

How Common is Suicide

Currently there are 31,000 suicides every year in the United States, making suicide the eighth leading cause of death in America. In some areas, particularly the West, it is the second or third leading cause of death among adolescents and young adults. A person commits suicide about every eighteen minutes in the U.S. An attempt is made once a minute on average. There are more than four male suicides for every female suicide. However, at least twice as many females as males attempt suicide. It is estimated that for every suicide, at least six other family members, friends, and co-workers are intimately affected and left to survive the terrible loss.

While some suicides occur without any outward warning, most do not. In fact, according to Surgeon General David Satcher, 47% of those who completed suicide had visited their doctor one week before they died, and an alarming 71% visited a doctor in the month prior to suicide.

Causes

The leading cause of suicide is untreated depression. The symptoms of depression include:

- Persistent sad or “empty” mood
- Feelings of hopelessness, guilt, pessimism, or worthlessness
- Substance abuse
- Fatigue or loss of interest in ordinary activities
- Disturbances in eating and sleeping patterns
- Irritability, increased crying, anxiety and panic attacks
- Difficulty concentrating, remembering or making decisions
- Thoughts of suicide, suicide plans or attempts
- Persistent physical symptoms or pains that do not respond to treatment

Not all people with depression will have all these symptoms, nor have them to the same degree. If a person has four or more of these symptoms, if nothing can make them go away, and if they last more than two weeks, a doctor or psychiatrist should be consulted.

Several studies have indicated that some people may have a physical predisposition to suicide that is associated with the levels of some neurotransmitters in their bodies. The depressions and emotional crisis that often precede suicide are, in most cases, both recognizable and treatable.

Some estimates suggest that 80-90% of people with

depression respond positively to treatment, and almost all people gain some relief from their symptoms.

Five additional at-risk populations include: adolescents and young adults (suicide is the third leading cause of death among all those 15-24 years old), older adults (particularly white males), persons with certain medical illnesses (people with AIDS, for example, have a suicide risk up to 20 times that of the general population), and special populations including gay and lesbian, bisexual and transgender populations, and African-American and Native Alaskan populations.

Suicide Prevention

The most effective way of preventing suicide is to learn to recognize the signs, take those signs seriously, and know how to respond to them. The American Foundation for Suicide Prevention offers these guidelines:

1) Know the danger signals—

- Previous suicide attempts: 20-50% of people who kill themselves had previously attempted suicide. Those who have made serious attempts are much more likely to try again.
- Talking about death or suicide: People who commit suicide often talk about it directly or indirectly. Be alert to statements such as, “My family would be better off without me.” Sometimes those contemplating suicide talk as if they are saying good-bye or going away.
- Planning for suicide: Suicidal individuals often arrange to put their affairs in order. They may make unusual visits or calls to people they care about, give away articles they value, pay off debts or mortgages, or change a will. Sometimes a person who is planning for suicide may seem suddenly happier, calmer.
- Depression: Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression might make the person be obviously sad, but it is more often expressed as a loss of pleasure or withdrawal from activities that once had been enjoyable.

2) Take it seriously—

- 75% of all suicides give some warning of their intent to a friend or family member.
- All suicide threats and attempts must be taken seriously, especially those of teenagers among whom such threats are more common.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

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3) **Be willing to listen —**

- Take action: ask what is the matter and overcome any reluctance to talk about it.
- Even when professional help is suggested, the person you care for is more apt to follow such a recommendation if you have listened to him or her.
- If your friend or relative is depressed, don't be afraid to ask whether he or she is considering suicide, or even if they have a particular plan or method.
- Do not attempt to argue anyone out of suicide; rather, let the person know you care and understand, he or she is not alone, suicidal feelings are temporary, depression can be treated, and problems can be solved. Avoid the temptation to say, "You have so much to live for," or, "Your suicide will hurt your family."

4) **Be actively involved in seeking professional help—**

- Encourage the person to see a physician or mental health professional immediately. As suicidal people often do not believe they can be helped, you may have to do more, such as going with them to see a psychiatrist.
- You can make a difference by helping those in need find a mental health professional or a treatment facility. The telephone number to access services at Northern Lakes Community Mental Health is 1-800-492-5742 or (231) 922-4850.

5) **In a crisis, take the person to the Emergency Room or contact Northern Lakes Community Mental Health at 1-800-492-5742 or (231) 922-4850 or after hours at 1-800-442-7315 —**

- Do not leave the person alone until help is available.
- Remove any firearms, drugs, razors, or scissors that could be used as aids to suicide from the area.
- Medication and/or hospitalization may be recommended and necessary, at least until the situation improves.
- If the above are not options, call your local emergency number. Chances are the operator can help you get immediate assistance.

6) **Follow up on your loved one's treatment—**

- Suicidal people often hesitate to get help and may run away after doing so unless there they receive support.
- If medication is prescribed, take an active role in making sure the person follows his or her prescription. Be sure to notify the physician about any unexpected side effects; different medications can often be prescribed.

Teen Suicide

The strongest risk factors for attempted suicide in youth are depression, alcohol or drug abuse, and aggressive or disruptive behaviors. If several of the following are present, a mental health professional should

be consulted:

- depressed mood
- substance abuse
- frequent episodes of running away or going to jail
- family loss or instability, significant problems with parents
- expression of suicidal thoughts, talk of death or the afterlife
- withdrawal from friends and family
- difficulties in dealing with sexuality
- lack of interest in or enjoyment of activities that once were pleasurable
- unplanned pregnancy
- impulsive, aggressive behavior; frequent rage

Teenagers considering suicide generally feel alone, hopeless, and rejected. They are especially vulnerable to these feelings if they have experienced a loss, humiliation, or trauma of some kind, perhaps a break up with a boyfriend or girlfriend, parents with alcohol or drug problems or who are abusive, a family life affected by parental discord, separation or divorce, or poor performance on a test. A teenager may be depressed or suicidal, however, without any of these ill conditions.

Teens are not helped by lectures or from hearing the many reasons they have to live. They are helped by knowing they have someone to whom they can turn to discuss their feelings or problems. The person must be very willing to listen and explain that depression and suicidal thoughts can be treated. Treatment is of supreme importance. Let them know help is available.

Sources:

American Foundation for Suicide Prevention
American Psychiatric Association
Mental Health America
SA/VE (Suicide Awareness/Voices of Education)
Suicide Prevention Advocacy Network (SPAN)

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org, (800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642