

PATIENTS AS PARTNERS

Brought to you by The South African Depression and Anxiety Group

Tel: +27 11 783 1474 Fax: +27 11 884 7074 E-mail: anxiety@iafrica.com website: www.anxiety.org.za

What to do if you suspect a loved one may be contemplating suicide

KNOW THE DANGER SIGNALS OF SUICIDE

Previous suicide attempts

Between 20 and 50 percent of people who kill themselves had previously attempted suicide. Those who have made serious suicide attempts are at a much higher risk for actually taking their lives.

Talking about death or suicide

People who commit suicide often talk about it directly or indirectly. Be alert to such statements like, "My family would be better off without me." Sometimes those contemplating suicide talk as if they are saying goodbye or going away.

Planning for suicide

Suicidal individuals often arrange to put their affairs in order. They may give away articles they value, pay of debts or a mortgage on a house, or change a will.

Depression

Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be manifested in obvious sadness, but often it is expressed instead as a loss of pleasure or withdrawal from activities that had once been enjoyable.

Be particularly concerned about depressed persons if at least five of the following symptoms have been present nearly every day for at least two weeks:

- Depressed mood, change in sleeping patterns
- Change in appetite or weight
- Speaking and/or moving with unusual speed or slowness
- Loss of interest or pleasure in usual activities
- Decrease in sexual drive
- Fatigue or loss of energy
- Feelings of worthlessness, self-reproach, or guilt
- Diminished ability to think or concentrate, slowed thinking or indecisiveness
- Thoughts of death, suicide, or wishes to be dead

Additional factors that point to an increased risk for suicide in depressed individuals are:

- Extreme anxiety, agitation, or enraged behaviour
- Excessive drug and/or alcohol use or abuse
- History of physical or emotional illness
- Feelings of hopelessness or desperation

TAKE IT SERIOUSLY

75 percent of all suicides give some warning of their intentions to a friend or family member. All suicide threats and attempts must be taken seriously, even those of teenagers among whom such threats are more common.

BE WILLING TO LISTEN

Take the initiative to ask what is troubling them, and attempt to overcome any reluctance to talk about it. Even if professional help is indicated, the person you care for is more apt to follow such a recommendation if you have listened to him or her. If your friend or

relative is depressed, don't be afraid to ask whether he or she is considering suicide, or even if they have a particular plan or method in mind. Do not attempt to argue anyone out of suicide. Rather, let the person know you care and understand, that he or she is not alone, that suicidal feelings are temporary, that depression can be treated, and that problems can be solved. Avoid the temptation to say, "You have so much to live for", or "Your suicide will hurt your family".

SEEK PROFESSIONAL HELP

Be actively involved in encouraging the person to see a physician or mental health professional immediately. Since suicidal people often don't believe they can be helped, you may have to do more. For example, a suicidal college student resisted seeing a psychiatrist until his roommate offered to accompany him on the visit. A 17-year-old accompanies her 16-year-old sister to a psychiatrist because the parents refused to become involved. You can make a difference by helping those in need find a knowledgeable mental health professional or a reputable treatment facility.

IN AN ACUTE CRISIS

In an acute crisis, take the person to an emergency room or walk-in clinic at a psychiatric hospital. Do not leave the person alone until help is available. Remove from the vicinity of the potentially suicidal person any firearms, drugs, razors or scissors that could be used in a suicide attempt.

Medication and/or hospitalization may be indicated and may be necessary at least until the crisis abates. If a psychiatric facility is unavailable, call your local emergency number. Chances are the dispatcher can help you locate immediate psychiatric treatment.

FOLLOW-UP ON TREATMENT

Suicidal patients are often hesitant to seek help and may run away after an initial contact unless there is support for their continuing. If, medication is prescribed, take an active role to make sure the patient follows his/her prescription, and be sure to notify the physician about any unexpected side effects. Often, alternative medications can be prescribed.



CANADIAN PSYCHIATRY OPPORTUNITY

Medicine Hat, Alberta General Psychiatrists For Palliser Health Region, Southeastern Alberta

Activities would be concentrated at the Medicine Hat Regional Hospital, and include joining an on call group. Medicine Hat Regional Hospital is a 216 bed regional referral centre, in a community of 51,000. Mental Health Services included a 31 bed unit within the Hospital and outpatient services.

Services would also be provided to the four rural centers within the Region. Some travel to the outlying clinics would be required.

The Region, located in southeastern Alberta, includes 59 specialists and 49 family physicians, and provides services to an area with a population of 105,000. Medicine Hat is a family oriented community offering a full range of cultural, educational and recreational facilities.

Candidate should possess a recognized Fellowship and be eligible for licensure by the College of Physicians and Surgeons of Alberta. Remuneration is on a fee for service basis.

Interviews will be held in Capetown in September 2005.

Inquiries and c.v.'s can be directed to:

Dr. Vince Di Ninno
Vice President – Medical Services
Palliser Health Region
666 – 5 Street S.W.
Medicine Hat, Alberta, Canada T1A 4H6
403-529-8024; fax: 403-529-8998
e-mail: chiefstaff@palliserhealth.ca
www.palliserhealth.ca