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The Irish Association of Suicidology

Suggested Reading

Talking to Depression: Simple Ways To Connect When Someone In Your Life Is Depressed
by Claudia J. Strauss and Martha Manning (Jan 6, 2004)

Out of the Nightmare: Recovery from Depression and Suicidal Pain
by David L Conroy (Sep 28, 2006)

Children of the Great Depression (Golden Kite Awards) by Russell Freedman (Dec 26, 2005)

A Parent's Guide for Suicidal and Depressed Teens: Help for Recognising if a Child is in Crisis and What to Do About It by Kate Williams (Mar 8, 1995)

Understanding Suicidal Behaviour by Rory O'Connor and Noel Sheehy (Mar 1, 2000)

Resources

Irish Association of Suicidology
www.ias.ie

Samaritans
www.samaritans.org.uk

Mental Health Ireland
www.mentalhealthireland.ie

Pieta House - Centre for the prevention of self-harm or suicide
www.pieta.ie

Suicide or Survive
Aims to support people who have attempted suicide or have suicidal ideation.
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Living with a suicidal person
What families can do

Contents

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The Irish Association of Suicidology

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Introduction

Any individual who is living with a suicidal family member is both a person facing enormous pain and stress, and a potential resource in the successful treatment of the person at risk. Providing helpful information, support, guidance, and validation for family members' efforts can facilitate better outcomes for both the suicidal person and for family members who want to help. This leaflet focuses on what family members can do to make a difference and on how volunteer and professional helpers can assist.

Suicidal thinking or behaviour in a family member is one of the most difficult realities that any individual can face. It is hard to see a loved one in pain under any circumstances. It can be intolerable to see that person in such pain and distress that suicide seems like an option. It takes love and courage for people in this painful situation to seek help for their family member and themselves, to learn what to look for and how to intervene.

Family members in this situation sometimes feel so overwhelmed, and so afraid of doing or saying the wrong thing, that they are paralysed. They may feel that if their relationships with the person at risk and their efforts to have a good family life haven't prevented things from getting this bad, then there is nothing they can do. These reactions are common and understandable, but misinformed. More importantly, such views may interfere with the many important things that caring relatives can do to help, protect and support the suicidal person. Further, the understanding provided by family members can be a key factor in making professional interventions effective. The most helpful situations are those where families and helping professionals work in partnership.

"You and I possess within ourselves, at every moment of our lives, under all circumstances, the power to transform the quality of our lives."

Werner Erhad

So, what can family members do?
Three Basic Guidelines

Ask
Ask the person about suicidal thoughts and plans. Contrary to popularmyth, askingwill not "get themthinking about it." In fact, everything we know from research and practice suggests that asking will slightly reduce the risk – and it is an essential first step toward getting necessary help. Ask for information, as well, wherever you can: information about risk factors, about available helping resources, and about how people recover.

Get Help
Often, especially after a crisis has passed, the first inclination is to "put it all behind us and move on". This is a healthy and positive impulse. However, steps must be taken to make "moving on" both possible and safe. Most people who die by suicide suffer from mental illnesses such as depression, which can be effectively treated. Family members can play a crucial role in getting their loved ones the help that they need. And family members should get help for themselves also: the stress of caring for a suicidal person takes a serious toll.

Do What You Can Do
This apparently simple principle goes to the core of the dilemma inherent in preventing suicide. On one hand,we must understand and accept that suicide happens, sometimes despite our very good efforts; and on the other hand, we must remember that most suicide can be prevented, and intervene with energy and optimism. Helping a suicidal person does not mean doing everything, or doing the perfect thing: it means doing what we can. This may mean staying with the person 24 hours a day; it may mean sending a postcard once a week; it may mean working overtime to pay for treatment; it may mean brewing a cup of tea.

Helpful Practices

When you are concerned

Use the word "suicide"
Using the word, and trying to be matter-of-fact about it, conveys the message that we are willing to listen and help even if things are that bad.

Don't be afraid to ask
"Has it been so bad you have thought about suicide?"

Respect their pain
Acknowledging how much the person is hurting is a first step toward communication. Trying to minimise ("It's not that bad") or to argue them out of their pain ("You don't really mean that. Look how much you have to live for") may alienate and convince the person that you cannot understand.

Offer comfort
It is easy to feel that simple comforts – a touch, a kind word, home cooked food, favourite photographs or blankets – might be helpful in a less serious situation but are inadequate in the face of a suicidal crisis. In fact, anything that makes even a small difference can help. Because suicidal people are often not thinking very clearly and may be very negatively focused, concrete reminders of positive connections and experiences are strongly recommended. When we ask individuals who have been acutely suicidal what helped them to carry on, their most common answers are small, apparently "trivial" words or gestures of warmth and connection from other people – or even from pets.

Just be there
"They were there for me" is the tribute we make to those who have helped us to get through the dark times in our lives. It does not take a professional to provide this kind of loyal support.

"No man is an island, entire of itself; every man is a piece of the continent, a part of the main; any man's death diminishes me because I am involved in mankind and therefore, never send to know for whom the bell tolls; it tolls for thee"

John Donne
(1573 – 1631)

Understand and support

Identify Risk Factors and Warning Signs

"Courage is never to let your actions be influenced by your fears"

Arthur Koestler

In the vast majority of cases, diagnosable and treatable mental illnesses such as depression contribute to suicidal thoughts and behaviours. Depression is very common but often unrecognised, especially when the most noticeable symptoms are irritation and hostility (especially common among young males) or increased complaints about physical aches and pains (especially common in the elderly), rather than the sadness and crying we more typically expect. Both counseling and medication are effective treatments for depression.

Depression

Depression has been shown to have a basis in brain chemistry, which is one of the reasons that medication is often recommended as part of treatment. Fears and misunderstandings about antidepressant medication are widespread, and so it is especially helpful if family members are able to:

- Get good information about the medication and its effects;
- Work closely with both their at-risk family member and the prescribing doctor;
- Help to ensure that medication is taken as prescribed;
- If the medication is not helpful, check with the physician to see, first, whether a change in dosage, timing or drug choice might work better; and second, if stopping the medication, how to do it safely

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Other Illnesses

Other illnesses and conditions that can contribute to suicide risk include bipolar disorder (manicdepressive illness), conduct disorder, borderline personality disorder, severe anxiety, learning disabilities, alcohol and substance abuse (including problem gambling). "Dual diagnosis" (more than one illness) creates greatly increased risk. In particular, the combination of substance abuse with any other condition is a very high-risk situation.

"The world is round and the place which may seem like the end may also be only the beginning"

Ivy Baker

Painful Life Events

The risk category of "stressful or painful life events" includes a long list of experiences that contribute to suicide risk, including: relationship loss, adjustment factors (e.g. to physical illness or disability, or sexual/gender identity issues), performance failure; and family factors (such as stress, illness, conflict, abuse or violence, or substance use problems within the family).

It is useful to remember that almost always there has been an accumulation of stressors, usually in the context of depression or other illness, rather than a single "event" which causes a suicide plan or attempt. While there may be no single "solution," intervening with any of the difficulties that have contributed to the person's pain and distress can help to reduce the risk of suicide.

For example, school failure associated with learning problems or depression may be a factor for one suicidal teenager. If so, working with the school to get appropriate extra help or tutoring, or educating teachers about what the child is going through, may make a difference.

As noted above, some of the risk factors involve family issues. The "good news" about recognising that family factors may be involved is this: If family members are able to take steps to deal with any of their own problems, their actions can make a difference in the suicidal individual's level of risk. And of course, seeing a family member getting help is an excellent example for a troubled person.

Environmental Risk Factors

A last major category, environmental risk factors, primarily concerns the availability of the means or methods of suicide in the person's surroundings. Block the exit! Remove guns, pills and other poisons, ropes, knives, car keys – anything that you know or suspect could be used for self-harm.

Warning signs of imminent danger for suicidal behaviour may be direct and obvious, like saying "I am going to kill myself today," or more subtle and hidden. Once the suicide issue is out in the open, often as the result of a crisis, families have the opportunity to consider the person's recent behaviour in a new light and to understand individual warning signs.

Common signs include:

- Preoccupation with death
- Self-destructive behaviour of any kind
- Signs of depression (see inside back cover)
- changes (including increases, decreases, and differences) in:
  - behaviour
  - motivation
  - appearance
  - mood
  - emotions
  - physical state

(Because the changes vary so much among individuals, family members' knowledge of what is typical for the person is important).

- Hopelessness is very strongly associated with suicidal thinking and behaviour, even in people who are not clinically depressed
- Making final arrangements
- Lack of interest in future plans
- Alcohol and substance abuse (in a vulnerable person, can increase the likelihood of impulsive self-harm and remove inhibitions on suicidal behaviour)

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending"

Maria Robinson

"Every adversity, every failure, every heartache carries with it the seed of an equal or greater benefit"

Napolean Hill

Keep Them Safe

Learn the basic "do's and don'ts" of crisis intervention.

DO'S:

- Do ask about suicide
- Do know the warning signs
- Do act calm. Soothing tones of voice can make a difference
- Do try to be accepting and honest
- Do give them a sense of control. To the extent that they are capable, suicidal people should be offered choices.
  For example, if they are able to participate in the decision to get help this is ideal

"Every difficult moment has the potential to open my eyes and open my heart"

Myla Kabat-Zinn

- Do restrict access to their intended means of suicide ("block the exit"). In particular, remove firearms and poisons.
- Do GET HELP. There is a range of options for getting help in a crisis, from contacting a family doctor or school counselor through various crisis-specific services (hospital A & E room, Samaritans, etc.). In extreme cases where the person is unable or unwilling to cooperate, an ambulance or police can be called.

DON'Ts

- Don't panic
- Don't ignore the signals
- Don't promise secrecy
- Don't leave the person alone
- Don't debate the morality of suicide
- Don't tell the person to be grateful for what they have
- Don't say that everything will be all right
- Don't challenge the person to go ahead
- Don't do nothing

The essentials in a suicidal crisis are to keep the person safe, to respond (do something!) and to get help. Remember: often a crisis is the beginning of helpful intervention and change.

Connect with local resources for treatment

Helpful treatment is widely available but not always readily accessible. Any of the following resources may be able to provide (a) direct help or (b) referrals to appropriate agencies and professionals:

- Family Doctor
- Hospitals
- Crisis or distress centres
- Mental health clinics
- Mental health professionals, e.g. psychiatrists, psychologists, social workers, psychotherapists (employed persons and their immediate family members may have coverage for these services through insurance or employee assistance plans).
- Family and friends
- Clergy: many have training in counseling and most will be able to make suggestions about other resources as well as offering support
- Self-help programs
- For young people, school or college/university based helpers (psychologists, social workers, counselors, etc.)

Suicidal people may be easily discouraged in help-seeking, especially if there are delays or complications. Family members can be of great assistance in actively pursuing treatment. One of the most common difficulties is waiting lists. Families should:

- Get on the list!—the appointment can be cancelled if something turns up earlier;
- Continue to look for alternatives in the meantime;
- Call regularly to inquirewhere they are on the list and to remind the service provider that they are eager to be seen and (if possible) willing to come on short notice if an opening occurs. There are no guarantees, but "squeaky wheels get grease".

Support suicide prevention groups and networks

Local suicide prevention groups and regional/national groups like the Irish Association of Suicidology can provide useful information, a sense of connection with a community working to reduce suicide, and, when they are ready, opportunities for people who have "been there" to make valuable contributions in volunteer work or advocacy.

- Family Doctor
- Hospitals
- Crisis or distress centres

"When you get into a tight place and everything goes against you 'till it seems as though you could not hold on a minute longer, never give up then, for that is just the place and time that the tide will turn"

Harriet Beecher Stowe

To Make a Healing Difference

Support people's reasons for living

Anything one person does to recognise, reinforce, or support another person's reasons for living is suicide prevention. Family members are often uniquely qualified to understand what may be most important, salient, and relevant for the suicidal person, and may be most likely to divert attention or interest away from death as a solution.

Communicate a sense of belonging

Psychologist Thomas Joiner has identified "thwarted belonging" – the belief that they do not and cannot fit in anywhere – as one of the key perceptions held by individuals who are in imminent danger of suicide. Family members can say and do many things to counter this view and to communicate a sense of inclusion.

Communicate that the person is valued and valuable

A second view identified by Joiner is "perceived burdensomeness" – the idea that "they'll be better off without me" which is a common theme of suicide notes. Family members can contradict this belief both directly (in words) and indirectly (by showing and telling the person how they are valued).

"Look at each day as a chance to invest into life. Each day is a chance to work miracles in the lives of others"

Jim Rohn

For Your Well-being and Theirs

Maintain healthy routines

In order to be able to help and support a loved one who is at risk for suicide, it is essential that family members get regular rest, exercise, healthy nutrition, and positive social activity. Maintaining these routines also means that they are available for the person at risk to participate in when he or she is ready.

Look for signs of progress, change, and hope

Just as it is important to be aware of warning signs and be prepared to act, it is important that family members be oriented to positive change and be prepared to reinforce and celebrate such changes. Like warning signs, signs of progress are highly individual.
Some examples include:

- Crying or saying "I feel sad," especially in an individual who has kept pain hidden in the past
- Being obnoxious, in the case of a depressed teen who has been withdrawn and listless
- Asking for help
- Making future plans
- Showing pleasure or enjoyment
- Recovery in sleep, eating, or energy
- Development of new pain management or stress coping skills (a positive alternative to "SOS" – "suicide as the only solution")

Often, family members notice the first small signs of progress before the individual is aware of the changes.

Model self-care

Even when there is conflict in families, close relatives are a primary source of information about how to deal with life and problems. (One everyday demonstration of this is the kind of advice that young people give their friends – often modeled on what their parents say to them). Much more effective than telling our family members what they should do to be healthier and happier is showing them healthy ways of living and coping through their own actions.

"Start by doing what's necessary; then do what's possible; and suddenly you are doing the impossible"

St. Francis of Assisi

An important first step is to acknowledge one's own emotional responses. Normal reactions family members may have to suicidal behaviour in a loved one include guilt, fear, resentment, anger, denial, panic, relief, sympathy, grief, frustration, confusion, disbelief, impatience, shame, hopelessness…..and the list goes on.

A second step is to model appropriate help-seeking: by having people we confide in, by relying on supportive relationships, and by using professional help when it can make a difference. Positive attitudes about getting help are instructive, especially for those who fear that going for help means that they are weak, bad, or hopelessly sick. Family members can present a constructive alternative to these fears by saying and demonstrating that getting help when it is needed is positive, strong, responsible behaviour, and that treatment can help people feel and function better and give them new skills for coping well.

Other aspects of modeling self-care may include lifestyle changes to reduce stress and improve general health; learning to live "one day at a time;" relying on strengths; and developing one's capacity to notice and celebrate small improvements.

"Reality is the leading cause of stress amongst those in touch with it"

Jane Wagner

Conclusion

Anything we can do that relieves pain or supports reasons for living is helpful in reducing the risk of suicide. Both the sources of pain and the reasons people find to continue living in spite of it are highly individual. Those who know and love troubled people best, their families, are in an excellent position to assist with these efforts.

Signs and Symptoms of Depression

Physical:	Sleep Disturbance Change in Appetite, Eating Lack of Energy, Fatigue Loss of Sexual Desire Digestive Problem Pain
Emotional:	Sadness Shame, Worthlessness Irrational Guilt Irritability, Resentment (lack of pleasure/interest) Helplessness/hopelessness
Cognitive: (often lead to school or work problems)	Concentration difficulties Memory problems Indecisiveness Suicidal ideation Lack of interest Pessimism, negativity
Behavioural:	Withdrawal Crying spells or "flat" response Slowing or restlessness Neglect of responsibilities Neglect of personal care Reduced coping Complaints Substance abuse