
Suicide Prevention 101

— Kristin Vernon, LSCSW —

Headquarters, Inc



- National Suicide Prevention Lifeline Crisis Center
- Open since 1969
- Student Clinic providing therapy sessions
- Online chat service at www.headquarterscounselingcenter.org

Kansas
Suicide
Prevention
RESOURCE CENTER

- Providing suicide prevention training and technical assistance to communities across the state
- Online resources at www.kansassuicideprevention.org

Learning Objectives

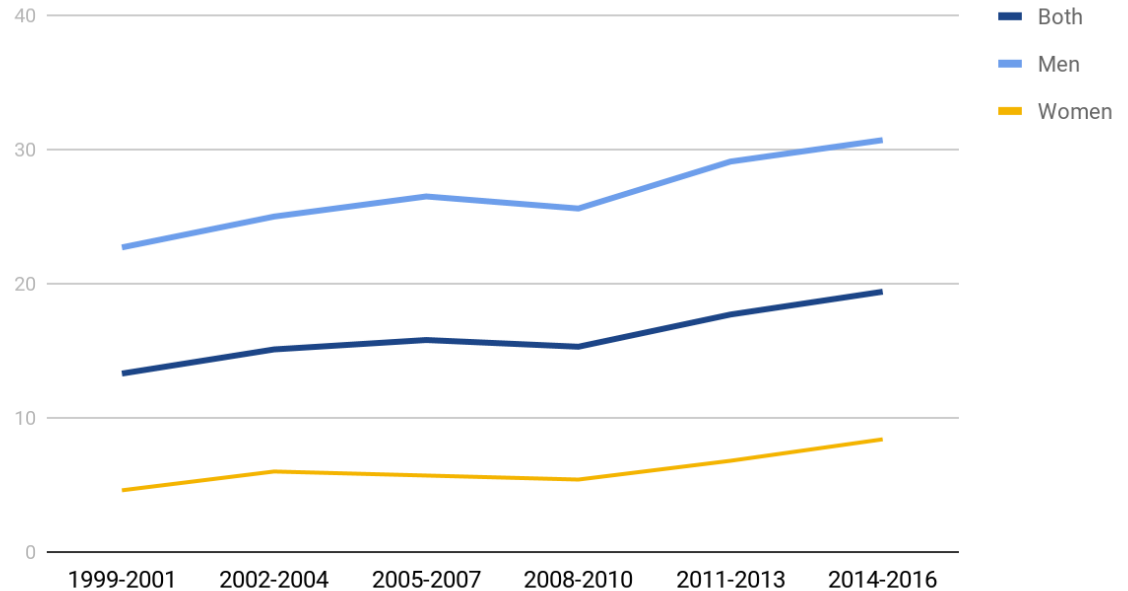
1. Familiarize participants with risk factors and warning signs for suicide.
2. Teach participants which intervention strategies are helpful for a person at risk of suicide, and how to think about sharing these with a community.
3. Identify protective factors and additional resources for supporting persons at risk of suicide.

Why are we reluctant
to talk about suicide?

CDC reports Suicide Deaths across States

- KS had the 5th largest increase in suicide deaths between 1999-2016 (45%)
- 54% of the suicide deaths investigated did **not** have a known mental health condition at the time of death
- 17.8 suicide deaths per 100,000 in 2016

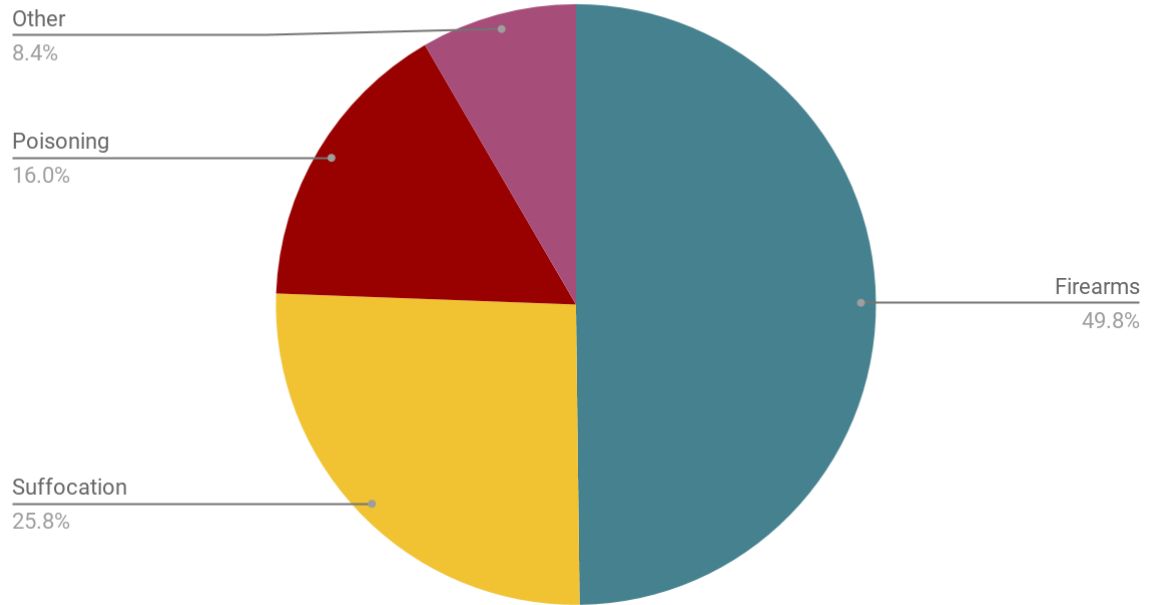
Suicide Death Rate Per 100,000



Means Matter

- Women attempt up to 4x's more often than men
- Men die far more frequently by suicide
- Factors like restrictive emotionality and emphasis on success, money and power may be associated with men's use of more lethal means

Cause of Death by Method

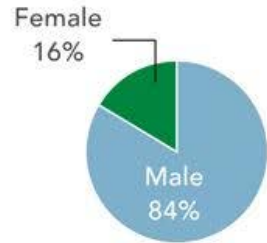


Differences exist among those with and without mental health conditions.

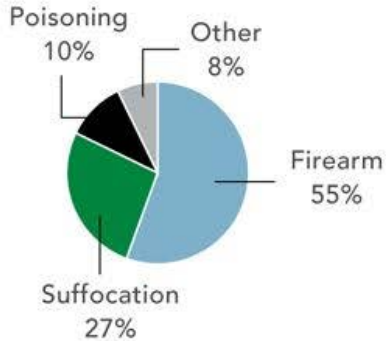
People without known mental health conditions were more likely to be male and to die by firearm.

No known mental health conditions

Sex

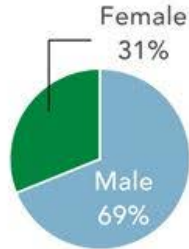


Method

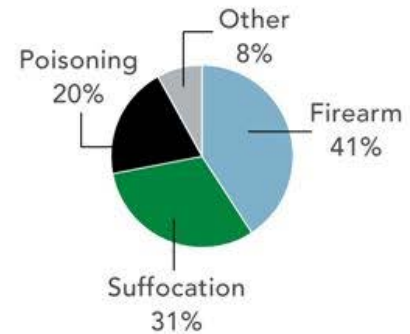


Known mental health conditions

Sex



Method



Differences exist among those with and without mental health conditions. People without known mental health conditions were more likely to be male and to die by firearm.

Many factors contribute to suicide among those with and without known mental health conditions.



Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

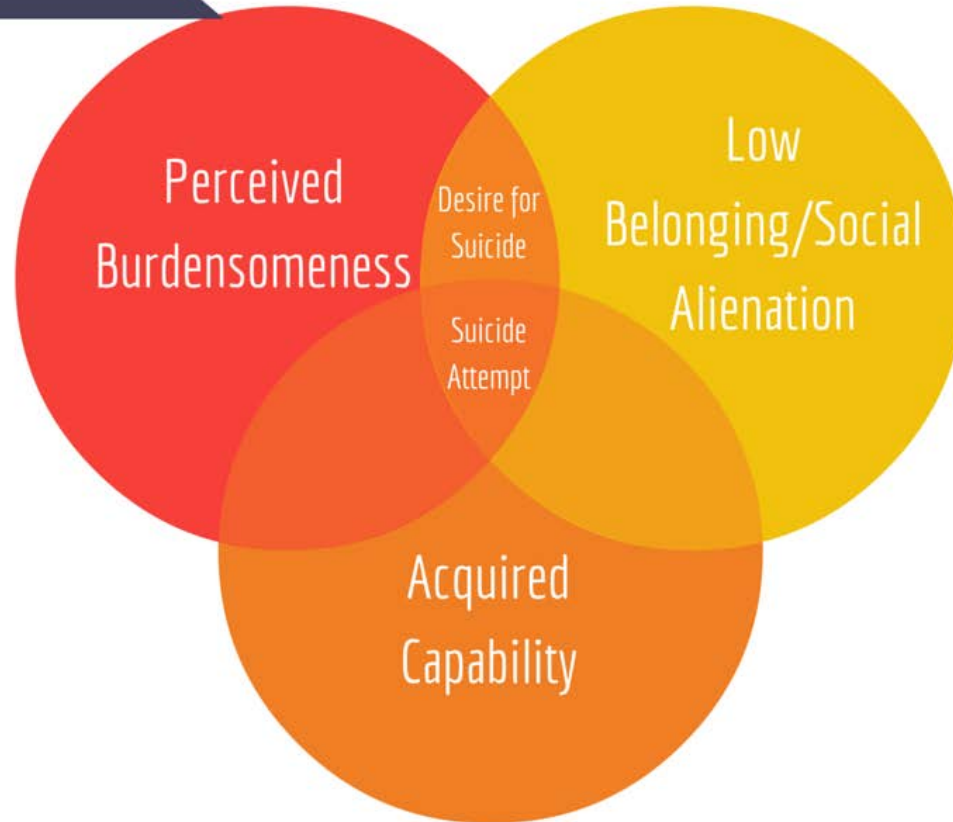
SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.

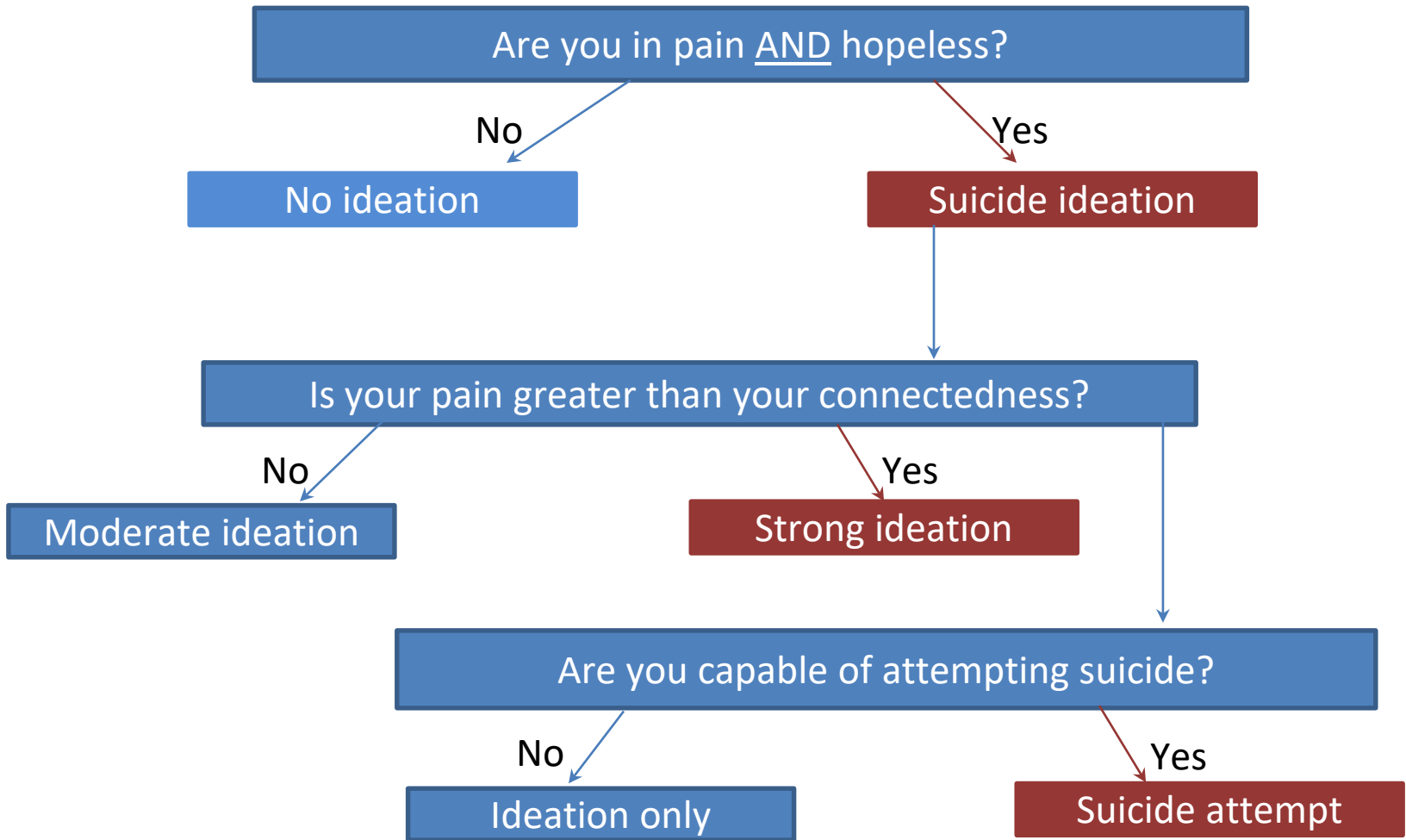
Many factors contribute to suicide among those with and without mental health conditions

Suicide is Complex

More investigation will be needed to understand the increasing suicide death rate trend

Suicide prevention has often prioritized identifying suicidal individuals and treatment of mental health conditions. The information from the CDC report shows that more upstream work is needed due to the large percentage of suicide deaths which occurred when no mental health condition was identified.





Biological

Gender: Male

Middle Age

Reading Disability

Sexual orientation

Conduct Disorder

Impulsivity

Aggressiveness

Family History of Depression

History of Mental Illness

Social/ Environmental

Physical or sexual abuse

Witnessing/experiencing childhood trauma

Pressure to be a good student/athlete

Easy access to lethal methods (guns)

Isolation (lack of connectedness)

Recent Traumatic Event

Poor familial communications

Romantic difficulties for older youth

Prior suicide attempt

Physiological

- Mental Health or psychiatric illness
 - Low self esteem
- Medical Illness
 - Chronic pain and HIV increase risk
- Self Harm & Self Destructive behavior
 - Cutting, eating disorders, etc
- 50% of people who die by suicide have alcohol or drugs in their system upon death

Warning Signs for Suicide

- Take note when you see these in yourself or someone else
- Significant changes in behavior
- Appetite, sleep, concentration, hygiene
- Increasing use of alcohol, drugs, or other risky bx
- Extreme mood swings, increasingly anxious or agitated
- Withdrawal, isolation
- Experience of loss – relationship, self-esteem, sense of belonging
- Negative thoughts – “this will never end,” “I’m trapped”
- Painful feelings – shame, despair, anger, sadness, rejection

Imminent Warning Signs

- Talks or writes about suicide
- Has a plan
- Expressing hopelessness about the future
- Making Preparations for suicide
 - Giving away of treasured belongings
 - Sorting out care of pets or loved ones
 - Writing a suicide note
 - Looking for means to attempt suicide

So how do we help?

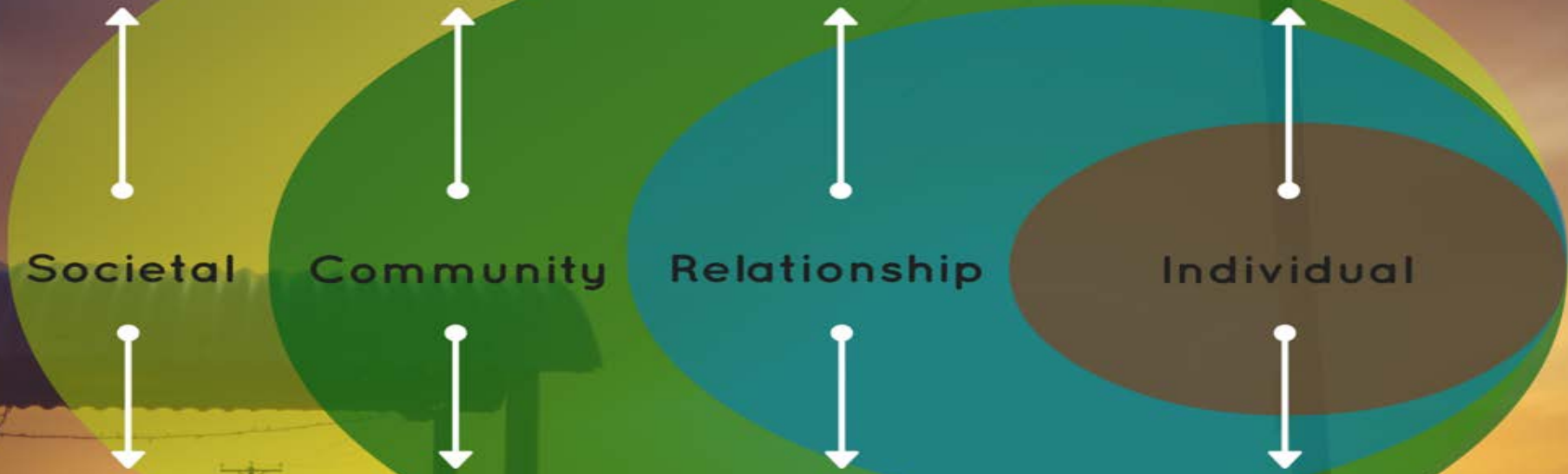
- Availability of physical and mental health care
- Restrictions on lethal means of suicide

- Safe and supportive school and community environments
- Sources of continued care after psychiatric hospitalization

- Connectedness to individuals, family, community and social institutions
- Supportive relationships with health care providers

- Coping and Problem Skills
- Reasons for living (e.g., children in the home)
- Moral objection to suicide

Protective Factors



Availability of lethal means of suicide
Unsafe media portrayals of suicide

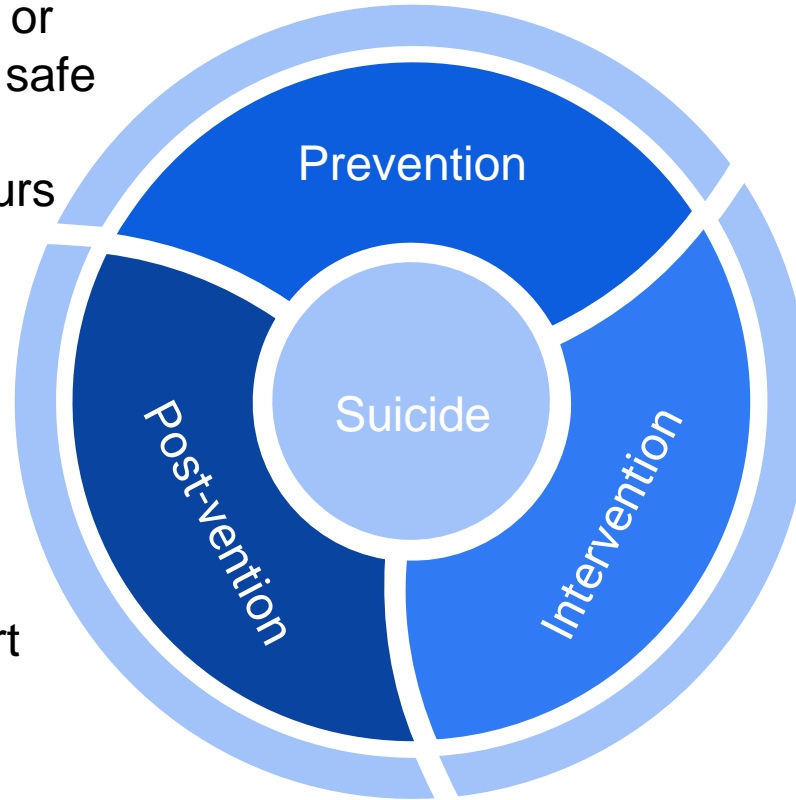
Few available sources of supportive relationships
Barriers to health care (e.g., lack of access to providers or medications, prejudice)

High conflict or violent relationships
Family history of suicide

Mental Illness
Substance Abuse
Previous suicide attempt
Impulsivity/aggression

Risk Factors

Help to prepare communities or people to be safe from suicide before it occurs



Activities that happen after a suicide to support those who are affected

Actions that help to support those who are already at risk of suicide

Prevention

- Social skill development groups
- Activities that promote community connectedness
- Dissemination of means restriction information
- Promotion of the National Suicide Prevention Lifeline
- “Gatekeeper” training



GateKeeper Training

- Shares risk factors and warning signs
- Prepares people to recognize those at risk of suicide
- Gives information about how to ask directly
- Builds connections to longer term help





Intervention

- Suicide Intervention skills training
- Support for evidence-based treatment for suicide risk
- Zero Suicide
- Adequate access to healthcare

Suicide Intervention Basics

- Share specific concerns
- Ask about suicide directly
- Listen, non-judgmentally
- Make environment safe (restrict access to means)
- Connect person to the next helper
- Check back in with the person
- National Suicide Prevention Lifeline: 800-273-8255

Postvention

- Community response plan for a suicide
- Suicide Loss Survivor Support Groups
- Suicide Attempt Survivor Support Groups
- Safe Media reporting Guidelines



More Resources

Kansas Suicide Prevention Resource Center

www.kansassuicideprevention.org

Kansas Suicide Prevention State Plan

SPRC.org

Kansas Prevention Collaborative