

Understanding Suicide Prevention, Intervention and Aftercare

Risk ~ Signs ~ Support ~ Resources



Outline



- Knowing what the crisis of SUICIDE looks like
- Risk, Signs & Protective Factors
- Aftercare: What if it is someone you know, work with, or what if it is in your own family?
- Self Care for Helpers: Getting the help that you need
- Resources

Suicide Data and Statistics



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+ World/National Data

- **Depression is the #1 disability in the World!**
- The World Health Organization predicts that depression will become the second-leading cause of death by 2020, unless immediate steps are taken to improve treatment and increase awareness
- More than 2.2 million adults nationally reported making suicide plans in the past year.
- More than 1 million adults nationally reported attempting suicide in the past year, with rates of attempted suicide lowest in Delaware at 0.1 percent and **highest in Georgia at 1.5 percent.**



Suicide and Suicide Attempts Nationally and Georgia

- Our most current data shows, there are **42,773 completed suicides per year** in the United States.
- From 2012 data, for every **1 homicide** in our nation, there are **2 suicides**. Georgia remains -- **for every 2 homicides there are 3 suicides**.
- In 2014, **1294 Georgians died by suicide, up 31%** from 2008. These deaths reverberate through our homes, schools, churches, businesses, and communities.
- Suicide is the **10th leading cause of death** nationally, **2nd for ages 15 – 24**. -- **2nd for college students**.
- Every **12.3 minutes someone completes suicide**, and every **30 seconds someone attempts suicide**.
- **90% of all suicides, the person has told someone of their intent** prior to taking their lives. *These are lives we can save!*

Population based Data for Suicide & Suicide Attempts



- Of the 42,773 suicide deaths nationally in 2014, 33,113 were men (85%) .
- Men complete more than women 4-1, and women attempt more than men 3-1
- Middle aged men and women make up 26% of the general population, but 40% of all suicides.
- There is an average of 25 attempts for every completed suicide (Elderly 4-1, Youth 100/200-1)
- 90% of individuals who complete suicide have a diagnosable mental illness, 60% of those suffer with depression, 50-75% of those in need receive no treatment or inadequate treatment

Why Suicide? The Basics

- There is no one reason for a death or attempt but rather an accumulation of many reasons often with a life crisis within 2 weeks precipitating the attempt
- People who attempt and complete suicide are most often ambivalent about wanting to end their own lives
- The method chosen most often makes the difference between life and death
- Recovery is possible; most people only attempt once;

Lives CAN be saved





+ The Cup

The last drop may have been what makes the cup spill over, but the reason has more to do with the accumulation of drops.

So... Why Suicide?

Causes are multidimensional and may involve:

- Clinical Depression or other mental health disorder
- Accumulation of Problems
- Feelings of Despair, hopelessness, helplessness, and burdensomeness



So what we learned is that its usually a combination of things that puts us into that dark place where the pain doesn't allow us to see options.

Death may be a result of:

- Impulsive act
- A selected, planned action to end the pain



Why Aren't We Talking About It?



- Stigma
- Not an easy topic to discuss
- Confusing and overwhelming
- Don't know what to say
- History of a sign of weakness



REMEMBER

- No one chooses to have a mental health challenge.
- It is not a choice, it is not a character flaw and it isn't the weak who are impacted.
- No one is immune.
- It has more to do with genetics, environment, experiences, over exposure to things that impact our minds and chemistry. Or a combination of those things. It can impact you or those you love!
- Also remember, often you are seeing only a snippet of what is happening for an individual! You don't know the whole back story, or what they have had to endure to date. So have compassion and don't judge.



Risk & Protective Factors

Risk Factors

- ◆ History of depression
- ◆ Past suicide attempts
- ◆ Alcohol and/or substance abuse
- ◆ Physical, emotional and sexual abuse
- ◆ Access to lethal means especially firearms
- ◆ Unwillingness to seek help
- ◆ Having a depressive illness
- ◆ Barriers to mental health services
- ◆ Social isolation
- ◆ Losses (relationships, job, health, home...)
- ◆ Impulsive/aggressive tendencies
- ◆ Stressful life events
- ◆ Sexual identity conflict



Protective Factors

- Access to good physical, mental health and substance abuse services
- Effective and appropriate clinical interventions, and support for help-seeking
- Healthy family and friends
- School and/or community connectedness
- Learned skills in problem solving, conflict resolution and non-violent handling of disputes
- Spirituality
- Restricted access to highly lethal means
- Generosity/Service - promotes sense of purpose and self esteem



Understanding the Perspective of Someone at Risk or in Crisis

- Can't see any way out
- Can't get control
- Can't stop the pain
- Can't see things getting better
- Can't think clearly or make decisions
- Can't find energy to change things
- Can't get anyone's attention or support

+ STRESS vs TRAUMA

- ✦ "Stress" and "Trauma" are not the same things. Stress "happens," every day, to everyone. *But trauma is something that "happens to you."* It's a big deal—far more than stress.
- ✦ **Critical Incidents** are like Mack trucks--the big, catastrophic events and they can potentially cause posttraumatic stress disorder (PTSD) and can lead to suicide.
- ✦ **Cumulative PTSD**, however, is like one bumblebee sting after another. These are the incidents that aren't "headliners," that are missed by everyone. They multiply over the years.
- ✦ After years, it may take only a minor incident (or none) to trigger a breakdown or suicide. Make no mistake—*cumulative PTSD is deadly.*

+ Know the Warning Signs

9 out of 10 people do give warning signs (verbal or non-verbal)

- *Talks about wanting to die*
- *Has trouble eating or sleeping to little or too much*
- *Experiences drastic changes in behavior, extreme mood swings*
- *Withdraws and isolates from others*
- *Loses interest in hobbies, work, school, etc.*
- *Increases their use of alcohol or drugs*
- *Sudden happiness after a prolonged depression*
- *Gives away prized possessions*
- *Has attempted suicide before*
- *Acting anxious and agitated, and behaving recklessly*
- *Has had recent severe losses*
- *Preoccupied with death and dying*
- *Feelings of hopelessness, worthlessness, and helplessness*
- *Feeling trapped or in pain*
- *Talking about being a burden to others.*

What Can You Do About It?

- Understanding the problem helps you to be a more compassionate and non-judgmental support for those struggling with depression and other disorders.
- Look at how you can increase protective factors and lower risk factors for someone who is struggling.
- Encourage help seeking behavior – your positive attitude about how helpful mental health services, medicines and other care can be will improve the chances of your loved one or friend reaching out for help!
- Access good mental health services and don't put a time limit on getting care.
- Take someone in crisis seriously, offer HOPE, and get help!



Aftercare: those
Left behind



Survivors of a Suicide Loss at Risk

- 20% of us will have a suicide in our immediate family, and 60% of us will know someone that has died by suicide.
- It is estimated that there are over 5 million survivors of a suicide loss in the US, with over 500,000 new survivors added to that amount annually.
- "Survivors" have among the highest risk of suicide that is up to 9 times higher that of the general population.
- One of four suicide attempters has a family history of suicide.
- Adolescents who have lost a friend to suicide are almost 7 times more likely to complete suicide than those who have not.

LOSS BY SUICIDE: What's different?

- Suicide is **a traumatic loss that comes with a complicated grief process**. With a suicide loss, survivors face not only the loss but stigma, shame and unique guilt.
- It is a **complex loss that entangles everyone around** the loss as a party to the choice. Some survivors are even blamed for the loss.
- **The rejection of friends and family is a very common aftermath** of a loss by suicide. People usually don't know what to say so they completely avoid the grieving one, **leaving them with no support system**.
- The trauma of a suicide is so deeply devastating that it **shuts down the survivor's normal coping mechanisms**, causing added (often scary) feelings of, "What's wrong with me?"
- Understand that survivors may be struggling with **explosive emotions**: guilt, fear and shame, well beyond the limits experienced in other types of deaths.
- *Suicide* can run in families, but the **major feature here is history, not biology**. When someone in the family takes their life themselves, it breaks the taboo.

“Every survivors’ journey is different, but it is resoundingly clear that healing can be found among other survivors”



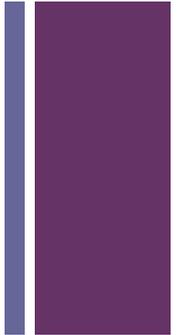
SO GIVING THEM RESOURCES TO HELP THEM GET TO SERVICES -- IS KEY!



Self Care for Helpers



Encouraging Those in a Helping Profession to take care of themselves



- The nature of a helper is to help. So it is challenging to be in a position to need help yourself. Sometimes we feel that we have to be strong for others so we don't acknowledge that we are struggling -- which can be a deadly choice.
- First line of defense it to watch how full your own cup is and learn strategies to keep your cup empty. Sometimes we need to ask for help. Learn to say no when you need to, without feeling guilty. Be aware of your energy limits; stop when these limits have been reached.
- Take care of yourself; drink plenty of water; take a walk; rest if you need to! Reach out for mental health support when your situation requires it.
- Often people in helping professions are exposed to things that could cause trauma or PTSD responses. Watch for signs and be a model of how to reach out for help. Stigma should never guide our decisions to be healthy and whole.

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So, How Full is Your Cup?



+ Keep Your Cup Empty

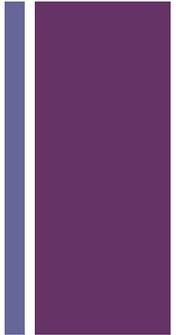
- Exercise
- Healthy activities
- Plenty of rest
- Good nutrition
- Strong social support
- Having a safe way to vent
- Seek help when you see that you need it!





Resources

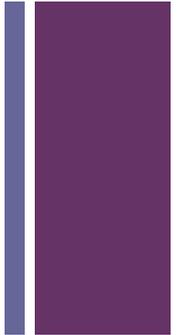
+ Training Available



- QPR (Question, Persuade, Refer) Gatekeeper Training
- Mental Health First Aid Training
- Community Education – Self Care, Reality of Life After a Loss by Suicide, Building Survivor Services in your Community, Building Community Efforts for Suicide Prevention, Intervention and Aftercare. And more (see our website)
- Support to develop services for Survivors
 - Training for SOS Group Facilitation
 - Training for Professionals working with Survivors
- And many other opportunities!

+ Resources & Links

- GSPIN – www.gspin.org *Georgia's Suicide Prevention Information Network, providing prevention, intervention and aftercare information for survivors of suicide and the suicide prevention community in Georgia*
- GCAL – Behavioral Healthlink 1-800-715-4225
- DBHDD Suicide Prevention Program Coordinator
 - Sally vander Straeten, sally.vanderstraeten@dbhdd.ga.gov
- SPAN-GA – www.span-ga.org
 - Suicide Prevention Action Network, Georgia
 - Sheri McGuinness, georgiasurvivors@gmail.com
- CAMP SOS – www.campsos.com
 - Contact SPAN-GA for more information





- Please contact us if we can help in any way!
- If you have a group that would like QPR training, email us and we will schedule one for you.
- If you would like to have a quantity of our purple packets to support Survivors of a Suicide Loss, please email Sheri at Georgiasurvivors@gmail.com and provide us with the # of packets that you would like, and an address for us to send them to. Also, let us know what you are going to use them for (ie conference, health fair, distribution to a certain population) We like to keep track of who we are reaching.) These are free to you.

THANK YOU!!