Suicide Prevention

Destigmatizing Suicide through Community Awareness

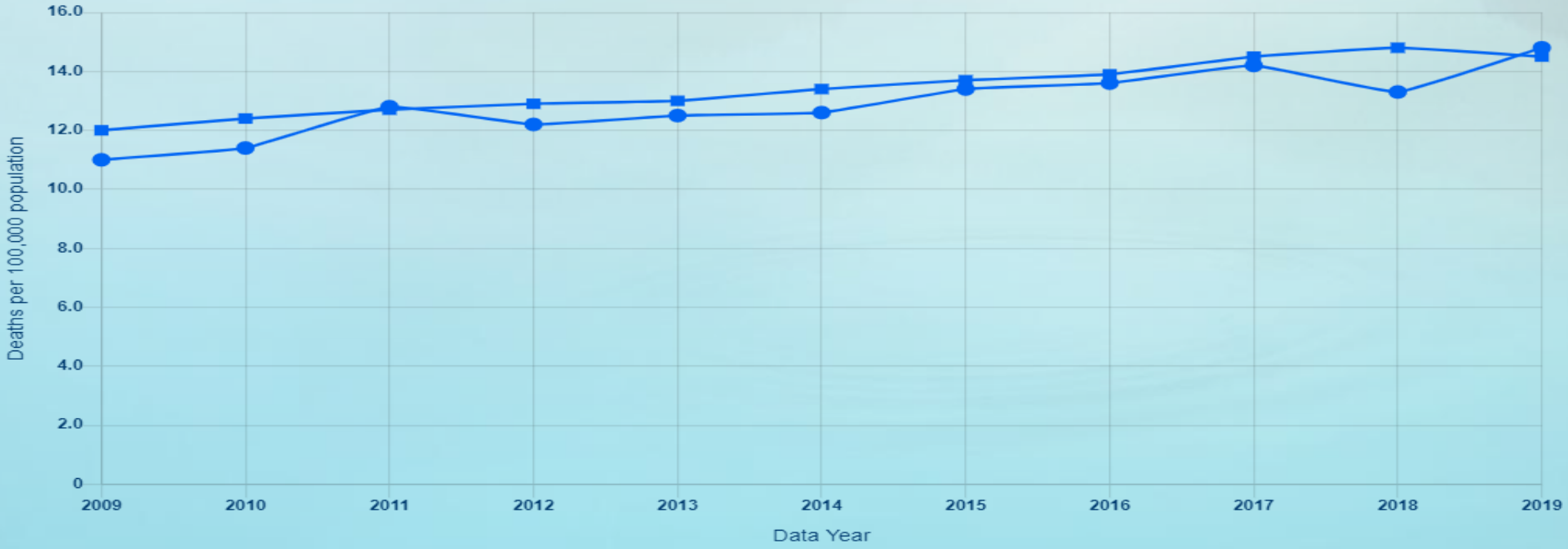
Presenter James Zimmer, LGSW

- Presenter: James Zimmer, MSSW, LGSW is a social worker with over five years of experience. He has worked in case management focusing on adult mental health services and currently is a behavioral health therapist employed at Sawtooth Mountain Clinic. He has worked as a suicide prevention leader within the U.S. Army and was trained in the ASIST method while serving. Since then, James has attended multiple trainings focused on suicidology and prevention. It had always been a dream of his to come home to Cook County and serve the community in which he grew up

What is Suicide?

- Centers for Disease Control and Prevention: Death caused by self-directed injurious behavior with an intent to die as a result of the behavior
- Merriam-Webster: the act or an instance of taking one's own life voluntarily and intentionally

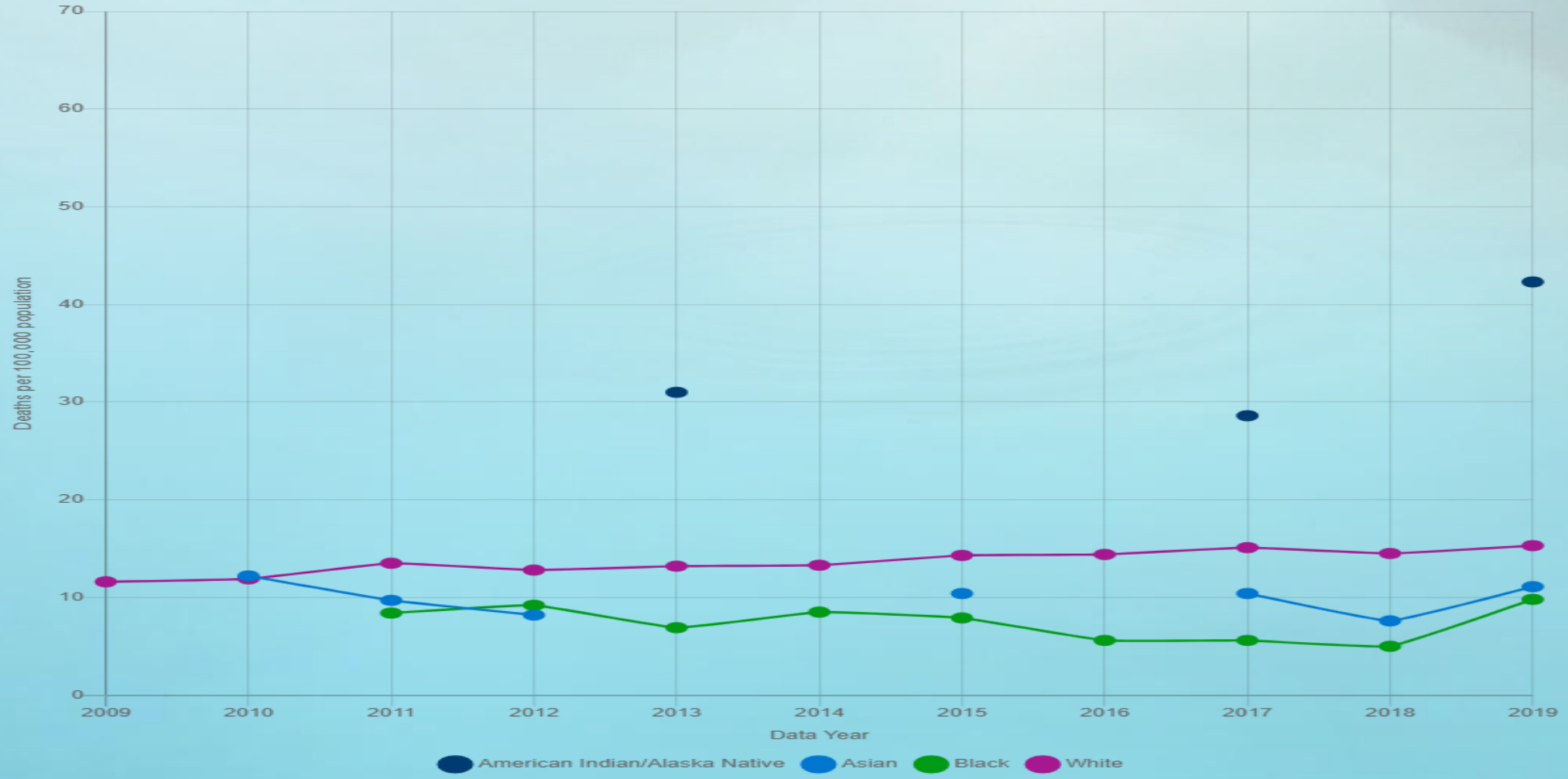
Suicide Statistics in Minnesota



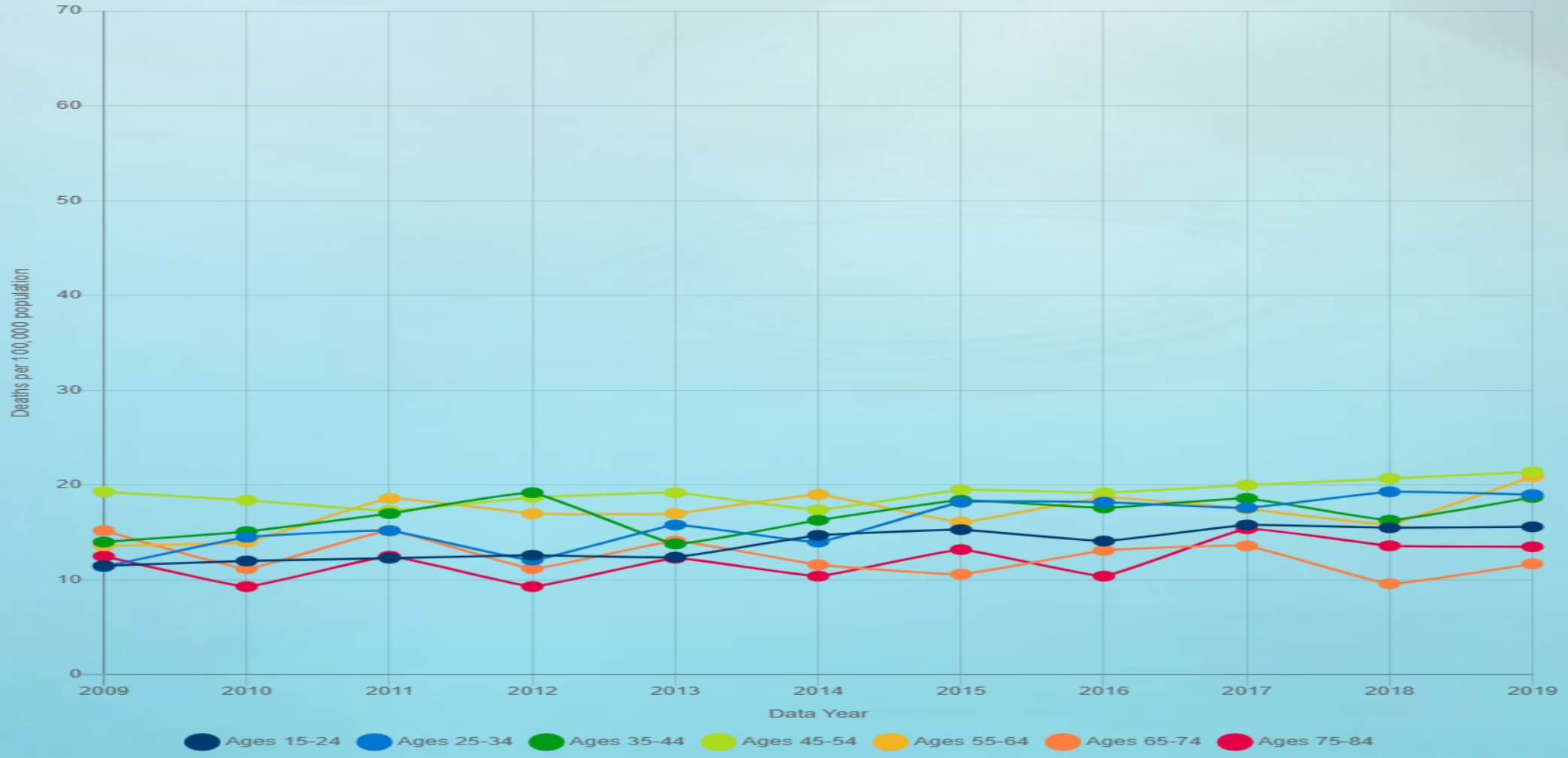
Deaths due to intentional self-harm per 100,000 population

- Minnesota
- United States

Suicide Statistics in Minnesota Continued



Suicide Statistics in Minnesota Continued



Suicide Statistics in Minnesota Continued

Suicide Statistics in Minnesota Continued

RACE/ETHNICITY

Suicide - American Indian/Alaska Native MN: 42.3 , U.S.: 21.4

Suicide – Asian MN: 11.1 , U.S.: 7.3

Suicide – Black MN: 9.8 , U.S.: 7.3

Suicide – White MN: 15.3 , U.S.: 18.1

Deaths per 100,000 population

Suicide Statistics in Minnesota Continued

AGE

Suicide - Ages 15-24 MN: 15.6 , U.S.: 13.9

Suicide - Ages 25-34 MN: 19.0 ,U.S.: 17.5

Suicide - Ages 35-44 MN: 18.7 , U.S.: 18.1

Suicide - Ages 45-54 MN: 21.4 , U.S.: 19.6

Suicide - Ages 55-64 MN: 20.9 , U.S.: 19.4

Suicide - Ages 65-74 MN: 13.7 U.S.: 15.5

Suicide - Ages 75-84 MN: 13.5 , U.S.: 18.6

Deaths per 100,000 population

Suicide Statistics

Suicide statistics reveal that women are roughly three times more likely to attempt suicide, though men are two to four times more likely to die by suicide. Compared to men, women show higher rates of suicidal thinking, non-fatal suicidal behavior, and suicide attempts.

Common Myths about Suicide

- MYTH: Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts.
- **FACT:** Talking about suicide provides the opportunity for communication.
- Fears shared are more likely to diminish.
- The first step in encouraging a person with thoughts of suicide to live comes from talking about those feelings.
- A simple inquiry about whether or not the person is intending to end their life can start the conversation.
- However, talking about suicide should be carefully managed.

Common Myths about Suicide

- MYTH: If a person attempts suicide and survives, they will never make a further attempt.
- **FACT:** A suicide attempt is regarded as an indicator of further attempts.
- It is likely that the level of danger will increase with each further suicide attempt.
- MYTH: People who threaten suicide are just seeking attention.
- **FACT:** All suicide attempts must be treated as though the person has the intent to die.
- Do not dismiss a suicide attempt as simply being an attention-gaining device.
- It is likely the young person has tried to gain attention and, therefore, this attention is needed.
- The attention they get may well save their lives.

Common Myths about Suicide

- MYTH: Suicide is hereditary.
- **FACT:** Although suicide can be over-represented in families, attempts are not genetically inherited.
- MYTH: All young people with thoughts of suicide are depressed.
- **FACT:** While depression is a contributory factor in most suicides, it need not be present for a person to attempt or die by suicide.

Suicide 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
- Major physical illnesses
- Previous suicide attempt(s)
- Family history of suicide
- Job or financial loss
- Loss of relationship(s)
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of healthcare, especially mental health and substance abuse treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)

Suicide Warning Signs

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings

Suicide Prevention

- Suicide prevention is every person's job
- Suicide is not inevitable for anyone. By starting the conversation, providing support, and directing help to those who need it, we can prevent suicides and save lives.
- Evidence shows that providing support services, talking about suicide, reducing access to means of self-harm, and following up with loved ones are just some of the actions we can all take to help others.
- By offering immediate counseling to everyone that may need it, local crisis centers provide invaluable support at critical times and connect individuals to local services.

Suicide Prevention – C-SSRS

What is CSSRS Columbia Protocol:

- The Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. Users of the tool ask people:
- Whether and when they have thought about suicide (ideation)
- What actions they have taken — and when — to prepare for suicide
- Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition

Suicide Prevention – C-SSRS

ASKING QUESTIONS

- Protocol administrators ask a series of questions about suicidal thoughts and behaviors. The number and choice of questions they ask depend on each person's answers. The questioner marks "yes" or "no," as well as how recently the thought or behavior occurred and a scoring of its severity. The shortest screeners are condensed to a minimum of two and a maximum of six questions, depending on the answers, to most quickly and simply identify whether a person is at risk and needs assistance. For a more thorough assessment of a person's risk, Columbia Protocol askers should use the standard scale.
- The Columbia Protocol questions use plain and direct language, which is most effective in eliciting honest and clear responses. For example, the questioner may ask:
- "Have you wished you were dead or wished you could go to sleep and not wake up?"
- "Have you been thinking about how you might kill yourself?"
- "Have you taken any steps toward making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away, or writing a suicide note)?"

Suicide Prevention – C-SSRS

DETERMINING NEXT STEPS

- To use the Columbia Protocol most effectively and efficiently, an organization can establish criteria or thresholds that determine what to do next for each person assessed. Decisions about hospitalization, counseling, referrals, and other actions are informed by the “yes” or “no” answers and other factors, such as the recency of suicidal thoughts and behaviors.
- The Columbia Lighthouse Project provides many examples of triage documents that Columbia Protocol users in hospitals, primary care practices, behavioral health care facilities, military services, prisons, and other settings employ to make these decisions. The Project also provides assistance to any organization that is thinking through its policy and establishing a care plan.

Suicide Prevention – C-SSRS

C-SSRS Website

The Lighthouse Project The Columbia Lighthouse Project

Loss Survivors

- **Find a support group.** You don't have to cope with your loss alone. There are support groups specifically for those who have lost a loved one to suicide.
- **Do what feels right to you.** Don't feel pressured to talk right away. Do what feels right to you. If you choose to discuss your loss, speaking can give your friends and family the opportunity to support you in an appropriate way.
- **Write.** You may find it helpful to write your feelings or to write a letter to your lost loved one. This can be a safe place for you to express some of the things you were not able to say before their death.
- **Ask for help.** Don't be afraid to let your friends provide support to you, or to look for resources in your community such as therapists, co-workers, or family members.

Loss Survivors

How to Help a Loss Survivor

- Accept their feelings. Loss survivors grapple with complex feelings after the death of a loved one by suicide, such as fear, grief, shame, and anger. Accept their feelings and be compassionate and patient, and provide support with empathy and without judgement.
- Be empathetic. Events like holidays, birthdays, and anniversaries may bring forth emotions and memories of the lost loved one, and emphasize this loved one's absence. Check in on and use empathy with loss survivors during these times.
- Don't avoid talking about the person who died by suicide. Use the name of the person who has died when talking to survivors. This shows that you have not forgotten this important person, and can make it easier to discuss a subject that is often stigmatized.
- Check in with the loss survivor. Individuals who have lost a loved one to suicide are also at risk of having thoughts of suicide. Ask the individual if they are having thoughts of suicide and get them help if you see warning signs.

Loss Survivors

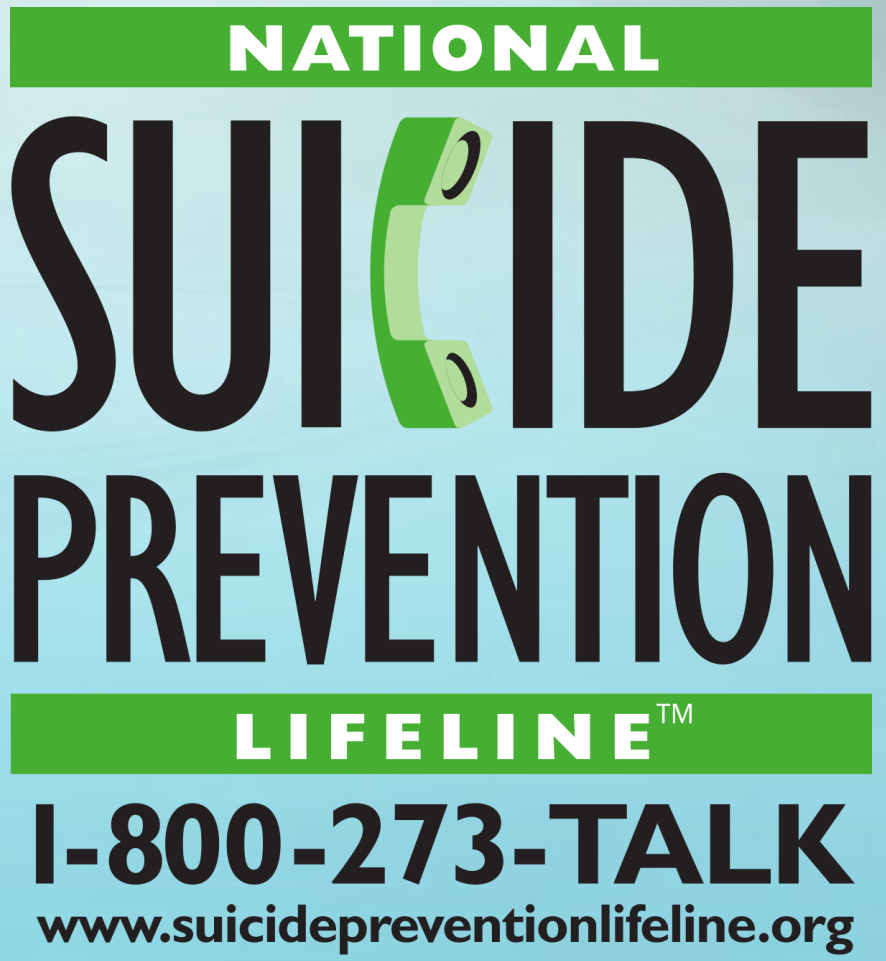
Resources for Loss Survivors

- After Suicide Resource Directory: AFTER A SUICIDE RESOURCE DIRECTORYCoping with grief, trauma, and distress - Home (personalgriefcoach.net)
- What to Tell Children After a Suicide: Grief Support for Suicide Loss Survivors – SAVE
- I've Loss Someone: I've lost someone | AFSP
- Survivors of Suicide: Helping a Survivor Heal: Survivors of Suicide
- A Voice at the Table: A VOICE AT THE TABLE - Home


Healing Takes Time
afsp.org/loss
American Foundation for Suicide Prevention

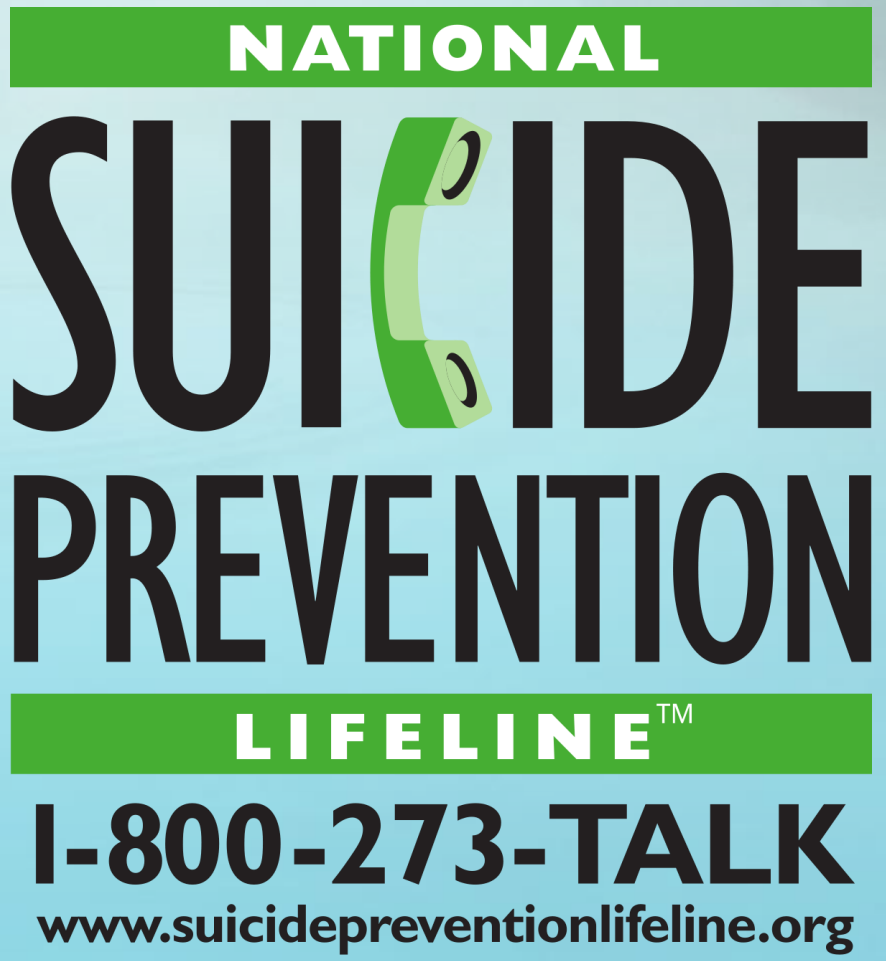
Suicide Prevention Resources

- National Suicide Prevention Lifeline: 800-273-8255
- Lifeline Chat: Lifeline Chat : Lifeline (suicidepreventionlifeline.org)
- MN Crisis Phone number: 844-772-4724
- Text MN: 741741
- 911



Suicide Prevention Resources

- Keven Hines: Goalcast
- Man Therapy: Man Therapy | Men's Mental Health Resources



Questions?

Resources

- CDC FastStats - Suicide and Self-Inflicted Injury (cdc.gov)
- Merriam Webster Suicide Definition & Meaning - Merriam-Webster
- Nevada Division of Public and Behavioral Health (DPBH) Office of Suicide Prevention The Myths & Facts of Youth Suicide (nv.gov)
- Suicide Prevention Lifeline: We Can All Prevent Suicide : Lifeline (suicidepreventionlifeline.org)
- The Light House Project The Lighthouse Project The Columbia Lighthouse Project
- America's Health Ranking Explore Suicide in Minnesota | 2021 Annual Report | AHR (americashealthrankings.org)