# TALK SAVES LIVES

# An Introduction to Suicide Prevention for VUMC

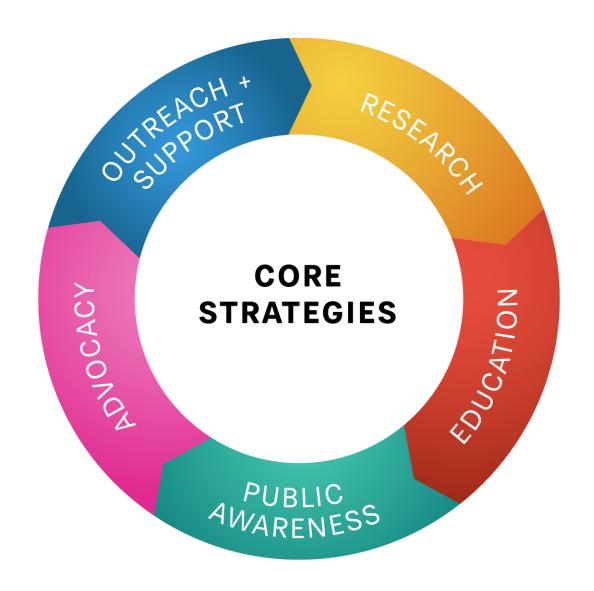


The American Foundation for Suicide Prevention's Talk Saves Lives™ is an educational presentation and is intended for informational purposes only. This presentation is not a substitute for professional medical advice or services. You should not use the information in this presentation for diagnosing or treating a health condition. You should consult a physician or other health care professional in all matters relating to your health, and particularly for any symptoms that may require diagnosis or medical attention. Any action on your part in response to the information provided in this presentation is at your discretion. The American Foundation for Suicide Prevention (AFSP) makes no representations or warranties with respect to any information offered or provided regarding treatment, action, or application of medication.



AFSP's mission is to save lives and bring hope to those affected by suicide.

For more, please see afsp.org







# Building a Culture that Addresses Suicide Prevention

- Universal education and health promotion
- Healthcare, schools, workplaces, etc.
- Changing social and cultural norms to decrease stigma and encourage help-seeking
- Prevention strategies for those who may be at increased risk
- Treatment and recovery
- Public policy







## **What You Will Learn**

# By the end of this presentation, participants will be able to:

- Describe the impact of suicide
- Identify contributors to suicide and protective factors
- Understand how suicide may impact certain communities differently
- Describe how to recognize suicide warning signs
- Provide examples of how to start a conversation about suicide with someone you're concerned about
- List ways to seek and offer support and crisis resources for yourself or others

### **How We Talk Matters**

#### **Avoid saying:**

Committed suicide • Failed or successful attempt

#### Say:

Died by suicide • Ended their life • Suicide attempt • Death by suicide

#### **Common Terms:**

- Suicide loss survivor
- Survivor of suicide loss
- Suicide bereaved
- Bereaved by suicide
- Lived experience
- Suicide attempt survivor





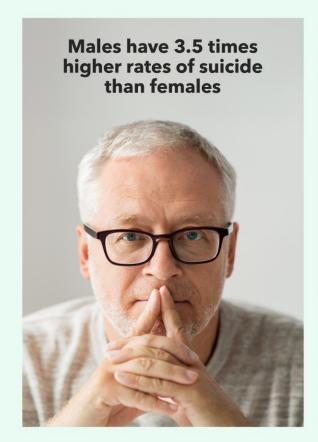


# Scope of the Problem

- Suicide is a leading cause of death in the U.S.
- Each year, millions of people think about suicide
- There are well over a million people in the U.S. each year who survive a suicide attempt
- Most people have been affected by suicide in some way

## **Differences in Suicide Rates**

Suicide rates may differ based on a variety of factors, including age, gender, geography, ethnicity, race and occupation.



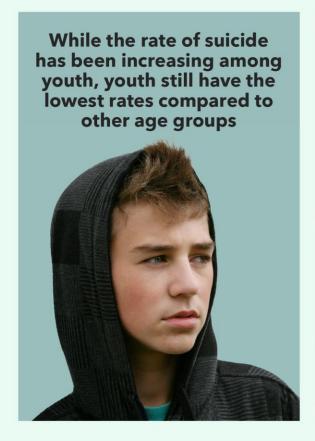








## Differences in Suicide Rates (continued)

















# U.S. Suicide Rates are Highest Among These Industries and Occupations

#### **Industry Group**

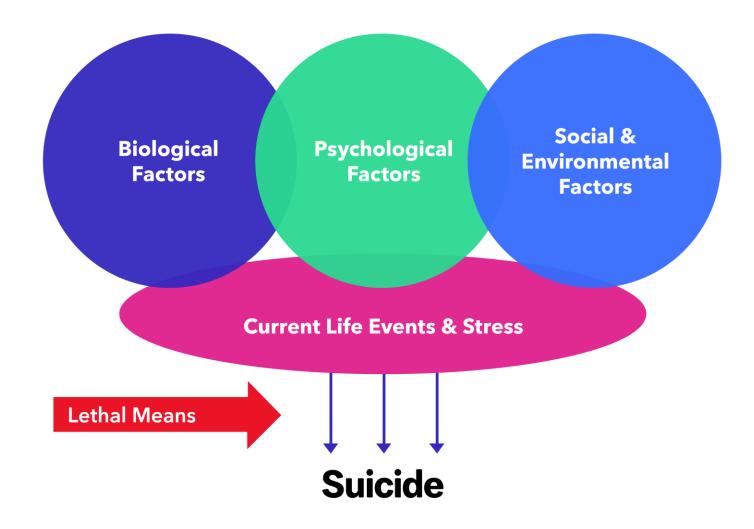
- Mining, Quarrying, and Oil and Gas Extraction
- Construction
- Other Services (such as automotive repair)
- Agriculture, Forestry, Fishing, and Hunting
- Transportation and Warehousing

#### **Occupational Group**

- Construction and Extraction
- Installation, Maintenance, and Repair
- Arts, Design, Entertainment,
   Sports, and Media
- Transportation and Material Moving
- Protective Service
- Healthcare Support

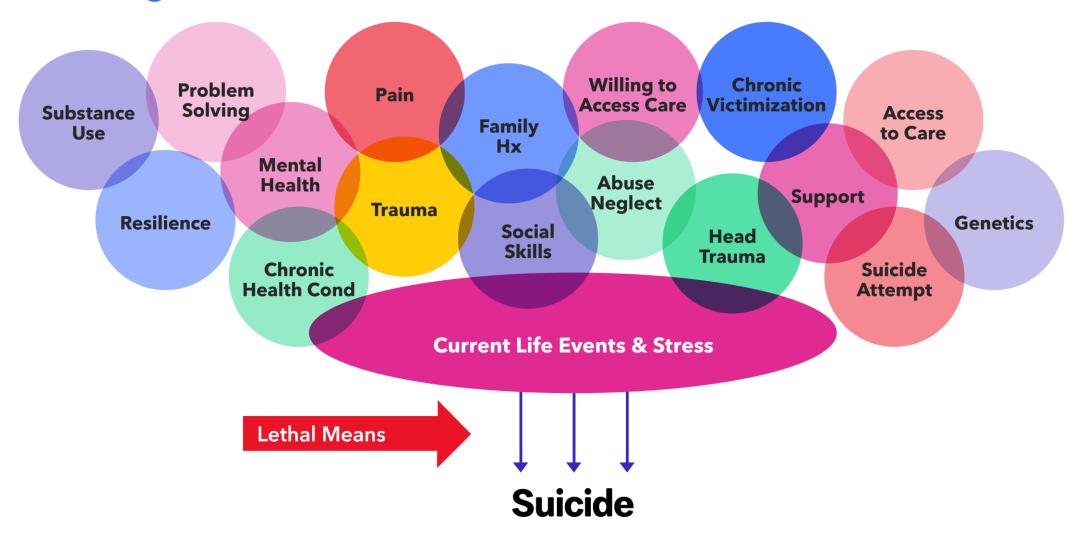


# **Interacting Risk and Protective Factors**





# **Interacting Risk & Protective Factors**





### **Contributors to Suicidal Behavior**

- Previous suicidal behavior
- Mental health conditions: depression, bipolar disorder, psychosis, personality disorders, eating disorders, substance use
- Physical health conditions, chronic pain
- Family history of mental illness or suicide loss
- Childhood trauma, abuse, neglect
- Traumatic brain injury
- Genetics
- Ongoing social factors: rejection, victimization, race or gender related discrimination, prejudice, systemic racism and historical trauma







## **Protective Factors**

- Resilience
- Strong sense of personal identity including gender, race, and ethnicity
- Social and problem-solving skills
- Connection
- Social support
- Willingness to participate in mental health care
- Access to mental health care

# Certain groups and populations experience suicide risk factors and contributors differently



## **Suicide in Older Adults**

- Depression is often unidentified or untreated
- Chronic illness and pain
- When an older adult attempts to end their life, those attempts more often result in death
- More likely to experience loss compared to other groups







# Suicide in LGBTQ+ Individuals

- LGBT individuals have more suicidal ideation and attempts than their heterosexual peers
- Social stigma, prejudice, and discrimation are associated with minoritized sexual orientation
- For LGBT youth, a common and powerful stressor is rejection by parents and other family members

Increasing acceptance and affirmation of LGBTQ+ identities and increasing access to LGBTQ+-affirming physical and mental health care can be protective factors.

## **Suicide and Veterans**

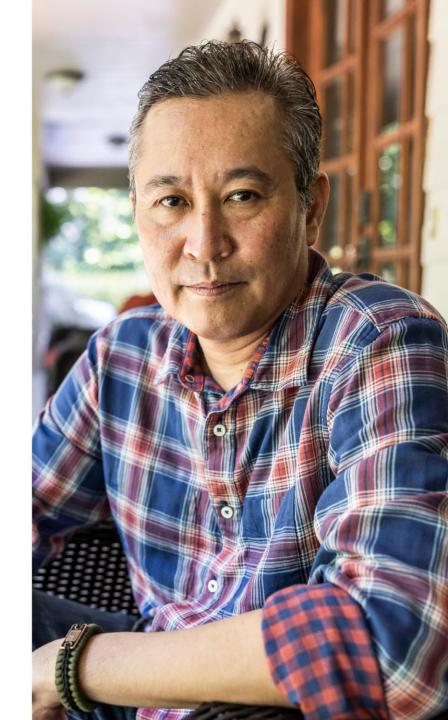
Suicide rates are higher among Veterans as compared to non-Veterans.

Contributors to suicide among veterans include:

- Readjustment to civilian life especially the first 12 months following separation
- Exposure to traumatic events
- Homelessness
- Mental health conditions and substance use disorders
- Firearm ownership
  - Firearm ownership is over twice as prevalent among Veterans than for non-Veterans, and are involved in over 70% of Veteran suicides

Strategies to prevent Veteran suicide include safe storage of firearms, increased access and use of mental health services, and support for service members transitioning back to civilian life.







# Thoughts of Suicide are Complex

- Part of them wants to live, part of them wants their pain to end
- They may think that if they weren't around, it would be better for their family and friends
- They may feel like a burden
- They may feel overwhelmed with hopelessness

# **Perspective of a Person in Crisis**

- Experience a crisis point
- Unbearable physical or emotional pain that feels unescapable
- Their brain is operating differently; thinking lacks flexibility
- They can't access coping skills
- It's not a choice to feel this way





Thoughts of suicide are often temporary. Keeping people safe and helping them feel supported can get them through those critical moments.





# **Suicide Warning Signs**

#### **Talk**

- Ending their lives
- Having no reason to live
- Feeling hopeless
- Being a burden to others
- Feeling trapped
- Unbearable pain

#### **Behavior**

- Increased use of alcohol or drugs
- ssues with sleep
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Looking for a way to kill themselves
- Giving away possessions
- Missed work or declining work or school performance

#### Mood

- Depression
- Apathy
- Rage
- Irritability
- Impulsivity
- Humiliation
- Anxiety
- Sudden, unexplained happiness



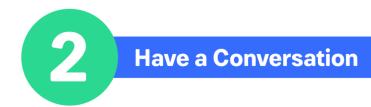
# 2 Have a Conversation

# **Have a Conversation**

- Trust your instinct
- Assume you're the only one who is going to reach out
- Be okay with the awkwardness







# Reminders Before You Reach Out

- Avoid minimizing their feelings
- Avoid debating them that life is worth living
- Avoid offering advice on how to "fix" it

Remember, your role is to listen and help them connect to resources

I care about you, and I've noticed you haven't been yourself lately. You seem more [frustrated] than you've been in a while, and I'm wondering how you're doing.

You are an important [colleague and friend] to me. You don't seem like yourself. I wonder if what's happening [at work] these days is stressing you out. Is everything okay?

I have missed seeing you [at the gym] lately. With everything that's going on [in your family,] I wonder if you're feeling [overwhelmed].



# **Listen with Empathy**

- Ask open-ended questions and listen to their response
- Show empathy and support with your words and body language
- Listen for warning signs

How has that made you feel? I hear you and I'm here for you.

That sounds really hard. I'm sorry you're hurting so much.

Are you having a hard time dealing with that? I care about you and want you to be safe.

I see that. I want to help you find the help you need.





# **Ask Directly About Suicide**

Research shows that asking about suicide does not put the thought in someone's head. Instead, it can bring relief and can be lifesaving.

#### You can start with:

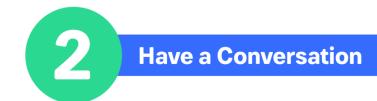
Sometimes when people feel like you do, they think of ending their life, are you having those thoughts?

#### It is important to ask the question directly:

Are you thinking of ending your life?

Are you thinking about suicide?





If they're not thinking about suicide, continue to listen and provide support

I'm sorry you're hurting so much.

I care about you and want you to get through this rough time.

Are you getting help from a professional? I want to help you find the help you need.





# If they are thinking about suicide, find out more

Although a lot of feelings may come up if someone tells you they are thinking about suicide, it is helpful to learn more so you know how best to support them. Do you have a plan to end your life?

Do you have (method)?
Do you have that available?

Can you give that to me or someone until you get through this difficult time?

I want you to be here and will help you.



# **Next Steps in the Conversation**

- Thank them for sharing with you
- Remind them you are here for them
- Connect them with resources
- Stay in touch

Thank you for sharing with me. Do you want me to help you call your therapist tomorrow before we play basketball?

You know, you've been on my mind since we had that conversation the other day. How are you doing today?

I've really been thinking about what we talked about, and I want to circle back. How are you feeling since we spoke?



# **Example Conversation: Talk Away the Dark**





# The most important thing you can put between a person thinking about suicide and their way of ending their life is time.

Time allows the crisis to de-escalate and the opportunity for help.



# Help them limit access to lethal means

#### **Examples of how you might restrict lethal means:**

- Remove or secure firearms, including decorative firearms (unloaded, locked, and disassembled)
- Store ammunition separately
- Secure medications including over the counter medications
- Secure toxic substances

#### Additionally, you can:

- Ask what they might need to feel safer
- Encourage them to refrain from substance use
- Encourage them to discuss keeping the environment safe with a mental health professional

"Lethal means" refers to a method that can be fatal if one uses it to attempt suicide.



## **Suicide and Firearms**

- Nearly half of all U.S. households have at least one firearm
- In the U.S., around half of all suicides involve firearms
- In some states, firearms are used in as many as 70% of suicides
- Most firearm deaths are suicides in the U.S.
- If someone is at risk for suicide, having a gun in the house can be fatal





#### **Connect to Resources**

# **Crisis Resources**

If someone has a suicide plan or is in a crisis and not safe, take immediate action.



Dial 988; Press I for veterans, 2 for Spanish, 3 for LGBTQ
Text 988 (English & Spanish)
988lifeline.org

#### Crisis Text Line

Text TALK to 741741 for English Text AYUDA to 741741 for Spanish crisistextline.org

## Emergency Department

Help the person get to emergency services

#### Trevor Project - LGBTQ Youth

1-866-488-7386 Text START to 678-678 thetrevorproject.org

### Trans Lifeline

1-877-565-8860 translifeline.org







#### **Connect to Professional Care**

- Visit a mental health or medical provider who can help:
  - Findtreatment.samhsa.gov
  - Mentalhealthamerica.net/finding-help
  - incusivetherapists.com
- Get an evaluation
- Discuss treatment options and interventions, such as safety planning, if applicable
- Continue treatment, follow up regularly
- Practice self-care and connect with loved ones and your community

We recognize there are many barriers to receiving mental health care, including a shortage of mental health professionals







## **Postvention is Prevention: Resources**

Providing support for loss survivors is important and is another way to prevent suicide. Resources include:

## AFSP resources and programs available to help you heal

Afsp.org/loss and Afsp.org/get-help

The Dougy Center, The National Center for Grieving Children & Families

Dougy.org

**Tragedy Assistance Program for Survivors** (military or veteran)

TAPS.org/suicide

Alliance of Hope for Suicide Survivors
Allianceofhope.org

American Association of Suicidology suicidology.org/resources/suicide-loss-survivors



#### **Prioritize Self-Care**

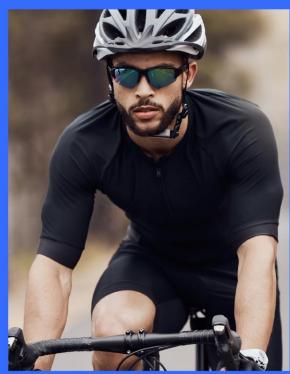
Mind



Soul

**Surroundings** 











### **Summary: Lessons from Suicide Research**





## Together, we can create a culture that prioritizes mental health and suicide prevention.





## Why is my Feedback Important?

- Your opinion and experiences are critical
- With your voice, we can better improve our programs
- Your feedback will help us know: Is the program working? What needs to be changed?
- Your feedback is confidential and will not be linked to you

# Help us measure our impact by completing the post survey.

Visit afsp.org/TSLfeedback





## Other Ways to Take Action to Prevent Suicide with Us

- Join your local Chapter
- Become an advocate
- Attend a training to become a volunteer presenter
- Walk in your community
- Partner to bring prevention to your community
- Sponsor an event
- Give a gift
- Engage with our social media accounts

Learn more at afsp.org/Tennessee









## Follow us @afspnational

To learn more visit afsp.org/TalkSavesLives













#### **AFSP Tennessee Chapter**

Follow us @afsptn Visit afsp.org/Tennessee



#### References

American Foundation for Suicide Prevention. (2024). Risk factors, protective factors, and warning signs. https://afsp.org/risk-factors-protective-factors-and-warning-signs/

American Foundation for Suicide Prevention. (2024). LGBTQ individuals and populations. https://afsp.org/lgbtq-individuals-populations/

Anglemyer, A., Horvath, T., & Rutherford, G. (2014). The accessibility of firearms and risk for suicide and homicide victimization among household members: a systematic review and meta-analysis. *Annals of Internal Medicine,* 160(2), 101-110. https://doi.org/10.7326/M13-1301

Bagge, C. L., Littlefield, A. K., Conner, K. R., Schumacher, J. A., & Lee, H.J. (2014). Near-term predictors of the intensity of suicidal ideation: An examination of the 24h prior to a recent suicide attempt. *Journal of Affective Disorders*, 165, 53-58. https://doi.org/10.1016/j.jad.2014.04.010

Barber, C.., Azrael, D., Miller, M., & Hemenway, D. (2022). Who owned the gun in firearm suicides of men, women, and youth in five US states?. Preventive Medicine, 164, 107066. https://doi.org/10.1016/j.ypmed.2022.107066

Barber, C.., & Miller, M. (2014). Reducing a suicidal person's access to lethal means of suicide: a research agenda. American Journal of Preventive Medicine, 47(3, Suppl 2), S264-S272. https://doi.org/10.1016/j.amepre.2014.05.028

Batty, G. D., Kivimäki, M., Bell, S., Gale, C. R., Shipley, M., Whitley, E., & Gunnell, D. (2018). Psychosocial characteristics as potential predictors of suicide in adults: an overview of the evidence with new results from prospective cohort studies. Translational Psychiatry, 8(1), 22. https://doi.org/10.1038/s41398-017-0072-8

Bostwick, J. M., Pabbati, C., Geske, J. R., & McKean, A. J. (2016). Suicide attempt as a risk factor for completed suicide: even more lethal than we knew. American Journal of Psychiatry, 173(11), 1094-1100. https://doi.org/10.1176/appi.aip.2016.15070854

Bridge, J. A., McBee-Strayer, S. M., Cannon, E. A., Sheftall, A. H., Reynolds, B., Campo, J. V., Pajer, K. A., Barbe, R. P., & Brent, D. A. (2012). Impaired decision making in adolescent suicide attempters. Journal of the American Academy of Child and Adolescent Psychiatry, 51(4), 394-403. https://doi.org/10.1016/j.jaac.2012.01.002

Bryan, C. J., Stone, S. L., & Rudd, M. D. (2011). A practical, evidence-based approach for means-restriction counseling with suicidal patients. Professional Psychology: Research and Practice, 42(5), 339-346. https://doi.org/10.1037/a0025051

Chesney, E., Goodwin, G. M., & Fazel, S. (2014). Risks of all-cause and suicide mortality in mental disorders: a meta-review. World psychiatry: Official Journal of the World Psychiatric Association, 13(2), 153-160. https://doi.org/10.1002/wps.20128

Cohen, L. J., Hernandez, M., Mokhtar, R., Richards, J., Bloch-Elkouby, S., Rogers, M. L., & Galynker, I. (2023). Stressful life events and near-term suicidal risk in a clinical population. *The Psychiatric Quarterly,* 94(3), 467-482. https://doi.org/10.1007/s11126-023-10038-7 https://doi.org/10.1007/s11126-023-10038-7

Czeisler, M. É., Board, A., Thierry, J. M., Czeisler, C. A., Rajaratnam, S. M. W., Howard, M. E., & Clarke, K. E. N. (2021). Mental health and substance use among adults with disabilities during the COVID-19 pandemic. *Morbidity and Mortality Weekly Report*, 70(34), 1142-1149. https://doi.org/10.15585/mmwr.mm7034a3

Dazzi, T., Gribble, R., Wessely, S., & Fear, N. T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? Psychological Medicine, 44(16), 3361-3363. https://doi.org/10.1017/s0033291714001299

Deisenhammer, E. A., Ing, C. M., Strauss, R., Kemmler, G., Hinterhuber, H., & Weiss, E. M. (2009). The duration of the suicidal process: how much time is left for intervention between consideration and accomplishment of a suicide attempt? The Journal of Clinical Psychiatry, 70(1), 19-24.



Dhole AR, Petkar P, Choudhari SG, Mendhe H. (2023). Understanding the factors contributing to suicide among the geriatric population: a narrative review. Cureus, 2023;15(10):e46387. doi:10.7759/cureus.46387

Favril, L., Yu, R., Geddes, J. R., & Fazel, S. (2023). Individual-level risk factors for suicide mortality in the general population: An umbrella review. The Lancet. Public health, 8(11), e868-e877. https://doi.org/10.1016/S2468-2667(23)00207-4

Favril, L., Yu, R., Uyar, A., Sharpe, M., & Fazel, S. (2022). Risk factors for suicide in adults: systematic review and meta-analysis of psychological autopsy studies. *Evidence-Based Mental Health*, 25(4), 148-155. https://doi.org/10.1136/ebmental-2022-300549

Friar, N. W., Merrill-Francis, M., Parker, E. M., Siordia, C., & Simon, T. R. (2024). Firearm storage behaviors - behavioral risk factor surveillance system, eight states, 2021-2022. Morbidity and Mortality Weekly Report, 73(23), 523-528. https://doi.org/10.15585/mmwr.mm7323a1

Günak, M. M., Barnes, D. E., Yaffe, K., Li, Y., & Byers, A. L. (2021). Risk of suicide attempt in patients with recent diagnosis of mild cognitive impairment or dementia. *Journal of the American Medical Association*, Psychiatry, 78(6), 659. https://doi.org/10.1001/jamapsychiatry.2021.0150

Harvard T. H. Chan School of Public Health. (2023). Lethal means counseling. https://www.hsph.harvard.edu/means-matter/lethal-means-counseling/

Hedegaard, H., Curtin, S.C., Warner, M. (2020). Increase in suicide mortality in the United States, 1999-2018. National Center for Health Statistics.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. transgender survey. Washington, DC: National Center for Transgender Equality.

Katz-Wise, S. L., Rosario, M., & Tsappis, M. (2016). Lesbian, gay, bisexual, and transgender youth and family acceptance. Pediatric clinics of North America, 63(6), 1011-1025. https://doi.org/10.1016/j.pcl.2016.07.005

Li, Q. S., Shabalin, A. A., DiBlasi, E. et al. (2023). Genome-wide association study meta-analysis of suicide death and suicidal behavior. Mol Psychiatry 28, 891-900. https://doi.org/10.1038/s41380-022-01828-9

Millner, A. J., den Ouden, H. E. M., Gershman, S. J., Glenn, C. R., Kearns, J. C., Bornstein, A. M., Nock, M. K. (2019). Suicidal thoughts and behaviors are associated with an increased decision-making bias for active responses to escape aversive states. *Journal of Abnormal Psychology*, 128(2), 106-118. https://dx.doi.org/10.1037/abn0000395

Moutier, C. Y., Harkavy-Friedman, J. M. (2018). Presented at the National Academy Sciences meeting on suicide prevention, Washington, DC.

Nichter, B., Hill, M. L., Fischer, I., Panza, K. E., Kline, A. C., Na, P. J., Norman, S. B., Rowcliffe, M., & Pietrzak, R. H. (2024). Firearm storage practices among military veterans in the United States: Findings from a nationally representative survey. Journal of Affective Disorders, 351, 82-89. https://doi.org/10.1016/j.jad.2024.01.179

Nichter, B., Stein, M. B., Monteith, L. L., Herzog, S., Holliday, R., Hill, M. L., Norman, S. B., Krystal, J. H., & Pietrzak, R. H. (2022). Risk factors for suicide attempts among U.S. military veterans: A 7-year population-based, longitudinal cohort study. Suicide and Life-Threatening Behavior, 52(2), 303-316. https://doi.org/10.1111/sltb.12822

Peek-Asa, C. Zhang, L. Hamann, C. Davis J. Schwab-Reese, L. (2021). Characteristics and circumstances associated with work-related suicides from the national violent death reporting system, 2013-2017. International Journal of Environmental Research and Public Health, 18(18), 9538. https://doi.org/10.3390/ijerph18189538

Pigeon, W. R., Bishop, T. M., & Titus, C. E. (2016). The relationship between sleep disturbance, suicidal ideation, suicide attempts, and suicide among adults: a systematic review. *Psychiatric Annals*, 46(3), 177-186. https://doi.org/10.3928/00485713-20160128-01

Schmaal, L., van Harmelen, A. L., Chatzi, V., Lippard, E. T. C., Toenders, Y. J., Averill, L. A., Mazure, C. M., & Blumberg, H. P. (2020). Imaging suicidal thoughts and behaviors: a comprehensive review of 2 decades of neuroimaging studies. *Molecular Psychiatry*, 25(2), 408-427. https://doi.org/10.1038/s41380-019-0587-x



Simonetti, J., Azrael, D., Rowhani-Rahbar, A., Miller, M. (2018). Firearm storage practices among American veterans. American Journal of Preventive Medicine, 55(4), 445-454. https://doi.org/10.1016/j.amepre.2018.04.014

Substance Abuse and Mental Health Services Administration. (2023, June). Lesbian, gay, and bisexual behavioral health: results from the 2021 and 2022 national surveys on drug use and health. https://www.samhsa.gov/data/sites/default/files/reports/rpt41899/2022NSDUHLGBBrief061623.pdf

Sussell, A., Peterson, C., Li, J., Miniño, A., Scott, K. A., & Stone, D. M. (2023). Suicide Rates by industry and occupation – National Vital Statistics System, United States, 2021. Morbidity and Mortality Weekly Report, 72(50), 1346-1350. https://doi.org/10.15585/mmwr.mm7250a2

Tiesman, H. M., Frey, J., Spencer-Thomas, S. (2024). Critical steps your workplace can take today to prevent suicide. U.S. Centers for Disease Control and Prevention. https://blogs.cdc.gov/niosh-science-blog/2023/03/15/preventing-workplace-suicide/

Teismann, T., Siebert, A. M., & Forkmann, T. (2024). Suicidal ambivalence: a scoping review. Suicide and Life-Threatening Behavior, 10.1111/sltb.13092. https://doi.org/10.1111/sltb.13092

- U.S. Centers for Disease Control and Prevention. (2024, January 17). Health disparities in suicide. https://www.cdc.gov/suicide/disparities/index.html
- U.S. Centers for Disease Control and Prevention. (2024). Suicide data and statistics. https://www.cdc.gov/suicide/facts/data.html
- U.S. Centers for Disease Control and Prevention. (2024, April 25). Risk and protective factors for suicide. https://www.cdc.gov/suicide/risk-factors/index.html
- U.S. Centers for Disease Control and Prevention. (2021). Youth risk behavior surveillance system. https://www.cdc.gov/healthyyouth/data/yrbs/index.htm
- U.S. Department of Veterans Affairs. (2021). VA research on suicide prevention. https://www.research.va.gov/topics/suicide.cfm
- U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. (2023, November). National veteran suicide prevention annual report. https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf

van Heeringen, K., & Mann, J. J. (2014). The neurobiology of suicide. Lancet Psychiatry, 1(1), 63-72. https://doi.org/10.1016/S2215-0366(14)70220-2

Xiao, Y., Bi, K., Yip, P. S., Cerel, J., Brown, T. T., Peng, Y., Pathak, J., & Mann, J. J. (2024). Decoding suicide decedent profiles and signs of suicidal intent using latent class analysis. Journal of the American Medical Association Psychiatry, 81(6), 595-605. https://doi.org/10.1001/jamapsychiatry.2024.0171

