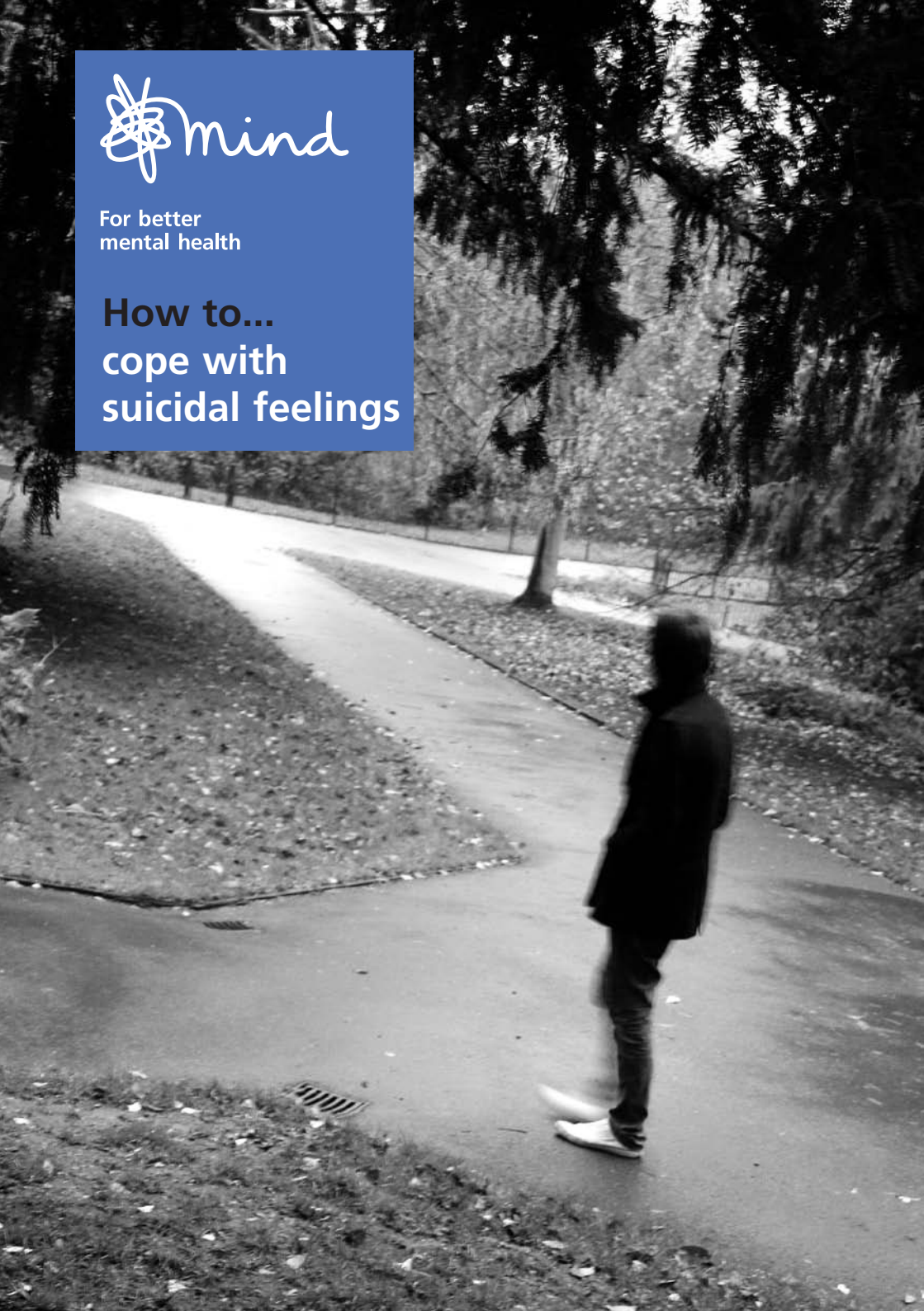




For better
mental health

How to... cope with suicidal feelings



How to... cope with suicidal feelings

“““

“Sometimes everything gets on top of me. I get tired of fighting and wish I wasn’t here anymore.”

“The problem for me is suicidal thoughts. Because I have been suicidal in the past, suicidal thoughts come automatically to me when I get stressed. They are horrible and frightening.”

“I treat my suicidal thoughts like obsessive thoughts. They can often pop up as images or ideas, particularly when I’m feeling stressed or worthless. Every time a suicidal thought appears, I sound a mental whistle in my head and imagine a stop sign. I will not let myself think about the suicidal thoughts – they are not going to control my life.”

“I used to hoard medication in case one day I might need them to help me die if I couldn’t cope with life anymore. I thought this was clever – knowing the option was there somehow helped me to continue. I now realise this wasn’t particularly helpful and perhaps made things worse. I have now taken suicide ‘out of my back pocket’ and stopped believing that one day I will take my own life. I threw away my extra meds. I don’t need them – I am never going to kill myself.”

This booklet is for anyone who has experienced feelings of hopelessness on an ongoing basis and has thoughts about taking their own life. It explains why you may be having suicidal feelings and provides some options for you to consider to help you look forward and break the circle of your negative thoughts.



What are suicidal feelings like?

Suicidal feelings can be terrifying.

If you can no longer see why you should go on living, your distress will seem unbearable. You may hate yourself and believe that you are useless and unneeded. You may feel rage, shame and guilt.

Repeated painful experiences, particularly losses, can lead you to blame yourself and feel that you haven't lived up to your own standards. Faced with an unbearable situation, unsolvable difficulties, failures or conflicts, you may start to think that death is your only option.

It can be difficult to relate to others at this time, so you are likely to feel withdrawn or irritable. Even if you have family and friends around, it may seem impossible to tell them how much you despair. If they have hurt you badly, you may be thinking of suicide as a way of getting back at them. It is understandable to be angry with people who have hurt us, but suicide turns that anger in on ourselves.

You may be sleeping badly and waking early, and your appetite might have changed so that you are experiencing weight loss or gain. You may feel cut off from your body or physically numb. Perhaps you have stopped taking care of yourself and are neglecting your physical appearance. Overall, you are likely to feel a loss of energy.

If you hear voices, they may be urging you to kill yourself and you may feel worn down by the effort of resisting them. If you have just come out of a manic phase, you may be feeling guilt, worthlessness and despair.

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Mixed feelings

Some people are very clear that they want to die. Others simply don't care if they live or die. You may be thinking of death as a release. If you feel powerless to influence circumstances that are distressing you, the idea of suicide may give you a sense of being in control again. Depending on your beliefs, you could be looking forward to oblivion or to being reunited with loved ones or to reincarnating.

You may be harming yourself by cutting, biting or burning your body. Perhaps you are getting into fights or taking extreme risks. You may also be overdosing on drugs, bingeing on alcohol or have developed anorexia or bulimia. However, this kind of self-harming behaviour rarely involves actually wanting to kill yourself. It is more usually a means of trying to stay alive. You may not know why you are self-harming, but it is often a way of communicating deep distress and trying to cope better.

For most people, suicidal thoughts are confusing. As much as you want to die, you may also be wanting a solution to difficulties in living and for others to understand how you feel and to help. There is great anxiety about having such mixed feelings and being unsure what to do. This is why suicidal thoughts can be frightening and confusing.



Why do I feel suicidal?

It may appear to others that suicide or an attempt at suicide is an impulsive act, especially if a person is using alcohol or drugs chaotically or responding to a sudden crisis. More usually though, you will have experienced a slow onset of hopelessness undermining your self-worth.

Although thinking about suicide is quite common, and may occur whatever your age, gender or sexuality, you will be more vulnerable to suicidal thoughts and feelings if you feel incapable of solving the difficulties in your life. These may include:

- isolation or loneliness
- the breakdown of an important relationship
- being bullied at work, home or at school
- experiencing bereavement or other loss
- failure at work or education
- adjusting to a big change, such as retirement, redundancy or your children leaving home
- debt problems
- being in prison
- pregnancy, childbirth or postnatal depression
- cultural pressures
- long-term physical pain or illness
- doubts about your sexual identity
- facing discrimination
- a history of sexual or physical abuse.

Mental health problems

It is also common to have suicidal thoughts if you are experiencing mental health problems – especially if you have a diagnosis of depression, borderline personality disorder or schizophrenia.

The deeper your depression, the more likely it is that you will consider killing yourself. However, you are actually more vulnerable to acting on your thoughts as you start to come out of your depression rather than when it is at its most severe. This is possibly because you have more energy and motivation available at that stage.

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If you have been diagnosed with borderline personality disorder you may find it especially hard to cope with a stressful experience like losing a loved one or a job; you may feel out of control, paranoid or unreal, and this can intensify thoughts of ending it all.

If you have symptoms of psychosis, your thoughts about wanting to die may be most related to depression, and particularly to feelings of hopelessness about the future. Although you may be hearing voices urging you to kill yourself, these delusional ideas are more likely to contribute to your suicidal thoughts rather than lead you to act on them. You are actually more likely to act on your suicidal thoughts during your non-psychotic, depressed phase.

It is not inevitable that any of the above circumstances will lead you to feeling suicidal. However, if you recognise that your difficulties derive from or are worsened by the circumstances you are in, there are plenty of organisations that can help you to make sense of them. (See *Useful organisations* on p12.)



How do I get help?

If you are thinking about suicide then you may believe yourself to be beyond help. You may be so deeply hurt or afraid that you feel out of reach. If you are filled with rage it can seem difficult to allow another person to make a difference. You may be refusing help as a way of punishing a person who has hurt you. If your anger has turned inwards and you feel self-hatred or guilt, you may believe that you don't deserve help.

These thoughts and feelings may have particular urgency if you have already attempted suicide or if there is a history of suicide in your family. It is important to look out for the warning signs in yourself and take them seriously.

A great many people think about suicide, but the majority do not go on to kill themselves. Like them, you can help yourself and you can get help from other people. There is no feeling so terrible that it cannot be changed. There is no difficulty that is insurmountable.

You deserve help, no matter what. Try some of the ideas here for helping yourself, or let someone else guide you through this crisis. Once you are on the other side of it you will be in a better position to think more clearly and decide what to do.

Talking to family and friends

Talking to family and friends can make a real difference. They may calm you down and offer you a breathing space while you decide what to do next. They also may be able to suggest how to manage your difficulties. It is often easier for other people to see solutions, particularly if they know you well.

But it is important also to be realistic about the kind of help they can give. They may not be able to help make you feel better right away. Your feelings might be difficult for them to hear. And they may not always be available to listen to you – sometimes when you need them most.

Telephone helplines and online discussion groups

If you believe that family and friends don't understand you or that you cannot keep bothering them – especially in the middle of the night – it can be a good idea to phone a helpline (Samaritans or PAPYRUS, for example – see *Useful organisations* on p12) and talk to someone who has been trained to listen to people who have suicidal feelings.

Keep the number handy so that you aren't hunting around for it in a crisis. You can usually write, email or text if you don't want to talk on the phone. If you do call, the person listening

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to you will give you the time and space to talk in confidence without judging you. They will not tell you what to do; they will help you think through what to do for yourself.

Online discussions groups can help you to learn practical ways of managing your crisis from others who have been through a similar experience. However, unlike telephone helplines, many are not subject to quality control and in some cases may be harmful if they are not promoting recovery. NHS Direct and the leading mental health charities (see *Useful organisations* on p12) all provide good online information services and many link to other websites that have been assessed.

Your GP

Consider making an appointment with your GP – most people's first point of contact with the NHS. Up to a third of your doctor's workload is taken up with emotional difficulties, so they should listen to you carefully.

Your doctor can suggest a range of treatments. For example, if you are depressed, they may recommend an antidepressant, and/or refer you to a professional counsellor or psychotherapist. Depending on the nature of your difficulties, they may refer you for hospital or community-based care. Some GP practices have counsellors, social workers or community psychiatric nurses attached to their surgeries.

Your GP should be respectful and helpful. If they are not, you can get in touch with your local advocacy service by contacting Mind, the UK Advocacy Network, your local Patient Advice and Liaison Service (in England) or your local Community Health Council (in Wales). (See *Useful organisations* on p12.) You have a right to change your GP if necessary.

Talking treatments

Counselling will focus on your immediate difficulties and help you with problem-solving skills. You are likely to see a counsellor once a week over a short period, but longer-term counselling may also be available depending on the type of counselling and whether NHS or private. (See Mind's booklet *Making sense of counselling.*)

Another short-term form of therapy you may be offered is cognitive behaviour therapy (CBT). This is based on the idea that how we think affects how we feel and behave. Your therapist will explore with you in a supportive and practical way how your negative thoughts are causing you distress and difficulty. They will train you to think and feel differently, replacing your suicidal thoughts with more realistic and helpful ones. However, you are unlikely to examine in much depth the underlying causes of these thoughts.

Some NHS Trusts have specialist therapy services and you may be able to get CBT in certain areas. Your GP is best placed to give you information about local services. If waiting lists are too long, you might consider seeing a private practitioner via the British Association for Behavioural and Cognitive Psychotherapies. (See *Useful organisations* on p12.) Computerised CBT is also available now and can be used in addition to or instead of sessions with a therapist. NICE (The National Institute for Health and Clinical Excellence) recommend that you be assessed before using one of the programmes. (See Mind's booklet *Making sense of cognitive behavioural therapy.*)

Psychotherapy is a longer-term treatment in which the therapist listens in a non-judgmental way to you talking freely about whatever is troubling you. They will support you to come to terms with difficult memories, feelings and fears.

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Psychotherapy on the NHS is patchy and there are likely to be long waiting lists. Again, your GP is the best place to start. The United Kingdom Council for Psychotherapy register is a useful guide when looking for a therapist privately, as is recommendation from a professional or friend. (Also see *Making sense of psychotherapy and psychoanalysis* and *Understanding talking treatments*.)

Hospital services

The Accident and Emergency (A&E) department of your local hospital may be the best place to go in a crisis. Although most admissions are voluntary, you may be also admitted compulsorily under the Mental Health Act. You will be referred to the psychiatrist or other mental health staff on call, who may send you to a psychiatric inpatient ward. Under the care programme approach (CPA) you should eventually leave hospital with a crisis plan to prevent or resolve any future crises, and you should continue to receive care for up to a year after your supervision has been reduced or your drug dosage cut.

Although hospital may prevent you harming yourself, wards can be distressing and frightening places and many people prefer to remain in their own home with the support of a community mental health team. The team might refer you to a crisis house, which will offer you intensive short-term support outside of a hospital setting. Crisis resolution teams are also community-based and offer intensive support while you are in crisis, and continuity while you learn how to prevent and manage any future crises.

Helping yourself

It is important to remove any means of killing yourself while you learn how to cope with suicidal feelings. For example, make sure that you have only small quantities of medication in the house; if you are no longer driving carefully, hand over your car keys to a friend.

Learning 'distress tolerance' skills will help you survive when in crisis. They will also support your ongoing mental health; since distress is part of life, it can never be avoided entirely. The DBT Self-Help website (www.dbtselfhelp.com), created by people who use distress tolerance skills, gives lots of suggestions for accepting distress, soothing yourself and beginning to think more clearly. (DBT stands for Dialectical Behavioural Therapy.)

Give yourself a break – and take a break from yourself. If your attention is focused mainly on your distress, try instead to notice the world around you. Like any new habit, it may take effort at first, especially if you feel cut off and disconnected. Set yourself goals for engaging with other people and beginning new activities.

Regular exercise like walking, running and swimming will lift your spirits and make it easier for you to sleep longer. Yoga and meditation can energise you and help to reduce tension. Food also influences your mood directly. When you are less anxious, your appetite may return and you could begin to eat healthier foods. If you have been misusing alcohol and drugs, cutting down on these will make your mind clearer and better able to focus on how to help yourself. (See *The Mind guide to...* series of booklets.)

If you have started to notice your thoughts and feelings, you might like to write about them in a daily diary. Over time, this can give you fresh insight and increase your ability to respond to your difficulties differently. If you are having problems finding the right words, creating artworks based on your feelings can be a powerful alternative.

Reading about how other people have managed difficult times is usually inspiring. Self-help books can suggest ways to nurture your self-esteem and take you through practical

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problem-solving exercises. Browse through these in your local bookshop or library – you might even get them on prescription from your GP.

Just as your suicidal feelings took time to emerge, so it will take a while for them to recede. Just live from day to day and don't expect too much of yourself. Even if you can't see a way forward now, you can be certain that the way you are thinking and feeling about things will change. Although it may seem as if your life has gone terribly wrong, it helps if you can accept that all of us have difficulties at times and that people do find great courage and resilience in themselves.

Useful organisations

Mind

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: www.mind.org.uk or Mind*info*Line on 0845 766 0163.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel: 0161 797 4484 web: www.babcp.com

Directory of accredited behavioural and cognitive psychotherapists available online

British Association for Counselling and Psychotherapy

tel: 0870 443 5252 web: www.bacp.co.uk

See website for details of local practitioners

The British Psychological Society

tel: 0116 254 9568 web: www.bps.org.uk

Their directory of chartered psychologists is available on the web and in public libraries

CALL (Community Advice & Listening Line)

tel: 0800 132 737 web: www.callhelpline.org.uk

Emotional support and information on mental health to the people of Wales

CALM (Campaign Against Living Miserably)

helpline: 0800 58 58 58 web: www.thecalmzone.net

Advice for young men

Depression Alliance

tel: 0845 123 2320 web: www.depressionalliance.org

Depression Alliance Cymru tel: 029 2069 2891

Provides information, support and self-help groups

Hearing Voices Network

helpline: 0845 122 8642 web: www.hearing-voices.org

User network and local support group for people who hear voices

London Lesbian and Gay Switchboard

tel: 020 7837 7324 web: www.llgs.org.uk

24-hour confidential helpline staffed by lesbian and gay volunteers for anyone in the UK

MDF The Bipolar Organisation

tel: 08456 340 540 web: www.mdf.org.uk

Support for people affected by bipolar disorder (manic depression)

MDF The Bipolar Organisation Cymru

tel: 01633 244 244 helpline: 08456 340 080

web: www.mdfwales.org.uk

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National Self-harm Network

email: info@nshn.co.uk web: www.nshn.co.uk

Survivor-led organisation supporting those who self-harm

UK Advocacy Network

Volsolve House, 14-18 West Bar Green, Sheffield S1 2DA

web: www.u-kan.co.uk

PAPYRUS

helpline: 08000 684 141 web: www.papyrus-uk.org

Advice for young people at risk of suicide

Rethink

helpline: 020 8974 6814 web: www.rethink.org

Call helpline for those with severe mental health problems in crisis

Samaritans

Chris, PO Box 9090, Stirling FK8 2SA

helpline: 08457 90 90 90 email: jo@samaritans.org,

web: www.samaritans.org

24-hour telephone helpline offering emotional support

Sane

Saneline: 0845 767 8000 web: www.sane.org.uk

Provides advice for those in crisis, as well as practical information.

United Kingdom Council for Psychotherapy (UKCP)

tel: 020 7014 9955 web: www.psychotherapy.org.uk

Regional lists of psychotherapists available free

WPF Network

tel: 020 7361 486 web: www.wpfnetwork.org.uk

The largest provider of general counselling in Britain

Further reading

If you would like to order any of the following titles, contact:
 Mind Publications, 15–19 Broadway, London E15 4BQ
 tel. 0844 448 4448, fax: 020 8534 6399, email:
 publications@mind.org.uk, web: www.mind.org.uk
 (Allow 28 days for delivery.)

- Heal the hurt: how to forgive and move on* A. Macaskill (Sheldon Press 2002) £6.99
- How to accept yourself* W. Dryden (Sheldon Press 1999) £7.99
- How to cope with hospital admission* (Mind 2004) £1
- How to cope with doubts about your sexual identity* (Mind 2007) £1
- How to cope with loneliness* (Mind 2007) £1
- How to cope with the stress of student life* (Mind 2006) £1
- How to help someone who is suicidal* (Mind 2004) £1
- How to increase your self-esteem* (Mind 2007) £1
- How to look after yourself* (Mind 2006) £1
- Living with loss and grief* J. Tugendhat (Sheldon 2005) £7.99
- Making sense of counselling* (Mind 2004) £3.50
- Making sense of psychotherapy and psychoanalysis* (Mind 2004) £3.50
- Overcoming depression* W. Dryden and S. Opie (Sheldon Press 2003) £6.99
- The Mind guide to food and mood* (Mind 2006) £1
- The Mind guide to physical activity* (Mind 2006) £1
- The Mind guide to relaxation* (Mind 2006) £1
- Understanding bereavement* (Mind 2008) £1
- Understanding depression* (Mind 2007) £1
- Understanding postnatal depression* (Mind 2008) £1
- Understanding psychotic experiences* (Mind 2004) £1
- Understanding schizophrenia* (Mind 2008) £1
- Understanding self-harm* (Mind 2007) £1
- Understanding talking treatments* (Mind 2005) £1

Mind's mission

- Our vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.
- The needs and experiences of people with mental distress drive our work and we make sure their voice is heard by those who influence change.
- Our independence gives us the freedom to stand up and speak out on the real issues that affect daily lives.
- We provide information and support, campaign to improve policy and attitudes and, in partnership with independent local Mind associations, develop local services.
- We do all this to make it possible for people who experience mental distress to live full lives, and play their full part in society.

For details of your nearest Mind association and of local services contact Mind's helpline, *MindinfoLine*: **0845 766 0163** Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

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