Helping a suicidal person

It can be very frightening to find out that someone you know is thinking about suicide. You might be unsure about what to say or do.

You can’t control what someone else does. Suicide is complex and there are many reasons why someone might think about taking their own life.

But there are ways that you can help:

**How you can help**
- know the warning signs
- ask them directly if they’re thinking of suicide
- listen and take them seriously
- provide options
- encourage them to seek help.

**Know the warning signs**
Feeling suicidal can happen to anyone, at any time. Many people go through this.

Some people are at greater risk of feeling suicidal.

Some risk factors are:
- mental health issues
- feeling isolated or disconnected from other people
- drug or alcohol use
- trauma, violence or abuse
- bullying
- recently starting or stopping medication for a mental health problem
- breaking up with a partner or losing a job
- the death of someone close
- an embarrassing or humiliating experience
- losing a large amount of money
- being part of a marginalised community (for example, refugee, LGBTIQ, Indigenous groups).

Particular stages of life are also linked to an increased risk of suicidal thinking, including:
- adolescence
- becoming a new parent
- old age.

**Signs you might notice in someone who is feeling this way are:**
- withdrawing from social activities, family and friends
- saying things like ‘I can’t go on any more’, ‘I’m a burden’ or ‘everything is hopeless’
- talking about wanting to die
- researching suicide methods
- hurting themselves on purpose (for example, cutting themselves)
- past suicidal behaviour
- putting affairs in order – for example writing a will
- giving things away
- writing a suicide note or goodbye letters
- risk-taking or reckless behaviour.

Trust your instincts about the person. If it doesn’t feel right, act on your suspicion. It’s always better to ask.

**Ask them directly**
If you’re worried, ask the person if they’re thinking of suicide.

It does no harm to ask, and might save their life.

You could say something like: ‘I’ve noticed ... (perhaps something from the list above) and I’m worried about you. Are you thinking about suicide?’

The only way to really know if someone is feeling suicidal is to ask them, and for them to tell you.

**Listen and take them seriously**
Listen to the person. Accept what they’re saying and take them seriously. If they start talking, try not to interrupt or add your feelings to the conversation.

Let them know you care and are concerned. It’s a myth that people who talk about suicide are just looking for attention.

**Provide options**
If someone has thoughts of suicide, it can help to explore all the reasons they have for staying alive:
• their family, whānau (Māori extended family), friends and neighbours
• their work colleagues, acquaintances and people they know online
• their pets
• unfinished business in their life
• that suicide is permanent – but with help, suicidal thoughts do pass.

Encourage them to get help

Encourage the person to call Lifeline (or another telephone support service), see their GP (family doctor) or go to a hospital.

• Make the phone call with them, or go with them to their GP or a hospital.
• Help them to make contact with family, friends and others in the community that are important to them, for example the kaumātua (Māori elder) or local Aboriginal and Torres Strait Islander health service.
• Be persistent and follow up with them to check they're OK.
• Never agree to keep a suicide plan a secret.
• Consider making a safety plan (Suicide Call Back Service) or try BeyondNow the Beyond Blue suicide safety planning app.

Australia

- Lifeline Australia 13 11 14
  lifeline.org.au
- Suicide Call Back Service 1300 659 467
  suicidecallbackservice.org.au

New Zealand

Suicide Crisis Helpline 0508 828 865 (0508 TAUTOKO)
- Lifeline New Zealand 0800 543 354
  lifeline.org.nz
Healthline NZ 0800 611 116
Depression Helpline 0800 111 757

If someone is in danger of hurting themselves

• Stay with the person.
• Be calm and supportive.
• Dial triple zero (000) in Australia or triple one (111) in New Zealand.
• If you can do it safely, try to remove any drugs, weapons or implements the person may use to hurt themselves.

Tell police, ambulance officers or doctors very clearly that you think this person is suicidal or wants to hurt themselves.

In hospital, if the person has used drugs or alcohol they may be treated initially for only the physical symptoms and not get a mental health evaluation.

Make yourself heard. Don’t take it for granted that the hospital will pick up on mental illness symptoms. Suicidal people can be secretive.

“Take the crisis as an opportunity to be with that person. Be gentle and ask what is going on.”

Graham, New Zealand
After a suicide attempt

People who have attempted suicide are vulnerable to making another attempt.

Continue to check in with the person regularly, even if it’s just a quick text message or telephone call.

If you notice a change in their behaviour, it’s worthwhile making sure they’re alright.

Staying well yourself

Helping someone who is repeatedly suicidal can become physically and mentally exhausting. Never try to do it alone. Recruit a network of family, friends and professionals to help share the load.

Beyondblue’s The Way Back and Mental Health NZ’s Worried about Someone are free resources to help people who have attempted suicide, their friends, whānau and family members.

Mental health support services
yourhealthinmind.org/support

Remember

✔️ There are often warning signs that someone is suicidal, but sometimes there are not.

✔️ If you suspect someone is suicidal, ask them directly.

✔️ Show that you care and encourage the person to seek professional help.

This fact sheet is also available online at yourhealthinmind.org

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About us

Psychiatrists are doctors who specialise in mental health.
The Royal Australian and New Zealand College of Psychiatrists:
• trains and supports psychiatrists
• advocates for better mental health for our communities
• sets standards in psychiatry.