

# Chances are someone you know is suicidal – Here's how to help

Suicide is the second leading cause of death among Oregonians aged 10 to 24. The Journal of the American Medical Association has reported that 90 percent of all suicides occur during or following a depressive episode. Awareness, education, and treatment are the keys to suicide prevention.

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, 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.

Other symptoms may be dizziness, headaches, stomachaches, neck aches, arms or legs hurting due to muscle tension, digestive disorders. (rul-

ing 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.

Warning Signs of Suicide include:

Ideation (thinking about suicide)

Substance use or abuse (increased or change in substance)

Purposelessness (no sense of purpose or belonging)

Anger

Trapped (feeling like there is no way out)

Hopelessness (there is nothing to live for, no hope or optimism)

Withdrawal (from family, friends, work, school, activities, hobbies)

Anxiety (restlessness, irritability)

Recklessness (high risk-taking behavior)

Mood disturbance (dramatic change in mood)

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, such as prized possessions.

Stigma associated with mental illnesses can prevent people from getting help. Your willingness to talk about depression and suicide with a friend, family member, or co-worker can be the first step in getting help and preventing suicide.

If You See the Warning Signs of Suicide...

Begin a dialogue by asking questions. Suicidal thoughts are common with depressive illnesses and your willingness to talk about it in a non-judgmental, non-confrontational way can be the help a person needs

to seek professional help. Questions okay to ask:

"Do you ever feel so badly that you think about suicide?"

"Do you have a plan to commit suicide or take your life?"

"Have you thought about when you would do it (today, tomorrow, next week)?"

"Have you thought about what method you would use?"

Asking these questions will help you to determine if your friend or family members is in immediate danger, and get help if needed. A suicidal person should see a doctor or mental health professional immediately. Calling 911 or going to a hospital emergency room are also good options to prevent a tragic suicide attempt or death. Calling the National Lifeline at 1-800-273-TALK is also a resource for you or the person you care about for help. Remember, always take thoughts of or plans for suicide seriously.

Never keep a plan for suicide a secret. Don't worry about risking a friendship if you truly feel a life is in danger. It is better to lose a relationship from violating a confidence than it is to go to a funeral. And most of the time they will come back

and thank you for saving their life.

Don't try to minimize problems or shame a person into changing their mind. Your opinion of a person's situation is irrelevant. Trying to convince a person suffering with a mental illness that it's not that bad, or that they have everything to live for may only increase their feelings of guilt and hopelessness. Reassure them that help is available, that depression is treatable, and that suicidal feelings are temporary. Life can get better!

If you feel the person isn't in immediate danger, acknowledge the pain as legitimate and offer to work together to get help. Make sure you follow through. This is one instance where you must be tenacious in your follow-up. Help find a doctor or a mental health professional, participate in making the first phone call, or go along to the first appointment. If you're in a position to help, don't assume that your persistence is unwanted or intrusive. Risking your feelings to help save a life is a risk worth taking.

For more information see the website at [www.save.org](http://www.save.org).



## Get on Your Feet!

<http://www.signmeup.com/57993>



### Vernonia Bear Creek 10K/5K Run/Walk



**Aug 16<sup>th</sup>, 2008 at Anderson Park**

**Support Vernonia Cares Food bank**



**Check-in/Registration at Anderson Park Pavilion 7:45am**

**10K Run starts at 8:15am**

**5K Run/Walk starts at 8:30am**

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**Suicide Hotline**  
**800-784-2433**

**Columbia County**  
**Mental Health**  
**800-294-5211**

## West Nile found in Baker County


The first West Nile virus activity in Oregon this year has been reported in Baker County.

Emilio DeBess DVM, state public health veterinarian and epidemiologist with the Oregon Department of Human Services State Public Health Division, said a pool of mosquitoes gathered last week by the Baker Valley Vector Control District was found to be positive for the virus.

The mosquitoes were analyzed at the Oregon State University Veterinary Diagnostic Laboratory.

According to Jim Lunders, a biologist and manager of the Baker Valley Vector Control District, the area has been sprayed with adulticide to kill the adult mosquitoes as part of the routine work of the district. In addition, the district has

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