

# What does it mean to be suicidal?

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Although most young people think about death to some degree, suicidal thinking occurs within a very particular context. When emotional pain, feelings of hopelessness or a relative inability to know how to cope with life circumstances becomes too much to bear, individuals may find themselves consciously considering the possibility of ending their life. Suicidal thoughts can range from thoughts of being 'better off dead' to actively thinking about and planning how one might kill oneself. People who feel this way are characteristically feeling unable to find another means of coping with their life situation and are thus expressing a desperate need to bring an end to their difficulties.

## Who are most at risk?

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Unfortunately, suicide attempts are not all that uncommon and are most frequently associated with the experience of depression. Worldwide, suicide is among the top three causes of death for people aged 15 – 44 years, and is the second leading cause of death amongst university students (World Health Organization, 2010). South Africa has the eighth highest rate of suicide in the world: each year, approximately six to eight thousand people commit suicide, making suicide the third greatest cause of unnatural death in the country, after homicide and unintentional causes. Young adults (19-24 years of age) are considered to be the most at-risk group for depression and suicidality (including suicidal thinking; self-harming behaviour and suicide attempts).

*For every fatal suicide in South Africa there are 20 suicide attempts  
([www.health24.com](http://www.health24.com))*

## Why Are South African Youths At Risk?

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***S.A. Suicide Statistics:***  
*'667 deaths by suicide every month, 154 per week, 22 every day and virtually 1 every hour'*

The socio-economic context has significant bearing on the prevalence of suicide in South Africa: with high unemployment rates and thus high levels of poverty, South African youths are confronted with significant educational and socio-economic demands – an experience that can feel both overwhelming and paralysing, most especially when one is attempting to negotiate the significant and already challenging transitions and adjustments that adolescence and early adulthood can bring.

### **Most Significant Precipitators of Suicidal Behaviour in South Africa**

- Academic related problems (including parental expectations around academic performance and career choices): e.g., poor academic performance, academic failure or academic exclusion
- Interpersonal problems: e.g., romantic relationship difficulties; peer group difficulties like bullying; social isolation and thus a lack of social support
- Family problems: e.g., disrupted family environments; broken family relationships; adverse parent-child interactions; violent abuse in the home
- Past or present physical or sexual trauma
- Mental health problems: most especially depression or a severe mood disorder (e.g., BiPolar Disorder)
- High levels of stress and an accompanying sense that one is unable to cope

### **Certain factors can increase the risk that an individual would attempt or commit suicide. These include:**

- Previous suicide attempts: youths who have attempted suicide before are particularly vulnerable (between 20 and 50 percent of youths who commit suicide have a history of previous attempts ([www.youthspace.me](http://www.youthspace.me))).
- Substance abuse: individuals who abuse or are dependent on alcohol (itself a 'depressant') or drugs are at a greater risk for suicidal behaviour. Approximately one in three adolescents who die by suicide have been under the influence of alcohol at the time of death (Houston, Hawton & Shepperd, 2001)
- Exposure to violence: e.g., family violence; gender based violence; criminal violence; sexual violence
- Absence or loss of social support systems: within familial (e.g., parental bereavement) or peer context
- Family history of suicidal behaviour or successful suicide attempts
- Childhood abuse (physical or sexual)
- Life threatening illness: e.g., an increased likelihood of suicidal behaviour in HIV/AIDS patients has been found
- Personality style: individuals prone to impulsivity or reactionary ways of coping may be at greater risk
- Those outside of the 'majority': research suggests that those individuals who are more isolated from 'mainstream' society (e.g., the homeless, immigrants, refugees, individuals with sexual orientations that differ from heterosexual norms)

# Warning Signs of Suicide

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- Talking or joking about suicide
- Depression: individuals who are depressed may feel hopeless; may lose interest in doing anything or may withdraw from friends and family. They may also impress as down, or sad.
- Self-criticism/minimization: individuals who feel suicidal may reflect on themselves in highly negative ways, e.g., 'I can't do anything right'; 'I'm pathetic'. It is always important to note any marked discrepancy in, or shift in intensity of, an individual's behaviour – not all people who are self-critical are suicidal
- Changes in personality: someone who is usually sociable, may not want to go out, may become negative, aggressive or irritable and may thus withdraw themselves from friendships.
- Loss of interest in appearance or drop in hygiene: if an individual stops caring about what they look like, don't bother to get dressed or even stop washing and bathing themselves – these could be serious indicators that they are not coping effectively.
- Risk-taking behaviour: often people who are feeling suicidal engage in risky, dangerous things like drinking and driving, having unprotected sex or taking drugs.
- Excessive feelings of guilt, self-blame and subjective sense of failure: if someone is depressed they often feel guilty and blame themselves.
- Suddenly feeling better: if an individual has been severely depressed, hasn't been on any form of treatment and is suddenly 'back to normal' this could be a dangerous sign. It may mean that they have set a date for their suicide and know that they will be able to end their distress soon

## If You're Having Suicidal Thoughts

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It can be extremely frightening to have suicidal thoughts – even briefly. As a result, it can feel very difficult to talk to someone about them. You are not crazy, weak or bad for experiencing such thoughts: disclosing to someone that you're feeling suicidal takes significant courage. Furthermore, if you tell someone there is a greater chance that they can help share the emotional burden leaving you feeling less overwhelmed.

## Coping yourself

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If you are feeling depressed or suicidal it is advisable to seek immediate help from a health professional. However, there are a number of things that you can do to help yourself negotiate these difficult feelings. The following information is offered as a means of assisting with immediate containment until you can seek appropriate help and intervention:

- Do remove any means of harming yourself from the house: e.g., do not keep large quantities of medication in the house
- Do seek help if you feel you may be unable to cope independently and are at risk for self-harm
- Do something you enjoy doing: it's not very likely that you will feel like you have the energy to do anything enjoyable, however, it may help your mood and keep your mind distracted
- Do exercise and eat well: this may help lift your mood
- Do make a 48 hour pact with yourself or a significant other: agree that you will refrain from doing anything about the way you're feeling for 48 hours. This may give you time to assess whether you still feel this way.
- Do get in contact with someone you trust at regular intervals to make sure you're okay: If you feel that there is no one to confide in you could make contact with a support service that is available 24hours.
- Do Not take alcohol or drugs: these are only temporary escapes from reality, and will not help you deal with the situation. Because alcohol and some illicit substances (e.g., cannabis) are depressants – they will only serve to exacerbate your mood and thus reinforce your negative thoughts and feelings.
- Do Not spend long periods of time alone: even if you feel the need to withdraw from your usual social context, do attempt to spend time with others.

***Emergency Crisis Lines/Services:***

***Suicide Crisis Line (8am – 8pm):  
0800 567 567 or SMS 31393***

***Life Line Western Cape Crisis Line:  
021 461 1111***

***Suicide Crisis: 0800 12 13 14***

## Seeking Professional Assistance

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If you are feeling suicidal it is best to seek assistance from a health professional: this could be a GP or a psychologist. The treatment offered will depend on the kind of professional assistance you seek:

**GP:** As suicidal thinking is often related to depression, your GP may discuss the option of anti-depressant medication. He/She may also suggest a referral to a psychologist.

**Psychologist:** If you are referred to a psychologist you will undergo a psychological assessment which involves talking to the psychologist about your history, when the suicidal thoughts began and what factors in your life might serve to maintain or exacerbate them.

***UCT Student Wellness Service:***

***28 Rhodes Avenue  
Mowbray  
7700***

***Tel: 021 650 1017***

A psychologist will also want to assess the future risk of you attempting suicide and will assist in trying to develop an appropriate intervention or management strategy (this may involve making contact with a significant other; assisting you in seeking containment and possibly referring you to a medical health professional for psychopharmacological management). The psychologist may also recommend that you attend regular psychotherapy which would facilitate your developing a better understanding of your behaviour, thoughts and feelings and thus establish more adaptive ways of negotiating your internal and external experiences.

## Helping a Friend or Family Member

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If a family member or friend confides in you that they are experiencing suicidal thoughts it is important to consider how challenging and risky it may have felt for them to do so. It is quite possible that this person is fearful of being judged. With this in mind, it may be useful to consider the following:

- It is really important to take a disclosure of suicidal thinking or intent seriously: it is a myth that people who talk about suicide are less likely to follow through with it
- Don't panic: knowing that someone you care about is suicidal can be emotionally distressing. It is important that you don't make them feel guilty for confiding in you. It is also important to note that talking about suicidal feelings and thoughts is less likely to reinforce the thoughts and feelings and more likely to leave the person feeling less isolated and more supported – which could assist in them finding more adaptive ways of engaging with their experience.
- Empathise with their expressed emotions: try to listen to what the person is saying to you and avoid interrupting the person until you are certain that they are finished.
- Offer your support and listen to what the person has to say: let them know how much you care about them and enquire about how they feel you might be able to best support them.

***'People that are suicidal have often told someone close to them that they want to die, feel they have no future or that they would be 'better off dead'. If someone is talking about suicide it is important that they get help as soon as possible'***  
***(www.youthspace.me)***

***Suicide Should Never Be A Secret:***  
***Even if you're sworn to secrecy and you feel that you would be betraying your friend if you disclosed the information to another person, you should still seek help as soon as possible. It is always safest to get help (SADAG)***

This might involve talking about ways in which the person can stay safe until they can acquire appropriate help (e.g., a counselling appointment), or contracting with them that they make contact with you (or approach you) should they be feeling unable to cope

- Help to keep them distracted and socialised: do not let a suicidal individual spend large amounts of time alone without having something constructive or engaging to do.
- If possible, encourage them to contact their local GP, local counselling service or an anonymous phone line like the Suicide Crisis Line or the Life Line crisis service.
- Try to be as non-judgemental as possible

- Try to avoid minimising the problems that may have led to the suicidal thoughts: saying something like 'it's not that bad' is not helpful.

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