



## Suicide Prevention & Treatment **Part II**



**CHARLES MEUSBURGER, M.D.**

**S**uicide continues to be on the rise.

Statistics are published to help manage needs, however, the stats around this phenomenon are nothing short of shocking.

For example, nearly 30,000 Americans complete a suicide annually- a number that keeps increasing – especially in the youth; there are twice as many deaths due to suicide than HIV/AIDS; between 1952 and 1995 suicide in young adults nearly tripled; over half of all suicides are completed with a firearm and over half of all suicides occur in adult men ages 25-65; the highest suicide rates are among widowed males with medical issues, alcoholism and 85 years old and beyond; it's the third leading cause of death for those 15-24 years old; the strongest risk factor for suicide is depression and this is compounded by substance abuse; according to the World Health Organization, by 2011, depression will be the number one disability in the world; an average of one person dies by suicide every 16.2 minutes; there are three female suicide attempts for each male attempt as contrasted by four male suicides for every female completed suicide; in

2004 there were 811,000 suicide attempts in the U.S. Suicide prevention is best achieved by education, awareness and treatment.

The earlier warning signs of suicide are often discernable if you are attentive. For example: ideation (thinking, wishing or talking about suicide); anger; substance abuse; feeling trapped with a need to "escape"; feeling hopeless or helpless or both;



*"Suicide is not chosen; it happens when pain exceeds resources for coping with pain."*

withdrawal from family, friends, usual activities; increasingly reckless behaviors; intensifying anxieties; lack of purpose; increasing physical issues- especially chronic pain; dramatic shifts in mood; inquisitive about methods to die; preoccupied with death; contacting people suddenly that one has had a relationship with; getting one's affairs in order; giving prized possessions away; overt loss of interest in usual topics, people, etc.; actively obtaining weapons or means and suddenly appearing calmer even happier than prior appearances. These signs and symptoms are among many others.

Without exception, an actively suicidal person urgently needs to see a physician or mental health professional. If you are the first to see the warning signs of suicide start with asking questions. Questions need to be non-judgemental and non-confrontational to be helpful. An example of some questions that are direct and reasonable are: do you have a plan how specific; do you have a serious intent; do you want to die, commit suicide? If so, when, today, tomorrow, do you know?

Do you feel so badly that suicide is a serious option? These questions are examples of assessing risk in a supportive but direct way. Do not ask vague questions as if talking openly about suicide will cause it. Calling 911 or escorting someone to the nearest emergency room is also quite appropriate when suicidal ideation is strong or when actual suicidal behaviors are occurring.

It's important to take signs, symptoms or plans for suicide seriously. Each reoccurring episode should be evaluated in the context of prior ideations, attempts and as a serious state of mind in the here and now.

If the person with suicidal thoughts or behaviors is a friend or family member, do not fear them being upset with you if you bring up the topic or call 911. If they get angry and decide to end your relationship, it's less tragic than them ending their life.

A person in psychic pain sufficient to utilize suicide as a viable option should not have their feelings dismissed or ridiculed. Attaching guilt or shame to their current state is counterproductive and dangerous. A better approach is to listen intently, reassure them that professional help helps and is readily available and that their feelings are well understood and treatable. That includes for them. Follow through with your attention and early interventions be that calling 911 or a mental health professional with or for the suicidal person or even accompanying them to their first professional contact – be it at the local ER or to a psychiatric facility or office. Don't procrastinate, second guess or feel you're being intrusive. Safety first – all else is negotiable later.

If you are the person with active suicidal thoughts go to the nearest ER or call 911 if you're already in active treatment. If you call or go to see your mental health professional be clear and forthcoming about your feelings or impulses. Ask someone to assist you in doing all the above, eliminate weapons, means or any specifically harmful objects/opportunities, delay the impulses to self destruct and die using contingency plans that are preplanned and well established, and don't be silent as you may be just that for a very long time.

Treatment with a combination of appropriate and efficacious medications and a variety of talk therapies are well established and reliable methods to help ameliorate and alleviate many sources for suicidal thoughts and behaviors. It's never a "one size fits all" approach to these life threatening states. A skilled, experienced mental health professional is the best source to assess risk and provide appropriate levels of care for these intense needs.

There is no shame or stigma necessary to attach to these powerful times and feelings. Help exists, is effective, well tolerated, all with due respect and it allows life to be lived – not merely endured or forfeited. Please don't stay in the shadows, suffer in silent isolation and die. Emphatically – be counted and participate for another deserved tomorrow.

*Please call our office for any questions or concerns about this or other psychiatric needs. It's confidential and available.*

**609-484-0770.**



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