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Dealing with suicidal thoughts

In some circumstances suicidal thoughts are common, such as illness or depression. Most people who experience them do not kill themselves. Thoughts about suicide are frightening and can make you feel unwell.

Many people who have suicidal thoughts experience them when they are not in their usual frame of mind. This can be due to an illness, such as depression, or because of stressful events going on in their lives. Therefore these feelings are often temporary, or treatable.

There are lots of ways to obtain help in order to make the suicidal feelings go away and to prevent a tragedy.

If you need help now, you can:

- **Call 111 and select the mental health option.**
- **Ask for an urgent GP appointment.**

There are also free listening services run by volunteers. You can:

- **Contact the Samaritans free in the UK:**
 - **Phone 116 123 – available 24 hours a day.**
 - **Email jo@samaritans.org for a reply within 24 hours.**
- **Text "SHOUT" to 85258 to contact the Shout Crisis Text line – free to text from all major mobile networks in the UK.**

If your life is at risk – such as if you have taken an overdose, seriously harmed yourself, or otherwise do not feel you can keep yourself safe – **call 999 or attend the nearest Emergency Department.**

What is suicide?

Suicide is the act of intentionally killing yourself. In the past it was considered a crime but in the UK it has been legal since 1961.

[Self-harm](#), on the other hand, is the act of causing oneself harm irrespective of the motive. In other words it is not necessarily done with the aim of causing one's own death. However, people who self-harm may have a higher risk of dying from suicide.

Who has suicidal thoughts?

Thoughts about suicide are quite common. As many as 17 in 100 people experience them. Most people who have thoughts about suicide will not actually kill themselves.

Figures on suicide in the UK and Republic of Ireland, are published regularly by the Samaritans. In 2018 6,859 people were registered as having died from suicide. Evidence shows the following factors can increase the risk of suicide:

- Being male. Three times as many men die from suicide as women in the UK.
- Age. The highest risk is in people aged 40-44.
- Having a mental health disorder. 9 in 10 people who die from suicide have a mental health problem of some kind. Illnesses which increase the risk are:
 - [Depression](#).
 - [Bipolar disorder](#).
 - [Schizophrenia](#).
 - [Emotionally unstable personality disorder](#) (formerly called borderline personality disorder).
 - [Alcohol or drug dependence](#).
- Having a lot of pain from a physical illness, such as arthritis or cancer.
- Being unemployed.
- Being homeless.
- Living alone.

- Difficult life events, such as death of a loved one, redundancy, relationship break-ups.
- Being institutionalised – for example, being in prison or in the army.
- **Bullying** – in person or online.

Why do people have suicidal thoughts?

People often feel they want to end their lives when they can no longer bear the pain and difficulty they are in. Most often this is because they are not in their normal frame of mind. This could be because of:

- Having depression and seeing everything at its worst, or not having the energy or motivation to carry on.
- Having odd beliefs and ideas due to **schizophrenia**, or hearing voices.
- Something terrible having happened that they can't cope with – for example:
 - Death of a loved one.
 - Break-up of a close relationship.
 - A criminal conviction.
 - Being in prison.
 - A problem at work.
 - Redundancy.
 - Getting into debt.
 - Being abused.
- Guilt or remorse over something they have done.
- A physical illness making them unwell or giving them a lot of pain.
- Being under the influence of alcohol or mind-altering drugs.

Often the cause of these feelings is something which can be treated, or a feeling which will change over time. That is why friends, family, health professionals and governments want to do everything they can to help people cope with suicidal feelings. People with suicidal thoughts often think everyone else will be better off without them. In fact, suicide leaves devastation and guilt for others left behind. Relatives, friends and professionals are left wondering what more they could have done to help, and wishing the person who killed themselves had confided their feelings.

What can I do if I have suicidal thoughts?

If you are having thoughts about suicide, you may feel alone and that nobody can help you, or that nobody cares. This is not at all true.

If you read the section above, you will see that many of the reasons for suicidal thoughts are temporary. They can be treated or improved. Health professionals, charity organisations, families and friends may be able to help you cope with your feelings and help you work out ways to make you feel better about life.

The Government considers the prevention of suicide so important that a new strategy was launched in January 2017 focusing on the prevention of suicide and self-harm. It also intends to improve services for people bereaved by suicide and target high-risk groups.

Here are some of the many options you might consider to help you through this difficult time:

Talk to somebody

Often just sharing how you feel and being able to express yourself helps. Remember you may not be in your normal frame of mind (see section above). So feelings may be confusing and talking them through with somebody else may help you see things differently. Everyone's situation is different but people who may be able to help just by listening include:

- Close friends.
- Partners and family members.
- Your GP (see below).
- A person on a telephone helpline (see below for details).

- A counsellor (your GP can refer you, or you can find one via one of the self-help websites mentioned below).

Telephone helplines

Shout – Text Shout to 85258

The UK's first free 24/7 text service for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help.

Samaritans – 116 123 (UK and Ireland, free to caller)

Somebody is available at the end of the phone just to listen to you 24 hours a day every day of the year. They are trained to help people understand and deal with their suicidal feelings. They have talked to many people with the same feelings, so they will not be fazed by anything you have to say. Because there is always someone there to listen to you, it is worth making a note of the number, as that phone call might be a good place to start in a crisis.

Papyrus UK – HOPELineUK – 0800 068 41 41

Papyrus is a charity devoted to children and young people up to age 35 with suicidal thoughts. You can ring their helpline, HOPELineUK, to talk to a trained professional who won't judge and won't lecture – they're just there to offer support and practical advice. The lines are open from 10 am–10 pm on Monday–Friday, from 2 pm–10 pm at the weekend and from 2 pm–5 pm on Bank holidays.

CALM (Campaign Against Living Miserably) – Helpline: 0800 58 58 58

The Campaign Against Living Miserably (CALM) works to prevent male suicide and offers support services for any man who is struggling or in crisis. CALM's helpline 0800 58 58 58 and web-chat are for men in the UK who need to talk or find information and support. The services are open 5 pm–midnight daily and are free, anonymous and confidential.

See your GP

Seeing your GP would be a good place to start with trying to deal with your suicidal feelings. The GP will want to know all about how you feel and why you think you might be feeling this way. They will be able to check whether you have any of the signs of depression, or schizophrenia or any of the other mental health disorders mentioned above. Remember most people (but not all) with suicidal thoughts have one of these illnesses. Most of these can be successfully treated. For example, if you have depression, a course of antidepressants may totally change the way you feel. After being treated, the suicidal thoughts would settle down. Also if it is a physical illness causing your thoughts, your doctor may be able to help with this, or help you cope with it better.

Having tried to establish the reason or reasons for your feelings, your GP may also be able to refer you for support or specialist help. For example, some people are helped by various different types of talking therapies. These include counselling and [cognitive behavioural therapy \(CBT\)](#). CBT aims to train your brain to look at things differently and react to stressful situations in other ways. A specific type of CBT called dialectical behaviour therapy (DLT) is sometimes used. This also helps people deal with their emotions in a more positive way. Alternatively, your GP may feel you need help or support from the mental health services. This is a team of psychiatrists, psychologists, psychiatric nurses and social workers who help people with mental health problems, or people who are feeling very suicidal. If they are very concerned about the risk of you killing yourself, the crisis team may support you intensively at home, or you may occasionally be admitted to hospital. Or they may provide less intensive support and treatment via the clinic or in your home.

Consider keeping a diary

Sometimes just letting your feelings out, instead of bottling them up, can help. If there is nobody you feel you can talk to, it may be that writing down how you feel may help. Or you may find art a better way of expressing yourself.

Look after yourself well

Try to look for positive things to make you feel better. List the good things in your life. Consider making a 'distraction box' of things you like. For example, pictures or photos you like or which remind you of happy times, a favourite CD or book or DVD. Try to eat well. Exercise regularly, as this boosts your 'happy hormones'. Pamper yourself by arranging occasions or holidays which might help cheer you up, if you can.

Look through the information on self-help websites

There are several support groups available. Their websites have information on who you can contact and what you can do to help yourself. There are also stories of others who have had similar problems.

Hospital services

As discussed above, your GP may refer you to the local specialist mental health team. The team typically consists of a psychiatrist, a psychologist, a psychiatric nurse, an occupational therapist and a social worker. Any or all of these individuals may be involved in your care.

They sometimes see you in a hospital clinic, or sometimes visit you at your home. There is usually a crisis team to offer emergency assessment, support and treatment if your feelings are particularly severe. The mental health team may be able to help by:

- Prescribing medication.
- Providing support.
- Talking treatments (see above).
- Helping with social problems such as housing and financial difficulties.
- Helping with getting you back to the practical things in everyday life.

In a crisis the local Accident and Emergency (A&E) department may be the place to go. There may be a long time to wait but the A&E doctor will talk to you and assess your suicidal feelings. That doctor may then arrange for the on-call mental health team to see you, who will decide on an action plan with you, to help you feel better. The mental health team will then arrange regular review and follow-up, probably starting the next day. It is unlikely that you would be admitted to hospital but sometimes, in extreme cases, this may be advised.

It is worth noting that mental health teams usually do not assess people who are drunk. This is because they can't assess what your real mental state is under these conditions. It is worth avoiding alcohol anyway when you feel low, as it tends to make you feel worse. Turning up in A&E with suicidal thoughts and being drunk are not the best ways to get help. It would be better to stay with, or talk to, a friend or to phone Samaritans, and seek professional help urgently once you are sober.

If you have already taken an overdose or seriously harmed yourself then seek urgent help by calling 111 (or 999/112/911), or by attending your local A&E department. Remember many of the reasons people want to kill themselves are temporary, and life can get better.

Other tips

Remove any means of killing yourself in case you have a strong impulse to do so. For example, give a friend or family member your medication to look after.

Avoid large amounts of alcohol, as this tends to exaggerate your feelings. If you are feeling low, a lot of alcohol will tend to make this much worse. Similarly avoid drugs which may cause 'lows' or 'downers' or paranoid feelings.

Remember suicide is permanent, whereas the feelings you are struggling with are likely to be temporary. There are ways of helping you through this horrible time.

I'm worried about someone else who is having suicidal thoughts - what can I do to help?

If you are concerned about a friend, partner or relative who is having suicidal thoughts, there is a lot you can do to help. People who are thinking of ending their lives usually feel very hopeless, so it is important to show them that somebody does care.

The most important thing you can do is **to listen to them**, and allow them to express their feelings. This is often very helpful. You may be able to help them put their feelings in perspective. Sometimes, just having the opportunity to talk to someone can be helpful in itself. **Ask questions about how they are feeling**. Offer support and show that you care. Check in on them regularly to show that you mean this. Try to direct their thoughts and activities to things and people that they enjoy and love, and help distract them from their negative feelings.

You can direct them to the sources of support and treatment in the section above. If you feel they may have an illness, mental or physical, encourage them to see their GP. Offer to go with them if this might help. Write out the Samaritans' phone number for them and leave it somewhere they can easily find it if they need it.

Further reading

- [Depression in adults: recognition and management](#); NICE Clinical Guideline (April 2018)
- [Daley A, Jolly K](#); Exercise to treat depression. *BMJ*. 2012 Jun 6;344:e3181. doi: 10.1136/bmj.e3181.
- [Rimer J, Dwan K, Lawlor DA, et al](#); Exercise for depression. *Cochrane Database Syst Rev*. 2012 Jul 11;7:CD004366.
- [Adult Improving Access to Psychological Therapies programme](#); NHS England, 2017 (Updated 2023)
- [Depression](#); NICE CKS, March 2020 (UK access only)

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