



# CIAM

California Institute of  
Advanced Management

# Suicide Prevention



## **SUICIDE PREVENTION**

The following is taken from American Foundation for Suicide Prevention:

### **About Suicide**

There's no single cause for suicide. Suicide most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety and substance problems, especially when unaddressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions lead fulfilling lives.

### **Suicide Warning Signs**

Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors. This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

### **Talk**

If a person talks about:

- Being a burden to others
- Feeling trapped
- Experiencing unbearable pain
- Having no reason to live
- Killing themselves

### **Behavior**

Specific things to look out for include:

- Increased use of alcohol or drugs
- Looking for a way to kill themselves, such as searching online for materials or means
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression

**Mood**

People who are considering suicide often display one or more of the following moods:

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety

**Suicide Risk Factors**

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

**Health Factors**

- Mental health conditions
  - Depression
  - Bipolar (manic-depressive) disorder
  - Schizophrenia
  - Borderline or antisocial personality disorder
  - Conduct disorder
  - Psychotic disorders, or psychotic symptoms in the context of any disorder
  - Anxiety disorders
- Substance abuse disorders
- Serious or chronic health condition and/or pain

**Environmental Factors**

- Stressful Life Events which may include a death, divorce, or job loss
- Prolonged Stress Factors which may include harassment, bullying, relationship problems, and unemployment
- Access to Lethal Means including firearms and drugs
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

National Suicide Prevention Lifeline at 1-800-273-TALK (8255)

## Student Guide

### Recognize the common signs

Suicide can be prevented. The best way to prevent suicide is to be aware of some of the common warning signs. Although some suicides do occur without warning, most people will show some outward signs. Recognize when someone is suicidal but importantly, be aware of the first signs of trouble.

#### Recognize the first signs of trouble

- Depressed Mood
- No interest in activities
- Changes in appetite
- Changes in sleep patterns
- Social withdrawal
- Impulsive, reckless behavior
- Uncontrollable anger
- Increased alcohol or drug use
- Anxiety and agitation
- Fatigue
- Inability to concentrate
- Dramatic mood swings
- Sense that life has no purpose
- Feelings of worthlessness or guilt
- Feelings of hopelessness or being trapped
- Thoughts of death or suicide

### Signs someone may be suicidal

- Expresses depression, anxiety, stress, and feelings of hopelessness.
- Has increased conflicts with or aggression toward others.
- Talks or writes about death and dying, killing oneself, or ending it all.
- Starts giving away possessions or tying up loose ends.
- Withdraws from family, friends, and activities once enjoyed.
- Increases use of alcohol and/or drugs or engages in reckless behaviors.
- Gains access to guns, pills, knives, etc

### Hope – Your best defense against Suicide

Conveying hope with a loved one is your best defense against suicide. It is always better to overreact than to underreact. **Some tips**

- Express your concern.
- Listen, offer support and understanding – don't worry about saying the wrong thing.
- Don't judge, argue, or act shocked by their plans.
- Your genuine interest and support are what matters.

**Learn how to intervene**

It's always better to overreact than underreact. Your genuine interest and support are what matter most. When talking to a friend, remember to:

**Express your concern.**

Listen, offer support and understanding – don't worry about saying something wrong.

Don't judge, argue or act shocked by his or her plans.

Don't ignore the warning signs.

Suicide is a leading cause of death for college students. You can help save a life by knowing and understanding the facts of suicide prevention.

Ask directly if your friend is thinking about suicide. Asking will not put the idea into his or her head.

If you can't ask, find someone who can ask about suicide.

You may not be able to understand what your friend is going through, but you can help get him or her through it.

Be persistent, but gentle as you ask questions and get answers.

Offer to call for help if your friend is reluctant. Or offer to come to a first appointment. The first step is often the hardest.

Learn about the resources available so you can provide your friend with options.

Never leave your friend alone, if possible.

If there is a crisis, get another person to find your friend help. It could be other friends or family, a religious leader, a resident advisor, campus security or the OSU Counseling and Consultation Service.

Take care of yourself

Helping a friend who is struggling with a mental health problem can be very stressful. Recognize your own personal limits and be aware of your own needs to stay healthy.

You are a supportive friend. That does not make you a mental health care provider. It is not your responsibility to save someone. Your only responsibility is to care and get your friend to help.

If you need help, do not hesitate to get it!

If you see any of the warning signs, do not ignore them. They usually indicate more than everyday stress.

Peers reaching out to peers is one of the best strategies for suicide prevention. Students who are in distress are more likely to approach a friend or peer before talking to a professional.

As a student, you may be in a position where a friend may share his or her feeling with you more directly. And if you see a friend on social media share signs of distress or threatens suicide, take it seriously and follow up.

### **Identify Risk Factors**

The majority of today's college students are generally happy with their lives and optimistic about their future. But many students will struggle at some point during their college careers with depression, anxiety, substance abuse and other mental health concerns.

In fact, the Jed Foundation reports that half of college students have felt so depressed at a time that they were unable to function. College campuses across the United States have robust resources available to help with mental health issues. Regrettably, students overall are reluctant to take advantage of those resources.

### **Suicide is a leading cause of death for college students.**

You can help save a life by knowing and understanding the facts of suicide prevention.

College life can be a time of high stress. Some common events that contribute to student stress are: embarrassment, shame, a break-up or loss of relationship, not getting into a particular major, fear of poor grades, fear of losing financial aid or the pressure to be perfect.

There is help, but college students may be reluctant to seek help because of:

- Beliefs that they should be able to handle their problems on their own
- Concerns about what family, peers or professors might think
- Concerns that their feelings mean they are “crazy”

Having thoughts of suicide is often a sign that something needs attention and care. Most suicidal people don't want to die, they just want their pain to end.

**Suicide Risk Factors**

History of family depression and/or suicide	History of abuse
History of previous suicide attempts	Mental health problem that is untreated e.g., depression, bipolar disorder, or anxiety
Access to firearms or other lethal methods	Isolation from family and/or spiritual community
Prejudice, racial tension, discrimination, or inter-cultural conflict	A recent loss (e.g. death or break-up)
Poverty and under- or unemployment	Concerns about mental health stigma
Experiences of hopelessness and helplessness	Feelings of alienation, loneliness, guilt, shame, or inadequacy
Conflict with others or feeling misunderstood	Behaviors that are impulsive or aggressive
Absence of interpersonal attachments	Feelings of worthlessness
A new educational system	Language barriers
Homesickness and culture shock	Fears about seeking help for depression or suicidal thoughts
Academic problems (e.g., failing courses, missing classes, inattentiveness)	

**Understand Mental Illness**

If you are thinking of harming yourself or need a safe, non-judgmental place to talk

National Suicide Prevention Lifeline 1-800-273-8255 (24/7)



If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

This free, 24-hour hotline is available to anyone in suicidal crisis or emotional distress. Press 1 for Veterans assistance. Para español, oprima 2.

The majority of people who have a mental illness do not die by suicide. However, those who do kill themselves, more than 90 percent have experienced some form of mental illness. The mental illness alone does not lead to suicidal behavior. The distress associated with a mental illness in conjunction with overwhelming life circumstances may result in suicidal feelings and behaviors. Those with diagnosable mood disorders, such as major depression and bipolar disorder, are at higher risk for suicide. People with psychiatric disorders that co-occur with depression (e.g., schizophrenia, anxiety disorders such as posttraumatic stress disorder, some personality disorders, and substance abuse disorders) are also susceptible to suicidal thoughts and behaviors. It is important to understand the links between mental illness and stress. Stress is a normal part of life and people deal with their stress in different ways. However, when stress becomes persistent, overwhelming and disrupts life in a significant way, it can interfere with mental health and well-being.

Talk to someone. Let friends, family, or a doctor know you're feeling overwhelmed, and tell them how they can help.

Below are some guidelines for recognizing and managing: Stress, Anxiety, and Depression

### **Stress**

College is a time of transitions – leaving home, new responsibilities, new social, academic and financial pressures – all at a time when the support systems students had at home are not as accessible as they once were. Routines for sleeping, eating, exercise and alcohol use are also drastically different.

Amidst all of these changes, students are expected to make important and difficult decisions about their futures after graduation.

Some degree of stress is normal in times of change and transition. But for some students, it can become overwhelming. Not surprisingly, research shows that stress can contribute to the development of depression and other mental illnesses.

**Some indications of stress include:**

- Digestive problems
- Frequent headaches
- Tense muscles
- Clenched jaw or teeth grinding
- Getting sick more frequently than unusual
- Skin problems
- Fast or racing heartbeat
- Excess sweating
- Nervousness, restlessness
- Irritability, quick temper
- Problems concentrating
- Anxious thoughts
- Anxiety

All college students experience stressful times. When feelings of stress are constant and are causing problems in daily life, an anxiety disorder can develop. Only a doctor or a mental health professional can diagnose an anxiety disorder, but it is important to recognize any changes in thoughts, behavior or general health. For example:

- Nervousness
- Feeling restless or ‘on edge’
- Easily startled
- Sweating
- Feelings of uneasiness, fear, or dread
- Irritability
- Excessive worry
- Fatigue insomnia
- Headaches
- Stomach problems
- Racing heartbeat
- Repetitive behaviors (e.g. checking, counting, washing)
- Avoiding activities

If you (or a friend) experience any of these changes, you should make an appointment for an evaluation. Awareness of your stress levels and how it affects your overall health is a good first step in managing its negative effects. Seeking help and possible treatment is essential if stress is creating problems in your everyday life.

**Depression**

College is sometimes called “the age of depression.” Why? Research shows that the peak years for the onset of depressive symptoms begins in the early teens and increases through the mid-20s. Of the more than 20 million Americans who experience depression each year, many develop their first symptoms just before or during college. In fact, a significant number of students arrive

at college already diagnosed with depression – 10 percent according to a study from the American College Health Association.

Students with clinical depression generally function well in the college environment, but under times of great stress, they may experience a recurrence of symptoms that can worsen with time. This is complicated by the fact that some students with depression will go off treatments when they arrive at college because they want to “fit in.”

Untreated depression can have many consequences for students. It often results in poor academic performance, alcohol and drug abuse, relationship problems and greater risk for other health problems. Also, depression is often a chronic, episodic illness. A person who suffers from depression usually experiences repeated bouts. The longer depression goes untreated, the more severe and frequent these episodes become. And most importantly, depression is the No. 1 risk factor for suicide.

Fortunately, it is possible to prevent these consequences. We know from research that early detection and treatment of depression offer a greater chance for recovery. The earlier the treatment, the less likely depression will become chronic.

### **So Do You Have Depression?**

Only a doctor or a mental health professional can tell you for sure, but if your thoughts, behavior or general health have changed in the following ways, you should make an appointment for an evaluation:

- Feeling sad, depressed, empty
- Feeling irritable or angry
- Having trouble concentrating
- Experiencing a loss of interest or pleasure in usual activities
- Feeling tired all of the time
- Feeling anxious or restless
- Feeling worthless
- Experiencing changes in sleeping habits or eating habits
- Experiencing aches or pains not associated with a recent injury or illness
- Thinking of suicide

### **Self-care**

If you (or a friend) are experiencing one or more of the changes above, you should consider finding ways to manage your stress more effectively.

### **Resources**

#### **California Statewide Resources**

#### **California State Suicide Prevention Program**

<http://www.dhcs.ca.gov/services/MH/Pages/SuicidePrevention.aspx>

**Each Mind Matters**

[www.eachmindmatters.org](http://www.eachmindmatters.org)

Join California's mental health movement.

**LivingWorks**

To find local suicide prevention trainers or training, including ASIST (Applied Suicide Intervention Skills Training) and safeTALK workshops, esuicideTALK information and more, contact Kathleen Snyder, 925.939.1916 x147 or [kathleens@crisis-center.org](mailto:kathleens@crisis-center.org).

**Make the Connection**

[Maketheconnection.net](http://Maketheconnection.net)

Shared experiences and support for veterans.

**Los Angeles County Resources**

Los Angeles Suicide Prevention Center  
Didi Hirseh Community Health Center  
(877) 7-CRISIS (Toll Free in Los Angeles County)  
(310) 391-1253

Harbor/UCLA Medical Center Psychiatric Emergency Room  
1000 W. Carson Street, Building D6  
Torrance, CA 90509  
(310) 222-3144 -- 24-Hour Service  
(310) 222-3110 -- Outpatient

Augustus Hawkins Crisis Unit  
Martin Luther King Hospital  
1720 E. 120th Street  
Los Angeles, CA 90059  
(310) 668-4646 -- Ask for INTAKE  
(310) 668-4377

Long Beach Mental Health Center  
240 E. 20th Street  
Long Beach, CA 90806  
(310) 599-9271 -- Adolescent

Long Beach Asian Pacific Mental Health Center  
1975 Long Beach Blvd.  
Long Beach, CA 90806  
(310) 599-9271

**24 HOUR  
SUICIDE PREVENTION HOT LINE  
(877) 7-CRISIS (Toll Free in Los Angeles County)**