

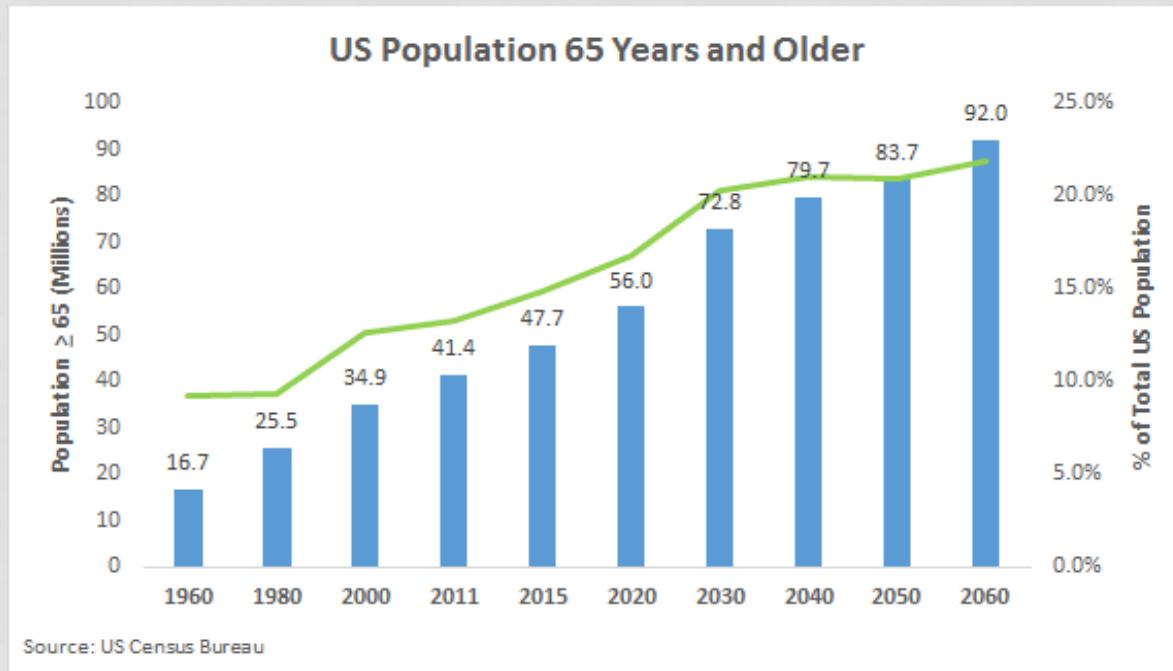
SUICIDE PREVENTION: EDUCATION AND AWARENESS

DEPARTMENT OF VETERANS AFFAIRS
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WHY TALK ABOUT SUICIDE?

- The population of those 65 years and older is expected to double between now and 2050
- Those 65 years and older are among the highest risk for suicide



WHY TALK ABOUT SUICIDE?

- 20% of us will be impacted by suicide within our immediate family
- 60% of us will personally know someone who has died by suicide

“Prevention may be a matter of a caring person with the right knowledge being available in the right place at the right time.”

(American Foundation For Suicide Prevention)

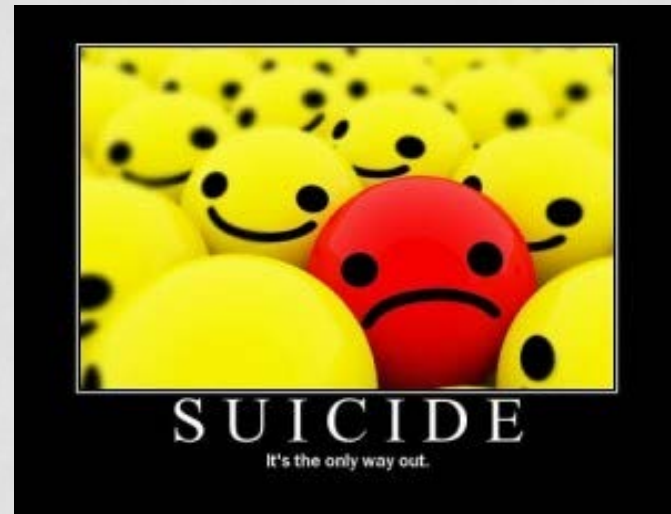
WHAT IS YOUR EXPERIENCE WITH SUICIDE?

* professional...

* personal...

* stigma...

(died by suicide vs.
committed suicide)



SUICIDE: World Health Crisis

804,000 deaths from suicide occurred worldwide in 2012

41,149 deaths from suicide in 2013 in the United States



SUICIDE: World Health Crisis

- Every approx. 13 minutes, someone dies by suicide
(American Association of Suicidology, 2015)
- One person dies by suicide every 40 seconds worldwide
(World Health Organization, 2014)
- Suicide is the 10th leading cause of death in the U.S.
(American Association of Suicidology, 2015)



SUICIDE: World Health Crisis

- Ethnic groups (2009)

Highest Rates:

White males-21.6 per 100,000

Native Americans-12.3 per 100,000

Non-White males-9.2 per 100,000

Black males-8.6 per 100,000

Lowest Rates:

Asian/Pacific Islander-6.3 per 100,000

Hispanics-5.3 per 100,000

- Gender disparities

- Women attempt suicide 3.5 times more than men

- Men complete suicide almost four times that of women

- Methods

- Firearms 51%

- Suffocation/Hanging 24%

- Poisoning 16%

- Cutting 2%

- Drowning 1%

SUICIDE IN MINNESOTA

- Almost 700 deaths by suicide per year
- More than three times as many Minnesotans die from suicide as from homicide
- Almost half of the suicide deaths involve a firearm



SUICIDE AMONG THE ELDERLY POPULATION (65+)

- People over the age of 65 make up 12% of the population but 16% of all suicides (Center for Disease Control)
- In 2013, there was one elderly suicide every 70 minutes (American Association of Suicidology, 2015)
- 19 suicides among the elderly each day (American Association of Suicidology, 2015)
- For men over the age of 65, the rate is almost 8x greater than for women (Center for Disease Control and Prevention, 2009)

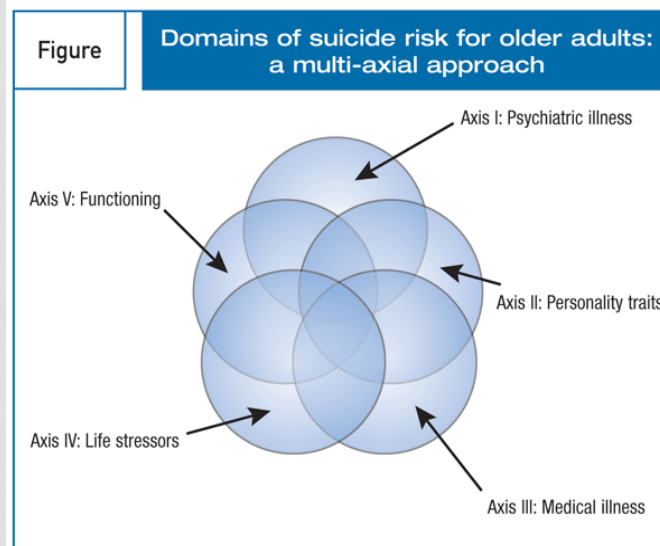


SUICIDE AMONG THE ELDERLY POPULATION (65+)

- Most common means of suicide in nursing homes...
 - Jumping from high places
 - Hanging
 - Taking overdoses of medication
 - Cutting
- Older adults can also harm themselves by refusing to eat, drink, take medication, follow treatment recommendations or by taking unnecessary risks.

RISK FACTORS

So, what are the risk factors for suicide?



RISK FACTORS

- Previous suicide attempt(s)
 - Higher pain tolerance
- History of psychiatric hospitalizations
- Alcohol or substance abuse
- History of mental illness
 - 90% of those who die by suicide have a diagnosable mental health condition
- Recent loss
- Change in social role (retirement)
- Loss of autonomy
- Living alone
- Major life transition (moving to NH)
- Social disconnectedness
- Financial problems
- Exposure to friend/family suicide
- Health problems
 - Risk increases with the number of diagnosed illnesses
- Chronic pain – severe & uncontrolled
- Hopelessness
- Interpersonal conflict/stress
- Fear of becoming a burden
- Access to weapons or other means



RISK FACTORS

- Many people have one or more risk factors, but are not suicidal
- It is the cumulative and interactive effects of co-occurring risk factors that result in increased risk for suicide behavior

WARNING SIGNS

Changes in behavior

Actions or gestures

Risky behaviors

Verbal expressions

WARNING SIGNS OF IMMEDIATE RISK FOR SUICIDE...

- Someone threatening to hurt or kill themselves, or talking of wanting to hurt or kill him/herself
- Someone looking for ways to kill themselves by seeking access to the means
- Someone talking or writing about death, dying, or suicide when these actions are out of the ordinary for this person.

OTHER WARNING SIGNS

- Hopelessness
- Co-occurring mental health concern
- Feeling lack of purpose
- Rage or anger
- Impulsiveness
- Loss of interest in hobbies, interests
- Sleeping too much or too little
- Failure to thrive
(not eating, drinking, taking medication)
- Withdrawing from family and friends
- Mood swings
- Sudden shift from deep depression and thoughts of death to cheerfulness or peace
- Giving away prized possessions
- Putting personal affairs in order
- Increased use of alcohol or drug use



VERBAL CUES



- **Direct:**
 - “I'm going to kill myself, end it all.”
 - “I am tired of living. I just want to die.”

- **Indirect:**
 - “I won't make it to ____.”
 - “You won't have to worry about me much longer.”

TALKING ABOUT DEATH & DYING

As people age, they think more about death and dying.

Sometimes they talk more about death and dying.

Talking about death and dying is normal.

Obsessing about death is not healthy.

It is important to be able to distinguish normal, healthy talk from suicidal thinking.

We need to consider not only what someone says but also how it is said.

Ask yourself, is this out of character for them?

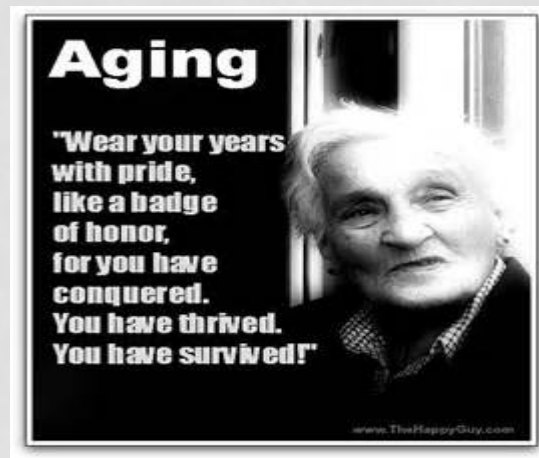
PROTECTIVE FACTORS

Serve as buffer to risk factors....

Enhance resilience....

May outweigh risk....

Vary depending on the individual....



PROTECTIVE FACTORS

- Support network of family and/or friends
- Access to services
- Engagement with health professionals (MH, CH, PC)
- Positive, pleasant, homelike physical environment
- Good health
- Spiritual/Religious beliefs
- Hobbies
- Pets
- Self-esteem
- Problem solving skills
- Adaptive coping mechanisms
- Difficult access to means



YOU ARE CONCERNED SOMEONE IS AT RISK FOR SUICIDE...

What are your next steps?



YOU ARE CONCERNED SOMEONE IS AT RISK FOR SUICIDE.... SO, WHAT ARE THE NEXT STEPS?

- If in doubt, ask the question
- Remain calm
- Stay with the person or remain on the phone
- Act with confidence
- Use open body language
- Let them do the talking
- Be supportive and encouraging
 - “You mean a lot to me and I want to help”
- Do not worry about doing or saying exactly the ‘right’ thing. Your genuine interest is what is most important
- Offer **HOPE!**



ASKING THE QUESTION...

INDIRECT/DIRECT

Indirect:

- “Have you been feeling down lately?”
- “Sometimes when people are as upset as you seem to be, they sometimes wish they were dead. I am wondering if you feel that way too?”
 - *Vague question gets vague answer!*

Direct:

- “Are you thinking about killing yourself?”
- “Are you thinking of suicide?”
- “Have you thought about harming yourself?”

“Under such circumstances, it is better to be bold and blunt than shy and sorry” -Quinnett

HOW NOT TO ASK THE QUESTION...

“You’re not suicidal, are you?”



WHAT IF THEY SAY NO?

- Explain why you asked
 - Telling them why you asked may change their answer
- Provide resources
 - They may benefit later
- Get others involved
 - Could prevent a crisis



WHAT IF THEY SAY YES?

- **Listen**
 - Hear their story
 - Give them your full attention
- **Offer hope**
 - “I want to help you” or “I want you to live”
- **Ask**
 - “Do you have a plan?”
- **Act**
 - Do not leave the person alone!
 - Get others involved
 - Bring the person to ER, local crisis center, call 911
 - Provide resources (crisis hotline, community resources)

KNOW THE RESOURCES

- National Suicide Prevention Hotline **1-800-273-TALK(8255)**
- Crisis Connection Minnesota **612-379-3636**
- Suicide Awareness Voices of Education www.SAVE.org
- Suicide Prevention Resource Center www.SPRC.org
- American Association of Suicidology
- Senior Linkage Line **1-800-333-2433**
- Emergency Department
- United Way **211**



WHAT'S NEXT...?

- Offer **HOPE!**
- Safety Plan
- Get others involved
 - Friend – Family – Providers etc.
- Remove or secure lethal means
- Engage the individual in activities that promote emotional health
- Stay connected
 - Call or stop by – continue to offer support

HOPE BEGINS WITH YOU!

Thank You!

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HOW DOES YOUR FACILITY PROMOTE EMOTIONAL HEALTH?

- *What activities and programs are implemented to...*
 - Promote health and wellness?
 - Relaxation, yoga, tai chi
 - Promote social connections?
 - Parties to celebrate birthdays, holidays etc
 - Group games
 - Hospitality/community room
 - Group outings
 - Enhance self-esteem and feelings of competence?
 - Book or card clubs
 - Art or photography class
 - Classes in gardening, carpentry, wood work etc.
 - Help residents find meaning & purpose in their life?
 - Religious classes
 - Volunteering

