

HELPING THE SUICIDAL INDIVIDUAL

Recognizing and Responding to the Potentially Suicidal Individual

STATISTICS OF SUICIDE

- National Statistics (2017)
 - Data lags by 1 year, derived from CDC
 - 47,173 deaths by suicide (rate of 14.5 suicides per 100,000 population)
 - 10th leading cause of the death in the U.S., 2nd for 15-24 year olds
 - 25 suicide attempts for every 1 death by suicide
 - Estimated 283,000 individuals annually experience a major life disruption after exposure to suicide loss
- Ohio Statistics (2017)
 - 1,740 deaths by suicide (rate 14.9 suicides per 100,000 population)
 - Ranking of Suicide Deaths for Each U.S.A. State: 33rd

<https://www.suicidology.org/resources/facts-statistics>

SUICIDE IS COMPLEX

- The common stimulus for suicide is intolerable psychological pain
- To the suicidal individual death may seem the only way to escape this pain
- Suicidal individuals suffer from constricted thinking
- People who are suicidal may experience feelings of hopelessness and helplessness
- Ambivalence is common

1. HOW TO IDENTIFY THOSE WITH SUICIDAL IDEATION

- Changes in behavior
 - Isolating themselves, dropping out of pleasurable activities, mood swings
- Communicates feelings of hopelessness, helplessness, worthlessness, burdensomeness
- May communicate through social media, texting, phone conversation, face to face, etc.
- Acquiring means such as searching online or purchasing a firearm

WARNING SIGNS

- Ideation – thoughts, planning, communicating
- Substance Abuse – increased use
- Purposelessness – no reason to live, no future
- Anxiety – pacing, rapid speech, hyperventilating
- Trapped – there s no other way out
- Hopelessness – it's never going to change
- Withdrawal – from usual activities, social interaction
- Anger – more than typical, remains for longer
- Recklessness – doesn't care if they die
- Mood Change – drastic, noticeable, either up or down

SOMETIMES IT IS BY DIRECT STATEMENTS

- "I wish I were dead"
- "I can't stop thinking about suicide"
- "My life is over"
- "If _____ happens, I'm going to kill myself"
- "I don't have any reason to live"

SOMETIMES IT IS BY INDIRECT STATEMENTS

- "Life sucks"
- "I hate everything"
- "My family would be better off without me"
- "I won't be bothering you anymore"
- "I wish I could sleep forever"
- "Nobody cares if I live or die"

2. REACH OUT TO THEM

- Don't wait!
- Meet in person if possible
- Find a quiet place to talk
- Share with them why you are concerned
- Assure them that you want to help
- Listen without judgement
- Open-ended questions will encourage talking

3. ENGAGE WITH THEM

- Let them know that you really care about them
- If they are agitated, it may help if you walk around with them or take some deep breathes
- Address their feelings:
 - "It sounds like you are feeling really frustrated (angry, hopeless, etc.)"
 - "It's okay to cry"
- Acknowledge their pain

4. ASK DIRECTLY ABOUT SUICIDE

- Tell them why you are worried they might be suicidal
- Express your concern
- Ask directly
 - "You said you wish you could just go to sleep and never wake up. That really concerns me. Are you thinking about suicide?"

REMEMBER...

YOU WILL **NOT CAUSE A SUICIDE BY ASKING IF SOMEONE IS SUICIDAL!**

- Instead you are creating a safe space for the individual to open up about their thoughts

5. RESPOND TO A "NO"

- "I'm glad to hear that. It does sound like you are pretty upset though. Would you tell me more about what's going on?"
- "Let's work together to figure out how we can get you some help."

6. RESPOND TO A "YES"

- "I'm sorry to hear that. I don't want you to do anything to hurt yourself. I don't want to lose you."
- "When you say you're suicidal, have you been thinking of a plan or has it been more general thoughts? "

IF THEY HAVE A PLAN...

- What is plan?
- Are the means available/right there?
 - If it is safe, remove access to the means
- Have they done anything yet to hurt them self, such as take pills or cut them self?
- Reassure them, "I don't want you to die. I want to get you some help."

IF THE PERSON IS IN IMMEDIATE DANGER... GET HELP!

- Get them to a hospital emergency room or call 911
- Continue to reassure them that getting help is the right thing to do
- Stay with them, do not leave them alone
- Call the lifeline while you are waiting

NOT IN IMMEDIATE DANGER BUT THEY WANT HELP NOW...

- **Hospital Emergency Department**
 - for admission to the psychiatric unit
- **Netcare Access** (for Franklin County)
 - Mental Health Crisis Center
 - Does not require insurance
 - (614) 276-2273

IF THEY DO NOT NEED IMMEDIATE HELP...

- If they have a counselor or therapist, encourage them to call this person and get an appointment as soon as possible.
- If they would like to get a referral to a counselor or support group...

CALL THE HOTLINE!!!

National Suicide Prevention Lifeline

1-800-273-8255

WHAT THE SUICIDE PREVENTION HOTLINE DOES:

- Provides a more in-depth assessment of suicide risk and protective factors
- Identifies problems underlying suicidal behavior
- Assesses caller's current resources and coping skills
- Problem-solving and referrals
- Makes contract and Plan of Action

QUESTIONS?

- Hannah Thompson
Coordinator, Suicide Prevention Services
North Central Mental Health Services
(614) 299-6600 ext. 2073
sps@ncmhs.org
