

Understanding Suicide

An overwhelming surge of emotions that never seems to end – that’s what some who have attempted suicide try to describe to those who ask to understand why they feel the way they do. Those who are contemplating suicide might literally feel as though there is no way out of their situation. They are bombarded with feelings of hopelessness, fear, isolation, hatred toward themselves and so much more. The pain they feel is often immeasurable, to a point where they see no other option than to end their lives.

But many people who have attempted suicide will say that they wanted to live. They really didn’t want to die; the desire to remain with loved ones remained very strong. They simply didn’t see any other options.

What causes such a strong conflict in a person? What leads to that feeling of a dead-end, no-way-out scenario?

There are many reasons that someone might choose suicide or contemplate suicidal thoughts. Those reasons are often so complex and complicated that the person suffering from those feelings might not be able to articulate exactly what is going on in their head and heart. However, long and difficult research has found that the basic motivation for suicide is the feeling of utter despair and hopelessness. How a person reaches that point is what varies from one to another.

From the Expert:

Dr. Schlozman answers questions about depression and suicide

There is often a stigma attached to mental illness, including depression and anxiety. How can we fight against that stigma to make it clear that getting help is okay?

There are a number of central components that are effective for combatting stigma with regard to mental health. Most importantly, we need to avoid an us/them split. Mental Health diagnoses affect about 20% of the population at any given time. Still, the stories we hear most often are the ones that stress most starkly the differences between people without a psychiatric diagnosis and the ones with one. We hear most often about suicides, homicides, and a host of other potentially frightening and off-putting behaviors. This of course is not an accurate representation of mental illness. 20% of the population isn't murderous, for example. The best means by which these issues can be addressed is to have people be willing to tell their own stories. Even more powerful, there exists all sorts of data showing that well known figures – actors, professional athletes, political leaders and so forth – who are willing to discuss their psychiatric challenges go a long ways towards gaining acceptance among everyone for the same challenges. Finally, we all need, as a culture, to be more open and more vigilant for stigmatizing views. Comments like “What, are you off your medications?” never help and make others less likely to come forward when they're having problems.

What can someone expect from their first meeting with a mental health professional?

If it's a good fit, you can expect to be treated respectfully and with confidentiality. Remember that mental health clinicians don't really have diagnostic tests. We don't have chest x-rays or blood tests or anything like that. What we have is the story. That means that a good mental health professional will take the time to get to know you in order to help understand what brought you to the appointment. Tell your clinician why you're there. Understand that you might not be able to get the whole story in after just one visit. Be prepared to be asked questions that might be uncomfortable – questions about suicidal thoughts, for example. But also remember that these clinicians ask these questions every day. They aren't being nosy! They're just getting the information they need to help.

In your writings, you have pointed out that spring is actually the time when the numbers of suicides go up. What are some common triggers that might push someone over the edge from depression to despair?

From a psychological standpoint, there are many of the typical culprits that seem to be accentuated in the spring. Relationships dissolve, new friends are made and others perhaps move on. These are stressful events that can lead to increased suicidal feelings. From a more biological perspective, there is mounting evidence that the increased inflammation consistent with springtime allergies is associated with worsening depression and suicidal thoughts. To this end, better control of seasonal allergies is likely to be protective. This is especially the case if you move as a young adult to a new location and encounter new allergens.

A teenager's friend has just confided suicidal thoughts. What should that teenager do immediately to ensure the health of their friend?

Talk to the friend. Find out why the friend is feeling this way. Sometimes even the opportunity to discuss what's going on is protective. But none of this can take the place of getting help, even against your friend's will if need be. Ask if you can bring the concern to a responsible adult, but even if the answer is no, you still need to tell someone. Tell your parents, or your friend's parents, or the guidance counselor at school. If you feel that your friend has already taken steps towards harming him or herself (by overdose, for example) call 911. Always take the concerns of someone expressing suicidal thoughts seriously. You'd much rather over-react than under-react.

Those making the transition from home to college might be especially vulnerable to mental health issues. How can they ensure their mental and emotional well-being during a trying time?

If the person making the transition is already in treatment, that person should work with the clinician to ensure that there are ample clinicians available and even met before college starts. If there hasn't been a need for treatment, then you should still make sure that the student understands the signs of depression and anxiety. These feelings creep into freshman year and are often made worse by the isolation of a new school and a new peer group. Add to this the natural epidemiological onset of many psychiatric syndromes at around the time kids start college, and there is a much higher risk. Telling kids about these risks and making them aware of how to get help goes a long way towards ensuring that they'll get the help when they need it. Finally, discussions of healthy living are super-important. You don't have to study all the time. You don't want to get caught in the cycle of unabated and excessive substance use. Exercise is easy to go to the wayside but is hugely neuroprotective. All of these tidbits will be heard and internalized by students as they prepare to head to school.

Is there anything else you would like to add about depression, anxiety, and other mental health issues that teenagers and young adults face?

Don't worry alone! We're pack animals. We do better if we let others know we're suffering. Talk to friends, to parents, to mentors, to clergy...to the people who are designated to listen. These syndromes are immensely treatable, but the irony is that a key symptom of these syndromes is the belief that nothing can be done. Overcoming that misconception is most of the battle.

Mental Health, Depression & Suicide

Understanding the Connection

Depression has long been linked to suicidal thoughts and suicide attempts. Learning how to recognize depression, spotting when it gets worse, and finding the right resources can literally mean the difference between life and death.

There was a time when depression was seen as something people just had to “get over.” There was a stigma attached that said those with depression simply needed to “toughen up.” But in recent years, that erroneous attitude has been replaced with much more understanding.

“I think the biggest change I’ve seen over the years is more public information about depression and suicide and more treatment options,” Tedder said. “Though medication is not the only treatment option for depression, there are a lot more choices of antidepressants that produce effective results with fewer side effects.”

Here is what you need to know about depression, and how to prevent it from turning into a suicidal situation.

Recognize depression.

Depression is quite common – in fact, between 30 and 70 percent of suicide victims suffer from major depression or a related disorder. Signs of depression include a feeling of helplessness, no longer finding joy in activities you used to enjoy, sleep changes, loss of energy, anger or irritability, reckless behavior, self-loathing, and more.

What if it’s not depression?

Sometimes, what seems to be depression is actually pointing to something else. For instance, you might feel extremely depressed at one point, but suddenly the mood lifts, and you are happier than you have ever been – then the cycle begins again. This might be bipolar disorder, or manic-depressive disorder, or a host of other mental health issues. Evaluation by a mental health professional is the key to figuring out what is wrong.

When depression gets to be too much.

Everyone gets depressed at some point in their lives. How long it lasts is one of the key factors to determining how severe the problem is. If depression has lasted for more than two weeks and it is affecting your day-to-day life, it's time to get treatment. If depression seems to only get deeper and you feel as though things will never get better, immediate treatment is necessary.

Resources to fight depression.

When you are facing severe depression, there are a few things you can do to help ensure your health and well-being.

- Get in touch with a counselor. Only a qualified mental health professional can give you the advice and diagnosis you need to figure out what is happening and how to resolve it. There is absolutely no shame in getting help, so do it right now – today, before things get worse.
- Talk to friends. Be honest with your friends about your feelings. If you are feeling down, tell them that. If you need someone to talk to, tell them that, too. You might be surprised by how willing they are to help you through this.
- Take medication as directed. If you are prescribed medications, take them exactly as directed. Never stop the meds simply because you are “feeling better.” This can lead to a rebound effect, which can make your depression even more severe.
- Join support groups. There are numerous groups online and in person that can help you through depression by offering up stories of those who have already walked this path. Don't hesitate to join them – those in the groups have been in your shoes, and they understand.

Suicide and Depression: By the Numbers



In 2013, 41,149 people died by suicide in the United States. That's one suicide every 13 minutes. (CDC)

Suicide is responsible for more than double the number of deaths each year than homicide. (NIMH)



Men are 4 times more likely than women to die by suicide. (CDC)

It is estimated that depression costs the United States \$80 billion in medical costs and loss of work. (CDC)

In addition to youth and young adults, other high risk groups for suicide include military personnel, rural populations, LGBTQ and American Indian or Alaskan Natives. (CDC)

30% of college students reported feeling depressed in 2013

16 million U.S. adults had at least one major depressive episode in 2012.(NIMH)



From 2000 to 2013, the suicide rate in the United States has grown from 10.43 deaths per 100,000 to 13.02 per 100,000. (SPRC)

Help & Resources

It can be very difficult to understand suicide. Sometimes there is no way to understand – the person who dies by suicide has a very deep pain that defies explanation, even to themselves. However, trying to understand what drives someone to such a desperate act might lead to help for others.

The following resources offer a very good overview of the things that might drive someone to suicidal thoughts, and how friends and family can step in and possibly stop a tragedy from occurring.



[National Suicide Prevention Lifeline](https://www.suicidepreventionlifeline.org)

The National Suicide Prevention Lifeline is an organization that provides emotional support to those contemplating suicide. The service is free, confidential and available 24/7. The website provides additional resources on how to help, including explaining mental health issues and how to prevent suicide.



US Department of Veteran Affairs

In addition to providing free, confidential and readily available help for those contemplating suicide or individuals who know someone who is, it also provides veteran specific information for suicide risk factors and reasons why a veteran might be thinking or talking about suicide, such as post-traumatic stress disorder.



Substance Abuse and Mental Health Services Administration

This is an agency within the US Department of Health and Human Services that promotes awareness of substance abuse problems and mental illness in the United States, as well as initiatives to help reduce their impact. As drug or alcohol use and/or mental illness is often involved in a suicide or suicide attempt, information about these two issues can provide a broad understanding to motivations and thought processes around suicide.



Suicide Prevention Resource Center

This is a federally supported organization that promotes the National Strategy for Suicide Prevention, developed by the US Surgeon General and the US Department of Health and Human Services. They provide a tremendous amount of suicide information, from a best practices registry to training to publications to the basics of suicide prevention.



[Centers of Disease Control and Prevention](#)

Provides suicide data and statistics on suicide as well as information concerning suicide risk factors, methods of preventing suicide and suicide research.

Warning Signs of Suicide

In many cases, a person who is suffering from suicidal thoughts will show signs of what they are contemplating. These signs might be very clear – clear enough to make friends and family very uneasy. But often they are subtle, or attributed to “just joking around.” The fact is that any mention of suicide, whether it is in a joking manner or a serious one, requires attention.

Someone who is thinking about death by suicide might not show as many signs of depression or distress as they did in the past. This often leads friends and family members to believe that that person has “gotten better” or is no longer contemplating killing themselves. Sadly, many families and friends learn too late that this kind of behavior means a person has simply made their decision, and now they are busy tying up loose ends.

The following chart offers signs of suicide that might be present. Keep in mind that some of these are clear, but most of them might be subtle. Pay attention not only to the overall behavior of the person, but to the “little things” that might be tell-tale signs of suicidal thoughts.

Warning Signs of Suicide

Talks about suicide

Whether it’s explicit “I’m going to go kill myself,” implicit “I don’t deserve to live,” or more subtle “I’m constantly in pain,” any discussion about suicide is a warning sign.

Drastic change in personality

Increased aggression, irritability, anxiety or feelings of sadness that are out of the ordinary for the person.

Pursuit of dangerous objects or supplies

An attempt to acquire items that could be used to end one's life (without an alternate explanation), such as poison, firearms or knives.

Apathy to the future

An abnormal level of indifference to the future, whether it be failing to plan ahead or lack of excitement for a pleasurable or positive future event.

Disposal of important possessions

Giving away, destroying or selling (for an unreasonably low price) objects that were once highly prized by the individual.

Increased or beginning use drugs or alcohol

A significant rise in the consumption of alcohol or drugs, or the use of such substances when the individual never took them before.

Reduced interest in activities commonly enjoyed

No longer engaging or participating in things once enjoyed. This can include ceasing long-term hobbies or other important causes.

Unusual level of calmness

An abnormal level of peace when one was usually or recently uptight, depressed, anxious or upset.

Isolation

Spending less time with friends, family, coworkers or other people whose company was previously enjoyed. New or increased desire to be left alone.

Organization and future planning of one's affairs

A sudden and unusual level of preparation of tasks such as writing a will, selling substantial assets or making arrangements for one's absence can be a signal of a potential suicide.

Increased reckless behavior

Taking risks that put themselves or others in danger, either at a higher frequency or in an uncharacteristic manner.

Change in sleeping habits

A substantial increase or decrease in sleeping patterns without a medical reason.

Saying goodbye

Telling friends, family and acquaintances goodbye for no apparent reason.

Previous suicide attempts

Depending on the reason and whether that reason still exists, a prior suicide attempt can be a strong indication that that the individual will try again.

Obsession with death or suicide

An unusual or increased level of fascination or respect for death or suicide. Can also include artistic expression of death, suicide or similar themes.

Self-hate

Unusual or unjustified feelings of low self-esteem, worthlessness, shame or guilt.

Sources: AFSP, American Association of Suicidology

There could be other warning signs from those who are contemplating suicide. The links below lead to resources that can give you even further information on the more subtle ways someone might try to ask for help.



[Mental Health America](#)

This site offers helpful information not only on the signs of suicide, but statistics that can help understand who might be a great risk, as well as information on how to get help for a person contemplating suicide.



American Foundation
for Suicide Prevention

[American Foundation for Suicide Prevention](#)

These warning signs of suicide are broken down into things someone might discuss, things they might take action and do before they die by suicide, and the mood they might be in during the weeks and months leading up to a suicide attempt.

Suicide Myths

Just as it is important to understand what might lead to suicide, it is important to understand what does not. There are a few common misconceptions that can actually hinder the ability to help when someone needs it most.

MYTH: Nothing will stop someone who is serious about suicide

TRUTH: There is often a belief that someone who truly wants to die by suicide will do so, no matter what kind of intervention friends and family take on their behalf. It's important to remember that those who die by suicide may be conflicted about the act, and if they saw any other way out, they would take it. Their desire to live is not gone; their desire to live without pain has simply become the stronger force.

Myth: Truly suicidal people are unwilling to seek help

Truth: This is definitely not true, as evidenced by the many individuals who have died by suicide after trying to find help through counselors, therapists, doctors and more. In fact, studies show that more than half of all suicide victims sought help within six months before they died.

MYTH: Talking about suicide might prompt someone to do it

TRUTH: This is a dangerous misconception, as it seeks to sweep suicide under the rug – “If we don’t talk about it, then it won’t happen – don’t give them any ideas!” But by staying silent about suicide, there is the risk of making the suicidal person feel even more alone and isolated, which doesn’t bode well for their state of mind. Discussing suicide can make someone open up about their own suicidal thoughts, and that can lead to then getting the help they need.

Myth: They don’t really have anything to be upset about

Truth: Those who die by suicide do so for a wide variety of reasons. What might seem like a terrible situation to one person could look like an easily-surmountable situation to someone else. For instance, a woman who has just suffered the breakup of a relationship might hear friends and family say, “You’ll get over this with time...he wasn’t good for you anyway.” But she might not believe those things at all, and seeing her loss as something trivial could drive her into even more isolation.

MYTH: They must be insane

TRUTH: Suicide is the most serious symptom of major depression, which is an illness. One of the leading risk factors for having suicidal thoughts and behavior is having major depressive disorder or other mental illness, according to expert A. Michele Tedder. Dismissing someone as “crazy” dismisses the pain they are feeling and the illness they are experiencing. The person who attempts or dies from suicide may be experiencing mental illness, but they aren’t necessarily insane. In most cases, those who die by suicide are feeling distraught, lost, hopeless, depressed, or filled with grief.

If you are dealing with suicidal thoughts, if you believe the world might be better off without you in it is definitely time to seek help. There’s no shame in reaching out for help in a situation that is so overwhelming. In fact, those who love you and care for you will be forever grateful that you took the brave step of searching for help before you did something that would take you away from them forever.

Asking for help can be difficult – when it comes to telling someone that you need help for the terrible thoughts you are having, it can be even tougher. When you ask for help, you are turning to them and asking for one of the most important things they could possibly do for you. Keep in mind that asking for help is what your friend or family member wants you to do – they want to you to get better.

When you are trying to figure out how to ask for help, there are some things you should remember:

- You are not a bad person.

Everyone deals with overwhelming emotion and difficult situations during their lifetime. Responding to these situations with feelings of suicide does not make you a bad person. It does not make you weak. Rather, it proves that you are in a situation that is too much to handle, and that you need help in order to deal with it. Getting that help means you are strong, brave, and willing to do what it takes to get better.

- There really is another solution.

It is important to remember that in the depths of despair, you are not seeing the situation clearly any longer. Your mind and heart have been taken over by the negative thoughts, and you are blinded to the more positive ones. There is always a solution other than suicide, even if it is one you can't see right now – you must trust that it is there, and ask someone for help to find it.

- Give yourself more time.

If you are feeling as though you can't control your suicidal impulses, work to convince yourself to give it another 24 hours. Just a little more time can help you rise out of the cloud of despair. During that time, you can seek help by speaking to someone you trust, calling a suicide helpline, or otherwise trying to find a different perspective.

- Do not be alone.

If you can talk to friends and family, and stay close to them so that you don't act upon the impulses, do that. If you don't have anyone you can talk to at that point, go to a public place. See a movie, sit in the park, walk through the mall, and simply be around others. Human interaction can go a long way toward ensuring that you don't act on the suicidal impulses that might seem overwhelming when you are alone.

How to Ask for Help

Asking for help can be very difficult. For some, it might feel like admitting some sort of defeat. For others, it might be tough to ask because they feel as though they might become a burden. The

following tips might help you cope with what you are feeling as you take that very important step of asking for help.

The vast majority of those who consider suicide are doing so under the haze of depression or similar issues.

“Depression is an illness and it is very treatable,” expert Michele Tedder said. “Getting help for depression is no different than getting help for a bad tooth, diabetes, a broken bone or anything else that needs medical attention. With treatment people suffering from depression get better and lead healthy productive lives.”

Be open and honest.

Now is the time to talk about things – do not sweep it under the rug. “Talk to someone you trust who is not a peer,” Tedder said. “It can be a parent, an aunt or uncle, a teacher, a coach or any adult who you trust and can help. Keeping secrets about depression and suicide only makes things worse.”

Make yourself clear.

When you speak to someone about what you are feeling, be blunt. They need to know exactly what is going on so they can get the proper help for you. Though it might be hard to do, telling someone that you are contemplating suicide can set the wheels in motion, and you will find almost immediate relief by the help that is offered.

Talk to a healthcare professional.

If you can't talk to a friend or family member, speak to a healthcare professional. Simply walk into the emergency room and tell the first medical personnel you see that you are struggling with suicidal thoughts. They take such things very seriously, and you will get immediate help.

You are not a burden.

Admitting that you need help can be tough, especially if you are normally the kind of person who keeps such things inside. Many people hesitate to reach out because they are worried that they will burden the person they speak to about the problem. You aren't a burden – you are someone asking

for the help you need and deserve. Your loved ones, family, friends, healthcare professionals, and the like will recognize this for what it is: A person taking a very brave step.

Resources for Immediate Help

The following resources can be a lifeline – use them!

- Call the suicide hotline. 1-800-273-TALK is your connection to someone who can help. The hotline is open around the clock, 24 hours a day, every day of the year. You will be connected to a trained counselor at a crisis center in your area, and he or she can help you immediately.
- Go to the emergency room. Healthcare professionals are trained to leap into action the moment you say “Help me.” They will be more than happy to assist you in any way they can. Never hesitate to go, and don’t worry about insurance or payment – in many cases, the evaluation and follow-up services are free.

How to Get Help for Others

When someone comes to you with a request for help, pay close attention. Don’t let them say that they are dealing with depression or suicidal thoughts and then allow them to dismiss it as something “not so bad” or something that they “can handle on their own.” If they are talking to you about their feelings, they are asking for help – even if they aren’t explicitly saying “Help me.”

Of all the people they could choose to speak to, they turned to you. That is a great honor, as well as a great responsibility. Knowing what to say to them and how to act can mean the difference that turns their life around. Here’s how you can help them.

Talk

Don’t sweep difficult subjects under the rug. Don’t assume someone is okay. Ask them how they are feeling, and encourage them to talk to you. Let them know that you care, and that you are there to listen to them.

Listen

Sometimes a person who is thinking terrible thoughts just needs a friend to be a sounding board. They need to get a lot of things out into the open. Listen to what they have to say. Ask follow-up questions. Be sympathetic, open, and encouraging as they speak to you.

Bring it up

After you listen to them, ask them point-blank: Are you thinking about suicide? Have you thought about harming yourself? If the answer is yes, it's time to get immediate help. But even if the answer is no, be wary. Someone going through a very difficult time might not want to burden you with the absolute truth of what they are really feeling.

Don't give advice

It might be easy for someone who isn't depressed to see things through a less-than-generous light. Things like "toughen up" or "it's not as bad as you think" or "grow up" are not what that person needs to hear. Remember that they are struggling with something that you can't imagine – and you might feel the same if you were in their shoes.

Never hide it

If someone needs help, you have a responsibility to help them. Don't agree to confidentiality. "It is never appropriate to promise to keep secrets about suicidal thoughts or behavior," Tedder said. You might worry that you will push them away if you tell, but the truth is very different. "The reality is that telling an adult might be the key to keeping your friend alive so they can keep on being your friend for years to come."

Get professional help

If your friend is thinking about suicide, professional help is vitally important. Tell someone you trust, speak to a healthcare professional, call a crisis line, or otherwise get the ball rolling.

Follow up

Once the plan for help is in motion, make sure your friend stays on track. If they need to take medication, encourage them to take it every day. If they need to go to counseling, make sure they get there – drive them yourself if need be. Encourage them to do the things that will make them better.

Be there

Don't just say "call if you need me." Be the one to call them instead. Take the initiative to remove all methods of suicide from the home they live in. Make your own home a safe haven for them. Be there for them, even after the initial crisis has passed.

Resources to Get Help for Others

These resources can help your friend find the help they need, both in the immediate future and long-term.

- 1-800-273-TALK. This hotline isn't just for the person who is suicidal; you can help them by calling it yourself and asking for leads to local support groups and other help in your area. Have a pen and paper ready to write down important information.
- 911 or your local police department. If you are worried that a suicide attempt is imminent, get in touch with the authorities and give them your friend's address. They will respond immediately.
- A close friend or relative. If you are with the suicidal person, stay with them. If you aren't, get in touch with their closest friend or relative living in their area and impress upon them the importance of getting there – right now.
- Find a state suicide hotline. This link will take you to the suicide hotline in your state, where you may find more targeted information to help your friend. [Suicide Hotline Help](#)
- Remove the means. If someone has the means to die by suicide, such as a stockpile of pills or a lethal weapon, remove the means to suicide or restrict their ability to get to those items while you call 911.

Risk Factors for Suicide

The causes of suicide vary widely, but there are some risk factors that tend to be common among those who attempt suicide. According to the Center for Disease Control and Prevention and the American Foundation for Suicide Prevention, mental illness is often a major factor; specifically, depression is a major risk factor for suicide. Other major risk factors or causes include:

A prior suicide attempt

If someone has tried to die by suicide before and they weren't just doing it for attention, they'll probably try again. Those who have tried to die by suicide in the past should be watched very closely if there is any concern about their mental well-being.

Family history of suicide

Exposure to someone who has tried or succeeded in death by suicide makes it more likely someone will do so to imitate behavior. There might also be a genetic component involved.

Family history of mental illness or substance abuse

Since mental illness and substance abuse are commonly found in those who die by suicide, and some mental illnesses and forms of substance abuse are genetic, a family history of suicide can create a higher risk of suicide in future generations.

Suffering from mental illness

The majority of those who die by suicide are suffering from mental illness. In fact, 90 percent of those who do are suffering from a diagnosable psychiatric disorder.

Suffering from substance abuse

A significant portion of those who die by suicide are suffering from substance abuse. In 30 percent of all suicides, alcoholism is a factor; the rate might be higher among those using illicit drugs.

Victim of family violence and/or abuse

Victims of abuse often face isolation, depression, feelings of despair, and much more. Extreme pain, stress or anxiety with a feeling of hopelessness increases one's risk of suicide.

Feeling alone

Feelings of rejection or loneliness can increase the risk of suicide. This might be especially true after a serious breakup of a friendship or relationship, when feelings of isolation and loneliness can be combined with emotional upheaval.

Physical illness

Chronic and severe physical issues with no end in sight can be conducive to suicide. This might be especially true among those who have been diagnosed with a terminal illness, have dealt with a chronic illness that is progressively becoming worse, or are faced with chronic pain.

Exposure to those who have attempted or completed suicide

Imitative behavior plays a role in suicide. This might be true for those who have lost a close friend or family member to suicide. There has also been much discussion in recent years about how much the media might play a role in “copycat” suicides.

Beginning antidepressant medication

Though it sounds counterintuitive, some anti-depressant medications have been shown to actually increase the risk of suicide for a brief period of time after starting them. This is especially true if the person is on this type of medication for the first time.

In some cases, the risk factors for suicide are all present – but for others, there might only be one or two. In addition, some people are very good at hiding their feelings or being flippant about situations that hurt. It is important to watch closely for these signs, and keep in mind that they might be more subtle than you expect.

Special populations at Risk

Among the general population, there could be some who are at particular risk for suicide, depression and the like. Some of these populations identified by experts to be most at risk include teenagers, those suffering from severe trauma, and those who identify as lesbian, gay, bisexual, transgender, queer or questioning of their sexual identity.

LGBTQ

When compared to heterosexual peers, those who identify as LGBTQ or questioning of their sexual identity are at a higher risk for suicide. One of the biggest reasons for this higher risk is the fact that

many individuals who identify as something other than heterosexual often find difficulty in obtaining support. They might be treated differently – and in some cases, poorly – by family members, their church family, at their school or in the workplace. In addition, they often face the problems of discrimination or a stigma based on their sexual identity. This can create a “perfect storm” of feeling isolated, alone and without support from those who are most important to them, at a time when they need support the most.

Other reasons that contribute to the suicide risk include a higher level of substance abuse or depression, especially for those under the age of 25. According to the Substance Abuse and Mental Health Services Administration, it’s estimated that 20-30 percent of gay and transgender people abuse substances, compared to about 9 percent of the general population. These situations might be a result of the lack of support these individuals receive; however, regardless of the root causes, substance abuse and depression are well-known to contribute to a higher rate of suicide.

Finally, access to adequate mental health care might be limited for those LBGQT individuals. This might be due to the stigma associated with sexual identity questioning, discrimination that is unfortunately a routine occurrence, or ignorance about the mental health situations that might arise for someone who is struggling with their sexual identity.

In addition to the general warning signs one might look for when it comes to suicidal thoughts, there are other warning signs of suicide that might be present in those who identify as LBGQT. They are:

- Someone has recently “come out” concerning their sexual identity or orientation-in the transgender and gender non-conforming community, for example, “Prevalence of suicide attempts is elevated among those who disclose to everyone that they are transgender or gender-non-conforming (50%),” according to a 2014 study by UCLA and the AFSP.
- Someone is facing lack of family support immediately after they chose to “come out.”
- They are experiencing a substantial shift in social support, especially a negative change, after revealing their thoughts or questions concerning their sexual identity or orientation.

Friends and family who see these warning signs in LBGQT and questioning individuals should be aware of the possibility of suicidal thoughts. But how can you help?

- Provide as much support as possible. Often those who have just “come out” will experience a significant or complete loss of their usual support system. This can be an overwhelming blow.

Listening to them, and doing your best to step in and provide a new support system, can show them that you care.

- Keep the warning signs of suicide in mind. Look for unique factors that are particular to this group, but also keep the general signs of suicide in mind.
- Help them connect with the proper resources. There are numerous places where members of the LGBTQ community can find help. A few of the more popular places include:

- [The Trevor Project](#)
- [It Gets Better](#)

Transgender

Transgender warrants special mention because the suicide rate for transgender people is exceptionally high. According to the National Transgender Discrimination Survey conducted by the National Gay and Lesbian Task Force and National Center for Transgender Equality, the suicide attempt rate of transgender and gender non-conforming people is a staggering 41 percent. Compare that figure to the national suicide attempt rate (4.6 percent), or even the rate for lesbian, gay, and bisexual adults (10-20 percent), and a disturbing story starts to emerge.

A 2014 study by the Williams Institute at UCLA School of Law and the American Foundation for Suicide Prevention examined why this rate is so high. The numbers for transgender people who have attempted suicide tell a distressing story about the reasons for the suicide attempts:

- 78 percent of those surveyed who experienced physical or sexual violence at school reported suicide attempts
- 69 percent of those who experienced homelessness had attempted suicide
- 65 percent of those who experienced violence at work reported attempts at suicide
- 60 percent of those who were refused treatment by a healthcare provider attempted suicide

And perhaps the most distressing statistic of all, 57 percent of transgender and gender non-conforming people reported a suicide attempt because their family chose not to speak with them or be around them.

Non-acceptance seems to be the overriding theme regarding transgender suicide, as Diego Sanchez, policy director for PFLAG National, told the Los Angeles Times. “This report punctuates what PFLAG families know is fundamental — that there is life-saving merit, demonstrable value, and paramount need for family acceptance.”

Warning signs for suicide contemplation in transgender people are similar to those in other populations, but if you or someone you is transgender or gender non-conforming and has experienced violence, non-acceptance or rejection, it’s imperative to get help. There are people who can and want to help. Those in immediate stress should contact the National Suicide Hotline at 1-800-273-TALK, but these other resources, particularly the first one, can also help.

- [Trans Lifeline](#), 1-877-565-8860
- [GLBT National Hotline](#), 1-888-843-4564
- [Trevor Lifeline](#), 1-866-488-7386