

# DBSA Consumer and Family Survey Center Getting Help for Suicidal Thoughts Survey Summary Report: April 2014

## BACKGROUND

During 2013, DBSA surveyed constituents and visitors to our website about experiences coping with suicidal thoughts. The anonymous survey was available through [dbsalliance.org](http://dbsalliance.org), and participants were invited via announcements on the site homepage, our email newsletter, and announcements to local chapters. Topics covered included:

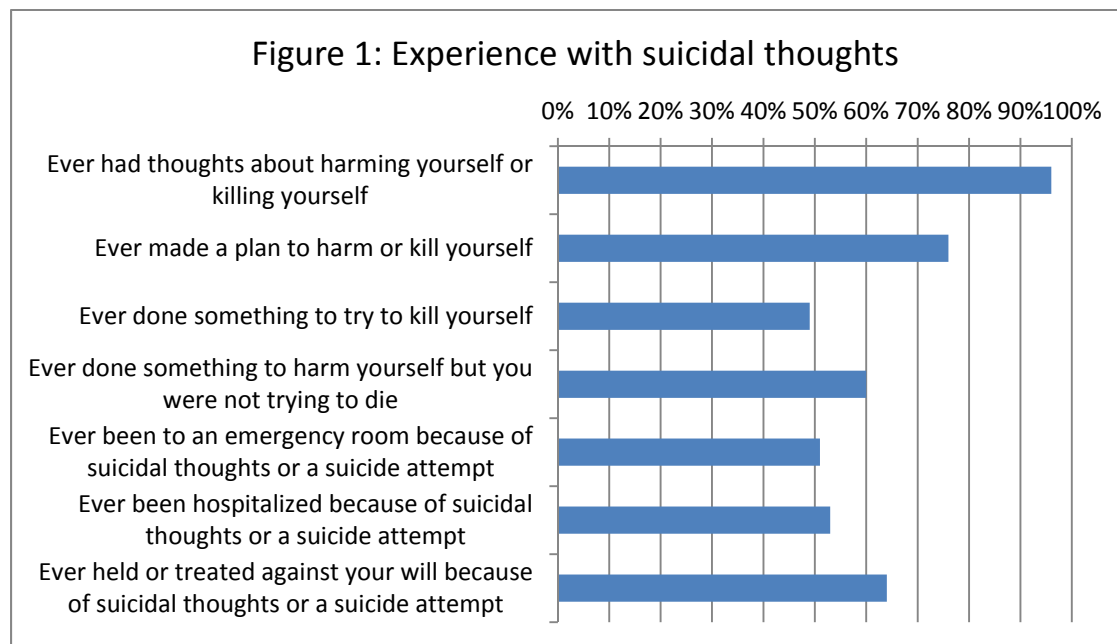
- Personal experience with suicidal thoughts, suicide attempts, and self-harm
- Experience with sources of help for suicidal thoughts, including professionals and peers
- Experience with self-care strategies
- Overall opinions regarding suicide prevention

550 individuals responded to the survey between 6/4/2013 and 2/28/2014.

## SURVEY RESULTS

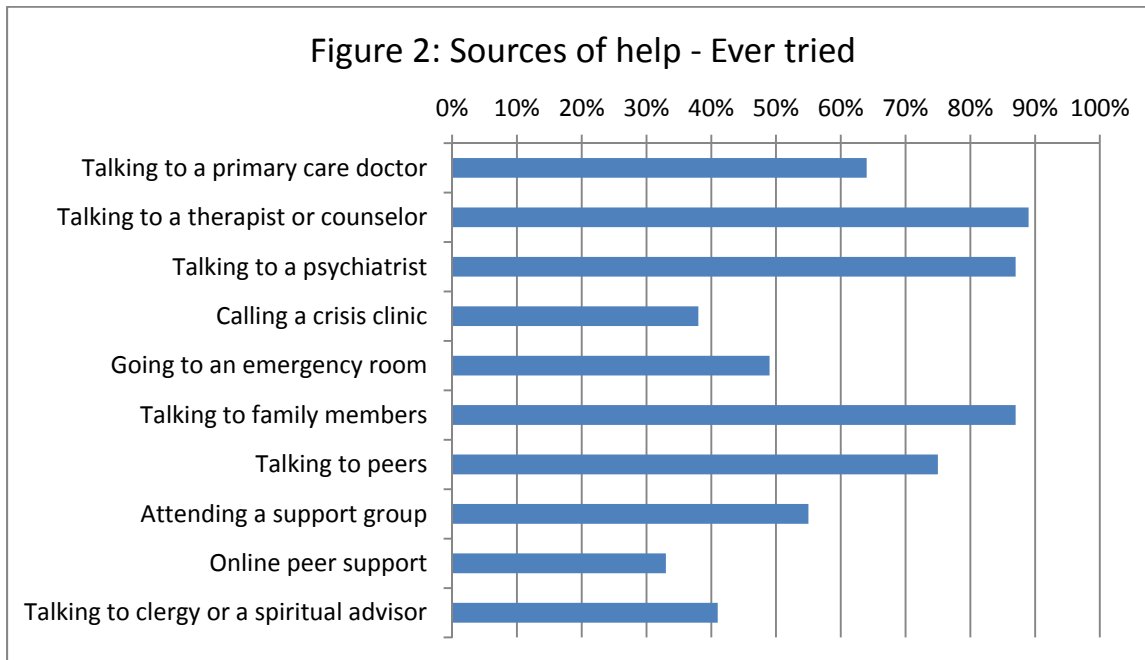
### Experience with Suicidal Thoughts

Nearly all respondents reported having experienced thoughts of self-harm or suicide, and over 75% reported having planned for self-harm or suicide at some point. Approximately half reported having attempted suicide and/or engaging in self-harm. Over half reported receiving emergency room or inpatient care because of suicidal thoughts or suicide attempt, and 60% reported being held or treated involuntarily because of suicidal thoughts. Numerical results are shown in Figure 1 below.



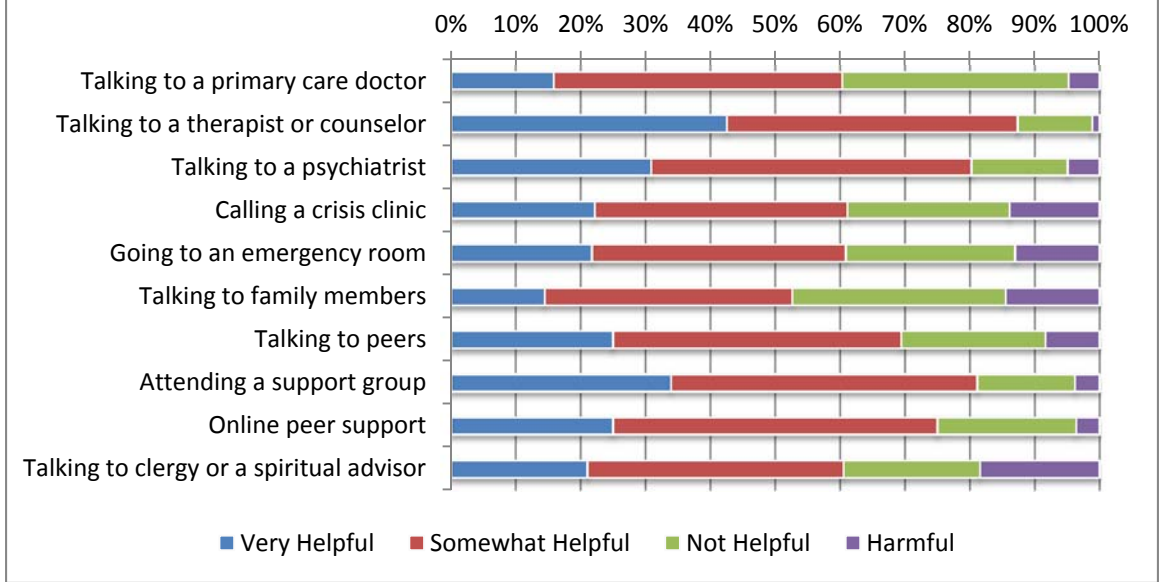
## Sources of Help for Suicidal Thoughts

The most commonly reported sources of help for suicidal thoughts were mental health professionals (therapists and psychiatrists) and family members. Use of peer support was also frequent, with three out of four receiving individual support from speaking with peers, over half attending a peer support group, and one third receiving peer support online. Only one half reported seeking help from an emergency room and only one third reported calling a crisis line. Numerical results are shown in Figure 2 below.



Respondents reported varying quality of experiences with different sources of help, with every source being described as very helpful by a significant proportion and every source being described as harmful by at least a few. Interactions with therapists or psychiatrists were described most favorably, with over 80% of respondents describing those interactions as very helpful or somewhat helpful. Various types of support from peers (individually, in support groups, or online) were described as very favorable or somewhat favorable by 70 to 80% of respondents. Respondents' experiences with emergency rooms and crisis clinics were more mixed, with approximately half reporting those encounters as helpful but 10-15% describing them as harmful. Experiences with support from family members or clergy were similarly mixed. Numerical results are shown in Figure 3 below.

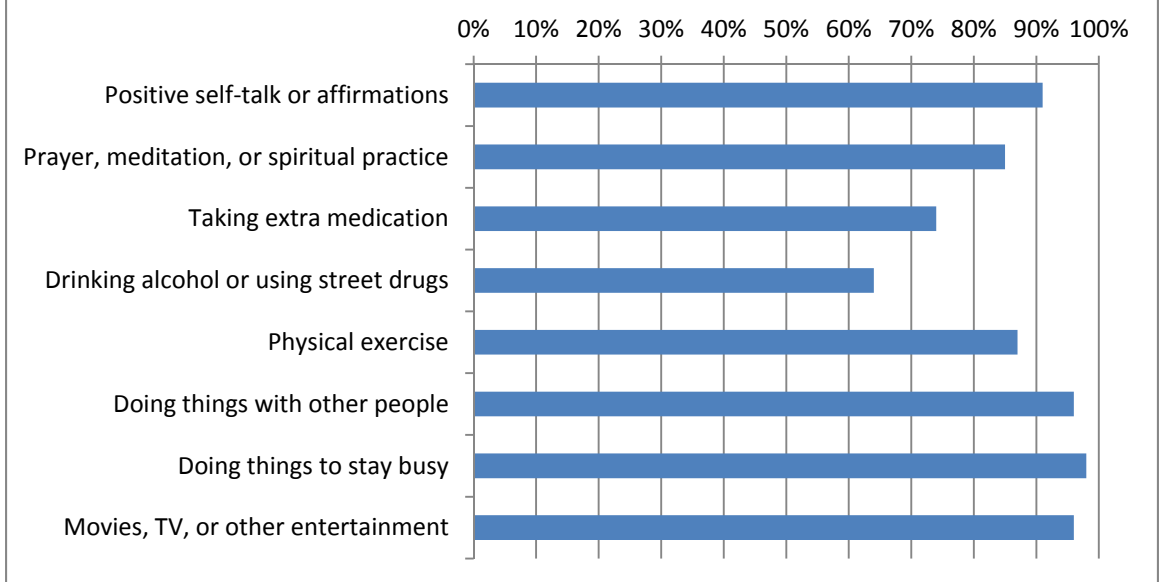
Figure 3: Sources of help - How helpful



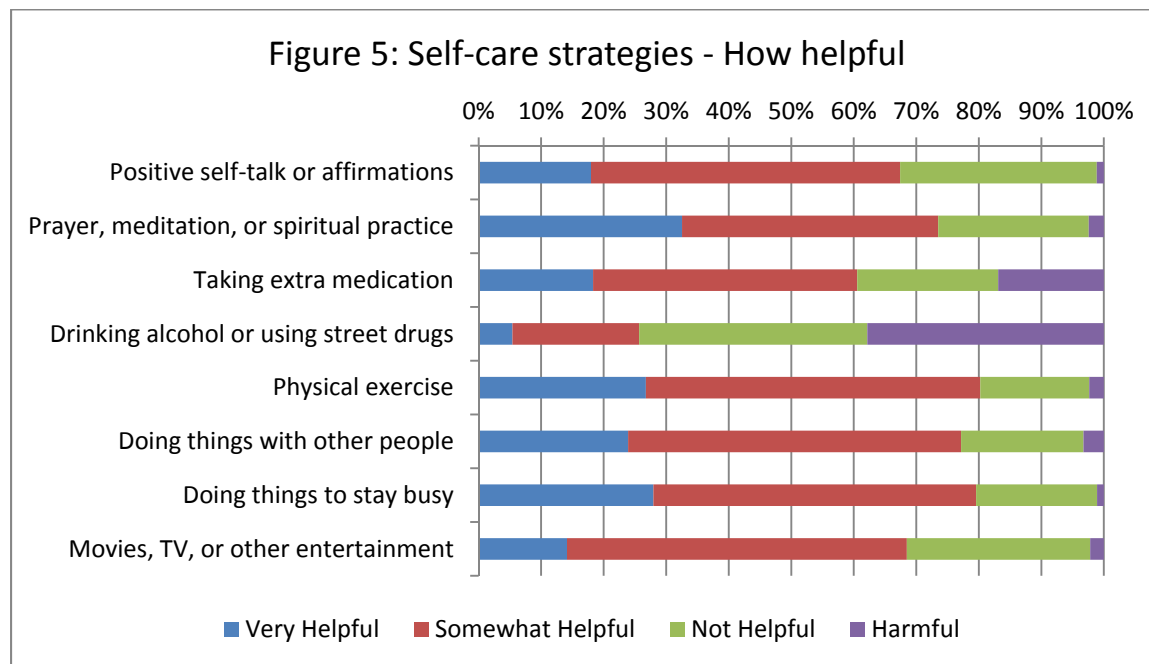
**Self-Care Strategies**

Respondents reported having tried a wide range of self-care strategies to cope with suicidal thoughts. Over 80% reporting some experience with positive self-talk, prayer or meditation, social contact, physical activity, scheduling activities to stay busy, or distraction by movies, television, or other entertainment. Nearly two-thirds reported having used alcohol or street drugs to attempt to manage suicidal thoughts. Numerical results are shown in Figure 4 below.

Figure 4: Self-care strategies - Ever tried

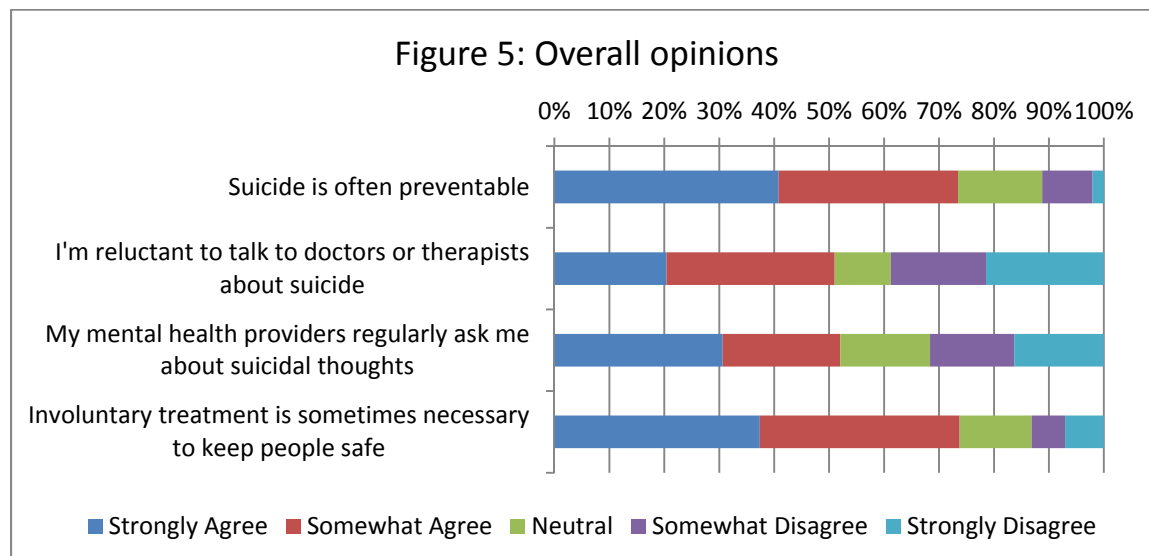


Most self-care strategies were described as helpful by 70 to 80% of respondents. Prayer or meditation was most often rated as very helpful – by nearly one third of survey participants. In contrast, use of alcohol or street drugs was infrequently reported as helpful and was experienced as harmful by nearly 40%. Numerical results are shown in Figure 5 below.



### Overall Opinions Regarding Suicide Prevention

Over 75% of respondents agreed with the statement that suicide is often preventable. While nearly 75% agreed that involuntary treatment is sometimes necessary, over half reported being reluctant to speak with health care providers about suicidal ideation.



## **SUMMARY AND DISCUSSION**

As with all DBSA constituent surveys, participants were anonymous volunteers. We cannot determine how closely survey participants resemble the entire population of people who live with mood disorders. But this anonymous method may have advantages when trying to understand a stigmatized experience like suicidal ideation. Anonymity may allow respondents to more honestly disclose experiences with suicidal ideation, self-harm, and involuntary treatment.

Among survey respondents, experience with suicidal thoughts was nearly universal and experience with self-harm or suicide attempt was very common. Over half had experience with hospitalization or involuntary treatment for suicidal thoughts.

Respondents reported experience with a wide range of help and support, including mental health and medical providers, peers, and family members. Emergency departments and crisis lines were the least frequently reported sources of support. Support from mental health providers and peers was most often described as helpful. Respondents reported more mixed experience with help from emergency departments and crisis lines and with support from family members or clergy.

Respondents also reported using a wide range of self-care strategies, and most were described as helpful. Coping with suicidal thoughts by drinking alcohol or using street drugs was the one strategy described as infrequently helpful and often harmful.

While most respondents believed that suicide is often preventable and that involuntary treatment is sometimes appropriate, the majority reported reluctance to talk with healthcare providers about suicidal thoughts.