Suicide Prevention: It’s Everyone’s Business

S.A.V.E
Suicide Prevention Awareness Training

Suicide Prevention Program
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A little housekeeping before we start:

- Suicide is an intense topic for some people

- If you need to take a break, or step out, please do so

- Resources
  - National Suicide Prevention Lifeline: 1-800-273-8255
    Veterans Crisis Line: Press 1
Mental Health in America

Only 50% of Americans experiencing an episode of major depression receive treatment.

1 in 5 adults in America experience a mental illness.

One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

80-90% of people that seek treatment for depression are treated successfully using therapy and/or medication.
Mental Wellbeing in Times of COVID

- Economic distress
- Social isolation
- Decreased access to community & faith support
- Illness & Medical problems
- National anxiety

Source: https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584
Suicide in the United States

**Additional Facts About Suicide in the US**

- The age-adjusted suicide rate in 2018 was **14.2 per 100,000 individuals**.
- In 2018, men died by suicide **3.56x more often than women**.
- White males accounted for **69.67%** of suicide deaths in 2018.

- The rate of suicide is **highest in middle-age** white men in particular.
- On average, there are **132 suicides per day**.
- In 2018, firearms accounted for **50.57%** of all suicide deaths.

American Foundation for Suicide Prevention
Youth Suicide

2nd leading cause of death
10-24 year old youth

81% deaths were male
Boys are at higher risk

4 out of 5 teens who attempt suicide have given clear warning signs
Protective Factors

• Effective clinical care for mental, physical, and substance abuse disorders

• Connectedness to individuals, family, community, & social institutions
  • Connection between the adolescent and parents, school, and peers

• Individual coping resources
  • Life skills, problem solving skills, coping skills, ability to adapt to change

• Sense of purpose or meaning in life

• Cultural, religious, or personal beliefs that discourage suicide
  • Religious/faith involvement

• Attitude of child/adolescent and family towards intervention and follow up
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<tr>
<th>Myth</th>
<th>Reality</th>
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<tr>
<td>Asking about suicide may lead to someone taking his or her life.</td>
<td>Asking about suicide does <strong>not</strong> create suicidal thoughts. The act of asking the question simply gives the person permission to talk about his or her thoughts or feelings.</td>
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<td>If somebody really wants to die by suicide, they will find a way to do it.</td>
<td>If access to the means in which to take their life is not available, most people will not continue to seek a different way to die.</td>
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<td>- There are talkers and there are doers.</td>
<td>- Almost everyone who dies by suicide or attempts suicide has given some clue or warning. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.</td>
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<td>- Suicide threats should never be ignored. No matter how casually or jokingly said, statements like, &quot;You'll be sorry when I'm dead,&quot; or &quot;I can't see any way out&quot; may indicate serious suicidal feelings.</td>
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<td>- If somebody really wants to die by suicide, there is nothing you can do about it.</td>
<td>- Most suicidal ideas are associated with treatable disorders. Helping someone connect with treatment can save a life. The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.</td>
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<td>They really wouldn't die by suicide because...</td>
<td>- The intent to die can override any rational thinking. Someone</td>
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<td>- He just made plans for a vacation</td>
<td>experiencing suicidal ideation or intent must be taken seriously</td>
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<td>- She has young children at home</td>
<td>and referred to a clinical provider who can further evaluate their</td>
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<td>- He made a verbal or written promise</td>
<td>condition and provide treatment as appropriate.</td>
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<td>- She knows how dearly her family loves her</td>
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The acronym “S.A.V.E.” helps one remember the important steps involved in suicide prevention:

- **S**igns of suicidal thinking should be recognized
- **A**sk the most important question of all
- **V**alidate the person’s experience
- **E**ncourage treatment and **E**xpedite getting help

S.A.V.E. will help you act with care & compassion if you encounter a person who is in suicidal crisis.
Signs of suicidal thinking

Learn to recognize these warning signs:
- Hopelessness
- Feeling trapped, like there’s no way out
- Anxiety, agitation, sleeplessness
- Feeling like there is no reason to live – purposelessness
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug use
- Withdrawing from family and friends
- Dramatic mood swings

Adolescent Specific Signs:
- Changes in sleep
- Neglect of personal appearance
- Personality changes
- Loss of interest/withdrawal
- Sudden mood changes
- Physical pain
- Giving away belongings
- Reckless behavior

#BeThe1To ... Ask  ... Keep them safe  ... Be there  ... Help them connect  ... Follow up
Signs of suicidal thinking

The presence of any of the following signs requires immediate attention:

– Threatening to hurt or kill themselves, or talking of wanting to die
– Looking for ways to kill themselves
– Talking about death, dying, or suicide
– Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs or weapons
Asking the question

**DO** ask the question if you’ve identified warning signs or symptoms

**DO** ask the question in such a way that is natural and flows with the conversation

**DON’T** ask the question as though you are looking for a “no” answer
- “You aren’t thinking of killing yourself are you?”
- “You wouldn’t do anything crazy would you?”

**DON’T** wait to ask the question when he/she is halfway out the door
Asking the question

Know how to ask the most important question of all…

“Are you thinking about killing yourself?”

- Have you had thoughts of suicide?
- Do you ever feel so bad that you think about suicide?
- Do you have a plan to kill yourself or take your life?
- Have you thought about when you would do it?
- Have you thought about what method you would use?

Phrases to jump start the conversation:

• You haven’t seemed like yourself lately. Is there anything going on?
• I know you, and something is going on. Let’s talk about it.
• Your stress level is off the charts. What’s going on? I want to help.
• I’m worried about you. Are you ok?

#BeThe1To  ... Ask  ... Keep them safe  ... Be there  ... Help them connect  ... Follow up
Validate the Person’s experience

- Remain calm and act with confidence.
- Talk openly about suicide. Be willing to listen and allow the person to express his or her feelings. Limit questions-listen more than you speak. Don’t argue.
- Recognize that the situation is serious.
- Do not pass judgment. Use supportive, encouraging comments.
- Acknowledge that they are in pain and that their pain is real.
- Be honest – there are no quick solutions but reassure that help is available.

Phrases that are helpful

- You are not alone. I’m here for you.
- I may not understand exactly how you feel, but I care about you and want to help.
- We will get through this together.

#BeThe1To ... Ask ... Keep them safe ... Be there ... Help them connect ... Follow up
Encourage treatment and Expediting getting help

- **What should I do if I think someone is suicidal?**
  - Don’t keep the person’s suicidal behavior a secret
  - Do not leave him or her alone
  - Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room, or
    - Call 911

- **Reassure the person that help is available**

- **Call the National Suicide Prevention Lifeline at 1-800-273-8255**

- Follow up with a visit, phone call, or card
Safety Issues:

• Never negotiate with someone who has a gun
  • Get to safety and call 911

• If the person has taken pills, cut himself or herself or done harm to himself or herself in some way
  • Call 911
Encourage treatment and Expediting getting help

For people not in an acute suicidal crisis
- Connect them to resources and additional supports
- Get others involved
  - Family
  - Friends
  - Siblings
  - Faith Leader
  - Physician/Therapist
- Follow up with a visit, phone call, or card
Community Resources

HOTLINES

4 County Mental Health Crisis Response Line (24/7)
Serves Stearns, Benton, Sherburne, and Wright counties.
320-253-5555 or 800-635-8008

National Suicide Prevention Lifeline
1-800-273-8255

Veteran’s Crisis Line
1-800-273-8255, then Press 1

Minnesota Peer Support Connection Warmline
Certified Peer Specialists to listen, provide support, and referrals
1-844-739-6369 7 nights a week from 5pm to 9am

Teen Line
Teenlineonline.org

CRISIS TEXT

Text “MN” to 741741

WEBSITES

www.mnmentalhealth.org
www.Take5toSaveLives.org
Next Steps

- Continue the conversation
  - Home
  - Community
  - With your kids/grandkids
    - Timing
    - Plan what you want to say
    - Be honest – acknowledgement discomfort
    - Ask for your child’s response - Be direct
    - Listen to your child’s response
    - Don’t overreact or underreact
    - Talk Early Talk Often
    - Society for the Prevention of Teen Suicide - sptusa.org
Coping and Symptom Management Apps

- Moving Forward: Problem solving skills for stress
- B2R: Control physical and emotional stress through breathing
- MY3: Safety plan and support during crisis
- A Friend Asks: Recognize signs and respond to a friend in crisis
- Virtual Hope Box: Coping, relaxation and positive thinking
- Booster Buddy: Coping and symptom management

Free for iPhone or Android
Youth Suicide Prevention Video


Know The Signs, Teens. Suicide is Preventable. Retrieved May 28th, 2020 from https://www.suicideispreventable.org/


