

Suicide Awareness & Prevention

Suicide is a major public health problem that has profound impact upon those who are touched directly and indirectly. In the United States more than 30,000 people are reported to die by suicide each year – more than 38,000 Americans died by suicide in 2010. It is estimated that as many as twenty-five times that number of attempts are made, and many more individuals consider it. Close friends and family members who are profoundly impacted by a suicide death are called 'survivors'.

Suicide occurs across all age groups, across genders, and in all cultural and ethnic groups. However, it does not occur at equal rates in each of these groups. Suicide results from a complex interplay of many factors. Of people who die by suicide, overwhelmingly, at the time of their death they also had a diagnosable mental health or substance abuse problem. Suicide is often preventable. Prevention programs are based on the premise that, most of the time, risk of suicide can be recognized and completed suicide prevented.

How To Be Helpful to Someone Who Is At Risk Of Suicide

Showing that we care and are interested enough to ask can be a powerful way to prevent the suicide of someone in distress. Yet many- probably most – of us do not recognize that level of distress, nor feel able to start the conversation if we do. We may be afraid of making a situation worse, or even giving someone the idea. It is now well established that beginning a conversation, openly and honestly, and without judgment is in fact a very helpful thing to do. In fact, it is usually met with relief by someone who is thinking of suicide. By starting the conversation we tell someone that we care enough to notice their despair and that we care enough to acknowledge their pain. By talking with someone we do not obligate ourselves to solving their problems nor do we take responsibility for their life. We do offer connection in the moment, and hopefully a bridge to ongoing support.

Some suggestions for talking with someone who is thinking of suicide:

- Be direct. Talk openly and matter-of-factly about suicide
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.

- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.

Suggestions from Suicide Prevention Lifeline

<http://www.suicidepreventionlifeline.org/gethelp/someone.aspx>

Risk Factors, Protective Factors and Warning Signs of Suicide

Risk factors are characteristics of a person's life that might but do not necessarily predispose them to increased vulnerability to suicide. They do not necessarily tell us about someone's risk at a particular moment in time. Individuals' life histories may include experiences that become risk factors – experiences such as trauma of all kinds, including abuse.

Another risk factor is exposure to suicide – either one's personal history or the suicide of a relative or friend, or even a celebrity. Additional risk factors are listed below. It is important to remember that a risk factor increases the chances that someone may experience thoughts of suicide, or be at imminent risk, but it does not necessarily tell us about the risk of a particular person at a particular time. To understand that, we need to recognize Warning Signs of imminent risk (described below) and to talk directly with that person.

Risk factors may be offset by Protective Factors, aspects of someone's life that make it less likely that they will think about or act on thoughts of suicide.

Risk factors:

- Mental health conditions, especially mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Easy access to lethal means
- Feelings of hopelessness, impulsive and/or aggressive tendencies

Source: <http://www.mhawestchester.org/content/suicide-awareness-prevention>
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- History of trauma or abuse
- Previous suicide attempt
- Family history of suicide or exposure to others who have died by suicide (in real life or via the media and Internet)
- Significant losses including loss of relationship, job, health and independence
- Major physical illnesses
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of health care, especially mental health and substance abuse treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma

Warning Signs:

Warning signs indicate that someone may be at risk of suicide currently and requires a response tailored to that individual and his/her situation. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

Warning signs include:

- Talking about wanting to die or to kill themselves or expressing the same wish through music, drawings, writing, online postings, etc.
- Looking for a way to kill themselves, and obtaining the means, such as
- Talking about feeling hopeless or having no reason to live; no sense of purpose or meaning in life
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

If you or someone you know exhibits any of these signs, seek help as soon as possible by contacting 911, the individual's appropriate support network, local crisis service or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Protective Factors:

Protective Factors enhance positive aspects of a person's life, build support networks and coping skills and thereby reduce the likelihood that someone will experience thoughts of suicide or act on those thoughts. Protective factors include:

- Effective clinical care for mental, physical and substance use conditions
- Easy access to a variety of clinical interventions
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and handling problems in a non-violent way
- Cultural and religious beliefs that discourage suicide and support self-preservation

Information on this page has been adapted from the National Suicide Prevention Lifeline web site pages:

<http://www.suicidepreventionlifeline.org/learn/riskfactors.aspx>

<http://www.suicidepreventionlifeline.org/learn/warningsigns.aspx>

<http://www.suicidepreventionlifeline.org/learn/riskfactors.aspx>

How Wide-Spread is the Problem of Suicide?

Many people continue to believe that suicide is a distant problem – something that impacts “other” people. They conclude that if it impacts others and not those close to them, they don't need to know how to recognize when someone is at risk or how to talk with someone in distress. And yet, we know that when someone is in acute distress, when they are considering suicide, it is usually to close friends and family members that they turn. And we also know that suicide is a very significant problem in the United States.

In fact, in 2013, (for which the most current statistics are available) 41,149 people are known to have died by suicide. Looked at another way, on average, 113 individuals die by suicide each day of the year - or one person about every 13 minutes. Suicide is the 10th most frequent cause of death – ahead of homicide. As large as these numbers are, they likely under-estimate the true magnitude of the problem as they do not reflect

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intentional deaths that have not been reported as suicide. Likewise, these statistics do not reflect non-lethal suicide behavior.

There has been significant focus on the problem of suicide among youth – suicide is the 3rd most common cause of death among our youth and young adults. Youth may be particularly vulnerable to certain life stressors and have not yet developed their personal histories of coping with difficult situations. Considerable attention has also focused on the risk faced by the oldest members of our communities – those people who may be facing multiple and simultaneous losses in the most important parts of their lives. They may experience loss of friends and relations due to illness and aging, along with loss of health, mobility and independence, and sense of purpose and meaning in life.

Most recently the spotlight has focused on the risk of those in the “middle years” – a group which has experienced a spike in suicide risk in recent years. As we have said in these pages, showing someone that we care can be a powerful way to prevent suicide. As the “Take 5 to Save Lives” <http://www.take5tosavelives.org/campaign> states, “your 5 minutes can be a lifeline for someone else”. Become informed, reach out to someone in distress or reach out to others on your own behalf.

Risk During the Adult Years: Middle Years, Men, Seniors

In past years, a spotlight has been shone on the issue of youth suicide and its prevention. While this remains a significant problem – suicide is the 3rd most common cause of death of youth and young adults – a spotlight is now also being shone on adults in their middle years. Recent data has documented the increased and surprisingly high rate of suicide among American adults in their middle years – including the “baby boom” generation. The increase is greatest among men in their 50’s.

Several possibilities have been suggested to explain this increase. Among these are the economic downturn of the past years; the challenge of the “sandwich” generation – caring for aging parents as well as for adult children; easy access to and familiarity with drug use which is associated with overdose; and for some, a disconnect between great expectations for their lives and the realities that they face. Whatever the reasons, shining the spotlight on this part of our community focuses us on the need to address prevention efforts toward them specifically.

Certainly, building connections and supports is an important prevention measure. In addition, the role of primary care physicians cannot be overlooked. A brief screening can go far to identify someone at risk.

If you are concerned about someone you love, take action. The National Suicide Prevention Lifeline is available 24/7 -- by phone at 1-800-273-TALK for crisis services or just to talk.