

Presenter(s): Tia Sharpe

Description: A community-based presentation that covers the general scope of suicide, the research on prevention, and what people can do to fight suicide.

American Foundation for Suicide Prevention

- * Suicide is a health issue
- * This is a preventable ~illness (not exactly illness)
- * As with many health issues, there are frequently warning signs and there are interventions that can help get someone through the period of high risk and into a healthier situation

Statistics

- * Over 800,000 people die by suicide each year (global)
 - * some countries do not report suicide accurately so this number is probably very low
- * 10th leading cause of death in US—44,193 in 2015
- * For every suicide, 25 others attempt suicide—about 1 million Americans annually survive a suicide attempt
- * Most Americans will experience a suicide loss during their lives
 - * asp.org/survivingsuicideloss
- * Suicide cost in US was \$51 billion in lost wages and productivity because of suicide in 2015

Research

- * There is no single reason people die by suicide—there are multiple intersecting factors
 - * feeling of hopelessness and despair
- * 9/10 people who die by suicide have a mental health condition contributing to their death
 - * mental health conditions are much more common than suicide
- * The brains of suicide victims vary structurally and functionally from others in areas of stress response and impulse control
- * Most people who attempt suicide are ambivalent about death—support can sometimes look like helping folks engage with the part that wants to live and increase salience of reasons to live
 - This does not mean telling them about reasons to live, which will not be effective
- * The Perspective of a Suicidal Person
 - * Is at a crisis point
 - * Pain (physical or emotional) seems unbearable
 - * Thinking becomes limited
 - * imagine your most painful experience—would you have been able to give someone directions to your home during childbirth or while experiencing a broken bone?
 - * Help people feel supported, help them put time and distance between person and means to die
- * Goals of Research
 - * Identify bio markers, interventions, psycho therapies, and medications that will reduce suicide.
- * Risk factors

- * health

- * Mental health

- * Depression

- * bipolar (high risk but less common than depression)

- * anxiety disorders

- * personality disorders

- * psychosis

- * substance use disorders

- * If you feel concerned about mental health as a risk factor, seek care from a

professional

- * Physical health

- * serious or chronic pain/illness

- * head injury

- * historical

- * Personal/family past

- * family history of suicide

- * sexual abuse or combat stress

- * previous suicide attempts

- * childhood abuse

- * family history of mental health conditions

- * environmental

- * Societal/cultural factors

- * access to lethal means

- * gun, drugs, bridge, car, etc

- * life events

- * exposure or contagion

- * including graphic access to another person's suicide

- * prolonged stress

- * stressful life event

* When someone dies by suicide they frequently focus on only a stressful life event but suicide reflects a collection of factors contributing. Stressful life events probably do not cause suicide on their own.

LGBT & Suicide

- * Between 5.2 and 9.5 millions identify as LGBT

- * LGB youth and adults 2-4x higher suicide rates

- * T youth & adults 8x higher suicide rate

- * Identity information not necessarily collected, so this is unclear

- * Why are LGBTQ+ people at higher risk?

- * It's not biological.

- * Marginalization causes people to experience adverse life events and stressors more often

- * discrimination

- * violence

- * family rejection
- * internalized homophobia/transphobia
- * Protective factors
 - * companionship & connection is one of the most powerful protective factors
 - * Mental health care
 - * family & community support
 - * problem-solving skills
 - * cultural & religious beliefs

Prevention

- * Protective factors can erode during stressful life periods or adverse events—increasing that support in tough times is helpful
- * Positive coping skills are important
- * Cultural & religious beliefs that discourage suicide and create a sense of connection and purpose is positive
- * time is one of the biggest factors in prevention—in most cases, disrupting access to the specific means they want to use will stop them from attempting suicide. People do not switch to other means.

Getting treatment

- * Less than half of people with mental health conditions (2/5) seek mental health care
- * Frame seeking help as a sign of strength, responsibility
- * A combination of meds and psychotherapy are the most effective on a macro level, but different strategies work with different people
- * healthy diet, exercise, good sleep, and stress management are protective
- * limiting access to means and creating a safe environment for a high-risk period is effective
 - * CO sensors in cars, barriers to bridges, blister packaging for dangerous meds, and locking firearms are all effective
 - * basically being *inconvenienced* is enough.
- * Support for loss survivors and those with lived experience is crucial

What can you do?

- * Have a conversation
 - * watch for warning signs
 - * reach out
 - * seek help

Warning signs

- * Talk
 - * About ending their life
 - * having no reason to live
 - * being in unbearable pain
 - * maybe a “joke”
- * Behavior

- * more alcohol/drugs
- * recklessness
- * insomnia
- * withdraw from activities
- * isolate from family and friends
- * looking for means
- * giving away possessions
- * mood
 - * Depression
 - * anxiety
 - * rage
 - * apathy
 - * irritability
 - * humiliation
 - * impulsivity
 - * agitation
 - * desperation

Trust your instincts. Assume you are the only person who will reach out to the person—don't leave it to someone else. If you worry someone is depressed and anxious, always reach out, and keep trying.

How to reach out

- * Talk in private
- * listen to their story
- * express concern and caring
- * ask directly about suicide
- * encourage them to seek mental health services
- * AVOID:
 - * minimizing their feelings
 - * trying to convince them that life is worth living—they are not thinking clearly, and these conversations tend to be really philosophical
 - * advice to fix it—this stuff is not useful during an active crisis, like telling a person in cardiac arrest to eat well and exercise

If you think they might make an attempt soon

- * Help them make their space safer
- * Take them to an ER
- * Help them connect with a lifeline or mental health service

Suicide Prevention Lifeline - 1-800-273-TALK

Crisis Text Line - 741-741

If an attempt is in progress, always call 911

AFSP.org

How do we talk to people who have a sense of non-crisis inevitability about suicide?

Encourage them to seek help

Sometimes when people are struggling, feeling that ultimately they will die by suicide can reduce daily stress. Encourage them to instead engage with their daily stress.

We don't want to get into the philosophical value of life.

What do you say if not talk about why life is worth living?

Listen to their feelings and validate what they're going through?

Can you conference call the Lifeline?

Maybe.

There is current legislation going through to make the national suicide prevention lifeline to a three-digit number like 911

Do the operators have specific training for engaging with LGBT+ communities?

"I feel like they would have to"

People who wouldn't be good "would be weeded out"