Supporting Mental Health in First Responders:

Warning Signs of Suicide

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Most people who have experienced the suicidal death of a close relative or friend will have reflected on what signs they may have missed to have allowed them to do something to save the person. Such thoughts are perfectly natural when grieving a loss, but these thoughts are usually wrong. Even the experts cannot identify all people considering suicide, and even if they could identify those people, the experts could not prevent all suicides from being completed. There is room for hope, however, because the number of completed suicides can be reduced. For example, in a study of 10,922 individuals who attempted suicide in Colorado, USA, counties that had safetynet services (i.e., mental health treatment, crisis treatment, case management) had lower levels of competed suicides (Cooper et al., 2006). Therefore, if more people received the services they need, it is possible to reduce the number of suicides that are committed. Before people can be encouraged to seek mental health services, their suicidal ideation needs to be identified. The following are some warning signs to help identify those at risk.

High risk signs that someone could be at risk include:

- Talking or threatening to harm oneself (e.g., "I wish I were dead" or "I'm going to kill myself"), verbally expressed and/or written threats of self-harm
- Searching for material related to killing oneself or suggesting ways of killing oneself (e.g., online, sourcing out stories of completed suicides and best methods)
- Giving away belongings or getting personal affairs in order when there is no other logical explanation for this behaviour (Mayo Clinic, 2018)
- Saying goodbye to people if they won't be seen again
- Getting the means to suicide (e.g., newly obtaining and hiding weapons, stockpiling medication or pills)

While high risk indicators, none of these signs are perfectly predictive of suicidal thinking. Even the statement, "I wish I were dead" could be an expression of the feeling that the person is extremely embarrassed. Any of these comments or behaviours, should be investigated further to gain a better understanding of what the person meant.

Behavioural signs include:

- Neglect of personal appearance
- Sudden changes of manner of dress, especially when the new style is completely out of character
- Sudden change of appetite
- Increased alcohol or drug use (Mayo Clinic, 2018)
- Withdrawing from social contact, sometimes acting in a manner that forces family and friends away
- Doing self-destructive and high-risk activities (e.g., acting recklessly, seemingly without thinking; Crisis Service Canada, 2019)
- Loss of interest in activities that used to bring joy and meaning
- Changes in sleep patterns (e.g., unable to sleep, wanting to sleep all the time)

Of course, there are many possible reasons for each of these behavioural changes, including mental health issues such as depression, stress at home or at work, and in some cases, changes in priorities or lifestyle. While it is best to not jump to conclusions, it is never wrong to notice the change and ask Please note that this material is not intended to replace the professional care of a therapist or physician.

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what the change means.

Emotional clues include (Crisis Services Canada, 2019):

- Experiencing anxiety, agitation, uncontrolled anger and/or dramatic mood changes
- Feelings of helplessness, hopelessness, futility
- Feeing socially isolated, lonely
- Inability to enjoy, appreciate friendships
- Wide mood swings and sudden outbursts
- Anxiousness, extreme tension, agitation
- Inability to concentrate
- Depression, sadness
- Feelings of guilt and failure
- Loss of ability to enjoy activities that were formerly enjoyed

Everyone experiences negative or distressing emotions from time to time, making the warning signs of suicide less obvious. Without a doubt, warning signs vary from person to person in both number and intensity. That is why it is always good to talk to friends and loved ones about their emotional state. People experiencing prolonged symptoms would likely benefit from counselling, even when not considering self-harm.

Higher risk groups

Some groups of people experience higher rates of suicide; however, the vast majority of people from these populations never attempt suicide (Mayo Clinic, 2018).

- Those who have attempted suicide before
- Having an underlying psychiatric disorder such as depression, posttraumatic stress disorder or bipolar disorder
- Having a family history of mental disorders, substance abuse, suicide, violence (including physical and sexual abuse)
- Having a medical condition that is linked to depression and suicidal thinking, such as chronic disease, chronic pain, loss of function, or terminal illness

Experiencing a stressful life event, such as a job-related trauma, loss of a loved one, financial or legal problems

Summation

Suicidal thoughts and attempts take a severe emotional toll. The person who is at eminent risk of attempting suicide is often consumed by thoughts, impairing their ability to function on a day-to-day basis. No matter what, do not ignore the warning signs. Research has shown that talking with someone about suicide does not increase the likelihood of that person suiciding. If there are concerns about somebody taking their own life, the best way to identify that risk is to ask. Reaching out and making a Please note that this material is not intended to replace the professional care of a therapist or physician.

connection, showing the person you care, can make all the difference (Crisis Services Canada, 2019). For more tips on helping someone who is thinking of suicide see "Helping Someone Who is Considering Suicide." Encourage people who are thinking of suicide to take advantage of professional help that is available. If someone is at immediate risk, call for help. Call 911.

References

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