Suicide Warning Signs and Prevention With Depression

by ERIC PATTERSON

Depression and Suicide

Depression is a powerful foe. Even with the best therapist, a great combination of medications and support from a loving family, depression can disrupt your life. Depression will make good days feel like bad days and bad days feel worse by adding cognitive distortions.

Cognitive distortions are the way depression changes your perspective. Cognitive distortions are skewed ways of looking at yourself, your relationships and the world around you. Depression fuels cognitive distortions to emphasize the negatives, discount the positives, jump to false conclusions and only see the world in “black and white” terms. Over time, cognitive distortions target your mood, your relationships and your hope.

Hope is such a valuable commodity in your battle against depression. Without hope, you have nothing to fight for. Without hope, it feels like all is lost. People that feel hopeless begin to consider suicide.

Suicide is an interesting aspect of depression. From birth, your only goal is survival. You cry to alert people you are hungry. Once food is placed near your mouth, your instincts take over and control your sucking and swallowing response. Babies have startle reflexes to keep them safe and easier to hold. Even as an adult, you duck when something is coming towards you. But depression overwhelms even the most basic human responses.

Suicide Warning Signs

Keeping yourself or someone you know with depression safe is the paramount mission. If there is no safety, there is no chance to build hope tomorrow. Here are signs to look for:

- Voicing thoughts of dying
- Looking for methods to die – buying a gun or researching ways to overdose
- Increased drug and alcohol use
- Unpredictable mood swings
- Voicing thoughts of being trapped or a burden to others
- Increased isolation

If any or all of these warning signs remind you of yourself or someone you care about, you should take action immediately by moving to prevention.

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Suicide Prevention

Prevention covers a wide range of options depending on pervasive the depression has become. Knowing what

options are appropriate for what situation is challenging but there is a method to decide what the best choice is for you. Here's how:

- **Therapy –** For anyone diagnosed with depression or feeling symptoms of depression, therapy is a great option. Many therapists see clients for weekly appointments but depending on your symptoms and resources in your area, other programs may be available. Partial and intensive outpatient programs offer higher hours of therapy and increased safety. Therapy is appropriate for someone that is not currently feeling suicidal.
- **Medication –** As with therapy, many people benefit from medication for depression. If your depression is to the point where you are beginning to think about, consider or plan suicide, medication should be strongly considered. Finding the best medication is a struggle for some but new hope comes with medication. Be sure to communicate with your prescriber about any feelings of suicide.

- **Crisis/suicide hotline –** These resources exist locally and nationally. Many areas offer on-call crisis workers who are able to come to your home or a neutral location to assess your symptoms and offer help. They are able to refer you to the best care for your situation. They are not there jump to conclusions or "take you away." Make yourself aware of these services before they are ever needed. These are appropriate it you begin to think about or plan suicide.
- **Inpatient hospitalization –** Going to psychiatric inpatient is the best way to remain safe or add safety in your life. If you or someone you know has been thinking about, planning and intending to complete suicide, inpatient is the appropriate level of care. Some misconceptions exist about inpatient psychiatric care but as long as the patient is admitted willingly, there is no impact on their ability to vote or own a gun. Inpatient treatment can be initiated by going to the nearest emergency room or by calling 911 and describing the situation. Inpatient stays usually last three to seven days and allows time for intensive therapy and for psychiatrists to make medication changes.

Coping with Loss from Suicide

Unfortunately, even the best care cannot prevent every suicide. In 2012, suicide was the tenth leading cause of death in all Americans, and even higher in teens and young adults. It is difficult to find someone that has not been directly impacted by suicide.

Suicide leaves a path of chaos and confusion in its wake. Survivors are left to face questions that have no answers. Is there more I could have done? Why didn't I see it coming? Why didn't he let me know what he was going through? Why didn't her doctor or therapist do anything to stop this?

These questions are relevant, but only lead to anger and sadness. These feelings are common and expected following a loss, but when felt with extreme intensity or extreme duration, they complicate grief. Grief becomes complicated when the loss is especially tragic, the loss is unexpected, the loss is someone very close to you or the loss comes in close proximity to other losses.

Moving through the process of grief and loss is more difficult following a suicide but success can be had. Here's how:

- **Acknowledge the loss.** In the moments and days following the suicide, there is a great deal for your mind and your body to go through including shock, denial, panic, anger and guilt. This phase of the process is mostly passive as the symptoms take course. One of the best things to do during this stage is to retell the story. This means sharing your history with the loved one or the story of their death. As mentioned, anger, sadness and guilt will stand in the way of acceptance so monitor these feelings closely.

- **Experience the pain.** This second stage typically takes the longest for people. During this stage you will feel helpless, frustrated and possibly resentment and bitterness. You may experience disorientation and a fear of losing control during this time. You will ask yourself many questions about the suicide in this stage. Though you will never know the answers, work to find a conclusion that makes sense to you. Answering the questions serves to move you through this stage. Sending yourself a positive message like "What I'm

feeling is normal” or “This is all part of the process” serves as a reminder that your pain is expected and productive.

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Coping with Loss from Suicide

- **Re-adjusting to the loss.** This stage is a turning point as it is marked by adaptation to life without the loved one. There will be missing and yearning to see or hear from the loved once again. Anniversaries, birthdays, holidays and the passing of time will trigger these feelings. Throughout, this stage you will find new roles and responsibilities. Making the conscious choice to adapt will help you move during this period.

- **Re-investing emotional energy.** Since the suicide, you have been using your energy to feel sad, angry and guilty. This phase involves using that energy in new, productive ways. You will feel hope and growth as this period provides a sense of healing and movement forward. Consider being a suicide advocate, volunteering your time to others or other charity work related or unrelated to suicide. By advocating, you can help work towards better prevention and aftercare.
- **Reconciling the loss.** The goal of grief and loss is not to forget the loved one or the suicide itself. Rather, the goal is to find the ability to remember the loss with less pain attached. This is finding acceptance and seeing that new opportunities still exist following the loss. Reconciling means finding new directions.

Due to the extreme circumstances of suicide, grief and mourning are typically delayed or prolonged. In delayed grief, the period of shock and denial lasts for a longer duration so that you may not begin the process for months or longer after the loss. In prolonged grief, you will stay at each stage for a longer than average period. Many people can resolve and reconcile the loss within two years following the death but those numbers increase drastically following suicide. Again, changing expectations is helpful because it removes pressures to feel or behave certain ways.

Here are some of the best ways to move through the loss process:

- Express your feelings/ Tell others what you need
- Talk about the details
- Be alone when you need to and with others when you need to
- Identify your supports
- Avoid major life changes

Conclusion

Depression is vicious. Anything that can make suicide seem like the best alternative must be taken seriously through prevention. Knowing the warning signs and seeking the best treatment available will help provide safety and reestablish hope. Even if the suicide is completed, hope is still required. The survivors need hope to move them through the process of the loss. Without hope, reconciliation cannot be had. Without reconciling the loss, you will be destined to experience the same sadness and anger. Keep hope and it will move you through.