

Suicide Prevention

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Suicide is a tragic and very scary act. It's one of the darkest and most forbidding of subjects to discuss. We are often afraid to bring it up, because we fear we might make it more likely—but, in fact, we would not. We feel helpless to stop it—and, indeed, we may be. But there are steps we can take to make it less likely. Here are some basic facts about suicide:

- In the U.S., there is a 1/25 ratio of deaths to attempts. There may be many more attempts of which we're not aware.
- Suicidal ideation is very common.
 - Of college students, 50 percent have thought about it.
 - It is the third leading cause of death for youth, but that is decreasing.
 - It is the second leading cause of death among 25- to 35-year-olds.
 - Rates are highest among Caucasian, working-aged men.
 - Rates are increasing among women ages 40-44.

It is best to understand suicide as a crisis of belonging. Those most at risk for attempting suicide tend to be experiencing two factors: thwarted belongingness and perceived burdensomeness. Whether it is a fact or simply false perception, those at most risk for attempted and completed suicide often feel strongly that they are not connected to their families and communities in any meaningful way and that they are a burden to others. These factors combined with access to lethal means are a toxic combination.

Five specific, treatable mental health illnesses account for 90-95 percent of suicides. These mental illnesses are mood disorders, such as bipolar disorder and depression; substance abuse/dependence (primarily alcohol); schizophrenia; post-traumatic stress disorder (PTSD) and panic disorders; and eating disorders. Encouraging appropriate treatment for these disorders can contribute to a significant reduction in suicide risk for many individuals.

We can help reduce the possibility of suicide by becoming more aware of the indications of possible suicidal thinking and being less fearful about addressing our concerns directly. Sometimes the telltale indications are subtle and difficult to identify; however, there are some distinctive indicators that might be noticeable, providing us with an opportunity to intervene. One should not consider an indicator by itself to be of concern, but noticing several of them in a short period of time might be a red flag. Indicators of suicidal intent include talking about death and dying as a positive thing, exhibiting a sense of hopelessness, making veiled threats of suicide, experiencing suicidal ideation, demonstrating marked changes in behavior, abusing substances, saying goodbye, giving away possessions, tying up loose ends financially, and manifesting agitation as sleeplessness and/or shaking.

When we suspect someone we know may be thinking of suicide, we can help by gently asking that person about it. Preface the conversation with expressions of concern, and ask simple and direct questions, such as, "Are you thinking about killing yourself?" and, "How?" The simple act of reaching out may be enough to "disarm" an individual who is developing intent. Encourage anyone who admits to suicidal thoughts to seek psychological help. If you are concerned about an imminent threat of harm, call the Benton Franklin Crisis Response line at (509) 783-0500 or (800) 548-8761, or call 911 for immediate help.