

Name: _____

HOW TO TALK ABOUT SUICIDE

Today, experts who study suicide have developed clear recommendations to help us educate young people in ways that avoid either romanticizing or sensationalizing self-inflicted death. Here are some recommendations for how to help students cope with the topic of suicide.

DO

Use the word suicide. Simply saying it will not lead students to kill themselves.

Refer to “attempted suicide.”

Speak of someone “completing” suicide.

Emphasize the finality and reality of death.

Use literature to talk about depression and suicide.

DON'T

Try to disguise suicide by calling it an accident, or refuse to talk about it.

Refer to “failed suicide.” This implies that suicide can be a successful outcome.

Speak of someone as “committing” suicide.

Romanticize death.

Avoid books that deal with depression and suicide.

If a student dies by suicide...

DO

Provide a safe space in which students can express their grief and confusion over the death.

Speak briefly and not in great detail about the method and circumstances of the death.

Be vigilant for students who appear to be especially despondent.

Express your own feelings of sadness and loss.

DON'T

Hold a memorial service or other ceremony for a student who died by suicide.

Revisit the story of the death often and in detail.

Assume that students who are quiet or show little emotion are OK.

Display your emotions in a way that is dramatic or extreme.

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FACTS ABOUT COLLEGE SUICIDE

Suicide is the second leading cause of death among college students in the U.S., after accidents. Studies show that in a typical graduating college class, between one third and one quarter of students thought about suicide at some time while they were in college.

The peak times for college suicide are late spring and early summer.

Warning signs of suicide include:

Depression. Students who are clinically depressed, manic depressive, or have other mood disorders are more likely to attempt suicide. Signs of possible depression include feelings of hopelessness, helplessness, and worthlessness; sleeping and/or eating too much or too little; pulling away from friends and previously enjoyable activities; and thinking and talking about of death.

Previous suicide attempts. Most people who die by suicide make at least one attempt before completing the act.

Alcohol and other drug use. People who are dependent on alcohol and/or other drugs are likely to have other risk factors for suicide.

Talking about suicide. Most people who are planning suicide talk about it before they act, either directly ("I'm going to kill myself") or indirectly ("I won't be bothering you any more").

Having a suicide plan. People who intend to commit suicide may have planned in detail how they will do it. The more specific the plan, the more likely it is that the person will follow through.

COLLEGE STUDENTS AND CONFIDENTIALITY

Students 18 and older are beyond the age of consent, and colleges are under no legal obligation to share information about their mental or physical health with parents. However, in the wake of several highly publicized campus suicides, more colleges are loosening their restrictions on information sharing with families when serious mental health and safety issues are involved.

If you want to know more about confidentiality and disclosure policies in your student's school, call Health and Counseling Services.