

WARNING SIGNS AND RISK FACTORS FOR SUICIDE

Depression: People living with depression are described as “Typically having a negative view of themselves, their environment, and the future. They view themselves as worthless, inadequate, unlovable and deficient. Depressed patients view the environment as overwhelming, as presenting insuperable obstacles that cannot be overcome, and as continually resulting in failure or loss. Moreover, they view the future as hopeless; they believe their efforts will be insufficient to change the unsatisfying course of their life.”¹ I remember one person talking about how overwhelming the thought was “how am I going to mow the lawn?” Even simple tasks can seem enormous to the person who is depressed.

It was quite clear this was a big factor with Ian, he was definitely in a depressed state and felt he could not live with the pain and sadness any longer.

In Australia, the average age of onset for a first episode of depression is 25 years old. The younger a person is when they develop depression, the more likely they are to develop recurring episodes. A person with depression will often find little enjoyment in life, they will stop doing things that used to bring happiness and pleasure. They don't want to hang out with their friends, play sports, go to the movies, etc. They may lack motivation for self care. This may be confused by observers as “laziness,” or “adolescent behaviour.”

One of the reasons many people don't get any professional help is the symptoms are not recognised for what they are. When a person has a physical disability, you can usually see and make allowances for this. Mental illnesses are not as easy to see (often hidden by the person due to stigma), it can be more difficult for the people around them to understand the need to support the person and make any adjustments needed.

Hopelessness: The more hopeless the person feels, the higher the risk of suicide is. Do they feel they have no future? Do they feel like there is no solution to their problem(s)? Depression will also block the persons' ability to think about solutions because all they can see is the problem in front of them. It struck me that Ian had business assets that he could sell; but in his depression it was likely he was feeling destitute and like a failure. Failing in ministry and, now, failing in business.

Withdrawal / Social Isolation: Not wanting to go out and socialise, spending greater amounts of time alone. This can also sometimes be mistaken for normal adolescent behavior. If someone is withdrawing more and more, it's good to ask some questions. It may be that it is just normal adolescent behavior, but it could be more. Ask questions such as “How are things going at school /work?” and “how are you feeling?” Look for signs of depression, anxiety and developing psychotic disorders. Make sure your friend/family member knows you are always available if they want someone to talk to. Ian was living in Queensland while the rest of the family lived in Victoria, social isolation was clearly another of the factors in my younger brothers' case.

No spouse: They say that this is a risk factor particularly for men (see, you can't live without us!) Ian also fit into this category as a single 27 year old male. Older men are also at very high risk of suicide according to Australian statistics. Some of these are widowers. I have heard a few people talk about feeling like they just can't go on when their partner has died. It can also be a factor for women; my experience is that it is more common when dealing with intense grief and loss. One person told me that they had taken pills about a year after the death of their husband; they vomited them up which they felt was God showing them He wanted them to go on living. I have had several people share similar experiences; as far as I know they have not told anyone else. I am convinced suicide

attempts are far more common than is realised; because of what I do I end up hearing so many experiences.

Dramatic changes in mood: This could also be a sudden positive change which can make you believe the person is recovering. They may have made a decision to end their life as a way to end their pain and sadness; it is like the light at the end of the tunnel for them. People don't usually get well very quickly, so keep a close watch on sudden recovery and ask questions. There may also be a sudden negative drop, not wanting to engage in life or socialise, viewing things in a negative manner. You may see a total lack of self care.

Talking about suicide: Okay it may sound obvious, but this is often mistaken as attention seeking. If the person is asking for attention in this way, then there is some kind of unmet need. All talk of suicide *must* be taken seriously no matter how many times a person has talked about suicide in the past. Until the unmet need is recognised and the person receives the help they need, they will be at risk of ending their life.

Writing or drawing about death and/or suicide: This could be an expression of what the person is feeling inside and coming out in school work such as essays and art classes. Some questions to ask could be "Do you ever feel like this person that you have written/painted?" Or "I'm just wondering where your inspiration comes from?" Be curious, find out why the person is choosing this subject within their work.

Rage, anger, seeking revenge: Anger can actually be a symptom of depression. I have heard it described as sadness turned inward. The person may seem very hateful and tell their friends / family how much they have screwed up their life, all the things they have done wrong. How painful and difficult for everyone this must be. One of my clinical supervisors described how the effects of anger can almost be described in the same way as a psychosis. The angry person loses the ability to think rationally and often does not remember what they have said or done, they lose the ability to reflect on their behaviour and any part they may play in the problem.

Josh McDowell, in his movie "Undaunted," shares his struggle with the hate and anger he had towards his father, an alcoholic who beat up his mother. He also suffered sexual abuse from a man during the ages of 6 to 13 years old, and naturally had a lot of anger towards his abuser. I don't know how anyone ever recovers from such trauma without the amazing redemptive love of our Lord. Josh's story ends well because he is able to tap into the redeeming power of Christ. Sadly he lost one sister to suicide at a young age. Angry people need help; the most difficult part of this is often they are so trapped in their anger they don't see how much they are hurting themselves and others.

Increasing alcohol or drug use: Alcohol is a depressant and so, regardless of any initial benefits the person may receive from drinking, the long term effect of alcohol is depression. There is also a risk of alcohol or drug induced psychosis. A person under the influence of alcohol is likely to be less inhibited and more impulsive. This places them at high risk for doing things that they would not normally do at any other time.

Psychosis: A person in psychosis can have delusions and hallucinations that will put them at higher risk. They may believe they are being persecuted, or that they are some kind of super hero. In psychosis, a person loses the ability to think rationally, so there is no point trying to rationalise with them. They may need to be involuntarily hospitalised for a short period of time for their own safety.

Putting their affairs in order: The person may write a will or take care of financial matters. They may arrange for someone to take care of their children or pets. If someone asks you to look after

their pet because they are going away, but they are reluctant to talk about where they are going, this should raise some serious questions.

Giving away possessions: When someone starts to give away their favorite possessions such as CD's, jewelry and other items, you may hear them say "I just want you to have this." If someone is usually generous and does that all the time, this will be harder to pick up. If it is uncharacteristic for the person, it is good to be curious about why they have decided to give their favorite stuff away.

Saying goodbye: They may say goodbye to people in ways such as "I just want to make sure you know how much I love you and appreciate your friendship and support," or "I hope that you can forgive me for the time when..." Sometimes people will send a letter or text message. They may post things on their facebook page.

Family history of suicide: In some families, there is a history of suicide. It could be due to a history of trauma within the family that leads to depression and mental illness such as sexual abuse, verbal abuse, physical abuse, trauma or neglect.

Risk taking behaviour: The person may be thinking "it doesn't matter if I live or die," so the risks are inconsequential. Behaviours could include anything from driving a car at high speeds, high risk drinking and drug use, or risky sexual involvements. One person told me of someone they knew having unprotected sex with someone with aids.

Overwhelming sense of shame or guilt: This can come from being a victim of abuse (such as sexual abuse), or being the perpetrator of abuse or crime. Hurt people usually hurt people, and often those who are abusers have been abused themselves. An alcoholic may feel real shame at the way they are treating their wife and/or children, but feel unable to stop drinking.

Feeling trapped, like there is no way out: This may be the child who is under constant pressure at school from bullying. Or it could be the business man who is losing everything. It may be the wife caught up in domestic violence. Or the woman who is the victim of human trafficking. It could be the child being abused at home by a family friend or other relative.

Josh McDowell tells of how he tried to tell his mother twice about the sexual abuse as a child, but she did not believe him. Sadly this is not uncommon. "Such and such would never do that." This adds a sense of betrayal, the person who is supposed to protect you does not believe you and so there is an increased sense of hopelessness. If a child tells you about abuse, you need to believe them and fully investigate their claims. Perpetrators of sexual assault will usually groom not only the victim, but the family members and other adults close to the child. Joyce Meyer talks about when a policeman caught her father abusing her she thought she would finally be rescued. Imagine how totally crushed she was when the police man accepted money from her father and also raped her.

Pre-natal and post-natal depression: Both can lead to suicidal thoughts and feelings. Hormonal changes in the body can play a part in depression. It is also good to be aware that certain medical conditions may be a cause of depression; and so it's good to have a complete medical check-up with your local doctor to rule out physical causes.

Traumatic events: Split up of a relationship, separation or divorce, loss of contact with children, and ongoing family conflict may be a risk factor. Being a victim of crime (such as rape, a home invasion, or an armed hold up). A work or motor vehicle accident; the more helpless the person feels and the more horror attached to the event, the higher the risk. This can also occur with trauma from bush fires, floods, earth quakes and other natural disasters. A person may feel guilty

they lived while others died. Acts of terror, war, anything that takes away your sense that the world is a safe place.

Holding your breath: Sadly, there are children who become overwhelmed with feelings of helplessness and hopelessness and want to die. If a child is holding their breath they may not be taken seriously, since the most that can happen from holding your breath is passing out. The trouble is one day they will figure out this doesn't work; and then will start to think about other ways to end their life. You really have to wonder about the 12 year old who drowns in the bathtub. You hear about children who have jumped off balconies. If a child is expressing wanting to die, they need to be taken seriously. Sometimes they will express it as "I just want to go home to be with Jesus."

Bullying: a real problem today because it now reaches into the home through facebook and other forms of social media. The victim can find it impossible to get away from. Another reason why parents need to be aware of what is happening with their children on their computers. I believe we need to be more aware as a whole of the difficulties that come into the home through lack of monitoring what children are doing on the internet. It is not an invasion of privacy to protect your child, regardless of what some might say.

Parental conflict: A known risk factor for a child developing depression. One bank teller I spoke to related to me he had attempted suicide 3 times when he was 12 years old. I asked him what it was that made life so difficult for him. He said his parents were constantly fighting and it made him feel like no one loved him, and that no one cared about him. He told me he suffered from depression from then until he was 26, but no longer had depression. I asked him what helped him to recover. He told me he made a decision that he was not going to dwell on the past and he was not going to worry about the future. He had decided to live in the present and to focus on the positives in life.

Chronic Pain / Illness: Living with chronic physical pain can lead to depression. Interestingly, I have heard that about one third of those who suffer from migraines will develop depression. Serious physical disability or illness can also be a risk factor. Life threatening diseases that also create a lot of physical pain can lead to helplessness and hopelessness. Depression can also be a direct effect of the medical conditions such as "Parkinson's disease, Huntington's disease, stroke, Vitamin B12 deficiency, hypothyroidism, systemic lupus, erythematosus, hepatitis, glandular fever, HIV, some cancers."ⁱⁱ

Previous attempt: This is known to be a high risk factor. The way I look at it, we draw a line in life about what we will do, and what we won't do. Once we cross that line, we are more likely to cross that line in the future given a similar set of circumstances. I have heard it said that past behaviour is one of the greatest predictor's of future behaviour.

Current plan: Having a plan increases the risk. Have they decided how they would do it? Have they decided when they would do it? Have they taken any action to gather the resources to carry out their plan? This information can also be helpful in disabling the plan. For example, if they tell you they have been collecting pills and storing them in the bathroom cupboard, you can arrange to have the pills removed. People often ask me "If they are serious, why would they tell you?" My experience is that people do tell you. A person needs to feel that there is help available, that they will not always feel as badly as they currently do.

ⁱ David H. Barlow (Ed)., *Clinical Handbook of Psychological Disorders*, 2nd ed. ©1993 The Guildford Press, New York

ⁱⁱ American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, fourth edition, Text Revision (DSM-IV-TR)*. Washington DC: American Psychiatric Association; 2000