

## **Suicide Awareness: Suicide is preventable, and there is Hope**

### **Defining suicide and related terms:**

- Suicide: death resulting from an injury that is self-inflicted and where there was intent to die.
- Suicide ideation: Thoughts of killing oneself.
- Parasuicide: An attempt to suicide, but the person does not die of it.

### **Some key facts about suicide from the World Health Organisation (WHO) and The South African Depression and Anxiety Group (SADAG):**

- Close to 800 000 people die due to suicide every year
- For every suicide, there are many more people who attempt suicide every year
- A prior suicide attempt is the most critical risk factor for suicide in the general population
- 79% of global suicides occur in low- and middle-income countries.
- Ingestion of pesticide, hanging and firearms are among the most common methods of suicide globally
- In South Africa, there are 23 suicides a day recorded and 230 serious attempts (SADAG, 2019)

### **Significant categories of suicide indicators:**

#### **1. High-risk individuals**

- In 2016, WHO reported that suicide was the second leading cause of death among 15 - 29 year-olds globally. This age range accounts for the majority of our students at UFS. This age range suggests that the majority of our students are at high risk.
- Females are more likely to attempt suicide. However, males succeed more often.
- Psychiatric disorders including depression, substance abuse, schizophrenia, and personality disorders
- Previous suicide attempts
- Family disruptions: Divorce, trauma, losing a loved one
- People who are suffering from an additional physical illness, e.g. cancer, arthritis, HIV
- Severe life stressors (academic pressures, dealing with a pandemic like COVID-19, financial difficulties, marriage, divorce, family, baby, changes in work, just to name a few).
- Graduate students regularly report high levels of stress and burnout, including time strain, fear of failure, demanding job requirements, and financial strain.

- A person who has suicide ideations and has access to the means of carrying out a suicide including firearms, medication, rope, pesticides and razors is considered high risk

## **2. Characteristics of a suicidal person**

- Hopeless/helpless
- Reactions may not seem logical to others
- Ambivalent/ undecided
- Rebelliousness/reckless behaviour
- Emotional isolation, unwillingness or unable to communicate
- Lack of adequate support structure, chaotic or conflictual backgrounds
- Depression/loss, unusual sadness, discouragement, loneliness

## **3. Verbal indicators**

- “When I am gone.”
- “It is hopeless. Nothing is going to change my situation.”
- “I want to die.”
- “I do not have to worry about it anymore.”

## **4. Behavioural indicators**

- Previous suicide attempts
- Putting things or affairs in order
- Saying goodbye or withdrawing
- Sudden behaviour change
- Extreme boredom
- Restlessness
- Loss of appetite or overeating
- Change in sleeping patterns
- Not caring about appearance
- Confusion or inability to concentrate
- Neglect of academic work and appearance
- Giving away prized possessions, closing bank accounts, paying bills, rehearsing or discussing suicide attempt (winding up affairs)
- Abrupt changes in personality
- Chronic pain or anxiety
- Withdrawal from people and activities they love; social isolation; unresponsive family

## **5. Major losses**

- Loss of relationship (death, separation, bereavement through suicide)

- Loss of livelihood, personal dream
- Loss of identity, meaning, esteem

#### **6. Sudden “improvement.”**

- After a time of unhappiness, sudden improvement may indicate the person is “at peace” because of a decision to commit suicide
- Suicide happens once the depression lifts slightly (not during the lowest point but once they have some energy back)

#### **How do I help someone who may be suicidal?**

- Take it seriously
- Remember: suicidal behaviour is a cry for help
- Be direct: here are some examples:
  - “Are you feeling so bad that you are considering suicide?”
  - “Do you have a plan?”
  - “That sounds like an awful lot for someone to take; has it made you think about killing yourself to escape?”
  - “Has all that pain you are going through made you think about hurting yourself?”
  - “Have you ever felt like just throwing it all away?”
- Build a relationship
- Be willing to give and get help sooner rather than later
- Listen
- If the person is acutely suicidal, do not leave him/her alone – immediate safety of the client is important
- Urge professional help
- No secrets – although confidentiality is essential, it must be reassessed where the client’s life is in the balance
- Instil a feeling of hope: lessen helplessness
- “Stay-Alive” contracts
- Follow-up is essential
- Supply a telephone number in case of emergencies

#### **Protective factors: what keeps people alive when they are thinking about suicide.**

There is hope. Having suicidal thoughts does not always lead to committing or attempting suicide. There are aspects of ourselves and our lives that help protect us or keep us alive and hopeful. These factors may vary depending on a person’s age, gender, race/ethnicity, and culture, among other demographic characteristics.

- **Internal protective factors**

Emotional stability: this is one form of a person's psychological strengths. Emotional stability is one's ability to work through uncomfortable experiences without experiencing acute depression or hopelessness, or reacting in a hostile manner.

Emotional stability is the ability to self-regulate, verbalize positive thoughts about self and life, and navigate emotionally upsetting experiences.

Resilience: one's ability to bounce back (adapt well) from experiences of adversity, trauma, or significant sources of stress

- **External protective factors**

Social support: from peers, family, and significant other.

Research findings support the hypothesis that higher levels of protective factors—specifically emotional stability—may be associated with lower levels of suicide risk (Bruns et al., 2018).

**Community awareness is essential:**

One way of creating awareness is through the World Suicide Prevention Day, which falls on 10 September each year. This initiative aims to promote worldwide action to prevent suicides. In increasing awareness, SCD will be engaging in various activities throughout September. This podcast is part of those activities.

**Resources:**

- **SADAG Suicide Crisis Line (24/7)**  
0800 567 567
- **SADAG UFS Line**  
0800 00 63 63 SMS 43302

**In conclusion:** Suicide should never be an option because there is hope and help. You are not alone. Just reach out.