

# Suicide: Prevention and Awareness

## World Suicide Prevention Day

Observed on the 10<sup>th</sup> of September every year since 2003, *World Suicide Prevention Day (WSPD)* is aimed at raising awareness about suicide and associated issues, and bolstering the commitment of mental health professionals and the general public to reduce suicide incidence and prevalence rates.

**UPWARD** Counselling and Psychological Services supports the goals of WSPD and has decided to dedicate the first issue of its periodical to suicide and related matters.

**SUICIDE AWARENESS HASHTAGS**

**#WSPD2018**

**#SuicidePrevention**

**#Hope**

**#SuicidePreventionWeek**

**#MentalHealth**

**#SuicidePreventionMonth**



## UPWARD

Counselling and Psychological Services

### Suicidality: Risk and Protective Factors

What causes an individual to become “suicidal?” Is he/she depressed? Cowardly? Inherently flawed? Or is it that he/she simply cannot cope with life’s tribulations? Well, the truth is, a basic “yes” or “no” to any of the above is both oversimplification and misrepresentation. The reasons a person chooses to end his/her life are often complex and due to multiple factors, both internal and external to the individual.

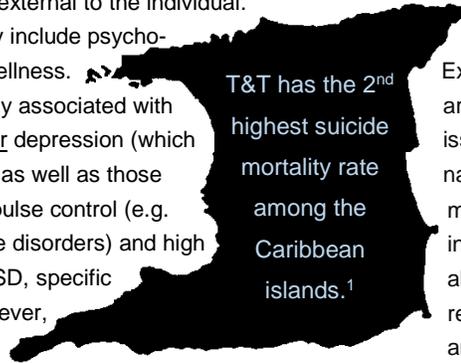
Internal factors broadly include psychological and physical unwellness. Mental illnesses commonly associated with suicide attempts are major depression (which incites suicidal thoughts), as well as those characterised by poor impulse control (e.g. bipolar and substance use disorders) and high anxiety/agitation (e.g. PTSD, specific phobia).<sup>2</sup> Most often, however, for those with mental illness, suicidality is due to having multiple disorders at once. Suicidality associated with schizophrenia is also notable, with twenty-percent of individuals having attempted suicide on one or more occasions and 5-6% actually dying of suicide.<sup>3</sup> Apart from mental disorders, other significant predictors of suicide that are closely linked to psychological health include a family history of suicidality and personal

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history of self-harm behaviours or past suicide attempts. Physical illness can also play a part – particularly in the elderly. A few of the most closely linked diseases to suicide include cancer, and cardiac and pulmonary problems.<sup>4</sup> However, one study reasons that suicidality seen among physically ill persons is more often due to the presence and influence of depression than the disease itself.<sup>5</sup>



External factors that prompt suicidality are endless, ranging from smaller scale issues at home, work, or school, to nationwide and global issues. In T&T, the most implicated factors for suicidality include economic problems, crime;<sup>6</sup> alcohol abuse, and familial and relationship issues. Ingestion of poisons and hanging have also been quoted as the preferred methods for taking one’s own life in T&T.<sup>7</sup>

While there are many determinants of suicidality, there are several factors that defend against it. Closeness with family and friends, high self-esteem, moral objection to suicide or strong spiritual/religious beliefs; problem solving skills, and effective mental healthcare all reduce the likelihood of attempting suicide.

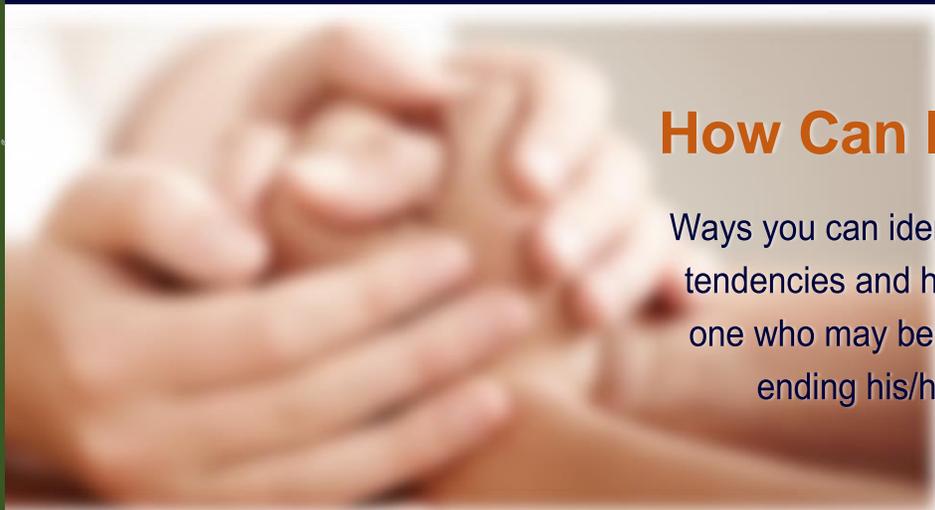
#### References

1. Suicide mortality rate: data visualizations dashboard, World Health Statistics 2018.
2. Nock et al., 2010
3. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; page 105.
4. Quan et al., 2001.
5. Webb et al., 2012.
6. Hutchinson & Simeon, 1997.
7. Matroo, 2017



## Facts about Suicide in T&T and the Caribbean

1. T&T is only 2<sup>nd</sup> to Cuba for the highest suicide mortality rate among Caribbean islands.
2. Among countries in North America, T&T has the 4<sup>th</sup> highest rate of suicide mortality after the US, Cuba and El Salvador who are 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> respectively.
3. There are 1000 admissions to each T&T Regional Health Authority per year for issues related to suicidality and self-harm.
4. According to the World Health Organization's Global School-based Student Health Survey conducted in 2011, 17% of T&T students indicated that they had contemplated suicide and 14.4% actually attempted.
5. Suicide and attempted suicide are considered criminal acts in T&T.



## How Can I Help?

Ways you can identify suicidal tendencies and help a loved one who may be thinking of ending his/her life.

The feeling of helplessness is no stranger to those who have loved ones that have taken their own lives or engaged in self-harm behaviours. We cannot begin to understand what they are thinking and feeling, and on some level we may be hesitant to ask.

The number of annual suicides is growing in T&T and, in spite of its criminal status and associated stigma, we need to engage more meaningful conversation around how we can prevent it. The purpose of this article is thus to provide the general public with more information about the signs of suicidality and what they can do to assist those who are descending into a dark place.

While there is no *one* mould that someone contemplating suicide fits into, there are certain behaviours generally attributable to "being suicidal." Here is what you should look out for:

1. **Voicing a desire to take their life and/or self-mutilating.** Has the person said something akin to, "I don't want to live anymore?" Are they actively cutting, burning, or engaging other self-harm behaviours?
2. **Command hallucinations.** Is the person hearing a voice (not apparent to anyone else) that is telling them to end their life? This may be seen in someone with a

psychotic disorder.

3. **Feelings of hopelessness, worthlessness.** Are they saying things like, "life has no purpose," "everyone will be better off without me," or "no one cares about me?"

4. **Social withdrawal/isolation.** Has the person stopped hanging out with family/friends? Have they lost the desire to interact with caring others?

5. **Loss of interest/pleasure in activities, low motivation.** Has the person stopped engaging activities they once enjoyed? Do they lack a desire to do anything that involves putting out effort?

6. **Drastic changes in habits.** Are they behaving *very* differently after some stressful life event? E.g. after a relationship break up, job loss, or death of a loved one?

7. **Reckless impulsivity.** Is the person participating in dangerous activities like driving while drunk or having unsafe sex with strangers? This may indicate that the person has little regard for their life.

8. **Appetite changes.** Is the person eating very little or not at all? Or are they eating a lot more than usual? Significant appetite changes often indicate that an individual is depressed.

9. **Abuse of substances.** Individuals often use drugs and alcohol to "numb" emotional pain and "escape" from reality.

If you identify someone with one or more of these factors it is likely that they are in distress and need support. Your first line of defense should be to check in with them, both to find out what is truly going on with them and to make sure you are not misinterpreting their behaviour. If after speaking with the person you realise that they are indeed in distress or actively suicidal, here are some suggestions for what to do next:

- ✓ Get them checked into an inpatient facility such as St. Ann's Hospital for an evaluation.
- ✓ With the assistance of the relevant authorities, help them remove all items from their home that they intend to or can use to take their lives. A non-exhaustive list includes guns, sharp objects, rope, poisons, medications, and other drugs.
- ✓ Take/Refer them to a clinical psychologist, psychiatrist, or other mental health practitioner. These individuals are specially trained in diagnosing and treating suicidal persons.
- ✓ Be an empathetic and non-judgemental supporter. The last thing someone with suicidal tendencies needs is another person putting them down or making them feel worse than they already do.



## Coping with Distressing Emotions

Each of us has faced a difficult life situation that has triggered challenging emotions, including sadness, embarrassment, fear, shame, disappointment, and anger. Such emotions are typically seen as negative, unwanted, or, for some, just plain wrong. However, while experiencing these emotions are uncomfortable in the moment, they are not insurmountable and can also give us valuable information about ourselves.

First, it is helpful for us to remind ourselves that *we have control over our own emotional reactions*. Nothing or no one else can “make us” feel a particular way. When we take back that control we stop letting other people and situations dictate how we feel.

Next, instead of putting ourselves down for being upset about a particular situation, we need to ask ourselves *why* the emotion is coming up to begin with. What are the *thoughts* and *beliefs* behind our emotional reactions? Are those thoughts

healthy, helpful, or even correct? Sometimes faulty ways of reasoning can cause us to feel worse about a situation than it actually is. Also, what are these emotions telling us that we *want/need*? Is our anger telling us that we need to speak up about something or back away from a negative situation? Is our sadness telling us to reach out to someone for support? Sometimes our emotions, even the distressing ones, are helpful in telling us how we should respond to a situation. On the other hand, at times we may identify desires behind these emotions that are unhealthy, like wanting to punch someone in the face because we are angry. In these cases it is useful to identify more wholesome alternatives; for example, figuring out how to convey our needs to the person that we are angry at without getting physical.

Third. Sometimes we need to allow ourselves to feel these emotions without judgement. For example, not every time we are sad should we just “suck it up.” If

you have gone through an ordeal and want to cry, cry. Simply make sure to do so in a safe and comfortable space (at your desk at work with others around is probably not the best time).

Fourth, we may need to *take a step back from our difficult emotions by using distractions*. Sometimes distressing feelings are so overwhelming that they cause us to spiral into an even worse place mentally. In the moment, we can use healthy distractions, like removing ourselves from the negative situation and going for a walk, watching TV, going to the beach, or doing anything else that clears our head and prevents us from acting out or behaving irrationally.

Lastly, we might want to talk to a caring, mature, and emotionally intelligent other. Whether this means seeking help from a loved one or visiting a counsellor, getting emotional support from someone we trust can heal our emotional scars and give us a different perspective.

### Emergency Care Resources

St. Ann’s Psychiatric Hospital

St. Ann’s Rd, St. Ann’s

Tel: 624-1151 (ext. 5)

Mental Health Unit, Eric Williams Medical Sciences Complex

Uriah Butler Hwy, Champs Fleurs

Tel: 624-3232 (ext. 2542)

San Fernando General Hospital, Ward One

Independence Ave, San Fernando

Tel: 652-3581 (ext. 3221)

Ambulance: 811

Police: 999

## Suicide Help Resources

**LIFELINE (24hr Suicide hotline)**

Tel: 800-5588 (toll free)  
Other Tel: 645-2800 and 220-3636

**ALIVE (24hr Helpline)**

Tel: 688-8525 and 650-5270

**International Association for Suicide Prevention**

[www.iasp.info](http://www.iasp.info)

