

SUICIDE RISK FACTORS

The risk for suicide frequently occurs in combination with external circumstances that seem to overwhelm at-risk teens who are unable to cope with the challenges of adolescence because of predisposing vulnerabilities such as mental disorders. Examples of stressors are disciplinary problems, interpersonal losses, family violence, sexual orientation confusion, physical and sexual abuse and being the victim of bullying.

- History of mental disorders
 - 95% of suicide victims have at least one diagnosable mental disorder
 - Depression, anxiety, bipolar disorder, schizophrenia, obsessive compulsive disorder
- Family history of suicide
 - People are at increased risk of suicide if someone in their family has died by suicide
- Previous suicidal behavior including attempts, aborted attempts, suicidal ideation
- History of trauma or physical/sexual abuse
 - Exposure to violence in home or social environment
- History of alcohol or other substance abuse
- Access to lethal methods
 - Presence of firearm in home increases risk of suicide
- Interpersonal conflict
 - Intimate relationship issues/breakup
 - Family instability/significant family conflict
 - Bullying
- Sexual orientation
 - LGBT teens and young adults have one of the highest rates of suicide attempts
- Recent death of a loved one – especially by suicide or other tragic loss
- Disciplinary problems at school or with law enforcement
- Other recent crisis/severe stressor
 - Family financial crisis

SUICIDE WARNING SIGNS

Expressing a desire to die

- Any mention of dying, disappearing, being "done," jumping, shooting oneself, or other types of self-harm
- 80% of suicide victims communicate in some way that they are considering suicide
- If someone is talking about suicide, they are considering suicide

Expressing feelings of social disconnection

- Talking about not "fitting in," that no one understands them

Expressing a feeling of being a burden to others

- "Everyone would be better off without me"

Expressing low self esteem

- Feeling worthless, shame, overwhelming guilt, self-hatred

Expressing no hope for the future

- Talking about feeling trapped, that things will never get better, that nothing will ever change, that there is no reason to live

Change in Personality

- Displaying "dark" mood or change in demeanor or appearance
 - Sad, withdrawn, irritable, anxious, tired, indecisive, apathetic
 - Sudden change in grooming habits.

Change in Behavior

- Diminished ability to concentrate on school, work or routine tasks
- Acting anxious or agitated
- Behaving recklessly or erratically
- Increasing the use of alcohol or drugs
- Giving away personal belongings

Change in Sleep Patterns

- Sleeping too little or too much, insomnia often with early waking or oversleeping, nightmares

Change in Eating Habits

- Loss of appetite and weight or overeating/weight gain

Evidence of self-harm

- Cutting, burning, branding, hitting, purposeful overdoses of medication, poison ingestion

HOW TO RESPOND

Any suicidal intent must be taken seriously

- Every statement of suicidal intent is an expression of pain - the suicidal thinker needs professional help whether they actually intend to end their life or not.
- It does not matter if you think what the person is upset about is trivial, what matters is how the person feels.
- The suicidal thinker needs to feel accepted rather than judged or ignored.
- It is important to be aware of your own limitations to help- an ill prepared support person can exacerbate the situation.
 - Ask for help/seek support.
 - Follow the *Rule of Three's*: There needs to be at least three people supporting the suicidal thinker.

Determine the urgency/seriousness of the situation

- Asking direct questions about suicidal intent does not provoke suicidal behavior. A suicidal thinker who has made a plan for suicide is far more likely to carry it out.
 - If the situation is urgent do not leave the suicidal thinker alone.
 - Remove the means of harm- weapons, sharp objects, medications, ropes, extension cords, belts.
 - If you are not communicating in person, act immediately:
 - Determine the suicidal thinker's location.
 - Contact anyone you know who can get to the person as soon as possible (including the police).

Communicating with the suicidal thinker

What to do:

- Use effective language
 - Avoid creating an "I'll show you!" attitude which could prompt a rash, impulsive act.
 - Make "I" statements vs. "You" statements. Keeping statements focused on "you" are less likely to be misconstrued or seen as shaming or blaming.
 - Avoid using "should" and "should not".
 - Talk *with* the person, not *at* the person. Avoid lecturing.

- Create a safe environment for sharing thoughts and feelings
 - Talk in a neutral place free of distraction.
 - Maintain eye contact and place yourself on the same physical level.
 - Speak clearly and calmly with even tone and soft expression.
- Acknowledge the suicidal thinker's pain.
 - Honor the suicidal thinker's experience/emotional state.
- Express love
 - Convey a deep sense of caring and acceptance.
 - Remind the suicidal thinker that suicide is a forever decision.
- Be genuine
 - The suicidal thinker will notice inconsistencies and may feel angry.
- Be present
 - Focus all attention on the suicidal thinker
 - Silence your phone, turn off your TV, games, or other electronic distractions.
 - Be quiet and listen- hear more and speak less.

What not to do:

- Do not be afraid to talk about suicide. Addressing the reality of the situation is critical.
- Do not argue or attempt to prove what the suicidal thinker is saying doesn't make sense.
- Do not attempt to coax the person out of how he or she feels.
- Do not diminish the feelings of the suicidal thinker.
- Do not compare the suicidal thinker to others. This will increase their negative feelings of guilt and worthlessness.
- Do not give easy answers or suggest solutions to problems. The suicidal thinker does not want you to solve their problems, they want you to listen, acknowledge, and love.
- ***Do not keep suicidal intentions or any suicidal behavior confidential, including information about an aborted or previous attempt.***

Secrets can be deadly. There is a difference between breaking a confidence through gossip and breaking a confidence to save a life. Do not be sworn to secrecy.

Words Matter Examples

Ineffective Language	Effective Language
What is wrong with you?	I hear you. Do you want to talk about it?
Why do you keep doing this to yourself?	I hear you and I feel concerned.
Why can't you just forget about it?	I know it's hard, would it help to talk about it?
Come on, it's not that bad!	I hear your pain, is there something I can do for you?
Don't you know that I love you?	I love you.
You shouldn't feel that way	I understand how you are feeling <i>or</i> I can't imagine what that is like but I honor your feelings.
Don't think that way!	Would you like to tell me about it?
Don't do this to yourself!	You are important to me, it's hard to see you going through this, can I help in any way?
Can't you forget about it?	I know it's hard. How can I help you get through this?
Can't you see what this is doing to our family?	We are all concerned about you. Let us know what we can do.
You're too emotional.	I appreciate that you are sharing this with me.
I just don't understand you!	I care about you but I feel confused. Do you know what might help?
Cheer up.	I hear you.

ASKING THE QUESTION

Direct

1. Are you thinking about killing yourself?
2. Are you thinking about hurting yourself or ending your life?
3. Have you made a plan for ending your life?
4. You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way too?
5. You look like you're feeling pretty miserable. I wonder if you're thinking about suicide?

Indirect

1. Have you ever felt life is not worth living?
2. Do you wish you were dead?
3. Have you been very unhappy lately?
4. Have you been so unhappy lately that you've been thinking about ending your life?
5. Do you ever wish you could go to sleep and never wake up?

Do not say: "You're not suicidal, are you?"

This statement is condemning and can keep a person from expressing their suicidal thoughts.

EXAMPLES OF A CONVERSATION

1. The "Trust your gut" moment.
 - "I wanted to talk with you because I noticed..."
 - Want to talk about it?

2. Stating the concern.
 - "I'm worried that you might be very sad, depressed, really upset, or even suicidal."

3. Ask the Question.
 - "Are you thinking about killing yourself?"

4. Listen with compassion.
 - Use the *Words Matter* worksheet to respond to the suicidal thinker's answers.
 - Note: You are not trying to fix or correct anything.

5. Get adult or professional help.
 - "We need to get some adult help."
 - "Is there someone you feel comfortable talking to?"
 - "I know you like _____, let's go talk with him/her."