

SUICIDE PREVENTION

Although there is a close association between mental illness and suicide, a formal diagnosis is not a prerequisite. Effectively reducing the immediate risk of suicide generally involves eliminating access to potential instruments of harm, together with treatment that addresses the person's mental distress. Every state has procedures for providing this treatment, whether or not the person consents.

Suicide risk involves three factors:

1. THWARTED BELONGINGNESS

A perception, belief, or feeling of disconnection or alienation from others.

2. THWARTED EFFECTIVENESS

A perception, belief, or feeling of failure or worthlessness, or that one has become a burden on others.

3. ACQUIRED CAPACITY FOR SELF-HARM

A kind of fearlessness, recklessness, or immunity to pain, which is gained through experience of painful injury, prior self-harm, or through practice of another sort.

When people are experiencing a suicidal crisis, they lose cognitive capacity, especially the ability to generate or recognize options. At this point, people may need a safe environment and close observation.

If you sense that the person is becoming suicidal, stay with the person. Ask the person directly about thoughts of suicide. Ask directly using these words: "Are you thinking about killing yourself?" Try to persuade the person to seek help from their doctor or visit an emergency room.

Offer to help them get in contact with a crisis hotline by calling 1-800-273-8255 or dialing 911.

Help the person scribble down a quick plan to get through the next few days.

People who are suicidal should not be left alone. Check on them if they get up at night. Limit the person's access to firearms, medications, or other lethal methods for suicide.

SUICIDE RISK FACTORS

THWARTED BELONGINGNESS, EFFECTIVENESS

-- Depression and other mental disorders, and/or a substance-abuse disorder. More than 90 percent of people who die by suicide have these risk factors. Family history of mental disorder or substance abuse. People with borderline personality disorder experience high levels of alienation and feelings of worthlessness, and have extremely high suicide risk.

-- Failed relationships, financial loss, or loss of status. Criminal behavior, impending lengthy incarceration. Other shameful circumstances. Disgrace. Shunning. Bullying. Religious or ideological failure.

-- Disability, aging, loss of autonomy. Reduced capacity for self-care. Inability to ensure safety of a dependent spouse or disabled adult child.

-- Cognitive distortions, delusions, paranoia, rage.

-- Frequent nightmares, lack of sleep.

ACQUIRED CAPACITY FOR SELF-HARM

-- Prior suicide attempt (puts the person at highest level of risk).

-- Exposure to the suicidal behavior of others, such as family members, peers, or media figures.

-- Exposure to violence, including physical or sexual abuse. Exposure to the violent behavior of others. Family violence. Occupational violence, especially for public safety workers. Combat violence. Incarceration.

-- Pain and injury, especially self-injury. Multiple surgeries. Frequent tattoos and piercings.

-- Risky and reckless behavior, provocative experiences. Disruptive behavior.

-- Substance abuse.

-- Medication misuse.

-- Firearms in the home (the method used in more than half of suicides). Firearms, suffocation, and poisoning are the most frequent means used to commit suicide.

-- Vicarious experiences. Opportunities to practice, plan and contemplate self-harm. Violent media, video games.

-- Changes in mental health medication. People may become activated as medication takes effect or wears off.