EAP
Employee Assistance Program
September 2023

UR Medicine EAP
179 Sully's Trail
Suite 200
Pittsford, NY
14534

(585)-276-9110

Website:
urmc.rochester.edu/EAP

Email:
EAP@urmc.rochester.edu

Suicide: Let's Talk About It

Author: So Yu Cicy (Zoey) Ng, MA

According to the latest statistics, suicide was the 12th leading cause of death in the United States in 2020, with a total age-adjusted suicide rate of 13.5 per 100,000 people. From 2000 to 2020, the overall suicide rate has increased by approximately 30%. Currently, suicide is the second leading cause of death for people aged 10-34 and the fifth leading cause of death for people aged 35-54. Therefore, suicide is a significant contributor to premature mortality.

Unfortunately, talking about suicide is often thought of as taboo in our society. Merely talking about death and dying can feel uncomfortable because it understandably brings about difficult feelings and emotions, such as anxiety, fear, awkwardness, and sadness. As a culture, we tend to pretend that suicide does not happen.

Notably, there are myths about suicide that hinder people from seeking the help they need to get better. Debunking these common myths can help society realize that suicide is preventable and that there are ways to help. Suicide prevention is a significant public health concern. You are cordially invited to join this journey and move forward with the people in need.

Myth 1: *Talking about suicide with someone who thinks about harming oneself will encourage suicide.*

Truth 1: No! Talking about one’s feelings and suicidal thoughts openly will not increase suicide risk but decrease it. Given the stigmatization of suicide, many people who think about harming themselves hesitate to confide. When we talk about it openly, one is able to seek help or even find a new perspective on an otherwise hopeless situation. Such discussions can help reduce distress and improve mental health in all dimensions. You may start with, “You seem really upset. When some people feel upset, they may have other thoughts coming up, such as thinking about death or thinking that they would be better off dead. Do you have thoughts like this?”

Myth 2: *People who threaten suicide are just attention seeking.*

Truth 2: No! Research shows that 60% to 90% of people who commit suicide have expressed their suicidal thoughts and sought help before committing the acts. They may say,

"I wish I didn't exist."
"I wish I could disappear."
"I wish I were dead."
"I don't want to live anymore."
"I can't see the future."
"I'm going to die."
"I want to jump off the bridge."

This may be a "cry for help." For those going through lots of pain and suffering, suicide may be regarded as a solution to end their pain, an act of despair without help. Therefore, when people talk about suicidal thoughts, intents, or plans, please take them seriously. You may remain sensitive, empathetic, and compassionate while encouraging them to seek professional help.

Myth 3: *Most suicides happen suddenly without warning.*
Fact 3: Some people commit suicide without warning. However, most people with suicidal thoughts have verbal or behavioral signs. Some cues are obvious, while others are subtle. It is essential to recognize and pay attention to any warning signs and learn how to deal with them.

Some warning signs may be:

- They talk about suicidal thoughts with others, for example, "I don't want to live anymore", "I can't see the future", "I'm going to die", or "I want to jump off the bridge".
- They start working out a plan or preparing tools for suicide, e.g., buying razors or charcoal, accumulating meds/pills, or looking for high bridges.
- They withdraw from social interactions and friend groups.
- They experience emotional roller coaster.
- They may be preoccupied with themes like death or violence.
- They feel stuck or hopeless.
- They increase substance use, such as alcohol or drugs.
- They engage in high-risk or self-harming behaviors, such as drinking, substance abuse, reckless driving, or self-cutting.
- They have a change in daily habits, including eating or sleeping routine.
- They give away possessions or make arrangements to settle various affairs when there are no other logical explanations.
- They say "goodbye" to others as if they will never see them again.
- They experience a personality change and/or severe anxiety or depression, especially when some of the above warning signs are present.

Myth 4: *Suicide only affects people with psychological or mental issues.*
Fact 4: Many people with psychological issues or mental illness are not suicidal, while those taking their own lives may not have a mental disorder. When people experience distress and cannot tolerate it or regulate their emotions, they may think about suicide. However, research shows that 90% of suicide is associated with at least one mental disorder (usually untreated). The mental disorders most commonly associated with suicide are depression, anxiety, bipolar, substance use, and schizophrenia. People with depression are about 20 times more likely to commit suicide than the general population. People with bipolar are at even greater risk, with the rates of completed suicide nearly 60 times greater than the general population.

Myth 5: *Suicide cannot be prevented.*
Fact 5: Suicide is not necessarily predictable, but is preventable. Most people who think about suicide experience pain and suffering, feel hopeless, and have a negative view of their lives and future. Suicide is multidetermined, including genetics, psychological issues, and environmental factors. One of the best ways to prevent suicide is to seek therapy for one's mental illness, so they can learn how to cope. Another effective way is safety planning, especially removing access to tools that can be used for suicide, such as sharp items and meds/pills. These measures can save lives. Although no single way of suicide prevention can achieve 100% prevention, the risk of suicide can be greatly reduced.

If you are experiencing thoughts of hurting yourself or symptoms of depression please know that help is available and easy to access. Behavioral Health Partners (BHP) and the UR Medicine Employee Assistance Program (EAP) are brought to you by Well-U http://www.rochester.edu/working/hr/benefits/wellness/index.html. BHP offers eligible individuals mental health services for stress, anxiety, and depression. http://www.rochester.edu/working/hr/benefits/wellness/eligibility/ To schedule an intake appointment with BHP, give us a call at (585) 276-6900. UR Medicine EAP is a confidential service that provides employees and household members of our customer organizations the opportunity to discuss personal or work-related problems with a professional counselor, offering you guidance and resources for coping more effectively with a variety of personal and work-related challenges. There is no cost to employees to use EAP services. To schedule an appointment with EAP, call (585) 276-9110.

Local and National Supports:
Suicide and Crisis Lifeline: Call 988
URMC Crisis Call Line: (585) 275-8686
UR Medicine EAP (for URMC employees): (585) 276-9110

References:
Fountoulakis, K. N., Gonda, X., Siamouli, M., & Rihmer, Z. (2009). Psychotherapeutic intervention and suicide risk reduction in bipolar disorder: A review of the evidence. *Journal of Affective Disorders*, 113(1), 21–29. https://doi.org/10.1016/j.jad.2008.06.014
Fuller, K. (2020, September 30). *5 Common Myths About Suicide Debunked.* https://www.nami.org/Blogs/NAMI-Blog/September-2020/5-Common-Myths-About-Suicide-Debunked
Garnett, M., Curtin, S., & Stone, D. (2022). *Suicide Mortality in the United States*, 2000–2020. National Center for Health Statistics (U.S.). https://doi.org/10.15620/cdc:114217
Joiner, T. (2011). Myths about Suicide (Reprint edition). Harvard University Press.
National Center for Health Statistics. (2021). *About multiple cause of death,* 1999–2020. CDC WONDER online database. https://wonder.cdc.gov/mcd-icd10.html