



## Did you know that... Psychology works for Suicide Risk

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**Suicide is a complex event.** There are biological, psychological, and sociological causes of suicide and suicidal behaviour (e.g., thinking about or attempting suicide). The World Health Organization (WHO) estimated in the year 2000 there were 800,000 people who committed suicide worldwide. Canada's rate is high, with young people especially at risk, and even higher risk among the young in Native communities. Men are four times more likely to kill themselves than women – but women make more attempts. The sheer numbers have made suicide prevention one of the three major health targets by the WHO for this decade.

**Suicide risk is multidetermined.** There are so many factors that influence who is at risk and who carries through. The complexity of suicide calls for an equally complex set of solutions. There is no one solution. Psychology has played an important role in helping us to understand, prevent, and help those who are thinking of or who have attempted suicide.

### What are the Risk Factors for Suicide?

Studying those who have completed suicide has given us a growing understanding of what leads to it. Research has shown that there are a great number of risk factors, such as being male, unemployed, divorced, and so on; yet people don't kill themselves just because they are unemployed, but because for some people, being unemployed can be extremely painful and depressing and they want to escape from these overpowering feelings and thoughts. The following psychological aspects appear to be key in moving into a suicidal state:

- Unbearable Psychological Pain. The common trigger for suicide is unbearable pain, a deep anguish, in which the person feels especially hopeless and helpless.
- Narrow Thinking. Tunnel vision, or rigid thinking, is common and one of the deadliest aspects of the suicidal state. The individual sees suicide as the one and only solution for their current difficulties. They think *everything* is hopeless and things will *never* be better.
- Ambivalence. The suicidal person is deeply ambivalent – he or she wants both to live and to die.
- Mental illness. About 90% of suicidal people have a psychiatric disorder, the most common being depression or psychosis. Suicidality is not a mental illness, but suicidal people are often suffering from a mental illness.
- Sense of vulnerability. The suicidal person often feels very vulnerable, even fragile, and lacks a positive view of themselves and a sense of personal strength.

- **Problem Relationships.** The suicidal person often feels alone and cut off from others. They may have experienced conflict and rejection from others. They may think they have been dishonourable or failed family, friends, society, etc.
- **Loss.** An experience of loss, or concern about anticipated loss (for example, spouse leaving, fired from a job, ill health, social embarrassment or humiliation) is often a trigger for suicide. Research suggests that those who react with anger or aggression may be more at risk for suicide.
- **Escape.** Suicide is seen as an escape from what feels hopeless and unbearable.

## Can Psychology Help? Prevention, Intervention, and Postvention

**Prevention.** Prevention is education. Research shows that educating parents, teachers, professionals and the general public about the fact that suicide is a problem, what clues to look for, and where to get help, is effective. Psychologists have assisted in developing and putting on prevention programs in schools and elsewhere, and have developed methods to evaluate the effectiveness of these programs.

**Intervention.** Intervention is the care and treatment of the person who is in crisis or who has suicidal concerns. Psychologists are trained in the assessment of suicide risk and understand that it is a very complicated situation. Psychologists have also contributed to the research that helps us predict who may be at risk. Many professionals, including psychologists, are trained in immediate crisis intervention. Telephone crisis centers, for example, have been shown to be a very important part of the supportive network for those at risk. Yet, suicidal people often need additional help to learn other ways of coping. Psychological therapies target many of the psychological triggers and difficulties reviewed above. Therapeutic interventions can help to decrease the psychological pain, expand thinking beyond the narrow focus to a more realistic appraisal of situations, reconnect people to others, and provide support. The effectiveness of services for those at risk for suicide has only recently been carefully studied. A variety of approaches (for example, cognitive-behavioural therapy, interpersonal therapy, multicomponent therapy) have been shown to be of benefit. The research suggests the most important aspect of these treatment approaches is the support the person gets through the therapeutic relationship.

Psychologists have also worked to develop community supports and ways of healing for those at risk. Community approaches, sometimes called community wrap-around techniques, were started in the 1950s, recognizing that it often takes the community to prevent suicide. This approach has been especially helpful in Native communities in recent years.

Research suggests that changes in the environment at a societal level are important too. The World Health Organization reported that steps such as legislating gun control, putting fencing on bridge rails, and making media stories less detailed and sensational have helped to decrease suicide rates.

**Postvention.** Postvention means what happens after someone has committed suicide. Suicide can profoundly affect family and friends. There can be feelings of guilt, shock and anger. Psychologists, along with others trained in this type of care, can provide therapeutic support for those who have lost a loved one to suicide. Sometimes this care is provided in individual sessions and sometimes in small groups with others who have had a similar experience. Postvention may also include a larger-scale response in schools and other settings, when larger groups are affected by the trauma.

**Those at risk for suicide can be helped, but there is no single or easy solution.** Often, an interactive community of care must be mobilized and may involve medication, mental health services, support, the development of new skills, and/or hospitalization. Psychologists are regulated health professionals who can recognize risk and respond with appropriate services.

### Where do I Go for More Information?

- Centre for Suicide Prevention – <http://www.suicideinfo.ca>
- Canadian Association for Suicide Prevention (CASP) – <http://www.suicideprevention.ca>
- American Association of Suicidology (AAS) – <http://www.suicidology.org>
- International Association for Suicide Prevention (IASP) – <http://www.iasp1960.org>
- International Academy for Suicide Research (IASR) – <http://www.uni-wuerzburg.de/IASR>

**Consultation with or referral to a registered psychologist** can help guide you as to the use of these therapies. For a list of psychologists in your area, <http://www.cpa.ca/Psychologist/>.

*This summary has been created for the Clinical Section of the Canadian Psychological Association by Dr. Antoon Leenaars, first past-president of the Canadian Association for Suicide Prevention (CASP).*

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