

Suicide Prevention

The college years are a time of great growth and development. College years are also a time of stress. At the same time a student is assuming many of the responsibilities of adulthood, the support structures that sustained the student through childhood may be less available. The college age group is the period when several mental illnesses first appear, including major depression. Suicide is the third leading cause of death among people age 15-24 (after accidents and homicides). The risk is actually somewhat lower for people in this age group who are attending college than for those who are not attending college.

Most college students who commit suicide are suffering from depression -- diagnosed or not. Therefore, by detecting depression as soon as possible and by providing support and treatment, we can greatly reduce the likelihood of suicide among college students. The following information is intended to help the community recognize warning signs and worrisome behaviors.

Behavioral Signs of Suicide Risk

A person might be at risk for suicide if showing any of the following signs (from American Association of Suicidology):

- Talks about committing suicide
- Has trouble eating or sleeping
- Experiences drastic changes in behavior
- Withdraws from friends and/or social activities
- Loses interest in hobbies, work, school, etc.
- Prepares for death by making out a will and final arrangements
- Gives away prized possessions
- Has attempted suicide before
- Takes unnecessary risks
- Has had recent severe losses
- Is preoccupied with death and dying
- Loses interest in their personal appearance
- Increases their use of alcohol or drugs

Comments Made by Someone Considering Suicide

Research shows that most (70%) of people who commit suicide have given warnings to others in some form. Warnings might include statements such as:

- Sometimes I wish I were dead
- People would be better off without me
- Would you like to have my [valuable possession]...I won't be needing it
- I'm not sure life is worth living

- Hopefully I won't be around to find out...
- You [or boyfriend or girlfriend or family] will be sorry when I'm gone
- I've lost hope
- You can't understand how I feel
- Nobody can possibly understand how upset I am
- I can't imagine ever feeling better

If You Are Feeling Suicidal

Recognize that you are suffering from a **treatable** illness. Suicide is a permanent, irrevocable solution to a temporary problem. Talk to someone right away. Seek help from a friend, a professor, an RA, an advisor, a coach, or anyone else you know.

What You Can Do

Here are some ways to be helpful to someone who is threatening suicide (from American Association of Suicidology):

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad.
- Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.

Consult Someone Who Can Help: Involve Other People

If you are concerned that a student may be suicidal, consult with an advisor, professor, coach, resident assistant, Health Services, the Campus Ministry or Counseling Services. To make an appointment with a member of the Counseling staff you can either stop by the front desk at the Wicker Wellness Center or call (518) 388-6161. You may be afraid your friend about whom you are concerned will feel "betrayed" by your sharing your concern with anyone. Realize that the person NEEDS help and cannot make a good judgment about seeking help. If the person gets angry at you that is a small price to pay in order to save someone's life.

Common Misconceptions

From *Suicide Awareness Voices of Education ("SAVE")*:

1. "People who talk about suicide won't really do it."

Not True

Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "You'll be sorry when I'm dead," and "I can't see any way out" -- no matter how casually or jokingly said may indicate serious suicidal feelings.

2. "Anyone who tries to kill him/herself must be crazy."

Not True

Most suicidal people are not psychotic or insane. They must be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

3. "If a person is determined to kill him/herself, nothing is going to stop him/her."

Not True

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

4. "People who commit suicide are people who were unwilling to seek help."

Not True

Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

5. "Talking about suicide may give someone the idea."

Not True

You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true -- bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.