

SUICIDE PREVENTION: RECOGNIZING AND RESPONDING TO SUICIDE RISK

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STATISTICS

- ◎ Suicide is the 10th leading cause of death in the U.S.
- ◎ In 2012, 40,600 people died by suicide in the United States
 - Rate of 12.6 per 100,000 people
 - Rate of 12.5 in Iowa
 - 2.4% increase from 2011
 - Every 13.0 minutes, a life is lost to suicide
- ◎ In 2013, 494,169 people went to the hospital with injuries from self-harming behavior
 - Hospital visits totaled over 650,000

- ⦿ 45 to 64 year olds had the highest suicide rate in 2011, followed by individuals 85 years and older
- ⦿ Females are three times more likely to attempt, but males are about four times more likely to die by suicide
 - In the United States – 31,780 males (rate of 20.6) and 8,820 females (rate of 5.5)
 - In Iowa – rate of 20.2 for males, 4.8 for females
 - Men are more likely to use lethal means (hanging, shooting, jumping from heights) whereas women usually use a more passive means (pills, poison, or gas)

RISK FACTORS

⦿ Children

- Don't understand the finality of death
- Lack future time prospective

⦿ Adolescents

- Isolation and rejection
- Bullying
- Academic performance anxiety
- Substance abuse/co-occurring disorders
- Impulsivity and firearms

◎ Adults

- Issues of loss:
 - Primary relationships (especially for women)
 - Financial security
 - Social definition
 - Occupational definition (especially for men)
 - Self-esteem
 - Health
 - Autonomy/independence
- A highly stressful event or prolonged stress can lead to depression, anxiety, other disorders

MENTAL ILLNESS

- ◎ 90% suffer from a mental disorder at time of death
 - Depression
 - Bipolar Disorder
 - Substance abuse
 - Schizophrenia
 - Borderline Personality Disorder
 - Anxiety disorders
- ◎ Previous suicide attempt, family history of suicide, or exposure to suicide

SUICIDE CLUSTERS

- ⦿ Contagion or “copy cat” suicides
 - Particularly common following the suicide death of a celebrity
 - Linked to publicity/media coverage in which suicide is sensationalized
- ⦿ Most common among teenagers
 - “An adolescent phenomenon” – Earl A. Grollman
 - Among youth, contagion influences approximately 5 percent of suicide deaths
- ⦿ “The Werther Effect”

WARNING SIGNS

- ⦿ Anhedonia (loss of interest, inability to experience pleasure)
- ⦿ Withdrawal from family and friends
- ⦿ Change in sleeping patterns
- ⦿ Increase in substance use

- ⦿ Anxious, irritable or agitated
- ⦿ Rage, talk about seeking revenge
- ⦿ Mood swings
- ⦿ Risk taking, reckless behavior
- ⦿ Express feeling worthless, a burden to others
 - Helpless – cannot solve the problem

- ⦿ Preoccupation with the past, full of regrets
 - Hopeless – the problem cannot be solved, won't get better
 - Unable to engage in futuristic thinking – don't have a reason to live

- ⦿ Begin looking for and obtaining the means
 - Searching online, collecting pills/poisons, purchasing a gun

- ⦿ Threaten to harm, talk about the wish to die

- ⦿ Refuse to seek help

THE “AMAZING REVERSAL”

- ◎ 6-day warning signs
- ◎ “A rapid onset of peace and calm” – Jack Klott
 - Feel relief, anticipate the end
- ◎ The completer will:
 - Avoid detection
 - Negate help (“Everything’s fine.”)
- ◎ Often misleading for family members and friends

- ◎ Warning signs during the “amazing reversal”:

- The suicide completer will talk about their intent when they are intoxicated
 - Ask questions
 - Don't wait – may deny intent once sober
- May start giving away possessions and make final arrangements

SUICIDE PREVENTION

◎ Assess for risk

- Do they have a history of suicidal thoughts, plans, actions?
- Are they currently thinking about killing themselves?
 - If no, when was the last time they had suicidal thoughts?
 - How frequently do they experience suicidal thoughts?
 - What tends to trigger those thoughts?

◎ Assess for risk, cont.

- Do they have a plan?
- What is their plan?
 - How?
 - When?
 - Where?
- Do they have the means to complete their plan?
 - Where are the means?

- ◎ Minimize access to the means
 - Remove means from the home
 - Lock them up in a safe, lock box, or other secure location
 - Be mindful of other means

- ◎ Plan for safety
 - Crisis Response Plan or Safety Plan
 - No Harm Contract
 - “Are you going to be safe?”
 - “Can you keep yourself safe?”

CRISIS RESPONSE PLAN

- ⦿ Include coping skills/activities that they enjoy
- ⦿ Include people that they can talk to, call or text

- ⦿ Sample plan:
 - 1. Draw
 - 2. Read a book
 - 3. Go for a walk
 - 4. Talk to my mom, Ms. Smith, or Johnny
 - 5. Call Heather (515-244-2267) or the emergency on call therapist (515-202-1647)

LIFELINES

- ◎ Provide them with lifeline numbers
 - National Suicide Prevention Lifeline:
1-800-273-TALK (8255) or 800-799-4889 for
the hearing impaired
 - Trevor Lifeline: 866-488-7386
 - Your Life Iowa: 1-855-581-8111
- ◎ Lifelines are free, confidential, open 24/7

- ⦿ Crisis counselor/worker will complete a risk assessment
- ⦿ May offer a follow-up call or arrange for the caller to call back
- ⦿ May try to talk with someone that is with the caller, call out to someone (friend, family member, neighbor, therapist, doctor), or call 911
- ⦿ 3rd party caller – assess risk, educate the caller, call out to suicidal individual

◎ Text and chat features are also available (limited hours)

- National Suicide Prevention Lifeline:

<http://www.suicidepreventionlifeline.org/>

- Trevor Lifeline:

<http://www.thetrevorproject.org/>

- Your Life Iowa:

<http://www.yourlifeiowa.org/>

- ⦿ Notify the appropriate people (i.e. caregivers, therapist, doctor)
 - If a minor, provide the caregiver with a copy of the crisis response plan/safety plan
- ⦿ Provide additional monitoring if needed
 - Do not leave home alone
 - Doors open when at home
 - Check-ins in person, via phone
- ⦿ Follow-up – continue to assess risk

HOSPITALIZATION

- If the individual is actively suicidal and cannot follow the plan/remain safe, they should go to the hospital for further assessment
 - Ask a family member or friend to go with the individual
 - Police or County Sheriff can be called to transport

MOBILE CRISIS

- In Polk, Warren and Dallas Counties, the Mobile Crisis Response Team may be called to assist, provide further assessment
 - Dispatch at police request – will wait for police to arrive first
- If the suicidal person is a minor, Mobile Crisis cannot talk to them unless a parent or guardian is present or available by phone

- If further assessment is needed, Mobile Crisis can transport the individual to the hospital if they are not under the influence of drugs or alcohol, angry/agitated or have already tried to harm themselves
 - A parent/guardian or police has to follow if Mobile Crisis is transporting
- Mobile Crisis cannot physically take someone to the hospital but the police can
- A program of Eyerly Ball Community Mental Health Services: <http://eyerlyball.org/>

TREATMENT

- ◎ Mental health treatment
 - Cognitive Behavioral Therapy (CBT)
 - Short-term, for attempters
 - Dialectic Behavior Therapy (DBT)
 - Individual and group sessions
 - For repeated attempters
- ◎ Medication
 - Stabilize mood

FOR FAMILY AND FRIENDS

- ⦿ Take it seriously
- ⦿ Listen and show concern
 - Be non-judgmental
 - Don't minimize or dismiss what they're feeling
 - Validate their feelings
- ⦿ Ask questions and encourage sharing

- ◎ If they have a plan:
 - Do not leave them alone
 - Remove means
 - Call a lifeline, 911, take them to their doctor, mental health provider, or the hospital
 - Offer to help them find a doctor or mental health provider if needed

- ◎ For youth, seek out an adult for help
 - Do not keep it a secret

SURVIVORS OF SUICIDE LOSS

- ⦿ Survivor = an individual who has lost a family member or friend to suicide
- ⦿ There are an estimated 6 survivors for every suicide
- ⦿ During the course of a lifetime, 85% of people will lose someone to suicide

COMMON REACTIONS

- Shock – numb, disoriented, trouble concentrating
- Depression – sadness, loss of energy, difficulty sleeping, decreased appetite
- Anger – towards self and others
- Relief – if suicide followed mental illness
- Guilt – thinking, “If only...”

SUICIDE BEREAVEMENT

- ◎ “Questions of meaning-making”
 - Ask “Why?” and try to understand the motives/mindset of the deceased
- ◎ Feelings of guilt, blame
 - May feel a sense of responsibility for the death
 - May even believe that they caused the death
- ◎ Anger towards the loved one
 - May feel rejected or abandoned

COMMON EMOTIONS

Shock

Denial

Pain

Guilt

Anger

Shame

Despair

Disbelief

Hopelessness

Stress

Sadness

Numbness

Rejection

Loneliness

Abandonment

Confusion

Self-blame

Anxiety

Helplessness Depression

LOCAL SUPPORT

FOR TEENS (ages 13-18)

Survivors' Support Group

Merrill Middle School

5301 Grand Ave

Des Moines, IA 50312

Meetings:

The following Wednesdays: December 17, 2014, January 21, February 18, March 11, April 22, and May 20, 2015 from 2:15-3:30pm

Contact:

Sandy Dunivan Tracy Lepeltak
(515) 242-8448 (515) 242-7818

FOR TEENS (ages 13-18)

Support Group for Suicide Survivors

Waukee Public Library

950 Warrior Lane

Waukee, IA 50263

Meetings:

First Monday of each month from 6:00-7:30pm

Contact:

Tracy Lepeltak

(515) 991-8356

FOR ADULTS (18+)

Coping After A Suicide Support Group

Polk County Crisis and Advocacy Services
2309 Euclid Ave
Des Moines, IA 50309

Meetings:

2nd Thursday of every month from 6:00-7:30 p.m.
Last Saturday of every month from 9:00-10:30 a.m.

Contact:

Joann McCracken Young
(515) 286-3600
PCCAS@polkcountyiowa.gov

For support groups in other areas:

<https://www.afsp.org/coping-with-suicide/find-support/find-a-support-group>

EVENTS FOR SURVIVORS

- ⦿ Out of the Darkness Walks
 - Community Walks, Campus Walks, The Overnight Walk
 - To find a walk: <https://www.afsp.org/out-of-the-darkness-walks>
- ⦿ International Survivors of Suicide Loss Day
 - To find a location: <https://www.afsp.org/survivorday>

RESOURCES

- American Association of Suicidology: www.suicidology.org
- American Foundation for Suicide Prevention: www.afsp.org
- National Suicide Prevention Lifeline: www.suicidepreventionlifeline.org
- Suicide Awareness Voices of Education (SAVE): www.save.org
- Suicide Prevention Resource Center: www.sprc.org
- The Trevor Project: <http://www.thetrevorproject.org/>
- Your Life Iowa: <http://www.yourlifeiowa.org/>

NATIONAL

SUICIDE

PREVENTION

LIFELINE™

I-800-273-TALK
I-800-273-8255
www.suicidepreventionlifeline.org



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Printed 2005 • Reprinted 2009 • CMHS-SVP05-0125

SAMSHA

*Substance Abuse and
Mental Health Services
Administration*

<http://www.samhsa.gov/>

[http://store.samhsa.gov/
product/National-Suicide-
Prevention-Lifeline-magnet/
SVP05-0125](http://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-magnet/SVP05-0125)

“If suicide is described as the desire-to-die, then we must be provided with the will-to-live and with the tools to cope through difficult times, realizing that each life is unique, special, and worth preserving.”

- Earl A. Grollman

QUESTIONS?

CONTACT INFORMATION

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