



Mental Health America of Franklin County

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Suicide: General Information

No suicide attempt should be dismissed or treated lightly!

Often, suicide is glamorized and romanticized in drama and literature, frequently described as "honorable" or "noble." In reality, however, it is a national crisis resulting in 32,000 deaths in the U.S. in 1994, and 110,000 hospitalizations for suicide attempts. It is estimated that the ratio of attempts to suicide is at least 10 to 1. Between 30 and 40 percent of suicide victims have made a previous attempt, and the risk of a completed suicide is 100 times greater in the first year after an attempt. Suicide is the eighth leading cause of death. A majority of people who commit suicide have a mental or emotional disorder.

Warning Signs

- Verbal threats such as "You'd be better off without me" or "Maybe I won't be around anymore..."
- Expressions of hopelessness and/or helplessness.
- Previous suicide attempts.
- Daring and risk-taking behavior.
- Personality changes (i.e. withdrawal, aggression, moodiness).
- Depression.
- Giving away prized possessions.
- Lack of interest in the future.

Risk Factors For Suicide

The reasons behind suicide are difficult to define. Among the immediate motives are despair, hopelessness, illness, humiliation, loss of employment, loss of a relationship, death in the family, guilt, and psychotic delusions.

Many different high-risk groups and/or factors can lead a person to commit suicide:

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

Substance Abuse - It is estimated that 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 and it is difficult to tell whether the addiction caused the depression or vice versa.

Elderly - Elderly people, particularly those with chronic illnesses, have the highest suicide rate of any other age group. An estimated 40% of all suicide victims are people over 60, and the majority are white males. After age 75, the rate is 3 times the average, and after age 80 the risk is 6 times the average.

Adolescents/Young Adults - 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.

Schizophrenia - One third of people with schizophrenia attempt suicide, and 5 to 10 percent eventually do so. The majority of these are young, unemployed males with no families. They are usually isolated and may also have substance abuse problems.

Preventing Suicide/Crisis Intervention

The only way to prevent suicide is to treat the mental and/or emotional disorders, which lead to suicidal tendencies. Though most suicidal people usually do not call suicide and crisis hotlines, they do try to seek help.

Many, for example, visit a doctor 1 to 4 months prior to their death. The majority of people will reveal suicidal thoughts when asked. Mental health professionals need to react quickly and act decisively in a crisis situation. The therapist should be available at all times, and others, such as family, friends, doctors, and clergy may need to be alerted as well.

Treating suicidal patients requires much skill, empathy, patience and understanding. There is no single therapy or treatment which is appropriate and successful in all circumstances. Therapists dealing with suicide crises should have a great deal of experience and be capable of tolerating heavy demands and intrusions on their personal lives.

What To Do If A Friend Or Relative Is Suicidal

- **Trust your instincts** and believe that the person may attempt suicide.
- **Talk with the person** about your concerns and show that you care and want to help.
- **Ask the person direct questions.** The more detailed their plan, the greater the **immediate** risk.
- Remember that the most important thing is to **listen**.
- **Get professional help** - 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.

On-Going Treatment

Cognitive and behavioral therapies are both successful in treating suicidal patients by teaching new behavior and ways of thinking, and in developing new solutions and attitudes to problems. Cognitive therapy attempts to get the patient to acknowledge his or her feelings, both negative and positive, and to suggest alternative ways of thinking. Behavioral therapy involves assertiveness training, problem solving, social skills and ways to cope with stress, depression, and anxiety.

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.