



# MI Fact Sheet Series

UNDERSTANDING AND MANAGING MENTAL ILLNESS

## Understanding suicide and mental illness

### Suicide facts

More people – about 2,500 people each year – die in Australia from suicide than from road accidents. It is estimated that for every suicide there are 30 other attempts. Among young people, suicide is second only to road accidents as the leading cause of death.

It is difficult to know what causes suicide, but there is no doubt that depression is the most common factor in suicidal thoughts. Not surprisingly then, those groups in the community that are more prone to depression are also at higher risk of suicide. Some groups are particularly vulnerable, including people with a mental illness.

### Suicide and people with a mental illness

As a group, people with a mental illness face a statistically higher risk of suicide than the general population. Considerable evidence links suicide and suicide attempts with depression, schizophrenia, bipolar disorder and personality disorders.

People with mental illness have a ten percent risk of suicide within ten years of diagnosis. One in ten people with schizophrenia suicide, almost one in five with bipolar disorder suicide. People with personality disorders are also at high risk.

Although people with a mental illness are statistically at greater risk, each suicide involves a complex interaction of factors and no single determinant is necessary or sufficient for it to occur.

Moreover, most people who attempt suicide go on to full recovery.

### Strong indicators of risk

#### 1. Prior attempt at suicide

This is seen to be a strong predictor. While this does not include self-harm, those who self-harm are also at a higher risk. Of course, attempted suicide and self-harming behaviour are not always easy to distinguish.

#### 2. Drug and alcohol abuse

Many studies have found higher rates of suicide among those with problematic alcohol and drug use. Sometimes the drug and/or alcohol use is a deliberate part of an attempted suicide itself, but drug and alcohol abuse can also have social and psychological consequences that may contribute to suicidal ideation. Problematic drug and alcohol use can result in, or contribute to, depression.

#### 3. Social factors

Although studies cannot be ultimately conclusive, there seems to be no doubt that increasing social stressors/stresses have contributed to a higher rate of depression in the community. These social factors include unemployment, economic hardship, family discord and conflict and growing social isolation.

Other factors may trigger suicidal intent, such as the loss of a spouse or partner, or severe conflict in a person's life. Longer term, a history of childhood abuse and particularly sexual abuse are identified as factors contributing to suicidal ideation.

### Other high risk groups

These include males over 65 years old, young males 15-24, young men in remote rural areas, homeless people, people with HIV/AIDS, Aboriginal people, people in custody, gays and lesbians.

### What might cause someone to become suicidal?

Many factors can point to why certain people may become suicidal. No factor alone is a cause. Depression is undoubtedly the biggest factor, and depression can be contributed to by all the factors listed above. There is emerging evidence that suicidal behaviour can be linked to decreased levels of serotonin in the brain. It is worth noting that serotonin levels are also identified as a factor in the development of some mental illnesses.

People experiencing psychotic symptoms may be instructed to suicide by auditory command hallucinations (voices).

### What behaviours indicate that someone might be about to suicide?

- Depression
- Talking about suicide
- Having a detailed plan about how they might go through with it
- Having the means to go through with the plan
- Having someone close to you suicide
- Drug use
- Not being committed to anything
- A previous attempt at suicide.

## What can family and friends do?

The fear of suicide due to mental illness is often a real concern for family members. It can be a very powerful fear that can cause confusion about how much care they should give, how much independence they should encourage, and how many risks they should take in the process of recovery. From the family members' point of view it can lead to over-vigilance, and subjugation of their lives to the fear of suicide and harm. Steps can be taken which can help minimise and manage the risks:

### Suicide prevention: Do's and don'ts

#### Do

- Listen, show empathy, be calm
- Be supportive, caring and take the situation seriously
- Assess risk – ask about previous attempts and a suicide plan
- Explore possibilities other than suicide
- Buy time – make a contract, remove the means
- Identify supports
- Tell others, get help
- If the risk is high, stay with the person

#### Don't

- Ignore the situation
- Be shocked, embarrassed or panicky
- Say that everything will be alright
- Challenge the person to go ahead
- Make the problem appear trivial
- Give false assurances
- Swear to secrecy
- Leave the person alone.

Source: *Schizophrenia: Costs 2002 SANE Melbourne, Victoria, Australia*

### Ask about it openly and directly

This is the single most important thing that family and friends can do, if they are worried that a family member may be suicidal. This will not increase the chance of them going through with it. It is a myth that bringing the issue up might put the idea into someone's head.

The feeling of being suicidal is often an isolating experience and having someone prepared to ask about it can reconnect them. Family members can then act on the discussion if they need to by talking to their doctor or calling a local crisis response team. Fearing suicidal behaviour can be extremely stressful. Seek support for yourself and your family as well.

### Useful references

Suicide Helpline 1300 651 251  
24 hr counselling and advice 13 11 14  
Beyond Blue  
(National Depression Institute)  
[www.beyondblue.org.au](http://www.beyondblue.org.au)  
Depressionet  
[www.depressionet.com.au](http://www.depressionet.com.au)  
Mental Illness Fellowship of Australia  
[www.mifellowshipaustralia.org.au](http://www.mifellowshipaustralia.org.au)  
Mental Illness Fellowship Victoria  
[www.mifellowship.org](http://www.mifellowship.org)  
Mental Health Services Website (Vic)  
[www.health.vic.gov.au/mentalhealth](http://www.health.vic.gov.au/mentalhealth)  
National Alliance of the Mentally Ill (NAMI) (USA)  
[www.nami.org](http://www.nami.org)  
Mental Health Council of Australia  
[www.mhca.com.au](http://www.mhca.com.au)  
SANE Australia  
[www.sane.org](http://www.sane.org)  
Beyond Blue  
[www.beyondblue.org.au](http://www.beyondblue.org.au)

### Mental Illness Fellowship of Australia fact sheets

Understanding depression  
Understanding psychosis  
Understanding bipolar disorder  
Understanding schizophrenia  
Understanding schizoaffective disorder  
Family and carer supports and services  
What can friends and family do to help a person experiencing mental illness?



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for people with mental illness,  
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**Mental Illness Fellowship of Sth Australia Inc**  
08 8221 5160 [www.mifsa.org.au](http://www.mifsa.org.au)

**NT Assoc of Relatives & Friends of the Mentally Ill Inc (NT ARAFMI)**  
08 8948 1051 [www.ntarafmi.org.au](http://www.ntarafmi.org.au)  
**Schizophrenia Fellowship of NSW Inc**  
02 9879 2600 [www.sfnsw.org.au](http://www.sfnsw.org.au)



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08 9228 0200 [www.mifwa.com](http://www.mifwa.com)  
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