

# Prevent Suicide Today

## Healthcare Professionals & Suicide: Awareness, Prevention, First Steps to Help

*From detecting the warning signs to addressing the stigma, learn how to recognize suicidal behavior in others, gather prevention tools and resources, and find out where to get help today.*



***\*If you are suicidal and need help, call 911 immediately, go to the nearest emergency department or behavioral health crisis center, or call 1-800-273-8255***

Working in healthcare can be incredibly rewarding, from helping wounded veterans regain their strength to welcoming newborn babies into the world. And while the positives of making a difference are many, healthcare professionals can also experience stress, burnout, compassion fatigue, and grief. Many work through these feelings in healthy and productive ways, but some don't.

Depression, substance abuse, and even suicide are real and present factors among healthcare professionals, and the more we can help them find resources, understand what they're going through, and get the help they need, the better.



***Physicians are 40% more likely than the general population to die by suicide, and nurses are 33% more likely.***

*"The rate of suicide among healthcare workers is unusually high," says Dr. Cali Estes, an addiction specialist, "but with more resources, we can end the stigma behind mental health and addiction and make sure that medical boards are not so quick to fire someone, but rather offer them the help they need instead."*

# Suicide in Healthcare: The Facts

- About **15-30%** of residents and medical students have symptoms of depression.
- One doctor dies by suicide in the United States **every day**.
- Almost 55% of doctors and over 37% of nurses report **symptoms of burnout**.
- The **three main symptoms** of burnout include exhaustion, lack of efficacy at work, and depersonalization.
- **Self-medicating** often occurs among physicians who suffer from insomnia, anxiety, and the like
- Physicians who died by suicide often have **20-40 times** the rate of benzodiazepines, barbiturates, and antipsychotic medications in their systems than nonphysicians, indicating that they were self-medicating.

## Understanding the Concern

Healthcare professionals learn early in their careers to find balance between the pros and cons in their line of work. To get through the challenges of working with grieving families and sick patients, healthcare workers must focus on the rewarding aspects of their jobs like curing people and saving lives. However, it's not always so simple. Feelings of burnout are normal, but when burnout turns to depression, anxiety, or even suicidal thoughts, professionals should take notice and seek help. Here's what you need to know about suicide among healthcare professionals from warning signs to risk factors.

## Warning Signs

When someone dies by suicide, hindsight may reveal warning signs. Though sometimes there are no signs of their intentions, in many cases there are at least a few things "off" that could have been a red flag. Warning signs typically fall into one of three categories.

### Speech

- Talking about feeling trapped
- Saying they feel like a burden to others
- Talking about feeling hopeless or without purpose
- Talking more often about death or dying
- Mentions suicide or wanting to die
- Mentions unbearable physical or emotional pain

## Behavior

- Withdrawing from activities
- Sleeping too much or too little
- Giving away treasured possessions
- Increased use of alcohol or drugs
- Calling people to say goodbye
- Isolating themselves from others
- Fatigue
- Aggression

## Mood

- Depression
- Anxiety
- Loss of interest in most things
- Humiliation or shame
- Showing agitation or anger
- Becoming irritable
- Bad times followed by relief or a sudden improvement

When it comes to healthcare workers, a few other signs might be more prevalent, such as substance abuse.

*“For years it has been a long-kept secret that health professionals can be more susceptible to addiction, and the most commonly used drugs are prescription pills, like Xanax, Adderall, Oxy and even Roxy,” says Dr. Estes. “The medical board can be relentless when dealing with a frontline worker and suspend them or take their license. This is why we see a lot of closet drug use, which, in some cases, can end in suicide.”*

## Risk Factors

Certain risk factors may appear in those who consider suicide. These factors are present in the general population as well as in healthcare workers, but certain environmental stressors – some of which can be experienced on the job — can intensify the factors in other areas. Here’s a full list of the primary factors to watch out for.

### Health Factors

- Mental health issues
  - Depression
  - Anxiety
  - Substance abuse problems
  - Conduct disorders
  - Bipolar disorder
  - Schizophrenia
  - Aggression and mood changes
- Chronic pain or illness
- Traumatic brain injury

## Environmental Factors

- Prolonged stress
- Access to lethal means, such as drugs or weapons
- Exposure to suicide of others
- Stressful life events, like divorce or a financial crisis

## Historical Factors

- Family history of suicide
- Previous suicide attempts
- Childhood abuse, neglect, or trauma

# Demystifying Suicide in Healthcare

No matter who you are or where you work, certain myths surround suicide. Things like “only sad people die by suicide”, or that it’s easy to tell who’s at risk and who isn’t. We’ve debunked some of the common myths and misconceptions to help give everyone a more reality-based view.

### **Myth: There are always warning signs.**

Only **50-75%** of people display clear warning signs of suicidal thoughts or decisions before they take their life.

### **Myth: Someone who is suicidal will always be suicidal.**

About **54%** of those who die by suicide don’t have any diagnosable mental health disorder.

### **Myth: Someone who dies by suicide had severe mental illness.**

Suicidal thoughts are often short-term and specific to a particular situation, such as a divorce, breakup, legal trouble, financial issues, a death in the family, a severe illness, trauma or abuse, or the loss of a home and not indicative of a severe mental illness.

### **Myth: People who are suicidal really do want to die.**

Those who have suicidal thoughts usually **don’t actually want to die**; rather, they don’t want to continue living their life as it is. This is why talking about it can be so helpful.

### **Myth: When someone gets better, their risk of suicide goes down.**

For many, it’s the days or weeks **after treatment** that can be the most dangerous. It’s very important to ensure a person has a strong support system even when they seem “fine.”

## A Crucial Link: Mental Health & Suicide

A person's mental health can affect every part of their lives, including how prone they might be to suicidal thoughts and actions. Although people with severe mental illness are **12 times** more likely to die by suicide than others, suicide is not limited to those who suffer from bipolar disorder or schizophrenia. For example, depression can lead to **suicidal thoughts**, as well, especially when combined with triggers such as divorce, legal issues, or trouble at work. For healthcare providers, some of the work-related challenges that can increase suicidal thoughts include:

	Definition	In Healthcare
<b><i>Burnout</i></b>	A state of emotional, physical, and mental exhaustion that occurs during a time of excessive and prolonged stress. It is often the response to constant demands while feeling overwhelmed and drained.	Feelings of exhaustion from time-to-time are to be expected, but when those feelings become frequent or constant and prevent you from doing your job to your potential, burnout is likely the culprit. Professionals might believe they have nothing more to give when experiencing burnout. <b>Studies have found</b> that one in three physicians suffers burnout at any given time.
<b><i>Chronic Stress</i></b>	When a person suffers extreme stress with no reprieve, their body reacts with an endocrine response. The result is often low energy, insomnia, aches and pains, headaches, and other physical and emotional symptoms. <b>Learn more about chronic stress here.</b>	Those in busy or difficult healthcare settings might feel constant stress during their shifts and even when the shift is over. The result of the endocrine response, in turn, makes the stress seem even worse. The result is often burnout, compassion fatigue, and other issues that can affect care for themselves and for their patients.

**Compassion  
Fatigue**

Emotional and physical exhaustion that makes it difficult to feel compassion or empathy in a situation where that person would normally feel those things. It is sometimes described as the negative cost of caring. [Learn more about compassion fatigue here.](#)

Considered a secondary trauma, this often occurs over a long period of stress. Doctors and nurses might become less interested in work, less attached to the outcomes of patients, and sometimes reduced empathy toward the patients in their care.

**Depression**

This is a mood disorder characterized by deep sadness, a loss of interest in things that once brought happiness, distress, changes in sleep and energy levels, and more. Depression is often caused by a combination of psychological, biological, and social causes. For a more in-depth look at depression and other mental health issues, [go here.](#)

Depression can lead to changes in sleep, appetite, and energy level, which in turn can affect the care a doctor or nurse can provide. They might begin to feel as though they aren't really making a difference, and their self-esteem can plummet. They might have trouble with concentration and make mistakes that could have serious implications for their patients.

**Sleep  
Disorders**

Of all the sleep disorders, insomnia is the most common, and also tends to be associated with depression, burnout, and other symptoms of concern. On the other hand, serious fatigue can make a person fall asleep at all hours and never feel as though they got enough shut-eye.

Insomnia will keep a person awake, with very little reprieve, and that can lead to being incredibly tired and making many mistakes on charts or with patient care. Fatigue can lead to doctors and nurses sneaking away to find any window of sleep possible, and might even lead them to calling in "sick" to just stay in bed and rest.

**Substance  
Abuse**

Substance abuse is the act of using a particular substance, such as alcohol or drugs, in a manner that constitutes abuse. This might include overuse, becoming addicted to the substance, doing what it takes to get more of it (even through illegal means), and allowing it to eventually affect your day-to-day life.

More than **100,000** healthcare workers struggle with addiction. They tend to have easier access to a variety of substances that can lead to addiction, including narcotics. Approximately **20%** of nurses and about 10% of physicians will struggle with drugs or alcohol at some point in their lives.

# Finding the Words: How to Talk About Suicide

When someone begins to show concerning signs, talking to them about it becomes imperative. But how do you begin that conversation? What are the right things to say – and just as importantly, what are the wrong things? Let's look at what might open the door to a very important, life-saving discussion.

## How to Start the Conversation

Starting a conversation about suicide or mental health concerns can be very difficult for everyone involved. But it's absolutely necessary to help someone get the help they need. Choose a quiet time when you know you have that person's undivided attention. Take a deep breath and consider these openers as a way to start the conversation:

- "I've noticed you haven't been yourself lately. Is everything alright?"
- "You're acting differently than usual. Can we talk about this?"
- "Do you have a few moments to sit down and talk? I'm concerned about you."
- "I've been thinking about you a lot lately. Can we talk?"
- "I know it's been rough around here lately. Want to talk about it?"

Some healthcare professionals will provide the opportunity for discussion when they don't handle a situation very well. For instance, a nurse who bursts into tears when a patient passes away might be relieved to be approached with a compassionate smile and asked to talk about what just happened.

*The shame that often comes with feeling suicidal can be a huge barrier for those who need help. "Tell them you love them, are proud of them and want to help," Dr. Estes says. "We can avoid so many issues by debunking the guilt and shame around addiction and suicidal feelings."*

## What to Avoid

Just as there are certain things that are great to say to let someone know you care and encourage them to open up, there are other things that can lead someone to shut down completely. Avoid saying things like:

- “But you have so much to live for!”
- “You know suicide is wrong, don’t you?”
- “Your family would be so devastated.”
- “You’ve got to snap out of it.”

Also, avoid trying to provide “answers” to the problems someone is having – remember, when they choose to share with you, they are likely only scratching the surface of the things that bother them the most. Don’t act shocked by what they tell you, and don’t feel as though you have to “fix” them.

It’s also important to not promise confidentiality or secrecy. If someone’s life is in danger, you might have to reach out for help on their behalf.

## Things to Keep in Mind

No matter how badly someone wants to reach out for help, they might not accept the offer to talk. There are several reasons for this:

- They might feel as though they are a burden.
- They could believe their problems are small compared to those of others.
- They might believe they should be “stronger” than they feel lately.
- They often feel a responsibility to their patients or their colleagues to keep working even though they are at a point of severe burnout.
- They might be afraid of the stigma surrounding healthcare professionals and mental health issues.
- They could be concerned about real-world consequences of revealing mental health issues (for instance, some states might put a doctor’s license under review if there are mental health concerns).

Those are just a few of the reasons a person might smile, brush off the concern, and pretend everything is fine.

It’s important to not give up. Keep the lines of communication open by checking in with them every few days. Let them know you are thinking of them and that you are available to talk if they ever feel the need. Make sure they have a way to contact you. And the moment they do, drop everything and pay attention.

When someone does open up, “you also want to ask them if they are having suicidal thoughts or actually have a plan to kill themselves,” Dr. Estes advises. “This is the difference between life and death. If they have a plan, think of this as a Code Red and seek help immediately.”



It's important to remember that mental health options are often widely available for those who work in healthcare. For instance, [accredited residency programs](#) for doctors must provide the opportunity for immediate, confidential, and affordable mental health treatment for their residents. Before approaching someone with your concerns about their health, find the information necessary to get them that immediate help – make it clear that it's available if they need it.

## What If They Don't Want Help?

Sometimes an offer to help will be brushed off or outright rejected. For some, talking about suicidal thoughts can make them feel vulnerable and even defensive, and they will close up rather than open up.

Besides that, there are factors unique to healthcare workers that make it more difficult for some to get help. Many physicians are [afraid to seek help](#) for mental health issues for fear of losing their medical license. Many state licensing boards ask questions about mental health conditions in first-time licensing applications, and doctors might face consequences – such as higher medical liability insurance – if they admit to a mental health issue.

If someone is willing to open up and discuss the situation but not yet ready to get help, they might be willing to create a safety plan. This plan is a commitment from them not to do anything that could hurt themselves or end their life without first calling those listed on their plan, such as a mental health professional, family member, or trusted friend. This plan can help them reach out in the midst of crisis. [This information on a safety plan is a good place to start.](#)

## In Case of an Emergency

*“Utilizing the ‘blue wall of silence’ or the ‘bro code’ is not going to help,” Dr. Estes says. “You do not want to turn your back on someone and look the other way.”*

- Please call your EAP number. This number is not connected to your boss or immediate job and is a 3rd party provider. You can tell them what you see and it is their job to help your friend.
- You can also intervene by calling a professional counselor to help you and help your friend before it is too late. The goal is to help them by any means necessary.
- You can also take them to a crisis center if necessary to be evaluated.
- You can call a sober companion that can stay with them 24/7 to make sure nothing happens as well.

What can you do to get resources for someone as you watch their mental health deteriorate? These options can help you figure out how to get them the help they need.

## Resources to Get Help for Others

- **Crisis Text Line: Text 741741 to connect for free**
- **HopeLine: Online Support Services**
- **National Suicide Prevention Lifeline**
- **Samaritans**
- **SAMHSA: National Helpline**

## Getting Help for Yourself

Sometimes the first step is the hardest one. But taking that first step by reaching out for help is the most important move you can make. It's absolutely the right thing to do, which is why there are so many people there waiting to help the moment that call comes in. Fear of the unknown can be a strong motivator in preventing that all-important call, so let's clear that up right now with a detailed look at what happens next.



**1-800-273-TALK (8255)**

***If you or someone you know is in crisis, please contact the National Suicide Prevention Lifeline***

## What to Expect When You Call

When someone calls a suicide hotline, it usually goes like this:

- You will likely get an automated system that asks you to press a button to continue in the language of your choosing.
- The call is then routed to a local crisis center. This might take a minute or two.
- A trained professional will answer the phone with a warm greeting.
- They might ask for your first name, and tell you they are ready to listen. (Keep in mind: "You do not need to disclose your job type or title," Dr. Estes says.)
- The conversation will usually start however you want it to. The professional will likely ask a few questions to clarify the situation and help the ease of conversation.
- If you are calling about someone else, the person who answers will guide you through the proper steps.
- If you seem to be in imminent danger, crisis workers will try to help you find solutions.

Though situations can often be handled by the crisis worker, someone who is in severe distress might need an intervention by someone in their local area. In that case, the professional will try to get the information necessary to get you the help you need.

## Resources

1. [ACGME: Symposium on Physician Well-Being](#)
2. [After a Suicide: A Toolkit for Medical Schools](#)
3. [After a Suicide: A Toolkit for Physician Residency/Fellowship Programs](#)
4. [American Foundation for Suicide Prevention](#)
5. [Breaking the Culture of Silence on Physician Suicide](#)
6. [Burnout Prevention and Treatment](#)
7. [Creating a Safety Net: Preventing Physician Suicide](#)
8. [HelpGuide: Suicide Prevention](#)
9. [Mental Health First Aid](#)
10. [Mental Illness Policy.org](#)
11. [National Alliance on Mental Illness](#)
12. [Nurse Suicide: Breaking the Silence](#)
13. [Physician Suicide and Support](#)
14. [QPR Institute](#)

# SEPTEMBER

# SUICIDE PREVENTION AWARENESS MONTH

[WWW.PREVENTSUICIDECHATHAM.ORG](http://WWW.PREVENTSUICIDECHATHAM.ORG)

TOGETHER  
WE CAN HELP  
PREVENT SUICIDE

## 03

WATCH THESE SKILLS  
BUILDING TUTORIALS

## 01

REGISTER HERE FOR A  
SUICIDE INTERVENTION  
TRAINING

## 04



DONATE TO OUR  
PROGRAM HERE

## 02

POST THESE SOCIAL  
SHARABLES

## 05

FOLLOW US ON  
FACEBOOK