

Information about Preventing Suicide

Source: <http://www.schizophrenia.com>

The following information is summarized from a presentation by SPAN-CA, given at the NAMI-CA 2004 annual convention

This issue is of special importance to those living with mental illness and their family members and friends, since mental illness (especially mood disorders) is a major factor contributing to suicide. Over 90% of people who commit suicide have a mental disorder. As Sam Bloom (SPAN-CA member) said, "suicide is the worst outcome of a mental illness."

Special risks for the mentally ill that can increase suicidal behavior include:

- 1) A mood disorder diagnosis (such as bipolar disorder or schizoaffective disorder)
- 2) Substance abuse (this raises the risk by a factor of 6)
- 3) Prior suicide attempts

Although people commonly believe that schizophrenia patients are at highest risk for suicide during a psychotic episode, they are actually at higher risk after a long recovery spell. This is when depression and hopelessness about living life with a brain disease can take their toll.

The good news is that the vast majority of people (up to 75%) seriously contemplating suicide display warning signs, and if we can recognize these signs, it is more than likely that we can prevent a tragedy.

Some of the **signs to watch for** include:

- 1) previous suicide threats or attempts
- 2) symptoms of depression
- 3) loss of interest in formerly enjoyed activities
- 4) feelings of worthlessness/hopelessness
- 5) sudden changes in mood/behavior
- 6) changes in eating or sleeping habits
- 7) a loss of energy
- 8) lack of concentration
- 9) giving away favorite possessions or "putting affairs in order"
- 10) the use of alcohol or drugs to blunt psychological pain

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What can you do if a friend or family member is displaying these signs?

First of all, don't be afraid to directly ask them if they are contemplating suicide. A suicidal person will probably not bring it up, so it's up to concerned loved ones to directly address the issue if they are concerned. The next thing to do is apply the **CPR acronym - Current plan, Prior Attempts, and Resources**

Asking about a current plan - do you know how you're going to kill yourself? Do you have the weapon? Do you have a date, a time, and a place? - is painful and frightening, but necessary because it helps you assess the immediate risk to your loved one. By being direct and open, you are also sending a message that it's okay to talk to you. You have to be able to talk about suicide before you can help a suicidal person.

You can assess risk by asking the suicidal person four questions:

- 1) Are you thinking about killing yourself?
- 2) Have you thought about how you will do it?
- 3) How have you prepared for it?
- 4) Have you thought about when and where?

The risk of suicide can be broken down based on whether the person has a current plan, has the means to kill themselves, and has had a prior suicide history. Once you have a feel for the risk and the immediacy of the plan, you can contact the best resources to get help.

Low risk of suicide = has suicidal thoughts, but no immediate plan or intent. Plan of action: be an outlet of support, and strongly encourage the person to seek treatment or call a crisis line.

Moderate risk of suicide = has a current plan for killing him/herself. Plan of action: strongly urge the person to seek treatment, and try to negotiate a "no self harm" contract (Promise not to harm yourself until we go see the doctor together, or until you call a crisis line, or for the next 24 hours...etc). No self-harm contracts have a high degree of psychological power, and can buy more time for the suicidal impulse to pass and .

High risk of suicide = has a current plan, plus the means and resources to carry it out. Plan of action: this person **MUST** have treatment right away. Negotiate a no-self harm contract and contact professionals. If the person is in immediate danger and you cannot convince them to not harm themselves, call the police or an emergency room and ask for a psych hold for a suicidal person (this is called a 5150 hold).

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Everyone who has suicidal thoughts needs consistent follow-up. Call and check in, or ask them to call you at a particular time so you know they are okay. If they refuse to or fail to check in, you know you must take immediate action. Re-negotiate a no self-harm contract if necessary, and focus on getting the person adequate treatment.

For more information and resources, or to find a 24 hour crisis center near you, go to <http://www.suicidology.org>, or call 1-800-SUICIDE

Key things to remember:

- remember CPR - Current plan, Prior Attempts, Resources
- Know warning signs and risk factors
- treatment can help; most individuals with mental illness can benefit from treatment
- everyone needs to have patience - both you, and the person dealing with suicidal thoughts or mental illness
- suicidal feelings are usually lessened through talking; "talk is the breath of life to someone who's drowning."