

Everyone encounters problems and “down times” of grief, depression, loss, frustration, disappointment, anxiety, loneliness, and even hopelessness. Because the demands of medical school can add additional pressures to already complicated lives, some may find themselves at the tipping point and benefit from professional help.

Following is a short guide for suicide prevention. A major component in preventing suicide and helping those at-risk is knowing the signs, what can help, and what resources are readily available. This is important information all medical students should know.

What We Know about Suicide

- Successful suicide prevention programs throughout the country have driven positive change by developing awareness, support services, and a culture of caring. Through these programs, some institutions have cut their suicide rate in half by helping their at-risk members—without marginalizing them.
- Suicide is the second leading cause of death on college campuses (N = 7.5/100,000).
- Women are 6 times more likely to attempt suicide; Men are 6 times more likely to commit suicide.
- Risk of suicide is more difficult to recognize in men, and it’s often more difficult for them to ask for help.
- Men express depression differently than women, more often through anger or emotional withdrawal.
- 60% of suicidal people have mood disorders that can be treated. It is a myth that people who attempt suicide are “crazy” or beyond help.
- The most beneficial way to help at-risk individuals is to help them focus on “reasons for living.” This is known as the “reasons for living” intervention.
- Suicidal thinking is sometimes a coping strategy for the at-risk individual, but could evolve into a tragically permanent solution to temporary issues.

Common Suicide Triggers

- Hopelessness
- Loneliness
- Helplessness
- Relationship Problems
- Money Problems
- Academic Difficulties
- Parental Problems

Underlying Risks Factors for Suicide

- Altered/Unbearable State of Mind
- Very Stressful Life Event

- Access to Life-ending Means (More than half of suicides involve drugs/alcohol. MDs have access to drugs.)
- Previous suicide attempts (Those with a history of attempting suicide are in more danger of repeating, as an earlier attempt indicates a tendency.)
- Persistent depression
- Situational Factors, such as loss of relationship, academic issues/expulsion, bad grades/poor performance, failure to get into certain programs or achieve goals

Warning Signs of Suicide Risk

- Behavior: Ideation (thoughts and expression of suicidal thoughts); Gestures (self-harm); Attempt (indicates suicide intent)
- Expressed intent and hopelessness (written or spoken). These expressions should be taken seriously.
- Taking unnecessary risks
- Dramatic behavior changes, including withdrawal and even sudden, inexplicable recovery
- Making final arrangements, giving away possessions, arranging farewell meetings with family and friends

Lower Risk: denial of intent, no history of suicide attempt (check for substance abuse)

Higher Risk: no clear denial, possible plans, substance abuse, means to follow through

Higher risk requires greater involvement for referral for intervention and care.

If You Feel You are at Risk

- Be Safe
- Be Successful and Involved: For a student, that means being in school
- Seek the support—academic and emotional—you need
- Talk about your feelings and frustrations

If You Believe Someone You Know is at Risk: Gatekeeper Role

- Know the suicide warning signs
- Engage the at-risk individual in empathetic communication, using active listening
- Initiate conversation

Common Barriers to Providing Help

- Fear and Anxiety: What will the reaction be? Will you give the at-risk individual ideas? Will s/he be angry with you? What are the available next steps?
- Anger: Why is this happening now? Why do they have to come to me?
- Feeling immobilized: How do I contain this? What are my resources? I don't know what to do!
- "I have this friend..." Consider that it might be the speaker. It may be a more comfortable way to discuss the speaker's own problem or may be a way of protecting a friend's privacy.
- Confidentiality/secretcy vs. privacy: Friendship should not trump danger to self or others.

Resources for Providing Help

- Talk to a supportive confidante or professional peer. You are not alone as a helper.
- Prepare for referral
- Give yourself permission to be human

Methods for Helping Prevent a Suicide

- Ensure privacy and create safety place for the at-risk individual to talk with you
- Take the time to engage in conversation and use active listening
- Identify the main problem: What is driving the individual to this extreme?
- Be calm, open, and frank. Break the taboo of shame, ask hard questions to clarify what is at the core of the individual's despair
- Get the at-risk individual to agree to a referral and understand the value of confidential professional help
- If the suicide risk is high, DO NOT leave the individual alone. Rather, escort them to Student Health Services, contact public safety, take advantage of best available resources; err on the side of caution

Characteristics of Empathetic Communication

- Eye Contact
- Reflection: acknowledge the at risk individual's pain, difficulty
- Gentle questioning: Start with general questions, then work to difficult, specific questions
- Connecting language: "we" instead of "you"
- Normalize the situation: Ensure the person a/he is not crazy and that the current situation is the outcome of a lot of pressure and pain--asking for help isn't shameful, it's smart
- Express Caring: "It takes a lot of courage to talk about this/ to ask for help. Thank you for coming to talk with me."
- Instill hope: There is almost always ambivalence. Remember the "reasons to live."
- Ask for trust and be trustworthy

Suicide Protective Factors

- Value of life, Fear of suicide/death: enhance ambivalence
- Coping Skills: Medical students are very high-functioning, disciplined individuals; They have dealt with stress before and have developed impulse control
- Sobriety
- Future hopes and plans
- Spiritual beliefs
- External: support system, safe/stable environment, responsibility to others, pets, limited access to means
- Encourage student to go to SHS: learn suicide risks and signs, and know the referral process

OHSU Medical Student Resources

- MS1 students receive “Wellness Information” from Dr. Osborne, Associate Dean for Student Affairs, at Orientation with important contacts and resources (in Procedures Manual under Relationship Seminar tab). Dr. Osborne is available at osbornem@ohsu.edu; her cell at 503-260-5210; by appointment at 503-494-5708; or her VA Pager: 503-220-8262*41-2698
- Student Health Services: Jack Crossen, PhD, MBA (Tues, Thurs starting @ 7:00 am), Nicole Harrington Cirino, MD, and Lisa Schimmel, PhD.
24-hour line 494-8665
All SHS personnel are trained in suicide risk and prevention
- Ombudspersons: Joe Matazzaro, PhD, 494-8464 or home OHSU operator 24/7; Fran Storrs, MD, 494-6441
Drs. Matazzaro and Storrs are willing to speak to students about anything at anytime. They report only with student permission
- Pamphlets and important info cards available in the Student Health Center

OTHER RESOURCES

OHSU Student Health Center	503-494-8665
Office of Academic & Student Affairs	503-494-7878
OHSU Public Safety	503-494-7744
Public Safety Emergency Line	503-494-4444
Multnomah County Crisis Line	503-988-4888
Mobile Outreach: 24/7	503-988-4888
National Suicide Prevention Lifeline	1-800-273-TALK (8255)

Cascadia Urgent Walk-in Clinic
2415 SE 43rd
Portland, OR 97204
Enter at SE 42nd and Division
Hours 7:00 a.m.-10:30 p.m.