

# thirty three Ignoring a Suicidal Comment

Dear Fellow RA,

My name is April. I go to Big State University. We are a large public school with 40,000 students, about 15,000 of whom live on campus. I'm now in my third year as an RA. Last year I was an RA in Bowman Hall. Bowman is the residence hall for students in our honors program. As the only returner on staff, I played a major leadership role in the building—advising hall council, answering questions of the other RAs when our resident director wasn't around, that sort of thing. I've always loved being an RA, though it can be taxing at times. I pride myself on learning all my residents' names within an hour of their arrival on campus. Last year they gave me a pretty big group of residents—60 women, all of whom were students in the honors program. Half of them (one side of a two-sided hall) were first-year women. The year started off great. My first-year women were clicking together well and went to dinner together every night as a group. The upper-class women were helping the first-years get adjusted. There were three birthdays during the first week, so the floor organized a birthday party in the lounge to surprise the three residents with birthdays. A few of us worked all afternoon blowing up balloons, hanging streamers, and making a cake. The cake was a bit overdone and dry, but we all had fun anyway.

There was this one resident last year, Julie, who was, well, kind of a drama queen. There really is no other way to say it. Every day she'd come home with another story about why her life was harder than everyone else's. Do you know the type? When she had a bad day, and that was most days, everyone heard about it (literally). I tried to reach out to her, but she didn't seem to want my help. She just wanted to complain about her day, so I let her have her space.

**The Situation** One day Julie came home and had another one of her tantrums. She threw her books down on her floor and screamed obscenities, ending with "It's not worth it anymore; maybe I should just end it now." I went down to see what was going on, and her roommate Alice said that Julie was just having one of her tantrums. I asked Alice how Julie was doing lately, and Alice said, "Well she hasn't slept a lot lately, and I don't think she's eaten much in the last couple days, but that's just Julie—always doing something weird to get attention." I didn't think too much of it. While I was talking with Alice, Julie came back in the room. I asked her why she was upset. Julie just said, "Because this place sucks, life sucks, and I've had it with both." I asked her to clarify what she meant. She just stared at me and walked out of the room. Alice told me that Julie recently got some pills sent to her through the mail. Alice didn't know what they were, but she surely hoped they would calm Julie down.

I had to go off to class, so I left the building and got distracted with several other things going on. I figured I'd file an incident report the next day and talk it over with my RD at our next one-on-one the following week. One of these days we'd just have to get Julie to stop being such a drama queen and take better care of herself. Waiting to talk with my RD ended up being a bad decision.

I came back to the floor later that evening and everything was really tense. It felt like a combination of sorority rush and final exams. I knew something was wrong. I asked one of my residents what was up. She looked at me in disbelief and said, "Haven't you heard yet?" Just then, my RD came out of another resident's room and asked to talk with me in my room. Julie had tried to kill herself. I was devastated.

It turns out that she had a lot of stuff going on back home, and things weren't going much better here. I didn't know, but she tried to kill herself three times in high school. This time, she decided that if she was going to try, she would get the job done correctly. She ordered a bottle of pills from an online pharmacy—enough to kill an elephant, and certainly a person, within a few hours. After I had left to go to class earlier in the day, she was screaming down the hall, "No one around here cares about me anyway, even the RA doesn't care." Soon after, she took about 50 pills and began convulsing on the floor of the hall bathroom.

One of the residents found her and called 911, and thankfully they got to her in time. It took me about a year of therapy to convince myself that it wasn't my fault that she tried to kill herself. Still, there were things I could have done to better help her, and I should have acted much more quickly.

**Getting Some Advice** As part of my own therapy, I learned from my counselor in the counseling center that when someone makes an offhanded comment about life not being worth it, they probably mean it. It is far better to act on the side of caution than it is to hope things get better with time.

I realized that I should have been keeping my RD better informed about Julie all along, and I should have called my RD or campus police when I saw that Julie was spinning out of control. I learned that some big warning signs are changes in eating or sleeping habits, depression, hopelessness, impulsivity, and having a means to end one's life. Now that I think about it, Julie showed all of those things; I just wasn't paying attention. I should have asked her more direct questions about how she was feeling, if she was thinking of harming herself, and so on. I also should have kept my RD and other supervisors informed every step of the way.

**A Second Chance** Luckily for me, and especially for Julie, there were people around with the presence of mind to call for help when she needed it most. Julie ended up dropping out of school and going home. From what I understand, home isn't much better a place for her to be than school, but at least she is still alive. This year I have a resident who reminds me a little bit of Julie. She has the same kind of attitude that Julie showed, and goes through the same "poor me" cycles on almost a daily basis. This time, I'm trying much harder to make sure she knows I'm part of her support system and I'm letting my new RD know how things are going. We were able to convince her to see a counselor on campus, and her new medication seems to be helping her cope.

**Lessons Learned** The biggest lesson I learned as an RA was to never take a risk with someone who might be suicidal. Always err on the side of caution. Always tell your supervisor or a counselor on call if you have residents who might be a danger to themselves or others. Take everything they say seriously, and act immediately if they make any comments at all about hurting themselves. I hope you learn from my experience. Have a great year!

Peace,  
April

## Discussion Questions

1. What are some possible ways to reach out to residents like Julie?
2. What are some of the decisions April made that she should have done differently?
3. What were some signs that Julie needed help?
4. What are some other signs that a resident might be suicidal?
5. What is the policy on your campus about what to do when a student is suicidal?
6. What are the most helpful things you learned from this scenario?
7. How will you act differently as an RA, based on this new knowledge?

### Developmental Questions

1. To what extent was Julie ready for the living environment of college?
2. What support did Julie need in place to manage her emotions in college?
3. What did Julie find challenging about being a college student?
4. What are various ways to provide Julie with optimal dissonance for her emotional development?

### Tips on Dealing With Suicidal Students

1. Always take seriously any mention residents make of hurting themselves or others. Get help immediately from a supervisor or the police.
2. The first sign that someone is going to hurt himself or herself is that the person tells someone. Respond right away without delay!
3. Always seek immediate help if you are concerned that a resident may hurt himself or herself.
4. Talk with your supervisor before a problem really gets out of hand.
5. Check in with all of your residents regularly to see how they are doing.

### Resources

#### Web Sites

American Foundation for Suicide Prevention—Includes facts, risk factors, and warning signs about suicide. <http://www.afsp.org/goaskalice.columbia.edu/Cat4.html>

Know the Signs—Website about the warning signs for suicide, ideas about how to talk to a suicidal person, and other resources. <http://www.suicidalspreventable.org/Reslife.net—article titled “Understanding Mental Disorders.”> [http://www.reslife.net/html/tools\\_1101c.html](http://www.reslife.net/html/tools_1101c.html)

#### Books and Journals

Garlow, S. J., Rosenberg, J., Moore, J. D., Haas, A. P., Koestner, B., Hendin, H., & Nemeroff, C. B. (2008). Depression, desperation, and suicidal ideation in college students: Results from the American Foundation for Suicide Prevention college screening project at Emory University. *Depression and Anxiety*, 25(6), 482–488.

Westefeld, J. S., Homatfar, B., Spotts, J., Furr, S., Range, L., & Werth, J. L. (2005). Perceptions concerning college student suicide: Data from four universities. *Suicide and Life-Threatening Behavior*, 35(6), 640–645.