Caltech Counseling Center: Suicide Prevention 2010

Causes of suicide and advice on how to help prevent people from taking their lives
The recent suicides at Caltech are tragic and sad, as well as extraordinary. The national average for college students is estimated at roughly 1 in 10,000. With three students taking their lives during the last academic year, Caltech has surpassed this national average. Whatever the number, any suicide is too many. We should do all we can to keep each other safe.
Factors that Contribute to Suicide

- Stress and an Individual’s Response to Stress
- + Mental illness (e.g., depression, bipolar disorder, etc.)
- + Failure to seek treatment or lack of responsiveness to treatment over an extended period of time
- + Major stressor
- = Greatest suicide risk

While the factors that contribute to 80% of suicides are known, how those factors come together in an individual is very specific to that person. In most cases, the path to suicide is a protracted one with an individual struggling against the decision to take his or her life.
Suicide: The Role of Stress

- By itself, stress is not a simple cause of suicide.
- Not everyone who is stressed becomes depressed.
- Not everyone who is depressed or suffering from a mental illness goes on to take their life.

In the 2008 Caltech Emotional Well-Being Survey, 75% of Caltech students reported that their academics were a significant source of stress. Additionally, Caltech students said that their academics were their single greatest source of stress – more than any other factor.

18% of Caltech students said that they had been depressed in the past, compared with 17% percent of college students nationally.

Even though the depression rate among Caltech students is not appreciably higher than the national average, the effects of stress on the emotional well-being of Caltech students is reason to be concerned. For instance, 29% of Caltech students described their emotional well-being as fair, poor, or bad.

9.5% of the adult population has a mood disorder, such as depression or bipolar disorder and approximately 1% of the adult population suffers from schizophrenia. This means that up to 10.5% of the adult population suffers from the mental illnesses that are most often implicated in 80% of all suicides. These numbers are even higher when factoring in the role of substance abuse.

In the general U.S. population, about 11 people per 100,000 commit suicide. This is approximately .01%.
People are hard wired, if you will, to respond in different ways to stress. Some individuals are “over responders” to stress physiologically (that is, they tend to show stress outwardly and overreact), while others are “under responders” to stress (that is, they tend to shut down). This makes the assessment of what constitutes too much stress very subjective.

In addition, people’s emotional responses to stress vary considerably based on their social support and coping skills, such as problem solving skills, conflict resolution skills, and personal resilience.

Another important factor is whether a person has attempted suicide before. Taking steps to overcome the instinctual desire to live only reduces barriers against future attempts.

In sum, while stress plays a role in suicide, it is not typically a primary one.

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**Suicide: The Role of Stress, con’t.**

- A person takes his/her life as a result of complex factors converging leaving the individual with a sense of hopelessness.
- Those factors include:
  - Innate physiological response to stress
  - Coping skills and support
  - Experience of depression or any mental illness at the time of their suicide
  - Prior history with depression or any mental illness, and any prior suicide attempts
  - Other factors that are not accounted for
Because so many mental illnesses are treatable, many suicides are potentially preventable. While not everyone who has depression or bipolar disorder goes on to take their life or even consider suicide, some number do, so early intervention is very important.
Recognizing the signs of depression and bipolar disorder is important to allow for early intervention and prevention of suicide. It’s also important to know the ways in which depression affects people differently than stress does.
Though we have focused mostly on depression as a risk factor for suicide, there is another mood disorder implicated in many suicides. Some people may have a mood disorder called bipolar disorder, also called manic depression. This is characterized by having periods of high energy and feeling extremely driven. At low levels, some of the symptoms of the manic stage of bipolar disorder can be positive. The person is highly productive and creative, which can be valuable but also makes it difficult to identify someone as being manic in the early stages. What happens, however, is that without medication the person can’t control these symptoms, which can quickly become more severe and potentially damaging. Bipolar depression is highly responsive to medication, and early treatment is important.

### Symptoms of Manic Depression: Manic Phase

- Impulsivity, engaging in risky behaviors, like reckless driving and spending
- Poor judgment
- Irritability, feeling easily angered, even getting violent
- Trouble concentrating, racing thoughts, difficulty sitting still, rapid speech
- Sense of grandiosity and invincibility
- Irrational thoughts (e.g., believing they have special connections with God or celebrities)
- Paranoia and/or psychotic symptoms
When a person suffers from depression they lose hope that things will get better and they lose the energy to do something about their situation. Providing support, encouraging help, and remaining optimistic that they can be helped are all important things you can do. 80% of people who are depressed and receive treatment report that treatment helped them.
Tragically, it is only in retrospect that some of the signs of suicide are understood to be indicators of what was to come. If you have any concerns of the possibility of suicide for an individual, no matter how uncertain you are, call us, the Counseling Center, at x8331 to consult.
If you find yourself concerned that suicide is a possibility for yourself or someone else, just that worry alone should be enough for you to consult with someone. Even if you are unsure how concerned to be about the possibility, call us so we can help you to help your friend – or yourself. No one should be left alone with the worry that someone else could take their life. Even if you are sworn to secrecy by the person experiencing suicidal thinking, it’s a secret you shouldn’t keep. And no one should have to be alone with thoughts of wanting to end their life. Consult with us so we can help.

### How Can You Talk To Someone About Suicide?

- Be direct but gentle.
- Assess the risk of suicide:
  - How serious or imminent is the possibility of suicide?
  - Do they have a plan?
  - How well-developed is the plan?
  - Do they have a means to harm themselves (e.g., access to a gun, pills, knife)?
  - Do they say that they intend to carry out their plan?
- The more developed the plan, the more serious the danger.
- The situation is even more dangerous if they have the means to harm themselves, and if they use alcohol or drugs.
Has a friend told you that they were thinking of suicide?
It’s a secret you shouldn’t keep.
Sometimes a friend has to involve other people in order to help another friend. The rule of thumb is always to consult with a professional whenever you’re unsure what to do.

What Should You Do If A Person Is Suicidal?

- If a person is thinking about suicide, but they have no clear plan or means and they deny any intention:
  ➔ You have some time to get the person help. Consult!

- If the person is thinking about suicide and they have a plan:
  ➔ Involve someone right away!

- If the person intends to or threatens to harm themselves:
  ➔ Involve someone right away!

- If the person has taken pills or harmed themselves:
  ➔ This is a medical emergency. Call ext. 5000!
People at Caltech are highly accomplished academically and professionally, but some have not yet developed the skills required to negotiate the challenges in relationships and in life. Those limitations become more evident and are made worse if the person experiences a setback. Depression can make even the most competent and resilient person temporarily unable to manage. The person is not to blame; the illness is. With help, individuals can develop life skills such as problem solving, conflict resolution, and the ability to bounce back from setbacks. Even for people who aren’t depressed, these skills are important in dealing with life stresses.
Don’t hesitate to call us, whether during the day, during the evenings, or on the weekend. We’re here to help you. No PowerPoint presentation can address the unique concerns an individual has, whether for themselves or another person. Think of this as only the first step in knowing what to do. And now you know to…consult! Come talk to us.

Caltech Counseling Center, (626) 395-8331
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