

Helping someone with suicidal thoughts

Many people with mental illnesses have thoughts of suicide, or attempt suicide. Suicide is the main cause of premature death in people with mental health problems,¹ but many suicides can be prevented. This factsheet looks at risk factors for suicide and ways in which suicide might be prevented.

KEY POINTS

- Many factors play a part in increasing someone's risk of suicide, including experiencing mental health problems.
- If you are worried that someone may be considering suicide, talk to them. Ask them about how they are feeling and offer to help.
- You can help a person who is feeling suicidal by listening to them without judging them and by trying to help them think about alternative options. You may need to get crisis help.
- Helping someone with suicidal thoughts is likely to have a big impact on you. Find out what support is available to you. If someone does make a suicide attempt, this is not your fault.
- Crisis and emergency services are available to people to people who are at risk of suicide.
- Deliberate self-harm is not normally an attempt at suicide, but it can indicate someone may be more likely to try to take their own life in the future.

This factsheet covers

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1. What can cause someone to think of suicide?

Suicide risk is affected by life events, and the way a person is affected by these events. Someone's social situation and history also affect risk. Different factors might make some people more vulnerable than others. However, risk factors might include:

- Something upsetting or life-changing happening such as a relationship breakdown or bereavement²
- Using alcohol or drugs
- Social isolation and living alone
- A history of being abused
- Feelings of shame
- Mental health conditions, such as depression, psychotic illnesses or personality disorder.³
- Alcoholism, or misusing alcohol
- Having a physical health condition, especially if this causes pain or serious disability
- Previous suicide attempts, and having a family history of suicide
- Recent discharge from hospital if someone has a mental health condition
- Loss of job or income
- Having a stressful job
- Being unemployed or retired⁴

In the UK, suicide is over three times more common amongst men than women.⁵ However, women are considerably more likely to attempt suicide or to self harm than men are.⁶

Why do people choose to end their lives?

A person may choose to end their lives to:

- Escape what they see as an impossible situation
- Relieve unbearable thoughts or feelings
- Convey their feelings to other people⁷
- Relieve physical pain or incapacity

Someone considering suicide may feel that there is nothing that can be done to rid themselves of the problems that are causing their suicidal thoughts. They may find it difficult to reason through their problem and instead concentrate on feelings of hopelessness.

What kind of thoughts might someone be having?

Examples of the kind of thoughts that could be leading someone to consider suicide include:

- I have let myself down
- What is the point in living?

- I will never find a way out of my problem
- I have lost everything
- Things will never get better for me
- Nobody cares

When you talk to someone about the way they feel, they may tell you that they are thinking some of these things. In order for a person to get help in the long-term, you can reassure the person that these feelings are temporary and that they can get help, including help from a doctor.

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2. What are the warning signs?

A change in someone's personality and behaviour might be a sign that they are having suicidal thoughts. Some signs might include⁸:

- Talking or writing about death or suicide
- Threatening suicide
- Losing interest in things they used to enjoy
- Sleeping badly, and getting up early in the morning
- Losing interest in their appearance
- Saying that they feel trapped
- Getting angry
- Lack of energy
- Spending a lot of time on their own

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3. How can I help someone who is feeling suicidal?

It is rare for someone to be certain that they want to end their own life. Most people will be undecided about suicide, seeing some 'pros' and 'cons' of living and dying. A lot of people seek help before attempting suicide by telling other people about their feelings or by self-harming to show people that they are in emotional pain.

If you suspect that someone may be feeling suicidal, ask them about it. You may want to say:

- “Are you thinking about suicide?” or
- “Are you having thoughts of killing yourself?”

These questions might seem direct but it is better to address the person's feelings directly than to skirt around the issue. Most people do not have this sort of conversation every day and so you may feel uncomfortable and unsure of what to say. This is entirely normal and can be expected in the circumstances. However, you can help by being calm, supportive and non-judgemental.

The aim is to try to see the world as the person sees it. Seek to understand and accept their perspective, without judging, criticising or blaming.

Some things you might want to do include:

- Letting the person know that you care about them and that they are not alone
- If there is immediate danger make sure someone is with them
- Try to get professional help for the person at risk and support for yourself

*What things may **not** help?*

When someone tells you that they are feeling suicidal you may feel like trying to cheer the person up or telling them that they have no reason to feel that way. Whilst these are understandable responses, they may not help that much.

A person who has recently attempted suicide or who has told you that they want to end their life will not want:

- To feel rejected by friends, family or colleagues
- For the subject to be changed to something else
- To be lectured or be told that they are wrong or silly
- To be patronised, criticised or analysed
- To be told to cheer up or 'snap out of it'⁹

Reassurance, respect and support will help a person recover at this difficult time for them.

What about if someone is saying they want to end their life now?

If you talk to someone about their feelings and it seems as though they want to end their life soon, the aim is to try to keep them safe in the short term. It is unlikely that you will be able to make their feelings go away, but you can help by making them see that there are some things worth living for.

Some key points are:

1. Be supportive and accept the person and what they are telling you
2. Look for signs that might link a person's thoughts of suicide to life events or feelings (e.g. 'I know that you have lost your job recently, that must have been very difficult for you')
3. Ask whether someone is considering suicide
4. Ask about and listen to the person's reasons for living and dying, and try to explore their reasons for living in more detail
5. Ask whether they have tried to kill themselves before and whether they have a plan for how they would do it in the future
6. Try to agree some small steps to make a person safe and be open to making reasonable steps to help them
7. Don't make any promises you cannot keep, and follow up any commitments that you agreed to¹⁰

If you live with the person, you could also try to remove things from the house that could be used by the person to kill themselves. The kind of thing you could try to remove will depend on that person's immediate plan for killing themselves, but could include sharp objects and knives, cleaning products, medicines and belts. If the person is in crisis, do not leave them alone.

Find out if the person has access to mental health crisis services, and in an emergency take the person to the Accident and Emergency Department (A&E) at a local hospital or ring 999.

Further information on what to do in a crisis can be found in our '**Getting help in a crisis**' factsheet, which is available to download for free from www.rethink.org/factsheets or by contacting the Rethink Advice & Information Service directly. Our contact details are at the end of this factsheet.

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4. What services should be available for someone who attempts suicide?

Crisis services

Crisis services should be available to people with severe mental illnesses who are likely to experience a crisis and who may otherwise need inpatient care at a hospital.¹¹ For people who meet this criteria, there should be access to crisis support 24 hours a day, 7 days a week. The implementation of 'round the clock' crisis care has been the biggest factor in reducing suicide rates in recent years.¹²

For further information on crisis resolution services, see our '**Crisis Teams**' factsheet, which is available to download for free from www.rethink.org/factsheets or by contacting the Rethink Advice & Information Service directly. Our contact details are at the end of this factsheet.

Emergency services

If someone with a mental health condition feels that they are in a crisis, they can attend the Accident and Emergency department (A&E) at a local hospital that has an A&E department. At the hospital, they will be assessed and 'triage staff' will decide whether or not they need to be admitted for treatment. It is important to get as much information to the doctor or nurse as possible so that the right decision can be made. Decisions about admission and discharge should be determined by a risk assessment.

If you think that someone is in urgent danger, call 999.

Other services

Crisis Houses may be available in your area which offer an alternative to treatment in hospital. Provision varies throughout the UK but you can find details through the local crisis resolution teams or through an internet search.

Emotional support services help by listening to someone's concerns and allowing them the space and time for them to talk through how they feel. Details of emotional support services are at the end of this factsheet.

What happens when someone is discharged from A&E?

Going into A&E after a suicide attempt can be traumatic. Discharge from hospital is also very stressful and can be a time when someone feels unsupported. There should be good links between A&E departments and mental health services, but unfortunately sometimes the links between the services are not always adequate.¹³ Referrals from A&E to mental health services will not always be made and so once someone has been discharged from A&E it is important that they quickly get in contact with mental health services.

The National Service Framework for Mental Health sets out how the NHS should set up services to prevent suicides. It states:

follow-up for people recently discharged from hospital is a priority and steps are taken to improve the continuity of care and the transfer of information between hospital and community staff.

One of the milestones that the Framework sets out is that A&E departments will develop policies on people who present with self-harm.¹⁴

The NICE guidance on self harm states that the decision to refer a patient for further assessment from mental health services or to discharge should be made jointly by the patient and healthcare professionals. If this is not possible due to the patient's mental health, this should be explained to the patient and written in the notes. The decision to discharge should be based on an assessment of risk and needs, and should not just be made because the patient has self-harmed repetitively.¹⁵

The Department of Health's guidance on discharge from hospital states that doctors should carry out a risk assessment when considering discharge. Carers should also be part of the process if possible. The guidance states:¹⁶

Ensure that patients, carers and the multi-disciplinary team agree what needs to be happening to achieve a safe and timely discharge or transfer of care, and who needs to do what by when.

Some patients find themselves discharged back under the care of their GP with no other support. However, the GP should consider referral to secondary mental health services, such as treatment under a psychiatrist, if this is appropriate for the patient. Also, someone who is suicidal may

meet the criteria for help under the 'Care Programme Approach' (CPA) and from crisis services.

For further information on the Care Programme Approach, see our '**Care Programme Approach (CPA)**' factsheet, which is available to download for free from www.rethink.org/factsheets or by contacting the Rethink Advice & Information Service directly. Our contact details are at the end of this factsheet.

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5. Are people with mental illnesses at greater risk of suicide?

People with mental illnesses are generally at a higher risk of suicide than people who do not have mental illnesses.¹⁷ Research has shown that a person will be at particular risk if they have recently been discharged from a mental health hospital or unit.¹⁸ This increased risk of suicide might be because treatment starts taking effect and the person begins to realise what has happened to them. During this time it is important to make sure the right levels of support are in place.

Some treatments can act to prevent suicidal feelings in people with a mental illness. For example, treatment with lithium (a mood stabilising drug) for people with bipolar disorder and treatment with clozapine (an antipsychotic drug) for people with psychotic disorders has been found to reduce the likelihood of suicide^{19,20}. Psychotherapy, engagement with health services, crisis planning and a holistic approach to a person's care in mental health services are other factors that may also contribute to keeping someone well and to preventing suicide risk.

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6. Myths about suicide

There are a number of commonly held incorrect beliefs about suicide. These myths can stand in the way of providing assistance for those who are at risk. Some common myths are set out below:

Myth: *People who talk about suicide never attempt suicide.*

Fact: Talking about suicide can be a plea for help and a sign that someone is thinking about taking their own life. It shouldn't be assumed that because someone has talked about suicide they won't try to take their own life, and a threat should always be taken seriously.

Myth: *People who threaten or attempt suicide are just seeking attention.*

Fact: Do not dismiss a suicide attempt as simply being an attention-seeking episode. This behaviour is more likely to be a way of dealing with painful feelings. Remember that most people who have suicidal thoughts will not be certain that they want to end their life and many will try to seek help before making a suicide attempt.

Myth: *Talking about suicide will encourage suicide attempts.*

Fact: Talking about suicide provides the opportunity for communication and is more likely to reduce the risk of suicide than increase it. The first step in helping a person with their suicidal thoughts is talking to them about their feelings.

Myth: *Suicide is genetic.*

Fact: Suicide can be over-represented in families but it is not believed to be genetically inherited. Members of families share the same emotional environment, and the suicide of one family member may well raise the awareness of suicide as an option for other family members.

Myth: *Only certain types of people become suicidal.*

Fact: There is not a 'type' of person and feeling suicidal is not a sign of weakness. However, there is evidence that there are risk factors that make certain groups of people more likely to end their lives, and having a mental health condition such as depression may make someone more likely to attempt suicide.

Myth: *Sudden improvement in the mental state of someone who has been through a period of crisis, depression or psychosis signifies the risk is over.*

Fact: The opposite may be true. The apparent lifting of mood could mean the person has made a firm decision to take their life and feel better because of this. You may wish to ask someone what has made them feel better and what their next steps will be.

Myth: *Suicidal people cannot help themselves.*

Fact: Whilst contemplating suicide, people may have a distorted perception of their actual situation and may not be able to see a way out other than suicide. They may not be able to see that their problems are temporary and that there are ways to resolve them. However, for many people, with support from both friends and family and professionals they can start to overcome their suicidal feelings.

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7. Are self-harm and suicide linked?

Self-harm is deliberate self-injury or self-poisoning, which can become regular and repetitive. There are different perspectives on whether genuine suicide attempts should fall under the definition of 'self-harm'. The current medical view is that any self-harming behaviour should be considered self-harm regardless of whether a person intended to end their life or not.²¹

People do not normally self-harm in order to kill themselves. It is more often a way of dealing with emotional pain, punishing oneself or of expressing distress to other people.²² However, self-harm is a risk factor which may indicate future suicide attempts, because a person's motive for self-harming can change over time. Also, death could be an unintended consequence of severe self harm.

If the person you are worried about is self-harming, they may do this privately and may not want to talk openly about their reasons for doing it. It is unlikely that they will stop altogether just because you have asked them to, and if they refuse to stop then you may be able to persuade them to do it safely, or to try safer alternative methods. You can also ask them about their reasons for doing it, and let them know that you do not judge them and are there to talk if they need to. Look through our factsheet on self-harm for further information on how to help someone who is self-harming.

For further information on self-harm, please see our '**Self Harm**' factsheet, which is available to download for free from www.rethink.org/factsheets or by contacting the Rethink Advice & Information Service directly. Our contact details are at the end of this factsheet.

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8. How can I get support?

Supporting a person who is suicidal is likely to be a stressful time in your life, and a time when you are likely to need support. You can try:

- Talking to friends and family
- Talking to someone on an emotional support helpline (see useful contacts)
- Talking to your own doctor
- Joining a support group for carers, friends and family
- Taking some time out to concentrate on yourself

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If someone you know would like to talk to someone in confidence about their feelings, you could suggest that they contact the following organisations. You may also want to talk to someone about the effect the situation is having on you.

Samaritans provide telephone, letter and email emotional and practical support. Their volunteers are trained in supporting individuals who feel suicidal but are able to provide a listening ear to anyone that needs it, whether or not they are suicidal.

Chris,
PO Box 90 90,
Stirling
FK8 2SA
Tel: 08457 90 90 90 (24 hours)
Email: jo@samaritans.org

Saneline is a national helpline offering emotional support and information for people affected by mental health problems.

0845 767 8000 (6pm-11pm daily)

You can also email Sane using their online form -

http://www.sane.org.uk/what_we_do/support/email/

SupportLine offers confidential emotional support to adults and children by telephone, email and post. They work with callers to develop healthy, positive coping strategies, an inner feeling of strength and increased self esteem to encourage healing, recovery and moving forward with life.

SupportLine,
PO Box 2860,
Romford,
Essex
RM7 1JA

Tel: 01708 765200 (hours vary)
Email: info@supportline.org.uk

CALM (The Campaign Against Living Miserably) is a campaign to raise awareness of depression in young men between 15 and 35. It has a free helpline offering support, advice and information to young men who need someone to talk to.

Helpline: Outside London 0800 58 58 58 (5pm- midnight, Saturday-Tuesday)
Inside London 0808 802 5858

The Maytree Respite Centre is a sanctuary for suicidal people. It offers somewhere to stay for a few nights and someone to talk to. The environment is non-medical and is calm and supportive. The service is confidential with trained volunteers engaging in befriending as well as time for rest and relaxation. It is a one off service, and people who have previously stayed there are unable to return again.

The Maytree
72 Moray Road
Finsbury Park
London
N4 3LG

Tel: 020 7263 7070

Email: maytree@maytree.org.uk

PAPYRUS (prevention of young suicide) is an organisation that aims to prevent suicide in young people and to promote mental health. It can offer advice if you are worried about a young person who might be suicidal.

The PAPYRUS HOPELine UK: 0800 068 4141
Web: www.papyrus-uk.org

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- ¹ Department of Health (2002) *National Suicide Prevention Strategy for England* at pg 3
- ² NHS Choices. Who is at risk of suicide.
<http://www.nhs.uk/Conditions/Suicide/Pages/Causes.aspx> (accessed 13 January 2012).
- ³ It is reported that approximately 87% of people who complete suicide are diagnosed with a mental illness prior to their death. 'Arsenault-Lapierre et al, Psychiatric diagnoses in 3275 suicides: a meta-analysis' *BMC Psychiatry*. 2004; 4: 37. Available online at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC534107/> (accessed 8 March 2012)
- ⁴ Preventing suicide: A resource for general physicians, World Health Organisation (2000) WHO/MNH/MBD/00.1 at pages 8-10. Also see Scottish Government Social Research (2008) 'Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review', chapter 3. Available online at <http://www.scotland.gov.uk/Resource/Doc/251539/0073687.pdf> (accessed 8 March 2012)
- ⁵ World Health Organisation. Suicide rates by gender, United Kingdom of Great Britain and Northern Ireland, 1950-2009 http://www.who.int/mental_health/media/unitkingd.pdf (accessed 13 February 2012)
- ⁶ Some studies suggest that women may be up to five times more likely to engage in this behaviour - Self-harm, Suicide and Risk: helping people who self-harm, Royal College of Psychiatrists (2010) CR158 at pg 22-23. Available online at <http://www.rcpsych.ac.uk/files/pdfversion/CR158.pdf> (accessed 18 January 2012)
- ⁷ How to...help someone who is suicidal, Mind (2004) at page 3
- ⁸ NHS Choices. Suicide Warning signs.
<http://www.nhs.uk/Conditions/Suicide/Pages/warning-signs.aspx> (accessed 13 January 2012).
- ⁹ Preventing suicide: A resource at work, World Health Organisation (2006) pg19
- ¹⁰ Suicide Intervention Handbook – LivingWorks 10th Ed. (2004) pages 63-70
- ¹¹ Department of Health (2001) Mental Health Policy Implementation Guide at para 3.1
- ¹² While, D et al 'Implementation of mental health service recommendations in England and Wales and suicide rates, 1997—2006: a cross-sectional and before-and-after observational study'. *The Lancet*, Early Online Publication, 2 February 2012. doi:10.1016/S0140-6736(11)61712-1. Available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61712-1/abstract?rss=yes](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61712-1/abstract?rss=yes) (accessed 13 February 2012)
- ¹³ RCPSych (2004) 'Psychiatric services to accident and emergency departments' (CR118) at pg 11-12
- ¹⁴ Department of Health (1999), National Service Framework for Mental Health pg79-80
- ¹⁵ National Institute for Health and Clinical Excellence (2004) Self Harm. NCPG number 16. London: National Institute for Health and Clinical Excellence. pg 66. Available online at <http://www.nice.org.uk/nicemedia/live/10946/29424/29424.pdf> (accessed 13 February 2012)
- ¹⁶ Department of Health (2010) Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care at pg 20, available online at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_116675.pdf (accessed 7 March 2012)
- ¹⁷ See note 1 and note 4
- ¹⁸ Crawford, M.J. (2004). Suicide following discharge from inpatient psychiatric care. *Advances in psychiatric treatment*, 10, 434-438. Available from <http://apt.rcpsych.org/content/10/6/434.full.pdf+html> (accessed 13 January 2012)
- ¹⁹ Baldessarini, R.J., Toldo, L., Hennen, J. (2003). Lithium treatment and suicide risk in major affective disorders: update and new findings. *Journal of Clinical Psychiatry*, 64 Suppl 5, 44-52.
- ²⁰ Duggan, A. et al. Modelling the impact of clozapine on suicide in patients with treatment-resistant schizophrenia in the UK, *British Journal of Psychiatry* (2003) 182, 505-508. Available at <http://bjp.rcpsych.org/content/182/6/505.full.pdf+html> (accessed 13 January 2012)
- ²¹ As note 6, at pg 21-24
- ²² As note 6, at pg 24

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Last updated March 2012

Next update March 2014



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Email advice@rethink.org

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By email: feedback@rethink.org

By post:

Rethink Advice & Information Service
Rethink Mental Illness
89 Albert Embankment
London SE1 7TP

By telephone: 0300 5000 927



Leading the way to a better
quality of life for everyone
affected by severe mental illness.

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