

When it all gets too much... by David Neilands

As a result of a 6 week training course on mental health and youth suicide run by Youthlink (NI), David Neilands shares some of the insights...

In recent years there has been a dramatic increase in death by suicide among young men. In 1997 in the Republic a total of 111 young people took their own lives, 95 of which were male. A recent report from Barnardo's on suicide highlights depression, relationship problems, and drug abuse as contributory factors. Another British study of seven adolescents who attempted suicide said they felt "they were sexually abnormal in some way."

Take it Seriously

The following are some myths that need to be debunked:

1. *People who talk about it don't do it* - 75% of all those who commit suicide did things in the few weeks or months prior to their deaths to indicate to others that they were in deep despair.
2. *It is a sort of madness* - Perhaps 10% of all suicidal people are psychotic or have delusional beliefs about reality. Many suicidal people suffer from depression but many depressed people adequately manage their daily affairs.
3. *The problem isn't bad enough* - "Those problems weren't enough to commit suicide over" is often said by people who have observed a suicidal person. It is not a question of how bad the problem is, but how badly it's hurting the person who has it.
4. *If someone is going to end their life nothing can stop them* - The suicidal person is ambivalent - part of him wants to live and part of him wants the pain to end. If a person turns to you they are doing a positive thing and believe that you are trustworthy and can help them.

Suicidal behaviour is a cry for help

Be willing to give and get help sooner rather than later - Unfortunately suicidal people are afraid that in trying to get help their pain will be intensified. They fear: that they will be told they are stupid, foolish, sinful, or manipulative; rejection, punishment, suspension from school or job and written records of their condition. Everything must be done to reduce pain rather than increase or prolong it.

Listen - Give the person every opportunity to unburden themselves and ventilate their feelings. You don't need to say much and there are no magic words. Offer patience, sympathy, acceptance and avoid arguments and advice giving.

Ask, "Are you having thoughts of suicide?" - "Talking about it may give someone the idea" ... If the subject is brought up you may in fact be giving the person an opening to talk about

something they have not dared broach with anyone else. This provides a further opportunity to discharge pent up and painful feelings. A large number of people do have suicidal feelings and are relieved to talk about them.

If they are acutely suicidal do not leave them alone - Someone who is 'on the edge' needs constant care, try and get help as quickly as possible.

Urge professional help - Please don't think a few friendly chats will help sort out the problems of a suicidal person. In any referral situation let the person know that you are still available to them and want to maintain contact.

No secrets - The young person may want to keep your conversation strictly secret - do not promise confidentiality. You will need advice on how to accompany the person as they move through this traumatic experience. Parents must be informed of such feelings as they are ultimately responsible for the care of the young person.

From Crisis to recovery

Most people have suicidal thoughts or feelings at some point in their lives; yet less than 2% of all deaths result from suicide. Those working with young people should be attuned to the moods and emotional changes going on within the lives of whom they work. Here are more common conditions associated with increased risk of suicide:

- Death or terminal illness of relative or friend
- Divorce, separation, broken relationship, stress on family
- Loss of health (real or imaginary)
- Loss of job, home, money, status, self-esteem, personal security
- Alcohol or drug abuse
- Depression. In the young depression may be masked by hyperactivity or acting out behavior
- Depression that seems to quickly disappear for no apparent reason is cause for concern. The early stages of recovery from depression can be a high risk period. Recent studies have associated anxiety disorders with increased risk for attempted suicide.

Emotional and behavioural changes associated with suicide

- **Overwhelming Pain:** pain that threatens to exceed the person's pain coping capacities. Suicidal feelings are often the result of longstanding problems that have been exacerbated by recent precipitating events. The precipitating factors may be new pain or the loss of pain coping resources.
- **Hopelessness:** the feeling that the pain will continue or get worse; things will never get better.
- **Powerlessness:** the feeling that one's resources for reducing pain are exhausted.

- Feelings of worthlessness, shame, guilt, self-hatred, "no one cares". Fears of losing control, harming self or others.
- Personality becomes sad, withdrawn, tired, apathetic, anxious, irritable, or prone to angry outbursts.
- Declining performance in school, work, or other activities. (Occasionally the reverse: someone who volunteers for extra duties because they need to fill up their time.)
- Social isolation; or association with a group that has different moral standards than those of the family.
- Declining interest in sex, friends, or activities previously enjoyed.
- Neglect of personal welfare, deteriorating physical appearance.
- Alterations in either direction in sleeping or eating habits. Self-starvation, dietary mismanagement, disobeying medical instructions.
- Difficult times: holidays, anniversaries, and the first week after discharge from a hospital; just before and after diagnosis of a major illness; just before and during disciplinary proceedings.

Suicidal Behavior

- Previous suicide attempts, "mini-attempts".
- Explicit statements of suicidal ideation or feelings.
- Development of suicidal plan, acquiring the means, 'rehearsal behaviour', setting a time for the attempt.
- Self-inflicted injuries, such as cuts, burns, or head banging.
- Reckless behavior.
- Making out a will or giving away favorite possessions.
- Inappropriately saying goodbye.
- Verbal behavior that is ambiguous or indirect: "I'm going away on a real long trip.", "You won't have to worry about me anymore.", "I want to go to sleep and never wake up.", "I'm so depressed, I just can't go on.", inappropriate joking, stories or essays on morbid themes.

A warning about warning signs

Many of these indicators are part of 'normal' teenage behaviour and any assessment of a young person's state of mind must take account of this.

If you are feeling suicidal at the moment, please talk to someone you can trust. If you're under 18, Childline can help - 0800 1111 in Northern Ireland. The Samaritans are also available to anyone - 08457 909090.