

Suicide and Mental Health

There are common challenges in promoting a community climate which supports mental health and suicide-safety.

With both suicide and mental disorders:

- open TALK has been severely restricted by stigma;
- more accepting attitudes are increasingly seen as a key element in encouraging an informed, compassionate response;
- a community- or organization-wide approach is needed to achieve better outcomes.

People affected, and those in a position to help need to come together to nurture mental well-being, support suicide prevention and invite life-sustaining initiatives. While this vision needs to be realized on a community scale, changes typically begin on a personal level.

Promoting mental well-being

Since mental disorders have been clearly shown to increase vulnerability to suicide in some people, measures supportive of mental health will contribute to suicide safety. Finding informal support and professional treatment for those with mental disorders will enhance their well-being, strengthen life links and help them deal with problems in living.

Both mental health concerns and suicide safety need to be separately explored and specifically addressed.

While the presence of mental disorders invites particular vigilance about suicide, the absence of a mental disorder does not eliminate risk. Far from it. Indeed, as suicideTALK has emphasized, suicide touches a wide range of people in any community.

Strengthening life links

Even when mental health problems are present, it is essential that suicide risk is explored openly and safety addressed directly. Promoting an organization, community, clinic or hospital climate supportive of open, honest suicide TALK is a basic standard of care in any mental health setting.



A community perspective

The World Health Organization and several nations have developed strategies to enhance mental health and reduce suicide. In all of them, the promotion of attitudes and practices which support well-being and safety are emphasized as vital to effective prevention activities.

At a personal level, these prevention activities rely on the willingness of individuals, families, communities and organizations to talk openly about mental health and suicide. Concerns about mental health or suicide must be raised openly rather than marginalized or fearfully avoided. Part of this open, direct and honest conversation can explore the common concerns and shared goals for sustaining life links and promoting mental well-being. Some elements which might feature in that conversation are discussed here.

Some ideas

These are some of our suggestions for applying this approach in a mental health context. Add your own—talk these suggestions and your thoughts over with others.

Tell

Tell someone you trust about any personal symptoms and thoughts of suicide.

Create a climate where people with mental health problems or thoughts of suicide are encouraged to tell others and receive appropriate care.

Encourage families, clinics, hospitals or other settings to be places where people freely talk about how to stay alive, promote wellness and live with mental disorders.

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Ask

Ask about symptoms and suicide.

Invite questions or disclosures about threats to life and well-being which people might otherwise be afraid to either name or discuss.

Inquire about current supports to help a person at risk, and others, identify and contact further treatment and service options when needed.

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Listen

Listen for links between suicidality and mental well-being.

Listen for stressful events contributing to any past suicidal acts.

Hear what people have in mind: how their mental outlook may be affecting well-being and their will to live.

Acknowledge themes of aloneness which may relate not only to circumstances past and present but also to stigma and isolation associated with mental disorders or suicidal acts.

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KeepSafe

Helper (custodian, minder, guardian, trustee...) contributes to:

Safety from self-harm and suicide;

Safety until further help and support is available and accessed;

Safety by employing the least restrictive option compatible with minimizing immediate danger and promoting longer-term well-being;

Safety which engages a person at risk to the fullest extent possible in decisions about a risk management plan;

Safety through an accepting environment where people can trust enough to explore fears and to entertain hopes about their mental health, problems in living and decisions to stay alive.

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