



Frequently Asked Questions

Q. *Can discussing suicide with a distressed person prompt that person to attempt suicide?*

A. Discussing your concerns about suicide with an individual does not lead someone to attempt taking his or her own life. In fact, research indicates that the more open, upfront, and honest the communication is in creating a dialog about suicide, the more likely it is that an individual will seek the assistance he or she needs. Public communication about suicide should follow safe-messaging guidelines www.reportingonsuicide.org/recommendations/

Q. *Can people who are thoughts of suicide be treated, or are they hopeless cases?*

A. Many people who have thoughts of suicide are ambivalent about whether they want to die. People who experience thoughts of suicide thoughts and feelings are by no means “hopeless cases,” and in many cases, counseling can help them to deal with, and even overcome, depression and thoughts of suicide feelings. Recovery is the most common outcome.

Q. *Do people just suddenly “snap” one day and attempt or die by suicide?*

A. Not usually. It is often the case that people who are thoughts of suicide and attempt or die are experiencing a great deal of distress evolving over a long period of time. Such individuals may not always overtly exhibit such stress, and they may not necessarily openly share what they are experiencing with anyone else or share the same information with different people. When someone dies by suicide, it is common for various people who knew the individual to present different pieces of information about the deceased. When the pieces are put together, the retrospective portrait of the distressed person becomes clearer and thus will often diminish the perception that the person simply “snapped.”

Q. *If someone has died by suicide in my family, are people at greater risk for attempting or dying by suicide in my family?*

A. Some of the risk factors associated with suicide do tend to run in families. Such risk factors include bipolar disorder, depression, and substance dependence. While predisposition to risk factors of suicide might exist, suicide itself is too complicated to be predicted by genetics. Being exposed to a suicide in one’s family is also a risk factor. If you’ve had a suicide death in your family, you should take proactive prevention measures (e.g., self-care, self-screening, and regular mental health check-ups with a trained professional).

Q. *What do I do if someone I know is talking a lot about suicide?*

A. Follow some of the directives in the videos and speak to the person honestly about your concerns. It is also helpful to provide resources to someone who appears to be struggling. If you are very concerned, take an active role: call a crisis hotline number (9-8-8), or make an appointment with a mental health service provider and offer to join them at an appointment. Resource sheets can be found in the appendix of this workbook. Oftentimes, an individual will hold onto such informational material for a long period of time, and even if they don’t access the resources immediately, they may do so in the future.

If you feel you need additional assistance in terms of providing help, contact a mental health professional who can consult with you about how to manage your own stress, anxiety, and concern about the situation. A professional can provide you with additional information on how to support someone who is in need. If interested in learning more, you can seek out other more advanced suicide prevention trainings such as LivingWork’s ASIST.

Q. *I find that learning about suicide has raised several issues that I seem to have, and I'm afraid that I might be depressed. What do I do?*

A. It is a courageous act to admit to yourself that you are having such thoughts, and you are to be commended for taking the time to learn about suicide and related mental health issues as well as coming to the realization that you may need assistance.

Talk to someone about how you are feeling; preferably, this should be an individual with training in mental health issues or someone you are close to and can trust. Seeking support is the first step in helping yourself and achieving a happier life. Review the resources listed in Appendix C, and contact some of the organizations listed there. These organizations will be able to provide you with information about how to connect with mental health professionals who can best assist you.

Q. *Some of my family and friends have a difficult time talking about mental health issues and don't take the issue of suicide or mental health condition seriously enough. What should I do?*

A. Everybody learns at their own pace and acknowledging that individual life paths and backgrounds contribute to each person's views and reactions is a good first step toward helping others see different points of view. Never underestimate the power of well-presented information to help change people's minds. Respectful conversations are also vital in helping people hear a different point of view. Ask your family or friends about their thoughts and feelings regarding the topic of suicide and do your best to listen and understand where they are coming from.

Even if you strongly disagree with their opinions or discover that they have incorrect information about suicide and/or mental health conditions, give them data you can back up with the materials provided, and then give them time to think about the information. If the people in your life are willing to listen to you from time to time, it is likely their views will shift. Be patient but persistent, and there is a good chance that your tenacity will pay off.

Q. *My religious views make it difficult for me to understand the concept of suicide and the people who attempt or die by suicide. How can I integrate my religious beliefs with the information provided in this training?*

A. Spirituality is an important part of many people's lives, and organized religious institutions are valuable and vital to our communities and neighborhoods. It is important to first attempt to examine and understand suicide and mental health condition through the lens of psychological and physical health before viewing these concepts through moral or ethical lenses.

By discussing the subjects of mental health conditions and suicide in the context of disease as comparable to other disorders such as heart disease, diabetes, and cancer, it is often possible to neutralize some of the intense emotions that can arise. Integrating a spiritual viewpoint with other systems of knowledge (e.g., such as those based in science) can often lead to a fertile integration of religious and secular ideas.

It is helpful to avoid addressing the issue in black-and-white terms, and it's also helpful to be patient with yourself regarding your own feelings about suicide. Being mindful of your emotions and the emotions of those around you when contemplating such a difficult topic can provide the space for dialogue no matter how you or any other person believes or feels.



Helen and Arthur E. Johnson
Depression Center

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS