



SUICIDE

GUN CONTROL

DEFINITIONS

SUICIDE

What is Suicide?

Suicide: the act of taking one's own life intentionally or voluntarily.

Source: Merriam-Webster Dictionary

Risk factors for suicide among young people include the presence of mental illness, especially depression; emotional and behaviour problems; alcohol and drug abuse; previous suicide attempts; and the availability of firearms in the home.

In South Africa, 60% of people who commit suicide are depressed.

In South Africa, the average suicide is 17.2 per 100 000 (8% of all deaths). This relates only to deaths reported by academic hospitals. The real figure is higher.

According to the World Health Organization (WHO), a suicide occurs every 40 seconds and a suicide attempt is made every 3 seconds across the world.

In South Africa, hanging is the most frequently used method of suicide, followed by shooting, gassing and burning.

Remember

Suicide shouldn't be a secret



Remember

“We cannot measure the value of life cut short by suicide. We cannot calculate the impact a person might have had on the world around them or on the people whose lives they may have touched. But through a partnership between survivors, business and community leaders, scientists and dedicated individuals we can vanish this needless tragedy.”

Source: The South African Depression and Anxiety Group (SADAG)

TO GET YOU THINKING

MATRIC PUPILS COMMIT SUICIDE

Two matriculants have committed suicide, both in Mpumalanga. TimesLIVE reported that a matriculant in Schoemansdal committed suicide at 8 am after receiving an SMS stating that he had failed his national senior certificate. In response, the Nkomazi local municipality said, “We just received with shock and profound sadness [news of] the passing... of a learner from Schoemansdal [matriculant] who just committed suicide this morning after being informed that he did not make it. Our heartfelt condolences to the family and friends. We also appeal to parents to be vigilant and give proper counselling or refer these vulnerable children to social workers for professional help.”

Mpumalanga police spokesman Leonard Hlathi said the 19-year-old from Schoemansdal was found lying on the floor with an electric cord around his neck. Hlathi reported that an 18-year-old in Waterval Boven also committed suicide. He used an electric iron cord to hang himself, which was found dangling from the roof. The matriculant had passed the exams with a higher certificate, a basic pass.

All matriculants, or anyone contemplating suicide, can call the South African Depression and Anxiety Group (SADAG) at 08000 55 555 at any time of day or night. SADAG will call you back if you SMS them at 31393. Childline also has a toll-free counselling number - 0800 0 55 555, which is free from landlines and all cell networks, except Telkom Mobile.

SADAG spokesperson Janine Shamos previously told TimesLIVE that pupils should not see their matric results as a matter of life or death. “Matric learners need to remember there are always options. There’s always something that can be done, even if it means rewriting a subject. Even if you failed the whole year, there are always options.”

Although suicide is very hard to predict, the organisation said that if someone has shown at least five of the symptoms listed below for about two weeks they might be contemplating suicide:

- Depressed mood
- Change in sleeping patterns
- Change in appetite or weight
- Speaking or moving with unusual speed or slowness
- Fatigue or loss of energy
- Feelings of worthlessness, self-reproach or guilt
- Thoughts of death or suicide

Additional factors that point to an increased risk for suicide in depressed individuals are: Extreme anxiety, agitation or enraged behaviour, excessive drug and/or alcohol use, a history of physical or emotional illness and feelings of hopelessness or desperation.

Source: Adapted article. Nico Gous (05 January 2018) “Matric Pupils Commit Suicide” TimesLIVE

QUESTIONS TO CONSIDER

How do you think the suicides of the teenagers in the story above could have been prevented?

Can you think of some of the reasons that motivated the teenagers to take their own lives?

If you were a friend of one of these teenagers, what do you think you could have done to support and prevent them from committing suicide?



WHAT ARE THE MAJOR RISK FACTORS FOR YOUTH SUICIDE?

- If a teenager has tried suicide before.
- If there is a history of depression and/or suicide in the family.
- If the adolescent uses/abuses or is dependent on alcohol or drugs.
- If they have been sexually or physically abused.
- If they have a chronic illness.
- If they have a learning disability or a mental or physical disability.
- If there are family fights or a poor parent/child relationship.
- If there has been a recent loss (family or relationship break-up, or death) or setback (job loss/issues).
- If there has been a disruption in their life like a change in friends, surroundings or activities.
- If they have been exposed to violence.

Source: SADAG

SUICIDE: WARNING SIGNS

- Giving away prized possessions/making a will or other final arrangements.
- Major changes in sleep patterns - too much or too little.
- Sudden and extreme changes in eating habits/losing or gaining weight.
- Withdrawal from friends/family or other major behavioural changes.
- Dropping out of group activities.
- Personality changes such as nervousness, outbursts of anger, impulsive/reckless behaviour or apathy about appearance or health.
- Frequent irritability or unexplained crying.
- Continuous expressions of unworthiness or failure.
- Lack of interest in the future.
- A sudden lifting of spirits, when there have been other warning indicators, may point to a decision to end the pain of life through suicide.

Source: 1. Teens Who Commit Suicide
2. Suicide: Warning Signs

EXTRA RESOURCES ON THIS TOPIC:

- > **If you know someone who should not have a gun, and you would like more information on removing a gun from the home visit www.gfsa.org.za or send an email to info@gfsa.org.za**
- > **For more information on mental illness, and if you know someone who is suicidal and needs help, contact the South African Depression and Anxiety Group (SADAG).**
- > **To contact a SADAG counsellor between 8am-8pm Monday to Sunday, call 011 234 4837.**
- > **For a suicidal emergency contact 0800 567 567 24hr Helpline 0800 121314, SMS 31393 (and SADAG will call you back).**

DID YOU KNOW?

SUICIDE WAS THE 4TH LEADING CAUSE OF DEATH FOR YOUNG PEOPLE AGED 15-24 IN SOUTH AFRICA IN 2012.

DEATHS DUE TO SUICIDE ARE:

Highest among youth aged 15-29 years (36%).



Followed by adults aged 30-44 (33%).



RESEARCH SHOWS THAT MOST SUICIDES ARE IMPULSIVE, WHICH MEANS THE ACT WAS MADE SUDDENLY AND WITHOUT SECOND THOUGHTS.



ABOUT 31% OF TEEN SUICIDE ATTEMPTS REQUIRED MEDICAL TREATMENT.



Source: 1. Suicide
2. Suicide in South Africa

SUICIDE AND GUNS

- About 85% of suicide attempts with a gun are fatal.
- Guns are more lethal than other suicide means. They are quick. The damage is irreversible.
- WHO reports that 17% of all suicides globally are committed using a gun.
- Households with guns have a higher gun-related suicide rate.
- Men are more at risk of suicide by gunshot.
- Stronger gun laws reduce access, leading to fewer gun-related suicides.

Putting time and distance between a suicidal person and a gun may save a life.

This is how:

1. Remove guns from the home. If you have a gun at home and someone in the house is suicidal or at risk of suicide (e.g. an impulsive teen, a person struggling with depression or drug and alcohol problems, or someone going through difficulties like divorce or arrest), seriously consider removing the gun(s) from the home.

2. Store guns securely. Not having guns at home is the safest practice. But if this is not an option:

- Store guns safely. According to the South African Firearms Control Act, a gun owner must “lock the firearm away in a prescribed safe, strong-room or device for the safekeeping of a firearm.”.
- Keep the key or combination to your locked gun secure. Remember, most teenagers know their parents’ hiding places.

Source: Gun Free South Africa

MYTHBUSTERS

MYTH	FACT
Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts.	Talking about suicide provides the opportunity for communication. However, talking about suicide should be carefully managed.
Young people who talk about suicide never attempt or complete suicide.	Talking about suicide can be a plea for help or a late sign in the progression towards a suicide attempt.
A promise to keep a note that someone has given you unopened and unread should always be kept secret.	When you suspect that someone is thinking of harming themselves and they give you a sealed note and tell you not to open it, this is a very strong sign that something may be wrong. Do not keep the note a secret. Tell someone who could help, like a parent or teacher.
Attempted or completed suicides happen without warning.	The survivors of someone who committed suicide often say that they didn't see it coming. While this is possible, it's also very likely that they didn't recognise some of the warning signs.
If a person attempts suicide and survives, they will never make a further attempt at suicide.	A suicide attempt is regarded as an indicator of further attempts. It is likely that the level of danger will increase with each further suicide attempt.
Once a person is intent on suicide, there is no way of stopping them.	Suicides can be prevented. People can be helped. A suicidal crisis can be relatively short-lived. Suicide is a permanent solution to what is usually a temporary problem.
People who threaten suicide are just seeking attention.	All suicide attempts must be treated as though the person is serious about dying. If you give them attention and help them access the appropriate resources and services, it may well save their life.
Suicide is hereditary.	Although more than one suicide can happen in one family, it is not genetically inherited.
Only certain types of people become suicidal.	Everyone has the potential for suicide.
Suicide is painless.	Many suicide methods are very painful.
Depression and self-destructive behaviour are rare in young people.	Both forms of behaviour are common in adolescents.

All suicidal young people are depressed.	While depression is a contributory factor in most suicides, it doesn't need to be present for suicide to be attempted or completed.
Marked and sudden improvement in the mental state of someone who attempted suicide proves that the suicide risk is over.	The opposite may be true. In the three months following an attempt, a young person is most at risk of completing suicide.
Once a young person is suicidal, they will be suicidal forever.	Most young people who are considering suicide will only be that way for a limited period of their lives. The risk of suicide for any person varies across time as their circumstances change. This is why it is important for regular assessments of the level of risk in people who are 'at risk' of suicide.
The only effective intervention for suicide comes from professional psychotherapists with a lot of experience.	All people who interact with suicidal adolescents can help them by giving them emotional support. Psychotherapeutic interventions also rely heavily on family and friends providing a network of support.
Suicidal young people are always angry when someone intervenes and they will resent that person afterwards.	It is common for young people to be defensive and resist getting help at first, but they do this to test how much people care and are prepared to help them.
Break-ups in relationships happen so frequently: they do not cause suicide.	Suicide can happen after the loss of a relationship.
Suicidal young people are insane or mentally ill.	Although suicidal adolescents are often extremely unhappy and may be classified as having a mood disorder, such as depression, most are not legally insane. However, there are small numbers of people whose mental state meets psychiatric criteria for mental illness and who may need psychiatric help.
Every death is preventable.	No matter how well-intentioned, alert and diligent people's efforts may be, there is no way of preventing all suicides from happening.

Source: 1. Suicide Prevention
2. Teen Suicide: Myths & Facts

Remember

Myths about suicide stand in the way of helping those who are in danger.

QUIZ TIME!

Test your knowledge:

- About 85% of suicide attempts with a knife are fatal. True or false?
- Women are more at risk of suicide by gunshot. True or false?
- List three warning signs that someone may be suicidal.
- It is a fact that talking about suicide will encourage suicide attempts. True or false?
- Different ways to talk about suicide.

DIFFERENT WAYS TO TALK ABOUT SUICIDE

These questions can help guide your radio shows and outreach.

They are angles to the bigger topic of suicide.

You have many examples of how to develop your outreaches and radio shows from previous guides. Use them to expand on some of the angles below.



Teen suicide: The silent killer



Depression and suicide: Causes and prevention



Guns and suicide: How can we stop the trigger from being pulled?

Resource

When reporting on issues of suicide, here are some helpful guidelines to practice:
Responsible Reporting on Suicide



ETHICS AND CONSENT

This may be a sensitive topic for some, so make sure you inform your audience to respect those who share personal stories in the space.