

Supporting Those at Risk for Suicide

Modern Assistance Programs

April 5, 2019



Samaritans Programs & Services



Prevention

COMMUNITY
EDUCATION & OUTREACH



Intervention

CRISIS SERVICES



Postvention

GRIEF SUPPORT SERVICES

Suicide Facts & Figures

47,173 people die by suicide annually in the U.S., with more than 1.3 million attempts nationwide

638 suicides reported in MA

90% have *diagnosable* mental health conditions at the time of death, though over half did not have *known diagnosed* mental health condition at the time of death

10th leading cause of death overall for all ages



Highest suicide rate is among adults aged 45-64, particularly white males, and second highest rate occurred in those 85 years or older

Men die by suicide **3.5x** more than woman, though women attempt suicide more often



Substance Use and Suicide



Suicides involving opioids
more than doubled
in the last 15 years



Prescription painkillers
were involved in **97.7%**
of opioid-related suicides

- Accessibility of opioids can be considered an additional risk factor for people already at a high risk for suicide
- The majority of suicide deaths involve mental illness, and people with histories of depression and PTSD are more likely to be prescribed opioids for chronic pain than the general population

True or False?

- Talking about suicide will cause someone to consider suicide.
- People who are suicidal usually warn those around them.
- It's a sign of weakness to ask someone for help if you're struggling.
- People who are depressed or suicidal are just seeking attention.

Complexity of Suicide

- May be a precipitating event prior to a suicide attempt but usually it is more complex than one isolated thing
- Desire to end the pain, not a desire to die
- The closer someone is to taking their life, the less likely they may be to ask for help
- Language change from “commit suicide” to “died by suicide,” “took their life,” or “killed themselves”

Risk Factors



Family history of suicide



Stressors that challenge traditional male roles



Previous suicide attempts



Substance and/or alcohol abuse or addiction



Physical/mental illness
or depressive disorders



Lack of access to behavioral or mental healthcare



Physical, sexual, domestic,
verbal or child abuse/trauma



Challenges that LGBTQ people face, particularly youth



Substantial loss (relational,
social, work, financial, etc.)



Homelessness

Substance Use and Suicide

Comorbidity: when two or more disorders or illnesses occur in the same person

- Many people who are addicted to drugs are also diagnosed with other mental disorders and vice versa
- Although drug abuse disorders commonly occur with mental illness, it does not mean that one caused the other
- Drug abuse may bring out symptoms of another mental illness
- Mental disorders may lead to drug abuse as a means of “self-medication”

Warning Signs

Verbal



Talking, writing, or joking about death, dying, or suicide



Direct statements, such as “I’m tired of being a burden” or “No one would miss me if I were gone”

Physical



Changes in weight, appetite hygiene, or appearance



Sleeping too little or too much

Behavioral



Declining school or work performance



Withdrawing from friends, family, or society



Loss of pleasure or interest in hobbies and activities



Giving away prized possessions and putting one’s affairs in order



Extreme mood swings, including a sudden mood lift after a down period



Reckless behavior (substance abuse, unprotected sex)

People May Feel a Range of Emotions

Isolated
Overwhelmed
Hopeless
Worthless
Helpless
Confused
Depressed
Out of Control

Resiliency & Protective Factors



Sense of purpose and hope



Effective behavioral health care



Life skills (problem solving skills, coping skills, the ability to adapt to change)



Asking for help



Family and social support and connections



Limiting access to means



Interests, hobbies, and goals



Faith and/or values

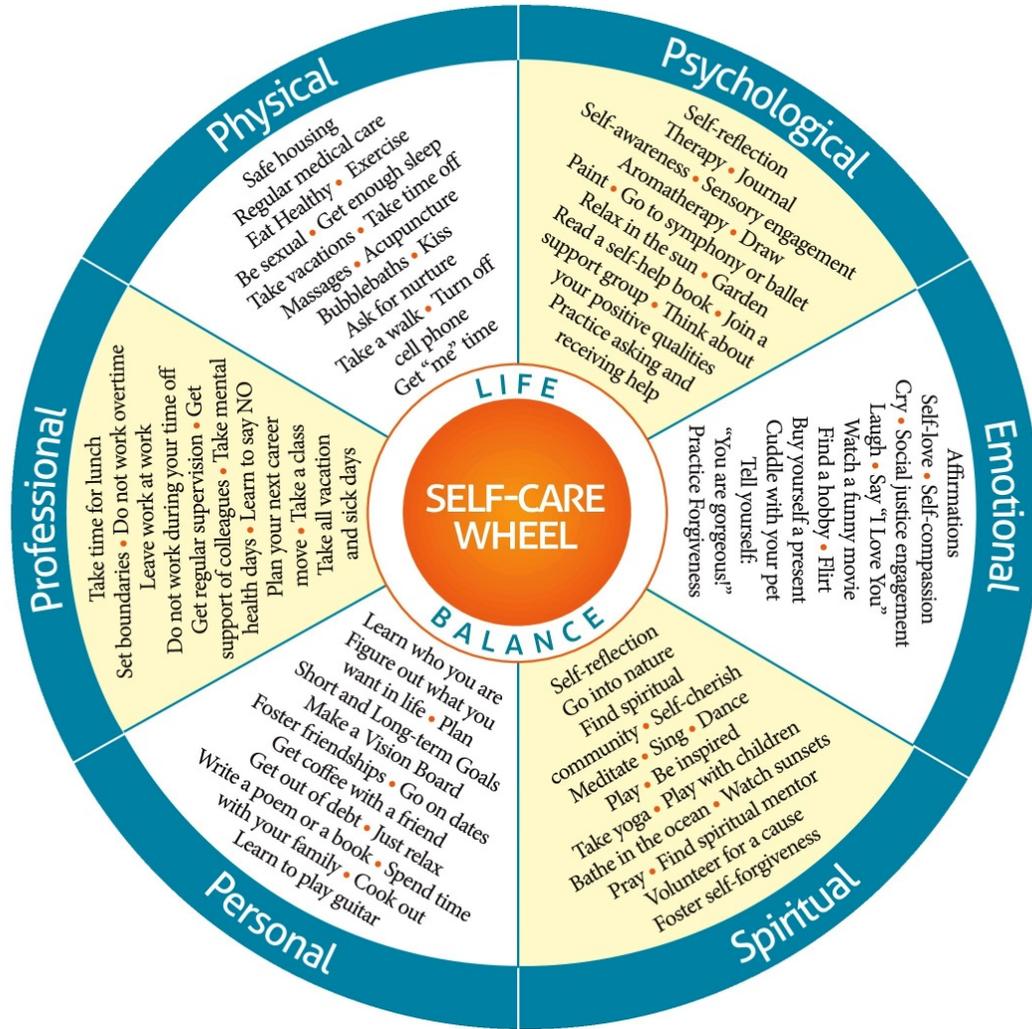


Ability to express emotions



Sense of humor

SELF-CARE WHEEL



Artist: Olga Phoenix

How Can You Help Someone?

① Listen

② Ask

③ Get Help

① Listen

DO

- Let them express their feelings
- Listen without judgment
- Be compassionate
- Put away distractions
- Have open body language
- Paraphrase what you hear
- Validate
- Show you're present through verbal and physical affirmations

DON'T

- Talk about yourself or reflect on your own experiences
- Give advice or try to solve their problems
- Tell them what they are feeling is unimportant, wrong, or will pass
- Tell them it's just a phase
- Interrupt or change the topic
- Minimize feelings or experiences

“Don’t try to fix it.”



② Ask

- Ask open ended questions that begin with words like “what” and “how”
- Avoid “why” questions or interrogation
- Speak to them as an equal
- Let them speak more than you (80/20 rule)
- Let the answers come from the person
- Acknowledge their pain by using their words
- Don't worry about finding the perfect words, just be kind, sincere, and compassionate!

Brené Brown on Empathy



② Ask

Ask them directly and be ready to engage and support them whether they answer yes or no

Do you sometimes feel so bad that you think about suicide?

Have you been having thoughts of suicide?

Are you feeling suicidal?

② Ask

- If you ask the person if they're feeling suicidal and they say "yes," stay calm and figure out if they have a plan, using the following questions:
 - *Have you thought about how you might take your life, if you were to?*
 - *Have you thought about what you may use to take your life, if you were to?*
 - *Where are you in relation to [the means] right now?*
 - *If you were to take your life, have you thought about when you may do so?*
- **If the person has a definite plan, the means are available, and the time is set and immediate, you should consider the person to be high risk for suicide.**
- If the answer is "no," keep listening. Do not tell the person you are glad or relieved. They still need your support!

③ Get Help

- If someone's life is at risk, that's too big a risk to keep to yourself! Even if the person you are engaging with believes the information they are sharing is confidential.
- Follow protocol of your workplace, school, or organization
- Convene with others and work together
- Call counselor, therapist, social worker, and/or doctor for help
- If it's clearly an emergency or someone's life is in danger:
 - Call 911 or other local emergency services or hospital
 - Call/text Samaritans at 1-877-870-4673 (HOPE) and/or encourage the person in crisis to
- Don't forget to reach out to your own support systems

Safety Planning

Safety planning actively engages the person who you are concerned about to use the tools which may work best for them to try to stay alive

Would you be willing to discuss with me ways you may be able to stay safe right now?

1. Warning Signs
2. Internal Coping Strategies
3. External Coping Strategies
4. People I can ask for help
5. Professionals resources
6. A safer environment
7. Reminders of hope and reasons to live

Manage Your Reactions

- Show that you're calm - if the person sees that your anxiety level is high, it could raise theirs
- Give yourself permission to be human
- You don't need to be the expert or have all the answers
- Know that you are not alone and there are others in the community to support you
- Be mindful of your limitations and know when to reach out
- Debrief with someone afterwards
- Self care

Resources

Samaritans Helpline

- 1-877-870-4673 (HOPE)
- Available 24 hours a day by phone or text

National Suicide Prevention Lifeline

- 1-800-273-8255 (TALK)
- Available in English and Spanish

Boston Emergency Services Team (B.E.S.T.)

- 1-800-981-HELP
- 24-hour service by Master's level clinicians/physicians specializing in psychiatric crises

Emergency Services Program Mobile Crisis Intervention

- 1-877-382-1609
- Enter your zip code to get your local Emergency Services Program provider



SAMARITANS HELPLINE
1-877-870-4673 (HOPE)

Call or Text 24/7
free | confidential | anonymous



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