

**Suicide Prevention:
It's Everyone's Business**



S.A.V.E

Suicide Prevention Awareness Training

Suicide Prevention Program

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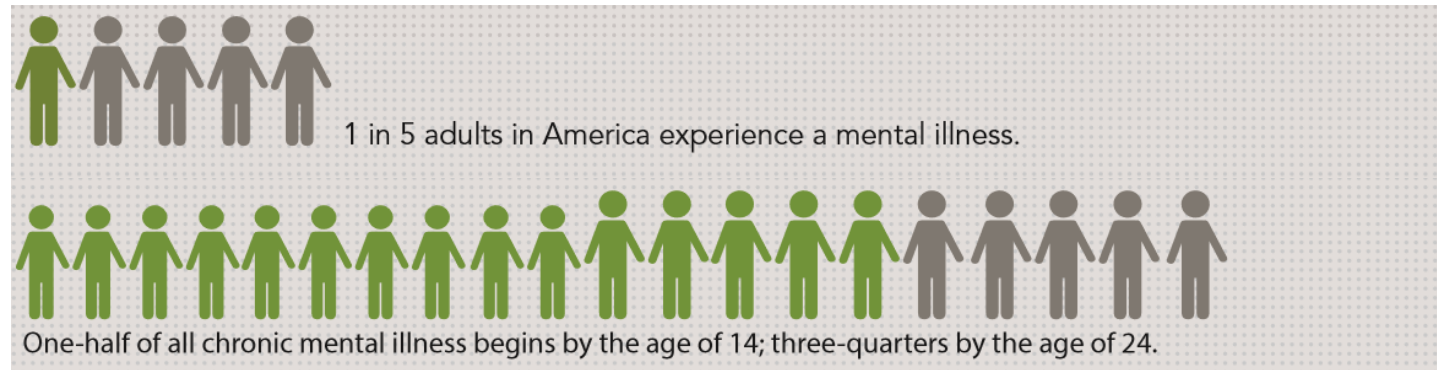
A little housekeeping before we start:

- 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



Mental Health Facts in American, NAMI

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

Suicide in the United States

Suicide is the
10th
leading cause of death in
the US

In 2018,
48,344
Americans died by suicide

In 2018, there were an
estimated
1,400,000
suicide attempts

In 2015, suicide and self-
injury cost the US
\$69 Billion

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.

Youth Suicide

81%
deaths were male

Boys are at higher risk

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

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

Common Myths vs. Realities

Myth

- Asking about suicide may lead to someone taking his or her life.

Reality

- Asking about suicide does not create suicidal thoughts. The act of asking the question simply gives the person permission to talk about his or her thoughts or feelings.

Common Myths vs. Realities

Myth

- If somebody really wants to die by suicide, they will find a way to do it.

Reality

- 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.

Common Myths vs. Realities

Myth

- There are talkers and there are doers.

Reality

- 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.
- Suicide threats should never be ignored. No matter how casually or jokingly said, statements like, "You'll be sorry when I'm dead," or "I can't see any way out" may indicate serious suicidal feelings.

Common Myths vs. Realities

Myth

- If somebody really wants to die by suicide, there is nothing you can do about it.

Reality

- 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.

Common Myths vs. Realities

Myth

They really wouldn't die by suicide because...

- He just made plans for a vacation
- She has young children at home
- He made a verbal or written promise
- She knows how dearly her family loves her

Reality

- The intent to die can override any rational thinking. Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate their condition and provide treatment as appropriate.

S.A.V.E

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

The acronym “**S.A.V.E.**” helps one remember the important steps involved in suicide prevention:

- Signs of suicidal thinking should be recognized
- Ask the most important question of all
- Validate the person’s experience
- Encourage treatment and Expedite getting help



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

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?

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

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

Encourage treatment and Expediting getting help

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



Mental Health Video Visits

Feeling stressed or overwhelmed?
Talk to a behavioral health provider about the challenges you are facing through video visits.

- Available to established or new patients
- Child and adult patients
- Referral is not needed
- Same day or next day appointments possible
- Most insurances cover just like an in-person visit

Call 320-255-6677 to schedule.

 CentraCare™

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



Problem solving skills for stress



Control physical and emotional stress through breathing

Breathe2Relax



Safety plan and support during crisis



Recognize signs and respond to a friend in crisis



Coping, relaxation and positive thinking



Coping and symptom management

Booster Buddy – Designed for teens and young adults but great for everyone

Free for iPhone or Android



[Youth Suicide Prevention Video](#)



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