

Nebraska Prevention of Suicide Training



Curriculum developed through a grant from the
Nebraska Health Care Cash Fund to the
Southeast Nebraska Suicide Prevention Project

Blue Valley Mental Health Center
Community Mental Health Center of Lancaster
County
BryanLGH Medical Center

Objectives

- At the end of this presentation we hope you
 - Understand that suicide is a public health problem
 - Are able to identify ways to protect yourself and others from suicide
 - Are able to identify suicide risk factors
 - Know the red light warning signs for suicide risk
 - Are comfortable offering help to someone at risk for suicide

Myth or Fact???

- ❑ People who talk about suicide don't do it – suicide happens without warning
- ❑ Talking about suicide may give someone the idea
- ❑ Suicide rates are higher for people of low income
- ❑ More men commit suicide than women
- ❑ Once a person is suicidal, he / she is suicidal forever

Myth or Fact???

- Continued

- ❑ If a person really wants to kill him/herself, no one has the right to stop him/ her
- ❑ Most suicides are caused by a single dramatic and traumatic event
- ❑ There is no genetic predisposition to suicide
- ❑ Improvement following a serious personal crisis or serious depression means that the risk of suicide is over
- ❑ People who commit suicide have not sought medical help prior to their attempt

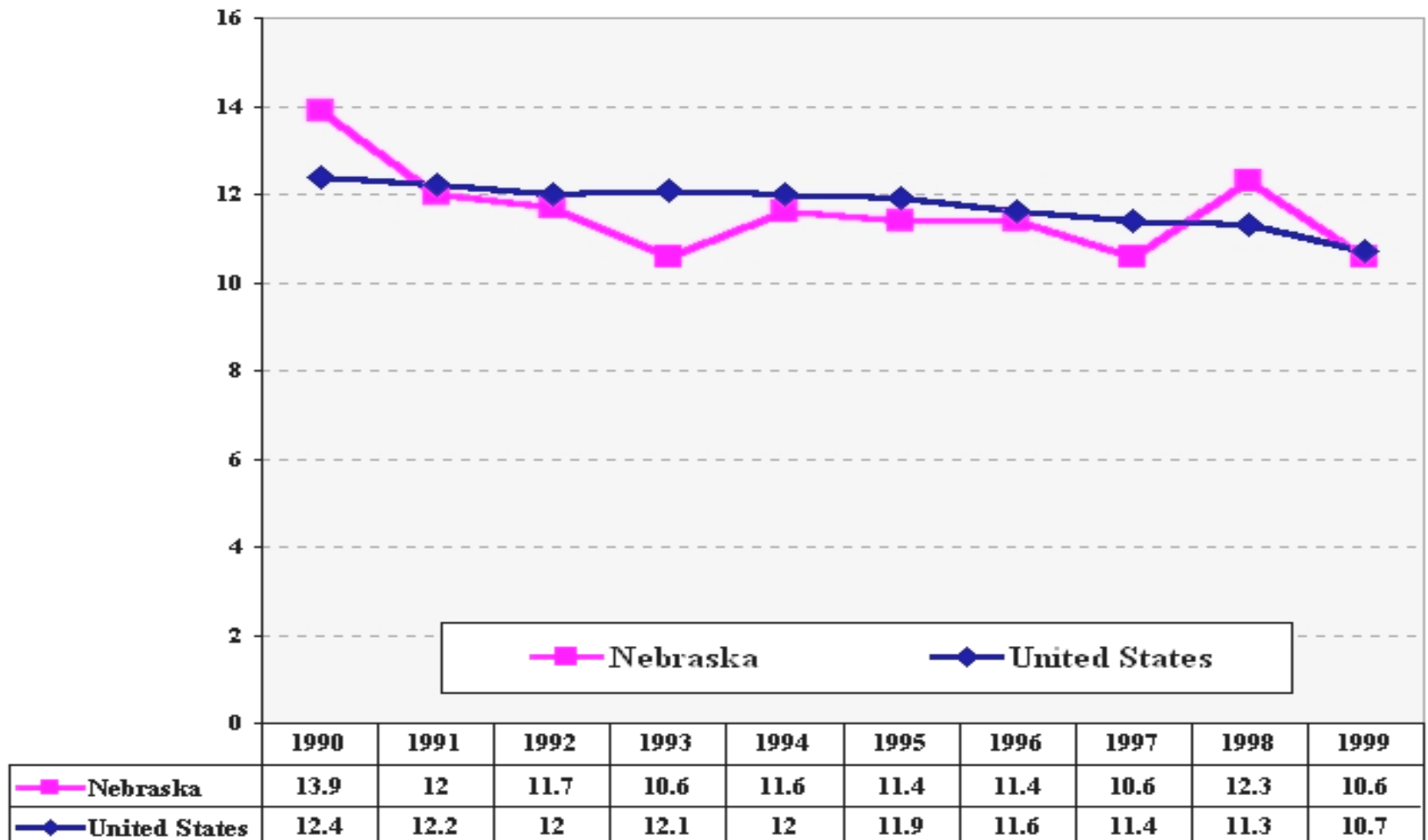
■ Reprinted from the San Francisco Suicide Prevention Web Page www.sfsuicide.org

Common terms used in this presentation

- ❑ Suicide – Intentionally taking one's own life
- ❑ Suicide act – Actions to deliberately injure oneself or attempt to injure oneself without resulting in death.
- ❑ Suicide Behavior – Thoughts, plans, or actions which if implemented could result in death
- ❑ Suicide Survivor – Anyone affected by losing someone close to them by suicide

Suicide in Nebraska

(Per 100,000)



Suicide in America

□ Deaths Annually: 28,332 (2000)

- Death Rate: 10 deaths per 100,000 population (2000)
- Cause of Death Rank: 11th (2000)
- Cause of Death Rank for 5-14 Year Olds: 5th (2000)
- Cause of Death Rank for 15-24 Year Olds: 3rd (2000)
- Cause of Death Rank for 25-44 Year Olds: 4th (2000)

National Vital Statistics Report Volume 49 Number 12

- Nearly 3 of every 5 suicides in 1998 were committed with a firearm.
- Suicide rates increase with age and are highest among Americans aged 65 years and older.
- Men accounted for 83% of suicides aged 65 years and older in 1999
- More people die from suicide than from homicide.

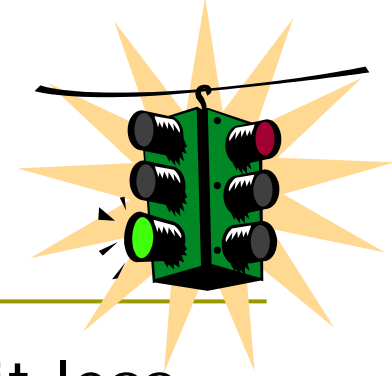
Taken from the CDC Website – www.cdc.gov

Suicide Statistics – Cont.

- “Profile” of the person *statistically* most likely to kill self
 - White Man
 - 80-84 years old
 - Divorced or widowed
 - Abuses alcohol
 - Depressed
 - Socially isolated
 - Has visited a doctor within weeks of the suicide
 - Has a physically limiting disorder
- *Don't rely on profiling for prediction!*
 - Profiles help us see common characteristics
 - There is no typical suicide – Each case is a unique combination of factors

Protection Against Suicide

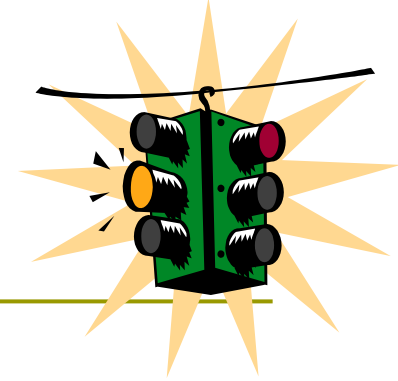
Green Light... Good to Go!



- Protective Factors – Factors that make it less likely that someone will suicide
 - Getting help for mental, physical and substance abuse disorders - Especially depression
 - Restricted access to highly lethal methods of suicide – Especially firearms
 - Family and community support
 - An established relationship with a doctor, clergy, teacher, counselor or other professional who can help
 - **Connectedness** to community, family, friends

Suicide Risk Factors

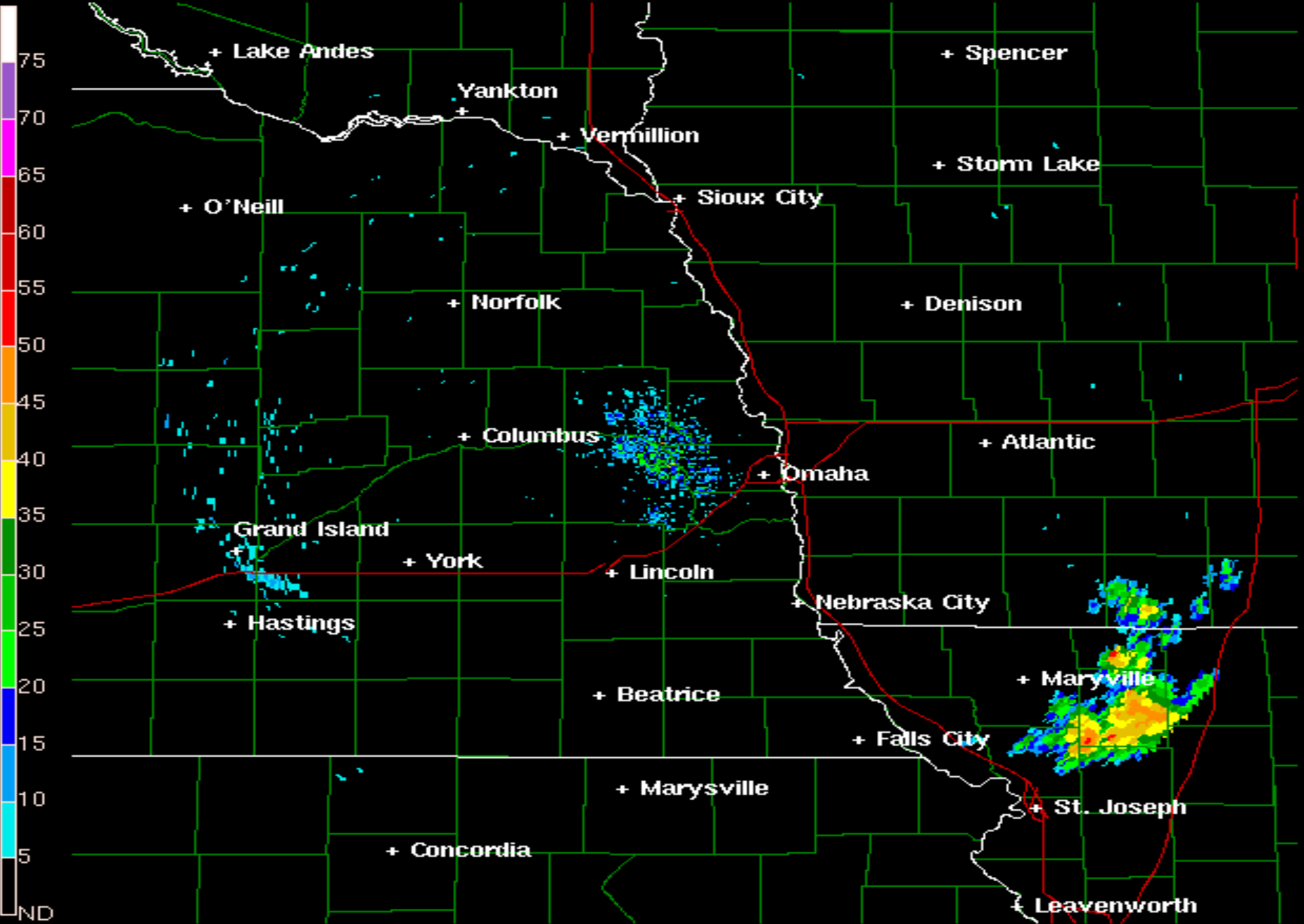
Yellow Light – Proceed with Caution



- Previous suicide act
- Mental disorders-particularly mood disorders
- Co-occurring mental and alcohol and substance abuse disorders
- Family history of suicide
- Hopelessness
- Impulsive and /or aggressive tendencies
- Barriers to accessing mental health treatment
- Relational, social, work, or financial loss
- Physical illness
- Easy access to lethal methods, especially guns
- Age, Culture, Lack of Connectedness
- Substance Abuse



Weather Watch . . .



Depression

Yellow Light – Weather Watch

- ❑ *Not all persons with depression are suicidal, but depression is the most common diagnosis in completed suicide.*
- ❑ Symptoms can include:
 - Feeling sad during most of the day, every day
 - Losing interest in usual activities
 - Losing weight (when not dieting) or gaining weight
 - Sleeping too much or too little or waking too early
 - Feeling tired and weak all of the time

Depression (cont.)

- Feeling worthless, guilty or hopeless
- Feeling irritable and restless all the time
- Having difficulty in concentrating, making decisions or remembering things
- Having repeated thoughts of death and suicide

Adapted from World Health Organization 2000

Abraham Lincoln

Edgar Allen Poe

Robert Schumann

Theodore Roosevelt

Mike Wallace

Mark Twain

WELL KNOWN PERSONS WITH DEPRESSION

Ludwig von Beethoven

Vincent van Gogh

Drew Carey

Virginia Woolf

Dick Cavett

*Taken from material of
the National Alliance for
the Mentally III*

Depression

Yellow Light – Weather Watch

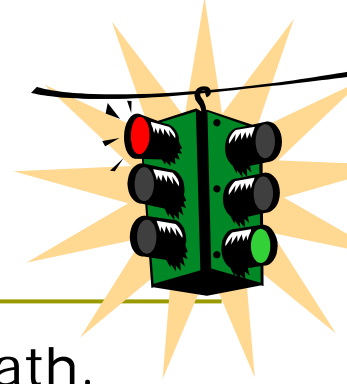
How to help someone who is depressed:

1. Help him / her get appropriate treatment

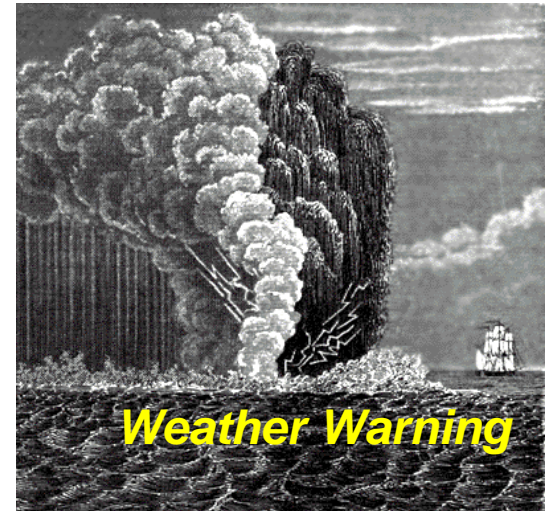
2. Offer emotional support. (Understanding, Patience, Affection, Encouragement)

Suicide Warning Signs

Red Light – Stop – Get Help



- Talking, reading or writing about suicide or death.
- Talking about feeling worthless or helpless.
- Saying things like, "I'm going to kill myself," "I wish I was dead," or "I shouldn't have been born."
- Visiting or calling people to say goodbye.
- Giving things away or returning borrowed items.
- Self destructive or reckless behavior.
- Significant change in behavior
- A sense of hopelessness about their situation



Suicide Warning Signs

Red Light – Stop – Get Help

- Hopelessness – typical hopeless statements:
 - “There is no point in going on”
 - “I can’t take it anymore”
 - “I have nothing left to live for”
 - “I can’t stop the pain”
 - “I can’t seem to make decisions”
 - “I can’t live without _____”
 - “My life keeps getting worse and worse”
 - “I might as well kill myself”



What to do



- ASK THE QUESTION.....
 - "I have the feeling you are thinking about suicide but are having trouble bringing it up."
 - "Are you thinking about suicide?"
 - "Sometimes people in certain situations feel suicidal. Have you been thinking about hurting yourself in any way?"
- LISTEN
 - LISTEN AND LOOK FOR WARNING SIGNS / RISK FACTORS
 - Ask about what is causing the distress
- ASK ABOUT REASONS FOR LIVING AND PLANS THEY HAVE MADE FOR DYING
 - Find out what is important to the person and why they may choose to live
 - "Do you have a plan to kill yourself?"
 - Ask How, Where, When, and if they have the means in place (Do they have a gun/ pills/ rope or whatever they plan to use?)

What to do - *Continued*

■ TAKE ACTION

- Remove means like guns & pills
- Offer your support in obtaining help from a professional
- Don't leave the person alone once you have determined he or she is at risk
- Remind the person that seeking help for depression isn't a sign of weakness and that chances for recovery are excellent

What to do - *Continued*

- What should I say???
- "I hear you"
- "I want to understand"
- "I love you"
- "You are not alone"
- "I am going to get you some help"

What to do - *Continued*

- Listen
 - “You sound very [sad, hopeless, anxious etc]”
 - “It sounds like you have been having a very difficult time”
- Ask questions
 - “Are you thinking about killing yourself?”
 - “Do you feel like harming yourself today? Now? When?”
 - “Have you ever tried to hurt yourself before?”
 - “How serious are you about that today?”
 - “Have you thought of any ways you might do it?”
 - “Have you been drinking?”
 - “Do you have any guns (knives, pills razors) in the house?”
 - “Have you told anyone else how you feel? [doctor, friend, counselor]”

What NOT to do....

- Don't say....
 - "You'll snap out of it"
 - "It's just a phase"
 - "Stop being so selfish"
 - "You're just trying to get attention"
 - "You should pick yourself up by your own bootstraps"
- Don't let them bargain you out of getting them help.

Depression by John McManamy 5/25/99

Suicide Survivors

- Needs of Survivors of Suicide
 - Information about the legal process
 - Facts about situation surrounding the person's death
 - Support from other survivors / Victim-Witness Unit / Social network
 - Permission to talk about the suicide without shame
 - Information about mental disorder and suicide

Resources

- ❑ **Community Mental Health Center of Lancaster County**
 - 24 hr line/mobile assessment 441-7940
 - Crisis Center 441-8276
 - 2200 St Mary's Avenue
- ❑ **BryanLGH Medical Center West**
 - BryanLGH Counseling Center 481-5991
 - 24 hr Nurse 475-1011 or 800-742-7845
 - 2300 South 16th Street
- ❑ **Nationwide**
 - 1-800-SUICIDE (Answered at Boys Town in Omaha)

Resources

- Blue Valley Mental Health Center
 - York /Seward Area Line: 402-362-4133
 - Nebraska City Area Line: 402-873-6691
 - Beatrice Area Line: 402-228-3386

References

- American Foundation for Suicide Prevention (n.d.). *What to do if a loved one may be contemplating suicide*. Retrieved on April 18, 2002, from <http://www.afsp.org/about/whattodo.htm>.

-
- Ashweb Research. (1999, April 10). *Some definitions of suicide*. Retrieved July 2, 2002, from <http://ash.xanthia.com/suidefn.html>.
-
- Cates, Jo. (1996, June 10). *Training and developing the trainer: a selected resource guide*. Paper presented at the 87th Special Libraries Association Annual Conference in Boston, MA. Retrieved May 29, 2002, from <http://iti.acns.nwu.edu/slatran/train7.html>.
-
- Drexler, M., & Giardina, H. (2000, April). *Suicide Prevention: Training, Design and Delivery*. Paper presented at the meeting of the American Association of Suicidology, Los Angeles, CA.
-
- Lieb, S. (n.d.). Adults As Learners [Electronic Version]. *Principles of adult learning*. Retrieved on May 29, 2002, from <http://www.hcc.hawaii.edu/intrnet/committees/FacDevCom/guidebk/teachtip/adults-2.htm>.
-
- McManamy, John. (1999). Managing against tomorrow – suicide part II [Electronic Version]. *Depression* (pages unknown).
-
- Poussaint, A., M.D. (2001, February). *Lay my burden down: unraveling suicide and the mental health crisis among African Americans*. Paper presented at the NOPCAS Suicide Prevention Conference, Boston, MA.
-
- San Francisco Suicide Prevention. (2001, December 15). *Suicide prevention: myth or fact?* Retrieved July 2, 2002, from <http://www.sfsuicide.org/html/quiz.html>.
-
- Silberman, M. (n.d.). Purposeful teaching – design and instruction for adult learners [Electronic Version]. *101 Strategies to Teach Any Subject*. Retrieved on May 29, 2002, from <http://www.rcmp-learning.org/docs/ecdd1140.htm>.

Teenage Risk Factors

- ❑ The three strongest Teen risk factors
 - Depressed mood
 - Substance abuse
 - Impulsive, aggressive behavior, frequent expressions of rage



Latino Teens

- ❑ 1 out of 3 Latina high school students contemplates suicide 1999 National Alliance for Hispanic Health
- ❑ Schools are sometimes unprepared for Spanish speaking students
 - This can result in Latino teens feeling isolated
- ❑ Most research excludes all non-English speakers
- ❑ Latino culture and the importance of the family is often at odds with the American teen culture

Additional Teen Risk Factors

- ❑ Frequent episodes of running away or being incarcerated
- ❑ Family loss or instability; significant problems with parents
- ❑ Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom

Teen Risk Factors Continued

- ❑ Withdrawal from friends and family
- ❑ Difficulties in dealing with sexual orientation
- ❑ No longer interested in or enjoying activities that once were pleasurable
- ❑ Unplanned pregnancy

Teen Risk Factors Continued

- ❑ Adolescents considering suicide generally feel alone, hopeless, and rejected
- ❑ Especially vulnerable to these feelings if they have experienced a loss, humiliation, or trauma of some kind – poor performance on a test, breakup with boyfriend or girlfriend, parents with alcohol or drug problems or who are abusive, or a family life affected by parental discord, separation, or divorce*
- ❑ *A teen still may be depressed or suicidal event without any of these adverse conditions

Teen Warning Signs

- ❑ “Clean house” – give away things, clean room, throw things away
- ❑ After a period of depression might become suddenly cheerful
- ❑ Past suicide attempts = greater risk for future attempts
- ❑ Verbal cues, “I’d be better off dead”, or “I won’t be a problem for you much longer”.

Teen Warning Signs

- Any sudden or dramatic change affecting a child's or adolescent's performance, attendance or behavior should be taken seriously such as:
 - Lack of interest in usual activities
 - An overall decline in grades
 - Decrease in effort
 - Misconduct in the classroom
 - Unexplained or repeated absence or truancy
 - Excessive tobacco smoking or drinking, or drug (including cannabis) misuse
 - Incidents leading to police involvement and student violence

Older Adults

- Older Americans (over age 65) are disproportionately likely to commit suicide than the general population
 - They make up 13% of the population but account for 20% of suicides
- Many older adults who commit suicide have visited their doctor
 - 20% the same day as the suicide
 - 40% within one week
 - 70% within one month

National Institute of Mental Health – Depression & Suicide Facts for Older Adults

Older Adults

- ❑ Depression is not a normal part of aging
- ❑ Depression can be treated effectively with medicine and / or psychotherapy

