WHAT YOU NEED TO KNOW ABOUT COLLEGE STUDENTS AND SUICIDE

Although most depressed people do not think about suicide, most suicidal people are depressed. The majority of all people who die by suicide were suffering from major depressive disorder, often unrecognized and untreated.

Depression is treatable.

COMMON MISCONCEPTIONS ABOUT SUICIDE:

1. "People who talk about suicide won't really do it."

NOT TRUE

Almost everyone who attempts or completes suicide has given some clue or warning. Do not ignore suicide threats. Statements like, "You'll be sorry when I'm dead," or "I can't see any way out," (no matter how casually or jokingly said) may indicate serious suicidal feelings.

2. "If a person is determined to kill themselves, nothing is going to stop them." NOT TRUE

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

3. "People who complete suicide are people who were unwilling to seek help."

NOT TRUE

Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths.

4. "Talking about suicide may give someone the idea."

NOT TRUE

You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true—bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

FACTS

- Nearly half of all college students say they felt that things were hopeless such that they found it difficult to function in the past school year.
- Depression affects 1 out of every 7 Americans. More Americans suffer from depression than coronary heart disease, cancer, and HIV/AIDS.
- One in ten college students has considered suicide.
- Suicide is the second leading cause of death in college-age students.

GETTING HELP FOR A SUICIDAL STUDENT

URGENT HELP

 If someone is in immediate danger, dial 9-1-1 from a landline if you are off-campus or UCPD emergency (510) 642-2222 from a cell phone if you are on campus.

CAMPUS COUNSELING RESOURCES

- Learn more about Counseling and Psychological Services (CAPS) at uhs.berkeley.edu/counseling. CAPS offers short-term counseling for academic, career and personal issues. Students can call or go to etang to make an appointment or stop by the Tang Center on the 3rd floor.
- Crisis drop-in is available to students at the CAPS office at the Tang Center Mon- Friday from 10am-5pm.
- If you are concerned about a student, consider walking the student to CAPS to make sure they see a counselor for a crisis visit.
- Unsure about what to do or how counseling could help? Call (510) 642-9494 to consult with a CAPS counselor.
- For consultation when CAPS is closed call the after-hours line at (855) 817-5667.

COMMUNITY RESOURCES

- Alameda County Crisis support services at 1-800-309-2131
- National Suicide Prevention Lifeline 1-800-273-TALK (8255)



RISK FACTORS, WARNING SIGNS FOR SUICIDE

Major Depressive Disorder:

Depression can be manifested in obvious sadness, but is often expressed as a loss of pleasure and withdrawal from activities that had once been enjoyable. Other symptoms may include: Changes in sleep patterns; changes in appetite or weight; fatigue; feelings of worthlessness; guilt; diminished ability to think, concentrate and make decisions; and physical complaints.

Intense emotional state in addition to depression:

Desperation (anguish plus urgency regarding the need for relief), guilt, hopelessness, and/or an acute sense of abandonment, rage, revenge, or anxiety. Feeling trapped like there is no way out. A sudden mood recovery despite the situation not improving, can also be a warning sign.

Current or past psychiatric diagnosis:

90% of individuals who die by suicide have a mental health diagnosis.

Past History of Attempted Suicide:

About 20% of people who die by suicide had previously attempted suicide.

Impulsivity:

Impulsive individuals are more likely to act on their suicidal feelings, especially when alcohol or other drugs are involved.

Precipitating event:

A recent loss including relationships, career failure, or purpose in life.

Changes in Behavior:

Withdrawing from friends, family, and society. Talking or writing about death (sometimes indirectly) when they never did in the past. Making statements as if they are saying goodbye or going away, joking about suicide. "My family would be better off without me." "I wish I could kill myself." Suicidal individuals may communicate these sentiments through email, text messages, as Facebook posts or through other social media outlets.

Actions:

Giving away prized possessions, preparing to die, writing goodbye letters, seeking access to firearms, pills, or other means of committing suicide.

Deterioration in functioning:

Has trouble going to classes, showing up at work, meeting socially with others, or doing basic tasks to take of themselves. Increased use of alcohol, use of other drugs, self-destructive or risky behavior—seemingly without thinking.

CONSIDERATIONS IN RESPONDING:

□ Talk to the student. Express concern.

□ Don't be afraid to address suicide directly. Ask if they ever think about suicide.

- □ Listen, show interest, offer support, and take it seriously.
- □ Don't be sworn to secrecy. Always consult with others and seek support.
- □ Help the person find assistance. Follow up with the person.
- □ Do not leave the person alone if the person is in imminent or immediate danger. Dial 9-1-1 from a landline or if you are off-campus. Dial UCPD Emergency (510) 642-3333 from a cell phone if you are on campus.

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