

Why is suicide reduction important?

- Suicide is a devastating event - for those who die, survive attempts, and for family, friends, colleagues
- There is considerable loss of life
- It is an issue for many organisations – statutory, voluntary sector and private sector
- It is not confined to people with mental health problems
- The incidence is an indicator of widespread distress and lack of inclusion

Suicide can only be reduced through effective individual and partnership working

What is the scale of the problem?

- Globally, every three seconds someone attempts to take his or her own life. Every thirty seconds someone dies by suicide
- Approximately one million deaths a year are by suicide. This is higher than the total number of deaths each year from all wars and all murders combined
- In Great Britain 6002 people died by suicide in 2020. This compares to 1460 deaths on the road in Great Britain in 2020

Suicide in England

- 4912 suicide deaths in England in 2020 (ONS)
- 3682 men and 1230 women
- The numbers and rates of suicide and undetermined deaths vary between age groups, with rates among males highest for those aged 45-49 years (except 90+ years) and among females, highest for those aged 50-54 years.

Myths and Facts about Suicide (1)

- Myth: People who talk about suicide are just trying to get attention
- Fact: People who complete suicide usually talk about it first; they are in pain and reach out for help; they do not know what to do and have lost hope. Always take talk about suicide seriously
- Myth: People who talk about wanting to die by suicide do not try to kill themselves
- Fact: People who talk about wanting to die by suicide often kill themselves

Myths and Facts about Suicide (2)

- Myth: Suicide always occurs without any warning signs
- Fact: Very often there are warning signs

- Myth: Once people decide to die by suicide there is nothing you can do to stop them
- Fact: Suicide can (sometimes) be prevented; most people who are suicidal do not want to die; they just want to end the pain

- Myth: Suicide only strikes people of a certain age, gender, race, financial status, etc
- Fact: Suicide can strike anyone

Myths and Facts about Suicide (3)

- Myth: People who attempt suicide and survive will not attempt suicide again
- Fact: People who attempt and survive often make additional attempts
- Myth: People who attempt suicide are “mad/crazy”
- Fact: Anyone could attempt suicide; many, but not all, are depressed; there are good and effective treatments for depression, and people recover
- Myth: People who attempt suicide are weak
- Fact: Many “strong” people die by suicide

Myths and Facts about Suicide (4)

- Myth: You should never ask people who are suicidal if they are thinking about suicide or if they have thought about a method, because just talking about it will give them the idea
- Fact: Asking these type of questions does not give people ideas that they don't already have; detailed questions can allow someone to start talking about their feelings and diffuse some of the tension that is causing the suicidal feelings
- Myth: Suicide has a single cause
- Fact: Suicide is rarely the result of one thing but rather a series of events and triggers from the life and surroundings of the suicidal person

Myths and Facts about Suicide (5)

- Myth: Suicide is the coward's way out
- Fact: Suicide takes courage, so it's factually incorrect, but much more importantly, stating this myth is a very good way of making sure no-one says anything to you ever about suicidal thoughts or feelings
- Myth: Young people never think about suicide; they have their whole lives in front of them
- Fact: Suicide is the leading cause of death for men aged 15 - 44 and for women aged 15 – 29. Suicide under the age of 10 is very rare, but not unknown

Thoughts of Suicide

- Researchers estimate that roughly 1 in 20, 5%, of the population have thoughts of suicide in any one year
- That is a lot of people, far more than will ever make an attempt
- And for every death there are many attempts, perhaps 10-20? Or even more, 40-100, where intent is less certain.....
- So don't be surprised to meet someone with thoughts of suicide
- And there is no need to panic, the risks are there but are still low. Especially if they are talking to you about it

The Continuum of Suicide

- At one end, no thoughts; then fleeting thoughts; then more concrete; then thought about method; then more planning – how, when, where; then rehearsal, building up courage; then an attempt
- All this takes time, usually weeks or months
- So there are many opportunities to intervene, as long as we know/suspect there are thoughts of suicide
- We can also ask questions to assess where someone is on this continuum, a good way of assessing risk

There is but one truly serious philosophical problem and that is
suicide

Albert Camus

(1913 – 1960, killed in a car accident)

The real reason for not committing suicide is because you know
how swell life gets again after the hell is over

Ernest Hemingway

(1899 – 1961, shot himself)

Some possible warning signs

“I wish I was dead”

“I just can’t take it any more”

“All my problems will end soon”

“I won’t be needing these things any more”

“Nothing can help me now”

“People will be better off without me”

Giving away possessions

Lack of interest in appearance

Physical health complaints

Loss of interest in hobbies

Withdrawal from family, friends, school, work

Reckless behaviour

Impulsivity

What can you do?

- Suicide is a “logical” response to overwhelming psychological pain, unbearable mental anguish
- The priority is to do something to reduce that pain/anguish, by however little, as soon as possible

Listening as a key skill (1)

- Avoid closed questions – those that can be answered with a simple “Yes” or “No”
- Try something like:
 - “How do you feel about.....
 - “Can you tell me about those thoughts.....
 - “How are you feeling now.....
 - “What’s going on for you.....
 - “How do you feel about.....going to see your doctor?.....

Listening as a key skill (2)

- Be natural and direct
- Don't be afraid of silence – it can be very supportive to someone in distress
- Keep the dialogue open
- Don't let your needs to rescue predominate
- Don't make assumptions – you never know until you ask

Listening as a key skill (3)

- Use reflective listening tools such as paraphrasing, reflecting, summarising and questioning
- Be yourself – with skill – try not to act shocked, as this creates distance
- Listen, listen, listen – the time is for the person in distress, not for you

Why is listening so important?

- One might view the mind of a suicidal person as a “pressure cooker” – listening is a way of reducing the pressure, and thereby helping reduce the pain/anguish
- Listening buys time – time to get further help, time for the person to feel a bit better
- If you can help reduce that pressure, by however little, you give the person a bit of hope that things may improve further.....

Asking the question...

- If you ask a “pussyfoot” question you will get a “pussyfoot” answer
 - Eg “How bad do you feel?” “Pretty bad”
 - Or “You aren’t thinking about doing anything silly, are you?” “No, of course not!”
- So ask clearly and directly
 - Eg “Have you thought about suicide/killing yourself?”
 - Or “Have you thought about taking your own life?”

...and then what if they say yes?

- Suicidal thoughts? If so...
- Continue listening.....and listening.....
- Ask if fleeting, or more regular? If regular...
- Ask “Do you have a plan?” If so...
- Ask about method? timescale?
- Try to remain calm, concerned but not shocked, try to remain non-judgmental, try to keep listening

...and then what?

- Investigate ambivalence/uncertainty – the person has reasons for wanting to die, but look also for reasons for living. Try saying:
 - problems are temporary
 - they can be looked at one by one
 - help is available
 - treatment may be effective quickly
 - you will be able to enjoy things again
 - you will be able to stop being a burden
- Remind them, sensitively, that suicide is a permanent solution to temporary problems

...and then what?

- Construct a short term safe plan, preferably with the person's cooperation
- Importance of removing means – plans involving particular methods are usually formulated over a long time period, so making a change in method necessary
BUYS TIME
- Get the person at risk some help, professional (GP, A&E), personal (family, friend), other (voluntary sector, Samaritans)
- Try not to leave them alone. If you have to leave, can someone else stay with them?

Importance of referring

- People at serious risk should be referred for immediate help from qualified mental health professionals – preferably via a GP
- Samaritans provide a 24 hour / 7 days per week professional listening service
Telephone 116 123 (Free)
- Samaritans accept and reply to emails and text messages, as well as telephone calls
jo@samaritans.org
- Dealing with a person who is suicidal is not easy, it can be shocking and stressful – don't try to do it alone, talk to someone else afterwards

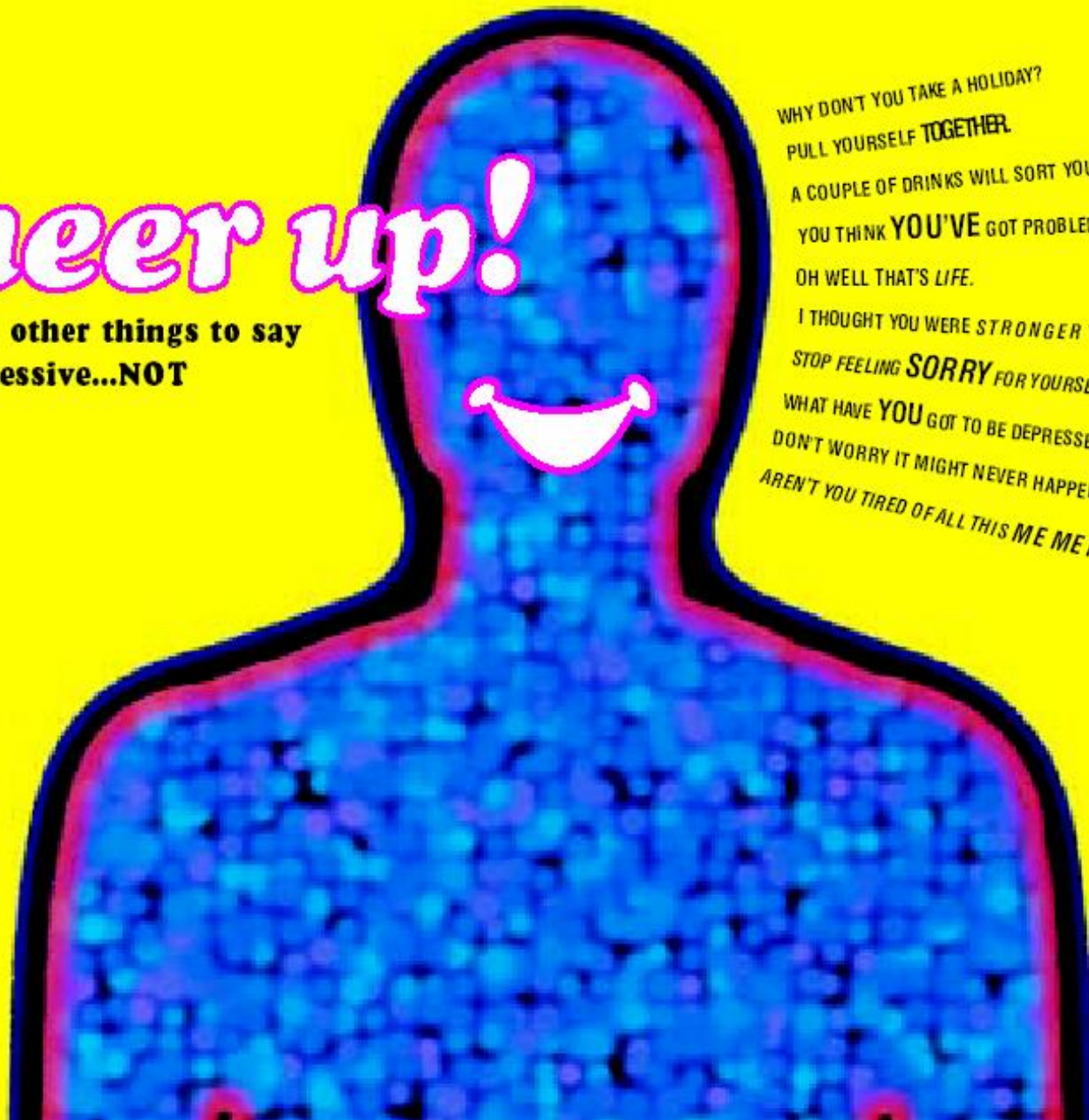
Awareness of the signs of depression

- No pleasure in life
- Feeling worthless and hopeless
- Severe anxiety, panic or fear
- Changes in sleep patterns
- Changes in eating patterns
- Difficulty concentrating and making decisions
- Withdrawing from other people
- Overuse/misuse of drugs and/or alcohol
- Wanting to harm yourself

At least 60-80% of people completing suicide have unrecognised or untreated (or insufficiently treated) depression

cheer up!

and other things to say
to a depressive...NOT



WHY DON'T YOU TAKE A HOLIDAY?

PULL YOURSELF **TOGETHER**.

A COUPLE OF DRINKS WILL SORT YOU OUT.

YOU THINK **YOU'VE** GOT PROBLEMS.

OH WELL THAT'S *LIFE*.

I THOUGHT YOU WERE *STRONGER* THAN THAT.

STOP FEELING **SORRY** FOR YOURSELF.

WHAT HAVE **YOU** GOT TO BE DEPRESSED ABOUT?

DON'T WORRY IT MIGHT NEVER HAPPEN.

AREN'T YOU TIRED OF ALL THIS *ME ME ME* STUFF?

Some Other Resources

Charlie Waller Memorial Trust - www.cwmt.org.uk - national charity devoted to recognising depression and preventing suicide

Hub of Hope – free app, for local resources

Livingworks (Canada) – ASIST and SafeTALK training - www.livingworks.net

Grassroots Suicide Prevention (Brighton) – StayAlive mobile free app.

Mind's Elefriends online community – www.elefriends.org.uk

Papyrus – www.papyrus-uk.org - the national charity devoted to preventing suicide in young people

Resumé

by Dorothy Parker

(1893 – 1967, died a natural death,
four suicide attempts earlier in her life)

Razors pain you
Rivers are damp
Acids stain you
And drugs cause cramp

Guns aren't lawful
Nooses give
Gas smells awful
You might as well live

Summary – You can make a difference!

- Don't be afraid to discuss suicide – you won't put thoughts into people's minds that aren't there already
- You don't need to be an expert
- Your human qualities can make all the difference
- Get help – refer appropriately
- Look after yourself