

Understanding Suicide

Paul E. Norrod, DrPH RN and Laura Weddle

Family and Consumer Sciences Extension

Suicide is a serious public concern and one of the most preventable types of death. Each year, about 46,000 people die by suicide meaning someone is dying every 11 minutes. Currently, suicide is the 11th leading cause of death and is the second leading cause of death for persons ages 10 to 34 years old. Generally speaking, males are more likely to die by suicide than females. However, the frequency of suicide for women increased by 49% since 2002. State-based suicide research shows the highest risk occurring in Western states like Colorado and Southeastern states like Kentucky. In Kentucky, the likelihood of suicide is about 21% higher than the national average, with certain rural counties experiencing a high number of suicides.

Causes of suicide

There are many risks for suicide that include individual, community, and societal factors. Individual factors include age and sex in addition to untreated depression and anxiety symptoms, alcohol and substance use problems, and chronic stress. Other factors associated with suicide can include financial problems like job loss, homelessness, chronic or terminal health conditions such as cancer or dementia, or relationship problems like divorce or death of a significant other. Certain occupations are also linked to suicide, particularly for persons who work in construction, mining, farming, and health-care occupations. The job risks for suicide can include environmental hazards like certain chemicals, traumatic injuries, and chronic job stress. In addition to personal and job risks, knowing someone who died by suicide can increase your risk for suicide.

Access to lethal means, such as firearms, is shown to increase dying by suicide. Though having



access to lethal means is not a direct cause of suicide, the more lethal the means chosen the more likely an attempt will result in death. When men attempt suicide, they frequently choose firearms as a lethal means. Other forms of lethal means used to attempt suicide include poisoning from drugs or other chemicals, cutting, or suffocation. In contrast, women frequently choose poisoning; however, the use of firearms as a lethal means is on the rise among women.

Community factors associated with suicide include social and geographical isolation along with certain challenges associated with rural living. Research shows that rural residents experience more suicidal thoughts and behaviors because of multiple suicide risks. These risks can include living in an economically distressed county, insufficient access to health services, and fewer mental health specialists such as counselors and social workers. Higher levels of poverty along with food and housing insecurities are also shown to increase the risk of suicide. Cultural stigma about suicide can contribute to suicidal behavior because it can reduce willingness to seek support when someone feels hopeless or helpless.

Societal factors associated with suicide can include media portrayal of suicide and differences in investigation and reporting of suicide across counties. Media portrayal of suicide may provide unnecessary information about suicide sites or clusters in a particular county. Media may also overexemplify the cause of suicide, but not make connections to suicide prevention resources in the community. Under-reporting of suicide because of stigma is shown to reduce funding for resources to prevent suicide and its risk factors.

Suicide misbeliefs and realities

- **Misbelief:** Once a person decides to die by suicide there is no changing their mind.
- **Reality:** Most people thinking about suicide are experiencing intense and intolerable emotional pain and feel helpless and hopeless. In most cases, people do not want to die but rather want the pain to go away. Thoughts about suicide are often short term and situationally specific. With proper treatment, thoughts of suicide can resolve.
- **Misbelief:** Suicide only affects people with mental illness.
- **Reality:** There are more people diagnosed with a mental condition who do not die by suicide. Also, most people who die by suicide have never received a diagnose for a mental condition.
- **Misbelief:** Talking about suicide only encourages it.
- **Reality:** Most people and communities do not talk about suicide because of the misbeliefs and stigma associated with suicide. Talking about suicide can help decrease the misbeliefs and increase knowledge about suicide and how to prevent it. Decreasing stigma and increasing knowledge about suicide can help open the door for people to seek help if struggling with suicidal thoughts.
- **Misbelief:** Suicide deaths happen without any warning.
- **Reality:** People give verbal and nonverbal warning signs. In some cases, people may not show warning signs to the people closest to them, or those warning signs are unrecognized.

Warning signs for suicide

Verbal warning signs

Verbal warning signs may involve different statements a person makes about suicide, death, their future, or relationships. The verbal statements can be indicators of the hopelessness and emotional pain the person is experiencing and their inability to cope with it. When someone begins making verbal statements about their emotional pain and hopelessness, it is important to recognize that they may not see another way out of their pain except by suicide. Verbal warning signs can also include saying goodbye to loved ones and talking about putting life affairs in order. Some examples of verbal warning signs might include telling a friend or family member all their account passwords or how to access life insurance and bank accounts. Abnormal outbursts of anger and unexplained verbal hostility are also suicide warning signs and should not be ignored. Further examples of verbal warning signs include:

- I'm better off dead.
- You are better off without me.
- I hate my life.
- No one cares about me.
- I cannot go on like this.
- Things are just too difficult to handle.

Behavioral warning signs

Behavioral warning signs are indicated by actions related to suicidal behavior. These actions may include verbal warning signs and may be accompanied by giving away prized possessions and visiting family or friends to say goodbye. Providing important paperwork for bank accounts, property, and life insurance should be questioned if there is not an underlying chronic or terminal illness. Other actions can include quitting or not showing up to work or socially withdrawing from family and friends. A loss of interest or lack of participation in normally enjoyable activities should be taken seriously and addressed. The gathering of lethal means such as a firearm, especially in the presence of verbal cues, is a significant indicator of suicidal behavior.

Thoughts about suicide are often short term and situationally specific. With proper treatment, thoughts of suicide can resolve.

Preventing suicide

Preventing suicide does not require a college degree or professional license. One key to preventing suicide is acknowledging that suicide is a real problem that can affect anyone. Suicide can affect anyone no matter how much property they own, their job, the size of their family, or their number of friends. By acknowledging the reality of suicide, we can begin the process of destigmatizing it and looking for signs and symptoms of suicidal behavior. When we learn the facts and challenge the myths about suicide, we improve our ability to prevent suicides from occurring among our family, friends, and community.

Other key suicide prevention tools include informing yourself about the risks for suicide like mental health challenges. Educating yourself on how to help someone experiencing suicidal thoughts or behaviors is another key step toward preventing suicide. Below are some simple strategies for preventing suicide.

Key steps to prevent suicide

- **Acknowledge** that suicide and mental health challenges are real and can affect anyone such as our family, friends, or neighbors.
- **Understand** the risks and warning signs for suicide.
- **Listen** without judgment to the expressions and statements of people who may be having thoughts of suicide.
- **Avoid** dismissing thoughts and feelings.
DO NOT make statements like:
 - “That’s a permanent solution to a temporary problem.”
 - “We all have these thoughts; they’ll go away soon.”
 - “It can’t be that bad.”
 - “You just need to get over it and move on.”
- **Take** ALL verbal or nonverbal warning signs of suicide seriously. DO NOT dismiss ANY verbal or nonverbal warning signs.

- **Support** friends, family, neighbors, or community members if you notice that they are struggling with a suicide risk factor like stress or thoughts of suicide.
- **Seek** resources such as QPR (Question, Persuade, Refer) training or Mental Health First Aid for yourself. These are designed to provide tangible tools for helping family, friends, and communities who are dealing with suicide.
- **Recognize** that asking and talking about suicide is uncomfortable, but not as uncomfortable as the emotional pain the person is experiencing.
- **Ask** if they are thinking about suicide or killing themselves.
 - If so, be persistent in seeking help. Seeking help does not necessarily mean going to the ER, but it does mean seeking professional advice or resources.
- **Remove**, if possible, any lethal means by asking to temporarily store or remove those means. DO NOT attempt to forcefully take away any potential lethal means.

If you know someone who is experiencing signs of a mental health crisis, you can text, chat, or call 988 which is the Suicide and Crisis lifeline (<https://988lifeline.org>) to indicate that you are a Kentuckian or call the suicide crisis lifeline.

References

- Bohnert, A. S. B., & Ilgen, M. A. (2019). Understanding links among opioid use, overdose, and suicide. *The New England Journal of Medicine*, 380(1), 71-79. <https://doi.org/10.1056/NEJMr1802148>
- Centers for Disease Control and Prevention (CDC). (2013). Suicide among adults aged 35-64 years—United States, 1999-2010. *MMWR. Morbidity and Mortality Weekly Report*, 62(17), 321-325. <https://www.ncbi.nlm.nih.gov/pubmed/23636024>
- Harp K., Borders T.F. (2019). Suicidal thoughts, plans, and attempts by non-metropolitan and metropolitan residence. *Rural and Underserved Health Research Center*.
- Hedegaard, H., Curtin, S. C., & Warner, M. (2021). *Suicide Mortality in the United States, 1999 - 2019* (NCHS Data Brief, Issue 398). C. f. D. C. a. Prevention. <https://www.cdc.gov/nchs/products/databriefs.htm>
- Isometsä, E. T., & Lönnqvist, J. K. (1998). Suicide attempts preceding completed suicide. *British Journal of Psychiatry*, 173(6), 531-535. <https://doi.org/10.1192/bjp.173.6.531>
- Metha, A., Weber, B., & Webb, L. D. (1998). Youth Suicide Prevention: A Survey and Analysis of Policies and Efforts in the 50 States. *Suicide and Life-Threatening Behavior*, 28(2), 150-164. doi.org/10.1111/j.1943-278X.1998.tb00635.x
- U.S. Department of Health and Human Services. (n.d.). *Suicide*. National Institute of Mental Health. Retrieved November 9, 2022, from https://www.nimh.nih.gov/health/statistics/suicide#part_155137
- Rockett, I. R. H., Regier, M. D., Kapusta, N. D., Coben, J. H., Miller, T. R., Hanzlick, R. L., Todd, K. H., Sattin, R. W., Kennedy, L. W., Kleinig, J., & Smith, G. S. (2012). Leading causes of unintentional and intentional injury mortality: United States, 2000-2009. *American Journal of Public Health*, 102(11), e84. <https://doi.org/10.2105/AJPH.2012.300960>
- Shepard, D. S., Gurewich, D., Lwin, A. K., Reed, G. A., & Silverman, M. M. (2016). Suicide and Suicidal Attempts in the United States: Costs and Policy Implications. *Suicide & life-threatening behavior*, 46(3), 352-362. <https://doi.org/10.1111/sltb.12225>
- Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54)*. S. A. a. M. H. S. Administration. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>