



“Psychology Works” Fact Sheet: Suicide

What Every Canadian Needs to Know about Suicide

Some Facts. Although death by suicide is relatively rare, thinking about suicide is much more common. When feeling overwhelmed or in psychological pain, a person might contemplate suicide, even if only briefly or half-heartedly. Sometimes a person has passive suicidal thoughts such as wishing he or she wouldn't wake up in the morning or wishing something fatal would happen. Sometimes suicidal thoughts are more active and serious and the person thinks about how to actively end his or her life. Although having suicidal thoughts does not necessarily mean that someone is on the verge of killing themselves, both active and passive thoughts need to be taken seriously, as they suggest that something is not right at that moment in someone's life. Just under 4,000 people die by suicide in Canada each yearⁱ. This figure may be an underestimation since death by suicide may be misclassifiedⁱⁱ as an unintentional injury or as the result of a chronic health condition. Three-quarters of those who die by suicide are men. A majority of men and women who die by suicide are middle-aged. Middle-aged and older men have Canada's highest rates of suicide. Suicide is the second leading cause of death for people between the ages of 15 and 34ⁱⁱⁱ. Suicide rates do not take into account suicidal behaviour; statistics estimate that suicide attempts outnumber deaths by suicide by somewhere between 10 and 20:1^{iv}.

Who is at risk for suicide? There are many factors that contribute to suicide. Commonly, people who think about or die by suicide feel overwhelmed with hopelessness, sadness, guilt or shame, or helplessness^v. One of the strongest risk factors for death by suicide is having tried to end one's life in the past. Studies show that suicide tends to be very common among people with one or more mental disorders, primarily mood disorders (like Major Depressive Disorder or Bipolar Disorder), psychotic disorders (like Schizophrenia), a substance use disorder, and personality disorders^{vi}. Suicide risk may be elevated among people whose chronic illnesses restrict their daily functioning^{vii}, although this typically occurs when a mood or other mental disorder is also present. It has been estimated that about 90% of those who die by suicide have a mental disorder, but most people with mental disorders do not die by suicide.^{viii} Additionally, although depression and suicide risk often go hand in hand, not everyone who dies by suicide is depressed, and not everyone who is depressed contemplates suicide. Nevertheless, when someone is depressed, it is important to find out if they are having suicidal thoughts. To find out more about mental disorders go to <http://www.cpa.ca/psychologyfactsheets>.

What are some of the signs to look for if you are concerned that someone is considering suicide? Specific signs of suicide risk include talking about suicide and death, talking about or collecting things to carry out suicide, preparing for death by writing a will or giving away prized personal possessions, previous suicide attempts, and recent experience of serious personal losses. Some of the other signs that someone might be considering suicide are similar to signs of depression. These include changes in eating or sleeping habits, withdrawal from others, loss of interest in usual activities particularly those usually enjoyed, and neglect of personal appearance. There can also be increased use of alcohol or



other drugs, and increase in risky behaviours. As mentioned, although depression is a risk factor for suicide, the majority of people with depression do not die by suicide.

How do talk to someone about suicide? Asking someone about suicide will not make them suicidal. It is best to come right out and tell the person that you have noticed some changes or signs that they may be hurting or in need of help, that you are worried or concerned and that you want to help. If the person admits to feeling sad or hopeless, ask directly if they have thought about hurting or killing themselves. Listen, don't judge, and don't try to solve their problems. You may not understand how or why someone feels the way they do but accept that they are in pain and in need of help. Don't try to convince them that their way of seeing the world, or the actions they are considering, are bad or wrong. If someone is thinking about suicide and discloses it to you, this is not likely a conversation you can promise to keep confidential. A person feeling suicidal is a person who needs help and you may need to talk to others to help them get it^{ix}.

How do I get help if I or a loved one is thinking about suicide? There are supports and services that are effective in helping people deal with their psychological distress and recover from mental disorders. Helping someone in need get help can be very important since less than half of people who have psychological problems actually get the help they need. Sometimes it is the stigma of mental disorders that gets in the way of people asking for and receiving help. Sometimes it is how difficult it can be to get help which, when it comes to mental disorders, is not always funded by public health insurance plans. Keep in mind that helping loved ones doesn't mean you can or should solve their problems, treat their illness or taking away their pain. Helping doesn't mean that you should assume personal responsibility for someone else's safety or for stopping their suicidal thoughts or actions. It means listening, caring, supporting, and helping the person get the professional mental health help they need, when and where they need it. It may also mean advocating for them. Navigating a complex health system can be daunting for someone in distress. Helping to make calls and appointments can be very important to getting someone help in a timely manner.

Where do I turn if the situation is urgent? Thinking about suicide can be a health emergency and needs to be treated the same way as any other critical illness. Don't assume that people who think about or talk about suicide are not serious, are being dramatic, or that their suicidal thoughts will simply go away on their own - they often don't. If you or someone you know is thinking about suicide, cannot make the thoughts go away, feel like acting on the thoughts, have a plan for how to die by suicide, or have access to the means with which to end life, you need to get help immediately! Call 911, go to the nearest hospital emergency room or urgent care clinic, or call a crisis line or distress centre. The Canadian Association for Suicide Prevention has a directory of crisis lines across Canada <http://suicideprevention.ca/thinking-about-suicide/find-a-crisis-centre>.

Where can I get mental health help? If the situation isn't urgent but you or the person you are concerned about is distressed, help is available. Research shows that psychological treatments are effective for mental disorders and can reduce or resolve thoughts of suicide, or prevent suicide behaviour. Provincial and territorial associations of psychology maintain referral services so that you can



find a psychologist in your area <http://www.cpa.ca/public/findingapsychologist>. To find out what to expect when seeing a psychologist, see <http://www.cpa.ca/public>.

Other avenues to get help include bringing your concerns to your family physician, primary health care team or community health centre. Some primary health providers like family physicians may be able to offer help directly or refer you to a health care provider or program that specializes in mental health treatment. If the person in crisis is a student, the school or university may have mental health providers on staff. When choosing mental health help, it is always a good idea to seek the services of a regulated and specialized mental health care provider (like a psychologist or psychiatrist) to make sure that mental health problems are accurately assessed and diagnosed. Not all mental health issues, disorders or treatments are the same. Not all healthcare providers have expertise in assessing and treating mental disorders. An accurate assessment and diagnosis is critical to making sure that you receive the right care.

Where else can I get more information about suicide and about mental disorders?

In honour of World Suicide Prevention Day, The Mental Health Commission of Canada (MHCC) is hosting a three day virtual conference in November 2014 on suicide prevention, intervention and postvention <http://www.mentalhealthcommission.ca/English/node/28021> More information about the MHCC 's work in the area of suicide can be found at <http://www.mentalhealthcommission.ca/English/issues/suicide-prevention>.

Additional resources include:

CANADIAN RESOURCES:

Mood Disorders Society of Canada (MDSC)

<http://www.mooddisorderscanada.ca/>

The Canadian Association for Suicide Prevention (CASP)

<http://www.mentalhealthcommission.ca/English/issues/suicide-prevention>

Video: Let's Talk about Suicide -- <http://vimeo.com/98177990>

The Canadian Coalition for Seniors' Mental Health (CCSMH)

<http://www.ccsmh.ca/en/projects/suicideAssessment.cfm>

<http://www.ccsmh.ca/en/booklet/index.cfm>

The Canadian Mental Health Association (CMHA)

<http://www.cmha.ca/mental-health/understanding-mental-illness/suicide/>

The Centre for Suicide Prevention

<http://suicideinfo.ca/>



AMERICAN RESOURCES:

Suicide Prevention Resource Center

<http://www.sprc.org/>

The American Association of Suicidology (AAS)

<http://www.suicidology.org/home>

The American Psychological Association (APA)

<http://www.apa.org/topics/suicide/index.aspx>

U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov/prevention/suicide.aspx>

INTERNATIONAL RESOURCES:

The International Association for Suicide Prevention (IASP)

<http://www.iasp.info/>

The World Health Organization (WHO)

http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

Where can I get more information?

Provincial associations of psychology: <http://www.cpa.ca/public/whatisapsychologist/PTassociations>

Psychology Foundation of Canada: <http://www.psychologyfoundation.org>

American Psychological Association (APA): <http://www.apa.org/helpcenter>

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial, and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, please visit: <http://www.cpa.ca/public/whatisapsychologist/PTassociations>

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

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ⁱ <http://www.statcan.gc.ca/tables-tableaux/sum-som/101/cst01/hlth66a-eng.htm>

ⁱⁱ http://www.med.uottawa.ca/sim/data/Suicide_e.htm, <http://www.apa.org/monitor/2012/12/suicide.aspx>

ⁱⁱⁱ <http://www.phac-aspc.gc.ca/publicat/cd-pcd97/table1-eng.php>

^{iv} <https://www.afsp.org/understanding-suicide/facts-and-figures>

^v <http://suicideprevention.ca/understanding/why-do-people-suicide/>

^{vi} Bertolote JM, Fleischmann A, De Leo D, Wasserman D. Psychiatric diagnoses and suicide: revisiting the evidence. *Crisis*. 2004; (25(4): 147-155.

^{vii} Kaplan, M.S., McFarland, B. H., Huguet, M.S., & Newsom, J.T. (2007). Physical Illness, Functional Limitations, and Suicide Risk: A Population-Based Study. *American Journal of Orthopsychiatry*. 77(1), 56-60.

^{viii} http://depts.washington.edu/mhreport/facts_suicide.php

^{ix} More information about suicide prevention and about talking about suicide can be found at http://www.helpguide.org/mental/suicide_prevention.htm