

# Suicide Prevention



Barbara Fordyce, Ph.D.  
Psychologist

# Overview



- Statistics
- Risk and Protective Factors
- Assessment and Intervention
- Resiliency and Prevention
- Cultural Competency
- Resources



# Statistics



# Risk & Protective Factors

# 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.<sup>1</sup>
- Suicide is an attempt to solve a problem of intense emotional pain with impaired problem-solving skills.<sup>2</sup>
- Individuals of all races, creeds, incomes, and educational levels die by suicide. There is no typical suicide victim.<sup>3</sup>

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](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 generated from what appears to be an inescapable solution.

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/>

# 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.

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/>

# 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



- 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

Zenere, F. *Youth Suicidal Behavior: Prevention and Intervention*. Miami-Dade County Public Schools.  
[http://www.helppromotehope.com/documents/Zenere\\_for\\_parents.pdf](http://www.helppromotehope.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 . *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-psychosocial
- 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, financial loss, drop out of school
- Homelessness
- 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**



# Assessment and Intervention

# Suicide Risk Assessment



## **Five Step Evaluation**

1. Identify Risk Factors
2. Identify Protective Factors
3. Conduct Suicide Inquiry
4. Determine Risk Level
5. Document

# 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.



# 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.



# 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.

# 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.

# 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.<sup>1</sup>
- 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. <sup>1</sup>While 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. <sup>2</sup>

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. <sup>1</sup>
- 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. <sup>2</sup>

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](http://www.helppromotehope.com/events/2008_Symposium/Litts.pdf)



# Resources



## The National Suicide Prevention Lifeline (NSPL)

1-800-273-TALK (8255)

24-hour confidential crisis hotline

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

## Suicide Prevention Resource Center (SPRC)

Resources and information

[www.sprc.org](http://www.sprc.org)

## American Association of Suicidology (AAS)

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

[www.Suicidology.org](http://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](http://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](http://www.afsp.org)

Military OneSource is a good reference for veterans and also has a crisis line.

[Mentalhealth.va.gov/suicide](http://Mentalhealth.va.gov/suicide) prevention

[Suicideispreventable.org](http://Suicideispreventable.org)

## Suicide Awareness Voices of Education (SAVE)

Dedicated to educating about suicide and speaking for suicide survivors.

[www.save.org](http://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://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>