

When Someone Talks to You About Suicide

When a co-worker, spouse, child or friend talks to you about suicide, no matter the context of the conversation, there's only one thing to do: take it seriously. When someone in distress confides his or her feelings to you, remember that the most important thing you can do to help is simply to listen.

According to the National Mental Health Association, eight out of 10 people who eventually take their own lives give some advance indication of their intentions. Many people talk about suicide well before they try to end their own life or "practice" for an eventual suicide attempt.

Listen carefully to what the person is saying if and when they talk to you about suicide, even if they are not relating the topic to themselves at the moment. No talk of suicide and no attempt, however mild or ineffective it may seem, should be ignored or dismissed. Recognizing another's suicidal intentions and acting on your recognition may well prevent a needless tragedy.

Dos and Don'ts

Nothing may be more distressing to someone than hearing a loved one or friend talk about killing himself or herself. But you may be one (or the only) person who can help him or her change the course of action. It's a difficult spot, and you should encourage the person to see a mental health care professional as soon as possible. In the meantime, try to find out if there is a detailed plan for committing suicide. If there is, the risk of suicide is both greater and more immediate. Suicidal thinking must be taken seriously and should be evaluated by a professional.

Here are some suggestions for responding to someone who talks to you about suicide.

- Don't act shocked when someone talks to you about their suicidal thoughts.
- If you can, transport the person to an emergency room or to the office of a mental health professional yourself.



- Talk to the person in a nonjudgmental way.
- Remove guns, medications or any other materials that might be used for self-harm.
- Let the person know you care about his or her well-being, that suicidal feelings are temporary and that problems can be solved.
- Don't use maxims like, "You have so much to live for" or "Your family will be devastated." These comments can add to the guilt and shame that may have led to the suicidal thoughts in the first place.
- Don't leave someone alone if he or she is in imminent danger of suicide.
- Don't promise to keep secrets or confidences for the person.
- Don't try to counsel the person yourself.
- Don't be afraid to communicate your concerns to other important persons in the individual's life who may be able to help: spouse, parent, doctor or therapist.

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Warning Signs

Mental health professionals have identified a number of warning signs that someone is contemplating suicide.

- Verbal threats ("I don't think I'll be around" or "My family is better off without me");
- Sudden risk-taking or daring behavior;
- Dramatic personality changes;
- Lack of interest in future plans; and
- Giving away of prized possessions.

Clearly, any history of previous suicide attempts should be kept in mind, because people who have made previous attempts are at a higher risk for committing suicide.

One of the most important risk factors for suicide is depression. Statistics indicate that up to (90 percent*) of suicide victims suffered from depression or bipolar disorder. Signs that someone is depressed include a change in appetite, weight or sleep patterns; loss of interest in activities that were previously pleasurable; fatigue and feelings of worthlessness or guilt. Problems with alcohol or drugs dramatically increase the risk of completed suicide.

When you notice several of these symptoms nearly every day for at least two weeks, depression may well be the cause. Mention to the person whose behavior has changed that you've noticed the changes; try to break through any resistance to talk about it. Early intervention often allows depression to be treated much more effectively, so encourage the person to seek professional advice.

Keep in mind the family history of someone you think may be suicidal. Mood disorders run in families, and people whose parents have taken their own life are at increased risk of suicide. Men are four times more likely to complete suicide than women, and people you would describe as impulsive, including teenagers, have a higher risk of making suicide attempts.

Substance use greatly increases the risk of completed suicide. Intoxicated persons lose inhibitions and many abused substances worsen depressive symptoms. A depressed person who also uses alcohol or drugs is at dramatically higher risk than one who does not.

Suicides often can be prevented with the intervention of caring people. Trust your instincts and express your willingness to help. However, the key is getting someone you are worried about to a trained professional; friends and family should not be in the position of determining if suicidal thoughts or statements are serious.

*Source: The Center for Disease Control and Prevention
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SUICIDE

2015 FACTS & FIGURES

Suicide is a preventable public health problem and a leading cause of death in the United States. More investment in suicide prevention, education and research will prevent the untimely deaths of thousands of Americans each year.

SUICIDE – Basic Facts

An American dies by suicide every 12.95 minutesⁱ



Ohio has a suicide rate of 13.35 per 100,000 people, which is **above** the national rate of 12.94 per 100,000

Americans attempt suicide an estimated **1 MILLION** times annuallyⁱⁱⁱ

- For every suicide, 25 suicides are attempted

90% of those who die by suicide had a diagnosable psychiatric disorder at the time of their deathⁱⁱ

In 2012, **firearms** were the most common method of death by suicide, accounting for **50.9%** of all suicide deaths, followed by suffocation (including hangings) at **24.8%** and poisoning at **16.7%**



For every **woman** who dies by suicide, four **men** die by suicide, but women are three times more likely to attempt suicideⁱ

42,773 Americans die by suicide every year.ⁱ Suicide is the 10th leading cause of deathⁱ in the United States

- **2nd** leading cause of death for ages 10-24
- **5th** leading cause of death for ages 45-59

Veterans comprise 22.2% of suicides^{iv}



SUICIDE – The Cost

More than **1.5 MILLION** years of life are lost annually to suicideⁱ

ⁱ Data obtained from CDC's Web Based Injury Statistics Query and Reporting System (WISQARS)

ⁱⁱ National Center for Health Statistics for the year 2006

ⁱⁱⁱ Centers for Disease Control and Prevention. Suicide – Facts at a Glance

^{iv} Department of Veterans Affairs 2012 Suicide Data Report

Source: American Foundation for Suicide Prevention

Bipolar Disorder and the Risk of Suicide

Not everyone who thinks of suicide attempts it. For many, it's a passing thought that lessens over time. For a significant number of people with depression, however, hopelessness and extreme anxiety may create suicidal thoughts that cannot easily be self-managed.

Having a mood disorder like bipolar disorder increases the risk of suicide hundreds of times over the risk in the general population. Estimates of the proportion of people diagnosed with bipolar disorder who die by suicide range from 3 percent to 20 percent, according to the American Foundation for Suicide Prevention.

Alcohol or substance abuse coupled with bipolar disorder, known as dual diagnosis, makes the problem worse. Drugs and alcohol interfere with the effectiveness of medications prescribed for depression, making it difficult for patients to control their symptoms.

The best suicide prevention strategy is to prevent episodes of illness. Maintain regular sleep habits, manage stress, continue to take your medications and participate in therapy. As soon as you notice you are cycling downward, get help.

The Depression and Bipolar Support Alliance offers the following additional tips:

- Keep a journal to write about your hopes for the future and the people you value in your life. Read what you've written when you need to remind yourself why your own life is important.
- Go out with friends and family, even if you're depressed. Visiting with caring family and friends may help you feel better.
- Learn to recognize the earliest warning signs of a suicidal episode.
- This is a signal to treat yourself with the utmost care, as opposed to becoming angry or disgusted with yourself.

If someone close to you has bipolar disorder

Family and friends of someone with bipolar disorder should pay attention to changes in the person's behavior or language. Warning signs include appearing depressed or withdrawn, behaving recklessly and giving away valued possessions. The person may have little appetite, lack energy or interest in his or her personal appearance, or say things like "my family would be better off without me."

Most bipolar patients who contemplate suicide communicate their thoughts to others, most often through direct and specific statements of suicidal intent. Make sure to listen to the person. Take any mention of suicide seriously.

Experts stress: If a person talks about suicide, that's a danger sign. But if the person talking about suicide has a mood disorder, that's an emergency. Get professional help for the person right away. Don't keep the person's thoughts a secret or get caught up worrying about what anyone else thinks.

For more information, contact the following resources:

American Foundation for Suicide Prevention

888-333-AFSP

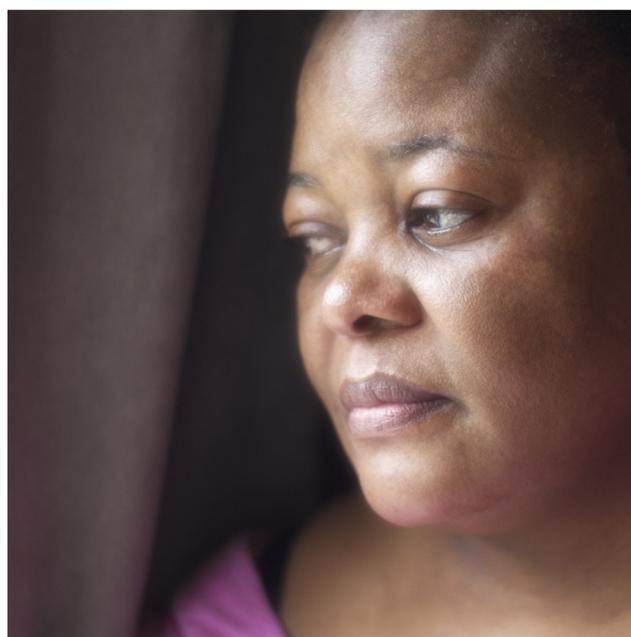
afsp.org

Depression and Bipolar Support Alliance

800-826-3632

dbsalliance.org

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Grief After Suicide

It's okay to grieve

The death of a loved one is a reluctant and drastic amputation, without any anesthesia. The pain cannot be described and no scale can measure the loss. We despise the truth that the death cannot be reversed and that somehow our dear one cannot return. Such hurt! It's okay to grieve.

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It's okay to cry

Tears release the flood of sorrow, of missing and of love. Tears relieve the brute force of hurting, enabling us to "level off" and continue our cruise along the stream of life. It's okay to cry.

It's okay to heal

We do not need to "prove" we loved him or her. As the months pass, we are slowly able to move around with less outward grieving each day. We need not feel "guilty," for this is not an indication that we love less. It means that, although we don't like it, we are learning to accept death. It's a healthy sign of healing. It's okay to heal.

It's okay to laugh

Laughter is not a sign of "less" grief. Laughter is not a sign of "less" love. It's a sign that many of our thoughts and memories are happy ones. It's a sign that we know our dear one would have us laugh again. It's okay to laugh.

- Know that you can survive, even if you feel you can't.
- Intense feelings of grief can be overwhelming and frightening. This is normal. You're not going crazy; you're grieving.
- Feelings of guilt, confusion, anger and fear are common responses to grief.
- You may experience thoughts of suicide. This is common. It doesn't mean you'll act on the thoughts.
- Forgetfulness is a common, but temporary side effect. Grieving takes so much energy that other things may fade in importance.
- Keep asking "why" until you no longer need to ask.
- Healing takes time. Allow yourself the time you need to grieve.
- Grief has no predictable pattern or timetable. Though there are elements of commonality in grief, each person and each situation is unique.
- Delay making major decisions if possible.
- The path of grief is one of twists and turns and you may often feel you are getting nowhere. Remember, even setbacks are a kind of progress.
- This is the hardest thing you will ever do. Be patient with yourself.
- Seek out people who are willing to listen when you need to talk and who understand your need to be silent.
- Give yourself permission to seek professional help.
- Avoid people who try to tell you what to feel and how to feel it and, in particular, those who think you should "be over it by now."

- Find a support group for survivors that provides a safe place for you to express your feelings, or simply a place to go to be with other survivors who are experiencing some of the same things you're going through.

By SAVE - Suicide Awareness Voices of Education



HELPFUL RESOURCES

National Suicide Prevention Lifeline:
suicidepreventionlifeline.org and
800-273-TALK (8255).

Silent Suffering (<http://www.dispatch.com/content/topic/special-reports/2015/suicide.html>)

This video report by *The Columbus Dispatch* is a nine-month long, in-depth look at suicide and the public health system.

Suicide and Suicidal Thoughts

This article by the Mayo Clinic, accessible at liveandworkwell.com, is a comprehensive look at suicide and its symptoms, causes, risk factors, tests and diagnosis, treatment and drugs, coping and support, prevention, and more. More articles, webinars, videos and resources about suicide and other behavioral health topics can be accessed via the Live and Work Well website, liveandworkwell.com; enter access code: 00832. Also, contact OEAP at 800-221-6327 for consultation services.



**OHIO EMPLOYEE
ASSISTANCE PROGRAM**

Your employee assistance program offers confidential help for personal problems and concerns. Concerned about a troubled family member who won't get help? Feel tired and exhausted, but don't know if it's burnout, loss of motivation, depression or all three? Late for work too often? Has the use of alcohol or drugs created a crisis you are facing right now? The bottom line, never wonder if your concern is appropriate to contact OEAP. So, if you've been putting off taking action to solve a serious issue that is weighing on you, give OEAP a call today.

Share Your Comments about Frontline Focus

Your comments are important. Please share your comments about Frontline Focus via OEAP's confidential email address: OEAP@das.ohio.gov. Your comments may be published in a future edition of Frontline Focus.

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