

Understanding & Preventing Suicide

A Customizable PowerPoint Training

Updated 10/19/2009



Instructions


This training covers multiple special topics in suicide prevention. The information is not intended to be presented all within one session; rather, trainers are encouraged to cut and paste slides as needed in order to best serve the educational needs of one's target audience.

Additionally, these slides are rich with text. Trainers should decide what information should remain on the slide presentation and what should be conveyed verbally.

A Note For Trainers...

During your presentation:

- Say “die by suicide,” not, “commit or complete suicide.”
 - Some audience members may be offended by the terms “commit” or “complete” suicide, as this may imply that something has been accomplished or was successful.
- Avoid showing graphic death images.
- Stay away from giving detailed descriptions of suicides.
- Avoid portraying suicide as romantic or heroic.



Training Sections

1. Overview
2. Statistics
3. Resiliency and Early Prevention
4. Cultural Competency
5. Taking Action
6. The Public Health Approach
7. Faith-Based Community
8. Resources

Section 1: Overview

Defining the Problem

- Attempted suicide is a potentially self-injurious act committed with at least some intent to die as a result of the act.¹
- Suicide is an attempt to solve a problem of intense emotional pain with impaired problem-solving skills.²
- Individuals of all races, creeds, incomes, and educational levels die by suicide. There is no typical suicide victim.³

1. Kalafat, J. & Underwood, M. *Making Educators Partners in Suicide Prevention*. Lifelines: A School-Based Youth Suicide Prevention Initiative. Society for the Prevention of Teen Suicide. <http://spts.pldm.com/>

2. Kalafat, J. & Underwood, M. *Making Educators Partners in Suicide Prevention*. Lifelines: A School-Based Youth Suicide Prevention Initiative. Society for the Prevention of Teen Suicide. <http://spts.pldm.com/>

3. Clayton, J. *Suicide Prevention: Saving Lives One Community at a Time*. American Foundation for Suicide Prevention. http://www.afsp.org/files/Misc_/standardizedpresentation.ppt

Characteristics of Suicide

Alternative to problem perceived as unsolvable by any other means:

Viewing suicide from this perspective has several important implications.

For one, just as someone may get a temporary high from a drug, he or she may obtain temporary attention, support, or even popularity after a suicide attempt.

A second implication of viewing suicide as an alternative is that suicide can then be understood as less than a wish to die than a wish to escape the intense emotional pain generate from what appears to be an inescapable solution.

Characteristics of Suicide

Crisis thinking colors problem solving:

When we think of a crisis as any situation in which we feel that our skills do not meet the demands of the environment, we realize that crises can be frequent visitors in most of our lives.

Characteristics of Suicide

Person is often ambivalent:

What this means is that the person is feeling two things at the same time: there is a part of that person that wants to die and part that wants to live and both parts must be acknowledged.

While we line up with and unequivocally support the side that wants to live, this can't be done by ignoring or dismissing that side that wants to die.

Characteristics of Suicide

Suicidal solution has an irrational component:

People who are suicidal are often unaware of the consequences of suicide that are obvious to the rest of the world.

For example, they are usually not thinking about the impact of their death on others, or they hold a perception they will be reincarnated or somehow still present to see how others react to their deaths.

This irrationality affects how trapped and helpless the person feels.

Characteristics of Suicide

Suicide is a form of communication:

For people who are suicidal, normal communication has usually broken down and the suicide attempt may be the person's way of sending a message or reacting to the isolation they feel because their communication skills are ineffective.

Death by Suicide and Psychiatric Diagnosis

Psychological autopsy studies done in various countries from over almost 50 years report the same outcomes.

- 90% of people who die by suicide are suffering from one or more psychiatric disorders:
 - Major Depressive Disorder
 - Bipolar Disorder, Depressive Phase
 - Alcohol or Substance Abuse
 - Schizophrenia
 - Personality Disorders such as Borderline Personality Disorder

Depression

- Depression is a physical illness, just like cancer or diabetes.
- Depression is caused by an interaction of genetic, biological, psychological, and environmental factors.
- Depression impacts people across age, gender, racial, cultural, and socioeconomic boundaries.

Depression

- Four out of ten children and adolescents will have a second episode of depression within two years.
- Depressed adolescents are at an increased risk for substance abuse and pregnancy.
- Over half of depressed youth will attempt suicide, and at least 7% will ultimately die as a result.
- Early identification and treatment of depression can save lives.

NAMI, 2005.

Zenere, F. *Youth Suicidal Behavior: Prevention and Intervention*. Miami-Dade County Public Schools.
http://www.helpromotehope.com/documents/Zenere_for_parents.pdf



Signs of Depression

- Loss of interest in normal daily activities
- Feeling sad or down
- Feeling hopeless
- Crying spells for no apparent reason
- Problems sleeping
- Trouble focusing or concentrating
- Difficulty making decisions
- Unintentional weight gain or loss
- Irritability
- Restlessness
- Being easily annoyed
- Feeling fatigued or weak
- Feeling worthless
- Loss of interest in sex
- Thoughts of suicide or suicidal behavior
- Unexplained physical problems, such as back pain or headaches

When diagnosing depression, usually there must be a marked behavioral change lasting for two weeks or longer.

Mayo Clinic (Feb 14, 2008). *Depression: Symptoms*.

<http://www.mayoclinic.com/health/depression/DS00175/DSECTION=symptoms>

Signs of Depression in Youth

- Oversensitivity to criticism
- Risk-taking, hyperactivity
- Low self-esteem
- Indecision, withdrawal, inactivity
- Somatic symptoms and complaints
- Aggression, hostility
- Sleep disturbances
- Eating disorders

Protective Factors for Suicide

Protective factors reduce the likelihood of suicide; they enhance resilience and may serve to counterbalance risk factors.

- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation.

Youth-Specific Protective Factors

- Contact with a caring adult
- Sense of connection or participation in school
- Positive self-esteem and coping skills
- Access to and care for mental/physical/substance disorders

Risk Factors

Risk factors may be thought of as leading to or being associated with suicide; that is, people “possessing” the risk factors are at greater potential for suicidal behavior.

- Bio-psycho-social
- Environmental
- Socio-cultural

Bio-psychosocial Risk Factors

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

Environmental Risk Factors

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicides that have a contagious influence

Socio-cultural Risk Factors

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to, including through the media, and influence of others who have died by suicide

Youth-Specific Risk Factors

- Divorce or separation of parents
- Harassment by peers (bullying)
- Sexual identity crisis
- Gay, lesbian, bisexual or transgender sexual orientation
- Easy access to lethal methods, especially guns
- School crisis (disciplinary, academic)
- Genetic predisposition (serotonin depletion)
- Feelings of isolation or being cut off from others
- Ineffective coping mechanisms
- Inadequate problem-solving skills
- Cultural and/or religious beliefs (e.g., belief that suicide is a noble or acceptable solution to a personal dilemma)
- Exposure to suicide and/or family history of suicide

Youth-Specific Risk Factors

- Influence (either through personal contact or media representations) of significant people who died by suicide
- Loss or separation (e.g., death, divorce, relationships)
- Exposure to violence
- Family crisis (e.g., abuse, domestic violence, running away, child-parental conflict)
- Barriers to receiving mental health treatment; stigma, affordability, availability, accessibility
- Experiences of disappointment or rejection
- Feelings of stress brought about by perceived achievement needs
- Unwanted pregnancy, abortion
- Infection with HIV or other STDs
- Serious injury that may change life course (i.e., traumatic brain injury)
- Severe or physical terminal illness, or mental illness or substance abuse

Warning Signs

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risk activities - seemingly without thinking

Warning Signs

- Feeling trapped - like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated or unable to sleep or sleeping all the time
- Experiencing dramatic mood swings
- Seeing no reason for living or having no purpose in life.

Warning Signs for Youth Suicide

- Suicide threats
- Suicide plan/method/access
- Making final arrangements
- Sudden changes in physical habits and appearance
- Preoccupation with death and suicide themes
- Increased inability to concentrate or think clearly
- Loss of interest in previously pleasurable activities
- Symptoms of depression
- Increase use and abuse of alcohol and/or drugs
- Hopelessness
- Rage, anger, seeking revenge

Warning Signs for Youth Suicide

- Reckless behavior or activities
- Feeling trapped
- Anxiety and agitation
- Sleep difficulties, especially insomnia
- Dramatic changes in mood
- Sudden/recent purchase of a weapon
- No reason for living
- No sense of purpose in life
- **Sense of being a burden**
- **Profound sense of loneliness, alienation and isolation**
- **Sense of fearlessness**

Myth vs. Fact

Myth: People who talk about suicide don't die by suicide.

Fact: Many people who die by suicide have given definite warnings to family and friends of their intentions. Always take any comment about suicide seriously.

Myth: Suicide happens without warning.

Fact: Most suicidal people give many clues and warning signs regarding their suicidal intention.

Myth vs. Fact

Myth: People who are suicidal are fully intent on dying.

Fact: Most suicidal people are undecided about living or dying - which is called suicidal ambivalence. A part of them wants to live; however, death seems like the only way out of their pain and suffering. They may allow themselves to “gamble with death,” leaving it up to other to save them.

Myth: Males are more likely to be suicidal.

Fact: Men *die by* suicide more often than women. However, women *attempt* suicide three times more often than men.

Myth vs. Fact

Myth: Asking a depressed person about suicide will push him/her to kill themselves..

Fact: Studies have shown that patients with depression have these ideas and talking about them does not increase the risk of them taking their own life.

Myth: Improvement following a suicide attempt or crisis means that the risk is over.

Fact: Most suicides occur within days or weeks of “improvement” when the individual has the energy and motivation to actually follow through with his/her suicidal thoughts.

Myth vs. Fact

Myth: Once a person attempts suicide the pain and shame will keep them from trying again.

Fact: The most common psychiatric illness that ends in suicide is major depression, a recurring illness. Every time a patient gets depressed, the risk of suicide returns.

Myth: Sometimes a bad event can push a person to suicide.

Fact: Suicide results from serious psychiatric disorders, not just a single event.

Myth: Suicide occurs in great numbers around holidays in November and December.

Fact: Highest rates of suicide are in April while the lowest rates are in December.

Intervention

Three basic steps:

1. Show you care
2. Ask about suicide
3. Get help

Show You Care

- Take ALL talk of suicide seriously. If you are concerned that someone may take their life, trust your judgment.
- Listen carefully.
- Reflect what you hear.
- Use language appropriate for the age of the person involved.

Be Genuine

Let the person know you really care!!!

Talk about your feelings and
ask about his or hers.

Ask About Suicide

- Don't hesitate to raise the subject.
- Be direct, but non-confrontational. Engage them:
 - Are you thinking about suicide?
 - What thoughts or plans do you have?
 - Are you thinking about harming yourself, ending your life?
 - How long have you been thinking about suicide?
 - Have you thought about how you would do it?
 - Do you have _____ (Insert means, weapon, etc.)
 - Do you really want to die, or do you want the pain to go away?

Ask About Treatment

- Do you have a therapist/doctor?
- Are you seeing him/her?
- Are you taking your medications?

Getting Help

- Do not leave the person alone
- Know referral resources
- Reassure the person
- Encourage the person to participate in the helping process
- Encourage the suicidal person to identify other people in their lives who can also help.
- Outline a safety plan:

Make arrangements for the helper to come to you OR take the person directly to the source of help. Once therapy (or hospitalization) is initiated, be sure the suicidal person is following through with appointments and medications.

How to Help A Suicidal Friend - For Youth

Don't keep it a secret:

Secrets can be dangerous if your friend is going to get hurt or die. It is important to tell someone who can help you and help keep your friend safe.

Your friend may have asked you to keep it a secret or made you promise not to tell anyone. This could be because they are frightened of what might happen if someone else knew.

It is very important that you do tell someone - even if you have promised to keep it a secret.

Your friend might get mad at you - but it's better that they are alive and well.

How to Help A Suicidal Friend - For Youth

Encourage your friend to seek help:

It's important your friend seeks help from a counselor, psychologist, youth worker, teacher, doctor, or a hotline, like 1-800-273-TALK (8355).

How to Help A Suicidal Friend - For Youth

If your friend refuses to see someone:

Keep encouraging them to. If you feel able to, you might offer to go with your friend when they speak to someone about their suicidal thoughts.

How to Help A Suicidal Friend - For Youth

Offer your support:

It can be scary when you realize you need help. Let your friend know that you care and spend time with them. Just knowing that somebody cares about them can be reassuring as they may feel very alone.

If they do talk to you about how they're feeling, it might help to acknowledge that they are feeling down and that things seem hard, while at the same time trying to remain positive and encouraging.

How to Help A Suicidal Friend - For Youth

Ask them to postpone the decision:

While your friend may feel like they have to act now, they can try to postpone the decision.

They can also keep a list of other things they can do to distract themselves.

How to Help A Suicidal Friend - For Youth

Thoughts don't need to lead to action:

Remind your friend that thoughts about taking their life are just thoughts.

They do not mean they have to act on them, no matter how overwhelming they are or how often they have them.

They also don't mean that they will always have those thoughts.

Section 2: Statistics

National Statistics

- One person dies by suicide every 16.6 minutes and every year over 32,000 Americans die by suicide, approximately 90 people per day.
- Suicide is the 11th leading cause of death.
- It is the third leading cause of death for individuals between the ages of 15 and 24.
- There is one suicide attempt every 39 seconds and 750,000 - 1.2 million attempts each year.
- It is estimated that the cost of self-inflicted injuries and suicide is over \$33 billion per year.
- Over 90% of suicide victims have a significant psychiatric illness or substance abuse disorder at the time of their death. These are often undiagnosed, untreated or both.

National Statistics

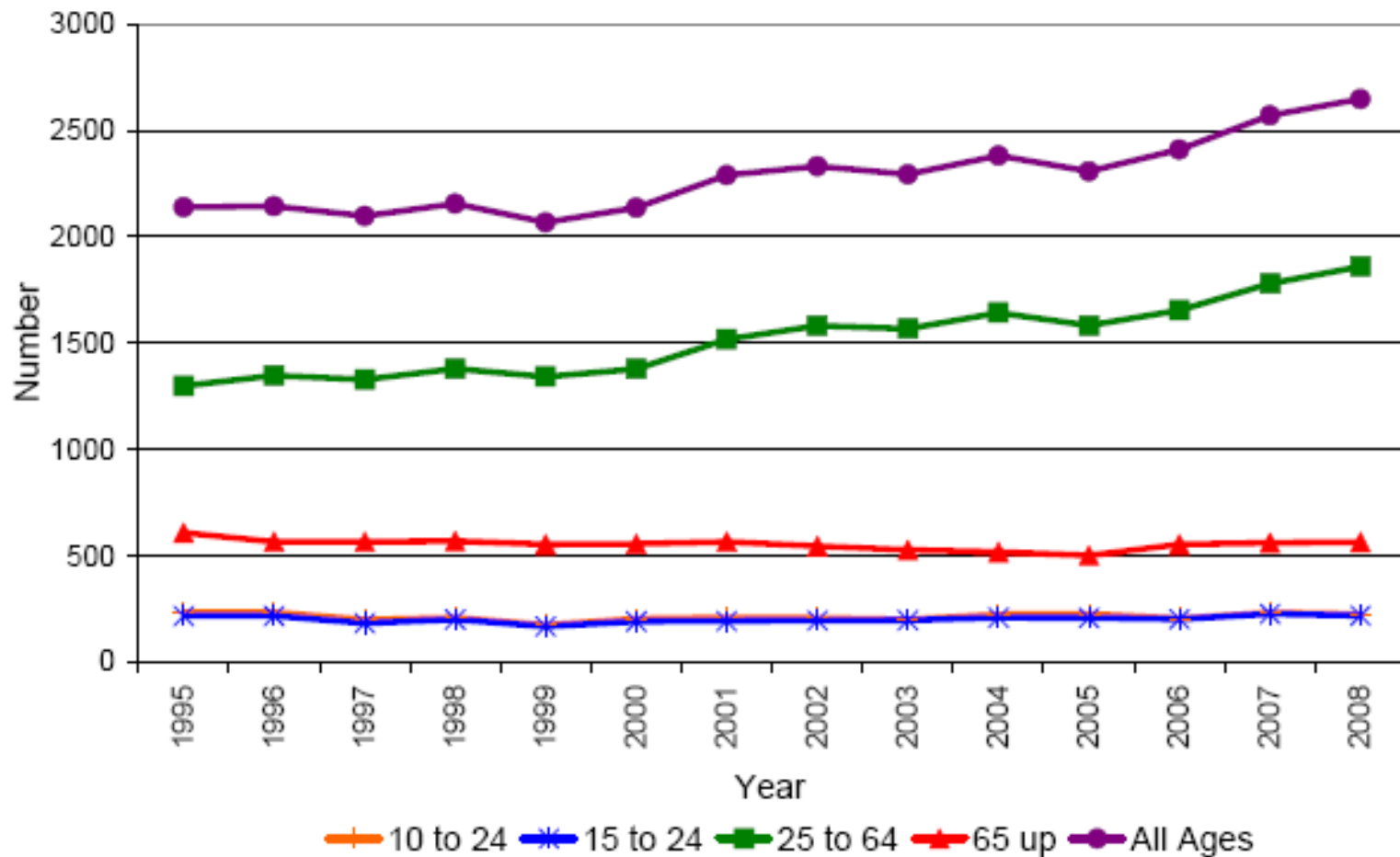
- Research suggests that 20% - 50% of individuals who die by suicide have alcohol or drug use problems.
 - Thus, substance use disorder is the psychiatric diagnosis with the second greatest association to suicide, second only to depression. Suicide prevention initiatives that identify at-risk populations and provide treatment must target people with both mental illness and/or substance use disorders, as both are associated with an increased risk of suicide.
- Research shows that during our lifetime 20% of us will have a suicide within our immediate family, and 60% of us will personally know someone who dies by suicide.

Florida Statistics

- In 2007, there were 2,570 suicides in Florida.
- An average of 7 Floridians per day lose their lives to suicide.
- Suicide was Florida's 9th leading cause of death in 2007.
- Florida's suicide rate is consistently double, or nearly double, the homicide rate.
- Florida ranks 19th in the United States for the highest suicide rate (2006).



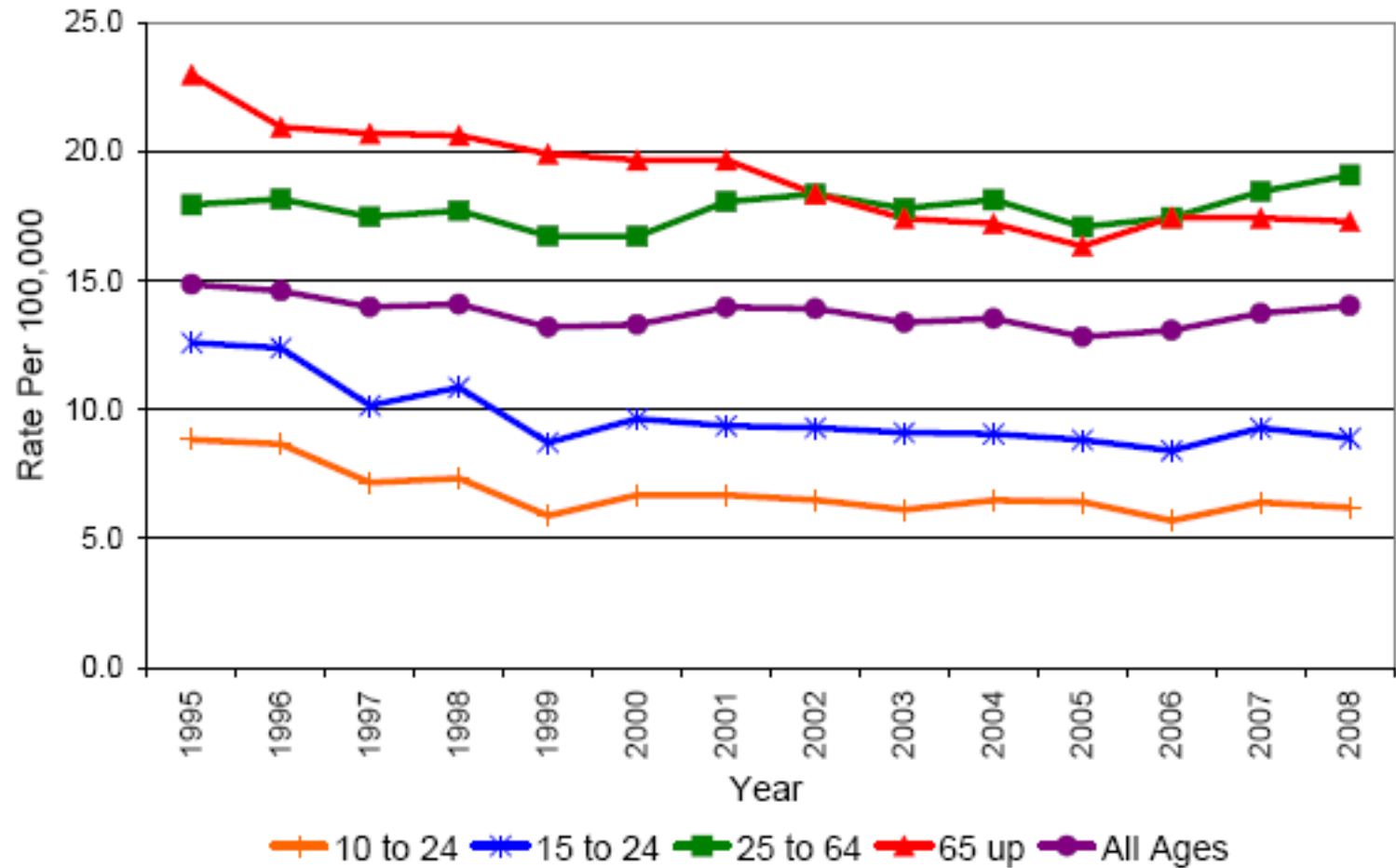
Number of Suicides of Florida Residents 1995-2008



Data Source: Death certificate and population data via www.FloridaCHARTS.com, Florida Department of Health.



Suicide Rates Per 100,000 Florida Residents, 1995-2008



Data Source: Death certificate and population data via www.FloridaCHARTS.com, Florida Department of Health.

Youth Suicide

- Third leading cause of death for ages 10 - 24 (only accidents and homicide occur more in this age).
- Second leading cause of death for American college students.
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.
- Everyday across the nation, there are approximately 12 youth suicides.

Youth Suicide

- Every 2 hours, 11 minutes, a person under the age of 25 dies by suicide in the United States.
- In the U.S. in 2005, 32,637 people died by suicide. Of these, 4,212 deaths were by people between the ages of 15 - 24.
- For every suicide by youth, it is estimated that 100-200 attempts are made (YRBSS, 2003).
- Firearms are the most commonly used suicide method accounting for 49% of suicide deaths.
- For the past 60 years, the suicide rate has quadrupled for males 15 - 24 years old and doubled for females of the same age.

Adult Suicide

- Highest number of suicides.
- Second leading cause of death among ages 25 - 34.
- In 2007, approximately 69% of all suicides in Florida were among ages 25 - 64.

Elderly Suicide

- Nationally, 15 older adults die each day by suicide.
- Comprise 12% of the population but account for 18% of the nation's suicides.
- Nationally, in 2005, people ages 65 and older died by suicide at a rate of 14.7. This figure is higher than the national average of 11.0 suicides per 100,000 people in the general population.
- The number of men's suicides in late life is five times that for women the same age.

In this context, "elderly" is defined as age 65 and older.

Elderly Suicide

- The most lethal population group compared to younger populations. The rate of attempts to suicide deaths is 3:1 in older adults and 100:1 in younger individuals.
- Suicide by firearm is the 4th leading cause of injury deaths in Florida.
- Eighty percent of seniors who die by suicide visited their primary care physician within 30 days; 40% were seen within the last week; and 20% saw their primary care physician on the same day as the suicide.

Section 3: Resiliency & Early Prevention

What is resilience?

- Everyone experiences stress and difficult circumstances during their life.
- Most people can handle these tough times and may even be able to make something good from a difficult situation.
- Resilience is the ability to bounce back after experiencing trauma or stress, to adapt to changing circumstances and respond positively to difficult situations.
- It is the ability to learn and grow through the positive and the negative experiences of life, turning potentially traumatic experiences into constructive ones.
- Being resilient involves engaging with friends and family for support, and using coping strategies and problem-solving skills effectively to work through difficulties.

Factors That Contribute to Individual Well-Being

- Self Image: sense of self, including self-esteem secure identity, ability to cope, and mental health and well-being
- Behavior: social skills including life skills, communication, flexibility, and caring
- Spirit: sense of purpose, including motivation, purpose in life, spirituality, beliefs, and meaning
- Heart: emotional stability, including emotional skills, humor, and empathy
- Mind: problem solving skills, including planning, problem-solving, help-seeking, and critical and creative-thinking.
- Body: physical health, physical energy, and physical capacity

The Four Main Factors That Influence A Person's Reaction to Life Events

1. Individual Health and Well-Being

- Sense of self, social skills, sense of purpose, emotional stability, problem-solving skills, and physical health.

2. Pre-Disposing or Individual Factors

- Genes, gender and gender identity, personality, ethnicity/culture, socio-economic background, and social/geographic inclusion or isolation.

The Four Main Factors That Influence A Person's Reaction to Life Events

3. Life History and Experience

- Family history and context, previous physical and mental health, exposure to trauma, past social and cultural experiences, and history of coping.

4. Social and Community Support

- Support and understanding from family, friends, local doctor, local community, school, level of connectedness, safe and secure support environments, and availability of sensitive professionals/carers and mental health practitioners.

How to Increase Individual Resilience

- Look after relationships. Family and close friends are usually willing to listen, provide support and often have helpful ideas or know where to go for help in all sort of situations.
- Think well of yourself. Identify what you are good at, and what you need to learn, to help you face the future. Invest time and energy in developing new skills.
- Practice helpful ways of thinking. Challenge negative thoughts and look for alternative solutions to problems, to find optimistic ways of viewing any situation.

How to Increase Individual Resilience

- Maintain health. Look after your physical health. Poor diet and lack of exercise may contribute to negative thinking.
- Develop a sense of connectedness. Get involved in enjoyable community activities such as social or sporting activities or volunteering; it will help broaden social networks and counter feelings of isolation.
- Don't tackle major problems alone. Ask for help and support when you need it. Don't be afraid of expressing your emotions and offer assistance in turn to those around you.

How to Build Community Resilience

- Build community cohesion. Communities that work together and work towards common goals have a greater sense of optimism and morale.
- Build stronger families. Community education programs can be helpful in improving skills in areas such as parenting, communication, relationships, money management, stress management and coping skills.
- Develop cultural competency. Communities that value their cultural diversity can work more strongly together when times are hard. Education and training in cultural competency for key community members help to ensure that the right support is available to everyone when they need it.
- Build safe and healthy environments including lowering the threat of violence. Communities that are safe and secure are more likely to manage difficult circumstances positively.
- Encourage healthy lifestyles. Promote regular exercise in the community by providing education and awareness programs and access to bike or walking paths, parks, and other sport/community facilities.

Living Is For Everyone. *Fact sheet 6: Resilience, vulnerability, and suicide prevention.*

<http://www.livingisforeveryone.com.au/IgnitionSuite/uploads/docs/LIFE-Fact%20sheet%206.pdf>

Section 4: Cultural Competency

Cultural Competence

- Cultural competence is the process of communicating with people from diverse geographic, ethnic, racial, and cultural, economic, and social backgrounds.
- Becoming culturally competent requires knowledge and skill development at policymaking, administration, and practice.

Definitions

- Culture: The shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, language, nationality, or religion.
- Competence: Acquisition of knowledge, skills, and experience necessary for the development and implementation of services to different groups served.
- Cultural Sensitivity: An awareness of the nuances of one's own and other cultures.
- Cultural Diversity: Differences in race, ethnicity, language, nationality, or religion among various groups within a community. A community is said to be culturally diverse when its residents include members of different groups.

Steps to Take

1. Become more aware of the various cultures that exist within your community.
2. Assess personal cultural values while acknowledging each of our own perceptions of the world; and
3. Work to understand the dynamics that may occur when members of different cultures interact.

Culturally Appropriate Strategies

1. Prevention strategies are culturally competent when they demonstrate sensitivity to cultural differences and similarities, while demonstrating effectiveness in using cultural symbols to communicate a message.
2. Seek input from your target population before developing and implementing prevention strategies.
3. Develop written guidelines that help guide the cultural competence of program staff.
4. Continuously review all strategies, policies, procedures, and practices to ensure they are culturally competent.

Section 5: Taking Action

What Individuals Can Do

- Become engaged in local suicide prevention planning efforts.
- Work to de-stigmatize depression and suicide so the public views it as an illness, not something to be ashamed of.
- Support legislation to educate public school employees about youth suicide.
- Become familiar with risk and protective factors and the signs of suicide, along with resources offered by the Suicide Prevention Resource Center (<http://www.sprc.org>).
- Write letters to the editor of your local newspaper about the issue of suicide prevention.
- Join the Suicide Prevention Action Network (<http://www.spanusa.org>) and/or the Florida Suicide Prevention Coalition (<http://www.floridasuicideprevention.org>).
- Start a suicide prevention coalition in your community (<http://preventsuicide.fmhi.usf.edu>)

What Employers Can Do

- Develop a program for dealing with depression in the workplace including staff wellness programs.
- Offer counseling and prevention services.
- Expand gatekeeper training to corporations.

What Health Providers Can Do

- Increase awareness of early onset disorders related to mental health, substance abuse, and learning difficulties, and the link to later suicidal thoughts, or ideations and attempts.
- Learn and apply screening methods to identify the need for intervention.
- Be alert for imminent warning signs that a patient may be at risk of suicide. Research indicates that many adults visited a primary care physician within a month of dying by suicide.
- Train all medical personnel to handle the despair of terminally ill patients which currently is left to the caregiver or family member who oneself is having coping problems.

What Coalitions and Task Forces Can Do

- Incorporate suicide prevention into the ongoing activities of community-based organizations and task forces.
- Identify the influential community leaders and media to advocate for the project.
- Engage the clergy in suicide prevention.
- Use national public awareness campaigns and identify local avenues to disseminate them (<http://www.sprc.org>).
- Develop more access to resources we have, and use them better (1-800-273-TALK (8255)).
- Convene focus groups of suicide survivors to identify what was helpful and what would have been helpful.
- Learn about implementing suicide prevention in your community (<http://preventionsuicide.fmhi.usf.edu>).
- Ensure that coalitions and task forces have membership from various areas of the community, e.g., mental health organizations, schools, suicide survivors, other coalitions, business, chamber of commerce.

What Schools Can Do

- Address liability concerns to eliminate resistance to screening and assessment of students; then apply screening methods to identify who needs help.
- Create a “Where to Turn” book listing agencies to help all youth and their families.
- Make personnel aware of mental health agencies and hotlines available in the community.
- Offer counseling and prevention services in schools.
- Require suicide prevention training at the college level for all health care professionals to equip them with the relevant skills as they start their careers.
- Ensure children receive training in coping skills as well as communication skills from an early age while in school.

More ideas for action can be found at <http://preventsuicide.fmhi.usf.edu>

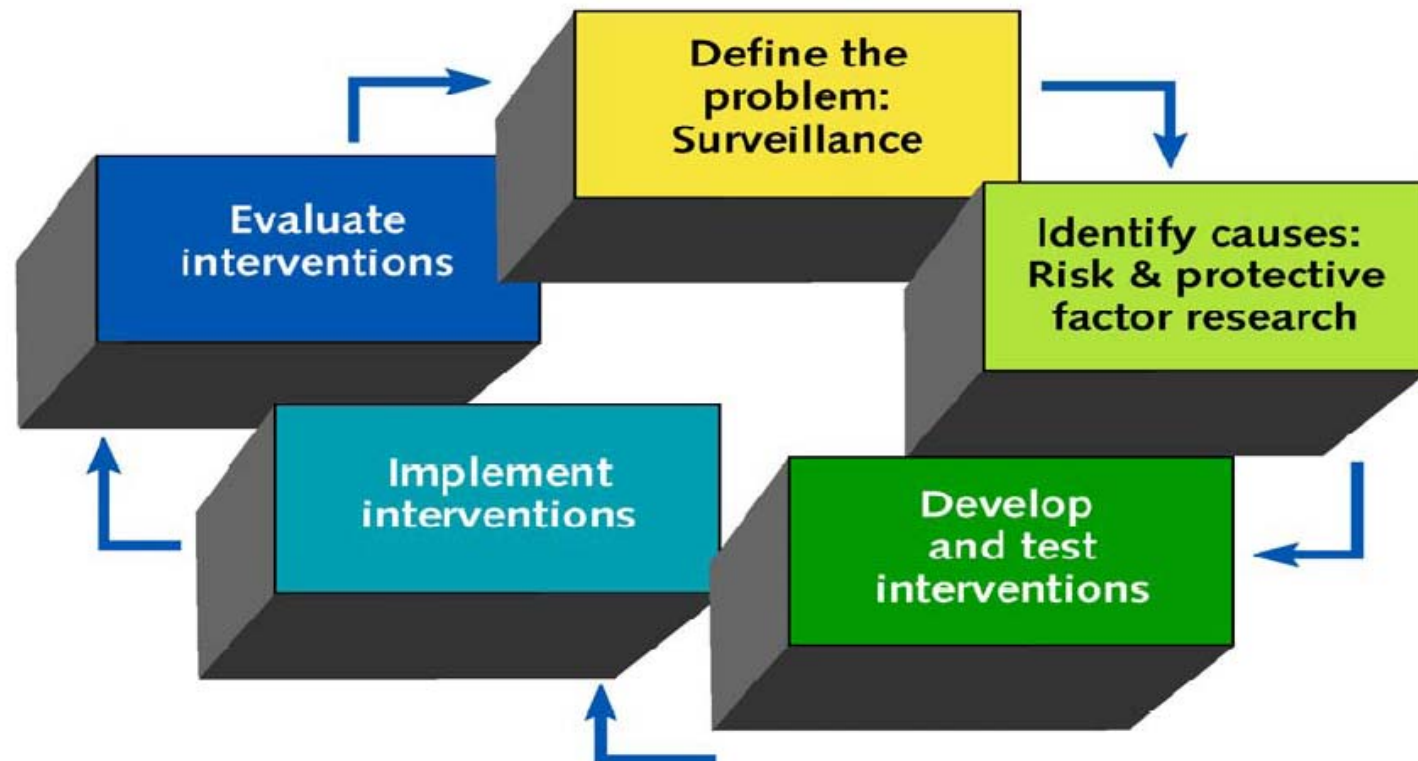
Section 6: The Public Health Approach

Public Health Approach

1. Define the problem/surveillance
2. Identify causes: risk and protective factor research
3. Develop and test interventions/programs
4. Implement interventions/programs
5. Evaluate interventions/programs

To view the National Strategy for Suicide Prevention Goals and Objectives for Action visit:
<http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3571/intro/asp>.

The Public Health Approach to Prevention



Define the Problem/Surveillance

- A. Building and Maintaining Coalitions
 - I. Multi-disciplinary approach - Include all areas community (police, paramedics, hospitals, community centers, social service agencies, mental health clinics, school boards, local health departments, clergy, survivors, etc.)
 - II. Get local media involved - helps to reduce stigma and raise awareness.
 - Tie back to broader problem of mental illness/co-occurring disorders.
 - III. Get top-down involvement
 - Governor's Office
 - Mayor's Office
 - City Council

For more information on finding data on suicidal behavior visit: <http://www.sprc.org/library/datasources.pdf>.
To view the data driven prevention planning model visit: <http://www.sprc.org/library/datadriven.pdf>
To view a toolkit on taking action visit: http://www.sprc.org/taking_action/build.asp

Define the Problem/Surveillance

B. Finding Funding

For more details on how to find funding visit:

http://www.sprc.org/taking_action/funding.asp

For more specific information on fundraising visit:

http://www.sprc.org/library/span_fundraising.pdf

Define the Problem/Surveillance

- C. Data-Driven Planning
- D. Community assessment to determine where the problems lie and where to focus efforts.

To view a tool that assesses needs and resources of a community visit: <http://www.sprc.org/library/catool.pdf>

To view a tool that assesses current suicide prevention efforts in community visit: <http://www.sprc.org/library/swot.pdf>

Identify, Test, Implement

Identify Causes: Risk and Protective Factor Research

- For more details on risk and protective factors visit:
<http://www.sprc.org/library.srisk.pdf>

Develop and Test Interventions/Programs

- For more information on evidence-based practices visit:
http://www.sprc.org/featured_resources/ebpp/index.asp
- To view a feasibility tool for program implementation visit:
- http://www.sprc.org/library/feasibility_tool.pdf.

Implement Interventions/Programs

Evaluate Interventions/Programs

- A. Plan for evaluation from the beginning.
- B. Any data and evaluation captured would provide valuable information to the field of suicide prevention.

Section 7: Faith-Based Community

The Importance of Faith/Spirituality

- Preference for clergy over mental health providers:
 - In the United States, older adults, African Americans, and Hispanic Americans, more often turn to clergy than to professional mental health services when facing mental health issues, including suicide (Husaini & Moore, 1994; Starett et al., 1992; Weaver & Koenig, 1996). Another study suggests that individuals who first go to clergy with mental health complaints are less likely to seek professional mental health services (Neighbors et al., 1998).
- Clergy minister to the mentally ill:
 - Data from a large nationally representative study indicate that clergy see individuals with the same severity of mental disorders as do mental health professionals (Larson et. al, 1998).

The Importance of Faith/Spirituality

- Reason for living; Suicide is not an option:
 - While examining the relationship between spirituality, social desirability, and reasons for living, Ellis and Smith found a positive correlation between religious well-being and the total reason for living.¹
- Suicide unacceptable:
 - Ellis and Smith also found a strong relationship between the adaptive cognitive beliefs which people report as reasons for not considering suicide and their existential beliefs. ¹While examining public opinions, Singh et al. found that survey respondents with attributes of higher education, lower religiosity, and high commitment to freedom of expression were more likely to consider suicide as acceptable. ²

1. Ellis JB & Smith PC. Spiritual well-being, social desirability and reasons for living: is there a connection? *Int J Social Psychiatry*. 1991 Spring; 37(1): 57-63.

2. Singh BK, Williams JS, Ryther BJ. Public approval of suicide; a situational analysis. *Suicide & Life Threatening Behavior*. 1986 Winter; 16(4): 409 – 418.

The Importance of Faith/Spirituality

- Suicidal ideation:
 - In his study on the relationship between religion and suicidal ideation in a cohort of Latin-American immigrants, Hovey found that self-perception of religiosity, influence of religion, and church attendance were significantly negatively associated with suicidal ideation. A multiple regression analysis showed that the influence of religion was a significant predictor of suicidal ideation. ¹
- Suicide attempts:
 - Kaslow et al. in their study examining the personal factors associated with suicidal behavior among African American women and men, found that, compared with non-attempters, attempters reported more psychological distress, aggression, substance use, maladaptive coping strategies, less religiosity/spirituality, and lower levels of ethnic identity. ²

1. Hovey JD. Religion and suicidal ideation in a sample of Latin American immigrants. *Psychol Rep.* 1999 Aug; 85(1): 171-177.

2. Kaslow NJ, Price AW, Wyckoff S. Person factors associated with suicidal behavior among African American women and men. *Cultur Divers Ethnic Minor Psychol.* 2004 Feb (10)1: 5-22.

Litts, D. *Engaging Faith-Based Communities in the Battle Against Suicide.* Suicide Prevention Resource Center. http://www.helppromotehope.com/events/2008_Symposium/Litts.pdf

The Importance of Faith/Spirituality

- Suicide attempts:
 - Garoutte et al examined the relation of spirituality to the lifetime prevalence of attempted suicide in a probability sample of American Indians. They found that neither commitment to Christianity nor to cultural spirituality as measured by beliefs were significantly associated with suicide attempts. However, when they examined commitment to cultural spirituality, as measured by an index of spiritual orientations, was significantly associated with a reduction in attempted suicide. ¹

1. Garouette EM, Goldberg J, Beals J, Herrell R, Manson SM. Spirituality and attempted suicide among American Indians. *Soc Sci Med*. 2003 Apr; 56(7): 1571-1579.

Questions for Faith Communities

- How can the faith community counter stigma associated with mental illness and help-seeking?
- How can religious education curriculum directly address suicide and suicide prevention?
- How can the faith community discourage suicide and still support, without condemnation, those whose loved ones have taken their own lives?
- How can the faith community embrace socially isolated persons and support persons with mental illnesses?
- How can clergy prepare to support persons at risk for suicide, suicide attempt survivors, and survivors who have lost a loved one to suicide?

Roles for Faith Communities

- Reduce stigma
 - Promote MA/SA treatment
- Strengthen faith (religiosity)
 - Coping
 - Hopefulness
 - Healing
- Strengthen
 - Self-worth
 - Sense of belonging
 - Family
 - Prevent family violence and abuse
- Compassion, tolerance
- Reinforce reasons for living
 - Elders
 - Forgiveness
- Develop life skills
- Provide pastoral care
 - Suicidal/mentally ill
 - Survivors
- Participate in coalition work
- Reach out to at-risk groups

Barriers to Overcome

- Culture of high expectations/perfectionism
- Difficulty receiving government funding
- Negative attitudes toward some risk groups, e.g., LGBT
- Denial/ignorance
- Parental rights/roles issues
- Fear of “godless psychology”
- Paucity of mental health professionals who are people of faith - real or perceived
- Stigma (mental health, survivors)
- Competing demands for clergy and lay minister’s time
- Unclear values and statements around issues of suicidal behavior

Section 8: Resources

The National Suicide Prevention Lifeline (NSPL)

1-800-273-TALK (8255)

24-hour confidential crisis hotline

www.suicidepreventionlifeline.org

Statewide Office of Suicide Prevention (SOSP)

Resources and information

www.HelpPromoteHope.com

Suicide Prevention Resource Center (SPRC)

Resources and information

www.sprc.org

American Association of Suicidology (AAS)

National non-profit dedicated to the understanding and prevention of suicide

www.Suicidology.org

Suicide Prevention Action Network USA (SPAN USA)

National non-profit that works to increase awareness regarding the toll of suicide on our nation and to develop political will to ensure that the government effectively addresses suicide.

www.spanusa.org

American Foundation for Suicide Prevention (AFSP)

Dedicated to advancing our knowledge of suicide and our ability to prevent it.

www.afsp.org

The Florida Suicide Prevention Implementation Project (FSPIP)

A site for those who are interested in taking action to prevent the tragic loss of life to suicide.

<http://preventsuicide.fmhi.usf.edu>

Suicide Awareness Voices of Education (SAVE)

Dedicated to educating about suicide and speaking for suicide survivors.

www.save.org

National Strategy for Suicide Prevention (NSPP), 2001

Our nation's blueprint for suicide prevention, which was developed through the combined work of advocates, clinicians, researchers, and survivors.

<http://mentalhealth.samhsa.gov/SuicidePrevention/>

Surgeon General's Call to Action to Prevention Suicide, 1999

A semi-annual report by the U.S. Surgeon General about suicide and suicide prevention in the United States.

<http://www.surgeongeneral.gov/library/calltoaction>

Youth Risk Behavior Survey (YRBS)

National survey to understand how youth in America feels. Measures risk factors in their lives, asks about suicide attempts, etc.

<http://www.cdc.gov/HealthYouth/yrbs/index.htm>

Jason Foundation

National organization funded through corporations which has a curriculum that is implemented in schools across the nation.

www.jasonfoundation.com

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or suggestions please contact:

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