

Sadly, there are a number of cases of people with arachnoiditis who have taken their own lives out of desperation and there are undoubtedly many more incidences of attempted suicide.

It is important for us to acknowledge that severe depression may involve suicidal ideas and maybe even suicidal behaviour.

Suicidal behaviour tends to result from the interaction of a number of factors which include mental disorders such as incurable physical illness, depression, substance misuse; and social factors: particularly isolation or a lack of social support

Over 70% of the people who commit suicide are over 40 years old, with a rising rate in those over 60, particularly for men.

In contrast, suicide attempts are more common before middle age. Attempted suicide is particularly common among unmarried adolescent girls and unmarried men in their 30s.

Although women attempt suicide 3 times more frequently than men, men complete suicide (i.e. are successful) 4 times more often than women. Married men and women are less likely to attempt or complete suicide than separated, divorced or widowed men and women who live alone.

Suicides are more common among family members of those who have attempted or completed suicide. Suicide rates are higher in urban than rural areas.

The following is a brief list of the recognised high risk factors for completed suicide (adapted from a list in the Merck Manual):

- *Personal/social factors*: male, over 60 years; history of previous attempt; history of suicide/mood disorder in family; recent separation/divorce/widowhood; social isolation; personally significant anniversaries; unemployment; financial difficulties; alcohol/drug use; detailed suicide planning with precautions against discovery
- *Mental/physical factors*: depression; agitation, restlessness, anxiety; feelings of guilt, inadequacy, hopelessness; self-denigrating talk/demeanour; impulsive/hostile behaviour; chronic, painful, disfiguring or disabling illness.

It is notable that many of the personal/social factors occur in chronically ill individuals, with loss of ability to work (with resultant financial struggles) and relationship problems being common.

Incurable debilitating physical illness is a recognised risk factor for suicide.

DANGER SIGNS OF SUICIDE

- Talking about suicide.
- Statements about hopelessness, helplessness, or worthlessness.
- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things usually cared about.
- Visiting or calling people normally cared about.
- Making arrangements; setting affairs in order.
- Giving things away.

Suicidal individuals may not give any warning.

A recent case in America involved an incurably ill man in his sixties who, whilst depressed, was apparently feeling somewhat better when his sister popped out for some shopping.

He took the opportunity to leave the house, driving off in his car to a remote spot before shooting himself. Naturally, his sister blamed herself for not realising what he was going to do, but in reality someone who has made up his/her mind is often firstly apparently rather more calm or even cheerful than normal (due to the relief of having made a decision and having an

end in sight to their suffering) and secondly may go to great lengths to conceal the planned suicidal actions.

On the other hand, speaking about feeling suicidal, even repeatedly without taking action does not mean that on the 'nth' occasion, suicide will not be attempted. Even experienced psychiatric staff may not be able to distinguish a harmless conversation from one with active suicidal intent.

Men tend towards more final methods of suicide such as the use of guns, or jumping from heights, whereas women are more likely to choose pills with or without alcohol.

How do you know if you are feeling suicidal? It may initially be a fleeting thought about how much easier it would be if life were over, all the problems and pain gone.

However, over time, the thoughts may become more persistent and may indeed become insistent to the point where they are preoccupying most of your waking time.

If the first thing you think on waking is regret for waking to yet another endless day, and thereafter your whole day is spent thinking of why you should or shouldn't, how you could kill yourself, then you need to seek urgent help.

How to Cope When You're Feeling Suicidal

1. Most important: tell your doctor, a friend, a family member, or someone else who can help.
2. Distance yourself from any means of suicide. If you have been contemplating taking an overdose, give all your medicines to someone else for safe-keeping and ask them to give them to you a day at a time. As far as is practical move any overtly dangerous objects or weapons from your home. Avoid visiting places that might have featured in suicidal ideas, such as

bridges or high buildings.

3. Avoid alcohol and using drugs other than those prescribed or higher doses of prescribed medication than you would normally take.
4. You may find that certain times of day are worse for you and recognising this may be helpful: you might find asking someone to keep you company at these times or using distraction can help you through this.
5. Know your limitations and avoid situations that are likely to push you beyond those limits. Set realistic goals for yourself and work towards them slowly, a step at a time. If you have a setback, try not to dwell on it.
6. Make a written schedule for yourself for each day and stick to it. Be realistic about what you can hope to achieve and set priorities. Cross items off the schedule once you have accomplished the task. This schedule can help you feel more in control of your situation and makes life more predictable, whilst also reinforcing a sense of achievement for those tasks you complete.
7. Write into your schedule at least two 30-minute periods for activities that you normally find pleasurable or fulfilling.
8. Look after your body: eat a well-balanced diet and don't skip meals. Try to ensure you get enough sleep, but not more than 8 hours or so should be necessary, more might be counterproductive (try to establish a routine for sleeping). If you are able, try to have as much exercise as possible, such as one or two walks for 20-30 minutes each day.
9. Try to spend some time in sunshine, especially between 11am and 2pm. Bright light is known to be beneficial, not just in Seasonal Affective Disorder (SAD) but all depression.

10. However antisocial you are feeling, try not to isolate yourself; talk to other people, whether about your feelings or about something else.

"Suicide is a particularly awful way to die: the mental suffering leading up to it is usually prolonged, intense, and unpalliated," Kay Redfield Jamison. [Night Falls Fast: Understanding Suicide \(Vintage\)](#)

(Another book to read for those who have lost a loved one to suicide:

[No Time to Say Goodbye: Surviving the Suicide of a Loved One](#) by Carla Fine)

Useful website: UK organisation: Depression Alliance

<http://www.depressionalliance.org/>

□ **Depression Alliance National Office:** □ □ □

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