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# Suicidal Behaviour: How to Respond

## Overview

One of the most traumatic experiences anyone can experience is witnessing the unnatural death of another person, especially by suicide. An even more traumatic experience for a police officer is when that person commits suicide by doing something that causes a lethal threat to someone, forcing the officer to shoot him or her: this is known as 'suicide by cop,' or victim-precipitated homicide.

Suicide by cop is a controversial topic in our society, but whereas it is clear that in some cases a fatal police shooting is in fact suicide, the questions go beyond whether lethal force was necessary. The first questions are "Did that person really mean to die? Could their death have been prevented?" Whatever the means of achieving suicide, the issue really is: how do you prevent it?

Suicide is the last resort for a person who feels there are no other alternatives in their life to escape the pain they feel. The best way of preventing suicide is for all to understand risk indicators for suicide, as well as the signs of, and the best responses to, suicidal behaviour.

High-risk indicators for suicide include:

- being single or divorced, and without strong family ties
- history or family history of suicidal behaviour or psychiatric illness
- substance abuse
- age (elderly or youth)

The signs of suicidal behaviour include:

- depression, expressions of hopelessness or negative self-image
- preoccupation with death
- talking or joking about suicide; talking about what it would be like to die
- black and white thinking
- self-harming (e.g. cutting oneself) or risk-taking behaviour
- self neglect (hygiene)
- withdrawal from relationships or commitments followed by positive behaviour
- preparations for the end, as in 'tidying up of loose ends'
- hearing voices instructing them to do something dangerous

## What to do if someone you know or have contact with shows signs of being suicidal

Don't be afraid to ask directly: "Are you feeling like you want to kill yourself?" If the answer is yes, ask questions such as: "How would you do it? When and where were you planning to do it? Have you made preparations (such as saving pills)? Have you tried to kill yourself before? Are voices telling you to kill yourself?"

If the person gives indications of suicidal behaviour or thoughts, take it seriously. It is important to know that people who talk about suicide DO commit suicide. Up to 90% of people who have committed suicide were suffering from depression, a substance use disorder, and/or another mental illness at the time. Suicide is often the last choice when a person is no longer able to cope with the effects of these illnesses.

Say to the person “It’s reasonable to feel as you feel, but I can help you find other solutions.” A suicidal person feels hopeless and needs to have a sense of hope, and believe that there is a way to be helped. Affirm the person’s sense of self-worth, which is at a low point – tell them that they are important, and you do not want them to die.

Most importantly, do not leave the person alone. Phone your local emergency number or crisis line, or take them to the hospital – even if you have promised to keep confidential their statements to you: this is a matter of life and death.

When police officers encounter a suicidal person, it is usually in circumstances where the threat is self-directed rather than outwardly directed. In those cases where a person seems to be trying to instigate violence against themselves by threatening to harm others, it can be difficult to identify the suicidal nature of their actions.

In either case, engaging the person in talking about what they are experiencing is the best way to deal with the situation, although this may not be possible when the person is in a state of high anxiety or psychosis. In such cases, some degree of force may be necessary to prevent harm. The use of non-lethal but incapacitating force – such as mace, tear gas, beanbag shotgun, rubber bullets or taser – is the preferred response of police when negotiation fails. Unfortunately, these tools are not always immediately available to all officers who find themselves in this situation.

Building Capacity: Mental Health and Police Project (BC:MHAPP) is a project of the Canadian Mental Health Association’s BC Division, with a goal of improving interactions between police, emergency services, and people with mental illness. This fact sheet is produced as part of the BC:MHAP Project. These fact sheets have been supported by gaming revenue from the Province of British Columbia. This project is supported by the Vancouver Foundation and the Provincial Health Services Authority. This fact sheet is one in a series of eight:

- Police and Mental Illness: Increased Interactions
- Criminalization of Mental Illness
- Violence and Mental Illness: Unpacking the Myths
- Police and Mental Illness: Models that Work
- Mental Health Crises: Frequently Asked Questions
- Hallucinations and Delusions: How to Respond
- Mental Illness and Substance Use Disorders: Key Issues
- Suicidal Behaviour: How to Respond

For more information on this project, please contact Camia Weaver, Provincial Co-ordinator for BC:MHAPP, CMHA BC Division, at [info@cmha-bc.org](mailto:info@cmha-bc.org) or 604-688-3234.

