

Suicide Prevention Information

Although common English usage includes the phrases “committed suicide,” “successful suicide,” and “failed attempt,” these should be avoided because of their connotations. For instance, the verb “committed” is usually associated with sins or crimes. A suicide should never be viewed as a success, nor should a non-fatal suicide attempt be seen as a failure. Such phrases as “died by suicide,” “completed suicide,” “ended his/her life,” or “attempted suicide” are more accurate and less offensive.

Why do people complete suicide?

A suicide attempt is a clear indication that something is wrong in a person’s life. No matter what the race or age of the person is, how rich or poor they are, it is true that most people who complete suicide have a mental or emotional disorder. The most common underlying disorder is depression, 90% of suicide victims suffer from a mental illness or alcohol or substance abuse problem. Click [here](#) to download additional information.

Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK. If you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Increased alcohol and drug use
- Acting reckless or engaging in risky activity - seemingly without thinking
- Feeling trapped - like there's no way out
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

Source: [SAMHSA's Disaster Relief Information](#)

What to do if you think someone is suicidal

- If a person is in imminent danger, call 911.
- Trust your instincts that the person may be in trouble.
- Talk with the person about your concerns. Communication needs to include LISTENING.
- Ask direct questions without being judgmental. Determine if the person has a specific plan to carry out the suicide. The more detailed the plan, the greater the risk.
- Get professional help, by even going with them or making the call with them. Call 1-800-273-TALK.
- Do not leave the person alone.
- Do not swear to secrecy.
- Do not act shocked or judgmental.
- Do not counsel the person yourself.

Preventing Suicide

Although they may not call prevention centers, suicidal people usually do seek help; for example, nearly three-fourths of all suicide victims visit a doctor in the four months before their deaths, and half in the month before.

The Statistics of Suicide

- **Suicide rates in Wisconsin up 2%** Total 2004 suicides 656 compared to 642 in 2003.
- In Wisconsin, suicide is the second most common cause of death among people age 15-34. It is the third nationally.
- The #1 cause of suicide is untreated depression. Most people who are depressed do not complete suicide, but depression increases the risk.
- 30,000 Americans complete suicide annually; an additional 500,000 Americans attempt suicide annually.
- The actual ratio of attempts to completed suicides is probably at least 10 to 1.
- 30% to 40% of persons who complete suicide have made a previous attempt.
- Suicide rates are highest in old age: 20% of the population and 40% of suicide victims are over 60. After age 75, the rate is three times higher than average, and among white men over 80, it is six times higher than average.
- Substance abuse is another great instigator of suicide; it may be involved in half of all cases. About 20% of suicides are alcohol abusers, and the lifetime rate of suicide among alcoholics is at least three or four times the average. Completed suicides are more likely to be men over 45 who are depressed or alcoholic.

Treatment for a Suicidal Person

No single therapeutic approach is suitable for all suicidal persons or suicidal tendencies. The most common ways to treat underlying illnesses associated with suicide are with medication, talk therapy or a combination of the two.

Cognitive (talk therapy) and behavioral (changing behavior) therapies aim at relieving the despair of suicidal patients by showing them other solutions to their problems and new ways to think about themselves and their world. Behavioral methods, such as training in assertiveness, problem-solving, social skills, and muscle relaxation, may reduce depression, anxiety, and social ineptitude.

Cognitive and behavioral homework assignments are planned in collaboration with the patient and explained as experiments that will be educational even if they fail. The therapist emphasizes that the patient is doing most of the work, because it is especially important for a suicidal person not to see the therapist as necessary for their survival.

Recent research strongly supports the use of medication to treat the underlying depression associated with suicide. Antidepressant medication acts on chemical pathways of the brain related to mood. There are many very effective antidepressants. The two most common types are selective serotonin re-uptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs). Other new types of antidepressants (e.g. alpha-2 antagonist, selective norepinephrine re-uptake inhibitors (SNRIs) and aminoketones), and an older class, monoamine oxidase inhibitors (MAOIs), are also prescribed by some doctors.

Antidepressant medications are not habit-forming. Although some symptoms such as insomnia, often improve within a week or two, it may take three or four weeks before you feel better; the full benefit of medication may require six to eight weeks of treatment. Sometimes changes need to be made in dosage or medication type before improvements are noticed. It is usually recommended that medications be taken for at least four to nine months after the depressive symptoms have improved. People with chronic depression may need to stay on medication to prevent or lessen further episodes.

People taking antidepressants should be monitored by a doctor who knows about treating clinical depression to ensure the best treatment with the fewest side effects. It is also very important that your doctor be informed about all other medicines that are taken, including vitamins and herbal supplements, in order to help avoid dangerous interactions. Alcohol or other drugs can interact negatively with antidepressant medication.

Do not discontinue medication without discussing the decision with your doctor.

Resources in your community

Telephone hotlines (Can be obtained from the telephone book, local Mental Health Americas, community centers, or United Way chapters)

- Clergy
- Medical professionals
- Law-enforcement agencies
- Medical professionals (physical and mental)
- Human services agency
- Hospital emergency rooms
- Alcohol and substance abuse treatment centers

Wisconsin Resources

Bureau of Mental Health Services and Substance Abuse Services
Department of Health and Family Services
(608)266-2712
www.dhfs.wisconsin.gov

Department of Public Instruction (DPI)
Student Services/Prevention and Wellness Team
<http://dpi.wi.gov/sspw/suicideprev.html>

Helping Others Prevent and Educate about Suicide (HOPES)

A nonprofit organization composed of volunteers; web site includes a local Survivors of Suicide group listing and free support for communities working to end suicide.

www.hopes-wi.org

Mental Health America of Wisconsin
MHA offers advocacy, resources, and direct support with mental health.
(414)276-3122
www.mhawisconsin.org

Mental Health Specialist for Deaf and Hard of Hearing
Bureau of Mental Health and Substance Abuse Services
Department of Health and Family Services
TTY: (608)261-9314
Main line (voice): (608)267-7792
www.dhfs.wisconsin.gov

Project Fresh Light
Latest research news, provider networking, best practices, and internet discussion board in relation to adolescent substance abuse treatment in WI.
www.projectfreshlight.org

Wisconsin Burden of Injury Report
The latest data on injuries in Wisconsin and also delineated by county. It includes hospitalizations, emergency department visits, and deaths due to injury.
<http://dhfs.wisconsin.gov/health/injuryprevention/pdffiles/injuryreport.pdf>

Wisconsin Clearinghouse for Prevention Resources
The Wisconsin Clearinghouse is a unit of University Health Services, University of Wisconsin-Madison. Provides education and training and includes a comprehensive resource center.
www.wch.uhs.wisc.edu

Wisconsin Crisis Network
Meets on a quarterly basis to review trends, problem-solve, keep updated on and try to influence legislation affecting crisis services. A useful resource for support in the development of county crisis plans and information on best practices.
(608)266-0907
www.dhfs.wisconsin.gov

Wisconsin Family Ties
A statewide organization run by and for families that include children and adolescents who have an emotional, behavioral or mental disorder. Programs and services include advocacy, support groups, information and referral and education.
www.wifamilyties.org

Wisconsin Suicide Prevention Initiative (SPI)
A public-private collaboration working to implement the Wisconsin Suicide Prevention Strategy.
(608)250-4368

Wisconsin Suicide Prevention Strategy
Reviews the problem of suicide as a public health problem, identifies goals and objectives, and sample implementation activities for suicide prevention efforts in Wisconsin.
www.dhfs.state.wi.us/dph_emsip/index.htm

Wisconsin Violent Death Reporting System
Captures data from homicide and suicide deaths, from most frequent method, age, ethnicity, and gender of victims, hospitalizations, and emergency department visits.
www.dhfs.state.wi.us

National Resources

American Association of Suicidology (AAS)
(202)237-2280
<http://www.suicidology.org>

American Foundation for Suicide Prevention (AFSP)
(888)333-AFSP (2377)
www.afsp.org

The Center for Mental Health Services Knowledge Exchange Network
(800) 789-2647
<http://www.mentalhealth.org>

Centering Corporation (bereavement resource center)
(402)553-1200
<http://www.centering.org>

The Dougy Center for Grieving Children and Families
(503)775-5683
<http://www.dougy.org>

Griefwork Center, Inc.
(732)422-0400
<http://www.griefworkcenter.com>

Jed Foundation (for colleges and universities)
(212)647-7544
www.jedfoundation.org

The Link Counseling Center: National Resource Center for Suicide Prevention and Aftercare
(404)256-9797
www.thelink.org

National Alliance on Mental Illness (NAMI)
(800)950-NAMI (6264)
www.nami.org
(800)236-2988
www.namiwisconsin.org

National Association of School Psychologists
(866)331-NASP (6277)
www.nasponline.org

National Center for Cultural Competence
<http://www11.georgetown.edu/research/gucchd/nccc/>

National Center for Injury Prevention & Control
(800)311-3435
<http://www.cdc.gov>

National Institute of Mental Health
www.nimh.nih.gov

National Suicide Prevention Lifeline
(800)273-TALK (8255)
www.suicidepreventionlifeline.org

National Strategy for Suicide Prevention
(800)789-2647
<http://www.mentalhealth.org>

Substance Abuse and Mental Health Services Administration (SAMHSA)
(877)696-6775
www.samhsa.gov

Suicide Awareness/Voices of Education (SAVE)
(888)511-SAVE (7283)
www.save.org

Suicide Prevention Advocacy Network USA (SPAN USA)
(202)449-3600
www.spanusa.com

Suicide Prevention Resource Center (SPRC)
(877)GET-SPRC (438-7772)
www.sprc.org

The Trevor Project
(866)4 U TREVOR (488-7386)
www.thetrevorproject.org

The US Census Bureau
www.census.gov

More Information

If you or someone you know is contemplating suicide, call (800) 273-TALK or (800) 273-8255. For more information, call Mental Health America of Wisconsin at (414) 276-3122.

SAMHSA's Center for Mental Health Services recently launched the National Suicide Prevention Lifeline — (800) 273-TALK (8255). Part of the National Suicide Prevention Initiative, the lifeline offers immediate assistance to individuals in suicidal crisis. The goal is to reduce the incidence of suicide across the Nation. Currently, more than 100 local crisis centers throughout the United States are participating. Visit the [web site](#) for more information.