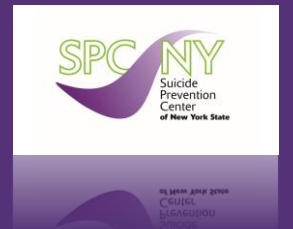




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Suicide prevention; Awareness to Action

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About SPCNY

- **VISION** : The Suicide Prevention Center of NYS (SPCNYS) advances and supports state and local actions to reduce suicide attempts and suicides in NYS and to promote the recovery of persons affected by suicide.
- Funded by Office of Mental Health (OMH), housed under *Research Foundation for Mental Hygiene (RFMH)*
- Coordinate with Suicide Prevention Office (OMH) to support elements of State Plan; 1700 Too Many
<https://www.omh.ny.gov/omhweb/resources/publications/suicide-prevention-plan.pdf>
- Primary focus of public health and community efforts to reduce burden of suicide



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Workshop agenda

- **Scope and scale of suicide as a public health issue-brief review of current suicide data**
- **Suicide 101-brief overview of suicide; thoughts and behavior**
- **Recognizing when someone might be considering suicide and practical steps you can take to help keep that person safe**
- **Your role as a care coordinator; special considerations**
- **Additional training and supports**
- **Your questions**



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Before we begin



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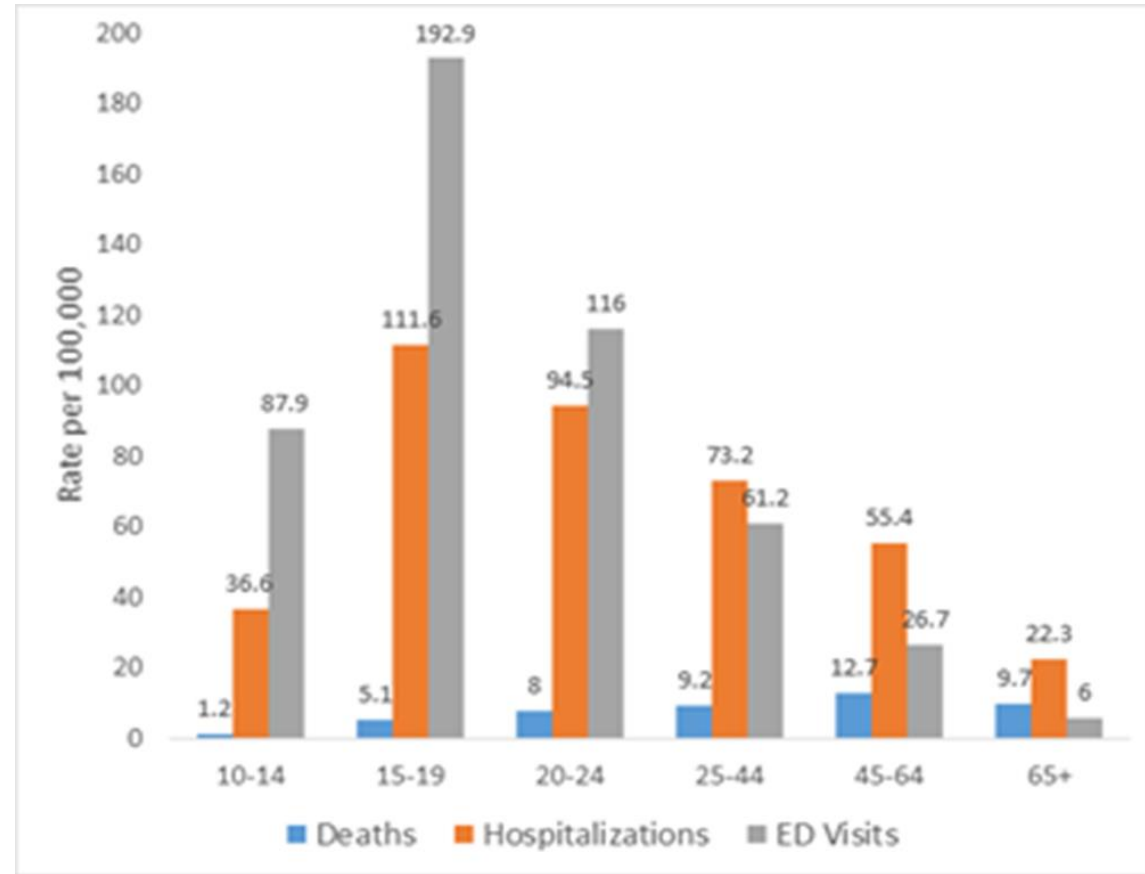


- **Nationally-Suicide is the third leading cause of death among persons aged 10-14**
- **Suicide is the third leading cause of death among New York States 15-24 year old's**
- **Suicide is the fourth leading cause of death among New York States 10-14 year old's**
- **NYS-though the suicide death rate is lower among youth than other age cohorts, 4.24/100,000 among 15-19 year old's and 8.94/100,000 among 20-24—the number of suicide *attempts* is much higher than completed suicides (2015 data)**



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NYS suicide completions and attempts (by age range for 2015)





Scope and scale of suicide as a public health-quick overview of *adult* suicide data IN NYS - 2017

- 2nd leading cause of death for ages 25-34
- 4th leading cause of death for ages 35-54
- The primary means of completed suicide for all of NYS is suffocation. For many rural counties the primary means is fire arms
- 3.4 male deaths by suicide for each female death by suicide
- 3 female attempts for each male attempt
- NYS suicide rate for individuals receiving services in OMH system is 38.8 per 100,000-almost 5 times higher than general population (2014).
- Veterans and military-16.0 % of NYS suicide victims are Veterans. The suicide rate in NYS 29.1/100,000 (2014)
- Middle aged white men have the highest suicide death rate in NYS and nationally.
- Elderly-111 New Yorkers 75 years of age and older died by suicide; a rate of 8.4/100,000.
 - **The elderly are considered a high risk group because attempts among its members are more likely to result in death (2014).**





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An equally important message when it comes to understanding the data about suicides;

“...it is important to be aware of data that indicates suicide prevention is effectively occurring daily, in ways that are rarely finding headlines. For every one person who tragically dies by suicide in the U.S., there are approximately 278 people who have moved past serious thoughts about killing themselves, and nearly 60 who have survived a suicide attempt, the overwhelming majority of whom will go on to live out their lives. These untold stories of hope and recovery are the stories of suicide prevention, stories which are informing the Action Alliance’s efforts to prevent more suicides every day.

The National Action Alliance for Suicide Prevention responds to new CDC report, "Increase in Suicide in the United States, 1999-2014"

http://www.carf.org/action_alliance_statement/





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Suicide 101-brief overview of suicide; thoughts and behavior

What are some of the things that might lead someone to think about or attempt to kill themselves?

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People contemplating suicide often feel helpless, hopeless, alone and worthless.



Its not that they want to die,
it's that they just don't know
how to go on living at that
moment in time while
experiencing a great deal of
emotional pain and
hopelessness





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- For the vast majority of individuals where it has become an option, suicide is not about death but rather becomes some logical last resort where nothing else has worked to erase the pain, loneliness and suffering
- Each one of us-each one of YOU can play a role in helping to instill or uncover HOPE for those around you



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**Recognizing when someone might be
considering suicide and practical steps
you can take to help keep that person safe**



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Most people thinking about suicide send invitations for help;

“I feel really terrible about everything that has gone on in my life recently, sometimes I wish I were dead. Can you help me?”

Wouldn't it be nice if those invitations were always this direct and straight forward?

More often than not the invitations are more subtle. Here are 4 different ways to think

- ***Things you see/actions***
- ***Things people communicate***
- ***Emotions people have/express***
- ***Life situations***



And if you are worried about someone because of any of the invitations we discussed, then what?



Do's

- Maybe those concerns are connected to suicide, maybe they aren't. The only way to find out is to **Ask**. You can say something like:

“I’ve noticed you are taking a lot of risks, isolating, have become really moody etc. (whatever invitations you noticed that caused you to be concerned in the first place) Sometimes when people are experiencing similar situations they end up thinking that suicide might be a solution. I’m wondering with everything that’s going on if you might be thinking about killing yourself?”



And if they answer *Yes*, then what?

Do's

- Thank them for having the courage to tell you they've been thinking about suicide
- Ask if they have already done something to harm themselves
- If they haven't done anything, ask if they can share a little bit about exactly what's been going on that has led them to this point. **Listen** to them without judgement. Why is listening important? Helps to ease the pain, validates and can make connecting to additional resources easier
- Let them know it is important to get extra help by connecting with additional resources.
- Offer encouragement and hope that help and resources are available to assist them
- Stay with the person. Do not leave a suicidal person alone while exploring extra help.



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Other things you could ask and additional information that may be useful

- Have they shared if they have a plan on how they would kill themselves
- Have they told anyone else
- Have they ever attempted suicide before
- What other resources do they currently have in place, especially formal behavioral health such as counselor or psychiatrist
- Ask about and support previous coping skills and strategies that may have worked for them





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Some things to avoid



Do NOT

- ...be afraid to ask if someone is considering suicide, this will not give them the idea or make matters worse.
- ...be sworn to secrecy or make promises that you won't tell anyone.
- ...act shocked if a person tells you they are considering suicide.
- ...make promises you can't keep, minimize their problems & worries or use platitudes: "Don't worry, everything will be OK"-we don't always know if things will be OK
- ...put yourself in danger



Connecting the individual to resources- Youth

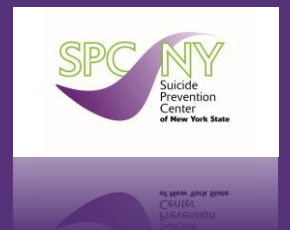
If the individual currently has formal resources; psychologist, psychiatrist, therapist or doctor

- Make a connection with those formal resources immediately, explaining any relevant details (plan, mood state, etc.)
- Notify parent(s) or guardian(s) unless otherwise indicated
- Ask if they have other resources or strategies they can access e.g. **Safety Plan**
- Communicate concerns with your immediate supervisor

If the individual does not have any formal resources in place

- Notify parent(s) or guardian(s) unless otherwise indicated
- Provide # to NSPL 1-800-273-8255 and/or Crisis Chat Text 741741
- Contact the mobile crisis if one is available
- Communicate concerns with your immediate supervisor

If at any time you are worried about the individuals immediate safety
you can suggest going to the closest ED for evaluation or call 911





Connecting the individual to resources- Adult

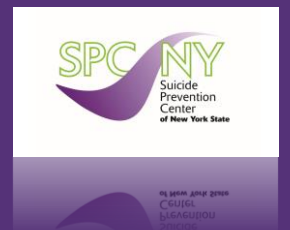
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If the individual does not have any formal resources in place

- Communicate concerns with your immediate supervisor
- Provide # to NSPL 1-800-273-8255 and/or Crisis Chat Text 741741
- Contact the mobile crisis if one is available
- Ask the individual if there is someone they would like to contact for help

If at any time you are worried about the individuals immediate safety
you can suggest going to the closest ED for evaluation or call 911





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Your role as Care Coordinator: Some Special Considerations & circumstances



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Your Role is *critical* but *limited*; think CPR or First Aid VS. doctor or paramedic

- ✓ Have the *competence* to recognize when someone may be struggling with thoughts of suicide
- ✓ Have the *confidence* to approach that person directly and supportively with your concerns
- ✓ Provide practical, concise options to the person considering suicide
- ✓ Knowledge of the *resources* to link that person to more formal supports and resources
- ✓ Support any recommendations by formal caregivers treating suicidality

With first aid you don't;

- Diagnose
- Create a treatment plan
- Provide direct services to address suicidality



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Using the CANS-NY Assessment Manuals

CANS-NY Assessment Manuals:

0-5 Manual - Item 69, self-harm

6-21 Manual - Item 54, suicide risk

- **Items rated a 3 require intensive and/or immediate action including linkage to appropriate care**

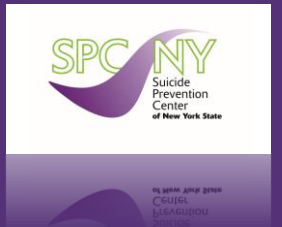


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Collateral information-

What if a friend, family member or other provider shares concerns about the persons safety and possible suicidality?

- **Ask specifically what has prompted those concerns**
- **Ask what if anything has been done about those concerns**
- **Always take any talk of suicide seriously**
- **Always communicate concern with others immediately**





So if you are concerned;

- **ASK** the person openly and directly if you are suspicious that they may be currently thinking about suicide
- **LISTEN**-If a child or adult shares they are having thoughts of suicide try to remain calm and listen to them first before immediately reacting
- **CONNECT** the person to other resources and **COMMUNICATE** any concern with others immediately
- **ALWAYS** take any talk of suicide seriously



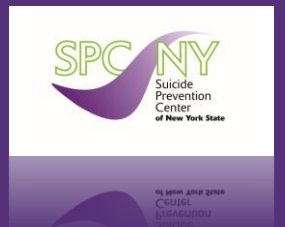
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Additional trainings

- **ASIST**: identify people who have thoughts of suicide, understand how beliefs & attitudes can affect suicide interventions, review current risk, & develop a plan to increase safety from suicidal behavior.
- **SafeTALK**: identify persons with thoughts of suicide & connect them to suicide first aid resources.

Additional crisis and non-crisis resources

- **NSPL 1-800-273-8255 and/or Crisis Chat Text 741741**
- **Trevor Lifeline-866-488-7386**
- **211- <http://211nys.org/>**
- **American Foundation for Suicide Prevention <https://afsp.org/>**
- **Suicide Prevention Center of New York-<https://preventsuicideny.org>**





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Some of your Questions & comments:

- Asking or talking about suicide will not prompt suicidal behavior – not asking about possible suicidal thoughts or feelings is a greater risk.
- How to broach the subject of suicide with a child – specific language or “starter questions” for a conversation and assessment.
- How to talk to parents about their child’s risk status
- Issue of higher suicide risk for LGBTQ youth

Links for NYS LGBTQ supports and resources

<https://www.thetrevorproject.org>

<https://www.suny.edu/diversity/lgbtq/lgbtq-resources/>

<http://ocfs.ny.gov/main/LGBTQ/resources.asp>

https://comptroller.nyc.gov/wp-content/uploads/documents/LGBTQ_Guide_2017.pdf

<https://comptroller.nyc.gov/lgbtq/>

<http://www.sageupstate.org/links>

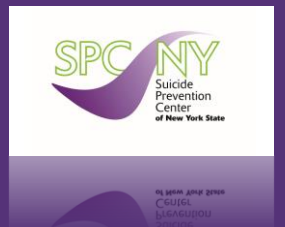
<http://www.gaygull.com/lgbtq-resources/lgbtq-new-york/>

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ADDITIONAL QUESTIONS?



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H.O.P.E.

HOLD ON, PAIN ENDS

