

How Common is Suicide

There were 47,173 suicides in 2017 in the United States, making suicide the tenth leading cause of death in America and in Michigan. In our state, on average, one person dies by suicide every seven hours. More than twice as many people die by suicide in Michigan annually than by homicide. In 2016, the highest suicide rate (19.72) was among adults between 45 and 54 years of age. The second highest rate (18.98) occurred in those 85 years or older. Younger groups have had consistently lower suicide rates than middle-aged and older adults. In 2016, adolescents and young adults aged 15 to 24 had a suicide rate of 13.15.

It is estimated that for every suicide, at least six other family members, friends, and co-workers are intimately affected and left to survive the terrible loss.

Causes

The leading cause of suicide is untreated depression. The symptoms of depression include:

- Persistent sad or “empty” mood
- Feelings of hopelessness, guilt, pessimism, or worthlessness
- Substance abuse
- Fatigue or loss of interest in ordinary activities
- Disturbances in eating and sleeping patterns
- Irritability, increased crying, anxiety and panic attacks
- Difficulty concentrating, remembering or making decisions
- Thoughts of suicide, suicide plans or attempts
- Persistent physical symptoms or pains that do not respond to treatment

Not all people with depression will have all these symptoms, nor have them to the same degree. If a person has four or more of these symptoms, if nothing can make them go away, and if they last more than two weeks, a doctor or psychiatrist should be consulted.

Several studies have indicated that some people may have a physical predisposition to suicide that is associated with the levels of some neurotransmitters in their bodies. The depressions and emotional crisis that often precede suicide are, in most cases, both recognizable and treatable.

Some estimates suggest that 80-90% of people with depression respond positively to treatment, and almost all people gain some relief from their symptoms.

Risk

Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk. Certain groups are at higher risk. The Centers for Disease Control and Prevention notes that American Indian and middle aged persons have the highest rate of suicide, followed by non-Hispanic White middle-aged and older adult males. The main risk factors for suicide are:

- A prior suicide attempt
- Depression and other mental health disorders
- Substance use disorder
- Family history of a mental health or substance use disorder
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Being in prison or jail
- Being exposed to others’ suicidal behavior, such as a family member, peer, or media figure
- Medical illness
- Being between age 15 to 24 years or over age 60

Suicide Prevention

The most effective way of preventing suicide is to learn to recognize the signs, take those signs seriously, and know how to respond to them. The American Foundation for Suicide Prevention offers these guidelines:

1) Know the danger signals—

- **Talk** – If a person talks about:
 - Killing themselves
 - Feeling hopeless
 - Having no reason to live
 - Being a burden to others
 - Feeling trapped
 - Unbearable pain
- **Behavior** - Behaviors that may signal risk, especially if related to a painful event, loss or change:
 - Increased use of alcohol or drugs
 - Looking for a way to end their lives, such as searching online for methods
 - Withdrawing from activities
 - Isolating from family and friends
 - Sleeping too much or too little
 - Visiting or calling people to say goodbye
 - Giving away prized possessions
 - Aggression
 - Fatigue

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- **Mood** – People who are considering suicide often display one or more of the following moods:
 - Depression
 - Anxiety
 - Loss of interest
 - Irritability
 - Humiliation/Shame
 - Agitation/Anger
 - Relief/Sudden Improvement
- 2) **Take it seriously**— All suicide threats and attempts must be taken seriously, especially those of teenagers among whom such threats are more common.
- 3) **Be willing to listen** —
 - Take action: ask what is the matter and overcome any reluctance to talk about it.
 - Even when professional help is suggested, the person you care for is more apt to follow such a recommendation if you have listened to him or her.
 - If your friend or relative is depressed, don't be afraid to ask whether he or she is considering suicide, or even if they have a particular plan or method.
 - Do not attempt to argue anyone out of suicide; rather, let the person know you care and understand, he or she is not alone, suicidal feelings are temporary, depression can be treated, and problems can be solved. Avoid the temptation to say, "You have so much to live for," or, "Your suicide will hurt your family."
- 4) **Be actively involved in seeking professional help**—
 - Encourage the person to see a physician or mental health professional immediately. As suicidal people often do not believe they can be helped, you may have to do more, such as going with them to see a psychiatrist.
 - You can make a difference by helping those in need find a mental health professional or a treatment facility. The telephone number to access services at Northern Lakes Community Mental Health is 1-800-492-5742 or (231) 922-4850.
- 5) **If you have a mental health crisis, you should seek help right away.** If the situation is potentially life-threatening, get immediate help by calling 911.

If the situation is NOT life-threatening, it is not always necessary to go to the Emergency Department. **You can receive crisis services from NLCMHA by calling 1-833-295-0616 at any time, 24 hours a day, and seven days a week**, without prior authorization for payment. (If you have insurance, this may be billed. However, there will be no out-of-pocket costs to you.)

 - Do not leave the person alone until help is available.
 - Remove any firearms, drugs, razors, or scissors that could be used as aids to suicide from the area.
 - Medication and/or hospitalization may be recommended and necessary, at least until the situation improves.
- 6) **Follow up on your loved one's treatment**—
 - Suicidal people often hesitate to get help and may run away after doing so, unless there they receive support.
 - If medication is prescribed, take an active role in making sure the person follows his or her prescription. Be sure to notify the physician about any unexpected side effects; different medications can often be prescribed.

Teen Suicide

The strongest risk factors for attempted suicide in youth are depression, alcohol or drug abuse, and aggressive or disruptive behaviors. If several of the following are present, a mental health professional should be consulted:

- depressed mood
- substance abuse
- frequent episodes of running away or going to jail
- family loss or instability, significant problems with parents
- expression of suicidal thoughts, talk of death or the afterlife
- withdrawal from friends and family
- difficulties in dealing with sexuality
- lack of interest in or enjoyment of activities that once were pleasurable
- unplanned pregnancy
- impulsive, aggressive behavior; frequent rage

Teenagers considering suicide generally feel alone, hopeless, and rejected. They are especially vulnerable to these feelings if they have experienced a loss, humiliation, or trauma of some kind, perhaps a break up with a boyfriend or girlfriend, parents with alcohol or drug problems or who are abusive, a family life affected by parental discord, separation or divorce, or poor performance on a test. A teenager may be depressed or suicidal, however, without any of these ill conditions.

Teens are not helped by lectures or from hearing the many reasons they have to live. They are helped by knowing they have someone to whom they can turn to discuss their feelings or problems. The person must be very willing to listen and explain that depression and suicidal thoughts can be treated. Treatment is of supreme importance. Let them know help is available. Share the National Suicide Prevention Lifeline number: 1-800-273-TALK (8255).

Sources:

American Foundation for Suicide Prevention
American Psychiatric Association
Mental Health America
Suicide Prevention Advocacy Network (SPAN)

For more information contact

Northern Lakes Community Mental Health Authority
 1-800-337-8598 or (231) 922-4850

National Suicide Prevention Lifeline, 1-800-273-8255
<https://suicidepreventionlifeline.org/>

National Alliance on Mental Illness
www.nami.org, (800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
 (800) 421-4211 (depression info)
 (888) 826-9438 (anxiety info)
 (301) 443-4513 (other info)

Mental Health America
www.nmha.org
 (800) 969-6642