



# Suicidal Ideation Signs, Symptoms, and Resources

Suicide is the second leading cause of death in the United States for people 15-24. There is no single cause to suicide. It most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition and/or when stressors (examples such as: financial, loss of a loved one, trauma) and health issues converge to create an experience of hopelessness and despair. Depression is one of the most common conditions associated with suicide, and it is often undiagnosed or untreated. In addition to depression, conditions like anxiety and substance use problems, especially when unaddressed, increase risk for suicide. Mental health problems can stem from biological, social, and psychological aspects. Yet it's important to note that many people who actively manage their mental health issues and life stressors go on to higher quality of life and lead healthy and productive lives. The best ways to treat mental health conditions is through one or more of the following (depending on the particular individual and circumstances): therapy, medication, support groups, etc.

The culture of dance typically involves high levels of stress due to the intensity of performance and competition, and depression and other mental health issues are common in dancers. Recognition of mental health challenges that occur in the dancer population is important, in general, but especially for suicide prevention. Suicide is often seen as a permanent solution to a temporary feeling or problem. Being aware, knowing the signs, having resources and reaching out can have the power to make a difference.

#### **Risk Factors**

- Mental health disorders (including alcohol and other substance use disorders)
- Hopelessness or loss of purpose
- Recent impulsive behavior
- Past or current trauma or abuse
- Chronic physical illnesses
- Previous suicide attempt(s)
- Family history of suicide
- Loss of job or income
- Loss of people important to one or loss of relationships
- Access to lethal or deadly means
- Exposure in community or on the news to recent attempted or completed suicides
- Feelings of isolation and little social support

## **Warning Signs**

- Talking about wanting to die or not be alive anymore
- Talking about how life would be easier for others if they were not here

- Creating a plan and looking for access to carry out the plan
- Talk about feeling hopeless, having no way out, or constantly being in pain
- Increasing the use of dangerous coping skills (like alcohol and drugs)
- Being irritable and impulsive
- Drastic and frequent changes in mood
- Withdrawing from family and friends
- Giving away prized possessions
- Sleeping too much or not enough

#### What is Suicidal Ideation

- Suicidal Ideation, also known as thinking of dying from suicide or having suicidal thoughts, is when a person feels like they want to harm themselves and end their own life.
- There are two types of suicidal thoughts:
  - Active suicidal ideation means that the person is currently have suicidal thoughts, has a plan, and has thought of a way or ways to carry out the plan.
  - Passive suicidal ideation may be current or in the past, and the person often feels like it
    would be easier for them to not be alive. However, they do not have a plan or method to
    carry out the plan. Example: "I would not have these problems if I was not here anymore."

#### If Suicidal Ideation is *Present and Active*

- It is imperative that the person with suicidal ideation gets an assessment. This assessment will evaluate what kind and what type of help the person needs (hospitalization, medication management, outpatient therapy, inpatient therapy, residential therapy, safety plan, etc.).
- Options for getting a suicidal assessment
  - Go to your nearest Emergency Room
  - o Go to a mental health treatment center
  - Call Mobile Crisis Service, Mental Health hotlines in your area to find the best and nearest resources
  - Contact a hotline number below for additional support and resources in your area

## **Important Information for Home**

- Remove all sharp objects (including knives, scissors, and razors) from the home if suicidal ideation
  is present or past. You may also lock them up instead of removing them if the person with suicidal
  ideation cannot get access to them.
- Nobody should be left alone for any reason if suicidal ideation is present.

# If Suicidal Thoughts are *Present but No Plan or Intent is in Place* (Passive Ideation)

- Encourage the person with the passive suicidal ideation to talk to a mental health provider.
- To find a mental health provider in your area:
  - www.psychologytoday.com
  - Call your insurance company for a list of names
  - Google search
  - Ask your doctor's office

### How Can You Help Someone Who Is Suicidal?

- Listen
- Empathize
- Do not minimize or downplay the person's feelings or thoughts
- Show support
- Ask direct questions ("Are you having suicidal thoughts?" and "Do you have a plan to kill yourself?")
- Encourage the individual to get professional help (see resources throughout this document)

### **Hotline Numbers to Keep in Mind**

- Crisis *CALL* Line
  - National Suicide Hotline: 1-800-273-TALK (8255)
- Crisis *TEXT* Line
  - o Text START to 741-741
- Crisis ONLINE CHAT
  - https://www.imalive.org/

## Mental Health Apps and Other Resources (these do not replace seeking out therapy and/or medication)

- Apps
  - Headspace (mental health app)
  - Insight Timer (mindfulness and relaxation)
  - NotOk (signify to trustworthy family and friends that you are not doing well)
- Websites, Resources & References
  - o https://suicidepreventionlifeline.org
  - o https://asfp.org
  - https://jasonfoundation.com/
  - https://www.livethroughthis.org/
  - o https://save.org
  - o https://caps.ucsc.edu/resources/depression.htm

Disclaimer: The information on medical marijuana contained in this paper is intended to help inform the dancer on basic facts about medical marijuana. It is not meant to take the place of the advice of a medical professional. This information is provided by Dance/USA Task Force on Dancer Health.

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