

COPING WITH SUICIDAL THOUGHTS: A SURVEY OF PERSONAL EXPERIENCE

ONLINE APPENDIX TABLE OF CONTENTS:

- Text of online survey
- Appendix Table 1 – Comparison of helpfulness ratings for respondents with and without personal history of suicide attempt
- Appendix Table 2 – Attitudes regarding suicide prevention
- Appendix Table 3 – Comparisons of attitudes regarding suicide prevention for respondents with and without personal history of suicide attempt
- Appendix Table 4 - Comparisons of attitudes regarding suicide prevention for respondents with and without personal history of involuntary treatment
- Appendix Table 5 – Example free-text responses

TEXT OF ONLINE SURVEY

Tell us about your own experience with suicidal thoughts or suicide attempts.

- 1) Have you ever had thoughts about harming yourself or killing yourself?
- 2) Have you ever made a plan to harm yourself or try to kill yourself?
- 3) Have you ever done something to try to kill yourself?
- 4) Have you ever done something to harm yourself but you were not trying to die?
- 5) Have you ever been to an emergency room because of suicidal thoughts or a suicide attempt?
- 6) Have you ever been admitted to a hospital because of suicidal thoughts or a suicide attempt?
- 7) Have you ever been held or treated against your will because of suicidal thoughts or a suicide attempt?

The next questions ask about various sources of help or support for coping with suicidal thoughts. For each resource please indicate if whether you have ever used it to help cope with suicidal thoughts. If you have used it, please rate how helpful it has been for you. (Five forced-choice options include “Never used this,” “Harmful,” “Not Helpful,” “Somewhat Helpful,” and “Very Helpful.” Space for free-text response – labeled “Comments” provided following forced-choice responses).

- 8) Talking to a family or primary care doctor
- 9) Talking to a therapist or counselor
- 10) Talking to a psychiatrist
- 11) Calling a crisis clinic
- 12) Going to an emergency room
- 13) Talking to family members
- 14) Talking to peers
- 15) Attending a support group
- 16) Online peer support
- 17) Talking to clergy or a spiritual advisor

18) Please add comments about other places to get help that have or have not been useful for you (space for free text response)

The next questions ask about various things people might do to cope with suicidal thoughts. For each of these things please indicate if whether you have ever tried it as a strategy or tool to cope with suicidal thoughts. If you have tried it, please rate how helpful it has been for you. (Five forced-choice options include “Never used this,” “Harmful,” “Not Helpful,” “Somewhat Helpful,” and “Very Helpful.” Space for free-text response – labeled “Comments” provided following forced-choice responses).

19) Positive self-talk or affirmations

20) Prayer, meditation or spiritual practice

21) Taking extra medication

22) Drinking alcohol or using street drugs

23) Physical exercise

24) Doing things with other people

25) Doing things to stay busy

26) Movies, TV, or entertainment

27) Please add comments about other places to get help that have or have not been useful for you (space for free text response)

The last questions ask about your opinions or beliefs about suicide and suicide prevention.

28) Suicide is often preventable

29) I am reluctant to talk to doctors or therapists about suicidal thoughts

30) Involuntary or forced treatment is sometimes necessary to keep people safe

Appendix Table 1 – Perceived helpfulness of professional services, other supports, and self-care strategies when experiencing suicidal thoughts; comparing participants with and without history of suicide attempt

	History of Suicide Attempt	Perceived helpfulness among those ever using*				Test Statistic** (df=3 for all)
		Harmful	Not Helpful	Somewhat Helpful	Very Helpful	
Talking to a family or primary care doctor	Y	14 (7%)	85 (42%)	77 (38%)	28 (14%)	
Talking to a family or primary care doctor	N	2 (1%)	48 (28%)	91 (53%)	31 (18%)	$\chi^2=18.0, p<.001$
Talking to a therapist or counselor	Y	7 (3%)	24 (9%)	118 (45%)	114 (43%)	
Talking to a therapist or counselor	N	2 (1%)	31 (12%)	120 (48%)	98 (39%)	$\chi^2=4.62, p=.20$
Talking to a psychiatrist	Y	15 (6%)	33 (13%)	128 (51%)	74 (30%)	
Talking to a psychiatrist	N	6 (3%)	40 (18%)	111 (48%)	72 (31%)	$\chi^2=4.85, p=.18$
Calling a crisis clinic	Y	22 (16%)	31 (23%)	56 (42%)	25 (19%)	
Calling a crisis clinic	N	4 (6%)	20 (29%)	32 (46%)	14 (20%)	$\chi^2=4.88, p=.18$
Going to an emergency room	Y	28 (15%)	50 (26%)	78 (41%)	36 (19%)	
Going to an emergency room	N	10 (11%)	28 (31%)	26 (29%)	26 (29%)	$\chi^2=6.27, p=.099$
Talking to family members	Y	39 (17%)	94 (40%)	79(33%)	25 (10%)	
Talking to family members	N	24 (11%)	63 (29%)	85 (40%)	42 (20%)	$\chi^2=13.1, p=.004$
Talking to peers	Y	23 (11%)	56 (26%)	97 (44%)	42 (19%)	
Talking to peers	N	13 (6%)	49 (23%)	94 (44%)	58 (27%)	$\chi^2=5.81, p=.12$
Attending a support group	Y	7 (4%)	30 (18%)	75 (45%)	54 (33%)	
Attending a support group	N	3 (2%)	21 (15%)	70 (51%)	44 (32%)	$\chi^2=1.82, p=.61$
Online peer support	Y	7 (7%)	23 (23%)	47 (47%)	23 (23%)	
Online peer support	N	3 (4%)	17 (22%)	39 (49%)	20 (25%)	$\chi^2=1.00, p=.80$
Talking to clergy or a spiritual advisor	Y	26 (22%)	28 (23%)	46 (38%)	20 (17%)	
Talking to clergy or a spiritual advisor	N	13 (13%)	23 (23%)	41 (41%)	22 (22%)	$\chi^2=3.22, p=.36$
Positive self-talk or affirmations	Y	2 (1%)	91 (35%)	135 (51%)	25 (13%)	
Positive self-talk or affirmations	N	2 (1%)	91 (35%)	135 (51%)	35 (13%)	$\chi^2=4.72, p=.19$

Prayer, meditation, or spiritual practice	Y	9 (4%)	56 (23%)	109 (45%)	70 (29%)	
Prayer, meditation, or spiritual practice	N	6 (2%)	71 (28%)	96 (38%)	79 (31%)	$X^2=3.61, p=.31$
Taking extra medication	Y	55 (24%)	51 (22%)	88 (38%)	40 (17%)	
Taking extra medication	N	17 (9%)	42 (22%)	95 (49%)	39 (20%)	$X^2=17.4, p=.001$
Drinking alcohol or using street drugs	Y	102 (49%)	49 (23%)	44 (21%)	15 (7%)	
Drinking alcohol or using street drugs	N	58 (35%)	49 (29%)	46 (28%)	14 (8%)	$X^2=7.37, p=.06$
Physical exercise	Y	2 (1%)	54 (22%)	134 (55%)	56 (23%)	
Physical exercise	N	4 (2%)	42 (16%)	142 (54%)	74 (28%)	$X^2=4.39, p=.22$
Doing things with other people	Y	7 (3%)	58 (21%)	143 (52%)	67 (24%)	
Doing things with other people	N	9 (3%)	58 (21%)	151 (54%)	63 (22%)	$X^2=0.53, p=.91$
Doing things to stay busy	Y	4 (1%)	51 (18%)	152 (54%)	74 (26%)	
Doing things to stay busy	N	6 (2%)	55 (19%)	144 (50%)	83 (29%)	$X^2=1.20, p=.75$
Movies, TV, or other entertainment	Y	9 (3%)	81 (29%)	144 (52%)	43 (15%)	
Movies, TV, or other entertainment	N	10 (3%)	82 (29%)	153 (54%)	40 (14%)	$X^2=0.32, p=.96$

Notes:

* - Limited to those who report using this support or strategy

** - Pearson Chi-Square comparing distribution of helpfulness responses in those with and without history of suicide attempt.

Appendix Table 2 – Attitudes regarding suicide prevention

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
Suicide is often preventable	17 (3%)	55 (9%)	90 (15%)	193 (32%)	248 (41%)
I am reluctant to talk to doctors or therapists about suicidal thoughts	125 (21%)	104 (17%)	63 (10%)	189 (31%)	124 (21%)
Involuntary or forced treatment is sometimes necessary to keep people safe	42 (7%)	42 (7%)	86 (14%)	216 (36%)	219 (36%)

Appendix Table 3 – Attitudes regarding suicide prevention for respondents with and without personal history of suicide attempt

	History of Suicide Attempt	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	Test Statistic* (df=4 for all)
Suicide is often preventable	Y	11 (4%)	28 (10%)	46 (16%)	102 (35%)	102 (35%)	
Suicide is often preventable	N	5 (2%)	25 (8%)	41 (14%)	87 (29%)	138 (47%)	$\chi^2=9.21, p=.056$
I am reluctant to talk to doctors or therapists about suicidal thoughts	Y	62 (21%)	51 (17%)	26 (9%)	86 (30%)	66 (23%)	
I am reluctant to talk to doctors or therapists about suicidal thoughts	N	59 (20%)	52 (17%)	30 (10%)	100 (34%)	56 (19%)	$\chi^2=2.18, p=.70$
Involuntary or forced treatment is sometimes necessary to keep people safe	Y	26 (9%)	28 (10%)	36 (12%)	100 (34%)	100 (34%)	
Involuntary or forced treatment is sometimes necessary to keep people safe	N	16 (5%)	14 (5%)	47 (16%)	109 (37%)	110 (37%)	$\chi^2=9.31, p=.054$

Notes:

* - Pearson Chi-Square comparing distribution of responses for respondents with and without history of suicide attempt

Appendix Table 4 – Attitudes regarding suicide prevention for respondents with and without personal history of involuntary treatment

	History of Involuntary Treatment	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Test Statistic* (df=4 for all)
Suicide is often preventable	Y	76 (38%)	66 (33%)	31 (15%)	19 (10%)	9 (4%)	
Suicide is often preventable	N	167 (43%)	125 (32%)	57 (14%)	36 (9%)	7 (2%)	$\chi^2=4.4, p=.35$
I am reluctant to talk to doctors or therapists about suicidal thoughts	Y	43 (21%)	66 (33%)	19 (9%)	37 (18%)	38 (19%)	
I am reluctant to talk to doctors or therapists about suicidal thoughts	N	78 (20%)	122 (31%)	40 (10%)	66 (17%)	86 (22%)	$\chi^2=1.1, p=.89$
Involuntary or forced treatment is sometimes necessary to keep people safe	Y	74 (37%)	68 (34%)	23 (11%)	16 (8%)	20 (10%)	
Involuntary or forced treatment is sometimes necessary to keep people safe	N	140 (36%)	142 (36%)	63 (16%)	26 (7%)	22 (6%)	$\chi^2=6.1, p=.19$

Notes:

* - comparing distribution of responses for respondents with and without history of involuntary treatment

Appendix Table 5– Example Comments

COMMENTS REGARDING SOURCES OF SUPPORT:

Regarding mental health providers

- Of three therapists over several years, only one was at all helpful, and she was very helpful.
- I did not talk with my psychiatrist at the time for fear of being hospitalized.
- Discussing what I'm feeling and thinking with a psychiatrist has been met with involuntary hospitalization. You must pretend everything is great and don't talk about it or we'll lock you up.

Regarding primary care providers:

- Some primary care physicians would tell me I should “get over it.”
- Talking to a primary care physician has not been helpful because they either don't take me seriously or they put me in involuntary hospitalization.
- My GP has been very helpful for me. When I ask to raise my anti-depressants she always questions me as to why, what is going on, where are my thoughts. She always takes time to talk with me.

Regarding emergency services:

- I called a suicide crisis hotline and was told no counselors were available. But, they'd take my number and have someone call me. I laughed so hard I changed my mind.
- I fear help lines and help web sites. I am afraid that if I use one of these it won't be long before there's a knock on the door and I'll be off to the funny farm one more time!
- Going to the emergency room (against my will) landed me in the hands of a very understanding doctor who got me into a hospital that made a difference in my life.

Regarding clergy and faith communities:

- Some clergy would tell me “Your life is not bad compared to...”
- Church members are not open enough to talk to and most pretend their lives are perfect.
- I don't discuss my feelings with anyone at church, but just being there can help. Some of the sermons were very helpful when they touched on hope for the future, God's love, serving other people, etc. .

Regarding family and friends:

- Attempts to talk to friends, family, etc. are usually met with being told you don't really mean it, attempts to talk you out of feeling like that, using guilt to dissuade you if those feelings etc. Unless they've been there they don't get it.
- My dearest friends have been very helpful and don't seem to judge or get tired of my issues. My husband tries to understand but doesn't really believe in mental illness. My dad and my son have been very good people to talk to because they also suffer from mental illness.

Regarding peer support:

- Peers are the only ones who truly understand. No risk of forced hospitalization, and they are most likely to be able to see when you really need help.
- I looked online for "how to kill yourself" and found many messages that were exactly the opposite-helpful, insightful and life affirming messages from total strangers. It made me pause.

COMMENTS REGARDING SELF-CARE STRATEGIES:

Regarding spiritual practices:

- Prayer is a good tool once you have been directed on how to handle suicide thoughts.
- I try mindfulness - focusing on the present moment using all four of your senses. You try to keep your mind in the moment and avoid thinking about the past or the future.
- Visualization, guided imagery, and mindfulness were helpful.
- I went to a DBT class. Meditation? What the ****??

Regarding social engagement:

- I joined a bowling league. Must be there every Wed for 35 weeks. Also became treasurer. A little overwhelming, but made me concentrate and not think of myself.
- Not working/being on disability (past 14 months) has been harmful. I am currently very actively seeking part-time employment.
- Volunteering to keep myself busy while not spending money to do so. Singing in a community choir to engage my mind and body in a positive activity.

Regarding distractions:

- A movie can help get your mind off things for a while so that you can see things with fresh eyes.
- I try to keep very busy. I have found during moments of extremely intense suicidal thoughts that doing puzzles or other activities that take a lot of focus really help.