



Suicide Facts

get the Facts (a resource for providers)

“Listen with warmth. Treat with respect. Empathize with emotions. Care with confidence.”

An important public health goal that may contribute to suicide prevention includes improving public knowledge about mental health and suicidal behaviour and increasing public recognition towards mental illnesses.

Research has shown that the majority of those dying by suicide or making suicide attempts have a recognizable mental health illness (including in particular, mood disorders, substance use, schizophrenia and antisocial behaviours). These account for well over 50% of suicides and suicide attempts.

The risk for suicide is high among individuals with schizophrenia. It is estimated that 20 to 40% make suicide attempts and over 10% of individuals with schizophrenia eventually complete suicide.

Suicidal thoughts and behaviours represent a fundamental effort to cope or problem-solve, in pursuit of meeting legitimate needs. Some of these needs include: needs for control, power, communication of pain, or an end to suffering.

Often, when individuals are thinking about suicide they believe that suicide is the only way to escape the inner pain they are going through. Some social factors that contribute to this may be: overwhelmed with unemployment, homelessness, social isolation, hopelessness and depression. Furthermore, these are all factors that are exacerbated when one has a mental illness. Clients, who also may be experiencing a major loss, such as the death of a loved one, losing a job, or the break-up of an important relationship, are more susceptible to feelings and thoughts about suicide.

It is important to talk about suicide with clients. Individuals considering suicide may have very mixed feelings about ending their life, so by talking about it, your support and concern may help the person with suicidal thoughts to feel less lonely and isolated.

Who is most at risk of suicide?

- Individuals exhibiting paranoid (suspicious) behaviour.
- Individuals in the early stages of the illness, when one is confused and/or perplexed.
- Early in their recovery, when outwardly their symptoms are better but internally they feel vulnerable.
- Early in a relapse, when they feel they have overcome the problem, but the symptoms recur.
- Soon after discharge from hospital.
- A stressful life event.
- People who are depressed or who have strong feelings of hopelessness (i.e. feeling no reason for living; feeling no sense of purpose in life).
- People who have tried to commit suicide before.
- People who have thoughts of suicide or who are preoccupied with death.
- People with schizophrenia or another serious mental illness, who are aware of how their illness limits them.
- Young people who have frequent relapses of their illness (particularly males).
- People with a history of substance use.

What are the warning signs of suicide?

- A previous suicide attempt.
- Talking or writing about suicide.
- Sudden calmness or happiness (dramatic mood changes).
- Suicide may be more likely to occur when the person is in a period of improvement after a relapse, or during periods of depressed mood.
- Getting one's affairs in order, or giving away prized possessions.
- Hearing voices that talk about doing something dangerous.
- Thoughts of violence towards others.
- Increased substance (alcohol or drug) use.
- Withdrawal from friends, family members or activities.
- Anxiety or agitation, feeling trapped like there's no way out.
- Rage, uncontrolled anger, seeking revenge.

What can Professionals/Providers do?

- Be alert to the warning signs of suicide.
- Take any talk of suicide seriously. Talk with them about some of the reasons for choosing suicide and most importantly express empathy.
- If you think someone has thoughts of suicide, don't be afraid to talk about it openly. For example, asking if they have a plan. Bringing up the subject will not cause the person to act upon it. Do not leave him or her alone.
- It is important to ask them directly about suicidal thoughts. Do not avoid using the word 'suicide'. It is important to ask the question without dread, and without expressing a negative judgment. For example: "are you having thoughts of suicide?" or "are you thinking about killing yourself?"
- Contact a doctor or other health care professional immediately if they are talking about or attempt suicide.
- Developing a contract that includes a person available 24 hours a day (suicide helpline, professional helper or family member).
- Never keep a person's suicidal plan a secret.



A REASON TO HOPE · THE MEANS TO COPE
SCHIZOPHRENIA SOCIETY OF ONTARIO
SOCIÉTÉ ONTARIENNE DE LA SCHIZOPHRÉNIE
UNE SOURCE D'ESPOIR · DE SOUTIEN ET D'ENTRAIDE

Research states that “media reports can encourage imitation (often known as a “copycat” effect) where the media can help or hinder suicide prevention efforts by being an avenue for public education or by increasing suicide risk by glamorizing suicide or promoting it as a solution to life’s problems.”

The Goals of Professionals and Service Providers:

1. Promote awareness that suicide is a public health problem that is preventable.
2. Develop broad-based support for suicide prevention.
3. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.
4. Develop and implement suicide prevention programs.
5. Promote efforts to reduce access to lethal means and methods of self-harm.
6. Implement training for recognition of at-risk behaviour and delivery of effective treatment.
7. Develop and promote effective clinical and professional practices.
8. Improve access to and community linkages with mental health and substance abuse services.
9. Improve reporting and portrayals of suicidal behaviour, mental illness, and substance abuse in the entertainment and news media, (i.e. advocacy, letters to editor, education, research).
10. Promote and support research on suicide and suicide prevention.

If someone you know exhibits these symptoms, offer help!

Please Contact Immediately:

- A community mental health agency .
- A private therapist or counsellor.
- A school counsellor or psychologist.
- A family physician.
- A suicide prevention or crisis center.

Advise Individuals and Families To:

- Call a crisis telephone support line.
- Draw on the support of family or friends; have them talk to at least one person they trust about how they feel.
- Talk to their family doctor; the doctor can refer them to services in the community including counselling and hospital services.
- Self-help groups to talk to people who have “been there” about what it was like and how to cope.
- Avoid making major decisions they may later regret.
- Call 911 immediately if someone is attempting suicide.

For further information on this, and other issues surrounding schizophrenia, please contact the Schizophrenia Society of Ontario

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