

Symptoms and Danger Signs



Warning Signs of Suicide

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

A suicidal person urgently needs to see a doctor or psychiatrist.

Symptoms of Major Depression

Not all people with depression will show all symptoms or have them to the same degree. If a person has four or more symptoms, for more than two weeks, consult a medical doctor or psychiatrist. While the symptoms specified for all groups below generally characterize major depression, there are other disorders with similar characteristics including: unipolar depression, bipolar illness, anxiety disorder, or attention deficit disorder with or without hyperactivity. Remember that only a medical doctor can diagnose depression.

In Adults

- Persistent sad or "empty" mood.
- Feeling hopeless, helpless, worthless, pessimistic and/or guilty.
- Substance abuse.
- Fatigue or loss of interest in ordinary activities, including sex.
- Disturbances in eating and sleeping patterns.
- Irritability, increased crying, anxiety or panic attacks.
- Difficulty concentrating, remembering or making decisions.
- Thoughts of suicide; suicide plans or attempts.
- Persistent physical symptoms or pains that do not respond to treatment.

In Infants

It's important to understand what constitutes normal development in infants, children and adolescents vs. what may be signs of a depressive illness. You may not see a drastic change in a child/adolescent's behavior or mood if they were born with a depressive illness. It may be part of their make-up having been present from day one.

- Unresponsive when talked to or touched, never smile or cry, or may cry often being difficult to soothe.
- Failure to gain weight (not due to other medical illness).
- Unmotivated in play.
- Restless, oversensitive to noise or touch.
- Problems with eating or sleeping.
- Digestive disorders (constipation/diarrhea).

In Children

In children, depressive illnesses/anxiety may be disguised as, or presented as, school phobia or school avoidance, social phobia or social avoidance, excessive separation anxiety, running away, obsessions, compulsions, or everyday rituals, such as having to go to bed at the exact time each night for fear something bad may happen. Chronic illnesses may be present also since depression weakens the immune system.

- Persistent unhappiness, negativity, complaining, chronic boredom, no initiative.
- Uncontrollable anger with aggressive or destructive behavior, possibly hitting themselves or others, kicking, or self-biting, head banging. Harming animals.
- Continual disobedience.
- Easily frustrated, frequent crying, low self-esteem, overly sensitive.
- Inability to pay attention, remember, or make decisions, easily distracted, mind goes blank.
- Energy fluctuations from lethargic to frenzied activity, with periods of normalcy.
- Eating or sleeping problems.
- Bedwetting, constipation, diarrhea. Impulsiveness, accident-prone.
- Chronic worry & fear, clingy, panic attacks.
- Extreme self-consciousness.
- Slowed speech & body movements.
- Disorganized speech - hard to follow when telling you a story, etc.
- Physical symptoms such as dizziness, headaches, stomachaches, arms or legs ache, nail-biting, pulling out hair or eyelashes. (ruling out other medical causes)
- Suicidal talk or attempts.

In Adolescents

Depressive illnesses/anxiety may be disguised as, or presented as, eating disorders such as anorexia or bulimia, drug/alcohol abuse, sexual promiscuity, risk-taking behavior such as reckless driving, unprotected sex, carelessness when walking across busy streets, or on bridges or cliffs. There may be social isolation, running away, constant disobedience, getting into trouble with the law, physical or sexual assaults against others, obnoxious behavior, failure to care about appearance/hygiene, no sense of self or of values/morals, difficulty cultivating relationships, inability to establish/stick with occupational/educational goals.

- Physical symptoms such as dizziness, headaches, stomachaches, neck aches, arms or legs hurt due to muscle tension, digestive disorders. (ruling out other medical causes)
- Persistent unhappiness, negativity, irritability.
- Uncontrollable anger or outbursts of rage.
- Overly self-critical, unwarranted guilt, low self-esteem. Inability to concentrate, think straight, remember, or make decisions, possibly resulting in refusal to study in school or an inability (due to depression or attention deficit disorder) to do schoolwork.
- Slowed or hesitant speech or body movements, or restlessness (anxiety).
- Loss of interest in once pleasurable activities.
- Low energy, chronic fatigue, sluggishness.
- Change in appetite, noticeable weight loss or weight gain, or abnormal eating patterns.
- Chronic worry, excessive fear.
- Preoccupation with death themes in literature, music, drawings, speaking of death repeatedly, fascination with guns/knives.
- Suicidal thoughts, plans, or attempts.

In the Elderly

Many people feel that it is normal for elderly persons to be depressed. This is a dangerous misconception. If you suspect an older adult is suffering from a depressive illness, a thorough medical examination should be given as soon as possible.

- Unusual complaints of aches and pains (back, stomach, arms, legs, head, chest), fatigue, slowed movements and speech, loss of appetite, inability to sleep, weight increase or decrease, blurred vision, dizziness, heart racing, anxiety.
- Inability to concentrate, remember or think straight (sometimes mistaken for dementia). An overall sadness or apathy, withdrawal; inability to find pleasure in anything.
- Irritability, mood swings or constant complaining; nothing seems to make the person happy.
- Talk of worthlessness, not being needed anymore, excessive and unwarranted guilt.
- Frequent doctor visits without relief in symptoms; all tests come out negative.
- Alcoholism, which can mask an underlying depression.

Symptoms of Mania:

- Decreased need for sleep.
- Restless, agitated, can't sit still. Increased energy, or an inability to slow down.
- Racing, disorganized thoughts, easily distracted.
- Rapid, increased talking or laughing
- Grandiose ideas, increased creativity.
- Overly excited, euphoric, giddy, exhilarated.
- Excessive irritability, on edge.
- Increased sex drive, possibly resulting in affairs, inappropriate sexual behaviors.
- Poor judgment, impulsiveness, spending sprees
- Embarrassing social behavior
- Paranoia, delusions, hallucinations

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

Ethan felt like there was no point going on with life. Things had been tough since his mom died. His dad was working two jobs and seemed frazzled and angry most of the time. Whenever he and Ethan talked, it usually ended in yelling.

Ethan had just found out he'd failed a math test, and he was afraid of how mad and disappointed his dad would be. In the past, he always talked things over with his girlfriend — the only person who seemed to understand. But they'd broken up the week before, and now Ethan felt he had nowhere to turn.

Ethan knew where his dad kept his guns. But as he was unlocking the cabinet, he heard his kid sister arriving home from school. He didn't want Grace to be the person to find him, so he put the gun back and went to watch TV with her instead. Later, when he realized how close he'd come to ending his life, Ethan was terrified. He summoned the courage to talk to his dad. After a long conversation, he realized how much his dad cared. All he could think of was how he'd almost thrown it all away.

Why Do Teens Try to Kill Themselves?

Most teens interviewed after making a suicide attempt say that they did it because they were trying to escape from a situation that seemed impossible to deal with or to get relief from really bad thoughts or feelings. Like Ethan, they didn't want to die as much as they wanted to escape from what was going on. And at that particular moment dying seemed like the only way out.

Some people who end their lives or attempt suicide might be trying to escape feelings of rejection, hurt, or loss. Others might be angry, ashamed, or guilty about something. Some

people may be worried about disappointing friends or family members. And some may feel unwanted, unloved, victimized, or like they're a burden to others.

We all feel overwhelmed by difficult emotions or situations sometimes. But most people get through it or can put their problems in perspective and find a way to carry on with determination and hope. So why does one person try suicide when another person in the same tough situation does not? What makes some people more resilient (better able to deal with life's setbacks and difficulties) than others? What makes a person unable to see another way out of a bad situation besides ending his or her life?

The answer to those questions lies in the fact that most people who commit suicide have depression.

Depression

Depression leads people to focus mostly on failures and disappointments, to emphasize the negative side of their situations, and to downplay their own capabilities or worth. Someone with severe depression is unable to see the possibility of a good outcome and may believe they will never be happy or things will never go right for them again.

Depression affects a person's thoughts in such a way that the person doesn't see when a problem can be overcome. It's as if the depression puts a filter on the person's thinking that distorts things. That's why depressed people don't realize that suicide is a permanent solution to a temporary problem in the same way that other people do. A teen with depression may feel like there's no other way out of problems, no other escape from emotional pain, or no other way to communicate their desperate unhappiness.



Sometimes people who feel suicidal may not even realize they are depressed. They are unaware that it is the depression — not the situation — that's influencing them to see things in a "there's no way out," "it will never get better," "there's nothing I can do" kind of way.

When depression lifts because a person gets the proper therapy or treatment, the distorted thinking is cleared. The person can find pleasure, energy, and hope again. But while someone is seriously depressed, suicidal thinking is a real concern.

People with a condition called bipolar disorder are also more at risk for suicide because their condition can cause them to go through times when they are extremely depressed as well as times when they have abnormally high or frantic energy (called mania or manic). Both of these extreme phases of bipolar disorder affect and distort a person's mood, outlook, and judgment. For people with this condition, it can be a challenge to keep problems in perspective and act with good judgment.

Substance Abuse

Teens with alcohol and drug problems are also more at risk for suicidal thinking and behavior. Alcohol and some drugs have depressive effects on the brain. Misuse of these substances can bring on serious depression. That's especially true for some teens who already have a tendency to depression because of their biology, family history, or other life stressors.

The problem can be made worse because many people who are depressed turn to alcohol or drugs as an escape. But they may not realize that the depressive effects alcohol and drugs have on the brain can actually intensify depression in the long run.

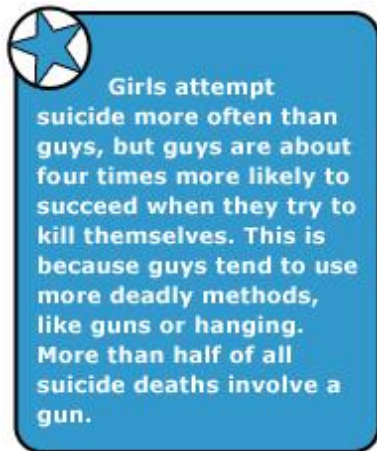
In addition to their depressive effects, alcohol and drugs alter a person's judgment. They interfere with the ability to assess risk, make good choices, and think of solutions to problems. Many suicide attempts occur when a person is under the influence of alcohol or drugs.

This doesn't mean that everyone who is depressed or who has an alcohol or drug problem will try to kill themselves, of course. But these conditions — especially both together — increase a person's risk for suicide.

Suicide Is Not Always Planned

Sometimes a depressed person plans a suicide in advance. Many times, though, suicide attempts happen impulsively, in a moment of feeling desperately upset. A situation like a breakup, a big fight with a parent, an unintended pregnancy, being outed by someone else, or

being victimized in any way can cause someone to feel desperately upset. Often, a situation like this, on top of an existing depression, acts like the final straw.



Some people who attempt suicide mean to die and some don't. For some, a suicide attempt is a way to express deep emotional pain. They can't say how they feel, so, for them, attempting suicide feels like the only way to get their message across. Sadly, even when a suicide attempt is a cry for help and the person doesn't mean to die, there's no way to control it. Many people who really didn't mean to kill themselves end up dead or critically ill.

Warning Signs

There are often signs that someone may be thinking about or planning a suicide attempt. Here are some of them:

- talking about suicide or death in general
- talking about "going away"
- referring to things they "won't be needing," and giving away possessions
- talking about feeling hopeless or feeling guilty
- pulling away from friends or family and losing the desire to go out
- having no desire to take part in favorite things or activities
- having trouble concentrating or thinking clearly
- experiencing changes in eating or sleeping habits
- engaging in self-destructive behavior (drinking alcohol, taking drugs, or cutting, for example)

What if This Is You?

If you have been thinking about suicide, get help right away. Depression is powerful. You can't wait and hope that your mood might improve. When a person has been feeling down for a long time, it's hard to step back and be objective.

Talk to someone you trust as soon as you can. If you can't talk to a parent, talk to a coach, a relative, a school counselor, a religious leader, or a teacher. Call a suicide crisis line (such as 1-800-SUICIDE or 1-800-999-9999) or your local emergency number (911). These toll-free lines are staffed 24 hours a day, 7 days a week by trained professionals who can help you without ever knowing your name or seeing your face. All calls are confidential — no one you know will find out that you've called. They are there to help you figure out how to work through tough situations.

What if It's Someone You Know?

It is always a good thing to start a conversation with someone you think may be considering suicide. It allows you to get help for the person, and just talking about it may help the person to feel less alone and more cared about and understood.

Talking things through may also give the person an opportunity to consider other solutions to problems. Most of the time, people who are considering suicide are willing to talk if someone asks them out of concern and care. Because people who are depressed are not as able to see answers as well as others, it can help to have someone work with them in coming up with at least one other way out of a bad situation.

Even if a friend or classmate swears you to secrecy, you must get help as soon as possible — your friend's life could depend on it. Someone who is seriously thinking about suicide may have sunk so deeply into an emotional hole that the person could be unable to recognize that he or she needs help. Tell an adult you trust as soon as possible.

If necessary, you can also call the toll-free number for a suicide crisis line or a local emergency number (911). You can find local suicide crisis or hotline numbers listed in your phone book or check out the ones listed in the resources tab. These are confidential resources and the people at any of these places are happy to talk to you to help you figure out what is best to do.

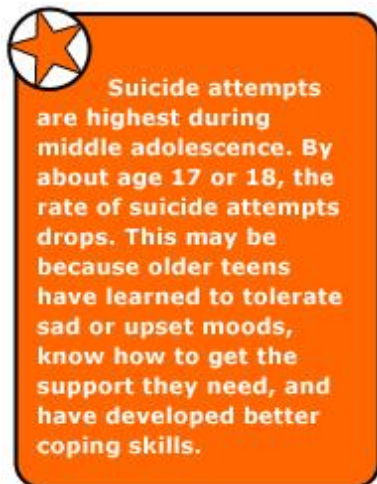
Sometimes, teens who make a suicide attempt — or who die as a result of suicide — seem to give no clue beforehand. This can leave loved ones feeling not only grief stricken but guilty and wondering if they missed something. It is important for family members and friends of

those who die by suicide to know that sometimes there is no warning and they should not blame themselves.

When someone dies by suicide the people who knew them can be left with a terrible emotional pain. Teens who have had a recent loss or crisis or who had a family member or classmate who committed suicide may be especially vulnerable to suicidal thinking and behavior themselves. If you've been close to someone who has attempted or committed suicide, it can help to talk with a therapist or counselor — someone who is trained in dealing with this complex issue. Or, you could join a group for survivors where you can share your feelings and get the support of people who have been in the same situation as you.

Coping With Problems

Being a teen is not easy. There are many new social, academic, and personal pressures. And for teens who have additional problems to deal with, such as living in violent or abusive environments, life can feel even more difficult.



Some teens worry about sexuality and relationships, wondering if their feelings and attractions are normal, or if they will be loved and accepted. Others struggle with body image and eating problems; trying to reach an impossible ideal leaves them feeling bad about themselves. Some teens have learning problems or attention problems that make it hard for them to succeed in school. They may feel disappointed in themselves or feel they are a disappointment to others.

These problems can be difficult and draining — and can lead to depression if they go on too long without relief or support. We all struggle with painful problems and events at times. How do people get through it without becoming depressed? Part of it is staying connected to family,

friends, school, faith, and other support networks. People are better able to deal with tough circumstances when they have at least one person who believes in them, wants the best for them, and in whom they can confide. People also cope better when they keep in mind that most problems are temporary and can be overcome.

When struggling with problems, it helps to:

- Tell someone you trust what's going on with you.
- Be around people who are caring and positive.
- Ask someone to help you figure out what to do about a problem you're facing.
- Work with a therapist or counselor if problems are getting you down and depressed — or if you don't have a strong support network, or feel you can't cope.

Counselors and therapists can provide emotional support and can help teens build their own coping skills for dealing with problems. It can also help to join a support network for people who are going through the same problems — for example, anorexia and body image issues, living with an alcoholic family member, or sexuality and sexual health concerns. These groups can help provide a caring environment where you can talk through problems with people who share your concerns. Check out your phone book to find local support groups, or ask a school counselor or a youth group leader to help you find what you need.

Reviewed by: [Matthew K. Nock, PhD](#)

Date reviewed: March 2006

http://www.kidshealth.org/teen/your_mind/mental_health/suicide.html

suicide... read this first

If you are feeling suicidal now, please stop long enough to read this. It will only take about five minutes. I do not want to talk you out of your bad feelings. I am not a therapist or other mental health professional - only someone who knows what it is like to be in pain.

I don't know who you are, or why you are reading this page. I only know that for the moment, you're reading it, and that is good. I can assume that you are here because you are troubled and considering ending your life. If it were possible, I would prefer to be there with you at this moment, to sit with you and talk, face to face and heart to heart. But since that is not possible, we will have to make do with this.

I have known a lot of people who have wanted to kill themselves, so I have some small idea of what you might be feeling. I know that you might not be up to reading a long book, so I am going to keep this short. While we are together here for the next five minutes, I have five simple, practical things I would like to share with you. I won't argue with you about whether you should kill yourself. But I assume that if you are thinking about it, you feel pretty bad.

Well, you're still reading, and that's very good. I'd like to ask you to stay with me for the rest of this page. I hope it means that you're at least a *tiny* bit unsure, somewhere deep inside, about whether or not you really will end your life. Often people feel that, even in the deepest darkness of despair. Being unsure about dying is okay and normal. The fact that you are still alive at this minute means you are still a little bit unsure. It means that even while you want to die, at the same time some part of you still wants to live. So let's hang on to that, and keep going for a few more minutes.

Start by considering this statement:

**“Suicide is not chosen; it happens
when pain exceeds
resources for coping with pain.”**

That's all it's about. You are not a bad person, or crazy, or weak, or flawed, because you feel suicidal. It doesn't even mean that you really *want* to die - it only means that you have more pain than you can cope with right now. If I start piling weights on your shoulders, you will eventually collapse if I add enough weights... no matter how much you want to remain standing. Willpower has nothing to do with it. Of course you would cheer yourself up, if you could.

Don't accept it if someone tells you, "that's not enough to be suicidal about." There are many kinds of pain that may lead to suicide. Whether or not the pain is bearable may differ from person to person. What might be bearable to someone else, may not be bearable to you. The point at which the pain becomes unbearable depends on what kinds of coping resources you have. Individuals vary greatly in their capacity to withstand pain.

When pain exceeds pain-coping resources, suicidal feelings are the result. Suicide is neither wrong nor right; it is not a defect of character; it is morally neutral. It is simply an imbalance of pain versus coping resources.

You can survive suicidal feelings if you do either of two things: (1) **find a way to reduce your pain**, or (2) **find a way to increase your coping resources**. Both are possible.

Now I want to tell you five things to think about.

1 You need to hear that people *do* get through this -- even people who feel as badly as you are feeling now. Statistically, there is a very good chance that you are going to live. I hope that this information gives you some sense of hope.

2 Give yourself some distance. Say to yourself, "I will wait 24 hours before I do anything." Or a week. Remember that feelings and actions are two different things - just because you *feel* like killing yourself, doesn't mean that you have to actually *do* it right this minute. Put some distance between your suicidal feelings and suicidal action. Even if it's just 24 hours. You have already done it for 5 minutes, just by reading this page. You can do it for another 5 minutes by continuing to read this page. Keep going, and realize that while you still feel suicidal, you are not, at this moment, acting on it. That is very encouraging to me, and I hope it is to you.

3 People often turn to suicide because they are seeking relief from pain. Remember that relief is a *feeling*. And you have to be *alive* to feel it. You will not feel the relief you so desperately seek, if you are dead.

4 Some people *will* react badly to your suicidal feelings, either because they are frightened, or angry; they may actually increase your pain instead of helping you, despite their intentions, by saying or doing thoughtless things. You have to understand that their bad reactions are about *their* fears, not about you.

But there *are* people out there who can be with you in this horrible time, and will not judge you, or argue with you, or send you to a hospital, or try to talk you out of how badly you feel. They will simply care for you. Find one of them. Now. Use your 24 hours, or your week, and tell someone what's going on with you. It is okay to ask for help. Try:

- Send an anonymous e-mail to [The Samaritans](#)
- Call **1-800-SUICIDE** in the U.S.
- Teenagers, call Covenant House NineLine, **1-800-999-9999**
- Look in the front of your phone book for a crisis line
- Call a psychotherapist
- Carefully choose a friend or a minister or rabbi, someone who is likely to listen

But don't give yourself the additional burden of trying to deal with this alone. Just talking about how you got to where you are, releases an awful lot of the pressure, and it might be just the additional coping resource you need to regain your balance.

5 Suicidal feelings are, in and of themselves, traumatic. After they subside, you need to continue caring for yourself. Therapy is a really good idea. So are the various self-help groups available both in your community and on the Internet.

Well, it's been a few minutes and you're still with me. I'm really glad.

Since you have made it this far, you deserve a reward. I think you should reward yourself by giving yourself a gift. The gift you will give yourself is a coping resource.

Remember, back up near the top of the page, I said that the idea is to make sure you have more coping resources than you have pain. So let's give you another coping resource, or two, or ten...! until they outnumber your sources of pain.

Now, while this page may have given you some small relief, the best coping resource we can give you is another human being to talk with. If you find someone who wants to listen, and tell them how you are feeling and how you got to this point, you will have increased your coping resources by one. Hopefully the first person you choose won't be the last. There are a lot of people out there who really want to hear from you. It's time to start looking around for one of them.

Now: I'd like you to call someone.

And while you're at it, you can still stay with me for a bit. Check out these sources of online help.

<http://www.metanoia.org/suicide/>

Which Patients Are at Greatest Risk of Committing Suicide?

Although the health plans of many nations and the World Health Organization call for programs to reduce suicide rates, relatively little is known about key risk factors that could be targeted in suicide prevention programs. Mortensen and colleagues used Danish population registers to study the relative contribution of various risk factors for suicide.

They made use of data registries containing information on the Danish population who were 16 to 78 years of age between 1980 and 1994. The information included data on employment and psychiatric illnesses. During the study period, 811 suicides occurred. These persons were matched with 79,871 control subjects, and multiple statistical analyses were performed to identify key variables associated with suicide.

Suicide rates were higher in residents of urban areas compared with nonurban residents. The risk of suicide was also increased with unemployment, single status, low income and receipt of pension or social security benefit. The strongest risk factor concerned admission to a psychiatric hospital. Almost one half of the persons who committed suicide had a history of admission to psychiatric facilities. Regardless of diagnosis, the greatest risk was during hospital admission and in the first week following discharge. Among psychiatric patients, the risk was increased only in those diagnosed as manic-depressive. Patients with alcohol and/or substance abuse were not at increased risk compared with other psychiatric patients. Overall, the attributable risk for

admission to a psychiatric hospital was 44.6 percent. The other leading attributable risks were 3 percent for unemployment and 10.3 percent for single status.

The authors conclude that suicide prevention programs should pay special attention to psychiatric inpatients and patients recently discharged from psychiatric hospitals. They believe that the other factors, such as unemployment and single status, could be related to undiagnosed or preclinical psychiatric illness. While no single intervention can be expected to prevent all suicides, programs to improve the detection, treatment and follow-up of psychiatric illness, especially by family physicians, offer the greatest potential of reducing suicide rates.

ANNE D. WALLING, M.D.

<http://www.aafp.org/afp/20000415/tips/22.html>

For More information, these websites may also be helpful:

<http://emotional.health.ivillage.com/suicideinformation/>

<http://spyc.sanpedro.com/suicide.htm>

http://www.yellowribbonsd.org/pages/the_yellow_ribbon_suicide_prevention_program.htm

[http://www.yellowribbon.org/Brochure%20\(Outside\).PDF](http://www.yellowribbon.org/Brochure%20(Outside).PDF)