

# DISTURBING THOUGHTS



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**Disturbing thoughts are danger signs that should not be ignored.**

Tick  the signs that are familiar:

- Thinking things are hopeless and won't change in the future
- Thinking or saying to yourself:
  - life isn't worth living, or
  - people would be better off without me, or
  - nothing is ever going to get better, what's the point of going on, or
  - there will be no end to the mental/emotional pain I'm feeling, or
  - my relationship/marriage is in such trouble I just can't bear it; I don't want to go on....what's the point?
- Thoughts about death and dying, and how people would cope without you
- You have had thoughts about:
  - what you might do to yourself to end your life
  - when and where you would do it
  - what you might use to end your life
  - who you would put in your will, and the instructions you would leave for people, or the note you would write, for after your death.
- Thoughts about hurting others
- Thoughts about harming or mutilating yourself
- Being very suspicious about other people's intentions towards you
- Thoughts that you are being persecuted, taken advantage of or wronged in some way
- Being preoccupied with intrusive thoughts or perceptions that are important to you, but which others don't understand or accept the importance of.

**Feelings that often accompany disturbing thoughts:**

- Feeling an overwhelming sense of failure in life
- Feelings of emotional/mental pain that are almost unbearable and seem to get no better
- Feeling hopeless and helpless much of the time
- Feeling sad, miserable and/or depressed for days at a time
- Feeling unsafe

**Behaviours that sometimes accompany disturbing thoughts:**

- Becoming withdrawn, avoiding people and social events
- Increasing use of alcohol or other drugs to try to cover feelings of mental pain and hopelessness
- Becoming secretive about your thoughts and feelings of hopelessness and helplessness
- Being careless, taking needless risks, acting dangerously, or putting yourself in harm's way

Thoughts, feelings and behaviours of this kind need to be taken very seriously. **Do not ignore them.**

**TAKE URGENT ACTION**

Arrange to speak to a doctor OR phone

**PHONE A 24-HOUR MENTAL HEALTH  
EMERGENCY LINE****National Help/Information Lines**

Lifeline: 13 11 14

Suicide Call Back Service: 1300 659 467

Kids Helpline: 1800 55 1800

Australian Psychological Society Referral Line: 1800 333 497

SANE Australia: 1800 18 7263

## State and Territory

**ACT:** Crisis Assessment and Treatment Team: 1800 629 354

**NSW:** Salvo Suicide Prevention & Crisis Line:

Metro 02 9331 2000

Salvo Suicide Prevention & Crisis Line:

Rural 1300 363 622

Suicide Prevention and Support: 1300 133 911

NSW Mental Health Line: 1800 011 511

**NT:** Mental Health on Call Team: Top End (08) 8999 4988

Mental Health on Call Team: Central Australia

(08) 8951 7777

**QLD:** Salvo Crisis Counselling Service: Metro 07 3831 9016

Salvo Crisis Counselling Service: Rural 1300 363 622

**SA:** Mental Health Assessment and Crisis Intervention

Service: 13 14 65

**TAS:** Mental Health Services Helpline: 1800 332 388

**VIC:** Mental Health Advice Line: 1300 280 737

SuicideLine: 1300 651 251

**WA:** Mental Health Emergency Response Line:

Metro 1300 555 788

Rural Link: Rural 1800 552 002

Samaritans Crisis Line: 1800 198 313

## SOME THINGS TO CONSIDER IF YOU ARE EXPERIENCING SUICIDAL THOUGHTS

- No matter how bad your situation, no matter how overwhelming your mental/emotional pain, there is always a better option than considering suicide or self-harm – but it may not have occurred to you. Speak to a doctor (and other help can follow). Or phone a 24 hour Mental Health Crisis line.
- When people kill themselves, it seriously affects their family and friends. Feeling “They’d be better off without me” doesn’t cancel out the fact that they would be greatly damaged – perhaps for life.

- Promise yourself (and someone else) that you will get help, that you will do it now, and you will not give up until you get it.

I promise, for my sake and for the sake of others, that I will get help NOW

Signed .....

- Suicidal thinking may be associated with depression but can also be associated with anxiety and distress.
- Break your silence and isolation: get help NOW.
- Feelings of hopelessness, helplessness, and overwhelming mental/emotional pain can be turned around with appropriate treatment.
- If you think a particular problem has brought you to this point, try using Structured Problem-Solving (included in this section). This may ‘take some pressure off’. However, still speak to a doctor about your mental state.
- Who are the people who really matter to you? Think about why they do care, and the good things that have happened between you.
- If you have a gun, rope, pills, or anything else you’ve thought of using (or that is readily available) to kill yourself, either lock them up and give the key to someone for safe keeping, or hand them over to someone, so you are kept from harm’s way until you have received help and are better.

Things can feel very different and look very different; energy, motivation, problem-solving ability, and hope for the future can be restored **if you act with courage** and speak to a doctor or phone a Mental Health Crisis Line.

*More powerful than all problems  
is the courage to deal with them.*

To help someone else

## **IMPORTANT**

### REMEMBER

- First and foremost recognise that you are not responsible for someone else's suicidal behaviour. You have no control over the person's will. If the person chooses to act in a self-harming or destructive way, he/she has chosen to do so; he/she is responsible.
- Asking a person if he/she has suicidal thoughts will not encourage the person to act on these thoughts, but will signal genuine concern and an avenue of hope.
- People who are experiencing suicidal thoughts, whether depressed or not, may not be easy to help. They may have become secretive and evasive, or may be so depressed or troubled that they view everything as pointless except ending how they feel. Persevere anyway.

## Useful tips for helping someone who may be suicidal

- Think about the best way to approach the person – given what you know about his/her personality and temperament.
- Let the person know that you are seriously concerned.

Suggest that he/she might see a doctor immediately or speak to a health professional recommended by a doctor – or ring a 24 hour Mental Health Crisis Line. Help the person to make the appointment or phone call. Offer to take or go with him/her to receive assistance.

### THE MOST IMPORTANT AIM IS TO KEEP THE PERSON SAFE

- If you think the person won't listen to you, then consider who he/she usually confides in, feels comfortable with and/ or trusts. Maybe this nominated person could make the approach and encourage the person who may be depressed to seek assistance.
- Provide the person with a 24-hour crisis line number. Try to get the person to put the number where it won't be lost and will be accessible.
- Enlist the help of relatives or friends to keep a watchful eye on the person, to break his/her isolation, and to provide extra safety.
- Maybe you can help the person to work through a major problem rationally, resolve a relationship conflict, or get a new perspective on things.
- Encourage the person to think about what is valuable, worthwhile and precious in his/her life. As well, encourage the person to recognise who depends on and values him/her.
- Be as determined and resourceful as you can in finding a way to get the person to a doctor or appropriate health professional (or to seek help by phoning a Mental Health Crisis Line).

- Emphasise that mental/emotional pain, depression, low energy, and feelings of hopelessness and helplessness can be quickly turned around with appropriate treatment from a doctor. Left untreated, the person's mental state may deteriorate. The risk of acting on suicidal thoughts and feelings increases without treatment.
- Negotiate to take charge of any readily available means for acting on suicidal thoughts or impulses, such as guns, knives, rope, pills, car keys (if you think a vehicle might be used).
- Try to get agreement on a **No Harm/Seek Help promise** (an example is included below).
- Be determined, but respectful.
- Listen to the person carefully.
- Think safety.
- Avoid being overdramatic; be calm and thoughtful.
- Remind yourself that you are not responsible for someone else's suicidal behaviour.

### NO HARM – SEEK HELP PROMISE

I give my word that I will not harm myself or put myself in danger and that I will seek help until I get help to deal with what is happening to me.

**Signed:** .....

**Witnessed:** ..... **Dated:** .....



# STRUCTURED PROBLEM-SOLVING

Some problems can feel absolutely overwhelming, and impossible to deal with.

Structured problem-solving is a method designed to help you feel in control of a problem, and to find a way through it.

The **key elements** of this method include:

- identifying and ‘pinning down’ the problems that have contributed to you feeling overwhelmed
- thinking clearly and constructively about problems
- ‘taking stock’ of how you’ve coped in the past: your personal strengths and the support and resources available to you
- providing a sound basis for important decision-making.

## STRUCTURED PROBLEM-SOLVING INVOLVES 6 STEPS

### Step 1

Write down the problem causing you worry or distress:

### Step 2

Think about your options for dealing with this problem (try to think broadly – including good and not so good options); write them down:

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### Step 3

Write down the advantages and disadvantages of each option:

### Step 4

Identify the best option(s) to deal with the problem:

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**Step 5** – List the steps needed to carry out each option (bear in mind the resources needed and pitfalls to overcome):

1. a.
b.
c.
2. a.
b.
c.
3. a.
b.
c.
4. a.
b.
c.
5. a.
b.
c.

**Step 6**

Review your progress in carrying out your option(s):

**What have I achieved?** .....

.....

**What still needs to be done?** .....

.....

## SOME FACTS ABOUT SUICIDE

Though a significant number of people who die by suicide are affected by a mental health difficulty, and though depression is the most common mental health difficulty associated with suicide, many suicides appear not to be associated with mental ill-health.

Many who attempt to end their lives are not so much motivated by a desire for death, but to escape the emotional pain and psychological distress they are experiencing. This is important to understand, because when someone is on a path to suicide, it is often possible to intervene in a way that gives them the resources to cope with or overcome their pain and difficulties without resorting to self-harm.

Suicide is a major cause of death in Australia.

There were 2,864 deaths from intentional self-harm in 2014, resulting in a ranking as the 13th leading cause of all deaths. About three-quarters (75.4%) of people who died by suicide were male, making intentional self-harm the 10th leading cause of death for males. Deaths due to intentional self-harm occurred at a rate of 12.0 per 100,000 population in 2014.

While intentional self-harm accounts for a relatively small proportion (1.9%) of all deaths in Australia, it accounts for a greater proportion of deaths within specific age groups. For example, in 2014, over a quarter of deaths of males in each of the 15-19, 20-24, 25-29, and 30-34 year age groups were due to intentional self-harm (35.9%, 34.9%, 29.9% and 31.5%, respectively). Similarly for females, intentional self-harm deaths comprise a higher proportion of total deaths in younger age groups compared with older age groups (25.0% of deaths of persons aged 10-14 years, 27.1% of deaths of persons aged 15-19 years, 30.2% of deaths of persons aged 20-24 years and 20.4% of deaths in the 25-29 year age group).

Median age - The median age at death for intentional self-harm in 2014 was 44.4 years for males, 43.6 years for females and 44.2 years overall. In comparison, the median age for deaths from all causes in 2014 was 78.5 years for males, 84.8 years for females and 81.8 years overall.

*Australian Bureau of Statistics (2014) Causes of Death, Australia, Intentional Self Harm 2014, (3303.0), Canberra, ABS*

## Factors that contribute to suicide risk

- Marital breakdown/relationship problems
- Bereavement
- Depression (or other mental health difficulties)
- Unemployment
- Financial problems – including a sudden change in financial circumstances
- Previous suicide attempt
- High levels of stress, distress and depleted (‘run down’) emotional and personal coping resources
- Ready access to a firearm, pills, or other means of committing suicide
- Alcohol dependence and/or abuse
- Deliberate self-harm
- Isolation

## Factors believed to diminish suicide risk

- Family connectedness
- Responsibility for children and others
- Close relationships/friendships
- Employment
- A sense of meaning and purpose in life
- Personal resilience and problem-solving skills
- Being connected to a community and social activities
- Good mental health
- A preparedness to seek out early help for mental health difficulties
- A belief that suicide is wrong
- Lack of access to guns

## Major issues for men

Some of the most telling issues linked with male suicide in Australia include:

- unemployment and/or financial problems

- alcohol use, marijuana or other drug dependence
- experiencing a sense of powerlessness
- a sense of failure in life, towards family, and financially
- family/relationship problems
- loneliness, isolation
- physical or mental health difficulties
- unaddressed depression.

#### Most telling issues relative to age:

- unemployment for men of employable age
- a sense of failure appears most significant to men under 45 years of age.
- family/relationship problems and a sense of failure appear to be significant factors for men aged 45-49 years.
- physical and/or mental health difficulty and family problems appear to be significant factors for men aged 60-69 years.
- loneliness or physical illness appear to be significant for men aged 70 years.