Suicide Prevention Overview
Suicide Risk Factors

- Mental health disorders, in particular:
  - Depression or bipolar (manic-depressive) disorder
  - Alcohol or substance use disorder or dependence
  - Schizophrenia
  - Post traumatic stress disorder
  - Borderline or antisocial personality disorder
  - Conduct disorder (in youth)
  - Psychotic disorders and/or symptoms
  - Anxiety disorders
  - Impulsivity and aggression
Suicide Risk Factors

• Previous suicide attempt
• Family history of attempted or completed suicide
• Serious medical condition and/or pain
• The large majority of people with mental health disorders or other suicide risk factors do not engage in suicidal behavior
Environmental Factors

• Some people with major risk factors can be at increased risk due to environmental factors
  • A highly-stressful life event
  • Prolonged stress due to adversities
  • Exposure to another person’s suicide, or to graphic or sensationalized accounts of suicide
  • Access to lethal methods of suicide
Factors that Lower Risk

• Receiving effective mental health care

• Positive connections to family, peers, community, and social institutions such as marriage and religion that foster resilience

• Skills and ability to solve problems
Suicide Risk by Gender

• Seventh leading cause of death for males and fifteenth leading cause for females (2007 data)
• Four times as many males as females died by suicide
• Firearms, suffocation and poison were the most common methods of suicide
• Males were more likely to use firearms
• Females were more likely to use poison
Suicide Risk by Gender

• Five times as many males as females ages 15 to 19 died by suicide

• Six times as many males as females ages 20 to 24 died by suicide
Suicide Risk by Age

• Older Americans are disproportionately likely to die by suicide
  ○ 14.3 of every 100,000 people ages 65 and older died by suicide in 2007 compared to 11.3 in the general population
  ○ 47 of every 100,000 non-Hispanic white men 85 or older died by suicide
Level of Suicide Risk

• Low: Some suicidal thoughts, no plan; says he or she won't complete suicide

• Moderate: Suicidal thoughts, vague plan not very lethal; says he or she won't complete suicide

• High: Suicidal thoughts, specific lethal plan; says he or she won't complete suicide

• Severe: Suicidal thoughts, specific lethal plan; says he or she will complete suicide
Warning Signs

• Talking about wanting to kill themselves or saying they wish they were dead

• Looking for a way to kill themselves, such as hoarding medicine or buying a gun

• Talking about a specific suicide plan

• Feeling hopeless or having no reason to live

• Feeling trapped or desperate, or needing to escape from an intolerable situation
Warning Signs

• Having the feeling of being a burden to others
• Feeling humiliated
• Having intense anxiety and/or panic attacks
• Losing interest in things, or losing the ability to experience pleasure
• Insomnia
• Acting irritable or agitated
Warning Signs

• Becoming socially isolated and withdrawn from friends, family and others

• Showing rage, or talking about seeking revenge for being victimized or rejected
Common Misconceptions

• People who talk about suicide won't really do it
• Anyone who tries to complete suicide must be “crazy”
• If a person is determined to complete suicide nothing is going to stop them
• People who complete suicide were unwilling to seek help
• Talking about suicide may give someone the idea to act on it
Helping a Suicidal Person

• Mental Health First Aid
  o Assess for risk of suicide or harm
  o Listen nonjudgmentally
  o Give reassurance and information
  o Encourage appropriate professional help
  o Encourage self-help and other support strategies
Helping a Suicidal Person

- Get professional help
- Follow-up on treatment
- Be proactive
- Encourage positive lifestyle changes
- Make a safety plan
- Remove potential means of suicide
- Continue your support over the long haul
When Talking to a Suicidal Person

DO:
• Be yourself
• Listen
• Be sympathetic, non-judgmental, patient, calm and accepting
• Offer hope
• Ask if the person is having thoughts of suicide
When Talking to a Suicidal Person

DO NOT:

• Argue with the suicidal person
• Act shocked, lecture on the value of life, or say that suicide is wrong
• Promise confidentiality
• Offer ways to fix their problems, give advice, or make them justify their suicidal feelings
• Blame yourself
Telephone Resources

Alliance Health Behavioral Health Crisis Line
877-223-4617
24 hours a day, 7 days a week

988 Suicide and Crisis Lifeline
24 hours a day, 7 days a week
Callers have the option to speak with a Peer Support Specialist, someone living in recovery from mental illness and/or substance use disorder