SUICIDE PREVENTION AND MOOD DISORDERS:

Understanding Suicidal Thinking





Depression and Bipolar Support Alliance We've been there. We can help.

Don't give in to suicidal thoughts—you can overcome them.

If depression or bipolar disorder affects you or someone you care about, you know that symptoms may include feelings of hopelessness and thoughts of suicide. If such thoughts occur, it's important to remember that they can be overcome with the right kind of care, treatment, and support.

Here are some facts to keep in mind.

- Mood disorders are not character flaws or signs of personal weakness, nor are they conditions that will just "go away" if a person "thinks positive."
- Mood disorders are medical conditions caused by changes in the chemistry of the body and brain. Depression and bipolar disorder may cause symptoms such as intense sadness, hopelessness, low energy, loss of appetite, changes in sleep patterns, inability to concentrate, decreased ability to perform one's usual tasks, loss of interest in once-enjoyed activities, and thoughts of death or suicide that can be difficult to ignore or overcome.
- Depression and bipolar disorder are treatable with medication, psychotherapy, support from others, and wellness strategies. With the right treatment, all symptoms can improve, including suicidal thoughts.
- The act of suicide is often a desperate attempt to relieve symptoms of a mood disorder. During a severe depression or mania, a person has little or no control over painful and disturbing thoughts and feelings. These are symptoms of the illness, not a part of a person's true self.

About Treatment for Mood Disorders

There are many different medications and therapies available for successful treatment. Treatment can be effective in reducing and preventing mood disorder symptoms.

Finding the right treatment may take time. People respond differently to medication and therapy. Medication usually takes two to four weeks to reduce symptoms and may take several more weeks to provide greater relief. Some people need to try more than one medication or combination of medications before they find the one that works best. There are many different types of talk therapy and it may take time to find the right one as well as a therapist that you are comfortable with. Keep this in mind as you work with your health care provider to develop a treatment plan and while you are trying to stick with it. Never stop taking your medication without first discussing it with your doctor.

Don't get discouraged if your symptoms come back. Brief, re-occurring episodes of depression should not threaten your recovery if you keep in touch with your health care professional; work to find the right treatment plan and follow that plan.

If You Are Feeling Suicidal

The belief that there is no hope is not the truth. When you feel this way, it's your illness talking your mind is lying to you. Remind yourself that suicidal thoughts are not reality.

If you are thinking of suicide, it's important to recognize these thoughts for what they are: expressions of a treatable medical condition. They are not true and they are not your fault. Don't let fear, shame, or embarrassment stand in the way of communicating with your physician, therapist, family, or friends; tell someone right away.

- Tell a trusted family member, friend, or other support person—someone you can talk with honestly. Try not to be alone when you feel this way. This may mean sitting quietly with a family member or friend, going to a support group, or going to a hospital or crisis center.
- Get help. Tell your health care professional. Suicidal thinking can be treated. When suicidal thoughts occur, they are your signal that, more than ever, you need help from a professional.
- Know that you can get through this. Promise yourself you will hold on for another day, hour, minute—whatever you can manage.

Suicide Prevention

It's very helpful to have a plan of action ready before thoughts of suicide occur.

- Learn to recognize your earliest warning signs of a suicidal episode. There are often subtle warning signs your body will give you when an episode is developing. As you learn to manage your condition, you'll become sensitive to these signs. They are signals to treat yourself with the utmost care, instead of becoming ashamed or angry.
- Stay in contact with your doctor. Always have your doctor's phone number with you—an office number as well as an after-hours number—and a back-up number, such as an emergency room or suicide crisis line like **1-800-273-TALK**.
- **Stay in contact with trusted friends.** Develop a list with phone numbers of dependable family members and friends who can give you support during a crisis. Keep the list with you.
- Make a Plan for Life (see brochure end). Promise yourself that you will follow it if you start to have suicidal thoughts.
- Give a copy of your plan to family and friends. Give them the plan before it's needed, so they can act quickly if you are in crisis. Be sure to include your list of phone numbers.
- **Recognize symptoms for what they are.** With your doctor, therapist (counselor), or trusted friends, identify the symptoms you are likely to experience when your condition is at its worst. Always remember: feelings are not facts. Suicidal feelings are not your fault; they are a symptom of your illness. They may not seem temporary, but they are. As you learn to manage your condition, you will be able to spot your warning signs sooner and get help earlier.
- Write down your thoughts. Spend a little time each day writing down what things and people you appreciate and value in your life, and your hopes for the future. Read what you've written when you need to remind yourself why your life is important.

- **Connect with other people socially.** When you are feeling suicidal, don't be alone. Walk around a mall, go to a library or park to be around people who are active and busy. Visit family and friends who are caring and understanding, even if it's difficult. Attend support group meetings where you can meet others who understand what it's like to live with a mood disorder.
- **Avoid drugs and alcohol.** Many suicides result from sudden, uncontrolled impulses. Since drugs and alcohol can make you more impulsive, it's important to avoid them. Drugs and alcohol can also make your treatment less effective.
- Know when it's best to go to the hospital. There may be times when your condition becomes so severe that hospitalization is the best way to protect your health and safety. Discuss this possibility and your options with your doctor and family before the need arises.
- Understand your health coverage. Know whether your insurance, HMO, Medicaid, or Medicare plan provides psychiatric hospitalization coverage and how much. Keep copies of policy numbers and important health care information in an easy-to-find place. If you don't have insurance coverage, find out what other options you have, such as community or state-run facilities.
- **Keep yourself safe.** Make sure you do not have access to weapons or anything you could use to hurt yourself. Have someone hold on to your car keys when you are feeling suicidal. Get rid of all medications you are no longer taking.
- **Give yourself time to get better.** When you are first treated, or when you have recently had a severe depressive or manic episode, give yourself time to heal. Allow yourself to take life a little more slowly and don't get discouraged if you aren't up to your previous activity and lifestyle levels right away. With continued treatment, you can feel better.

If You Are Worried that Someone Is Considering Suicide

You cannot make someone suicidal by asking straightforward, caring questions.

If you are prepared and informed, you will be better able to assist friends and family who are dealing with suicidal thoughts.

It's extremely important for people with mood disorders to receive early, quality treatment from health care professionals. If you believe someone close to you has depression, help that person find and stick with effective treatment. Be supportive, reassuring, and willing to talk about suicidal feelings and thoughts.

While not every mention of suicidal thoughts means that a person is in immediate danger, **take any mention of death or suicide seriously.** If someone you know talks about suicide, asking direct questions about whether they have a plan for how, when, and where they intend to end their life may help you discover the level of crisis and how you can best help.

It's natural to fear that a question about suicide may anger or offend someone you care for—or even that it may put the idea of suicide into a person's mind. However, you cannot make someone suicidal by asking straightforward, caring questions. A person considering suicide may welcome the chance to talk about these thoughts and feelings.

Many people dealing with suicidal thoughts fear judgement, misunderstanding, and over-reaction. Focus on listening to the person instead of offering advice or countering their thoughts or feelings. It may be very tempting to jump to conclusions or try to cheer the person up by offering all the reasons they have to live, but allowing them to talk about why they're feeling so down and why they're considering suicide will show them that you are someone they can truly talk to.

Warning Signs that Someone May Be Considering Suicide

- **Unbearable feelings** Depression causes some people to have powerful, extreme feelings of hopelessness, despair, and self-doubt. The more intense these feelings become, and the more often they are described as unbearable, the more likely it is that the idea of suicide may enter the person's mind.
- Taking care of affairs Making final plans, preparing wills or life insurance, or arranging for the family's welfare is another warning sign. The person may give away valued possessions or make reference to what others will do "after I'm gone."
- **Rehearsing suicide** Seriously discussing one or more specific suicide methods, purchasing weapons, and collecting large quantities of medication are all signs that an individual is rehearsing suicide. Even if the person's suicidal thoughts seem to come and go, it's important to step in early and help.
- Substance use Addiction to alcohol and/or drugs is a treatable condition that must be addressed along with the mood disorder in order for treatment to be successful. Substance use may cause impulsive behavior and make a person more likely to act on suicidal thoughts.
- **Isolation** If a person seems determined to cut off friendships and social connections, there's a chance that the person might be experiencing serious depression and/or preparing for suicide.
- Sudden sense of calm A person with a mood disorder may be most likely to attempt suicide just when he or she seems to have passed an episode's lowest point and be on the way to recovery. If a person who was recently feeling hopeless suddenly seems very calm and settled, it may be a sign that he or she has decided on a plan.



Who Might Be at Risk

Anyone might have suicidal thoughts at any time, but there are certain groups of people who may be at higher risk.

• Older adults are at a higher risk because of the many stresses they may be facing, such as loss of loved ones, lifestyle changes, moving to assisted living facilities, loss of physical independence, or other illnesses. Sometimes other illnesses or medications can cause or mimic symptoms of depression, so it's important for older adults to have complete physical examinations if they seem to have depression or suicidal thoughts. Watch for signs such as preoccupation with death, increased visits or calls, hopeless statements, or refusal to follow doctors' orders for medication or diet.

- Young people may be at a higher risk because of family and school pressures, major life changes, and hormonal changes. Watch for signs like deliberate self-harm (such as cutting), reckless behavior, frequent "accidents," talking or joking about death, aggression, rage, impulsive behavior, running away from home, perfectionistic behavior, and other problems, such as eating disorders or alcohol/substance abuse.
- People who have recently had a major loss or life change. It's normal to experience grief after a loss or need time to adjust to a major change, but if a person's mood remains constantly down for several weeks and the person shows other symptoms of depression, there may be a more serious problem. Watch for major changes in attitude, changes in eating or sleeping habits, loss of energy, loss of interest in things once enjoyed, and statements about feeling worthless or wanting to escape.
- People who are recovering from an episode of depression or have attempted suicide before. If the person has attempted suicide before and seems to be showing signs of depression—like isolating or not finding pleasure in things they used to enjoy—it may mean they are at risk. Studies have shown that people who have been hospitalized for depression are most likely to consider or reconsider suicide 6 to 12 months after hospitalization.

No matter who the person is or what the signs may be, if you are worried about someone, talk to that person as well as their family or their doctor as soon as you can.

What You Can Do to Help

Don't promise confidentiality. Support your loved one in getting professional help.

- Express understanding and concern. Severe depression usually causes a self-absorbed, uncommunicative, withdrawn state of mind. When you try to help, the person may be unwilling to talk. At such times it is important to let the person know you understand the reality and severity of the painful and hopeless feelings. If the person is not comfortable talking with you, encourage him or her to talk with someone else.
- Describe specific behaviors and events that worry you. Don't be afraid to point out particular ways the person's behavior has changed or things that lead you to think he or she may be considering suicide.
- Listen more than you talk. Give your loved one plenty of space to share their feelings with you, free of judgement, corrections to their feelings, or your thoughts on immediate solutions.
- **Stay calm.** While you may be feeling anything but, keeping calm will help the person feel more comfortable talking with you.
- **Try to help him or her overcome feelings of guilt.** Your friend or family member may be unwilling to communicate because of guilt or shame over the depression and suicidal thoughts. Remind the person that he or she is not alone and that guilt is also a treatable symptom of the illness.
- Stress that the person's life is important to you and to others. Remind the person in specific terms why his or her life is important to you and makes your own life better.
- Don't take responsibility for making the person well. Be supportive and encouraging as you help the person find professional treatment.
- Support someone during hospitalization by making regular visits or calls and offering to take care of the person's errands, home, children, or pets.
- **Support the person** as he or she recovers and help him or her develop a treatment plan, make a *Plan for Life*, and connect with a support group.

If Someone Is Considering Suicide

Remind the person there is help and hope. Don't try to handle the crisis alone.

- Take the person seriously. Stay calm and let the person know you are willing to listen.
- **Involve other people.** Don't try to handle the crisis alone or put yourself in danger. Get help from a suicide hotline like 1-800-273-TALK, or call 911 if necessary. Ask if the person has a crisis plan. Contact the person's family, psychiatrist, therapist, or others who are trained to help.
- **Express concern.** Ask direct questions and listen. Try to find out if the person has a specific plan for suicide and what it is. It can be helpful to practice asking these questions out loud until you feel more comfortable with them. Be sure to ask in a neutral way without judgement.
- Be understanding, not judgmental.

It's important to remember if you have not experienced suicidal thoughts, it's nearly impossible to truly understand how the person is feeling. While the idea of suicide may be unfathomable to you, remember at this time the person likely feels that it would be better than continuing to live. Remind the person that while thoughts of suicide may feel never-ending and unbearable in this moment, they can be overcome and that you and others are here to help.

- Never promise confidentiality. You may need to speak to the person's family or doctor in order to protect the person. Secrecy can endanger your loved one's life.
- Don't leave the person alone, if possible. Stay with them until you are sure he or she is in the care of others.

Difficult Situations

It takes courage to help a person who is considering suicide. If the person is also abusing drugs or alcohol or is verbally or physically abusive, helping may seem impossible. You may have decided that you cannot tolerate this behavior and want to keep your distance. However, even if you keep your distance or live far away, you can still help by informing the person's doctor, or another friend or family member who lives nearby, of the person's suicidal thoughts. People experiencing severe depression—no matter how unreasonable or angry they become—need help.



Take Care of Yourself

When you are helping someone else, it's also important to take care of yourself. You may be feeling many difficult emotions as you support someone close to you who is considering suicide. Be honest with yourself about your own feelings and be sure to let yourself feel them. Don't be afraid to ask for help. Even if you are not severely depressed, therapy and support from your family and friends can help.



If You Have Lost Someone to Suicide

- Give yourself time to grieve. You may have overwhelming feelings of anger, guilt, confusion, sadness, and forgetfulness, as well as physical aches and pains or trouble eating or sleeping. Allow yourself to feel these things and know that they are normal reactions. Try not to make any major changes in your life right away.
- **Get support.** Talk to other friends and family members about what you are feeling. Find a support group for people who have lost a loved one to suicide. Don't be afraid to seek professional help to get you through this difficult time. You may even have suicidal thoughts. If you do, get help right away.
- **Don't blame yourself.** You may have thoughts such as "What if I had done this?" or "Why didn't I say that?" A mood disorder is not the fault of the person who has it or of anyone else, and no one is the sole influence in another person's life. Know that this was not your fault. Allow yourself to feel angry at the person or at yourself, but work to forgive yourself and the person, too.
- **Reach out to others.** When you are honest about how you feel and what you are going through, you can help others who are having similar experiences.

DBSA Support Groups: An Important Step on the Road to Wellness

DBSA support groups provide the kind of caring and help that is important to lasting recovery. Participants are people who live with depression or bipolar disorder and their loved ones. People attending support groups say that their groups

- give them the opportunity to reach out to others and benefit from the experience of those who have been there;
- motivate them to follow their treatment plan;
- help them understand that a mood disorder does not define who they are;
- help them rediscover strengths and humor they may have thought they had lost;
- provide a forum for mutual acceptance, understanding, and self-discovery.

Visit **DBSAlliance.org/FindSupport** to find a support group near you or learn more about starting one. Take the next step toward wellness for yourself or someone you love. There is help and there is hope.

Crisis Planning

Many depression-related suicides occur during someone's first three depressive episodes—before he or she learns that an episode of suicidal thinking is temporary. As people learn from experience that any given episode will eventually pass, the likelihood that they will actually act on suicidal impulses drops sharply.

It's important to have a course of action ready before thoughts of suicide occur. Some people find it helpful to develop a Plan for Life. This plan lists warning signs you should watch for and actions to take if you feel that you're slipping into suicidal thoughts.

My Plan for Life

I promise myself if I start to think about suicide, I will contact these family members or friends:

| NAME | | | |
|-------|------|------|--|
| PHONE | | | |
| NAME | | | |
| PHONE | | | |
| NAME | | | |
| PHONE | | | |

I will also

- call my doctor or a suicide hotline, or go to a hospital or crisis center if necessary.
- remember that suicidal thoughts are a treatable symptom of my illness.
- remember that my life is valuable and worthwhile, even if it doesn't feel that way right now.
- □ stick with my treatment plan.
- □ take my medications.
- □ see my counselor/therapist/psychiatrist.
- call my doctor if I don't feel safe or if I'm having problems.
- get in contact with other people who have a mood disorder.
- □ stay away from alcohol and recreational drugs.
- have someone take away my car keys and anything I could use to hurt myself.
- stay aware of my moods, know my warning signs and get help early.
- □ be kind to myself.

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My Contact Information

| NAME |
|------------------|
| |
| ADDRESS |
| |
| DAY PHONE |
| |
| EVENING PHONE |
| |
| CELL/OTHER PHONE |
| |
| EMPLOYER |
| |

My Doctor's Contact Information

DOCTOR'S NAME

ADDRESS

OFFICE PHONE

EMERGENCY PHONE

PAGER/OTHER PHONE

If my doctor is not available, contact these medical professionals

| NAME | |
|----------------------------|--|
| PHONE | |
| NAME | |
| PHONE | |
| My Health Care Information | |
| PREFERRED HOSPITAL | |
| ADDRESS | |
| PHONE | |
| 2ND CHOICE HOSPITAL | |
| ADDRESS | |
| | |

Allergies to/intolerance of any medication

Insurance or Medicaid information

Support Information

Things that might trigger an episode, such as life events, travel, physical illness, or work stress.

Warning signs, such as talking very fast, paranoia, lack of sleep, slowed down movement, excessive alcohol or drug use.

| Things people can say that are calming and reassuring. | | |
|--|---|--|
| | | |
| away car | eople should do in crisis, such as take keys and lock up anything dangerous, weapons and medications. | |
| | | |
| things, ta | mergency staff can do, such as explain alk slowly, observe personal space, or ngs down. | |
| | | |
| Reasons is impor | life is worthwhile and recovery tant. | |
| | | |
| | | |



We've been there. We can help.

Depression and Bipolar Support Alliance

The Depression and Bipolar Support Alliance (DBSA) is the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder, which affect more than 21 million Americans, account for 90% of the nation's suicides every year, and cost \$23 billion in lost workdays and other workplace losses.

DBSA's peer-based, wellness-oriented, and empowering services and resources are available when people need them, where they need them, and how they need to receive them—online 24/7, in local support groups, in audio and video casts, or in printed materials distributed by DBSA, our chapters, and mental health care facilities across America.

Through our extensive online and print resources and our more than 700 support groups and nearly 300 chapters, DBSA reaches millions of people each year with in-person and online peer support; current, readily understandable information about depression and bipolar disorder; and empowering tools focused on an integrated approach to wellness.

We hope you found the information in this brochure helpful. If you would like to support DBSA's mission, please consider making a donation by calling (800) 826-3632 or by visiting **DBSAlliance.org/Donate.**

Depression and Bipolar Support Alliance

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