

# Facilitator's Guide

## *The Truth about Suicide: Real Stories of Depression in College*

A Film from the American Foundation for Suicide Prevention

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# 1. Background

The American Foundation for Suicide Prevention (AFSP) has developed *The Truth about Suicide: Real Stories of Depression in College* as an outgrowth of its commitment to support colleges and universities in implementing suicide prevention as an integral part of their ongoing campus activities and services. The aim of this 27-minute film is to present a recognizable picture of depression and other problems associated with suicide, as they are commonly experienced by college students and other young adults.

Development and production of the film was made possible by generous gifts to AFSP by several families who have experienced the tragic loss of a son or daughter to suicide while they were in college. We wish to especially acknowledge the support provided to the College Film Project from the Jonathan Marc Goodstein Memorial Fund, the Larry Weinberg Memorial Fund, the Kristin Rita Strouse Memorial Fund and the Jed Foundation.

Members of some of these families were invaluable participants on our Film Development Workgroup, which also included clinicians, students, educators and experts on student health. Under the guidance of the Workgroup, the film was produced by Ant Hill Marketing, based in Portland, Oregon. Filming took place on a number of different campuses and other locations, focusing on people who have been personally touched by student depression and suicide.

*The Truth about Suicide* was designed to be used as an educational tool to achieve several specific goals related to suicide prevention:

1. To educate college students and other young adults to recognize the signs and symptoms of depression in themselves and others;
2. To convey the de-stigmatizing notion that depression and other mental illnesses are real illnesses that respond to specific treatments;
3. To promote the importance and acceptability of seeking help for a friend or for oneself; and
4. To provide information about sources of professional help and ways to self-refer for treatment or assist a peer in getting help.

The messages conveyed by the film include the following:

- Depression is a common problem that interferes with students' ability to enjoy college and be productive in their work. Depression may affect you or someone you know.
- Depression is a highly treatable illness. It is not a character weakness or a normal reaction to life events.
- Depression is especially dangerous when accompanied by severe insomnia, anxiety, hopelessness, desperation, feelings of being out of control or excessive use of alcohol and drugs.
- Depression is an underlying illness that can lead to suicide.
- Warning signs of suicide include changes in mood and behavior that can be sudden or gradual.

- Depressed students should seek professional help and not wait to see if the illness will go away on its own. Students who have friends that are depressed should assist them in seeking help.

It is hoped that this film will be helpful to colleges and universities as they confront the increasingly recognized problems of student depression and suicide.

## 2. *Using “The Truth about Suicide” in Comprehensive Campus-Based Prevention Activities*

Suggested uses of the film include:

- New student/freshmen orientation programs
- Residence hall education and campus life programs
- Resident advisor and peer support trainings
- Trainings for academic advisors and tutors
- Health and counseling services outreach programs
- College classes such as health education, psychology, sociology and other classes that deal with human behavior
- Student organization activities

The person(s) responsible for facilitating the viewing in each of these settings should keep in mind that the film deals with a difficult topic in a highly personal style. The individuals seen in the film are real students, family members and friends, not actors, who express real and often painful feelings of fear, confusion, grief, regret and loss in recounting their experiences. This may evoke strong emotional responses among viewers, particularly those who are struggling with depression or other mental disorders in themselves or others, those who themselves are thinking about suicide or those who have lost a close friend or family member to suicide.

To ensure that the film will be an effective and a safe resource, facilitators are urged to review the steps and guidelines listed below. Following these simple steps will increase your confidence as a facilitator and enhance the likelihood that the film will have a positive impact on your viewers.

### *Preparing for the film*

1. Educate yourself about what is currently known about the causes of suicide among young people, suicide risk factors and factors that appear to protect against suicide in this age group. A list of Frequently Asked Questions (FAQs) is included in this guide. Review these questions and responses to be prepared for similar questions from your audience. The FAQs can also be downloaded from the American Foundation for Suicide Prevention website ([www.afsp.org/collegefilm](http://www.afsp.org/collegefilm)) and duplicated for distribution to your viewers. Also available on the website are Fact Sheets on the topics of depression and suicide and a Resource List for Students, which includes information about organizations, websites and books dealing with depression, mental illness and suicide. You may wish to copy and distribute these materials to your viewers as well.
2. Find out as much as possible about what mental health services, supports and resources are available on your campus and in your local community. Locate specific information about your campus health or counseling center, crisis hotlines

and crisis intervention services, local mental health providers, community mental health centers and local hospitals. Download and complete the template found on the AFSP website ([www.afsp.org/collegefilm](http://www.afsp.org/collegefilm)) titled “How to Get Help for Yourself or a Friend.” In the gray boxes on this form you can fill in the name, address and contact information for each resource that students can turn to for help on your campus and in your local community. The form also includes a place where you, as the facilitator of the film, can list your own name and contact information in case students have questions for you after seeing the film. Make copies of the completed form for distribution to your viewers.

3. Make a personal contact with at least one person on campus who provides mental health services to students and discuss your specific schedule and plans for showing *The Truth about Suicide*. If possible, provide a copy of the film and your handouts to the person(s) in advance so that they can become acquainted with the project. Find out as much as you can about current waiting lists for campus mental health services, limitations in services or other factors that might be useful for students to know. Get the name and phone number of an emergency contact in the event that you become aware of a student in crisis during or after showing the film.
4. Consider whether it might be helpful to ask a clinically trained counselor, psychologist or psychiatrist to attend the viewing as a support resource. This may be useful in peer-facilitated settings, in situations where you anticipate your audience will include particularly vulnerable viewers or in cases where you are uncertain about your ability to handle questions that may arise.
5. Prepare a brief introduction to the film. It is helpful to tell viewers a little about who made the film and why. It is best not to say too much about the film’s specific messages; these will have more impact if they emerge during the viewing and can certainly be reinforced after the film is over.
6. Review the Suggested Discussion Topics found in the next section of this guide and also on the AFSP college film website. Have a few questions on hand if needed to stimulate viewers’ discussion after the film.
7. Download and duplicate the Viewers’ Feedback Form from the website so that you can distribute the forms at the end of your session.

### *Showing the film*

1. Schedule half an hour for the introduction and the viewing of the film and at least another half hour for discussion and questions. It is important for the audience to have an opportunity to talk about what they have seen and their responses to it.
2. In the course of the discussion, refer to the availability of the Frequently Asked Questions, the Fact Sheets and the Resource List for Students. Distribute these materials to viewers as available. Be particularly careful to make sure that each viewer receives a copy of the handout “How to Get Help for Yourself or a Friend.”

Someone should be posted near the door to give this and other handouts to students who leave before you have distributed these materials.

3. Wherever possible, offer an opportunity for viewers to ask questions of you or your clinical support resource in private. Call their attention to appropriate contact information as listed on the handout "How to Get Help for Yourself or a Friend." If you are not clinically trained, emphasize your willingness to talk with them as a peer or a faculty/staff member, not a clinician. Call their attention to places listed on this sheet where they can receive clinical services. You may also wish to offer to assist or support viewers who ask about finding treatment services.
4. At the conclusion of the discussion, distribute the Viewers' Feedback Form. Explain that their responses will be useful to the film developers and to you in guiding future presentations. Give viewers a few minutes to complete the form and ask them to leave it in a designated place when they leave.

### *After the film*

1. Download and complete the Facilitator's Feedback Form found on the AFSP college film website and return it to AFSP, together with the completed Viewers' Feedback Forms. Please see the website for mailing instructions. Your responses and recommendations, as well as those of your viewers, will be very useful to us in monitoring how the film is being used and in making appropriate revisions to the film and the supplementary materials.
2. Follow up with viewers who contact you for additional information.
3. Follow up with the campus personnel you spoke with before showing the film to update them on the viewing and the audience response to the film.

### 3. *Suggested Discussion Topics*

- On this campus, how widespread are the problems the students in the film talked about, particularly depression and thinking about suicide?
- Several of the students in the film talked about how difficult it is to share feelings of depression with their friends and how isolated they felt during their periods of depression. Does that seem to be a real problem on this campus?
- Why is it that people have such a hard time talking about depression and other mental illnesses?
- How would you help a friend who is depressed or suicidal? What would you recommend that they do?
- In the film one young man talked about having brought his depressed friend to a counselor, and afterward the friend expressed his gratitude for this help. Would you feel comfortable offering to accompany a friend in such a situation?
- What would you do if, unlike the depressed friend shown in the film, your friend refused to get help?
- Kim, the woman whose younger sister died by suicide shortly after starting college, described very painfully how she had missed what she now thinks were signs in her sister that warned of suicide. In a similar situation, do you think you would have interpreted her sister as being imminently suicidal?
- How does the picture of depression, mental illness and suicide portrayed in the film compare to how they are often portrayed in movies and other media?
- In what ways did the film affect your attitudes towards mental illness and suicide?

## 4. *Frequently Asked Questions*

**Q:** *What is the best way to talk about the act of taking one's own life?*

**A:** Language conveys a great deal about values and judgments, and people are becoming increasingly sensitive to the way we talk about suicide. Although we still often hear of someone who has “committed suicide,” most mental health professionals who work closely with suicide, as well as most people who have been affected by the suicide of a loved one, feel the phrase “died by suicide” is more objective and less judgmental. They also prefer to use the term “suicide” to describe only the act, not the person who died in this way since that may convey that the totality of the person has been reduced to his or her manner of death. The person who died can be referred to as a “suicide decedent.” The term “suicide death” is preferable to “successful” or “completed” suicide.

**Q:** *How many people each year die by suicide?*

**A:** In the year 2001 (the most recent year for which national statistics are available), 30,622 lives were lost to suicide. Of those, 3,971 suicides occurred among young people between the ages of 15 and 24. A person dies by suicide about every 18 minutes in the U.S. It is estimated that over 500,000 suicide attempts occur in the U.S. each year, with one attempt made every minute.

**Q:** *What is the biggest cause of suicide?*

**A:** It is estimated that at least 90 percent of all people who die by suicide are suffering from mental illness, most commonly depression. Among people who are depressed, intense emotional states such as desperation, hopelessness, anxiety or rage increase the risk of suicide. Personality characteristics such as impulsivity also increase suicide risk, as does the excessive use of alcohol and drugs.

**Q:** *Are males or females more likely to take their own lives?*

**A:** In all age groups in the U.S., a considerably larger proportion of people who die by suicide are male. Females, however, generally have higher rates of suicide attempts. About 75 percent to 80 percent of college students who die by suicide are male, although, as in other age groups, more female college students make suicide attempts. These patterns are generally consistent with findings that aggressive behavior by men is more likely to cause injury than is similar behavior by women.

**Q:** *What are the most frequent methods used for suicide?*

**A:** In the U.S. population overall, firearms are the most frequent method of suicide for men and women of all ages. Sixty percent of all people who take their own life do so with a firearm, accounting for more than 18,000 deaths each year. In the college population, however, the most frequent methods are hanging and jumping.

**Q:** *Is it true that suicides are more frequent around the holidays?*

**A:** No, suicides are not more frequent around holidays, and particularly not during the winter holidays. Suicide rates overall tend to be above average in the spring months, peaking in April, and are below average during the winter months, with the lowest rate in December. Youth suicide rates are also high during the summer months, June and July, while rates for persons aged 35 and older tend to peak again in the fall. Although the reasons for this seasonal variation have not been definitively established, it likely results from an interplay of psychosocial and neurobiological factors.

**Q:** *Is the risk for suicide inherited?*

**A:** Genetic factors are involved in depressive illness, and there is evidence that genetic factors predispose some depressed individuals to suicide. This does not mean that one is “destined” to die by suicide if these family influences are present.

**Q:** *Are gay, lesbian and bisexual people more likely to die by suicide?*

**A:** To date studies have not produced definitive findings on the relationship between sexual orientation and suicide, in large part because national suicide data does not include information about sexual orientation. In particular, there is no research evidence to support recent claims that gay, lesbian or bisexual youth are much more likely than heterosexual youth to die by suicide. A number of reliable studies have reported that individuals who identify as homosexual or bisexual have somewhat higher rates of suicidal ideation and suicide attempts. Among youth, this may be linked to conflicts related to sexual identity, but the overwhelming proportion of gay, lesbian and bisexual youth do not show any evidence of suicidal behavior.

**Q:** *Wouldn't most people feel suicidal under really stressful situations; for example, being left by someone you really love or finding out you have a life-threatening illness?*

**A:** Suicidal thoughts and behaviors are not the natural consequence of serious stressors or even life-threatening illnesses. People who have such difficult and painful experiences may feel intense sadness or loss, anxiety, anger or a sense of abandonment, and may occasionally have the thought that they would be better off dead. In most people, however, these experiences do not trigger persistent ruminations of death or a genuine desire or plan to die. If such feelings are present, it suggests the person is suffering from depression or some other mental illness and should seek professional treatment.

**Q:** *Between school, work, relationships, money and family problems, everyone I know is stressed out most of the time. How can you tell if it is depression or not?*

**A:** Depression has a fairly consistent set of symptoms that last for at least two weeks. These include having little interest or pleasure in doing things, feeling down, having trouble falling or staying asleep or sleeping too much, feeling tired or having little energy, poor appetite or overeating, feeling like a failure or that you've let yourself or others down, having trouble concentrating, feeling that you're moving very slowly or the opposite — being fidgety or restless, and having thoughts that you'd be better off dead.

**Q:** *Aren't there questionnaires you can fill out that will tell you if you're depressed?*

**A:** Depression screening questionnaires, often found on the Internet, are convenient and user-friendly, can help people to identify their symptoms as depression and may encourage them to seek treatment. Some people may find the computer-generated responses too impersonal, however. Also, because the answers to the questionnaire items are evaluated by computer rather than by an actual trained counselor or therapist, problems other than depression are likely to be missed. If someone suspects he or she has a mental health problem, it is always best to get a face-to-face evaluation by a mental health professional.

**Q:** *What is the difference between depression and bipolar disorder?*

**A:** Both depression (or depressive disorder) and bipolar disorder (sometimes referred to as “manic-depression”) are mood disorders. In contrast to the relatively consistent “down” affect that is characteristic of people who suffer from “unipolar” depression, the moods of people with bipolar disorder alternate between episodes of depression and mania. During a manic episode, the person experiences an abnormally elevated, expansive and/or irritated mood, as well as such symptoms as grandiosity (inflated self-esteem), distractibility, psychomotor agitation and a decreased need for sleep. Being more talkative than usual, working at a fever pitch and excessive or impulsive behaviors such as going on buying sprees are additional symptoms associated with manic episodes. The mood disturbance seen during a full manic episode is generally severe enough to markedly interfere with work, school or relationships, although some people with bipolar disorder experience less severe or “hypomanic” symptoms. Untreated bipolar disorder is a clear risk factor for suicide.

**Q:** *Does asking someone if they’re thinking about suicide plant the idea in the person’s head?*

**A:** Asking about what someone is feeling doesn’t create suicidal thoughts. Someone who is thinking about suicide may not respond honestly because they don’t want to be stopped. But there is no evidence that people start thinking about suicide because someone has brought up the subject. If you suspect a friend or loved one is suicidal, take the initiative to ask what is troubling the person. Tell him or her that you are worried and that you want to help in any way possible. Don’t be afraid to ask whether the person is considering suicide, or even if he or she has a particular plan or method in mind. Encourage the person to talk to a mental health professional.

**Q:** *Is it true that people who talk about suicide aren’t the ones who are really planning to do it?*

**A:** Most people who die by suicide have communicated their intention to someone. Someone who talks about suicide gives others the opportunity to intervene before it’s too late.

**Q:** *If somebody really wants to die, is there really anything that anyone can do to stop them?*

**A:** Most people who think or talk about suicide are ambivalent about dying. Since suicidal ideas most frequently result from mental conditions and disorders that are

treatable, encouraging the person to get professional help is essential. There is strong evidence that treatment with medications or talk therapy, or a combination of the two approaches, can save lives.

**Q:** *What should I do if I encourage a depressed friend to get help but the person refuses?*

**A:** Sometimes the idea of going to a mental health professional may seem overwhelming to a depressed person. Helping your friend locate information about your school's counseling center or a mental health professional in the community may be an important support. Offering to go with your friend to the first visit may also be helpful. If your friend appears to be in a crisis and is unwilling to get treatment, talk to a mental health professional or someone who is in a position to help.

**Q:** *What do I do if someone close to me tells me he or she is thinking about suicide?*

**A:** If someone tells you they're thinking about suicide, don't attempt to argue the person out of it. Avoid the temptation to say, "You have so much to live for," or "Think about how that will hurt your family." You might say, "Things must really be awful for you to be feeling that way," and encourage your friend to talk to you about what he or she is feeling. Let the person know that that he or she can be helped and that you will support them in finding help. If someone talks about an actual suicide plan and seems intent on carrying it out, do not leave the person alone. Call for assistance from a resident advisor, counselor or campus police. Remove any firearms, drugs or sharp objects that could be used in a suicide attempt. If you are unable to get assistance, take your friend to a counselor, clinic or emergency room, or call 911 or 1-800-SUICIDE for help.

**Q:** *Can you be sure that someone won't try to take their own life if they seem to be doing well in school and have a lot of friends and a bright future?*

**A:** Some people who are seriously depressed and suicidal work hard at hiding their feelings while continuing to function socially and academically. Making the decision to die may sometimes help the person to appear calm and behave normally. Each year, suicide claims the lives of college students who appeared to their friends and families to be happy, well-liked and successful. If you suspect that someone may be depressed or thinking about suicide, the fact that the person's life looks fine from the outside may not matter.

**Q:** *My friend purposely cuts herself when she is upset. Is this the same as making a suicide attempt?*

**A:** Some young people engage in cutting or other forms of self-mutilation as a way of handling difficult or stressful feelings. Although many such people do not have suicidal intent and do not go on to more lethal behaviors, for some self-mutilating behavior can be a prelude to suicide. Evaluation by a professional is the best way to determine the degree of risk.

**Q:** *If someone confides that they are thinking of suicide and makes you promise not to tell anyone, shouldn't the person's right to privacy be respected?*

**A:** Not when the person's life may be at stake. Saving a life is more important than violating a confidence, even if it means the loss of a friendship. Seek help from a counselor or other professional.

**Q:** *If a student gets counseling or therapy, are parents or professors told? Will this information be on the student's records and can this affect their chances of getting a job or getting into graduate school?*

**A:** Mental health treatment, like treatment for physical illnesses, is confidential and patient's rights are protected by the Americans with Disabilities Act and other laws governing privacy. School policies differ, however, in regard to notification of parents in the case of students under the age of 18.

## 5. *What's Next?*

Showing *The Truth about Suicide* can be an impetus to begin addressing, or to further discussing, a plan for comprehensive suicide prevention on your campus. Comprehensive campus-based suicide prevention incorporates multiple components that can have an impact on reducing suicide risk and increasing the factors that protect against self-harm within the campus community, including the following:

- A safe physical and social campus environment.
- Education for students, faculty and staff on mental health problems commonly associated with student suicide, such as depressive disorders, substance abuse and severe behavioral disorders.
- Policies, programs and activities that support positive attitudes towards recognizing and seeking help for depression and other mental health problems.
- Screening programs for early identification of students with mental health disorders who may be at risk for suicide.
- Responsive mental health services and campus support services for at-risk students.
- Clear guidelines for campus personnel to follow in assisting students to seek professional help.
- Campus linkages with appropriate community treatment and service providers.
- Availability of a student insurance policy to cover off-campus referrals for mental health services.
- Policies that allow students to take mental health leaves, as necessary, without academic penalties or other barriers.
- Suicide-related training for RAs, counselors and other student life staff.
- Crisis response protocols that include roles for all campus personnel and give practical direction for common situations in the aftermath of a suicide, such as appropriate media coverage, notification sequences and ways to avoid suicide contagion.

The American Foundation for Suicide Prevention is working to develop exemplary policies, programs and practices in many of these areas. For more information, contact [inquiry@afsp.org](mailto:inquiry@afsp.org)