

# ***LET'S TALK SUICIDE***

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***FIRST-AID SUICIDE INTERVENTION SKILLS***

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***Counselling & Personal Development***

***Dublin City University***

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# Lets Talk Suicide

## First-aid Suicide Intervention Skills

1. Overview statistical picture
2. Beliefs that hinder one's readiness to get involved.
3. Feelings that hinder one's readiness and ability to provide first-aid help.
4. What causes suicide. How to respond to someone in such a state of mind. What to be aware of and what to do.
5. On campus professional services contacts plus out of hours support contacts.
6. Acknowledgements.

# First-aid Suicide Intervention Skills

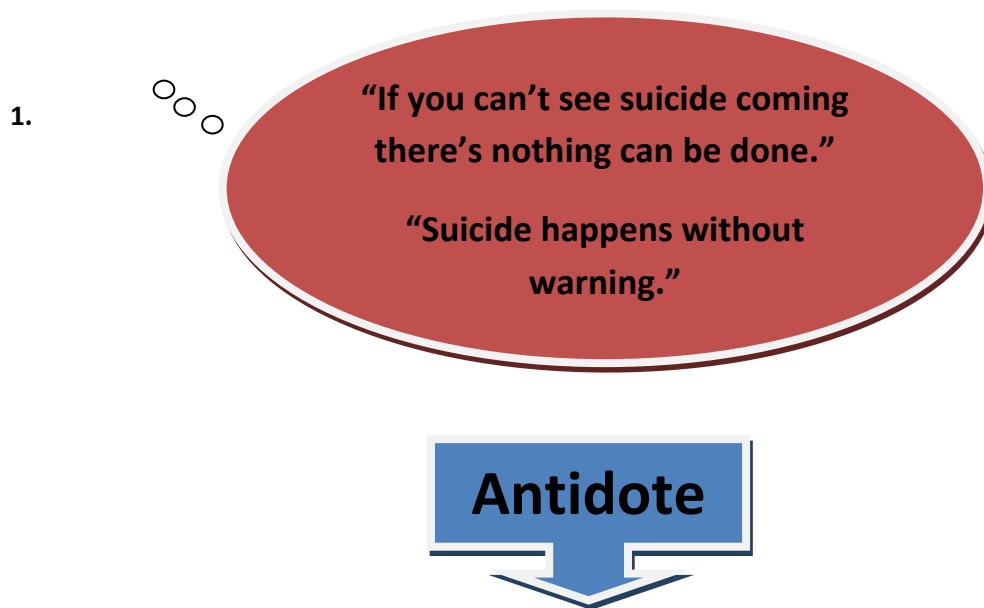
## Statistical Overview

The national office for suicide prevention annual report 2008 reveals that suicide accounts for 1.7% of all deaths each year. Put another way, one death in every 59 is by suicide.

Suicide rates have increased steadily from a relatively low base rate in the early 1980's to an unacceptable high in the late 1990's peaking in 1998. There has been a levelling off of the suicide rate since then, although it is too early to assess whether this is significant and on-going. (NOSP '08)

We also see that the frequency of suicide is highest among men in their 20's (20 – 24 yrs)

# The Beliefs That Hinder One's Readiness to Get Involved.



Most people communicate how they are reacting to or feeling about the events that are drawing them toward suicide.

These communications – or invitations for other to offer help – came in the form of:

Direct Statements

Physical Signs

Emotional Reactions

Behavioural Cues

They communicate the possibility that suicide might be under consideration as a solution to difficulties in their life.

2.



**“It’s best to avoid talking about suicide with someone we think is at risk because one might give that person the idea”**

**Antidote**

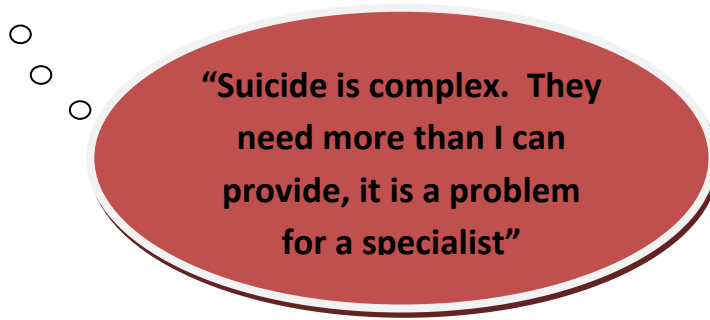
Serious talk about suicide does not create or increase risk, it reduces it.

The best way to identify the possibility of suicide is to ask directly.

Open talk and genuine concern about someone’s thoughts of suicide are a source of relief for them and often the key elements in preventing the immediate danger of suicide.

Avoidance leaves the person at risk feeling more alone and perhaps too anxious to risk asking someone else to help.

3.



As is true of most human behaviour, fully understanding suicide is very challenging, and general rules that apply to all persons at risk are not possible.

While specialist care is needed, lecturers, chairpersons, tutors, administration staff, support staff, friends, colleagues etc can provide a listening ear, immediate support, referral options, contact, follow up and care.

4.



**“When a person feels better, the danger is over”**

**Antidote**

Feeling better could mean two quite different things.

(a) A decision for life,

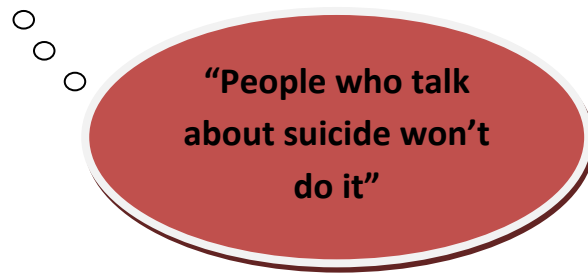
or

(b) Increased danger because the person has made a decision to die and is no longer in emotional conflict about deciding.

e.g. A person who is severely depressed may not have the energy to kill themselves. A lifting of the depression may provide the energy needed to act.

- Open and direct discussion of suicide is the only way to determine whether a lifting of mood is a sign of progress or of even greater danger.

5.



People who attempt suicide usually talk about their intentions, directly or indirectly, before they act.

Most people who die by suicide talk about it in some way with another person before they act.

Therefore we always need to take these words, actions, seriously.

Source: Suicide Intervention Handbook

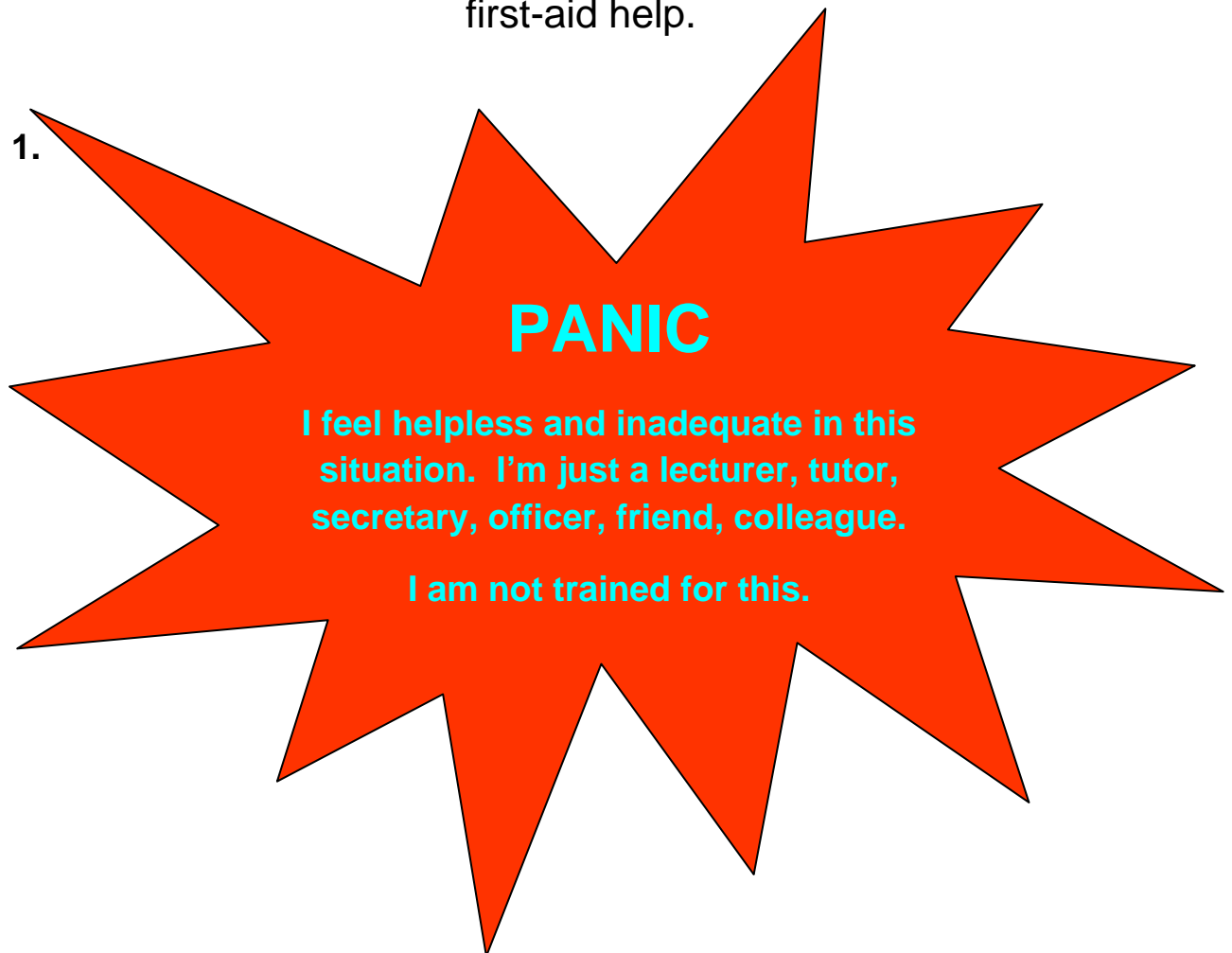
Living Works 2004



# Seven Emotional Reactions

That can hinder / impair one's readiness and ability to provide first-aid help.

1.



It might seem frightening but you can help. Suicidal individuals seek out those whom they trust and feel connected to in some way.

One important factor in preventing a suicide is the presence of a supportive resource. Many suicidal periods are short lived. By talking and listening you may draw they person into a supportive relationship with you and away from self-destructive thoughts, until other forms of assistance can be mobilised.

2.



This is of course a possibility. While it may be helpful to remember that the person is ultimately responsible for their own decisions, knowing this is not likely to counteract the painful feelings experienced on a completed suicide.

Shock, anger and sadness are some of the many normal emotions of grief and loss. Talk to someone.

3.



Effective intervention can be short-term and time limited. What a person at risk usually needs most is someone to connect with now when the feelings of helplessness and hopelessness are strongest. This is the time to help.

If this connection can be given, it often helps the person at risk individual to look beyond the immediate situation. Other solutions can then be generated and put into action, and other resources mobilised.

4.



While the anger may feel justified now, it won't last if you miss the opportunity to help and the person injures or kills themselves.

Typically such anger is covering up for feelings of inadequacy or frustration about how well a helper believes they can deal with the situation.

If this is the case, its best to acknowledge these feelings so you are more effective during the intervention or to find other help for the person at risk if you feel you cannot help.

5.



The additional responsibility of protecting against the risk of suicide can seem more than one should have to bear.

One way to protect against this frustration is to view thoughts of suicide as a form of manipulation.

The threat of suicide, however, is more an act of desperation than it is an act of manipulation. Communicating suicidal thoughts is often a cry for help. Even in cases where manipulative behaviour is being used there is often a real risk which needs to be addressed.

6.

## **HELPLESS**

**His / her situation is hopeless.  
How am I ever going to find  
anything that will make this person  
want to live**

Don't get lost in all of the problems that brought the person to consider suicide. Focus instead on ways to avoid suicide at this moment. Other problems can be dealt with later. Take one step at a time.

7.



By focusing on ones own beliefs about individual rights the helper misses the fact that the person at risk is undecided about dying. The person at risk could conceal their intention to die, but they are not if they are talking to you.

It is possible to respect the needs and views of a person at risk while still showing leadership in providing options for safety and support.

Source: Suicide Intervention Handbook

Living Works, 2004

## **What Causes Suicide**

Suicide rarely happens because of any one thing; rather it is usually a result of several stressors in a person's life. The most common characteristic across all suicides is an experience of intense psychological pain from which a person can see no way out. Most people who feel suicidal don't really want to die; they just want an end to this pain which they perceive as entirely uncontrollable. They may have come to believe that their life is meaningless and that loved ones might be better off without them.

With this in mind what do we look out for? **What are the risk signs?**

(Some of these may indicate greater levels of risk than others)

- Declining work performances and/or erratic attendance at lectures/work.
- A noticeable change in behaviour and/or mood.
- Displaying anxiety being restless, irritable, agitated.
- Showing a loss of interest in things one cares about.
- Withdrawing from family, friends, work, activities, and hobbies / Feeling isolated and alone.
- Experiencing being trapped and feeling there is no way out.
- Suffering from a recent loss, threat of loss, for example bereavement or relationship break up, loss of status for example job loss.
- Statement of hopelessness helplessness and worthlessness/feeling there is nothing worth living for.
- Impulsiveness and engaging in high risk taking behaviours
- Increase use/abuse of alcohol and/or other substance misuse
- Depression
- Expressing suicidal thoughts/thinking talking and wishing it was all over.
- Giving away valued possessions/putting one's affairs in order.
- Out of the ordinary visiting and calling to people one cares about.
- A previous suicide attempt.
- Suddenly happier and calmer/relief now the decision is made.



## **How to respond – what to be aware of and what to do.**

If you find yourself faced with a situation where you feel a person is in your view at risk the following guidelines may be of assistance:

Remain calm. Sit and really listen to what the student/friend/colleague is saying. Show empathy and understanding. Take their concerns seriously. Be free of judging the person or their behaviour and relate to the person in a non-confrontational manner. Give them the opportunity to tell you how they are and what is troubling them. Acknowledge how they are feeling. Notice the risk signs.

Express your concern. Tell the person that you are concerned about his or her well-being. Reassure the person that they can get through this distress with the right support and that there are other options available to them.

Offer support and discretion but do not offer absolute confidentiality. If a person for instance, confides to you that he or she is thinking of harming themselves do not feel obligated to keep this information confidential.

In talking to the person, while being sympathetic, it is also necessary to ask both direct and indirect questions to attempt to gauge their state. Find out if the person has ever felt so badly in the past that they have thought about suicide. Explore what may have sparked off the current state. Whether they have a plan to take their life and if so have they thought about when and how they might carry out their plan? If they have a plan and have thought about when, this indicates a very high degree of risk.

At this point provide reassurance and hope. Remind the person at risk that there is help available and things can be better.

Listen and empathise with how the person is feeling. Empathy doesn't mean you necessarily agree but that you do understand their predicament. Attempting to minimise their experience, trying to convince the person that 'things are not that bad and they have everything to live for'; may in fact make them feel even more isolated. They may think that they have failed to communicate how they are really feeling or that there is no hope of being understood.

It's worth remembering that advising 'positive thinking' is rarely a remedy for intense psychological pain. The person isn't likely to be receptive to such strategies although they may feel obliged to say they are. However, do reassure that specialised help is available. This can open up dialogue about accessing and /or referral to a mental health professional such as a counsellor/psychologist/or to a GP.

When recommending/referring the person to professional care, talk to him/her in a straight forward manner. Name the specific behaviours that have lead to your concern. Inform them that it is essential to notify either their next of kin or a professional service. Provide information about the specialist services available on and off campus. If appropriate offer help in setting up the initial appointment or indeed suggest that you will accompany the person to the service itself.

In addition, if unsure about how to proceed in a particular case, the Counselling and Personal Development service offers consultative support on how to manage and what steps to take. This will be worked out in collaboration with you, taking into account the nuances of the particular situation.

Finally it is worth knowing that talking about suicide does not create or increase risk. It reduces it. Open talk and genuine concern about someone's thoughts of suicide are a source of relief for the person and often the key elements in preventing the immediate danger of suicide. Avoidance leaves the person at risk feeling more alone and perhaps too anxious to risk asking someone else to help. By talking and listening you may draw the person into a supportive relationship with you and away from self –destructive thoughts, until other forms of professional assistance can be mobilized.

**For on campus professional services contact:**

**The Counselling and Personal Development Service DCU** provides professional and confidential counselling and psychological services to students. Consultative services are available to both students and staff.

Phone: 01-7005156

E-mail: [counselling@dcu.ie](mailto:counselling@dcu.ie) or

Call to the Counselling Reception Desk in CG72.

**The Health Centre DCU** provides a confidential GP and Nurse Service with Psychiatric referral.

Phone: 01-7005143 or 7006999

Room CG13

**For out of hours support contact:**

**The Samaritans**

Offers 24 hour confidential emotional support

**Helpline:** 1850 609090

**Text:** Simply send a SMS text message to 087 2609090

**Niteline**

Provides student to student confidential listening support

**Freephone:** 1800 793 793

Thur-Sun from 9pm-2.30am and

Mon from 9pm-1.30am (Semester Time only).

**Aware**

Supports those who are directly affected by depression.

**Phone:** 1890 303302

**Headsup**

Provides information on where to go for help in a crisis.

**Text:** Simply text the word Headsup through your mobile phone to 50424

For a full listing of internal and external supports visit the Counselling and Personal Development website on [www.dcu.ie/students/counselling](http://www.dcu.ie/students/counselling)

# Acknowledgements

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