

Suicide Prevention

LifeTech Instructional Services
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Suicide: Know The Facts

CONSIDER THE FOLLOWING:

- Suicide is the leading cause of death due to injury in the U.S. according to the American Journal of Public Health.
- Suicide is the 10th leading cause of death with one suicide occurring on average every 14.2 minutes.
- 50 percent more people die by suicide each year than by homicide.
- It is estimated that more than 5 million people have been directly affected by a suicide.
- Recent data puts yearly medical costs for suicide at nearly \$100 million (2005).

Sources: American Association of Suicidology (AAS), American Foundation for Suicide Prevention (AFSP) Foundation for Suicide Prevention (AFSP)

Suicide has a major impact on our society. More so than many people believe. It's important to understand the facts and factors that contribute to suicide in order to prevent it.

A CRY FOR HELP

According to many experts, most suicidal individuals don't want to die. They just want to end the pain they are experiencing. This pain, while severe, is often temporary.

By receiving expert help at this critical point in time, suicidal individuals can often overcome their pain and avoid the tragedy of suicide.

SUICIDAL THOUGHTS?

THINK ABOUT THIS:

- Your problems are almost always treatable.
- You might not see it now; but there is a way out. You just have to reach out for help.
- Problems are seldom as great as they appear.

Source: American Association of Suicidology (AAS)

**In case of
an immediate
suicide danger
CALL 911**

If there's no immediate danger, but you need to speak with a trained counselor, call the National Suicide Prevention Lifeline at (800) 273-TALK (8255).

Who Is At Risk For Suicide?

THE
BOTTOM
LINE | Anyone who is experiencing severe pain – whether it’s emotional, psychological, or physical – is at risk for suicide, especially if that person feels there is no other way out from their situation.

Source: Centers for Disease Control and Prevention (CDC) National Vital Statistics Reports

SUICIDE DOESN'T DISCRIMINATE

At some point in life, anyone can have thoughts of suicide. But whether or not someone acts on these thoughts is determined by many factors.

Men and Women

Men are almost four times more likely to die by suicide than women. However, women attempt suicide three times more often than men.

Young Individuals and Seniors

Young people aged 10 to 14 have the highest rates of attempted suicide. Seniors aged 80 or older have the highest rates of completed suicide.

Every Race

Although Caucasian and Native American males are more likely to die by suicide than Americans of other racial backgrounds, all racial and ethnic groups experience suicide.

RECOGNIZE THE RISK FACTORS

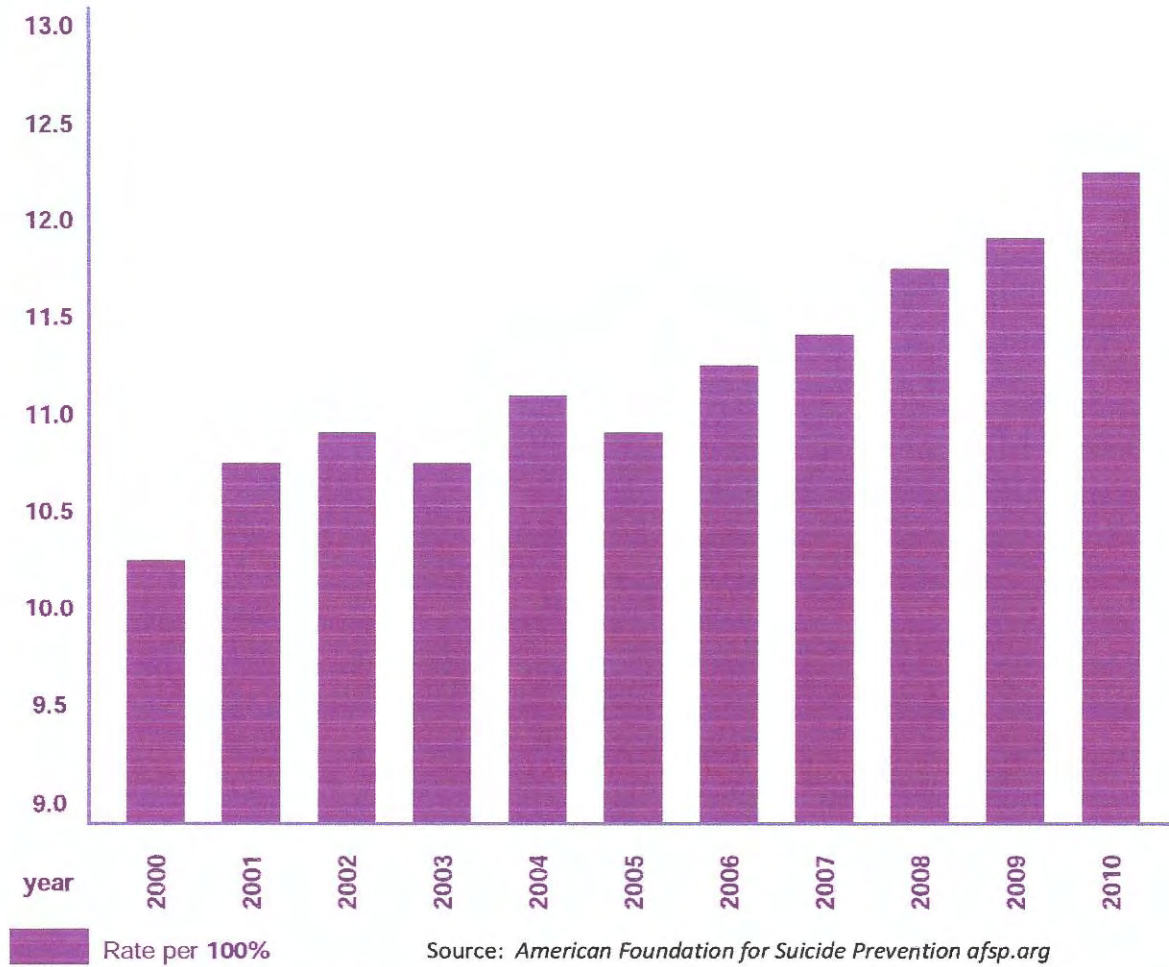
There are no simple answers to suicide because there are so many factors that contribute to it. By recognizing and understanding these factors, however, you can get the care you or someone you know desperately needs.

These risk factors may or may not be direct suicide causes:

- Family history of suicide.
- Family history of childhood abuse or neglect.
- Previous suicide attempt(s).
- History of mental disorder, particularly clinical depression.
- History of alcohol and substance abuse.
- Feelings of hopelessness.
- Impulsive or aggressive tendencies.
- Cultural and religious beliefs (for example, belief that suicide is a noble resolution of a personal dilemma).
- Local epidemics of suicide.
- Isolation, a feeling of being cut off from other people.
- Little or no access to mental health treatment.
- Loss (relational, social, work, or financial).
- Physical illness.
- Easy access to lethal methods.
- Unwillingness to seek help.

Lost Hope Leads To Lost Lives

Suicide Rates continue to climb



What To Watch For

A person doesn't become suicidal overnight. The factors that lead to suicide happen over a period of time and often involve major life events.

THESE INCLUDE:

- A recent traumatic event, such as the death of a loved one, divorce or breakup, or lost custody of children.
- Repeated exposure to pain, injury and death.
- Chronic physical pain or a terminal illness.
- Acute stress from financial difficulties, ongoing job loss or difficult relationships.
- If an individual also has easy access to firearms, potentially lethal medications or other means of enacting suicide, the risk of suicide increases.

Sources: American Association of Suicidology (AAS) and the American Foundation for Suicide Prevention (AFSP)

Behavioral Changes

Friends and family of a suicide victim often say they had no indication that person was suicidal. There are signs – noticeable changes in behavior – that a person may be considering suicide.

THESE ARE SOME OF THE BEHAVIORAL CHANGES TO LOOK FOR:

- Declining performance in school, work or other activities.
- Deteriorating physical appearance.
- Self-starvation or disobeying medical instructions (particularly among the elderly).
- Giving away belongings or getting affairs in order.
- Social isolation.
- Saying goodbye, as if for the last time.

A Deadly Trio Of Factors

What drives some – and not others – to end their own lives?

Current research suggests that an individual dies by suicide when three mindsets occur simultaneously.

1. Having the belief of being a burden to others – the idea that those you care about will benefit more from your death than your life.
2. Having a deep sense of loneliness, alienation and isolation.
3. Having a fearlessness about pain, injury and death that allows you to overcome the natural inclination to protect yourself.

Warning Signs

Remember I.S. P.A.T.H. W.A.R.M.?

Almost all suicides are preceded by warning signs. It's important to learn them. More importantly, it's critical to take them seriously when they occur and be prepared to respond immediately.

Clinical researchers, in cooperation with the American Association of Suicidology (AAS), developed the "IS PATH WARM?" phrase as a tool for remembering suicide warning signs.

THESE ARE SIGNS OF ACUTE RISK.

Ideation

- Threatening to commit suicide
- Talking about ending one's life.
- Looking for ways to die.

Substance abuse

- Using alcohol or drugs excessively or more than usual.
- Being intoxicated can make someone more likely to act on suicidal thoughts.

Purposelessness

- Feeling there is no reason to live.
- Being overwhelmed with a sense of personal failure or worthlessness.

Anxiety

- Feeling agitated, worried or restless.
- Being unable to sleep or sleeping all the time.

Trapped

- Feeling there is no way out of current situation.
- Feeling completely unable to reduce physical or emotional suffering.

Hopelessness

- Having no positive feelings about self, others or the future.

- Believing no one can help with a particular event or problem.

Withdrawal

- Pulling away from friendships, family and other social connections.
- Being uncommunicative, especially if this is unusual.

Anger

- Exhibiting rage or uncontrolled hostility.
- Seeking revenge for perceived wrongs.

Recklessness

- Acting reckless without regard to consequences.
- Engaging in risky behavior, especially if this is out of character.

Mood changes

- Having mood swings, especially if they include extreme feelings of hopelessness, despair and self-doubt.
- Becoming unusually sad, apathetic or irritable.
- Being suddenly and unusually calm. This may indicate a decision to act.

Call 911

or (800) 273-TALK (8255)

There's A Lot You Can Do

Noticing the warning signs of suicide is the first step in preventing suicide. First and foremost, you have to take anyone's talk about suicide seriously, and then be prepared to take swift and direct action.

CRITICAL STEPS TO CONSIDER:

NEVER PROMISE CONFIDENTIALITY

Keeping a secret keeps someone from getting the professional help they need.

- Call 911 or the National Suicide Prevention Lifeline, (800) 273-TALK (8255).
- Accompany the individual to a local emergency room or community mental health center.
- Contact the individual's physician or mental health provider.

TAKE THE THREAT SERIOUSLY

- Don't try to handle the crisis on your own. Call 911, (800) 273-TALK (8255), the individual's physician, or others who are trained to help.
- Listen. Let the individual relieve anguish by talking. Be understanding.
- Don't leave the person alone. If possible, stay nearby until you are sure the individual is receiving professional care.

When you notice suicidal warning signs, talk to that person	Help a co-worker
<ul style="list-style-type: none"> • Ask direct questions. For instance, “Are you thinking about killing yourself?” If the individual has a plan and the means to carry it out, call 911 immediately. • Share your concerns. Remain calm. Gently mention behaviors that worry you. • Listen. The individual will be more willing to accept your help and seek professional advice. • Help overcome guilt. The individual may feel ashamed of wanting to die. Point out that many individual experience similar thoughts. The important thing is getting help for painful and hopeless feelings. • Help overcome guilt. The individual may feel ashamed of wanting to die. Point out that many individuals experience similar thoughts. The important thing is getting help for painful and hopeless feelings. • Let that person know that they are important to you and others. Provide specific examples of how the individual makes your own life better. • Do not take personal responsibility. You cannot make a suicidal individual well, but you can help that person receive and continue treatment. • Provide ongoing support. When an individual has shared with you that they are getting professional help for suicidal thoughts, talk to them regularly. Suicidal individuals sometimes discontinue treatment after early visits with a health professional. Your support may encourage them to continue. 	<p>It takes special courage to help someone you work with. Talking about your concerns may feel awkward. However, you may be a co-worker’s or employee’s only source of help.</p> <ul style="list-style-type: none"> • Get to know those you work with. The better you know one another, the better you can help if problems arise. • Be observant. Pay attention to warning signs such as increased absenteeism, decreased productivity or lost interest or pride in work. • Take appropriate steps. Take time to understand and follow your company’s protocol for handling sensitive issues at work. Be respectful and mindful of the individual’s privacy and health information. If an individual confides in you that they are contemplating suicide, report this information to your leadership at once. • Refer the individual to the employee benefit program such as your Employee Assistance Program (EAP) office or other appropriate source of help.

Suicide Prevention In The Military

THE
BOTTOM
LINE

According to the Department of Defense (DoD), in 2012, 349 servicemembers took their own lives. That's one suicide death every 25 hours. The Army sustained the greatest number of suicides at 182.

<p>A GROWING PROBLEM</p> <p>In 2012, suicide in the military hit an all-time high, according to the U.S. Department of Defense (DoD). In fact, in the Army, more soldiers died from suicide than were killed in Operation Enduring Freedom.</p>	<p>MANY FACTORS. ONE TRAGIC RESULT</p> <p>Servicemembers have to deal with many unique, and often difficult, situations – situations that most non-military personnel could never imagine. Because of this, servicemembers are often exposed to the types of feelings and issues that may lead them to thoughts of suicide.</p>
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COMMON CONTRIBUTING FACTORS

- Multiple relocations, separation from family and the demanding nature of military service. Servicemembers can experience a lifetime of stress during a few years of service.
- Being more susceptible to medical issues highly associated with suicide, such as post-traumatic stress disorder (PTSD).
 - PTSD is a type of anxiety disorder that is triggered by a traumatic event.
 - Without medical treatment, PTSD increases the risk of suicidal thought and actions. Symptoms include:
 - Recurring flashbacks or nightmares of the event.
 - Avoidance (to the point of phobia) of any reminder of the event.
 - Chronic sleep problems, feeling on edge and other signs of hyperarousal.
- Fearing being perceived negatively for seeking mental health treatment.
- Treatment may include reintegration, socialization, medication and psychotherapy.

MILITARY SUICIDE PREVENTION REQUIRES LEADERSHIP

Preventing suicide in the military starts at the top; with caring and decisive leadership. Military leaders must communicate to personnel that seeking help is a sign of strength. It's a courageous and honorable thing to do. More and more, military leaders and being trained to recognize the warning signs of suicide and being instructed on how to take preventive action. Servicemembers too are encouraged to become informed and take action whenever it's needed.

STEPS SERVICEMEMBERS CAN TAKE.

- Form relationships. Get to know those around you. Be able to recognize when they are suffering.
- Be informed about suicide. Learn the risk factors, contributing factors and warning signs of suicidal thoughts and actions. Take steps to inform others.
- Discourage high-risk behaviors that can lead to suicide. Recent studies show increased use of alcohol, amphetamines and narcotics among some servicemembers. This dangerous trend can contribute to suicidal thoughts.
- Create awareness. Stigma is the biggest deterrent to seeking appropriate treatment. Tell others that seeking help (for any problem) is an important part of fitness and readiness. Getting help shows self-awareness and a desire to achieve your best.
- Encourage at-risk individuals to get help. Early diagnosis and treatment are extremely important.

THE A.C.E. FORMULA

Ask:

- Have the courage to ask, "Are you thinking about killing yourself?"
- Stay calm.

Care:

- Remove any means that could be used for self-injury.
- Calmly control the situation. Do not use force.
- Actively listen to produce relief.

Escort:

- Avoid leaving a suicidal individual alone, but be alert to your own safety.
- Escort the individual to the chain of command, a chaplain, a behavioral health professional or primary care provider.

Based on the U.S. Army's and the U.S. Air Force's Suicide Intervention Programs.

GET HELP

The Veterans Crisis Line connects veterans in crisis and their loved ones with Department of Veterans Affairs (VA) responders through a confidential toll-free hotline, online chat, or text. Call (800) 273-8255 and Press 1, chat online at veteranscrisisline.net/ChatTermsOfService.aspx, or send a text message to 838255 to receive confidential support 24 hours a day, 365 days a year.

SERVICEMEMBERS AND THEIR FAMILIES MAY ALSO CONTACT:

A local military or mental health clinic.

Military OneSource Crisis Intervention Line at (800) 342-9647.

Defense Centers of Excellence (DCoE) at (866) 966-1020.

Suicide Still Happens

Unfortunately, not everyone will be saved from committing suicide. If you lose someone to suicide, your grief process will be intense, complex and lengthy. Feelings of denial, anger and guilt are much stronger when a loved one dies by suicide than when one is lost to illness or accident.

WHAT TO EXPECT

As you grieve, you'll likely experience many emotions. While these are natural, they may interfere with your ability to resolve grief.

- Overwhelming anger, guilt, confusion, sadness and forgetfulness, as well as physical aches and pains or trouble eating and sleeping.
- Persistent memories or dreams about the suicide.
- Fear or anxiety over simple activities, such as taking a shower, being in the dark or opening a closed door.
- Intense guilt over past actions or words – even guilt for surviving. You may relive past arguments or conflicts.
- Repressed acceptance of the suicide. You may attempt to rationalize that the death was an accident or even murder.
- Shame or embarrassment that keeps you from seeking necessary help and support.
- Feeling you could have prevented the suicide.
- Blaming yourself for missing warning signs of your loved one's intentions.
- Imagining you were responsible for your loved one's actions.
- Worrying that others blame you for the suicide.
- A sudden resurgence of these symptoms when you hear of another suicide.
- When family and friends suffer the grief and trauma of losing someone they care about to suicide, they become more likely to kill themselves.

THE HEALING PROCESS

Overcoming the pain of loss that results from a suicide is a lengthy process. But things can, and often do, get better.

WHEN COPING WITH THE COMPLEX EMOTIONAL AND SOCIOLOGICAL FACTORS SURROUNDING SUICIDE, TRY TO RESPOND IN THE FOLLOWING WAYS:

- Acknowledge that your loved one died by suicide.
- Accept that your loved one – and no one else – was responsible for choosing suicide.
- Talk or write about your loved one's death to help break a cycle of obsessive thoughts.
- Consult a physician if anxiety interrupts your normal routine for a prolonged period.
- If guilt persists, it may help to consult a clergy member, support group, counselor or therapist.
- Learn as much as you can about suicide and its causes.
- Reach out to others who have lost a loved one to suicide. Join a support group or start one if there are none in your area.
- Stay in touch with family and friends during the stress-filled weeks and months following the suicide.

Grief is a natural, necessary and healthy response to the loss of a loved one, but it is not just a feeling. It is the difficult process of facing your loss, accepting it and choosing to enjoy life again. Expect emotional and physical symptoms to come and go throughout this period. Over time, the intensity and frequency of your anguish will diminish and you will recover.

For More Information

<p>Learn the signs, save a life.</p>	<p>According to the Suicide Prevention Resource Center (sprc.org), there are more suicide deaths each year than homicides. What's more, there are an estimated dozen attempted suicides for every suicide death. Knowing how to recognize the warning signs and respond to those at risk could save the life of a loved one, friend or co-worker.</p>
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MORE SUICIDE PREVENTION SOURCES:

American Association of Suicidology (AAS)

(202) 237-2280 suicidology.org

American Foundation for Suicide Prevention (AFSP)

(888) 333-AFSP (2377) afsp.org

Defense Centers of Excellence (DCoE)

(866) 966-1020

Military One Source Crisis Intervention Line

(800) 342-9647

National Institute of Mental Health (NIMH)

(866) 615-6464 nimh.nih.gov

National Suicide Prevention Lifeline

(800) 273-TALK (8255)

Suicide Prevention Resource Center

(877) GET-SPRC (438-7772) sprc.org

Wounded Warrior and Family Hotline

(800) 984-8523

SUICIDE PREVENTION:

(1 Training Hour)

TEST

Student Name: _____ **Date:** _____

Instructions: Read each of the following questions carefully, and then circle or place your best answer. This course is one training hour.

1. **In the United States, suicide is the 11th leading cause of death.**
True False
2. **Young individuals aged 10 to 14 have the lowest rates of attempted suicide.**
True False
3. **Individuals aged 80 or older have the highest rates of completed suicide.**
True False
4. **All suicides can be predicted, and some tragically occur without warning.**
True False
5. **Feelings of hopelessness, physical illness, history of mental disorders, and loss of work are just a few examples of risk factors of suicide.**
True False
6. **Sudden stress from financial difficulties, job loss or difficult relationships can be considered a contributing factor to suicide.**
True False
7. **A program that can benefit an employee is called Employee Assistance Program (EAP).**
True False
8. **Post-Traumatic Stress Disorder (PTSD) is a type of anxiety disorder that is stopped by a medical event.**
True False
9. **Avoidance (to the point of phobia) of any reminder of the event is part of PTSD.**
True False
10. **What formula helps an individual having suicidal thoughts.**
A. The CAB formula C. The ACE formula
B. The CAE formula D. All of the above

11. When a loved one dies by suicide, feelings of denial, anger and guilt are much weaker when one is lost to illness or accident.

True False

12. Match the following words to the corresponding phrases:

Ideation	Substance abuse	Purposelessness	Anxiety	Trapped
Anger	Hopelessness	Recklessness	Withdrawal	Mood change

_____ Feeling there is no reason to live
_____ Seeking revenge for perceived wrong
_____ Becoming unusually, sad apathetic, or irritable
_____ Feeling completely unable to reduce physical or emotional suffering
_____ Threatening to commit suicide
_____ Engaging in risky behavior, out of character
_____ Feeling agitated, worried or restless
_____ Using alcohol or drugs excessively or more than usual
_____ Having no positive feelings about self, others, or the future
_____ Pulling away from friendships, family, and social

FILL OUT YOUR INFORMATION BELOW AND SEND YOUR COMPLETED TEST TO THE ADDRESS BELOW.

INCLUDE YOUR CHECK or MONEY ORDER for \$5.00 (PER TEST).

Name: _____
Address: _____
Phone: _____
Email: _____
Preschool: _____

MAIL TO:
Lifetech Instructional Service
1423 Wisconsin Avenue
Palm Harbor, FL 34683