

School/Community Response to Suicide

Our community has been struggling with the tragedy of suicide. Research has helped to launch a greater understanding about the causes of suicide. The following information has been adapted from the American Foundation for Suicide Prevention Website (AFSP.org):

Over 90 percent of suicide victims have a significant psychiatric illness at the time of their death. These are often undiagnosed, untreated, or both. Mood disorders such as depression, and substance abuse are the two most common. When both mood disorders and substance abuse are present together, the risk for suicide is much greater, particularly for adolescents and young adults.

The cause of an individual suicide is more complicated than a recent painful event such as the break-up of a relationship or the loss of a job. Social conditions alone do not explain a suicide.

It is important to understand that the great majority of those who take their life are suffering the effects of a mental health problem and are in a great deal of psychological pain. This pain can be so profound that it impairs thinking, and it leads a person to erroneously believe that suicide is the only way to stop it. Stigma and fear of judgment can prevent someone from reaching out for help. Understanding this can help us to suspend harsh judgment and respond to those that are left behind with the sympathy and compassion they so need and deserve

Warning Signs for Suicide

Most of the time, people who take their own life show one or more of these warning signs before they take action:

- Talking about wanting to kill themselves, or saying they wish they were dead
- Looking for a way to kill themselves, such as hoarding medicine or buying a gun
- Talking about a specific suicide plan
- Feeling hopeless or having no reason to live
- Feeling trapped, desperate, or needing to escape from an intolerable situation
- Having the feeling of being a burden to others
- Feeling humiliated
- Having intense anxiety and/or panic attacks
- Losing interest in things, or losing the ability to experience pleasure.
- Insomnia
- Becoming socially isolated and withdrawn from friends, family, and others
- Acting irritable or agitated
- Showing rage, or talking about seeking revenge for being victimized or rejected, whether or not the situations the person describes seem real

- Suicidal thoughts or behaviors are an emergency. Individuals who are having these thoughts or display such behaviors should be evaluated for possible suicide risk by a medical doctor or mental health professional.

What To Do When You Suspect Someone May Be at Risk for Suicide

Take it Seriously

50% to 75% of all people who attempt suicide tell someone about their intention.

If someone you know shows the warning signs above, the time to act is now.

Ask Questions

Begin by telling the suicidal person you are concerned about them.

Tell them specifically what they have said or done that makes you feel concerned about suicide.

Don't be afraid to ask whether the person is considering suicide, and whether they have a particular plan or method in mind. **These questions will not push them toward suicide if they were not considering it.** Asking about suicidal thoughts can be a relief to the person, and it can open the door to getting help.

Ask if they are seeing a counselor or are taking medication so the treating person can be contacted.

Do not try to argue someone out of suicide. Instead, let them know that you care, that they are not alone and that they can get help. Avoid pleading and preaching to them with statements such as, "You have so much to live for," or "Your suicide will hurt your family."

Encourage Professional Help

Actively encourage the person to see a doctor or mental health professional immediately.

People considering suicide often believe they cannot be helped. If you can, assist them to identify a professional and schedule an appointment. If they will let you, go to the appointment with them.

Take Action

If the person is threatening, talking about, or making specific plans for suicide, this is a crisis requiring immediate attention. Do not leave the person alone.

Remove any firearms, drugs, or sharp objects that could be used for suicide from the area.

Take the person to a walk-in clinic at a psychiatric hospital or a hospital emergency room.

If these options are not available, call 911 or the Volunteers of America in Everett at 1-800-584-3578.

Follow-Up on Treatment

A suicidal person may continue to believe that nothing can help them feel better. They may need your support to continue with treatment after the first session.

If medication is prescribed, support the person to take it exactly as prescribed. Be aware of possible side effects, and notify the person who prescribed the medicine if the suicidal person seems to be getting worse, or resists taking the medicine. The doctor can often adjust the medications or dosage to work better for them.

Help the person understand that it may take time and persistence to find the right medication and the right therapist. Offer your encouragement and support throughout the process, until the suicidal crisis has passed.

Some Things to Remember in the Aftermath of a Suicide

There are so many feelings that can arise after a suicide and can include: feeling really sad; feeling alone, as though no one understands what you are going through; shock, or numbness; trying to understand why this happened; feeling responsible, wondering whether there was something you missed or something you could have said or done, or something you wished you didn't say or do; feeling angry at whoever you believe is to blame, including the person who took their life; feeling abandoned by the person who died; feeling ashamed and worried about what to tell people for fear of being judged; feeling like the whole world has turned upside down, that nothing makes sense anymore and worried that things will never be the same again; feeling guilty for laughing, having fun or finding pleasure in life.

Our bodies can react when we hear the shocking and upsetting news of someone's suicide. These feelings can include: anxiety; sleep disturbance; appetite disturbance; difficulty concentrating; wanting to be alone; disturbing thoughts that you can't get out of your head; stomach aches, headaches, body aches.

While all of these feelings may be normal in the first days and weeks after a suicide, it is important to talk to someone if you or someone you know is noticing that some of these feelings are very strong or are not going away.

It is important to remember that you are not alone and you don't have to cope on your own. Reaching out to talk openly and honestly about the feelings you are having since the suicide can be very helpful. Look to the supports in your family, school, neighborhood, place of worship, as well as suicide survivor groups (a survivor is someone that has lost a loved one, friend or peer to suicide).

There is no set rhythm or timeline for healing. Each person grieves at their own pace and in their own way. Some people want to talk about it a lot and some don't want to talk much at all. Be patient with yourself. Healing takes time.

Those who have lost someone to suicide often find it very powerful to transform their grief into action. The American Foundation for Suicide Prevention (AFSP) sponsors suicide prevention walks across the country called Out of the Darkness Community Walks. Those who have lost someone to suicide can walk in that person's memory and honor them by raising money for the American Foundation for Suicide Prevention. The monies raised will be go to AFSP's vital research and education programs to prevent suicide and save lives, increase national awareness about depression and suicide and assist survivors of suicide loss.

Resources

Toll-free, 24/7 Access Line for information, referrals and crisis response – 1-888-868-1649

Santa Barbara Response Network 24/7 Line – 805-699-5608. www.sbresponsenetwork.org

National Suicide Prevention Lifeline – 1-800-273-TALK. www.suicidepreventionlifeline.org