

SUICIDE

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Do you know the signs of suicide? Do you recognize the symptoms of depression? What would you do if a student told you they were going to commit suicide? Suicide ranks as the 8th leading cause of death in the U.S., and the second leading cause of death for college students. In any given year, 7 out of every 100,000 college students commit suicide. Yet most suicides can be prevented if we learn to recognize, evaluate and intervene effectively during a crisis.

Over 60% of all people who die by suicide suffer from major depression. A recent study conducted at several colleges and universities reported that 81% of the students surveyed had experienced depression since being at college, 32% had had thoughts of suicide, and 1% had attempted suicide while in college. Although the vast majority of suicidal thoughts do not result in attempts, nor do attempts result in deaths, there has been a significant increase in completed suicides among young people ages 18-24 years over the past few years.

The simplest definition of depression is “anger turned inward”. When that anger is harbored inside a person for a long time, the person may direct that aggression against themselves and the result may be suicide.

Depression can include self-destructive thoughts such as self-condemnation, unrealistic self-demands, perceived helplessness, all or nothing thinking and doom predicting. These self-destructive thoughts pave the way to self-destructive behaviors such as withdrawal from others, acting aggressively, abusing food, alcohol or drugs, self-mutilation, and attempting suicide. Interpersonal problems such as loneliness and isolation, love relationship break-ups, problems with parents, and grades are among the most commonly reported triggers for suicidal and self-destructive thoughts and behaviors.

Suicide is an irrational decision based on several short, but usually one long episode of depression involving feelings of despair, helplessness or worthlessness. Suicide usually occurs on the upswing from a depression. Something as trivial as a minor defeat or loss at this point, a low grade or loss of an athletic contest, may set the person way back and be “the straw that broke the camel’s back” so to speak.

Nearly 70% of people who complete a suicide indicate their intentions – either directly or indirectly- to someone in advance, usually a “significant other”. Suicide is known to be more frequent on Monday morning and Friday night, after exams and after holidays, in families where communication is poor, among single, divorced and widowed individuals. The peak age for suicide is between 24–44 years old, but in the past decade the suicide rate has doubled among 15-24 year olds. Although more women attempt suicide, more men succeed. Firearms is the leading method of suicide - used in about 50% of all suicides.

Suicidal thoughts are not uncommon for college students under stress.....for anyone under stress! Everyone thinks about suicide at least once in their lives. Most of the time that simply means that we wish for relief, for less pain and conflict than we feel at that particular moment. Rarely does it mean we want to feel nothing forever, but rather that we would like to tune out for awhile and tune back in when the problem is solved. We have moments of saying “If I kill myself they’ll be sorry”, or “If I kill myself I won’t be a burden”, etc. Usually we find ways to escape suicidal thoughts and often it is nothing more than a passing angry feeling.

But – if you’re feeling so unhappy that thoughts of suicide don’t scare you, or you know of someone in this state of mind, it’s time to talk to someone – fast. Death is permanent. Feelings pass. The greatest preventative against suicide is the ability to communicate to another person and the ability of the other person to “hear” the cry for help.

WHAT ARE THE SIGNS OF A POTENTIALLY LETHAL SUICIDE?

1. Previous suicide attempt.
2. Overwhelming sense of guilt, shame or rejection
3. Statements or actions that indicate giving up, or loss of will to live-OR- a direct suicide threat
4. Obsession with death manifested in poems, essays, drawings, songs, conversation, etc.
5. Sudden and unusual recovery from a depressed state. Unusual calmness or sudden positive behavior changes following a period of depression.
6. Statements about getting attention or getting even
7. Changes in sleeping or eating habits
8. Severe decline in school performance
9. Definitiveness of plan – the more definite the plan, the more serious the intent.
10. Dramatic changes in personality and/or appearance
11. Reversibility of plan – the quicker the planned act or the shorter the time span to accomplish, the more serious the intent.
12. Proximity of others – the more isolated the location of the plan, the more serious the intent.
13. Giving possessions away, finalizing business affairs, revising a will or other personal documents.
14. A history of severe alcohol or drug abuse.
15. A history of previous psychiatric treatment or hospitalization.
16. Failure to use available resource and support systems – unwillingness to use resource and support systems indicates a cutting off of communications and makes the intent more serious.
17. Self-mutilation – scratching, marking body, other self destructive acts.
18. Changes in medications, or stopping the taking of prescribed medications

HOW CAN YOU HELP?

WHAT SHOULD YOU KNOW?

1. Be aware of the above signs of suicide and remember that these signs can be both verbal and nonverbal. Nonverbal suicidal behavior is the more potentially lethal symptom.
2. **DO TAKE IT SERIOUSLY**
3. Be honest in establishing a relationship with the person.
4. Do not promise confidentiality. You have a “duty to warn” if the person is a threat to themselves and/or others.
5. Try to determine how immediately lethal the threat is. Ask the person: “on a scale of 1-10, 1 being the low, how would you rate your chances of committing suicide at this time?”

6. Do not avoid talking about suicide – the person already is thinking about it. Your concern and ability to talk about it may help the person regain enough control over themselves, to get through the immediate crisis and to professional help.
7. Find out what stress they are under and clarify the immediate problem. Asking who they want to know they have committed suicide is often an excellent way of targeting the immediate problem.
8. Find out if they have attempted suicide before. If so, there is more serious risk for a second attempt.
9. Support the person through the immediate crisis but don't nurture, don't challenge. Try to prepare the person for referral to a professional.
10. Don't promise to be available in a crisis if you can't deliver. The person will be relying on you and your failure to follow through will be interpreted as one more sign of rejection.
11. Get the person to someone who can provide professional care. Take them there yourself.....don't rely or expect them to get there on their own.

Of tentimes, hindsight shows us many of the symptoms that led to a suicide could have been prevented if we had been more aware. We must learn to recognize the cries for help and then be ready to act decisively and compassionately.

For more information on this topic, stop by the Counseling Center.

Keep the following page handy for use in any mental health emergency

**WHERE TO CALL FOR HELP DURING
SUICIDE OR OTHER MENTAL HEALTH CRISES
24 HOUR AREA CRISIS TEAMS
EMERGENCY LINES
EQUIPOS de CRISI en el AREA**

Psychiatric Crisis Services

733-6661

Springfield, Longmeadow, East Longmeadow, Holyoke,
Ludlow, Monson, Palmer, South Hadley, South Hampton,
Thorndike, Three Rivers, Ware, Wilbraham, Belchertown,
Bondsville, Chicopee, Granby, Hampden

Behavioral Health Network

539-2971

Springfield, Holyoke, Chicopee and surrounding towns

Carson Center Crisis and Prevention
Agawam, West Springfield, Westfield, Southwick

568-6386

Mt. Tom Mental Health Institute
East Longmeadow, Holyoke,
Ludlow, Monson, Palmer, South Hadley, Southampton,
Thorndike, Three Rivers, Ware, Wilbraham, Belchertown,
Bondsville, Chicopee, Granby

536-2251 Springfield, Longmeadow,

Northampton Emergency Service
Northampton, Amherst and surrounding towns

586-5555

Springfield Technical Community College
Counseling Center

755-4985

Health Services

755-4230