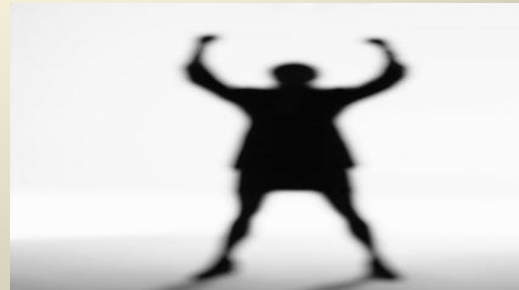


Suicide Prevention It Takes a Community.



Suicide Prevention

- “Opening Minds, Changing Policy and Saving Lives”Suicide Prevention Action Network
- “Our mission is more than preventing death, but to help one live life fully.”SPAN USA



Suicide Prevention

Introduction

Objectives:

By participating in this training you will learn:

- The scope and importance of suicide prevention
- The negative impact of myths and misinformation
- How to identify a person at risk
- How to effectively communicate with a person who is suicidal
- How to gain information to help an individual
- How to refer a patient for evaluation and treatment
- How to identify environmental of care risk factors

Suicide Prevention

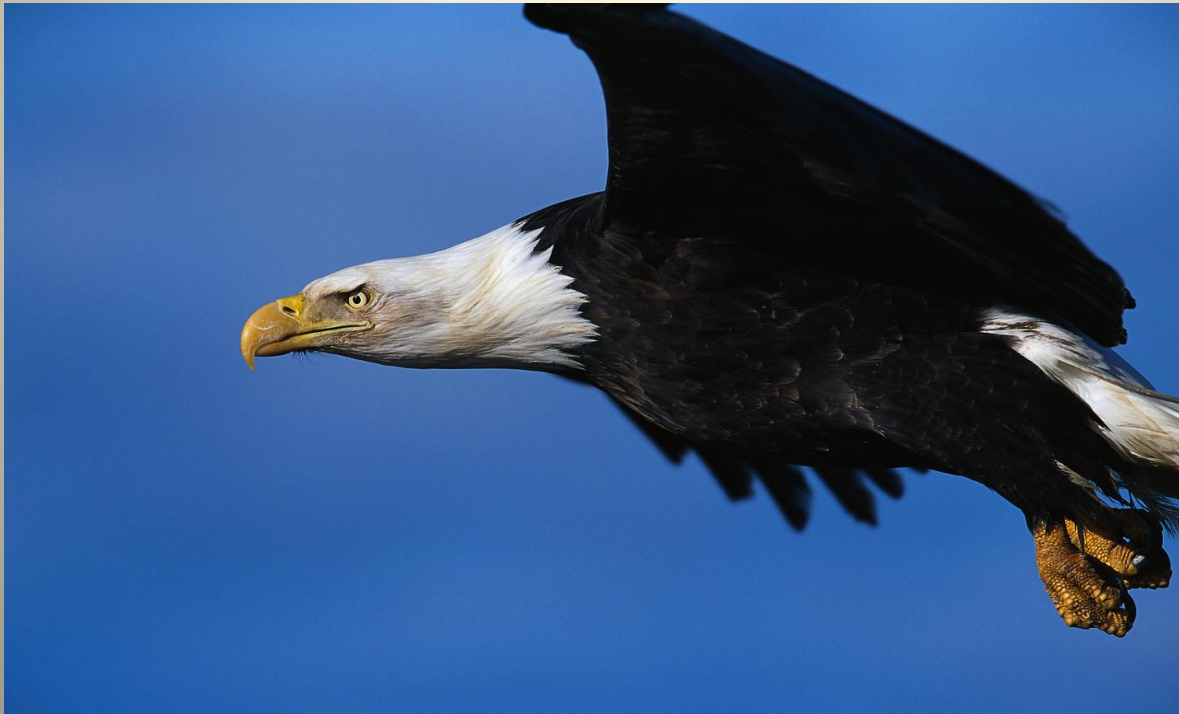
危機

Danger

Opportunity

Suicide Prevention

- Story of the Eagle



Suicide Prevention

- One of the ways to bring about change is the Safety Plan:



Revisit Crisis being a danger and an opportunity.

Suicide Prevention

Brief Overview

Suicide in the U.S. (2006 CDC data)

Suicide is the **eight** leading cause of death for all ages:

- 38000 suicides occur each year in the U.S.
- 12.4 deaths per 100,000 people
- Approximately twice as high as the homicide rate 5.5%
- 105.1 deaths by suicide occur each day
- One death by suicide occurs every 13.7 minutes
- 24% of the US Population has considered suicide
- There are 959,100 suicide attempts each year
- 13.8 million people in the US will attempt suicide in their lifetime.
- Highest Rates: Western/Northwestern Regions (Wyoming and Alaska) Lowest Rates: (New York/District of Columbia)
- Reducing Suicide is a National Imperative.

Brief Overview

- About 60% of all deaths by suicide involve the use of guns. More people are killed by guns through suicide than murder.
- 50% of all deaths by suicide are drug and/or alcohol related. A majority of those who die by suicide are profoundly depressed. Combining depression with alcohol is particularly lethal.
- Relatives of people who die by suicide are five times more likely to attempt suicide as people from other families.
- An improvement in mood, following a personal crisis or serious depression does not mean that the risk of suicide has passed.
- Talking to friends, relatives and/or professionals can be helpful to those who are suicidal.
- 80% of all suicide victims try to communicate their distress prior to their death.

Suicide Prevention

- Brief Overview/Suicide Attempts.
 - There are 959,100 (overall) suicide attempts each year
 - 13.8 million people in the US will attempt suicide in their lifetime.
 - A new national study shows that from 2005 to 2009 there was a 55 percent increase in emergency department visits from drug related suicide attempts by men aged 21 to 34.
 - There were 19024 visits in 2005 to 29407 (above age group) visits in 2009.
 - Emergency Department visits for suicide attempts among males aged 35 to 49 involving narcotic pain relievers almost doubled from 2005 to 2009, while the numbers tripled among men 50 and older.

Suicide Prevention

Brief Overview

The Face of Suicide in the U.S.(SAMHSA, 2009)

Gender -Men take their lives at nearly four times the rate of women. Males account for 79% of all suicides.

Females attempt suicide 3 times more often than males.

Age - Suicide is the second leading cause of death among 25-34 year olds and the third leading cause among 15-24 year olds

Persons age 45-54 have the highest rate of suicide per any age group, (20 per 100,000 vs. 11.3)

Persons aged 65 years and older have also have a high suicide rate of (14.3 per 100,000 vs. 11.3 (National avg.))

One older adult commits suicide every 90 minutes

For every Suicide there at least 6 survivors.

Suicide Prevention

Myths and Misinformation

Myth: Asking about suicide may lead a person to commit suicide

Reality:

- Asking a person about suicide does not create suicidal thoughts any more than asking about chest pain causes angina.
- The act of asking the question simply gives a person permission to talk about his or her thoughts and feelings.

Suicide Prevention

Myths and Misinformation

Myth: There are 'talkers' and there are 'doers'.

Reality:

- People who talk about suicide must be taken seriously.
- Talking about suicide is an important warning sign that further mental health evaluation is necessary.

Suicide Prevention

Myths and Misinformation

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

Reality:

- Individuals who have survived serious suicide attempts have clearly stated that they wished someone had shown an interest.
- By supporting some one to get help, you've gone a long way toward saving a life.

Example of a prevented suicide

- Example of a Prevented Suicide
- "What you say can mean life or death." Pr 18:21 NCV
- To honor her students, a teacher gave each a ribbon that stated, "Who I am makes a difference," and asked them to pass it along to someone who'd made a difference in their lives. One kid gave his to a young executive who helped him plan his career. He in turn gave it to his boss, who was hard to get along with. He told him how much he'd been influenced by his creativity, and asked him to give the ribbon to somebody he admired. That night the boss told his fourteen-year-old son, "I've thought about who I want to honor—and it's you. My days are hectic, and I'm always complaining about your grades and your messy bedroom. Tonight I want to let you know the difference you've made in my life. Besides your mother, you're the most important person I know, and I love you." Fighting back tears, the boy replied, "Earlier today I wrote a letter explaining why I'd taken my life, and asking you to forgive me. I was going to do it when everybody was asleep. I didn't think you'd care. I guess I won't need the letter now." Upstairs in his son's room the father found the anguish-filled note beside a loaded gun. Words change lives: "What you say can mean life or death." So go out of your way today to speak words of encouragement to somebody you don't normally think about.

Suicide Prevention

Myths and Misinformation

Myth: Someone won't commit suicide because...

- she has young children at home
- he has made a verbal or written promise

Reality:

- The intent to die can override any rational thinking.
- A n individual who is suicidal must be taken seriously and referred for evaluation and treatment.

Myths and Misinformation about Suicide

- Cowardice
- Impulsivity
- Weakness
- Revenge
- Selfish Act.

Suicide Prevention

- New River Gorge Bridge

Fayetteville, West Virginia, United States

876 feet high / 267 meters high

1,700 foot span / 518 meter span

1977



Suicide Prevention

Suicide Risk Factors

- Factors that may *INCREASE* risk
 - Current ideation, intent, plan, access to means
 - Previous suicide attempt or attempts
 - Alcohol/Substance abuse
 - Previous history of psychiatric diagnosis
 - Impulsivity and poor self control
 - Hopelessness-presence, duration, severity
 - Recent losses-physical, financial, personal
 - Recent discharge from an inpatient unit
 - Family history of suicide
 - History of abuse (physical, sexual or emotional)
 - Co-morbid health problems, especially a newly diagnosed problem or worsening symptoms
 - Age, gender, race (elderly or young adult, unmarried, white, male, living alone)
 - Same-sex sexual orientation

Suicide Prevention

Environmental Risk Factors

- 1500 inpatient suicides per year in the U.S.
- Inpatient suicide rates estimated to be 5-80 per 100,000 psychiatric admissions in U.S.
- Second most common JC sentinel event
- Physical environment a root cause in 84% of JC sentinel event inpatient suicides.
- Hanging is the most common method reported in JC (75%) literature and in the VA (30.8%).
- 50% of suicide by hanging were NOT fully suspended – using anchor points below the head.

Suicide Prevention

Reducing Environmental Risk Factors

- Eliminate structures that are capable of supporting a hanging object
 - Plumbing, ductwork, fire sprinkler heads, curtain or clothing rods, hooks, shower heads and controls, doors, hinges, door handles, light fixtures
- Include structures close to the floor
 - Towel bars, grab bars, toilet/sink plumbing & faucets, projections and side-rails on beds
- Reduce strangulation devices
 - Drapery cords, belts, shoe laces, ties, kerchiefs, bathrobe sashes, drawstring pants, coat hangers, call cords, privacy curtains, trash can liners. Very hard to eliminate all of these e.g. sheets.

Suicide Prevention

Reducing Environmental Risk Factors

- Reduce access to dangerous objects
 - Contraband check, medications, objects provided by roommates and visitors, cleaning supplies, electrical outlets, stoves, breakable furniture
- Reduce access to sharps
 - Any breakable glass or tiles, razors, flatware, light bulbs, wires or springs, dishes, scissors
- Reduce opportunities to jump
 - Windows, balconies, walkways, roofs

Suicide Prevention



- **Signs of suicidal thinking**
- **Ask questions**
- **Validate a patient's experience**
- **Encourage treatment and Expedite getting help**

Suicide Prevention

Importance of identification

- There are a number of warning signs and symptoms.
- Some of the signs are obvious but others are not.
- When you recognize one of these signs, it's **critically** important to ask someone if he or she is thinking of suicide.

Suicide Prevention

Signs of suicidal thinking

Acute Warning Signs and Symptoms:

- Threatening to hurt or kill self
- Looking for ways to kill self
- Seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide

Suicide Prevention

Signs of suicidal thinking

Additional Important Warning Signs:

- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities
- Feeling trapped
- Increasing drug or alcohol abuse

Suicide Prevention

Signs of suicidal thinking

Additional Important Warning Signs:

- Withdrawing from friends, family and society
- Anxiety, agitation
- Dramatic changes in mood
- Feeling there is no reason for living, no sense of purpose in life
- Difficulty sleeping or sleeping all the time
- Giving away possessions

Suicide Prevention

Asking the question

Know how to ask the most important question of all:

“Are you thinking of ending your life.”



Suicide Prevention

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

Suicide Prevention

Asking the question

DON'T ask the question as though you are looking for a "no" answer. "You aren't thinking of killing yourself are you?"

DON'T wait to ask the question when the patient is halfway out the door

Suicide Prevention

Ask the question

Things to consider when you talk with the Veteran:

- Remain calm
- Listen more than you speak
- Maintain eye contact
- Act with confidence
- Do not argue
- Use open body language
- Limit questions-let the person do the talking
- Use supportive - encouraging comments
- Be honest –there are no quick solutions but help is available

Suicide Prevention

Validate the Veteran's experience

Validation means:

- Acknowledging someone's feelings
- Recognizing that the situation is serious
- Not passing judgment
- Reassuring him or her that you are here to help

Suicide Prevention

Encourage treatment and Expedite getting help

Reassure the Veteran that:

- Treatment is available
- Getting help for suicide is like getting help for any medical problem
- Everyone has the right to care
- Even if they have had treatment before, it's worth it to try again

Suicide Prevention

Tips for expediting a referral:

- Get to know the referral process in your facility
- Know barriers in your facility, i.e., no acute psychiatry available in this facility
- If you don't know the answer to a question the patient asks, let them know that you will help find the answer

Suicide Prevention

Encourage treatment and Expedite getting help

Safety Issues

- Never try to negotiate with a person who has a gun-**call security/police**
- If a Veteran has taken pills or cut him or herself-**call security/police**
- If a Veteran runs away-**call security/police**
- If you are speaking with a suicidal Veteran located at your facility **call security/police**. If they are located outside your facility call 911.
- Know your facility process for referring Veterans for treatment

Remember:

When a Veteran at risk for suicide leaves your facility, provide suicide prevention information to the Veteran and his or her family.

This includes:

Providing the number to the VA Suicide Prevention Hotline

1-800-273-8255 and Press 1 for Veterans

Providing VA Suicide Prevention brochures

Suicide Prevention

Operation S. A.V. E.

Operation **S. A. V. E.** can save lives by helping you recognize:

Signs of suicidal behavior

Asking the question, “Are you thinking of killing yourself?”

Validating the veteran’s experience and

*Encouraging treatment and **Expediting** referral*

Suicide Prevention

By participating in this training you have learned:

- The scope of the problem of suicides in the US population
- The importance of suicide prevention
- The negative impact of myths and misinformation
- How to identify someone who may be at risk
- Some of the signs and symptoms of suicidal thinking
- How to effectively ask the most important question of all
- How to gain information to help someone
- How to refer a someone for evaluation and treatment
- How to reduce environmental risk factors

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