

# Identifying the risks and helping someone who may be thinking of suicide



Suicide takes the lives of approximately 3000 Australians each year, which equates to more than eight a day. It is a major public health issue, and devastates families, friends, workplaces and communities. Everyone has a role to play in understanding, preventing and responding to suicidal behaviour. Emergency service responders face suicide and its impacts in the course of their professional roles, however they are not immune from experiencing the effects of suicide amongst colleagues and in their personal lives.

This Fact Sheet provides information and tips on how to identify, engage with and help someone who is thinking about suicide. It includes information about services and links to a range of resources.

**Suicide is a sensitive topic however it is important that we talk about it openly and directly. If you have recently been affected by suicide, please remain aware of any impacts of reading this material.**

## Why does someone think about suicide?

Despite many years of research, overall suicide is still not well understood, although we know that suicidal thinking can be caused by a range of factors.

Suicidal thinking and behaviour indicate distress and deep unhappiness, and reflect a sense of hopelessness and belief that things will not get better (or alternatively will be better once they are gone). Those that experience thoughts of suicide often feel alone with their difficulties and believe that nothing or no-one can help them. Research is clear that the majority of those who attempt

suicide do not actually want to stop living - they just want to stop the pain they are in, and cannot find another solution to their problems. For some people it may seem like a rational action to resolve their difficulties.

There are various kinds of emotional pain that can lead to thoughts of suicide. The reasons for such pain are unique to each of us, and the ability to cope differs from person to person.

Most people do not feel suicidal all of the time - like other feelings they come and go. For some it can be impulsive and spur of the moment while for others it may be carefully considered and/or planned.

## Risk and Protective Factors

Suicide is the leading cause of death for Australians aged between 15 and 44 years of age, and males are three times more likely to die by suicide than females. The suicide rate amongst Aboriginal and Torres Strait Islanders are more than double the national rate, and other groups such as culturally and linguistically diverse (CALD) and LGBTIQ+ are also more vulnerable to certain risk factors.

Risk factors are those things that increase the likelihood of becoming suicidal or acting on suicidal thoughts. Having risk factors does not mean someone will become suicidal - we all have different ways of coping with difficulty.

While the following do not indicate someone will consider suicide, they do increase a person's risk.

- Prior suicide attempt/s
- History of substance abuse
- Mental illness
- Relationship problems - conflict or breakdown of a relationship or family unit, estrangement
- Recent loss - death of a loved one, loss of job, significant financial loss, or death of a pet
- Financial and/or legal problems
- Suicide of a family member, friend or public figure
- Physical illness/disability
- Change in circumstance - separation, divorce, retirement, children leaving home
- Major disappointment - failed exam or missed job promotion
- Ongoing exposure to bullying
- Access to lethal means
- Childhood and/or adult trauma

**Protective factors on the other hand include:**

- Supportive social relationships
- Sense of future
- Sense of purpose
- Effective coping and help seeking
- Positive connections to health services

**How will I know if someone is thinking of suicide? What should I look for?**

People may sometimes give some warning signs of their intention to end their life, through changes in their behaviours and/or feelings.

Changes in behaviour might not be cause for alarm, but pay attention to them. Signs may include:

- Withdrawing from friends and family
- Risky or impulsive behaviour (e.g. excess alcohol, or drug taking) without regard for safety
- Changes in sleep and/or appetite
- Loss of interest in things
- Putting affairs in order (returning things they've borrowed, giving things away, saying goodbye, giving someone access to things like bank accounts, rewriting a will)
- Decreased performance or engagement with work
- Joking about or mentioning suicide, death or dying
- Increased alcohol or drug use
- Seeking access to means such as weapons or medication

Also pay attention to how the person is expressing themselves if they are talking about their feelings. Are they saying things that suggest that they:

**Feel hopeless/helpless?**

"There's no point"

**Believe they are a burden?**

"You'd be better off without me"

**Feel worthless?**

"I'm useless" "I'll never amount to anything"

**Think there is no future?**

"I can't see beyond today"

**Cannot see a way out**

"I've had enough" "I can't do it anymore"

**Are ambivalent about living**

"I wouldn't care if I died"

Sometimes a positive mood after being down can indicate the person has made up their mind to take their life and feels relieved the decision has been made.

If you are worried that someone might be thinking about suicide, it's important to talk to them. See the resources at the end of this Fact Sheet for more information.

**Why does talking about suicide make us so uncomfortable?**

There are several things that can make it hard to ask about suicide, but it is usually our own fear and reactions. We may find it distressing and confusing, feel unable to take on someone else's issues, not know what to do, and fear that we may not be able to help and the person will take steps toward suicide.

Acknowledge and manage your own reactions. It is ok to feel uncomfortable, but do not avoid it, do not assume it will get better on its own or go away.

**Suicide and emergency services**

Emergency Service responders deal with the impact of suicide in their professional roles, but are also not immune to it in their personal lives. The Beyond Blue *Answering the Call* survey found that suicidal thoughts and planning are twice as common in the police and emergency services (employees 5%, volunteers 6%) as compared to the Australian population (2%). The actual rates of suicide, however, are comparable. This finding was also replicated in the Victoria Police Mental Health and Wellbeing Study. This is important to note, as it points to the presence of potential protective factors that are stopping people moving from thoughts to action.

The Beyond Blue survey also found that the presence of a mental health

condition, and the experience of traumatic incidents at work were associated with higher levels of suicidal thoughts and behaviours. However those with higher levels of social support and resilience reported lower levels of suicidal thoughts and behaviours, even accounting for the impact of traumatic events. This highlights the importance of social supports as protective factors that help us withstand and cope with difficulty. Refer to the Fact Sheet on social supports for more information.

**The conversation - asking the question**

Research is clear that talking and asking about suicide does not make someone more likely to do it, and in fact asking and talking about it can be a good way to help prevent suicide. By talking about suicide openly and honestly, you give the person permission to talk about it, the chance to take steps towards seeking help, and time to rethink their decision or see another alternative.

If you are worried about someone, ask:

**1. Be aware of your own attitudes**

(e.g. believing that suicide is selfish or wrong) and how this may come across

**2. Tell them you care and want to help** - tell them what you have noticed that is causing you concern for their safety

**3. Ask directly and specifically** - "Are you having thoughts of suicide" or "Are you thinking about killing yourself?"

Do not ask in vague or judgemental ways such as "You're not thinking of doing something stupid are you?" or "Are you thinking of doing something silly?"

**What to do if the answer is "yes"?**

If someone says yes, it is important to know that you don't have to have all the answers. There are several referral and support agencies

as well as resources to help you link the person to support.

When someone says they are thinking about suicide, you may feel shock or panic, but try to avoid showing negative emotions - the person already feels hopeless. Rather than "saying the right thing", it is more important to show genuine care and concern, so be supportive and listen without judgement.

## Take all thoughts or expressions of suicide seriously and take action.

- 1. Check the person's immediate safety** - ask if they have thought about how, when and where. Do they have access to means of suicide? Those at highest risk are those who have a specific plan, the means and access to carry out the plan, a time set, and intention to act. Where possible, remove access to any means (remove keys, medication, knives etc) and stay with the person.
- 2. Enlist help** - consider the person's immediate safety and engage whatever support and services are required. If the person refuses help, inform other appropriate people. Where there is an **immediate crisis**, this may include emergency services (call 000) or mental health crisis teams (Mental Health Services Helpline 1800 332 388). Where there is **no immediate crisis**, this may include involving family members, friends, GP, psychologists/psychiatrists/social workers, other mental health services or referral agencies such as Wellbeing Support, Lifeline and Suicide Call Back Line.
- 3. Do not agree to keep it a secret** - the person may feel embarrassed or like nothing will help, but you need to get others involved. Remember that most people who are suicidal do not actually want to die. You may need help to persuade or encourage the person to take steps towards remaining safe or getting professional help.

**4. Instil hope** - listen without judgement. Remind them that suicidal thoughts don't need to be acted on, and reassure them that there are ways to cope other than suicide. Keep the focus on things that will keep them safe for now.

**5. Ask for a commitment** - thoughts of suicide can come and go. Ask the person to promise to talk to you or a family member, friend or professional before they take any action.

**6. Look after yourself** - you don't have to do it by yourself or have all the answers. Use and rely on the supports around you.

## What if it's me that's feeling that way?

If you are having suicidal thoughts, you need to stay safe and get help. Take these immediate actions:

1. Don't do anything right now
2. Avoid drugs and alcohol
3. Make your surroundings safe if possible - remove things you could use to hurt yourself, or go to a place where you feel safe.
4. Don't keep your feelings to yourself
5. Take hope - people do get through this

## ARE YOU HAVING SUICIDAL THOUGHTS AND NEED SOMEONE TO TALK TO?

### Lifeline

24-hour crisis counselling service 13 11 14

### Suicide Call Back Service

24-hour counselling service 1300 659 467

### Mental Health Services Helpline -

advice, assessment and referral and access to Tasmania's mental health services statewide 1800 332 388

### Qlife

National LGBTI counselling and referral service 1800 184 527

### Webchat

3pm - midnight everyday

### Wellbeing Support Officers:

South 0429 453 689, 0436 800 604

North 0436 812 038

West 0419 126 551

### Can you call:

Your GP?

A friend?

A colleague?

A workplace support?

A health professional?

You can also take yourself to your local hospital if you feel unable to stay safe, or call 000.

You are not alone, many people experience what you are experiencing. It does not mean you are crazy or weak - it simply means you are experiencing more pain than you can cope with, and it can seem overwhelming and as though it won't end. But with time and support you can overcome suicidal thinking and feelings will pass.

## Safety Planning

Undertaking what is known as safety planning can assist during difficult times, and should be done with a health professional.

*BeyondNow* is a free safety planning app that can help you.

Note: this is not the only form of support you should receive.

Undertaking safety planning when you are well is one way to support yourself. It involves:

### 1. Listing the people you can talk to, who can support you

Think about the people in your life who you trust and will support you. Make a list of their names and phone numbers so that you can call them when you are having suicidal thoughts. This may include friends and family, as well as professional supports such as your GP or mental health professional. It should also include agencies such as Lifeline (13 11 14) and Suicide Call Back Service (1300 659467). In an emergency, call 000.

## 2. Recognise your warning signs

Warning signs can include changes in your mood or behaviour that trigger suicidal thoughts. What are your unique warning signs? It's important that you can acknowledge these feelings you are experiencing so you can act early to support yourself and stay safe.

## 3. Identify your reasons to live

If you are feeling suicidal, detailing the better things in your life can help remind you of your reasons to live. If you have had suicidal thoughts/behaviours in the past, remind yourself that you have coped with and survived them before.

## 4. Make your space safe

It is imperative to make your space as safe as possible. This should first be done by removing items that can cause self-harm (medication, tools, access to the car etc.). If that is not possible, write down somewhere you can go where you will feel safe.

## 5. Ways to distract yourself

Figuring out ways you can take your mind off suicidal thoughts is crucial and should be written down when you are in a better mental state. Read the Fact Sheet on Tactics for Stress and Coping for more information.

It is important that we continue to talk about suicide openly and accurately, so we can continue to reduce the stigma, and ensure people get the help they need when they are in crisis. With help and support, people can survive and move beyond their suicidal thoughts, but it is critical that we all know how to ask the question and where we can turn for help.

## Need help or further information?

### GET HELP NOW

Ambulance Tasmania and DPFEM Wellbeing Support Officers:  
North 0436 812 038  
South 0429 453 689, 0436 800 604  
West 0419 126 551

### Lifeline 13 11 14

<https://www.lifeline.org.au/get-help/topics/lifeline-services>  
<https://www.lifeline.org.au/get-help/topics/suicide-bereavement>

### Suicide Call Back Service 1300 659 467

<https://www.suicidecallbackservice.org.au/>

Phone, online chat and video chat. Nationwide service that provides professional support and online counselling 24/7

### Statewide Mental Health Services - 1800 332 388

Advice, assessment and referral to statewide services. [https://www.dhhs.tas.gov.au/mentalhealth/mhs\\_tas/gvt\\_mhs/mental\\_health\\_service\\_helpline](https://www.dhhs.tas.gov.au/mentalhealth/mhs_tas/gvt_mhs/mental_health_service_helpline)

### Having the conversation

Conversations matter - resources for discussing suicide and how to have conversations - [www.conversationsmatter.com.au](http://www.conversationsmatter.com.au)

**Mental Health First Aid suicide guidelines - information and tips on supporting someone and talking about suicide** [https://mhfa.com.au/sites/default/files/MHFA\\_suicide\\_guidelinesA4%202014%20Revised.pdf](https://mhfa.com.au/sites/default/files/MHFA_suicide_guidelinesA4%202014%20Revised.pdf)

<https://www.suicidecallbackservice.org.au/resource/discussing-suicide-how-to-talk-to-somebody-about-suicide/>

### Helping someone at risk

<https://www.lifeline.org.au/static/uploads/files/helping-someone-at-risk-of-suicide-wfwdyyejpdvz.pdf>

<https://www.lifeline.org.au/get-help/topics/preventing-suicide>

<https://www.suicidecallbackservice.org.au/resource/suicide-signs/>

### Safety Planning

<https://www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning>

<https://www.suicidecallbackservice.org.au/resource/making-safety-plan/>

### Other groups:

For men experiencing difficult times: <https://www.lifeline.org.au/static/uploads/files/men-experiencing-difficult-times-wfhxoojcjwuz.pdf>

### Suicide prevention information for Aboriginal and Torres Strait

**Islander people:** <https://www.lifeline.org.au/static/uploads/files/suicide-prevention-aboriginal-torres-strait-island-wffkdpdqknq.pdf>

**For those bereaved by suicide:** Suicide Call Back Service 1300 659 467

<https://www.suicidecallbackservice.org.au/resources/lost-someone-suicide/>

### StandBy - Tasmania 0400 183 490

Support for anyone bereaved by suicide. Delivered in partnership with Lifeline Tasmania. [www.standbysupport.com.au](http://www.standbysupport.com.au)



### AT & DPFEM

GPO Box 308, Hobart TAS 7001  
Level 5, 111 Macquarie St, Hobart TAS 7000  
P (03) 6173 2188  
E [wellbeing@dpfem.tas.gov.au](mailto:wellbeing@dpfem.tas.gov.au)  
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## GET HELP NOW

You can access a range of confidential services, which are designed specifically for the Tasmanian emergency services community from Wellbeing Support.

**Ambulance Tasmania Peer Support** 6166 1994

**CISM** 0427 181 207 | [manager@cism.tas.gov.au](mailto:manager@cism.tas.gov.au)

**Wellbeing Support Psychological Services**

Phone (office hours) 6173 2188 | [wellbeing@dpfem.tas.gov.au](mailto:wellbeing@dpfem.tas.gov.au)

**Wellbeing Support Officers:**

**South** 0429 453 689 or 0436 800 604 **North** 0436 812 038 **North West** 0419 126 551

Further general information is available at [mypulse.com.au](http://mypulse.com.au)

Printed fact sheets are available from [wellbeing@dpfem.tas.gov.au](mailto:wellbeing@dpfem.tas.gov.au)