

Helping to reduce suicide risk

Not everyone with bipolar disorder becomes suicidal. However, the risk of suicide is high in bipolar disorder and caregivers need to take even casual or occasional mentions of suicidal thoughts seriously. Don't avoid talking about suicide, as the person might feel unable to discuss their suicidal thoughts or intentions with you. As a caregiver, there may be something you can do in conjunction with health professionals and the person themselves to help prevent suicide.

If the person is currently suicidal:

- **Get medical help:** Contact their clinician or mental health team. If the person is in immediate danger of harming themselves, call the emergency services or take them to the closest emergency department.
- **Don't leave the person alone.** If you cannot be with them, arrange for someone else to keep them company.
- **Try to remove the means the person has to kill themselves** (e.g. lock away medicines, guns).
- Contact a suicide or crisis helpline (look on your local directory and the resources section of bipolarcaregivers.org for some numbers to call)
- If the person has a **suicide prevention plan**, assist them to use it.

If the person is currently suicidal, it is possible that they will resent any action you take to prevent them from killing themselves. However, don't let this stop you from taking action to help.



Recognizing warning signs that a person is suicidal

It is sometimes difficult to know if a person is suicidal. The person may not express their suicidal thoughts directly or verbally. Recognizing possible warning signs, checking these out with the person, providing support and assisting them to get treatment may help to prevent suicide. See Box 1 for some direct and indirect warning signs that a person may be suicidal.

Box 1: Warning signs that a person may be intending to kill themselves

Direct and indirect warning signs to look out for include when the person:

- Directly tells you or others that they are suicidal or mentions their intention to kill themselves more casually.
- Has a plan to kill themselves. A person with a plan to kill themselves needs urgent help to prevent suicide (see below).
- Writes or talks more generally about suicide or death.
- Puts their affairs in order (e.g. makes a will, takes out life insurance, gives their possessions away or sells their house).
- Is depressed or hopeless, has lost interest in the things they used to enjoy and isolates themselves from friends and family.
- Is agitated, anxious, constantly irritable or angry and can't sleep at night.
- Has increased their use of alcohol or street drugs. In addition, a person who is suicidal and intoxicated (from using alcohol or other drugs) may be more likely to impulsively try to kill themselves.
- Is increasingly reckless and doesn't seem to care what happens in the future.
- Has a sudden lift in mood. Once a person has a plan to kill themselves, their mood sometimes temporarily improves. If the person has been talking about suicide and their mood suddenly improves, ask them if they still have any intention to attempt suicide.

Please note: It can help to look out for warning signs. However, sometimes there are no warning signs or the person's warning signs are so individual that it is understandable if they were not noticed.

If you think the person may be feeling suicidal but they have not expressed this directly, ask them if they have thoughts about suicide. If the person does discuss their suicidal thoughts, listen without judging them. Let the person know that you have heard how they are feeling, recommend medical help and if necessary assist them to access it.

If the person only has vague, occasional thoughts about suicide that usually pass quickly, still encourage them to discuss these thoughts with their doctor or mental health team. Health professionals are trained to assess suicide risk. Keep an eye on the person to see if these thoughts do indeed pass or become more specific, intense or frequent and they need more urgent medical help. Never hesitate to assist a person who is suicidal to access medical help.

If the person is suicidal ask them whether they have a plan to kill themselves (e.g. the means to do it or a time frame). Having a plan raises the risk of suicide and the urgency of getting help for the person.

Besides helping a person who is suicidal to access medical treatment, you may be able to keep them company. If the person is not being treated in hospital and you are concerned about leaving them alone, arrange for other people in the person's support network to spend time with them when you have to leave. Try to prevent the person from easily accessing items that they could use to harm themselves. Suicide helplines are another possible source of valuable support for a person who is suicidal.

Making plans to prevent suicide

If the person has previously had suicidal thoughts, discuss with them ways you can help them to get through the times when they feel suicidal. Assist the person to develop a plan to prevent suicide that you can both rely on if they become suicidal.

This plan can involve what warning signs of suicide to look out for, who to contact when the person is suicidal and a list of contact details (e.g. clinicians or emergency services or departments and possibly helplines), how to prevent easy access to items that the person may need to use to kill themselves, ways you and other family members or friends can support the person at this time, and a list of reasons the person has for living. If the person does not want to make a plan with you, make your own plan (e.g. who to contact for help and ways to try to prevent suicide).

Keep a list of contact numbers of people you can call for help if the person becomes suicidal

Factors that may increase a person's risk of suicide

There are certain factors that may increase the risk of suicide. Please note that having risk factors does not mean that the person will kill themselves, rather it increases their risk of suicide.

Suicide risk factors include if the person:

- Has a depressive or mixed episode OR has recently had such an episode
- Lives alone
- Previously attempted suicide or had thoughts about killing themselves
- Has someone else in their family who died by suicide
- Has rapid cycling or a number of previous bipolar episodes or hospitalizations
- Experiences bipolar symptoms between episodes
- Has anxiety or drug or alcohol problems in addition to bipolar disorder.

It is still possible for suicide to occur if the person is suicidal and they do not have any of the above risk factors.

Good treatment, being alert and responding to warning signs of suicide and having a suicide prevention plan are some of the protective factors that can help to prevent suicide.

Don't deal with suicide risk alone

Dealing with suicide risk in someone you care for can be very stressful. Don't try to deal with this risk on your own. Besides assisting the person to get help, contact supportive helplines and family or friends you can trust. There are organizations dedicated to preventing suicide that offer support and information for caregivers (see your local directory or the resources section of bipolarcaregivers.org). This support can also be very valuable if the person you care for has recently tried to kill themselves.

If a person is determined to kill themselves, there is only a limited amount anyone can do to stop them. Don't blame yourself if this occurs. There are organizations to support those bereaved by suicide (see bipolarcaregivers.org).



THE UNIVERSITY OF
MELBOURNE

Orygen
YOUTH Health

Lesley Berk, Anthony Jorm, Claire Kelly, Michael Berk, Seetal Dodd and the clinicians, caregivers and people with bipolar disorder who helped to develop this guide.