**HOW TO DETECT AND RESPOND TO SUICIDAL INCLINATIONS IN CANDIDATES**

**by Simon Moss**

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| **Introduction** |

 For many reasons, a PhD or Masters by Research can be a challenging time for candidates. Indeed, as one study demonstrated, about 10% of research candidates have seriously contemplated suicide during their candidature (for more information, visit <http://digitalassets.lib.berkeley.edu/etd/ucb/text/Rice_berkeley_0028E_15380.pdf>). This problem is not specific to candidates: The rate of mental health problems, such as depression, is three times higher in Australian academics than in the general population of this nation (Winefield et al., 2003).

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| **Did you know?** | In the United States, twice as many people die from suicide than homicide. |

 Supervisors need to be aware of how to detect and response to suicidal tendencies in their research candidates. Because supervisors are often perceived as powerful but supportive, candidates might occasionally confide to these supervisors. Conversely, supervisors might often deliver feedback that amplifies the risk of suicide. This document imparts some insights to supervisors about how to detect and manage suicidal tendencies in research candidates.

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| **A simple framework to respond to suicidal thoughts** |

A program, called ASIST, or Applied Suicide Intervention Skills Training, recommends a series of five phases that supervisors should initiate if they feel that a research candidate—or someone else—may be suicidal. The following table outlines these phases

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| Phase | Details |
| **Explore invitations**. In response to hints that someone might be suicidal, ask a direct question about suicide | Their hints might include * statements, such as “I can’t take it anymore”, “I feel like I am a burden to everyone”, or “All my problems will end soon”
* physical signs, such as diminished interest in appearance or weight
* actions, such as dramatic changes in behavior, reckless acts, withdrawal from other people, or misuse of substances
* strong, unexpected emotions, such as helplessness or anger

Your questions should be direct to indicate that suicide is not uncommon and is a topic that can be discussed. An example might be* “sometimes, when other people express these thoughts, they have been thinking about suicide? Have you experienced these thoughts?”
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| **Listen.** If candidates, or anyone else, concede they have contemplated suicide, invite these individuals to tell you their story | Questions might include* Tell me about what has been happening

At this time, to promote trust, demonstrate that you understand what they are saying, with comments like* You feel that everything looks hopeless now
* You feel this pain is unbearable
* You just want this distress to be over. Nothing matters right now.
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| **Prompt turning points.** While they tell you their stories, attempt to identify turning points—signs the person might want to live. Highlight this motivation to live | Comments that signify turning points include* I wish I could solve this problem
* I don’t know what to do
* I don’t want to upset her
* I think suicide is the answer but…

Prompt candidates to appreciate how their comments imply they want to live. For example* If they say “I want to die now”, you can ask “But, sometimes you want to live?”
* If they say, “Suicide seems like the answer”, you can reply “It sounds like you are not sure though”
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| **Commit to safety for now.** Once candidates acknowledge they might want to live, prompt these individuals to commit to be safe for now | Your aim is not to solve all their problems, but merely to encourage these individuals to commit to be **safe for now**—such as until they can visit a health practitioner. You might say* So, because you might want to live, do you feel we could plan a way to keep safe for now
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| **Develop a safety plan together.** Then, prompt these individuals to commit to this plan | A safety plan should entail several features:* Agree on who they will contact if they become concerned about their capacity to sustain their safety
* Encourage these individuals to arrange an appointment with a health practitioner
* Inspire the individuals to converse with supportive people in their lives, even if they feel ashamed
* Encourage the individuals to consider one or two of their strengths or resources they could utilize now
* If the candidates had constructed a suicide plan, ask whether they would be willing to disable this plan—such as discard pills
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If these candidates are not sure they will be safe for now, activate an emergency response now, such as 000. Alternatively, if these candidates do not commit to this plan, arrange someone to monitor these individuals regularly for the next 24 hours.

The remainder of this document presents more detailed insights about suicide and distress—including other avenues you could utilize to help individuals over an extended duration.

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| **Signs of suicidal tendencies** |

 When candidates experience distress, they often strive to conceal their feelings and concerns. Therefore, to detect suicidal tendencies, supervisors need to be sensitive to subtle indicators. The following table presents a set of behaviors that might signify a problem.

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| Behavior | Description |
| Mood shifts  | They might exhibit dramatic shifts in their mood, such as unexpected bouts of rage or resignation |
| Sleep patterns | Their sleep might be severely impaired or excessive and thus seem agitated |
| Reckless | They might gravitate to reckless, dangerous activities |
| Hopelessness | They might express a feeling of hopelessness—that life will not improve or is meaningless |
| Perfectionism | They may express unrealistically high standards for themselves (see Flett et al., 2014) |
| Social withdrawal | They might withdraw from their family, friends, and work |
| Allusions to suicide | They might often allude to death, dying, or suicide—or even threaten suicide |
| Pills or weapons | They might seek opportunities to kill themselves, such as inquire about pills or weapons |

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| **Responses to explicit distress** |

 Your response will partly depend on whether the candidate acknowledges or conceals their distress. If candidates acknowledge their distress, attempt to sustain the conversation. The following table presents some principles you could following during these conversations. Many of these principles might seem obvious not but do not seem as obvious during the stress of these circumstances.

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| Priorities | Description |
| Listen | Prioritize listening over speaking—and even permit the person to express their motivation to die |
| Care | Indicate that you care and want to help  |
| Compassion | Show that you feel empathic and compassionate |
| Normalize | Reveal that such thoughts about suicide are common and can be set aside. Emphasize that most people experience bouts of doubt and despair |
| Hope | Indicate these thoughts often signify resolvable problems, such as loneliness that can dissipate in response to minor changes in life.Indeed, you could refer to research that shows that even improved sleep tends to diminish the frequency of suicidal thoughts (Littlewood et al., 2018) |
| Acceptance | Reveal that people, as they age, often learn how to accept the shame of their shortcomings, imperfections, and mistakes. This learning can be gradual or an epiphany. Perhaps concede your own shortcomings, imperfections, and mistakes.  |
| Possibilities | Discuss potential opportunities to solve the problems in the future rather than attempt to resolve these problems now |
| Encouragement | Inform the candidate that perhaps social or active behaviors are likely to diminish suicidal tendencies: in contrast, screen time is positively associated with suicidal tendencies (Twenge et al., 2017) |

 During these conversations, gauge the risk of suicide. Ask these individuals whether they are contemplating suicide. The following table presents some behaviors that indicate the risk might be high.

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| Summary | Details |
| Clear procedure | The individuals have articulated how they would kill themselves |
| Clear time | The individuals have articulated when they might kill themselves |
| Capacity | The individuals have acquired the resources to initiate this act |

 When the risk is high, you should gently but firmly encourage the person to contact someone close, a relevant professional, Lifeline on 13 11 14, or even all three avenues. Sustain your conversation with this person until other help arrives.

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| **Responses to concealed signs of distress** |

 If the research candidates have not explicitly conceded they are distressed,but demonstrate a few disconcerting signs, perhaps

* calmly but honestly disclose your observations and concerns with the candidate
* listen to the candidate with genuine compassion and empathy
* during this conversation, do not shun the word suicide; you want to demonstrate that suicide is an issue that can be discussed rather than a taboo to avoid.
* contact equity services to seek advice on (08) 8946 6288 or security on 1800 646 501. You could also contact an out-of-hours telephone crisis support: 1300 93 33 93

 Supervisors are often concerned their references to suicide could be dangerous. They are worred they might incite thoughts about suicide in the candidate This concern is generally unfounded: When candidates feel they can discuss suicide, the intensity of these thoughts about suicide actually subside. They do not feel the need to suppress these thoughts—a need that can amplify these concerns.

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| **Responses after the crisis** |

 Once the crisis is averted, you should neither shun not fixate on their mental health. That is, every few meetings, you could express thoughts like “How are you feeling about everything at the moment” or “If you’re ever not feeling the best, feel free to let me know”. But the candidate may not want to be conceptualized as a person who is susceptible to mental health problems. So, if possible, you should not treat the person as a victim.

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| **Considerations** |

 You should also be attuned to some other complications. For example, candidates might ask you to promise you will not disclose their suicidal tendencies. In these circumstances, you should concede that, if you are concerned about their life, you will need to disclose this information to the relevant individuals, such as candidate equity or security. Nevertheless, you should emphasize that you will consult the candidate about who else might need to know—to respect the privacy and rights of this candidate to the degree you can.

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| **Behaviors that may not indicate suicide** |

 Candidates may occasionally injure themselves deliberately, called self-injury or self-harm. They might carve words or patterns in their skin, punch objects, prevent the healing of wounds, burn their skin with cigarettes, or pull out their hair. Typically, these acts, although potentially dangerous, do not indicate suicidal tendencies. Instead, this self-harm is often applied to

* manage pain
* diminish guilt and shame
* overcome feelings of numbness or dissociation
* to seek excitement, and
* communicate emotions such as frustration

 If you suspect self-harm in your candidates, you should perhaps

* disclose these observations to this candidate, gently and calmly but firmly
* because self-injury is intended to manage some issue, recognize your immediate aim is not to thwart the self-injury
* indicate that you are always willing to converse about any distress or concerns they want to discuss
* specify that such distress is understandable—but that perhaps they could benefit from equity services or other support.

 If candidates ask you advice about self-harm, you can offer some initial guidance. You should then, if applicable, gently encourage the individual to consider visiting a GP. The following table offers some insights that can help people who self-harm

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| Behavior | Examples |
| Distract yourself with exercise, games, puzzles, or other physical activities | * Name as many animals as you can that begin with a vowel—or apply to songs, famous people, books, movies, colours, and so forth
* Count backwards from 1000 by 7s
* Collect as many jokes as you can
* Explore every feature of a simple object, like a pen
* Tidy or rearrange your room
* Create something like a poem
* Teach yourself something, like some sign language
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| To release unpleasant emotions, initiate safer alternatives to harmful behaviors  | * Punch a pillow
* Draw on your arm rather than cut your arm
* Shout loudly in a private spot
* Run quickly, squeeze a ball, or jump for minute or so
* Stretch and scrunch your body
* Label negative thoughts as unhelpful
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| Promote relaxation or joy | * Breathe deeply several times
* Savor the feelings you experience when you eat something you enjoy
* Say to yourself the compassionate words you would hear if someone you love was upset
* Gaze outside and notice all the colors, patterns, and textures. Or attempt to describe the room with your eyes closed
* In nature, orient attention to the smells, sounds, and feelings
* Hug yourself
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| Express and describe your feelings and bodily sensations as precisely as you can | * Transcribe these feelings on paper and then tear or discard the paper
* Transcribe your worries. Consider the extent to which these worries will bother you in one week, month, year, or decade
* Express a worry aloud—and then consider 3 actions to initiate a solution
* Express your appreciation of someone
* What are some qualities you share with a friend
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| Delay self-harm | * Tell yourself you might be able to self-harm in the future but not now
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 Candidates could also download and utilize apps that have been shown to help, such as Calm Harm and Self-Heal. These methods are merely intended to overcome immediate risks, but do not treat the source of these problems. To treat the problems, the individual should visit a doctor or health professional.

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| **Theories** |

 To help you respond appropriately to the suicidal tendencies of research candidates, you could perhaps learn more about the causes of suicide. That is, which blend of circumstances are most likely to culminate in suicide? The following table presents some theories that were designed to answer this question.

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| Theory | Details |
| Escape theory of suicide | Sometimes, individuals feel they cannot achieve the goals they have set or their society has set. Next, they might ascribe this failure to deficiencies in themselves—rather than to circumstances they cannot control, for example. Hence, they feel inadequate, incompetent, and unlikeable—assumptions that elicit strong negative emotions. To overcome these negative emotions, they attempt to divert their attention from themselves as a person. In essence, they strive to escape from themselves to alleviate these emotions. They orient their attention to more immediate needs instead of their future goals, for example, culminating in impulsive behavior. This impulsive behavior, coupled with the need to escape the self, may culminate in suicide.  |
| Fluid vulnerability model of suicide | The model assumes that suicide risk, to some extent, depends on a baseline risk—a risk that does not change over time. Then occasionally, aggravating circumstances can amplify this risk for several hours, days, or even weeks. Protective resources, such as the support of friends and family or the capacity to solve problems, diminishes the impact of aggravating circumstances.  |
| Interpersonal-psychological theory of suicide | People are not motivated to commit suicide except in specific circumstances. First, individuals need to feel they are a burden on their family, friends, or society—and their death would be valued more than life to other individuals. Second, they need to feel they do not belong to a specific circle or community and, therefore, perceive their life as meaningless, insignificant, and isolated. Yet, even people who want to commit suicide are often unwilling to initiate this act, because of a fundamental and powerful need to preserve themselves and a sense of fear when this preservation is threatened. However, people who have repeatedly experienced painful events are not as likely to experience this fear. These painful events might be associated with subsequent relief or become habituated over time. Their fear declines. Consequently, exposure to many painful events in the past can increase the likelihood that individuals are able to commit suicide.  |
| Three step theory of suicide | First, individuals experience a blend of psychological pain and hopelessness—a sense this pain will endure. Second, some individuals might feel disconnected from other people and hence do not experience the feelings of safety that connections can elicit. Several innate traits, acquired tendencies, and logistical considerations affect the progression from suicidal ideation to actual attempts.  |

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