



# SUICIDE PREVENTION for Peer-Assisted Recovery

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COMMUNITY ORGANIZATION*

# Welcome!

Please introduce yourself.

- ▶ Your name
- ▶ Where are you from?
- ▶ Why are you here?



# Learning Objectives

- ▶ Recognize risk & protective factors to improve response to people exhibiting warning signs of suicide
- ▶ Learn how to interact and intervene with at-risk individuals
- ▶ Build a culture of leadership, connection and empowerment
- ▶ Learn how suicide data impacts risk
- ▶ Learn stigma & language around mental health
- ▶ Understand myths and facts surrounding suicide

# Learning Objectives (cont.)

- ▶ Develop safety plans including referrals
- ▶ Learn best practices to reduce access to lethal means
- ▶ Become familiar with community resources
- ▶ Learn prevention strategies



# Today's Agenda

## Morning

- ▶ Overview and Creating a Safe Space
- ▶ Objectives
- ▶ Defining the Problem/Suicide data
- ▶ Risk Factors for Suicide
- ▶ Break
- ▶ Protective Factors for Suicide
- ▶ Lunch

## Afternoon

- ▶ Warning signs
- ▶ Skills for Intervening
- ▶ Connection to Resources
- ▶ Break
- ▶ Stigma
- ▶ Myths and Facts
- ▶ Closing
- ▶ Feedback

# Working Agreements: Creating a safe space

Make a list of behaviors that will help you to feel safe and respected during this training.

Consider what makes you feel fully present.



# Making it a never event

“Suicide represents a worst-case failure in mental health care. We must work to make it a ‘never event’ in our programs and systems of care.”

*Dr. Mike Hogan  
NY Office of Mental Health*



# Disclaimers & Self Care



- ▶ This training is not intended to be a substitute for a professional evaluation of any person at risk for suicide. A referral to qualified professionals should be made if there is a concern.
- ▶ Judgment regarding a suicide prevention plan is the responsibility of the individual or group helping the person at risk.
- ▶ Suicide loss can raise significant issues with each individual. If at any point the material presented today upsets you, please speak up, practice self-care and ask for assistance.



# Defining the Problem



Attempted suicide is a potentially self-injurious act committed with at least some intent to die as a result of the act.

(Kalafat & Underwood)



Suicide is an attempt to solve a problem of intense emotional pain with impaired problem-solving skills.

(Kalafat & Underwood)



Individuals of all races, creeds, incomes, and educational levels die by suicide. There is no typical suicide victim.

(Clayton)

A death by suicide every 11 minutes in U.S.

## In 2020:

45,979 people  
died by suicide  
in the United States.

That is 1 death  
every 11 minutes.

- 12.2 million adults seriously thought about suicide
- 3.2 million adults made a plan
- 1.2 million adults attempted suicide

# National Suicide Statistics

- ▶ Deaths by suicide declined from 2018 to 2020 but rose sharply again in 2021.

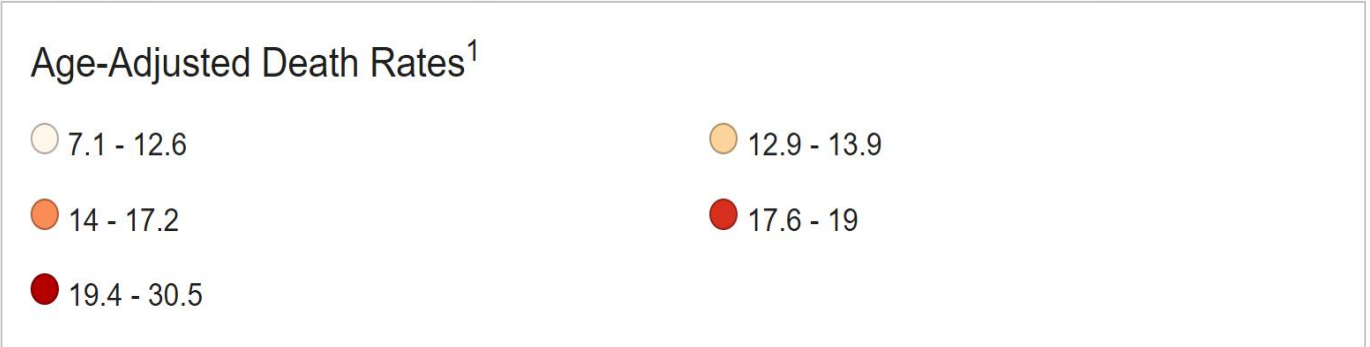
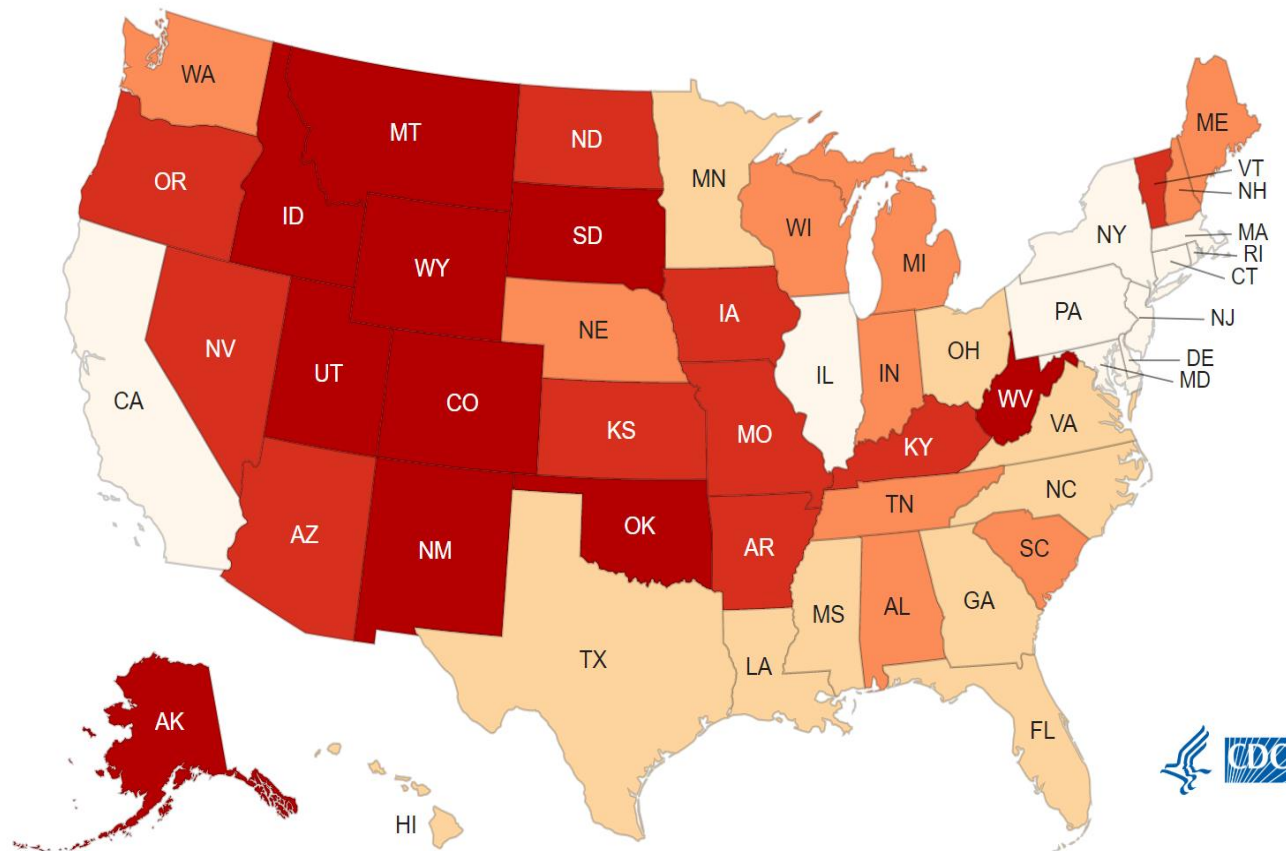
2018: 48,344

2019: 47,511

2020: 45,979

2021: 48,183

- ▶ Highest rate is among non-Hispanic American Indian or Alaska Native persons
- ▶ Rates increased significantly among non-Hispanic Black or Black persons and Hispanic persons



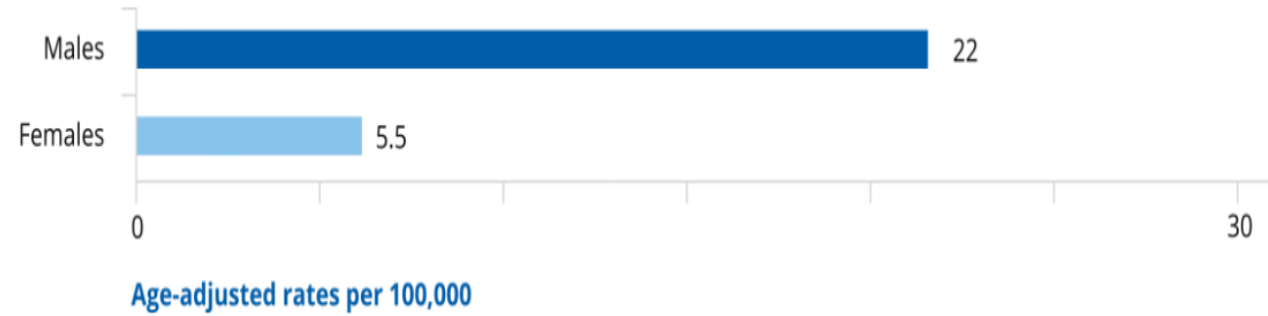
Per 100,000 population

# 10 Leading Causes of Death, United States

2020, Both Sexes, All Ages, All Races

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 4,043	Unintentional Injury 1,153	Unintentional Injury 685	Unintentional Injury 881	Unintentional Injury 15,117	Unintentional Injury 31,315	Unintentional Injury 31,057	Malignant Neoplasms 34,589	Malignant Neoplasms 110,243	Heart Disease 556,665	Heart Disease 696,962
2	Short Gestation 3,141	Congenital Anomalies 382	Malignant Neoplasms 382	Suicide 581	Homicide 6,466	Suicide 8,454	Heart Disease 12,177	Heart Disease 34,169	Heart Disease 88,551	Malignant Neoplasms 440,753	Malignant Neoplasms 602,350
3	Sids 1,389	Homicide 311	Congenital Anomalies 171	Malignant Neoplasms 410	Suicide 6,062	Homicide 7,125	Malignant Neoplasms 10,730	Unintentional Injury 27,819	Covid-19 42,090	Covid-19 282,836	Covid-19 350,831
4	Unintentional Injury 1,194	Malignant Neoplasms 307	Homicide 169	Homicide 285	Malignant Neoplasms 1,306	Heart Disease 3,984	Suicide 7,314	Covid-19 16,964	Unintentional Injury 28,915	Cerebrovascular 137,392	Unintentional Injury 200,955
5	Maternal Pregnancy Comp. 1,116	Heart Disease 112	Heart Disease 56	Congenital Anomalies 150	Heart Disease 870	Malignant Neoplasms 3,573	Covid-19 6,079	Liver Disease 9,503	Chronic Low. Respiratory Disease 18,816	Alzheimer's Disease 132,741	Cerebrovascular 160,264
6	Placenta Cord Membranes 700	Influenza & Pneumonia 84	Influenza & Pneumonia 55	Heart Disease 111	Covid-19 501	Covid-19 2,254	Liver Disease 4,938	Diabetes Mellitus 7,546	Diabetes Mellitus 18,002	Chronic Low. Respiratory Disease 128,712	Chronic Low. Respiratory Disease 152,657
7	Bacterial Sepsis 542	Cerebrovascular 55	Chronic Low. Respiratory Disease 54	Chronic Low. Respiratory Disease 93	Congenital Anomalies 384	Liver Disease 1,631	Homicide 4,482	Suicide 7,249	Liver Disease 16,151	Diabetes Mellitus 72,194	Alzheimer's Disease 134,242
8	Respiratory Distress 388	Perinatal Period 54	Cerebrovascular 32	Diabetes Mellitus Influenza & Pneumonia 50	Diabetes Mellitus 312	Diabetes Mellitus 1,168	Diabetes Mellitus 2,904	Cerebrovascular 5,686	Cerebrovascular 14,153	Unintentional Injury 62,796	Diabetes Mellitus 102,188
9	Circulatory System Disease 386	Septicemia 43	Benign Neoplasms 28	Influenza & Pneumonia 50	Chronic Low. Respiratory Disease 220	Cerebrovascular 600	Cerebrovascular 2,008	Chronic Low. Respiratory Disease 3,538	Suicide 7,160	Nephritis 42,675	Influenza & Pneumonia 53,544
10	Neonatal Hemorrhage 317	Benign Neoplasms 35	Suicide 20**	Cerebrovascular 44	Complicated Pregnancy 191	Complicated Pregnancy 594	Influenza & Pneumonia 1,148	Homicide 2,542	Influenza & Pneumonia 6,295	Influenza & Pneumonia 42,511	Nephritis 52,547

The suicide rate among males in 2020 was 4 times higher than the rate among females.



Sex	Rate per 100,000	Count
Males	22	36,551
Females	5.5	9,428

Age range	Rate per 100,000	Count
85+	20.9	1,389
75-84	18.4	3,032
65-74	14.5	4,716
55-64	16.9	7,160
45-54	18	7,249
35-44	17.4	7,314
25-34	18.4	8,454
15-24	14.2	6,062
10-14	2.8	581

Race/Ethnicity	Rate per 100,000	Count
Non-Hispanic American Indian/Alaska Native	23.9	588
Non-Hispanic White	16.9	35,442
Non-Hispanic Native Hawaiian/Other Pacific Islander	12.5	79
Non-Hispanic Multiracial	9.6	599
Non-Hispanic Black	7.8	3,286
Hispanic	7.5	4,571
Non-Hispanic Asian	6.4	1,302



# Most common means of suicide

Firearms are the most common method used in suicides.



**Firearms are used in more than 50% of suicides.**

- **Firearm** - 52.8% (24,292 total number of suicides)
- **Suffocation** - 27.2% (12,495)
- **Poisoning** - 12.0% (5,528)
- **Other** - 8% (3,664)

*CDC graphic*

# Risk Factors for Suicide

## Group Work

- ▶ What do we mean by risk factors for suicide?
- ▶ Make a list of possible risk factors.

# Risk Factors defined

A combination of individual, relationship, community, and societal factors contribute to the risk of suicide.

Risk factors are those characteristics associated with suicide—they might not be direct causes.

*(Centers for Disease Control)*



# Risk Factors

- ▶ Family history of suicide
- ▶ History of trauma or abuse
- ▶ Previous suicide attempt(s)
- ▶ History of mental disorders, particularly clinical depression
- ▶ History of alcohol/substance use disorders
- ▶ Feelings of hopelessness
- ▶ Impulsive or aggressive tendencies
- ▶ Cultural and religious beliefs

# Risk Factors (cont.)

- ▶ Epidemics of suicide
- ▶ Isolation, feeling cut off
- ▶ Difficulty accessing mental health treatment
- ▶ Loss (relationship, social, work, or financial)
- ▶ Physical illness
- ▶ Easy access to lethal methods
- ▶ Won't seek help due to associated stigma



# Kevin Briggs: Guardian of the Golden Gate



- ▶ Retired Sgt. Kevin Briggs was a California Highway Patrol Officer noted for his work in suicide intervention.
- ▶ During career, he dissuaded more than 200 people from jumping off GG Bridge.
- ▶ Guardian of the Golden Gate: Protecting the Line Between Hope and Despair (book)



# Protective Factors

## Group Work

- ▶ Define what is meant by protective factors for suicide.
- ▶ Make a list of possible protective factors.



# Protective Factors defined

- ▶ Protective factors buffer individuals from suicidal thoughts and behavior.

Creating protective environments as a community involves:

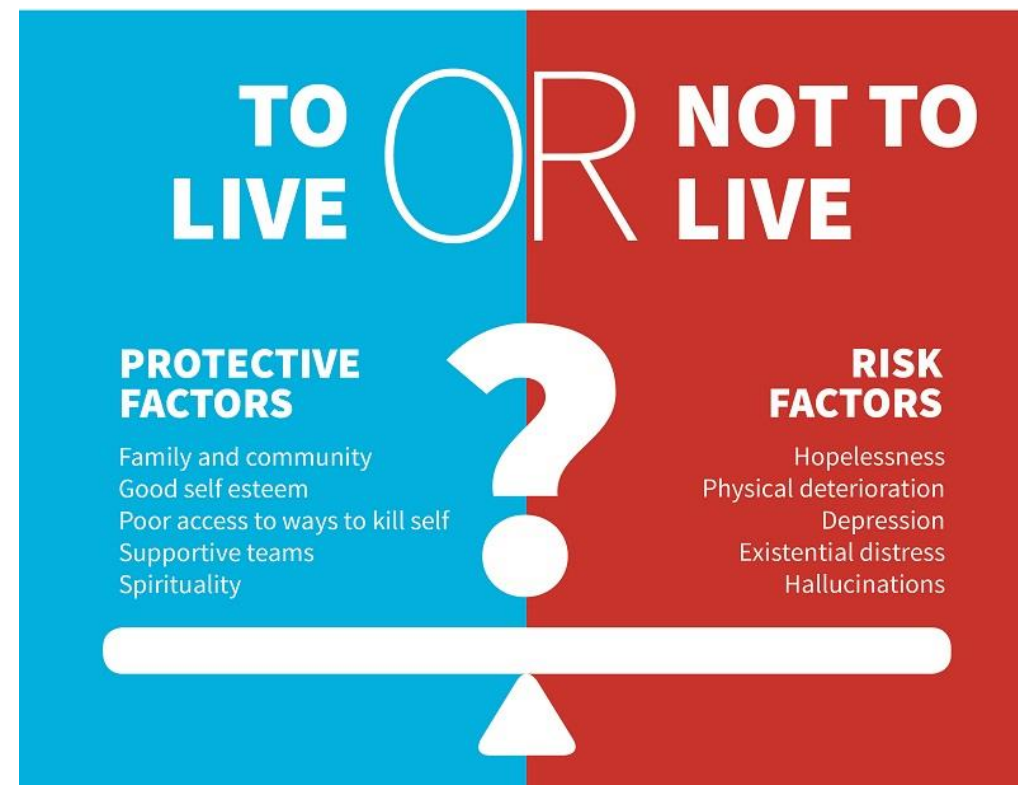
- ▶ Reducing access to lethal means among persons at risk
- ▶ Creating healthy organizational policies and cultures in places of employment, detention facilities, residential settings
- ▶ Reducing substance use

*(Centers for Disease Control)*



# Protective Factors

- ▶ Effective, accessible clinical care for mental, physical, and SUD
- ▶ Insurance coverage for mental health
- ▶ Family and community support
- ▶ Ongoing medical and mental health care relationships
- ▶ Skills in problem solving, nonviolent conflict/disputes resolution
- ▶ Cultural and religious beliefs that discourage suicide



# Protective Factors (cont.)

- ▶ Household financial security
- ▶ Stable housing
- ▶ Shared activities/social connections
- ▶ Social-emotional learning programs in schools
- ▶ Parenting skills to improve family relationships
- ▶ Crisis response
- ▶ Plan for safety and follow up after an attempt

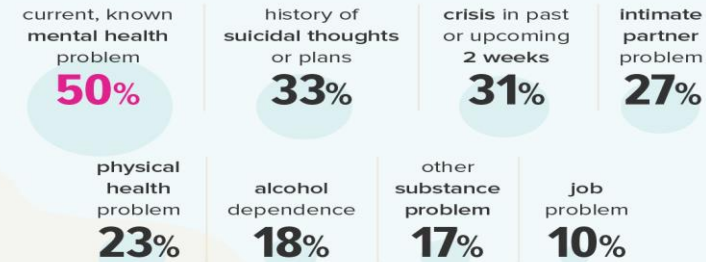
# Risk & Protective factors for comparison

## Causes of Heart Disease



Download from  
Dynamilis.com

## SUICIDE CIRCUMSTANCES



Source: Centers for Disease Control and Prevention (CDC)

healthline

Table 1. Examples of Risk and Protective Factors and Warning Signs for Heart Attack and Suicide

	Heart Attack	Suicide
<b>Examples of Risk Factors</b> (Individual level) Indicate that someone is at higher risk for heart attack or suicide	<ul style="list-style-type: none"> <li>• Tobacco use</li> <li>• Obesity</li> <li>• High LDL cholesterol</li> <li>• Physical inactivity</li> </ul>	<ul style="list-style-type: none"> <li>• Prior suicide attempt</li> <li>• Mood disorders</li> <li>• Substance abuse</li> <li>• Access to lethal means</li> </ul>
<b>Examples of Protective Factors</b> (Individual level) Indicate that someone is at lower risk for heart attack or suicide	<ul style="list-style-type: none"> <li>• Exercise</li> <li>• Sound diet</li> <li>• High HDL cholesterol</li> <li>• Stress management</li> </ul>	<ul style="list-style-type: none"> <li>• Connectedness</li> <li>• Availability of physical and mental health care</li> <li>• Coping ability</li> </ul>
<b>Examples of Warning Signs</b> Indicate that someone is having a heart attack or is seriously considering suicide	<ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Shortness of breath</li> <li>• Cold sweat</li> <li>• Nausea</li> <li>• Lightheadedness</li> </ul>	<ul style="list-style-type: none"> <li>• Threatening to hurt or kill oneself</li> <li>• Seeking a means to kill oneself</li> <li>• Hopelessness</li> <li>• Increasing alcohol or drug use</li> <li>• Dramatic mood changes</li> </ul>

# Case study

## Identifying risk and protective factors

Steven, 19, has lived in the same town most of his life and finished high school there. He lost his mom suddenly when he was 16. They were very close.

There are rumors Steven's mom killed herself. His dad hasn't grieved the loss and they don't talk about it.

Dad has changed jobs several times and the family can't make ends meet. Steven is trying to find a job. When he's not working, he plays a lot of video games and drinks a fair amount. On bad days, Steven thinks there is no way to make things better for him or his dad.

- ▶ Make a list of Risk and Protective factors

# Remember

A suicidal person may not ask for help, but that doesn't mean that help isn't wanted.

Most suicidal people are ambivalent right until the end. They don't want to die. They just want to stop hurting.

Most people who die by suicide communicate their plans in advance.



# MOVIE: Resilience

A documentary that shows how toxic stress wreaks havoc on the brains and bodies of children, putting them at greater risk for disease, homelessness, prison time, and early death -- and the doctors, teachers and social welfare professionals who created a movement to change that.



# Lunch

After lunch:  
Journaling





# Group Work

Make a list of possible warning signs.

Break the list into 3 categories:

- ▶ **Talk**
- ▶ **Behavior**
- ▶ **Mood**

## Suicide Warning Signs -- Talk

Most people who die by suicide exhibit warning signs. Engage in conversation when a person talks about:

- ▶ Feeling hopeless
- ▶ Having no reason to live
- ▶ Being a burden to others
- ▶ Feeling trapped
- ▶ Being in unbearable pain
- ▶ Killing themselves

# Suicide Warning Signs -- Behaviors

These behaviors may signal risk, especially if related to a painful event, loss or change:

- ▶ Increased use of alcohol or drugs
- ▶ Withdrawing from activities
- ▶ Isolating from family and friends
- ▶ Sleeping too much or too little
- ▶ Aggression or fatigue
- ▶ Visiting or calling people to say goodbye
- ▶ Giving away prized possessions
- ▶ Looking for a way to end their lives such as searching online for methods

# Suicide Warning Signs -- Mood

People who are considering suicide often display one or more of these moods:

- ▶ Depression
- ▶ Anxiety
- ▶ Loss of interest
- ▶ Irritability
- ▶ Humiliation/Shame
- ▶ Agitation/Anger
- ▶ Relief/Sudden Improvement



A dark blue background with a fine, woven texture. Two hands, one on the left and one on the right, are reaching towards each other. The hands are rendered in a light, semi-transparent grey color, appearing to be reaching out from the edges of the frame. The fingers are slightly spread, and the palms are facing each other, creating a sense of connection and support.

**{SUICIDE}**

37

**IS 100% PREVENTABLE**

**SPEAK UP  
REACH OUT**

# Skills for intervening

- ▶ Take seriously the warning signs and all talk of self-harm.
- ▶ Ask if they are thinking about harming themselves or suicide.
- ▶ L-I-S-T-E-N and calmly reflect back what you hear.
- ▶ Show you care. Say it.
- ▶ Let them know you can help them.
- ▶ Contact your supervisor or another peer specialist for support
- ▶ Share resources for mental health community centers; make a call with them
- ▶ Call 988 together



## Skills for intervening (cont.)

- ▶ Stay with the person until you know they are safe.
- ▶ Ask if there are friends and family members to support them.
- ▶ Make a safety plan.
- ▶ If possible, have resource come to you OR take the person to the source of help.
- ▶ If therapy (or hospitalization) is initiated, check in about follow through with appointments and medications.



## Safety Plans Work

*There is hope.*



1. Write 3 warning signs that a crisis may be developing.

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2. Write 3 internal coping strategies that can take your mind off your problems.

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3. Who/What are 3 people or places that provide distraction?

(Write name/place and phone numbers)

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

4. Who can you ask for help? (Write names and phone numbers)

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

5. Professionals or agencies you can contact during a crisis:

Clinician: \_\_\_\_\_ Phone \_\_\_\_\_

Local Urgent Care or Emergency Department:

Address \_\_\_\_\_ Phone \_\_\_\_\_

Call or text 988 or chat 988lifeline.org

6. Write out a plan to make your environment safer.

(Write 2 things)

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# Connection to Resources



**National Suicide Prevention Lifeline:** [1-800-273-8255](tel:1-800-273-8255)  
or **988**

Provides 24/7, free and confidential support for people in distress, prevention and crisis resources & best practices

## State and Community Organizations:

- ▶ [NAMI NH - \(603\) 225-5359](tel:6032255359)

National Alliance on Mental Illness/ [naminh.org](http://naminh.org)

- ▶ [NH Community Behavioral Health Association \(603\) 225-6633](tel:6032256633)

- ▶ [NAMI-NH CONNECT Suicide Prevention \(800\) 242-6264](tel:8002426264)

# Skills for intervening – some don'ts



- ▶ Do not let your own discomfort keep you from asking questions and taking action if necessary.
- ▶ Do not be sworn to secrecy.
- ▶ Do not try to cheer up someone at risk up.
- ▶ Do not accept "I'm okay now."
- ▶ Do not judge, argue, debate, analyze, or moralize
- ▶ Do not challenge (Ex: "Go ahead, do it if you want to!")

# Kevin Hines

43

Motivational  
speaker,  
author,  
advocate for  
suicide  
prevention.



<https://www.youtube.com/watch?v=WcSUs9iZv-g>

## Mental Health Stigma

the disgrace, social disapproval, or social discrediting of people with a mental illness

### Four Types of mental health stigma:

44

**Public stigma:** misconceptions, fear and prejudice of public toward those with mental illness; leads to discrimination in workplaces and public agencies

**Professional stigma:** from healthcare professionals who misunderstand/lack knowledge about mental illness – negatively affects treatment

**Institutional stigma:** stigma reinforced by legal frameworks, public policy, professional practices

**Self-stigma/perceived stigma:** Negative feelings or shame toward self, can lead to poorer treatment outcomes.

# Group exercise

- ▶ List ways mental health is stigmatized
- ▶ List terms commonly used yet stigmatizing
- ▶ List 3 ways to reduce stigma as it relates to mental health and suicide.



# Sources of stigma

Studies have found that most stigma directed at adolescents with mental health problems came from family members, peers, and teachers.

American Psychiatric Assn.



46% of adolescents described experiencing stigmatization by family members in the form of unwarranted assumptions, distrust, avoidance, pity, and gossip.



62% experienced stigma from peers which often led to friendship losses and social rejection.



35% reported stigma perpetrated by teachers and school staff, who expressed fear, dislike, avoidance, and under-estimation of abilities.

## Stigma and language related to suicide

- ▶ People do NOT COMMIT suicide.
- ▶ People may commit crimes or commit sins
- ▶ People don't commit a heart attack; they die of one.
- ▶ Use of the word "committed" discriminates against people who lost their battle to a disease.
- ▶ People die by suicide – language sends a message that their death was caused by the mental health condition

# MYTH

TALKING ABOUT SUICIDE  
CAN ENCOURAGE IT

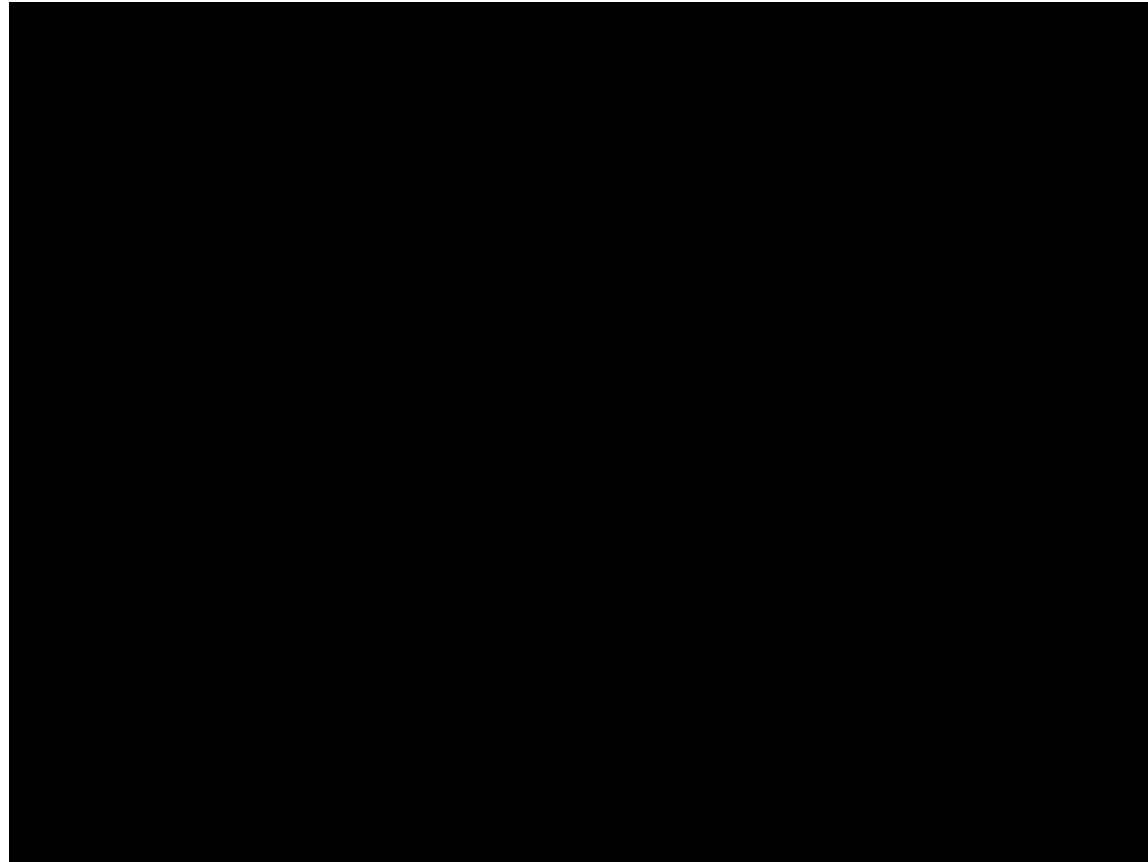
# FACT

TALKING OPENLY ABOUT SUICIDE  
CAN REDUCE STIGMA AND HELP  
PREVENT IT

[#suicidemvths](#)



# Faces of Stigma (Video)



# Case Study

James is a recoveree who frequents a recovery center, and he is usually upbeat and spends a lot of time at meetings and participating in activities with friends. He hasn't been around much lately, and his friends have been wondering how he's doing. You overhear one of his friends ask where he's been, and he said he's just tired.

When the friend asked why, he became agitated and told him to stop asking so many questions.

Two years earlier, one of James's best friends died of an overdose. He took it hard but spent a lot of time in counseling to deal with his grief and depression issues.

James brought in a few items from home last week and gave them to a newcomer to the recovery center.

**Identify risk factors. Any protective factors? Any warning signs?**

**What would you do?**

## Myth or Fact?

- ▶ Suicide rates are higher for people of low income.
- ▶ More men die by suicide than women.
- ▶ Most suicidal people are undecided about living or dying, and gamble with death, leaving it to others to save them.
- ▶ **Myth:** Suicide shows little prejudice to economic status. It is represented proportionally in all levels of society.
- ▶ **Fact:** Although women attempt suicide twice as often as men, men die by suicide twice as often as women.
- ▶ **Fact:** Suicidal people are often undecided about living or dying right up to the last minute; many gamble that others will save them.

# Fact or Myth?

- ▶ People who talk about suicide don't do it — suicide happens without warning.
- ▶ Talking about suicide may give someone the idea.
- ▶ There are more suicides than homicides.
- ▶ **Myth:** Although suicide can be an impulsive act, it is often thought out and communicated to others, but people ignore the clues.
- ▶ **Myth:** Raising the question of suicide without shock or disapproval shows that you are taking the person seriously and responding to their pain.
- ▶ **Fact:** Suicide is the 8th leading cause of death among adults in the United States. There are twice as many suicides as homicides.

# Fact or Myth?

- ▶ Once a person is suicidal, they are suicidal forever.
- ▶ If a person really wants to kill themselves, no one has the right to stop them.
- ▶ Most suicides are caused by a single dramatic and traumatic event.
- ▶ There is no genetic predisposition to suicide.
- ▶ **Myth:** People who want to kill themselves will not always feel suicidal or constantly be at a high risk for suicide. They feel that way until the crisis period passes.
- ▶ **Myth:** No suicide has only one victim; family members, friends, and loved ones all suffer from the loss of a life. You would try to save someone if you saw them drowning. Why is suicide any different?
- ▶ **Myth:** Factors may trigger a suicidal decision; but typically the person has suffered long periods of unhappiness and depression, lacks self respect, can't cope with life and has no hope for the future.
- ▶ **Fact:** There is no genetic predisposition to suicide – it does not "run in the family."

# Myth or Fact?

- ▶ Improvement following a serious personal crisis or serious depression means the risk of suicide is over.
- ▶ It's unhelpful to talk about suicide to a person who is depressed.
- ▶ People who die by suicide have not sought medical help prior to their attempt.
- ▶ **Myth:** The risk of suicide may be the greatest as the depression lifts. The suicidal person may have new energy to carry out their suicide plan.
- ▶ **Myth:** Depressed people need emotional support and empathy; encouraging them to talk about suicidal feelings can be therapeutic as a first step.
- ▶ **Myth:** Suicidal people often exhibit physical symptoms as part of their depression and might seek medical treatment for those ailments. Often, suicidal people seek counseling, but are frustrated when they don't see immediate results.

# Closing Exercise

1

Three things you learned about suicide prevention that you didn't know before today

2

Two things you can do to move your community to a zero suicide community

3

Two people you can share information with to help spread awareness and reduce stigma

# Feedback

- ▶ What did you appreciate most about today's training?
- ▶ What is one thing you would suggest to make it better?

Thank you for your interest and participation!

