How can I tell if someone is feeling suicidal?

It is important that you are able to recognise the warning signs of suicide. You should also know which are the major risk factors for suicide (e.g. recent stressful event and previous suicide attempt).

**Signs a person may be suicidal**

A dramatic change in mood, behaviour or appearance, for example:

- Expressing, in words or actions, having no reason to live or no purpose in life;
- Expressing, in words or actions, a sense of guilt or self-blame for something that has happened;
- Sudden or dramatic increase in depressed mood.

Someone who is suicidal may threaten to kill themselves, or say that they wish to die, verbally or in writing. This may be very direct, but is sometimes subtle. Watch for:

- Looking for a way to kill themselves (e.g. seeking access to pills or poisons, weapons or other means), including seeking information about possible suicide methods (e.g. would 100 mg of this kill me?);
- Unexpected jokes about death or suicide.

Someone who is suicidal may try to set their affairs in order, for example:

- Giving away valued possessions;
- Asking others to take on responsibility for the care of people or pets;
- Contacting people to say goodbye, make amends, or to ask for forgiveness.

Some people might state that they want to disappear or might go missing.
People may show one or many of these signs whereas some may show signs not on this list (such as hopelessness, rage, anger, seeking revenge, anxiety, agitation, sleep disturbance, feeling trapped, like there is no way out; starting or increasing tobacco, alcohol or drug use, withdrawing from friends, family or society; acting recklessly or engaging in risky activities, significant change in the level of religious interest or preoccupation with afterlife or any dramatic change in behaviour, mood, appearance).

If you have seen some of these warning signs, and you suspect that the person may be suicidal, you should ask them directly. For example, you might ask one of the following questions:

- Are you having thoughts of suicide?
- Are you thinking of killing yourself?

Don’t avoid using the word ‘suicide’. It is important to discuss the issue directly, without expressing fear or negative judgement. Doing so may help you to appear confident in the face of the suicide crisis, which may have a reassuring effect on the person you are helping.

Although some people think that talking about suicide can put the idea in the person’s mind, this is not true. Another myth is that someone who talks about suicide is not really serious. Remember that talking about suicide may be a way for the person to indicate just how badly they are feeling.

How can I tell if the situation is serious?
You need to ask the person if they have a plan for suicide. The three questions you need to ask are:

1. Have you decided how you would kill yourself?
2. Have you decided when you would do it?
3. Have you taken any steps to secure the things you would need to carry out your plan?

A higher level of planning indicates a more serious risk. However, you must remember that the absence of a plan is not enough to ensure the person’s safety. All thoughts of suicide must be taken seriously.

You need to know about the following additional risk factors:

- Has the person been using alcohol or other drugs? The use of alcohol or other drugs can make it more likely that a person will act on impulse.
- Has the person made a suicide attempt in the past? A previous suicide attempt makes it more likely that a person will attempt suicide again or kill themselves. You should ask the person directly if they have made a suicide attempt in the past.
- Does the person have people they can turn to when they need help or support? A lack of social support increases the risk of suicide.

Once you have established that the risk of suicide is present, you need to take action to keep the person safe.
How can I keep the person safe?

*Never leave someone who is feeling suicidal on their own.* Try to engage other people from the suicidal person's social network in preventing suicide.

*Try to remove the means of suicide available to the person if it is safe to do so.* Be aware that suicidal people differ in their chosen methods, so you should pay attention to the presence of any sort of potential suicidal means (not just guns, rope, pills but also knives, any kind of poison, kerosene and so on). If there is any risk to your safety (for example, if the person has a gun or other weapon or is agitated) do not attempt to remove the means of suicide. Instead, call the emergency services such as the police.

Ask for help from the person’s relatives, friends or housemates to ensure the person does not have access to weapons, poisons, or other means for suicide. *It is better to work collaboratively with the person and others to ensure their safety, rather than acting alone to prevent suicide at any cost.*

After the crisis has passed, take steps to ensure the person will receive professional help. Help them to decide who they can contact if they become suicidal again in the future.

What about professional help?

*The person needs to be involved in decisions about who else knows about their thoughts of suicide.* Try to convince them that it is better not to keep their suicidal intentions a secret but to involve someone else; for example, a doctor, psychiatrist, other mental health professional or a family member. However, if they refuse to involve someone else, you should still contact a professional. You should explain that this is necessary to ensure the person’s safety. You must never agree to keep the person’s suicidal thoughts or plans a secret.

How should I talk with someone who is suicidal?

*Express empathy for the person and tell them that you care and want to help.* Recognise and be respectful of the person’s suffering. Try to appear confident, as this can be reassuring for the person.

The threat of suicide may indicate that a person is trying to communicate how badly he or she feels, and is often a plea for help and a desperate attempt to escape from problems and distressing feelings. You should therefore *allow the person to talk about those feelings, and their reasons for wanting to die.* Try not to ask too many questions because this might provoke anxiety in some people.

Thoughts of suicide are sometimes caused by a mental disorder, so you should find out if the person has such a disorder. Ask them if they are suffering from any mental illness but reassure them that you have no prejudice against people with mental illness. Clearly state that thoughts of suicide may be caused by a treatable disorder, as this may instil a sense of hope for the person.

Find out what has supported the suicidal person in the past, and whether these supports are still available.
No-suicide contracts
Try to develop a contract with the person to ensure their safety. A contract is an agreement not to act on thoughts of suicide. Be aware that a no-suicide contract is not a guarantee that the person will not kill themselves, and it is not a legal document. However, it can be a useful tool. Before making this contract, ask the person how they feel about it.

The contract should include an indication of when the person will next speak to you. It should include safety contacts (such as a suicide helpline, professional helper or family member) in case the person feels unable to continue with the agreement not to attempt suicide.

A final note:
Remember that despite your best efforts, some people will still die by suicide. However, always do your best for the person you are helping.
An important note:
Self-injury can indicate a number of different things. Someone who is hurting themselves may be at risk of suicide. Others engage in a pattern of self-injury over weeks, months or years and are not necessarily suicidal.
It is not easy to tell the difference between self-injury and a suicide attempt. Some people argue that anyone who injures themselves must be suicidal even if they are not conscious of it. Others say that it is the person’s intentions which count.
The only way to know is to ask the person directly if they are suicidal. These guidelines can assist you only if the person you are helping is suicidal. If the person you are assisting is injuring themselves, but is not suicidal, please refer to the guidelines entitled MHFA Guidelines for non-suicidal self-injury.

Purpose of these Guidelines
These guidelines are designed to help members of the public to provide first aid to someone who is at risk of suicide. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

Development of these Guidelines
The following guidelines are based on the expert opinions of a panel of mental health professionals from Japan about how to help someone who may be at risk of suicide. Details of the methodology will be published in the International Journal of Mental Health Systems. Check the website www.ijmhs.com to download a free copy of the article or contact us to request a copy.

How to use these Guidelines
These guidelines are a general set of recommendations about how you can help someone who may be at risk of suicide. Each individual is unique and it is important to tailor your support to that person’s needs. These recommendations therefore may not be appropriate for every person who may be at risk of suicide.
Also, the guidelines are designed to be suitable for providing first aid in Japan. They may not be suitable for other cultural groups or for countries with different health systems.

Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged. Please cite these guidelines as follows:

Enquiries and expressions of interest to organize Suicide First Aid training should be sent to:
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Email: ecolucci@unimelb.edu.au or fera_76@hotmail.com

Please check this website for updates on this guidelines.

This research was supported by a grant from the American Foundation for Suicide Prevention and CIMH funds.

Before distributing these guidelines, please ADD HERE help-services’ contact numbers (e.g. help-lines, mental health emergency team, or a mental health professionals association). FREE or REFUNDABLE help-services are preferred. Thanks!