



For better
mental health

How to...
help someone
who is suicidal

How to... help someone who is suicidal

“““

“Only when you know what it is like to feel depressed, to feel you are dying inside, can you know what it is like to be suicidal, to think that the whole dreadful, terrible, nagging, awful pain of it all might be swept away by a simple, single act of self destruction.” Spike Milligan

“One becomes trapped in a situation, stepping into another world with them, yet because you love them, you can’t let go of the hope that they will change back to the person they were... They hold something of you in their hands... and if they were to go down, they take part of you with them. So, you have to protect them in order to protect yourself.”

Suicidal feelings are frightening for the person who is experiencing them and for partners, family, friends and colleagues. Anxiety and confusion about what to do and how to cope add to a distressing situation. This booklet is for anyone who wants to gain an understanding of these feelings and to find the best way to respond.



When are feelings “suicidal”?

“Mum thought I should try for college. Dad just urged me to get any job. My sister called me a wimp for not travelling the world. My mates reckoned I should stick with our band; we’d make it big. My girlfriend nagged me to cut my hair and become a salesman. I used to bottle up my feelings. Who knows what I wanted? I just couldn’t see the point of struggling on.”

Some people have a very strong, clear desire for death. They may feel hopeless about the future, believing that things will never get better. Suicide may seem to be the only way of solving problems, once and for all, and ending the emotional pain of living.

However, a lot of self-destructive emotion, thought and behaviour is far more confused than this. Someone who feels that their situation and problems have become intolerable may see no alternative but to attempt to kill themselves. Yet, they are likely to have extremely mixed feelings about this, and feel very afraid.

Someone who tries to take an overdose of drugs, or to cut a vein in their wrist, may know only that they can't go on with life as it is. In the weeks beforehand, depression, hopelessness and irritability often build up their tension. Under pressure, people may become desperate, but may still feel confused. They may less want to die than to escape an impossible situation, to relieve an unbearable state of mind, or to convey desperate feelings to others. Many may be past caring whether they live or die. The important fact for others to recognise is that, however wavering and confused the feelings may be, they remain life threatening.

Is self-harming behaviour suicidal?



"I'm writing to ask for help. I'm a Muslim girl and when I was ten I was badly abused by a family friend. I've never told anyone. Since then I've kept myself to myself and have tried to take overdoses of painkillers. Whenever I'm at home with the family, I'm scared and feel lonely. I'd like to leave my family and start afresh. I'm over 18. What should I do? At the moment I feel like doing something I should have done years ago – to stab myself."

Self-harm is most common among young women, especially between the ages of 15 to 19. People who deliberately harm themselves are not necessarily suicidal. Some hurt themselves – by cutting, burning or scratching – in order to cope with overwhelming emotions and to release tension, so that emotional distress is transformed into physical pain.

How to... help someone who is suicidal

They may have terrible feelings of guilt, shame and fear about what they are doing, and yet they may feel powerless to stop. Many people who self-harm suffer from eating distress, and a high percentage may have been abused as children. (See Mind's booklet *Understanding self-harm*. Details on p. 14.)

However, there is evidence of a link between attempted suicide and self-harming behaviour. Whether or not death is the objective, self-harm is not about seeking attention or playing games. Like suicidal feelings, self-harming behaviour may express a powerful sense of despair, and should be taken seriously.



Why do people become suicidal?

"When I grew up and things went particularly badly, I used to say to myself, over and over... 'I wish I were dead'. Then, one day, I understood what I was saying. I was walking along the edge of Hampstead Heath after some standard domestic squabble, and suddenly I heard the phrase for the first time. I stood still to attend to the words, repeated them slowly, listening, realising I meant it."

The reasons why people become suicidal are a complex mix of personal and social factors. Hopeless and desperate feelings have many sources. A run of problems or bad luck may feel overwhelming. A sudden personal crisis may trigger despair. Or despair may mount slowly, as the pressures and hurts of many years wear down a person's self-esteem. Part of the picture may be a build up of unacknowledged anger that is turned inwards against the self. There may be a last straw – an incident or problem just before a suicide attempt – but this is often not the real cause. Just as a sense of despair takes years to build up, so suicidal feelings often develop gradually.

The greater the pain, the more a person needs to know that there is a way of stopping it. So, as life becomes more distressing and difficult to bear, the thought of death may grow more appealing. Personal beliefs about what death will bring – nothingness, a place in heaven, reunion with the dead, reincarnation – may bring comfort. People in a suicidal crisis often feel it's beyond their power to do anything about events and pressures in their life. When someone is feeling so helpless and hopeless, it may be comforting to think that death is still within his or her control.

Many people reach a stage in their life when they feel they can no longer cope or see any point in going on. These feelings are surprisingly common, but some groups of people appear particularly vulnerable to suicidal feelings.

Mental health problems

People with serious mental health problems, such as manic depression or schizophrenia, have a considerably higher chance of committing suicide than the general population (an increased risk of 10 to 15 per cent, in the case of schizophrenia). Delusional ideas may contribute to suicidal thoughts (people may hear voices, for example, urging them to kill themselves), but this is not the most important factor. Lack of social support and a sense of hopelessness about the future is often what leads someone with a serious mental health problem to take their own life.

A study that looked at information about people who had committed suicide estimated that 70 per cent of recorded suicides were by people who experienced depression. Psychological factors and external situations and events may combine to drive someone to suicide. There seems to be a strong connection to recent, negative life events as well as to the onset of depression.

How to... help someone who is suicidal

Alcohol and drug abuse

Misuse of alcohol and drugs increases the risk of suicide, especially in young men. These difficulties may already reflect painful, traumatic experiences, such as sexual abuse and early bereavement. (See *Further reading*, on p. 14.)

Social factors

Attempted suicide is much higher amongst the unemployed than amongst people who are in work. This is also true of homeless people. Young gay men and lesbians are particularly at risk too, possibly because of the discrimination they face in our society. Women who were born in India and East Africa have a high suicide rate. The rate amongst young Asian women is twice the national average.

Sexual and physical abuse

A history of physical or sexual abuse puts young people at increased risk of suicide or deliberate self-harm. A violent home life is also likely to contribute.

Relationships and marriage

Relationship problems, especially disturbed family relationships, are often in the background when someone attempts suicide. It is often the case that a serious argument with a partner took place just before a suicide attempt.

Social isolation, for men in particular, can play a big part. Being married seems to reduce a man's chances of committing suicide. Men who are divorced, separated or widowed are among the most likely to kill themselves. Marriage doesn't seem to have the same effect on suicide rates among women. (Married women and single men are at the greatest risk of mental health problems.)

Age and gender

The suicide rate amongst young men aged 15 to 24, in the UK, have increased. About 75 per cent of suicides are by men, and, among young people, 80 per cent are by men. The reason for this is not certain. It may be partly because men are much less inclined to be open about their feelings. Women tend to talk more about their problems, and may therefore get help.

Suicide rates in the elderly are going down, but are still much higher than in the general population. Bereavement, loneliness, loss of role or status, and ill health all contribute to this. Depression in older people is treatable, but tends to be overlooked in favour of treating dementia, or physical conditions associated with old age.

Health problems

If someone has a long-standing or painful physical problem, they may become depressed, and this, in turn, makes them more prone to suicidal feelings. It's therefore very important that carers and professionals should be aware of this.

Prisoners

The suicide rate for men in prison is over six times the total male suicide rate. Many teenagers are traumatised by conditions in custody, where bullying is rife. However, the highest number of suicides in 2002 was in the 30 to 39 year old age group.

Occupation

Doctors, nurses, pharmacists, vets and farmers have a higher risk than other professions. It's likely that this is connected to high stress, combined with easy access to the means of committing suicide.

How to... help someone who is suicidal



How do I know if someone close to me is suicidal?

“Some time ago, the young son of my friends committed suicide. His parents are beside themselves with grief. They live with that terrible helplessness that comes from feeling that there was a soul so troubled, but perhaps so self-contained, that no one knew.”

A suicide attempt can seem to come out of the blue, and family and friends may feel mystified about why someone has taken their own life. But suicidal feelings often develop gradually, without others being aware of them. Often, people find it hard to talk about these forbidden feelings and therefore disguise them.

Warning signs

- feelings of failure, loss of self-esteem, isolation and hopelessness
- sleep problems, particularly waking up early
- a sense of uselessness and futility. Feeling “What’s the point?”
- taking less care of themselves, for example, eating badly or not caring what they look like
- suddenly making out a will or taking out life insurance
- talking about suicide. It’s a myth that people who talk about suicide don’t go through with it. In fact, most people who have taken their own lives have spoken about it to someone
- a marked change of behaviour. Someone may appear to be calm and at peace for the first time or, more usually, may be withdrawn and have difficulty communicating

There is a particular risk of suicide when someone who has been suffering from depression is just beginning to recover. They may have the energy to kill themselves that they lacked when they were severely depressed.

Someone who has thought about suicide in the past, however vaguely or rarely, is more likely to resort to it as a means of coping when life becomes stressful.

Don't people have a right to kill themselves, if they want to?



"A part of me always knew he was dying, even though his body remained alive despite eight suicide attempts. The agony he experienced had caused a kind of death inside, already, and however much he struggled to believe that life could win through, ultimately it could not and he made his choice accordingly."

Some people make repeated suicide attempts and appear to express a strong, unwavering wish for death. One carer's reaction on being told of her son's death was, "Thank goodness for that". Family and friends may come to accept that death is the inevitable outcome of so much emotional anguish. They may feel relieved that the person will not have to face further suffering.

Those who have attempted suicide before have a higher chance of eventually dying by suicide, although many people have suicidal feelings without acting on them. Suicidal feelings may come and go according to the stresses and strains in day-to-day life.

Even when someone appears to be absolutely determined to take their own life, the importance of talking and examining every possible option and source of support can't be overestimated. Encourage the person not to view suicide as the only solution, and to see there is another way of resolving problems.

How to... help someone who is suicidal



How can I help someone who feels that bad?

"After he made the first two suicide attempts in the space of 24 hours, I felt completely wiped out. I felt, overwhelmingly, that it must be so awful being married to me, he'd rather be dead."

If you are trying to help someone who is suicidal, your chief concern will be their immediate safety and the causes of their desperation. It's important to encourage the person to talk about their despairing feelings.

Don't dismiss expressions of hopelessness as a "cry for help" or try to jolly them out of it. Talking openly about the possibility of suicide will not make it more likely to happen. Just being there for the person and listening in an accepting way can help them feel less isolated and frightened.

It may be useful to emphasise to the suicidal person that overdosing may not be the quick answer they are hoping for. Indeed, overdosing may lead to messy, painful and long-drawn-out consequences, including slow poisoning.

Persuade them to get help

It's important to persuade someone who is feeling suicidal to get some outside support. Their GP is a good starting-point. He or she can arrange for the person to get professional help, such as psychotherapy or counselling, and may prescribe antidepressants, if appropriate.

There are organisations, such as Samaritans, that offer emergency helplines for people who are feeling desperate. They may also offer ongoing support in the form of self-help groups, general advice and information. (To find out more, see *Useful organisations*, on p. 12, and *Further reading*, on p. 14.)

It's a good idea to discuss strategies for seeking help if the person has suicidal thoughts. Creating a personal support list is a useful way of reviewing every conceivable option. The list may include the names, phone numbers and addresses of individuals, helplines, organisations and professionals available for support. Persuade the person to keep this list by the phone and to agree to call someone when they are feeling suicidal.

For a young person who has expressed suicidal feelings, drawing up such a list is, in itself, a sign of care and concern. Often, young people may resist sharing their personal feelings and problems. If they are reluctant to seek outside help, the information may provide food for thought, allowing them the option when ready.

In an emergency

If you feel someone is in real danger of suicide, has a mental health problem and will not approach anyone for help, you may think about contacting social services. Under the Mental Health Act 1983, a person can be treated without their consent. This is, inevitably, a heavy responsibility.

Addressing the underlying problems

Surviving or diffusing a suicidal crisis is one thing, solving the underlying problems is another. The difficulties that nurture despair are usually complex and don't vanish quickly. It's essential to address them, however, or suicidal feelings may well return.

Look after yourself

If you are in a close relationship with someone who has suicidal thoughts, you are likely to feel fearful, angry or guilty. You will need to find someone – whether a friend, family member, a professional, or a carers' support group – in whom you can confide your fears. Compile your own support list.

How to... help someone who is suicidal

References

Depression and how to survive it S. Milligan, Dr A. Clare (Arrow 1994)

Statistics (Samaritans 2003)

Suicide and self-harm L. Bird, A. Faulkner (Mental Health Foundation 2000)

Useful organisations

Mind

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: www.mind.org.uk or MindinfoLine on 0845 766 0163.

British Association for Counselling and Psychotherapy

BACP House, 35–37 Albert Street, Rugby CV21 2SG

tel. 0870 443 5252, web: www.bacp.co.uk

See website or send A5 SAE for details of local practitioners

Carers UK

20–25 Glasshouse Yard, London EC1A 4JT

helpline: 0808 808 7777, web: www.carersonline.org.uk

Information and advice on all aspects of caring

Cruse Bereavement Care

Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1UR

tel. 0870 167 1677, web: www.crusebereavementcare.org.uk

Helpline and advice for those affected by a death

Depression Alliance

35 Westminster Bridge Road, London SE1 7JB
tel. 0845 123 2320, web: www.depressionalliance.org
For anyone affected by depression

Hearing Voices Network

91 Oldham Street, Manchester M4 1LW
tel./fax: 0161 834 5768, web: www.hearing-voices.org
User network and local support group for people who hear voices

The Manic Depression Fellowship (MDF)

Castle Works, 21 St Georges Road, London SE1 6ES
tel. 020 7793 2600, web: www.mdf.org.uk
For people affected by manic depression. Runs self-help groups

Rethink Severe Mental Illness (formerly NSF)

28 Castle Street, Kingston upon Thames KT1 1SS
advice line: 020 8974 6814, web: www.rethink.org
For everyone affected by severe mental illness

Papyrus (Prevention of Young Suicide)

Rosendale GH, Union Road, Rawtenstall, Lancashire BB4 6NE
tel. 01706 214 449, web: www.papyrus-uk.org
For the prevention of young suicide

Samaritans

The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF
helpline: 08457 90 90 90, web: www.samaritans.org
24-hour telephone helpline offering emotional support

Survivors of Bereavement by Suicide (SOBS)

Centre 88, Saner Street, Hull HU3 2TR
helpline: 0870 241 3337, web: www.uk-sobs.org.uk
Staffed by many who have been bereaved by suicide

How to... help someone who is suicidal

Further reading

- Conquering fear* D. Rowe (Mind 2003) £1
- How to cope as a carer* (Mind 2003) £1
- How to cope with hospital admission* (Mind 2004) £1
- How to cope with loneliness* (Mind 2004) £1
- How to cope with memory loss* (Mind 2004) £1
- How to cope with panic attacks* (Mind 2004) £1
- How to cope with relationship problems* (Mind 2003) £1
- How to cope with sleep problems* (Mind 2003) £1
- How to cope with the stress of student life* (Mind 2003) £1
- How to improve your mental wellbeing* (Mind 2004) £1
- How to increase your self-esteem* (Mind 2003) £1
- How to look after yourself* (Mind 2004) £1
- How to rebuild your life after breakdown* (Mind 2000) £1
- How to recognise the early signs of mental distress* (Mind 2004) £1
- Making sense of antidepressants* (Mind 2004) £3.50
- Mental Health Act 1983: an outline guide* (Mind 2003) £1
- The Mind guide to massage* (Mind 2004) £1
- Mind rights guide 1: civil admission to hospital* (Mind 2004) £1
- Mind rights guide 3: consent to medical treatment* (Mind 2004) £1
- Mind rights guide 4: discharge from hospital* (Mind 2003) £1
- Understanding anxiety* (Mind 2003) £1
- Understanding bereavement* (Mind 2003) £1
- Understanding depression* (Mind 2004) £1
- Understanding eating distress* (Mind 2004) £1
- Understanding manic depression* (Mind 2003) £1
- Understanding mental illness* (Mind 2004) £1
- Understanding the psychological effects of street drugs* (Mind 2003) £1
- Understanding schizophrenia* (Mind 2003) £1
- Understanding self-harm* (Mind 2003) £1
- Understanding talking treatments* (Mind 2002) £1

Order form

For a catalogue of publications from Mind, send an A4 SAE to the address below.

If you would like to order any of the titles listed here, please photocopy or tear out these pages, and indicate in the appropriate boxes the number of each title that you require.

Please add 10 per cent for postage and packing, and enclose a cheque for the whole amount, payable to Mind. Return your completed order form together with your cheque to:

Mind Publications
15–19 Broadway
London E15 4BQ
tel. 0844 448 4448
fax: 020 8534 6399
email: publications@mind.org.uk
web: www.mind.org.uk
(Allow 28 days for delivery.)

Please send me the titles marked opposite. I enclose a cheque (including 10 per cent for p&p) payable to Mind for £

Name

Address

Postcode

Tel.

Mind works for a better life for everyone with experience of mental distress

Mind does this by:

- advancing the views, needs and ambitions of people with experience of mental distress
- promoting inclusion through challenging discrimination
- influencing policy through campaigning and education
- inspiring the development of quality services which reflect expressed need and diversity
- achieving equal civil and legal rights through campaigning and education.

The values and principles which underpin Mind's work are:

autonomy, equality, knowledge, participation and respect.

For details of your nearest Mind association and of local services contact Mind's helpline, *MindinfoLine*: **0845 766 0163** Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

This booklet was written by Kate Hill and Janet Gorman

First published by Mind 1994. Revised edition © Mind 2004

ISBN 1-874690-26-X

No reproduction without permission

Mind is a registered charity No. 219830

Mind (National Association for Mental Health)

15-19 Broadway

London E15 4BQ

tel: 020 8519 2122

fax: 020 8522 1725

web: www.mind.org.uk



**For better
mental health**