

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.