

Suicide: Learn to recognize the signs, and help someone

By Hadley Koltun

Mental Health and You is providing a service of the North of Superior Programs.

Before reading this article on suicide, I would like you to try this questionnaire. This questionnaire is for your own knowledge.

1) **T F** People who talk about suicide seldom mean it and can, in fact, be regarded as low risks to commit suicide.

2) **T F** 80% of persons who have once attempted suicide will make a second attempt.

3) **T F** Most suicidal people do not want to die.

4) **T F** You could influence a suicidal person by talking about suicide. Therefore, never discuss suicide with a person who you may feel is suicidal.

5) **T F** The loss of a loved one has little to do with suicidal behavior.

ANSWERS

1) **F** People who commit suicide usually have given some clue or warning of intent. Suicide threats and attempts must be taken seriously. Read this article and learn the signs. You may save someone's life.

2) **T** This fact tells us that something must really be troubling the suicidal individual. Professional help can be useful and even life-saving in these situations.

3) **T** Most often, suicidal persons cannot choose between living or dying. They frequently call out for help immediately after the suicide attempt.

4) **F** Asking a suicidal person

will not implant an idea or even lead him/her to a suicide attempt. In fact, it may reduce the victim's anxiety surrounding their feelings and the act. This reduces the risk of suicide.

5) **F** Attempted suicides may be a reaction to a loss of a significant person in the individual's life (parents, children, spouse)

6) **T** Suicide is the second leading cause of death among adolescents in Canada. It is important for adolescents and people who deal with adolescents to read this article.

Suicide has many faces to it. It is not a mental illness, but is often a very important sign or symptom of a major depression or other mental health problems. It is important that we detect distress in loved ones, which may indicate a suicidal risk. Once this is identified, some help is necessary from either your family physician or a mental health professional.

First, let's spend some time clearing up some myths and introducing some facts.

Suicide is the second leading cause of death among adolescents. Suicides have also been increasing across the population due to the complexities and stressors of living in our modern world. Another interesting fact is that adolescent females are 10 times more likely to make a suicidal attempt but males are 3 times more successful than females who usually use drug overdoses. Males usually have a more lethal or violent suicidal plan. Quite often, the suicidal individ-

ual is usually a middle aged male who has a substance abuse problem (either drugs or alcohol). In addition, he usually has had a major loss in his life, or is going through some major life difficulties.

Here are some myths about suicide. First, most people believe that asking a suicidal person about his/her wish to die or even about one's plan may put suicidal thoughts in his/her head. This is not true.

Most suicidal persons already have a plan and talking about it with a trained professional will often allow the person to feel at ease. A second falsehood is that suicide is a phenomenon only present in lower classes of society where people cannot afford to get any help. In fact, there is no difference between social class and the number of suicides in that population group.

Reaction to a loss

Another myth is that suicide is a moral weakness or is always a sign of mental illness. Although some suicides are attempted by clinically depressed individuals, some suicides are attempted by persons who are reacting to a loss of a significant person in their lives, such as a parent, spouse or child. Many of these people have a strong moral component to themselves but they find the emotional pain they have to be unbearable. It is necessary for them to get help from a trained professional.

It is also important for you to detect and know the signs. The first rule is to always take the threat of

suicide seriously.

Signs of a problem

1. Look for signs of depression, which include prolonged sadness or guilt, loss of appetite and lack of interest in activities.

2. Listen for direct or indirect statements which reveals preoccupation with death. These may occur after the loss of a significant person in the life of the patient.

3. Look for a drastic change in the behavior of the patient. A person who was once "happy-go-lucky" and then suddenly becomes gloomy may be contemplating suicide.

4. Look for a non-interest in the future over an extended period of time, especially after a loss.

5. A person who has made a previous attempt will, with a 90% certainty, make another attempt. An individual with a history of suicide is at risk.

6. Is the individual making final plans or "tying up loose ends"? Making final plans, such as giving away belongings, or making amends with loved ones can be a sign of suicidal intent.

7. Sudden improvement in his/her mood should not be taken as a very stable improvement. The patient could be planning a suicide attempt.

8. Self-destructive behavior such as a suicide attempt is a tell-tale sign of suicide. Even severe acting-out behavior such as aggression or fight-picking.

The next important question is what to do when a suicide attempt is about to be or has been attempt-

ed. Firstly, always attend to the emergency situation. Check to see if the person is conscious and breathing. Send someone to get some emergency help. If the person is conscious and coherent, talk to him/her in a calming and reassuring manner.

If the individual is only considering the possibility of suicide, do not be afraid to ask why he/she is thinking about it and how one intends on accomplishing this. By asking them these questions, you demonstrate some concern.

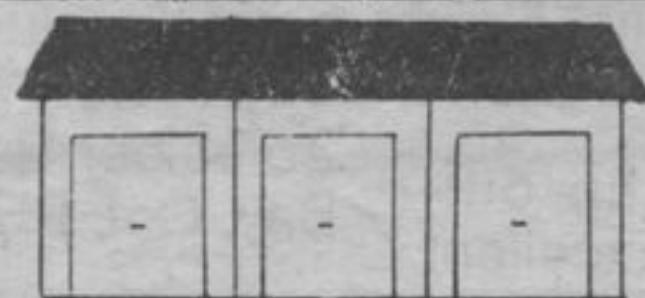
Direct that individual to the care of a family physician who will be able to decide what type of treatment or action is necessary to take.

If it is further warranted, the physician may refer the patient to see a mental health professional for counselling and easing of the emotional pain, which frequently motivates a suicide attempt. Remember that suicide is preventable and, most of all, many suicidal individuals do not want to die. They will later be grateful that you recognized the signs of suicide.

WARNING SIGNS FOR SUICIDE

1. Depression.
2. Direct or indirect statements reveal preoccupation with death.
3. Drastic change in behavior.
4. No interest in future plans.
5. Previous attempts.
6. Making final plans.
7. Sudden improvement after depressive episode.
8. Self-destructive behavior.

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