rate amongst adolescents. Suicide is the second leading cause of death among adolescents between the ages of 20 - 24 (next to accidents) and the third leading cause of death between the ages of 15 - 19 (following accidents and diseases). Adolescent suicide has grabbed our attention because of its dramatic increase - 300 % over 20 years. What many people don't realize is that the elderly have consistently had a high suicide rate for years.

Therefore, as people from every age group engage in suicidal behavior, this factor, when conducting a risk assessment does not carry as much weight as other s

**7. Sex**

Again, as both males and females engage in suicidal behavior (threats, attempts, completions) this factor doesn't carry as much weight as others.

It is true that more men complete suicide while more women attempt. But more women attempt than men. Men continue to use more lethal means although this is changing.

**LOONIE FOR LIFE**

*Help Chimo continue its suicide education and intervention work.*

*Donate a loonie during Chimo's Loonie for Life Campaign September 28 - 30. Look for Chimo donation boxes at various locations on campus: in campus stores, cafeterias, residences and faculty offices.*

**Save a life - give a loonie.**



**CHIMO'S PHONE LINE IS**

**OPEN 24 HOURS A DAY.**

**CALL LOCALLY AT**

**OR 1-800-667-5005**

**450-HELP**

