

Suicide Prevention 101

**A Basic Overview
of Suicide Prevention,
Intervention and Postvention
Educational Program**

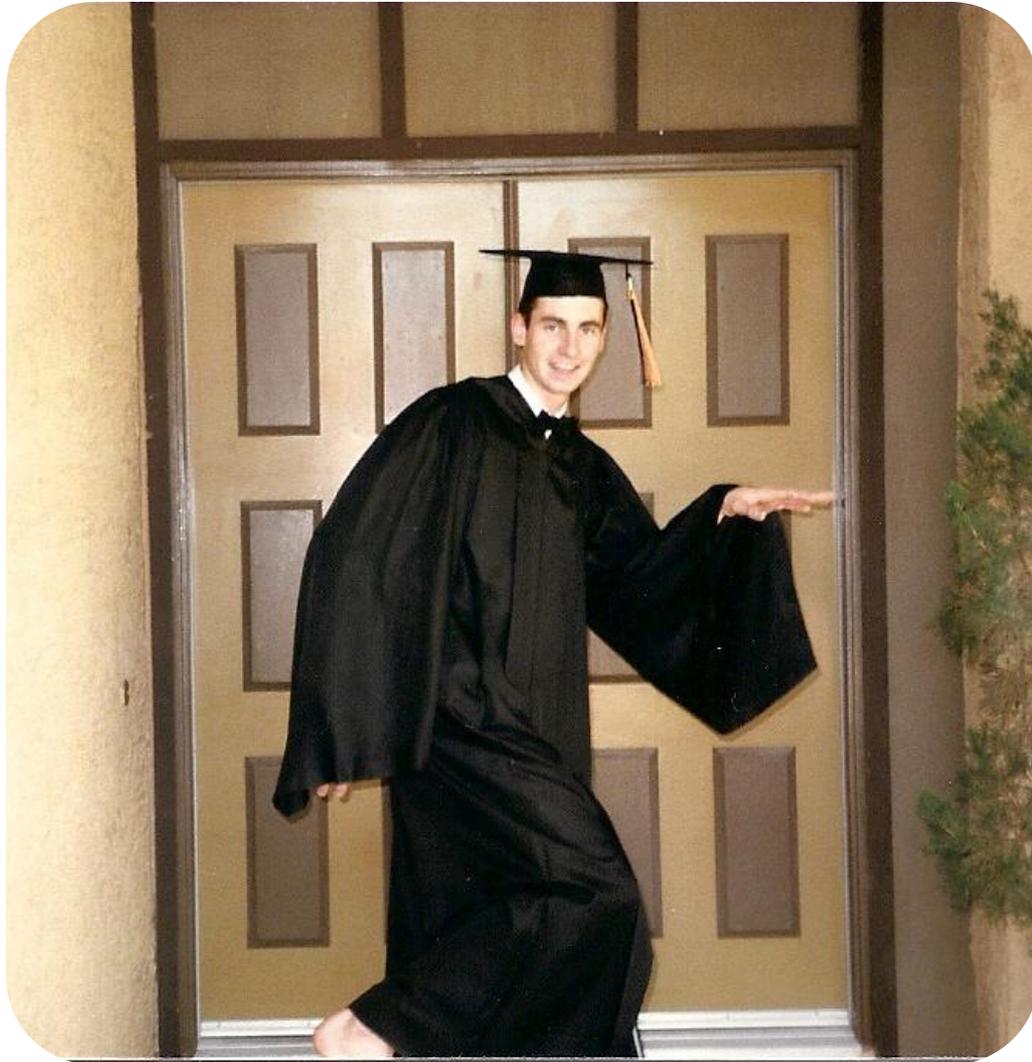


Office of
Suicide
Prevention
Department of Health
and Human Services

A Program of the
Nevada Office of Suicide Prevention

Overview

- Understand suicide as a serious public health problem
- Explore attitudes surrounding suicide
- Identify warning signs, risk, and protective factors for suicide
- Demonstrate increased awareness, prevention, intervention and postvention knowledge
- List community resources for individuals at risk for suicide



**What
does a
young
person
in crisis
look
like?**

**Paul Erik Tillander
1968 - 1993**

History of Suicide Prevention Efforts in Nevada

- 2003 Suicide prevention legislation (SB49, SB36, SCR 3, 4, & 5) adopted in Nevada
- 2005 Nevada Coalition for Suicide Prevention established; State of Nevada receives Cohort 1 Garrett Lee Smith grant \$1.2 million;
- 2005 Nevada Office of Suicide Prevention established;
- 2007 Nevada Suicide Prevention Plan released;
- 2008-2011 Three Garrett Lee Smith Awards come to Nevada (ITCN/IHBN, OSP and Pyramid Lake Paiute Tribe; 4 MSPI grants awarded to NV tribes;
- 2009 State of Nevada awarded Garrett Lee Smith grant for \$1.5 million, funding ended June 2013;
- 2013 Fund for a Healthy Nevada funds office and two state positions added;
- 2014 SAMHSA grants impacting mental health, safe and healthy learning environments, youth suicide prevention (Project Aware: school-based mental health and YMHFA)
- 2015 TMCC Awarded Campus Suicide Prevention grant;
AB 93, MH/BH suicide prevention training
- 2015 CVE Counter Violence Extremism
- 2016 CRSF Report recommendations implementation plan; 10 year anniversary
- 2017 State plan updated AB 105 passed;
- 2018 Zero Suicide

Explore Attitudes

- **Suicide is wrong**
- **Suicide is an act of cowardice**
- **I have failed if one of my clients
(or someone I know) dies by suicide**

Facts You Need to Know About Suicide

Talking about suicide will not give a person to the idea.

Few suicides happen without warning.

There is no “suicide type.”

Most suicidal people can help themselves.

Suicide “secrets” and/or “notes” must be shared

Facts You Need to Know About Suicide

Depression, anxiety, mood disorders, substance abuse and conduct disorders are the most common factors found in suicidal individuals.

Suicide is preventable.

Youth most commonly share their thoughts, problems, and feelings with other youth.

Suicide is not painless...not an “easy way out”.

Facts You Need to Know About Suicide

People who show marked and sudden improvement after a suicide attempt or depressive period may be in great danger.

People who talk about suicide may very well attempt or die by suicide.

Suicidal behavior is not just a way to get attention, they need attention

Facts You Need to Know About Suicide

There is strong evidence that sexual minority individuals are more likely than their peers to think about and attempt suicide.

Any concerned, caring friend can be a “gatekeeper” and may very well make the difference between life and death.

Not every death is preventable.

Suicide Statistics

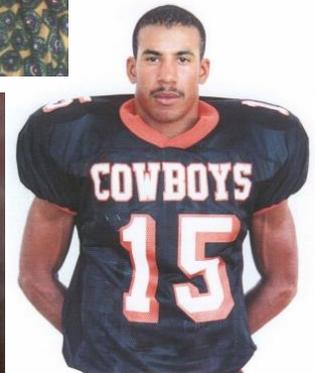
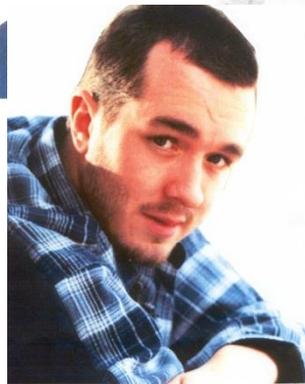
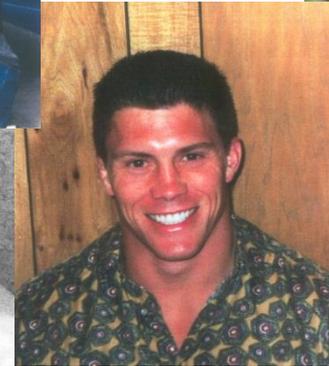
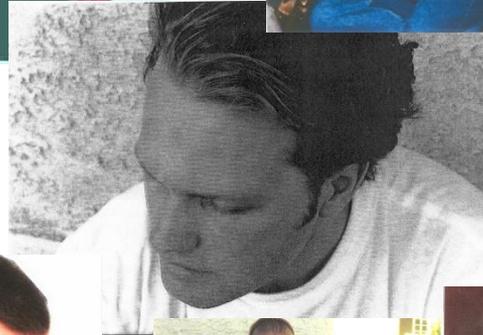
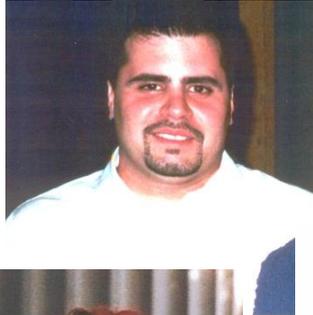
United States, 2017

- Over 47,173 deaths
- Firearms used in over 51.6% of suicides (NV 52.5%)
- 3.5 male deaths to every female death
- A suicide every 11.1 minutes
- 129 Suicides a day

Nevada, 2017

- 11th highest rate, 627 lost
- 2nd leading cause of death 20-46, 1st for youth 12-19 years of age
- Nevada's Elderly have highest rates 65+, except 3 years
- More suicides than homicides (221), motor vehicle accidents (357)

Not Just Statistics.....



Prevention/Intervention Steps

- **Know what to look for**
- **Know what to do**
- **Know how to help**

What to Look For

Risk Factors
Warning Signs
Protective Factors

RECOGNIZING RISK FACTORS

Risk factors are identified as stressful life events, situations, and/or conditions that may increase the likelihood that one will attempt or complete suicide

Major Risk Factors Include:

- **Prior suicide attempt**
- **Substance abuse**
- **Mood disorders**
- **Access to lethal means**

Suicide Prevention Resource Center, & Rodgers, P. (2011).
Understanding risk and protective factors for suicide: A primer for preventing suicide.
Newton, MA: Education Development Center, Inc.

Key Risk Factors By Age

Older adults: Death of a loved one, physical illness, uncontrollable pain, fear of burdening family members, social isolation, major changes in social roles

Middle age: Relationship problems, legal problems, financial hardship, substance abuse and job stress

Youth: Contagion, substance abuse, impulsive aggressive personality disorders, stressful life events, family factors, bullying

RECOGNIZING WARNING SIGNS

Warning signs are changes in a person's behavior, feelings, and beliefs about oneself for a period of two weeks or longer that are considered to be **maladaptive** or out-of-character for the individual

***Source: American Association of Suicidology 2006
Get the facts and take action.***

Suicide Warning Signs

- Threatening to hurt or kill oneself
- Looking for ways to kill oneself
- Talking or writing about death
- Feeling hopeless
- Feeling rage or uncontrolled anger
- Acting reckless

**Source:
American Association
of Suicidology**

Suicide Warning Signs

- Feeling trapped
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious or agitated
- Experiencing dramatic mood change
- Seeing no reason for living

**Source:
American Association
of Suicidology**

Protective Factors

Positive conditions –
personal and social resources

Promote resiliency and reduce the
potential for suicide

Ability to manage or cope with
adversity or stress



Major Protective Factors:

- **Effective mental health care**
- **Connectedness**
- **Problem-solving skills**
- **Contact with caregivers**

Suicide Prevention Resource Center, & Rodgers, P. (2011).
Understanding risk and protective factors for suicide: A primer for preventing suicide.
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Youth

Elderly

- Positive connections to school
- Coping and problem solving skills
- Academic achievement
- Family cohesion and/or stability
- Help-seeking behaviors
- Good relationships with other youth
- Positive self worth and impulse control

- Supportive family relationships
- Sense of purpose and identity
- Involvement in community activities
- Ability to live independently
- Better preparation for retirement, interests and support networks outside of workplace

CRSF Recommendations

- #1: Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments (ED) and other hospital settings.
- #2: Acquire additional funding to move statewide suicide prevention efforts forward.
- #3: Ensure notification is sent to the Veterans Health Administration by each Coroner's Office whenever they are aware of a military member or veteran death.
- #4: Increase outreach to those affected by decedents' suicide deaths through Coroner's Office staff and others.
- #5: Follow up on contact with mortuaries to increase opportunities for survivor support.

CRSF Recommendations

- #6: Develop a relationship with the Board of Pharmacy to facilitate exploration of offering CEUs to pharmacy technicians and pharmacists for taking suicide awareness and prevention courses.
- #7: - Partnering with the Board of Pharmacy, work to implement suicide hotline phone number labels on prescription bottles.
- #8: Improve the collection of data pertaining to suicide attempts.
- #9: Increase outreach to human resources departments of large corporations, other businesses and unions to establish suicide awareness and prevention trainings.
- #10: Focus on the connections between substance use disorders and suicide prevention.

CRSF Recommendations

- #11: Increase public awareness around the *Reducing Access to Lethal Means* program and expand participation of diverse partners to reduce access to other common but more challenging means.
- #12: Reduce stigma in the Hispanic community through culturally appropriate outreach.

What To Do

1. SHOW YOU CARE

2. ASK ABOUT SUICIDE

3. GET HELP

Adapted with permission from the
Washington Youth Suicide Prevention Program <http://www.yspp.org>

INTERVENTION STEPS

**SHOW YOU
CARE!**

Listen carefully
Be genuine

INTERVENTION STEPS

**ASK
ABOUT SUICIDE!**

***Be direct, but
non-confrontational***

INTERVENTION STEPS

GET HELP!

***Do not leave the
person alone***

How to Help

9-1-1

In an acute crisis, call **9-1-1**.

Do not leave the individual alone.

1-800-273-TALK (8255)

National Suicide Prevention Lifeline

www.suicidepreventionlifeline.org

Reno Crisis Call Center

Text Listen to 839863

How to Help

Family and friends

Hospital Emergency Room

Pastor

Psychiatrist

Primary Care
Physician

YOU

Therapist

Nurse

Psychologist

Mental Health Facility

Social Worker

POSTVENTION

The provision of crisis intervention, support and assistance for those affected by a completed suicide.
The American Association of Suicidology

Goals:

- Support the survivor bereavement experience
- Encourage safe and effective public messaging and media reporting of suicide
- Prevent further suicides

POSTVENTION IS PREVENTION!

Survivor of Suicide

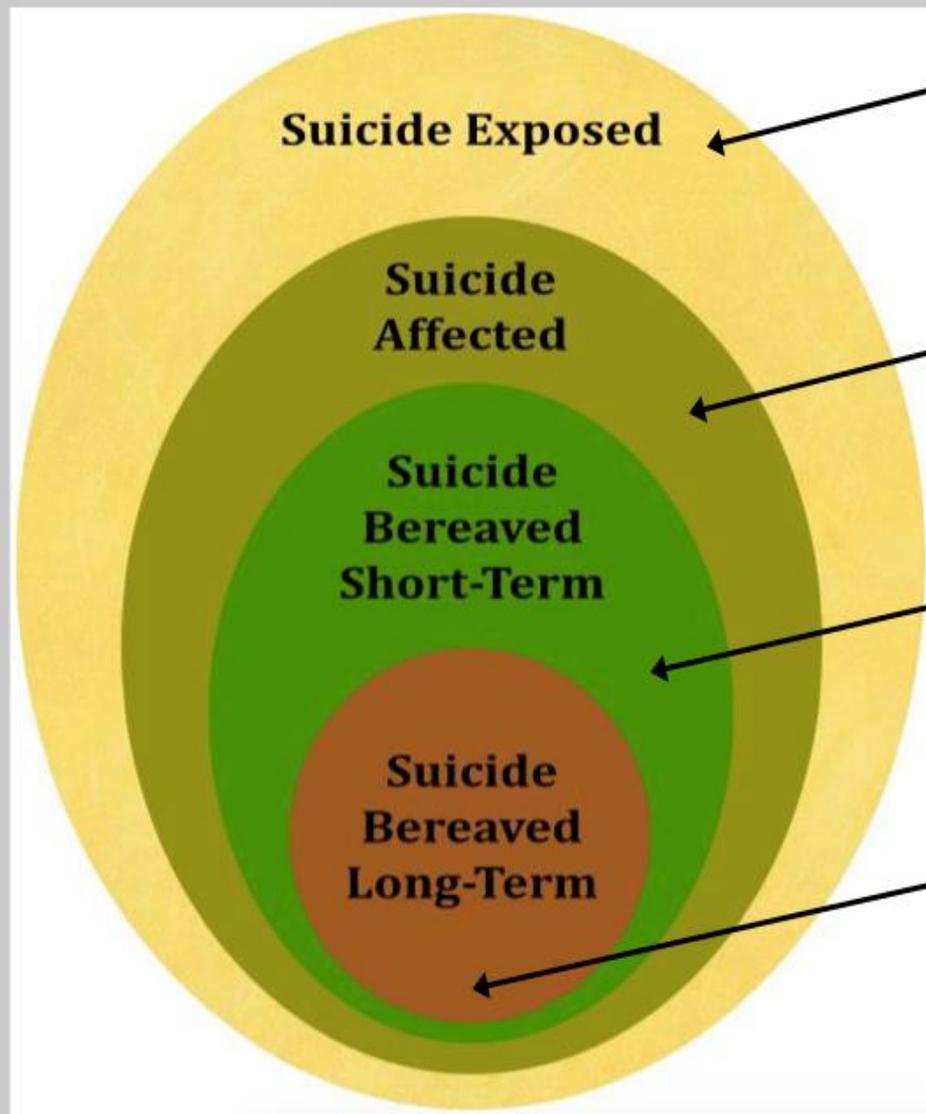
- **Anyone whose life has been impacted by a suicide death**
- **Family, friends, co-workers, classmates, therapists, physicians, nurses etc.. who are left behind to pick up the pieces after the shattering experience of a suicide death**
- **....not only suffer the grief and trauma of losing a loved one to suicide, but also are themselves at higher risk for suicide and emotional problems**

Survivors of Suicide

- Estimated 125 survivors per suicide
- 5.8 million survivors in 2017 alone
- 25-33 per suicide bereaved long term survivors every 11.1 minutes

American Association of Suicidology
U.S.A. SUICIDE: 2017 OFFICIAL FINAL DATA

The Continuum Model: Effects of Suicide Exposure



Everyone who has any connection to the deceased or to the death itself, including witnesses

Those for whom the exposure causes a reaction, which may be mild, moderate or severe, self-limiting or ongoing

People who have an attachment bond with the deceased and gradually adapt to the loss over time

Those for whom grieving becomes a protracted struggle that includes diminished functioning in important aspects of their life

Multi-Levelled Grief

**Grief after a Suicide
Is Grief to the Sixth
Power**

Some Common Survivor Responses

- Struggle to make sense of it
- Unanswered questions
- ANGER
- Guilt over failed responsibilities
- Isolation caused by self-imposed shame
- Blame
- Shock, disbelief, fear, awkwardness
- Difficulty accepting the death was by suicide
- Feelings of rejection and abandonment
- Often “hyper vigilant” – afraid of another loss/death
- PTSD

**Source: SIEC ALERT #38
November 1999**

Helping Survivors

- Listen without judging
- Accept the intensity of the individual's grief
- Communicate with compassion – not cliché
- Provide information on suicide and grief
- Be there
- Have patience
- Let them know they're not alone
- Offer assistance, and expect that your help may be refused
- Be sensitive to difficult times

After an Attempt

- ***Taking Care of Yourself***
- ***Taking Care of a Family Member***
- ***A Guide for Medical Providers in the Emergency Department***

SAMHSA Mental Health Information Center
www.mentalhealth.samhsa.gov
1-800-789-2647

Suicide Prevention Resources

American Foundation for Suicide Prevention (AFSP)

www.afsp.org

American Association of Suicidology (AAS)

www.suicidology.org

Suicide Prevention Resource Center (SPRC)

www.sprc.org

Nevada State Suicide Prevention web site

www.suicideprevention.nv.gov

Nevada Coalition for Suicide Prevention

<https://www.nvsuicideprevention.org/>

Office of Suicide Prevention Training Opportunities

- **Resource Introduction (15 – 30 minutes)**
- **Suicide Prevention Training:**
 - **Nevada Gatekeeper for Specialized Training Environments**
 - **Nevada Gatekeeper Train the Trainer for FSAs (4 hours)**
 - **suicideTALK, (Suicide Awareness) 1.5 hours**
 - **Signs of Suicide Middle and High School programs and screenings**
 - **safeTALK: (Suicide Alertness) 4 hours**
 - **Youth Mental Health First Aid 8 Hours**
 - **Adult Mental Health First Aid 8 Hours**
 - **ASIST: (Applied Suicide Intervention Skills Training)**
Two day workshop

Office of Suicide Prevention

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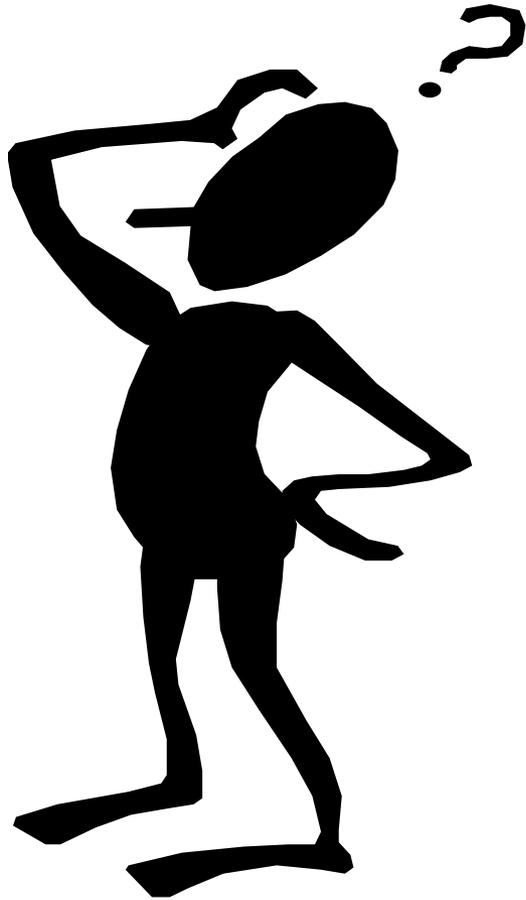
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Office of Suicide Prevention



**Questions?
Comments?**