

Suicide Risk Factors

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I have adapted this from an assignment I had to do for my tech course. And I have changed the case basis to fit in with the context of rape and sexual abuse survivors. It is presented here in hope that it might help secondary survivors be more aware of warning signs and also for survivors to help us seek help before its too late. The reference list also has some helpful sites you can visit. I have also added a personal message at the conclusion to hopefully inspire people to continue to fight for the right to live and a happy future

Tania

Risk Factors of Suicide:

Research has identified the following risk factors for suicide (DHHS 1999):

- Previous suicide attempts
- History of mental disorders, particularly depression
- History of alcohol or substance abuse
- Family History of Suicide
- Family History of Child Maltreatment
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers to accessing mental health treatment
- Loss (recreational, social, work or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- Cultural and religious beliefs – for instance, the belief that suicide is a noble resolution of a personal dilemma
- Local epidemics of suicides

- Isolation, a feeling of being cut off from other people.

Protective Factors of Suicide

Protective factors are quite varied and include an individual's attitudinal and behavioural characteristics, as well as attributes of the environment and culture (Plutchick & Van Praag, 1994). Some of the protective factors are :

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support of help seeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and health care relationships
- Skills in problem solving, conflict resolution and non-violent handling of disputes

Support however needs to be ongoing as positive resistance to suicide is not permanent.

Many people may carry a vulnerability to mental health concerns and suicidal ideation particularly the genetic link if they have close family who have either attempted or completed suicide. And when life stressors happen in their life their tendency to seriously think of suicide as a way to resolve their feelings is increased. Example is in for rape or child sexual abuse victims no two people respond the same, they may have had an identical experience but one becomes suicidal and another doesn't. So learning as much about family history of mental illnesses and other family members suicidal tendencies can be a vital predictor of the possibility of an individual's risk to follow through on suicidal thinking.

A person's discussion of suicide should always be taken seriously there are many myths about suicide, Some of these are:

MYTH : People who talk about suicide never attempt or complete suicide.

FACT : Talking about suicide is a cry for help

MYTH : A promise to keep a note unopened and unread should always be kept.

FACT : Where the potential for harm, or actual harm, is disclosed- then confidentiality cannot be maintained. A Sealed note with the request for the note not to be opened is a very strong indicator that something is seriously amiss. A sealed not is a late sign in the progression towards suicide.

MYTH : Attempted or completed suicides happen without warning.

FACT : The survivors of a suicide often say that the intention was hidden, however it is more likely that the intention was not recognized. Watch for warning signs. Some other warning signs can be :

- Preoccupation with themes of death or expressing suicidal thoughts.
- Depression, conduct disorder or problems with adjustment such as substance abuse (particularly when two or more of these are present).
- Giving away of prized possessions, making a will or other final arrangements.
- Major changes in sleep patterns- too much or too little.
- Sudden and extreme changes in eating habits, losing or gaining weight.
- Withdrawal from friends/family or other major behavioural changes.
- Dropping out of group activities.
- Personality changes such as nervousness, outbursts of anger, impulsive or reckless behaviour, or apathy about appearance or health.
- Frequent irritability or unexplained crying.
- Lingering expressions of unworthiness or failure.
- Lack of interest in the future.
- A sudden lifting of spirits, when there have been other indicators, may point to a decision to end the pain of life through suicide.

Some of these warning signs may be a normal part of the experiences of rape and sexual abuse survivors however the biggest thing to watch for is the "changes". Sometimes the change may be subtle so it is important to be especially vigilant in the care of your loved ones who are susceptible to suicidal tendencies.

MYTH

If a person attempts suicide and survives, they will never make a further attempt.

FACT

A suicide attempt is regarded as an indicator of further attempts. It is likely that the level of danger will increase with each further suicide attempt.

MYTH

Once a person is intent on suicide, there is no way of stopping them.

FACT

Suicides CAN be prevented. People CAN be helped. Suicidal crisis can be relatively short-lived. Suicide is a permanent solution to what is usually a temporary problem. Immediate practical help such as staying with the person, encouraging them to talk and helping them build plans for the future, can avert the intention to attempt or complete suicide. Such immediate help is valuable at a time of crisis, but appropriate counselling will then be required.

MYTH

Suicidal people cannot help themselves.

FACT

While contemplating suicide, people may have a distorted perception of their actual life situation and what solutions are appropriate for them to take. However, with support and constructive assistance from caring and informed people around them, people can gain full self-direction and self-management of their lives.

CONCLUSION

Suicide is preventable with appropriate care, for supporters watch for warning signs, be aware of their needs, their triggers, the intervention required to help them specifically. Most of all provide love for them so they do not feel isolated and alone.

For the individual, create a safety plan, have a plan of activities that can distract you from

the stress you feel, have a list of those who are supporting you, and if you are in need or feel that you are suicidal call them, keep ringing until you speak to someone, if that is not possible, call your therapist, your local crisis line, utilise the message boards and online support sites but be aware if you are actively suicidal nothing can compensate for real life help, you deserve it, you deserve the appropriate care, intervention and ongoing support. You are a person with rights, the right to live and not let the past hurts and abuse you have been subjected too take away your future and all that you contribute to this world, to your family and friends. You may not think at times like this you have much to offer, you may think life is not worth living and you just want the pain to go away. I understand I have been there and often feel that way but there is hope and I strongly believe my life is worth fighting for and my hope in sharing this is that you may also reach out for help and find a strength within yourself to overcome the pain and find happiness and success in your future.

Wishing you a journey of hope, discovery and healing.

Reference List

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Suicide Prevention Resource Centre, Risk & protective factors for suicide.

<http://www.sprc.org/library/srisk.pdf>

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