



Mental Health America of Franklin County

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Suicide Fact Sheet

As many as one in six people will become seriously suicidal at some point in their life. No suicide attempt or talk of suicide should be dismissed or treated lightly. Suicidal thinking is typically associated with an underlying mental illness. Most often it is associated with clinical depression, anxiety disorders, chemical dependency, and other disorders which produce profound emotional distress and interfere with effective problem solving.

The good news is that there are many effective treatments available to address mental illness, and the majority of people who receive appropriate treatment improve or completely recover. While suicide is a complex behavior, early recognition and treatment of underlying mental illness can reduce the risk for suicide.

What Causes a Person to Commit Suicide?

Among the immediate motives for suicide are despair, hopelessness, illness, humiliation, loss of employment, loss of a relationship, death in the family, guilt, or psychotic delusions. It is estimated that 90-95% of suicides involve depression and other brain disorders. Many high-risk groups and/or factors can lead a person to commit suicide:

Depression: Between 30% and 70% of suicide victims suffered from major depression or bipolar disorder.

Substance Abuse: An estimated 50% of suicides involve substance abuse. The rate of suicide in alcoholics is 3 to 4 times the average, and for narcotics users it is 5 times the average. Often, depression is also a factor in these cases.

Schizophrenia: One-third of people with schizophrenia attempt suicide, and 5-10% eventually succeed. The majority of people with schizophrenia who are suicidal are young, unemployed males with no families. They are usually isolated and may also have substance abuse problems. Additionally, suicidal behavior may result from hallucinations or delusions that are symptoms of schizophrenia.

Adolescence: Young people (age 15 to 24) account for 20% of male suicides and 14% of female suicides. Suicide attempts are among the leading causes of hospital admissions in people under 35.

Aging: Elderly white males have the highest suicide rate of any other group. An estimated 40% of all suicide victims are people over 60. This may be an increasing problem as baby boomers become older.

What Are the Warning Signs?

- Previous suicide attempts

- Depression or bipolar disorder
- Substance abuse
- Talk of death or interest in death
- Verbal cues such as “You’d be better off without me” or “Maybe I won’t be around anymore...”
- Having a specific plan on how to commit suicide
- Expressions of hopelessness and/or helplessness
- Daring and risk-taking behavior, such as driving recklessly
- Personality changes (i.e. withdrawal, aggression, moodiness)
- Giving away prized possessions
- Lack of interest in the future

Preventing Suicide/Crisis Intervention

In order to prevent suicide the underlying mental illness must be treated. Therefore, it is critical for someone displaying the warning signs listed above to get help from a mental health professional. Professionals are trained not only in mental illness, but also in addressing crisis situations, responding to cues and intervening effectively.

Most suicidal people try to seek help in some way. For instance, while many suicidal people won’t ask for help directly, the majority will reveal suicidal thoughts when asked.

If a Friend or Relative is Suicidal

- Trust your instincts and believe that the person may attempt suicide. Take that threat seriously.
- Talk with the person about your concerns and show you care and want to help.
- Ask direct questions. The more detailed their plan, the greater the immediate risk.
- Listen and offer support.
- Remove all guns from the home. (63% of all adolescent suicides are committed with a gun.)
- Help the person seek mental health services from a professional, even if the person resists.
- Do not leave the person alone.
- Do not swear to secrecy.
- Do not act shocked or judge the person.
- Do not counsel the person.

Mental Health America of Franklin County is a private, not-for-profit organization, established in 1956. We help people navigate the mental health system. We are dedicated to promoting mental health in Franklin County through advocacy, education, and support services. Our programs include: information and referral to community mental health and alcohol/drug services; free support groups for people with mental illness and their families; an Ombudsman program that assists clients in navigating the mental health and alcohol/drug system; mental health screenings in English and Spanish; Pro Bono Counseling Program where underinsured and uninsured individuals can receive free counseling; community and professional mental health education including Get Connected; maternal mental health support and advocacy (POEM); and a quarterly newsletter featuring legislative updates and new happenings at MHAFC. We receive funding from the Franklin County ADAMH Board, United Way of Central Ohio, individuals, foundations, and corporations. To become a member or find out more information, please visit us online at www.mhafc.org.