



Module 8: Suicide Prevention

Goal

Suicide is a preventable public health crisis. According to the American Foundation for Suicide Prevention, it is the 10th leading cause of death in the United States. The Foundation estimates more than 48,000 people die by suicide each year, meaning approximately 132 people die by suicide each day. These numbers, however, are thought to be much higher; in 2018 more there were an estimated 1.4 million suicide attempts.

Despite the high rate of death by suicide among Americans, roughly 40 percent of people with a mental health condition do not receive medical attention. Researchers found that stigma is one of the leading reasons why people do not seek help. In general, Hispanic suicide rates are lower than those of the overall US population, however the teenage Latina population has a notably high suicide rate – close to double that of non-Hispanic youth and young adult females. Like so many young people, common factors include culture, access to health care, family dynamics, language barriers, and poverty.

If you or someone you know is considering suicide, know you re not alone. Help is out there; you can be part of the solution.

Objectives

- Learn to understand suicide, its warning signs, risk factors, and action steps you can take to take to save lives.
- Learn strategies to start conversations about suicide.
- Know resources to support prevention efforts.
- Ensure that you and your staff are comfortable, competent, and well prepared to recognize, respond, and manage suicide risk.



What to Know Before Presenting the Suicide Prevention PowerPoint

1. **BACKGROUND:** It is likely that some participants have been touched or otherwise affected by someone who has attempted or died by suicide, so the topic of suicide sometimes triggers strong emotions and reactions among audience members. Have a plan and be ready to address and support them by having someone available to talk with them.
2. **STRATEGIES:**
 - a. Do not profess to know all the answers about suicide. It's okay... no one does.
 - b. Model communication techniques that encourage people to talk about their feelings and their fears.
 - c. Know where to refer someone who may need emergency assistance.
 - d. Discuss the importance of seeking help.
3. **PLANNING:**
 - a. Again, be ready for the unexpected.
 - b. Has a family member, friend, or co-worker died by or thought about suicide? (It is not uncommon to have upwards of 90% of audience answer yes.)
 - c. Have you thought about suicide? Again, not uncommon. It is estimated that one in 10 Americans have considered suicide.
 - d. Know the material well.
 - e. Go to your presentation location early and plan to stay late – often participants want (and sometimes need) to talk.
4. **KNOW THE AUDIENCE:**
 - a. Have they been forced to attend?
 - b. Are they bored or uninterested?
 - c. Are they uncomfortable with the topic of suicide?
 - d. Individual history plus family and friends background will impact the audience's readiness and level of interest. Grief or anger may be simmering among some participants.
5. **PRESENTER IDEAS:**
 - a. Know your own limits; consider a co-presenter if you think it will help.
 - b. Be prepared; know the information you intend to present and practice, practice, and practice again so you can better read your audience during your own presentation.
 - c. Speak with confidence; you are ready for your presentation and the information you have to share is vitally important.
 - d. Bring suicide prevention resources – local brochures, posters, handouts, cards, etc.



- **The messages in the Suicide Prevention PowerPoint emphasize:**
 - The average percentage of people who have been touched by suicide is 54%.
 - Knowing the **myths and facts** of suicide is critical.
 - Knowing the **warning signs** – as well as what to do, and how to offer support – is vital.
 - Understand the role that **stigma** plays when people do not reach out for help.
 - Using non-stigmatizing **language** plays a role when talking about suicide.
- Know the **risk-factors** of depression that could lead to suicide:
 - Helplessness / Hopelessness
 - Loss of Interest in daily activities
 - Appetite or weight changes
 - Sleep patterns may change
 - Anger or irritability
 - Loss of energy
 - Self-loathing
 - Reckless behavior
 - Problems concentrating
 - Unexplained aches and pains
- Incorporate a **cultural competence** approach when addressing suicide prevention.
 - Address **risk factors** and **protective factors**
- Know what to do to **save lives and #BeThe1To** (be the one to):
 - Ask, “Are you thinking about suicide?” Listen to them like a true friend.
 - Be there and offer support.
 - Keep them safe –
 - Have they already done anything to try to kill themselves before talking to you?
 - Do they know how they would kill themselves?
 - Is there a detailed plan?
 - Do they have access to their planned method?
 - Help them connect (develop a safety plan).
 - Follow up.

Suicide Prevention must be supported by **Self-Care**.

Use iSOSY Resource Sheets / Mental Health Lesson Plans

