

Here are three things you need to know about successful people who may become suicidal:

1. Successful people are not immune to suicide. Just because someone has accomplished a great deal, earns a good income, or has great potential, does not mean he or she cannot become suicidal. This risk group includes academically gifted high school and college students, outstanding athletes, talented musicians, and many others who seem destined to achieve much. Some experts argue that intelligent, conscientious people with high aspirations may be especially vulnerable to setbacks that can lead to depression, thoughts of suicide and suicide attempts.
2. The majority of people who die by suicide are employed. Many who die by suicide are community or corporate leaders, executives, military officers, doctors, lawyers, and professionals with advanced degrees. According to the Institute of Medicine's *Reducing Suicide: a National Imperative* (2002), "Some professions have higher risk for suicide than others." Research has shown some of those professional groups include physicians, dentists, and police officers.
3. Successful people who become suicidal are often unable or unwilling to ask for help because of the stigma and shame associated with "being weak." They may work in a "macho" culture where seeking professional help could threaten or end their careers. They are often isolated by their positions of power and influence and cannot easily seek assistance, counseling or treatment.

To prevent suicides among the most able members of our society, we must reach out to *them!*

For QPR to be effective with successful people, please be aware of the following:

- There are only a few people in the life of a successful person who are in a position to apply QPR. These include immediate family members, colleagues, best friends, teammates, coaches, trainers, teachers, professors, supervisors, and especially spouses. You may be one of them.
- There is often evidence of acute and/or chronic stress in the workplace or with one's performance or career, including complaints of dissatisfaction and frustration, together with expressions of despair and hopelessness about the future.
- The person is almost always experiencing severe psychological pain; suicide becomes a way to stop the pain.
- There may be a "final straw" that precipitates the suicidal crisis: e.g., the person is about to be fired, cut from a team, expelled, arrested, disciplined, or exposed in a humiliating and public fashion.

- The risk for suicide in a vulnerable person can be especially high if a criminal investigation is about to be launched that might expose immoral or improper professional conduct.
- The person may feel trapped and unable to escape from what he or she sees as an unacceptable and intolerable situation. Suicide becomes “the” only exit strategy.
- In addition to clinical depression, unusual or heavy drinking may be present.
- The person often has a strong personal identity with the company, career or profession, e.g., “I absolutely must be a -- singer, professional athlete, doctor, lawyer, police officer, dentist, farmer, pastor, etc. --!” In sum, the person cannot imagine living a different life or starting another profession or career.

To help save the life of a successful person considering suicide, we must act boldly. We must use the power of our personal relationship and influence with the suicidal person. The goal is to get the person we care about to a professional for evaluation and possible treatment as soon as possible.

If, after applying QPR, you suspect the person will refuse to see a mental health professional it is often helpful to inform the person’s physician of your concerns and observations, and ask for the physician’s assistance in making the referral. Offering to go with the person may also help.

Whatever we do, we cannot afford to take a “wait and see” approach. We must apply QPR quickly. Like CPR, QPR is an emergency response to a life-threatening psychological crisis. Remember, it is better to risk having someone angry with us for a few days than to lose someone we care about forever.

Sources:

- Berman Al, Maris RW, et al. Panel Summary: Executive Suicide: Case Studies of Men of Influence, Proceedings from the Annual Meeting of the American Association of Suicidology (30th 1997, Memphis, Tennessee)
- Hendin, H, Fall from Power, Suicide of an Executive, *Suicide and Life-Threatening Behavior*, v. 24, no 3 (Fall 1994)
- Institute of Medicine, *Reducing Suicide: A National Imperative*, The National Academies Press, Washington D.C. (2002)